

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 | | | | | Date (mm/dd/yyyy) |
|---|----------------|---|------|------|------|------|-------------------|
| Region 10: Flathead, Lake, Lincoln and Sanders Counties | | Semi-detached Older Home Converted (Semi Detached), Two/Three Family (Duplex) | | | | | 01/01/2023 |
| Utility or Service | | Monthly Dollar Allowances | | | | | |
| | | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR |
| Heating | a. Natural Gas | 40 | 51 | 68 | 84 | 100 | 112 |
| | b. Electric | 40 | 52 | 69 | 86 | 102 | 114 |
| | c. Bottle Gas | 103 | 132 | 177 | 219 | 261 | 293 |
| | d. Oil | 165 | 211 | 283 | 351 | 419 | 469 |
| | e. Heat Pump | | | | | | |
| Cooking | a. Natural Gas | 4 | 5 | 7 | 9 | 11 | 12 |
| | b. Electric | 6 | 8 | 10 | 13 | 16 | 17 |
| | c. Bottle Gas | 11 | 14 | 18 | 23 | 28 | 30 |
| Other Electricity | | 21 | 27 | 36 | 45 | 56 | 60 |
| Air Conditioning | | 4 | 5 | 7 | 9 | 10 | 12 |
| Water Heating | a. Natural Gas | 5 | 6 | 9 | 11 | 13 | 14 |
| | b. Electric | 7 | 9 | 13 | 16 | 19 | 21 |
| | c. Bottle Gas | 13 | 17 | 23 | 28 | 35 | 37 |
| | d. Oil | 21 | 27 | 37 | 45 | 56 | 61 |
| Water | | 33 | 36 | 41 | 47 | 52 | 57 |
| Sewer | | 42 | 47 | 52 | 59 | 63 | 70 |
| Trash Collection | | 22 | 22 | 22 | 22 | 22 | 22 |
| Other -- specify | | | | | | | |
| Range/Microwave | | 5 | 5 | 5 | 5 | 5 | 5 |
| Refrigerator | | 4 | 5 | 6 | 6 | 6 | 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 Region 10: Flathead, Lake, Lincoln and Sanders Counties | Unit Type Rowhouse/townhouse Row House/Garden Apt. | Date (mm/dd/yyyy) 01/01/2023 |
|--|---|--|

| Utility or Service | Monthly Dollar Allowances | | | | | | |
|--------------------|---------------------------|------|------|------|------|------|-----|
| | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR | |
| Heating | a. Natural Gas | 34 | 46 | 62 | 77 | 93 | 109 |
| | b. Electric | 35 | 46 | 63 | 78 | 95 | 110 |
| | c. Bottle Gas | 89 | 119 | 161 | 201 | 243 | 283 |
| | d. Oil | 143 | 191 | 258 | 322 | 390 | 453 |
| | e. Heat Pump | | | | | | |
| Cooking | a. Natural Gas | 4 | 5 | 7 | 9 | 11 | 12 |
| | b. Electric | 6 | 8 | 10 | 13 | 16 | 17 |
| | c. Bottle Gas | 11 | 14 | 18 | 23 | 28 | 30 |
| Other Electricity | 21 | 27 | 36 | 45 | 56 | 60 | |
| Air Conditioning | 4 | 5 | 7 | 9 | 10 | 12 | |
| Water Heating | a. Natural Gas | 5 | 6 | 9 | 11 | 13 | 14 |
| | b. Electric | 7 | 9 | 13 | 16 | 19 | 21 |
| | c. Bottle Gas | 13 | 17 | 23 | 28 | 35 | 37 |
| | d. Oil | 21 | 27 | 37 | 45 | 56 | 61 |
| Water | 33 | 36 | 41 | 47 | 52 | 57 | |
| Sewer | 42 | 47 | 52 | 59 | 63 | 70 | |
| Trash Collection | 22 | 22 | 22 | 22 | 22 | 22 | |
| Other -- specify | | | | | | | |
| Range/Microwave | 5 | 5 | 5 | 5 | 5 | 5 | |
| Refrigerator | 4 | 5 | 6 | 6 | 6 | 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 Region 10: Flathead, Lake, Lincoln and Sanders Counties | Unit Type Single family detached Single Family Detached (Single Family) | Date (mm/dd/yyyy) 01/01/2023 |
|--|---|--|

