

STATUS CHANGE FORM

PLEASE COMPLETE ALL APPLICABLE FIELDS IN THE SECTION THAT YOU ARE CHANGING—COMPLETE TOP AND SIGN BOTTOM

<p>* MLS # _____</p> <p>* Current Date ___/___/___</p>	<p>Address _____ Last Name: _____ St # Street Name</p> <p>City: _____ State: _____ Zip Code _____ - _____</p> <p>Office Name: <u>Realmart Realty</u> Phone: <u>888-362-6543</u> Email: <u>NYAdmin@RealmartRealty.com</u> Agent Name: <u>Jack Qizhan Yao</u> Fax: <u>845-225-7417</u></p>
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Change List Price
 * New List Price \$ _____ Current List Price \$ _____

Change Commission
 * New Commission _____ % * Current Commission _____ % Buyers Agency Brokers Agency

By authorizing the commission change, you confirm that No negotiations are in process at the time of the change. If a lower commission rate requested then it would not be applicable to any broker and same buyer that has made a previous offer during our listing contract term. That same broker with same buyer would be entitled to the highest commission amount posted during listing contract term. All other brokers would only receive what is posted at time of offer.

Extend Listing
 * New Expiration Date ___/___/___ * Current Expiration Date ___/___/___

Pending (Under Contract)
 * Contract Date: ___/___/___ * Est. Closing Date: ___/___/___ * Contract Price: \$ _____ * Concession \$ _____
 (Concessions are amount paid towards buyers closing cost)
 * Buyers Name (s): _____ * Buyers Current Zip Code _____ * First Time Buyers (Y/N) ___
 * Buyers Agent Name _____ * Buyers Agent Phone _____
 * Buyers Agent Office Name / Location _____
 * Buyers Agent Email _____ * Agent Acted as: Buyers Agent Brokers Agent
 * Your Attorney Name/Office _____
 * Your Attorney Phone _____ * Your Attorney Email _____

Closed (Final Sale)
 * Contract Date: ___/___/___ * Closing/Sold Date: ___/___/___ * Sales Terms:
 * Sold Price: \$ _____ * Owners Concession: \$ _____ Cash FHA203 Owner Fin Conv Fixed Conv Adjust
 * Selling Agent Comm Paid at Closing: \$ _____ (If Any) FHA Fixed FHA Adjust Farm Home Private Mrtg
 * Selling Agent Name: _____ SONYMA VA Assumed PMT Leased Other
 * Selling Agent Office: _____ **(Selling agent is the BUYERS AGENT or enter N/A if no agent)**

Rented/Leased (Residential rental Class Only)
 * Rental Date: ___/___/___ * Rental Price \$ _____ * Selling Agent Code _____
 * Selling Office Code: _____ * Selling Agent 2 Code _____
 * Rental Period: Per Week Per Two Weeks Per Month Per Season Per Year See Remarks

Withdraw Listing
 Current Expiration Date ___/___/___ * Withdrawal Date ___/___/___

* Sellers Signature: _____ Date ___/___/___
 * Agents Signature: _____ Date ___/___/___