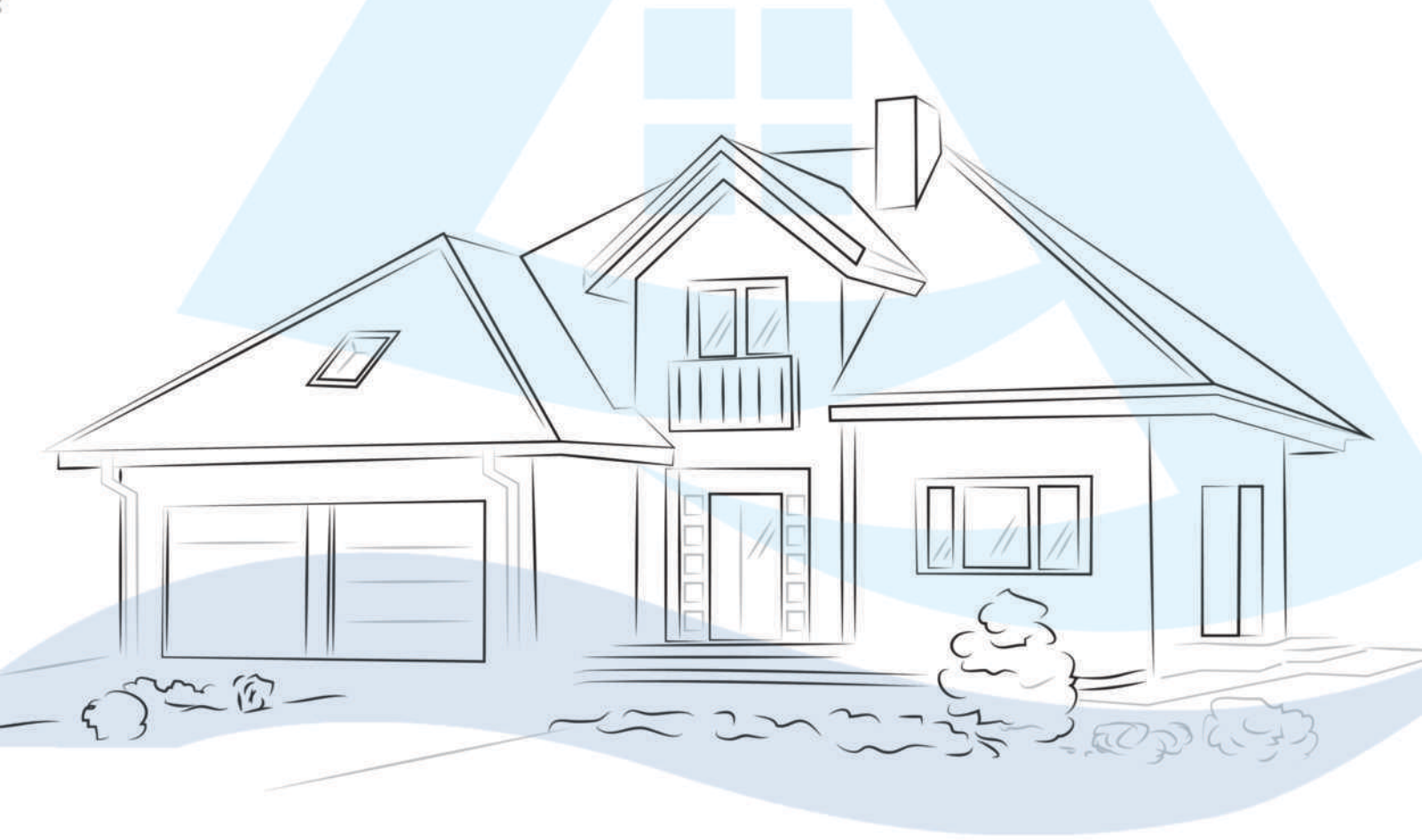


home buying *tool kit*



house hunting tips

Get pre-approved for a mortgage.

