

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 4/30/2018)

| Locality | | Unit Type Single family detached | | | | | Effective |
|--------------------------------|----------------|---|------|------|------|------|-------------------|
| WE Energies -01/01/2018 | | Single Family Detached | | | | | 01/01/2018 |
| Utility or Service | | Monthly Dollar Allowances | | | | | |
| | | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR |
| Heating | a. Natural Gas | 31 | 42 | 50 | 63 | 71 | 83 |
| | b. Electric | 54 | 73 | 88 | 111 | 125 | 146 |
| | c. Bottle Gas | 68 | 92 | 110 | 138 | 157 | 182 |
| | d. Oil | 85 | 115 | 138 | 174 | 197 | 229 |
| Cooking | a. Natural Gas | 3 | 4 | 6 | 7 | 9 | 10 |
| | b. Electric | 9 | 11 | 15 | 18 | 23 | 25 |
| | c. Bottle Gas | 8 | 10 | 13 | 16 | 20 | 22 |
| Other Electricity | | 30 | 38 | 51 | 63 | 78 | 84 |
| Air Conditioning | | | | | | | |
| Water Heating | a. Natural Gas | 4 | 6 | 7 | 9 | 11 | 12 |
| | b. Electric | 11 | 14 | 19 | 23 | 29 | 31 |
| | c. Bottle Gas | 9 | 12 | 16 | 20 | 25 | 27 |
| | d. Oil | 11 | 14 | 19 | 23 | 29 | 31 |
| Water | | 18 | 23 | 28 | 34 | 37 | 42 |
| Sewer | | 19 | 25 | 30 | 37 | 41 | 47 |
| Trash Collection | | | | | | | |
| Range/Microwave | | 4 | 5 | 5 | 5 | 5 | 5 |
| Refrigerator | | 4 | 4 | 4 | 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 | |
| Total | \$ |

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| Locality | | Unit Type | | | | | Effective |
|-------------------------|----------------|---|------|------|------|------|------------|
| WE Energies -01/01/2018 | | Semi-detached Older Home Converted, Two/Three Family (Duplex) | | | | | 01/01/2018 |
| Utility or Service | | Monthly Dollar Allowances | | | | | |
| | | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR |
| Heating | a. Natural Gas | 28 | 36 | 48 | 60 | 70 | 80 |
| | b. Electric | 50 | 64 | 85 | 105 | 123 | 140 |
| | c. Bottle Gas | 62 | 80 | 106 | 132 | 154 | 175 |
| | d. Oil | 78 | 101 | 133 | 165 | 194 | 220 |
| Cooking | a. Natural Gas | 3 | 4 | 6 | 7 | 9 | 10 |
| | b. Electric | 9 | 11 | 15 | 18 | 23 | 25 |
| | c. Bottle Gas | 8 | 10 | 13 | 16 | 20 | 22 |
| Other Electricity | | 30 | 38 | 51 | 63 | 78 | 84 |
| Air Conditioning | | | | | | | |
| Water Heating | a. Natural Gas | 4 | 6 | 7 | 9 | 11 | 12 |
| | b. Electric | 11 | 14 | 19 | 23 | 29 | 31 |
| | c. Bottle Gas | 9 | 12 | 16 | 20 | 25 | 27 |
| | d. Oil | 11 | 14 | 19 | 23 | 29 | 31 |
| Water | | 18 | 23 | 28 | 34 | 37 | 42 |
| Sewer | | 19 | 25 | 30 | 37 | 41 | 47 |
| Trash Collection | | | | | | | |
| Range/Microwave | | 4 | 5 | 5 | 5 | 5 | 5 |
| Refrigerator | | 4 | 4 | 4 | 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 | |
| Total | \$ |

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| Locality | | Unit Type Rowhouse/townhouse | | | | | Effective |
|--------------------------------|----------------|-------------------------------------|------|------|------|------|-------------------|
| WE Energies -01/01/2018 | | Row House/Garden Apt. | | | | | 01/01/2018 |
| Utility or Service | | Monthly Dollar Allowances | | | | | |
| | | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR |
| Heating | a. Natural Gas | 23 | 31 | 42 | 53 | 64 | 74 |
| | b. Electric | 41 | 55 | 74 | 93 | 112 | 130 |
| | c. Bottle Gas | 51 | 68 | 93 | 116 | 140 | 163 |
| | d. Oil | 64 | 86 | 117 | 145 | 176 | 205 |
| Cooking | a. Natural Gas | 3 | 4 | 6 | 7 | 9 | 10 |
| | b. Electric | 9 | 11 | 15 | 18 | 23 | 25 |
| | c. Bottle Gas | 8 | 10 | 13 | 16 | 20 | 22 |
| Other Electricity | | 30 | 38 | 51 | 63 | 78 | 84 |
| Air Conditioning | | | | | | | |
| Water Heating | a. Natural Gas | 4 | 6 | 7 | 9 | 11 | 12 |
| | b. Electric | 11 | 14 | 19 | 23 | 29 | 31 |
| | c. Bottle Gas | 9 | 12 | 16 | 20 | 25 | 27 |
| | d. Oil | 11 | 14 | 19 | 23 | 29 | 31 |
| Water | | 18 | 23 | 28 | 34 | 37 | 42 |
| Sewer | | 19 | 25 | 30 | 37 | 41 | 47 |
| Trash Collection | | | | | | | |
| Range/Microwave | | 4 | 5 | 5 | 5 | 5 | 5 |
| Refrigerator | | 4 | 4 | 4 | 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 _____

