

**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
<b>Home Heating</b>							
<b>Attached Units: (Duplexes, Townhouses/Row Houses, Elevator High-Rises, Garden/Walkups)</b>							
Gas	10	10	11	12	14	15	16
Propane	34	34	38	41	48	52	55
Electric	12	12	17	22	27	32	38
<b>Detached Units: (Single-Family Detached Homes, Mobile Homes)</b>							
Gas	14	14	23	32	39	48	57
Propane	48	48	79	110	134	165	196
Electric	20	20	27	34	42	52	69
<b>Cooking</b>							
Gas	4	4	5	8	9	11	12
Propane	14	14	17	28	31	38	41
Electric	7	7	9	12	14	17	19
<b>Basic Electricity</b>							
Attached Units:	19	19	28	37	50	72	93
Detached Units:	26	26	39	62	102	146	190
<b>Water Heating</b>							
Gas	7	7	11	14	18	22	25
Propane	24	24	38	48	58	76	86
Electric	12	12	18	25	31	39	49
<b>Water</b>							
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
<b>Garbage</b>							
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
<b>Other*</b>							
<b>TOTALS</b>							

\* 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: \_\_\_\_\_