

### JEFFERSONVILLE HOUSING AUTHORITY

#### RESOLUTION NO. 2024- 24

# RESOLUTION OF THE HOUSING AUTHORITY COMMISSION OF THE CITY OF JEFFERSONVILLE APPROVING UPDATED UTILITY ALLOWANCES FOR THE HCV (SECTION 8) PROGRAM

WHEREAS, in accordance with 24 CFR 965.517, the Department of Housing and Urban Development requires an annual review of utility allowances provided to residents occupying low-income units; and

WHEREAS, the Jeffersonville Housing Authority contracted The Nelrod Company of Ft. Worth, TX, to review the current utility allowances provided to participants and determine if a revised allowance was appropriate; and

**WHEREAS**, based on information provided by Nelrod and by independent study on the part of the Jeffersonville Housing Authority, it was determined that the utility allowances should be modified due to a cumulative increase of 10% or more in utility rates;

WHEREAS, the JHA Board of Commissioner desires to adopt and approve the final HCV Utility Allowances for calendar year 2025; and

**NOW, THEREFORE, BE IT RESOLVED** that the Board of Commissioners of the Jeffersonville Housing Authority, Clark County, Indiana hereby approves and adopts the attached Utility allowances to be effective January 1, 2025, superseding all previously adopted allowances; and

**BE IT FURTHER RESOLVED**, that the Executive Director is hereby authorized to take all actions necessary to implement this resolution and shall be in full force and effect from and upon its adoption.

PASSED, by the Housing Authority Board of Commissioner this 13th day of November 2024.

Carl Kramer, Chair

Darnell Jackson, Executive Director

Board Attorney

# **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-furnised utilities and appliances.

Locality/PHA <b>Jeffersonville Housing</b> Authroity, IN		Unit Type Multi-Family (Apartment)				Date (mm/dd/yyyy)	
Utility of Service	Fuel Type	0 BR	1,BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas		\$15.00	\$17.00	\$20.00	\$22.00	\$24.00
	Bottle Gas						
	Electric		\$242.00	\$321.00	\$400.00	\$466.00	\$472.00
	Electric Heat Pump		\$213.00	\$253.00	\$284.00	\$315.00	\$346.00
	Fuel Oil						
Cooking	Natural Gas		\$2.00	\$3.00	\$4.00	\$5.00	\$6.00
	Bottle Gas						
	Electric		\$7.00	\$11.00	\$14.00	\$18.00	\$21.00
Other Electric			\$28.00	\$39.00	\$49.00	\$57.00	\$65.00
Air Conditioning			\$11.00	\$15.00	\$19.00	\$23.00	\$27.0
Water Heating	Natural Gas		\$5.00	\$7.00	\$9.00	\$12.00	\$14.0
	Bottle Gas						
	Électric		\$18.00	\$23.00	\$29.00	\$34.00	\$39.00
	Fuel Oil						
Water			\$35.00	\$41.00	\$46.00	\$52.00	\$57.00
Sewer			\$85.00	\$105.00	\$126.00	\$145.00	\$164.0
Trash Collection			N/A	N/A	N/A	N/A	N//
Other specify: Electric Charge \$11.28			\$11.00	\$11.00	\$11.00	\$11.00	\$11.0
Other specify: Natural Gas Charge \$17.40			\$17.00	\$17. <u>0</u> 0	\$17.00	\$17.00	\$17.0
Range /Microwave			\$11.00	\$11.00	\$11.00	\$11.00	\$11.0
Refrigerator			\$12.00	\$12.00	\$12.00	\$12.00	\$12.0
Actuall Family	<b>Allowances-</b> May be used b	y the family to o	compute allow	ance while		ce/Appliance	Allowance
searching for a uni				···	Heating		
Head of Household I	Name				Cooking Other Electri		
					Air Condition		
Unit Address				**	Water Heatin		
Unit Address					Water	<u>''3</u>	
					Sewer		
	•				Trash Collect	tion	
					Other		
Number of Bedroom	ns .				Range/Microwave		
					Refrigerator		
					Total		



# **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-furnised utilities and appliances.

Locality/PHA Jeffersonville Housing Authrolty, IN		Unit Type Single-Family (Detached House)				Date (mm/d	te (mm/dd/yyyy)	
Utility of Service	Fuel Type	OBR?	1 BR	: 2BR//	3 BR 🚬	4BR	5 BR	
Heating	Natural Gas		\$22.00	\$25.00	\$28.00	\$31.00	\$34.00	
	Bottle Gas							
	Electric		\$471.00	\$478.00	\$484.00	\$490.00	\$497.00	
	Electric Heat Pump		\$304.00	\$360.00	\$405.00	\$450.00	\$467.00	
	Fuel Oil							
Cooking	Natural Gas		\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	
	Bottle Gas							
	Electric		\$7.00	\$11.00	\$14.00	\$18.00	\$21.00	
Other Electric			\$41.00	\$54.00				
Air Conditioning			\$8.00	\$18.00	\$28.00			
Water Heating	Natural Gas		\$6.00	\$9.00	\$12.00		\$17.00	
-	Bottle Gas				V.2.00	413.00	417.00	
	Electric	<u> </u>	\$23.00	\$29.00	\$36.00	\$42.00	\$48.00	
	Fuel Oil		423.00	\$25.00	450.00	\$42.00	\$40.00	
Water			\$35.00	\$41.00	\$46.00	\$52.00	\$57.00	
Sewer			\$85.00	\$105.00			\$164.00	
Trash Collection			N/A	N/A			N/A	
Other specify: Electric Charge \$11.28			\$11.00				\$11.00	
Other specify: Natu	ral Gas Charge \$17.40		\$17.00					
Range /Microwave			\$11.00	\$11.00	\$11.00			
Refrigerator			\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	
Actual Family Allo	wances-May be used by	the family t	o compute a	allowance	Utility/Service/Appliance		Allowance	
while searching for					Heating			
Head of Household Name						Cooking		
					Other Electri			
Unit Address						Air Conditioning		
						Water Heating		
					Water			
					Sewer Trash Collect	lan.		
					Other	uon		
Number of Bedrooms					Range / Microwave			
Refrigerator								
					Total			



# **Reasonable Accommodation Medical Equipment Allowances**

**Electric Provider: Duke Energy Indiana** 

item	Hours per Day	Wattage	Monthly kWh	Energy Charge	Utility Allowance
Oxygen Concentrator	18	400	223	0.144974	\$32.00
Nebulizer	2	75	5	0.144974	\$1.00
Electric Hospital Bed	0.2	200	1	0.144974	\$1.00
Alternating Pressure Pad	24	70	52	0.144974	\$8.00
Low Air-Loss Mattress	24	120	89	0.144974	\$13.00
Power Wheelchair/Scooter	3	360	33	0.144974	\$5.00
Feeding Tube Pump	24	120	89	0.144974	\$13.00
CPAP Machine	10	30	9	0.144974	\$1,00
Leg Compression Pump	24	30	22	0.144974	\$3.00
Dialysis Machine/Equipment	2	710	44	0.144974	\$6.00

#### 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.

## **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.