Reset Form | Print Form

Form **MO-CRP**

Missouri Department of Revenue

Certification of Rent Paid for 2015

Failure to provide landlord information will result in denial or delay of your claim.

1. Social Security Number ___ Spouse's Social Security Number ___

Are you related to your landlord? ☐ Yes ☐ No If yes, explain ___

2. Name ___

Physical Address of Rental Unit (P.O. Box Not Allowed) ___ Apartment Number ___

City ___ State ___ ZIP Code ___

3. Landlord's Name ___

Landlord's Last 4 Digits of Social Security Number ___ or Landlord's Federal Employee Identification Number (FEIN) ___

Landlord's Street Address (Must be completed) ___ Apartment Number ___

City ___ State ___ ZIP Code ___

4. Landlord's Phone Number (Must be completed) ___

5. Rental Period During Year From: (MM/DD/YY) ___ To: (MM/DD/YY) ___

6. 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 canceled 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. Select the appropriate box and enter the corresponding percentage on Line 7. . . . . 7. ___ %

☐ A. Apartment, House, Mobile Home, or Duplex - 100%

☐ B. Mobile Home Lot - 100%

☐ C. Boarding Home or 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), select the appropriate box based on the additional persons sharing rent:

☐ 1 (50%) ☐ 2 (33%) ☐ 3 (25%)

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

For Privacy Notice, see instructions.

15315010001

Taxation Division

Attach to Form MO-PTC or MO-PTS and mail to the Missouri Department of Revenue.