



**QUINCY HOUSING AUTHORITY, IL**  
PUBLIC HOUSING

**PROPOSED MONTHLY CONSUMPTION ALLOWANCES**  
Check-Metered Utilities

UPDATE 2022

**Building Type: Row House/Townhouse**

<b>Indian Hills, Frederick Ball IL-16-1, 2 (EE Equip: Ins)</b>	<b>0BR</b>	<b>1BR</b>	<b>2BR</b>	<b>3BR</b>	<b>4BR</b>	<b>5BR</b>
Electricity (kWh) (L&A,F)	<b>280</b>	<b>280</b>	<b>332</b>	<b>379</b>	<b>414</b>	<b>479</b>
Natural Gas (ccfs) W(H,WH,C)	<b>43</b>	<b>43</b>	<b>46</b>	<b>49</b>	<b>52</b>	<b>55</b>

**Building Type: Row House/Townhouse**

<b>29th &amp; Broadway IL-16-3 (EE Equip: H,Ins)</b>	<b>0BR</b>	<b>1BR</b>	<b>2BR</b>	<b>3BR</b>	<b>4BR</b>	<b>5BR</b>
Electricity (kWh) (L&A,F)		<b>279</b>	<b>329</b>			
Natural Gas (ccfs) W(H,WH,C)		<b>35</b>	<b>37</b>			

Summer: May - September (5), Winter: October - April (7)

Seasons based on climatic data.

L&A= Lights & Appliances

H= Space Heating

WH= Water Heating

C= Cooking

EE Equip= Energy Efficient Equipment

Ins= Insulation

F=Fan Motor for Heat

**Note: Public Housing allowances are calculated similar to method used by each utility provider. These allowances are not calculated by end use (like the Section 8 HCV Program), but by total usage for each utility type.**

**QUINCY HOUSING AUTHORITY, IL**  
PUBLIC HOUSING

**MONTHLY UTILITY CONSUMPTION TOTALS**

Consumptions developed using an engineering method - 2022  
Check-Metered Utilities

**Building Type: Row House/Townhouse**

<b>Indian Hills, Frederick Ball IL-16-1, 2</b>		<b>0BR</b>	<b>1BR</b>	<b>2BR</b>	<b>3BR</b>	<b>4BR</b>	<b>5BR</b>
<b>(EE Equip: Ins)</b>							
Electricity (kWh) S(L&A)		264	264	314	361	396	460
Electricity (kWh) W(L&A,F)		292	292	344	392	427	493
Summer Electricity Months	5	1320	1320	1570	1805	1980	2300
Winter Electricity Months	7	2044	2044	2408	2744	2989	3451
<b>Average Monthly Electricity (kWh)</b>		<b>280</b>	<b>280</b>	<b>332</b>	<b>379</b>	<b>414</b>	<b>479</b>
Natural Gas (ccfs) S(WH,C)		12	12	14	16	18	19
Natural Gas (ccfs) W(H,WH,C)		65	65	69	73	76	81
Summer Natural Gas Months	5	60	60	70	80	90	95
Winter Natural Gas Months	7	455	455	483	511	532	567
<b>Average Monthly Natural Gas (ccfs)</b>		<b>43</b>	<b>43</b>	<b>46</b>	<b>49</b>	<b>52</b>	<b>55</b>

**Building Type: Row House/Townhouse**

<b>29th &amp; Broadway IL-16-3</b>		<b>0BR</b>	<b>1BR</b>	<b>2BR</b>	<b>3BR</b>	<b>4BR</b>	<b>5BR</b>
<b>(EE Equip: H,Ins)</b>							
Electricity (kWh) (L&A)			264	314			
Electricity (kWh) W(L&A,F)			289	340			
Summer Electricity Months	5		1320	1570			
Winter Electricity Months	7		2023	2380			
<b>Average Monthly Electricity (kWh)</b>			<b>279</b>	<b>329</b>			
Natural Gas (ccfs) S(WH,C)			12	14			
Natural Gas (ccfs) W(H,WH,C)			51	54			
Summer Natural Gas Months	5		60	70			
Winter Natural Gas Months	7		357	378			
<b>Average Monthly Natural Gas (ccfs)</b>			<b>35</b>	<b>37</b>			

L&A= Lights & Appliances

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H= Space Heating

Ins= Insulation

WH= Water Heating

F= Fan Motor for Heat

S= Summer

C= Cooking

W= Winter

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Seasons based on climatic data.



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## **Reasonable Accommodation Medical Equipment Allowances**

Electric Provider: Ameren Illinois (wtd avg)

<b>Item</b>	<b>Hours per Day</b>	<b>Wattage</b>	<b>Monthly kWh</b>	<b>Energy Charge</b>	<b>Utility Allowance</b>
Oxygen Concentrator	18	400	223	0.10339	\$23.00
Nebulizer	2	75	5	0.10339	\$1.00
Electric Hospital Bed	0.2	200	1	0.10339	\$1.00
Alternating Pressure Pad	24	70	52	0.10339	\$5.00
Low Air-Loss Mattress	24	120	89	0.10339	\$9.00
Power Wheelchair/Scooter	3	360	33	0.10339	\$3.00
Feeding Tube Pump	24	120	89	0.10339	\$9.00
CPAP Machine	10	30	9	0.10339	\$1.00
Leg Compression Pump	24	30	22	0.10339	\$2.00
Dialysis Machine/Equipment	2	710	44	0.10339	\$5.00

### ***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.