

2012 FORM FAILURE TO PROVIDE LANDLORD
INFORMATION WILL RESULT IN
DENIAL OR DELAY OF YOUR CLAIM

CERTIFI	2	MO-	CRP	DENIAL OR	DELAY OF YO	OUR CLAIM.			
1. SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER ARE YOU RELATED TO YOUR LA IF YES, EXPLAIN.					NDLORD? YES	□ NO			
2. NAME				3. LANDLORD'S N	I I I I I I I I I I I I I I I I I I I	T 4 DIGITS O	F SSN. OR FEIN (MU	ST BE COMPLETED)	ı
5. 5 to 5. 5 t									
PHYSICAL ADDRESS OF RE	NTAL UNIT (P.O. BOX NOT A	ALLOWED)	APT. NUMBER	LANDLORD'S AI	DDRESS, C	CITY, STATE	, AND ZIP CODE (ML	JST BE COMPLETED	APT. NUMBER
CITY, STATE, AND ZIP CODE	E						4. LANDLORD'S PH	HONE NUMBER (MUS	T BE COMPLETED)
5. RENTAL PERIOD DURING YEAR	FROM: MONTH	D	AY	YEAR 2012	TO:	: MON	тн <u>—</u>	DAY -	— YEAR 2012
Enter your gross rent or copies of cancelled NOTE: If you rent fr	paid. Attach rent receipt d checks (front and back) rom a facility that does	. If you receive	d housing assi	stance, enter the	amount o	of rent YOU	paid.	6	00
B. MOBILE HO C. BOARDING D. SKILLED OI E. HOTEL If mo F. LOW INCOM G. SHARED R	ILE DOX AND ENTER THE CO IT, HOUSE, MOBILE HO DME LOT — 100% HOME / RESIDENTIAL R INTERMEDIATE CAF eals are included, enter ME HOUSING — 100% ESIDENCE — If you sh REN UNDER 18), check	DME, OR DUF CARE — 50% RE NURSING I — 50%; Othe (RENT CANN ared your rent	PLEX — 100% HOME — 45% Prwise, enter — OT EXCEED 4 with relatives	5 - 100% 40% OF TOTAL or friends (OTH			,		
<u>Additional</u>	persons sharing rent/	percentage to	be entered:	1 (50%)	□ 2 (3	(33%)	3 (25%)	7	%
8. Net rent paid — Mul	tiply Line 6 by the perce	ntage on Line	7					8	00
9. Multiply Line 8 by 20	0%. Enter amount here	and on Line 10	of Form MO-	PTC or Line 12	of Form N	MO-PTS		9	00
MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2012 MISSOURI DEPARTMENT OF REVENUE FORM MO-CRP FORM MO-CRP FORM MO-CRP MO-CRP FORM MO-CRP MO-CRP									
1. SOCIAL SECURITY NUMBER	BER	SPOUSE'S SO	CIAL SECURITY	NUMBER		RE YOU REL YES, EXPLA	ATED TO YOUR LAN	NDLORD? YES	□ NO
2. NAME 3. LANDLORD'S NAME, LAST 4 DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)									

MISSOURI DEPARTMENT OF REVENUE CERTIFICATION OF RENT PAID FOR 2012					FO	RM CRP	INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.				
1. SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER ARE YOU RELATED TO YOU							R LANDLORD? YES NO				
							YES, EXPL	AIN.			
2.	NAME				3. LANDLORD'S N	IAME, LAST	T 4 DIGITS C	OF SSN, OR FEIN (M U	IST BE	COMPLETED)	
PH	IYSICAL ADDRESS OF REN	NTAL UNIT (P.O. BOX NOT A	ALLOWED)	APT. NUMBER	LANDLORD'S A	DDRESS, C	CITY, STATE	, AND ZIP CODE (MU	JST BE	COMPLETED)	APT. NUMBER
CIT	TY, STATE, AND ZIP CODE							4. LANDLORD'S PH	HONE N	IUMBER (MUST BE	COMPLETED)
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6.	or copies of cancelled	paid. Attach rent receipt checks (front and back). om a facility that does it	. Íf you receive	ed housing assi	stance, enter the	amount o	of rent YOU	J paid.	6		00
7.	A. APARTMEN B. MOBILE HO C. BOARDING D. SKILLED OF E. HOTEL If me F. LOW INCOM G. SHARED RE	te box and enter the color, HOUSE, MOBILE HOME LOT — 100% HOME / RESIDENTIAL R INTERMEDIATE CAR PERIS ARE INCLUDED, enter ME HOUSING — 100% ESIDENCE — If you sha REN UNDER 18), check	OME, OR DU CARE — 50 RE NURSING — 50%; Othe (RENT CANN ared your ren	PLEX — 100% "M HOME — 45% erwise, enter — NOT EXCEED of t with relatives	5 – 100% 40% OF TOTAL or friends (OTH			,			
	<u>Additional</u>	persons sharing rent/	percentage t	to be entered:	1 (50%)	□ 2 ((33%)	3 (25%)	7		%
8.	Net rent paid — Mult	tiply Line 6 by the perce	entage on Line	e 7					8		00
9.	Multiply Line 8 by 20	%. Enter amount here a	and on Line 1	0 of Form MO-	PTC or Line 12	of Form I	MO-PTS		9		00