

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)

Utility Allowance Schedule:

ENTIAT SINGLE, DUPLEX, TRIPLEX

| Locality | Unit Type | | Date (mm/dd/yyyy) | | | | | | | |
|------------------------------------|---------------------------|------|-------------------|------|------|------|------|------|------|------|
| ENTIAT | SINGLE, DUPLEX, TRIPLEX | | 4/1/2017 | | | | | | | |
| Utility or Service | Monthly Dollar Allowances | | | | | | | | | |
| | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR | 6 BR | 7 BR | 8 BR | 9 BR |
| MONTHLY ELEC FEE | 8 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 0 | 0 |
| HEATING ELECTRIC | 11 | 13 | 15 | 17 | 19 | 21 | 0 | 0 | 0 | 0 |
| COOKING ELECTRIC | 2 | 2 | 2 | 3 | 3 | 4 | 0 | 0 | 0 | 0 |
| WATER HEATER ELECTRIC | 4 | 4 | 6 | 8 | 9 | 10 | 0 | 0 | 0 | 0 |
| OTHER ELECTRIC(LIGHTS, APPLIANCES) | 8 | 9 | 12 | 14 | 17 | 20 | 0 | 0 | 0 | 0 |
| AIR CONDITIONING | 1 | 1 | 2 | 3 | 4 | 4 | 0 | 0 | 0 | 0 |
| RANGE, MICROWAVE-TENANT SUPPLIED | 12 | 12 | 12 | 12 | 12 | 12 | 0 | 0 | 0 | 0 |
| REFRIGERATOR-TENANT SUPPLIED | 13 | 13 | 13 | 13 | 13 | 13 | 0 | 0 | 0 | 0 |
| WATER | 51 | 51 | 53 | 54 | 56 | 58 | 0 | 0 | 0 | 0 |
| SEWER | 75 | 75 | 75 | 75 | 75 | 75 | 0 | 0 | 0 | 0 |
| TRASH COLLECTION | 17 | 17 | 17 | 17 | 17 | 17 | 0 | 0 | 0 | 0 |
| MONTHLY GAS FEE | 4 | 4 | 4 | 4 | 4 | 4 | 0 | 0 | 0 | 0 |
| HEATING NATURAL GAS | 42 | 49 | 57 | 64 | 71 | 78 | 0 | 0 | 0 | 0 |
| COOKING NATURAL GAS | 4 | 4 | 5 | 7 | 8 | 9 | 0 | 0 | 0 | 0 |
| WATER HEATER NATURAL GAS | 10 | 12 | 17 | 21 | 24 | 27 | 0 | 0 | 0 | 0 |
| HEATING BOTTLE GAS | 100 | 116 | 136 | 154 | 169 | 187 | 0 | 0 | 0 | 0 |
| COOKING BOTTLE GAS | 9 | 9 | 11 | 18 | 20 | 22 | 0 | 0 | 0 | 0 |
| WATER HEATER BOTTLE GAS, PROPANE | 25 | 29 | 42 | 51 | 58 | 65 | 0 | 0 | 0 | 0 |
| HEATING OIL | 73 | 87 | 107 | 126 | 146 | 165 | 0 | 0 | 0 | 0 |
| WATER HEATER OIL | 17 | 22 | 29 | 36 | 41 | 46 | 0 | 0 | 0 | 0 |

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