

**Allowance 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 (4/30/2014)

LOCALITY		UNIT TYPE					DATE
St.Petersburg Housing Authority		Apartment			1-4 FLOORS		9/21/2015
UTILITY OR SERVICE	MONTHLY DOLLAR ALLOWANCE						
	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR	
<b>HEATING</b>							
a. Natural Gas	\$7	\$7	\$7	\$8	\$9	\$9	
b. Electric	\$4	\$5	\$5	\$6	\$8	\$8	
c. Fuel Oil	\$10	\$11	\$12	\$12	\$13	\$14	
d. Propane	\$18	\$20	\$21	\$22	\$24	\$25	
<b>AIR CONDITIONING</b>	\$12	\$16	\$20	\$26	\$32	\$38	
<b>COOKING</b>							
a. Natural Gas	\$7	\$8	\$9	\$10	\$11	\$11	
b. Electric	\$12	\$12	\$14	\$15	\$17	\$17	
c. Propane	\$21	\$22	\$27	\$28	\$31	\$32	
<b>OTHER ELECTRIC</b>	\$32	\$35	\$39	\$45	\$50	\$59	
<b>WATER HEATING</b>							
a. Natural Gas	\$11	\$15	\$19	\$26	\$35	\$43	
b. Electric	\$12	\$20	\$28	\$44	\$61	\$78	
c. Fuel Oil	\$15	\$21	\$26	\$37	\$48	\$60	
d. Propane	\$32	\$43	\$54	\$76	\$100	\$124	
<b>WATER</b>							
a. City of St.Petersburg	\$15	\$20	\$24	\$33	\$39	\$45	
<b>SEWER</b>							
a. City of St.Petersburg	\$24	\$30	\$35	\$46	\$51	\$56	
<b>TRASH COLLECTION</b>	\$22	\$22	\$22	\$22	\$22	\$22	
<b>REFRIGERATOR</b>	\$5	\$5	\$5	\$5	\$5	\$5	
<b>RANGE</b>	\$4	\$4	\$4	\$4	\$4	\$4	
<b>OTHER:</b> Natural Gas Base Rate	\$15	\$15	\$15	\$20	\$20	\$20	
<b>ACTUAL FAMILY ALLOWANCES:</b> (To be used by family to complete allowance. Complete below for Actual Unit Rented)				<b>UTILITY OR SERVICE</b>		<b>PER MONTH</b>	
NAME OF FAMILY				HEATING		\$	
ADDRESS OF UNIT				AIR CONDITIONING		\$	
				COOKING		\$	
				OTHER ELECTRIC		\$	
				WATER HEATING		\$	
				WATER		\$	
				SEWER		\$	
				TRASH COLLECTION		\$	
				REFRIGERATOR		\$	
NUMBER OF BEDROOMS				RANGE		\$	
				OTHER		\$	
				<b>TOTAL</b>		\$	

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Development  
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OMB Approval No. 2577-0169 (4/30/2014)

