DEPARTMENT OF REVENUE

2020 CRP, Certificate of Rent Paid

Renter/Unit Information

Renter First Name and Initial | Renter Last Name | Electronic Certificate Number (ECN)

Rental Unit Address | Unit | Rented from (MM/DD/YYYY) to (MM/DD/YYYY)

City | State | ZIP Code | County | Total Months Rented | Total Adults Living in Unit

Property Information

Place an X if the property is:

☐ (1) Adult Foster Care ☐ (2) Assisted Living ☐ (3) Intermediate Care Facility

☐ (4) Nursing Home ☐ (5) Mobile Home ☐ (6) Mobile Home Lot

Property ID or Parcel Number

Number of Units on This Property

Rent Details

A. Was any rent paid by medical assistance *(see instructions)*? ☐ (A) Yes ☐ No If yes, enter amount: **A** ■

B. Did the renter receive Minnesota Housing Support (formerly GRH)*(see instructions)*? ☐ (B) Yes ☐ No If yes, enter amount: **B** ■

Total Rent

1 Renter's share of rent paid *(see instructions)* . . . . . **1** ■

2 Caretaker rent reduction *(see instructions)* . . . . . **2** ■

3 Total rent *(Add lines 1 and 2)* . . . . . **3** ■

Property Owner

Property Owner Name | Daytime Phone

Property Owner Address | City | State | ZIP Code

Sign Here

I declare that this certificate is correct and complete to the best of my knowledge and belief.

Owner or Agent Signature | Date (MM/DD/YYYY)

Managing Agent Name, If Applicable *(please print)* | Daytime Phone

Renter Instructions

Use this certificate to complete Form M1PR, *Homestead Credit Refund (for Homeowners) and Renter's Property Tax Refund*. When you file Form M1PR, you must attach all CRPs used to determine your refund. Keep copies of Form M1PR and all CRPs for your records.

Note: The property owner or managing agent must give each renter living in a unit a separate CRP showing that they paid an equal portion of the rent, regardless of the portion actually paid.

For forms and tax-related information, go to our website at www.revenue.state.mn.us or call 651-296-3781 or 1-800-652-9094 (toll-free).