#### Authority Budget of:

#### Sayreville Housing Authority

State Filing Year

2019

APPROVED COPY

For the Period:

January 1, 2019

to

December 31, 2019

www.savrevilleha.org
Authority Web Address



Division of Local Government Services

#### 2019 HOUSING AUTHORITY BUDGET

**Certification Section** 

#### 2019

#### SAYREVILLE

(Name)

#### HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM JANUARY 1, 2019 TO DECEMBER 31, 2019

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

	P			T - 2
By:   aul D	. West CPA	RMA	Date: (	10/2019

#### 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

Ву:	Date:	
		Seminary of the management of the seminary of

#### 2019 PREPARER'S CERTIFICATION

#### SAYREVILLE

(Name)

#### HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM: 1-1-2019

TO:

12-31-2019

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:	Ta In		
Name:	THOMAS FURLO	ONG, CPA	
Title:	DIRECTOR OF F	INANCIAL OPERAT	TONS
Address:	881 AMBOY AV PERTH AMBOY		
Phone Number:	732-826-3118	Fax Numter:	732-826-3111
E-mail address	tfurlong@pertham	boyha.org	24

#### 2019 APPROVAL CERTIFICATION

#### **SAYREVILLE**

(Name)

#### HOUSING AUTHORITY BUDGET

1-1-2019

TO:

12-31-2019

FROM:

FISCAL YEAR:

true body 5:31- It is	copy of the Annual Bud of the <u>SAYREVILLE</u> 2.3, on the <u>9<sup>th</sup></u> day further certified that the	Housing Authority Budg get and Capital Budget/P Housing Authority, at of <u>OCTOBER</u> te recorded vote appearing of the governing body	rogram approved an open public me	by resolution by the governing held pursuant to $N$	erning J.A.C.
	Officer's Signature;		9-1500	The state of the s	
	Name:	DOUGLASDEMA			
	Title:	EXECUTIVE DIRECT	ror		
	Address:	650 WASHINGTON S SAYREVILLE, NJ 08			
	Phone Number:	732-721-8400	Fax Number:	732-731-0062	]
	E-mail address	ddzema@perthamboyh	a,org		

#### INTERNET WEBSITE CERTIFICATION

Authority's	Web Address: www.sayrevilleha.org
website. The	ies shall maintain either an Internet website or a webpage on the municipality's or county's Internet ne purpose of the website or webpage shall be to provide increased public access to the authority's
website at a	and activities. N.J.S.A. 40A:5A-17.1 requires the following items to be included on the Authority's a minimum for public disclosure. Check the boxes below to certify the Authority's compliance with A:5A-17.1.
X	A description of the Authority's mission and responsibilities
X	The budgets for the current fiscal year and immediately preceding two prior years
X	The most recent Comprehensive Annual Financial Report (Unaudited) or similar financial information (Similar information are items such as Revenue and Expenditures Pie Charts or other types of Charts, along with other information that would be useful to the public in understanding the finances/budget of the Authority)
X	The complete (All Pages) annual audits (Not the Audit Synopsis) of the most recent fiscal year and immediately two prior years
X	The Authority's rules, regulations and official policy statements deemed relevant by the governing body of the authority to the interests of the residents within the authority's service area or jurisdiction
X	Notice posted pursuant to the "Open Public Meetings Act" for each meeting of the Authority, setting forth the time, date, location and agenda of each meeting
X	The approved minutes of each meeting of the Authority including all resolutions of the board and their committees, for at least three consecutive fiscal years
X	The name, mailing address, electronic mail address and phone number of every person who exercises day-to-day supervision or management over some or all of the operations of the Authority
x	A list of attorneys, advisors, consultants and any other person, firm, business, partnership, corporation or other organization which received any remuneration of \$17,500 or more during the preceding fiscal year for any service whatsoever rendered to the Authority.
weopage as	certified by the below authorized representative of the Authority that the Authority's website or identified above complies with the minimum statutory requirements of N.J.S.A. 40A:5A-17.1 as A check in each of the above boxes signifies compliance.

