



## 2020 CRP, Certificate of Rent Paid

## **Renter/Unit Information**

Kavitha	Vattikundala			
Renter First Name and Initial Renter Last Name			Electronic Certificate Number (ECN)	
13050 Dahlia Circle, #13	10,Eden Prai	110	01/01/2020	12/31/2020
Rental Unit Address		Unit	Rented from (MM/DD/Y	
Eden Prairie MN	55344	Hennepin	12	2
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) Intermediate Care Facility			2211622110005	
(2) Assisted Living (3) Intermedia		ate care raciity	Property ID or Parcel Number	
(4) Nursing Home (5) Mobile	Home (6) Mobile Home Lot			508
(1) Nothing Home			Number of Units on This Property	
Rent Details  A. Was any rent paid by medical assistance (see in			enter amount: A	
B. Did the renter receive Minnesota Housing Supp	ort (formerly GRH)(see instru	uctions)? (B) Yes No If yes,	enter amount: B	
<ol> <li>Total Rent</li> <li>Renter's share of rent paid (see instructions)</li> <li>Caretaker rent reduction (see instructions)</li> <li>Total rent (Add lines 1 and 2)</li> </ol>			2	\$8,830.00
Property Owner				
FPACP3 Eden, LLC Property Owner Name			952-232-480 Daytime Phone	)6
13000 Garden Lane		Eden Prairie		
Property Owner Address		City	$\frac{\text{MN}}{\text{State}}$ $\frac{55344}{\text{ZIP Code}}$	
Sign Here I declare that this certificate is correct and comple  Owner or Agent Signature  FPACP3 Eden, LLC  Managing Agent Name, If Applicable (please print)	te to the best of my knowleds	ge and belief.	01/11/2021 Date (MM/DD/YYYY) 952-232-480 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 (toll-free).







## **Renter/Unit Information**

Kishore Kumar	Sandra			
Renter First Name and Initial	Renter Last Name		Electronic Certificate Number (ECN)	
13050 Dahlia Circle, #13	10,Eden Prai	110	01/01/2020	12/31/2020
Rental Unit Address		Unit	Rented from (MM/DD/Y	YYY) to (MM/DD/YYYY)
Eden Prairie MN	55344	<u>Hennepin</u>	12	2
City State	ZIP Code	County	Total Months Rented	Total Adults Living in Unit
Property Information				
Place an X if the property is:				
			0014 50044	
(1) Adult Foster Care (2) Assisted Living (3) Intermedia (4) Nursing Home (5) Mobile Home (6) Mobile Home		ate Care Facility	2211622110005	
		ome Lot	Property ID or Parcel Number	
			508	
			Number of Units on This Property	
Rent Details				
A. Was any rent paid by medical assistance (see in	structions)?	(A) Yes No If yes	enter amount: A	
B. Did the renter receive Minnesota Housing Supp	ort (formerly GRH)(see instru	uctions)? (B) Yes No If yes,	enter amount: B	
Total Rent				
1 Renter's share of rent paid (see instructions	i)			
3 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
2 Caretaker rent reduction (see instructions)			2 🔳 .	
3 Total rent (Add lines 1 and 2)			2 =	\$8,830.00
3 Total rent (Add lines 1 and 2)			3 🔳 .	+0,000.00
Property Owner				
FPACP3 Eden, LLC			952-232-480	)6
Property Owner Name			Daytime Phone	
13000 Garden Lane		Eden Prairie	MN 55344	
Property Owner Address		City	State ZIP Code	
Sign Here				
I declare that this certificate is correct and complete	te to the best of my knowledg	ge and belief.		
Verm 1-11		•		
			01/11/2021	
Owner or Agent Signature			Date (MM/DD/YYYY)	
FPACP3 Eden, LLC 952-232-4806			6	
Managing Agent Name, If Applicable (please print)			Daytime Phone	

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