

## Western Regional Housing Authority Allowance for Tenant Furnished Utilities and Other Services

WRHA - Catron County	UNIT TYPE	Date:					
		<b>MONTHLY DOLLAR ALLOWANCE</b>					
UTILITY OR SERVICE		0-BR	1-BR	2-BR	3-BR	4-BR	5-BR
<b>Heating</b>	a. Natural Gas	0	0	0	0	0	0
	b. Electric	10	15	19	23	29	34
	c. Propane	53	74	95	117	147	169
	d. Wood	44	61	79	96	123	140
<b>Cooking</b>	a. Natural Gas	0	0	0	0	0	0
	b. Electric	2	2	3	4	4	5
	c. Propane	8	12	15	18	24	27
<b>Water Heating</b>	a. Natural Gas	0	0	0	0	0	0
	b. Electric	5	7	9	12	15	17
	c. Propane	23	32	41	50	64	73
<b>Other Electric (Lighting)</b>		6	9	11	13	17	19
<b>Water</b>		22	30	39	48	61	69
<b>Sewer</b>		13	18	23	28	35	40
<b>Trash Colleciton</b>		5	5	5	5	5	5
<b>Air Conditioning</b>		3	4	5	6	8	9
<b>Refrigerator: (Tenant Owned)</b>		10	10	10	10	10	10
<b>Range: (Tenant Owned)</b>		6	6	6	6	6	6
<b>Other : Natural Gas Fee</b>		0	0	0	0	0	0
<b>Electric Base Charge</b>		7	7	7	7	7	7
<b>ACTUAL FAMILY ALLOWANCES:</b> To be used by the family to compute allowance. Complete below for the actual unit rented.					<b>UTILITY OR SERVICE</b>		<b>per month cost</b>
<b>NAME OF FAMILY:</b>					HEATING		\$
					COOKING		\$
<b>ADDRESS OF UNIT:</b>					WATER HEATING		\$
					OTHER ELECTRIC		\$
					WATER		\$
					SEWER		\$
					TRASH COLLECTION		\$
					AIR CONDITIONING		\$
					FRIDGE (TENANT OWNED)		\$
					RANGE (TENANT OWNED)		\$
<b>NUMBER OF BEDROOMS:</b>					OTHER Gas Fee		\$
					Electric Base		\$
					<b>TOTAL</b>		\$

\*No Natural Gas in Catron