



HUD UTILITY MODEL QUESTIONNAIRE

Name of Management Company: _____
Street: _____ City: _____ State: _____ Zip: _____
Phone: _____ Extension: _____ Email: _____

Name of Housing Authority: _____
Street: _____ City: _____ State: _____ Zip: _____

Name of Project: _____
Street: _____ City: _____ State: _____ Zip: _____

If the property is occupied, provide a copy of 3 months of one resident's utility bills, INCLUDING A DETAIL PAGE (Bills should not reflect discounted rates)

GREEN DISCOUNT: **NO DISCOUNT** **LEED** **ENERGY STAR** **SIGNIFICANT GREEN RETROFIT**

.Choose **LEED** or **ENERGY STAR** if the building meets that certification.

Choose **Significant Green Retrofit** if the building had energy saving rehabilitation to any of the following systems in the last 5 years:

(1) heating, (2) cooling, (3) lighting, (4) DHW systems, (5) appliances, (6) building envelope, (7) water measures, &/or (8) on-site generation.

Include Air Conditioning? **Yes** **No**

Types of Units (Mark All That Apply):

	Studio	1BR	2BR	3BR	4BR	5BR
Single Family House	_____	_____	_____	_____	_____	_____
Single Family Attached	_____	_____	_____	_____	_____	_____
Lowrise Apartment (2-4 units)	_____	_____	_____	_____	_____	_____
Larger Apartment Bldgs. (5+ units)	_____	_____	_____	_____	_____	_____
Manufactured Homes	_____	_____	_____	_____	_____	_____

UTILITY USE INFORMATION

(PLEASE NOTE ANY DIFFERENCES BETWEEN UNIT TYPES/SIZES)

	Heating	Cooking	Water Heating	
Electric*	_____	_____	_____	*If Electric Heating:
Natural Gas	_____	_____	_____	<input type="checkbox"/> Electric Resistance
Bottle Gas	_____	_____	_____	<input type="checkbox"/> Heat Pump
Oil/Coal/Other	_____	_____	_____	
Tenant Does Not Pay	_____	_____	_____	

Are tenants charged a monthly fee for renting/using any of the following additional utilities?
If yes, please specify how much tenants are charged monthly.

Trash: \$ _____ Range/Microwave: \$ _____ Refrigerator: \$ _____ Other (List): \$ _____

TENANT UTILITY SERVICE PROVIDERS
(Do NOT list utilities paid by management)

Electric Company: _____ Gas Company: _____
Water Company: _____ Sewer Company: _____
Trash Company: _____ Other: _____

Please note the following:

- If the Green Discount section is left blank, it will be assumed that there is no discount.
- Air Conditioning will be included unless it is indicated that it should not be in the report.
- If there is no indication on the type of electric heating, both Electric Resistance and Heat Pump will be included in the report.