



1300 Piccard Drive, Suite 203 Rockville, MD 20850 Main
(301) 424-6265 Fax (301) 217-5857 TTY (301) 424-1078

Request for Tenancy Approval (RFTA)

Please email the complete RFTA packet to rfta@rockvillehe.org

A RFTA may take up to two weeks to process and schedule a Housing Quality Standard (HQS) inspection.

- Program participants and owner/management company will be emailed if:
 - The unit passed the affordability test
 - When the unit is scheduled for inspection
 - The unit does not pass the affordability test
 - If the unit does not pass the affordability test, the unit will not be scheduled for HQS Inspection.
- Want a status update on your RFTA?
 - Email: rfta@rockvillehe.org
 - Call: 301-424-6265 extension 100
- Rockville Housing Enterprises (RHE) wants to remind you that RHE will not assist in paying for a unit that does not meet the affordability test or for a unit that has not passed HQS.
 - RHE does not recommend that you execute a lease without RHE approval letter.

You must **provide a sample copy of the lease agreement** and all applicable lease addendum that clearly show all non-optional and optional fees charged with the submission of this RFTA. All Residents must be on the lease as stated on the 30/50 Sheet.

***** The landlord may take 30% as the minimum tenant rent responsibility but may take up to 50% as the maximum rent responsibility as specified on the voucher holders 30/50 sheet.**

Program Participant and Owner/Management should send the lease and all addendums to rfta@rockvillehe.org in order to create the housing assistance payment contract.

If the lease agreement is received immediately after the lease is signed, HAP payment will begin within 30 days of receipt of the lease agreement.

If it takes 2 months for RHE to get the lease, it will take 3 months for the landlord to be paid. RHE cannot pay the landlord without the lease agreement and the executed HAP contract.



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Please fill out the RFTA and all attached documents completely. Inspections are scheduled according to the date and time they are received. **RFTA packets will not be considered received until all forms have been filled out completely and returned.**

Do Not leave any blanks on the RFTA form. The instructions below will explain how to complete each field. If a field does not apply to your unit, mark Not Applicable (N/A)

1. RHE use only
2. Complete address of the unit, including city, state, and zip code
3. When you would like to begin the lease with the tenant
4. Actual number of bedrooms in the unit
5. Year of original construction. If substantially rehabilitated, date of Certificate of Occupancy
6. Amount of rent you would charge in the open market (except for tax credit properties)
7. Amount you have negotiated with the applicant
8. Date the unit will be READY to pass inspection with all utilities in service
9. Type of unit
10. Type of subsidy, only applies to tax credit properties or properties that receive other subsidy
11. Utilities and Appliances.
 - In the Paid by column, please indicate who is responsible for paying for the utility usage of the system.
Refrigerator / Range- On refrigerator and range, both the Provided by and Paid by columns refer to who purchased the appliances.
 - In the middle section are a few questions that need to be filled out
12. Owner's Certification
 - a. **Rent reasonableness: Applies only to apartment complexes with 4 or more non-Section 8 units.** If you have 4 or more occupied non-Section 8 units, please fill in lines 1 —3 to indicate you are not charging higher rents to Section 8 tenants that you charge on the open market.
 - b. By signing the RFTA form you are certifying that you are not a relative of the applicant.
 - c. **Lead-based paint. You are required to check one of the lead-based paint statements.**
13. W-9
14. Direct Deposit



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PASSING THE SECTION 8 HQS INSPECTION COMMONLY FAILED ITEMS

All property must pass a Section 8 HQS inspection before the property can be placed on the Section 8 program. The property passes inspection when it is in compliance with the HUD Housing Quality Standards and the RHE Acceptability Criteria Variations. These documents are available from the Rockville Housing Enterprises main office located at 1300 Piccard Dr., Suite 203; Rockville MD 20850 or at www.rockvillehe.org.

The following 25 items are the main reasons why most properties fail the inspection. Correcting these items prior to the inspection will give an estimated 95% assurance that the property will be in compliance with HQS and ACV and pass inspection.

