

Rent Certificate

2025

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 2025 **From** **2025** **To** **2025**
M M D D M M D D

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 2025 **3c** _____ .00
- 4a** Total rent collected for this rental unit for 2025 - do NOT include amounts received directly from a governmental agency, Wisconsin rental assistance program payments, security deposits, or late fees **4a** _____ .00
- b** If monthly rent paid didn't change during 2025, enter monthly rent paid **4b** _____ .00
- c** If monthly rent changed during 2025, 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 2025 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.

| | | |
|--|------|-----------------------------------|
| Handwritten signature of landlord or authorized representative | Date | Print name (must match signature) |
|--|------|-----------------------------------|