Name of Officer Certifying compliance

Title of Officer Certifying compliance

Signature

DOUGLAS DZEMA

EXECUTIVE DIRECTOR

Page C-4

#### 2019 HOUSING AUTHORITY BUDGET RESOLUTION

RESOLUTION 2018-2021

#### SAYREVILLE

(Name)

FISCAL Y	YEAR:	FROM:	1/1/201	19	TO:	12/31/2019
WHEREAS, the Annual Budget an 1/1/2019 and ending, 12/31/20 Authority at its open public meeting	112 Has D	cen presenten	neture the ani	E Hous need House	g Authority dy of the	for the fiscal year beginning SAYREVILLE Housing
WHEREAS, the Annual Budget as including any Accumulated Deficit 0; and	introduced t if any, of	reflects Total   \$2.144.54	Revenues of	\$	161,210 tal Unresti	, Total Appropriations, icted Net Position utilized of
WHEREAS, the Capital Budget as Unrestricted Net Position planned to	introduced : be utilized	reflects Total C i as funding the	Capital Appropered	oriations o	f\$	and Total
WHEREAS, the schedule of rents, anticipated revenues to satisfy all coutlays, debt service requirements, contracts and agreements; and	fees and or	ther charges in	effect will pr	oduce sur	ficient rev	enues, together with all other
WHEREAS, the Capital Budget/Profunds; rather it is a document to be authorization to expend funds for the resolution, by a project financing at or other means provided by law.	ne nurnoses	part of the sai	id Authority's	planning the bude	and mana	gement objectives. Specific
NOW, THEREFORE BE IT RESOLUTION Public meeting held on 10/9/20 Budget/Program of the SAYRE 12/31/2019 is hereby approved; and	VILLE	the governing to that the An Housing Auth	oody of the nual Budget, ority for the	SAYREV including fiscal yea	/ILLE I all related r beginnin	Iousing Authority, at an open 1 schedules, and the Capital g. 1/1/2019 and ending,
BE IT FURTHER RESOLVED, the meet all proposed expenditures/experient outstanding debt obligations, capital						
BE IT FURTHER RESOLVED, the Annual Budget and Capital Budget/F	if the gove	rning hady of	the CAVD	EVILLE	Housing	Authority will consider the
(Secretary's Signature)	ndj	(1.dean)		(Da	0/9	C
Governing Body Member:		orded Vote ye Na	ay Ab	stain	Absent	
KENNETH OLCHASKEY BEVERLY RAPPLEYEA ROBERT REDFORD KENNETH KREISMER ARTHUR RITTENHOUSE RON GREEN						

#### **2019 ADOPTION CERTIFICATION**

#### **SAYREVILLE**

(Name)

#### HOUSING AUTHORITY BUDGET

**FISCAL YEAR: FROM:** 1/1/2019 **TO:** 12/31/2019

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>STH</u> day of <u>JANUARY</u>, <u>2019</u>.

Officer's Signature:

Officer's Signature:			
Name:	DOUGLAS DEMA		
Title:	EXECUTIVE DIRECT	OR	
Address:	650 WASHINGTON S	TREET	
	SAYREVILLE, NJ 088	372	
Phone Number:	732-721-8400	Fax Number:	732-721-0062
E-mail address	ddzema@perthamboyh	a.org	

#### 2019 ADOPTED BUDGET RESOLUTION

RESOLUTION NO. 2018-26

#### **SAYREVILLE**

(Name)

#### **HOUSING AUTHORITY**

FISCAL	YEAR:	FROM	: 1/1/2	019	TO:	12/31/2019	
WHEREAS, the Annual Budget a beginning1/1/2019 and endi SAYREVILLEHousing Author	ng, <u>12/.31</u>	/ 2019 h	as been presen	ted for ado	ption before		
WHEREAS, the Annual Budge appropriation in the same amour thereto, if any, which have been a	it and title as	s set forth i	in the introduce	ed and appr	roved budg	et, including all	
WHEREAS, the Annual Budget Appropriations, including any Ac Position utilized of \$	cumulated D	eficit, if an	on reflects Tota y, of \$2,1	l Revenues 44,540	of \$2,	161,210 and Total Unre	, Total
WHEREAS, the Capital Budget a \$ and To							; and
NOW, THEREFORE BE IT RESPUBLIC meeting held on1/8/201	9 that the A thority for th	Annual Bud ie fiscal yea	get and Capital ar beginning,	Budget.'Pro	ogram of th	e	_
BE IT FURTHER RESOLVED, item of revenue and appropriation all amendments thereto, if any, where the state of	in the same	amount an	d title as set for	rth in the in r of the Div	troduced a ision of Lo	nd approved budg cal Government S	get, including
(Secretary's Signature)				(D	- ૭ · / 즉 Pate)		
Governing Body Member:	Recorded V Aye		Abstain	Absent	ŧ.	(8	
KENNETH OLCHASKEY BEVERLY RAPPLEYEA	X			X			
ROBERT REDFORD	X						
KENNETH KREISMER				X			
ARTHUR RITTENHOUSE	X						
RON GREEN	X						
TOM BENINATO	X						

