

**2019 CRP, Certificate of Rent Paid****Renter/Unit Information**

Renter First Name and Initial		Renter Last Name		Electronic Certificate Number (ECN)	
Rental Unit Address	Unit	City	State	ZIP Code	County
Rented from (MM/DD/YYYY) to (MM/DD/YYYY)			Total Months Rented		Number of Adults Living in Unit

Property Information

Place an X if the property is:

<input type="checkbox"/> Adult Foster Care	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Intermediate Care Facility
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Mobile Home Lot

Property ID or Parcel Number	Number of Units on This Property
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Rent Details

A. Was any rent paid by medical assistance (*Medicaid*)? ☐ Yes ☐ No If yes, enter amount: **A** ■ _____

B. Did the renter receive housing support? ☐ Yes ☐ No If yes, enter amount: **B** ■ _____

Total Rent

1 Renter's share of rent paid. **1** ■ _____

2 Caretaker rent reduction **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
Managing Agent Name, If Applicable (<i>please print</i>)	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 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).

