Authority Budget of: ADOPTED COPY

Sayreville Housing Authority

State Filing Year

2020

For the Period:

January 1, 2020

to

December 31, 2020

APPROVED COPY

www.sayrevilleha.org
Authority Web Address



Division of Local Government Services

2020 (2020-2021) HOUSING AUTHORITY BUDGET

Certification Section

2020 (2020-2021)

91	SAYREVILLE	
	(Name)	

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM JANUARY 1, 2020 TO DECEMBER 31, 2020

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: Paul D. Civet CPA RAA Date: 10/30/2019

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 Event CPA, RAD Date: 1/22/2020

2020 (2020-2021) PREPARER'S CERTIFICATION

SAYREVILLE	
(Name)	

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:

1-1-2020

TO:

12-31-2020

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:	In tue	/			
Name:	THOMAS FURLONG, CPA				
Title:	DIRECTOR OF FINANCIAL OPERATIONS				
Address:	881 AMBOY AVE., P.O. BOX 390				
	PEERTH AMBOY, NJ 08862				
Phone Number:	732-826-3118 Fax Number: 732-826-3111				
E-mail address	tfurlong@perthamboyh	a.org			

2020 (2020-2021) APPROVAL CERTIFICATION

SAYREVILLE	
(Name)	
HOUSING AUTHORITY BUDGET	

1-1-2020

TO:

12-31-2020

It is hereby certified that the Housing Authority Budget, including all schedules appended hereto, are a true copy of the Annual Budget and Capital Budget/Program approved by resolution by the governing body of the <u>SAYREVILLE</u> Housing Authority, at an open public meeting held pursuant to <u>N.J.A.C.</u> 5:31-2.3, on the <u>8TH</u> day of <u>OCTOBER</u>, <u>2019</u>

FROM:

FISCAL YEAR:

It is further certified that the recorded vote appearing in the resolution represents not less than a majority of the full membership of the governing body thereof.

Officer's Signature:	W		Was Washington Committee on the Committee of the Committe	
Name:	DOUGLAS DZEMA	<u> </u>		
Title:	EXECUTIVE DIRE	CTOR		
Address:	dress: 650 WASHINGTON ROAD			
	SAYREVILLE, NJ (08872		
Phone Number:	732-721-8400	Fax Number:	732-721-0062	
E-mail address	ddzema@perthambo	yha.org		

INTERNET WEBSITE CERTIFICATION

Authority's	Web Address:	www.sayrevilleha.org
website. The	e purpose of the websi	an Internet website or a webpage on the municipality's or county's Internet te or webpage shall be to provide increased public access to the authority's
operations an	nd activities. N.J.S.A.	40A:5A-17.1 requires the following items to be included on the Authority's
N.J.S.A. 40A		sclosure. Check the boxes below to certify the Authority's compliance with
×		Authority's mission and responsibilities
X	The budgets for the co	urrent fiscal year and immediately preceding two prior years
X	information (Similar other types of Chart	prehensive Annual Financial Report (Unaudited) or similar financial information are items such as Revenue and Expenditures Pie Charts or s, along with other information that would be useful to the public in inances/budget of the Authority)
X	The complete (All Pagimmediately two prior	ges) annual audits (Not the Audit Synopsis) of the most recent fiscal year and years
X	The Authority's rules, body of the authority in jurisdiction	regulations and official policy statements deemed relevant by the governing to the interests of the residents within the authority's service area or
X		t to the "Open Public Meetings Act" for each meeting of the Authority, date, location and agenda of each meeting
x		s of each meeting of the Authority including all resolutions of the board and at least three consecutive fiscal years
X	The name, mailing add exercises day-to-day s Authority	dress, electronic mail address and phone number of every person who upervision or management over some or all of the operations of the
x	corporation or other or	risors, consultants and any other person, firm, business, partnership, rganization which received any remuneration of \$17,500 or more during the or any service whatsoever rendered to the Authority.
as identified al	rtified by the below auth bove complies with the of the above boxes sign	norized representative of the Authority that the Authority's website or webpage minimum statutory requirements of N.J.S.A. 40A:5A-17.1 as listed above. A nifies compliance.

Page C-4

DOUGLAS DZEMA

EXECUTIVE DIRECTOR

Name of Officer Certifying compliance

Title of Officer Certifying compliance

Signature

2020 (2020-2021) HOUSING AUTHORITY BUDGET RESOLUTION

SAYREVILLE

(Name)

FISC	CAL YEAR:	FROM:	1-1-2020	TO:	12-31-202	0
WHEREAS, the Annual Budg beginning, <u>1-1-2020</u> and en <u>SAYREVILLE</u> Housing	aing. 12-31-2020	has been pres	sented before the	governing hoc	ly of the	ne fiscal yea
WHEREAS, the Annual Budgincluding any Accumulated Dof; and	get as introduced reficit if any, of \$_	eflects Total F 2,305,06	Revenues of \$ and Tot	2,321,320 al Unrestricted	, Total Net Position u	Appropriations tilized
WHEREAS, the Capital Budg Unrestricted Net Position plan	get as introduced rened to be utilized a	eflects Total C as funding there	apital Appropriat	ions of \$	0 _; and	and Total
WHEREAS, the schedule of anticipated revenues to satisfy outlays, debt service requirem contracts and agreements; and	/ all obligations to	the holders of	f bonds of the A	uthority, to mi	eet operating e	vnenses canital
WHEREAS, the Capital Budg funds; rather it is a documen authorization to expend funds resolution, by a project financi other means provided by law.	t to be used as particle for the purposes of	art of the said described in th	Authority's plan is section of the	ming and man	agement object	tives. Specific
NOW, THEREFORE BE IT R on10-8-2019 SAYREVILLE Housing A and	that the Annual B	udget, includir	ig all related sche	dules and the	Canital Budget	Program of the
BE IT FURTHER RESOLVED meet all proposed expenditures outstanding debt obligations, ca	e/expenses and all	covenants, term	is and provisions	as stipulated i	n the said Hous	ient amount to ing Authority's
BE IT FURTILE RESOLVED Budget and Capital Budget/Pro	, that the governin gram for adoption	g body of the _ on12-1	0-2019			der the Annual
(Secretary's Signature)		111 0	-	/ り・ご~ [(Date)	A	
Governing Body Member:	Recorded Vote Aye	e Nay	Abstain	Absent		
KENNETH OLCHASKE RON GREEN ROBERT REDFORD	Y					
KENNETH KREISMER				1		
ARTHUR RITTENHOUS	E					
STEPHEN MELANSKI						
THOMAS BENINATO						

2020 (2020-2021) ADOPTION CERTIFICATION

 SAYREVILLE	
(Name)	

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM: 1-1-2020 TO: 12-31-2020

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>SAYREVILLE</u> Housing Authority, pursuant to <u>N.J.A.C. 5:31-2.3</u>, on the <u>14TH</u> day of, <u>JANUARY</u>, <u>2020</u>.

