2	Form MO-CRP COLOR COLOR PORTMENT OF COLOR PORTMON-CRP MUS 2020 Certification of Rent Paid						
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1.	. Social Security Number	Spoι	use's Social	Security	Number		
				-	-		
2.	Select this box if related to your landlord. If so, explain.						
	Physical Address of Rental Unit (P.O. Box Not Allowed)					Apartment Nu	Imber
	City	Ş	State	ZIP Co	de		
3.	Landlord's Name (First, Last)						
	Landlord's Street Address (Must be completed) Apartment Number						Imber
	City	S	State	ZIP Co	de		
4.	. Landlord's Phone Number (Must be completed)						
5.	From:   . Rental Period During Year   (MM/DD/YY)	To (M	: M/DD/YY)				
6.	. Enter your gross rent paid. Attach a completed Verification of Rent Paid (Form 5674). If yo	/ou re	ceived hous	ina			
0.	assistance, enter the amount of rent you paid. Note: If you rent from a facility that does	s not	pay prope	rty tax,			
	you are not eligible for a Property Tax Credit				6		].[ <u>00]</u> 7
7.	Select the appropriate box below and enter the corresponding percentage on Line 7				7		%
			-	0% (Rent	cannot e	exceed 40% of tota	al
	B. Mobile Home Lot - 100%						
	C. Boarding Home or Residential Care - 50% (other that	(other than your spouse or children					
	D. Skilled or Intermediate Care Nursing Home - 45%	box based on the additional person(s) sharing r				g rent: (25%)	
	E. Hotel - 100%; if meals are included - 50%	JU 70)	Z	(3370)	3	(20/0)	
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	of Forn	n MO-PTS.		9		. 00

For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2020)

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