



2022 CRP, Certificate of Rent Paid

Renter/Unit Information

Renter First Name and Initial		Renter Last Name		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:

<input type="checkbox"/> (1) Adult Foster Care	<input type="checkbox"/> (2) Assisted Living	<input type="checkbox"/> (3) Intermediate Care Facility
<input type="checkbox"/> (4) Nursing Home	<input type="checkbox"/> (5) Mobile Home	<input type="checkbox"/> (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.