**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**
**SECTION 8 EXISTING HOUSING ALLOWANCES FOR TENANT-FURNISHED UTILITIES AND OTHER SERVICES**

Date Effective: February 1, 2017

**Locality: Pulaski County PHA** — **Camden, Laclede, Miller, Pulaski**

| **UTILITY OR SERVICE** | | **MONTHLY DOLLAR ALLOWANCES** | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | **1 BR** | | | **2BR** | | | **3 BR** | | | **4BR** | | |
| | | **APT** | **TRL** | **HS** | **APT** | **TRL** | **HS** | **APT** | **TRL** | **HS** | **APT** | **TRL** | **HS** |
| **HEATING** | a: Natural Gas | 31 | 53 | 62 | 37 | 60 | 70 | 41 | 69 | 79 | 47 | 76 | 88 |
| | b: Bottle Gas | 32 | 54 | 63 | 37 | 62 | 71 | 43 | 70 | 81 | 48 | 78 | 91 |
| | c: Electric | 14 | 30 | 32 | 19 | 32 | 38 | 24 | 34 | 43 | 28 | 35 | 48 |
| | d: Oil/Other | | | | | | | | | | | | |
| **COOKING** | a: Natural Gas | 6 | 6 | 6 | 7 | 7 | 7 | 10 | 10 | 10 | 12 | 12 | 12 |
| | b: Bottle Gas | 5 | 5 | 5 | 7 | 7 | 7 | 11 | 11 | 11 | 12 | 12 | 12 |
| | c: Electric | 6 | 6 | 6 | 7 | 7 | 7 | 9 | 9 | 9 | 10 | 10 | 10 |
| | d. Coal/Other | | | | | | | | | | | | |
| **OTHER ELECTRIC** | | 22 | 27 | 30 | 28 | 38 | 39 | 34 | 49 | 47 | 40 | 59 | 56 |
| **AIR CONDITIONING** | | 5 | 6 | 7 | 8 | 9 | 11 | 11 | 13 | 15 | 13 | 16 | 19 |
| **WATER HEATING** | a: Natural Gas | 18 | 18 | 18 | 25 | 25 | 25 | 31 | 31 | 31 | 35 | 35 | 35 |
| | b: Bottle Gas | 18 | 18 | 18 | 26 | 26 | 26 | 32 | 32 | 32 | 36 | 36 | 36 |
| | c: Electric | 13 | 10 | 13 | 18 | 18 | 18 | 23 | 23 | 23 | 27 | 27 | 27 |
| | d: Oil/Other | | | | | | | | | | | | |
| **WATER** | | 19 | 19 | 19 | 23 | 23 | 23 | 27 | 27 | 27 | 31 | 31 | 31 |
| **SEWER** | | 36 | 36 | 36 | 40 | 40 | 40 | 45 | 45 | 45 | 49 | 49 | 49 |
| **TRASH** | | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| **RANGE/MICROWAVE** | | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 |
| **REFRIGERATOR** | | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 | 13 |
| **OTHER- MONTHLY ELECTRIC FEE** | | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 |
| **MONTHLY NATURAL GAS FEE** | | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |

**ACTUAL FAMILY ALLOWANCES:** To be used by the family to compute allowance. Complete below for the 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 | $ |
| Range/Microwave | $ |
| Refridgerator | $ |
| Other | $ |
| Other | $ |
| **Total** | **$** |