

Failure to provide landlord information will result in denial or delay of your claim.

1. Social Security Number Spouse's Social Security Number			
Are you related to your landlord? Yes No explain			
2. Name			
Physical Address of Rental Unit (P.O. Box Not Allowed)	Apartm Num		
City State ZIP Code L			
3. Landlord's Name			
Landlord's Last 4 Digits of Social Security Number Landlord's Federal Employer or Identification Number (FEIN)			
Landlord's Street Address (Must be completed)	Apartm Num		
City State ZIP Code L		l	
4. Landlord's Phone Number (Must be completed)	- — — — — — — — — — — — — — — — — — — —	-	
5. Rental Period During Year (MM/DD/YY) (MM/DD/YY)			
6. Enter your gross rent paid. Attach rent receipt(s) for each rent payment for the entire year, a signed statement from your			
landlord, or copies of canceled checks (front and back). If you received housing assistance, enter the amount of rent you paid. Note: If you rent from a facility that does not pay property tax, you are not eligible for a Property Tax Credit			. 00
7			%
7. Select the appropriate box and enter the corresponding percentage on Line 7] [70]
A. Apartment, House, Mobile Home, or Duplex - 100%			
B. Mobile Home Lot - 100%			
C. Boarding Home or 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 or friends (other than your spouse or children under 18), select the appropriate box based on the additional persons sharing rent:			
1 (50%) 2 (33%) 3 (25%)			
8. Net rent paid - Multiply Line 6 by the percentage on Line 7			. 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			. 00

For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2019

