

Appendix B.4

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
_____ Social Security No.: _____
of (Address) _____ with Financial Support.

1. Support started on _____ and continued until _____
2. Support is paid in the following manner: _____
(Cash, Services, Goods, etc.)
3. The cash or cash equivalent value is \$ _____ (weekly/monthly)
[circle one]
4. My relationship to the above applicant is: _____
5. I can be contacted at: Address: _____
Phone #: _____

I attest the above information is complete and accurate:

Supporter Signature

Date

*******This Document Must Be Notarized*******

Notary Name (printed):

Notary Signature

Date