Officer's Signature:	- tin		94
Name:	DOUGLAS DZEM	A	
Title:	EXECUTIVE DIRE	CCTOR	** Table St
Address:	650 WASHINGTO	V-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	**************************************
	SAYREVILLE, NJ	08872	
Phone Number:	732-721-8400	Fax Number:	732-721-0062
E-mail address	ddzema@perthambo		121-0002

2020 (2020-2021) ADOPTED BUDGET RESOLUTION

SAYREVILLE (Name) HOUSING AUTHORITY

FISCAL YEAR: FROM: 1-1-2020 TO: 12-31-2020 WHBREAS, the Annual Budget and Capital Budget/Program for the <u>SAYREVILLE</u> Housing Authority for the fiscal year beginning 1-1-2020 and ending, 12-31-2020 has been presented for adoption before the governing body of the SAYREVILE Housing Authority at its open public meeting of 1-14-2020; and WHEREAS, the Annual Budget and Capital Budget as presented for adoption reflects each item of revenue and appropriation in the same amount and title as set forth in the introduced and approved budget, including all amendments thereto, if any, which have been approved by the Director of the Division of Local Government Services; and Appropriations, including any Accumulated Deficit, if any, of \$ 2,305,060 utilized of \$_____ and and Total Unrestricted Net Position WHEREAS, the Capital Budget as presented for adoption reflects Total Capital Appropriations of \$_____0 Total Unrestricted Net Position planned to be utilized of \$_____ and NOW, THEREFORE BE IT RESOLVED, by the governing body of <u>SAYREVILLE</u> Housing Authority, at an open public that the Annual Budget and Capital Budget/Program of the SAYREVILLE Housing Authority for the fiscal year beginning, 1-1-2020 and, ending, 12-31-2020 is hereby adopted and shall constitute appropriations for the purposes stated; and BB IT FURTHER RESOLVED, that the Annual Budget and Capital Budget/Program as presented for adoption reflects each item of revenue and appropriation in the same amount and title as set forth in the introduced and approved budget, including all amendments pereto, if any, which have been approved by the Director of the Division of Local Government Services. (Secretary's Signature) Governing Budy Recorded Vote Member: Aye Nay Abstain Absent KENNETH OLCHASKEY RON GREEN ROBERT REDFORD KENNETH KREISMER ARTHUR RITTENHOUSE STEPHEN MELANASKI

THOMAS BENINATO

2020 (2020-2021) HOUSING AUTHORITY BUDGET

Narrative and Information Section

2020(2020-2021) HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS SAYREVILLE

(Name)

AUTHORITY BUDGET

FISCAL YEAR:

FROM:

1-1-2020

TO:

12-31-2020

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

- 1. Complete a brief statement on the 2020/2020-2021 proposed Annual Budget and make comparison to the 2019/2019-2020 adopted budget for each *Revenues and Appropriations*. Explain any variances over +/-10% (As shown on budget pages F-2 and F-4 explain the reason for changes for each <u>revenue</u> and <u>appropriation</u> changing more than 10%) for each individual revenue and appropriation line item. 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. (Example Rate Increase authorized by resolution or by HUD). SEE ATTACHED
- 2. Describe the state of the local/regional economy and how it may impact the proposed Annual Budget, including the planned Capital Budget/Program. Example would be effect on a recession in the economy on the housing Authority NONE
- 3. 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
- 4. Identify any sources of funds transferred to the County/Municipality as a Pilot Payments, or a shared service and explain the reason for the transfer -- Housing Authorities cannot transfer Unrestricted Net Position (i.e.: to balance the County/Municipality budget, etc.). N/A
- 5. The proposed budget must not reflect an anticipated deficit from 2020/2020-2021 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. N/A

(Prepare a response to deficits in most recent audit report pertaining to Deficits to Unrestricted Net Position caused by recording <u>Pension and Post-Employment Benefits liabilities as required by GASB 68 and GASB 75).</u>

The PHA no longer has employees and therefore its pension and OPEB Liability will be reduced over time. In addition, the Authority is budgeting for its current retiree costs each year.

HOUSING AUTHORITY CONTACT INFORMATION AUTHORITY CONTACT INFORMATION 2020 (2020-2021)

