

VT**Landlord's Certificate****FORM
LC-142**

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CLAIMANT: Remember to enter your Social Security Number when you file the rebate claim.

Claimant's Last Name	First Name	Initial	Claimant's Social Security Number
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Section A: Landlord and Rental Unit Information

Name of Owner or Landlord			
Landlord's Mailing Address	City	State	ZIP Code
Location of Rental Unit (number, street/road name)		SPAN (from property tax bill)	
City / Town		Number of Units in this Building	
Rental Unit is (check one)			
<input type="checkbox"/> Apartment	<input type="checkbox"/> House	<input type="checkbox"/> Lot for Mobile Home	<input type="checkbox"/> Mobile Home
		<input type="checkbox"/> Boarding Home	<input type="checkbox"/> Nursing Home / Community Care
Items Included in Rent (check all that apply)			
<input type="checkbox"/> Heat	<input type="checkbox"/> Furnishings	<input type="checkbox"/> Electricity	<input type="checkbox"/> Personal Care
		<input type="checkbox"/> Other Services	
Tenant #1 Last Name	First Name	Tenant #2 Last Name	First Name
Tenant #3 Last Name	First Name	Tenant #4 Last Name	First Name

Section B: Allocable Rent

1. Calendar year **1a.** _____ Number of months rented **1b.** _____
2. Monthly rental amount paid **2.** _____ **.00**
3. Total Rent Paid for calendar year listed on Line 1a..... **3.** _____ **.00**
4. Less dollar value of items checked in Box 6 above that were included in rent
(heat, electricity, etc.) **4.** _____ **.00**
5. Adjusted rent paid for calendar year listed on Line 1a (Line 3 minus Line 4)..... **5.** _____ **.00**
6. For government subsidized rent, enter percent tenant pays. For nonsubsidized rent, enter 100.00%..... **6.** _____ **%**
7. Rent Paid during calendar year solely for the right of occupancy (Multiply Line 5 by Line 6)..... **7.** _____ **.00**
8. Rental Adjustment **8.** _____ **21 . 00 %**
9. **ALLOCABLE RENT** (Multiply Line 7 by Line 8) **9.** _____ **.00**
- **RENTERS:** Enter on Form PR-141, Line 3.
 - **MOBILE HOME OWNERS:** Enter on Form HS-122, Line B10.

FILE ONLINE!File your claim online at www.myVTax.vermont.gov.
Use this **E-file Certificate Number**.**Section C: Signature**

I certify the rental information on this Landlord's Certificate is, to the best of my knowledge and belief, true, correct, and complete.



Signature of landlord or authorized representative

Date

Daytime Telephone Number