

Critical Date Checklist

☐ Seller File ☐ Buyer File

Seller: _____ Phone: _____ Email: _____

Buyer: _____ Phone: _____ Email: _____

Property Address: _____

Escrow Company: _____

Escrow Officer: _____ Phone: _____ Email: _____

Co-Op Company: _____

Agent Name: _____ Phone: _____ Email: _____

Agent Assistant: _____ Phone: _____ Email: _____

Closing Date: _____

ACTIONS	DEADLINE	DATE COMPLETED	COMMENTS
<input type="checkbox"/> Loan Application	_____	_____	_____
<input type="checkbox"/> Contract Acceptance/Time	_____	_____	_____
<input type="checkbox"/> Option Money Delivery	_____	_____	_____
<input type="checkbox"/> Earnest Money Delivery	_____	_____	_____
<input type="checkbox"/> Inspection	_____	_____	_____
<input type="checkbox"/> Inspection Resolution	_____	_____	_____
<input type="checkbox"/> Sellers Property Condition Disclosure	_____	_____	_____
<input type="checkbox"/> Title Document Delivery	_____	_____	_____
<input type="checkbox"/> Title Review/Objection	_____	_____	_____
<input type="checkbox"/> Survey & T-47 Delivery	_____	_____	_____
<input type="checkbox"/> HOA Document Delivery	_____	_____	_____
<input type="checkbox"/> HOA Document Objection	_____	_____	_____
<input type="checkbox"/> Statutory Tax District Disclosure Delivery	_____	_____	_____
<input type="checkbox"/> Appraisal Objection	_____	_____	_____
<input type="checkbox"/> Appraisal Resolution	_____	_____	_____
<input type="checkbox"/> Loan Approval	_____	_____	_____
<input type="checkbox"/> Buyers Possession Date	_____	_____	_____
<input type="checkbox"/> Listing Start Date	_____	_____	_____
<input type="checkbox"/> Listing Expiration Date	_____	_____	_____
<input type="checkbox"/> Existing Home Sale Contingency	_____	_____	_____

Notes: _____