State Filing Year

2017

ADOPTED COPY

Note: This Budget document is for Fiscal Years Beginning Jan. 1, 2017 to Dec. 31. 2017

Start Year

**End Year** 

2017

2018

Fiscal Year

Authority Budget of:

Highlands Housing Authority

For the Period:

July 1, 2017

to

June 30, 2018

www.highlandshousingauthority.org

**Authority Web Address** 



Division of Local Government Services

### 2017 HOUSING AUTHORITY BUDGET

### **Certification Section**

### **HIGHLANDS**

(Name)

### HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM <u>07-01-2017</u> TO <u>06-30-2018</u>

For Division Use Only

### CERTIFICATION OF APPROVED BUDGET

It is hereby certified that the approved Budget made a part hereof complies with the requirements of law and the rules and regulations of the Local Finance Board, and approval is given pursuant to N.J.S.A. 40A:5A-11.

State of New Jersey
Department of Community Affairs
Director of the Division of Local Government Services

By: and Davist (PA ROLA Date: 6/19/2017

### CERTIFICATION OF ADOPTED BUDGET

It is hereby certified that the adopted Budget made a part hereof has been compared with the approved Budget previously certified by the Division, and any amendments made thereto. This adopted Budget is certified with respect to such amendments and comparisons only.

State of New Jersey
Department of Community Affairs
Director of the Division of Local Government Services

By:	Date:	

### 2017

### **HIGHLANDS**

(Name)

### HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM <u>07-01-2017</u> TO <u>06-30-2018</u>

For Division Use Only

### CERTIFICATION OF APPROVED BUDGET

It is hereby certified that the approved Budget made a part hereof complies with the requirements of law and the rules and regulations of the Local Finance Board, and approval is given pursuant to <u>N.J.S.A.</u> 40A:5A-11.

State of New Jersey
Department of Community Affairs
Director of the Division of Local Government Services

By:	Date:
Dy.	Date.

### CERTIFICATION OF ADOPTED BUDGET

It is hereby certified that the adopted Budget made a part hereof has been compared with the approved Budget previously certified by the Division, and any amendments made thereto. This adopted Budget is certified with respect to such amendments and comparisons only.

State of New Jersey
Department of Community Affairs
Director of the Division of Local Government Services

By: Paul D. Covert CPA RMA Date: 6/27/2017

### 2017 PREPARER'S CERTIFICATION

### **HIGHLANDS**

(Name)

### HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM:

07-01-2017

TO:

06-30-2018

It is hereby certified that the Housing Authority Budget, including both the Annual Budget and the Capital Budget/Program annexed hereto, represents the members of the governing body's resolve with respect to statute in that: all estimates of revenue are reasonable, accurate and correctly stated; all items of appropriation are properly set forth; and in itemization, form and content, the budget will permit the exercise of the comptroller function within the Housing Authority.

It is further certified that all proposed budgeted amounts and totals are correct. Also, I hereby provide reasonable assurance that all assertions contained herein are accurate and all required schedules are completed and attached.

Preparer's Signature:	Im ?	Full	J		
Name:	THOMAS FUI	RLONG			
Title:	DIRECTOR O	DIRECTOR OF FINANCIAL OPERATIONS			
Address:	881 AMBOY	881 AMBOY AVE., PO BOX 390			
	PERTH AMBOY, NJ 08862				
Phone Number:	732-826-3118		Fax Number:	732-826-3111	
E-mail address	tom@perthamb	oyha.org			

### 2017 APPROVAL CERTIFICATION

### HIGHLANDS (Name)

### HOUSING AUTHORITY BUDGET

07-01-2017

TO:

06-30-2018

FROM:

FISCAL YEAR:

E-mail address

true copy of the Annual Buc body of the <u>HIGHLANDS</u>	lget and Capital Budg Housing Authority,	et/Program approved at an open public me	chedules appended hereto, are a by resolution by the governing eting held pursuant to N.J.A.C.
5:31-2.3, on the <u>25th</u> da	y of April	, <u>2017</u> .	
It is further certified that the majority of the full members.			tion represents not less than a
Officer's Signature:			
Name:	DOUGLAS DEM	IÀ	
Title:	EXECUTIVE DIR	ECTOR	
Address:	215 SHORE DRIV	/E	
	HIGHLANDS, NJ	07732	
Phone Number:	732-872-2022	Fax Number:	732-297-8743

hapadoug@aol.com

### INTERNET WEBSITE CERTIFICATION

		www.highlandshousingauthority.org
website. The operations ar	e purpose of the web nd activities. N.J.S.A minimum for public	er an Internet website or a webpage on the municipality's or county's Internet site or webpage shall be to provide increased public access to the authority's . 40A:5A-17.1 requires the following items to be included on the Authority's disclosure. Check the boxes below to certify the Authority's compliance with
X	A description of the	Authority's mission and responsibilities
$\boxtimes$	Commencing with 2 prior years	2013, the budgets for the current fiscal year and immediately preceding two
X	The most recent Con information	mprehensive Annual Financial Report (Unaudited) or similar financial
×	Commencing with 2 two prior years	2012, the complete annual audits of the most recent fiscal year and immediately
X		es, regulations and official policy statements deemed relevant by the governing y to the interests of the residents within the authority's service area or
X	•	ant to the "Open Public Meetings Act" for each meeting of the Authority, e, date, location and agenda of each meeting
X	0 0	1, 2013, the approved minutes of each meeting of the Authority including all pard and their committees, for at least three consecutive fiscal years
×		address, electronic mail address and phone number of every person who supervision or management over some or all of the operations of the
X	corporation or other	dvisors, consultants and any other person, firm, business, partnership, organization which received any remuneration of \$17,500 or more during the r for any service whatsoever rendered to the Authority.
webpage as	identified above com	w authorized representative of the Authority that the Authority's website or aplies with the minimum statutory requirements of N.J.S.A. 40A:5A-17.1 as the above boxes signifies compliance.

Page C-4

Name of Officer Certifying compliance

Title of Officer Certifying compliance

Signature

DOUGLAS DZEMA

EXECUTIVE DIRECTOR

### 2017 HOUSING AUTHORITY BUDGET RESOLUTION <u>HIGHLANDS</u>

(Name)

F	ISCAL YEAR:	FROM:	()7-()1-2	017 <b>TO</b>	: 06-30	-2018
WHEREAS, the Annual JULY 1, 2017 and endin HIGHLANDS Ho	ng, JUNE 30, 2018	has been pro	sented before t	he governing be	ody of the	e fiscal year beginning
WHEREAS, the Annual including any Accumulation and						
WHEREAS, the Capital Unrestricted Net Position	Budget as introduce planned to be utilized	d reflects To d as funding	otal Capital Apthereof, of \$	propriations of	\$0	and Tota
WHEREAS, the schedul anticipated revenues to soutlays, debt service requoting and agreements	satisfy all obligations uirements, and to pro	to the holde	ers of bonds of	the Authority,	to meet oper	ating expenses, capital
WHEREAS, the Capital funds; rather it is a doc authorization to expend resolution, by a project for other means provided	ument to be used as funds for the purpose Inancing agreement, l	part of the es described	said Authority in this section	's planning and of the budget, i	d managemen must be grant	nt objectives. Specific ed elsewhere; by bond
NOW, THEREFORE BI public meeting held on Budget/Program of the JUNE 30, 2018_ is hereb	04/25/2017 HIGHLANDS Ho	that the	Annual Budge	et, including al	I related sche	dules, and the Capital
BE IT FURTHER RESC meet all proposed expend outstanding debt obligation	ditures/expenses and a	ill covenants.	terms and pro-	visions as stipul	lated in the sa	id Housing Authority's
BE IT FURTHER RESO	OLVED, that the gov tal Budget/Program fo	erning body or adoption of	of the <u>HIG</u> n 06/20/2017	<u>ILANDS</u> F	lousing Auth	ority will consider the
Secretary's Signature)				(Date)	17-17	
Lioverning Body	Recorded V	'ote				
Member:	Aye	Nay	Abstain	Absent		
Gloria Miller	х					
Dolores Francy	X					
Mae Rugg	X					
Rebecca Kane				X		
Ellen Williams	X					
da Tkoch	X					
₹av Goddard	X					

### 2017 ADOPTION CERTIFICATION

### **HIGHLANDS**

(Name)

### HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM: 07-01-2017 TO: 06-30-2018

It is hereby certified that the Housing Authority Budget and Capital Budget/Program annexed hereto is a true copy of the Budget adopted by the governing body of the <u>HIGHLANDS</u> Housing Authority, pursuant to N.J.A.C. 5:31-2.3, on the <u>20th</u> day of, <u>June</u>, <u>2017</u>.

