

Form LC-142

Vermont Landlord Certificate



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CLAIMANT: Remember to enter your Social Security Number when you file the rebate claim.

Claimant's Last Name	First Name	MI	Claimant's Social Security Number
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Section A: Landlord and Rental Unit Information (Please complete all fields)

Name of Owner or Landlord			
Landlord's Mailing Address		City	State ZIP
Location of Rental Unit (number, street/road name)		Unit Number	SPAN (from property tax bill)
City/Town		Number of Units in this Building	
Rental Unit is (check one) <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Lot for Mobile Home <input type="checkbox"/> Boarding Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living / Community Care			
Items Included in Rent (check all that apply) <input type="checkbox"/> Heat <input type="checkbox"/> Furnishing <input type="checkbox"/> Electricity <input type="checkbox"/> Personal Care <input type="checkbox"/> Other Services			
Tenant #1 Last Name	First Name	Tenant #2 Last Name	First Name
Tenant #3 Last Name	First Name	Tenant #4 Last Name	First Name

Section B: Allocable Rent

E-file Certificate Number -

1. Calendar year **1a.** _____ Number of months rented... **1b.** _____
2. Monthly rental amount charged **2.** _____ **.00**
3. Total rent paid for calendar year listed on Line 1a **3.** _____ **.00**
4. Less dollar values of items above that were included in rent (heat, electricity, etc.) **4.** _____ **.00**
5. Adjusted rent paid for calendar year listed on Line 1a (Line 3 minus Line 4) **5.** _____ **.00**
6. For government subsidized rent, enter percent tenant pays. For nonsubsidized rent, enter 100.00% **6.** _____ **%**
7. Rent paid during calendar year solely for the right of occupancy (Multiply Line 5 by Line 6) **7.** _____ **.00**
8. Rental adjustment **8.** 21.00 **%**
9. **Allocable rent** (Multiply Line 7 by Line 8) **9.** _____ **.00**

Renters: Enter on Form PR-141, Vermont Renter Rebate Claim, Line 3

Mobile home owners: Enter on Form HS-122, Homestead Declaration and Property Tax Credit Claim, Line B10.

Section C: Signature

I certify the rental information on this Landlord Certificate is, to the best of my knowledge and belief, true, correct, and complete.

Signature of landlord or authorized representative	Date (MMDDYYYY)	Daytime Telephone Number
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Instructions for Form LC-142 Landlord Certificate

General Instructions

Please print in **BLUE** or **BLACK** ink only.

Issue Certificates to Tenants

- By January 31 if you have **2 or more** residential units
- Upon tenant request if you have **1** residential unit

If Tenant Moves Before End of Year

You may provide a completed certificate to the tenant when he or she leaves or mail the certificate to the new address or last known address by January 31.

Failure to Issue a Certificate

The Vermont Department of Taxes may assess a \$200 penalty per certificate for failing to provide a tenant a certificate or failing to provide accurate information on the certificate.

Nonprofit Mobile Home Parks Cooperative or Land Trust

Do not issue a landlord certificate for lot rent. The nonprofit park provides a letter to the tenant allocating the property tax assessed on the lot.

Other Mobile Home Lot Rent

Issue a landlord certificate for the lot rent.

Rent Eligible for Rebate

The rent eligible for rebate is only the rent actually paid for the **right of occupancy** during the calendar year. To calculate the rent actually paid for occupancy, subtract the amount for items included in the rent (heat, electricity, etc.) from the amount of total rent. See instructions for Lines 3, 4 and 5.

Nursing Homes, Community Care, and Like Facilities

Do not include payments made by Medicaid on behalf of the tenant as part of rent eligible for rebate.

A person who lives in a nursing or residential care home and who owns a homestead with a sibling or spouse may claim a renter rebate if the sibling or spouse does not make a Property Tax Credit Claim.

Line-by-Line Instructions

Claimant Information

The Social Security Number of the Claimant is entered by the Claimant after the certificate is completed.

Section A: Landlord and Rental Unit Information

- Enter the name of the owner of the rental property. If there are multiple owners, print each owner's name and separate each name with a comma. Attach a separate sheet of paper if you need more room. Print the mailing address where the Department may contact you about this rental.
- Enter the physical location of the rental unit. *Example:* 123 Main Street Apt 3
- Enter the School Parcel Account Number (SPAN) for this rental property. Find the SPAN on the property tax bill. **This is a mandatory entry.**
- Enter the number of rental units in this property. For mobile home parks, enter the number of lots.
- Check the applicable box that best describes the rental unit type.
- Check the items included in rent. "Other services" include rubbish removal, snow removal, etc. **It does not include services necessary for occupancy such as water or sewer costs.** **NOTE:** If you check items

included in rent, be sure to enter the dollar value on Line 4. If the Landlord Certificate lists items that are included in rent and the dollar amount is left blank, the allowable rent will be automatically reduced by 50%. Nursing homes, community care, assisted living, and like facilities and boarding houses will automatically be reduced by 75%.

- Print the name(s) of the tenants. If two or more individuals share the same unit for the same period of time, print the name of each tenant. Only one certificate per rental unit can be issued even if there is more than one tenant in the unit.

Line 1a Enter the calendar year the certificate covers.

Line 1b Enter the number of months the tenant rented the unit from you in the calendar year, Line 1a. If the tenant was present in the unit but was delinquent in paying the rent, enter the number of months the tenant occupied the unit. The total rent received will be adjusted on Line 3.

Line 2 Enter the full monthly rent for the rental unit. If the rent changed during the year, average the monthly rental amount. For subsidized rent, this is the full rent charged prior to the subsidy.

Line 3 Enter the total rent amount received in the calendar year for the tenant. Do not include delinquent rent paid for prior year(s). Deposits are not part of rent paid. Do not include room charges for any month when paid by Medicaid on behalf of the tenant.

Line 4 If you indicated items are included in rent, enter the dollar value of those items. If the items are not recorded for the individual's rental unit, use a reasonable allocation method. For example, calculate the number of rooms or square footage of the unit compared to the total number of rooms or square footage of the rental units in the building. If the Landlord Certificate lists items that are included in rent and the dollar amount is left blank, the allowable rent will automatically be reduced by 50%.

Line 5 Line 3 minus Line 4.

Line 6 Enter 100.00% if rent is not subsidized.

For state or federal rent subsidy, enter the percentage the tenant pays. If the subsidy pays 80% of the rent, enter 20.00% on this line. If the subsidy changed during the year, average the subsidy percentage.

Line 7 Multiply Line 5 by Line 6.

Line 8 Pre-filled 21% for rental adjustment calculation.

Line 9 Multiply Line 7 by Line 8 (Line 7 multiplied by 0.21).

Signature The landlord or authorized representative signs the completed certificate. Give or mail the original certificate to the tenant. Send a copy to the Department, and keep a copy for your records. Unsigned forms are considered **INVALID**.

Assistance to Complete Certificate

Phone: 1-866-828-2865 (toll-free in Vermont)

802-828-2865 (local or out-of-state)

Fax: 802-828-2720

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