

Moving Checklist

**Buy Rent or Sell
Property Online!**

**List Your Property for
Sale**

**Browse the available
listings**

**Advertise your
business online**

Moving Checklist

Shop4aHome offers a comprehensive Moving Checklist for visitors to print or download via PDF forms. Read Shop4aHome's Disclaimer statement regarding these contracts. This checklist consists of 10 parts.

- Eight Week Checklist
- Six Week Checklist
- Four Week Checklist
- Three Week Checklist
- Two Week Checklist
- One Week Checklist
- Three Day Checklist
- Moving Day Checklist
- Delivery Day Checklist
- After Delivery Checklist

EIGHT WEEKS CHECKLIST

General Information

Name of Person Moving: _____
 Current Address: _____
 City, State, Zip: _____
 New Address: _____
 City, State, Zip: _____
 Moving Day: _____ / _____ / _____
 Moving Distance: _____
 Travel Time: _____

The following should be completed **eight weeks** prior to moving day:

- _____ Draw a floor plan of your new home to help you decide what furniture will be moved.
- _____ Begin using up food in your freezer and flammable household supplies that can't be moved.
- _____ Contact the chamber of commerce or other public body near your new home to get information about employment opportunities, newspapers, schools, cultural events, and community activities in your new home town.

Address: _____

Phone Number: _____

- _____ Decide whether to use a professional mover or move yourself.
- _____ Use the following guide to determine the size of truck to rent.

- 2 rooms or less - Cargo van
- 2-3 rooms - 15 foot truck
- 3-6 rooms - 18 foot truck
- 7-8 rooms - 22 foot truck

MOVING-RENTAL COMPARISON INFORMATION

NOTE: Before filling out the Moving-Rental Comparison, it may be helpful to have the Household Inventory Planner filled out first (see Six Weeks Section). Since many moving companies charge by weight, the Household Inventory Planner would help obtain a more accurate estimate for the movers.

Company # 1:

Company Name: _____
 Contact Person: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____

Company will provide:

_____ Pre-planning	_____ Unpacking
_____ Packing	_____ Disposal of packing containers
_____ Packing boxes	_____ Rent moving truck - self move
_____ Packing crates	_____ Dollies
_____ Packing blankets	_____ Storage
_____ Packing labels	_____ Damage coverage

Additional information:

Charge for Packing: \$ _____
 Total Estimated Moving Cost: \$ _____

Company # 2:

Company Name: _____
 Contact Person: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____

Company will provide:

_____ Pre-planning	_____ Unpacking
_____ Packing	_____ Disposal of packing containers
_____ Packing boxes	_____ Rent moving truck - self move
_____ Packing crates	_____ Dollies
_____ Packing blankets	_____ Storage
_____ Packing labels	_____ Damage coverage

Additional information:

Charge for Packing: \$ _____
 Total Estimated Moving Cost: \$ _____

Company # 3:

Company Name: _____
 Contact Person: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____

Company will provide:

- | | |
|---|---|
| <input type="checkbox"/> Pre-planning | <input type="checkbox"/> Unpacking |
| <input type="checkbox"/> Packing | <input type="checkbox"/> Disposal of packing containers |
| <input type="checkbox"/> Packing boxes | <input type="checkbox"/> Rent moving truck - self move |
| <input type="checkbox"/> Packing crates | <input type="checkbox"/> Dollies |
| <input type="checkbox"/> Packing blankets | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Packing labels | <input type="checkbox"/> Damage coverage |

Additional information:

Charge for Packing: \$ _____
 Total Estimated Moving Cost: \$ _____

SIX WEEKS CHECKLIST

The following should be completed six weeks prior to moving day:

- Gather records from your doctors, dentists, lawyers, accountant, etc. and place in a safe, accessible place.
- Make arrangements to transfer your children's school records.
- Sell, transfer, refund, or resign all club or association memberships.
- Contact your tax return preparer about deductible moving expenses. Remember to save all moving receipts, as well as a complete record of all related expenses.
- Go to the post office and get a change of address kit and begin filling out the cards.

