




# HOME BINDER

HomeAdvisor



# WEEKLY CLEANING PLAN



 <b>Daily</b>	M	T	W	Th	F	Sa	Su
	<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"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Monday</b>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<b>Tuesday</b>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<b>Wednesday</b>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<b>Thursday</b>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<b>Friday</b>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<b>Weekend</b>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>



# CONTRACTOR & HANDYMAN INFORMATION

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

**Company:** \_\_\_\_\_

**Type of service:** \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Notes: \_\_\_\_\_

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

**Company:** \_\_\_\_\_

**Type of service:** \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Notes: \_\_\_\_\_

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

**Company:** \_\_\_\_\_

**Type of service:** \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Notes: \_\_\_\_\_

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

**Company:** \_\_\_\_\_

**Type of service:** \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Notes: \_\_\_\_\_



# SERVICE PROVIDER INFORMATION

<b>Company name:</b> _____	<b>Type of service:</b> _____
-------------------------------	----------------------------------

Phone:
Contract duration:
Monthly cost:

<b>Company name:</b> _____	<b>Type of service:</b> _____
-------------------------------	----------------------------------

Phone:
Contract duration:
Monthly cost:

<b>Company name:</b> _____	<b>Type of service:</b> _____
-------------------------------	----------------------------------

Phone:
Contract duration:
Monthly cost:

<b>Company name:</b> _____	<b>Type of service:</b> _____
-------------------------------	----------------------------------

Phone:
Contract duration:
Monthly cost:

<b>Company name:</b> _____	<b>Type of service:</b> _____
-------------------------------	----------------------------------




Phone:
Contract duration:
Monthly cost:




<b>Company name:</b> _____	<b>Type of service:</b> _____
-------------------------------	----------------------------------

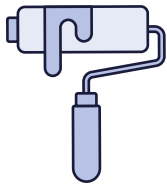
Phone:
Contract duration:
Monthly cost:



# APPLIANCE MODEL AND WARRANTY LOG

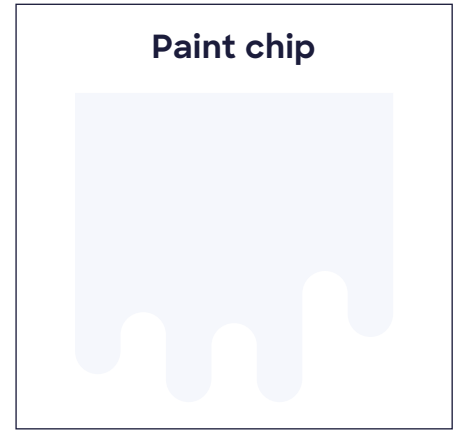
Type of appliance		
Model		
Serial number		
Warranty exp. date		
Purchase date		
Contact info		
 Date	 Service log	 Notes

Type of appliance		
Model		
Serial number		
Warranty exp. date		
Purchase date		
Contact info		
 Date	 Service log	 Notes



# PAIN T COLOR LOG

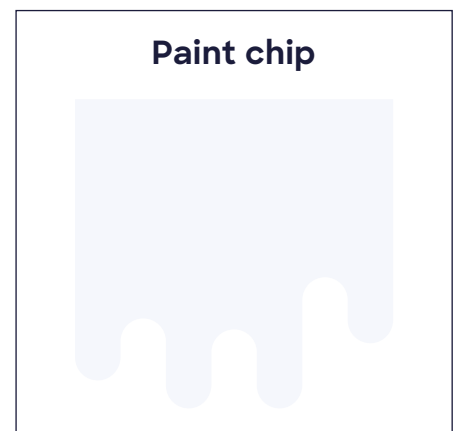
Room:	
Paint brand:	
Color name/code:	
Finish:	
Notes:	

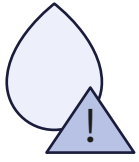


Room:	
Paint brand:	
Color name/code:	
Finish:	
Notes:	

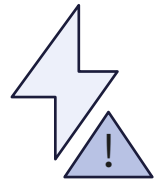


Room:	
Paint brand:	
Color name/code:	
Finish:	
Notes:	





# ELECTRIC AND WATER SHUTOFF INFORMATION



Location of main water valve

Blank space for recording the location of the main water valve.

Location of circuit breaker

Blank space for recording the location of the circuit breaker.



Shut off instructions

- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_



Notes

Blank space for notes related to water shut-off instructions.



