DEPARTMENT OF REVENUE 2021 CRP, Certificate of Rent Paid



Renter/Unit Information

Renter First Name and Initial	Renter Last Name		Electronic Certificate N	Electronic Certificate Number (ECN)	
Rental Unit Address		Unit	Rented from (MM/DD/	YYYY) 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) Assisted Living (3) Inter	mediate Care Facility			
(4) Nursing Home	(5) Mobile Home (6) Mob	ile Home Lot	Property ID or Parcel Number 		
Rent Details A. Was any rent paid by Medical As			yes, enter amount: A		
B. Did the renter receive Minnesot	a Housing Support (formerly GRH) <i>(see</i>	instructions)? [(B) Yes [No If	yes, enter amount: B		
2 Caretaker rent reduction (see	see instructions)		2 🔳		
Property Owner					
Property Owner Name			Daytime Phone		
Property Owner Address		City	State ZIP Code		
Sign Here I declare that this certificate is corr	ect and complete to the best of my kno	wledge 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.