Remember to notify the following people:

- | | | |
|---|---|--|
| <input type="checkbox"/> Relatives | <input type="checkbox"/> Friends | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Lawyer | <input type="checkbox"/> Tax Preparer |
| <input type="checkbox"/> IRS | <input type="checkbox"/> Broker | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Newspapers | <input type="checkbox"/> Auto Insurance | <input type="checkbox"/> Homeowner's Insurance |
| <input type="checkbox"/> Doctor/Dentist | <input type="checkbox"/> Creditors | <input type="checkbox"/> Credit Card Company |
| <input type="checkbox"/> Banks | <input type="checkbox"/> Magazines | <input type="checkbox"/> Fire Insurance |
| <input type="checkbox"/> Clubs | <input type="checkbox"/> Catalogs | |

Note: Check for toll free phone numbers for change of address. This may save you postage.

___ If you are changing employers, be sure to provide your former employer with your change of address so that any tax forms can be sent to your new home.

HOUSEHOLD INVENTORY PLANNER

To prepare the Household Inventory Planner, list all items in each room (include quantity of like items).

KITCHEN:	Original Cost	Present Value	Condition of Item	Move or Sell
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____

_____	\$\$ _____	\$\$ _____	_____	_____
_____	\$\$ _____	\$\$ _____	_____	_____

DINING ROOM:	Original Cost	Present Value	Condition of Item	Move or Sell
_____	\$\$ _____	\$\$ _____	_____	_____
_____	\$\$ _____	\$\$ _____	_____	_____
_____	\$\$ _____	\$\$ _____	_____	_____

LIVING ROOM:	Original Cost	Present Value	Condition of Item	Move or Sell
_____	\$\$ _____	\$\$ _____	_____	_____
_____	\$\$ _____	\$\$ _____	_____	_____
_____	\$\$ _____	\$\$ _____	_____	_____

FAMILY ROOM:	Original Cost	Present Value	Condition of Item	Move or Sell
_____	\$\$ _____	\$\$ _____	_____	_____
_____	\$\$ _____	\$\$ _____	_____	_____
_____	\$\$ _____	\$\$ _____	_____	_____

BATH & CLOSETS:	Original Cost	Present Value	Condition of Item	Move or Sell
_____	\$\$ _____	\$\$ _____	_____	_____
_____	\$\$ _____	\$\$ _____	_____	_____
_____	\$\$ _____	\$\$ _____	_____	_____

BEDROOMS:	Original Cost	Present Value	Condition of Item	Move or Sell
_____	\$\$ _____	\$\$ _____	_____	_____
_____	\$\$ _____	\$\$ _____	_____	_____
_____	\$\$ _____	\$\$ _____	_____	_____

BASEMENT AND ATTIC:	Original Cost	Present Value	Condition of Item	Move or Sell
_____	\$\$ _____	\$\$ _____	_____	_____
_____	\$\$ _____	\$\$ _____	_____	_____
_____	\$\$ _____	\$\$ _____	_____	_____

GARAGE & DECK:	Original Cost	Present Value	Condition of Item	Move or Sell
_____	\$\$ _____	\$\$ _____	_____	_____
_____	\$\$ _____	\$\$ _____	_____	_____
_____	\$\$ _____	\$\$ _____	_____	_____

MISC.:	Original Cost	Present Value	Condition of Item	Move or Sell
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____

FOUR WEEKS CHECKLIST

The following should be completed four weeks prior to moving:

- _____ Make arrangements to store any items.
- _____ Clean or repair any furniture, carpets, or curtains that need it.
- _____ Hold a garage sale.
- _____ Return and retrieve borrowed items.
- _____ If you are moving yourself find out how many boxes you'll need and where they may be purchased or obtained.
- _____ Contact the moving company or rental company to confirm previous moving arrangements.

NEW FURNISHINGS AND APPLIANCE PLANNER

This chart can be used as a budget plan and shopping schedule to obtain the new purchases required to complete your new home. Fill in the price for each item in the appropriate column, indicating what time frame you will need to make purchases.

