



Form MO-CRP

Missouri Department of Revenue 2017 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 [ ] - [ ] - [ ]

[ ] Select this box if related to your landlord. If so, 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 [ ] Landlord's Federal Employer Identification Number (FEIN) - if applicable [ ]

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) From: [ ] [ ] [ ] 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] [ ] [ ] . [ ] [ ] [ ] [ ]

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 - 100%; if meals are included - 50% 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] [ ] [ ] . [ ] [ ] [ ] [ ]

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] [ ] [ ] . [ ] [ ] [ ] [ ]

For Privacy Notice, see instructions. Form MO-CRP (Revised 12-2017)

