

**Housing Authority of the County of Marin
Housing Choice Voucher Program**
**COMPUTATION OF HOUSING ASSISTANCE PAYMENT
AND CALCULATION OF UTILITY ALLOWANCE**
(Do not use this form for Shared Housing and Group Homes)

Participant Name:		Contact Phone #		Approved BR Size:	
Unit Address:				Unit BR Size:	
Property Owner Name:			Contact Phone #:		
Owner ID:	W9 submitted / on file?	Y	N	Unit code:	Census Tract:

New Move-in _____ Transfer _____ Annual Renewal _____ Port-in _____ Other (specify) _____

Schedule of Allowances for Tenant Purchased Utilities
(Monthly Allowances in Dollars)

Completed 6/10/10
Effective 10/01/10

Utility or Service	Number of Bedrooms in Unit						
	SRO	Studio	One	Two	Three	Four	Five
Home Heating							
Attached Units: (Duplexes, Townhouses/Row Houses, Elevator High-Rises, Garden/Walkups)							
Gas	10	10	11	12	14	15	16
Propane	34	34	38	41	48	52	55
Electric	12	12	17	22	27	32	38
Detached Units: (Single-Family Detached Homes, Mobile Homes)							
Gas	14	14	23	32	39	48	57
Propane	48	48	79	110	134	165	196
Electric	20	20	27	34	42	52	69
Cooking							
Gas	4	4	5	8	9	11	12
Propane	14	14	17	28	31	38	41
Electric	7	7	9	12	14	17	19
Basic Electricity							
Attached Units:	19	19	28	37	50	72	93
Detached Units:	26	26	39	62	102	146	190
Water Heating							
Gas	7	7	11	14	18	22	25
Propane	24	24	38	48	58	76	86
Electric	12	12	18	25	31	39	49
Water							
Novato Attached Units:	17	17	18	22	27	32	36
Rest of Marin Attached Units:	26	26	27	34	41	48	56
Novato Detached Units:	24	24	24	29	33	38	42
Rest of Marin Detached Units:	36	36	36	44	51	58	65
Garbage							
Novato	11	11	17	17	17	34	34
Rest of Marin	29	29	29	29	29	29	29
Tenant Owned Range/Microwave	12	12	12	12	12	12	12
Tenant Owned Refrigerator	13	13	13	13	13	13	13
Other*							
TOTALS							

* Justification of "Other" or Reasonable Accommodation Attached

RENTAL AND HOUSING ASSISTANCE PAYMENT INFORMATION

Rent to Owner:	\$
Utility Allowance:	\$
Payment Standard:	\$

Date of inspection: _____
Inspector: _____
Effective Date of Action: _____
HAP Contract #: _____

Comments: _____

Staff Signature: _____ Date completed: _____