

MONTHLY ALLOWANCES FOR TENANT-FURNISHED UTILITIES AND OTHER SERVICES

| Locality CITY OF ATLANTA | | Unit Type DETACHED | | Year of Construction 1996 or NEWER | | Effective Date JULY 1, 2017 | | | |
|-------------------------------------|--------------------|--|------|------------------------------------|------|-----------------------------|------|--|--|
| UTILITY OR SERVICE | | MONTHLY ALLOWANCES | | | | | | | |
| | | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR | | |
| Heating | Natural Gas | 17 | 17 | 23 | 29 | 35 | 41 | | |
| | Electric | 21 | 21 | 26 | 31 | 37 | 42 | | |
| | Heat Pump | 11 | 11 | 14 | 17 | 19 | 22 | | |
| | Oil or Bottle Gas | 17 | 17 | 23 | 29 | 35 | 41 | | |
| Cooking | Natural Gas | 5 | 5 | 6 | 8 | 9 | 11 | | |
| | Electric | 9 | 9 | 11 | 14 | 18 | 20 | | |
| | Bottle Gas | 5 | 5 | 6 | 8 | 9 | 11 | | |
| Other Electric (Includes Base Chrg) | | 50 | 50 | 62 | 78 | 91 | 103 | | |
| Air Conditioning | | 10 | 10 | 20 | 28 | 36 | 45 | | |
| Water He | eating Natural Gas | 9 | 9 | 13 | 16 | 19 | 22 | | |
| | Electric | 18 | 18 | 25 | 33 | 41 | 48 | | |
| | Oil or Bottle Gas | 9 | 9 | 13 | 16 | 19 | 22 | | |
| Water | | 22 | 22 | 34 | 47 | 61 | 74 | | |
| Sewer | | 53 | 53 | 83 | 117 | 150 | 184 | | |
| Range/M | icrowave | 7 | 7 | 7 | 7 | 7 | 7 | | |
| Refrigera | tor | 9 | 9 | 9 | 9 | 9 | 9 | | |
| Natural G | Sas Base Charge | 30 | 30 | 30 | 30 | 30 | 30 | | |
| Reasona | ble Accommodation | This allowance refers to electricity usage related to medical equipment. Each | | | | | | | |
| | | request will be handled on a case by case basis, as required and verified by a medical professional. | | | | | | | |

Instructions: 1. Circle the bedroom size for the rental unit

- 2. Provide tenant name
- 3. Provide unit address
- 4. Select appropriate Monthly Allowances from the table above

| 1. Bedroom Size of Rental Unit (Circle One): | | | | | | 4. Tenant's Monthly Allowance | |
|--|------|------|------|--------------|-----------------|-------------------------------|--------------|
| | | | | | | Utility or Service | \$ Per Month |
| 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR | Heating | \$ |
| | | | | | | Cooking | |
| 2. Tenant Name: | | | | | | Other Electric | |
| | | | | | | Air Conditioning | |
| | | | | | | Water Heating | |
| | | | | | | Water | |
| 3. Unit Address (include apartment number, if applicable): | | | | | | Sewer | |
| | | | | | Range/Microwave | | |
| | | | | Refrigerator | | | |
| | | | | | | Natural Gas Base Charge | |
| | | | | | | Reasonable Accommodation | |
| | | | | | | TOTAL ALLOWANCE | \$ |

Previous editions are obsolete