



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 Employee 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)

[ ]

From:

[ ] [ ] [ ]

To:

[ ] [ ] [ ]

5. Rental Period During Year (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 [ ] . 00

7. Select the appropriate box below and enter the corresponding percentage on Line 7 . . . . .

7 [ ] %

A. Apartment, House, Mobile Home, or Duplex - 100%

F. Low Income Housing - 100% (Rent cannot exceed 40% of total household income.)

B. Mobile Home Lot - 100%

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:

C. Boarding Home or Residential Care - 50%

1 (50%)  2 (33%)  3 (25%)

D. Skilled or Intermediate Care Nursing Home - 45%

E. Hotel - 100%; if meals are included - 50%

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 Form MO-PTS. . . . .

9 [ ] . 00

For Privacy Notice, see instructions.

Form MO-CRP (Revised 12-2017)

Taxation Division

Attach to Form MO-PTC or MO-PTS and mail to the Missouri Department of Revenue.



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