

**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, etc.)
3. The cash or cash equivalent value is \$ \_\_\_\_\_  
(indicate weekly/monthly)
4. My relationship to the above applicant is: \_\_\_\_\_
5. My mailing address is: \_\_\_\_\_
6. My phone number: \_\_\_\_\_

I attest the above information is complete and accurate:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date