Rent Certificate

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 2019	From	2019	То		2019

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.

MMDD

Landlord or Authorized Representative

Na	me of property owner				Telephone num	ber
					()	
Ad	dress	City			State Zip	
1	Is the rental property a long-term care facility, C	CBRF, or nu	rsing home?	1 Y	′es N	0
2a	Is the above rental property subject to property	taxes?		2a Y	′es N	0
b	If 2a is "No" and you are a sec. 66.1201 municip that makes payments in lieu of taxes, check her			2b		
3	Is this certificate for rent of a mobile/manufacture	red: a Hor	ne?	3a 🔡 Y	′es 🔛 N	0
		b Hor	ne site/Lot?	3b Y	′es 🔄 N	0
c					20	.00
	you collected from this renter for 2019				3C	.00
4a	Total rent collected for this rental unit for 2019 – directly from a governmental agency, security d				4a	.00
b	If monthly rent paid didn't change during 20	19, enter n	nonthly rent p	aid	4b	.00
c	If monthly rent changed during 2019, enter rent pa	aid for each	month below. I	Do not inclu	de security d	eposits or late fees.
	Jan00 Feb00	Mar.	.00	Apr.	.00	
	May00 June00	July	.00	Aug.	.00	
	Sept00 Oct00					
5	Number of occupants in this rental unit – do NO	T count sp	ouse or childre	en under 18		5
6	This renter's share of total 2019 rent				6	.00
7	Value of food and services provided by landlord	I (this rente	r's share)		7	.00
8a	Rent paid for occupancy only – Subtract line 7 f					
	Was heat included in the rent?					
	ertify that the information shown on this rent certifica					
		Date			match signature)	-
1						

MMDD

2019 Rent Certificate	Renter's name	Renter's SSN	Page 2 of 2
	Address of rental property	2	

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

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.

Note: Do NOT sign the rent certificate yourself. Rent certificates signed by you or someone other than the landlord or his/ her authorized representative will not be accepted.

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. All lines on the schedule must be filled in. If all lines on the schedule are not filled in, paid rent will be divided by the number of occupants.

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
	ed living expenses aid (line 5b) 2	.00	
	shared living nses (line 5a) 3	.00	
	e line 2 by line 3. Fill simal amount	4	
5 Multip	bly line 1 by line 4	5	.00
	of food and services provided by ord (line 7 of page 1)	6	.00
allowa	act line 6 from line 5. This is your able rent. Fill in here and on the cable rent line of Schedule H or dule H-EZ	7	.00

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 from all occupants for this unit for the time occupied by this renter in 2019. 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, security deposit paid during the year, 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, 2019.

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.

Applicable Laws and Rules

This document provides statements for interpretations of the following provisions of Wisconsin Statutes in effect as of October 15, 2019: Chapter 71, Wis. Stats.

Laws enacted and in effect after October 15, 2019, new administrative rules, and court decisions may change the interpretations in this document. Guidance issued prior to October 15, 2109, that is contrary to the information in this document is superseded by this document, pursuant to sec. 73.16(2)(a), Wis Stats.

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