

Camden County Senate Bill 40 Board

Housing Voucher Program Guidelines

Program Description

The Camden County Senate Bill 40 Board Housing Voucher Program (HVP) has been established in hopes of promoting independent and integrated living for Camden County residents with developmental disabilities. HVP is designed to assist individuals with developmental disabilities and families or guardians who have individuals with developmental disabilities living with them to obtain safe, decent, sanitary, and affordable housing within and throughout Camden County. The HVP offers rental assistance payments on behalf of eligible participants to landlords who choose to participate in the program. The monthly rental assistance payment is paid directly to the landlord on behalf of the participant(s), and the amount paid is based on the total household income of the participant(s).

How it Works

An individual, family, or guardian applies for rental assistance at the Camden County Senate Bill 40 Board office. Staff will determine eligibility. Once determined eligible, a rental dwelling is sought and determined. Staff will calculate the portion of the rental payments to be paid by the Camden County Senate Bill 40 Board and the portion of the rental payments to be paid by the individual or family. Staff will then contact the landlord for the home chosen to determine if the landlord is willing to participate in the program and to schedule a date for an initial inspection of the dwelling. Once the dwelling passes inspection; all parties sign all contracts, addenda, and agreements; and all monies due are paid to the landlord, the individual or family will begin occupying the dwelling. Each year thereafter, the process will be repeated.

Participant Eligibility

The following conditions apply to individuals or families to become eligible and remain eligible for participation in the HVP:

- The participant or participant family/household member must be determined to have a developmental disability as defined in RSMo 630.005 and be approved to receive Targeted Case Management services through the Camden County Senate Bill 40 Board or contracted entity by the State of Missouri Department of Mental Health, Division of Developmental Disabilities
- The participant or participant family/household member must be a resident(s) or in transition to becoming a resident(s) of Camden County
- The participant or participant family/household gross annual household income must be considered "Low Income" (80%) by the most recently published income limits per household size as determined by the United States Department of Housing and Urban Development (HUD)
- The participant or participant family/household cannot own a home(s), land, or other real estate
- The participant or participant family/household must be recertified no less than once annually on or before the participation anniversary date and must immediately (within 5 business days) report any changes in household composition or income for ongoing eligibility redetermination
- Only those individuals listed on the application for the HVP program will be allowed to reside in the home
 - failure to report a change in household composition will result in the immediate termination of HVP rental assistance (maximum amount of time visitors can stay is 1 week without prior written approval from the landlord and the Camden County Senate Bill 40 Board)
- Failure to report any increase in household income will result in the immediate termination of HVP rental assistance
- The participant or participant family/household must abide by the lease contract with the landlord and the provisions established within the HVP
- The participant or participant family/household must pay his/her/their portion of the rent (and late fees if paid late), utilities, and any other fees demanded as a condition of tenancy each month

- The participant or participant family/household member must be determined eligible to lease the home by the landlord's approval guidelines (tenant selection criteria)
- Residents/participants of Individual Supported Living (ISL), Group Home, Residential Care Facility (RCF), or other State programs are not eligible for participation in the HVP; however, if the residency/participation terminates, he/she/they will become eligible to participate in the HVP
- Adult residents/participants and/or household members must seek and/or maintain employment whenever possible and practical (***NOTE: adult participants/residents and/or household members who refuse to seek employment whenever possible/practical or voluntarily terminate employment for the purpose of maintaining reduced or reducing household portion of rental payments may be disqualified from participation***)

Eligible Homes

To be an eligible home for participation in the HVP, the following conditions must apply:

- The home can be any single-family home not considered to be a "mobile" home or "trailer" ("modular" homes are acceptable)
- The home can be an apartment, duplex, triplex, fourplex, or any other similar multi-family structure not considered to be a "mobile" home or "trailer"
- The home must pass a Housing Quality Standards inspection prior to occupancy and each year thereafter (special inspections may be required at any time due to complaints, remodeling, reasonable accommodation requests, tenant neglect, natural disaster, catastrophic damage, or other various reasons)
- The owner (landlord) must be willing to participate in the HVP and abide by the provisions established within the HVP
- Occupancy must comply with the standards established by the State of Missouri, i.e., no more than 2 occupants per bedroom except for the birth of a child or children during the effective lease contract period
- There cannot be less occupants than the total number of bedrooms in the home unless:
 - there is an approved personal assistant or supportive service individual(s) residing at the home or staying overnight on a regular basis as a condition of the supportive services agreement or other similar agreement related to the care and the well-being of the participant
 - there are not enough or no dwelling units available from landlords participating in the program at the time the dwelling unit is sought or needed

