

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
(exp. 4/30/2014)

See Public Reporting Statement and Instructions on back

Locality San Mateo County	Unit Type Detached House	Date (mm/dd/yyyy) 11/01/2014
------------------------------	-----------------------------	---------------------------------

Utility or Service	Monthly Dollar Allowances					
	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas					
	b. Bottle Gas					
	c. Oil / Electric					
	d. Coal / Other					
Cooking	a. Natural Gas					
	b. Bottle Gas					
	c. Oil / Electric					
	d. Coal / Other					
Other Electric						
Air Conditioning						
Water Heating	a. Natural Gas					
	b. Bottle Gas					
	c. Oil / Electric					
	d. Coal / Other					
Water						
Sewer						
Trash Collection						
Range/Microwave						
Refrigerator						
Other -- specify						

Actual Family Allowances To be used by the family to compute allowance. Complete below for the actual unit rented.	Utility or Service	per month cost
	Heating	\$
Name of Family	Cooking	
	Other Electric	
	Air Conditioning	
	Water Heating	
	Water	
	Sewer	
	Trash Collection	
	Range/Microwave	
	Refrigerator	
	Other	
Address of Unit	Total	\$
Number of Bedrooms		