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

Name of Authority:	SAYREVILLE HOUSING	AUTHORIT	Υ			
Federal ID Number:	22-2469387	22-2469387				
Address:	650 WASHINGTON ROAD					
City, State, Zip:	SAYREVILLE	08872				
Phone: (ext.)	732-721-8400	Fax:	732-7	21-0062		
Preparer's Name:	THOMAS FURLONG, CPA	<u> </u>				
Preparer's Address:	881 AMBOY AVE., P.O. B					
City, State, Zip:	PERTH AMBOY		NJ	08862		
Phone: (ext.)	732-826-3118	Fax:	732-8	26-3111		
E-mail:	tfurlong@perthamboyha.org		,,,,,			
Chief Executive Officer:(1)	DOUGLAS DZEMA					
			720 70:	1 00/0		
Phone: (ext.)	732-721-8400 ddzema@perthamboyha.o	Fax:	732-72	1-0062		
Phone: (ext.) E-mail:	732-721-8400		732-72	1-0062		
Phone: (ext.) E-mail: Chief Financial Officer(1)	732-721-8400 ddzema@perthamboyha.o.		732-72	1-0062		
Phone: (ext.) E-mail: Chief Financial Officer(1) Phone: (ext.)	732-721-8400 ddzema@perthamboyha.o.	rg	732-721	1-0062		
Phone: (ext.) E-mail: Chief Financial Officer(1) Phone: (ext.) E-mail:	732-721-8400 ddzema@perthamboyha.o.	rg ux;	732-721	1-0062		
Phone: (ext.) E-mail: Chief Financial Officer(1) Phone: (ext.) E-mail: Name of Auditor:	732-721-8400 ddzema@perthamboyha.or	rg ix:	732-72	1-0062		
Phone: (ext.) E-mail: Chief Financial Officer(1) Phone: (ext.) E-mail: Name of Auditor: Name of Firm:	732-721-8400 ddzema@perthamboyha.or NONE Francis J. McConnel	L L, CPA	732-72	1-0062		
Phone: (ext.) E-mail: Chief Financial Officer(1) Phone: (ext.) E-mail: Name of Auditor: Name of Firm: Address:	732-721-8400 ddzema@perthamboyha.or NONE FRANCIS J. McCONNEL FRANCIS J. McCONNEL	L L, CPA	732-723	19111		
Chief Executive Officer:(1) Phone: (ext.) E-mail: Chief Financial Officer(1) Phone: (ext.) E-mail: Name of Auditor: Name of Firm: Address: City, State, Zip: Phone: (ext.)	732-721-8400 ddzema@perthamboyha.or NONE FRANCIS J. McCONNEL FRANCIS J. McCONNEL 6225 RISING SUN AVEN	L L, CPA				

SAYREVILLE HOUSING AUTHORITY VARIANCES IN EXCESS OF 10% DECEMBER 31ST, 2020

$\boldsymbol{\smallfrown}$	20	rat	ina	Dav	an	ues:
v	νc	ιαι	III IK	I/C A		ucs.

Interest Income- (+60%) Increase in reserves and earning rates created an increase in budget.

Operating Appropriations:

There are no variances for operating appropriations.

HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

		SAYRE'	VILLE		
		(Na	me)		
	FISCAL YEAR:	FROM:	1-1-2020	TO:	12-31-2020
1)	swer all questions below completely and Provide the number of individuals empl reported on the Authority's Form W-3, Provide the amount of total salaries and	loyed in (Use N Transmittal of	Most Recent W-3 Wage and Tax St	Available :	
3)	Recent W-3 Available 2018 or 2019) The Provide the number of regular voting m commissioners have been appointed (The Authority)	Fransmittal of 'embers of the	Wage and Tax Sta governing body: _	tements:	(Even if not all
4) 5)	Provide the number of alternate voting a Did any person listed on Page N-4 have on Page N-4 during the current fiscal ye	a family or bu	siness relationship	with any o	(Maximum is 2) other person listed of the relationship
6)	including the names of the individuals in Did all individuals that were required to (Most Recent Filing that March 31.20 relationship with the Authority file the f	nvolved and the ofile a Financia 1 19 or 2020 de s	eir positions at the al Disclosure State adline has passed	Authority. ment for the 2019 or 20	e current fiscal year 20) because of their
	http://www.state.nj.us/dca/divisions/ "no," provide a list of those individual explanation as to the reason for their fair	s who failed to ilure to file.	file a Financial D	isclosure S	tatement and an
7)	Does the Authority have any amounts r employees or highest compensated emp their position, the amount receivable, as	oloyees?	If "yes," at	tach a list c	f those individuals,
8)	Was the Authority a party to a business a. A current or former commissioner, offi b. A family member of a current or for employee?yes	transaction wi	th one of the follo ee, or highest comp	wing partie ensated emp	s: loyee? no
	c. An entity of which a current or form employee (or family member thereof) of the answer to any of the above is "ye of the commissioner, officer, key employee."	was an officer or es," attach a d	direct or indirect of escription of the t	wner?r	o including the name
0)	thereof) of the Authority; the name of t the amount paid; and whether the trans	the entity and i saction was sul	relationship to the bject to a competit	individual ive bid prod	or family member;
9)	Did the Authority during the most recer benefit contract? A personal benefit con contract that benefits, directly or indirectly other person designated by the transferon the premiums paid, and indicate the benefits.	ntract is general ctly, the transfor,	ally any life insura eror, a member of If "yes," attach a a	nce, annuit the transfer	y, or endowment or's family, or any
10)	Explain the Authority's process for det Include whether the Authority's proces commissioners or a committee thereof; positions in similarly sized entities; 3) a	ermining comp s includes any 2) study or sur annual or perio	pensation for all pe of the following: evey of compensated dic performance e	l) review ar ion data for valuation;	nd approval by the comparable 1) independent
	compensation consultant; and/or 5) wri Authorities procedures for all indiv		on <u>Page N-4 (2 a</u>	of 2). No	

Casper P. Boehm, Jr.

Counsellor at Law

Phone: 609-971-7233; Fax: 609-242-1160 Courier Address: 139 Spring Lake Blvd.; Waretown, NJ 08758 Mailing Address: PO Box 669; Waretown, NJ 08758 0669

September 8, 2009

Attn: Ms. Sandy Niemiec Commissions - Sayreville Housing Authority 650 Washington Road Sayreville, NJ 08872

Re: Kenneth Olchaskey - Conflict of Interest

Dear Commissioners:

This letter is written in response to the request of Vice-Chairman Kenneth Olchaskey as to whether or not he has any conflict of interest in voting on payments of rentals to Section 8 landlords and in particular, those payments being made to Richard Olchaskey, his brother. I gave a verbal opinion that there was no conflict and I hereby confirm said opinion in writing.

My opinion is based upon the following facts:

- 1. The amount of rent for all apartment is controlled and set by the Federal Government through the Section 8 program.
- 2. A person eligible to receive a Section 8 subsidy must qualify based upon Federal guidelines, not guidelines set by the Sayreville Housing Authority.
- 3. A tenant who qualifies for said subsidy must locate their own rental unit and request that it be approved.

