



## 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: \$ |

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

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

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