

Virginia Homeless Solutions Program Rapid Rehousing Project Participant File Guide

All VHSP project participant files must contain:

- [Homeless Certification Form](#)
- Initial Screening Form (to include evidence of diversion or a problem solving conversation)
- Release of Information
- [Housing barriers assessment](#)
- [Housing plan](#)
- [Evidence of coordination with mainstream resources](#)
- Monthly housing focused case management
- Documentation of the termination or grievance process (if necessary)

All VHSP – Rapid Rehousing project participant files must contain:

- [VHSP Rapid Re-housing Project Participant Eligibility Form](#)
- Veteran documentation (as applicable)
- [Lead-Based Paint Visual Assessment Form](#)
- [Basic Habitability Checklist](#)
- [Rent Reasonableness](#)
- Copy of Fair Market Rent Standards
- [Utility Allowance Worksheet](#)
- Valid Lease
- Written agreement with project participant
- Written agreement with landlord
- Recertification documentation (as applicable)
 - Income below 30%AMI
 - Assets below \$500



HOMELESS CERTIFICATION FORM

Applicant Name and Unique Identifier: _____

Staff Member Name: _____

- Household without dependent children (complete one form for each adult in the household)
 Household with dependent children (complete one form for household)
 Number of persons in the household: _____

This is to certify that the above named individual or household is currently either literally or imminently homeless based on the check mark, other indicated information, and signature indicating their current living situation. Check the appropriate type of documentation used to verify homelessness and attach it to this worksheet.

CHRONIC HOMELESS CERTIFICATION

***Agency must select "Yes" if household meets the following criteria:**

Individual or family is literally homeless and has third-party, intake worker, or household documentation of the following:

- Has been homeless for at least one year continuously or on at least four separate occasions in the last three years, where the cumulative total of the four occasions is at least one year (Stays in institutions of 90 days or less will not constitute a break in homelessness, but such stays are included in the cumulative total) in a place not meant for human habitation, a safe haven, or an emergency shelter; **AND**
- Has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.

CHRONICALLY HOMELESS: Yes* No

GENERAL HOMELESS CERTIFICATION

Complete with information on the primary cause of homelessness

Homeless Status	Type of Eligible Documentation	Documentation/ Eligibility
LITERAL HOMELESSNESS (RAPID RE-HOUSING ELIGIBLE)		
<input type="checkbox"/> Persons living on the street or sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation	<ul style="list-style-type: none"> Signed and dated written certification by person seeking services Signed and dated written certification by an outreach worker 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Persons living in a shelter designed to provide temporary living arrangements - emergency shelter - transitional housing - hotel/motel paid for by a charitable organization or government program	<ul style="list-style-type: none"> HMIS shelter record Written referral from previous shelter staff Written referral from charitable organization or government program 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Persons exiting an institution where they resided for 90 days or less and resided in a place not meant for	<ul style="list-style-type: none"> HMIS shelter record Written referral from previous shelter 	<input type="checkbox"/> Yes <input type="checkbox"/> No

RRH section

Homeless Certification Form

<input type="checkbox"/>	human habitation immediately before entering institution	<ul style="list-style-type: none"> • staff • Written referral from institution 	
<input type="checkbox"/>	Persons fleeing domestic violence. *Must meet one of the homeless status categories listed above*	<ul style="list-style-type: none"> • Written, signed and dated verification from the participant • Written, signed and dated verification from the domestic violence service provider. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
IMMINENT RISK OF HOMELESSNESS (TARGETED PREVENTION ELIGIBLE)			
<input type="checkbox"/>	Person will imminently lose primary nighttime residence within 14 days and meets both of the following circumstances: - No appropriate subsequent housing options have been identified; AND - Household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing	<ul style="list-style-type: none"> • Documentation of diversion (notate in case file) • Eviction letter from tenant/homeowner (If living with another, i.e. doubled up) • Letter from hotel/motel manager and cancelled checks to verify costs covered by the participant • Court order/eviction notice 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Persons fleeing domestic violence *Must also be imminently homeless*	<ul style="list-style-type: none"> • Written, signed and dated verification from the participant • Written, signed and dated verification from the domestic violence service provider. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Documentation of attempts to obtain third party verification (required): <i>Third party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for homeless assistance.</i></p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p>Note the type of third party verification obtained here (i.e. <i>Received a HMIS referral from Shelter Name</i>). If you are unable to secure the third party verification (check a 'No' box in any of the above), document the attempts made here.</p> </div> <p>Self Declaration of Homelessness: <i>Self declaration is only permitted when third party verification cannot be obtained.</i></p> <div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> <p>After documenting attempts to obtain third party verification above, work with project participant to complete this section.</p> </div>			

Participant Signature: _____ Date: _____

Form Completed By: _____

Staff Signature: _____ Date: _____

All forms need to include project participant signature, printed name of staff person completing the form and their signature.

