



THE HOUSING AUTHORITY

of the City of Columbia, South Carolina
 1917 HARDEN STREET * COLUMBIA, S.C. 29204-1015
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Initial / Annual **AVERAGE UTILILITY CONSUMPTION CHARGES** Effective 12/1/2018

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT SECTION 8 EXISTING HOUSING ALLOWANCES FOR TENANT-FURNISHED UTILITIES AND OTHER SERVICES					DATE		
LOCALITY Richland / City / County		UNIT TYPE – Duplex/ Row House /Townhouse					
COP #		MONTHLY DOLLAR ALLOWANCES Sq ft:					
UTILITY OR SERVICE		0-BR	1-BR	2-BR	3-BR	4-BR	5-BR
HEATING							
a. Natural Gas		28.00	34.00	39.00	45.00	51.00	57.00
b. Bottle Gas		38.00	46.00	55.00	63.00	71.00	79.00
c. Oil		33.00	33.00	33.00	33.00	34.00	34.00
d. Electric		23.00	29.00	35.00	41.00	47.00	54.00
AIR CONDITIONING W / C		4.00	9.00	19.00	30.00	40.00	50.00
COOKING							
a. Natural Gas		15.00	17.00	18.00	19.00	21.00	22.00
b. Electric		7.00	9.00	12.00	14.00	17.00	19.00
c. Bottle Gas		10.00	14.00	18.00	22.00	26.00	29.00
OTHER ELECTRIC LIGHTING, REFRIGERATION, ETC...		30.00	42.00	53.00	70.00	81.00	93.00
WATER HEATING							
a. Natural Gas		6.00	9.00	13.00	16.00	19.00	22.00
b. Electric		12.00	18.00	25.00	31.00	38.00	45.00
c. Bottle Gas		16.00	24.00	32.00	40.00	48.00	57.00
d. Oil		17.00	27.00	37.00	47.00	56.00	66.00
WATER		20.00	23.00	26.00	29.00	32.00	36.00
SEWER		35.00	35.00	35.00	35.00	35.00	35.00
RICHLAND COUNTY TRASH COLLECTION		20.75	20.75	20.75	20.75	20.75	20.75
EASTOVER TRASH COLLECTION		20.75	20.75	20.75	20.75	20.75	20.75
RANGE		6.00	6.00	6.00	6.00	6.00	6.00
REFRIGERATOR		9.00	9.00	9.00	9.00	9.00	9.00
OTHER (Specify) OUT OF CITY FIRE CHARGE		6.00	6.00	6.00	6.00	6.00	6.00
ACTUAL FAMILY ALLOWANCES (To be used by family to compute Allowance. Complete below for Actual Unit Rented.				UTILITY OR SERVICE \$10.00 Basic Gas Average Facilities Charge:		PER MONTH _____	
NAME OF FAMILY				HEATING AIR CONDITIONING		_____ _____	
ADDRESS OF UNIT _____ _____ _____				COOKING OTHER ELECTRIC WATER HEATER WATER SEWER TRASH COLLECTION RANGE REFRIGERATOR OTHER (Specify)		_____ _____ _____ _____ _____ _____ _____ _____	
NUMBER OF BEDROOMS				TOTAL		\$ _____	

SIGNATURE: _____ DATE: _____