(NOTE: Effort to find the appropriate size dwelling unit must be documented and these exceptions MUST be approved by the Executive Director)

- Amenities of the home (i.e. pools, spas, hot tubs, exercise rooms, community rooms, or other features/fixtures) must comply with local, State, and/or Federal statutory/code requirements
- The participant or participant family/household portion of the monthly rent cannot exceed 40% of the gross annual household income if the monthly rent amount is higher than the most recently published "Fair Market Rents" schedule for Camden County by HUD (see next paragraph "Rents and Deposits")
- Homes identified as accommodating ISL, Group Home, RCF, or other State programs are not eligible homes for participation unless the proposed home is a separate, independent living area

Calculating Gross and Net Annual Income

Total calculated gross annual household income is the anticipated amount of individual or household income available from all sources collectively on an annual basis. Sources of income to be calculated include, but are not limited to, the following:

- Employment
- Government benefits (Unemployment, Social Security, Disability, etc.)
- Annuity payments
 - Income from assets set aside on behalf of the participant or participant family/household member not conveyed by another household member, which includes inheritances, certificates of deposits, trusts, retirement accounts, or other similar accounts, assets, or instruments of conveyance not immediately accessible to the participant or participant family/household – the lump sum cash value of the account, asset, or instrument is not considered income unless it is in

the immediate possession of or immediately accessible for expenditure by the participant or a participant family/household member; however, periodic cash distributions from the accounts or instruments are considered income unless the monies are spent on services or supplies that are vital to the care of the eligible participant or participant member of the family/household (proof of receipts for such expenditures are required)

- Interest on checking and savings accounts
- Cash contributions from friends or family members for household or living expenses
- Lottery, raffle, gambling, or other proceeds/winnings in excess of \$600
- Other income, income from assets, or cash contributions to the household

Sources of income **NOT** included in the gross annual household income calculation are:

- Child Support
- Food Stamps
- WIC
- TANF
- Donations from non-profit organizations
- Payments made to vendors, creditors, or providers on behalf of the participant or participant family/household (excluding reimbursable or reimbursed child care expenses)
- Income tax rebates or refunds
- MO ABLE accounts

The gross annual household income from all sources less allowable deductions equals net annual household income.

Allowable deductions include:

- Out-of-pocket childcare or daycare expenses or applicable portion thereof being purchased on behalf of the eligible participant family/household member which is not reimbursable, being reimbursed, or paid by another person, agency, or entity (must be verifiable and show proof of cost)
- Out-of-pocket health, vision, dental, life, accidental death, or other related insurance premium expenses or applicable portion thereof being purchased on behalf of the eligible participant family/household member which is not reimbursable, being reimbursed, or paid by another person, agency, or entity (must be verifiable and show proof of cost)
- Medicaid Spend-down/Premium expense or applicable portion thereof being paid on behalf of the eligible participant family/household member which is not reimbursable, being reimbursed, or paid by another person, agency, or entity (must be verifiable and show proof of cost)
- Out-of-pocket expenses or applicable portion thereof directly related to the treatment of the eligible participant family/household member which is not reimbursable, being reimbursed, or paid by another person, agency, or entity (must be verifiable and show proof of cost)
- Utility allowance for all applicable utilities paid by the participant or participant family/household according to the most recently published Pulaski County Public Housing Agency Utility Allowance Schedule for Camden County by applicable bedroom size

Rents and Deposits

Any required security deposits shall be paid by the participant or participant family/household. The HVP rent calculation will be based on an amount not to exceed the most recently published "Fair Market Rents" schedule for Camden County by HUD or the actual contract rent, whichever is less. If the contract rent is below the "Fair Market Rent" amount, the participant(s) portion of rent will be 30% of net annual household income divided by 12, which will be rounded down to the nearest whole dollar amount; and the HVP portion of rent will be the contract

rent less the participant(s) portion of rent. If the contract rent is higher than the "Fair Market Rent", the participant(s) portion of rent will be 30% of the annual household income divided by 12 plus the difference in the contract rent less the "Fair Market Rent",

which will be rounded down to the nearest whole dollar amount; and the HVP portion of rent will be the “Fair Market Rent” less the 30% of the participant(s) household income divided by 12 calculation.

