Utility Allowance Schedule

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 25577-0169 exp.7/31/2022

See Public Reporting and Instructions on back. Date (mm/dd/yyyy): 01/01/2022 The following allowances are used to determine the total cost of tenant-furnished utilities and appliances. Locality: Mesilla Valley Public Housing Authority, Unit Type: Apartment **Utility or Service:** 0 BR 1 BR 2 BR 3 BR 4 BR 5 BR Monthly Dollar Allowances Heating \$13.00 \$16.00 \$17.00 \$20.00 \$22.00 \$24.00 Natural Gas (avg) **Bottle Gas/Propane** \$54.00 \$67.00 \$74.00 \$83.00 \$90.00 \$102.00 b. \$11.00 \$14.00 \$18.00 \$21.00 C. **Electric** \$9.00 \$24.00 Electric Heat Pump \$8.00 \$10.00 \$12.00 \$13.00 \$14.00 \$16.00 N/A N/A N/A N/A N/A N/A Oil Cooking \$2.00 \$2.00 \$4.00 \$5.00 \$7.00 \$7.00 Natural Gas (avg) a. \$10.00 \$16.00 \$22.00 \$29.00 \$32.00 **Bottle Gas/Propane** \$10.00 \$10.00 Electric \$4.00 \$4.00 \$6.00 \$8.00 \$12.00 Other Electric & Cooling \$17.00 \$23.00 \$30.00 \$36.00 Other Electric (Lights & Appliances) \$14.00 \$43.00 \$16.00 \$19.00 Air Conditioning \$8.00 \$9.00 \$12.00 \$23.00 **Water Heating** \$6.00 \$12.00 \$14.00 \$17.00 Natural Gas (avg) \$5.00 \$9.00 \$61.00 \$70.00 **Bottle Gas/Propane** \$22.00 \$26.00 \$38.00 \$48.00 \$11.00 \$16.00 \$19.00 \$22.00 **Electric** \$9.00 \$13.00 c. N/A N/A N/A Oil N/A N/A N/A d. Water, Sewer, Trash Collection \$22.00 \$22.00 \$26.00 \$30.00 \$34.00 \$38.00 Water (avg) \$33.00 \$37.00 \$25.00 \$25.00 \$27.00 \$29.00 Sewer (avg) \$21.00 \$21.00 \$21.00 \$21.00 \$21.00 \$21.00 Trash Collection (avg) **Tenant-supplied Appliances** \$11.00 Range / Microwave Tenant-supplied \$11.00 \$11.00 \$11.00 \$11.00 \$11.00 \$12.00 \$12.00 \$12.00 \$12.00 \$12.00 Refrigerator Tenant-supplied \$12.00 Other--specify: Monthly Charges \$8.00 \$8.00 \$8.00 Electric Charge \$7.57 \$8.00 \$8.00 \$8.00 \$14.00 \$14.00 Natural Gas Charge \$13.95 (avg) \$14.00 \$14.00 \$14.00 \$14.00 **Utility or Service** per month cost **Actual Family Allowances** Heating To be used by the family to compute allowance. Complete below for the actual unit rented. \$ Cooking \$ Name of Family Other Electric Air Conditioning \$ Water Heating 1 Address of Unit Water \$ Sewer \$ Trash Collection \$ Range / Microwave Refrigerator \$ \$ Other \$ Number of Bedrooms Other Total \$



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The following allowances are used to determine the total cost of

Date (mm/dd/yyyy):

