



2023 CRP, Certificate of Rent Paid

Renter/Unit Information

_____ Renter First Name and Initial		_____ Renter Last Name		_____ Electronic Certificate Number (ECN)	
_____ Rental Unit Address			_____ Unit		
_____ City		_____ State	_____ Zip Code	_____ Rented from (MM/DD/YYYY) to (MM/DD/YYYY)	
_____ County		_____ Total Months Rented		_____ Total Adults Living in Unit	

Property Information

Place an X if the property is:

(1) Adult Foster Care (2) Assisted Living (3) Intermediate 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 (see instructions)? (A) Yes No If yes, enter amount: **A** ■ _____

B. Did the renter receive Minnesota Housing Support (formerly GRH)(see instructions)? (B) Yes No If yes, enter amount **B** ■ _____

Total Rent

1 Renter's share of rent paid (see instructions) **1** ■ _____

2 Caretaker rent reduction (see instructions) **2** ■ _____

3 Total rent (Add lines 1 and 2) **3** ■ _____

Property Owner

_____ Property Owner Name		_____ Daytime Phone	
_____ Property Owner Address		_____ City	_____ State ZIP Code

Sign Here

I declare that this certificate is correct and complete to the best of my knowledge 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.