Kitchen	0 months - 6 months	6 months - 1 year
Cabinets	\$ _____	\$ _____
Dishes	\$ _____	\$ _____
Dishwasher	\$ _____	\$ _____
Disposal	\$ _____	\$ _____
Flooring	\$ _____	\$ _____
Microwave	\$ _____	\$ _____
Pots/pans	\$ _____	\$ _____
Refrigerator	\$ _____	\$ _____
Stove/oven	\$ _____	\$ _____
Table/Chairs	\$ _____	\$ _____
Wallcoverings	\$ _____	\$ _____
Water Filter	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____

Dining Room	0 months - 6 months	6 months - 1 year
Buffet/hutch	\$ _____	\$ _____
Flooring	\$ _____	\$ _____
Lighting	\$ _____	\$ _____
Wallcovering	\$ _____	\$ _____
Window treatment	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____

Living Room	0 months - 6 months	6 months - 1 year
Bookcase	\$ _____	\$ _____
Chairs	\$ _____	\$ _____
Coffee table	\$ _____	\$ _____
End tables	\$ _____	\$ _____
Entertainment center	\$ _____	\$ _____
Fireplace accessories	\$ _____	\$ _____
Lamps	\$ _____	\$ _____

Sofa/couch	\$ _____	\$ _____
Wallcovering	\$ _____	\$ _____
Window treatment	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____

Family Room	0 months - 6 months	6 months - 1 year
Bookcase	\$ _____	\$ _____
Chairs	\$ _____	\$ _____
Coffee Table	\$ _____	\$ _____
Computer/desk	\$ _____	\$ _____
End Tables	\$ _____	\$ _____
Entertainment center	\$ _____	\$ _____
Flooring	\$ _____	\$ _____
Lighting	\$ _____	\$ _____
Sofa/couch	\$ _____	\$ _____
Stereo	\$ _____	\$ _____
Television	\$ _____	\$ _____
VCR	\$ _____	\$ _____
Wallcovering	\$ _____	\$ _____
Window treatment	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____

Bathrooms	0 months - 6 months	6 months - 1 year
Fixtures	\$ _____	\$ _____
Towels	\$ _____	\$ _____
Small appliances	\$ _____	\$ _____
Wallcovering	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____

Bedrooms	0 months - 6 months	6 months - 1 year
Bedframe/headboard	\$ _____	\$ _____
Chair	\$ _____	\$ _____
Chest	\$ _____	\$ _____
Dresser	\$ _____	\$ _____
Lighting	\$ _____	\$ _____
Linens	\$ _____	\$ _____
Mattress	\$ _____	\$ _____
Night tables	\$ _____	\$ _____
Wallcovering	\$ _____	\$ _____
Window treatment	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____

Laundry	0 months - 6 months	6 months - 1 year
Dryer	\$ _____	\$ _____
Iron/iron board	\$ _____	\$ _____
Wash machine	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____

Patio/Deck	0 months - 6 months	6 months - 1 year
Grill	\$ _____	\$ _____
Patio furniture	\$ _____	\$ _____
Table/chairs	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____

General	0 months - 6 months	6 months - 1 year
Air conditioning	\$ _____	\$ _____
Attic insulation	\$ _____	\$ _____
Heating system	\$ _____	\$ _____
Water softener	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____

Garage/Storage	0 months - 6 months	6 months - 1 year
Garage door-opener	\$ _____	\$ _____
Garden accessories	\$ _____	\$ _____
Hand tools	\$ _____	\$ _____
Lawn mower	\$ _____	\$ _____
Power tools	\$ _____	\$ _____
Workbench	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____

THREE WEEKS CHECKLIST

The following items should be completed three weeks prior to moving:

- _____ Begin packing items that you won't need. Remember to use newspapers only for cushioning and outer wrapping only. The ink can damage fine china. If you will be using a moving company, check with them prior to packing for any special requirements.
- _____ Contact a service technician to prepare your appliances (washer, dryer, water bed, etc.) for shipment.
- _____ Have a going away party.
- _____ Decide what to do with house plants. In many instances plants can not be moved interstate. Check with your moving company about their policy on moving plants.
- _____ Make travel and hotel reservations if needed.
- _____ Arrange for pet travel such as purchasing an airline reservation or travel container. Consult your veterinarian about how to make the move easier.
- _____ Properly service any automobile, boat, or trailer that will be moved or shipped.
- _____ Get automobile license, registration, and insurance in order.
- _____ Write on the packing boxes in what room the items belong.
- _____ Use a notebook for listing cartons as they are packed.

