**Utility Allowance Questionnaire**

**When uploading, please be sure to choose "Utility Allowance Documents" in the "Type" dropdown menu. In the description box, please identify the method (e.g., Energy Consumption Model, Actual Use Model, HUD model) and if it is an initial request or annual review. In the "TDHCA Contact" dropdown menu, please select "Utility Allowance."**

This form must be completed by all owners requesting to switch utility allowance methodologies, tenant paid utilities and when submitting an allowance for annual review. Please contact Cara Pollei with any questions at (512) 475-3821 or [cara.pollei@tdhca.](mailto:cara.pollei@tdhca.)texas.gov. All applicable Utility Allowance information can be found online at <https://www.tdhca.texas.gov/compliance>. All submissions must be uploaded to the Development's Compliance Monitoring Tracking System (CMTS) account.

1. Name of Development:       and CMTS ID
2. Development address:        
   City:       Zip Code:       County:
3. Types of TDHCA Program Funding:

| **Type of Funding** | **File Number** |
| --- | --- |
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1. Type of request: 
   1. List CURRENT utility allowance method and source for utilities that residents pay.

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| --- | --- | --- | --- |
| **Utility** | **Source**  **(e.g. name of utility provider or housing authority)** | **Effective Date** | **Methodology** |
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* 1. List NEW or UPDATED utility allowance method and source for utilities that residents pay.

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| **Utility** | **Source**  **(e.g. name of utility provider or housing authority)** | **Anticipated Effective Date** | **Methodology** |
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1. If this request is for the annual review of the current methodology, were the annual review requirements met last year? 
   1. If no, please select reason:
2. What is the beginning date of the 90-day review period? List date.
3. Has the proposed utility allowance been posted in a common area of the Leasing Office for resident review (10TAC§10.614(g))? 
   1. As of what date:
4. What is the intended effective date? List date rents next due after end of 90 day notification period
5. Does the Development receive assistance from USDA- Rural Development (formerly Farmer’s Home Administration (FmHa))? 
   1. If yes, do any of the residents in the Development receive Rental Assistance from the USDA?
6. Does the Development have any Federally Funded HUD-Regulated programs, Project Based Section 8, Project Based Vouchers, etc. ?
7. Does the Development have Multifamily Direct Loan (MFDL) funds from TDHCA or any other Participating Jurisdiction (PJ)?
   1. If yes, what PJ awarded the MFDL funds?
   2. Does each building have at least one (1) MFDL unit?
   3. What is the MFDL Funding source, if not through the Department?
8. What is the Building Configuration? (if there are multiple building types, indicate below)
   1. Building Type 1:
   2. Building Type 2:
9. Utility information:

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Owner Pays** | **Resident Pays** | | **Not Applicable** | | **Paid directly to utility provider or to/thru the owner?** | **If paid to OWNER, select billing method and evidence** |
| Gas |  |  | |  | |  |  |
| Electric |  |  | |  | |  |  |
| Water/Sewer |  |  | |  | |  |  |
| Trash Collection |  |  | |  | |  |  |
| The units are heated by: | | | gas | | electric |  | |
| The stoves in the unit are: | | | gas | | electric | If tenants are not responsible for water heating (e.g., boiler system), please do not select gas/electric on that selection item. | |
| If individual hot water heaters, they are: | | | gas | | electric |

1. Confirm documentation submitted with this request.
   1. Current UA sources (ex: last year’s approval letter from TDHCA or PHA schedule)
   2. New/Updated UA sources (ex: engineer report and license along with the applicable rate sheet(s), HUD model & all required back up, PHA schedule, utility provider letter, etc.)
   3. Posted Notice to Residents (this is required for ALL requests to change methodology or utilities billed)
      1. If request is an Actual Use Request (§10.614(g)(4)) the posting will be done upon receipt of approval
   4. **If paid to or through the owner a copy of a current resident bill and the applicable rate plan for the utility.**

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| --- | --- | --- |
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| Completed By |  | Date |
|  |  |  |
| Title |  | Company Name |
| Phone Number |  | Email Address |

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