Shut off instructions

- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_



Notes

Blank space for notes related to electrical shut-off instructions.

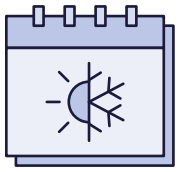


# SEASONAL HOME MAINTENANCE SCHEDULE



	Winter	Spring	Summer	Fall
<b>Kitchen</b>	<input type="checkbox"/> Stock up on emergency supplies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Clean refrigerator and freezer coils <input type="checkbox"/> Clean refrigerator <input type="checkbox"/> Check the dishwasher for leaks <input type="checkbox"/>	<input type="checkbox"/> Caulk showers and bathtub tiles <input type="checkbox"/> Reseal or fix any floor tiles <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Replace the batteries for your smoke detector <input type="checkbox"/> Clean refrigerator and freezer <input type="checkbox"/> <input type="checkbox"/>
<b>Bathroom</b>	<input type="checkbox"/> Test your sink and shower for hot water <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Reseal or fix any floor tiles <input type="checkbox"/> Check for signs of mold	<input type="checkbox"/> Check for any water leaks <input type="checkbox"/>
<b>Basement or utility area</b>	<input type="checkbox"/> Check water heater for leaks or thaws <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Check drainage system in case of flood <input type="checkbox"/> Check for signs of mold or leaks	<input type="checkbox"/> <input type="checkbox"/>
<b>Crawlspace</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Test sump pump if one is installed <input type="checkbox"/> Check for signs of mold or standing water	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Test sump pump if one is installed <input type="checkbox"/> Check for signs of mold or standing water
<b>Attic</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Check for signs of mold, leaks or pests	<input type="checkbox"/> Inspect attic insulations
<b>Bedroom and living room</b>	<input type="checkbox"/> Test and check your heating system <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"/> Replace furnace filters <input type="checkbox"/> Check the fireplace and chimney for any damages <input type="checkbox"/> Seal cracks and gaps in windows and doors





# SEASONAL LANDSCAPE MAINTENANCE SCHEDULE

	Winter	Spring	Summer	Fall
<b>Front yard and backyard</b>	<input type="checkbox"/> Examine your snow removal equipment <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Trim and prune trees, plants and shrubs <input type="checkbox"/> Examine your sprinkler system <input type="checkbox"/> Turn on outdoor spigots	<input type="checkbox"/> Check water hose for leaks <input type="checkbox"/> Examine and reseed your lawn <input type="checkbox"/>	<input type="checkbox"/> Rake and bag up leaves <input type="checkbox"/> Turn off outdoor spigots before freezing temperatures <input type="checkbox"/>
<b>Porch, patio and deck</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Check for signs of peeling or chipping paint or need to restain your wood <input type="checkbox"/>	<input type="checkbox"/> Clean and remove any debris <input type="checkbox"/> Inspect for any damages	<input type="checkbox"/> <input type="checkbox"/>
<b>Roof, gutters and chimney</b>	<input type="checkbox"/> Inspect roof and gutters after snowstorms <input type="checkbox"/> Schedule a chimney inspection <input type="checkbox"/>	<input type="checkbox"/> Clean your home's siding and windows <input type="checkbox"/> Clean gutters and downspouts <input type="checkbox"/> Inspect roof for any leaks or damages	<input type="checkbox"/> Inspect roof for damage or missing shingles <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Driveway and walkways</b>	<input type="checkbox"/> Prepare for any incoming snowstorms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Reseal cracks and fix damaged surfaces




# EXTERIOR EQUIPMENT MAINTENANCE CALENDAR


	❄ Winter	🌸 Spring	☀ Summer	🍂 Fall
<b>Snowblowers</b>	<input type="checkbox"/> Examine the tire pressure <input type="checkbox"/> Check and refill the oil as needed <input type="checkbox"/> Check gas and fill as needed <input type="checkbox"/> Test spark plugs <input type="checkbox"/> Change the air filters as needed	<input type="checkbox"/> Clean off salt residue before storage <input type="checkbox"/> Drain gas or add gas stabilizer before storing <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"/>
<b>Lawnmower</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Sharpen the blade as needed <input type="checkbox"/> Check tire pressure if needed <input type="checkbox"/> Check and refill the oil as needed <input type="checkbox"/> Replace your spark plugs as needed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Clean and remove any debris from your lawnmower if storing for the winter <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Leafblowers</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Clean the air vents and blower <input type="checkbox"/> Check or replace the air filters as needed
<b>Trimmers</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Replace the string trimmer line as needed <input type="checkbox"/> Clean the exterior of your trimmer <input type="checkbox"/> Check and refill the oil as needed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Hose and sprinkler</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Examine and check if they have leaks or damages <input type="checkbox"/> Check and examine the water pressure	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>Generators</b>	<input type="checkbox"/> Test the batteries and inspect for any damages <input type="checkbox"/> Check the fluid levels and replace the oil as needed	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>





