See Public Reporting and Instructions on back.

OMB Approval No. 2577-0169 exp. 04/30/2026

Office of Public and Indian Housing

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

Locality/PHA MCLENNAN C	1	Unit Type SCHEDUL	_E MC3 - N	Date (mm/dd/yyyy) MULTI-FAMILY 6-1-2024			
Utility or Service	Fuel Type	0 BR	1 BR	2 BR	3 BR	4BR	5 BR
Heating	Natural Gas	5	7	9	12	15	19
	Bottled Gas	9	15	18	21	24	33
	Electric	10	14	18	22	27	32
	Electric – Heat Pump	6	10	12	15	19	22
	Fuel Oil						
	Other						
Cooking	Natural Gas	1	3	4	5	7	9
	Bottled Gas	1	1	3	4	6	9
	Electric	2	4	6	7	9	10
	Other						
Other Electric		20	28	36	44	56	64
Air Conditioning		14	20	28	32	40	46
Water Heating	Natural Gas	7	9	12	15	19	21
	Bottled Gas	12	15	18	21	27	36
	Electric	14	19	24	28	38	44
	Electric – Heat Pump	117	10	27	20	30	7 7
	Fuel Oil						
	ruei Oii	20	22	20	20	47	50
Water		20	23	30	38	47	59
Sewer		31	38	50	63	76	89
Trash Collection		19	19	19	19	19	19
Other – specify		ATMOS CC-22	ATMOS CC-22	ATMOS CC-22	ATMOS CC-22	ATMOS CC-22	ATMOS CC-
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						ce/Appliance	Allowance
searching for a unit. Head of Household N	ame				Heating Cooking		
rread of frouseriola N	ame				Other Electri	ic.	
					Air Condition		
Unit Address					Water Heating		
					Water		
					Sewer		
					Trash Collect	ion	
					Other		
Number of Bedrooms					Range/Microwave		
					Refrigerator		
					Total		