

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) Apartment Number
	City State ZIP Code
3.	Landlord's Name (First, Last)
	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 (MM/DD/YY) To: (MM/DD/YY)
6.	Enter your gross rent paid. Attach a completed Verification of Rent Paid (Form 5674). 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.
7.	Select the appropriate box below and enter the corresponding percentage on Line 7
	A. Apartment, House, Mobile Home, or Duplex - 100% F. Low Income Housing - 100% (Rent cannot exceed 40% of total
	household income.) B. Mobile Home Lot - 100%
	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 person(s) sharing rent:
	D. Skilled or Intermediate Care Nursing Home - 45%
	E. Hotel - 100%; if meals are included - 50%
8.	Net rent paid - Multiply Line 6 by the percentage on Line 7.
9.	Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS
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For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2021)