

**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 (4/30/2018)

LOCALITY		UNIT TYPE					DATE
Yolo County Housing		Energy Efficient Garden					7/1/2019
UTILITY OR SERVICE	MONTHLY DOLLAR ALLOWANCE						
	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR	
HEATING							
a. Natural Gas	\$7	\$8	\$9	\$10	\$12	\$13	
b. Electric	\$24	\$30	\$34	\$39	\$45	\$49	
c. Heat Pump	\$14	\$17	\$20	\$23	\$26	\$29	
e. Propane	\$12	\$14	\$16	\$18	\$21	\$23	
AIR CONDITIONING							
	\$9	\$12	\$15	\$19	\$24	\$28	
COOKING							
a. Natural Gas	\$9	\$9	\$11	\$12	\$13	\$13	
b. Electric	\$21	\$22	\$27	\$28	\$31	\$32	
c. Propane	\$26	\$27	\$33	\$35	\$38	\$39	
OTHER ELECTRIC							
	\$25	\$28	\$32	\$39	\$43	\$53	
WATER HEATING							
a. Natural Gas	\$5	\$9	\$13	\$21	\$30	\$38	
b. Electric	\$18	\$33	\$48	\$78	\$108	\$139	
d. Propane	\$22	\$30	\$38	\$53	\$70	\$86	
WATER							
a. City of Woodland - Metered	\$54	\$57	\$61	\$69	\$76	\$84	
b. City of Woodland - Flat Fee	N/A	N/A	N/A	N/A	N/A	N/A	
c. City of Davis	\$18	\$24	\$29	\$39	\$50	\$60	
d. City of Winters - Metered	\$28	\$30	\$32	\$36	\$40	\$44	
f. City of W. Sacramento - Metered	\$26	\$28	\$31	\$35	\$40	\$44	
g. City of W. Sacramento - Flat Fee	\$47	\$47	\$47	\$47	\$47	\$47	
SEWER							
a. City of Woodland	\$53	\$53	\$53	\$53	\$53	\$53	
b. City of Davis	\$25	\$29	\$32	\$39	\$45	\$52	
c. City of Winters - Metered	\$56	\$58	\$59	\$63	\$66	\$70	
d. City of Winters - Flat Fee	N/A	N/A	N/A	N/A	N/A	N/A	
e. City of W. Sacramento	\$11	\$14	\$17	\$24	\$30	\$37	
TRASH COLLECTION (Avg.)							
	\$33	\$33	\$33	\$33	\$33	\$33	
REFRIGERATOR							
	\$5	\$5	\$5	\$5	\$5	\$5	
RANGE							
	\$4	\$4	\$4	\$4	\$4	\$4	
OTHER:							
	\$0	\$0	\$0	\$0	\$0	\$0	
ACTUAL FAMILY ALLOWANCES: (To be used by family to complete allowance. Complete below for Actual Unit Rented)				UTILITY OR SERVICE		PER MONTH	
NAME OF FAMILY				HEATING		\$	
ADDRESS OF UNIT				AIR CONDITIONING		\$	
				COOKING		\$	
				OTHER ELECTRIC		\$	
				WATER HEATING		\$	
				WATER		\$	
				SEWER		\$	
				TRASH COLLECTION		\$	
				REFRIGERATOR		\$	
NUMBER OF BEDROOMS				RANGE		\$	
				OTHER		\$	
				TOTAL		\$	

Medical Equipment Allowances

Item	Hrs/Day	Wattage	Monthly Consumption (kWh)	Allowance
Oxygen Concentrator	18	400	219	\$48
Nebulizer	2	75	5	\$1
Electric Hospital Bed	0.2	200	1	\$1
Alternating Pressure Pad	24	70	51	\$12
Low Air-Loss Mattress	24	120	88	\$20
Power Wheelchair/Scooter	3	360	33	\$8
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.