## MONTHLY ALLOWANCES FOR TENANT-FURNISHED UTILITIES AND OTHER SERVICES



Previous editions are obsolete

## MONTHLY ALLOWANCES FOR TENANT-FURNISHED UTILITIES AND OTHER SERVICES

| Locality CITY OF ATLANTA |  | Unit Type SINGLE FAMILY |  | Type STANDARD |  | Effective Date July 1, 2023 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| UTILITY OR SERVICE |  | MONTHLY ALLOWANCES |  |  |  |  |  |
|  |  | 0 BR | 1 BR | 2 BR | 3 BR | 4 BR | 5 BR |
| $\begin{aligned} \text { Heating } & \\ & \frac{\mathrm{Na}}{\text { Ele }} \\ & \frac{\mathrm{He}}{\text { Oil }}\end{aligned}$ |  | 31 | 31 | 35 | 39 | 43 | 47 |
|  |  | 36 | 36 | 41 | 46 | 51 | 57 |
|  |  | 21 | 21 | 24 | 28 | 31 | 34 |
|  | tle Gas | 31 | 31 | 35 | 39 | 43 | 47 |
| Cooking $\frac{\mathrm{Na}}{\frac{\mathrm{Ele}}{\mathrm{Bo}}}$ |  | 4 | 4 | 6 | 8 | 9 | 11 |
|  |  | 7 | 7 | 10 | 13 | 17 | 22 |
|  |  | 4 | 4 | 6 | 8 | 9 | 11 |
| Other Electric (Includes Base Chrg) |  | 57 | 57 | 71 | 86 | 101 | 117 |
| Air Conditioning |  | 9 | 9 | 28 | 44 | 61 | 77 |
| Water Heating | 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 Base Charge |  | 48 | 48 | 48 | 48 | 48 | 48 |
| 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: <br> 1. Circle the bedroom size for the rental unit <br> 2. Provide tenant name <br> 3. Provide unit address <br> 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 M |
|  |  |  |  |  | Heating |  | \$ |
|  |  |  |  |  | Cooking |  |  |
| 2. Tenant Name: |  |  |  |  | Other Electric |  |  |
|  |  |  |  |  | Air Conditioning |  |  |
|  |  |  |  |  | Water Heating |  |  |
|  |  |  |  |  |  |  |  |
| 3. Unit Address (include apartment number, if applicable): |  |  |  |  | Sewer |  |  |
|  |  |  |  |  | Range/Mi |  |  |
|  |  |  |  |  | Refrigerat |  |  |
|  |  |  |  |  | Natural Gas | se Charge |  |
|  |  |  |  |  | Reasonable | mmodation |  |
|  |  |  |  |  | TOTAL | WANCE | \$ |

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