

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. 04/30/2018)

See Public Reporting Statement and Instructions on back

Locality Osceola County HCV Section 8 Program	Unit Type Single Family	Date (mm/dd/yyyy) 10/1/2019-9/30/2020
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Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	8	8	9	10	10	11
	b. Bottle Gas	24	27	27	30	33	33
	c. Oil / Electric	7	8	10	11	13	14
	d. Coal / Other						
Cooking	a. Natural Gas	7	7	8	9	10	10
	b. Bottle Gas	18	18	24	24	27	27
	c. Oil / Electric	11	11	14	14	16	16
	d. Coal / Other						
Other Electric		30	32	36	42	46	55
Air Conditioning		15	19	25	31	39	45
Water Heating	a. Natural Gas	10	13	17	23	26	31
	b. Bottle Gas	27	36	48	63	72	84
	c. Oil / Electric	11	19	26	41	50	58
	d. Coal / Other						
Water		11	13	15	19	21	23
Sewer		18	25	32	46	53	60
Trash Collection		16	16	16	16	16	16
Range/Microwave		4	4	4	4	4	4
Refrigerator		5	5	5	5	5	5
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	\$ _____

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Locality Osceola County HCV Section 8 Program	Unit Type Low-rise/Townhouse/Row house	Date (mm/dd/yyyy) 10/1/2019-9/30/2020
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Utility or Service	Monthly Dollar Allowances						
	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	
Heating	a. Natural Gas	6	7	7	8	8	9
	b. Bottle Gas	21	21	24	24	27	27
	c. Oil / Electric	4	5	6	7	8	9
	d. Coal / Other						
Cooking	a. Natural Gas	5	5	6	7	8	8
	b. Bottle Gas	18	18	24	24	27	27
	c. Oil / Electric	11	11	14	14	16	16
	d. Coal / Other						
Other Electric	30	32	36	42	46	55	
Air Conditioning	13	17	21	27	34	40	
Water Heating	a. Natural Gas	10	13	17	23	26	31
	b. Bottle Gas	27	36	48	63	72	84
	c. Oil / Electric	11	19	26	41	50	58
	d. Coal / Other						
Water	11	13	15	19	21	23	
Sewer	18	25	32	46	53	60	
Trash Collection	16	16	16	16	16	16	
Range/Microwave	4	4	4	4	4	4	
Refrigerator	5	5	5	5	5	5	
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	
Address of Unit	Air Conditioning	
	Water Heating	
	Water	
	Sewer	
	Trash Collection	
	Range/Microwave	
	Refrigerator	
	Other	
Number of Bedrooms		
	Total	\$

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Locality Osceola County HCV Section 8 Program	Unit Type Duplex	Date (mm/dd/yyyy) 10/1/2019-9/30/2020
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Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	7	7	8	8	9	9
	b. Bottle Gas	21	24	24	27	27	30
	c. Oil / Electric	5	5	7	8	9	10
	d. Coal / Other						
Cooking	a. Natural Gas	5	5	6	7	8	8
	b. Bottle Gas	18	18	24	24	27	27
	c. Oil / Electric	11	11	14	14	16	16
	d. Coal / Other						
Other Electric		30	32	36	42	46	55
Air Conditioning		13	17	22	27	34	40
Water Heating	a. Natural Gas	10	13	17	23	26	31
	b. Bottle Gas	27	36	48	63	72	84
	c. Oil / Electric	11	19	26	41	50	58
	d. Coal / Other						
Water		11	13	15	19	21	23
Sewer		18	25	32	46	53	60
Trash Collection		16	16	16	16	16	16
Range/Microwave		4	4	4	4	4	4
Refrigerator		5	5	5	5	5	5
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	\$ _____

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Locality Osceola County HCV Section 8 Program	Unit Type High Rise	Date (mm/dd/yyyy) 10/1/2019-9/30/2020
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Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	6	6	6	6	7	7
	b. Bottle Gas	18	18	18	21	21	21
	c. Oil / Electric	2	3	3	4	4	5
	d. Coal / Other						
Cooking	a. Natural Gas	7	7	8	9	10	10
	b. Bottle Gas	18	18	24	24	27	27
	c. Oil / Electric	11	11	14	14	16	16
	d. Coal / Other						
Other Electric		30	32	36	42	46	55
Air Conditioning		9	12	14	19	24	28
Water Heating	a. Natural Gas	10	13	17	23	26	31
	b. Bottle Gas	27	36	48	63	72	84
	c. Oil / Electric	11	19	26	41	50	58
	d. Coal / Other						
Water		11	13	15	19	21	23
Sewer		18	25	32	46	53	60
Trash Collection		16	16	16	16	16	16
Range/Microwave		4	4	4	4	4	4
Refrigerator		5	5	5	5	5	5
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	\$

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Locality Osceola County HCV Section 8 Program		Unit Type Mobile Home				Date (mm/dd/yyyy) 10/1/2019-9/30/2020	
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	7	8	8	9	9	10
	b. Bottle Gas	21	24	27	27	30	33
	c. Oil / Electric	6	7	8	10	11	13
	d. Coal / Other						
Cooking	a. Natural Gas	7	7	8	9	10	10
	b. Bottle Gas	18	18	24	24	27	27
	c. Oil / Electric	11	11	14	14	16	16
	d. Coal / Other						
Other Electric		30	32	36	42	46	55
Air Conditioning		12	15	19	24	29	35
Water Heating	a. Natural Gas	10	13	17	23	26	31
	b. Bottle Gas	27	36	48	63	72	84
	c. Oil / Electric	11	19	26	41	50	58
	d. Coal / Other						
Water		11	13	15	19	21	23
Sewer		18	25	32	46	53	60
Trash Collection		16	16	16	16	16	16
Range/Microwave		4	4	4	4	4	4
Refrigerator		5	5	5	5	5	5
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	\$