Officer's Signature:	di				
Name:	DOUGLAS DZEM	A			
Title:	EXECUTIVE DIRI	ECTOR			
Address:	215 SHORE DRIVE				
	HIGHLANDS, NJ 07732				
Phone Number:	732-872-2022	Fax Number:	732-291-8743		
E-mail address	hapadoug@aol.com	l.			

### 2017 ADOPTED BUDGET RESOLUTION

### HIGHLANDS (Name)

### HOUSING AUTHORITY

	FISCAL YEAR:	FROM:	07-01-2	017	TO:	06-30-2018	
year beginning JU	nnual Budget and Capital I ILY 1 , 2017 and endin ILANDS Housing Author ; and	g, <u>JUNE 30</u>	<u>0_, 2018_</u> has	been prese	S H ented for	ousing Authority adoption before	y for the fiscal the governing
appropriation in the	Annual Budget and Capit same amount and title as the have been approved by the same and the same approved by the same approximation app	set forth in	the introduced	dandappro	ved bud	get, including a	
WHEREAS, the A Appropriations, inclutilized of \$	nnual Budget as presente uding any Accumulated De 0; and	ed for adopt eficit, if any,	ion reflects To	otal Reven 50,140	ues of \$	5 <u>960.610</u> Total Unrestricte	, Tota
	pital Budget as presented flet Position planned to be t				ropriatio	ins of \$	0 and
meeting held on HIGHLANDS	E BE IT RESOLVED, by a 06/20/2017  Housing Authority for the s hereby adopted and shall	that the Anni fiscal year be	ual Budget and eginning, <u>JUL</u>	Capital Bu <u>Y 1, 2017</u>	dget/Pro and, end	gram of the ling,	t an open publi
item of revenue and	RESOLVED, that the Annuappropriation in the same oto, if any, which have bee	amount and	title as set fort	h in the int of the Divis	roduced sion of L	and approved by ocal Governmen	ıdget, includin
(Secretary's Signatu				·	し 20 ite)	0.17	
(Secretary 8 Signate	£ (a)			(Da	ne)		
Governing Body	Recorded V						
Member:	Aye	Nay	Abstain	Absent			
Gloria Miller	x						
Dolores Francy	X						
Mae Rugg				X			
Rebecca Kane				X			
Ellen Williams	X						
Ida Tkoch	X						
Ray Goddard	X						

### FY17-034 RESOLUTION ADOPTING THE ANNUAL BUDGET FOR FY 2018

### MOVED/SECONDED:

Resolution moved by Commissioner	Francy
Resolution seconded by Commissioner _	Williams

### **VOTE:**

Ayes	Nays	Absent	Abstain
		X	
	-	X	
X	-		
X			
X			
X			
X			
	"		· · ·
	X X X X	X X X X	X X X X X X X X X

### 2017 HOUSING AUTHORITY BUDGET

**Narrative and Information Section** 

### 2017 HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS HIGHLANDS

(Name)

### **AUTHORITY BUDGET**

FISCAL YEAR: FROM: 07-01-2017 TO: 06-30-2018

Answer all questions below. Attach additional pages and schedules as needed.

- 1. Complete a brief statement on the 2017 proposed Annual Budget and make comparison to the 2016 adopted budget for each operation. Explain any variances over +/-10% (As shown on budget page F-4 explain the reason for changes for each appropriation changing more than 10%) for each line item by operation. Explanations of variances should include a description of the reason for the increase/decrease in the budgeted line item, not just an indication of the amount and percent of the change. Attach any supporting documentation that will help to explain the reason for the increase/decrease in the budgeted line item. For example, if anticipated service charges have increased 15% due to an increase in rates, provide documentation of how the increase occurred (Example Rate Increase authorized by resolution or by HUD). See Attached.
- 2. Complete a brief statement on the impact the proposed Annual Budget will have on Anticipated Revenues, especially service charges and on the general purpose/component unit financial statements. Explain significant increases or decreases, if any. An increase or decrease is considered significant if it is over +/-10% (As shown on budget page F-2 explain reason for change for each <u>revenue</u> changing more than 10%) from the current year adopted budget.

Rents are fixed by law so this budget will not impact charges to residents.

- 3. Describe the state of the local/regional economy and how it may impact the proposed Annual Budget, including the planned Capital Budget/Program. None
- 4. Describe the reasons for utilizing Unrestricted Net Position in the proposed Annual Budget, i.e. rate stabilization, debt service reduction, to balance the budget, etc. If the Authority's budget anticipates a use of Unrestricted Net Position, this question must be answered. N/A
- 5. Identify any sources of funds transferred to the County/Municipality as a budget subsidy or a shared service and explain the reason for the transfer (i.e.: to balance the County/Municipality budget, etc.). N/A
- 6. The proposed budget must not reflect an anticipated deficit from 2017 operations. If there exists an accumulated deficit from prior years' budgets (and funding is included in the proposed budget as a result of a prior deficit) explain the funding plan to eliminate said deficit (N.J.S.A. 40A:5A-12). If the Authority has a net deficit reported in its most recent audit, it must provide a deficit reduction plan in response to this question. (Prepare a response to deficits caused by the implementation of GASB 68) N/A

### HIGHLANDS HOUSING AUTHORITY EXPLANATION OF BUDGET VARIANCES OVER 10% JUNE 30th, 2018

### **Operating Revenues:**

Excess utilities-(-16.9%) Decreased based on actual charges for the past two years.

Tenant charges-(+11.1%) Increased based on actual charges for the past two years.

Interest Income-(+33.3%)-Increased based on slight increase in earnings rate.

### **Appropriations:**

Other General Costs-(-33.3%) Decrease due to reduction in expenses attributable to RAD Conversion

### HOUSING AUTHORITY CONTACT INFORMATION 2017

Please complete the following information regarding this Housing Authority. <u>All</u> information requested below must be completed.