 Approval is based upon the condition of the unit and the landlord's agreement to keep the unit in good repair.
- 4. The tenant's share of the rental amount is 30% of the tenants gross income and the balance of the rent (fixed by the Federal Government) is the subsidy.
- 5. The check for the subsidy portion is sent by the Housing Authority directly to the landlord.
- 6. In essence, the Housing Authority acts as a pass through from the Federal Government to the tenant and earns a fee based upon its work.
- 7. The Housing Authority has no control over and gives no direction to the tenant as to who the landlord may be.

Please feel free to call me if you have any questions.

Very truly yours,

CASPER/P. BOEHM, JR.

•	Did the Authority pay for meals or catering during the current fiscal year? 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.
	Did the Authority pay for travel expenses for any employee or individual listed on Page N-4?
,	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 no c. Tax indemnification and gross-up payments no d. Discretionary spending account no e. Housing allowance or residence for personal use no f. 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 i. 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.
Í	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 If "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? If "yes," attach explanation including amount paid.
	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?
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. (If no bonded Debt answer is Not
	Applicable) Did the Authority receive any notices from the Department of Environmental Protection or any other entity regarding maintenance or repairs required to the Authority's systems to bring them into compliance with current regulations and standards that it has not yet taken action to remediate?
19)	Did the Authority receive any notices of fines or assessments from the Department of Environmental Protection or any other entity due to noncompliance with current regulations (i.e.: sewer overflow,
	etc.)? 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)	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.
21)	Has the Authority been deemed "troubled" by the Department of Housing and Urban Development? <u>no</u> If "yes," attach an explanation of the reason the Authority was deemed "troubled" and describe the Authority's plan to address the conditions identified.

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

SAYREVILLE

(Name)

FISCAL YEAR: FROM:

1-1-2020

TO:

12-31-2020

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 <u>former</u> 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 <u>former</u> 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 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: (Use the Most Recent W-2 available 2018 or 2019. The aggregate compensation that is reported (or is required to be reported) on Form W-2, box 1 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, 2020, the most recent W-2 and 1099 should be used 2019 or 2018 (60 days prior to start of budget year is November 1, 2019, with 2018 being the most recent calendar year ended), and for fiscal years ending June 30, 2020, the calendar year 2019 W-2 and 1099 should be used (60 days prior to start of budget year is May 1, 2019, with 2019 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.

Authority Schedule of Commissioners, Officers, Key Employees, Highest Compensated Employees and Independent Contractors (Continued)

F.	Total Compensation All Public Entitles 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	787,939
\$		\$ 000'6/
ac	Report of the North of the Nort	595,503
ø	Average Hours per Week Dedicated to Positions at Other Public Entitles Usted in Column O	***
•	Positions held at Other Public Entities Listed in Column O Executive Director	
0	Names of Other Public Entities where Individual is an Employee or Member of the Compensation Governing Body (1) From Authority See note below O None	
N.	Total Compensation from Authority	
æ	Estimated amount of other compensation from the Authority (health benefits, pension, etc.)	
L ensation from 2/1099)	Other (auto allowance, expense account, payment in lieu of health benefits, etc.)	
Sayreville Housing Aurthority December 31, 2020 H 1 j K	Base Salary/ Strpend Bonus N/A	
3 0 2	Former Highest Compensated Employee Key Employee Officel × × ×	
For the Period January 1, 2020	Average Hours per Week Dedicated to Position S X X S X X S X X X X S X X X X S X	
For the Period	Title Chairperson Vice Chair Commissioner Commissioner Commissioner Commissioner Commissioner Commissioner Executive Director	
88	Name 1 Kenneth Okhaskey 2 Ron Green 3 Robert Redford 4 Kenneth Kreismer 5 Arthur Rittenhouse 6 Stephen Melanaski 7 Thomas Beninato 8 Bouglas Dzema 9 11 11 12 13	

Schedule of Health Benefits - Detailed Cost Analysis

Inout- X - in Box Below IF this Page is Non-Applicable	S For the Period	Sayreville Housing Authority January 1, 2020	e Housing Authority January 1, 2020	ţ	Decemb	December 31, 2020		
	# of Covered Members	Annual Cost Estimate per Employee	Total Cost Estimate	# of Covered Members	Annual Cost			
	(Medical & Rx) Proposed Budget	Proposed Budget	Proposed Budget	(Medical & Rx) Current Year	per Employee Current Year	Total Prior Year Cost	\$ Increase (Decrease)	% Increase (Decrease)
Active Employees - Hastit Renefits - Annual Cast				大田公司				
Single Coverage			\$			Ş	Ş	#DIV/0I
Parent & Child						9		#DIV/0I
Employee & Spouse (or Partner)			-				(F)	#DIV/0i
Family			*			1	8	#DIV/0i
Employee Cost Sharing Contribution (enter as negative -)	ď						9	#DIV/0I
							100 mg / 100 mg	50/A12#
Commissioners - Health Benefits - Annual Cost								
Single Coverage			. W			*	Ð	#DIV/0i
Parent & Child			3			(E)	Ü	#DIV/0i
Employee & Spouse (or Partner)			漢			200	1	#DIV/01
Family			**			*	Ţ,	#DIV/0i
Employee Cost Sharing Contribution (enter as negative -)							96	#DIV/0I
Subtotal	0		•	0	Settle of the state of		•	#DI/\0i
Retirees - Health Benefits - Annual Cost					destriction Sec			
Single Coverage	2	4,195	8,390	2	3,996	7,992	398	5.0%
Farent & Child Employee & Soouse (or Partner)		8 395	, 795 8	•	7 992	7 997	403	#DIV/0!
Family							9	#DIV/0I
Employee Cost Sharing Contribution (enter as negative -)		と 大田		BEAT THE SELECTION				#DIV/0i
Subtotal	3		16,785	3		15,984	801	2.0%
在 多位 直列 经租 生 医乳 医乳 计设计 是	のいると	ALL AND						
GRAND TOTAL	33	-11	\$ 16,785	m	31953	\$ 15,984	\$ 801	2.0%
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	Answer in Box) (Place Answer in Box)	3000	YES	Yes or No				
The same of the sa	1. 10cc :	-30	3	200				

