



## Housing Choice Voucher Program

Allowances for  
Tenant-Furnished Utilities  
and Other Services

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

Locality <b>San Bernardino County</b>	Age mixed	Unit Type <b>Apartment</b>	Date (mm/dd/yyyy) <b>10/1/2025</b>
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### Utility or Service

### Monthly Dollar Allowances

		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR
Heating	a. Natural Gas	27	31	34	38	41	45	48
	b. Bottle Gas	65	75	82	92	99	109	115
	c. Electric	32	40	53	63	74	84	95
Cooking	a. Natural Gas	5	6	8	11	13	15	16
	b. Bottle Gas	12	15	19	27	31	36	39
	c. Electric	13	16	23	32	44	52	61
Other Electric		51	60	83	107	131	159	180
Air Conditioning		27	33	50	69	85	100	133
Water Heating	a. Natural Gas	10	12	18	24	30	37	40
	b. Bottle Gas	24	29	44	58	73	90	96
	c. Electric	31	36	52	67	82	98	112
Water		54	56	73	99	125	151	171
Sewer		45	45	45	45	45	45	45
Trash Collection		31	31	31	31	31	31	31
Range/Microwave		7	7	7	7	7	7	7
Refrigerator		5	5	5	5	5	5	5
Other - specify		0	0	0	0	0	0	0

**Actual Family Allowances** to be used by the family to compute allowance.

Complete below for the actual unit rented.

Name of Family

Address of Use

Number of Bedrooms

Utility or Service	Monthly Cost
Heating	
Cooking	
Other Electric	
Air Conditioning	
Water Heating	
Water	
Sewer	
Trash Collection	
Range/Microwave	
Refrigerator	
Other	
<b>Total</b>	<b>\$</b>

Previous editions are obsolete

Spreadsheet based on form HUD-52667 (4/2023).

ref. Handbook 7420.8

Any individual, company, corporation, government agency or organization using these utility allowances shall indemnify, defend, and hold harmless the Housing Authority of the County of San Bernardino, its officers, officials, employees, and volunteers from and against any and all liability, claims, damage, cost, expenses, awards, fines, judgments, and attorney fees (including, without limitation, costs, attorney fees, expert witness fees, and other expenses of litigation) of every nature arising out of or in connection with the use of these utility allowances under any circumstances.



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Office of Public and Indian Housing

Locality <b>San Bernardino County</b>	Age mixed	Unit Type <b>Detached Houses</b>	Date (mm/dd/yyyy) <b>10/1/2025</b>
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### Utility or Service

### Monthly Dollar Allowances

		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR
Heating	a. Natural Gas	37	43	49	54	60	66	71
	b. Bottle Gas	90	104	119	131	145	160	172
	c. Electric	73	86	98	110	121	133	151
Cooking	a. Natural Gas	5	6	8	11	13	15	16
	b. Bottle Gas	12	15	19	27	31	36	39
	c. Electric	13	16	27	36	47	56	64
Other Electric		75	88	123	163	204	247	280
Air Conditioning		21	26	68	106	144	182	201
Water Heating	a. Natural Gas	13	15	23	30	38	46	49
	b. Bottle Gas	31	36	56	73	92	111	120
	c. Electric	39	50	69	89	106	122	137
Water		54	56	73	99	125	151	173
Sewer		45	45	45	45	45	45	45
Trash Collection		31	31	31	31	31	31	31
Range/Microwave		7	7	7	7	7	7	7
Refrigerator		5	5	5	5	5	5	5
Other - specify		0	0	0	0	0	0	0

**Actual Family Allowances** to be used by the family to compute allowance.

Complete below for the actual unit rented.

**Name of Family**

**Address of Use**

**Number of Bedrooms**

Utility or Service	Monthly Cost
Heating	
Cooking	
Other Electric	
Air Conditioning	
Water Heating	
Water	
Sewer	
Trash Collection	
Range/Microwave	
Refrigerator	
Other	
<b>Total</b>	\$

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Locality <b>San Bernardino County</b>	Age mixed	Unit Type <b>Manufactured homes</b>	Date (mm/dd/yyyy) <b>10/1/2025</b>
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### Utility or Service

### Monthly Dollar Allowances

		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR
Heating	a. Natural Gas	32	37	41	46	51	56	61
	b. Bottle Gas	77	90	99	111	123	136	147
	c. Electric	80	93	96	98	101	103	115
Cooking	a. Natural Gas	5	6	8	11	13	15	16
	b. Bottle Gas	12	15	19	27	31	36	39
	c. Electric	13	16	27	36	47	56	58
Other Electric		75	88	123	163	204	247	288
Air Conditioning		26	33	63	89	115	142	180
Water Heating	a. Natural Gas	13	15	23	30	38	46	49
	b. Bottle Gas	31	36	56	73	92	111	120
	c. Electric	39	50	69	89	106	122	135
Water		54	56	73	99	125	151	171
Sewer		45	45	45	45	45	45	45
Trash Collection		31	31	31	31	31	31	31
Range/Microwave		7	7	7	7	7	7	7
Refrigerator		5	5	5	5	5	5	5
Other - specify		0	0	0	0	0	0	0

**Actual Family Allowances** to be used by the family to compute allowance.

Complete below for the actual unit rented.

Name of Family

Address of Use

Number of Bedrooms

Utility or Service	Monthly Cost
Heating	
Cooking	
Other Electric	
Air Conditioning	
Water Heating	
Water	
Sewer	
Trash Collection	
Range/Microwave	
Refrigerator	
Other	
<b>Total</b>	<b>\$</b>

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