Know where you want to live (city, acreage, neighborhood type, etc.).

Come up with a realistic wish list – what you can afford in terms of size, neighborhood and house features.

Find a great real estate agent (ask your JPAL Mortgage loan officer for a list).

Remember your checklist during the house search.

Explore the area/neighborhood.

Visit open houses or schedule private viewings.

Shop for homes online.

Visit the houses on your shortlist.

Know what to pay attention to, if you have kids or pets.

Be aware of the tasks your agent should perform.

Bring your planner, checklists, and a camera/smartphone.

Once your offer is accepted, get the seller to put every component of the deal & any verbal agreement into writing.

home buying bucket list

MUST HAVE	WOULD LIKE
•	•
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•	•
•	•
•	•
•	•
•	•
•	•

important contacts

PAGE 1 OF 2

MORTGAGE LOAN OFFICER - NAME:
ADDRESS:
EMAIL:
PHONE:

REAL ESTATE AGENT - NAME:
ADDRESS:
EMAIL:
PHONE:

TITLE COMPANY CONTACT:
ADDRESS:
EMAIL:
PHONE:

HOME INSPECTOR - NAME:
ADDRESS:
EMAIL:
PHONE:

INSURANCE AGENT - NAME:
ADDRESS:
EMAIL:
PHONE:

NAME:
ADDRESS:
EMAIL:
PHONE:

NAME:
ADDRESS:
EMAIL:
PHONE:

NAME:
ADDRESS:
EMAIL:
PHONE:

comprehensive house checklist

PAGE 1 OF 2

ADDRESS:		
ASKING PRICE:	SQUARE FT:	YEAR BUILT:
BEDROOMS:	LOT SIZE:	HEATING COSTS:
BATHROOMS:	ANNUAL TAX:	NEIGHBORHOOD:

EXTERIOR				ROOMS			
	LOVE	OK	DISLIKE		LOVE	OK	DISLIKE
FOUNDATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	LIVING ROOM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LANDSCAPING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DINING ROOM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DRIVEWAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FAMILY ROOM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FENCING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	MASTER BEDROOM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IRRIGATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	BEDROOM 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SIDING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	BEDROOM 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HOUSE TYPE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	BEDROOM 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DECK/PATIO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	BATHROOM 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GARAGE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	BATHROOM 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WINDOWS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GARAGE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DOORS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	BASEMENT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ROOF, GUTTERS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ATTIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NOTES

HOME SYSTEMS				KITCHEN			
	LOVE	OK	DISLIKE		LOVE	OK	DISLIKE
ELECTRICAL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CABINETS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CENTRAL AIR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	COUNTERTOPS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HEATING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	OVEN/STOVE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SECURITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	BACKSPLASH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PLUMBING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	LAYOUT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NATURAL GAS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ISLAND	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[illegible]

NOTES



one-page house checklist

ADDRESS:		
ASKING PRICE:	SQUARE FT:	YEAR BUILT:
BEDROOMS:	LOT SIZE:	HEATING COSTS:
BATHROOMS:	ANNUAL TAX:	NEIGHBORHOOD:

HOME				NEIGHBORHOOD			
	BAD	ACCEPTABLE	GREAT		BAD	ACCEPTABLE	GREAT
FAMILY AREA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SURROUNDING HOMES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DINING AREA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	NOISE LEVEL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MASTER BEDROOM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	TRAFFIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EXTRA BEDROOM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PROXIMITY TO CITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EXTRA BATHROOM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ARE THE FOLLOWING NEARBY? (P-FOR PROXIMITY)			
LAUNDRY ROOM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SCHOOL	<input type="radio"/> Y <input type="radio"/> N	P _____	
CURB APPEAL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CHILD CARE	<input type="radio"/> Y <input type="radio"/> N	P _____	
EXTERIOR CONDITION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PARKS	<input type="radio"/> Y <input type="radio"/> N	P _____	
FLOORING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FIRE DEPARTMENT	<input type="radio"/> Y <input type="radio"/> N	P _____	
GARAGE SIZE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	POLICE STATION	<input type="radio"/> Y <input type="radio"/> N	P _____	
LOT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	HOSPITAL	<input type="radio"/> Y <input type="radio"/> N	P _____	
BACKYARD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DOCTOR	<input type="radio"/> Y <input type="radio"/> N	P _____	
ROOF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SHOPPING	<input type="radio"/> Y <input type="radio"/> N	P _____	
HEATING/AC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	RESTAURANTS	<input type="radio"/> Y <input type="radio"/> N	P _____	
POOL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PLACES OF WORSHIP	<input type="radio"/> Y <input type="radio"/> N	P _____	
PATIO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PUBLIC TRANSPORT	<input type="radio"/> Y <input type="radio"/> N	P _____	
ATTIC, BASEMENT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	OVERALL RATING			
SECURITY SYSTEM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

