

2023 CRP, Certificate of Rent Paid

Renter/Unit Information

SUMAN Renter First Name and Initial 1960 SHENANDOAH COURT UNIT H		MAHADEVAL	AH	374890496	374890496			
		Renter Last Name		Electronic Certificate Nu 01-Jan-2023	onic Certificate Number (ECN) n-2023 31-Dec-2023			
Rental Unit Address PLYMOUTH MN		55447	Unit HENNEPIN	Rented from (MM/DD/YYYY) to (MM/DD/YYYY) 12.00 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 (4) Nursing Home	(2) Assiste		Intermediate Care Facility Mobile Home Lot	28-118-22-23-0135 Property ID or Parcel Number 1 Number of Units on This Property				
Rent Details			XX	If yes, enter amount: A	0.00			
A. Was any rent paid by Medical A B. Did the renter receive Minneso			0.00					
Total Rent					10.000.00			
1 Renter's share of rent paid (see instructior	1	\$ 10,800.00					
2 Caretaker rent reduction (se	ee instructions)	2 =	\$ 0.00					
3 Total rent (Add lines 1 and 2	2)			3	\$ 10,800.00			
Property Owner								
NIELAND REAL ESTATE L	LC			(612) 232-8326				
Property Owner Name 6272 NIAGARA CT N			MAPLE GROVE	Daytime Phone MN 553114110				
Property Owner Address			City	State ZIP Code				
Sign Here I declare that this certificate is con	rect and compl	ete to the best of my	knowledge and belief.					
LANCE NIELAND			01/07/2024					
Owner or Agent Signature LANCE NIELAND		Date (MM/DD/YYYY) (612) 232-8326						
Managing Agent Name, If Applicable	e (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.



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Renter/Unit Information

POOJA Renter First Name and Initial 1960 SHENANDOAH COURT UNIT H		SOMASHEKA	144863	1448632320					
		Renter Last Name		Electronic Certificate Number (ECN) 01-Jan-2023 31-Dec-2023					
Rental Unit Address PLYMOUTH MN		55447	Unit HENNEPIN	Rented from (MM/DD/YYYY) to (MM/DD/YYYY) 12.00 2					
City	State	ZIP Code	County	Total Mo	nths Rented	Total Adu	ts Living in Unit		
Property Information Place an X if the property is:									
(1) Adult Foster Care (2) Assisted Living (3) Intermediate Care Facility					28-118-22-23-0135				
	(=,		Property 1	Property ID or Parcel Number 1					
(4) Nursing Home	(5) Mobile	Home (6) I	ome (6) Mobile Home Lot			Number of Units on This Property			
_									
Rent Details A. Was any rent paid by Medical A	Assistance (see i	netructions)?	(A) Yes X No	If yes enter am	ount: A	\$	0.00		
	,	•				\$	0.00		
B. Did the renter receive Minneso	ota Housing Sup	port (formerly GRH)((see instructions)? [B) Yes X No	If yes, enter am	ount: B	Ψ 			
Total Rent						¢	10,800.00		
1 Renter's share of rent paid	(see instruction	s)			1	\$			
2 Caretaker rent reduction (se	ee instructions)				2 ■	\$	0.00		
						\$	10,800.00		
3 Total rent (Add lines 1 and 2	2)				3				
Property Owner									
NIELAND REAL ESTATE L	(612) 232-8326								
Property Owner Name			MANIECROVE	Daytime		0			
6272 NIAGARA CT N Property Owner Address		$\frac{\text{MAPLE GROVE}}{\text{City}}$		MN 553114110 State ZIP Code					
Troperty owners auress			City	State	Zii code				
Sign Here I declare that this certificate is con	rrect and comple	ete to the best of my	knowledge and belief.						
LANCE NIELAND					01/07/2024				
Owner or Agent Signature LANCE NIELAND					Date (MM/DD/YYYY) (612) 232-8326				
Managing Agent Name, If Applicable (please print)					Daytime Phone				

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