Address:   215 SHORE DRIVE	Name of Authority:	HIGHLANDS HOUSING	AUTHOR	ΠΥ		
City, State, Zip:         HIGHLANDS         NJ         07732           Phone: (ext.)         732-872-2022         Fax:         732-291-8743           Preparer's Name:         THOMAS FURLONG           Preparer's Address:         881 AMBOY AVE., PO BOX 390           City, State, Zip:         PERTH AMBOY         NJ         08862           Phone: (ext.)         732-826-3118         Fax:         732-826-3111           E-mail:         tom@perthamboyha.org         Chief Executive Officer:         DOUGLAS DZEMA           Phone: (ext.)         732-872-2022         Fax:         732-291-8743           E-mail:         hapadoug@aol.com           Chief Financial Officer:         NONE           Phone: (ext.)         Fax:         Fax:           Phone: (ext.)         Fax:         Fax:           Name of Auditor:         NONE           Name of Firm:         Holman Frenia Allison P.C.           Address:         680 Hooper Avenue           Building B, Suite 201         NJ         08753           City, State, Zip:         Toms River         NJ         08753           Phone: (ext.)         732-797-1333         Fax:         Fax:	Federal ID Number:	21-6001673				
Phone: (ext.)   732-872-2022   Fax:   732-291-8743	Address:	215 SHORE DRIVE				
Preparer's Name:   THOMAS FURLONG	City, State, Zip:	HIGHLANDS		NJ	07732	
Preparer's Address:         881 AMBOY AVE., PO BOX 390           City, State, Zip:         PERTH AMBOY         NJ 08862           Phone: (ext.)         732-826-3118         Fax: 732-826-3111           E-mail:         tom@perthamboyha.org         DOUGLAS DZEMA           Phone: (ext.)         732-872-2022         Fax: 732-291-8743           E-mail:         hapadoug@aol.com           Chief Financial Officer:         NONE           Phone: (ext.)         Fax:           E-mail:         NONE           Name of Auditor:         Holman Frenia Allison P.C.           Address:         680 Hooper Avenue           Building B, Suite 201         NJ 08753           City, State, Zip:         Toms River         NJ 08753           Phone: (ext.)         732-797-1333         Fax:	Phone: (ext.)	732-872-2022	Fax:	732-2	91-8743	
Preparer's Address:         881 AMBOY AVE., PO BOX 390           City, State, Zip:         PERTH AMBOY         NJ 08862           Phone: (ext.)         732-826-3118         Fax: 732-826-3111           E-mail:         tom@perthamboyha.org         DOUGLAS DZEMA           Phone: (ext.)         732-872-2022         Fax: 732-291-8743           E-mail:         hapadoug@aol.com           Chief Financial Officer:         NONE           Phone: (ext.)         Fax:           E-mail:         NONE           Name of Auditor:         Holman Frenia Allison P.C.           Address:         680 Hooper Avenue           Building B, Suite 201         NJ 08753           City, State, Zip:         Toms River         NJ 08753           Phone: (ext.)         732-797-1333         Fax:	Prenarer's Name:	THOMAS FURLONG				
Phone: (ext.) 732-826-3118 Fax: 732-826-3111  E-mail: tom@perthamboyha.org  Chief Executive Officer: DOUGLAS DZEMA Phone: (ext.) 732-872-2022 Fax: 732-291-8743  E-mail: hapadoug@aol.com  Chief Financial Officer: NONE Phone: (ext.) Fax:  E-mail: Fax:   Name of Auditor: Holman Frenia Allison P.C.  Address: 680 Hooper Avenue Building B, Suite 201  City, State, Zip: Toms River NJ 08753  Phone: (ext.) 732-797-1333 Fax:	Preparer's Address:	881 AMBOY AVE., PO I	3OX 390			
Phone: (ext.)   732-826-3118   Fax:   732-826-3111     E-mail:   tom@perthamboyha.org	City, State, Zip:	PERTH AMBOY		NJ	08862	
Chief Executive Officer:  Phone: (ext.)  E-mail:  Chief Financial Officer:  Phone: (ext.)  Phone: (ext.)  Phone: (ext.)  Phone: (ext.)  Fax:  Fax:  Fax:  Fax:  Name of Auditor:  Name of Firm:  Address:  680 Hooper Avenue Building B, Suite 201  City, State, Zip:  Phone: (ext.)  Toms River  NJ 08753  Phone: (ext.)	Phone: (ext.)	732-826-3118	Fax:	732-8	26-3111	
Phone: (ext.)         732-872-2022         Fax:         732-291-8743           E-mail:         hapadoug@aol.com           Chief Financial Officer:         NONE           Phone: (ext.)         Fax:           E-mail:         Fax:           Name of Auditor:           Name of Firm:         Holman Frenia Allison P.C.           Address:         680 Hooper Avenue           Building B, Suite 201         NJ 08753           City, State, Zip:         Toms River         NJ 08753           Phone: (ext.)         732-797-1333         Fax:	E-mail:	tom@perthamboyha.org				
Phone: (ext.)         732-872-2022         Fax:         732-291-8743           E-mail:         hapadoug@aol.com           Chief Financial Officer:         NONE           Phone: (ext.)         Fax:           E-mail:         Fax:           Name of Auditor:           Name of Firm:         Holman Frenia Allison P.C.           Address:         680 Hooper Avenue           Building B, Suite 201         NJ 08753           City, State, Zip:         Toms River         NJ 08753           Phone: (ext.)         732-797-1333         Fax:	CILLERY CONTRACTOR	DOUGLAS DZEMA				
E-mail: hapadoug@aol.com  Chief Financial Officer: NONE  Phone: (ext.) Fax:  E-mail:  Name of Auditor:  Name of Firm: Holman Frenia Allison P.C.  Address: 680 Hooper Avenue Building B, Suite 201  City, State, Zip: Toms River NJ 08753  Phone: (ext.) 732-797-1333 Fax:			Earr	722.20	01 9742	
Chief Financial Officer:  Phone: (ext.)  E-mail:  Name of Auditor:  Name of Firm:  Holman Frenia Allison P.C.  Address:  680 Hooper Avenue  Building B, Suite 201  City, State, Zip:  Toms River  NJ 08753  Phone: (ext.)		<u>                                     </u>				
Phone: (ext.)  E-mail:  Name of Auditor:  Name of Firm:  Holman Frenia Allison P.C.  680 Hooper Avenue Building B, Suite 201  City, State, Zip:  Toms River  NJ 08753  Phone: (ext.)	E-mail:	napadoug(@aoi.com	7.70			
E-mail:  Name of Auditor:  Name of Firm:  Holman Frenia Allison P.C.  680 Hooper Avenue Building B, Suite 201  City, State, Zip:  Toms River  NJ 08753  Phone: (ext.)  732-797-1333  Fax:	Chief Financial Officer:	NONE		· •		
Name of Auditor:  Name of Firm:  Holman Frenia Allison P.C.  680 Hooper Avenue Building B, Suite 201  City, State, Zip:  Toms River NJ 08753  Phone: (ext.)  732-797-1333 Fax:	Phone: (ext.)	Fa	x:			
Name of Firm:  Holman Frenia Allison P.C.  680 Hooper Avenue Building B, Suite 201  City, State, Zip:  Toms River  NJ 08753  Phone: (ext.)  732-797-1333  Fax:	E-mail:					
Address:         680 Hooper Avenue Building B, Suite 201           City, State, Zip:         Toms River         NJ         08753           Phone: (ext.)         732-797-1333         Fax:	Name of Auditor:				·	
Building B, Suite 201           City, State, Zip:         Toms River         NJ         08753           Phone: (ext.)         732-797-1333         Fax:	Name of Firm:	Holman Frenia Allison P.C	3 ~.			
City, State, Zip:         Toms River         NJ         08753           Phone: (ext.)         732-797-1333         Fax:	Address:	•				
Phone: (ext.) 732-797-1333 Fax:	City, State, Zip:			NJ	08753	
E-mail:	Phone: (cxt.)	732-797-1333	Fax:		-1	
	E-mail:					

### HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

### **HIGHLANDS**

(Name)

07-01-2017 TO: 06-30-2018 FISCAL YEAR: FROM: Answer all questions below completely and attach additional information as required. 1) Provide the number of individuals employed in calendar year 2015 as reported on the Authority's Form W-3, Transmittal of Wage and Tax Statements: \_\_\_\_\_7 2) Provide the amount of total salaries and wages for calendar year 2015 as reported on the Authority's Form W-3, Transmittal of Wage and Tax Statements: 187,708 3) Provide the number of regular voting members of the governing body: 7 4) Provide the number of alternate voting members of the governing body: 0 5) Did any person listed on Page N-4 have a family or business relationship with any other person listed on Page N-4 during the current fiscal year? \_\_\_\_\_ If "yes," attach a description of the relationship including the names of the individuals involved and their positions at the Authority. 6) Did all individuals that were required to file a Financial Disclosure Statement for the current fiscal year because of their relationship with the Authority file the form as required? (Checked to see if individuals actually filed at http://fds.state.nj.us/njdca prod/fdssearch.aspx before answering) yes \* If "no," provide a list of those individuals who failed to file a Financial Disclosure Statement and an explanation as to the reason for their failure to file. \*Ray Godfard was not required to 7) Does the Authority have any amounts receivable from current or former commissioners, officers, key as he was employees or highest compensated employees? \_\_no\_\_\_ If "yes," attach a list of those individuals, recently their position, the amount receivable, and a description of the amount due to the Authority. appointed. 8) Was the Authority a party to a business transaction with one of the following parties: a. A current or former commissioner, officer, key employee, or highest compensated employee? b. A family member of a current or former commissioner, officer, key employee, or highest compensated employee? no c. An entity of which a current or former commissioner, officer, key employee, or highest compensated employee (or family member thereof) was an officer or direct or indirect owner? If the answer to any of the above is "yes," attach a description of the transaction including the name of the commissioner, officer, key employee, or highest compensated employee (or family member thereof) of the Authority; the name of the entity and relationship to the individual or family member: the amount paid; and whether the transaction was subject to a competitive bid process. 9) Did the Authority during the most recent fiscal year pay premiums, directly or indirectly, on a personal benefit contract? A personal benefit contract is generally any life insurance, annuity, or endowment contract that benefits, directly or indirectly, the transferor, a member of the transferor's family, or any other person designated by the transferor. \_\_\_\_\_ If "yes," attach a description of the arrangement, the premiums paid, and indicate the beneficiary of the contract. 10) Explain the Authority's process for determining compensation for all persons listed on Page N-4. Include whether the Authority's process includes any of the following: 1) review and approval by the commissioners or a committee thereof; 2) study or survey of compensation data for comparable positions in similarly sized entities; 3) annual or periodic performance evaluation; 4) independent compensation consultant; and/or 5) written employment contract. Attach a narrative of your