Effective programs and case managers support and trust that project participants want to and are able to succeed. The strength-based housing barriers assessment is used to help project participants identify any existing barriers to obtaining and maintaining permanent housing as well as their own strengths and resources to overcome these barriers. The housing plan establishes the pathway to obtaining and maintaining this permanent housing by setting goals with reasonable action steps to be completed by the project participant and case manager.

A housing barriers assessment is:

- Individualized to the project participant and/or household
- A give and take dialogue between the project participant and case manager
- A living document
- Able to inform the level of supportive services and financial assistance that may be needed to end the episode of homelessness
- A tool that can aid in problem-solving conversations (i.e. diversion or self-resolution)
- Client-led with support from case manager

Best practices in housing barriers assessments:

- Focus only on barriers directly related to the project participant's ability to access permanent housing. At each step, ask "is this preventing someone from obtaining or maintaining permanent housing right now?"
- Assess both barriers and strengths in permanent housing attainment
- Information gathered should fall into two categories:
 1. Barriers to *obtaining* housing (i.e. landlord screening barriers (rental history, criminal history, income requirements) and financial barriers)
 2. Barriers to *maintaining* housing (i.e. income/employment, budgeting or financial literacy, substance use disorder, mental illness, compliance with lease agreement, etc.)
- Revisit and adjust priorities as barriers are addressed
 - Explore strengths in relationships
 - Who are your allies, friends, family members?
 - Has there ever been a time that you were able to help a friend or family member? What happened?
 - Explore strengths in past housing and employment experiences
 - Do you have any previous rental history? If so, how did you manage the relationship with your landlord? Did you have success paying rent for all or a portion of that lease?
 - Explore strengths in self
 - Ability to advocate for themselves – sought help and conveyed needs
 - Resourcefulness – Has experienced hardships or crises and made it through to this day
 - Other: Spirituality, hobbies, interests, coping skills, personality traits

A housing plan is:

- A pathway for obtaining and maintaining permanent housing.
- Defined end goals, each broken into stated action steps to be taken by the project participant AND the case manager, along with target completion dates and pre-established review dates.

- Strength-based, pulling on the project participant's strengths identified within the housing barriers assessment to minimize barriers and meet stated goals
- A living document that should be reviewed and updated regularly and no less than once per month

Best practices in housing plans:

- Use the housing barriers assessment to shape the project participant's housing plan.
- Be project participant driven
 - The RRH participant's goals and priorities drive the housing plan while the case manager provides information to help the participant inform choices and supports the person's decisions to the extent possible.
- Be housing-focused
 - The core goal of the housing plan is to obtain and maintain permanent housing. Goals that are not related to getting and keeping housing should be deferred unless they are a very high priority for the participant.
- Be reasonable
 - Do not set the project participant up for failure or perceived failure. The housing plan is meant to set achievable goals with realistic action steps.
 - The housing plan must be flexible and changeable based on the unique needs and goals of the project participant.
- Follow the SMART method: Goals should be **S**pecific, **M**easurable, **A**ttainable, **R**ealistic, and **T**imely
- Begin exit planning early to ensure project participants are prepared for when the assistance (including financial assistance and/or supportive services assistance) is about to end.
- Goals should focus on the short-term and all action steps should be achievable within a relatively short period of time to allow the case manager and project participant to continually reassess progress and address remaining barriers.

Evidence of Coordination with Mainstream Resources

Grantees may meet the evidence of coordination with mainstream resources requirement in the following ways.

1. Documented in case notes
 - a. Example: A case note documenting a conversation between the case manager and project participant wherein the project participant is identified to be in need of a bed for their new rental unit and the case manager connects them with the local furniture bank.
 - b. Example: A case note documenting that the case manager has connected the project participant with SOAR trained staff to complete their application for SSI
2. Documented in the housing plan's goals and/or individual action steps
3. Use of a fixed checklist which identifies all resources available in a community. Items relevant to the needs of the individual project participant are checked off once a referral has been made.
 - a. Example: (not meant to be an actual tool, use the resources available in your community to build a checklist)

Mainstream Resources	Already Receives	Requires Referral
State/Federal/Local Housing Subsidy Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SSI/SSDI	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid/Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SNAP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CSB/Mental Health Care Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Care Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
McKinney-Vento Homeless Liaison	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Pantry	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DV Advocate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

VHSP Rapid Re-housing Project Participant Eligibility Form

VHSP Rapid Re-housing Project Participant Eligibility Requirements

This form is required for all VHSP Rapid Re-housing assistance.

