

Appendix F

Rhode Island Low-Income Home Energy Assistance Program (LIHEAP)

Support Letter Form

(To be filled out by the supporter of the applicant)

Please be informed that I, _____ . assist
_____ who lives at _____
with financial support.

1. Support started on _____ and will continue until _____
2. Support is paid in the following manner _____ (cash, services, goods)
3. The cash or cash equivalent value is \$ _____ (indicate weekly or monthly)
4. My relationship to the application is _____
5. My mailing address is _____
6. My phone number is _____

I attest the above information is complete and accurate.

Signature

Date