Authorities procedures for all employees.

### HIGHLANDS HOUSING AUTHORITY PAGE N-3 (1 OF 2) QUESTION 10

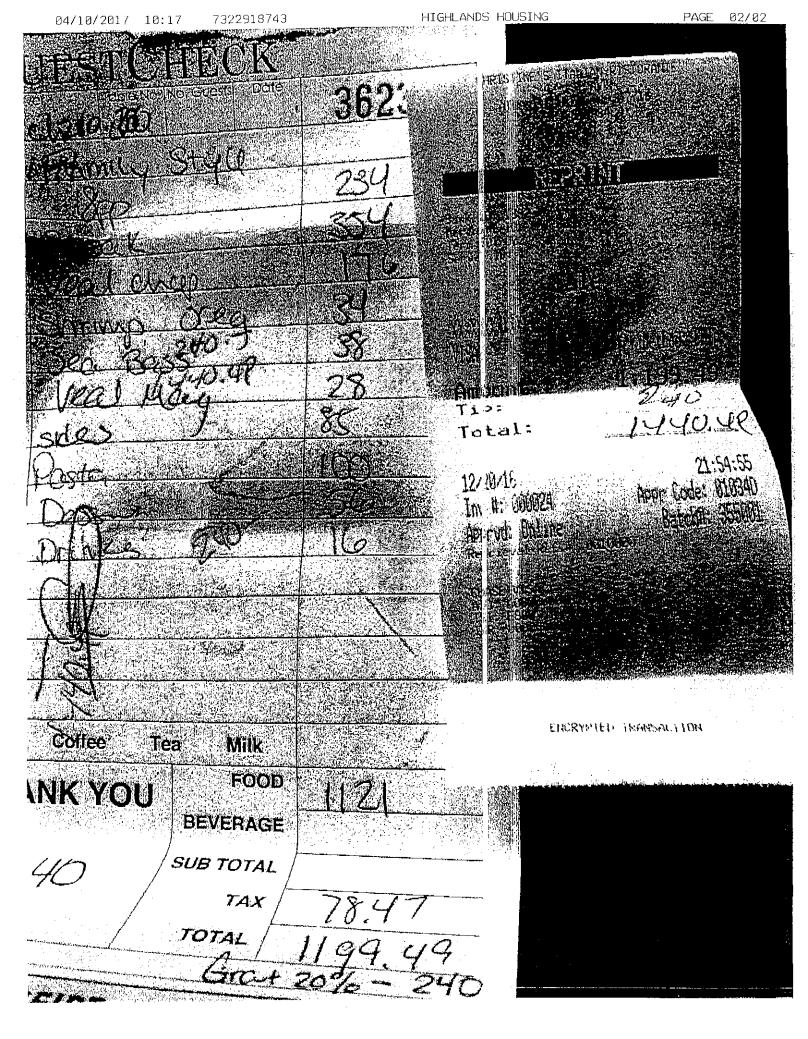
The Authority uses the County of Monmouth as a comparable in determining annual salary increases and compensation. The Board's finance committee reviews this information along with the affordability based on the Authority's overall budget to determine cost of living increases. Additional increases in an individual's compensation level are brought forth to the Finance Committee by the Executive Director based on the employee's workload and performance evaluations. The Finance Committee will make the appropriate recommendations to the full Board who will appropriate the amounts approved in the Authority's annual budget.

11) Did the Authority pay for meals or catering during the current fiscal year? yes If "yes," attach a detailed list of all meals and/or catering invoices for the current fiscal year and provide an explanation for each expenditure listed. 12) Did the Authority pay for travel expenses for any employee or individual listed on Page N-4? If "ves," attach a detailed list of all travel expenses for the current fiscal year and provide an explanation for each expenditure listed. 13) Did the Authority provide any of the following to or for a person listed on Page N-4 or any other employee of the Authority: a. First class or charter travel no b. Travel for companions c. Tax indemnification and gross-up payments no d. Discretionary spending account no e. Housing allowance or residence for personal use Payments for business use of personal residence no g. Vehicle/auto allowance or vehicle for personal use no h. Health or social club dues or initiation fees no Personal services (i.e.: maid, chauffeur, chef) no If the answer to any of the above is "yes," attach a description of the transaction including the name and position of the individual and the amount expended. 14) Did the Authority follow a written policy regarding payment or reimbursement for expenses incurred by employees and/or commissioners during the course of Authority business and does that policy require substantiation of expenses through receipts or invoices prior to reimbursement? \_\_yes\_ "no," attach an explanation of the Authority's process for reimbursing employees and commissioners for expenses. (If your authority does not allow for reimbursements indicate that in answer) 15) Did the Authority make any payments to current or former commissioners or employees for severance or termination? no If "yes," attach explanation including amount paid. 16) Did the Authority make any payments to current or former commissioners or employees that were contingent upon the performance of the Authority or that were considered discretionary bonuses? If "yes," attach explanation including amount paid. 17) Did the Authority comply with its Continuing Disclosure Agreements for all debt issuances outstanding by submitting its audited annual financial statements, annual operating data, and notice of material events to the Municipal Securities Rulemaking Board's Electronic Municipal Marketplace Access (EMMA) as required? n/a If "no," attach a description of the Authority's plan to ensure compliance with its Continuing Disclosure Agreements in the future. 18) Did the Authority receive any notices from the Department of Housing and Urban Development or any other entity regarding maintenance or repairs required to the Authority's facilities to bring them into compliance with current regulations and standards that it has not yet taken action to remediate? If "yes," attach explanation as to why the Authority has not yet undertaken the required maintenance or repairs and describe the Authority's plan to address the conditions identified. 19) Did the Authority receive any notices of fines or assessments from the Department of Housing and Urban Development or any other entity due to noncompliance with current regulations? no If "yes," attach a description of the event or condition that resulted in the fine or assessment and indicate the amount of the fine or assessment. 20) Has the Authority been deemed "troubled" by the Department of Housing and Urban Development?

describe the Authority's plan to address the conditions identified.

