

Household Management Template Bundle



Created by Simplify & Sort Home Decluttering & Organising
Services www.simplifyandsort.com

DECLUTTERING PLANNER



DATE	TASK/ AREA	DONE
		<input type="checkbox"/>
		<input type="checkbox"/>
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NOTES

DECLUTTERING QUICK WIN CHECKLIST

Whole House blitz

Grab two bags, one for recycling and one for general rubbish. Set a timer & get rid of as much obvious clutter as possible

Here are some items to look for:

- Pantry
 - Expired items
 - Near empty jars
 - Items you don't like/use
- Fridge
 - Expired items
 - Near empty jars, tins etc
 - Items you don't like/use
- Bathroom/ Beauty Products
 - Empty toiletry bottles, jars & tubs
 - Items you don't use/like
 - expired or unused make up
- Scratched/ broken DVD's
- Newspapers & magazines
- Finished candles & air fresheners
- General rubbish & packaging
- Broken toys, completed colouring books, broken or finished art supplies

Other ideas

- Use up what you have before opening or purchasing more
- Broken or unused furniture, appliances and electronics
- The junk drawer
- Handbag
- Wallets
- Coat pockets
- Car





Cleaning Schedule



DAILY CHORES

Morning

- Make beds
- Clear dishes after breakfast, load and run dishwasher
- Do a load of washing/ hang up or tumble dry

Afternoon

- Empty dishwasher

Evening

- clear counters after dinner, load dishwasher and wipe down kitchen counters

DAILY- CLEAN AS YOU GO

Keep your house tidy by cleaning as you go, Place shoes on a shoe rack or away when taking them off, Put dishes straight into the dishwasher after use, wipe up spills as they happen, put items away when you are finished using them, throw rubbish away immediately etc.

EVERY 2-3 DAYS

- Sweep and mop kitchen floors
- Fold and put away dry laundry

WEEKLY

complete all on one day, or 1-2 task each day over the course of the week

- Clean bathrooms (wash sink, shower/ baths, clean toilet, mirrors, empty dustbins and clean the floor, wipe down toiletries and shelves, change towels and bathmats
- Dust all surfaces and ornaments throughout the house
- Change bed linen
- Clean kitchen- wipe out microwave, clear fridge of expired food items and wipe shelves, wash sink, counters tops and wipe down appliances on counters, empty and clean bins, clean oven when needed
- Hoover/ sweep and mop all floors
- Quick tidy, put away items that have been left out
- Ironing

WEEKLY MEAL PLANNER

BREAKFAST IDEAS

LUNCH IDEAS

SNACK IDEAS

DINNERS

MON

TUES

WED

THU

FRI

SAT

SUN

GROCERY SHOPPING LIST



FRUITS AND
VEGGIES:



MEATS:



DAIRY:



PANTRY STAPLES/
CANS:



FROZEN ITEMS:



SNACKS AND
DRINKS:



BAKERY



CLEANING
SUPPLIES AND
TOILETRIES:

OTHER:

WEEKLY PLANNER

MY WEEK @ A GLANCE

WORK TO- DO'S

PERSONAL TO-DO'S

APPOINTMENTS FOR
THE WEEK

SHOPPING LIST



DAILY PLANNER

GET IT DONE

DAY & DATE

TOP 3 WORK TO- DO'S
FOR THE DAY

TOP 3 PERSONAL TO-
DO'S FOR THE DAY

NOTES



VACATION PLANNER

DETAILS & DATES

Accommodation : _____

Arrival date & check in time: _____

Departure Date & checkout time : _____

Payments made : _____

Payments still due & due date : _____

Notes: _____

PLANNED/ BOOKED ACTIVITIES

<i>Day/ Date</i>	<i>Time</i>	<i>Details</i>	<i>Booked</i>	<i>Paid</i>
_____	_____	_____	<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"/>

MEALS

TO DO/ NOTES



VACATION PACKING LIST

DOCUMENTS:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

TECHNOLOGY:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

HAIR & MAKE UP:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

MEDICAL:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

TOILETRIES:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

GEAR/ ACTIVITIES:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

MISC:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

CLOTHES:

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

KIDS CLOTHES:

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Notes/ Other: