

# CAUTION:

- Schedule H or H-EZ must be completed and filed with this rent certificate

# 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)
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**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		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	. . . . .
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 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.

**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 2025. 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, 2025.

**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. Signatures that are stamped, typed, or completed by other electronic means will not be accepted by the department.

**Applicable Laws and Rules**

This document provides statements or interpretations of the following laws and regulations enacted as of August 5, 2025: ch. 71, Wis. Stats.

