



2019 CRP, Certificate of Rent Paid

Renter First Name and Initial		Renter Last Name		Electronic Certificate Number (ECN)	
17		15		25	
Rental Unit Address	Unit	City	State ZIP Code	County	
30	27	6	2 14	31	
Rented from (MM/DD/YYYY) to (MM/DD/YYYY) Total Months Rented				Number of Adults Livi	ng in Unit
12 4			16	36	
Property Information Place an X if the property is:	Adult Foster Care	e Assisted Living	Intermediate Care Facil	ity	
	Nursing Home	Mobile Home	Mobile Home Lot		
Property ID or Parcel Number				Number of Units on This Property	
8				9	
Rent Details A. Was any rent paid by medic	cal assistance (Medicaid)?	Yes No	If yes, enter amount: A ■		0_
B. Did the renter receive hous	ing support?	Yes No	If yes, enter amount: B ■		3
Total Rent					
1 Renter's share of rent pa	aid			1■ _	26
2 Caretaker rent reduction	1			2■ _	28
3 Total rent (Add lines 1 ar	nd 2)			3■ _	29
Property Owner					
Property Owner Name				Daytime Phone	
23				7	
Property Owner Address		City	State	ZIP Code	
24		22	32	5	
Sign Here					
I declare that this certificate is correct and complete to the best of my knowledge and belief. Owner or Agent Signature				Date	
Owner of Agent Signature					
Managing Agent Name, If Applic	rahle (nlegge print)			19 Daytime Phone	
0 0 0 7 11	abic (pieuse print)			,	
37				1	

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).