





Renter/Unit Information

Renter First Name and Initial	Renter Last Name		Electronic Certificate Number (ECN)	
Rental Unit Address		Unit	Rented from (MM/DD/YYYY) to (MM/DD/YYYY)	
City State	ZIP Code	County	Total Months Rented	Total Adults Living in Unit
Property Information Place an X if the property is: (1) Adult Foster Care (2) Assisted (4) Nursing Home		diate Care Facility	Property ID or Parcel Nu	umber
(4) Nutshing Home (3) Wobile	(3) Mobile Home		Number of Units on This Property	
Rent Details A. Was any rent paid by medical assistance (see instructions)? (A) Yes No If yes, enter amount: A				
B. Did the renter receive Minnesota Housing Supp	oort (formerly GRH) <i>(see instr</i>	ructions)? [(B) Yes [No If yes,	enter amount: B	
Total Rent 1 Renter's share of rent paid (see instruction)	s)		1	
2 Caretaker rent reduction (see instructions)			2 =	
3 Total rent (Add lines 1 and 2)			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 (MM/DD/YYYY)	
Managing Agent Name, If Applicable (please print)			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 all CRPs for your records.

Note: The property owner or managing agent must 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).