

## Appendix M

### RI Low-Income Home Energy Assistance Program

### Rental Income Reported Form

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

#### I.

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

#### II.

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

#### III.

Address of Property:
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Tenants 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 any and all special payment arrangements you have with your tenants.

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Applicant Signature

Date

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Intake Worker

Date