

2023 CRP, Certificate of Rent Paid

Renter/Unit Information	8
	1024567201
RENTER NAMEXXXXXXXXXXX RENTER LAST NAMEXXXXXXXXXXXX	1 2 3 4 5 6 7 8 9 1 Electronic Certificate Number (ECN)
Renter First Name and Initial Renter Last Name	12
UNIT ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	K 11/22/3333TO11/22/3333 ₁₃ Rented from (MM/DD/YYYY) to (MM/DD/YYYY)
CITYXXXXXXXXXXXX MN 1234567810 COUNTYXXXXXXXX	12 1000
City State ZIP Code County	Total Months Rented Total Adults Living in Unit
	16
Property Information	18
Place an X if the property is:	19
Trace and trace property is.	20
X (1) Adult Foster Care X (2) Assisted Living X (3) Intermediate Care Facility	12333333123123123123123
(2) Assisted Living (2) Intermediate care racing	Property ID or Parcel Number
X (4) Nursing Home X (5) Mobile Home X (6) Mobile Home Lot	999999999
(4) Nursing Home (5) Mobile Home (6) Mobile Home Lot	Number of Units on This Property
	24
	25
Rent Details	26 Eyes enter amount: A 1 2345678
A. Was any rent paid by Medical Assistance (see instructions)?	eyes, enter amount: A \blacksquare 12345678 27
	10045670
B. Did the renter receive Minnesota Housing Support (formerly GRH)(see instructions)? (B) Yes X No If	Eyes, enter amount: B \blacksquare 12345678 29
	30
Total Rent	31
1 Renter's share of rent paid (see instructions)	12345678 ₃₂
	33
2 Caretaker rent reduction (see instructions)	2 1 2345678 ₃₄
	35
3 Total rent (Add lines 1 and 2)	3 ■ 12345678 3 ₆
J Total Cit (Aud III.CS 1 dilu 2)	30
	3/
Property Owner	38
Troperty dwiter	39
PROPERTY OWNERS NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	K 1112223333
Property Owner Name	Daytime Phone
	42
OWNER ADDRESSXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	43
Property Owner Address City	State ZIP Code 44
	45
Sign Here	46
I declare that this certificate is correct and complete to the best of my knowledge and belief.	47
	48
	11/22/3333
Owner or Agent Signature	Date (MM/DD/YYYY) 50
MANAGING AGENT NAMEXXXXXXXXXXXXXXXXXXXX	1234567891 51
Managing Agent Name, If Applicable (please print)	Daytime Phone
	52
Renter Instructions	53
	54
Use this certificate to complete Form M1PR, Homestead Credit Refund (for Homeowners) and Renter's P	
must attach all CRPs used to determine your refund. Keep copies of Form M1PR and all CRPs for your rec	cords. 56
	57
Note: The property owner or managing agent must give each renter living in a unit a separate CRP show	ing that they paid an equal portion of the rent, ₅₈
regardless of the portion actually paid.	59
	60
For forms and tax-related information, go to our website at www.revenue.state.mn.us, or call 651-296-3	781 or 1-800-652-9094. ₆₁
	62
9995	