The first 10 items are by far the most commonly failed items. The next 15 also have been found to contribute significantly to failed inspections. The items are listed in order of highest to lowest failure rate.

1. Utilities not turned on. All utilities must be on and all appliances and equipment operable. The utilities may be in the landlord's name for the inspection but must be transferred to the tenant before the Housing Assistance Payment (HAP) Contract is executed
2. Missing light globes
3. Cracked/missing electrical switch plates and receptacle covers
4. Windows painted shut
5. Smoke detectors, missing batteries
6. Chipping/peeling paint on siding, window sills, trim, porches, etc.
7. Open ground receptacles
8. Foundations vents missing or foundation vent screening missing or damaged
9. Water temps too high, must be between 100 and 120-degrees Fahrenheit (at tap)
10. refrigerator temperature too high, must be no higher than 38 degrees
11. Handrails required for four (4) or more risers
12. Holes and cracks in foundation
13. Doors: Must be weather tight with workable locks and no double cylinder deadbolts
14. Handrails/guardrails: Maximum of 4" between vertical members
15. No GFCI receptacles in kitchen and bathroom
16. No attic access, R-19 or better insulation required in the attic
17. Water Heater: Must have drain pipe to T & P relief valve, no leaks
18. Broken/cracked window panes and windows without secure workable locks
19. Bathroom must have at least one window that can be opened or a mechanical vent system
20. Storm doors: All components must be present and operable
21. Bedrooms: No blocked egress (windows, doors) — at least one window must provide unobstructed egress from the room
22. Stove: All burners and oven must be operable. All knobs must be present and marked.
23. Refrigerator: All components must be present and workable
24. Gutters and downspouts must be sound and secure and free from hazard
25. All dwellings' units must display house numbers as assigned by the local jurisdiction

The above items are prioritized by the highest percentage rate of failure on first time out inspections



**RHE Voucher Program - Fair Market Rent Comparison
Effective 10-1-2022**

FY2023

Zip Code 20850	Efficiency	One-BR	Two-BR	Three-BR	Four-BR
FY 2023 (Eff.10-1-22)	\$2,030	\$2,070	\$2,350	\$2,940	\$3,510
Zip Code 20851	Efficiency	One-BR	Two-BR	Three-BR	Four-BR
FY 2023 (Eff.10-1-22)	\$1,630	\$1,660	\$1,890	\$2,360	\$2,820
Zip Code 20852	Efficiency	One-BR	Two-BR	Three-BR	Four-BR
FY 2023 (Eff.10-1-22)	\$1,980	\$2,010	\$2,290	\$2,860	\$3,420
Zip Code 20853	Efficiency	One-BR	Two-BR	Three-BR	Four-BR
FY 2023 (Eff.10-1-22)	\$1,550	\$1,570	\$1,790	\$2,240	\$2,670
Zip Code 20854	Efficiency	One-BR	Two-BR	Three-BR	Four-BR
FY 2023 (Eff.10-1-22)	\$2,390	\$2,430	\$2,760	\$3,450	\$4,120
Zip Code 20855	Efficiency	One-BR	Two-BR	Three-BR	Four-BR
FY 2023 (Eff.10-1-22)	\$1,850	\$1,880	\$2,140	\$2,680	\$3,190

Request for Tenancy Approval

Housing Choice Voucher Program

U.S Department of Housing and Urban Development
Office of Public and Indian Housing

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

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance.

1. Name of Public Housing Agency (PHA) Rockville Housing Enterprise 1300 Piccard Dr Suite 203 Rockville, MD 20850			2. Address of Unit (street address, unit #, city, state, zip code)			
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection	

9. Structure Type			10. If this unit is subsidized, indicate type of subsidy:			
<input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			<input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____			