Total \$ _____

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| Locality | | Unit Type Low-rise Older Multi-Family | | | | | Effective |
|--------------------------------|----------------|--|------|------|------|------|-------------------|
| WE Energies -01/01/2018 | | | | | | | 01/01/2018 |
| Utility or Service | | Monthly Dollar Allowances | | | | | |
| | | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR |
| Heating | a. Natural Gas | 25 | 33 | 44 | 55 | 66 | 76 |
| | b. Electric | 44 | 58 | 78 | 96 | 116 | 133 |
| | c. Bottle Gas | 56 | 73 | 97 | 120 | 145 | 166 |
| | d. Oil | 70 | 92 | 122 | 151 | 182 | 208 |
| Cooking | a. Natural Gas | 3 | 4 | 6 | 7 | 9 | 10 |
| | b. Electric | 9 | 11 | 15 | 18 | 23 | 25 |
| | c. Bottle Gas | 8 | 10 | 13 | 16 | 20 | 22 |
| Other Electricity | | 30 | 38 | 51 | 63 | 78 | 84 |
| Air Conditioning | | | | | | | |
| Water Heating | a. Natural Gas | 4 | 6 | 7 | 9 | 11 | 12 |
| | b. Electric | 11 | 14 | 19 | 23 | 29 | 31 |
| | c. Bottle Gas | 9 | 12 | 16 | 20 | 25 | 27 |
| | d. Oil | 11 | 14 | 19 | 23 | 29 | 31 |
| Water | | 18 | 23 | 28 | 34 | 37 | 42 |
| Sewer | | 19 | 25 | 30 | 37 | 41 | 47 |
| Trash Collection | | | | | | | |
| Range/Microwave | | 4 | 5 | 5 | 5 | 5 | 5 |
| Refrigerator | | 4 | 4 | 4 | 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 | |
| Total | \$ |

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| | | | |
|----------|--------------------------------|--|--------------------------------|
| Locality | WE Energies -01/01/2018 | Unit Type High rise with elevator High Rise | Effective 01/01/2018 |
|----------|--------------------------------|--|--------------------------------|

| Utility or Service | Monthly Dollar Allowances | | | | | | |
|--------------------|---------------------------|------|------|------|------|------|-----|
| | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR | |
| Heating | a. Natural Gas | 24 | 27 | 33 | 39 | 45 | 56 |
| | b. Electric | 37 | 46 | 56 | 69 | 86 | 100 |
| | c. Bottle Gas | | | | | | |
| | d. Oil | | | | | | |
| Cooking | a. Natural Gas | 3 | 4 | 6 | 7 | 9 | 10 |
| | b. Electric | 9 | 11 | 15 | 18 | 23 | 25 |
| | c. Bottle Gas | 8 | 10 | 13 | 16 | 20 | 22 |
| Other Electricity | 30 | 38 | 51 | 63 | 78 | 84 | |
| Air Conditioning | | | | | | | |
| Water Heating | a. Natural Gas | 4 | 6 | 7 | 9 | 11 | 12 |
| | b. Electric | 11 | 14 | 19 | 23 | 29 | 31 |
| | c. Bottle Gas | 9 | 12 | 16 | 20 | 25 | 27 |
| | d. Oil | 11 | 14 | 19 | 23 | 29 | 31 |
| Water | 18 | 23 | 28 | 34 | 37 | 42 | |
| Sewer | 19 | 25 | 30 | 37 | 41 | 47 | |
| Trash Collection | | | | | | | |
| Range/Microwave | 4 | 5 | 5 | 5 | 5 | 5 | |
| Refrigerator | 4 | 4 | 4 | 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 | _____ |
| Total | \$ _____ |

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| Locality | | Unit Type | | | | | Effective |
|-------------------------|----------------|----------------------------------|------|------|------|------|------------|
| WE Energies -01/01/2018 | | Manufactured home Mobile Home | | | | | 01/01/2018 |
| Utility or Service | | Monthly Dollar Allowances | | | | | |
| | | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR |
| Heating | a. Natural Gas | 24 | 28 | 37 | 47 | 59 | |
| | b. Electric | 41 | 50 | 64 | 83 | 103 | |
| | c. Bottle Gas | 52 | 62 | 80 | 103 | 129 | |
| | d. Oil | 65 | 78 | 101 | 130 | 162 | |
| Cooking | a. Natural Gas | 3 | 4 | 6 | 7 | 9 | 10 |
| | b. Electric | 9 | 11 | 15 | 18 | 23 | 25 |
| | c. Bottle Gas | 8 | 10 | 13 | 16 | 20 | 22 |
| Other Electricity | | 30 | 38 | 51 | 63 | 78 | 84 |
| Air Conditioning | | | | | | | |
| Water Heating | a. Natural Gas | 4 | 6 | 7 | 9 | 11 | 12 |
| | b. Electric | 11 | 14 | 19 | 23 | 29 | 31 |
| | c. Bottle Gas | 9 | 12 | 16 | 20 | 25 | 27 |
| | d. Oil | 11 | 14 | 19 | 23 | 29 | 31 |
| Water | | 18 | 23 | 28 | 34 | 37 | 42 |
| Sewer | | 19 | 25 | 30 | 37 | 41 | 47 |
| Trash Collection | | | | | | | |
| Range/Microwave | | 4 | 5 | 5 | 5 | 5 | 5 |
| Refrigerator | | 4 | 4 | 4 | 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 | _____ |
| | _____ |
| Total | \$ _____ |