

Utility Allowance Schedule

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

OMB Approval No. 2577-0169

exp. 04/30/2026

The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

LOCALITY/PHA	UNIT TYPE					DATE
Yolo County Housing	Energy Efficient Garden					7/1/2025
UTILITY OR SERVICE	MONTHLY DOLLAR ALLOWANCE					
	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR
HEATING						
a. Natural Gas	\$7	\$9	\$11	\$12	\$15	\$17
b. Electric	\$38	\$47	\$55	\$63	\$73	\$82
c. Heat Pump	\$21	\$26	\$30	\$35	\$41	\$45
e. Propane	\$13	\$17	\$20	\$22	\$26	\$29
AIR CONDITIONING	\$14	\$19	\$23	\$30	\$37	\$43
COOKING						
a. Natural Gas	\$16	\$16	\$20	\$21	\$23	\$23
b. Electric	\$40	\$41	\$50	\$53	\$58	\$60
c. Propane	\$36	\$38	\$45	\$48	\$53	\$54
OTHER ELECTRIC	\$38	\$42	\$51	\$63	\$71	\$89
WATER HEATING						
a. Natural Gas	\$5	\$11	\$17	\$29	\$41	\$53
b. Electric	\$29	\$52	\$77	\$124	\$172	\$219
d. Propane	\$28	\$37	\$47	\$65	\$84	\$103
WATER						
a. City of Woodland - Metered	\$63	\$67	\$71	\$78	\$86	\$93
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	\$56	\$56	\$56	\$56	\$56	\$56
b. City of Davis	\$26	\$28	\$30	\$33	\$37	\$40
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.)	\$40	\$40	\$40	\$40	\$40	\$40
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	\$
UNIT ADDRESS	AIR CONDITIONING	\$
	COOKING	\$
	OTHER ELECTRIC	\$
	WATER HEATING	\$
	WATER	\$
	SEWER	\$
	TRASH COLLECTION	\$
	REFRIGERATOR	\$
	RANGE	\$
	OTHER	\$
NUMBER OF BEDROOMS	TOTAL	\$

Medical Equipment Allowances

Item	Hrs/Day	Wattage	Monthly Consumption (kWh)	Allowance
Oxygen Concentrator	18	400	219	\$90
Nebulizer	2	75	5	\$2
Electric Hospital Bed	0.2	200	1	\$1
Alternating Pressure Pad	24	70	51	\$21
Low Air-Loss Mattress	24	120	88	\$36
Power Wheelchair/Scooter	3	360	33	\$14
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.