

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**BLM 3-2**

# Moving Needs

Tasks to Complete When Moving	
<b>Before You Move</b>	
<input type="checkbox"/> Buy packing supplies (boxes, paper, tape)	<input type="checkbox"/> Apply to have mail forwarded
<input type="checkbox"/> Rent a moving van or other transportation	<input type="checkbox"/> Send Change of Address notices to family, friends, businesses, etc.
<input type="checkbox"/> Plan a route if you are driving to your new place	<input type="checkbox"/> Contact utility companies (phone, TV, hydro, water, gas) to disconnect old service and/or set up new service
<input type="checkbox"/> Arrange for storage of large items	<input type="checkbox"/> Disassemble large items, such as furniture
<input type="checkbox"/> Get items such as furniture and arrange to have it delivered	<input type="checkbox"/> Pack items you are taking with you
<b>When You Move In</b>	
<input type="checkbox"/> Buy cleaning supplies and clean apartment if needed	<input type="checkbox"/> Cut keys (make a spare key for a friend or family member to use in case of emergency)
<input type="checkbox"/> Put together furniture	<input type="checkbox"/> Unpack items
<input type="checkbox"/> Change your address on your driver's licence and health cards	<input type="checkbox"/> Familiarize yourself with your new place and neighbourhood
<input type="checkbox"/> Dispose of or store boxes	<input type="checkbox"/> Learn new garbage and recycling pick-up days
<b>Items You May Need To Purchase or Bring From Home</b>	
<b>Bedroom</b>	
<input type="checkbox"/> Bed frame and mattress	<input type="checkbox"/> Sheets, pillowcases, blankets, and pillows
<input type="checkbox"/> Lighting	<input type="checkbox"/> Dresser, desk, or bedside table
<input type="checkbox"/> Clothes storage such as drawers or hangers for the closet	<input type="checkbox"/> Laundry baskets
<input type="checkbox"/> _____	<input type="checkbox"/> _____



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(continued)

**Bathroom**

<input type="checkbox"/> Towels and facecloths	<input type="checkbox"/> Personal items such as toothbrushes, razor, and toilet paper
<input type="checkbox"/> Wastepaper basket	<input type="checkbox"/> Shower curtain and bath mat
<input type="checkbox"/> _____	<input type="checkbox"/> _____

**Kitchen**

<input type="checkbox"/> Dishes and glasses	<input type="checkbox"/> Cutlery and cooking utensils
<input type="checkbox"/> Pots, pans, and other cooking dishes	<input type="checkbox"/> Dishtowels, dishcloths, and detergent
<input type="checkbox"/> Small appliances such as a toaster, microwave, and coffee maker	<input type="checkbox"/> Garbage, recycling and composting bins
<input type="checkbox"/> _____	<input type="checkbox"/> _____

**Living Room**

<input type="checkbox"/> Seating such as chairs or couch	<input type="checkbox"/> Coffee table and/or end tables
<input type="checkbox"/> Lighting	<input type="checkbox"/> Electronics such as a TV and DVD player
<input type="checkbox"/> _____	<input type="checkbox"/> _____

**Miscellaneous**

<input type="checkbox"/> Computer or laptop	<input type="checkbox"/> Laundry detergent, iron, and ironing board
<input type="checkbox"/> Tools to put together furniture	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