Head of Household Full Name: _____

Date Completed: _____

Project participants must identify all subsidy or assistance received within the past six months. VHSP assistance must not be provided in the same cost category when subsidies by any other source (e.g., Section 8) are being provided.

- Project participant is receiving tenant or project-based rental assistance, excluding rental arrearages, through other public sources for the same time period and/or cost type (document in client file – ineligible for VHSP assistance)
- Project participant is NOT receiving tenant or project-based rental assistance through other public sources for the same time period and/or cost type (document in client file)

Duplication of assistance is not eligible. Financial assistance cannot be made on behalf of eligible individuals or families for the same period of time and for the same cost types that are being provided through another federal, state, or local housing subsidy program.

Overall Minimum Requirements

In order to receive rapid re-housing financial assistance or services funded by VHSP, project participant households must meet the following minimum requirements:

- 1 A. Completed Initial Evaluation/Intake: Yes Date intake was completed _____
- 2 B. The household meets both of the following circumstances:
 - No appropriate subsequent housing options have been identified; **AND**
 - The household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing.
- 3 C. Household lacks a fixed, regular, and adequate nighttime residence, meaning: (must check at least one)
 - Living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by charitable organizations or by federal, state, and local government programs); **OR**
 - Sleeping in a place not meant for human habitation, such as cars, parks, abandoned buildings, streets/sidewalks; **OR**
 - Exiting an institution for 90 days or less and was sleeping in an emergency shelter or other place not meant for human habitation (cars, parks, streets, etc.) immediately prior to entering that institution.
 - Fleeing or attempting to flee domestic violence (project participants must also meet one of the above mentioned risk factors)

Diversion has been attempted and RRH assistance is last resort to ending homelessness

3 step eligibility verification

All supporting documentation for project participant eligibility must be readily available in client records and case notes. Third-party verification must be provided and is the preferred method of certifying homelessness for an individual who is applying for VHSP assistance.

Determination of Project Eligibility Completed By:

PRINT NAME OF PROJECT STAFF

PROJECT STAFF SIGNATURE

DATE

I certify that the information above and any other information I have provided in applying for VHSP assistance is true, accurate, and complete.

PRINT NAME OF PROJECT PARTICIPANT

PROJECT PARTICIPANT SIGNATURE

DATE

Lead-Based Paint Visual Assessment

All units in which VHSP project participants reside are subject to Lead-Based Paint Requirements. This form must be completed and included in each project participant file. Individuals completing this form must complete the online HUD training accessible via the following web address: <http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>.

Required for all Prevention and RRH clients

Property Address: _____

A. Check all that apply:

- Property was built after 1978 Year Property Built: _____
- No child under 6 lives with project participant
- Property is zero bedrooms, SRO housing, elderly housing
- Property has been tested and determined to not to contain lead-based paint (attach documentation)
- Property has had lead-based paint hazards remediated (attach documentation)

If 'yes' to any of these, no visual assessment is needed. Skip to Part E for all signatures

If none apply, visual assessment is required. Complete Part D (visual assessment) and Part E (signatures)

- B. If any of the above items are checked, no visual assessment is required. Complete **Part E** (acknowledgements) with agency staff, project participant, and landlord signatures.
- C. If no items are checked above, LBP Visual Assessment is required. Complete **Parts D & E**.

D. LBP VISUAL ASSESSMENT	
Interior	
Is there any peeling, chipping, chalking, or cracking paint? <input type="checkbox"/> YES <input type="checkbox"/> NO	Deterioration exceeds the de minimis level? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Exterior	
Is there any peeling, chipping, chalking, or cracking paint? <input type="checkbox"/> YES <input type="checkbox"/> NO	Deterioration exceeds the de minimis level? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Common Areas	
Is there any peeling, chipping, chalking, or cracking paint? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Deterioration exceeds the de minimis level? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Describe Any Action Taken: (must be completed if any of the above are marked "Yes")	

If answered 'yes' to any of the above, action **must** be taken to eliminate the LBP exposure risk. If no action is taken, unit fails the LPG Visual Assessment and the unit is not eligible.

