

Allowances 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. 09/30/2017)

See Public Reporting Statement and Instructions on back

Locality ABILENE, TEXAS	Unit Type TX327-004	Date (mm/dd/yyyy) 12-1-2017
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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			10	13	16	
b. Bottle Gas						
c. Oil / Electric						
d. Coal / Other						
Cooking						
a. Natural Gas						
b. Bottle Gas						
c. Oil / Electric			3	4	5	
d. Coal / Other						
Other Electric			33	41	46	
Air Conditioning						
Water Heating						
a. Natural Gas			PROVIDED	PROVIDED	PROVIDED	
b. Bottle Gas						
c. Oil / Electric						
d. Coal / Other						
Water						
Sewer						
Trash Collection						
Range/Microwave						
Refrigerator						
Other -- specify						

Actual Family Allowances To be used by the family to compute allowance.
Complete below for the 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 <h2 style="text-align: center; margin: 0;">ABILENE, TEXAS</h2>	Unit Type <h2 style="text-align: center; margin: 0;">TX327-002, 003</h2>	Date (mm/dd/yyyy) 12-1-2017
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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		8	10	13	16	
	b. Bottle Gas						
	c. Oil / Electric						
	d. Coal / Other						
Cooking	a. Natural Gas		2	2	2	2	
	b. Bottle Gas						
	c. Oil / Electric						
	d. Coal / Other						
Other Electric			28	33	41	46	
Air Conditioning							
Water Heating	a. Natural Gas		6	7	8	9	
	b. Bottle Gas						
	c. Oil / Electric						
	d. Coal / Other						
Water							
Sewer							
Trash Collection							
Range/Microwave							
Refrigerator							
Other -- specify							

Actual Family Allowances To be used by the family to compute allowance. Complete below for the actual unit rented.		Utility or Service Heating \$ _____
Name of Family _____		Cooking _____
Address of Unit _____		Other Electric _____
Number of Bedrooms _____		Air Conditioning _____
_____		Water Heating _____
_____		Water _____
_____		Sewer _____
_____		Trash Collection _____
_____		Range/Microwave _____
_____		Refrigerator _____
_____		Other _____
_____		Total \$ _____