#### 2019 HOUSING AUTHORITY BUDGET

Narrative and Information Section

### 2019 HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS SAYREVILLE

(Name)

#### **AUTHORITY BUDGET**

FISCAL YEAR:

FROM:

1/1/2019

TO:

12/31/2019

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

- 1. Complete a brief statement on the 2019/2019-2020 proposed Annual Budget and make comparison to the 2018/2018-2019 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 revenue changing more than 10%) from the current year adopted budget. SEE ATTACHED
- 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 2019/2019-2020 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, 45)

#### SAYREVILLE HOUSING AUTHORITY VARIANCES IN EXCESS OF 10% DECEMBER 31<sup>st</sup>, 2019

#### Operating Revenues:

Portable Revenue-(+20.7%) PHA had an increase in incoming portable vouchers administered.

Interest Income- (+103.7%) Increase in reserves and earning rates caused an increase in budget.

Operating Appropriations:

There are no variances for operating appropriations.

### HOUSING AUTHORITY CONTACT INFORMATION 2019

Please complete the following information regarding this Housing Authority.  $\underline{\textbf{All}}$  information requested below must be completed.

Name of Authority:	SAYREVILLE HOUSING A	UTHORIT	Ϋ́	
Federal ID Number:	22-2469387	THE PARTY OF THE P	***************************************	
Address:	650 WASHINGTON STREE	T	AND CHILD AND COMPANY	W
City, State, Zip:	SAYREVILLE		NJ	08872
Phone: (ext.)	732-721-8400	Fax:	732-7	21-0062
Preparer's Name:	THOMAS FURLONG		······································	Commission of the Commission o
Preparer's Address:	881 AMBOY AVENUE, P.O.	BOX 390	)	
City, State, Zip:	PERTH AMBOY		NJ	08872
Phone: (ext.)	732-721-8400	Fax:	732-7	21-0062
E-mail:	tfurlong@perthamboyha.org			W 111111222. 11-112
Chief Executive Officer:	DOUGLAS DZEMA		······································	10-10-10-10-10-10-10-10-10-10-10-10-10-1
Phone: (ext.)	732-721-8400	Fax:	732-72	1-0062
E-mail;	ddzema@perthamboyha.org	3		
Chief Financial Officer:	NONE	130 - 130 -	illingia missaassa sa	
Phone: (ext.)	Fax	G -		
E-mail:		,,,,,,,		
Name of Auditor:	FRANCIS J. MC CONNEL	Ι.		
Name of Firm:	FRANCIS J. MC CONNEL	L, CPA		
Address:	6225 RISING SUN AVENU	JE		****************
City, State, Zip:	PHILADELPHIA	<u> </u>	PA	19111
Phone: (ext.)	215-742-3428	Fax:		
E-mail:	Fjmcconnell29@outlook.co	<u>-</u>		

### HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

#### SAYREVILLE (Name)

FISCAL YEAR: FROM: 1/1/2019 TO: 12/31/2019 Answer all questions below completely and attach additional information as required. 1) Provide the number of individuals employed in (Use Most Recent W-3 Available 2017 or 2018) as reported on the Authority's Form W-3, Transmittal of Wage and Tax Statements: 0 2) Provide the amount of total salaries and wages as reported on the Authority's Form W-3, (Use Most Recent W-3 Available 2017 or 2018 ) Transmittal of Wage and Tax Statements: 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? no 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 (Most Recent Filing that March 31, 2018 or 2019 deadline has passed 2018 or 2019) because of their relationship with the Authority file the form as required? (Checked to see if individuals actually filed at http://www.state.ni.us/dca/divisions/dlgs/resources/fds.html before answering) 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. 7) Does the Authority have any amounts receivable from current or former commissioners, officers, key employees or highest compensated employees? no If "yes," attach a list of those individuals, their position, the amount receivable, and a description of the amount due to the Authority. 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 office: or direct or indirect owner? no 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. no If "yes," attach a description of the arrangement, the premiums paid, and indicate the beneficiary of the contract

#### Casper P. Boehm, Jr.

Counsellor at Law

Phone: 609-971-7233; Fax: 609-242-1160 Courier Address: 139 Spring Lake Blvd.; Waretown, NJ 08758 Malling 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.
- 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 cirectly 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,

Casperp Boehm, ir.

