



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

[ ] - [ ] - [ ]

Spouse's Social Security Number

[ ] - [ ] - [ ]

Are you related to your landlord?  Yes  No

If yes, explain [ ]

2. Name (First, Last)

[ ]

Physical Address of Rental Unit (P.O. Box Not Allowed)

Apartment Number

[ ]

[ ]

City

State

ZIP Code

[ ]

[ ]

[ ]

3. Landlord's Name (First, Last)

[ ]

Landlord's Last 4 Digits of Social Security Number OR Federal Employer Identification Number (FEIN)

[ ]

Landlord's Street Address (Must be completed)

Apartment Number

[ ]

[ ]

City

State

ZIP Code

[ ]

[ ]

[ ]

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

[ ]

5. Rental Period During Year (MM/DD/YY)

[ ] [ ] [ ]

To: (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. . . . .

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%; OR, 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

For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2016)