OVERALL RATING

1

2

3

4

5

walkthrough checklist

PAGE 1 OF 3

ROOM / ITEM	CONDITION ON ARRIVAL DATE:	ESTIMATED COST OF REPAIR
LIVING ROOM		
FLOORS & FLOOR COVERING		
WINDOW COVERINGS		
WALLS AND CEILING		
LIGHT FIXTURES		
WINDOWS, SCREENS & DOORS		
FRONT DOOR & LOCKS		
SMOKE DETECTOR		
FIREPLACE		
KITCHEN		
FLOORS & FLOOR COVERING		
WALLS & CEILINGS		
CABINETS		
COUNTERS		
STOVE / OVEN		
REFRIGERATOR		
DISHWASHER		
GARBAGE DISPOSAL		
SINK & PLUMBING		
SMOKE DETECTOR		

ROOM / ITEM	CONDITION ON ARRIVAL DATE:	ESTIMATED COST OF REPAIR
DINING ROOM		
FLOORS & FLOOR COVERING		
WINDOWS, SCREENS & DOORS		
WALLS AND CEILING		
LIGHT FIXTURES		
SMOKE DETECTOR		
BATHROOM		
FLOORS & FLOOR COVERING		
WALLS & CEILINGS		
WINDOWS, SCREENS & DOORS		
LIGHT FIXTURES		
BATHTUB / SHOWER		
SINKS & COUNTERS		
TOILET		
2ND BATHROOM		
FLOORS & FLOOR COVERING		
WALLS & CEILINGS		
WINDOWS, SCREENS & DOORS		
LIGHT FIXTURES		
BATHTUB / SHOWER		
SINKS & COUNTERS		
TOILET		

ROOM / ITEM	CONDITION ON ARRIVAL DATE:	ESTIMATED COST OF REPAIR
BEDROOM		
FLOORS & FLOOR COVERING		
WINDOWS, SCREENS & DOORS		
WALLS AND CEILING		
LIGHT FIXTURES		
SMOKE DETECTOR		
CLOSET		
2ND BEDROOM		
FLOORS & FLOOR COVERING		
WINDOWS, SCREENS & DOORS		
WALLS AND CEILING		
LIGHT FIXTURES		
SMOKE DETECTOR		
CLOSET		
OTHER AREAS		
HEATING SYSTEM		
AIR CONDITIONING		
GARDEN		
STAIRS AND HALLWAYS		
BASEMENT		
PATIO / TERRACE / DECK		

house problem signs

HOUSE ADDRESS:		
LIST PRICE:		

