

One Form MO-CRP must be provided for each rental location in which you resided. Failure to provide landlord information will result in denial or delay of your claim.

1.	Social Security Number	Spouse's Social Security Number					
				-			
2.	Select this box if related to your landlord. If so, explain. Name (First, Last)						
	Physical Address of Rental Unit (P.O. Box Not Allowed)					Apartme	nt Number
			0	710.0			
	City		State	ZIP Code			
3.	Landlord's Name (First, Last)						
	Landlord's Last 4 Digits of Social Security Number Landlord's Federal Employee Identification Number (FEIN) - if applicable						
	Landlord's Street Address (Must be completed)					Apartme	nt Number
	City		State	ZIP Code			
4.	Landlord's Phone Number (Must be completed)						
5.	From: Rental Period During Year (MM/DD/YY)		Γο: (MM/DD/YY)				
6.	Enter your gross rent paid. Attach a completed Verification of Rent Paid (Form assistance, enter the amount of rent you paid. Note: If you rent from a facility			-			
	you are not eligible for a Property Tax Credit	-			<u> </u>		00
7.	Select the appropriate box below and enter the corresponding percentage on L	Line 7		7			%
	A. Apartment, House, Mobile Home, or Duplex - 100%	Low Income household in	Housing - 100°	% (Rent can	not exce	ed 40% c	of total
	B. Mobile Home Lot - 100%						
	C. Boarding Home or Residential Care - 50%	(other than ye	dence – If you s our spouse or c n the additional	hildren under	r 18), se	elect the ap	
	D. Skilled or Intermediate Care Nursing Home - 45%	1 (50%		33%)	3 (25		
	E. Hotel - 100%; if meals are included - 50%						
8.	Net rent paid - Multiply Line 6 by the percentage on Line 7			8	<u> </u>		. 00
9.	Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or	or Line 12 of Fo	orm MO-PTS	9			. 00

For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2019)

