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:

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