

Appendix M

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

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

| |
|---------------------------------|
| Address of Rental Property One: |
|---------------------------------|

| | | |
|---------------|----------------|----------------|
| Tenant Name: | Tenant's Name: | Tenant's Name: |
| Monthly Rent: | Monthly Rent: | Monthly Rent: |

| |
|--------------------------|
| Address of Property Two: |
|--------------------------|

| | | |
|---------------|----------------|----------------|
| Tenant Name: | Tenant's Name: | Tenant's Name: |
| Monthly Rent: | Monthly Rent: | Monthly Rent: |

| |
|----------------------------|
| Address of Property Three: |
|----------------------------|

| | | |
|---------------|----------------|----------------|
| Tenant 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 all special payment arrangements you have with your tenants.

Applicant Signature

Date

Community Action Agency Staff

Date