

Utility Allowance Schedule

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

LOCALITY/PHA		UNIT TYPE					DATE
Yolo County Housing		Energy Efficient Garden					7/1/2023
		MONTHLY DOLLAR ALLOWANCE					
UTILITY OR SERVICE	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR	
HEATING							
a. Natural Gas	\$8	\$10	\$11	\$13	\$15	\$17	
b. Electric	\$32	\$40	\$46	\$53	\$61	\$69	
c. Heat Pump	\$18	\$22	\$25	\$29	\$34	\$38	
e. Propane	\$16	\$20	\$23	\$26	\$30	\$33	
AIR CONDITIONING	\$12	\$16	\$19	\$25	\$31	\$36	
COOKING							
a. Natural Gas	\$13	\$14	\$17	\$18	\$19	\$20	
b. Electric	\$33	\$35	\$42	\$44	\$48	\$50	
c. Propane	\$43	\$45	\$54	\$57	\$63	\$64	
OTHER ELECTRIC	\$40	\$43	\$51	\$61	\$67	\$83	
WATER HEATING							
a. Natural Gas	\$6	\$12	\$17	\$27	\$38	\$48	
b. Electric	\$24	\$44	\$64	\$104	\$144	\$183	
d. Propane	\$33	\$44	\$56	\$78	\$100	\$122	
WATER							
a. City of Woodland - Metered	\$60	\$63	\$67	\$74	\$81	\$88	
b. City of Woodland - Flat Fee	N/A	N/A	N/A	N/A	N/A	N/A	
c. City of Davis	\$17	\$22	\$26	\$34	\$43	\$51	
d. City of Winters - Metered	\$27	\$29	\$31	\$34	\$37	\$41	
f. City of W. Sacramento - Metered	\$27	\$29	\$31	\$35	\$39	\$43	
g. City of W. Sacramento - Flat Fee	\$59	\$59	\$59	\$59	\$59	\$59	
SEWER							
a. City of Woodland	\$54	\$54	\$54	\$54	\$54	\$54	
b. City of Davis	\$25	\$28	\$30	\$36	\$41	\$46	
c. City of Winters - Metered	\$56	\$57	\$59	\$61	\$64	\$67	
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	\$16	\$22	\$27	\$32	
TRASH COLLECTION (Avg.)	\$38	\$38	\$38	\$38	\$38	\$38	
REFRIGERATOR	\$6	\$6	\$6	\$6	\$6	\$6	
RANGE	\$6	\$6	\$6	\$6	\$6	\$6	
OTHER:	\$0	\$0	\$0	\$0	\$0	\$0	
ACTUAL FAMILY ALLOWANCES: (May be used by the family to compute allowance while searching for a unit.)				UTILITY OR SERVICE		PER MONTH	
HEAD OF HOUSEHOLD NAME				HEATING		\$	
				AIR CONDITIONING		\$	
UNIT ADDRESS				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	\$75
Nebulizer	2	75	5	\$2
Electric Hospital Bed	0.2	200	1	\$1
Alternating Pressure Pad	24	70	51	\$18
Low Air-Loss Mattress	24	120	88	\$30
Power Wheelchair/Scooter	3	360	33	\$12
CPAP Machine	10	30	9	\$4

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.