11. Utilities and Appliances
The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Specify fuel type	Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other	
Other Electric	Please select the correct answer: •The water supplier is <input type="checkbox"/> WSSC or <input type="checkbox"/> City of Rockville •Is the tenant is <input type="checkbox"/> New or <input type="checkbox"/> Transfer <input type="checkbox"/> Lease in Place •Is this an <input type="checkbox"/> end town home or <input type="checkbox"/> middle unit. •Are there any non-optional Fees? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, List amenity and amount _____. •TOTAL RENT (Proposed Rent + Fees)= _____	
Water		
Sewer		
Trash Collection		N/A
Air Conditioning		
Other (specify)		
Refrigerator		
Range/Microwave		O

12. Owner's Certifications

- a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

Address and unit number	Date Rented	Rental Amount
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

- b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

- Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
- The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
- A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

OMB Burden Statement: The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about the unit features, owner name, and tenant name is voluntary. The information sets provides the PHA with information required to approve tenancy. Assurances of confidentiality are not provided under this collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US Department of Housing and Urban Development, Washington, DC 20410. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Privacy Notice: The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.302. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

Email:

Email:

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing. (Explain.)

(ii) _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgement (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgement (initial)

(e) _____ Agent has informed the lessor of the lessee's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Lessor Date Lessor Date

Lessee Date Lessee Date

Agent Date Agent Date

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
	<input type="checkbox"/> Other (see instructions) ► _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
Exempt payee code (if any) _____		
Exemption from FATCA reporting code (if any) _____		
<small>(Applies to accounts maintained outside the U.S.)</small>		
5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
[] [] [] []	- [] [] - [] [] [] []
or	
Employer identification number	
[] [] [] []	- [] [] [] [] [] [] [] [] [] []

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► _____	Date ► _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**DEPOSIT AUTHORIZATION AGREEMENT FOR
DIRECT DEPOSIT (ACH CREDITS)**

To implement direct deposit of Housing Assistance Payments (HAP), you must return this completed form along with a completed W-9 and a voided check or deposit slip (For savings accounts only) in the enclosed self-addressed stamped envelope to: Rockville Housing Enterprises – Attn: Finance, 1300 Piccard Dr Ste 203, Rockville MD 20850.

I hereby authorize RHE to deposit my Housing Assistance Payments to my account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Name of Financial Institution: _____

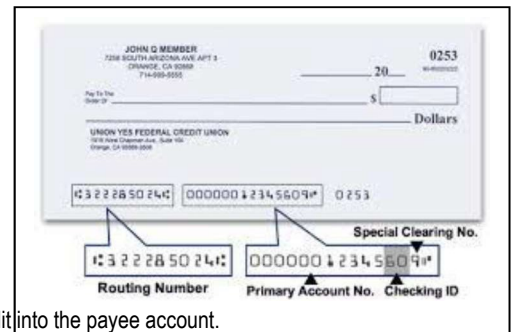
Type of Account (check one): _____ Checking _____ Savings

Bank Transit Routing Number: _____

Account Number: _____

This authorization is to remain in full force and effect until RHE has received written notification from me of its termination in such time and in such manner as to afford RHE and the financial institution a reasonable opportunity to act upon it.

Acceptance of direct deposit of payments certifies compliance with the Housing Assistance Payment contract. By accepting direct deposit of housing assistance payments the payee certifies that any unit(s) assisted under the Housing Assistance Payments (HAP) Contract are in full compliance with said contract terms. With this authorization, RHE, Inc. may make adjustments, either credit or debit to correct any errors associated with any previous HAP credit



into the payee account.

Payee or an authorized person must complete the following and sign this request.
Payee Name: _____

(Please Print)
Name of Authorized Person: _____

(Please Print)
Title: _____ **SSN or Federal Tax I.D.#:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: Office: () _____ **Cell:** () _____

Fax # () _____

***E-Mail Address:** _____
Monthly direct deposit statements will be e-mailed only.

Signature of Authorized Person: _____ **Date:** _____

Pursuant to 18 USC1001 Whoever, in any manner within the jurisdiction of the executive, legislative or judicial branch of the government of the United States, knowingly and willfully (1) falsifies, conceals, or covers up any trick, scheme or device a material document knowing the same to contain any materially false, fictitious statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both. Owners and or Management Agents who violate this law may also be debarred by RHE from future participation in the Housing Choice Voucher Program.

