FINAL DRAFT 10/18/21



2021 CRP, Certificate of Rent Paid

DEPARTMENT OF REVENUE

Renter/Unit Information

enter First Name and Initial Renter Last Name			Electronic Certificate Number (ECN)	
Rental Unit Address		Unit	Rented from (MM/DD/Y	YYY) 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) Assister	d Living (3) Intermed	liate 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 <i>(see</i>	, enter amount: A 🔳			
B. Did the renter receive Minnesota Housing Sup	port (formerly GRH) <i>(see instr</i>	uctions)? (B) Yes No If yes	, enter amount: B 🔳 🔤	
Total Rent1Renter's share of rent paid (see instruction)	ns)		1 ■	
2 Caretaker rent reduction (see instructions)		2 🔳	
3 Total rent (Add lines 1 and 2)				
Property Owner				
Property Owner Name			Daytime Phone	
Property Owner Address		City	State ZIP Code	
Sign Here I declare that this certificate is correct and compl	ete to the best of my knowlea	lge 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.