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. No Employees 11) Did the Authority pay for meals or catering during the current fiscal year? If "ves." 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 "yes," 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 no f. Payments for business use of personal residence 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, 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 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? 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? nza 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\_\_ "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? 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:

1/1/2019

TO:

12/31/2019

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 <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:
  - e) 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
  - f) 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 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, 2019 Most recent available W-2 and 1099 should be used (2017 or 2018 Forms)(60 days prior to start of budget year is November 1, 2018, with 2017 being the most recent calendar year ended), and for fiscal years ending June 30, 2019, the calendar year 2018 W-2 and 1099 should be used (60 days prior to start of budget year is May 1, 2019, with 2018 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)

	5 5
December 31, 2019	1
g	F 2 4
For the Period January 1, 2013	
	Period January 1, 2013

			ŀ			ž					Averzee		Estimated amount	W.W
			High			Other (auto	Estimated	i	Public Entities udges	ı	Hours per		of other	
	Ç		est (			expense		i -	Endividual is an	2	Dedicated to	Reportable	Other Public Entities	2000
	Average Hours 3	æγ	.cn			account,	from the		Employee or	Positions held at	Positions at	Compensation	(health benefits.	100
	-	Ern	pe			payment in	Authority	1991	Menber of the	Other Public		from Other	pension, payment in	g
T de	Position augment	ploye Office	orme nsate playe	Stiperd	Boniss	Feu of health benefits etc.)	Feu of health (health benefits, benefits etc.) pension etc.)	s, Compensation from Airthorth	Compensation Governing Body (1) from Airthority See note helow	1) Entities listed in	Entities listed	-	fieu of health	
Chartester	10	e I šč	d	**				1	None	China	o management	Com A-M	ממוכוווס' פור	Open L
Commissioner	N	×		S.M					C None					•
Commissioner	×			R.7A					6 None					
Commissioner	K)			N/A		٧,			0 None					
Commissioner	×××			NA					© None					
Commissioner	×s			N/A					0 None					
Ceremitsioner	×			#.J.A		6			0 None					2
Executive Director	ος,	×		Mane.					0 Perth Amboy H.A.	Executive Director	3	222,072	277,605	770.827
									ය					9
	,								0					Ø
									φ.					O
									0					0
									9					til
									<b>ස</b>					er
				2	0		i.							O
									<b>*</b>			5 112,012	50000	, mp

