

# Rent Certificate

# 2017

Wisconsin Department of Revenue

**NOTE:**

- Attach to Schedule H or H-EZ
- Alterations (whiteouts, erasures, etc.) or errors **void** this rent certificate.
- Only attach rent certificate if filing a homestead credit claim



**■ 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 2017 **From**                     **2017** **To**                     **2017**

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 2017 ..... **3c** \_\_\_\_\_ .00
- 4a** Total rent collected for this rental unit for 2017 – do NOT include amounts received directly from a governmental agency ..... **4a** \_\_\_\_\_ .00
- b** If monthly rent paid didn't change during 2017, enter monthly rent paid ..... **4b** \_\_\_\_\_ .00
- c** If monthly rent changed during 2017, enter rent paid 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 2017 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 (by hand) of landlord or authorized representative	Date	Print name (must match signature)
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