

**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 5/11/11
Effective 12/01/11

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	38	38	42	46	53	57	61
Electric	12	12	17	23	28	33	39
Detached Units: (Single-Family Detached Homes, Mobile Homes)							
Gas	14	14	23	32	40	48	57
Propane	53	53	88	122	149	183	217
Electric	21	21	28	35	43	54	71
Cooking							
Gas	4	4	5	8	9	11	12
Propane	15	15	19	30	34	42	46
Electric	7	7	9	12	14	17	20
Basic Electricity							
Attached Units:	19	19	28	38	51	74	96
Detached Units:	27	27	40	64	105	147	188
Water Heating							
Gas	7	7	11	14	18	22	25
Propane	27	27	42	53	65	84	95
Electric	12	12	19	26	32	40	49
Water							
Novato Attached Units:	19	19	20	24	29	34	39
Rest of Marin Attached Units:	27	27	28	35	43	51	58
Novato Detached Units:	26	26	26	31	36	41	46
Rest of Marin Detached Units:	37	37	38	46	53	61	69
Garbage							
Novato	11	11	18	18	18	36	36
Rest of Marin	31	31	31	31	31	31	31
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: _____