If "yes," attach an explanation of the reason the Authority was deemed "troubled" and

Renee DeMarco Renee DeMarco Renee DeMarco Renee DeMarco Renee DeMarco Renee DeMarco Renee DeMarco	Thomas Falkowski	Name
Res. Oper. Manager Res. Oper. Manager Res. Oper. Manager Res. Oper. Manager Res. Oper. Manager Res. Oper. Manager	Accounts Clerk	Position
7/18/2016 NJ N/ 7/19/2016 Court 8/18/2016 Court 10/6/2016 MHS 10/10/2016 Court 11/18/2016 NJAH 11/23/2016 Purch	7/18/2016	Date
7/18/2016 NJ NAHRO training Union, NJ 7/19/2016 Court Freehold, NJ 8/18/2016 Court Freehold, NJ 10/6/2016 MHS seminar/exam Atlanta, GA 10/10/2016 Court Freehold, NJ 11/18/2016 NJAHRA conference Atlantic City, NJ 11/23/2016 Purchases for tenants Middletown/Red	7/18/2016 NJ NAHRO training Union, NJ	Reason
7/18/2016 NJ NAHRO training Union, NJ Mileage. 7/19/2016 Court Freehold, NJ Mileage. 8/18/2016 Court Freehold, NJ Mileage. 10/6/2016 MHS seminar/exam Atlanta, GA Airfare/l. 10/10/2016 Court Freehold, NJ Mileage. 11/18/2016 NJAHRA conference Atlantic City, NJ Mileage.	Union, NJ	Location
/tolls/meals /tolls/meals /tolls odging/meals /tolls/lodging	Mileage	Hotel/travel
\$38.88 \$50.24 \$23.76 \$1,547.95 \$27.00 \$345.61 \$46.24	\$51.73	Amount



### AUTHORITY SCHEDULE OF COMMISSIONERS, OFFICERS, KEY EMPLOYEES, HIGHEST COMPENSATED EMPLOYEES AND INDEPENDENT CONTRACTORS

### **HIGHLANDS**

(Name)

FISCAL YEAR:

FROM:

07-01-2017

TO:

06-30-2018

Complete the attached table for all persons required to be listed per #1-4 below.

- 1) List all of the Authority's current commissioners and officers and amount of compensation from the Authority and any other public entities as defined below. Enter zero if no compensation was paid.
- 2) List all of the Authority's key employees and highest compensated employees other than a commissioner or officer as defined below and amount of compensation from the Authority and any other public entities.
- 3) List all of the Authority's former officers, key employees and highest compensated employees who received more than \$100,000 in reportable compensation from the Authority and any other public entities during the most recent fiscal year completed.
- 4) List all of the Authority's former commissioners who received more than \$10,000 in reportable compensation from the Authority and any other public entities during the most recent fiscal year completed.
- Commissioner: A member of the governing body of the authority with voting rights. Include alternates for purposes of this schedule.
- Officer: A person elected or appointed to manage the authority's daily operations at any time during the year, such as the chairperson, vice-chairperson, secretary, or treasurer. For the purposes of this schedule, treat the authority's top management official and top financial official as officers. A member of the governing body may be both a commissioner and an officer for the purposes of this schedule.
- Key employee: An employee or independent contractor of the authority (other than a commissioner or officer) who meets both of the following criteria:
  - a) The individual received reportable compensation from the authority and all other public entities in excess of \$150,000 for the most recent fiscal year completed; and
  - b) The individual has responsibilities or influence over the authority as a whole or has power to control or determine 10% or more of the authority's capital expenditures or operating budget.
- Highest compensated employee: One of the five highest compensated employees or independent contractors of the authority other than current commissioners, officers, or key employees whose aggregate reportable compensation from the authority and other public entities is greater than \$100,000 for the most recent fiscal year completed.
- Compensation: All forms of cash and non-cash payments or benefits provided in exchange for services, including salaries and wages, bonuses, severance payments, deferred payments, retirement benefits, fringe benefits, and other financial arrangements or transactions such as personal vehicles, meals, housing, personal and family education benefits, below-market loans, payment of personal or family travel, entertainment, and personal use of the Authority's property. Compensation includes payments and other benefits provided to both employees and independent contractors in exchange for services.
- Reportable compensation: The aggregate compensation that is reported (or is required to be reported) on Form W-2, box I or 5, whichever amount is greater, and/or Form 1099-MISC, box 7, for the most recent calendar year ended 60 days before the start of the proposed budget year. For example, for fiscal years ending December 31, 2017, the calendar year 2014 W-2 and 1099 should be used (60 days prior to start of budget year is November 1, 2015, with 2014 being the most recent calendar year ended), and for fiscal years ending June 30, 2017, the calendar year 2015 W-2 and 1099 should be used (60 days prior to start of budget year is May 1, 2017, with 2015 being the most recent calendar year ended).
- Other Public Entity: Any municipality, county, local authority, fire district, or other government unit, regardless of whether it is related in any way to the Authority either by function or by physical location.

For the Period

July 1, 2017

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Example Housing Authority
June 30, 2018

	Total:	15	14	13	12	11	10	9	8 Douglas Dzema	7 Ray Goddard	6 Ida Tkoch	5 Ellen Williams	4 Rebecca Kane	3 Mac Rugg	2 Dolores Francy	1 Gloria Miller	Name
									Executive Director	Commissioner	Commissioner	Commissioner	Commissioner	Treasurer	Vice-Chair	Chairperson	Trtle
									ъ х	2 ×	2 ×	2 X	22 X	2 ×	×××	5 ×	Deficer Commissioner Commissioner Commissioner Commissioner Commissioner
	<b>\</b>								None	None	None	None	None	None	None	None	hamoi bateanaqmoo izangh aayloyee
																	Authority (W-2,' 1099)  Other (auto allowance, expense account, payment in lieu of health ipend Bonus benefits, etc.)
	, ,															•	Estimated amount of other compensation from the Authority (health benefits, pension, etc.)
(1) Inse		0	<b>,</b> c		¢	• 0	φ.	0	0 Perth An	0 None	_	0 None			0 None	None	Name Public El Indivi Employe Total Compensation Body from Authority by
(1) Insert "None" in this column for each individual that does not hold a position with anather Public Entity	<del>)</del>								erth Amboy HA Execution				Scrough of Highlands Councilperson				Names of Other Public Entitles where Individual is an Employee or Member of the Governing Positio Body (1) See note Public helow
nn for each individual									Executive Director 35+				person 10-15	9			H De De Positions held at Other Ot Public Entities Usted in Ent
that does not hold	١	^							•				1.	ì			Average Hours per Week Dedicated to Repo Positions at Comp Other Public From Entitles Listed Public In Column O (4W-2)
i a position with a	6 550,633	775 553 6							220,172	•		ø	4,500	2,881			Estimal of comper comper Reportable Other P Compensation (healt from Other pension Public Entitles lieu (W-2/1099) bene
nother Public Enth	- 1	77 775 5							12,225							<u>~</u>	Estimated amount of other compensation from Other Public Entities (health benefits, pension, payment in lleu of health benefits, etc.) Entities Entities
¥		797 779	<b>5</b> (	<b>.</b> .		o c	<b>.</b> c		292,398			, 0	4,500	2,881			Total impensation All Public Entitles

# Schedule of Health Benefits - Detailed Cost Analysis

red (Rx) per Employee Total Prior Year \$Increase % lear Current Year Cost (Decrease) (De	Is medical coverage provided by the SHBP (Yes or No)? (Place Answer in Box)  Is prescription drug coverage provided by the SHBP (Yes or No)? (Place Answer in Box)  Yes or No  Yes or No	June 30, 2018  Annual Cost
#DIV/0! #DIV/0		(Decree #DIV #DIV #DIV #DIV

Note: Remember to Enter an amount in rows for Employee Cost Sharing



# Schedule of Accumulated Liability for Compensated Absences

### **Example Housing Authority**

For the Period

July 1, 2017

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Legal Basis for Benefit (check applicable items)

June 30, 2018

Complete the below table for the Authority's accrued liability for compensated absences.

