PA Rent Certificate

2105210054

PA Rent Certificate and **Rental Occupancy Affidavit**

PA-1000 RC (EX) MOD 05-21 (FI) PA Department of Revenue 2021

OFFICIAL USE ONLY

Name as shown on PA-1000				Social Security Number	
You may may If filing as a renter, you must provide proof of the rent you	ake photocopies of paid. If you rented			you must sub	omit proof for each address.
	PA RENT CERT			,	.,
Your landlord must provide all the information on Lines 1 Certificate. If your landlord, or your landlord's authorized and the Rental Occupancy Affidavit below. Your Rental C	through 8. Your la agent, does not s	ndlord, or your	nt Certificate		
Street address of the residence for which the claimant paid rent			Rental unit is (fill in the appropriate oval):		
City, State, ZIP Code			Apartment in a House Mobile Home Lot Apartment Building Nursing Home		
2. Owner's business name or landlord's name (last, first, middle initial) if an individual		Boarding Home Private Home Mobile Home Assisted Living			
Landlord's Address			Personal Care Home Building Name:		
City, State, ZIP Code			Dom	iailian, Cara	Foster Care
Landlord's EIN (if applicable) and daytime telephone number			Domiciliary Care Foster Care If Domiciliary or Foster Care or if a Boarding or Personal Care Home, you must submit a copy of your contract agreement.		
YOU MUST COMPLETE ALL LINES. IF NONE, EN	TER "0".		Dollars	Cents	Explanation of Item 4.
 What was the amount of rent per month? (Include only the Do not include security deposits or amounts paid for food, mor personal care.) If your rental amounts changed during the space provided. How much of the monthly rental amount was paid or sure by a governmental agency? Total monthly amount of rent paid. (Subtract Line 5 from 17. Number of months unit was occupied by the claimant (If less than 12 months, please explain in the space provided. What was the total rent paid in 2021 by the claimant (Multiply Line 6 by Line 7.) Enter the amount here and on Li or the appropriate line(s) of Schedules D, E or F LANDLORD'S OATH: (Read carefully before sign I certify that the information provided on this PA Rent belief. I further certify that – fill in the applicable oval I was required to pay 2021 property taxes on I made, or was required to make, a payment The property in which the claimant resided in Other names, excluding the spouse or minor 	hedicine, medical care year, please explair being a care with the control of the claim for the property in which lieu of taxes for 2021 was tax executes a care with the property in which care is the care of the claim for the property in which lieu of taxes for 2021 was tax executes a care with the property in which care is the propert	e in the456	nt resided in	2021.	
	ormarch, appear o	in the lease.			
X Landlord's Signature					Date
	OCCUPANCY A		ain the landlo	rd's signature	e on the PA Rent Certificate
			nd sworn bef		20
x		x			
Claimant's Signature	Date		Signature of Notary Public		

