

| 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 09/30/2012) | | | |
|--|--|---|------------------|--|------|---------------------------------|------|
| County of Volusia, Section 8 {Port Orange} Housing Choice Voucher Program | | Unit Type: Multi-Family Residence | | | | Date (mm/dd/yyyy) 05/01/2010 | |
| Utility or Service | | Monthly Dollar Allowances | | | | | |
| | | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR |
| Heating | a. Natural Gas | 5 | 7 | 9 | 12 | 15 | 17 |
| | b. Bottle Gas | 6061 | 84 | 108 | 132 | 168 | 192 |
| | c. Electric | 8 | 11 | 14 | 17 | 22 | 25 |
| | d. Oil | 56 | 78 | 100 | 123 | 156 | 178 |
| Cooking | a. Natural Gas | 1 | 1 | 2 | 2 | 3 | 3 |
| | b. Bottle Gas | 12 | 17 | 22 | 27 | 34 | 39 |
| | c. Electric | 6 | 8 | 10 | 13 | 16 | 19 |
| Other Electric | | 22 | 30 | 38 | 46 | 59 | 68 |
| Air Conditioning | | 29 | 41 | 53 | 65 | 82 | 94 |
| Water Heating | a. Natural Gas | 3 | 4 | 5 | 6 | 8 | 9 |
| | b. Bottle Gas | 32 | 45 | 58 | 70 | 90 | 102 |
| | c. Electric | 19 | 25 | 32 | 39 | 52 | 57 |
| | d. Oil | 29 | 40 | 52 | 64 | 81 | 92 |
| Water | | 41 | 45 | 51 | 57 | 65 | 72 |
| Sewer | | 33 | 41 | 49 | 58 | 70 | 79 |
| Trash | | 22 | 22 | 22 | 22 | 22 | 22 |
| Range / Microwave | | 61 | 61 | 61 | 61 | 61 | 61 |
| Refrigerator | | 78 | 78 | 78 | 78 | 78 | 78 |
| Electricity Customer Charge | | 6 | 6 | 6 | 6 | 6 | 6 |
| Natural Gas Customer Charge | | 20 | 20 | 20 | 20 | 20 | 20 |
| Actual Family Allowances To be used by the family to compute allowance. Complete below for the actual unit rented/ | | | | Utility or Service | | Monthly Cost | |
| Name of Family | Housing Choice Voucher Payment Standard | Heating | | | | | |
| | | Cooking | | | | | |
| | | Other Electric | | | | | |
| | | Air Conditioning | | | | | |
| | | Water Heating | | | | | |
| Address of Unit | Contract Rent | | Water | | | | |
| | Utility Allowance | | Sewer | | | | |
| | Gross Rent | | Trash Collection | | | | |
| | | | Range/Microwave | | | | |
| Number of Bedrooms | Initial Lease Yes / No | | Refrigerator | | | | |
| | Rent Reasonable Yes / No | | Other | | | | |
| | Max Hap: | | Customer Charge | | | | |
| | Family Portion: | | Total | | \$ | | |