Utility Allowance Schedule

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval
No. 25577-0169
exp.7/31/2022

See Public Reporting and Instructions on back.

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

Date (mm/dd/yyyy):

Locality: Rockville Housing Enterprises, MD		Unit Type: Multi-Family (Apartment 5 or more units/Row House/Townhouse inner and apt 2-4 units/Semi-Detached/Duplex Townhouse end of row)				
Utility or Service:	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Monthly Dollar Allowances						
Heating						
a. Natural Gas	\$36.00	\$44.00	\$51.00	\$56.00	\$64.00	\$71.00
b. Bottle Gas/Propane	\$83.00	\$98.00	\$116.00	\$128.00	\$143.00	\$161.00
c. Electric	\$17.00	\$20.00	\$27.00	\$33.00	\$40.00	\$47.00
d. Electric Heat Pump	\$15.00	\$18.00	\$21.00	\$23.00	\$26.00	\$29.00
e. Oil	\$98.00	\$114.00	\$130.00	\$147.00	\$163.00	\$179.00
Cooking						
a. Natural Gas	\$5.00	\$5.00	\$9.00	\$11.00	\$15.00	\$16.00
b. Bottle Gas/Propane	\$11.00	\$11.00	\$19.00	\$26.00	\$34.00	\$38.00
c. Electric	\$6.00	\$7.00	\$10.00	\$13.00	\$16.00	\$18.00
Other Electric & Cooling						
Other Electric (Lights & Appliances)	\$21.00	\$25.00	\$35.00	\$45.00	\$55.00	\$64.00
Air Conditioning	\$8.00	\$9.00	\$13.00	\$16.00	\$19.00	\$23.00
Water Heating						
a. Natural Gas	\$13.00	\$15.00	\$20.00	\$25.00	\$33.00	\$38.00
b. Bottle Gas/Propane	\$30.00	\$34.00	\$45.00	\$56.00	\$75.00	\$86.00
c. Electric	\$14.00	\$17.00	\$21.00	\$26.00	\$30.00	\$35.00
d. Oil	\$33.00	\$38.00	\$49.00	\$65.00	\$81.00	\$98.00
Water, Sewer, Trash Collection						
Water (<i>City of Rockville</i>)	\$35.00	\$37.00	\$51.00	\$68.00	\$93.00	\$122.00
Water (<i>WSSC</i>)	\$37.00	\$38.00	\$49.00	\$61.00	\$72.00	\$86.00
Sewer (<i>City of Rockville</i>)	\$44.00	\$45.00	\$61.00	\$77.00	\$93.00	\$109.00
Sewer (<i>WSSC</i>)	\$30.00	\$32.00	\$45.00	\$62.00	\$79.00	\$100.00
Trash Collection	N/A	N/A	N/A	N/A	N/A	N/A
Tenant-supplied Appliances						
Range / Microwave Tenant-supplied	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00
Refrigerator Tenant-supplied	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00
Other--specify: Monthly Charges						
Electric Charge \$8.71	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00
Natural Gas Charge \$14.16	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00
Actual Family Allowances		Utility or Service		per month cost		
To be used by the family to compute allowance. Complete below for the actual unit rented.		Heating		\$		
		Cooking		\$		
Name of Family		Other Electric		\$		
		Air Conditioning		\$		
		Water Heating		\$		
		Water		\$		
		Sewer		\$		
Address of Unit		Trash Collection		\$		
		Range / Microwave		\$		
		Refrigerator		\$		
		Other		\$		
Number of Bedrooms		Other		\$		
		Total		\$		



Utility Allowance Schedule

See Public Reporting and Instructions on back.

