

Utility Allowance Schedule

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

OMB Approval No. 2577-0169
(exp 7/31/2022)

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

| Locality/PHA | | Unit Type Semi-detached Older Home Converted (Semi Detached), Two/Three Family (Duplex) | | | | | Date (mm/dd/yyyy) 01/01/2021 |
|---|----------------|--|------|------|------|------|--|
| Region 5: Cascade - (excluding the City of Great Falls, | | Monthly Dollar Allowances | | | | | |
| Utility or Service | | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR |
| Heating | a. Natural Gas | 19 | 24 | 32 | 40 | 48 | 54 |
| | b. Electric | 40 | 52 | 70 | 86 | 103 | 115 |
| | c. Bottle Gas | 71 | 91 | 122 | 151 | 180 | 202 |
| | d. Oil | 99 | 126 | 169 | 210 | 250 | 281 |
| | e. Heat Pump | | | | | | |
| Cooking | a. Natural Gas | 2 | 3 | 3 | 4 | 5 | 6 |
| | b. Electric | 6 | 8 | 11 | 13 | 16 | 18 |
| | c. Bottle Gas | 8 | 10 | 13 | 16 | 20 | 22 |
| Other Electricity | | 22 | 28 | 37 | 46 | 57 | 61 |
| Air Conditioning | | 4 | 5 | 7 | 9 | 11 | 12 |
| Water Heating | a. Natural Gas | 3 | 3 | 4 | 5 | 7 | 7 |
| | b. Electric | 8 | 10 | 13 | 16 | 20 | 22 |
| | c. Bottle Gas | 9 | 12 | 16 | 20 | 25 | 27 |
| | d. Oil | 13 | 16 | 22 | 27 | 34 | 36 |
| Water | | 43 | 45 | 46 | 48 | 49 | 51 |
| Sewer | | 46 | 47 | 48 | 49 | 50 | 51 |
| Trash Collection | | 17 | 17 | 17 | 17 | 17 | 17 |
| Other -- specify | | | | | | | |
| Range/Microwave | | 4 | 4 | 4 | 4 | 4 | 4 |
| Refrigerator | | 4 | 4 | 5 | 5 | 5 | 7 |

Actual Family Allowances - May be used by the family to compute allowance while searching for a unit.

Head of Household Name _____

Unit Address _____

Number of Bedrooms _____

| Utility or Service | per month cost |
|--------------------|-----------------|
| Heating | _____ |
| Cooking | _____ |
| Other Electric | _____ |
| Air Conditioning | _____ |
| Water Heating | _____ |
| Water | _____ |
| Sewer | _____ |
| Trash Collection | _____ |
| Range/Microwave | _____ |
| Refrigerator | _____ |
| Other | _____ |
| Total | \$ _____ |

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| Locality/PHA | | Unit Type | | | | | Date (mm/dd/yyyy) |
|---|---------------------------|---|------|------|------|------|-------------------|
| Region 5: Cascade - (excluding the City of Great Falls, | | Rowhouse/townhouse Row House/Garden Apt. | | | | | 01/01/2021 |
| Utility or Service | Monthly Dollar Allowances | | | | | | |
| | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR | |
| Heating | a. Natural Gas | 16 | 22 | 30 | 37 | 45 | 52 |
| | b. Electric | 35 | 47 | 63 | 79 | 96 | 111 |
| | c. Bottle Gas | 61 | 82 | 111 | 139 | 168 | 195 |
| | d. Oil | 85 | 114 | 155 | 193 | 233 | 271 |
| | e. Heat Pump | | | | | | |
| Cooking | a. Natural Gas | 2 | 3 | 3 | 4 | 5 | 6 |
| | b. Electric | 6 | 8 | 11 | 13 | 16 | 18 |
| | c. Bottle Gas | 8 | 10 | 13 | 16 | 20 | 22 |
| Other Electricity | 22 | 28 | 37 | 46 | 57 | 61 | |
| Air Conditioning | 4 | 5 | 7 | 9 | 11 | 12 | |
| Water Heating | a. Natural Gas | 3 | 3 | 4 | 5 | 7 | 7 |
| | b. Electric | 8 | 10 | 13 | 16 | 20 | 22 |
| | c. Bottle Gas | 9 | 12 | 16 | 20 | 25 | 27 |
| | d. Oil | 13 | 16 | 22 | 27 | 34 | 36 |
| Water | 43 | 45 | 46 | 48 | 49 | 51 | |
| Sewer | 46 | 47 | 48 | 49 | 50 | 51 | |
| Trash Collection | 17 | 17 | 17 | 17 | 17 | 17 | |
| Other -- specify | | | | | | | |
| Range/Microwave | 4 | 4 | 4 | 4 | 4 | 4 | |
| Refrigerator | 4 | 4 | 5 | 5 | 5 | 7 | |

Actual Family Allowances - May be used by the family to compute allowance while searching for a unit.

