

MONTHLY ALLOWANCES FOR TENANT-FURNISHED UTILITIES AND OTHER SERVICES

Locality CITY OF ATLANTA		Unit Type MULTIFAMILY		Type STANDARD		Effective Date July 1, 2023		
UTILITY OR SERVICE		MONTHLY ALLOWANCES 0 BR 1 BR 2 BR 3 BR 4 BR 5 BR						
Heating Natural Gas		22	22	24	27	30	33	
Electric	Gas	17	17	21	26	31	35	
	mn	14	14	17	19	21	24	
Heat Pump Oil or Bottle Gas		22	22	24	27	30	33	
			4	6	8	9	11	
Electric		7	7	10	13	16	19	
Bottle G	as	4	4	6	8	9	11	
Other Electric (Inclu		44	44	55	65	75	85	
Air Conditioning	- 3/	12	12	19	28	35	42	
Water Heating	Natural Gas	9	9	13	17	20	24	
· ·	Electric	16	16	20	25	31	38	
	Oil or Bottle Gas	9	9	13	17	20	24	
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	48	48	48	48	48	48	
Reasonable Accon	Circle the bedroom size	request will b medical profe	e handled on essional.		e related to mo se basis, as re			
	 Provide tenant name Provide unit address 							
	Select appropriate Mo	nthly Allowar	ices from the	e table abov				
1. Bedroom Size	e of Rental Unit (Circle One):				Monthly Al	i	
					Utility or	Service	\$ Per Month	
					Heating		\$	
					Cooking			
2. Tenant Name				Other Electric	C			
					Air Condition	ina		
					Water Heatin			
					Water	19		
3. Unit Address	applicable):							
J. Ollit Address	applicable).	pplicable):		Sewer				
					Range/Micro	wave		
					Refrigerator			
					Natural Gas I	Base Charge		
					Reasonable A	ccommodation		
					1		1	

TOTAL ALLOWANCE \$

Previous editions are obsolete



MONTHLY ALLOWANCES FOR TENANT-FURNISHED UTILITIES AND OTHER SERVICES

H O	U S I N G	Ai	1D OTTICE	CLICVIO	LO				
Locality CITY OF ATLANTA UTILITY OR SERVICE			Unit Type SINGLE FAMILY		Type STANDARD		Effective Date July 1, 2023		
		0 BR	MONTHLY ALLOWANCES 0 BR 1 BR 2 BR 3 BR 4 BR 5 BR						
Heating N	Natural Gas	31	31	35	39	43	47		
· -	Electric	36	36	41	46	51	57		
 F	Heat Pump	21	21	24	28	31	34		
	Dil or Bottle Gas	31	31	35	39	43	47		
	Natural Gas	4	4	6	8	9	11		
<u> </u>	Electric	7	7	10	13	17	22		
E	Bottle Gas	4	4	6	8	9	11		
Other Elect	ric (Includes Base Chrg)	57	57	71	86	101	117		
Air Conditio		9	9	28	44	61	77		
Water Heat	ting Natural Gas	11	11	16	21	26	30		
	Electric	20	20	26	34	42	48		
	Oil or Bottle Gas	11	11	16	21	26	30		
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	Natural Gas Base Charge		48	48	48	48	48		
Reasonable	e Accommodation	request will b	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.						
Instructio	2. Provide tenant r 3. Provide unit add 4. Select appropria	dress		e table abov	ve				
1. Bedroo	om Size of Rental Unit (Circ	cle One):			4. Tenant's	Monthly A	llowance		
	-	/-				Service	\$ Per Mont		
					Heating		\$		
					Cooking		Ψ		
2. Tenant	Namo:				Other Electric	^			
L. I GIIdill	Haine.								
					Air Condition		1		
					Water Heatir	ng			

Water

Sewer

Range/Microwave
Refrigerator

Natural Gas Base Charge
Reasonable Accommodation
TOTAL ALLOWANCE

Previous editions are obsolete

3. Unit Address (include apartment number, if applicable):