34 36 38 40 42 44 46



2024 CRP, Certificate of Rent Paid

9	Renter/Unit Information			8 9	
10 11 12	RENTER NAMEXXXXXXXXXX RENTER LAST N Renter First Name and Initial Renter Last Name			1 2 3 4 5 6 7 8 9 1 11 Electronic Certificate Number (ECN) 12	
13		UNITXXXXXXXXXX Unit	11/22/3333TO11/22/3333 ₁₃ Rented from (MM/DD/YYYY) to (MM/DD/YYYY)		
14 15 16		COUNTYXXXXXXXX County	12 Total Months Rented Total	1000 15 Adults Living in Unit 16	
17 18 19	Property Information Place an X if the property is:			17 18 19	
20 21 22	(1) Adult Foster Care X (2) Assisted Living X (3) Intermediate Care Facility		1233333123123123123123 Property ID or Parcel Number		
23 24	(4) Nursing Home (5) Mobile Home (6) Mobile Home Lot		99999999 ₂₃ Number of Units on This Property 23		
25 26	Rent Details			25 26	
27 28 29	(A) Check this box if any rent was paid by Medical Assistance (see instruction	X X X ns) X X	Enter amount: A	12345678 ₂₈	
30 31	(B) Check this box if the renter received Minnesota Housing Support (formerly GRH) (see instructions) 30				
32 33 34	Total Rent 1 Renter's share of rent paid (see instructions)		1 =	12345678	
35 36	2 Caretaker rent reduction (see instructions)		2 ■	12345678 35 36	
37 38	3 Total rent (Add lines 1 and 2)		3 🔳	12345678 37	
39 40	Property Owner PROPERTY OWNERS NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	VVVVVVVVVVVVVV	1112223333	39 40	
41	Property Owner Name		Daytime Phone	41 42	
43 44 45		CITYXXXXXXXXXX	MN ZIPXXXXX ZIP Code	43 44 45	
46 47	Sign Here I declare that this certificate is correct and complete to the best of my knowledge	e and belief.		46 47	
48 49 50	Owner or Agent Signature		11/22/3333 Date (MM/DD/YYYY)	48 49 50	
51 52	MANAGING AGENT NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	1234567891 Daytime Phone	51 52	
53 54	Renter Instructions			53	
55 56 57	5 Use this certificate to complete Schedule M1RENT, Renter's Credit. If you are a mobile home owner who rented a mobile home lot use this certificate to 5 complete Form M1PR, Homestead Credit Refund. When you file Form M1PR or Schedule M1RENT, you must attach all CRPs used to determine your refund. 56				
58 59 60	Note: The property owner or managing agent must give each renter living ir regardless of the portion actually paid.	n a unit a separate CRP showing t	hat they paid an equal portion		
61	For forms and tax-related information, go to our website at www.revenue.st	ate.mn.us, or call 651-296-3781	or 1-800-652-9094.	61	
62		9995		62	