

Allowance for Tenant-Furnished Utilities and Other Services

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp 9/30/2017)

Locality		PHA 2018 Single Family					Unit Type Single family detached Single Family Detached	Effective 09/01/2018
Utility or Service		Monthly Dollar Allowances						
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	
Heating	a. Natural Gas	7	10	13	17	23	28	
	b. Electric	12	18	25	32	44	52	
	c. Bottle Gas							
	d. Oil							
Cooking	a. Natural Gas	3	4	5	7	8	10	
	b. Electric	5	7	8	10	13	15	
	c. Bottle Gas							
Other Electricity		15	19	23	28	34	41	
Air Conditioning		8	11	15	20	27	33	
Water Heating	a. Natural Gas	5	7	9	11	15	18	
	b. Electric	9	13	16	20	25	29	
	c. Bottle Gas							
	d. Oil							
Water		21	27	34	47	61	73	
Sewer		0	0	0	0	0	0	
Trash Collection		27	27	27	27	27	27	
Range/Microwave		5	5	5	5	5	5	
Refrigerator		8	8	8	8	8	8	
Other -- specify								

Actual Family Allowances To be used by the family to compute allowance.
Complete below for actual unit rented.

Name of Family

Address of Unit

Number of Bedrooms

Utility or Service per month cost

Heating

Cooking

Other Electric

Air Conditioning

Water Heating

Water

Sewer

Trash Collection

Range/Microwave

Refrigerator

Other

Total \$

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Locality		Unit Type Low-rise Multi-Family					Effective
PHA 2018 Multi Family							09/01/2018
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	6	8	10	12	* 16	19
	b. Electric	9	13	17	23	31	37
	c. Bottle Gas						
	d. Oil						
Cooking	a. Natural Gas	3	4	5	7	8	10
	b. Electric	5	7	8	10	13	15
	c. Bottle Gas						
Other Electricity		15	19	23	28	34	41
Air Conditioning		6	9	11	15	20	24
Water Heating	a. Natural Gas	5	7	9	11	15	18
	b. Electric	9	13	16	20	25	29
	c. Bottle Gas						
	d. Oil						
Water		50	57	63	77	90	103
Sewer		0	0	0	0	0	0
Trash Collection		27	27	27	27	27	27
Range/Microwave		5	5	5	5	5	5
Refrigerator		8	8	8	8	8	8
Other -- specify							

Actual Family Allowances To be used by the family to compute allowance.
Complete below for actual unit rented.

Name of Family

Address of Unit

Number of Bedrooms

Utility or Service	per month cost
Heating	_____
Cooking	_____
Other Electric	_____
Air Conditioning	_____
Water Heating	_____
Water	_____
Sewer	_____
Trash Collection	_____
Range/Microwave	_____
Refrigerator	_____
Other	_____
Total	\$ _____

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Locality	PHA 2018 SF All Electric	Unit Type Single family detached Single Family Detached	Effective 09/01/2018
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Utility or Service	Monthly Dollar Allowances					
	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas					
	b. Electric	10	14	19	24	33
	c. Bottle Gas					
	d. Oil					
Cooking	a. Natural Gas					
	b. Electric	4	6	7	9	11
	c. Bottle Gas					
Other Electricity	15	19	23	28	32	38
Air Conditioning	7	11	16	20	27	32
Water Heating	a. Natural Gas					
	b. Electric	8	11	14	17	22
	c. Bottle Gas					
	d. Oil					
Water	21	27	34	47	61	73
Sewer	0	0	0	0	0	0
Trash Collection	27	27	27	27	27	27
Range/Microwave	5	5	5	5	5	5
Refrigerator	8	8	8	8	8	8
Other -- specify						

Actual Family Allowances To be used by the family to compute allowance.
Complete below for actual unit rented.

Name of Family

Address of Unit

Number of Bedrooms

Utility or Service	per month cost
Heating	
Cooking	
Other Electric	
Air Conditioning	
Water Heating	
Water	
Sewer	
Trash Collection	
Range/Microwave	
Refrigerator	
Other	
Total	\$

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Locality		PHA 2018 MF All Electric					Unit Type Low-rise Multi-Family	Effective 09/01/2018
Utility or Service		Monthly Dollar Allowances						
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	
Heating	a. Natural Gas							
	b. Electric	8	11	14	18	25	29	
	c. Bottle Gas							
	d. Oil							
Cooking	a. Natural Gas							
	b. Electric	4	6	7	9	11	13	
	c. Bottle Gas							
Other Electricity		15	19	23	28	32	38	
Air Conditioning		6	9	11	15	20	24	
Water Heating	a. Natural Gas							
	b. Electric	8	11	14	17	22	25	
	c. Bottle Gas							
	d. Oil							
Water		50	57	63	77	90	103	
Sewer		0	0	0	0	0	0	
Trash Collection		27	27	27	27	27	27	
Range/Microwave		5	5	5	5	5	5	
Refrigerator		8	8	8	8	8	8	
Other -- specify								

Actual Family Allowances To be used by the family to compute allowance.
Complete below for actual unit rented.

Name of Family _____

Address of Unit _____

Number of Bedrooms _____

Utility or Service	per month cost
Heating	_____
Cooking	_____
Other Electric	_____
Air Conditioning	_____
Water Heating	_____
Water	_____
Sewer	_____
Trash Collection	_____
Range/Microwave	_____
Refrigerator	_____
Other	_____
Total	\$ _____