



# MLS PIN

## STATUS CHANGE FORM

Revised 8/29/2025

Use this form to change the status of an existing MLS listing or to make a change to listing data. You must fax or email this form within 24 hours of any change in status if you want MLS PIN staff to make the change. If you have any questions, please contact MLS PIN Customer Care at 800-695-3000, option 1.

**PLEASE PRINT CLEARLY**

Property Address: \_\_\_\_\_  
(Street) (Town) (State)

MLS Listing #: \_\_\_\_\_

Office Name: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Office ID: \_\_\_\_\_ Agent ID: \_\_\_\_\_

|   |  |   |
|---|--|---|
| <b>PCG—Price Change</b><br><input type="text"/><br>New List Price   | <b>UAG—Under Agreement</b><br><input type="text"/><br>Off-Market Date (MM/DD/YY) | <b>SLD—Sold</b><br><b>RNT—Rented</b><br><input type="text"/><br>Closing/Rental Date (MM/DD/YY)  |
| <b>BOM—Back On Market</b><br><input type="text"/><br>Back On Market Date (MM/DD/YY)   | <input type="text"/><br>Anticipated Sale Date (MM/DD/YY)                         | <input type="text"/><br>Sale/Rent Price   |
| <b>EXT—Extended</b><br><b>RAC—Reactivated</b><br><input type="text"/><br>New Expiration Date (MM/DD/YY)   | <input type="text"/><br>Selling/Renting Agent ID                                 | <input type="text"/><br>Selling/Renting Agent ID  |
| <b>WDN—Temporarily Withdrawn</b><br><input type="text"/><br>Off-Market Date (MM/DD/YY)  | <input type="text"/><br>Selling/Renting Office ID                                | <input type="text"/><br>Selling/Renting Office ID   |
| <b>CAN—Canceled</b><br><input type="text"/><br>Off-Market Date (MM/DD/YY)<br><i>*NOTE: The office Broker's signature is required to Cancel a listing.</i> |  | <b>FINANCE CODES</b><br>Financing<br>1 - FHA      9 - Assume Conv.<br>2 - VA      10 - FHA ARM<br>3 - FHVA      11 - Private<br>4 - Assumption      12 - Bond<br>5 - Conv. Fixed      13 - Exchange/Trade<br>6 - Cash      18 - USDA<br>7 - Withheld      14 - Other<br>8 - Conv. ARM<br><input type="text"/><br>Seller Concessions at Closing (\$) |

### Other Changes

1. Field Name \_\_\_\_\_ New Value \_\_\_\_\_  
2. Field Name \_\_\_\_\_ New Value \_\_\_\_\_  
3. Field Name \_\_\_\_\_ New Value \_\_\_\_\_

Signature of Participant or Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Participant or Manager (Please Print): \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_