



Rhode Island Low-Income Home Energy Assistance Program (LIHEAP)

Rental Income Reported Form

Applicant Name:	
Address:	City/ Zip Code:

Rental Property Information *(please complete for each property owned)*

Address of Rental Property:	
Tenant Name:	Monthly Rent: \$

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Tenant Name:	Monthly Rent: \$

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Tenant Name:	Monthly Rent: \$

Notes:

- Please attach a separate sheet if more space is needed.
- Fifty percent (50%) of rental income shall be included in the total income for eligibility determination.
- Please attach explanation for **all special payment arrangements** you have with your tenants.

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.

Applicant Signature

Date