

Yankton Housing and Redevelopment Commission

Utility Allowance Schedule

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

OMB Approval
No. 25577-0169
exp.7/31/2022

See Public Reporting and Instructions on back.

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

Date:						
Locality: Yankton Housing & Redevelopment Commission, SD		Unit Type: Multi-Family (Apartment/Row House/Townhouse/Semi-Detached/Duplex)				
Utility or Service:	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Monthly Dollar Allowances						
Heating						
a. Natural Gas	\$35.00	\$40.00	\$47.00	\$55.00	\$61.00	
b. Bottle Gas/Propane						
c. Electric (<i>avg</i>)	\$26.00	\$30.00	\$41.00	\$52.00	\$63.00	
d. Electric Heat Pump (<i>avg</i>)	\$23.00	\$27.00	\$32.00	\$35.00	\$39.00	
e. Oil						
Cooking						
a. Natural Gas	\$4.00	\$4.00	\$6.00	\$7.00	\$10.00	
b. Bottle Gas/Propane						
c. Electric (<i>avg</i>)	\$5.00	\$6.00	\$9.00	\$12.00	\$15.00	
Other Electric & Cooling						
Other Electric (Lights & Appliances)(<i>avg</i>)	\$20.00	\$24.00	\$33.00	\$43.00	\$52.00	
Air Conditioning (<i>avg</i>)	\$5.00	\$5.00	\$8.00	\$10.00	\$12.00	
Water Heating						
a. Natural Gas	\$9.00	\$10.00	\$15.00	\$20.00	\$24.00	
b. Bottle Gas/Propane						
c. Electric (<i>avg</i>)	\$15.00	\$17.00	\$22.00	\$27.00	\$31.00	
d. Oil						
Water, Sewer, Trash Collection						
Water	\$39.93	\$39.93	\$46.23	\$52.53	\$58.83	
Sewer	\$24.50	\$24.50	\$31.83	\$39.16	\$47.30	
Trash Collection	\$23.61	\$23.61	\$23.61	\$23.61	\$23.61	
Tenant-supplied Appliances						
Range / Microwave Tenant-supplied	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	
Refrigerator Tenant-supplied	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	
Other--specify: Monthly Charges						
Electric Charge \$6.45 (NW Energy)	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	
Electric Charge \$44.08 (Bon Homme YE)	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00	
Natural Gas Charge \$8.60	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	
Actual Family Allowances		Utility or Service		per month cost		
To be used by the family to compute allowance. Complete below for the actual unit rented.		Heating		\$		
Name of Family		Cooking		\$		
Address of Unit		Other Electric		\$		
		Air Conditioning		\$		
		Water Heating		\$		
		Water		\$		
		Sewer		\$		
		Trash Collection		\$		
		Range / Microwave		\$		
		Refrigerator		\$		
		Other		\$		
Number of Bedrooms		Other		\$		
		Total		\$		



