

Rent Certificate

2015

Wisconsin Department of Revenue

NOTE: • Attach to Schedule H or H-EZ
• Alterations (whiteouts, erasures, etc.) or errors **void** this rent certificate.



■ Renter (Claimant) – Enter Social Security Number AFTER your landlord fills in section below and signs.

Legal last name	Legal first name	M.I.	Social security number	
Address of rental property (property must be in Wisconsin)	City	State	Zip	

Time you actually lived at this address in 2015 **From** **2015** **To** **2015**
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Do NOT sign your rent certificate.

If your landlord won't sign, complete fields above and below and lines 1 to 8, attach rent verification (*see instructions*), and check here.

■ Landlord or Authorized Representative

Name of property owner		Telephone number ()	
Address	City	State	Zip

- 1** Is the rental property a long-term care facility, CBRF or nursing home? **1** Yes No
- 2a** Is the above rental property subject to property taxes? **2a** Yes No
- b** If 2a is "No" and you are a sec. 66.1201 municipal housing authority that makes payments in lieu of taxes, check here **2b**
- 3** Is this certificate for rent of a mobile/manufactured: **a** Home? **3a** Yes No
b Home site/Lot? **3b** Yes No
- c** Mobile or manufactured home taxes or municipal permit fees you collected from this renter for 2015 **3c** _____ .00
- 4a** Total rent collected for this rental unit for 2015 **4a** _____ .00
- b** If monthly rent charged didn't change during 2015, enter monthly charge **4b** _____ .00
 Otherwise, enter rent charged for each month below.
- | | | | |
|-----------------|----------------|----------------|----------------|
| Jan. _____ .00 | Feb. _____ .00 | Mar. _____ .00 | Apr. _____ .00 |
| May _____ .00 | June _____ .00 | July _____ .00 | Aug. _____ .00 |
| Sept. _____ .00 | Oct. _____ .00 | Nov. _____ .00 | Dec. _____ .00 |
- 5** Number of occupants in this rental unit – do NOT count spouse or children under 18 **5** _____
- 6** This renter's share of total 2015 rent **6** _____ .00
- 7** Value of food and services provided by landlord (this renter's share) **7** _____ .00
- 8a** Rent paid for occupancy only – Subtract line 7 from line 6 **8a** _____ .00
- b** Was heat included in the rent? **8b** Yes No

■ I certify that the information shown on this rent certificate is true, correct, and complete to the best of my knowledge.

Signature (<i>by hand</i>) of landlord or authorized representative	Date	Print name (must match signature)
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Shared Living Expenses Schedule – To be completed by renter **only** if line 5 on page one is 2 or more and each occupant did not pay an equal share of the living expenses.

Step 1: List name(s) of other occupants:

Step 2: List the total amount (not the monthly amount) of **all** shared living expenses (rent, food, utilities, and other) paid by **all** occupants and the amount that you paid:

Shared Living Expenses	Total Paid by All Occupants		Amount You Paid
Rent	1a) .00	1b)	.00
Food	2a) .00	2b)	.00
Utilities	3a) .00	3b)	.00
Other	4a) .00	4b)	.00
Total	5a) .00	5b)	.00

Step 3: Using the amounts listed in Step 2, compute your allowable rent paid for occupancy only:

1 Total rent paid (line 1a)	1	.00
2 Shared living expenses you paid (line 5b)	2	.00
3 Total shared living expenses (line 5a)	3	.00
4 Divide line 2 by line 3. Fill in decimal amount	4	x .
5 Multiply line 1 by line 4	5	.00
6 Value of food and services provided by landlord (line 7 of page 1)	6	.00
7 Subtract line 6 from line 5. This is your allowable rent. Fill in here and on line 14a or 14c of Schedule H (line 9a or 9c of Schedule H-EZ)	7	.00

Instructions for Renter (Claimant)

Complete all fields in the “Renter (Claimant)” section except the social security number. Then give to your landlord to complete and sign.

If your landlord won't sign, place a checkmark in the designated area. Complete the “Landlord or Authorized Representative” section, and attach a copy of each canceled check or bank money order you have to verify your rent. Any portion not verified will not be allowed.

After your landlord returns the completed rent certificate, enter your social security number and then fill in the allowable amounts from lines 3c and 8a (or line 7 of the above Shared Living Expenses Schedule – see instructions below) on Schedule H or H-EZ, as appropriate.

Renter Instructions for Shared Living Expenses Schedule

Complete this schedule if line 5 of the rent certificate shows 2 or more and each occupant did not pay an equal share of the living expenses.

Instructions for Landlord/Authorized Representative

Lines 2a and 2b If you checked “No” on line 2a, do **not** complete the rent certificate unless line 2b applies.

Line 4a Fill in the total rent collected for this unit for the time occupied by this renter in 2015. Include any separate amounts the renter paid to you for items such as parking, a garage, utilities, appliances, or furnishings. Do not include rent for a prior year, late fees, or amounts you received directly from a governmental agency through a subsidy, voucher, grant, etc., for the unit (except amounts an agency paid as a claimant's representative payee).

Line 5 Fill in the number of adult occupants who lived in this rental unit during the rental period. Do not count the renter's spouse or children under age 18 as of December 31, 2015.

Line 7 Fill in this renter's share of the value of food and personal services (medical, laundry, transportation, counseling, grooming, recreational, therapeutic, etc.) you provided for this rental unit.

Signature Review the rent certificate to be sure that all applicable fields and lines have an entry. Sign (by hand) and date, print your name, and return the rent certificate to the renter. Only an original signature is acceptable.

