

2013 FORM MO-CRP FAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.

1. 5	SOCIAL SECURITY NUMB	BER	SPOUSE'S SOCIAL SECURITY	NUMBER	IF YES, EXPL	LATED TO YOUR LAI AIN.	NDLORD? YES	NO	
2. NAME 3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)									
PH)	YSICAL ADDRESS OF REN	NTAL UNIT (P.O. BOX NOT A	ALLOWED) APT. NUMBER	LANDLORD'S ADDRE	SS, CITY, STATE	E, AND ZIP CODE (MU	JST BE COMPLETED)	APT. NUMBER	
CIT	Y, STATE, AND ZIP CODE	:	l .	4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED)					
_	DENTAL DEDICE	FROM: MONTH	DAV	YEAR	TO: MON		-	YEAR	
5.	RENTAL PERIOD DURING YEAR	FROM: MONTH	DAY	- 2013	TO: MON		——————————————————————————————————————	2013	
 Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your landlord, or copies of cancelled checks (front and back). If you received housing assistance, enter the amount of rent YOU paid. NOTE: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit 							6	00	
7.	7. Check the appropriate box and enter the corresponding percentage on Line 7. A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% B. MOBILE HOME LOT — 100% C. BOARDING HOME / RESIDENTIAL CARE — 50% D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% F. LOW INCOME HOUSING — 100% (RENT CANNOT EXCEED 40% OF TOTAL HOUSEHOLD INCOME.) G. SHARED RESIDENCE — If you shared your rent with relatives or friends (OTHER THAN YOUR SPOUSE OR CHILDREN UNDER 18), check the appropriate box and enter percentage.								
	<u>Additional</u>	persons sharing rent/p	percentage to be entered:	☐ 1 (50%)	2 (33%)	3 (25%)	7	%	
8. Net rent paid — Multiply Line 6 by the percentage on Line 7.							8	00	
9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS							9	00	
MISSOURI DEPARTMENT OF REVENUE FORM INFORMATION							O PROVIDE LANI ON WILL RESUI DELAY OF YOU	LT IN JR CLAIM.	
IF YES, EXPLAIN.								l no	
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	Auditioliai	heraona angung igur/	percentage to be entered.	I(30%)	ا(∞ دی ک ∟	□ 3 (23 %)	/	/0	

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