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

Date: _____

Locality: Yankton Housing & Redevelopment Commission, SD		Unit Type: Single-Family (Detached House/Mobile Home)				
Utility or Service:	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Monthly Dollar Allowances						
Heating						
a. Natural Gas	\$48.00	\$57.00	\$67.00	\$77.00	\$87.00	
b. Bottle Gas/Propane						
c. Electric (<i>avg</i>)	\$61.00	\$71.00	\$84.00	\$96.00	\$108.00	
d. Electric Heat Pump (<i>avg</i>)	\$32.00	\$38.00	\$45.00	\$51.00	\$56.00	
e. Oil						
Cooking						
a. Natural Gas	\$4.00	\$4.00	\$6.00	\$7.00	\$10.00	
b. Bottle Gas/Propane						
c. Electric (<i>avg</i>)	\$5.00	\$6.00	\$9.00	\$12.00	\$15.00	
Other Electric & Cooling						
Other Electric (Lights & Appliances)(<i>avg</i>)	\$30.00	\$35.00	\$49.00	\$63.00	\$77.00	
Air Conditioning (<i>avg</i>)	\$4.00	\$4.00	\$10.00	\$15.00	\$20.00	
Water Heating						
a. Natural Gas	\$11.00	\$12.00	\$19.00	\$24.00	\$30.00	
b. Bottle Gas/Propane						
c. Electric (<i>avg</i>)	\$18.00	\$21.00	\$27.00	\$33.00	\$39.00	
d. Oil						
Water, Sewer, Trash Collection						
Water	\$39.93	\$39.93	\$46.23	\$52.53	\$58.83	
Sewer	\$24.50	\$24.50	\$31.83	\$39.16	\$47.30	
Trash Collection	\$23.61	\$23.61	\$23.61	\$23.61	\$23.61	
Tenant-supplied Appliances						
Range / Microwave Tenant-supplied	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	
Refrigerator Tenant-supplied	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	
Other--specify: Monthly Charges						
Electric Charge \$6.45 (NW Energy)	\$6.00	\$6.00	\$6.00	\$6.00	\$6.00	
Electric Charge \$44.08 (Bon Homme YE)	\$44.00	\$44.00	\$44.00	\$44.00	\$44.00	
Natural Gas Charge \$8.60	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	
Actual Family Allowances			Utility or Service		per month cost	
To be used by the family to compute allowance. Complete below for the actual unit rented.			Heating		\$	
			Cooking		\$	
Name of Family			Other Electric		\$	
			Air Conditioning		\$	
			Water Heating		\$	
			Water		\$	
			Sewer		\$	
Address of Unit			Trash Collection		\$	
			Range / Microwave		\$	
			Refrigerator		\$	
			Other		\$	
			Other		\$	
Number of Bedrooms			Other		\$	
			Total		\$	



Yankton Housing and Redevelopment Commission

**Reasonable Accommodation
Medical Equipment Allowances**

Electric Provider: Northwestern Energy & Bon Homme Yankton Electric (avg)

Item	Hours per Day	Wattage	Monthly kWh	Energy Charge	Utility Allowance
Oxygen Concentrator	18	400	223	0.12325	\$27.00
Nebulizer	2	75	5	0.12325	\$1.00
Electric Hospital Bed	0.2	200	1	0.12325	\$1.00
Alternating Pressure Pad	24	70	52	0.12325	\$6.00
Low Air-Loss Mattress	24	120	89	0.12325	\$11.00
Power Wheelchair/Scooter	3	360	33	0.12325	\$4.00
Feeding Tube Pump	24	120	89	0.12325	\$11.00
CPAP Machine	10	30	9	0.12325	\$1.00
Leg Compression Pump	24	30	22	0.12325	\$3.00
Dialysis Machine/Equipment	2	710	44	0.12325	\$5.00

Oxygen Concentrator

Use per day varies, assume 12-14 hours a day. The 5-Liter model uses 400 W, the 3-Liter model uses 320 W.

Nebulizer

A medicine delivery system used mostly for pediatric care. Used 4-6 times a day for 20 minutes at a time at 75W.

Semi/Fully Electric Hospital Bed

Use depends on adjustments. 200 W.

0.1315
0.115
0.12325

Alternating Pressure Pad

An air-filled mattress overlay. Used 24 hours a day for someone who is bed-ridden.

Low Air-Loss Mattress

Takes the place of mattress - air -filled pressurized mattress. Cycles air around every 15-20 minutes.

Power Wheelchairs and Scooters

Need to be charged approximately 8 hours every 3 days. Batteries are 120 V, 3 Amp, 360 W.

Feeding Tube Pump (Continuous Feed)

A pump delivers a constant amount of formula throughout the day or night.

CPAP Machine

For Sleep Apnea. Runs only at night for people who have a tendency to stop breathing at night. At maximum pressure use is 40 Watts. On average - 30 Watts

Leg Compression Pump

Provides intensive compression therapy. Use varies, generally from 8-24 hours daily.

Dialysis Machine/Equipment (Small/Portable)

Filters a patient's blood to remove excess water and waste products. Used 2 hours daily.