Pamela Carbone Taxes on Accrual Renee Demarco Tom Falkowski John Hemenway Joseph Cusamano Total liability for accumulated compensated absences at beginning of current year \$ **Individuals Eligible for Benefit Gross Days of Accumulated** Compensated Absences at beginning of Current Year 24 14 18 9 \$ **Absence Liability Dollar Value of** Compensated 10,303 2,048 2,977 2,597 1,592 357 732 Approved Labor Agreement Resolution Individual Employment Agreement

The total Amount Should agree to most recently issued audit report for the Authority

# **Schedule of Shared Service Agreements**

Example Housing Authority

July 1, 2017 ಕ

For the Period June 30, 2018

	اسب		If No Shared Services X this Box	<del>-</del> -		
		-				
L	•	•				
		<del></del>				
-	27/ 32/ 2027	04/04/2017		Accounting Services	Highlands Housing Authority	Perth Amboy Housing Authority
\$ 18.420	5   2102/12/21   2102/10/10	01/01/2017		INIGHT SELECTION	Highlands Housing Authority	Perth Amboy Housing Authority
\$ 43,920	01/01/2017   12/31/2017   \$	01/01/2017		Management Service		Marie Of Chick Libert Marie Contract
Authority	End Date	Date	needed)	Type of Shared Service Provided	Name of Entity Receiving Service	Name of native Droviding Service
Paid from	Agreement	Effective	Comments (Enter more specifics if			
Received by/		Agreement				
Amount to be	*		sceived/paid for mose services.	Enter the shared service agreements that the Authority currently engages in and identify the amount that is received	that the Authority currently engages	Enter the shared service agreements
			to all will for the conditions			

### 2017 HOUSING AUTHORITY BUDGET

**Financial Schedules Section** 

### SUMMARY

For the Period Example Housing Authority July 1, 2017 to June 30, 2018

ANTICIPATED SURPLUS (DEFICIT)	Net Total Appropriations	Less: Total Unrestricted Net Position Utilized	Total Appropriations and Accumulated Deficit	Accumulated Deficit	Total Non-Operating Appropriations	Total Interest Payments on Debt Total Other Non-Operating Appropriations	Total Operating Appropriations	Total Principal Payments on Debt Service in Lieu of Depreciation	Total Cost of Providing Services	Total Administration	APPROPRIATIONS	Total Anticipated Revenues	Total Non-Operating Revenues	Total Operating Revenues	REVENUES	
П)	ons	t Position Utilized	nd Accumulated		ppropriations	Debt Appropriations	priations	Debt Service in	ices			nues	ser			
\$ 470	960,140	,	960,140			XXXXXXXXXX	960,140	XXXXXXXXXX XXXXXXXXXX	659,790	300,350		960,610	1,800	\$ 958,810	Public Housing Management	
ts.						XXXXXXXXX		XXXXXXXXX						<b>⋄</b>	Section 8	FY 2
· .		,	•	,	•	. xxxxxxxxxx	,	XXXXXXXXX	•	•				W	Housing Voucher	FY 2017 Proposed Budget
- \$		·	•		,	xxxxxxxxx	•	XXXXXXXXXX	•	·				٠ •	Other Programs	d Budget
. \$	.		ı	,	,	1	•		1	•				, •>		
470	960,140		960,140	1			960,140	1	659,790	300,350		960,610	1,800	958,810	Total All Operations	
\ \														⋄	Ope	FY 201
17,640	978,960		978,960		,	1 1	978,960	,	683,620	295,340		996,600	1,350	995,250	Total All Operations	FY 2016 Adopted Budget
\$ (17,170)	(18,820)		(18,820)		1	, .	(18,820)		(23,830)	5,010		(35,990)	450	\$ (36,440)	All Operations All Operations	\$ Increase (Decrease) Proposed vs. Adopted
-97.3%	-1.9%	#DIV/0!	-1.9%	#DIV/0!	#DIV/0!	10/VIG# 10/VIG#	-1.9%	#DIV/0!	-3.5%	1.7%		-3.6%	33.3%	-3.7%	All Operations	% Increase (Decrease) Proposed vs. Adopted

### Revenue Schedule

### **Example Housing Authority**

For the Period

July 1, 2017

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June 30, 2018

		FY 2017	Proposed	Budget		FY 2016 Adopted Budget	\$ Increase (Decrease) Proposed vs. Adopted	% Increase (Decrease) Proposed vs. Adopted
	Public Housing		Housing		Total All	Total All		
	Management	Section 8	Voucher	Other Programs	Operations	Operations	All Operations	All Operations
OPERATING REVENUES								
Rental Fees	<u></u>				٦.			
Homebuyers' Monthly Payments					\$ -	\$ -	\$ -	#DIV/0!
Dwelling Rental	499330				499,330	520,570	(21,240)	-4.1%
Excess Utilities	6480				6,480	7,800	(1,320)	-16.9%
Non-Dwelling Rental					-	-	-	#D1V/0!
HUD Operating Subsidy	360000				360,000	374,280	(14,280)	-3.8%
New Construction - Acc Section 8					-	=	-	#DIV/0!
Voucher - Acc Housing Voucher				,	-	-		#DIV/0!
Total Rental Fees	865,810			<u> </u>	865,810	902,650	(36,840)	-4.1%
Other Operating Revenues (List)								
Capital Fund	70000				70,000	70,000	-	0.0%
Tenant Charges	4000				4,000	3,600	400	11.1%
Laundry Commissions	3000				3,000	3,000	-	0.0%
Late Fees	6000				6,000	6,000	-	0.0%
Capital Fund Administration	10000				10,000	10,000	-	0.0%
Type in (Grant, Other Rev)					-	=	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)	ł				-	-	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)	1				-	-	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)	+				-	-	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)					-			#D(V/0!
Total Other Revenue	93,000	-				92,600	400	0.4%
<b>Total Operating Revenues</b>	958,810	-			958,810	995,250	(36,440)	-3.7%
NON-OPERATING REVENUES								
Other Non-Operating Revenues (List)					_			
Type in					-	-	-	#DIV/0!
Type in					-	-	-	#D(V/0!
Type in					-	-	-	#DIV/0!
Type in					-	-	•	#DIV/0!
Type in					-	-	-	#DIV/0!
Type in					-	<del></del>	-	#DIV/0!
Total Other Non-Operating Revenue	-					-	-	#DIV/0!
Interest on Investments & Deposits (List)					_			
Interest Earned	1,800				1,800	1,350	450	33.3%
Penalties	1				-	-	-	#DIV/0!
Other					-			#DIV/0!
Total Interest	1,800	-				1,350	450	33.3%
Total Non-Operating Revenues	1,800	-	-		1,800	1,350	450	33.3%
TOTAL ANTICIPATED REVENUES	\$ 960,610	Ş <u>-</u>	\$ <u>-</u>	\$ <u>-</u>	\$ 960,610	\$ 996,600	\$ (35,990)	-3.6%

FY 2016 Adopted Budget

### Example Housing Authority

		F1 201	to Adopted but	aget	
	Public Housing		Housing		Total All
	Management	Section 8	Voucher	Other Programs	Operations
OPERATING REVENUES	<u> </u>				
Rental Fees					1.
Homebuyers' Monthly Payments					\$ -
Dwelling Rental	520,570				520,570
Excess Utilities	7,800				7,800
Non-Dwelling Rental					-
HUD Operating Subsidy	374,280				374,280
New Construction - Acc Section 8					-
Voucher - Acc Housing Voucher					
Total Rental Fees	902,650			<u> </u>	902,650
Other Revenue (List)					-
Capital Fund	70000				70,000
Tenant Charges	3600				3,600
Laundry Commissions	3000				3,000
•	6000				6,000
Late Fees Capital Fund Administration	10000				10,000
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
					-
Type in (Grant, Other Rev) Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
					_
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					_
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)	92,600	-		-	92,600
Total Other Revenue	995,250				995,250
Total Operating Revenues	333,230				
NON-OPERATING REVENUES					
Other Non-Operating Revenues (List)			<del></del>		] -
Type in					-
Type in					-
Type in					-
Type in					-
Type in					-
Type in				-	
Other Non-Operating Revenues					
Interest on Investments & Deposits	1,350				1,350
Interest Earned	1,550				-
Penalties					-
Other	1,350	-	-	-	- 1,350
Total Interest	1,350			-	- 1,350
Total Non-Operating Revenues TOTAL ANTICIPATED REVENUES	\$ 996,600	\$ -	- \$	- \$	- \$ 996,600
TOTAL ANTICIPATED REVENUES	<del>-</del>	<del></del>			<del></del>

