

Rent Certificate

2020

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 2020 From 2020 To 2020
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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 2020 3c _____ .00
- 4a Total rent collected for this rental unit for 2020 – do NOT include amounts received directly from a governmental agency, security deposits, or late fees 4a _____ .00
- b If monthly rent paid didn't change during 2020, enter monthly rent paid 4b _____ .00
- c If monthly rent changed during 2020, enter rent paid for each month below. Do not include security deposits or late fees.
- | | | | |
|-----------------|----------------|----------------|----------------|
| Jan. _____ .00 | Feb. _____ .00 | Mar. _____ .00 | Apr. _____ .00 |
| May _____ .00 | June _____ .00 | July _____ .00 | Aug. _____ .00 |
| Sept. _____ .00 | Oct. _____ .00 | Nov. _____ .00 | Dec. _____ .00 |
- 5a Number of occupants in this rental unit – do NOT count spouse or children under 18 5a _____
- b Renters, if line 5a is more than 1, did each occupant pay an equal share of living expenses? (if no, complete shared living expenses schedule on page 2) 5b Yes No
- 6 This renter's share of total 2020 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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