See Public Reporting and Instructions on back.

## U.S Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0169 exp. 04/30/2026

The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

Locality/PHA FORT WORTH		Unit Type HCV MULTI-FAMIL			Y Date (mm/dd/yyyy) O1-01-2025		
Utility or Service	Fuel Type	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	11	13	17	20	23	27
	Bottled Gas						
	Electric	15	19	23	27	30	33
	Electric – Heat Pump	11	13	16	19	21	23
	Fuel Oil		10		13		
	Other						
Cooking	Natural Gas	4	5	7	8	9	11
	Bottled Gas	1	3	,	U	3	
	Electric	3	5	6	8	9	11
	Other	3	3	0	U	3	11
Oth on Floatnia	Other	17	22	20	20	12	F 2
Other Electric		17	23	29	38	42	53
Air Conditioning		22	27	30	36	41	49
Water Heating	Natural Gas	9	11	13	16	20	24
	Bottled Gas						
	Electric	15	18	21	27	30	36
	Electric – Heat Pump	1 2 1					
	Fuel Oil						
Water		16	19	26	34	43	55
Sewer		13	19	31	42	54	66
Trash Collection		18	18	18	18	18	18
Other – specify					ATMOS CC-22		
Range/Microwave		15	15	15	15	15	15
Refrigerator		15	15	15	15	15	15
	nces — May be used by the				Utility/Service		Allowanc
searching for a unit.					Heating		,
Head of Household Name					Cooking		
					Other Electri		
Unit Address					Air Conditioning Water Heating		
OTHE Address					Water Heath	ıg	
					Sewer		
					Trash Collect	ion	
					Other		
Number of Bedrooms					Range/Microwave		
					Refrigerator		
					Total		