

A hand holding a set of keys with a house-shaped keychain. The background is a blurred indoor scene with warm lighting.

# RELOCATION PLANNER *Planner*

# RELOCATION INFO

Moving On The

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Moving From

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Moving To

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# RELOCATION PLAN

Old House Info	
Address:	Realtor Info:
Phone:	Closing Date:
Move Out Date:	Closing Location:
Deposit:	

New House Info	
Address:	Realtor Info:
Phone:	Closing Date;
Move In Date:	Closing Location:
Deposit:	



# MOVING CHECKLIST

## BASIC FURNITURE

- ☐ Dining table & chairs
- ☐ Office Desk and chair
- ☐ Lamps
- ☐ Bookcase
- ☐ Computer and/or Laptop
- ☐ Sofa
- ☐ Chairs
- ☐ Coffee and End Table
- ☐ Floor lamp

## BATHROOM

- ☐ Bath Mat
- ☐ Toilet Paper
- ☐ Toilet Brush
- ☐ Plunger
- ☐ Bath Linen
- ☐ Shower Curtain, Liner, Rings
- ☐ Wastebasket / Bin

## GENERAL HOME

- ☐ Cleaning & Laundry Supplies
- ☐ Vacuum
- ☐ Tools and accessories including batteries, flash light and storage organization

## BEDROOM

- ☐ Mattress Set
- ☐ Night table
- ☐ Dresser
- ☐ Table Lamp
- ☐ Bed linen
- ☐ Alarm clock radio
- ☐ Clothing hangers
- ☐ Drappery and hangers
- ☐ Blinds

## KITCHEN

- ☐ Cutlery and Flatware
- ☐ Dinnerware
- ☐ Coffee Machine
- ☐ Hand Mixer
- ☐ Food Processor
- ☐ Microwave
- ☐ Toaster / Oven
- ☐ Blender
- ☐ Utensils
- ☐ Cookware and Baking Set
- ☐ Mixing bowls, measuring cups & spoons

## ENTERTAINMENT

- ☐ Speakers
- ☐ TV & Mount / Stand
- ☐ Collection

## OUTDOOR

- ☐ Grill
- ☐ Grill Accessories

## EXTRAS

## NOTE

# MOVING DAY SURVIVAL KIT

## Kitchen

- Bottled Water
- Paper Towels
- Snacks
- Utensils
- Cups
- Plates
- Spatula
- Wooden Spoon
- Dish Soap
- Pot
- Sponges
- Dish Towels
- Skillet
- Trash Can Liner

## Bathroom

- Bath Towels
- Cleaning Supplies
- First Aid Kit
- Toilet Paper
- Cleaning Rags
- Facial Tissues
- Hand Soap
- Toiletries

## Bedroom

- Bedding
- Candles
- Outfit for each person
- Mobile
- Matches / Lighter
- Sound machine

## Office

- Computer / Laptop
- Markers
- Pens
- Charger
- Paper
- Printer

## For Kids

- Bedtime Essentials
- Diapering Supplies
- Portable speaker
- Books
- Games
- Sippy Cups / Bottles
- Diaper Bag
- Outfits for each kid
- Toys

## Moving Tasks

- Box Cutter
- Masking Tape
- Standard toolkit
- Door Stopper
- Moving Binder
- Step stool
- Drill
- Room labels
- Tape measure

# MOVING COMPANIES

NAME		COMPANY	
EMAIL		PHONE	
ADDRESS		COST	
NOTES		INCLUDES	

NAME		COMPANY	
EMAIL		PHONE	
ADDRESS		COST	
NOTES		INCLUDES	

NAME		COMPANY	
EMAIL		PHONE	
ADDRESS		COST	
NOTES		INCLUDES	

NAME		COMPANY	
EMAIL		PHONE	
ADDRESS		COST	
NOTES		INCLUDES	

NAME		COMPANY	
EMAIL		PHONE	
ADDRESS		COST	
NOTES		INCLUDES	

# MOVING COMPANY NOTES

## Company Details

Company Name:	Phone:
Contact Person:	Scheduled _____
Phone Number:	Completed <input type="checkbox"/>
Contact Email:	In Person:
	Scheduled _____
	Completed <input type="checkbox"/>

## Quotes

Packing:	Unpacking:
Truck:	Moving:
Car Transport:	Mileage:

## Insurance

Coverage & Options:
Cost:

## Scheduled Dates

Packing:	Loading:
Delivery:	Unpacking:
Pros:	Cons:
Notes:	



# MOVING COMPANY QUOTES

## MOVING EXPENSES

[illegible]

# UPCOMING EXPENSES

January

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February

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March

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April

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May

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June

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September

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October

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November

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December

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# MOVING BUDGET

[illegible]

# BEFORE THE MOVE

## Four Weeks Before The Move

<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
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## Three Weeks Before The Move

<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
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## Two Weeks Before The Move

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## One Week Before The Move

<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
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## Moving Day

<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
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# AFTER THE MOVE

## Moving Day

<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
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## One Week After The Move