Gather Packing Materials:

- | | |
|---------------------------|------------------------|
| ___ Furniture Pads | ___ Dolly |
| ___ Packing Tape | ___ Gummed Tape |
| ___ Styrofoam "peanuts" | ___ String & rope |
| ___ Bubble wrap | ___ Garbage bags |
| ___ White or tissue paper | ___ Crumbled newspaper |
| ___ Scissors | ___ Utility knife |
| ___ Labels and stickers | ___ Markers |
| ___ Boxes | ___ Crates |

CANCEL BASIC SERVICES TO YOUR OLD HOME

Electric:

Company Name: _____
Contact Person: _____
Phone Number: _____
Date Called: _____
Date Discontinued: _____

Gas/Oil:

Company Name: _____
Contact Person: _____
Phone Number: _____
Date Called: _____
Date Discontinued: _____

Water/Sewage/Garbage:

Company Name: _____
Contact Person: _____
Phone Number: _____
Date Called: _____
Date Discontinued: _____

Cable TV:

Company Name: _____
Contact Person: _____
Phone Number: _____
Date Called: _____
Date Discontinued: _____

Telephone:

Company Name: _____
Contact Person: _____
Phone Number: _____
Date Called: _____
Date Discontinued: _____

TWO WEEKS CHECKLIST

The following should be completed two weeks prior to moving day:

- _____ Arrange to transfer all bank accounts and safety deposit box contents to new branch locations.
- _____ Arrange for traveler's checks to use for travel and the first few days at your new home.
- _____ Cancel any direct deposit or automatic payment arrangements with the bank.
- _____ Begin serious packing of items you will not need over the next two weeks.
- _____ Send change-of-address cards and contact Post Office with forwarding address.

_____ Service your automobile, especially if you are traveling a distance. Make sure tires and fluid levels are adequate. Put a road map in your automobile.

_____ Cancel delivery services, such as water deliveries or diaper services.

SET UP BASIC SERVICES TO YOUR NEW HOME

Electric:

Company Name: _____

Contact Person: _____

Phone Number: _____

Date Called: _____

Date Service Begins: _____

Gas/Oil:

Company Name: _____

Contact Person: _____

Phone Number: _____

Date Called: _____

Date Service Begins: _____

Water/Sewage/Garbage:

Company Name: _____

Contact Person: _____

Phone Number: _____

Date Called: _____

Date Service Begins: _____

Cable TV:

Company Name: _____

Contact Person: _____

Phone Number: _____

Date Called: _____

Date Service Begins: _____

Telephone:

Company Name: _____

Contact Person: _____

Phone Number: _____

Date Called: _____

Date Service Begins: _____

ONE WEEK CHECKLIST

The following should be completed one week prior to moving day:

_____ Get measurements of your new home's doors and hallways. Make note of any flights of stairs and landings.

_____ Transfer all medical prescriptions to a pharmacy in your new location.

_____ Return library books and videotapes.

_____ Pick up any dry cleaning, layaway, or any stored items.

Properly dispose of the following household items to guard against damage caused by combustion, leakage, or explosion:

- | | |
|--|---|
| <input type="checkbox"/> All aerosol cans | <input type="checkbox"/> Ammunition |
| <input type="checkbox"/> Bleach | <input type="checkbox"/> Chemicals |
| <input type="checkbox"/> Cleaning fluids | <input type="checkbox"/> Fire Extinguishers |
| <input type="checkbox"/> Flammable goods | <input type="checkbox"/> Flares |
| <input type="checkbox"/> Food in glass jars | <input type="checkbox"/> Frozen food |
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> Kerosene |
| <input type="checkbox"/> Lighter fluid | <input type="checkbox"/> Matches |
| <input type="checkbox"/> Oil based paints | <input type="checkbox"/> Perfume/cologne |
| <input type="checkbox"/> Starter fuel | <input type="checkbox"/> Steam iron water |
| <input type="checkbox"/> Tanks with compressed gas | |

THREE DAY CHECKLIST

The following should be completed three days prior to moving:

- Defrost and clean your refrigerator and freezer.
- Movers begin packing.
- Pack suitcases for your trip to your new home.
- Arrange to have payment ready to pay the driver or rental company on delivery day. Verify form of payment with mover.
- Remember to pack the attic, closets, cabinets, and other storage areas.
- Be sure to empty water from your steam iron.
- Launder all soiled clothing prior to the day the service technician is expected.
- Take your old phone book with you.
- Set aside valuables and legal documents that will go with you, not in the moving van.

