

# 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  
(exp 9/30/2017)

Locality		Unit Type										Effective
HOUSING AUTHORITY OF BERGEN COUNTY		SINGLE FAMILY DETACHED										11/01/2016
Utility or Service		Monthly Dollar Allowances										
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR	9 BR	10 BR
Heating	a. Natural Gas	37	50	59	75	85	99	113	128			
	b. Electric	53	71	86	108	122	142	163	184			
	c. Bottle Gas	114	155	185	233	264	307	353	399			
	d. Oil	71	96	115	144	163	190	218	247			
Cooking	a. Natural Gas	5	7	9	11	14	15	18	20			
	b. Electric	11	14	18	23	28	30	35	40			
	c. Bottle Gas	17	21	29	35	44	47	55	62			
Other Electricity	36	47	63	78	96	104	119	135				
Air Conditioning	11	14	18	23	27	31						
Water Heating	a. Natural Gas	7	9	12	14	18	19	22	25			
	b. Electric	14	18	24	29	36	39	45	51			
	c. Bottle Gas	21	27	36	44	55	59	68	77			
	d. Oil	12	15	20	25	31	34	39	44			
Water	28	36	43	52	58	65						
Sewer	42	42	42	42	42	42						
Trash Collection												
Range/Microwave	4	4	5	5	5	5						
Refrigerator	3	3	3	5	5	5						
Other -- specify												

**Actual Family Allowances** To be used by the family to compute allowance.  
Complete below for actual unit rented.

Name of Family \_\_\_\_\_

Address of Unit \_\_\_\_\_

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	_____
<b>Total</b>	<b>\$ _____</b>

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Locality		Unit Type										Effective
HOUSING AUTHORITY OF BERGEN COUNTY		SEMI DETACHED										11/01/2016
Utility or Service		Monthly Dollar Allowances										
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR	9 BR	10 BR
Heating	a. Natural Gas	32	41	55	68	81	91	105	119			
	b. Electric	46	59	79	98	117	131	151	171			
	c. Bottle Gas	100	128	171	212	253	284	327	369			
	d. Oil	62	79	106	131	157	176	202	229			
Cooking	a. Natural Gas	5	7	9	11	14	15	18	20			
	b. Electric	11	14	18	23	28	30	35	40			
	c. Bottle Gas	17	21	29	35	44	47	55	62			
Other Electricity	36	47	63	78	96	104	119	135				
Air Conditioning	11	14	18	23	27	31						
Water Heating	a. Natural Gas	7	9	12	14	18	19	22	25			
	b. Electric	14	18	24	29	36	39	45	51			
	c. Bottle Gas	21	27	36	44	55	59	68	77			
	d. Oil	12	15	20	25	31	34	39	44			
Water	28	36	43	52	58	65						
Sewer	52	52	52	52	52	52						
Trash Collection												
Range/Microwave	4	4	5	5	5	5						
Refrigerator	3	3	3	5	5	5						
Other -- specify												

**Actual Family Allowances** To be used by the family to compute allowance.  
Complete below for actual unit rented.

Name of Family \_\_\_\_\_

Address of Unit \_\_\_\_\_

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	_____
<b>Total</b>	<b>\$ _____</b>

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Locality <b>HOUSING AUTHORITY BERGEN COUNTY</b>	Unit Type <b>Rowhouse/townhouse</b>	Effective <b>11/01/2016</b>
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Utility or Service	Monthly Dollar Allowances											
	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR	9 BR	10 BR	
Heating	a. Natural Gas	28	37	50	63	76	88	101	115			
	b. Electric	40	53	72	90	109	127	146	165			
	c. Bottle Gas	86	115	156	195	236	274	315	357			
	d. Oil	53	71	97	121	146	170	195	221			
Cooking	a. Natural Gas	5	7	9	11	14	15	18	20			
	b. Electric	11	14	18	23	28	30	35	40			
	c. Bottle Gas	17	21	29	35	44	47	55	62			
Other Electricity	36	47	63	78	96	104	119	135				
Air Conditioning	11	14	18	23	27	31						
Water Heating	a. Natural Gas	7	9	12	14	18	19	22	25			
	b. Electric	14	18	24	29	36	39	45	51			
	c. Bottle Gas	21	27	36	44	55	59	68	77			
	d. Oil	12	15	20	25	31	34	39	44			
Water	28	36	43	52	58	65						
Sewer	52	52	52	52	52	52						
Trash Collection												
Range/Microwave	4	4	5	5	5	5						
Refrigerator	3	3	3	5	5	5						
Other -- specify												

**Actual Family Allowances** To be used by the family to compute allowance.  
Complete below for actual unit rented.

Name of Family \_\_\_\_\_

Address of Unit \_\_\_\_\_

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	_____
<b>Total</b>	<b>\$ _____</b>

