



Status Change Form

Office Name: _____ (Print) Office City: _____

Agent Name: _____ (Print) Date: _____

MLS Office Code: _____ Co List Office Code: _____

MLS # : _____ Price: \$ _____ Property Type: _____

Owner's Name: _____

Address: _____ (Street) (PO) (Town) (Zip)

() **Back on Market/From Off Market: _____ (Original Off Market Date-Month/day/year) (Seller's Signature)

****This change request MUST be submitted to HGMLS OFFICE: EMAIL: MLS@HGAR.com or FAX TO: 914-681-6044 or 845-294-3414**

() * Back on Market/From Temporarily off Market: _____ (Original TOM Date-Month/day/year) (Seller's Signature)

() * Temporarily Off Market (TOM): _____ (Off Market for a Short Period of Time) (Date-Month/day/year) (Seller's Signature)

() * Off Market: _____ (Off Market Indefinitely) (Date-Month/day/year) (Seller's Signature)

() * Price Change: \$ _____ (New Price) (Seller's Signature)

() All Other Changes: _____

() Sale Fell Through (Contract &/or Conditions not met): _____ (Date-Month/day/year)

() Contract: _____ (Contract Date-Month/day/year) (Cooperating Agent)

() Title Passed/Rented/Sold: \$ _____ / _____ (Sale Price) (Title Pass Date-Month/day/year)

() Concessions: \$ _____ / _____ / _____ (Cooperating MLS Office Code) (Cooperating Agent Code) (Cooperating Agent Name)

() Check Here if Listing Expired _____ (Terms) (CONV) (CASH) (OTHER)

Participant' Name: _____ Telephone No: _____

Instructions: Use this form for continual reporting, retaining a copy for your office showing all reports made for this listing.

(Participant's Authorized Signature)

(*Secure Sellers Signature on this form or attached signed agreement)

HGMLS policy requires the listing agent/office to make all changes to listings directly in the MLS system. A copy of this form may then be uploaded into the listing document folder by the listing agent/office. Submit a copy of this form for processing by HGMLS staff Only if you are unable to make a change

Fax: 914-681-6044 or 845-294-3414 or email: MLS@HGAR.com

Status Change Form

Hudson Gateway Association of REALTORS®
Hudson Gateway Multiple Listing Service, Inc.
HGAR.com

One Maple Avenue
White Plains, NY 10605
914.681.0833 Telephone
914.681.6044 Fax

9 Coates Drive, Suite 1
Goshen, NY 10924
845.294.7905 Telephone

2 Medical Park Drive, Suite 17A
West Nyack, NY 10994
845.735.0075 Telephone