Example #1 – Contract Rent is Higher than “Fair Market Rent”: An eligible participant lives alone and wishes to rent a one-bedroom apartment. The apartment is an “all electric” home, and the landlord pays for water, trash, and sewer. The eligible participant’s gross annual household income is \$12,000. The eligible participant is a Medicaid recipient with no other deductions other than a utility allowance. The contract rent for the apartment is \$600 monthly. The most recently published “Fair Market Rent” for a one-bedroom apartment is \$528 monthly. The Utility Allowance deduction is \$146 per month (\$1,752 annually). The calculation for the participant(s) and HVP portions of rent is as follows:

Participant’s Portion

\$12,000 (gross annual household income) - \$1,752 (annual utility allowance deduction) = \$10,248 (net annual household income)

$\$10,248 \times 30\% = \$3,074.40$

$\$3,074.40 \div 12 = \$256.20$, which is rounded down to \$256 (participant portion of monthly rent based on net annual household income)

\$600 (contract rent) - \$528 (“Fair Market Rent”) = \$72

$\$256 + \$72 = \$328$

Participant’s portion of monthly contract rent is \$328

HVP Portion

\$528 (“Fair Market Rent”) - \$256 (30% of participant’s monthly income) = \$272

HVP portion of monthly contract rent is \$272 (The minimum HVP portion shall be no less than \$100)

Please Note: The participant or participant family/household portion of the monthly rent cannot exceed 40% of the gross annual household income. In this scenario, the maximum rent to pay to be an eligible home would be:
 $\$12,000 \times 40\% \div 12 = \$400$

Example #2 – Contract Rent is Below “Fair Market Rent”: An eligible participant lives alone and wishes to rent a one-bedroom apartment. The apartment is an “all electric” home, and the landlord pays for water, trash, and sewer. The eligible participant’s gross annual household income is \$12,000. The eligible participant is a Medicaid recipient with no other deductions other than a utility allowance. The contract rent for the apartment is \$500 monthly. The most recently published “Fair Market Rent” for a one-bedroom apartment is \$528 monthly. The Utility Allowance deduction is \$146 per month (\$1,752 annually). The calculation for the participant(s) and HVP portions of rent is as follows:

Participant’s Portion

\$12,000 (gross annual household income) - \$1,752 (annual utility allowance deduction) = \$10,248 (net annual household income)

$\$10,248 \times 30\% = \$3,074.40$

$\$3,074.40 \div 12 = \$256.20$, which is rounded down to \$256 (participant portion of monthly rent based on net annual household income)

Participant’s portion of monthly contract rent is \$256

HVP Portion

\$500 (contract rent) - \$256 (participant’s portion of rent) = \$244

HVP portion of monthly contract rent is \$244 (The minimum HVP portion shall be no less than \$100)



I/We have read, understand, and agree to follow the Housing Voucher Program Guidelines. I/we understand any falsified information, undisclosed information, or violation of the Guidelines may result in disqualification of program participation, repayment by the household for rental assistance payments made on behalf of the household, and/or civil/criminal prosecution.

(All individuals 18 years-of-age or older residing in the household and/or guardian(s) must sign)

Head of Household Signature	Date	Spouse Signature	Date
Roommate Signature	Date	Roommate Signature	Date
Guardian/Power of Attorney Signature	Date	Guardian/Power of Attorney Signature	Date



Housing Voucher Program (HVP) Procedures

Eligibility & Criteria

1. Only active CCDDR clients are eligible to apply/receive the Housing Voucher. Legal guardians of active adult clients or parents of active CCDDR minor clients whose primary residence (primary or sole custody) is with the parents can apply.
2. NO housing voucher applications will be handed out UNTIL the applicant has COMPLETED an application for DMH/DD services
3. Established DMH/DD clients who are transferring into Camden County must have an Administrative Transfer filed, acknowledged, and in progress prior to being given a HVP application.

Applications for Immediate Participation

1. Clients must complete the following documents:
 - HVP Guidelines
 - HVP Application
 - Unemployment Affidavit for all persons 18 or older in the home who are not employed
2. Clients must provide the following documentation (if applicable):
 - Proof of income for the last 3 months – for example, employment, government benefits, annuity payments, interest from savings accounts, lottery winnings in excess of \$600, retirement account interest and employer contributions (if the funds are immediately accessible) etc.
 - Banks statements for the last 3 months
 - Income from any trust in the previous year
 - Releases of Information for CCDDR to speak/communicate to/with MOCA, landlord(s), former landlord(s), employer(s), former employer(s) and all relevant parties or agencies regarding verifications of income, rental history and/or any aspect of potential participation eligibility
3. Name and contact information of the landlord and all aforementioned relevant parties
4. Address of the unit they wish to rent
5. The Community Living Coordinator will contact the landlord to secure the following documents:
 - Contract with CCDDR
 - Copy of the lease signed by both parties
 - Landlord questionnaire about the age and size of the unit
 - W-9 for the current year
 - Business Associates agreement
6. Upon receipt of all documents listed above:
 - MOCA will schedule the unit for inspection
 - Administrative staff will review all the documents and determine what portion of rent will be paid by CCDDR and what portion will be paid by the client/household
7. Once the unit has passed inspection, CCDDR will send letters to the landlord and the client explaining how much rent will be paid and the first check will be issued