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

Date (mm/dd/yyyy):

Locality: Rockville Housing Enterprises, MD		Unit Type: Multi-Family (Apartment 5 or more units/Row House/Townhouse inner and apt 2-4 units/Semi-Detached/Duplex Townhouse end of row)			
Utility or Service:	6 BR	7 BR			
Monthly Dollar Allowances					
Heating					
a. Natural Gas	\$76.00	\$82.00			
b. Bottle Gas/Propane	\$173.00	\$184.00			
c. Electric	\$50.00	\$54.00			
d. Electric Heat Pump	\$31.00	\$33.00			
e. Oil	\$195.00	\$212.00			
Cooking					
a. Natural Gas	\$18.00	\$20.00			
b. Bottle Gas/Propane	\$41.00	\$45.00			
c. Electric	\$20.00	\$21.00			
Other Electric & Cooling					
Other Electric (Lights & Appliances)	\$69.00	\$74.00			
Air Conditioning	\$25.00	\$27.00			
Water Heating					
a. Natural Gas	\$42.00	\$45.00			
b. Bottle Gas/Propane	\$94.00	\$101.00			
c. Electric	\$38.00	\$40.00			
d. Oil	\$103.00	\$109.00			
Water, Sewer, Trash Collection					
Water (<i>City of Rockville</i>)	\$141.00	\$160.00			
Water (<i>WSSC</i>)	\$95.00	\$105.00			
Sewer (<i>City of Rockville</i>)	\$119.00	\$130.00			
Sewer (<i>WSSC</i>)	\$115.00	\$130.00			
Trash Collection	N/A	N/A			
Tenant-supplied Appliances					
Range / Microwave Tenant-supplied	\$11.00	\$11.00			
Refrigerator Tenant-supplied	\$12.00	\$12.00			
Other--specify: Monthly Charges					
Electric Charge \$8.71	\$9.00	\$9.00			
Natural Gas Charge \$14.16	\$14.00	\$14.00			
Actual Family Allowances			Utility or Service	per month cost	
To be used by the family to compute allowance. Complete below for the actual unit rented.			Heating	\$	
			Cooking	\$	
Name of Family			Other Electric	\$	
			Air Conditioning	\$	
			Water Heating	\$	
			Water	\$	
			Sewer	\$	
Address of Unit			Trash Collection	\$	
			Range / Microwave	\$	
			Refrigerator	\$	
			Other	\$	
Number of Bedrooms			Other	\$	
			Total	\$	



Utility Allowance Schedule

See Public Reporting and Instructions on back.

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

Date (mm/dd/yyyy):

Locality: Rockville Housing Enterprises, MD		Unit Type: Single-Family (Detached House/Mobile Home)				
Utility or Service:	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
	Monthly Dollar Allowances					
Heating						
a. Natural Gas	\$53.00	\$62.00	\$73.00	\$82.00	\$90.00	\$98.00
b. Bottle Gas/Propane	\$120.00	\$139.00	\$165.00	\$184.00	\$206.00	\$225.00
c. Electric	\$39.00	\$46.00	\$53.00	\$61.00	\$68.00	\$76.00
d. Electric Heat Pump	\$21.00	\$25.00	\$30.00	\$34.00	\$37.00	\$41.00
e. Oil	\$136.00	\$157.00	\$185.00	\$206.00	\$233.00	\$255.00
Cooking						
a. Natural Gas	\$5.00	\$5.00	\$9.00	\$11.00	\$15.00	\$16.00
b. Bottle Gas/Propane	\$11.00	\$11.00	\$19.00	\$26.00	\$34.00	\$38.00
c. Electric	\$6.00	\$7.00	\$10.00	\$13.00	\$16.00	\$18.00
Other Electric & Cooling						
Other Electric (Lights & Appliances)	\$31.00	\$37.00	\$51.00	\$66.00	\$80.00	\$95.00
Air Conditioning	\$6.00	\$7.00	\$16.00	\$24.00	\$33.00	\$42.00
Water Heating						
a. Natural Gas	\$15.00	\$18.00	\$25.00	\$33.00	\$40.00	\$49.00
b. Bottle Gas/Propane	\$34.00	\$41.00	\$56.00	\$75.00	\$90.00	\$109.00
c. Electric	\$18.00	\$21.00	\$26.00	\$32.00	\$38.00	\$43.00
d. Oil	\$38.00	\$43.00	\$65.00	\$87.00	\$103.00	\$125.00
Water, Sewer, Trash Collection						
Water (<i>City of Rockville</i>)	\$35.00	\$37.00	\$51.00	\$68.00	\$93.00	\$122.00
Water (<i>WSSC</i>)	\$37.00	\$38.00	\$49.00	\$61.00	\$72.00	\$86.00
Sewer (<i>City of Rockville</i>)	\$44.00	\$45.00	\$61.00	\$77.00	\$93.00	\$109.00
Sewer (<i>WSSC</i>)	\$30.00	\$32.00	\$45.00	\$62.00	\$79.00	\$100.00
Trash Collection	N/A	N/A	N/A	N/A	N/A	N/A
Tenant-supplied Appliances						
Range / Microwave Tenant-supplied	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00
Refrigerator Tenant-supplied	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00
Other--specify: Monthly Charges						
Electric Charge \$8.71	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00
Natural Gas Charge \$14.16	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00
Actual Family Allowances		Utility or Service		per month cost		
To be used by the family to compute allowance. Complete below for the actual unit rented.		Heating		\$		
		Cooking		\$		
Name of Family		Other Electric		\$		
		Air Conditioning		\$		
		Water Heating		\$		
		Water		\$		
		Sewer		\$		
Address of Unit		Trash Collection		\$		
		Range / Microwave		\$		
		Refrigerator		\$		
		Other		\$		
		Other		\$		
Number of Bedrooms		Other		\$		
		Total		\$		