E. LBP Visual Assessment Acknowledgements

_____	_____	_____
Project Participant Name	Signature	Date
_____	_____	_____
Property Owner Name	Signature	Date
_____	_____	_____
Project Staff Name	Signature	Date

All signatures are required regardless of whether or not the LBP Visual Assessment must be completed.

DHCD VHSP Basic Habitability Checklist

Unit or Shelter Address <small>(include street address, city and zip code)</small>	
Grantee Name (if shelter) or Landlord/ Property-owner Contact Information <small>(include name, company name, mailing address and phone number)</small>	

	YES	NO
Structure and materials. The unit is structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from the elements.	<input type="checkbox"/>	<input type="checkbox"/>
1. Access. Where applicable, the shelter is accessible in accordance with: a. Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR part 8; b. The Fair Housing Act (42 U.S.C. 3601 et seq.) and implementing regulations at 24 CFR part 100; and Title II of the Americans with Disabilities Act (42 U.S.C. 12131 et seq.) and 28 CFR part 35.	<input type="checkbox"/>	<input type="checkbox"/>
Space and security. Each resident is afforded adequate space and security for themselves and their belongings. Each resident must be provided an acceptable place to sleep.	<input type="checkbox"/>	<input type="checkbox"/>
Interior air quality. Every room or space has natural or mechanical ventilation. Unit is free of pollutants in the air at levels that threaten the health of residents.	<input type="checkbox"/>	<input type="checkbox"/>
Water supply. The water supply is free from contamination.	<input type="checkbox"/>	<input type="checkbox"/>
Sanitary facilities. Residents have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste.	<input type="checkbox"/>	<input type="checkbox"/>
Thermal environment. The unit has adequate heating and/or cooling facilities in proper operating condition.	<input type="checkbox"/>	<input type="checkbox"/>
Illumination and electricity. The unit has adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. There are sufficient electrical sources to permit the use of essential electrical appliances while assuring safety from fire.	<input type="checkbox"/>	<input type="checkbox"/>
Food preparation and refuse disposal. All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.	<input type="checkbox"/>	<input type="checkbox"/>
Sanitary condition. The unit and any equipment are maintained in sanitary condition.	<input type="checkbox"/>	<input type="checkbox"/>
Fire safety. Each unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom. If the unit is occupied by hearing impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.	<input type="checkbox"/>	<input type="checkbox"/>
Fire safety. The public areas of all units must be equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, community rooms, day care centers, hallways, stairwells, and other common areas.	<input type="checkbox"/>	<input type="checkbox"/>

Run the kitchen faucet, would you drink it?

Bathroom is clean, toilet is working and its location offers privacy

Fire safety in bedrooms

Fire safety in common rooms

Agency	
Agency Name	Agency Staff Name
Signature	Date
Tenant (if applicable)	
Name	Date
Signature	
Landlord / Property-owner (if applicable)	
Name	Date
Signature	

*Remember: DHCD’s Basic Habitability Checklist is designed to ensure the rental unit is safe and healthy for the project participant/household. This form is designed to be completed to the best of your ability and not requiring anyone with specific building code or building safety knowledge or experience.

RENT REASONABLENESS CHECKLIST AND CERTIFICATION

24 CFR 574.320 (a)(3) Rent reasonableness. The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

	Proposed Unit	Unit #1	Unit #2	Unit #3
Address				
Number of Bedrooms				
Square Feet				
Type of Unit/Construction				
Housing Condition				
Location/Accessibility				
Amenities				
Unit:				
Site:				
Neighborhood:				
Age in Years				
Utilities (type)				
Unit Rent				
Utility Allowance				
Gross Rent				
Handicap Accessible?				
Most Recently Charged Rent For Proposed Unit		Reason for Change		

Comparable units are units of the same size, general location, quality, amenities, etc.

Use rental search sites, market surveys, classified ads, etc. to identify comparable units.

To complete this form you'll need to have the appropriate FMR plus the completed Utility Allowance Worksheet (unless all utilities are included in the contract rent amount)

* Other local resources may be used to obtain information, e.g.: market surveys, classified ads.

I certify that I am not a HUD certified inspector and I have evaluated the property located at the above address to the best of my ability and find the following:

CERTIFICATION:

A. Compliance with Payment Standard

X X
 Contract Rent + Utility Allowance = Proposed Gross Rent

Approved rent does not exceed applicable Payment Standard of \$_____.

