

Allowances 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. 04/30/2018)

See Public Reporting Statement and Instructions on back

| Locality | | Unit Type | Date (mm/dd/yyyy) | | | |
|--------------------|---------------------------|-----------|-------------------|------|------|------|
| Utility or Service | Monthly Dollar Allowances | | | | | |
| | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR |
| Heating | a. Natural Gas | | | | | |
| | b. Bottle Gas | | | | | |
| | c. Oil / Electric | | | | | |
| | d. Coal / Other | | | | | |
| Cooking | a. Natural Gas | | | | | |
| | b. Bottle Gas | | | | | |
| | c. Oil / Electric | | | | | |
| | d. Coal / Other | | | | | |
| Other Electric | | | | | | |
| Air Conditioning | | | | | | |
| Water Heating | a. Natural Gas | | | | | |
| | b. Bottle Gas | | | | | |
| | c. Oil / Electric | | | | | |
| | d. Coal / Other | | | | | |
| Water | | | | | | |
| Sewer | | | | | | |
| Trash Collection | | | | | | |
| Range/Microwave | | | | | | |
| Refrigerator | | | | | | |
| Other -- specify | | | | | | |

Actual Family Allowances To be used by the family to compute allowance.

Complete below for the 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 | \$ |