

Utility Allowance Schedule

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

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

The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

Locality/PHA		Unit Type Semi-detached Older Home Converted (Semi Detached), Two/Three Family (Duplex)					Date (mm/dd/yyyy)
Region 15: City of Great Falls -1/1/2020							01/01/2020
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	24	31	42	52	61	69
	b. Electric	53	67	90	112	133	150
	c. Bottle Gas	77	99	133	165	197	220
	d. Oil	101	130	174	215	257	288
	e. Heat Pump						
Cooking	a. Natural Gas	3	3	5	6	7	8
	b. Electric	8	11	14	18	22	23
	c. Bottle Gas	9	11	15	18	23	24
Other Electricity		28	36	49	60	74	80
Air Conditioning		6	7	10	12	14	16
Water Heating	a. Natural Gas	3	4	6	7	9	9
	b. Electric	10	13	18	22	27	29
	c. Bottle Gas	11	14	18	23	28	30
	d. Oil	13	17	22	28	34	37
Water		16	20	26	34	38	44
Sewer		12	17	23	29	33	38
Trash Collection		17	17	17	17	17	17
Other -- specify							
Range/Microwave		4	4	5	5	5	5
Refrigerator		4	4	4	5	5	5

Actual Family Allowances - May be used by the family to compute allowance while searching for a unit.

Head of Household Name _____

Unit Address _____

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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The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

Locality/PHA Region 15: City of Great Falls -1/1/2020	Unit Type Rowhouse/townhouse Row House/Garden Apt.	Date (mm/dd/yyyy) 01/01/2020
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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	21	28	38	47	57	67
	b. Electric	46	61	82	103	124	145
	c. Bottle Gas	67	90	121	151	183	213
	d. Oil	88	117	159	198	239	278
	e. Heat Pump						
Cooking	a. Natural Gas	3	3	5	6	7	8
	b. Electric	8	11	14	18	22	23
	c. Bottle Gas	9	11	15	18	23	24
Other Electricity	28	36	49	60	74	80	
Air Conditioning	6	7	10	12	14	16	
Water Heating	a. Natural Gas	3	4	6	7	9	9
	b. Electric	10	13	18	22	27	29
	c. Bottle Gas	11	14	18	23	28	30
	d. Oil	13	17	22	28	34	37
Water	16	20	26	34	38	44	
Sewer	12	17	23	29	33	38	
Trash Collection	17	17	17	17	17	17	
Other -- specify							
Range/Microwave	4	4	5	5	5	5	
Refrigerator	4	4	4	5	5	5	

Actual Family Allowances - May be used by the family to compute allowance while searching for a unit.

Head of Household Name _____

Unit Address _____

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/PHA		Unit Type Single family detached Single Family Detached (Single Family)					Date (mm/dd/yyyy)
Region 15: City of Great Falls -1/1/2020							01/01/2020
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	28	38	45	57	64	74
	b. Electric	60	81	98	123	139	162
	c. Bottle Gas	89	120	144	181	205	238
	d. Oil	116	157	188	237	267	311
	e. Heat Pump						
Cooking	a. Natural Gas	3	3	5	6	7	8
	b. Electric	8	11	14	18	22	23
	c. Bottle Gas	9	11	15	18	23	24
Other Electricity		28	36	49	60	74	80
Air Conditioning		10	12	16	20	24	27
Water Heating	a. Natural Gas	3	4	6	7	9	9
	b. Electric	10	13	18	22	27	29
	c. Bottle Gas	11	14	18	23	28	30
	d. Oil	13	17	22	28	34	37
Water		16	20	26	34	38	44
Sewer		12	17	23	29	33	38
Trash Collection		17	17	17	17	17	17
Other -- specify							
Range/Microwave		4	4	5	5	5	5
Refrigerator		4	4	4	5	5	5

Actual Family Allowances - May be used by the family to compute allowance while searching for a unit.

Head of Household Name _____

Unit Address _____

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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The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

Locality/PHA Region 15: City of Great Falls -1/1/2020	Unit Type High rise with elevator High Rise	Date (mm/dd/yyyy) 01/01/2020
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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	22	25	29	35	40	50
	b. Electric	41	51	62	77	95	111
	c. Bottle Gas						
	d. Oil						
	e. Heat Pump						
Cooking	a. Natural Gas	3	3	5	6	7	8
	b. Electric	8	11	14	18	22	23
	c. Bottle Gas	9	11	15	18	23	24
Other Electricity	28	36	49	60	74	80	
Air Conditioning	5	7	9	11	13	14	
Water Heating	a. Natural Gas	3	4	6	7	9	9
	b. Electric	10	13	18	22	27	29
	c. Bottle Gas	11	14	18	23	28	30
	d. Oil	13	17	22	28	34	37
Water	16	20	26	34	38	44	
Sewer	12	17	23	29	33	38	
Trash Collection	17	17	17	17	17	17	
Other -- specify							
Range/Microwave	4	4	5	5	5	5	
Refrigerator	4	4	4	5	5	5	

Actual Family Allowances - May be used by the family to compute allowance while searching for a unit.

Head of Household Name _____

Unit Address _____

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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The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

Locality/PHA Region 15: City of Great Falls -1/1/2020	Unit Type Low-rise Older Multi-Family (Low Rise)	Date (mm/dd/yyyy) 01/01/2020
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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	23	30	40	49	59	68
	b. Electric	49	65	86	107	128	147
	c. Bottle Gas	73	95	127	157	189	217
	d. Oil	95	124	166	205	247	283
	e. Heat Pump						
Cooking	a. Natural Gas	3	3	5	6	7	8
	b. Electric	8	11	14	18	22	23
	c. Bottle Gas	9	11	15	18	23	24
Other Electricity	28	36	49	60	74	80	
Air Conditioning	5	7	9	11	13	14	
Water Heating	a. Natural Gas	3	4	6	7	9	9
	b. Electric	10	13	18	22	27	29
	c. Bottle Gas	11	14	18	23	28	30
	d. Oil	13	17	22	28	34	37
Water	16	20	26	34	38	44	
Sewer	12	17	23	29	33	38	
Trash Collection	17	17	17	17	17	17	
Other -- specify							
Range/Microwave	4	4	5	5	5	5	
Refrigerator	4	4	4	5	5	5	

Actual Family Allowances - May be used by the family to compute allowance while searching for a unit.

Head of Household Name _____

Unit Address _____

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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The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

Locality/PHA Region 15: City of Great Falls -1/1/2020	Unit Type Manufactured home Mobile Home	Date (mm/dd/yyyy) 01/01/2020
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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	21	25	33	42	53
	b. Electric	46	55	71	92	115
	c. Bottle Gas	68	81	105	135	169
	d. Oil	88	106	137	176	220
	e. Heat Pump					
Cooking	a. Natural Gas	3	3	5	6	7
	b. Electric	8	11	14	18	22
	c. Bottle Gas	9	11	15	18	23
Other Electricity	28	36	49	60	74	80
Air Conditioning	8	10	14	17	21	
Water Heating	a. Natural Gas	3	4	6	7	9
	b. Electric	10	13	18	22	27
	c. Bottle Gas	11	14	18	23	28
	d. Oil	13	17	22	28	34
Water	16	20	26	34	38	44
Sewer	12	17	23	29	33	38
Trash Collection	17	17	17	17	17	17
Other -- specify						
Range/Microwave	4	4	5	5	5	5
Refrigerator	4	4	4	5	5	5

Actual Family Allowances - May be used by the family to compute allowance while searching for a unit.

Head of Household Name _____

Unit Address _____

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	\$ _____