

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, etc.)
3. The cash or cash equivalent value is \$ _____
(indicate weekly/monthly)
4. My relationship to the above applicant is: _____
5. My mailing address is: _____
6. My phone number: _____

I attest the above information is complete and accurate:

Signature

Date