



CITY OF SOMERVILLE, MASSACHUSETTS
MAYOR'S OFFICE OF STRATEGIC PLANNING & COMMUNITY DEVELOPMENT
KATJANA BALLANTYNE
MAYOR
INCLUSIONARY PROGRAM – UTILITY CHARGES FORM

Please provide complete information on all initial utilities that will be paid by the tenant and owner of the development.

Per the Somerville Housing Authority Utility Allowance, developments that consist of four floors or more with an elevator are classified to be a high rise with an elevator. Any building with 3 floors or more without an elevator would be classified as a low rise. A building with three floors and an elevator would be classified as a low rise.

Development: _____ Initial Rental Year Start Date: _____

1. Electricity

Please check off who is responsible for Electricity charges:

Tenant: _____ Owner: _____

2. Heating

Please check off who is responsible for Heating charges and the type of fuel used:

Tenant: _____ Owner: _____

Natural Gas: _____ Electric: _____ Oil: _____ Coal or other: _____

3. Water

Please check off who is responsible for Water charges and attach a complete submetering water and sewer certification form:

Tenant: _____ Owner: _____

4. Sewer

Please check off who is responsible for Sewer charges and attach a complete submetering water and sewer certification form:

Tenant: _____ Owner: _____

5. Water Heating

Please check off who is responsible for Heating charges and the type of fuel used:

Tenant: _____ Owner: _____

Natural Gas: _____ Electric: _____ Oil: _____ Coal or other: _____

6. Cooking

Please check off who is responsible for Cooking charges and the type of fuel used:

Tenant: _____ Owner: _____

Natural Gas: _____ Electric: _____ Oil: _____ Coal or other: _____

Any changes after the initial year to utility charges must be approved by OSPCD’s Housing Division. Any change requests should be addressed to Lisa Davidson, Housing Grants Manager. She can be reached at ldavidson@somervillema.gov or 617-625-6600 ext. 2585.

The information I am providing you with is true and accurate. Before any change to the above stated policies and/fees is effective, I will notify the Housing Division for their approval.

Print Name: _____

Signature: _____ Date: _____
Title: _____

Mayor’s Office of Strategic Planning and Community Development

Print Name: _____

Signature: _____ Date: _____
Title: Director of Housing

