

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)	
Hamilton County		Single Family				1/31/2017	
Utility or Service		Monthly Dollar Allowances					
		6 BR	7 BR	8 BR	BR	BR	BR
Heating	a. Natural Gas	94	102	113			
	b. Bottle Gas	226	252	289			
	c. Oil / Electric	131	146	168			
	d. Coal / Other	218	242	278			
Cooking	a. Natural Gas	13	14	16			
	b. Bottle Gas	30	33	38			
	c. Oil / Electric	18	19	22			
	d. Coal / Other	0	0	0			
Other Electric		75	80	87			
Air Conditioning		31	34	39			
Water Heating	a. Natural Gas	45	48	54			
	b. Bottle Gas	78	86	99			
	c. Oil / Electric	52	57	66			
	d. Coal / Other	0	0	0			
Water		56	63	71			
Sewer		56	60	66			
Trash Collection		13	13	13			
Range/Microwave		7	7	7			
Refrigerator		6	6	6			
Other -- specify							
Stormwater		4	4	4			

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	\$

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Locality		Unit Type				Date (mm/dd/yyyy)
Lake County		Single Family				01/31/2017
Utility or Service		Monthly Dollar Allowances				
		6 BR	7 BR	8 BR	BR	BR
Heating	a. Natural Gas	64	71	82		
	b. Bottle Gas	245	272	313		
	c. Oil / Electric	206	229	264		
	d. Coal / Other	235	261	300		
Cooking	a. Natural Gas	8	9	10		
	b. Bottle Gas	30	33	38		
	c. Oil / Electric	24	27	31		
	d. Coal / Other	0	0	0		
Other Electric		86	94	106		
Air Conditioning		40	44	51		
Water Heating	a. Natural Gas	31	34	37		
	b. Bottle Gas	78	86	99		
	c. Oil / Electric	75	83	96		
	d. Coal / Other	0	0	0		
Water		51	58	65		
Sewer		39	43	48		
Trash Collection		13	13	13		
Range/Microwave		7	7	7		
Refrigerator		6	6	6		
Other -- specify						
Stormwater		5	5	5		

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	\$