

KANSAS CERTIFICATION OF RENT PAID

First Name _____	Last Name _____	Social Security Number _____
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RENTAL PERIOD: From _____, 2009 **to** _____, 2009.
Month Day Month Day

Complete a Schedule RNT for each place you resided in 2009, even if you paid no rent. See instructions on reverse side.

ADDRESS OF RENTAL PROPERTY

for the above time period.

NOTE: If this rental is an apartment complex, enter the name of the complex below.

Number and Street or Rural Route _____

City _____ State _____ Zip Code _____

Landlord/Property Owner Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

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Landlord/Property Owner Telephone Number _____ Fax Number (if applicable) _____

LANDLORD or PROPERTY OWNER:

Enter ALL requested information. Your claim for refund cannot be processed if this information is missing or incomplete.

TYPE OF RENTAL PROPERTY

(Check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Low income housing
<input type="checkbox"/> Section eight housing
<input type="checkbox"/> Apartment
<input type="checkbox"/> House
<input type="checkbox"/> Duplex or similar facility | <input type="checkbox"/> Nursing, boarding, group home or assisted living facility
<input type="checkbox"/> Hotel
<input type="checkbox"/> Housing authority
<input type="checkbox"/> Live with landlord | <input type="checkbox"/> Mobile home
<input type="checkbox"/> Mobile home lot
<input type="checkbox"/> Manufactured home
<input type="checkbox"/> Other (Explain) _____ |
|--|---|--|

Follow the instructions on the back of this form to accurately complete Lines 1 through 5.

1. Is the rental property above subject to property tax? YES NO
2. Total rent **you** paid for the 2009 rental period shown above. See instructions on back. *Do not include deposits or rent that is owed the landlord. Section 8 residents: Do not enter gross rent, only the amount you paid*
3. Value of utilities, furnishings, or services included in your rent (from schedule below). If you live in a nursing home or a boarding home, multiply line 2 by 25% (.25), and enter the result on line 4. See the instructions for *Special Rental Situations* on the back of this form
4. Subtract line 3 from line 2. This is your rent paid for occupancy
5. Multiply line 4 by 15% (.15). Enter on line 12, front of Form K-40H

2		
3		
4		
5		00

ITEMS	MONTHLY CHARGE	X	NO. OF MONTHS RENTED	AMOUNT
A. Furniture (other than appliances)	\$20.00	X	_____	\$ _____
B. Stove	10.00	X	_____	_____
C. Refrigerator	10.00	X	_____	_____
D. Dishwasher	6.00	X	_____	_____
E. Washer and Dryer	10.00	X	_____	_____
F. Heat (for months used)	46.00	X	_____	_____
G. Electricity (other than heat)	40.00	X	_____	_____
H. Gas (other than heat)	18.00	X	_____	_____
I. Air Conditioning (for months used)	20.00	X	_____	_____
J. Cable	30.00	X	_____	_____
K. Water and Sewer	20.00	X	_____	_____
L. Trash	10.00	X	_____	_____
M. Laundry	25.00	X	_____	_____
N. Meals	300.00	X	_____	_____
O. Other (specify and estimate)	_____	X	_____	\$ _____
P. TOTAL EXPENSES (Add items A through O. Enter the result here and on line 3 above.)	_____	X	_____	\$ _____

(ENCLOSE SCHEDULE RNT WITH YOUR HOMESTEAD CLAIM, FORM K-40H)

INSTRUCTIONS FOR SCHEDULE RNT CERTIFICATION OF RENT PAID

GENERAL INSTRUCTIONS

If your homestead claim is based on rent paid, you must complete a Schedule RNT and enclose it with your Form K-40H. When a rental unit is leased or rented at the same time by two or more individuals, only one claim may be made. To qualify as a renter, the property you rent must have been on the tax rolls for all of 2009.

Complete a Schedule RNT for each place you lived during 2009, even if you paid no rent (we must verify you were a Kansas resident all year).

**Print or type all information requested.
Enter your full name and Social Security number in
the boxes at the top of the form.**

RENTAL PROPERTY INFORMATION

- 1) Enter the dates during 2009 you rented this property.
- 2) Enter the complete address of the property you rented. Be sure to include the apartment number or lot number when applicable.
- 3) Enter ALL the requested information for your landlord. Since we verify the rental information, we cannot process your claim if information on your landlord is incomplete, missing, or incorrect.
- 4) Check the appropriate box(es) for the type of home you rented. If none of the classifications fits your rental situation, check "Other" and explain.

SPECIFIC LINE INSTRUCTIONS

LINE 1 — Before answering this question, you **MUST** contact your landlord (or authorized agent) or the county clerk to verify that ad valorem property taxes were levied in full for this year on the property. If the property is not subject to property tax, check "NO," and do not complete lines 2 through 5. Enclose this form with your claim.

If your only residence during 2009 is not on the tax roll, you do not qualify for a homestead refund.

LINE 2 — Enter the total amount of rent YOU paid in 2009. DO NOT include:

- Amounts paid to your landlord as a deposit or services provided instead of rent;
- Public assistance funds paid directly to your landlord on your behalf; **OR**
- Any rent owed but not paid during 2009.

Only 12 months rent will be considered. You may not include rent you paid on a residence you did not occupy.

RENT PAID FOR OCCUPANCY

Only the rent you pay to occupy your homestead is eligible for a refund—items or services furnished by your landlord must be deducted. Follow the instructions for your specific rental situation to complete lines 3 and 4.

LINE 3 — Enter the value of ALL items or services furnished by your landlord. To determine this amount you may:

- Use the chart at the bottom of Schedule RNT, **OR**
- Enclose a schedule from your landlord showing how the expenses were computed.

The chart of items commonly furnished and their value at the bottom of Schedule RNT is based on a one-bedroom apartment with bath. If the size of your rental unit is different, make the necessary adjustment to the value for each item furnished.

SPECIAL RENTAL SITUATIONS

Nursing Home, Boarding House, Group Home, Retirement Home, or Assisted Living Facility.

If the services such as food, laundry, housecleaning, etc. are included in the rent, you may skip line 3 and enter 25% (.25) of line 2 on line 4. However, if the rent paid for occupancy is more than 25% of the total rent paid, obtain a breakdown of the rent paid for space occupied from the nursing home or similar facility and enclose it with the Schedule RNT.

Mobile Home.

If you rent space for your mobile home, be sure to include the services paid by the landlord on line 3.

LINE 4 — Subtract line 3 from line 2. This is your rent paid for occupancy.

LINE 5 — Multiply line 4 by 15% (.15), and round to the nearest dollar. This is the amount of rent used to pay property taxes. Enter this amount on line 12 of Form K-40H.

If you complete more than one Schedule RNT, add the amounts on line 5 from each Schedule RNT together, and enter the total on line 12 of Form K-40H.



IMPORTANT: If the reported Household and Excluded Income is 150% or less of the homestead rental amount, you may be asked to provide additional information in order to process the refund claim. Failure to provide the requested information within 30 days of such request will cause the refund claim to be denied.

**ENCLOSE SCHEDULE RNT WITH YOUR
HOMESTEAD CLAIM, FORM K-40H.**