

# Rent Certificate

Wisconsin Department of Revenue

Alterations on lines 1 to 14 (whiteouts, erasures, etc.) will void this rent certificate. A rent certificate with an error should be discarded and a new one completed.

# 2001

**Claimant (renter)** Fill in lines 1 to 4. Then have your landlord fill in lines 5 to 14. Also:

- Complete the schedule at the bottom of this page if line 11d is 2 or more and each occupant did not pay an equal share of the rent.
- If your landlord will not sign your rent certificate, check here. →  Complete lines 1 to 13b, and attach copies of each canceled check or money order receipt you have to verify your rent.
- Attach your completed rent certificate (not a photocopy) to Schedule H.

1 Claimant's name \_\_\_\_\_  
 2 Social security number \_\_\_\_\_  
 3 Address of rental property (property must be in Wisconsin) \_\_\_\_\_  
 \_\_\_\_\_  
 4 Time you actually lived here in 2001  
 From (mo/day) \_\_\_\_\_ To (mo/day) \_\_\_\_\_

**Landlord** Fill in ALL lines 5 to 14 (SSN is optional).

5 Name \_\_\_\_\_  
 6 Telephone number \_\_\_\_\_  
 7 SSN (optional) or FEIN \_\_\_\_\_  
 8 Address \_\_\_\_\_  
 9 a Property owner is (check one):  
 Individual  
 Sec. 66.1201 municipal housing authority  
 Long-term care facility / CBRF / Nursing home  
 Other  
 b Is the rental property (line 3) subject to property taxes?  
 Yes  No  
 c If 9b is answered "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check this box. →

10a Is this rent certificate for rent of:  
 A mobile home?  Yes  No  
 A mobile home site?  Yes  No  
 b Mobile home taxes or parking permit fees, or municipal fees you collected from this renter for 2001 \$ \_\_\_\_\_  
 11 Answer lines 11a to 11e based on the period of time this rental unit was occupied by this claimant (renter) in 2001. Do not include amounts collected directly from a governmental agency. If rent rates changed during the year, use the additional spaces on lines 11a and 11b to show the different rates and how many months each rate applied.  
 a Rent collected per month for this rental unit, for 2001 \$ \_\_\_\_\_  
 b Number of months this rental unit was rented to this renter in 2001 \_\_\_\_\_  
 c Total rent collected for this unit, for 2001 \$ \_\_\_\_\_  
 d Number of occupants in this rental unit do not count spouse or children under 18 \_\_\_\_\_  
 e This renter's share of total 2001 rent (do not include rent paid for other renters) \$ \_\_\_\_\_  
 12 Value of food and services provided by landlord (this renter's share) \$ \_\_\_\_\_  
 13a Rent paid for occupancy only – Subtract line 12 from line 11e \$ \_\_\_\_\_  
 b Was heat included in the rent?  Yes  No  
 c If the Long-term care facility / CBRF / Nursing home box is checked on line 9a, check the method used to compute line 13a:  
 Standard rate (\$100 per week)  
 Percentage formula (fill in percentage) \_\_\_\_\_ %  
 Other method approved by Department of Revenue  
 14 I certify that the information shown on this rent certificate for 2001 is true, correct, and complete to the best of my knowledge.

Signature (by hand) of landlord or authorized representative \_\_\_\_\_ Date \_\_\_\_\_

**Allowable Rent for Shared Living Expenses** To be completed by the claimant, if applicable.

Complete this schedule if line 11d shows more than one occupant, and each occupant did not pay an equal share of the rent. Also indicate the name(s) (and social security number, if known) of the other occupant(s). You may claim only the portion of rent that reflects the percentage of shared living expenses you paid. Divide the living expenses you paid (box 5b) by the total shared living expenses (box 5a), and multiply that percentage by the total rent (box 1a). Subtract the amount on line 12 of your rent certificate, if any, and claim only the resulting amount on line 14a or 14c of Schedule H.

**Example:** You and your roommate paid shared living expenses as shown below. Your landlord provided services and filled in \$300 as your share on line 12.

Shared Living Expenses	Total Paid	You Paid	Roommate Paid
Rent	\$4,800	\$4,800	-0-
Food	2,400	1,200	\$1,200
Utilities	600	-0-	600
Other	200	-0-	200
Total	\$8,000	\$6,000	\$2,000

Your allowable rent paid for occupancy only is \$3,300, computed as follows:

- Divide the living expenses you paid (\$6,000) by the total living expenses (\$8,000) = 75%
- Multiply 75% by the total rent (\$4,800) = \$3,600
- Subtract your share of services provided (\$300): \$3,600 - \$300 = \$3,300

In this example, you would include \$3,300 on line 14a or 14c of Schedule H, as applicable.

Shared Living Expenses	Total Paid by All Occupants	Amount You Paid	Amount Other Occupant(s) Paid
Rent	1a)	1b)	1c)
Food	2a)	2b)	2c)
Utilities	3a)	3b)	3c)
Other	4a)	4b)	4c)
Total	5a)	5b)	5c)

Other occupant(s) – name (last, first, m.i.), social security number, if known  
 \_\_\_\_\_  
 \_\_\_\_\_

**Compute your allowable rent paid for occupancy only as follows:**

• 5b \_\_\_\_\_ ÷ 5a \_\_\_\_\_ = \_\_\_\_\_ %

• \_\_\_\_\_ % x 1a \_\_\_\_\_ = \_\_\_\_\_

• \_\_\_\_\_ – line 12 \_\_\_\_\_ = \_\_\_\_\_ \*

\* include this amount on Schedule H, line 14a or 14c