

A couple is shown from the waist down, embracing. The man is wearing a dark green t-shirt and blue jeans, and the woman is wearing a pink t-shirt and blue jeans. They are standing in a room with several cardboard moving boxes and a potted plant with pink flowers. The background is a bright, out-of-focus interior space.

Finding the Right

A red outline of a house roof, consisting of two diagonal lines meeting at a peak, with a small square chimney on the left side.

Home

Moving checklist



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





FINDING THE RIGHT *Home*

Write down everything that is important to you and your family before you start looking for your dream home.

LOCATION

(downtown, suburbs, proximity to school, work, shopping, etc.)

SIZE

(square footage, lot size, number of bedrooms, baths, garage, etc.)

FEATURES

(pool, energy efficiency, accessibility, etc.)

LIFESTYLE

(consider whether you are working or at home, what services you need nearby)

TYPE OF HOME

(detached, semi-detached, duplex, townhome, condo, etc.)





Home FEATURES COMPARISON

Use this comparison checklist whenever you view a home to see all options side by side.
Features Checklist:

	HOME #1	HOME #2	HOME #3
NEW OR RESALE	New Resale	New Resale	New Resale
HOME TYPE	Detached, Semi- Detached, Townhouse, Duplex/Triplex, High/Low Rise	Detached, Semi- Detached, Townhouse, Duplex/Triplex, High/Low Rise	Detached, Semi- Detached, Townhouse, Duplex/Triplex, High/Low Rise
OWNERSHIP TYPE	Freehold Leasehold Condo Co-op	Freehold Leasehold Condo Co-op	Freehold Leasehold Condo Co-op
AGE OF HOME			
LOT SIZE	Small Medium Large	Small Medium Large	Small Medium Large
EXTERIOR FINISH	Brick, Aluminum, Wood, Vinyl Siding, Combo Brick/Siding, Stucco	Brick, Aluminum, Wood, Vinyl Siding, Combo Brick/Siding, Stucco	Brick, Aluminum, Wood, Vinyl Siding, Combo Brick/Siding, Stucco
EXTERIOR CONDITION	Fair Good Excellent	Fair Good Excellent	Fair Good Excellent
LOT SIZE	Small Medium Large	Small Medium Large	Small Medium Large





FEATURES CHECKLIST

HOME #1

HOME #2

HOME #3

EXTERIOR FINISH	Brick Aluminum Siding Wood Vinyl Siding Combo Brick/Siding Stucco	Brick Aluminum Siding Wood Vinyl Siding Combo Brick/Siding Stucco	Brick Aluminum Siding Wood Vinyl Siding Combo Brick/Siding Stucco
EXTERIOR CONDITION	Fair Good Excellent	Fair Good Excellent	Fair Good Excellent
LOT SIZE	Small Medium Large	Small Medium Large	Small Medium Large
ROOF	Fair Good Excellent	Fair Good Excellent	Fair Good Excellent
WINDOWS	Wood Vinyl Aluminum Other	Wood Vinyl Aluminum Other	Wood Vinyl Aluminum Other
WINDOW CONDITION	Fair Good Excellent	Fair Good Excellent	Fair Good Excellent
FOUNDATION	Concrete Concrete Block Preserved Wood	Concrete Concrete Block Preserved Wood	Concrete Concrete Block Preserved Wood
FOUNDATION CONDITION	Fair Good Excellent	Fair Good Excellent	Fair Good Excellent
BEDROOMS	1 2 3 4 5+	1 2 3 4 5+	1 2 3 4 5+





FEATURES CHECKLIST

HOME #1

HOME #2

HOME #3

BATHROOMS	1 2 3+	1 2 3+	1 2 3+
HEATING SYSTEM	Gas Oil Electric Wood	Gas Oil Electric Wood	Gas Oil Electric Wood
AGE OF SYSTEM			
AIR CONDITIONING	Yes (Central Air) Yes (Window) No	Yes (Central Air) Yes (Window) No	Yes (Central Air) Yes (Window) No
AGE OF A/C SYSTEM			
BATHROOM IN MASTER	Yes No	Yes No	Yes No
BATHROOM ON GROUND FLOOR	Yes No	Yes No	Yes No
EAT-IN KITCHEN	Yes No	Yes No	Yes No
SEPARATE DINING ROOM	Yes No	Yes No	Yes No





