

## Appendix M

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

Applicant Name:	
Address:	City Zip:

<b>Address of Rental Property One:</b>
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Tenant Name:	Tenant's Name:	Tenant's Name:
Monthly Rent:	Monthly Rent:	Monthly Rent:

<b>Address of Property Two:</b>
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Tenant Name:	Tenant's Name:	Tenant's Name:
Monthly Rent:	Monthly Rent:	Monthly Rent:

<b>Address of Property Three:</b>
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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.

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Applicant Signature

Date

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Community Action Agency Staff

Date