



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, _____, am providing support to:

_____ who lives at: _____
_____.

I provide **financial support**, which began on _____ and will continue until _____.

Support is provided in the following form: _____ (e.g. cash, direct payment of rent/bills, or other expenses).

The cash or cash-equivalent value of this support is \$ _____ (please indicate **weekly** or **monthly**).

My relationship to the applicant is: _____.

My physical address is: _____.

My phone number is: _____.

Attestation:

Under penalty of perjury, I certify that all the information provided in this form is true and accurate. I understand that I am breaking the law if I give false or misleading information and can be punished under federal law, state law or both. My benefits may also be denied.

Signature

Date