



# Utility Allowance Schedule

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

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

LOCALITY/PHA	UNIT TYPE					DATE
<b>Yolo County Housing</b>	<b>Energy Efficient Garden</b>					<b>7/1/2026</b>
	MONTHLY DOLLAR ALLOWANCE					
<b>UTILITY OR SERVICE</b>	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR
<b>HEATING</b>						
a. Natural Gas	\$8	\$10	\$12	\$14	\$17	\$19
b. Electric	\$36	\$44	\$51	\$59	\$68	\$76
c. Heat Pump	\$20	\$24	\$28	\$33	\$38	\$42
e. Propane	\$16	\$19	\$23	\$26	\$30	\$33
<b>AIR CONDITIONING</b>	\$13	\$17	\$22	\$28	\$35	\$40
<b>COOKING</b>						
a. Natural Gas	\$17	\$17	\$21	\$22	\$24	\$25
b. Electric	\$37	\$38	\$46	\$49	\$54	\$55
c. Propane	\$43	\$44	\$53	\$57	\$62	\$64
<b>OTHER ELECTRIC</b>	\$38	\$42	\$50	\$62	\$69	\$86
<b>WATER HEATING</b>						
a. Natural Gas	\$6	\$13	\$19	\$32	\$46	\$58
b. Electric	\$27	\$49	\$72	\$115	\$160	\$203
d. Propane	\$33	\$44	\$55	\$77	\$99	\$121
<b>WATER</b>						
a. City of Woodland - Metered	\$65	\$69	\$73	\$81	\$89	\$96
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
<b>SEWER</b>						
a. City of Woodland	\$56	\$56	\$56	\$56	\$56	\$56
b. City of Davis	\$27	\$29	\$31	\$35	\$38	\$42
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
<b>TRASH COLLECTION (Avg.)</b>	\$40	\$40	\$40	\$40	\$40	\$40
<b>REFRIGERATOR</b>	\$6	\$6	\$6	\$6	\$6	\$6
<b>RANGE</b>	\$6	\$6	\$6	\$6	\$6	\$6
<b>OTHER:</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>ACTUAL FAMILY ALLOWANCES: (May be used by the family to compute allowance while searching for a unit.)</b>				<b>UTILITY OR SERVICE</b>	<b>PER MONTH</b>	
<b>HEAD OF HOUSEHOLD NAME</b>				HEATING	\$	
				AIR CONDITIONING	\$	
<b>UNIT ADDRESS</b>				COOKING	\$	
				OTHER ELECTRIC	\$	
				WATER HEATING	\$	
				WATER	\$	
				SEWER	\$	
				TRASH COLLECTION	\$	
				REFRIGERATOR	\$	
				RANGE	\$	
<b>NUMBER OF BEDROOMS</b>				OTHER	\$	
				<b>TOTAL</b>	\$	

## *Medical Equipment Allowances*

Item	Hrs/Day	Wattage	Monthly Consumption (kWh)	Allowance
Oxygen Concentrator	18	400	219	\$83
Nebulizer	2	75	5	\$2
Electric Hospital Bed	0.2	200	1	\$1
Alternating Pressure Pad	24	70	51	\$20
Low Air-Loss Mattress	24	120	88	\$34
Power Wheelchair/Scooter	3	360	33	\$13
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.