

## Appendix B.10

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

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

#### I.

Address of Property:
----------------------

Tenants Name:	Tenant's Name:	Tenant's Name:
Monthly Rent:	Monthly Rent:	Monthly Rent:

#### II.

Address of Property:
----------------------

Tenants Name:	Tenant's Name:	Tenant's Name:
Monthly Rent:	Monthly Rent:	Monthly Rent:

#### III.

Address of Property:
----------------------

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.

---

Applicant Signature

Date

---

Intake Worker

Date