| Utility or Service | Monthly Dollar Allowances | | | | | | |
|--------------------|---------------------------|------|------|------|------|------|-----|
| | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR | |
| Heating | a. Natural Gas | 45 | 61 | 73 | 92 | 104 | 121 |
| | b. Electric | 46 | 62 | 75 | 94 | 106 | 124 |
| | c. Bottle Gas | 118 | 159 | 191 | 241 | 272 | 316 |
| | d. Oil | 189 | 255 | 306 | 386 | 436 | 507 |
| | e. Heat Pump | | | | | | |
| Cooking | a. Natural Gas | 4 | 5 | 7 | 9 | 11 | 12 |
| | b. Electric | 6 | 8 | 10 | 13 | 16 | 17 |
| | c. Bottle Gas | 11 | 14 | 18 | 23 | 28 | 30 |
| Other Electricity | 21 | 27 | 36 | 45 | 56 | 60 | |
| Air Conditioning | 7 | 9 | 12 | 15 | 18 | 20 | |
| Water Heating | a. Natural Gas | 5 | 6 | 9 | 11 | 13 | 14 |
| | b. Electric | 7 | 9 | 13 | 16 | 19 | 21 |
| | c. Bottle Gas | 13 | 17 | 23 | 28 | 35 | 37 |
| | d. Oil | 21 | 27 | 37 | 45 | 56 | 61 |
| Water | 33 | 36 | 41 | 47 | 52 | 57 | |
| Sewer | 42 | 47 | 52 | 59 | 63 | 70 | |
| Trash Collection | 22 | 22 | 22 | 22 | 22 | 22 | |
| Other -- specify | | | | | | | |
| Range/Microwave | 5 | 5 | 5 | 5 | 5 | 5 | |
| Refrigerator | 4 | 5 | 6 | 6 | 6 | 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 Region 10: Flathead, Lake, Lincoln and Sanders Counties | Unit Type High rise with elevator High Rise | Date (mm/dd/yyyy) 01/01/2023 |
|--|---|--|

| Utility or Service | Monthly Dollar Allowances | | | | | | |
|--------------------|---------------------------|------|------|------|------|------|----|
| | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR | |
| Heating | a. Natural Gas | 35 | 40 | 48 | 58 | 65 | 82 |
| | b. Electric | 32 | 39 | 48 | 59 | 73 | 85 |
| | c. Bottle Gas | | | | | | |
| | d. Oil | | | | | | |
| | e. Heat Pump | | | | | | |
| Cooking | a. Natural Gas | 4 | 5 | 7 | 9 | 11 | 12 |
| | b. Electric | 6 | 8 | 10 | 13 | 16 | 17 |
| | c. Bottle Gas | 11 | 14 | 18 | 23 | 28 | 30 |
| Other Electricity | 21 | 27 | 36 | 45 | 56 | 60 | |
| Air Conditioning | 4 | 5 | 6 | 8 | 10 | 11 | |
| Water Heating | a. Natural Gas | 5 | 6 | 9 | 11 | 13 | 14 |
| | b. Electric | 7 | 9 | 13 | 16 | 19 | 21 |
| | c. Bottle Gas | 13 | 17 | 23 | 28 | 35 | 37 |
| | d. Oil | 21 | 27 | 37 | 45 | 56 | 61 |
| Water | 33 | 36 | 41 | 47 | 52 | 57 | |
| Sewer | 42 | 47 | 52 | 59 | 63 | 70 | |
| Trash Collection | 22 | 22 | 22 | 22 | 22 | 22 | |
| Other -- specify | | | | | | | |
| Range/Microwave | 5 | 5 | 5 | 5 | 5 | 5 | |
| Refrigerator | 4 | 5 | 6 | 6 | 6 | 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 Region 10: Flathead, Lake, Lincoln and Sanders Counties | Unit Type Low-rise Older Multi-Family (Low Rise) | Date (mm/dd/yyyy) 01/01/2023 |
|--|---|--|