FOUNDATION	ELECTRICAL	PLUMBING
<input type="checkbox"/> DRY MUD TUBES ON THE FOUNDATION (TERMITES)	<input type="checkbox"/> FREQUENT ELECTRICAL SURGES	<input type="checkbox"/> DISCOLORED PIPES
<input type="checkbox"/> UNEVEN DRIVEWAY	<input type="checkbox"/> WIRES WITH ELECTRICAL TAPE	<input type="checkbox"/> SEWER ODOR
<input type="checkbox"/> DRAINAGE NOT POINTED AWAY FROM THE HOUSE	<input type="checkbox"/> CIRCUIT BREAKER TRIPPING FREQUENTLY	<input type="checkbox"/> WEAK WATER FLOW IN MULTIPLE LOCATIONS
<input type="checkbox"/> UNLEVEL FACIA BOARDS	<input type="checkbox"/> LIGHT SWITCHES NOT WORKING PROPERLY	<input type="checkbox"/> CLOGGED TOILET
<input type="checkbox"/> FLOOR IS SLOPING	<input type="checkbox"/> THE MAIN PANEL IS RUSTY	<input type="checkbox"/> SLOW DRAIN
<input type="checkbox"/> LARGE TREES WITH ROOTS CLOSE TO FOUNDATION	<input type="checkbox"/> CIRCUIT OVERLOAD	<input type="checkbox"/> BUBBLING CEILING OR WALL PAINT
<input type="checkbox"/> TINY HOLES IN DRYWALL OR WOOD (TERMITES)	<input type="checkbox"/> HOT OUTLETS	<input type="checkbox"/> JAMMED GARBAGE DISPOSAL
<input type="checkbox"/> WEEDS NEAR FOUNDATION		<input type="checkbox"/> LEAKY PIPES
<input type="checkbox"/> WALL CORNERS NOT SQUARE		<input type="checkbox"/> SEWER SYSTEM BACKUP
<input type="checkbox"/> DAMP CRAWL SPACE		<input type="checkbox"/> BAD VALVE SEAT/WASHER
<input type="checkbox"/> DOORS JAM/WON'T LATCH		<input type="checkbox"/>
<input type="checkbox"/> COUNTERS AND CABINETS SEPARATING FROM THE WALLS		
<input type="checkbox"/> IMPROPER DRAINAGE		
<input type="checkbox"/> STANDING WATER UNDER HOUSE		
<input type="checkbox"/> BOWING BASEMENT WALLS		
<input type="checkbox"/>		

ROOF	WATER/MOLD
<input type="checkbox"/> BAD CHIMNEY FLASHING	<input type="checkbox"/> SOUR OR MOLDY SMELL WHEN YOU RUN THE WATER
<input type="checkbox"/> MISSING GUTTER APRON	<input type="checkbox"/> MUSTY SMELL
<input type="checkbox"/> VENT FLASHING FAILURE	<input type="checkbox"/> NO BATHROOM VENTILATION
<input type="checkbox"/> NO CHIMNEY CRICKET	<input type="checkbox"/> BOWED ROOF
<input type="checkbox"/> STAGNANT OR POOLING WATER	<input type="checkbox"/> PEELING PAINT
<input type="checkbox"/> DAMAGED ROOFING MATERIALS	<input type="checkbox"/>
<input type="checkbox"/> DAMAGED OR WORN FLASHING	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

measurements list

[illegible]

house scorecard

PAGE 1 OF 2

ADDRESS:	LIST PRICE:
----------	-------------

OVERALL IMPRESSION			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STATS		
SQUARE FEET:	BEDROOMS:	HEATING:
ACRES:	BATHROOMS:	COOLING:
STORIES:	YEAR BUILT:	

CONDITION:			
<input type="radio"/> NEW BUILD	<input type="radio"/> MOVE-IN READY	<input type="radio"/> NEEDS WORK	<input type="radio"/> REHABILITATION

GENERAL (CIRCLE ONE)												
STYLE:	(DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)
CONDITION:	(DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)
LOCATION	(DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)
YARD/LANDSCAPING	(DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)
LIGHTING	(DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)
SIZE	(DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)

STAND-OUT FEATURES:

NEIGHBORHOOD (CIRCLE ONE)												
NOISE LEVEL: (DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)	
SCHOOL PROXIMITY (DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)	
SAFETY: (DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)	
AMENITIES (DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)	
(DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)	
(DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)	

