



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 Street Address (Must be completed) [] Apartment Number []

City [] State [] ZIP Code []

4. Landlord's Phone Number (Must be completed) []

5. Rental Period During Year From: [] [] [] To: [] [] [] (MM/DD/YY)

6. Enter your gross rent paid. Attach a completed Verification of Rent Paid (Form 5674). 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%
- B. Mobile Home Lot - 100%
- C. Boarding Home or Residential Care - 50%
- D. Skilled or Intermediate Care Nursing Home - 45%
- E. Hotel - 100%; if meals are included - 50%
- F. Low Income Housing - 100% (Rent cannot exceed 40% of total household income.)
- 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 person(s) sharing rent:
 - 1 (50%)
 - 2 (33%)
 - 3 (25%)

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]