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

Schedule of Accumulated Liability for Compensated Absences

Sayreville Housing Authority

For the Period

January 1, 2020

2

December 31, 2020

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

Agreement (check applicable items) Legal Basis for Benefit Employment leubivibal Resolution Agreement Approved Labor **Absence Liability Dollar Value of** Compensated Accrued **Gross Days of Accumulated Compensated Absences at** beginning of Current Year Individuals Eligible for Benefit

None

Total liability for accumulated compensated absences at beginning of current year \$

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

Page N-6

Schedule of Shared Service Agreements

				Amount to be
	December 31, 2020		ved/paid for those services.	
Sayreville Housing Authority	to		n and identify the amount that is recei	
n	January 1, 2020		at the Authority currently engages in	
	For the Period	If No Shared Services X this Box	Enter the shared service agreements that the Authority currently engages in and identify the amount that is received/paid for those services.	

				Agreement		Received by/
			Comments (Enter more specifics if	Effective	Agreement	Paid from
Name of Entity Providing Service	Name of Entity Receiving Service	Type of Shared Service Provided	needed)	Date	End Date	Authority
Perth Amboy Housing Authority	Sayreville Housing Authority	Management Services		1/1/2020	1/1/2020 12/31/2020 \$	\$ 47.980
Perth Amboy Housing Authority	Sayreville Housing Authority	Accounting Services		1/1/2020	1/1/2020 12/31/2020 \$	1
Perth Amboy Housing Authority	Sayreville Housing Authority	Construction Supervisor		1/1/2020	1/1/2020 12/31/2020 \$	
Perth Amboy Housing Authority	Sayreville Housing Authority	Administrative Support		1/1/2020	1/1/2020 12/31/2020 \$	H

2020 (2021) HOUSING AUTHORITY BUDGET

Financial Schedules Section

SUMMARY

December 31, 2020

Sayreville Housing Authority January 1, 2020 to

For the Period

			FY 2020 Proposed Budget	f Budget			FY 2019 Adopted Budget		\$ Increase (Decrease) Proposed vs. I Adopted	% Increase (Decrease) Proposed vs. Adooted
	Public Housing Management	Section 8	Housing Voucher	Other Programs		Total All Operations	Total All Operations	All Op	erations A	All Operations All Operations
REVENUES										
Total Operating Revenues	\$	\$	\$ 2,319,560	٧٠	\$	2,319,560	\$ 2,160,110	❖	159,450	7.4%
Total Non-Operating Revenues	·		1,760			1,760	1,100		099	%0:09
Total Anticipated Revenues			2,321,320			2,321,320	2,161,210		160,110	7.4%
APPROPRIATIONS										
Total Administration	30		272,200		ĕ	272,200	267,420	_	4,780	1.8%
Total Cost of Providing Services	10	*	2,032,860		ā	2,032,860	1,877,120		155,740	8.3%
Total Principal Payments on Debt Service in Lieu of Depreciation	XXXXXXXXXX	XXXXXXXXXX XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXX		30		e i		#DIV/0i
Total Operating Appropriations	110	(*)	2,305,060		к	2,305,060	2,144,540		160,520	7.5%
Total Interest Payments on Debt Total Other Non-Operating Appropriations	XXXXXXXXXXX	XXXXXXXXXXXX XXXXXXXXXXXX	ΧΟΟΟΟΟΟΟΧΟΧ	XXXXXXXXXXXX	,	1905 - 20	t. as	60 TO	* C	#DIV/0!
i otal Non-Operating Appropriations Accumulated Deficit	•	(*)	C(r		•01	*	7/4			#DIV/0!
	*				10				ei	#DIV/0!
Total Appropriations and Accumulated Deficit	1	,	2,305,060		41	2,305,060	2,144,540		160,520	7.5%
Less: Total Unrestricted Net Position Utilized	*	8.	eş			*			o J	#DIV/0i
Net Total Appropriations	1 9		2,305,060			2,305,060	2,144,540	ļ	160,520	7.5%
ANTICIPATED SURPLUS (DEFICIT)	45	\$	\$ 16,260	~	٠,	16,260	\$ 16,670	ا	(410)	-2.5%