INTERIOR (CIRCLE ONE)												
ENTRYWAY / MUDROOM: (DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)	
KITCHEN: (DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)	
DINING AREAS: (DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)	
LIVING AREAS: (DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)	
BEDROOMS: (DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)	
BATHROOMS: (DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)	
CLOSETS: (DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)	
ATTIC / BASEMENT: (DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)	
GARAGE / CARPORT: (DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)	
FRONT YARD AND PORCH: (DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)	
BACK YARD AND PORCH: (DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)	
BONUS ROOM(S): (DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)	
(DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)	
(DISLIKE)	1	2	3	4	5	6	7	8	9	10	(LOVE)	

SCORE: _____ OUT OF _____

decision maker

[illegible]

moving timeline

2 MONTHS BEFORE THE MOVING DAY	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
1 MONTH BEFORE THE MOVING DAY	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
1 WEEK BEFORE THE MOVING DAY	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
1 DAY BEFORE THE MOVING DAY	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
MOVING DAY	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

moving day planner

S

M

T

W

T

F

S

DATE: _____

	✓
7:00	<input type="radio"/>
8:00	<input type="radio"/>
9:00	<input type="radio"/>
10:00	<input type="radio"/>
11:00	<input type="radio"/>
12:00	<input type="radio"/>
	<input type="radio"/>
1:00	<input type="radio"/>
2:00	<input type="radio"/>
3:00	<input type="radio"/>
4:00	<input type="radio"/>
5:00	<input type="radio"/>
6:00	<input type="radio"/>
	<input type="radio"/>
7:00	<input type="radio"/>
8:00	<input type="radio"/>
9:00	<input type="radio"/>
10:00	<input type="radio"/>
11:00	<input type="radio"/>
12:00	<input type="radio"/>

NOTES

moving supplies

CLEANING SUPPLIES	MOVING SUPPLIES	PACKING SUPPLIES
<input type="checkbox"/> PAPER TOWELS	<input type="checkbox"/> ROLL OF TAPES	<input type="checkbox"/> BOXES
<input type="checkbox"/> OVEN CLEANERS	<input type="checkbox"/> DOLLY FOR MOVING	<input type="checkbox"/> BUBBLE WRAP
<input type="checkbox"/> GLASS CLEANERS	<input type="checkbox"/> MARKERS	<input type="checkbox"/> PADDING
<input type="checkbox"/> DISINFECTANT	<input type="checkbox"/> RAZOR KNIFE	<input type="checkbox"/> PAPER
<input type="checkbox"/> FURNITURE POLISH	<input type="checkbox"/> LABELS	<input type="checkbox"/> PACKING TAPE
<input type="checkbox"/> FLOOR CLEANER	<input type="checkbox"/> MATTRESS BAGS	<input type="checkbox"/> TAPE DISPENSER
<input type="checkbox"/> DUSTER	<input type="checkbox"/> PLASTIC BAGS	<input type="checkbox"/> MARKERS
<input type="checkbox"/> MICROFIBER CLOTHS	<input type="checkbox"/> TRASH BAGS	<input type="checkbox"/> BOX LABELS
<input type="checkbox"/> OLD RAGS	<input type="checkbox"/> WARDROBE BOXES	<input type="checkbox"/> CARDBOARD BOXES
<input type="checkbox"/> RUBBER GLOVES	<input type="checkbox"/> DISH BARREL	<input type="checkbox"/> MOVING BINDERS
<input type="checkbox"/> SPRAY BOTTLES	<input type="checkbox"/> PACKAGING TAPE	<input type="checkbox"/> FLOOR PROTECTOR
<input type="checkbox"/> SCRUB BRUSH	<input type="checkbox"/> MASKING TAPE	<input type="checkbox"/> NEWSPAPER
<input type="checkbox"/> TOILET BRUSH	<input type="checkbox"/> PADLOCK	<input type="checkbox"/> GLUE
<input type="checkbox"/> TOOTHBRUSH	<input type="checkbox"/> ROPE	<input type="checkbox"/> GLOVES
<input type="checkbox"/> MOP	<input type="checkbox"/> PAIR OF SCISSORS	<input type="checkbox"/> PENS AND PENCILS
<input type="checkbox"/> DUSTPAN	<input type="checkbox"/> TOOLSET	<input type="checkbox"/> MIRROR BLANKET
<input type="checkbox"/> VACCUM	<input type="checkbox"/> TAPE MEASURE	<input type="checkbox"/> PACKING PAPERS
<input type="checkbox"/> BROOM	<input type="checkbox"/> STEP STOOL	<input type="checkbox"/> OLD SHEETS
<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"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