LOCALITY		UNIT TYPE					DATE
St.Petersburg Housing Authority		Single Family					9/21/2015
UTILITY OR SERVICE	MONTHLY DOLLAR ALLOWANCE						
	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR	
<b>HEATING</b>							
a. Natural Gas	\$8	\$9	\$9	\$10	\$10	\$11	
b. Electric	\$6	\$8	\$9	\$10	\$12	\$12	
c. Fuel Oil	\$12	\$14	\$14	\$16	\$17	\$18	
d. Propane	\$22	\$24	\$26	\$28	\$30	\$31	
<b>AIR CONDITIONING</b>	\$14	\$18	\$23	\$30	\$36	\$42	
<b>COOKING</b>							
a. Natural Gas	\$7	\$8	\$9	\$10	\$11	\$11	
b. Electric	\$12	\$12	\$14	\$15	\$17	\$17	
c. Propane	\$21	\$22	\$27	\$28	\$31	\$32	
<b>OTHER ELECTRIC</b>	\$32	\$35	\$39	\$45	\$50	\$59	
<b>WATER HEATING</b>							
a. Natural Gas	\$11	\$15	\$19	\$26	\$35	\$43	
b. Electric	\$12	\$20	\$28	\$44	\$61	\$78	
c. Fuel Oil	\$15	\$21	\$26	\$37	\$48	\$60	
d. Propane	\$32	\$43	\$54	\$76	\$100	\$124	
<b>WATER</b>							
a. City of St.Petersburg	\$15	\$20	\$24	\$33	\$39	\$45	
<b>SEWER</b>							
a. City of St.Petersburg	\$24	\$30	\$35	\$46	\$51	\$56	
<b>TRASH COLLECTION</b>	\$22	\$22	\$22	\$22	\$22	\$22	
<b>REFRIGERATOR</b>	\$5	\$5	\$5	\$5	\$5	\$5	
<b>RANGE</b>	\$4	\$4	\$4	\$4	\$4	\$4	
<b>OTHER:</b> Natural Gas Base Rate	\$15	\$15	\$15	\$20	\$20	\$20	
<b>ACTUAL FAMILY ALLOWANCES:</b> (To be used by family to complete allowance. Complete below for Actual Unit Rented)				<b>UTILITY OR SERVICE</b>		<b>PER MONTH</b>	
NAME OF FAMILY				HEATING		\$	
ADDRESS OF UNIT				AIR CONDITIONING		\$	
				COOKING		\$	
				OTHER ELECTRIC		\$	
				WATER HEATING		\$	
				WATER		\$	
				SEWER		\$	
				TRASH COLLECTION		\$	
				REFRIGERATOR		\$	
				RANGE		\$	
				OTHER		\$	
NUMBER OF BEDROOMS				<b>TOTAL</b>		\$	

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U.S. Department of Housing and Urban  
Development  
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OMB Approval No. 2577-0169 (4/30/2014)

LOCALITY		UNIT TYPE					DATE
St.Petersburg Housing Authority		Townhouse					9/21/2015
UTILITY OR SERVICE		MONTHLY DOLLAR ALLOWANCE					
		0-BR	1-BR	2-BR	3-BR	4-BR	5-BR
<b>HEATING</b>							
a. Natural Gas		\$7	\$7	\$8	\$8	\$9	\$9
b. Electric		\$4	\$5	\$6	\$7	\$8	\$9
c. Fuel Oil		\$10	\$11	\$12	\$13	\$14	\$15
d. Propane		\$19	\$21	\$22	\$23	\$24	\$26
<b>AIR CONDITIONING</b>		\$12	\$16	\$20	\$25	\$32	\$38
<b>COOKING</b>							
a. Natural Gas		\$7	\$8	\$9	\$10	\$11	\$11
b. Electric		\$12	\$12	\$14	\$15	\$17	\$17
c. Propane		\$21	\$22	\$27	\$28	\$31	\$32
<b>OTHER ELECTRIC</b>		\$32	\$35	\$39	\$45	\$50	\$59
<b>WATER HEATING</b>							
a. Natural Gas		\$11	\$15	\$19	\$26	\$35	\$43
b. Electric		\$12	\$20	\$28	\$44	\$61	\$78
c. Fuel Oil		\$15	\$21	\$26	\$37	\$48	\$60
d. Propane		\$32	\$43	\$54	\$76	\$100	\$124
<b>WATER</b>							
a. City of St.Petersburg		\$15	\$20	\$24	\$33	\$39	\$45
<b>SEWER</b>							
a. City of St.Petersburg		\$24	\$30	\$35	\$46	\$51	\$56
<b>TRASH COLLECTION</b>		\$22	\$22	\$22	\$22	\$22	\$22
<b>REFRIGERATOR</b>		\$5	\$5	\$5	\$5	\$5	\$5
<b>RANGE</b>		\$4	\$4	\$4	\$4	\$4	\$4
<b>OTHER:</b> Natural Gas Base Rate		\$15	\$15	\$15	\$20	\$20	\$20
<b>ACTUAL FAMILY ALLOWANCES:</b> (To be used by family to complete allowance. Complete below for Actual Unit Hented)					<b>UTILITY OR SERVICE</b>		<b>PER MONTH</b>
NAME OF FAMILY					HEATING		\$
ADDRESS OF UNIT					AIR CONDITIONING		\$
					COOKING		\$
					OTHER ELECTRIC		\$
					WATER HEATING		\$
					WATER		\$
					SEWER		\$
					TRASH COLLECTION		\$
					REFRIGERATOR		\$
					RANGE		\$
					OTHER		\$
NUMBER OF BEDROOMS					<b>TOTAL</b>		\$

