Form MO-CRP	Missouri Department of Revenue 2018 Certification of Rent Paid
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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	
2.	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.	3. Landlord's Name (First, Last)		
	Landlord's Last 4 Digits of Social Security Number  Landlord's F	ederal 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.	From:  5. Rental Period During Year (MM/DD/YY)	To: (MM/DD/YY)	
6.	6. Enter your gross rent paid. Attach a completed Verification of Rent Paid (Form 5674). If	you received housing	
	assistance, enter the amount of rent you paid. Note: If you rent from a facility that do you are not eligible for a Property Tax Credit		
	you are not engine for a Property Tax Credit		
7.	7. Select the appropriate box below and enter the corresponding percentage on Line 7		
		come Housing - 100% (Rent cannot exceed 40% of total old income.)	
	B. Mobile Home Lot - 100%		
	C. Boarding Home or Residential Care - 50% (other th	G. Shared Residence – If you shared your rent with relatives or friends (other than your spouse or children under 18), select the appropriate	
	D. Skilled or Intermediate Care Nursing Home - 45%	ed on the additional persons sharing rent: (50%) 2 (33%) 3 (25%)	
	E. Hotel - 100%; if meals are included - 50%		
8.	8. Net rent paid - Multiply Line 6 by the percentage on Line 7	8 . 00	
9.	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 12-2018)

