



GET STARTED WITH...

Moving Planner



MOVING

Checklist

Moving Date : _____

PREPARATION

- Start packing non-essential items
- Label each box with its contents
- Pack fragile items with care
- Keep important documents
- Create an inventory list of packed boxes

ARRANGE FOR MOVING

- Confirm the details with agency
- Arrange for parking permits
- Prepare a plan for pets or children
- Take measurements of doorways and staircases in your new home to ensure large furniture will fit

FINAL PREPARATIONS

- Defrost and clean your refrigerator and freezer
- Dispose of any hazardous materials or flammable items safely
- Pack an essential box with items you'll need immediately upon arrival
- Take photos or videos of your belongings for insurance purposes

MOVING DAY

- Conduct a final walkthrough of your old home before leaving
- Keep important documents and valuable items with you
- Check that all utilities are turned off, windows are closed, and doors are locked
- Carry out a thorough check of your new home upon arrival



Packing CHECKLIST



№	Item	Room in New Home	<input checked="" type="checkbox"/>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Packing CHECKLIST



№	Item	Room in New Home	<input checked="" type="checkbox"/>
1			
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3			
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7			
8			
9			
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11			
12			
13			
14			
15			
16			
17			
18			
19			
20			



Moving Day Survival Kit

Documents

- Passport
- Boarding pass
- Driver's license
- Health insurance
- Copies of documents
- Cards + Cash
-
-
-
-

Toiletries

- Toothbrush + paste
- Deodorant
- Shampoo + conditioner
- Shaving supplies
-
-
-
-
-
-

Electronics

- Phone + Charger
- Camera + Charger
- Laptop + Charger
- Travel adapter
- Headphones
-
-
-
-
-

Health and beauty

- Hand sanitizer
- Sunscreen
- Makeup + remover
- Medications
-
-
-
-
-
-

Clothes

-
-
-
-
-
-
-

Others

- Sleeping mask
- Sunglasses
-
-
-
-
-

UTILITIES LIST

(TO CANCEL, TRANSFER, & SET UP)

Current Home

Service
.....
Provider
.....
Account No.
.....
Phone No.
.....
Cost
.....
Cancelled?

New Home

Service
.....
Provider
.....
Account No.
.....
Phone No.
.....
Cost
.....
Transferred? Set Up?

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CHANGE OF ADDRESS

CHECKLIST

UTILITIES / SERVICES

- MOBILE (& LANDLINE) TELEPHONES
- INTERNET
- CABLE / STREAMING
- ELECTRIC, WATER, & GAS
- HOME SECURITY COMPANY
- HOUSEKEEPING
- LAWN & POOL MAINTENANCE

PROFESSIONAL SERVICES

- DOCTORS
- PHARMACIST
- DENTIST
- VETERINARIANS
- ACCOUNTANT
- ATTORNEY

MISCELLANEOUS

- SHOPPING MEMBERSHIPS
- CAR INSURANCE
- HOME / RENTER'S INSURANCE

AGENCIES

- POST OFFICE
- SOCIAL SECURITY ADMINISTRATION
- DIVISION OF MOTOR VEHICLES
- PET LICENSING
- TAX AGENCY
- HEALTH CARE ADMINISTRATION

ORGANIZATIONS

- SCHOOLS
- EMPLOYER
- RELIGIOUS ORGANIZATIONS
- RECREATIONAL ORGANIZATIONS (GYM)

FINANCIAL

- BANKS & CREDIT UNIONS
- PENSION
- CREDIT REPORTING AGENCIES
- STUDENT LOANS

TRANSPORTATION

- ROADSIDE ASSISTANCE
- FREQUENT FLYER PROGRAMS

MONTHLY BUDGET TRACKER

Income

Starting Balance

Income Stream 1

Income Stream 2

Income Stream 3

Total Income

Food

Groceries

Snacks and Candy

Delivery and Takeout

Restaurants

Total Expenses

Bills

Rent

Electricity

Water and Sewage

Garbage Collection

Internet

Phone

Category 7

Category 8

Category 9

Category 10

Category 11

Category 12

Total Expenses

Expenses

Household Items

Household Repairs

Apparel

Cosmetics

Fun

Travel

Category 7

Category 8

Category 9

Category 10

Category 11

Category 12

Total Expenses

Debt

Mortgage

Loan 1

Credit Card 1

Credit Card 2

Total Debt

Savings

Sinking Fund 1

Sinking Fund 2

Sinking Fund 3

Savings

Total Savings

Total

Total Income

Total Expenses

Total Debt

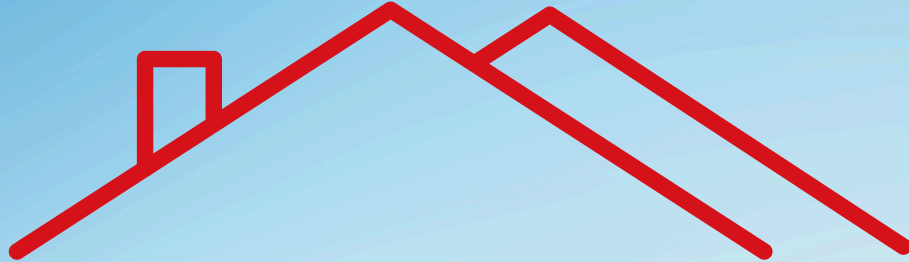
Total Savings

Ending Balance

NOTES

Date:

A series of horizontal dotted lines for writing notes.



ENJOY YOUR NEW
home

Please reach out if there is anything you need in the future!



Kim Brown

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