<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
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## Two Weeks After The Move

<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
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## Three Weeks After The Move

<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
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## Four Weeks After The Move

<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
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# BOX INVENTORY

Label Area

Room Area



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# MOVING BOX INVENTORY

FROM:	BOX NO.:	COLOR CODE
CONTENTS: _____		
_____		
_____		
_____		

FROM:	BOX NO.:	COLOR CODE
CONTENTS: _____		
_____		
_____		
_____		

FROM:	BOX NO.:	COLOR CODE
CONTENTS: _____		
_____		
_____		
_____		

FROM:	BOX NO.:	COLOR CODE
CONTENTS: _____		
_____		
_____		
_____		



# MOVING DAY PLANNER

## PRIORITIES

## MOVING DAY TO DO LIST

## ORGANIZATION

## MOVING DAY SCHEDULE

6 AM

7 AM

8 AM

9 AM

10 AM

11 AM

12 AM

1 AM

2 AM

3 AM

4 AM

5 AM

6 AM

7 AM

8 AM

9 AM

10 AM

11 AM

12 AM

## REMINDERS

# CHANGE OF ADDRESS

## UTILITIES

- ☐ ELECTRICITY
- ☐ GAS
- ☐ WATER
- ☐ CABLE / INTERNET
- ☐ PHONE
- ☐ TRASH

## FINANCIALS

- ☐ EMPLOYMENT (HR)
- ☐ BANKS
- ☐ CREDIT CARDS
- ☐ LOAN AGENCIES
- ☐ INSURANCE
- ☐ INVESTMENT BROKER

## GOVERNMENT

- ☐ SOCIAL SECURITY
- ☐ DEPARTMENT OF REVENUE
- ☐ DMV (LICENCE, REGISTRATION)
- ☐ USPS MAIL FORWARDING
- ☐ VOTER REGISTRATION
- ☐ BUSINESS LICENSE OFFICE  
(IF YOU OPERATE A  
BUSINESS FROM HOME)

## MEMBERSHIPS

- ☐ PROFESSIONAL ASSOCIATIONS
- ☐ MAGAZINES
- ☐ SUBSCRIPTIONS
- ☐ GYM
- ☐ CHURCHES
- ☐ COMMUNITY GROUPS
- ☐ COUNTRY CLUBS
- ☐ LICENSING BOARDS
- ☐ MEETUP EVENTS
- ☐ OTHER ACTIVITIES

## SERVICES

- ☐ HOME (LAWN, HOUSEKEEPING)
- ☐ CHILDCARE (SCHOOL, DAYCARE)
- ☐ DOCTORS
- ☐ LAWYERS
- ☐ ACCOUNTANTS
- ☐ VET / GROOMER

## OTHER

- ☐ BUSINESS CARDS
- ☐ FRIENDS
- ☐ FAMILY

## NOTES

# INSURANCE DETAILS

**INSURANCE COMPANY:**

Provider Name	
Policy No	
Phone No	
Website	
Number of NYC (No Year Claims)	
Renewal Date	

**INSURANCE COMPANY:**

Provider Name	
Policy No	
Phone No	
Website	
Number of NYC (No Year Claims)	
Renewal Date	

**INSURANCE COMPANY:**

Provider Name	
Policy No	
Phone No	
Website	
Number of NYC (No Year Claims)	
Renewal Date	

# UTILITIES

MORTGAGE	
Company	
Policy No	
Phone No	
Website	
Renewal Date	

BROADBAND	
Company	
Policy No	
Phone No	
Website	
Renewal Date	

WATER	
Company	
Policy No	
Phone No	
Website	
Renewal Date	

TV	
Company	
Policy No	
Phone No	
Website	
Renewal Date	

GAS	
Company	
Policy No	
Phone No	
Website	
Renewal Date	

MOBILE	
Company	
Policy No	
Phone No	
Website	
Renewal Date	

# DREAM HOME WISHLIST

## Need it

1	_____
2	_____
3	_____
4	_____
5	_____

6	_____
7	_____
8	_____
9	_____
10	_____

## Want it

1	_____
2	_____
3	_____
4	_____
5	_____

6	_____
7	_____
8	_____
9	_____
10	_____

## Can't live without it

1	_____
2	_____
3	_____
4	_____
5	_____

6	_____
7	_____
8	_____
9	_____
10	_____

# HOUSE HUNTING LIST

Address:

## MUST HAVES:

[illegible]

## WISH LIST:

[illegible]

# HOME HUNTING WISHLIST

Square Footage:

Bedrooms:

Bathrooms:

Garage:

Levels:

Other:

Exterior:

Interior:

Location:

Avoid:

Other Notes:

# HOUSE HUNTING LIST



# THINGS TO CONSIDER

ADDRESS: \_\_\_\_\_

LIST PRICE: \_\_\_\_\_

## LOCATION

EASY ACCESS TO HIGHWAY: ☐ YES ☐ NO

EASY ACCESS TO SHOPS: ☐ YES ☐ NO

NEAREST HOSPITAL: \_\_\_\_\_

COMMUTE TO WORK: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

## FEES

HOA: \_\_\_\_\_

CDD: \_\_\_\_\_

DEPOSIT: \_\_\_\_\_

OTHER: \_\_\_\_\_

OTHER: \_\_\_\_\_

OTHER: \_\_\_\_\_

## NOTES

# HOUSE SCORECARD

ADDRESS: \_\_\_\_\_ LIST PRICE: \_\_\_\_\_

## OVERALL IMPRESSION

(CIRCLE ONE)



## OVERALL CONDITION

(CIRCLE ONE)



BRAND  
NEW



MOVE IN  
READY



NEEDS  
WORK



TOTAL  
REHAB

## SCORES

LIGHTING:	1	2	3	4	5	6	7	8	9	10
STYLE:	1	2	3	4	5	6	7	8	9	10
CONDITION:	1	2	3	4	5	6	7	8	9	10
YARD:	1	2	3	4	5	6	7	8	9	10
NEIGHBORHOOD:	1	2	3	4	5	6	7	8	9	10
SCHOOL SYSTEM:	1	2	3	4	5	6	7	8	9	10
AMENITIES:	1	2	3	4	5	6	7	8	9	10
COMMUTE:	1	2	3	4	5	6	7	8	9	10
LOCATION:	1	2	3	4	5	6	7	8	9	10
SIZE:	1	2	3	4	5	6	7	8	9	10

TOTAL:



# THE BREAKER

PROS

CONS

# WORKSHEET

HOME ADDRESS: \_\_\_\_\_ LIST PRICE: \_\_\_\_\_

\_\_\_\_\_

#BEDS: \_\_\_\_\_ #BATHS: \_\_\_\_\_ SQ FT: \_\_\_\_\_

SAFETY: \_\_\_\_\_

COMMUTE: \_\_\_\_\_

FREEWAY ACCESS: \_\_\_\_\_

BIKE PATHS: \_\_\_\_\_

SHOPPING: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

MARKET: \_\_\_\_\_

OTHERS: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

# DECISION MAKER

OPTION	PROS	CONS

FINAL DECISION

# CLEANING

## SUPPLIES

A vertical writing practice sheet. It features a vertical line on the left side. To the right of this line, there are ten rows. Each row begins with a circle, followed by a horizontal line. The circles and lines are evenly spaced vertically.

## DINING ROOM

[illegible]


## KITCHEN

[illegible]


## LIVING ROOM

[illegible]

## CLOSETS



## ENTRY



## BATHROOMS

[illegible]

## OFFICE

[illegible]

## OTHER

[illegible]

# DECLUTTERING GOAL

Main decluttering goal:
-------------------------

Splitting goal into manageable sections			

Splitting sections into tasks			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FIX, REPLACE, SELL

[illegible]



# DISCARD LIST

[illegible]

# ROOM DECLUTTERING

[illegible]

# GET RID OF IN 30 DAYS

[illegible][illegible]

# SPEED CLEANING

[illegible]

# ROOM BY ROOM

LIVING ROOM

KITCHEN

DINING ROOM

MAIN BEDROOM

BEDROOM

BEDROOM

BEDROOM

HALLWAY

# ROOM DIMENSIONS

## PROJECT

ROOM

WIDT

HEIGHT

ROOM

## WINDOW 1

## WINDOW 2

### WINDOW 3

## DOOR 1

## DOOR 2

## FURNISHINGS & APPLIENCES

[illegible]

# DESIGN PLANNER

ROOM / SPACE

BUDGET

ROOM SIZE

ROOM STYLE

COLORS

PATTERNS

MATERIALS

SKETCHES & IDEAS

# ROOM ASSESSMENT

ROOM / SPACE

WHAT WORKS

WHAT NEEDS TO BE FIXED

ITEMS TO REUSE

DIY PROJECTS

NOTES

TO DOS



# RENOVATION LOG

Project Type:

Estimated Timeline:

Unit:

Estimated Cost:

# DIY PROJECT

PROJECT

BUDGET

DEADLINE

SKETCHES & IDEAS

<div></div>
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WEBSITE / INSPIRATIONS


TO DO LIST

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

SKETCHES & IDEAS

ON HAND

BUY

	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

# PAINT TRACKER

ROOM		SAMPLE
COLOR		
PAINT BRAND		
PRODUCT		
SHEEN		
NOTES		

ROOM		SAMPLE
COLOR		
PAINT BRAND		
PRODUCT		
SHEEN		
NOTES		

ROOM		SAMPLE
COLOR		
PAINT BRAND		
PRODUCT		
SHEEN		
NOTES		

# INVENTORY TRACKER

MATERIALS	SIZE/LENGTH	QUANTITY

NOTES

# SHOPPING LIST

ITEM	SUPPLIER	COST

NOTES

# SHOPPING LIST

Date:

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[illegible]

# BUCKET LIST

[illegible]

# CHECKLIST

[illegible][illegible]