



MONTHLY ALLOWANCES FOR TENANT-FURNISHED UTILITIES AND OTHER SERVICES

Locality CITY OF ATLANTA	Unit Type MULTIFAMILY	Year of Construction 1995 or OLDER	Effective Date JULY 1, 2019				
UTILITY OR SERVICE	MONTHLY ALLOWANCES						
	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	
Heating	Natural Gas	15	15	17	19	21	22
	Electric	24	24	30	37	44	52
	Heat Pump	13	13	16	20	24	27
	Oil or Bottle Gas	15	15	17	19	21	22
Cooking	Natural Gas	5	5	6	8	9	11
	Electric	9	9	11	14	16	19
	Bottle Gas	5	5	6	8	9	11
Other Electric (Includes Base Chrg)	39	39	48	57	66	75	
Air Conditioning	18	18	30	41	52	63	
Water Heating	Natural Gas	9	9	13	16	19	22
	Electric	18	18	25	32	40	47
	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/Microwave	7	7	7	7	7	7	
Refrigerator	9	9	9	9	9	9	
Natural Gas Base Charge	30	30	30	30	30	30	
Reasonable 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): <div style="text-align: center; font-family: monospace;"> 0 BR 1 BR 2 BR 3 BR 4 BR 5 BR </div>	4. Tenant's Monthly Allowance <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Utility or Service</th> <th style="width: 20%;">\$ Per Month</th> </tr> </thead> <tbody> <tr><td>Heating</td><td style="text-align: center;">\$</td></tr> <tr><td>Cooking</td><td></td></tr> <tr><td>Other Electric</td><td></td></tr> <tr><td>Air Conditioning</td><td></td></tr> <tr><td>Water Heating</td><td></td></tr> <tr><td>Water</td><td></td></tr> <tr><td>Sewer</td><td></td></tr> <tr><td>Range/Microwave</td><td></td></tr> <tr><td>Refrigerator</td><td></td></tr> <tr><td>Natural Gas Base Charge</td><td></td></tr> <tr><td>Reasonable Accommodation</td><td></td></tr> <tr> <td style="text-align: right;">TOTAL ALLOWANCE</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>	Utility or Service	\$ Per Month	Heating	\$	Cooking		Other Electric		Air Conditioning		Water Heating		Water		Sewer		Range/Microwave		Refrigerator		Natural Gas Base Charge		Reasonable Accommodation		TOTAL ALLOWANCE	\$
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UTILITY OR SERVICE	MONTHLY ALLOWANCES						
	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	
Heating	Natural Gas	30	30	42	53	65	76
	Electric	38	38	48	57	67	77
	Heat Pump	21	21	25	30	36	41
	Oil or Bottle Gas	30	30	42	53	65	76
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		19	19	36	51	67	82
Water Heating	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/Microwave		7	7	7	7	7	7
Refrigerator		9	9	9	9	9	9
Natural Gas Base Charge		30	30	30	30	30	30
Reasonable 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.					

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Heating	Natural Gas	8	8	9	10	11	12
	Electric	13	13	17	20	24	28
	Heat Pump	7	7	9	11	13	15
	Oil or Bottle Gas	8	8	9	10	11	12
Cooking	Natural Gas	5	5	6	8	9	11
	Electric	9	9	11	14	16	19
	Bottle Gas	5	5	6	8	9	11
Other Electric (Includes Base Chrg)		39	39	48	57	66	75
Air Conditioning		9	9	16	22	28	34
Water Heating	Natural Gas	9	9	13	16	19	22
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Range/Microwave		7	7	7	7	7	7
Refrigerator		9	9	9	9	9	9
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	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
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