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 ____________________________ 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

********** Notarized**********

Please note that during periods when Rhode Island is under a State of Emergency notarization of this form is not required.

________________________________________________________________________
Notary Name (printed):

________________________________________________________________________
Notary Signature                                    Date

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