



**2020 CRP, Certificate of Rent Paid**

**Renter/Unit Information**

Shreya		Mehra		Electronic Certificate Number (ECN)	
Renter First Name and Initial		Renter Last Name		01/01/2020 03/31/2020	
10000 45th Ave N #117		10-117		Rented from (MM/DD/YYYY) to (MM/DD/YYYY)	
Rental Unit Address		Unit		3 2	
Plymouth	MN	55442	Hennepin	Total Months Rented Total Adults Living in Unit	
City	State	ZIP Code	County		

**Property Information**

Place an X if the property is:

(1) Adult Foster Care   
  (2) Assisted Living   
  (3) Intermediate Care Facility  
 (4) Nursing Home   
  (5) Mobile Home   
  (6) Mobile Home Lot

12-118-22 44 0004  
 Property ID or Parcel Number  
 322  
 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 ■	2,138.00
2 Caretaker rent reduction (see instructions) .....	2 ■	0.00
3 Total rent (Add lines 1 and 2) .....	3 ■	2,138.00

**Property Owner**

Shadow Hills	(763) 551-0600
Property Owner Name	Daytime Phone
4540 Nathan Lane N	MN 55442
Property Owner Address	State ZIP Code
	Plymouth
	City

**Sign Here**

I declare that this certificate is correct and complete to the best of my knowledge and belief.

Ben Londy	01/18/2021
Owner or Agent Signature	Date (MM/DD/YYYY)
Bigos Management	(763) 551-0600
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](http://www.revenue.state.mn.us) or call 651-296-3781 or 1-800-652-9094 (toll-free).

# DEPARTMENT OF REVENUE

## 2020 CRP, Certificate of Rent Paid



### Renter/Unit Information

Shreya \_\_\_\_\_ Mehra \_\_\_\_\_  
 Renter First Name and Initial Renter Last Name  
 7150 Cahill Rd Apt 120 \_\_\_\_\_  
 Rental Unit Address Unit  
 Edina \_\_\_\_\_ MN 55439-2041 Hennepin County  
 City State ZIP Code County

N/A  
 Electronic Certificate Number (ECN)  
 10/16/2020 12/31/2020  
 Rented from (MM/DD/YYYY) to (MM/DD/YYYY)  
 3 2  
 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) Intermediate Care Facility  
 (4) Nursing Home  (5) Mobile Home  (6) Mobile Home Lot

08-116-21-12-0014  
 Property ID or Parcel Number  
 115  
 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	■ \$1,874.50
2 Caretaker rent reduction (see instructions) .....	2	■ \$ 0.00
3 Total rent (Add lines 1 and 2) .....	3	■ \$1,874.50

### Property Owner

Oaks Properties LLC \_\_\_\_\_ 612.874.1102  
 Property Owner Name Daytime Phone  
 3550 E 46th St Apt 120 \_\_\_\_\_ Minneapolis MN 55406-3965  
 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.

Jennifer Hall  
 Owner or Agent Signature  
 Jennifer Hall  
 Managing Agent Name, If Applicable (please print)  
 01/19/2021  
 Date (MM/DD/YYYY)  
 612.630.5945  
 Daytime Phone

### Renter Instructions

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