

## Appendix M

### RI Low-Income Home Energy Assistance Program Rental Income Reported Form

Applicant Name:
Address:
City/Town:
State/Zip Code:

Address of Rental Property One:
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Tenant Name:	Tenant's Name:	Tenant's Name:
Monthly Rent:	Monthly Rent:	Monthly Rent:

Address of Property Two:
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Tenant Name:	Tenant's Name:	Tenant's Name:
Monthly Rent:	Monthly Rent:	Monthly Rent:

Address of Property Three:
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Tenant Name:	Tenant's Name:	Tenant's Name:
Monthly Rent:	Monthly Rent:	Monthly Rent:

- Please attach a separate sheet if more space is needed
- Please attach explanation for all special payment arrangements you have with your tenants.

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Applicant Signature

Date

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Community Action Agency Staff

Date