Ongoing information for HVP clients

1. Clients must complete a Change in Family Income Packet immediately if household income changes (received a raise, changed jobs, lost a job, SSI/SSDI benefits increased or decreased, etc.).
2. Clients must complete a Change in Family Composition Packet immediately if someone in the household moves out or if there is a new household member (birth of a child or new person moves in).
3. New household members must also provide proof of income, bank statements, or an unemployment affidavit if applicable
4. If a client wishes to move, they must complete a Request to Relocate Form.

Annual Re-Certification

1. Clients must complete the following documents:
 - HVP Guidelines
 - HVP Application
 - Unemployment Affidavit for all persons 18 or older in the home who are not employed
2. Clients must provide the following documentation (if applicable):
 - Proof of income for the last 3 months (employment, government benefits, annuity payments, interest from savings accounts, lottery winnings in excess of \$600, retirement account interest and employer contributions (if the funds are immediately accessible) etc.)
 - Banks statements for the last 3 months
 - Income from any trust in the previous year
 - Releases of Information for CCDDR to speak to MOCA and the Landlord
3. The Community Living Coordinator will contact the landlord to secure the following documents:
 - Contract with CCDDR
 - Copy of the lease signed by both parties
 - Landlord questionnaire about the age and size of the unit
 - W-9 for the current year
 - Business Associates agreement
4. Upon receipt of all documents listed above:
 - MOCA will schedule the unit for inspection
 - Administrative staff will review all the documents and determine what portion of rent will be paid by CCDDR and what portion will be paid by the client/household

Wait List Applications

1. Clients must complete the following documents:
 - HVP Guidelines
 - HVP Application
2. Clients will be added to the Wait List on a first come, first serve basis (chronological receipt of application). Clients identified as needing accessible housing units will be added to the Accessible Housing Unit Wait List (participants on the Accessible Housing Unit Wait List may be eligible to participate immediately if CCDDR becomes aware of or is notified by a participating landlord of an available accessible housing unit).

Updated March 1st, 2018

MISCELLANEOUS

The Community Living Coordinator will keep the primary Support Coordinator apprised of the status of pending cases and in some cases will request their support in securing documents and other information.

**CAMDEN COUNTY SENATE BILL 40 BOARD
HOUSING VOUCHER PROGRAM APPLICATION
FOR RENTAL ASSISTANCE**

APPLICANT NAME (Head of Household): _____

Current Street Address: _____

City, County, State, Zip Code: _____

Home Phone: _____ Alternate Phone: _____

HOUSEHOLD COMPOSITION

(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head of household.)

Member's Full Name	Relationship	Birthdate	Age	Sex	Social Security No.

Race of Head of Household (Check One) - **Optional**

(This information is being collected to assure compliance with fair housing and equal opportunity rules.)

- | | |
|---|---|
| ☐ White | ☐ Asian/Pacific Islander |
| ☐ Native American/Alaskan Native | ☐ Hispanic |
| ☐ Other | ☐ Black |

Please check any that apply to you.

- ☐ Have you or a member of your household been determined to have a developmental disability as defined in RSMo 630.005 and have been approved to receive Targeted Case Management Services through the Camden County Senate Bill 40 Board, State of Missouri Department of Mental Health – Division of Developmental Disabilities, or other contracted Targeted Case Management Agency?

If yes, please identify the individual(s):

- ☐ Do you have a designated guardian(s) or designated individual(s) with power of attorney over your estate/affairs?

If yes, please identify the guardian(s) or individual(s) with power of attorney:

☐ Do you pay daycare or childcare expenses on behalf of the identified individual(s)?
If yes, please briefly explain:

☐ Do you pay for health insurance, vision insurance, dental insurance, or a Medicaid "spend-down" on behalf of the identified individual(s)?
If yes, please briefly explain:

☐ Do you pay any "out-of-pocket" expenses or applicable portion thereof (not reimbursed, reimbursable, or paid by another person, agency, or entity) directly related to the treatment of the identified individual(s)?
If yes, please briefly explain:

☐ Are you currently homeless or living in substandard housing?
If yes, please briefly explain:

☐ Have you been (or are you about to be) displaced from your housing?
If yes, please briefly explain:

☐ Do you currently own a home, land, or other real estate?
If yes, please provide the address or location:

☐ Will you require a personal assistant(s) or supportive service individual(s) to reside with you or stay overnight on a regular basis?
If yes, please briefly explain:

☐ Have you or anyone in the household ever been convicted of a felony or are you or anyone in the household a registered sex offender?
If yes, please briefly explain:

INCOME INFORMATION

What is the total annual income of all household members? (Include wages, salaries and tips; other income such as alimony, child support; and Social Security, AFDC or other benefits)

Member's Full Name	Source of Income	Annual Amount	Payment Basis (weekly, monthly, etc.)

(Use separate piece of paper if necessary to complete all information)

ASSET INFORMATION

List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset.

Member's Full Name	Type and Source of Asset (bank accounts, investments, trusts, etc.)	Cash Value of Asset	Annual Income from Asset

(Use separate piece of paper if necessary to complete all information)

APPLICATION CERTIFICATION: I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the Camden County Senate Bill 40 Board to verify all information provided on this application. The information I/we have provided is true and correct to the best of my/our knowledge. I/we understand any intentionally falsified or undisclosed information related to this application for rental assistance may result in disqualification of eligibility. I/we understand if our application is approved and rental assistance is paid on behalf of the household, any falsified or undisclosed information may result in disqualification of program participation, repayment by the household for rental assistance payments made on behalf of the household, and/or civil/criminal prosecution.

Head of Household Signature	Date	Spouse Signature	Date
-----------------------------	------	------------------	------

Roommate Signature	Date	Roommate Signature	Date
--------------------	------	--------------------	------

Guardian/Power of Attorney Signature	Date	Guardian/Power of Attorney Signature	Date
--------------------------------------	------	--------------------------------------	------

All individuals 18 years-of-age or older residing in the household and/or guardian(s) must sign this application. All proof of income, proof of assets, proof of qualifying expenses, income tax returns, and other supportive documentation must be attached with this application.



**CASE MANAGER NOTES
AND/OR
ADDITIONAL INFORMATION**



FY 2017 INCOME LIMITS DOCUMENTATION SYSTEM

HUD.gov [HUD User Home](#) [Data Sets](#) [Fair Market Rents](#) [Section 8 Income Limits](#) [MTSP Income Limits](#) [HUD LIHTC Database](#)

FY 2017 Income Limits Summary

FY 2017 Income Limit Area	Median Income Explanation	FY 2017 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Camden County	\$52,400	Very Low (50%) Income Limits (\$) Explanation	18,350	21,000	23,600	26,200	28,300	30,400	32,500	34,600
		Extremely Low Income Limits (\$)* Explanation	12,060	16,240	20,420	24,600	28,300*	30,400*	32,500*	34,600*
		Low (80%) Income Limits (\$) Explanation	29,350	33,550	37,750	41,900	45,300	48,650	52,000	55,350

Selecting any of the buttons labeled "Explanation" will display detailed calculation steps for each of the various parameters.

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as [established by the Department of Health and Human Services \(HHS\)](#), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

Income Limit areas are based on FY 2017 Fair Market Rent (FMR) areas. For information on FMRs, please see our associated FY 2017 [Fair Market Rent documentation system](#).

For last year's Median Family Income and Income Limits, please see here:

[FY2016 Median Family Income and Income Limits for Camden County](#)

Select a different county or county equivalent in Missouri:

Select any FY2017 HUD Metropolitan FMR Area's Income Limits:



FY 2018 FAIR MARKET RENT DOCUMENTATION SYSTEM

The Final FY 2018 FMRs for All Bedroom Sizes

Final FY 2018 FMRs By Unit Bedrooms					
Year	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FY 2018 FMR	\$449	\$549	\$677	\$857	\$1,172
FY 2017 FMR	\$452	\$579	\$679	\$849	\$1,157

Camden County, MO is a non-metropolitan county.

Fair Market Rent Calculation Methodology

= [Show/Hide Methodology Narrative](#) =

Fair Market Rents for metropolitan areas and non-metropolitan FMR areas are developed as follows:

1. 2011-2015 5-year American Community Survey (ACS) estimates of 2-bedroom adjusted standard quality gross rents calculated for each FMR area are used as the new basis for FY2018 provided the estimate is statistically reliable. For FY2018, the test for reliability is whether the margin of error for the estimate is less than 50% of the estimate itself and whether the ACS estimate is based on at least 100 survey cases. HUD does not receive the exact number of survey cases, but rather a categorical variable known as the count indicator indicating a range of cases. An estimate based on at least 100 cases corresponds to a count indicator of 4 or higher.

If an area does not have a reliable 2011-2015 5-year, HUD checks whether the area has had at least minimally reliable estimate in any of the past 3 years, or estimates that meet the 50% margin of error test described above. If so, the FY2018 base rent is the average of the inflated ACS estimates.

If an area has not had a minimally reliable estimate in the past 3 years, the estimate State for the area's corresponding metropolitan area (if applicable) or State non-metropolitan area is used as the basis for FY2018.

2. HUD calculates a recent mover adjustment factor by comparing a 2015 1-year 40th percentile recent mover 2-bedroom rent to the 2011-2015 5-year 40th percentile adjusted standard quality gross rent. If either the recent mover and non-recent mover rent estimates are not reliable, HUD uses the recent mover adjustment for a larger geography. For metropolitan areas, the order of geographies examined is: FMR Area, Entire Metropolitan Area (for Metropolitan Sub-Areas), State Metropolitan Portion, Entire State, and Entire US; for non-metropolitan areas, the order of geographies examined is: FMR Area, State Non-Metropolitan Portion, Entire State, and Entire US. The recent mover adjustment factor is floored at one.
3. HUD calculates the appropriate recent mover adjustment factor between the 5-year data and the 1-year data and applies this to the 5-year base rent estimate.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT SECTION 8 EXISTING HOUSING ALLOWANCES FOR TENANT- FURNISHED UTILITIES AND OTHER SERVICES							Date Effective: February 1, 2017							
Locality: Pulaski County PHA			Camden, Laclede, Miller, Pulaski											
UTILITY OR SERVICE			MONTHLY DOLLAR ALLOWANCES											
			1 BR			2BR			3 BR			4BR		
			APT	TRL	HS	APT	TRL	HS	APT	TRL	HS	APT	TRL	HS
HEATING	a: Natural Gas		31	53	62	37	60	70	41	69	79	47	76	88
	b: Bottle Gas		32	54	63	37	62	71	43	70	81	48	78	91
	c: Electric		14	30	32	19	32	38	24	34	43	28	35	48
	d: Oil/Other													
COOKING	a: Natural Gas		6	6	6	7	7	7	10	10	10	12	12	12
	b: Bottle Gas		5	5	5	7	7	7	11	11	11	12	12	12
	c: Electric		6	6	6	7	7	7	9	9	9	10	10	10
	d. Coal/Other													
OTHER ELECTRIC			22	27	30	28	38	39	34	49	47	40	59	56
AIR CONDITIONING			5	6	7	8	9	11	11	13	15	13	16	19
WATER HEATING	a: Natural Gas		18	18	18	25	25	25	31	31	31	35	35	35
	b: Bottle Gas		18	18	18	26	26	26	32	32	32	36	36	36
	c: Electric		13	10	13	18	18	18	23	23	23	27	27	27
	d: Oil/Other													
WATER			19	19	19	23	23	23	27	27	27	31	31	31
SEWER			36	36	36	40	40	40	45	45	45	49	49	49
TRASH			11	11	11	11	11	11	11	11	11	11	11	11
RANGE/MICROWAVE			12	12	12	12	12	12	12	12	12	12	12	12
REFRIGERATOR			13	13	13	13	13	13	13	13	13	13	13	13
OTHER- MONTHLY ELECTRIC FEE			14	14	14	14	14	14	14	14	14	14	14	14
MONTHLY NATURAL GAS FEE			10	10	10	10	10	10	10	10	10	10	10	10
ACTUAL FAMILY ALLOWANCES: To be used by the family to compute allowance. Complete below for the actual unit rented.							Utility or Service		Per Month Cost					
Name of Family							Heating		\$					
							Cooking		\$					
							Other Electric		\$					
							Air Conditioning		\$					
Address of Unit							Water Heating		\$					
							Water		\$					
							Sewer		\$					
							Trash		\$					
							Range/Microwave		\$					
							Refridgerator		\$					
							Other		\$					
Number of Bedrooms							Other		\$					
							Other		\$					
							Total		\$					