

# 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 9/30/2017)

Locality		Unit Type <b>Single family detached</b>					Effective
Region 15: City of Great Falls -11/1/17		<b>Single Family Detached (Single Family)</b>					11/01/2017
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	31	42	50	63	72	83
	b. Electric	53	72	86	109	123	143
	c. Bottle Gas	100	135	162	204	231	268
	d. Oil	98	133	160	201	227	264
Cooking	a. Natural Gas	3	4	5	6	8	9
	b. Electric	7	10	13	16	20	21
	c. Bottle Gas	10	13	17	21	26	28
Other Electricity		25	33	44	54	67	72
Air Conditioning		9	11	15	18	22	24
Water Heating	a. Natural Gas	4	5	6	8	10	11
	b. Electric	9	12	16	20	25	27
	c. Bottle Gas	12	16	21	26	32	35
	d. Oil	11	14	19	24	29	32
Water		16	22	27	34	37	43
Sewer		11	18	24	33	38	44
Trash Collection		15	15	15	15	15	15
Range/Microwave		4	5	5	5	5	5
Refrigerator		4	4	4	5	5	5
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	
<b>Total</b>	<b>\$</b>

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Locality		Unit Type <b>Semi-detached Older Home Converted (Semi Detached), Two/Three Family (Duplex)</b>					Effective
Region 15: City of Great Falls -11/1/17							11/01/2017
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	27	35	47	58	69	77
	b. Electric	47	60	80	99	118	133
	c. Bottle Gas	87	112	150	186	221	248
	d. Oil	86	110	148	183	218	245
Cooking	a. Natural Gas	3	4	5	6	8	9
	b. Electric	7	10	13	16	20	21
	c. Bottle Gas	10	13	17	21	26	28
Other Electricity		25	33	44	54	67	72
Air Conditioning		5	6	9	11	13	14
Water Heating	a. Natural Gas	4	5	6	8	10	11
	b. Electric	9	12	16	20	25	27
	c. Bottle Gas	12	16	21	26	32	35
	d. Oil	11	14	19	24	29	32
Water		16	22	27	34	37	43
Sewer		11	18	24	33	38	44
Trash Collection		15	15	15	15	15	15
Range/Microwave		4	5	5	5	5	5
Refrigerator		4	4	4	5	5	5
Other -- specify							

**Actual Family Allowances** To be used by the family to compute allowance.  
Complete below for actual unit rented.

	Utility or Service	per month cost
Name of Family	Heating	_____
	Cooking	_____
	Other Electric	_____
	Air Conditioning	_____
	Water Heating	_____
	Water	_____
	Sewer	_____
	Trash Collection	_____
	Range/Microwave	_____
	Refrigerator	_____
Address of Unit	Other	_____
		_____
Number of Bedrooms		_____
		_____
<b>Total</b>		\$ _____

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Locality		Unit Type <b>Rowhouse/townhouse</b>					Effective
<b>Region 15: City of Great Falls -11/1/17</b>		<b>Row House/Garden Apt.</b>					<b>11/01/2017</b>
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	23	31	42	53	64	74
	b. Electric	40	54	73	91	110	128
	c. Bottle Gas	76	101	137	170	206	240
	d. Oil	74	99	135	168	203	236
Cooking	a. Natural Gas	3	4	5	6	8	9
	b. Electric	7	10	13	16	20	21
	c. Bottle Gas	10	13	17	21	26	28
Other Electricity		25	33	44	54	67	72
Air Conditioning		5	6	9	11	13	14
Water Heating	a. Natural Gas	4	5	6	8	10	11
	b. Electric	9	12	16	20	25	27
	c. Bottle Gas	12	16	21	26	32	35
	d. Oil	11	14	19	24	29	32
Water		16	22	27	34	37	43
Sewer		11	18	24	33	38	44
Trash Collection		15	15	15	15	15	15
Range/Microwave		4	5	5	5	5	5
Refrigerator		4	4	4	5	5	5
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	_____
<b>Total</b>	<b>\$ _____</b>

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Locality		Unit Type <b>Low-rise Older Multi-Family (Low Rise)</b>					Effective
Region 15: City of Great Falls -11/1/17							11/01/2017
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	25	33	44	55	66	76
	b. Electric	44	57	76	94	114	131
	c. Bottle Gas	82	107	143	177	213	244
	d. Oil	81	106	141	174	210	241
Cooking	a. Natural Gas	3	4	5	6	8	9
	b. Electric	7	10	13	16	20	21
	c. Bottle Gas	10	13	17	21	26	28
Other Electricity		25	33	44	54	67	72
Air Conditioning		5	6	8	10	12	13
Water Heating	a. Natural Gas	4	5	6	8	10	11
	b. Electric	9	12	16	20	25	27
	c. Bottle Gas	12	16	21	26	32	35
	d. Oil	11	14	19	24	29	32
Water		16	22	27	34	37	43
Sewer		11	18	24	33	38	44
Trash Collection		15	15	15	15	15	15
Range/Microwave		4	5	5	5	5	5
Refrigerator		4	4	4	5	5	5
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	_____
<b>Total</b>	<b>\$ _____</b>

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Locality		Unit Type <b>High rise with elevator</b>					Effective
<b>Region 15: City of Great Falls -11/1/17</b>		<b>High Rise</b>					<b>11/01/2017</b>
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	24	28	33	40	45	56
	b. Electric	37	45	55	68	84	98
	c. Bottle Gas						
	d. Oil						
Cooking	a. Natural Gas	3	4	5	6	8	9
	b. Electric	7	10	13	16	20	21
	c. Bottle Gas	10	13	17	21	26	28
Other Electricity		25	33	44	54	67	72
Air Conditioning		5	6	8	10	12	13
Water Heating	a. Natural Gas	4	5	6	8	10	11
	b. Electric	9	12	16	20	25	27
	c. Bottle Gas	12	16	21	26	32	35
	d. Oil	11	14	19	24	29	32
Water		16	22	27	34	37	43
Sewer		11	18	24	33	38	44
Trash Collection		15	15	15	15	15	15
Range/Microwave		4	5	5	5	5	5
Refrigerator		4	4	4	5	5	5
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	_____
<b>Total</b>	<b>\$ _____</b>

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Locality		Unit Type <b>Manufactured home</b>					Effective
<b>Region 15: City of Great Falls -11/1/17</b>		<b>Mobile Home</b>					<b>11/01/2017</b>
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	24	28	37	47	59	
	b. Electric	41	49	63	81	102	
	c. Bottle Gas	76	92	119	152	190	
	d. Oil	75	90	117	150	187	
Cooking	a. Natural Gas	3	4	5	6	8	9
	b. Electric	7	10	13	16	20	21
	c. Bottle Gas	10	13	17	21	26	28
Other Electricity		25	33	44	54	67	72
Air Conditioning		7	9	12	15	18	
Water Heating	a. Natural Gas	4	5	6	8	10	11
	b. Electric	9	12	16	20	25	27
	c. Bottle Gas	12	16	21	26	32	35
	d. Oil	11	14	19	24	29	32
Water		16	22	27	34	37	43
Sewer		11	18	24	33	38	44
Trash Collection		15	15	15	15	15	15
Range/Microwave		4	5	5	5	5	5
Refrigerator		4	4	4	5	5	5
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	_____
<b>Total</b>	<b>\$ _____</b>