U.S. Department of Housing and Urban DevelopmentOffice of Public and Indian Housing

OMB Approval No. 2577-0169 (exp. 04/30/2018)

See Public Reporting Statement and Instructions on back

Locality				Unit Type	Unit Type			
San Mateo County			Apartment/Condo/Duplex				11/01/2015	
Utility or Service		0.00	Monthly Dollar Allowances					
Heating	a. Natural Gas	0 BR 10	1 BR 12	2 BR 15	3 BR 17	4 BR 18	5 BR 20	
nealing		10	12		17	10		
	b. Bottle Gas							
	c. Oil / Electric	11	13	17	21	25	28	
	d. Coal / Other							
Cooking	a. Natural Gas	4	4	5	6	7	8	
	b. Bottle Gas							
	c. Oil / Electric	6	7	9	10	12	14	
	d. Coal / Other							
Other Electric		16	20	28	38	50	62	
Air Conditionin	g							
Water Heating	a. Natural Gas	8	10	15	17	20	23	
	b. Bottle Gas							
	c. Oil / Electric	13	15	21	27	32	35	
	d. Coal / Other							
Water		48	49	61	74	86	99	
Sewer								
Trash Collection		23	23	23	23	23	23	
Range/Microwave		12	12	12	12	12	12	
Refrigerator		13	13	13	13	13	13	
Other specify	1							
			ly to compute allowa	nce.		tility or Service	per month cost	
Complete below for the actual unit rented. Name of Family						eating ooking	\$	
Name of Family						ther Electric		
						ir Conditioning /ater Heating		
Water								
						ewer		
Trash Collection Range/Microwave Refrigerator								
Number of Bedrooms Other								
					Te	otal	\$	