START

Our home

ADDRESS _____ MOVED IN _____

LANDLORD OR MANAGER _____ PHONE _____

WHERE THINGS ARE

Water shutoff _____

Breaker panel or fuse box _____

Gas shutoff _____

First-aid kit _____

Spare key _____

Flashlight _____

IF WE HAVE TO LEAVE THE HOUSE

Meeting place outside the home _____

Meeting place outside the neighborhood _____

GOOD TO KNOW

FOR GUESTS

Wi-Fi name _____

Password _____

CONTACTS

Emergency contacts

Hang a copy where everyone can see it.

OUR ADDRESS, FOR EMERGENCIES

EMERGENCY NUMBER

FAMILY AND FRIENDS

Name	Relation	Phone

NEIGHBORS

Name	House or apt	Phone

SCHOOL OR WORK

Name	Place	Phone

Daily cleaning

Suggestions by room: cross out, change and add your own.

KITCHEN

- [ ] Do the dishes
- [ ] Wipe the counters
- [ ] Wipe the stovetop
- [ ]

BATHROOM

- [ ] Wipe the sink
- [ ] Hang up towels to dry
- [ ]
- [ ]

BEDROOM

- [ ] Make the bed
- [ ] Put clothes away
- [ ]
- [ ]

LIVING ROOM

- [ ] Tidy up and put things away
- [ ]
- [ ]
- [ ]

LAUNDRY

- [ ] Sort the dirty laundry
- [ ]
- [ ]
- [ ]

ENTRY AND HALL

- [ ] Put shoes and bags away
- [ ]
- [ ]
- [ ]

HOME OFFICE

- [ ] Clear the desk
- [ ]
- [ ]
- [ ]

OUTDOOR

- [ ]
- [ ]
- [ ]
- [ ]

CLEANING

Chore chart

WEEK OF

REWARD OR GOAL

Chore	Who	M	T	W	T	F	S	S
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
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		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐

UPKEEP · 1 OF 4

Spring

Suggestions for a typical house. Cross out what your home does not have and add your own tasks.

	Task	Done on
☐	Clean gutters and downspouts	
☐	Check the roof for loose shingles	
☐	Service the air conditioning	
☐	Test smoke and carbon monoxide alarms	
☐	Clean window screens	
☐	Check exterior caulk and paint	
☐	Service mower and garden tools	
☐	Turn on outdoor faucets, check leaks	
☐	Check deck or patio boards	
☐	Clean the dryer vent	

OUR OWN TASKS

☐		
☐		
☐		

NOTES

PAPERS

Bills and due dates

Every regular bill once, so nothing depends on memory.

Bill	Due day	Amount	Paid from	Auto
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
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				☐
				☐
				☐
				☐
				☐
				☐

VEHICLES

Vehicle profile

NAME OR NICKNAME

MAKE AND MODEL

YEAR

LICENSE PLATE

VIN

PARTS AND SIZES

Tire size

Tire pressure

Oil type

Oil filter

Battery

Wiper blade sizes

Air filter

Other parts

DATES AND PAPERS

Insurance company

Policy number

Insurance renewal date

Registration renewal date

Next inspection

Warranty ends

Purchase date

Odometer at purchase

NOTES

FAMILY

Family week

WEEK OF _____

WHO _____ _____ _____ _____

MON				
TUE				
WED				
THU				
FRI				
SAT				
SUN				

DO NOT FORGET

1 2 3 4 5 6 7 8 9