01/01/2022

| tenant-furished utilities and appliances. | | - 110 11 ZOZZ | | | | | |
|--|---------------------|---------------------------|-------------------|------------|--------------------|-------------------------------|--|
| Locality: Mesilla Valley Public Housing Authority, NM | | | | | | | |
| | | Detached/Duplex | | | | | |
| Utility or Service: | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR | |
| the state of the s | | | Monthly Dollar | Allowances | | | |
| Heating | | ASCIONATE. | | | | | |
| a. Natural Gas (avg) | \$17.00 | \$21.00 | \$23.00 | \$26.00 | \$28.00 | \$31.00 | |
| b. Bottle Gas/Propane | \$74.00 | \$86.00 | \$99.00 | \$109.00 | \$118.00 | \$128.00 | |
| c. Electric | \$14.00 | \$16.00 | \$20.00 | \$24.00 | \$28.00 | \$32.00 | |
| d. Electric Heat Pump | \$10.00 | \$12.00 | \$14.00 | \$16.00 | \$17.00 | \$19.00 | |
| e. Oil | N/A | N/A | N/A | N/A | N/A | N/A | |
| Cooking | | | ACTIVITY OF | | | | |
| a. Natural Gas (avg) | \$2.00 | \$2.00 | \$4.00 | \$5.00 | \$7.00 | \$7.00 | |
| b. Bottle Gas/Propane | \$10.00 | \$10.00 | \$16.00 | \$22.00 | \$29.00 | \$32.00 | |
| c. Electric | \$4.00 | \$4.00 | \$6.00 | \$8.00 | \$10.00 | \$12.00 | |
| Other Electric & Cooling | NET VERY LESSE. | | | | | | |
| Other Electric (Lights & Appliances) | \$18.00 | \$21.00 | \$29.00 | \$38.00 | \$46.00 | \$54.00 | |
| Air Conditioning | \$8.00 | \$9.00 | \$15.00 | \$22.00 | \$28.00 | \$34.00 | |
| Water Heating | | | | Grand and | | | |
| a. Natural Gas (avg) | \$7.00 | \$7.00 | \$11.00 | \$14.00 | \$17.00 | \$21.00 | |
| b. Bottle Gas/Propane | \$29.00 | \$32.00 | \$45.00 | \$61.00 | \$74.00 | \$86.00 | |
| c. Electric | \$11.00 | \$13.00 | \$17.00 | \$20.00 | \$24.00 | \$28.00 | |
| d. Oil | N/A | | N/A | N/A | N/A | N/A | |
| Water, Sewer, Trash Collection | HARLE TELEVISION OF | HEAT ENGLES | | HOSSIES | | | |
| Water (avg) | \$22.00 | \$22.00 | \$26.00 | \$30.00 | \$34.00 | \$38.00 | |
| Sewer (avg) | \$25.00 | | | \$29.00 | \$33.00 | \$37.00 | |
| Trash Collection (avg) | \$21.00 | | | \$21.00 | \$21.00 | \$21.00 | |
| Tenant-supplied Appliances | | TABLE TO THE | AT DESCRIPTION | SWEETS | CHECK BOOK SERVICE | | |
| Range / Microwave Tenant-supplied | \$11.00 | \$11.00 | \$11.00 | \$11.00 | \$11.00 | \$11.00 | |
| Refrigerator Tenant-supplied | \$12.00 | | | \$12.00 | \$12.00 | \$12.00 | |
| Otherspecify: Monthly Charges | G X CAST TO MILLER | EALESTE WEST | es interes | | TO COLUMN TWO | STEPACE IS | |
| Electric Charge \$7.57 | \$8.00 | \$8.00 | \$8.00 | \$8.00 | \$8.00 | \$8.00 | |
| Natural Gas Charge \$13.95 (avg) | \$14.00 | | | \$14.00 | \$14.00 | \$14.00 | |
| | \$14.00 | 414.00 | Utility or | | per mon | MINISTER WHEN PERSON NAMED IN | |
| Actual Family Allowances To be used by the family to compute allowance. Complete below for the actual unit rented. | | | Heating | | \$ | | |
| | | | Cooking | | \$ | | |
| | | Other Electric | | \$ | | | |
| Name of Family | | | Air Conditioning | | \$ | | |
| | | | Water Heati | | \$ | | |
| 10.5 | | | - | ilg . | \$ | 10 3423 - 41 | |
| Address of Unit | | | Water | | \$ | | |
| | | Sewer Trash Collection | | \$ | | | |
| | | | | | | | |
| | | | Range / Microwave | | \$ | | |
| | | | Refrigerator | | \$ | | |
| | | | Other | | \$ | | |
| Number of Bedrooms | | | Other | | \$ | | |
| | | | Total | | \$ | | |



