



Missouri Department of Revenue
2016 Certification of Rent Paid

One Form MO-CRP must be provided for each rental location in which you resided.
Failure to provide landlord information will result in denial or delay of your claim.

1. Social Security Number (SSN) Spouse's SSN

Are you related to your landlord? Yes No If yes, explain

2. Name
Physical Address of Rental Unit (P.O. Box Not Allowed) Apartment Number
City State ZIP Code

3. Landlord's Name
Landlord's Last 4 Digits of Social Security Number or Landlord's Federal Employee Identification Number (FEIN)
Landlord's Street Address (Must be completed) Apartment Number
City State ZIP Code

4. Landlord's Phone Number (Must be completed)
From: To:

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. 6. .00

7. Select the appropriate box below and enter the corresponding percentage on Line 7. 7. %
- 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. 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