

# 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 9/30/2012)

Locality		Unit Type <b>Single family detached</b>					Effective
<b>Municipal Housing Agency-1/1/15</b>		<b>Single Family Detached</b>					<b>12/01/2014</b>
Utility or Service	Monthly Dollar Allowances						
	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	
Heating	a. Natural Gas	50	68	81	102	115	134
	b. Electric	35	47	56	71	80	93
	c. Bottle Gas	106	144	172	217	246	286
	d. Oil	134	181	217	273	309	360
Cooking	a. Natural Gas	6	7	10	12	15	16
	b. Electric	5	6	9	11	13	14
	c. Bottle Gas	12	15	20	25	31	34
Other Electricity	17	22	30	37	46	49	
Air Conditioning	6	8	10	13	15	17	
Water Heating	a. Natural Gas	7	9	12	15	18	20
	b. Electric	7	9	12	15	18	20
	c. Bottle Gas	15	19	25	32	39	42
	d. Oil	17	22	29	36	45	48
Water	25	31	38	46	51	56	
Sewer	10	15	20	25	29	33	
Trash Collection							
Range/Microwave	4	4	5	5	6	6	
Refrigerator	4	4	4	5	5	6	
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	_____
<b>Total</b>	<b>\$ _____</b>

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Locality		Unit Type <b>Semi-detached Older Home Converted, Two/Three Family (Duplex)</b>					Effective
<b>Municipal Housing Agency-1/1/15</b>							<b>12/01/2014</b>
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	44	56	75	93	111	124
	b. Electric	30	39	52	64	77	86
	c. Bottle Gas	93	119	160	198	236	265
	d. Oil	117	150	201	249	297	333
Cooking	a. Natural Gas	6	7	10	12	15	16
	b. Electric	5	6	9	11	13	14
	c. Bottle Gas	12	15	20	25	31	34
Other Electricity		17	22	30	37	46	49
Air Conditioning		3	4	6	7	9	10
Water Heating	a. Natural Gas	7	9	12	15	18	20
	b. Electric	7	9	12	15	18	20
	c. Bottle Gas	15	19	25	32	39	42
	d. Oil	17	22	29	36	45	48
Water		25	31	38	46	51	56
Sewer		10	15	20	25	29	33
Trash Collection							
Range/Microwave		4	4	5	5	6	6
Refrigerator		4	4	4	5	5	6
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	
<b>Total</b>	<b>\$</b>

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Locality		Unit Type <b>Rowhouse/townhouse</b>					Effective
Municipal Housing Agency-1/1/15		<b>Row House/Garden Apt.</b>					<b>12/01/2014</b>
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	38	50	68	85	103	120
	b. Electric	26	35	47	59	72	83
	c. Bottle Gas	80	107	146	181	220	255
	d. Oil	101	135	183	228	276	322
Cooking	a. Natural Gas	6	7	10	12	15	16
	b. Electric	5	6	9	11	13	14
	c. Bottle Gas	12	15	20	25	31	34
Other Electricity		17	22	30	37	46	49
Air Conditioning		3	4	6	7	9	10
Water Heating	a. Natural Gas	7	9	12	15	18	20
	b. Electric	7	9	12	15	18	20
	c. Bottle Gas	15	19	25	32	39	42
	d. Oil	17	22	29	36	45	48
Water		25	31	38	46	51	56
Sewer		10	15	20	25	29	33
Trash Collection							
Range/Microwave		4	4	5	5	6	6
Refrigerator		4	4	4	5	5	6
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	_____
<b>Total</b>	<b>\$ _____</b>

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Locality		Unit Type <b>Low-rise Older Multi-Family</b>					Effective
<b>Municipal Housing Agency-1/1/15</b>							<b>12/01/2014</b>
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	41	54	71	88	106	122
	b. Electric	28	37	50	61	74	85
	c. Bottle Gas	87	114	152	188	227	260
	d. Oil	110	144	192	237	285	328
Cooking	a. Natural Gas	6	7	10	12	15	16
	b. Electric	5	6	9	11	13	14
	c. Bottle Gas	12	15	20	25	31	34
Other Electricity		17	22	30	37	46	49
Air Conditioning		3	4	5	7	8	9
Water Heating	a. Natural Gas	7	9	12	15	18	20
	b. Electric	7	9	12	15	18	20
	c. Bottle Gas	15	19	25	32	39	42
	d. Oil	17	22	29	36	45	48
Water		25	31	38	46	51	56
Sewer		10	15	20	25	29	33
Trash Collection							
Range/Microwave		4	4	5	5	6	6
Refrigerator		4	4	4	5	5	6
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	_____
<b>Total</b>	<b>\$ _____</b>

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Locality		Unit Type <b>High rise with elevator</b>					Effective
<b>Municipal Housing Agency-1/1/15</b>		<b>High Rise</b>					<b>12/01/2014</b>
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	39	44	53	64	72	90
	b. Electric	24	29	36	44	55	64
	c. Bottle Gas						
	d. Oil						
Cooking	a. Natural Gas	6	7	10	12	15	16
	b. Electric	5	6	9	11	13	14
	c. Bottle Gas	12	15	20	25	31	34
Other Electricity		17	22	30	37	46	49
Air Conditioning		3	4	5	7	8	9
Water Heating	a. Natural Gas	7	9	12	15	18	20
	b. Electric	7	9	12	15	18	20
	c. Bottle Gas	15	19	25	32	39	42
	d. Oil	17	22	29	36	45	48
Water		25	31	38	46	51	56
Sewer		10	15	20	25	29	33
Trash Collection							
Range/Microwave		4	4	5	5	6	6
Refrigerator		4	4	4	5	5	6
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	_____
<b>Total</b>	<b>\$ _____</b>

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Locality		Unit Type <b>Manufactured home</b>					Effective
Municipal Housing Agency-1/1/15		<b>Mobile Home</b>					<b>12/01/2014</b>
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	38	46	59	76	95	
	b. Electric	26	32	41	53	66	
	c. Bottle Gas	81	98	126	162	203	
	d. Oil	102	123	159	204	255	
Cooking	a. Natural Gas	6	7	10	12	15	16
	b. Electric	5	6	9	11	13	14
	c. Bottle Gas	12	15	20	25	31	34
Other Electricity		17	22	30	37	46	49
Air Conditioning		5	6	9	11	13	
Water Heating	a. Natural Gas	7	9	12	15	18	20
	b. Electric	7	9	12	15	18	20
	c. Bottle Gas	15	19	25	32	39	42
	d. Oil	17	22	29	36	45	48
Water		25	31	38	46	51	56
Sewer		10	15	20	25	29	33
Trash Collection							
Range/Microwave		4	4	5	5	6	6
Refrigerator		4	4	4	5	5	6
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	_____
<b>Total</b>	<b>\$ _____</b>