

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 10: Flathead, Lake, Lincoln and Sanders Counties							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	29	37	50	61	73	82
	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	4	5	7	8	9
	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	4	5	7	8	10	11
	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	28	32	38	48	55	63	
Sewer	37	43	49	58	63	70	
Trash Collection	19	19	19	19	19	19	
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.	Utility or Service	per month cost
Head of Household Name	Heating	_____
Unit Address	Cooking	_____
	Other Electric	_____
	Air Conditioning	_____
	Water Heating	_____
	Water	_____
	Sewer	_____
	Trash Collection	_____
	Range/Microwave	_____
	Refrigerator	_____
Number of Bedrooms	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 10: Flathead, Lake, Lincoln and Sanders Counties	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	25	33	45	56	68	79
	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	4	5	7	8	9
	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	4	5	7	8	10	11
	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	28	32	38	48	55	63	
Sewer	37	43	49	58	63	70	
Trash Collection	19	19	19	19	19	19	
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 Region 10: Flathead, Lake, Lincoln and Sanders Counties	Unit Type Single family detached Single Family Detached (Single Family)	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	33	45	54	67	76	89
	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	4	5	7	8	9
	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	4	5	7	8	10	11
	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	28	32	38	48	55	63	
Sewer	37	43	49	58	63	70	
Trash Collection	19	19	19	19	19	19	
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 10: Flathead, Lake, Lincoln and Sanders Counties	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	26	29	35	42	48	60
	b. Electric	41	51	62	77	95	111
	c. Bottle Gas						
	d. Oil						
	e. Heat Pump						
Cooking	a. Natural Gas	3	4	5	7	8	9
	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	4	5	7	8	10	11
	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	28	32	38	48	55	63	
Sewer	37	43	49	58	63	70	
Trash Collection	19	19	19	19	19	19	
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 10: Flathead, Lake, Lincoln and Sanders Counties	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	27	35	47	58	70	81
	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	4	5	7	8	9
	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	4	5	7	8	10	11
	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	28	32	38	48	55	63	
Sewer	37	43	49	58	63	70	
Trash Collection	19	19	19	19	19	19	
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 Region 10: Flathead, Lake, Lincoln and Sanders Counties	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	25	30	39	50	63
	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	4	5	7	8
	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	4	5	7	8	10
	b. Electric	10	13	18	22	27
	c. Bottle Gas	11	14	18	23	28
	d. Oil	13	17	22	28	34
Water	28	32	38	48	55	63
Sewer	37	43	49	58	63	70
Trash Collection	19	19	19	19	19	19
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	\$ _____