

**PA Rent Certificate**  
PA Rent Certificate and Rental  
Occupancy Affidavit  
PA-1000 RC (08-16)  
PA Department of Revenue **2016**

OFFICIAL USE ONLY

Name as shown on PA-1000

Social Security Number

You may make photocopies of this form as needed.

If filing as a renter, you must provide proof of the rent you paid. If you rented at more than one address, you must submit proof for each address.

**PA RENT CERTIFICATE**

Your landlord must provide all the information on Lines 1 through 8. Your landlord, or your landlord's authorized agent, must sign this PA Rent Certificate. If your landlord, or your landlord's authorized agent, does not sign this PA Rent Certificate, you must complete Lines 1 through 8 and the Rental Occupancy Affidavit below. Your Rental Occupancy Affidavit must be notarized.

1. Street address of the residence for which the claimant paid rent	3. Rental unit is (fill in the appropriate oval):
City, State, ZIP Code	<input type="radio"/> Apartment in a House <input type="radio"/> Mobile Home Lot
2. Owner's business name or landlord's name (last, first, middle initial) if an individual	<input type="radio"/> Apartment Building <input type="radio"/> Nursing Home
Landlord's Address	<input type="radio"/> Boarding Home <input type="radio"/> Private Home
City, State, ZIP Code	<input type="radio"/> Mobile Home <input type="radio"/> Assisted Living
Landlord's EIN (if applicable) and daytime telephone number	<input type="radio"/> Personal Care Home
	Building Name: _____
	<input type="radio"/> Domiciliary Care <input type="radio"/> Foster Care
	If Domiciliary Care or Foster Care, you must submit a copy of your contract agreement.

**YOU MUST COMPLETE ALL LINES. IF NONE, ENTER "0".**

	Dollars	Cents	Explanation of Item 4.
4. What was the amount of rent per month? (Include only the amount charged for rental. Do not include security deposits or amounts paid for food, medicine, medical care or personal care.) If your rental amounts changed during the year, please explain in the space provided. .... 4.			
5. How much of the monthly rental amount was paid or subsidized by a governmental agency? ..... 5.			
6. Total monthly amount of rent paid. (Subtract Line 5 from Line 4.) ..... 6.			
7. Number of months unit was occupied by the claimant in 2016. (If less than 12 months, please explain in the space provided.) ..... 7.			Explanation of Item 7.
8. What was the total rent paid in 2016 by the claimant? (Multiply Line 6 by Line 7.) Enter here and on Line 15 of the claim form. .... 8.			

**LANDLORD'S OATH:** (Read carefully before signing)

I certify that the information provided on this PA Rent Certificate is true, correct and complete to the best of my knowledge, information and belief. I further certify that – fill in the applicable oval(s).

- I was required to pay 2016 property taxes on the property in which the claimant resided in 2016.
- I made, or was required to make, a payment in lieu of taxes for 2016 on the property in which the claimant resided in 2016.
- The property in which the claimant resided in 2016 was tax exempt.
- Other names, excluding the spouse or minor children, appear on the lease.

X

Landlord's Signature

Date

**OCCUPANCY AFFIDAVIT**

I am, or am filing on behalf of, the claimant named above. I certify that I was unable to obtain the landlord's signature on the PA Rent Certificate for the following reason(s):

Affidavit: I certify that I am, or am filing on behalf of, the claimant named above. I also affirm all the information on the above PA Rent Certificate and Occupancy Affidavit is true, correct and complete to the best of my knowledge, information and belief.

Notarize:  
Subscribed and sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

X

Claimant's Signature

Date

X

Signature of Notary Public

