

**Appendix B.4**

**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  
\_\_\_\_\_ Social Security No.: \_\_\_\_\_  
of (Address) \_\_\_\_\_ with Financial Support.

1. Support started on \_\_\_\_\_ and continued until \_\_\_\_\_
2. Support is paid in the following manner: \_\_\_\_\_  
(Cash, Services, Goods, etc.)
3. The cash or cash equivalent value is \$ \_\_\_\_\_ (weekly/monthly)  
[circle one]
4. My relationship to the above applicant is: \_\_\_\_\_
5. I can be contacted at: Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

I attest the above information is complete and accurate:

\_\_\_\_\_  
Supporter Signature Date

\*\*\*\*\***This Document Must Be Notarized**\*\*\*\*\*

\_\_\_\_\_  
Notary Name (printed):

\_\_\_\_\_  
Notary Signature Date