



Contact the Community Housing Liaison
 585-445-5699
info@monroehousingcollaborative.org
www.monroehousingcollaborative.org

Move In Checklist

Once you have been approved for your new apartment, or purchased your new home, you will need to begin to gather what you need to move in.

1. Kitchen

Item	How Many	Packed	Comments
Table			
Chairs			
Silverware			
Pots			
Pans			
Plates			
Containers			
Cups			
Bowls			
Cooking utensils			
Dish Towels			
Sponges or dishrags			
Specialty equipment			
Food Items:			
Other Items:			

2. Bathroom

Item	How Many	Packed	Comments
Shower Curtain			
Bath Towels			
Wash cloths			
Hand towels			
Bath mat			
Toothpaste			
Toothbrush			
Soap			
Body wash			
Shampoo			
Conditioner			
Shave cream			
Razor			
Medications			
Other personal items:			

3. Living Room

Item	How Many	Packed	Comments
Couch or Loveseat			
Recliner			
End Tables			
Lamps			
Other			

4. Bedroom

Item	How Many	Packed	Comments
Bed			
End Table			
Dresser			
Lamp			
Sheets			
Comforter or Bedspread			
Bed pillow			
Clothes			
Shoes			
Clothes Hangers			
Organizers			
Other			

5. General

Item	How Many	Packed	Comments
Curtains			
Storage Organizers			
Vacuum Cleaner			
Mop			
Broom/Dustpan			
Trash Cans			
Trash Can Liners			
Cleaning Supplies			
Flashlight/Batteries			
Other Items			

6. Develop your Daily Plan and an Emergency Plan – See *Daily Plan and Emergency Plan* that can be downloaded and use to develop a plan.

7. Move In Day

a. Walkthrough

i. Is the unit/House Clean? Yes No
(bathrooms clean, no mold, kitchen, carpets, floors, closet, is there any garbage or dirt on the floor, windows or window treatments, freshly painted)

ii. Is the unit/House in good repair? Yes No
(no holes in the wall, carpet not torn or frayed, outlets covered, no dings or dents in appliances)

iii. Do all the appliances and fixtures work? Yes No
(refrigerator, dishwasher, stove, garbage disposal, kitchen sink, bathroom sink(s), bathtub/shower fixture)

iv. Pictures taken of every room/area? Yes No

v. Any requested reasonable modifications have been made or are scheduled:
Yes No Date Scheduled: _____

vi. Things I want to remember to communicate to the landlord/previous owner

8. Time to Move

Moving Company: _____

Phone: _____

Time Scheduled: _____

Who is helping me?

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____