Schedule of Health Benefits - Detailed Cost Analysis

December 31, 2019

23

Sayreville Housing Authority d January 1, 2019

For the Period

	# CACCACO # C	Annual Cost	4	1 4 4		58		:52
	Members	Employee	Foral Cost	# or covered Members	Annual Cost			
20	(Medical & Rx)	Proposed	Proposed	(Medical & Rx)	per Employee	Total Prior Year \$ Increase	\$ Increase	% Increase
	Proposed Budget	Budget	Budget	Current Year	Current Year	Cost	(Decrease)	(Decrease)
Active Employees - Health Benefits - Annual Cost								
Single Coverage		Ì						To a contract
Parent & Child		-	4				•	#D/AIO#
Employee & Spouse (or Partner)			£			⊕	i g	#DWW.
		A Section of	9		50	*	. 4	10/AIU#
e Cost Sharing Contribution (enter as negative - )	の名という。				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		i i	#DIV/O!
Subtotal	0			0				#DN/01
				が開発を開催され				
Commissioners - Health Benefits - Annual Cost								
Single Coverage			12					#DB1701
Parent & Child			•			4	KS 20	#U5770#
Employee & Spouse (or Partner)		D win arriv	1,			1		#DIV/O
Family			ļ:		24414		· į	#DW/03
Employee Cost Sharing Contribution (enter as negative - )							0 (9)	#DIV/03
Subtotal	I CO	人の一般の一般の意思を	1 th	76				#D[k//03
						中方重要 最近 小小		10/25/4
Retirees - Health Benefits - Annual Cost								8
Single Coverage	2	6,620	13,240	2	6.304	12.608	637	7,5%
Parent & Child			-1					#DN/(0)
Employee & Spouse (or Partner)	<b>H</b>	13,238	13,238	-	12.608	12 608	123	10/A17#
Family			3				) )	2.5.4 #DW/0#
Employee Cost Sharing Contribution (enter as negative - )					言語を心を表れ		ä	#DIV/0
Subtotal	3		26,478	3		25,216	1,262	, v.
							<b>医阴影的</b>	
GRAND IOIAL	8	w.ll	25,478	m	,.h	3 25,216	\$ 1,262	5:0%
الماسيد ما الماسية ( Missing Manufactus ) و الماسيد ما الماسيد و		13						
is integrable to the second of	Answer III DOX)	······································	20.74	res or Mo				
is prescription und coverage provided by the Sher (res of No)? (Place Answer in Box)	(Place Answer in to	ox) ives		Yes of No				

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, 2019

December 31, 2019 to

Legal Basis for Benefit

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

Employment Agreement (check applicable items) lsubivibn uojanjosay Agreement Approved Labor Absence Liability Dollar Value of Compensated Accrued Total liability for accumulated compensated absences at beginning of current year \$ Gross Days of Accumulated Compensated Absences at beginning of Current Year Individuals Eligible for Benefit None

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

## Schedule of Shared Service Agreements

Sayreville Housing Authority

January 1, 2019

For the Period

December 31, 2019

46,580 17,466 6,654 99,850

Amount to be Received by/ Paid from Authority | 12/31/2019 | \$ 12/31/2019 \$ \$ |2/31/2019 | \$ 1/1/2019 | 12/31/2019 Agreement End Date 1/1/2019 1/1/2019 1/1/2019 Agreement Effective Date Comments (Enter more specifics if Enter the shared service agreements that the Authority currently engages in and identify the amount that is received/paid for thase services. If No Shared Services X this Box needed) Name of Entity Receiving Service Type of Shared Service Provided Construction Supervisor Administrative Support Management Services Accounting Services Sayreville Housing Authority Sayreville Housing Authority Sayreville Housing Authority Sayreville Housing Authority Name of Entity Providing Service Perth Amboy Housing Authority Perth Amboy Housing Authority Perth Amboy Housing Authority Perth Amboy Housing Authority

#### 2019 HOUSING AUTHORITY BUDGET

**Financial Schedules Section** 

## SUMMARY

Sayreville Housing Authority January 1, 2019 to For the Period

December 31, 2019

		FY 20	FY 2019 Proposed Budget	Budget	Đ	FYZ	FY 2018 Adopted Budget	\$ Increase (Decrease) Proposed vs. Adopted	% increase (Decrease) Proposed vs. Adopted	
	Public Housing Management	Section 8	Housing	Other Programs	Total All Operations	li Fi	Total All Operations	All Onerations All Operations	All Operations	
REVENUES						1				
Total Operating Revenues	.s	3	\$ 2,160,110	v,	- \$ 2,160,110	\$ \$ 011	2,202,930	\$ (42,820)	-3.9%	
Total Non-Operating Revenues	*		1,150			1,100	540	560	103.7%	
Total Anticipated Revenues	t		2,151,210		2,151,210	210	2,203,470	(42,260)	.1.9%	
APPROPRIATIONS										
Total Administration	60	E	267,420	15	267,420	021	261,100	6,320	7.4%	
Total Cost of Providing Services	12.7	.94	1,877,120	95	1,877,120	120	1,926,300	(49,180)	-2.5%	
Total Principal Payments on Debt Service in Licu of Depreciation	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXX	- History de la Constitución de	a [:	x I	1	#DIV/0!	
Total Operating Appropriations	ille Lit	<b>(0</b> €)(	2,144,540	27	2,144,540	540	2,187,400	(42,860)	-2.0%	
Total Interest Payments on Debt Tyldi Ollier Kun-Operatüng Appropriations Total Non-Operating Appropriations	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	1 0	K = 0.57	je a j	) ≆( ](r	10/AIG# 10/AIG#	
Accumulated Deficit	j.	n de	15			ř.	¥:	*	#DIAIG#	
Total Appropriations and Accumulated Deficit	¥ 17	· ' g	2,144,540	n e	2,144,540	740	2,187,400	(42,860)	-2.0%	
Less: Total Unrestricted Net Position Utilized	ne:	91	7,				e <sup>i</sup>		#DIA-TO!	
Net Total Appropriations	,	×	2,144,540		2,144,540	340	2,187,400.	(42,860)	-2.0%	
ANTICIPATED SURPLUS (DEFICIT)	\$ .	1	\$ 16,670	S	. 5 16,	16,670 \$	16,070	\$ 600	3.7%	