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Locality		Unit Type <b>Low-rise</b>										Effective	
<b>HOUSING AUTHORITY OF BERGEN COUNTY</b>												<b>11/01/2016</b>	
Utility or Service		Monthly Dollar Allowances											
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR	9 BR	10 BR	
Heating	a. Natural Gas	30	39	53	65	78	90	103	117				
	b. Electric	43	57	76	94	113	129	149	168				
	c. Bottle Gas	94	123	164	202	243	280	321	363				
	d. Oil	58	76	101	125	151	173	199	225				
Cooking	a. Natural Gas	5	7	9	11	14	15	18	20				
	b. Electric	11	14	18	23	28	30	35	40				
	c. Bottle Gas	17	21	29	35	44	47	55	62				
Other Electricity	36	47	63	78	96	104	119	135					
Air Conditioning	10	13	17	21	25	28							
Water Heating	a. Natural Gas	7	9	12	14	18	19	22	25				
	b. Electric	14	18	24	29	36	39	45	51				
	c. Bottle Gas	21	27	36	44	55	59	68	77				
	d. Oil	12	15	20	25	31	34	39	44				
Water	28	36	43	52	58	65							
Sewer	52	52	52	52	52	52							
Trash Collection													
Range/Microwave	4	4	5	5	5	5							
Refrigerator	3	3	3	5	5	5							
Other -- specify													

**Actual Family Allowances** To be used by the family to compute allowance.  
Complete below for actual unit rented.

Name of Family \_\_\_\_\_

Address of Unit \_\_\_\_\_

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	_____
<b>Total</b>	<b>\$ _____</b>

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Locality		Unit Type										Effective
HOUSING AUTHORITY OF BERGEN COUNTY		High rise with elevator										11/01/2016
Utility or Service		Monthly Dollar Allowances										
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR	9 BR	10 BR
Heating	a. Natural Gas	29	33	39	47	53	66	76	86			
	b. Electric	36	45	55	67	84	97	112	127			
	c. Bottle Gas											
	d. Oil											
Cooking	a. Natural Gas	5	7	9	11	14	15	18	20			
	b. Electric	11	14	18	23	28	30	35	40			
	c. Bottle Gas	17	21	29	35	44	47	55	62			
Other Electricity	36	47	63	78	96	104	119	135				
Air Conditioning	10	13	17	21	25	28						
Water Heating	a. Natural Gas	7	9	12	14	18	19	22	25			
	b. Electric	14	18	24	29	36	39	45	51			
	c. Bottle Gas	21	27	36	44	55	59	68	77			
	d. Oil	12	15	20	25	31	34	39	44			
Water	28	36	43	52	58	65						
Sewer	52	52	52	52	52	52						
Trash Collection												
Range/Microwave	4	4	5	5	5	5						
Refrigerator	3	3	3	5	5	5						
Other -- specify												

**Actual Family Allowances** To be used by the family to compute allowance.  
Complete below for actual unit rented.

Name of Family \_\_\_\_\_

Address of Unit \_\_\_\_\_

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	_____
<b>Total</b>	<b>\$ _____</b>

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Locality		Unit Type										Effective	
HOUSING AUTHORITY OF BERGEN COUNTY		Manufactured home										11/01/2016	
Utility or Service		Monthly Dollar Allowances											
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	7 BR	8 BR	9 BR	10 BR	
Heating	a. Natural Gas	28	34	44	56	70							
	b. Electric	40	48	63	80	101							
	c. Bottle Gas	87	105	136	174	218							
	d. Oil	54	65	84	108	135							
Cooking	a. Natural Gas	5	7	9	11	14	15	18	20				
	b. Electric	11	14	18	23	28	30	35	40				
	c. Bottle Gas	17	21	29	35	44	47	55	62				
Other Electricity		36	47	63	78	96	104	119	135				
Air Conditioning		16	20	27	33	40							
Water Heating	a. Natural Gas	7	9	12	14	18	19	22	25				
	b. Electric	14	18	24	29	36	39	45	51				
	c. Bottle Gas	21	27	36	44	55	59	68	77				
	d. Oil	12	15	20	25	31	34	39	44				
Water		28	36	43	52	58	65						
Sewer		52	52	52	52	52	52						
Trash Collection													
Range/Microwave		4	4	5	5	5	5						
Refrigerator		3	3	3	5	5	5						
Other -- specify													

**Actual Family Allowances** To be used by the family to compute allowance.  
Complete below for actual unit rented.

Name of Family \_\_\_\_\_

Address of Unit \_\_\_\_\_

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	_____
<b>Total</b>	<b>\$ _____</b>