



**Housing Choice Voucher Program**

**Allowances for  
Tenant-Furnished Utilities  
and Other Services**

**U.S. Department of Housing  
and Urban Development**  
Office of Public and Indian Housing

Locality <b>San Bernardino County</b>	Age mixed	Unit Type <b>Apartment</b>	Date (mm/dd/yyyy) <b>10/1/2016</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	
Heating	a. Natural Gas	9	10	12	14	16	18	19	
	b. Bottle Gas	21	25	29	33	38	43	45	
	c. Electric	19	23	29	36	45	56	63	
Cooking	a. Natural Gas	9	10	11	12	13	14	15	
	b. Bottle Gas	21	23	26	28	31	34	36	
	c. Electric	9	10	15	20	24	29	35	
Other Electric		31	36	47	59	74	88	100	
Air Conditioning		11	15	25	35	45	57	76	
Water Heating	a. Natural Gas	9	11	17	21	25	27	29	
	b. Bottle Gas	23	27	40	51	59	66	71	
	c. Electric	19	26	41	54	64	70	80	
Water		28	30	33	37	41	44	50	
Sewer		35	35	35	35	35	35	35	
Trash Collection		24	24	24	24	24	24	24	
Range/Microwave		3	3	3	3	3	3	3	
Refrigerator		4	4	4	4	4	4	4	
Other - specify		0	0	0	0	0	0	0	

Actual Family Allowances to be used by the family to compute allowance. Complete below for the actual unit rented.	Utility or Service	Monthly Cost
<b>Name of Family</b>	Heating	
	Cooking	
	Other Electric	
<b>Address of Use</b>	Air Conditioning	
	Water Heating	
	Water	
	Sewer	
	Trash Collection	
	Range/Microwave	
<b>Number of Bedrooms</b>	Refrigerator	
	Other	
	<b>Total</b>	\$

Previous editions are obsolete

Spreadsheet (ver10) based on form HUD-52667 (12/97).  
ref. Handbook 7420.8

**Any individual, company, corporation, government agency or organization using these utility allowances shall indemnify, defend, and hold harmless the Housing Authority of the County of San Bernardino, its officers, officials, employees, and volunteers from and against any and all liability, claims, damage, cost, expenses, awards, fines, judgments, and attorney fees (including, without limitation, costs, attorney fees, expert witness fees, and other expenses of litigation) of every nature arising out of or in connection with the use of these utility allowances under any circumstances.**



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Locality <b>San Bernardino County</b>	Age mixed	Unit Type <b>Detached Houses</b>	Date (mm/dd/yyyy) <b>10/1/2016</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
Heating	a. Natural Gas	22	26	30	34	38	42	45
	b. Bottle Gas	53	64	73	83	92	102	109
	c. Electric	40	48	58	71	84	92	104
Cooking	a. Natural Gas	9	10	11	12	13	14	15
	b. Bottle Gas	21	23	26	28	31	34	36
	c. Electric	9	13	17	22	26	29	34
Other Electric		43	51	70	90	113	135	153
Air Conditioning		19	23	37	52	71	91	101
Water Heating	a. Natural Gas	9	11	17	21	25	27	29
	b. Bottle Gas	23	27	40	51	59	66	71
	c. Electric	23	28	44	55	64	76	86
Water		28	30	33	37	41	44	51
Sewer		35	35	35	35	35	35	35
Trash Collection		24	24	24	24	24	24	24
Range/Microwave		3	3	3	3	3	3	3
Refrigerator		4	4	4	4	4	4	4
Other - specify		0	0	0	0	0	0	0

Actual Family Allowances to be used by the family to compute allowance. Complete below for the actual unit rented.	Utility or Service	Monthly Cost
<b>Name of Family</b>	Heating	
	Cooking	
	Other Electric	
<b>Address of Use</b>	Air Conditioning	
	Water Heating	
	Water	
	Sewer	
	Trash Collection	
	Range/Microwave	
<b>Number of Bedrooms</b>	Refrigerator	
	Other	
	<b>Total</b>	\$

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Locality <b>San Bernardino County</b>	Age mixed	Unit Type <b>Manufactured homes</b>	Date (mm/dd/yyyy) <b>10/1/2016</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
Heating	a. Natural Gas	19	22	25	29	32	36	39
	b. Bottle Gas	45	54	62	70	78	86	94
	c. Electric	43	52	57	63	69	71	79
Cooking	a. Natural Gas	9	10	11	12	13	14	15
	b. Bottle Gas	21	23	26	28	31	34	36
	c. Electric	9	11	17	22	26	29	31
Other Electric		39	45	68	93	121	149	173
Air Conditioning		15	20	32	45	61	79	100
Water Heating	a. Natural Gas	9	11	17	21	25	27	29
	b. Bottle Gas	23	27	40	51	59	66	71
	c. Electric	22	27	44	55	66	79	87
Water		28	30	33	37	41	44	50
Sewer		35	35	35	35	35	35	35
Trash Collection		24	24	24	24	24	24	24
Range/Microwave		3	3	3	3	3	3	3
Refrigerator		4	4	4	4	4	4	4
Other - specify		0	0	0	0	0	0	0

Actual Family Allowances to be used by the family to compute allowance. Complete below for the actual unit rented.	Utility or Service	Monthly Cost
<b>Name of Family</b>	Heating	
	Cooking	
	Other Electric	
<b>Address of Use</b>	Air Conditioning	
	Water Heating	
	Water	
	Sewer	
	Trash Collection	
	Range/Microwave	
<b>Number of Bedrooms</b>	Refrigerator	
	Other	
	<b>Total</b>	\$

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