Head of Household Name

Unit Address

Number of Bedrooms

| Utility or Service | per month cost |
|--------------------|----------------|
| Heating | |
| Cooking | |
| Other Electric | |
| Air Conditioning | |
| Water Heating | |
| Water | |
| Sewer | |
| Trash Collection | |
| Range/Microwave | |
| Refrigerator | |
| Other | |
| Total | \$ |

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

| Locality/PHA | | Unit Type Single family detached Single Family Detached (Single Family) | | | | | Date (mm/dd/yyyy) |
|--|---------------------------|--|------|------|------|------|-------------------|
| Region 5: Cascade - (excluding the City of Great Falls, | | | | | | | 01/01/2021 |
| Utility or Service | Monthly Dollar Allowances | | | | | | |
| | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR | |
| Heating | a. Natural Gas | 22 | 29 | 35 | 44 | 50 | 58 |
| | b. Electric | 46 | 63 | 75 | 95 | 107 | 124 |
| | c. Bottle Gas | 81 | 110 | 132 | 166 | 188 | 218 |
| | d. Oil | 113 | 153 | 183 | 231 | 261 | 303 |
| | e. Heat Pump | | | | | | |
| Cooking | a. Natural Gas | 2 | 3 | 3 | 4 | 5 | 6 |
| | b. Electric | 6 | 8 | 11 | 13 | 16 | 18 |
| | c. Bottle Gas | 8 | 10 | 13 | 16 | 20 | 22 |
| Other Electricity | 22 | 28 | 37 | 46 | 57 | 61 | |
| Air Conditioning | 7 | 9 | 13 | 16 | 19 | 21 | |
| Water Heating | a. Natural Gas | 3 | 3 | 4 | 5 | 7 | 7 |
| | b. Electric | 8 | 10 | 13 | 16 | 20 | 22 |
| | c. Bottle Gas | 9 | 12 | 16 | 20 | 25 | 27 |
| | d. Oil | 13 | 16 | 22 | 27 | 34 | 36 |
| Water | 43 | 45 | 46 | 48 | 49 | 51 | |
| Sewer | 46 | 47 | 48 | 49 | 50 | 51 | |
| Trash Collection | 17 | 17 | 17 | 17 | 17 | 17 | |
| Other -- specify | | | | | | | |
| Range/Microwave | 4 | 4 | 4 | 4 | 4 | 4 | |
| Refrigerator | 4 | 4 | 5 | 5 | 5 | 7 | |

Actual Family Allowances - May be used by the family to compute allowance while searching for a unit.

Head of Household Name

Unit Address

Number of Bedrooms

| Utility or Service | per month cost |
|--------------------|----------------|
| Heating | |
| Cooking | |
| Other Electric | |
| Air Conditioning | |
| Water Heating | |
| Water | |
| Sewer | |
| Trash Collection | |
| Range/Microwave | |
| Refrigerator | |
| Other | |
| Total | \$ |

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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 (mm/dd/yyyy) |
|---|---------------------------|--------------------------------------|------|------|------|------|-------------------|
| Region 5: Cascade - (excluding the City of Great Falls, | | High rise with elevator High Rise | | | | | 01/01/2021 |
| Utility or Service | Monthly Dollar Allowances | | | | | | |
| | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR | |
| Heating | a. Natural Gas | 17 | 19 | 23 | 28 | 31 | 39 |
| | b. Electric | 32 | 39 | 48 | 59 | 73 | 85 |
| | c. Bottle Gas | | | | | | |
| | d. Oil | | | | | | |
| | e. Heat Pump | | | | | | |
| Cooking | a. Natural Gas | 2 | 3 | 3 | 4 | 5 | 6 |
| | b. Electric | 6 | 8 | 11 | 13 | 16 | 18 |
| | c. Bottle Gas | 8 | 10 | 13 | 16 | 20 | 22 |
| Other Electricity | 22 | 28 | 37 | 46 | 57 | 61 | |
| Air Conditioning | 4 | 5 | 7 | 8 | 10 | 11 | |
| Water Heating | a. Natural Gas | 3 | 3 | 4 | 5 | 7 | 7 |
| | b. Electric | 8 | 10 | 13 | 16 | 20 | 22 |
| | c. Bottle Gas | 9 | 12 | 16 | 20 | 25 | 27 |
| | d. Oil | 13 | 16 | 22 | 27 | 34 | 36 |
| Water | 43 | 45 | 46 | 48 | 49 | 51 | |
| Sewer | 46 | 47 | 48 | 49 | 50 | 51 | |
| Trash Collection | 17 | 17 | 17 | 17 | 17 | 17 | |
| Other -- specify | | | | | | | |
| Range/Microwave | 4 | 4 | 4 | 4 | 4 | 4 | |
| Refrigerator | 4 | 4 | 5 | 5 | 5 | 7 | |

Actual Family Allowances - May be used by the family to compute allowance while searching for a unit.