FEATURES CHECKLIST

HOME #1

HOME #2

HOME #3

FAMILY ROOM	Yes No	Yes No	Yes No
BASEMENT	Finished Unfinished	Finished Unfinished	Finished Unfinished
FIREPLACE OR WOOD STOVE	Yes No	Yes No	Yes No
OFFICE OR HOBBY ROOM	Yes No	Yes No	Yes No
PRIVATE DRIVEWAY	Yes No	Yes No	Yes No
GARAGE OR CARPORT	Garage Carport Neither	Garage Carport Neither	Garage Carport Neither
GARAGE OR CARPORT ATTACHED	Yes No	Yes No	Yes No
SECURITY SYSTEM	Yes No	Yes No	Yes No
ACCESSIBILTY FEATURES	Yes No	Yes No	Yes No





FEATURES CHECKLIST

HOME #1

HOME #2

HOME #3

NEIGHBORHOOD	Fair Good Excellent	Fair Good Excellent	Fair Good Excellent
QUIET STREET	Yes No	Yes No	Yes No
PROXIMITY TO KEY PLACES AND SERVICES	Work School Public Trans. Shopping	Work School Public Trans. Shopping	Work School Public Trans. Shopping
PROXIMITY TO KEY PLACES AND SERVICES	Parks/Rec. Restaurants Church	Parks/Rec. Restaurants Church	Parks/Rec. Restaurants Church
PROXIMITY TO KEY PLACES AND SERVICES	Police/Fire Doctor/Dentist Hospital	Police/Fire Doctor/Dentist Hospital	Police/Fire Doctor/Dentist Hospital
ITEMS INCLUDED IN THE SALE	Washer/Dryer Fridge Stove Window Treatments	Washer/Dryer Fridge Stove Window Treatments	Washer/Dryer Fridge Stove Window Treatments
REPAIRS IN THE SHORT/LONG TERM	Immediate: Cost Estimate:	Immediate: Cost Estimate:	Immediate: Cost Estimate:
REPAIRS IN THE SHORT/LONG TERM	In 1-5 Years: Cost Estimate:	In 1-5 Years: Cost Estimate:	In 1-5 Years: Cost Estimate:
REPAIRS IN THE SHORT/LONG TERM	In 5-10 Years: Cost Estimate:	In 5-10 Years: Cost Estimate:	In 5-10 Years: Cost Estimate:



Packing CHECKLIST



No	Item	Room in New Home	✓
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Packing CHECKLIST



No	Item	Room in New Home	✓
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
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? ☐

Current Home

Service

Provider

Account No.

Phone No.

Cost

Cancelled? ☐

New Home

Service

Provider

Account No.

Phone No.

Cost

Transferred? ☐

Set Up? ☐

Current Home

Service

Provider

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New Home

Service

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Transferred? ☐

Set Up? ☐

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New Home

Service

Provider

Account No.

Phone No.

Cost

Transferred? ☐

Set Up? ☐

Current Home

Service

Provider

Account No.

Phone No.

Cost

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New Home

Service

Provider

Account No.

Phone No.

Cost

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Set Up? ☐

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Phone No.

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New Home

Service

Provider

Account No.

Phone No.

Cost

Transferred? ☐

Set Up? ☐

Current Home

Service

Provider

Account No.

Phone No.

Cost

Cancelled? ☐

New Home

Service

Provider

Account No.

Phone No.

Cost

Transferred? ☐

Set Up? ☐

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

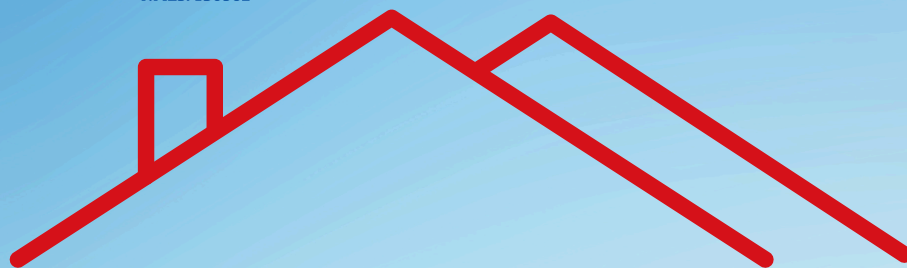
Total Debt

Total Savings

Ending Balance

NOTES

Date:



ENJOY YOUR NEW *home*

Please reach out if there is
anything you need!



Chris Milker

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