SINGLE FAMILY DETACHED

See Public Reporting Statement and Instructions on back

Locality METRO	O BOSTON HOUSING	PARTNERSHIP		Unit Type: S	<u>Single Fami</u>	ly Detached	Date: 12/1/201
Utility or Service	e			Monthly Dolla	ar Allowances		
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	52	72	93	1147	145	166
	b. Bottle Gas						
	c. Oil / Electric	68 / 77	124 / 108	159 / 139	194 / 170	247 / 216	283 / 247
	d. Coal / Other						
Cooking	a. Natural Gas	7	9	12	15	19	21
	b. Bottle Gas						
	c. Oil / Electric	13	18	23	28	36	41
	d. Coal / Other						
Other Electric		45	60	75	90	112	128
Air Conditioni	ng						
Water Heating	g a. Natural Gas	18	25	32	39	49	56
	b. Bottle Gas						
	c. Oil / Electric	23 / 39	32 / 55	41 / 71	50 / 87	64 / 110	73 / 126
	d. Coal / Other						
Water			42	83	124	166	207
Sewer							
Trash Collection **Milton,Winchester,Braintree, Malden		13	13	19	19	19	26
Range/Microwave							
Refrigerator		10	10	13	13	13	13
Other – speci	fy Gas, charge	9	9	9	9	9	9
	y Allowances To be		to compute allowand	ce.		tility or Service	per month cost
Complete below for the actual unit rented.						eating ooking	\$
Name of Family						ther Electric	
						r Conditioning	
Address of Unit						ater Heating	
						/ater	
						ewer	
						ash Collection	
						ange/Microwave efrigerator	
Number of Bedroo	oms					ther	
						- 4-1	<u>^</u>
						otal	\$