Revenue Schedule

Sayreville Housing Authority
January 1, 2020 to

For the Perlad

December 31, 2020

						FY 2019 Adopted	\$ Increase (Decrease) Proposed vs.	% Increase (Decrease) Proposed vs.
		FY 2020	Proposed E	Budget		Budget	Adopted	Adopted
	Public Housing Management	Section B	Housing Voucher	Other Programs	Total All Operations	Total All Operations	All Operations	All Operations
OPERATING REVENUES								
Rental Fees				0.0000000000000000000000000000000000000				
Homebuyers' Monthly Payments					\$	\$ -	\$	#DIV/01
Dwelling Rental						2	(2)	#DIV/0I
Excess Utilities							37	#DIV/01
Non-Dwelling Rental					380	(€)	390	#DIV/0I
HUD Operating Subsidy					30	2	(ব)	#DIV/01
New Construction - Acc Section 8								#DIV/01
Voucher - Acc Housing Voucher			2,204,560		2,204,560	2,048,360	156,200	7.6%
Total Rental Fees	•		2,204,560		2,204,560	2,048,360	156,200	7.6%
Other Operating Revenues (List)								
Ports			33,750		33,750	32,600	1,150	3.5%
Management Fees			41,000		41,000	40,000	1,000	2,5%
Fee or Service			39,000		39,000	38,000	1,000	2.6%
Frauds	I)		1,250		1,250	1,150	100	8.7%
Type In (Grant, Other Rev)					99			#DIV/01
Type in (Grant, Other Rev)					340	*	03€3	#DIV/01
Type In (Grant, Other Rev)					₩.	2	4	#DIV/01
Type In (Grant, Other Rev)					397			#DIV/01
Type In (Grant, Other Rev)					149	2		#DIV/01
Type In (Grant, Other Rev)					190			#DIV/01
Type in (Grant, Other Rev)	T)				30	*	299	#DIV/01
Type In (Grant, Other Rev)					120	2		#DIV/01
Type In (Grant, Other Rev)								#DIV/01
Type In (Grant, Other Rev)					963	2	3.43	#DIV/01
Type in (Grant, Other Rev)					74.	2		#DIV/01
Type in (Grant, Other Rev)						±		#DIV/01
Type In (Grant, Other Rev)					8	÷		#DIV/01
Type In (Grant, Other Rev)							:-	#DIV/01
Type in (Grant, Other Rev)						20 20	· ·	#DIV/01
Type in (Grant, Other Rev)						-		#DIV/01
Total Other Revenue			115,000		115,000	111,750	3,250	2.9%
Total Operating Revenues			2,319,560			2,160,110	159,450	7.4%
NON-OPERATING REVENUES			ססבורבנוא		2,313,300	2,100,110	133,430	- '''
Other Non-Operating Revenues (List)								
Type in	T	X			1 .	2	520	#DIV/01
Type in						_		#DIV/01
Type in					2 2		30.	#DIV/01
Type in					8		60	#DIV/01
Type In						5		#DIV/01
						2		#DIV/01
Type In						-	(4)	#DIV/01
Total Other Non-Operating Revenue Interest on Investments & Deposits (List)						·		#014/01
Interest Earned			1,760		1,760	1,100	660	60.0%
Penalties			1,700		1,700	1,100	000	#DIV/0!
Other					1 2	8		#DIV/01
	···		1,760		1,760	1 100		60.0%
Total Interest		:	1,760			1,100	660	60.0%
Total Non-Operating Revenues TOTAL ANTICIPATED REVENUES	to the same of the				\$2,321,320	\$ 2,161,210	\$ 160,110	7.4%
TOTAL ANTICIPATED REVENUES	<u></u>	<u> </u>	2 6,021,320	·	\$ 2,321,320	2,101,210	3 100,110	7.476

Prior Year Adopted Revenue Schedule

Sayreville Housing Authority

		FY 201	9 Adopted Bud	get	
	Public Housing		Housing		Total All
	Management	Section 8	Voucher	Other Programs	Operations
OPERATING REVENUES					
Rental Fees					
Homebuyers' Monthly Payments					\$ -
Dwelling Rental					5.
Excess Utilities					-
Non-Dwelling Rental	1				()
HUD Operating Subsidy					37 - 2
New Construction - Acc Section 8	1				R#C
Voucher - Acc Housing Voucher			2,048,360		2,048,360
Total Rental Fees			2,048,360	-	2,048,360
Other Revenue (List)					
Ports			32,600		32,600
Management Fees			40,000		40,000
Fee or Service			38,000		38,000
Frauds			1,150		1,150
Type in (Grant, Other Rev)					· ·
Type in (Grant, Other Rev)					540
Type in (Grant, Other Rev)					127
Type in (Grant, Other Rev)					150
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)	1				<u></u>
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)	1				
Type in (Grant, Other Rev)					
Type In (Grant, Other Rev)					2
Total Other Revenue		111111111111111111111111111111111111111	111,750		111,750
Total Operating Revenues	*)#0	2,160,110		2,160,110
NON-OPERATING REVENUES	(IC III) All All Continue	numero di mire.			2,100,110
Other Non-Operating Revenues (List)					
Type in					
Type in					75
Type in					-
Type in					
Type in)**
Type in					(- 2
Other Non-Operating Revenues					
Interest on Investments & Deposits					
Interest Earned			1 100		4 44-
Penalties			1,100		1,100
Other					
Total Interest			1 100		188
Total Non-Operating Revenues	•		1,100	15 E	1,100
TOTAL ANTICIPATED REVENUES	ė	٠	1,100		1,100
. O AIT HOLD ILLANDED	\$ -	\$ - \$	2,161,210	\$ -	\$2,161,210

Appropriations Schedule

Sayreville Housing Authority January 1, 2020 to

For the Period

December 31, 2020

	910	FY	2020 Propos	ed Budget	aniik ii - Aniian, Asaa	FY 2019 Adopted Budget	\$ Increase (Decrease) Proposed vs, Adopted	% 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					-			
Salary & Wages					\$.	\$ 😁	\$ -	#DIV/01
Fringe Benefits			40,000		40,000	38,920	1,080	2.8%
Legal			6 ,200		6,200	6,200	•	0.0%
Staff Training			4,800		4,800	5,300	(500)	-9.4%
Travel			8,700		8,700	9,500	(800)	-8.4%
Accounting Fees					*:	•		#DIV/01
Auditing Fees			7,500		7,500	7,500	*	0.0%
Miscellaneous Administration*	i villa i i i i i i i i i i i i i i i i i i		205,000		205,000	200,000	5,000	2.5%
Total Administration			272,200		- 272,200	267,420	4,780	1.8%
Cost of Providing Services					7			
Salary & Wages - Tenant Services	1					39		#DIV/0I
Salary & Wages - Maintenance & Operation					*	£2	•	#DIV/01
Salary & Wages - Protective Services						•		#DIV/01
Salary & Wages - Utility Labor					5	19		#DIV/OI
Fringe Benefits							*	#DIV/OI
Tenant Services	1				•	5€	9	#DIV/01
Utilities						32	*	#DIV/0I
Maintenance & Operation	1				2.	::		#DIV/01
Protective Services					€		*	#DIV/01
Insurance			8,500		8,500	7,900	600	7.6%
Payment In Lieu of Taxes (PILOT)					163	:2	-	#DIV/0I
Terminal Leave Payments					1.50	:		#DIV/0I
Collection Losses	1				(0.0)	*		#DIV/0I
Other General Expense			1,200		1,200	1,100	100	9.1%
Rents			2,021,040		2,021,040	1,866,000	155,040	8.3%
Extraordinary Maintenance						8	9	#DIV/0I
Replacement of Non-Expendible Equipment	l.		2,120		2,120	2,120		0.0%
Property Betterment/Additions					÷	*		#DIV/01
Miscellaneous COPS*						·		#DIV/01
Total Cost of Providing Services	2		2,032,860		2,032,860	1,877,120	155,740	8.3%
Total Principal Payments on Debt Service in Lieu of			A0000000000000000000000000000000000000					
Depreciation	XXXXXXXXXX X			XXXXXXXXXX	(3.5)		*	#DIV/0I
Total Operating Appropriations			2,305,060		2,305,060	2,144,540	160,520	7.5%
NON-OPERATING APPROPRIATIONS								
Total Interest Payments on Debt	XXXXXXXXXX X	XXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	- ₹	*	*	#DIV/01
Operations & Maintenance Reserve					551	=	5 2	#DIV/01
Renewal & Replacement Reserve					(40)		*1	#DIV/01
Municipality/County Appropriation					848	2	£0	#DIV/01
Other Reserves					140			#DIV/01
Total Non-Operating Appropriations							52	#DIV/01
TOTAL APPROPRIATIONS			2,305,060		2,305,060	2,144,540	160,520	7.5%
ACCUMULATED DEFICIT						<u>·</u>	-	#DIV/01
TOTAL APPROPRIATIONS & ACCUMULATED								
DEFICIT			2,305,060		2,305,060	2,144,540	160,520	7.5%
UNRESTRICTED NET POSITION UTILIZED								
Municipality/County Appropriation					0 - 17	*	0.43	#DIV/01
Other								#DIV/0I
Total Unrestricted Net Position Utilized						Sign-miles and installed	7.50	#DIV/01
TOTAL NET APPROPRIATIONS	\$ - \$		\$ 2,305,060	\$	\$ 2,305,060	\$ 2,144,540	\$ 160,520	7.5%

