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 2023 F | From $\underline{M} \underline{M} \underline{M} \underline{D} \underline{D}$ 2023 | То | MM | <u></u> 2023 | |

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

| Na | me of property owner | | | | Telephone number | |
|-----|---|------------------------------------|-----------------------|---------------------|--------------------|-------------------|
| | | | | | () | |
| Ad | dress | | City | | State Zip | |
| 1 | Is the rental property a long | n-term care facility. C | BRF. or nursing h | ome? 1 | Yes No | |
| | Is the above rental property | | - | | Yes No | |
| | | | | | | |
| D | If 2a is "No" and you are a that makes payments in lie | u of taxes, check here | | 2b | | |
| 3 | Is this certificate for rent of | a mobile/manufactur | ed: a Home? | 3a` | Yes No | |
| | | | b Home site | /Lot? 3b | Yes 🔄 No | |
| С | Mobile or manufactured ho you collected from this rent | | | | 3c | .00 |
| 4a | Total rent collected for this rer ernmental agency, Wisconsin | | | | | .00 |
| b | If monthly rent paid didn | t change during 202 | 23, enter monthly | rent paid | 4b | .00 |
| С | If monthly rent changed duri | ng 2023, enter rent pa | id for each month | below. Do not inclu | ude security depos | its or late fees. |
| | Jan. <u>.00</u> F | eb. <u>.00</u> | Mar. | .00 Apr | .00 | |
| | May <u>.00</u> J | | | | | |
| | Sept. <u>.00</u> C | Oct00 | Nov. | .00 Dec. | .00 | |
| 5a | Number of occupants in thi | s rental unit – do NO ⁻ | T count spouse or | children under 1 | 3 | 5a |
| b | Renters , if line 5a is more that expenses? (if no, complete | | | | Yes 🔡 No | |
| 6 | This renter's share of total | 2023 rent | | | 6 | .00 |
| 7 | Value of food and services | provided by landlord | (this renter's shar | e) | 7 | .00 |
| 8a | Rent paid for occupancy or | nly – Subtract line 7 fr | om line 6 | | 8a | .00 |
| b | Was heat included in the re | ent? | | 8b | Yes 🔝 No | |
| | ertify that the information show | | e is true, correct, a | nd complete to the | best of my knowled | dge. |
| Sig | nature (by hand) of landlord or autho | ized representative | Date | Print name (must | match signature) | |

| | Renter's |
|-----------------------|----------|
| 2023 Rent Certificate | nama |

Address of rental property

Shared Living Expenses Schedule – To be completed by renter only if line 5b on page one is "No."

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 | | nount u 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, complete line 5b if applicable, 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 5b on page 1 is "No." 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:

Renter's SSN

| 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 | |
| 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-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 2023. 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., or Wisconsin rental assistance program payments for the unit (except amounts an agency paid as a claimant's representative payee).

Line 5a 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, 2023.

Line 5b Do not complete this line. This will be completed by the renter.

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 or interpretations of the following laws and regulations enacted as of August 15, 2023: ch. 71, Wis. Stats.

3 Rent Certificate | name