

change of address checklist

WE ARE GETTING
CLOSE TO YOUR
CLOSING DATE.
IT IS TIME TO
START UPDATING
YOUR
IMPORTANT
INFORMATION.

UTILITY COMPANIES

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> GAS | <input type="checkbox"/> SEWAGE |
| <input type="checkbox"/> ELECTRICITY | <input type="checkbox"/> INTERNET AND CABLE |
| <input type="checkbox"/> WATER | <input type="checkbox"/> PHONE |
| <input type="checkbox"/> GARBAGE | <input type="checkbox"/> HOME SECURITY SERVICE |

GOVERNMENT ORGANIZATIONS

- | | |
|---|--|
| <input type="checkbox"/> DMV | <input type="checkbox"/> VETERAN AFFAIRS (IF APPLICABLE) |
| <input type="checkbox"/> IRS | <input type="checkbox"/> OTHER GOVERNMENT BENEFITS |
| <input type="checkbox"/> SOCIAL SECURITY | (I.E. RETIREMENT, DISABILITY, |
| <input type="checkbox"/> VOTER REGISTRATION | MEDICARE) |

FINANCIAL INSTITUTIONS

- | | |
|--|---|
| <input type="checkbox"/> BANK AND CREDIT UNION | <input type="checkbox"/> RETAIL CREDIT ACCOUNTS |
| <input type="checkbox"/> LOAN COMPANY | <input type="checkbox"/> FINANCIAL ADVISORS |
| <input type="checkbox"/> CREDIT CARD COMPANY | <input type="checkbox"/> ACCOUNTANTS |

INSURANCE COMPANIES

- | | |
|---|--|
| <input type="checkbox"/> HEALTH INSURANCE | <input type="checkbox"/> LIFE INSURANCE |
| <input type="checkbox"/> DENTAL INSURANCE | <input type="checkbox"/> HOMEOWNER'S INSURANCE (OR |
| <input type="checkbox"/> CAR INSURANCE | RENTER'S INSURANCE) |

SUBSCRIPTION SERVICES

- | | |
|---|--|
| <input type="checkbox"/> AMAZON PRIME | <input type="checkbox"/> OTHER LOCAL MEMBERSHIPS |
| <input type="checkbox"/> STREAMING SERVICES | <input type="checkbox"/> RETAIL WEBSITES |
| <input type="checkbox"/> SUBSCRIPTION BOXES | <input type="checkbox"/> MAGAZINES AND CATALOGS |
| <input type="checkbox"/> GYM MEMBERSHIPS | |

HEALTH SERVICES

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> DOCTOR | <input type="checkbox"/> VETERINARIAN |
| <input type="checkbox"/> DENTIST | <input type="checkbox"/> PEDIATRICIAN |

OTHER

- ☐ YOUR CURRENT EMPLOYER
- ☐ CLOSE FRIENDS AND FAMILY
- ☐ SMART HOME APPS