**Allowance for  
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U.S. Department of Housing and Urban  
Development  
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OMB Approval No. 2577-0188 (4/30/2014)

LOCALITY		UNIT TYPE					DATE
St.Petersburg Housing Authority		High-Rise			5-12 FLOORS		9/21/2015
UTILITY OR SERVICE	MONTHLY DOLLAR ALLOWANCE						
	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR	
<b>HEATING</b>							
a. Natural Gas	\$6	\$6	\$6	\$7	\$7	\$7	
b. Electric	\$2	\$2	\$3	\$4	\$4	\$5	
c. Fuel Oil	\$8	\$9	\$9	\$10	\$10	\$11	
d. Propane	\$16	\$17	\$17	\$18	\$19	\$20	
<b>AIR CONDITIONING</b>							
	\$9	\$11	\$13	\$18	\$22	\$26	
<b>COOKING</b>							
a. Natural Gas	\$7	\$8	\$9	\$10	\$11	\$11	
b. Electric	\$12	\$12	\$14	\$15	\$17	\$17	
c. Propane	\$21	\$22	\$27	\$28	\$31	\$32	
<b>OTHER ELECTRIC</b>							
	\$32	\$35	\$39	\$45	\$50	\$59	
<b>WATER HEATING</b>							
a. Natural Gas	\$11	\$15	\$19	\$26	\$35	\$43	
b. Electric	\$12	\$20	\$28	\$44	\$61	\$78	
c. Fuel Oil	\$15	\$21	\$26	\$37	\$48	\$60	
d. Propane	\$32	\$43	\$54	\$76	\$100	\$124	
<b>WATER</b>							
a. City of St.Petersburg	\$15	\$20	\$24	\$33	\$39	\$45	
<b>SEWER</b>							
a. City of St.Petersburg	\$24	\$30	\$35	\$46	\$51	\$56	
<b>TRASH COLLECTION</b>							
	\$22	\$22	\$22	\$22	\$22	\$22	
<b>REFRIGERATOR</b>							
	\$5	\$5	\$5	\$5	\$5	\$5	
<b>RANGE</b>							
	\$4	\$4	\$4	\$4	\$4	\$4	
<b>OTHER: Natural Gas Base Rate</b>							
	\$15	\$15	\$15	\$20	\$20	\$20	
<b>ACTUAL FAMILY ALLOWANCES: (To be used by family to complete allowance. Complete below for Actual Unit Hented)</b>				<b>UTILITY OR SERVICE</b>		<b>PER MONTH</b>	
NAME OF FAMILY				HEATING		\$	
ADDRESS OF UNIT				AIR CONDITIONING		\$	
				COOKING		\$	
				OTHER ELECTRIC		\$	
				WATER HEATING		\$	
				WATER		\$	
				SEWER		\$	
				TRASH COLLECTION		\$	
NUMBER OF BEDROOMS				REFRIGERATOR		\$	
				RANGE		\$	
				OTHER		\$	
				<b>TOTAL</b>		\$	

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OMB Approval No. 2577-0189 (4/30/2014)

