## 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 TRAVIS COUN		Unit Type Date (mm/dd/yyyy) HCV SCHEDULE A - SF HOMES 9-1-2025					
Utility or Service	Fuel Type	O BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	10	13	16	20	25	30
	Bottled Gas						
	Electric	6	10	13	16	19	22
	Electric – Heat Pump	4	7	9	11	13	16
	Fuel Oil						
	Other						
Cooking	Natural Gas	3	5	7	8	10	11
	Bottled Gas						
	Electric	2	3	4	5	6	7
	Other						-
Other Electric		12	17	22	27	35	42
Air Conditioning		13	17	22	27	32	40
Water Heating	Natural Gas	8	13	16	20	25	28
	Bottled Gas						
	Electric	8	12	15	17	22	27
	Electric – Heat Pump			10			
	Fuel Oil						
Water	racion	9	10	14	22	25	45
Sewer		16	21	33	55	66	89
Trash Collection		36	36	36	36	36	36
Other – specify					CC-21/15		
Range/Microwave		15	15	15	15	15	15
Refrigerator		15	15	15	15	15	15
Actual Family Allowances – May be used by the family to compute allowance while					Utility/Service/Appliance		Allowance
searching for a unit.  Head of Household Name					Heating Cooking		
					Other Electri		
					Air Conditioning		
Unit Address					Water Heating Water		
					Sewer		
					Trash Collect	ion	
					Other		
Number of Bedrooms					Range/Microwave		
					Refrigerator		
					Total		