| Utility or Service | Monthly Dollar Allowances | | | | | | |
|--------------------|---------------------------|------|------|------|------|------|-----|
| | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR | |
| Heating | a. Natural Gas | 37 | 49 | 65 | 80 | 96 | 111 |
| | b. Electric | 38 | 49 | 66 | 81 | 98 | 113 |
| | c. Bottle Gas | 96 | 127 | 169 | 209 | 251 | 288 |
| | d. Oil | 155 | 203 | 270 | 334 | 402 | 462 |
| | e. Heat Pump | | | | | | |
| Cooking | a. Natural Gas | 4 | 5 | 7 | 9 | 11 | 12 |
| | b. Electric | 6 | 8 | 10 | 13 | 16 | 17 |
| | c. Bottle Gas | 11 | 14 | 18 | 23 | 28 | 30 |
| Other Electricity | 21 | 27 | 36 | 45 | 56 | 60 | |
| Air Conditioning | 4 | 5 | 6 | 8 | 10 | 11 | |
| Water Heating | a. Natural Gas | 5 | 6 | 9 | 11 | 13 | 14 |
| | b. Electric | 7 | 9 | 13 | 16 | 19 | 21 |
| | c. Bottle Gas | 13 | 17 | 23 | 28 | 35 | 37 |
| | d. Oil | 21 | 27 | 37 | 45 | 56 | 61 |
| Water | 33 | 36 | 41 | 47 | 52 | 57 | |
| Sewer | 42 | 47 | 52 | 59 | 63 | 70 | |
| Trash Collection | 22 | 22 | 22 | 22 | 22 | 22 | |
| Other -- specify | | | | | | | |
| Range/Microwave | 5 | 5 | 5 | 5 | 5 | 5 | |
| Refrigerator | 4 | 5 | 6 | 6 | 6 | 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 Region 10: Flathead, Lake, Lincoln and Sanders Counties | Unit Type Manufactured home Mobile Home | Date (mm/dd/yyyy) 01/01/2023 |
|--|---|--|

| Utility or Service | Monthly Dollar Allowances | | | | | |
|--------------------|---------------------------|------|------|------|------|------|
| | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR |
| Heating | a. Natural Gas | 34 | 42 | 54 | 69 | 86 |
| | b. Electric | 35 | 42 | 55 | 70 | 88 |
| | c. Bottle Gas | 90 | 108 | 140 | 179 | 224 |
| | d. Oil | 144 | 173 | 224 | 288 | 359 |
| | e. Heat Pump | | | | | |
| Cooking | a. Natural Gas | 4 | 5 | 7 | 9 | 11 |
| | b. Electric | 6 | 8 | 10 | 13 | 16 |
| | c. Bottle Gas | 11 | 14 | 18 | 23 | 28 |
| Other Electricity | 21 | 27 | 36 | 45 | 56 | 60 |
| Air Conditioning | 6 | 8 | 10 | 13 | 15 | |
| Water Heating | a. Natural Gas | 5 | 6 | 9 | 11 | 13 |
| | b. Electric | 7 | 9 | 13 | 16 | 19 |
| | c. Bottle Gas | 13 | 17 | 23 | 28 | 35 |
| | d. Oil | 21 | 27 | 37 | 45 | 56 |
| Water | 33 | 36 | 41 | 47 | 52 | 57 |
| Sewer | 42 | 47 | 52 | 59 | 63 | 70 |
| Trash Collection | 22 | 22 | 22 | 22 | 22 | 22 |
| Other -- specify | | | | | | |
| Range/Microwave | 5 | 5 | 5 | 5 | 5 | 5 |
| Refrigerator | 4 | 5 | 6 | 6 | 6 | 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 | \$ _____ |