LOCALITY		UNIT TYPE					DATE
St.Petersburg Housing Authority		Mobile Home					9/21/2015
UTILITY OR SERVICE		MONTHLY DOLLAR ALLOWANCE					
		0-BR	1-BR	2-BR	3-BR	4-BR	5-BR
<b>HEATING</b>							
a. Natural Gas		\$8	\$8	\$9	\$10	\$10	\$11
b. Electric		\$5	\$6	\$8	\$10	\$10	\$12
c. Fuel Oil		\$12	\$13	\$14	\$15	\$16	\$18
d. Propane		\$21	\$22	\$25	\$27	\$28	\$31
<b>AIR CONDITIONING</b>							
		\$11	\$14	\$17	\$22	\$27	\$33
<b>COOKING</b>							
a. Natural Gas		\$7	\$8	\$9	\$10	\$11	\$11
b. Electric		\$12	\$12	\$14	\$15	\$17	\$17
c. Propane		\$21	\$22	\$27	\$28	\$31	\$32
<b>OTHER ELECTRIC</b>							
		\$32	\$35	\$39	\$45	\$50	\$59
<b>WATER HEATING</b>							
a. Natural Gas		\$11	\$15	\$19	\$26	\$35	\$43
b. Electric		\$12	\$20	\$28	\$44	\$61	\$78
c. Fuel Oil		\$15	\$21	\$26	\$37	\$48	\$60
d. Propane		\$32	\$43	\$54	\$76	\$100	\$124
<b>WATER</b>							
a. City of St.Petersburg		\$15	\$20	\$24	\$33	\$39	\$46
<b>SEWER</b>							
a. City of St.Petersburg		\$24	\$30	\$35	\$46	\$51	\$56
<b>TRASH COLLECTION</b>							
		\$22	\$22	\$22	\$22	\$22	\$22
<b>REFRIGERATOR</b>							
		\$5	\$5	\$5	\$5	\$5	\$5
<b>RANGE</b>							
		\$4	\$4	\$4	\$4	\$4	\$4
<b>OTHER: Natural Gas Base Rate</b>							
		\$15	\$15	\$15	\$20	\$20	\$20
<b>ACTUAL FAMILY ALLOWANCES: (To be used by family to complete allowance. Complete below for Actual Unit Hented)</b>					<b>UTILITY OR SERVICE</b>		<b>PER MONTH</b>
NAME OF FAMILY					HEATING		\$
ADDRESS OF UNIT					AIR CONDITIONING		\$
					COOKING		\$
					OTHER ELECTRIC		\$
					WATER HEATING		\$
					WATER		\$
					SEWER		\$
					TRASH COLLECTION		\$
					REFRIGERATOR		\$
					RANGE		\$
					OTHER		\$
NUMBER OF BEDROOMS					<b>TOTAL</b>		\$

## *Medical Equipment Allowances*

Item	Hrs/Day	Wattage	Monthly Consumption (kWh)	Allowance
Oxygen Concentrator	18	400	219	\$29
Nebulizer	2	75	5	\$1
Electric Hospital Bed	0.2	200	1	\$1
Alternating Pressure Pad	24	70	51	\$7
Low Air-Loss Mattress	24	120	88	\$12
Power Wheelchair/Scooter	3	360	33	\$5
CPAP Machine	10	30	9	\$2

### **Oxygen Concentrator**

Use per day varies, assume 12 to 24 hours a day.

The 5-Liter model uses 400 W, the 3-Liter model uses 320 W.

### **Nebulizer**

A medicine delivery system used mostly for pediatric care.

Used 4-6 times a day for 20 minutes at a time at 75 W.

### **Semi/Fully Electric Hospital Beds**

Use depends on adjustments. 200 W.

### **Alternating Pressure Pad**

An air-filled mattress overlay.

Used 24 hours a day for someone who is bed-ridden.

### **Low Air-Loss Mattress**

Takes the place of mattress - air-filled pressurized mattress.

Cycles air around every 15-20 minutes.

### **Power Wheelchairs and Scooters**

Need to be charged approximately 8 hours every 3 days.

Batteries are 120 V, 3 Amp, 360 W.

### **CPAP Machines**

Used for Sleep Apnea. Machines run only at night for people who have a tendency to stop breathing at night. At maximum pressure they use 40 Watts. On average - 30Watts.