

# Utility Allowance Schedule

See Public Reporting and Instructions on back.

U.S. Department of Housing and Urban  
Development

Office of Public and Indian Housing

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

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

Locality/PHA <b>Coastal Community Action, Inc, NC</b>		Unit Type <b>Single-Family</b> <b>(Detached House/Mobile Home)</b>				Date (mm/dd/yyyy) <b>Eff. 1/1/2026</b>	
Utility of Service	Fuel Type	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas	N/A	N/A	N/A	N/A	N/A	N/A
	Bottle Gas	\$73.00	\$82.00	\$97.00	\$106.00	\$116.00	\$125.00
	Electric <b>(avg)</b>	\$35.00	\$42.00	\$48.00	\$54.00	\$60.00	\$66.00
	Electric Heat Pump <b>(avg)</b>	\$21.00	\$24.00	\$29.00	\$32.00	\$36.00	\$39.00
	Fuel Oil	\$58.00	\$70.00	\$77.00	\$86.00	\$96.00	\$106.00
Cooking	Natural Gas	N/A	N/A	N/A	N/A	N/A	N/A
	Bottle Gas	\$9.00	\$9.00	\$15.00	\$21.00	\$27.00	\$30.00
	Electric <b>(avg)</b>	\$7.00	\$8.00	\$12.00	\$15.00	\$19.00	\$23.00
Other Electric	<b>(avg)</b>	\$38.00	\$45.00	\$62.00	\$80.00	\$97.00	\$115.00
Air Conditioning	<b>(avg)</b>	\$10.00	\$11.00	\$26.00	\$40.00	\$54.00	\$69.00
Water Heating	Natural Gas	N/A	N/A	N/A	N/A	N/A	N/A
	Bottle Gas	\$27.00	\$30.00	\$43.00	\$58.00	\$70.00	\$82.00
	Electric <b>(avg)</b>	\$20.00	\$24.00	\$30.00	\$37.00	\$43.00	\$50.00
	Fuel Oil	\$22.00	\$26.00	\$35.00	\$48.00	\$58.00	\$67.00
Water	<b>Town of Beaufort (ICL)</b>	\$29.00	\$29.00	\$37.00	\$45.00	\$52.00	\$60.00
Sewer	<b>Town of Beaufort (ICL)</b>	\$87.00	\$89.00	\$114.00	\$140.00	\$165.00	\$190.00
Trash Collection	<b>Town of Beaufort (ICL)</b>	\$24.00	\$24.00	\$24.00	\$24.00	\$24.00	\$24.00
<b>Other specify: Electric Charge \$22.17 (avg)</b>		\$22.00	\$22.00	\$22.00	\$22.00	\$22.00	\$22.00
Range/Microwave		\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00
Refrigerator		\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00
<b>Actual Family Allowances</b> -May be used by the family to compute allowance while searching for a unit.					Utility/Service/Appliance	Allowance	
					Heating		
Head of Household Name					Cooking		
					Other Electric		
					Air Conditioning		
					Water Heating		
Unit Address					Water		
					Sewer		
					Trash Collection		
					Other		
					Range / Microwave		
Number of Bedrooms					Refrigerator		
					Total		



adapted from form HUD-52667  
(04/2023)

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	Electric <b>(avg)</b>	\$17.00	\$20.00	\$25.00	\$31.00	\$36.00	\$41.00
	Electric Heat Pump <b>(avg)</b>	\$14.00	\$17.00	\$20.00	\$23.00	\$25.00	\$28.00
	Fuel Oil	\$42.00	\$48.00	\$54.00	\$61.00	\$67.00	\$74.00
Cooking	Natural Gas	N/A	N/A	N/A	N/A	N/A	N/A
	Bottle Gas	\$9.00	\$9.00	\$15.00	\$21.00	\$27.00	\$30.00
	Electric <b>(avg)</b>	\$7.00	\$8.00	\$12.00	\$15.00	\$19.00	\$23.00
Other Electric	<b>(avg)</b>	\$26.00	\$31.00	\$42.00	\$54.00	\$66.00	\$78.00
Air Conditioning	<b>(avg)</b>	\$12.00	\$15.00	\$21.00	\$26.00	\$32.00	\$38.00
Water Heating	Natural Gas	N/A	N/A	N/A	N/A	N/A	N/A
	Bottle Gas	\$21.00	\$24.00	\$33.00	\$46.00	\$58.00	\$67.00
	Electric <b>(avg)</b>	\$16.00	\$19.00	\$24.00	\$29.00	\$35.00	\$40.00
	Fuel Oil	\$16.00	\$19.00	\$29.00	\$38.00	\$45.00	\$54.00
Water	<b>Town of Beaufort (ICL)</b>	\$29.00	\$29.00	\$37.00	\$45.00	\$52.00	\$60.00
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Water	<b>Town of Beaufort (OCL)</b>	\$51.00	\$52.00	\$63.00	\$75.00	\$86.00	\$97.00
Sewer	<b>Town of Beaufort (OCL)</b>	\$168.00	\$173.00	\$224.00	\$274.00	\$325.00	\$375.00
Trash Collection	<b>Town of Beaufort (OCL)</b>	\$24.00	\$24.00	\$24.00	\$24.00	\$24.00	\$24.00
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Water	<b>(avg) (Carteret Co)</b>	\$40.00	\$42.00	\$55.00	\$68.00	\$83.00	\$97.00
Sewer	<b>(avg) (Carteret Co)</b>	\$49.00	\$51.00	\$69.00	\$82.00	\$91.00	\$100.00
Trash Collection	<b>(avg) (Carteret Co)</b>	\$23.00	\$23.00	\$23.00	\$23.00	\$23.00	\$23.00
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Number of Bedrooms					Refrigerator		
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## Section 8 Utility Allowance Schedule - Form HUD-52667