### **Арргоргіаціон** эспециіє

### Example Housing Authority

For the Period

July 1, 2017

June 30, 2018

		FY	2017 Propos	ed Budget		FY 2016 Adopted Budget	\$ Increase (Decrease) Propased vs. Adapted	% Increase (Decrease) Proposed vs. Adopted
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	Total All Operations	All Operations	All Operations
OPERATING APPROPRIATIONS								
Administration					<b>a.</b>			
Salary & Wages	115,250				\$ 115,250	\$ 113,090	\$ 2,160	1.9%
Fringe Benefits	27,000				27,000	25,650	1,350	5.3%
Legal	20,000				20,000	22,000	(2,000)	-9.1%
Staff Training	6,000				6,000	6,000	•	0.0%
Travel	6,000				6,000	6,000	-	0.0%
Accounting Fees	18,800				18,800	18,400	400	2.2%
Auditing Fees	7,500				7,500	7,200	300	4.2%
Miscellaneous Administration*	99,800				99,800	97,000	2,800	2.9%
Total Administration	300,350	<u> </u>	-		300,350	295,340	5,010	1.7%
Cost of Providing Services				<del> </del>	<b>⊐</b> 1			
Salary & Wages - Tenant Services								#DIV/0!
Salary & Wages - Maintenance & Operation	93,000				93,000	90,160	2,840	3.1%
Salary & Wages - Protective Services					-	-	-	#DIV/0!
Salary & Wages - Utility Labor					-		•	#DIV/01
Fringe Benefits	48,000				48,000	44,850	3,150	7.0%
Tenant Services	3,100				3,100	3,100		0.0%
Utilities	224,560				224,560	231,860	(7,300)	-3.1%
Maintenance & Operation	175,000				175,000	175,000	-	0.0%
Protective Services						·	-	#DIV/01
Insurance	40,000				40,000	39,000	1,000	2.6%
Payment in Lieu of Taxes (PILOT)	28,130				28,130	29,650	(1,520)	-5.1%
Terminal Leave Payments					-	-	-	#DIV/01
Collection Losses	5,000				5,000	5,000		0.0%
Other General Expense	40,000				40,000	60,000	(20,000)	-33.3%
Rents	1				-	-	-	#DIV/01
Extraordinary Maintenance	1					-		#DIV/0!
Replacement of Non-Expendible Equipment	3,000				3,000	5,000	(2,000)	-40.0%
Property Betterment/Additions	1				-	-	-	#DIV/0!
Miscellaneous COPS*					1			#DIV/0!
Total Cost of Providing Services	659,790				659,790	683,620	(23,830)	-3.5%
Total Principal Payments on Debt Service in Lieu of								#D# (/D)
Depreciation		xxxxxxxxx		XXXXXXXXX	000.140	070.000	/10 070)	#DIV/0!
Total Operating Appropriations	960,140		-		960,140	978,960	(18,820)	-1.9%
NON-OPERATING APPROPRIATIONS								4011/01
Total Interest Payments on Debt	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	٠, -	-	-	#DIV/0!
Operations & Maintenance Reserve	1					•	-	#DIV/0!
Renewal & Replacement Reserve					-	*	•	#DIV/0!
Municipality/County Appropriation					1	-	-	#DIV/0!
Other Reserves						· ·	<del>-</del>	#DIV/0! #DIV/0!
Total Non-Operating Appropriations						070.000	(10.030)	-1.9%
TOTAL APPROPRIATIONS	960,140				960,140	978,960	(18,820)	#DIV/01
ACCUMULATED DEFICIT					<u> </u>	·		#010/01
TOTAL APPROPRIATIONS & ACCUMULATED					200.440	070.000	(40.000)	1.00/
DEFICIT	960,140		<del></del>		960,140	978,960	(18,820)	-1.9%
UNRESTRICTED NET POSITION UTILIZED								HD11/10/
Municipality/County Appropriation	-		-		· ·	-	•	#DIV/01
Other					<u> </u>	·		#DIV/0!
Total Unrestricted Net Position Utilized							6 (10 000)	#DIV/0!
TOTAL NET APPROPRIATIONS	\$ 960,140	\$ -	\$ -	\$	\$ 960,140	\$ 978,960	\$ (18,820)	-1.9%

<sup>\*</sup> Miscellaneous line items may not exceed 5% of total operating appropriations shown below. If amount in miscellaneous is greater than the amount shown below, then the line item must be itemized above.

5% of Total Operating Appropriations

\$ 48,007.00 \$ - \$ - \$ - \$ 48,007.00

### Prior Year Adopted Appropriations Schedule

FY 2016 Adopted Budget

**Example Housing Authority** 

	B. I.B. Haveine				Total All
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Operations
OPERATING APPROPRIATIONS	Management				· · · · · · ·
Administration					_
Salary & Wages	\$ 113,090				\$ 113,090
,	25,650				25,650
Fringe Benefits	22,000				22,000
Legal Staff Training	6,000				6,000
<del>-</del>	6,000				6,000
Travel	18,400				18,400
Accounting Fees	7,200				7,200
Auditing Fees	97,000				97,000
Miscellaneous Administration*	295,340			-	295,340
Total Administration	293,340				
Cost of Providing Services	Γ				] -
Salary & Wages - Tenant Services	00.160				90,160
Salary & Wages - Maintenance & Operation	90,160				
Salary & Wages - Protective Services	,				_
Salary & Wages - Utility Labor					44,850
Fringe Benefits	44,850				3,100
Tenant Services	3,100				231,860
Utilities	231,860				· · · · · · · · · · · · · · · · · · ·
Maintenance & Operation	175,000				175,000
Protective Services					20,000
Insurance	39,000				39,000
Payment in Lieu of Taxes (PILOT)	29,650				29,650
Terminal Leave Payments					
Collection Losses	5,000				5,000
Other General Expense	60,000				60,000
Rents					-
Extraordinary Maintenance	_				-
Replacement of Non-Expendible Equipment	5,000				5,000
Property Betterment/Additions					-
Miscellaneous COPS*					<u>-</u>
Total Cost of Providing Services	683,620	-	-		683,620
Total Principal Payments on Debt Service in Lieu of		<u> </u>			
Depreciation	XXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
Total Operating Appropriations	978,960	-	-	-	978,960
NON-OPERATING APPROPRIATIONS					
	xxxxxxxxxxxx	XXXXXXXXXXXXX	xxxxxxxxxxxx	XXXXXXXXXXXXXXX	-
Total Interest Payments on Debt	700000000000000000000000000000000000000		-		] -
Operations & Maintenance Reserve	1				-
Renewal & Replacement Reserve	1				-
Municipality/County Appropriation					-
Other Reserves				-	-
Total Non-Operating Appropriations	978,960			-	978,960
TOTAL APPROPRIATIONS	978,900				7 -
ACCUMULATED DEFICIT					
TOTAL APPROPRIATIONS & ACCUMULATED	070 060	_	_		978,960
DEFICIT	978,960			<del></del>	
UNRESTRICTED NET POSITION UTILIZED			ـ		
Municipality/County Appropriation	· · · · · · · · · · · · · · · · · · ·				_
Other					
Total Unrestricted Net Position Utilized					- \$ 978,960
TOTAL NET APPROPRIATIONS	\$ 978,960	\$ <u>-</u>	\$ -	<u> </u>	7 7.5,500
			and If apparent in act-	callangous is greater	than the amount
* Miscellaneous line items may not exceed 5% of	total operating appro	priations shown belo	ow, it amount in misc	chancous is greater	vitan visc minounc
shown below, then the line item must be itemized 5% of Total Operating Appropriations	d above. \$ 48,948.00		\$ -	\$ -	\$ 48,948.00

# Debt Service Schedule - Principal

### Example Housing Authority

NET PRINCIPAL	TOTAL PRINCIPAL	Type in Issue Name Type in Issue Name Type in Issue Name	CFFP-DEBT LEVERAGING		If Authority has no debt X this box
\$			\$	Adopted Budget Year 2016	
1	30,000		30,000	Budget	
\$			\$	Pro Budg 2	
-	40,000		40,000	Proposed Budget Year 2017	
\$			⋄	ļ [	
. \$	30,000		\$ 000,00	2018	Ŧ
- \$	35,000 35,000		30,000 \$ 35,000 \$	2019	Fiscal Year Ending in
- \$	40,000 40,000		40,000 \$	2020	'n
- \$	40,000 40,000		40,000 \$ 40,000 \$	2021	
,	40,000 40,000		40,000 \$	2022	
	100,000		100,000	Total Principal  2022 Thereafter Outstanding	
S	325,000		\$ 323,000	Total Principal Outstanding	

Bond Rating Year of Last Rating

Indicate the Authority's most recent bond rating and the year of the rating by ratings service.

