



MONTHLY ALLOWANCES FOR TENANT-FURNISHED UTILITIES AND OTHER SERVICES

Locality CITY OF ATLANTA	Unit Type MULTIFAMILY	Type STANDARD	Effective Date July 1, 2024			
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	17	17	21	26	31	35
Heat Pump	14	14	17	19	21	24
Oil or Bottle Gas	22	22	24	27	30	33
Cooking Natural Gas	4	4	6	8	9	11
Electric	7	7	10	13	16	19
Bottle Gas	4	4	6	8	9	11
Other Electric (Includes Base Chrg)	44	44	55	65	75	85
Air Conditioning	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 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:						
<ol style="list-style-type: none"> 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	
2. Tenant Name:				Heating		\$
				Cooking		
3. Unit Address (include apartment number, if applicable):				Other Electric		
				Air Conditioning		
				Water Heating		
				Water		
				Sewer		
				Range/Microwave		
				Refrigerator		
				Natural Gas Base Charge		
				Reasonable Accommodation		
				TOTAL ALLOWANCE		\$

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, 2024					
UTILITY OR SERVICE	MONTHLY ALLOWANCES							
	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR		
Heating	Natural Gas	31	31	35	39	43	47	
	Electric	36	36	41	46	51	57	
	Heat Pump	21	21	24	28	31	34	
	Oil or Bottle Gas	31	31	35	39	43	47	
Cooking	Natural Gas	4	4	6	8	9	11	
	Electric	7	7	10	13	17	22	
	Bottle Gas	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: <ol style="list-style-type: none"> 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
2. Tenant Name:				Heating				\$
				Cooking				
3. Unit Address (include apartment number, if applicable):				Other Electric				
				Air Conditioning				
				Water Heating				
				Water				
				Sewer				
				Range/Microwave				
				Refrigerator				
				Natural Gas Base Charge				
Reasonable Accommodation								
				TOTAL ALLOWANCE		\$		

Previous editions are obsolete