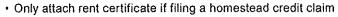
Rent Certificate

Wisconsin Department of Revenue

NOTE: • Attach to Schedule H or H-EZ

 Alterations (whiteouts, erasures, etc.) or errors void this rent certificate.





| | nter (Claimant) – Enter Social Security N | | | | |
|------------|--|------------------------------|--------------------|-----------|---------------|
| Le | gal last name | Legal first name | M.I. | Social se | curity number |
| Ad | dress of rental property (property must be in Wisconsin) | City | | State 2 | Ζίρ |
| Do If y | ne you actually lived at this address in 2017 NOT sign your rent certificate. our landlord won't sign, complete fields above eck here. | M M D D | 2017 To | M M | |
| | ndlord or Authorized Representative | | | | |
| | me of property owner | | | Telephon | e number |
| | | | | () | |
| Ad | dress | City | | State Z | 21p |
| 1 | Is the rental property a long-term care facilit | y, CBRF or nursing hom | e? 1 \ | es | _ No |
| 2a | Is the above rental property subject to prope | erty taxes? | 2a \ | es | _ No |
| b | If 2a is "No" and you are a sec. 66.1201 mur that makes payments in lieu of taxes, check | | 2b | | |
| 3 | Is this certificate for rent of a mobile/manufa | ctured: a Home? | 3a, ۱ | ′es | _ No |
| | | b Home site/Lo | ot? 3b ۱ | ′es | _, No |
| С | Mobile or manufactured home taxes or muniyou collected from this renter for 2017 | | | 3 | c |
| 4a | Total rent collected for this rental unit for 20 directly from a governmental agency | | | 4 | a0 |
| b | If monthly rent paid didn't change during | 2017, enter monthly re | ent paid | 4 | ь0 |
| С | If monthly rent changed during 2017, enter re | ent paid for each month | below. | | |
| | Jan00 Feb00 | Mar0 | 0 Арг |). | 00 |
| | May00 June00 | July0 | 0 Aug |). | <u>)0</u> |
| | Sept00 Oct00 | Nov | 0 Dec |). | <u>00</u> |
| 5 | Number of occupants in this rental unit – do | NOT count spouse or ch | nildren under 18 | | . , , |
| 6 | This renter's share of total 2017 rent | | | | |
| 7 | Value of food and services provided by land | | | | _ |
| 8a | Rent paid for occupancy only - Subtract line | | | | |
| b | Was heat included in the rent? | | 8b Y | es | , No |
| Lce | rtify that the information shown on this rent certi | ficate is true, correct, and | complete to the l | est of my | / knowledge. |
| | nature (by hand) of landlord or authorized representative | Date | Print name (must r | | |

| 2017 Rent Certificate | Renter's name | Renter's SSN | Page 2 of 2 |
|-----------------------|----------------------------|-------------------|-------------|
| | Address of rental property | | |
| | | | |
| | | | • |

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 the applicable rent line of Schedule H or Schedule H-F7 | 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.

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.

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 2017. 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, 2017.

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.

