Service of the	
	MISSOURI DEPARTMENT OF REVENUE
No.	MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2009

2009 FORM MO-CRP Failure to provide landlord information will result in denial or delay of your claim.

CERTIFICAL	9 10	IO-CRP	or delay of	of your claii	m.			
1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU REL	ELATED TO YOUR LANDLORD? YES NO AIN.			
2. NAME 3. LANDLORD'S NAME, LAST 4 DIGITS C						MUST BE COMPLET	TED)	
PHYSICAL ADDRESS OF RENTAL UP	NIT (P.O. BOX NOT AL	LOWED) APT. NUMBER	LANDLORD'S AD	DRESS, CITY, STA	ATE, AND ZIP CODE	(MUST BE COMPLE	APT. NUMBER	
CITY, STATE, AND ZIP CODE					4. LANDLORD'S P	HONE NUMBER (MU	JST BE COMPLETED)	
5. RENTAL PERIOD FROM DURING YEAR	M: MONTH	DAY	YEAR - 2009	TO: MON	ITH	DAY	— 2009	
Enter your gross rent paid. A or copies of cancelled che NOTE: If you rent from a	ecks (front and bac	ck). If receiving housing a	ssistance, enter the	amount of rer	nt YOU paid	6	00	
7. Check the appropriate box and enter the corresponding percentage on Line 7. A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% B. MOBILE HOME LOT — 100% C. BOARDING HOME / RESIDENTIAL CARE — 50% D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) G. SHARED RESIDENCE — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. Additional persons sharing rent/percentage to be entered: 1 (50%) 2 (33%) 3 (25%) 7								
8. Net rent paid — Multiply Li	ine 6 by the percen	tage on Line 7.				8	00	
9. Multiply Line 8 by 20%. En	nter amount here ar					9	00	
MO 860-1089 (02-2010)		For Privacy Not	tice, see the instr	uctions.				

MISSOURI DEPARTME CERTIFICATION O	09	2009 FORM MO-CRP	information	provide landlord on will result in denial of your claim.			
SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURI		Y NUMBER	ARE YOU REL	ATED TO YOUR LAI NIN.	NDLORD?	YES N	0
2. NAME	3. LANDLORD'S	NAME, LAST 4 DIGITS	OF SSN, OR FEIN (MUST BE CO	MPLETED)		
PHYSICAL ADDRESS OF RENTAL UNIT (P.O. BO	DX NOT ALLOWED) APT. NUMBER	LANDLORD'S	ADDRESS, CITY, STA	TE, AND ZIP CODE	(MUST BE Co	OMPLETED)	APT. NUMBER
CITY, STATE, AND ZIP CODE	,			4. LANDLORD'S PI	HONE NUMBE	R (MUST BE	COMPLETED)
5. RENTAL PERIOD FROM: MONT DURING YEAR	TH DAY —	- 2009	TO: MON	тн	DAY		YEAR 2009
Enter your gross rent paid. Attach ren or copies of cancelled checks (fron NOTE: If you rent from a facility the second sec	t and back). If receiving housing	assistance, enter	the amount of ren	t YOU paid	6		00
B. MOBILE HOME LOT — 100 C. BOARDING HOME / RESID D. SKILLED OR INTERMEDIA E. HOTEL If meals are included F. LOW INCOME HOUSING — G. SHARED RESIDENCE — If or children under 18), che	BILE HOME, OR DUPLEX — 1009 %	% — 100% 6 of total househ s and/or friends (cercentage.	other than your sp	ouse 3 (25%)	7		%
					·		
8. Net rent paid — Multiply Line 6 by the percentage on Line 7.					8		00
9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.					9		00