

Utility Allowance Schedule

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

OMB Approval No. 2577-0169
(exp 7/31/2022)

The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

| Locality/PHA | | Unit Type | | | | | Date (mm/dd/yyyy) |
|----------------------|---------------------------|------------------------|------|------|------|------|-------------------|
| FY22 - Newton County | | Single Family Detached | | | | | 07/01/2022 |
| Utility or Service | Monthly Dollar Allowances | | | | | | |
| | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR | |
| Heating | a. Natural Gas | 10 | 11 | 12 | 13 | 15 | 16 |
| | b. Electric | 18 | 21 | 24 | 27 | 29 | 32 |
| | c. Bottle Gas | | | | | | |
| | d. Oil | | | | | | |
| | e. Heat Pump | 11 | 13 | 15 | 17 | 19 | 21 |
| Cooking | a. Natural Gas | 2 | 2 | 3 | 3 | 4 | 5 |
| | b. Electric | 4 | 5 | 8 | 10 | 12 | 15 |
| | c. Bottle Gas | | | | | | |
| Other Electricity | 21 | 25 | 35 | 44 | 53 | 63 | |
| Air Conditioning | 9 | 10 | 22 | 35 | 47 | 60 | |
| Water Heating | a. Natural Gas | 4 | 5 | 6 | 8 | 10 | 12 |
| | b. Electric | 12 | 14 | 17 | 21 | 25 | 29 |
| | c. Bottle Gas | | | | | | |
| | d. Oil | | | | | | |
| Water | 36 | 36 | 40 | 44 | 48 | 51 | |
| Sewer | 36 | 36 | 40 | 44 | 48 | 51 | |
| Trash Collection | 20 | 20 | 20 | 20 | 20 | 20 | |
| Other -- specify | 17 | 17 | 17 | 17 | 17 | 17 | |
| Range/Microwave | 11 | 11 | 11 | 11 | 11 | 11 | |
| Refrigerator | 12 | 12 | 12 | 12 | 12 | 12 | |

Actual Family Allowances - May be used by the family to compute allowance while searching for a unit.

Head of Household Name _____

Unit Address _____

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 | \$ _____ |