

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-furnished utilities and appliances.

Locality/PHA Eastern Regional Housing Authority, NM		Unit Type: Multi-Family (High-Rise/ Apartment/ Row House/Townhouse/Semi-Detached/Duplex)					Date (mm/dd/yyyy) 6-1-2026	
Utility of Service Lea County	Fuel Type	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	
Heating	Natural Gas (Zia)	\$11.00	\$13.00	\$15.00	\$17.00	\$19.00	\$21.00	
	Bottle Gas	\$62.00	\$71.00	\$81.00	\$90.00	\$102.00	\$112.00	
	Electric (XCEL)	\$15.00	\$18.00	\$24.00	\$30.00	\$35.00	\$41.00	
	Electric Heat Pump (XCEL)	\$14.00	\$16.00	\$19.00	\$21.00	\$24.00	\$26.00	
	Fuel Oil							
Cooking	Natural Gas (Zia)	\$2.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	
	Bottle Gas	\$9.00	\$9.00	\$16.00	\$22.00	\$28.00	\$31.00	
	Electric (XCEL)	\$5.00	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00	
Other Electric	(XCEL)	\$21.00	\$24.00	\$34.00	\$43.00	\$53.00	\$62.00	
Air Conditioning	(XCEL)	\$9.00	\$10.00	\$14.00	\$18.00	\$22.00	\$26.00	
Water Heating	Natural Gas (Zia)	\$4.00	\$4.00	\$7.00	\$9.00	\$11.00	\$13.00	
	Bottle Gas	\$22.00	\$25.00	\$37.00	\$47.00	\$59.00	\$71.00	
	Electric (XCEL)	\$13.00	\$16.00	\$20.00	\$24.00	\$29.00	\$33.00	
	Fuel Oil							
Water	(avg)	\$18.00	\$18.00	\$20.00	\$23.00	\$26.00	\$30.00	
Sewer	(avg)	\$27.00	\$27.00	\$32.00	\$37.00	\$42.00	\$47.00	
Trash Collection	(avg)	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	
Other specify: Electric Charge \$12.5 (xcel)		\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	
Other specify: Natural Gas Charge \$15.15 (Zia)		\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	
Range/Microwave		\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	
Refrigerator		\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	
Actual Family Allowances -May be used by the family to compute allowance while searching for a unit.					Utility/Service/Appliance		Allowance	
					Heating			
Head of Household Name					Cooking			
					Other Electric			
					Air Conditioning			
					Water Heating			
Unit Address					Water			
					Sewer			
					Trash Collection			
					Other			
					Range/Microwave			
Number of Bedrooms					Refrigerator			
					Total			



adapted from form HUD-52667
(04/2023)

The Nelrod Company 2/2026 Update

Utility Allowance Schedule

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OMB Approval No. 2577-0169
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The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

Locality/PHA Eastern Regional Housing Authority, NM		Unit Type Single-Family (Detached House/Mobile Home)				Date (mm/dd/yyyy) 6-1-2026	
Utility of Service Lea County	Fuel Type	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas (Zia)	\$16.00	\$19.00	\$22.00	\$25.00	\$27.00	\$30.00
	Bottle Gas	\$87.00	\$102.00	\$118.00	\$133.00	\$146.00	\$161.00
	Electric (XCEL)	\$34.00	\$41.00	\$47.00	\$53.00	\$60.00	\$66.00
	Electric Heat Pump (XCEL)	\$19.00	\$23.00	\$27.00	\$30.00	\$34.00	\$37.00
	Fuel Oil						
Cooking	Natural Gas (Zia)	\$2.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00
	Bottle Gas	\$9.00	\$9.00	\$16.00	\$22.00	\$28.00	\$31.00
	Electric (XCEL)	\$5.00	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00
Other Electric	(XCEL)	\$30.00	\$36.00	\$49.00	\$63.00	\$77.00	\$91.00
Air Conditioning	(XCEL)	\$7.00	\$8.00	\$18.00	\$28.00	\$38.00	\$48.00
Water Heating	Natural Gas (Zia)	\$5.00	\$6.00	\$8.00	\$11.00	\$14.00	\$16.00
	Bottle Gas	\$28.00	\$31.00	\$43.00	\$62.00	\$75.00	\$87.00
	Electric (XCEL)	\$17.00	\$19.00	\$25.00	\$30.00	\$36.00	\$41.00
	Fuel Oil						
Water	(avg)	\$18.00	\$18.00	\$20.00	\$23.00	\$26.00	\$30.00
Sewer	(avg)	\$27.00	\$27.00	\$32.00	\$37.00	\$42.00	\$47.00
Trash Collection	(avg)	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
Other specify: Electric Charge \$12.5 (xcel)		\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00
Other specify: Natural Gas Charge \$15.15 (Zia)		\$15.00	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
Range/Microwave		\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00
Refrigerator		\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00
Actual Family Allowances -May be used by the family to compute allowance while searching for a unit.					Utility/Service/Appliance	Allowance	
					Heating		
Head of Household Name					Cooking		
					Other Electric		
					Air Conditioning		
					Water Heating		
Unit Address					Water		
					Sewer		
					Trash Collection		
					Other		
					Range / Microwave		
Number of Bedrooms					Refrigerator		
					Total		



adapted from form HUD-52667
(04/2023)

The Nelrod Company 2/2026 Update

Reasonable Accommodation Medical Equipment Allowances

6-1-2024

Electric Provider: XCEL Energy, Central New Mexico Electric, Farmers' Electric, Otero County Electric,
Roosevelt County Electric, Southwestern Electric, & Springer Electric (wtd avg)(avg)

Item	Hours per Day	Wattage	Monthly kWh	Energy Charge	Utility Allowance
Oxygen Concentrator	18	400	223	0.131512	\$29.00
Nebulizer	2	75	5	0.131512	\$1.00
Electric Hospital Bed	0.2	200	1	0.131512	\$1.00
Alternating Pressure Pad	24	70	52	0.131512	\$7.00
Low Air-Loss Mattress	24	120	89	0.131512	\$12.00
Power Wheelchair/Scooter	3	360	33	0.131512	\$4.00
Feeding Tube Pump	24	120	89	0.131512	\$12.00
CPAP Machine	10	30	9	0.131512	\$1.00
Leg Compression Pump	24	30	22	0.131512	\$3.00
Dialysis Machine/Equipment	2	710	44	0.131512	\$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.

0.123196

Semi/Fully Electric Hospital Bed

0.132

Use depends on adjustments. 200 W.

0.101152

0.145311

Alternating Pressure Pad

0.096698

An air-filled mattress overlay. Used 24 hours a day for someone who is bed-ridden.

0.187225

0.135

Low Air-Loss Mattress

0.131512

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.