^{*} 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

\$ - \$ - \$ 115,253.00 \$ - \$ 115,253.00

SAYREVILLE HOUSING AUTHORITY STATE BUDGET PAGE F-4 MISCELLANEOUS ADMINISTRATION

Item	Amount
Interlocal with Perth Amboy	175,670
Membership Fees/Dues	900
Telephone	2,800
Software Mantenance	8,500
HCV Inspections	8,250
Office Supplies	3,000
Postage	2,700
Advertising	1,000
Petty Cash	1,000
Utilities	1,180
Total	205,000

Prior Year Adopted Appropriations Schedule

Sayreville Housing Authority

		F	Y 2019 Adopted Budg	get	
	Public Housing				Total All
	Management	Section 8	Housing Voucher	Other Programs	Operations
OPERATING APPROPRIATIONS					
Administration			Y		
Salary & Wages	1100.				\$
Fringe Benefits			38,920		38,920
Legat			6,200		6,200
Staff Training			5,300		5,300
Travel			9,500		9,500
Accounting Fees			•		14
Auditing Fees			7,500		7,500
Miscellaneous Administration*			200,000		200,000
Total Administration		-	267,420	:	267,420
Cost of Providing Services	ortotal				
Salary & Wages - Tenant Services					
Salary & Wages - Maintenance & Operation				i i	9
Salary & Wages - Protective Services					5
Salary & Wages - Utility Labor					1
Fringe Benefits					
Tenant Services					
Utilities					
Maintenance & Operation					Nº
Protective Services					92
Insurance			7,900		7,900
Payment in Lieu of Taxes (PILOT)			1,500		7,550
Terminal Leave Payments					
Collection Losses					2
Other General Expense			1,100		1,100
Rents			1,866,000		1,866,000
Extraordinary Maintenance			1,500,000		1,000,000
Replacement of Non-Expendible Equipment			2,120		2,120
Property Betterment/Additions			2,120		2,120
Miscellaneous COPS*					
Total Cost of Providing Services			1,877,120		1,877,120
-	-		1,077,120		1,077,120
Total Principal Payments on Debt Service in Lieu of		xxxxxxxxxxxx	XXXXXXXXXXXXX	XXXXXXXXXXXXX	
Depreciation Total Operating Appropriations	XXXXXXXXXXXX		2,144,540	^^^^^	2,144,540
Total Operating Appropriations NON-OPERATING APPROPRIATIONS			2,144,340		2,144,340
	VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	xxxxxxxxxxxx	xxxxxxxxxxxx	
Total Interest Payments on Debt	XXXXXXXXXXXXX	XXXXXXXXXXXXXX	**********	***********	le.
Operations & Maintenance Reserve					
Renewal & Replacement Reserve					-
Municipality/County Appropriation					ie -
Other Reserves					
Total Non-Operating Appropriations		•			244.546
TOTAL APPROPRIATIONS	-		2,144,540		2,144,540
ACCUMULATED DEFICIT					
TOTAL APPROPRIATIONS & ACCUMULATED					
DEFICIT			2,144,540		2,144,540
UNRESTRICTED NET POSITION UTILIZED					
Municipality/County Appropriation					5
Other					
Total Unrestricted Net Position Utilized					•
TOTAL NET APPROPRIATIONS	\$ -	\$ -	\$ 2,144,540	\$ -	\$ 2,144,540

^{*} 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 \$ - \$ - \$ 107,227.00 \$ - \$ 107,227.00

Debt Service Schedule - Principal

16 Authority has no dobb V offic has	,		Sayreville Housing Authority	Authority						
ii Authority has no debt A this box	×			Fiscal Year Ending in	ng in					
	Adopted Budget Year 2019	Proposed Budget Year 2020	202.1	2022	2023	2024	2025	Thereafter	Total Principal Outstanding	
Type in Issue Name Type in Issue Name									s	
Type in Issue Name Type in Issue Name									(i t)	
TOTAL PRINCIPAL LESS: HUD SUBSIDY	×	9	34	o	•		3.45	É		21
NET PRINCIPAL	\$	\$	\$	٠ •	S	 	٠ •	\$	\$	
Indicate the Authority's most recent bond rating and the year of the rating by ratings service. Moody's Fitch Stands	and rating and the year o	f the rating by rating: Fitch	service.							
Bond Rating Year of Last Rating										
	If no R	If no Rating type in Not Applicable	icable							

