Location:		1	1 .	Tenant Name: _						
	Good Fair		Poor	If "Poor", Explain:		Office Use				
Living Room										
Walis & Doors										
Ceiling			100							
Floor/Carpet				365 P						
Couch										
Chairs										
Blinds										
Other										
Kitchen	Xe assessment				The second secon					
Walls										
Ceiling			ŀ							
Floor				p.	_					
Cabinets					_					
Stove/Oven										
Refrigerator										
Vent Hood										
Microwave										
Disposal										
Dishwasher										
Table & Chairs										
Other										
Bedroor	ns	γ	ng-strong-strong-strong-strong-							
Walls & Doors										
Ceiling						. .				
Floor / Carpet		ļ			-					
Mattress & Spring					-					
Drawer Unit										
Desk					-					
- Desk Chair										
Mirror Closet Door										
- Blinds - Other						- -				
	ŀ	4			1 -1	OVER →				

	Good	Fair	Poor	If "Poor", Explain:				÷
Baths								
- Wall & Doors					_	•		
- Ceiling								
- Floor								
- Vanity Top						38		
- Mirror			pel.					
- Cabinets				E (4:1)	-			
- Faucets					_			
- Exhaust Fan/Light								
- Toilet								
- Tub								
- Other							_	
Others								
- Windows								
- Screens								
- Washer/ Dryer								
- Other								

Please email (PDF version) of your completed "MOVE-IN REPORT" (one per apt/house) to "contact@mhmproperties.com" OR drop a hard copy into "MHM Drop Box" located at the front entrance of 303 S Fifth Building.