

Lake County Housing Authority			Apartment - High/Low Rise			11/1/2020	
Utility or Service	Fuel Type	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	\$28	\$30	\$33	\$35	\$38	\$40
	Electric	\$20	\$24	\$33	\$41	\$50	\$59
Cooking	Natural Gas	\$1	\$1	\$2	\$3	\$4	\$4
	Electric	\$4	\$5	\$7	\$10	\$12	\$14
Other Electric		\$29	\$32	\$40	\$48	\$55	\$63
Water Heating	Natural Gas	\$3	\$4	\$6	\$7	\$9	\$11
	Electric	\$12	\$14	\$17	\$21	\$25	\$29
Water		\$31	\$32	\$42	\$52	\$62	\$71
Sewer		\$28	\$28	\$35	\$41	\$48	\$55
Trash Collection		\$21	\$21	\$21	\$21	\$21	\$21
Stove		\$11	\$11	\$11	\$11	\$11	\$11
Refrigerator		\$12	\$12	\$12	\$12	\$12	\$12
Total Allowances							

Lake County Housing Authority	Row House/Townhouse/Semi-Detached Duplex				11/01/2020		
Utility or Service	Fuel Type	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	\$32	\$34	\$37	\$40	\$43	\$46
	Electric	\$29	\$35	\$45	\$56	\$67	\$78
Cooking	Natural Gas	\$1	\$1	\$2	\$3	\$4	\$4
	Electric	\$4	\$5	\$7	\$10	\$12	\$14
Other Electric		\$34	\$38	\$47	\$57	\$66	\$76
Water Heating	Natural Gas	\$4	\$4	\$7	\$9	\$11	\$13
	Electric	\$15	\$17	\$22	\$27	\$31	\$36
Water		\$31	\$32	\$42	\$52	\$62	\$71
Sewer		\$28	\$28	\$35	\$41	\$48	\$55
Trash Collection		\$21	\$21	\$21	\$21	\$21	\$21
Stove		\$11	\$11	\$11	\$11	\$11	\$11
Refrigerator		\$12	\$12	\$12	\$12	\$12	\$12
Total Allowances							

Name of Family: \_\_\_\_\_

Address of Unit: \_\_\_\_\_

Unit City, State & Zip Code: \_\_\_\_\_

Completed by & Date: \_\_\_\_\_

Lake County Housing Authority	Single Family/Detached House					11/1/2020	
Utility or Service	Fuel Type	0 BR	1 BR	2 BR	3 BR	4BR	5 BR
Heating	Natural Gas	\$34	\$37	\$40	\$44	\$48	\$50
	Electric	\$53	\$62	\$73	\$83	\$94	\$105
Cooking	Natural Gas	\$1	\$1	\$2	\$3	\$4	\$4
	Electric	\$5	\$6	\$8	\$11	\$13	\$16
Other Electric		\$43	\$48	\$60	\$72	\$84	\$97
Water Heating	Natural Gas	\$4	\$4	\$7	\$9	\$11	\$13
	Electric	\$16	\$19	\$24	\$29	\$34	\$39
Water		\$31	\$32	\$42	\$52	\$62	\$71
Sewer		\$28	\$28	\$35	\$41	\$48	\$55
Trash Collection		\$21	\$21	\$21	\$21	\$21	\$21
Stove		\$11	\$11	\$11	\$11	\$11	\$11
Refrigerator		\$12	\$12	\$12	\$12	\$12	\$12
Total Allowances							

Name of Family: \_\_\_\_\_

Address of Unit: \_\_\_\_\_

Unit City, State & Zip Code: \_\_\_\_\_

Completed by & Date: \_\_\_\_\_