



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



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

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Phone No.

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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 in the future!

GET STARTED WITH...



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