5		MO-CRP mu provide land						-			
-											
1.	Social Security Number			Spor	use's Socia	I Securit	y Numb	er			
						_]-			
	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)							A	partme	nt Num	ber
	City			;	State	ZIP C	ode				
] [
3.	Landlord's Name (First, Last)			[
	Landlord's Last 4 Digits of Social Security Number (FEIN) - if applicabl										e
	Landlord's Street Address (Must be completed)								partme	nt Num	ber
	City State ZIP C										
				[
4.	Landlord's Phone Number (Must be completed)										
5.	From: Rental Period During Year (MM/DD/YY)			Tc (M): 1M/DD/YY)						
6.	Enter your gross rent paid. Attach a completed Verification of Re	ent Paid (Fo	orm 5674). If y	vou re	ceived hou	sing					
	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 p	ercentage o	on Line 7				. 7				%
	A. Apartment, House, Mobile Home, or Duplex - 100% F. Low Income Housing - 100% (Re household income.)								40% c	of total	
	B. Mobile Home Lot - 100%		nouseno		ome.)						
	C. Boarding Home or Residential Care - 50%		G. Shared F (other that		ence – If you Ir spouse of						
		•	•	he addition			,				
	D. Skilled or Intermediate Care Nursing Home - 45% 1 (50%) 2 (33%)							3 (25%)			
	E. Hotel - 100%; if meals are included - 50%										
8.	Net rent paid - Multiply Line 6 by the percentage on Line 7	rent paid - Multiply Line 6 by the percentage on Line 7									00
9.	Iultiply Line 8 by 20%. Enter amount here and on Line 10 of Form MO-PTC or Line 12 of Form MO-PTS										00
	For Priva	cy Notice. s	ee instructior	าร.				Form MO	CRP (Re	evised 12-	2019)
	ation Division ach to Form MO-PTC or MO-PTS and mail to the Missouri Depar	-					193150 [,]	10001			