Pack your "Moving Day" handy items box:

- | | |
|--|--|
| <input type="checkbox"/> First Aid kit | <input type="checkbox"/> Daily medications |
| <input type="checkbox"/> Paper towels | <input type="checkbox"/> Dish towels |
| <input type="checkbox"/> Disposable dishes | <input type="checkbox"/> Plastic utensils |
| <input type="checkbox"/> Bath towels | <input type="checkbox"/> Toiletries kit |
| <input type="checkbox"/> Light bulbs | <input type="checkbox"/> Tools |
| <input type="checkbox"/> Trash bags | <input type="checkbox"/> Telephone book |
| <input type="checkbox"/> Shelf liner | <input type="checkbox"/> Snacks |
| <input type="checkbox"/> Sponge | <input type="checkbox"/> Soap |
| <input type="checkbox"/> Camera/film | <input type="checkbox"/> Road map |
| <input type="checkbox"/> Dish Detergent | <input type="checkbox"/> Bathroom tissue |

MOVING DAY CHECKLIST

The following should be completed on moving day:

- Pick up moving truck early if you are moving yourself.
- List every item and box loaded onto the truck.
- Tell the mover where you can be reached. Leave a phone number of an alternative contact person.
- Keep the moving company bill or rental receipt in a safe place until your goods are delivered and charges are paid.

Remember to check your old home for the following:

- | | |
|--|---|
| <input type="checkbox"/> Turn off water | <input type="checkbox"/> Shut off furnace |
| <input type="checkbox"/> Turn off air conditioning | <input type="checkbox"/> Turn off lights |
| <input type="checkbox"/> Turn off appliances | <input type="checkbox"/> Lock all windows |

- Lock all doors
- Surrender old house keys
- Inspect all rooms
- Inspect garage
- Leave garage door opener

DELIVERY CHECKLIST

The following should be completed on delivery day:

- Advise your mover of any parking restrictions, elevators, or long carries.
- Make certain the house is ready for occupancy before the mover arrives.
- Place a floor plan of your new home at the front door.
- Be on hand to answer questions, give directions, and examine your items.
- Check off all boxes and items as they come off the truck.
- Install new locks in your new home.
- Test to make sure the utilities are hooked up.
- Test smoke detectors.
- Set up beds early.
- Pay moving or rental company bill.
- Unpack kids toys early.
- Apply shelf lining in the kitchen.
- Return the moving rental truck, if one was used.

AFTER DELIVERY CHECKLIST

The following should be completed after moving:

- Get acquainted with your new town. Locate the school, grocery store, and other service providers.
- Register to vote.
- If you have moved to another state, contact the Department of Motor Vehicles.
- Ask neighbors and friends for doctor, dentist, accountant, lawyer, bank, baby-sitter, and veterinarian referrals.
- Transfer current medical information to new professionals.
- Locate the hospital as well as police and fire stations near you.
- Plan and practice your fire escape route.
- Visit the library and apply for a card.
- Have a service technician perform post-moving service to your appliances.
- Mail that has been forwarded from your old address will need a change-of-address card sent to the sender.
- Keep documents pertaining to your move in a safe place. Be sure to keep all receipts for expense deductions or claims.
- Get acquainted with the neighbors and have a party.

DISCLAIMER

These documents, provided by Shop4AHome, are for use by visitors in a fill-in-the-blank format. They represent examples of legal forms used in the buying and selling of real estate. They were created in the proper format and with the language necessary to help ensure their validity. Users are responsible for supplying all the required information on each form. Note: These forms are not intended to replace the advice or assistance of a qualified real estate lawyer or advisor.

It should be understood that improperly completing these documents, or making any changes to the content, appearance, or layout are done so at the risk of effecting the validity.

Automation Creations, Inc. provides these documents "as-is" and cannot be responsible for the legal consequences due to changes you make. Furthermore, Automation Creations, Inc. is not in a position to provide answers to questions regarding any changes. It is strongly recommended that you seek the advice of a lawyer for information about the validity and the consequences of any changes you may make to any document.

© 1998-2002 Shop4aHome.com. Shop4aHome is a web product of [Automation Creations, Inc.](#)