Moody's Fitch Standard & Poors

### **Debt Service Schedule - Interest**

**Example Housing Authority** 

15,983 14,561 12,921 11,608 9,870 7,990 6,110 7,000	2019 2020 2021 2022 Thereafter	Fiscal Year Ending in
	Thereafter	
	There	

# **Net Position Reconciliation**

Example Housing Authority

For the Period July 1, 2017

EV 2017 Bronosed Rudget

June 30, 2018

2

# FY 2017 Proposed Budget

Appropriation to Municipality/Lounty (3) Total Unrestricted Net Position Utilized in Proposed Budget
Appropriation to iviunicipality/county (3

PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR (4)

776,323	ı	,	٠	-	776,323
-	1	ı	'	•	\$ -
	•	•	,	•	\$-
-	1	ı	•	•	\$ -
776,323	ı	ı	,	•	776,323 \$
77					\$ 77

17,640

17,640

599,470

599,470

159,213

Operations 2,527,121 2,367,908

Total All

Other Programs

Housing Voucher

**Public Housing** 

Section 8

2,367,908

Management 2,527,121

159,213

- (1) Total of all operations for this line item must agree to audited financial statements.
- (2) Include budgeted and unbudgeted use of unrestricted net position in the current year's operations.
- (3) Amount may not exceed 5% of total operating appropriations. See calculation below.

48,007 \$ Maximum Allowable Appropriation to Municipality/County

48,007

(4) If Authority is projecting a deficit for any operation at the end of the budget period, the Authority must attach a statement explaining its plan to reduce the deficit, including the timeline for elimination of the deficit, if not already detailed in the budget narrative section.

### 2017 HIGHLANDS

(Name)

# HOUSING AUTHORITY CAPITAL BUDGET/ PROGRAM

### 2017 CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

### **HIGHLANDS**

(Name)

07-01-2017

TO:

06-30-2018

FISCAL YEAR: FROM:

s a true copy of the Capita Annual Budget, by the gove 25th day of April	erning body of the HIGH	HLANDS Housin	ng Authority, on the	, with the		
		OR				
elected <u>NOT</u> to adopt a C 5:31-2.2 for the fol		for the aforesaid fis				
		·		<del></del>		
Officer's Signature:			<del></del>			
Name:	DOUGLAS DZEMA					
Title:	EXECUTIVE DIRECTOR					
Address:	215 SHORE DRIVE					
	HIGHLANDS, NJ 0	7732				
Phone Number:	732-872-2022	Fax Number:	732-291-8743			

### 2017 CAPITAL BUDGET/PROGRAM MESSAGE

### **HIGHLANDS** Housing Authority

(Name)

FISCAL YEAR: FROM: 07-01-2017 TO: 06-30-2018

This section is included in the Capital Budget pursuant to N.J.A.C. 5:31-2. It does not in itself confer any authorization to raise or expend funds. Rather, it is a document used as part of the Housing Authority's planning and management system. Specific authorization to spend funds for purposes described in this section must be granted elsewhere, by a separate financing agreement, security agreement, by resolution appropriating funds from the Renewal and Replacement Reserve, or other lawful means.

- 1. Has the Capital Budget/Program been prepared in consultation with or reviewed by, the local and county planning board(s), governing body(ies), or other affected governmental entity(ies) of the jurisdiction(s) served by the Housing Authority?
  - The Authority's Capital Plan is prepared in consultation with Authority residents.
- 2. Has each capital project/project financing been developed from a specific plan or report and have the full life cycle costs of each been calculated?
  Yes
- 3. Has the Housing Authority prepared a long-term (10-20 years) infrastructure needs assessment? 20 years
- 4. Are any of the capital projects/project financings being undertaken in a community that has a State Plan designated center? If so, please describe the relationship of same to the center's goals and objectives.

  None
- 5. Describe the impact on the schedule of rents and/or user charges if the proposed capital projects are undertaken. Indicate the impact on current and future year's schedules.

  None
- 6. Have the projects been reviewed and approved by HUD? Yes

Add additional sheets if necessary.

### **Proposed Capital Budget**

### **Example Housing Authority**

For the Period July 1, 2017 to June 30, 2018

		Funding Sources							
			Renewal &			·- <del></del>			
	Estimated Total Cost	Unrestricted Net Position Utilized	Replacement Reserve	Debt Authorization	Capital Grants	Other Sources			
Public Housing Management									
Type in Description	\$								
Type in Description	-								
Type in Description	-								
Type in Description	-								
Total	•		-	-					
Section 8									
Type in Description	-								
Type in Description	-	i							
Type in Description	-								
Type in Description	_								
Total			-	-	-				
Housing Voucher									
Type in Description	-			<del>.</del>					
Type in Description	-								
Type in Description	-								
Type in Description									
Total	-	-							
Other Programs									
RAD Rehab Work-Family	-								
RAD Rehab Work-Senior	-								
Type in Description	-								
Type in Description	-								
Total	-	_		-	-	<u>.</u>			
TOTAL PROPOSED CAPITAL BUDGET	\$ -	\$	\$ -	\$ -	\$ - :	, ,			

Enter brief description of up to four projects for each operation above. For operations with more than four budgeted projects, please attach additional schedules. Input total amount of all projects for the operation on single line and enter "See Attached Schedule" instead of project description.

### 5 Year Capital Improvement rian

**Example Housing Authority** 

For the Period

July 1, 2017

to

June 30, 2018

Fiscal Year Beginning in

	Estimated Total Cost	Current Budget Year 2017	2018	2	.019	2020	2021	20	022
Public Housing Management									
Type in Description	\$ -	\$ -	[						
Type in Description	·	-							
Type in Description	-	_							
Type in Description		-							}
Total		-	_		-		- -	-	
Section 8									
Type in Description	-	_							
Type in Description	=	-	-						ł
Type in Description		-	1						
Type in Description		-							
Total	-	-	-				-		
Housing Voucher									
Type in Description	-	-							
Type in Description	-	-							
Type in Description	-	-							
Type in Description	-							· · · · · · · · · · · · · · · · · · ·	
Total	-	-			<u> </u>				
Other Programs									
RAD Rehab Work-Family	577,150	-	\$ 499,250	\$	77,900				
RAD Rehab Work-Senior	558,738	-	488,538		70,200				
Type in Description	-	-							
Type in Description									
Total	1,135,888		987,788		148,100		-	<u> </u>	
TOTAL	\$ 1,135,888	\$	\$ 987,788	\$	148,100	\$	- \$	- \$	

Project descriptions entered on Page CB-3 will carry forward to Pages CB-4 and CB-5. No need to re-enter project descriptions above.

### 5 Year Capital Improvement Plan Funding Sources

to

June 30, 2018

**Example Housing Authority** 

July 1, 2017

For the Period

1,135,888

Total 5 Year Plan per CB 4

Balance check

**Funding Sources** Renewal & **Estimated Total Unrestricted Net** Replacement Debt Cost Authorization Capital Grants Other Sources **Position Utilized** Reserve Public Housing Management \$ Type in Description Type in Description Type in Description Type in Description Total Section 8 Type in Description Type in Description Type in Description Type in Description Total Housing Voucher Type in Description Type in Description Type in Description Type in Description Total Other Programs RAD Rehab Work-Family 577,150 577,150 RAD Rehab Work-Senior 558,738 558,738 Type in Description Type in Description Total 1,135,888 1,135,888 TOTAL \$ 1,135,888 \$ 1,135,888

- If amount is other than zero, verify that projects listed above match projects listed on CB-4.

Project descriptions entered on Page CB-3 will carry forward to Pages CB-4 and CB-5. No need to re-enter project descriptions above.