

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. 07/31/2007)

See Public Reporting Statement and Instructions on back

Locality		Unit Type					Date (mm/dd/yyyy)
Housing Authority of the County of San Mateo		Apartment/Condo/Duplex					11/01/2007
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	17	24	32	39	49	56
	b. Bottle Gas						
	c. Oil / Electric	28	28	28	28	28	28
	d. Coal / Other						
Cooking	a. Natural Gas	4	6	7	9	11	13
	b. Bottle Gas						
	c. Oil / Electric	2	3	4	5	7	8
	d. Coal / Other						
Other Electric	5	8	10	12	15	17	
Air Conditioning							
Water Heating	a. Natural Gas	8	11	14	18	22	26
	b. Bottle Gas						
	c. Oil / Electric	7	9	12	14	18	21
	d. Coal / Other						
Water	28	35	41	47	57	63	
Sewer							
Trash Collection	15	15	15	15	15	15	
Range/Microwave	7	7	7	7	7	7	
Refrigerator	9	9	9	9	9	9	
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
Name of Family	Address of Unit	Heating	\$
		Cooking	
		Other Electric	
		Air Conditioning	
		Water Heating	
		Water	
		Sewer	
		Trash Collection	
		Range/Microwave	
		Refrigerator	
Number of Bedrooms	Other		
	Total	\$	

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Locality		Unit Type					Date (mm/dd/yyyy)
Housing Authority of the County of San Mateo		Detached House					11/01/2007
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	41	58	74	95	124	143
	b. Bottle Gas						
	c. Oil / Electric	28	28	28	28	28	28
	d. Coal / Other						
Cooking	a. Natural Gas	4	6	7	9	11	13
	b. Bottle Gas						
	c. Oil / Electric	2	3	4	5	7	8
	d. Coal / Other						
Other Electric		5	8	10	12	15	17
Air Conditioning							
Water Heating	a. Natural Gas	8	11	14	18	22	26
	b. Bottle Gas						
	c. Oil / Electric	7	9	12	14	18	21
	d. Coal / Other						
Water		32	40	48	56	67	75
Sewer							
Trash Collection		15	15	15	15	15	15
Range/Microwave		7	7	7	7	7	7
Refrigerator		9	9	9	9	9	9
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
Name of Family _____ Address of Unit _____ Number of Bedrooms _____		Heating	\$ _____
		Cooking	_____
		Other Electric	_____
		Air Conditioning	_____
		Water Heating	_____
		Water	_____
		Sewer	_____
		Trash Collection	_____
		Range/Microwave	_____
		Refrigerator	_____
		Other	_____
		Total	\$ _____