The utility allowance schedules include **6** forms HUD-52667, one each for a **Multi-Family (Apartment/Row House/Townhouse/Semi-Detached/Duplex/Plex)**, and a **Single-Family (Detached House/Mobile Home)**. CCA's schedules are also broken down into separate schedules for Carteret County at large, not including the Town of Beaufort and its extra-territorial jurisdiction (ETJ), and specific forms for the Town of Beaufort including forms for utilities inside the town limits as well as forms for those in Beaufort's ETJ. Below are notes to help you understand the forms>

**1:** The **Electric** utility providers each have a **monthly customer charge** that is not based on consumption. An **average** of these charges is shown in the "Other– Specify:" row of the form HUD-52667. This average charge should be added for tenants utilizing these utilities but add the average charge only one time.

**2:** If the owner/landlord does not provide a range or refrigerator with the leased unit, CCA provides an allowance for the **tenant- provided range or refrigerator**, to supplement maintenance costs, and should be based on the lesser of the cost of leasing or installment purchasing of suitable equipment. *Microwave applies only to studio/efficiency units that do not have a range/stove cooking source.* The party responsible for providing the stove/range and refrigerator **must** be indicated on the *Request for Tenancy Approval* (RFTA) and included in the dwelling unit lease.

**3:** For convenience, the scheduled provides utility allowances for Reasonable Accommodations for medical equipment using an average rate for all electric providers.

**4:** On December 20, 2018, HUD revised the Section 8 HCV utility allowance regulations (24 CFR §982.517) item (d) Use of Utility Allowances Schedule, to specify that *PHAs must use the appropriate utility allowance for the lesser of the size of dwelling unit actually leased by the family or the family unit size as determined under the PHA subsidy standards.* **Exceptions based on HUD regulations must be documented in the participant's file & system notes.**

**5:** Per HUD's instructions, the forms will be given to families with their Voucher (*in the briefing packet*) or with voucher issues in connection with moves/transfers. The forms provide families with the amount of the allowances for various types of units for rent while shopping for a unit. With the allowances, a family can compare gross rents and fair market rents. The form is used by CCA to record the actual allowance for each family and is kept in the Participant's file. Forms will also be posted on CCA's website at [Housing Services - Housing Choice Vouchers](#) and revised forms will be posted within 30 days of adoption.



## ***Reasonable Accommodation Medical Equipment Allowances***

**Electric Provider: Carteret-Craven Electric Cooperative & Duke Energy Progress  
(wtd avg) (avg)**

<b>Item</b>	<b>Hours per Day</b>	<b>Wattage</b>	<b>Monthly kWh</b>	<b>Energy Charge</b>	<b>Utility Allowance</b>
Oxygen Concentrator	18	400	223	0.157316	\$35.00
Nebulizer	2	75	5	0.157316	\$1.00
Electric Hospital Bed	0.2	200	1	0.157316	\$1.00
Alternating Pressure Pad	24	70	52	0.157316	\$8.00
Low Air-Loss Mattress	24	120	89	0.157316	\$14.00
Power Wheelchair/Scooter	3	360	33	0.157316	\$5.00
Feeding Tube Pump	24	120	89	0.157316	\$14.00
CPAP Machine	10	30	9	0.157316	\$1.00
Leg Compression Pump	24	30	22	0.157316	\$3.00
Dialysis Machine/Equipment	2	710	44	0.157316	\$7.00

### ***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.

0.166712

0.14792

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0.157316

### ***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.