moving box inventory

ROOM NO.	BOX NO.	COLOR CODE:
CONTENT		
<input type="radio"/>		
<input type="radio"/>		
<input type="radio"/>		
<input type="radio"/>		

ROOM NO.	BOX NO.	COLOR CODE:
CONTENT		
<input type="radio"/>		
<input type="radio"/>		
<input type="radio"/>		
<input type="radio"/>		

ROOM NO.	BOX NO.	COLOR CODE:
CONTENT		
<input type="radio"/>		
<input type="radio"/>		
<input type="radio"/>		
<input type="radio"/>		

ROOM NO.	BOX NO.	COLOR CODE:
CONTENT		
<input type="radio"/>		
<input type="radio"/>		
<input type="radio"/>		
<input type="radio"/>		

NOTES

[illegible]

BATHROOM #	
<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"/>	

☒ HEAVY
☐ FRAGILE

BOX NUMBER

[illegible][illegible]

[illegible][illegible][illegible]

STORAGE ROOM	
<input type="checkbox"/> HEAVY <input type="checkbox"/> FRAGILE	BOX NUMBER

GARAGE

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

☐ HEAVY
☐ FRAGILE

BOX NUMBER

BASEMENT

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

☐ HEAVY
☐ FRAGILE

BOX NUMBER

MASTER BEDROOM

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

☐ HEAVY
☐ FRAGILE

BOX NUMBER

ENSUITE

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

☐ HEAVY
☐ FRAGILE

BOX NUMBER

Box Label	
<input type="checkbox"/> HEAVY <input type="checkbox"/> FRAGILE	BOX NUMBER

[illegible]

<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"/>	

☐ HEAVY

☐ FRAGILE

BOX NUMBER

[illegible]

FRAGILE

HEAVY

THIS
SIDE
UP



DO NOT
STACK



ESSEN
TIALS



change of address checklist

PAGE 1 OF 2

GOVERNMENT AGENCIES

- ☐ VOTER REGISTRATION
- ☐ EMPLOYER
- ☐ DRIVING LICENCE
- ☐ VEHICLE REGISTRATION
- ☐ REVENUE SERVICES
- ☐ _____
- ☐ _____

HEALTH SERVICES

- ☐ DOCTOR
- ☐ DENTIST
- ☐ EYECARE
- ☐ VETERINARIAN
- ☐ _____
- ☐ _____
- ☐ _____

INSURANCE PROVIDERS

- ☐ HOME
- ☐ BELONGINGS
- ☐ LIFE
- ☐ HEALTH
- ☐ VEHICLE
- ☐ _____
- ☐ _____

FINANCIAL

- ☐ BANKS / CREDIT UNIONS
- ☐ LOAN COMPANIES
- ☐ CREDIT CARD COMPANY
- ☐ CAR FINANCING PROVIDER
- ☐ _____
- ☐ _____
- ☐ _____

UTILITY PROVIDERS

- ☐ WATER
- ☐ GAS
- ☐ ELECTRICITY
- ☐ MOBILE PHONE
- ☐ INTERNET
- ☐ _____
- ☐ _____

MISCELLANEOUS

- ☐ MAIL
- ☐ SUBSCRIPTIONS / MEMBERSHIPS
- ☐ GROCERY DELIVERY
- ☐ HOUSE CLEANERS
- ☐ ONLINE SHOPPING COMPANIES
- ☐ _____
- ☐ _____

notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

sketch