# PRIMARY HEALTHCARE PROVIDER CONTACT INFORMATION


Name of doctor: 

---


 Address:


 Phone:


 Specialty:


Name of doctor: 

---


 Address:


 Phone:


 Specialty:


Name of doctor: 

---


 Address:


 Phone:


 Specialty:


Name of doctor: 

---


 Address:


 Phone:


 Specialty:


Name of doctor: 

---


 Address:


 Phone:


 Specialty:

Name of doctor: 

---

 Address:

 Phone:

 Specialty:



# EMERGENCY CONTACT INFORMATION

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

**Relation:**  
\_\_\_\_\_

Address:  
\_\_\_\_\_

Phone:  
\_\_\_\_\_

Email:  
\_\_\_\_\_

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

**Relation:**  
\_\_\_\_\_

Address:  
\_\_\_\_\_

Phone:  
\_\_\_\_\_

Email:  
\_\_\_\_\_

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

**Relation:**  
\_\_\_\_\_

Address:  
\_\_\_\_\_

Phone:  
\_\_\_\_\_

Email:  
\_\_\_\_\_

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

**Relation:**  
\_\_\_\_\_

Address:  
\_\_\_\_\_

Phone:  
\_\_\_\_\_

Email:  
\_\_\_\_\_



# HEALTH INSURANCE INFORMATION

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

Insurance company:

Member ID number:

Coverage:

Contact info:

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

Insurance company:

Member ID number:

Coverage:

Contact info:

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

Insurance company:

Member ID number:

Coverage:

Contact info:

# HOUSE SITTER INFORMATION



For immediate needs

Name:

Phone:

Email:



## Contact information

Name:

Phone:

Email:



## Travel information

Departure date & time:

Destination:

Return date & time:



## House details

Wi-Fi:

Gate code:

Garage code:



## Other useful information

- 
- 
- 



## Responsibilities

Task

---

---

---

---

---

Frequency

---

---

---

---

---



# PET SITTER INFORMATION



## House details

Wi-Fi:

Gate code:

Garage code:



## Emergency contact

Name:

Phone:

Email:



## Pet details

Pet name:

Breed:

Vet contact info:

Vet address:



## Responsibilities

•

•

•

•

## Notes



## Pet details

Pet name:

Breed:

Vet contact info:

Vet address:



## Responsibilities

•

•

•

•

## Notes



# BABYSITTER INFORMATION



## House details

Wi-Fi:

Gate code:

Garage code:



## Emergency contact

Name:

Phone:

Email:



## Child details

Name:

Allergies:

Likes:

Dislikes:

Bedtime:

Naptime:



## Responsibilities

•

•

•

•

•

•

## Notes



## Child details

Name:

Allergies:

Likes:

Dislikes:

Bedtime:

Naptime:



## Responsibilities

•

•

•

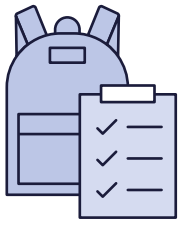
•

•

•

## Notes





# EMERGENCY GO-BAG CHECKLIST

## ★ Essentials

- Flashlight
- Lighter and matches
- Pocket knife
- Blanket(s)
- Extra clothing
- Tent
- Cash
- Emergency radio
- Chargers and spare batteries

## + Toiletries & Medical Supplies

- First-aid kit
- Toothbrush and toothpaste
- Medications and pain relievers
- Hand sanitizer
- Antibiotic cream
- Washcloth

## ☰ Important Documents

- Passport
- Birth certificate
- Social security card
- Health insurance card
- Emergency contact numbers

## 🍽️ Food & Water

- 3-day supply of canned foods
- Water bottles
- Non-perishable snacks
- Utensils
- Can opener (if needed)
- Pet food (if needed)

## ⚠️ Exp. Date



# DISASTER SAFETY PLAN

	 Earthquake	 Hurricane	 Tornado	 Flood	 Wildfires
Meeting area					
What to do					
What you need					