

**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

\_\_\_\_\_ who lives at \_\_\_\_\_

with financial support.

1. Support started on \_\_\_\_\_ and will continue until \_\_\_\_\_
2. Support is paid in the following manner \_\_\_\_\_ (cash, services, goods)
3. The cash or cash equivalent value is \$ \_\_\_\_\_ (indicate weekly or monthly)
4. My relationship to the application is \_\_\_\_\_
5. My mailing address is \_\_\_\_\_
6. My phone number is \_\_\_\_\_

I attest the above information is complete and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date