

2013 FORM MO-CRP FAILURE TO PROVIDE LANDLORD INFORMATION WILL RESULT IN DENIAL OR DELAY OF YOUR CLAIM.

1. SOCIAL SECURITY NUM	BER	SPOUSE'S SOCIAL SECURITY	NUMBER	IF YES, EXPLA	ATED TO YOUR LA JIN.	NDLORD? YES	NO
2. NAME			2 LANDLORD'S NAM	E LAST 4 DIGITS O	E SSN OD EEIN (MI	JST BE COMPLETED)	
Z. IVAIVIE			3. LANDLOND 3 NAM	E, LAST 4 DIGITS O	F 33N, ON FEIN (MIC	JST BE COMPLETED)	
PHYSICAL ADDRESS OF RE	NTAL UNIT (P.O. BOX NOT	ALLOWED) APT. NUMBER	LANDLORD'S ADDE	RESS. CITY. STATE	AND ZIP CODE (M	UST BE COMPLETED)	APT. NUMBER
	(,,		,	
CITY, STATE, AND ZIP COD	 E			I	4. LANDLORD'S P	HONE NUMBER (MUST B	E COMPLETED)
					()		
5. RENTAL PERIOD	FROM: MONTH	DAY	YEAR	TO: MON	TH	DAY	YEAR
DURING YEAR			- 2013			_	2013
6 Enter your gross rent	naid Attach rent receint	(s) for each rent payment for t	the entire year a sig	ned statement fro	m vour landlord		
or copies of cancelle	d checks (front and back)	If you received housing assi	stance, enter the an	nount of rent YOU	paid.		
NOTE: If you rent f	rom a facility that does	not pay property tax, you ar	e not eligible for a	Property Tax Cr	edit	6	00
		rresponding percentage on I					
		OME, OR DUPLEX — 100%					
	ME LOT — 100%						
	HOME / RESIDENTIAL						
		RE NURSING HOME — 45%					
		— 50 %; Otherwise, enter –		0110E1101 B IN	OHE)		
_		(RENT CANNOT EXCEED					
	•	ared your rent with relatives	•	THAN YOUR S	POUSE		
	•	the appropriate box and en		¬	¬		0/
	-	percentage to be entered:		, ,	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	
o. Manaphy Enilo o by E	770. Enter amount note		Notice, see instru				P (Revised 12-2013)
MISSOLID	I DEPARTMENT O	E DEVENITE		2013		O PROVIDE LAN	
		NT PAID FOR 201		FORM		ION WILL RESU	
.utter-		1		MO-CRP		R DELAY OF YOU	JR CLAIM.
SOCIAL SECURITY NUM	BER	SPOUSE'S SOCIAL SECURITY	NUMBER	ARE YOU REL	ATED TO YOUR LA JIN.	NDLORD? YES] NO
			<u> </u>				
2. NAME			3. LANDLORD'S NAM	E, LAST 4 DIGITS O	F SSN, OR FEIN (MI	JST BE COMPLETED)	
PHYSICAL ADDRESS OF RE	NITAL LINIT (D.O. BOY NOT	ALLOWED) APT. NUMBER		DESS CITY STATE	AND ZIP CODE (M	UST BE COMPLETED)	APT. NUMBER
FITTSIOAL ADDRESS OF RE	NIAL ONIT (F.O. BOX NOT)	AFT. NOMBER	LANDLOND 3 ADDI	1233, OITT, STATE	AND ZIF CODE (M	031 BE COMPLETED)	AFT. NOMBER
CITY, STATE, AND ZIP COD				1	A LANDLORD'S P	HONE NUMBER (MUST B	E COMPLETED)
OTT, OTATE, AND ZII OOD					()	-	L COMI LLILD)
5. RENTAL PERIOD	FROM: MONTH	DAY	YEAR	TO: MON		DAY	YEAR
DURING YEAR			- 2013		_	_	2013
6 Enter your gross rent	naid Attach rent receipt	(s) for each rent payment for t	the entire year a sig	ned statement fro	m vour landlord		
		. If you received housing assi					
NOTE: If you rent f	rom a facility that does	not pay property tax, you ar	e not eligible for a	Property Tax Cro	edit	6	00
7. Check the appropria	ite box and enter the co	rresponding percentage on I	Line 7.				
A. APARTMEN							
	IT, HOUSE, MOBILE H	OME, OR DUPLEX — 100 %					
D. WODILE TO	IT, HOUSE, MOBILE HO OME LOT — 100 %	OME, OR DUPLEX — 100%					
C. BOARDING	ME LOT — 100 % HOME / RESIDENTIAL						
☐ C. BOARDING ☐ D. SKILLED O	OME LOT — 100 % HOME / RESIDENTIAL R INTERMEDIATE CAF	. CARE — 50 %	, 6				
C. BOARDING D. SKILLED O E. HOTEL If m F. LOW INCOR	ME LOT — 100% HOME / RESIDENTIAL R INTERMEDIATE CAF eals are included, enter ME HOUSING — 100%	CARE — 50% RE NURSING HOME — 45% — 50%; Otherwise, enter – (RENT CANNOT EXCEED	% 100% 40% OF TOTAL H		•		
C. BOARDING D. SKILLED O E. HOTEL If m F. LOW INCOI G. SHARED R	ME LOT — 100% HOME / RESIDENTIAL R INTERMEDIATE CAP eals are included, enter ME HOUSING — 100% ESIDENCE — If you sh	CARE — 50% RE NURSING HOME — 45% — 50%; Otherwise, enter – (RENT CANNOT EXCEED ared your rent with relatives	% – 100% 40% OF TOTAL Ho or friends (OTHER		•		
C. BOARDING D. SKILLED O E. HOTEL If m F. LOW INCOI G. SHARED R OR CHILDI	ME LOT — 100% HOME / RESIDENTIAL R INTERMEDIATE CAP eals are included, enter ME HOUSING — 100% ESIDENCE — If you sh REN UNDER 18), check	CARE — 50% RE NURSING HOME — 45% — 50%; Otherwise, enter – (RENT CANNOT EXCEED	6 – 100% 40% OF TOTAL Ho or friends (OTHER ter percentage.		•		%

8. Net rent paid — Multiply Line 6 by the percentage on Line 7.

9. Multiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS.....

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