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| C. Electric | \$20.00[| \$24.00 | \$28.00 | \$31.00 | \$35.00 | \$39.00 |
|--------------------------------------|-----------------------|------------|--------------------|----------|----------------|------------------|
| d. Electric Heat Pump | \$12.00 | \$14.00 | \$16.00 | \$18.00 | \$20.00 | \$23.00 |
| e. Oil | N/A | N/A | N/A | N/A | N/A | N/A |
| Cooking | State State of | 100 | | THE PART | | MANUAL PROPERTY. |
| a. Natural Gas (avg) | \$2.00 | \$2.00 | \$4.00 | \$5.00 | \$7.00 | \$7.00 |
| b. Bottle Gas/Propane | \$10.00 | \$10.00 | \$16.00 | \$22.00 | \$29.00 | \$32.00 |
| c. Electric | \$4.00 | \$4.00 | \$6.00 | \$8.00 | \$10.00 | \$12.00 |
| Other Electric & Cooling | | | | ANTHUR. | With the | |
| Other Electric (Lights & Appliances) | \$21.00 | \$25.00 | \$34.00 | \$44.00 | \$54.00 | \$64.00 |
| Air Conditioning | \$6.00 | \$7.00 | \$16.00 | \$24.00 | \$33.00 | \$42.00 |
| Water Heating | | W. 25 C | Marie M. | HERM | -144890 | |
| a. Natural Gas (avg) | \$7.00 | \$7.00 | \$11.00 | \$14.00 | \$17.00 | \$21.00 |
| b. Bottle Gas/Propane | \$29.00 | \$32.00 | \$45.00 | \$61.00 | \$74.00 | \$86.00 |
| c. Electric | \$11.00 | \$13.00 | \$17.00 | \$20.00 | \$24.00 | \$28.00 |
| d. Oil | N/A | N/A | N/A | N/A | N/A | N/A |
| Water, Sewer, Trash Collection | CANAL TO A PARTY OF A | | Very Vie | | 947944 | ALCOHOL: |
| Water (avg) | \$22.00 | \$22.00 | \$26.00 | \$30.00 | \$34.00 | \$38.00 |
| Sewer (avg) | \$25.00 | \$25.00 | \$27.00 | \$29.00 | \$33.00 | \$37.00 |
| Trash Collection (avg) | \$21.00 | \$21.00 | \$21.00 | \$21.00 | \$21.00 | \$21.00 |
| Tenant-supplied Appliances | | Markey (15 | | 1444 | | TeX (72) |
| Range / Microwave Tenant-supplied | \$11.00 | \$11.00 | \$11.00 | \$11.00 | \$11.00 | \$11.00 |
| Refrigerator Tenant-supplied | \$12.00 | \$12.00 | \$12.00 | \$12.00 | \$12.00 | \$12.00 |
| Otherspecify: Monthly Charges | | | Cont. | | | E SUPE |
| Electric Charge \$7.57 | \$8.00 | \$8.00 | \$8.00 | \$8.00 | \$8.00 | \$8.00 |
| Natural Gas Charge \$13.95 (avg) | \$14.00 | \$14.00 | \$14.00 | \$14.00 | \$14.00 | \$14.00 |
| Actual Family Allowances | | | Utility or Service | | per month cost | |
| - | | _ | | | | |

| To be used by the family to compute allowance. Complete below for the actual | Heating | 4 |
|--|-------------------|--------------|
| | | - |
| unit rented. | Cooking | \$ |
| Name of Family | Other Electric | \$ |
| | Air Conditioning | \$ |
| | Water Heating | \$ |
| Address of Unit | Water | \$ |
| | Sewer | \$ |
| | Trash Collection | \$ |
| | Range / Microwave | \$ |
| | Refrigerator | \$ |
| | Other | \$ |
| Number of Bedrooms | Other | \$ |
| | Total | \$ |



Reasonable Accommodation Medical Equipment Allowances

Electric Provider: El Paso Electric (wtd avg)

| Item | Hours per Day | Wattage | Monthly kWh | Energy Charge | Utility Allowance |
|----------------------------|------------------|---------|----------------|------------------|----------------------|
| Oxygen Concentrator | 18 | 400 | 223 | 0.085318 | \$19.00 |
| Nebulizer | 2 | 75 | 5 | 0.085318 | \$1.00 |
| Electric Hospital Bed | 0.2 | 200 | 1 | 0.085318 | \$1.00 |
| Alternating Pressure Pad | 24 | 70 | 52 | 0.085318 | \$4.00 |
| Low Air-Loss Mattress | 24 | 120 | 89 | 0.085318 | \$8.00 |
| Power Wheelchair/Scooter | 3 | 360 | 33 | 0.085318 | \$3.00 |
| Feeding Tube Pump | 24 | 120 | 89 | 0.085318 | \$8.00 |
| CPAP Machine | 10 | 30 | 9 | 0.085318 | \$1.00 |
| Leg Compression Pump | 24 | 30 | 22 | 0.085318 | \$2.00 |
| Dialysis Machine/Equipment | 2 | 710 | 44 | 0.085318 | \$4.00 |

Oxygen Concentrator

Use per day varies, assume 12-14 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 75W.

Semi/Fully Electric Hospital Bed

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.

Feeding Tube Pump (Continuous Feed)

A pump delivers a constant amount of formula throughout the day or night.

CPAP Machine

For Sleep Apnea. Runs only at night for people who have a tendency to stop breathing at night. At maximum pressure use is 40 Watts. On average - 30 Watts

Leg Compression Pump

Provides intensive compression therapy. Use varies, generally from 8-24 hours daily.

Dialysis Machine/Equipment (Small/Portable)

Filters a patient's blood to remove excess water and waste products. Used 2 hours daily.