



2019 CRP, Certificate of Rent Paid

Renter/Unit Information

| | | | | | | |
|--|------|------------------|---------------------|----------|-------------------------------------|--|
| Renter First Name and Initial | | Renter Last Name | | | Electronic Certificate Number (ECN) | |
| Rental Unit Address | Unit | City | State | ZIP Code | County | |
| Rented from (MM/DD/YYYY) to (MM/DD/YYYY) | | | Total Months Rented | | Number of Adults Living in Unit | |

Property Information

Place an X if the property is:

| | | |
|--|--|---|
| <input type="checkbox"/> Adult Foster Care | <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Intermediate Care Facility |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Mobile Home Lot |

| | |
|------------------------------|----------------------------------|
| Property ID or Parcel Number | Number of Units on This Property |
|------------------------------|----------------------------------|

Rent Details

A. Was any rent paid by medical assistance (*Medicaid*)? Yes No If yes, enter amount: **A** ■ _____

B. Did the renter receive housing support? Yes No If yes, enter amount: **B** ■ _____

Total Rent

| | |
|--|------------------|
| 1 Renter's share of rent paid. | 1 ■ _____ |
| 2 Caretaker rent reduction | 2 ■ _____ |
| 3 Total rent (<i>Add lines 1 and 2</i>) | 3 ■ _____ |

Property Owner

| | | | |
|------------------------|---------------|-------|----------|
| Property Owner Name | Daytime Phone | | |
| Property Owner Address | City | State | ZIP Code |

Sign Here

I declare that this certificate is correct and complete to the best of my knowledge and belief.

| | |
|--|---------------|
| Owner or Agent Signature | Date |
| Managing Agent Name, If Applicable (<i>please print</i>) | Daytime Phone |

Renter Instructions

Use this certificate to complete Form M1PR, *Homestead Credit Refund (for Homeowners) and Renter's Property Tax Refund*. When you file Form M1PR, you must attach all CRPs used to determine your refund. Keep copies of Form M1PR and CRPs for your records.

Note: The property owner or managing agent is required to give each renter living in a unit a separate CRP showing that they paid an equal portion of the rent, regardless of the portion actually paid.

For forms and tax-related information, go to our website at www.revenue.state.mn.us or call 651-296-3781 or 1-800-652-9094 (toll-free).