Utility Allowance Schedule

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval
No. 25577-0169
exp.7/31/2022

See Public Reporting and Instructions on back.

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

Date (mm/dd/yyyy):

Locality: Rockville Housing Enterprises, MD		Unit Type: Single-Family (Detached House/Mobile Home)			
Utility or Service:	6 BR	7 BR			
Monthly Dollar Allowances					
Heating					
a. Natural Gas	\$105.00	\$112.00			
b. Bottle Gas/Propane	\$240.00	\$259.00			
c. Electric	\$82.00	\$87.00			
d. Electric Heat Pump	\$44.00	\$47.00			
e. Oil	\$277.00	\$299.00			
Cooking					
a. Natural Gas	\$18.00	\$20.00			
b. Bottle Gas/Propane	\$41.00	\$45.00			
c. Electric	\$20.00	\$21.00			
Other Electric & Cooling					
Other Electric (Lights & Appliances)	\$102.00	\$109.00			
Air Conditioning	\$45.00	\$48.00			
Water Heating					
a. Natural Gas	\$53.00	\$56.00			
b. Bottle Gas/Propane	\$120.00	\$128.00			
c. Electric	\$47.00	\$50.00			
d. Oil	\$136.00	\$147.00			
Water, Sewer, Trash Collection					
Water (<i>City of Rockville</i>)	\$141.00	\$160.00			
Water (<i>WSSC</i>)	\$95.00	\$105.00			
Sewer (<i>City of Rockville</i>)	\$119.00	\$130.00			
Sewer (<i>WSSC</i>)	\$115.00	\$130.00			
Trash Collection	N/A	N/A			
Tenant-supplied Appliances					
Range / Microwave Tenant-supplied	\$11.00	\$11.00			
Refrigerator Tenant-supplied	\$12.00	\$12.00			
Other--specify: Monthly Charges					
Electric Charge \$8.71	\$9.00	\$9.00			
Natural Gas Charge \$14.16	\$14.00	\$14.00			
Actual Family Allowances			Utility or Service		per month cost
To be used by the family to compute allowance. <i>Complete below for the actual unit rented.</i>			Heating		\$
			Cooking		\$
Name of Family			Other Electric		\$
			Air Conditioning		\$
			Water Heating		\$
			Water		\$
			Sewer		\$
Address of Unit			Trash Collection		\$
			Range / Microwave		\$
			Refrigerator		\$
			Other		\$
			Other		\$
Number of Bedrooms			Other		\$
			Total		\$

