

**Allowances for  
Tenant-Furnished Utilities  
and Other Services**

OMB Approval No. 2577-0169 (4/30/2018)

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

LOCALITY	UNIT TYPE					DATE
<b>Yolo County Housing</b>	<b>Energy Efficient Garden</b>					<b>7/1/2016</b>
	MONTHLY DOLLAR ALLOWANCE					
UTILITY OR SERVICE	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR
<b>HEATING</b>						
a. Natural Gas	\$6	\$7	\$8	\$9	\$11	\$12
b. Electric	\$20	\$25	\$28	\$33	\$37	\$41
c. Heat Pump	\$12	\$14	\$16	\$19	\$22	\$24
e. Propane	\$14	\$17	\$19	\$22	\$25	\$27
<b>AIR CONDITIONING</b>	\$8	\$10	\$12	\$16	\$20	\$23
<b>COOKING</b>						
a. Natural Gas	\$8	\$9	\$10	\$11	\$12	\$12
b. Electric	\$18	\$18	\$22	\$24	\$26	\$27
c. Propane	\$32	\$33	\$39	\$42	\$46	\$47
<b>OTHER ELECTRIC</b>	\$21	\$23	\$27	\$33	\$36	\$44
<b>WATER HEATING</b>						
a. Natural Gas	\$5	\$9	\$12	\$20	\$28	\$36
b. Electric	\$15	\$28	\$40	\$65	\$90	\$116
d. Propane	\$27	\$36	\$46	\$64	\$84	\$104
<b>WATER</b>						
a. City of Woodland - Metered	\$49	\$52	\$55	\$62	\$68	\$75
b. City of Woodland - Flat Fee	N/A	N/A	N/A	N/A	N/A	N/A
c. City of Davis	\$12	\$15	\$18	\$24	\$30	\$36
d. City of Winters - Metered	\$21	\$23	\$24	\$27	\$30	\$33
f. City of W. Sacramento - Metered	\$14	\$16	\$17	\$20	\$22	\$25
g. City of W. Sacramento - Flat Fee	\$39	\$39	\$39	\$39	\$39	\$39
<b>SEWER</b>						
a. City of Woodland	\$42	\$42	\$42	\$42	\$42	\$42
b. City of Davis	\$25	\$29	\$32	\$38	\$44	\$51
c. City of Winters - Metered	\$47	\$48	\$50	\$53	\$57	\$60
d. City of Winters - Flat Fee	\$43	\$43	\$43	\$43	\$43	\$43
e. City of W. Sacramento	\$9	\$12	\$15	\$21	\$27	\$33
<b>TRASH COLLECTION (Avg.)</b>	\$27	\$27	\$27	\$27	\$27	\$27
<b>REFRIGERATOR</b>	\$5	\$5	\$5	\$5	\$5	\$5
<b>RANGE</b>	\$4	\$4	\$4	\$4	\$4	\$4
<b>OTHER:</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>ACTUAL FAMILY ALLOWANCES:</b> (To be used by family to complete allowance. Complete below for Actual Unit Rented)				<b>UTILITY OR SERVICE</b>		<b>PER MONTH</b>
NAME OF FAMILY				HEATING		\$
ADDRESS OF UNIT				AIR CONDITIONING		\$
				COOKING		\$
				OTHER ELECTRIC		\$
				WATER HEATING		\$
				WATER		\$
				SEWER		\$
				TRASH COLLECTION		\$
				REFRIGERATOR		\$
				RANGE		\$
NUMBER OF BEDROOMS				OTHER		\$
				<b>TOTAL</b>		\$

## *Medical Equipment Allowances*

Item	Hrs/Day	Wattage	Monthly Consumption (kWh)	Allowance
Oxygen Concentrator	18	400	219	\$40
Nebulizer	2	75	5	\$1
Electric Hospital Bed	0.2	200	1	\$1
Alternating Pressure Pad	24	70	51	\$10
Low Air-Loss Mattress	24	120	88	\$16
Power Wheelchair/Scooter	3	360	33	\$6
CPAP Machine	10	30	9	\$2

### **Oxygen Concentrator**

Use per day varies, assume 12 to 24 hours a day.

The 5-Liter model uses 400 W, the 3-Liter model uses 320 W.

### **Nebulizer**

A medicine delivery system used mostly for pediatric care.

Used 4-6 times a day for 20 minutes at a time at 75 W.

### **Semi/Fully Electric Hospital Beds**

Use depends on adjustments. 200 W.

### **Alternating Pressure Pad**

An air-filled mattress overlay.

Used 24 hours a day for someone who is bed-ridden.

### **Low Air-Loss Mattress**

Takes the place of mattress - air-filled pressurized mattress.

Cycles air around every 15-20 minutes.

### **Power Wheelchairs and Scooters**

Need to be charged approximately 8 hours every 3 days.

Batteries are 120 V, 3 Amp, 360 W.

### **CPAP Machines**

Used for Sleep Apnea. Machines run only at night for people who have a tendency to stop breathing at night. At maximum pressure they use 40 Watts. On average - 30Watts.