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

The following allow	wances are used to de	termine the	Unit Type	of tenant-fu	rnished uti		
City				Eamily	Dotook		nm/dd/yyyy)
	T					red 05/	
Utility or Service	Fuel Type	O BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	14	19	25	30	38	44
	Bottled Gas	64	89	115	140	178	204
	Electric	40	62	72	88	112	129
	Electric – Heat Pump	**	**	**	**	**	**
	Fuel Oil	50	71	91	111	141	161
	Other	**	**	**	**	**	**
Cooking	Natural Gas	2	3	3	4	5	5
	Bottled Gas	8	11	15	18	23	26
	Electric	3	4	6	7	9	11
	Other	**	**	**	**	**	**
Other Electric		18	19	22	24	25	26
Air Conditioning		6	8	10	12	16	18
Water Heating	Natural Gas	5	6	7	8	10	11
	Bottled Gas	18	26	33	40	51	59
	Electric	11	15	18	22	26	29
	Fuel Oil	**	**	**	**	**	**
Water		11	16	20	24	31	36
Sewer		24	34	43	53	67	77
Trash Collection		23	23	23	23	23	23
Other – specify	Gas Service Charge	35	35	35	35	35	35
Range/Microwave		13	13	13	13	13	13
Refrigerator		15	15	15	15	15	15
Actual Family Allowances – May be used by the family to compute allowance while						ce/Appliance	Allowance
searching for a unit. Head of Household Name					Heating		ļ <u></u>
read of Frouseffold Ni	aitic				Cooking Other Electri		
					Air Condition		
Unit Address					Water Heating		
					Water		<u> </u>
					Sewer		
					Trash Collect	tion	
					Other		
Number of Bedrooms					Range/Microwave		
					Refrigerator		
					Total		