

Appendix M

RI Low-Income Home Energy Assistance Program (LIHEAP) Rental Income Reported Form

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|-----------------|-----------|
| Applicant Name: | |
| Address: | City Zip: |

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|--|
| 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: |
|---------------------------------|

| | | |
|---------------|----------------|----------------|
| Tenant Name: | Tenant's Name: | Tenant's Name: |
| Monthly Rent: | Monthly Rent: | Monthly Rent: |

| |
|-----------------------------------|
| Address of Property Three: |
|-----------------------------------|

| | | |
|---------------|----------------|----------------|
| Tenant Name: | Tenant's Name: | Tenant's Name: |
| Monthly Rent: | Monthly Rent: | Monthly Rent: |

NOTES:

- Please attach a separate sheet if more space is needed.
- Fifty percent (50%) of rental income shall be included in the total income for eligibility determination.
- Please attach explanation for all special payment arrangements you have with your tenants.

Applicant Signature _____ Date _____

Community Action Agency Staff _____ Date _____