OMB Approval No. 2577-0169 exp. 04/30/2026

The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

Locality/PHA Hamilton Co./Cha	thority	Unit Type Duplex (2-4 Units)				Date (mm/dd/yyyy) 10/01/2025	
Utility or Service	Fuel Type	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	17	20	21	.23	24	25
	Bottled Gas	98	115	123	131	139	147
	Electric	20	23	29	35	41	47
	Electric – Heat Pump	15	18	21	24	27	29
	Fuel Oil	0	0	0	0	0	0
	Other	0	0	0	0	0	0
			+	+			+
Cooking	Natural Gas	31	32	33	33	34	35
	Bottled Gas	10	12	17	22	27	33
	Electric	5	6	8	11	13	16
	Other	0	0	0	0	0	0
Other Electric		42	46	56	66	76	86
Air Conditioning		9	11	15	19	23	28
Water Heating	Natural Gas	5	6	8	11	13	16
	Bottled Gas	28	33	48	62	77	92
	Electric	14	17	22	26	31	36
	Electric – Heat Pump	0	0	0	0	0	0
	Fuel Oil	0	0	0	0	0	0
Matar	T del Oil	1					
Water		27	31	53	86	119	152
Sewer		64	71	118	189	260	331
Trash Collection		10	10	10	10	10	10
Other – specify		0	0	0	0	0	0
Range/Microwave		17	17	17	17	17	17
Refrigerator		21	21	21	21	21	21
Actual Family Allowances - May be used by the family to compute allowance while					Utility/Service/Appliance		Allowance
searching for a unit.					Heating		
Head of Household Name					Cooking Other Electric		
					Air Conditio		
Unit Address					Water Heating		
					Water	u .	
					Sewer		
					Trash Colle	ction	
					Other		
Number of Bedrooms					Range/Microwave		
					Refrigerato		
					Total		