

# Allowances for Tenant-Furnished Utilities and Other Services

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577-0169  
(exp. 06/30/2004)

See Public Reporting Statement and Instructions on back

Locality		Unit Type					Date (mm/dd/yyyy)
Housing Authority of Grayson County		Apartments					01/01/2016
Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	8	9	9	11	12	12
	b. Bottle Gas	14	16	20	21	23	23
	c. Oil / Electric	11	15	19	23	27	28
	d. Coal / Other						
Cooking	a. Natural Gas	4	4	4	5	5	5
	b. Bottle Gas	4	6	6	8	8	9
	c. Oil / Electric	5	5	7	7	8	8
	d. Coal / Other						
Other Electric		10	13	15	15	15	
Air Conditioning		10	13	14	16	17	17
Water Heating	a. Natural Gas	4	6	8	8	8	8
	b. Bottle Gas	10	12	14	16	18	19
	c. Oil / Electric	11	13	17	17	17	18
	d. Coal / Other						
Water		14	15	17	20	22	25
Sewer		8	8	12	12	12	14
Trash Collection		8	8	8	8	8	8
Range/Microwave		5	5	5	5	5	5
Refrigerator		6	6	6	6	6	6
Other - specify							

**Actual Family Allowances** To be used by the family to compute allowance.  
Complete below for the actual unit rented.

Name of Family

Utility or Service	per month cost
Heating	\$
Cooking	
Other Electric	

Address of Unit

1 Br - \$56.00  
2 Br - \$70.00

15.00 +  
5.00 +  
10.00 +  
13.00 +  
13.00 +  
56.00  
19.00 +  
7.00 +  
13.00 +  
14.00 +  
17.00 +  
70.00

Number of Bedrooms

1 Br

2 Br

QUEST ASSET MANAGEMENT, INC.  
VILLAS OF SHERMAN  
1212 W. CENTER STREET  
SHERMAN, TEXAS 75092  
PHONE (903) 813-3224 FAX (903) 868-0021

UTILITY ALLOWANCE CONFIRMATION

Date: 1-5-2016

Grayson Co. Housing Auth. Phone: (903) 892-8717  
Name of Housing Authority

1708 N. Houston Fax: (903) 868-2649  
Address

Sherman Tx. 75092  
City, State, Zip Code

To Whom It May Concern:

Could you please provide us with a current copy of the Utility Allowance that is being used as of today? We will need the Utility Allowance Worksheet for Multifamily apartments.

Is this the current Utility Allowance Worksheet that is being used?

Yes  No

Do you anticipate any changes to the UA? Yes  No

If, yes please provide us with a date. \_\_\_\_\_.

Hazel M. Camp Phone: (903) 892-8717  
Representative Printed Name

Hazel M. Camp E.D. Fax: (903) 868-2649  
Signature of Representative

1-7-16  
Date

Thank you,  
Linda Graham  
Property Manager