



2023 CRP, Certificate of Rent Paid

Renter/Unit Information

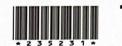
Venkata Ravi Kumar Duddula					
Renter First Name and Initial	Renter Last Name			Electronic Certificate Number (ECN)	
13050 Dahlia Circle		219	01/01/2023	12/31/2023	
Rental Unit Address		Unit		Rented from (MM/DD/YYYY) to (MM/DD/YYYY)	
	MN 55344	Hennepin	12	2	
City S	State ZIP Code	County	Total Months 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		
(1) Addit Poster Care (2) A	assisted Living (3)	intermediate care Facility	Property ID or Parcel Number		
(4) Nursing Home (5) N	Mobile Home (6)	Mobile Home Lot		508	
(5) Mobile Home Lot			Number of Units on This Property		
Rent Details					
A. Was any rent paid by Medical Assistance	e (see instructions)?	(A) Yes No	If yes, enter amount: A		
B. Did the renter receive Minnesota Housin	ng Support (formerly GRH)	(see instructions)? (B) Yes No	If yes, enter amount: B		
Total Rent					
Renter's share of rent paid (see instr	ructions)		1		
2 Caretaker rent reduction (see instruc	ctions)		2 ■	\$0.00	
3 Total rent (Add lines 1 and 2)			3 ■	\$10,113.00	
Property Owner					
FPACP3 Eden, LLC Property Owner Name			(952) 777-7112 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 to the best of my	knowledge and belief.	01/00/0004		
Owner or Agent Signature	01/09/2024 Date (MM/DD/YYYY)				
FPACP3 Eden, LLC	(952) 777-7112				
Managing Agent Name, If Applicable (please p	orint)		Daytime Phone		
Renter Instructions					
Use this certificate to complete Form M1	LPR, Homestead Credit Re	efund (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.





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Lakshmi Neelima Dud		Duddula	ddula			
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(4) Norsing Home	(5) Mobile	Home (6) M	oblie nome Lot	Number of Units on This Property		
Rent Details						
A. Was any rent paid by Medical	Assistance (see in	nstructions)?	(A) Yes X No	If yes, enter amount: A		
B. Did the renter receive Minnes	ota Housing Supp	port (formerly GRH)(se	ee instructions)? (B) Yes No	If yes, enter amount: B		
Total Rent						
	(see instruction	s)		1		
2 Caretaker rent reduction (s	ee instructions)			2 🔳	\$0.00	
Z Caretaker rent reduction (5	ee mstractions,					
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Property Owner						
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Property Owner Name				Daytime Phone		
13000 Garden Lane		The Cartain Cartain Cartain	Eden Prairie	<u>MN</u> 55344		
Property Owner Address			City	State ZIP Code		
Sign Here						
declare that this certificate is con	rect and comple	te to the best of my kr	nowledge and belief.			
	1			04/00/0004		
Owner or Agent-Signature	1			01/09/2024 Date (MM/DD/YYYY)		
_ (1						
FPACP3 Eden, LLC Managing Agent Name, If Applicable (please print)			(952) 777-7112 Daytime Phone			
lenter Instructions						
			nd (for Homeowners) and Renter's i Form M1PR and all CRPs for your re		you file Form M1PR, you	
	anadas asart —	uust alva each reate-	living in a unit a consente COS -t-	d sh sh 1.d		
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