Head of Household Name _____

Unit Address _____

Number of Bedrooms _____

| Utility or Service | per month cost |
|--------------------|-----------------|
| Heating | _____ |
| Cooking | _____ |
| Other Electric | _____ |
| Air Conditioning | _____ |
| Water Heating | _____ |
| Water | _____ |
| Sewer | _____ |
| Trash Collection | _____ |
| Range/Microwave | _____ |
| Refrigerator | _____ |
| Other | _____ |
| Total | \$ _____ |

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

| Locality/PHA | | Unit Type Low-rise Older Multi-Family (Low Rise) | | | | | Date (mm/dd/yyyy) |
|--|---------------------------|---|------|------|------|------|-------------------|
| Region 5: Cascade - (excluding the City of Great Falls, | | | | | | | 01/01/2021 |
| Utility or Service | Monthly Dollar Allowances | | | | | | |
| | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR | |
| Heating | a. Natural Gas | 18 | 23 | 31 | 38 | 46 | 53 |
| | b. Electric | 38 | 50 | 66 | 82 | 99 | 113 |
| | c. Bottle Gas | 67 | 87 | 116 | 144 | 173 | 199 |
| | d. Oil | 92 | 121 | 162 | 200 | 241 | 276 |
| | e. Heat Pump | | | | | | |
| Cooking | a. Natural Gas | 2 | 3 | 3 | 4 | 5 | 6 |
| | b. Electric | 6 | 8 | 11 | 13 | 16 | 18 |
| | c. Bottle Gas | 8 | 10 | 13 | 16 | 20 | 22 |
| Other Electricity | 22 | 28 | 37 | 46 | 57 | 61 | |
| Air Conditioning | 4 | 5 | 7 | 8 | 10 | 11 | |
| Water Heating | a. Natural Gas | 3 | 3 | 4 | 5 | 7 | 7 |
| | b. Electric | 8 | 10 | 13 | 16 | 20 | 22 |
| | c. Bottle Gas | 9 | 12 | 16 | 20 | 25 | 27 |
| | d. Oil | 13 | 16 | 22 | 27 | 34 | 36 |
| Water | 43 | 45 | 46 | 48 | 49 | 51 | |
| Sewer | 46 | 47 | 48 | 49 | 50 | 51 | |
| Trash Collection | 17 | 17 | 17 | 17 | 17 | 17 | |
| Other -- specify | | | | | | | |
| Range/Microwave | 4 | 4 | 4 | 4 | 4 | 4 | |
| Refrigerator | 4 | 4 | 5 | 5 | 5 | 7 | |

Actual Family Allowances - May be used by the family to compute allowance while searching for a unit.

Head of Household Name _____

Unit Address _____

Number of Bedrooms _____

| Utility or Service | per month cost |
|--------------------|-----------------|
| Heating | _____ |
| Cooking | _____ |
| Other Electric | _____ |
| Air Conditioning | _____ |
| Water Heating | _____ |
| Water | _____ |
| Sewer | _____ |
| Trash Collection | _____ |
| Range/Microwave | _____ |
| Refrigerator | _____ |
| Other | _____ |
| Total | \$ _____ |

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| Locality/PHA | | Unit Type | | | | | Date (mm/dd/yyyy) |
|---|---------------------------|----------------------------------|------|------|------|------|-------------------|
| Region 5: Cascade - (excluding the City of Great Falls, | | Manufactured home Mobile Home | | | | | 01/01/2021 |
| Utility or Service | Monthly Dollar Allowances | | | | | | |
| | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR | |
| Heating | a. Natural Gas | 16 | 20 | 26 | 33 | 41 | |
| | b. Electric | 35 | 43 | 55 | 71 | 88 | |
| | c. Bottle Gas | 62 | 75 | 97 | 124 | 155 | |
| | d. Oil | 86 | 104 | 134 | 172 | 215 | |
| | e. Heat Pump | | | | | | |
| Cooking | a. Natural Gas | 2 | 3 | 3 | 4 | 5 | 6 |
| | b. Electric | 6 | 8 | 11 | 13 | 16 | 18 |
| | c. Bottle Gas | 8 | 10 | 13 | 16 | 20 | 22 |
| Other Electricity | 22 | 28 | 37 | 46 | 57 | 61 | |
| Air Conditioning | 6 | 8 | 11 | 13 | 16 | | |
| Water Heating | a. Natural Gas | 3 | 3 | 4 | 5 | 7 | 7 |
| | b. Electric | 8 | 10 | 13 | 16 | 20 | 22 |
| | c. Bottle Gas | 9 | 12 | 16 | 20 | 25 | 27 |
| | d. Oil | 13 | 16 | 22 | 27 | 34 | 36 |
| Water | 43 | 45 | 46 | 48 | 49 | 51 | |
| Sewer | 46 | 47 | 48 | 49 | 50 | 51 | |
| Trash Collection | 17 | 17 | 17 | 17 | 17 | 17 | |
| Other -- specify | | | | | | | |
| Range/Microwave | 4 | 4 | 4 | 4 | 4 | 4 | |
| Refrigerator | 4 | 4 | 5 | 5 | 5 | 7 | |

Actual Family Allowances - May be used by the family to compute allowance while searching for a unit.

Head of Household Name

Unit Address

Number of Bedrooms

| Utility or Service | per month cost |
|--------------------|----------------|
| Heating | |
| Cooking | |
| Other Electric | |
| Air Conditioning | |
| Water Heating | |
| Water | |
| Sewer | |
| Trash Collection | |
| Range/Microwave | |
| Refrigerator | |
| Other | |
| Total | \$ |