Debt Service Schedule - Interest Sayreville Housing Authority

	Total Interest Payments Thereafter Outstanding	and color and	#2 #2 #2	\$.
	. 2025		*	\$,
	2024		*	\$
nding in	2023			\$
Fiscal Year Ending in	2022			\$
	2021			w
	Proposed Budget Year 2020		16	
×	Adopted Budget Year 2019		K	\$
If Authority has no debt X this box		Type in Issue Name Type in Issue Name Type in Issue Name Type in Issue Name	TOTAL INTEREST LESS: HUD SUBSIDY	NET INTEREST

Net Position Reconciliation

Sayreville Housing Authority

For the Period Januar

January 1, 2020

to December 31, 2020

FY 2020 Proposed Budget

Housing Voucher

Public Housing Management

Section 8

\$ (165,481)

Operations

Other Programs

(165,481)

Total All

(186, 168)

(186,168)

20,687

20,687

TOTAL NET POSITION BEGINNING OF CURRENT YEAR (1)

Less: Invested in Capital Assets, Net of Related Debt (1)

Less: Restricted for Debt Service Reserve (1)

Less: Other Restricted Net Position (1)

Total Unrestricted Net Position (1)

Less: Designated for Non-Operating Improvements & Repairs

Less: Designated for Rate Stabilization

Less: Other Designated by Resolution

Plus: Accrued Unfunded Pension Liability (1)

Plus: Accrued Unfunded Other Post-Employment Benefit Liability (1)

Plus: Estimated Income (Loss) on Current Year Operations (2)

16,670

153,898 458,889

> 458,889 16,670

153,898

Plus: Other Adjustments (attach schedule)

UNRESTRICTED NET POSITION AVAILABLE FOR USE IN PROPOSED BUDGET

Unrestricted Net Position Utilized to Balance Proposed Budget Unrestricted Net Position Utilized in Proposed Capital Budget Appropriation to Municipality/County (3)

Total Unrestricted Net Position Utilized in Proposed Budget

PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR

<u>₹</u>

443,289	10,		E.	ere	\$ 443,289
Ĺ	E.	ĭ	1)	get	\$
443,289	1:10	38.	3	194	\$ 443,289 \$
-	190	Ţ	٠	ū	\$ 4
9	į		6	78	\$
					\$

(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.

\$ 115,253 \$ Maximum Allowable Appropriation to Municipality/County

\$ 115,253

(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, includina the timeline for elimination of the deficit, if not already detailed in the budget narrative section.

2020 (2020-2021) SAYREVILLE

(Name)

HOUSING AUTHORITY CAPITAL BUDGET/ PROGRAM

2020 (2020-2021) CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

SAYREVILLE (Name)

FISCA	L YEAR:	FROM:	1-1-2020	TO:	12-31-2020	
[] It is hereby certified that the of the Capital Budget/Prograby the governing body of	am approve the	d, pursuant to	N.J.A.C. 5:31-2.	2, along	with the Annual Bud	dget.
			OR			
[x] It is hereby certified that the NOT to adopt a Capital Bud the following reason(s):	lget /Progra	m for the afore	said fiscal year,	pursuant	g Authority have elector N.J.A.C. 5:31-2.2	for
Officer's Signature:		17	3400			
Name:	DOUG	BAS DZEMA				
Name: Title:		売れる DZEMA UTIVE DIREC	***************************************			
	650 W	UTIVE DIRECTOR	CTOR ROAD			
Title:	EXEC 650 W SAYR	UTIVE DIREC	CTOR ROAD	730	2-721-0062	

2020 (2020-2021) CAPITAL BUDGET/PROGRAM MESSAGE

SAYREVILLE Housing Authority

(Name)

FISCAL YEAR:

FROM:

1-1-2020

TO:

12-31-2020

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 each municipality or county affected by the actions of the authority participated in the development of the capital plan and reviewed or approved the plans or projects included within the Capital Budget/Program (This may include the governing body or certain officials such as planning boards, Construction Code Officials) as to these Projects?
- 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?
- 3. Has a long-term (5 years or more) infrastructure needs and other capital items (Vehicles, Equipment) needs assessment been prepared?
- 4. If amounts are on Page CB-3 in the column Debt Authorizations. Indicate the primary source of funding the debt service for the Debt Authorizations (Example HUD Funding or Other sources)
- 5. Have the current capital projects been reviewed and approved by HUD?

Add additional sheets if necessary.

Proposed Capital Budget

Sayreville Housing Authority

For the Period

January 1, 2020

to

December 31, 2020

				nding Sources	UMC-	
			Renewal &			
	Estimated Total Cost	Unrestricted Net Position Utilized	Replacement Reserve	Debt Authorization	Capital Grants	Other Sources
Public Housing Management	•	(-7				
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Total			9	(2)		-
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Housing Voucher						
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Total	<u>₹</u>		(-)			: *
Other Programs		And the second s				
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TOTAL PROPOSED CAPITAL BUDGET	\$ -	\$ -	\$ -	\$ -	\$ - 5	-

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 Plan

Sayreville Housing Authority

For the Period

January 1, 2020

to

December 31, 2020

Fiscal Year Beginning In

	Estimate Cos		Current Bud Year 202	_	2021	2022	2023	2024	2025
Public Housing Management	***			14					
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Housing Voucher									
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Total		121							
Other Programs									
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Total	-				•				
TOTAL	\$		\$	- \$	- \$		\$ -	\$ -	\$ -

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

Sayreville Housing Authority

For the Period January 1, 2020 to December 31, 2020

			*		nding Sources		
				Renewal &			
	Estimate		Unrestricted Net	Replacement	Debt		
	Cos	st	Position Utilized	Reserve	Authorization	Capital Grants	Other Sources
Public Housing Management			N. Savistania and Control				
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Total	4.44			(a)	¥	-	(E
Section 8	(*************************************		S				
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Housing Voucher							
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Total	221						
Other Programs	-						
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Total			1411	1 1 12		Y41	
TOTAL	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -
Total 5 Year Plan per CB-4	\$						
Balance check	Same manual	- If	amount is other than ze	ro, verify that prof	lects listed above	match projects list	ted 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.