

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 Single family detached					Effective
Inglewood 2014		Single Family Detached					09/01/2014
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	8	11	14	18	24	29
	b. Electric	6	8	12	15	20	24
	c. Bottle Gas						
	d. Oil						
Cooking	a. Natural Gas	3	5	6	7	9	10
	b. Electric	2	3	4	5	6	7
	c. Bottle Gas						
Other Electricity		7	9	11	13	16	20
Air Conditioning		4	5	7	10	13	15
Water Heating	a. Natural Gas	5	8	10	12	16	20
	b. Electric	4	6	8	10	12	14
	c. Bottle Gas						
	d. Oil						
Water		16	22	27	37	48	58
Sewer		0	0	0	0	0	0
Trash Collection		23	23	23	23	23	23
Range/Microwave		4	4	4	4	4	4
Refrigerator		6	6	6	6	6	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	
Total	\$

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Locality		Unit Type					Effective
Inglewood 2014		Semi-detached Older Home Converted, Two/Three Family (Duplex)					09/01/2014
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	6	8	10	13	17	20
	b. Electric	4	6	8	11	15	17
	c. Bottle Gas						
	d. Oil						
Cooking	a. Natural Gas	3	5	6	7	9	10
	b. Electric	2	3	4	5	6	7
	c. Bottle Gas						
Other Electricity		7	9	11	13	16	20
Air Conditioning		3	4	6	7	10	11
Water Heating	a. Natural Gas	5	8	10	12	16	20
	b. Electric	4	6	8	10	12	14
	c. Bottle Gas						
	d. Oil						
Water		16	22	27	37	48	58
Sewer		0	0	0	0	0	0
Trash Collection		23	23	23	23	23	23
Range/Microwave		4	4	4	4	4	4
Refrigerator		6	6	6	6	6	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	
Total	\$

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Locality	Inglewood 2014	Unit Type	Rowhouse/townhouse Row House/Garden Apt.	Effective	09/01/2014
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Utility or Service	Monthly Dollar Allowances						
	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	
Heating	a. Natural Gas	6	8	10	13	17	20
	b. Electric	4	6	8	11	15	17
	c. Bottle Gas						
	d. Oil						
Cooking	a. Natural Gas	3	5	6	7	9	10
	b. Electric	2	3	4	5	6	7
	c. Bottle Gas						
Other Electricity	7	9	11	13	16	20	
Air Conditioning	3	4	6	7	10	11	
Water Heating	a. Natural Gas	5	8	10	12	16	20
	b. Electric	4	6	8	10	12	14
	c. Bottle Gas						
	d. Oil						
Water	16	22	27	37	48	58	
Sewer	0	0	0	0	0	0	
Trash Collection	23	23	23	23	23	23	
Range/Microwave	4	4	4	4	4	4	
Refrigerator	6	6	6	6	6	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	
Total	\$

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Locality	Inglewood 2014	Unit Type	Low-rise Older Multi-Family	Effective	09/01/2014
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Utility or Service	Monthly Dollar Allowances						
	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	
Heating	a. Natural Gas	6	8	10	13	17	20
	b. Electric	4	6	8	11	15	17
	c. Bottle Gas						
	d. Oil						
Cooking	a. Natural Gas	3	5	6	7	9	10
	b. Electric	2	3	4	5	6	7
	c. Bottle Gas						
Other Electricity	7	9	11	13	16	20	
Air Conditioning	3	4	6	7	10	11	
Water Heating	a. Natural Gas	5	8	10	12	16	20
	b. Electric	4	6	8	10	12	14
	c. Bottle Gas						
	d. Oil						
Water	16	22	27	37	48	58	
Sewer	0	0	0	0	0	0	
Trash Collection	23	23	23	23	23	23	
Range/Microwave	4	4	4	4	4	4	
Refrigerator	6	6	6	6	6	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	
Total	\$

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Locality		Unit Type High rise with elevator					Effective
Inglewood 2014		High Rise					09/01/2014
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	6	8	1	13	17	20
	b. Electric	4	6	8	11	15	17
	c. Bottle Gas						
	d. Oil						
Cooking	a. Natural Gas	3	5	6	7	9	10
	b. Electric	2	3	4	5	6	7
	c. Bottle Gas						
Other Electricity		7	9	11	13	16	20
Air Conditioning		3	4	6	7	10	11
Water Heating	a. Natural Gas	5	8	10	12	16	20
	b. Electric	4	6	8	10	12	14
	c. Bottle Gas						
	d. Oil						
Water		16	22	27	37	48	58
Sewer		0	0	0	0	0	0
Trash Collection		23	23	23	23	23	23
Range/Microwave		4	4	4	4	4	4
Refrigerator		6	6	6	6	6	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	_____
Total	\$ _____