B. Rent Reasonableness

Based upon a comparison with rents for comparable units, I have determined that the proposed rent for the unit ___ IS ___ IS NOT reasonable.

Name: _____ Signature: _____ Date: _____

Contract Rent = rent amount stated on lease agreement

Utility Allowance = total calculated using Utility Allowance Worksheet. If all utilities are included in the rent amount, enter \$0.

Applicable Payment Standard = Fair Market Rent





To meet "Rent Reasonableness" – the rental amount must meet two standards:

1. Be reasonable when compared to the rent amounts charged for comparable units.
2. Contract rent amount plus utility allowance must not exceed FMR

Grantees must utilize the appropriate utility allowance worksheet issued by Virginia Housing (VH) or a worksheet developed by their local housing authority. Worksheets are based on number of exposed walls in the unit and must include calculations for any utilities the tenant is responsible for paying (utilities not included in the rent amount).

This guide uses Virginia Housing’s utility allowance worksheet:
<https://www.vhda.com/BusinessPartners/HCVPAgents/Pages/HCVUtilityAllowanceSchedulesforVA.aspx>

1. Select the appropriate worksheet based on number of exposed walls:

 One Exposed UA Schedule
 Two Exposed UA Schedule
 Three Exposed UA Schedule
 Four Exposed UA Schedule

2. Complete the worksheet for any utilities not included in the contract rent amount

Virginia Housing | Housing Choice Voucher Program

Allowances for
 Tenant-Furnished Utilities
 and Other Services

Family Name: Client Unique ID
 Unit Address: 123 Main St., Roanoke
 Voucher Size*: _____ Unit Bedroom Size*: 1 bedroom
**Use smaller size to calculate tenant-supplied utilities and appliances.*

An example is provided for how this worksheet would be completed for a unit with 1 exposed wall and 1-bedroom with no utilities included in the rent.

		Unit Type: 1 Exposed Wall			Effective Date: 07/01/2021				
Utility	Usage	Monthly Dollar Amount							
		0 BR	1 BR	2BR	3BR	4BR	5 BR	6 BR	7BR
Appliance	Range/Microwave	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00
	Refrigerator	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
Bottled Gas	Cooking	\$8.00	\$11.00	\$14.00	\$18.00	\$22.00	\$26.00	\$29.00	\$32.00
	Home Heating	\$44.00	\$62.00	\$79.00	\$97.00	\$123.00	\$141.00	\$158.00	\$176.00
	Water Heating	\$19.00	\$27.00	\$34.00	\$41.00	\$53.00	\$61.00	\$68.00	\$76.00
Electricity	Cooking	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
	Cooling (A/C)	\$5.00	\$6.00	\$8.00	\$10.00	\$13.00	\$14.00	\$16.00	\$18.00
	Home Heating	\$18.00	\$24.00	\$31.00	\$37.00	\$48.00	\$54.00	\$61.00	\$68.00
	Other Electric	\$10.00	\$14.00	\$18.00	\$22.00	\$28.00	\$32.00	\$36.00	\$40.00
	Water Heating	\$9.00	\$12.00	\$15.00	\$19.00	\$24.00	\$27.00	\$31.00	\$34.00
Natural Gas	Cooking	\$2.00	\$2.00	\$3.00	\$3.00	\$4.00	\$5.00	\$5.00	\$6.00
	Home Heating	\$8.00	\$11.00	\$14.00	\$18.00	\$22.00	\$26.00	\$29.00	\$32.00
	Water Heating	\$4.00	\$5.00	\$6.00	\$8.00	\$10.00	\$11.00	\$13.00	\$14.00
Oil	Home Heating	\$26.00	\$36.00	\$46.00	\$56.00	\$71.00	\$82.00	\$92.00	\$102.00
	Water Heating	\$11.00	\$15.00	\$20.00	\$24.00	\$31.00	\$35.00	\$40.00	\$44.00
Sewer	Other	\$21.00	\$29.00	\$38.00	\$46.00	\$59.00	\$67.00	\$76.00	\$84.00
Trash Collection	Other	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00
Water	Other	\$18.00	\$24.00	\$31.00	\$37.00	\$48.00	\$54.00	\$61.00	\$68.00
UTILITY ALLOWANCE TOTAL:		\$	\$ 132	\$	\$	\$	\$	\$	\$

These are estimates meant to provide us with an idea of how much the tenant will pay in utilities per month in addition to their rent payment.