



MONTHLY ALLOWANCES FOR TENANT-FURNISHED UTILITIES AND OTHER SERVICES

Locality CITY OF ATLANTA	Unit Type MULTIFAMILY	Type STANDARD	Effective Date July 1, 2025			
UTILITY OR SERVICE	MONTHLY ALLOWANCES					
	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating Natural Gas	20	20	23	26	28	31
Electric	20	20	25	31	37	42
Heat Pump	17	17	20	23	25	28
Oil or Bottle Gas	20	20	23	26	28	31
Cooking Natural Gas	4	4	5	7	9	10
Electric	8	8	12	15	19	23
Bottle Gas	4	4	5	7	9	10
Other Electric (Includes Base Chrg)	48	48	60	72	84	96
Air Conditioning	14	14	23	34	43	51
Water Heating Natural Gas	8	8	12	16	19	23
Electric	19	19	24	30	37	45
Oil or Bottle Gas	8	8	12	16	19	23
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	56	56	56	56	56	56
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		
						\$
3. Unit Address (include apartment number, if applicable):				Cooking		
				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, 2025			
UTILITY OR SERVICE	MONTHLY ALLOWANCES					
	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating Natural Gas	29	29	33	37	40	44
Electric	42	42	49	55	61	68
Heat Pump	25	25	29	33	36	40
Oil or Bottle Gas	29	29	33	37	40	44
Cooking Natural Gas	4	4	5	7	9	10
Electric	8	8	12	15	20	26
Bottle Gas	4	4	5	7	9	10
Other Electric (Includes Base Chrg)	63	63	80	98	116	134
Air Conditioning	11	11	34	54	74	94
Water Heating Natural Gas	10	10	15	19	24	29
Electric	24	24	31	41	51	58
Oil or Bottle Gas	10	10	15	19	24	29
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	56	56	56	56	56	56
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

<p>1. Bedroom Size of Rental Unit (Circle One):</p> <p>2. Tenant Name:</p> <p>3. Unit Address (include apartment number, if applicable):</p> 	<p>4. Tenant's Monthly Allowance</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Utility or Service</th> <th style="text-align: left;">\$ Per Month</th> </tr> </thead> <tbody> <tr><td>Heating</td><td>\$</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>TOTAL ALLOWANCE</td> <td>\$</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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