#### Revenue Schedule

Sayreville Housing Authority January 1, 2019 to

For the Period

December 31, 2019

\$ Increase

% Increase

95	1971				6 .		(Decrease)	(Decrease)
	g)					FY 2018 Adopted	Proposed vs.	Proposed vs.
		FY 2019	Proposed E	Budaet		Budget	Adopted	Adopted
	Public Housing		Housing		Total All	Total All		
	Management	Section 8	Voucher	Other Programs	Operations	Operations	All Operations	All Operations
OPERATING REVENUES								
Rental Fees								
Homebuyers' Monthly Payments					75 .	\$	\$ =	HDIV/01
Owelling Rental						7.0	12	#DIV/01
Excess Utilities						15 8 <b>6</b> 1	*	HDIV/01
Non-Dwelling Rental					340	*	¥	#DIV/OI
HUD Operating Subsidy						4		IIDIV/01
New Construction - Acc Section 8					v.1	199	*	NDIV/01
Voucher - Acc Housing Voucher		II.	2048360	ensamulea - wearns to duri	2,048,360	2,096,880	(48,520)	-2.3%
Total Rental Fees			2,048,360		2,048,360	2,096,880	(48,520)	-2.3%
Other Operating Revenues (List)	-2						b. <del></del>	i.
Ports	1	roossiiiiwiiiDoiiraciidhee	32600		32,600	27,000	5,600	20.7%
Management Fees	-		40000	81	40,000	40,000		0.0%
Fee for Service			38000		38,000	38,000		0.0%
Frauds	17. S∔		11,50		1,150	1,050	100	9.5%
Type In (Grant, Other Rev)	1					n at		#DIV/01
Type In (Grant, Other Rev)					(A)	14	£1	1D/VIGH
Type in (Grant, Other Rev)						27 15		#DIV/OI
Type in (Grant, Other Rev)							30	#DIV/0I
Type In (Grant, Other Rev)					€	ă.	*3	#DIV/01
Type in (Grant, Other Rev)							,	HOIV/OI
Type In (Grant, Other Rev)	1						20	HDIV/01
Type in (Grant, Other Rev)	1						*1	#DIV/01
Type in (Grant, Other Rev)						3		#IDIV/01
Type In (Grant, Other Rev)						₩."		#DIV/01
Type in (Grant, Other Rev)						72	22	#DIV/01
Type In (Grant, Other Rev)							2	#DIV/01
Type In (Grant, Other Rev)				F8 .				#DIV/0!
Type In (Grant, Other Rev)						/3 19	**************************************	#DIV/01
Type In (Grant, Other Rev)					-		- 5	#DIV/0!
Type in (Grant, Other Rev)	- Marina Marina					72		#DIV/01
Total Other Revenue	***************************************		111,750		111,750	105,050	5,700	
Total Operating Revenues			2,160,110		THE RESERVE OF THE PERSON NAMED IN COLUMN 1977 AND THE PERSON NAME	2,202,930	(42,820)	5.4% -1.9%
NON-OPERATING REVENUES	V			7		email.	142,020)	*1.576
Other Non-Operating Revenues (t/st)	5							
Type In				friggt same apares and a produce and a	1 .	.44		#017/01
Type in						<b>⋄</b>		#DIV/01
Type in					1	'a'		#DIV/01
Type In	}					*	₩	#DIV/0!
Type in	}				-	*		#DIV/01
Type In					1			#DIV/01
Total Other Non-Operating Revenue				-		form engenmentationers more market apply	***************************************	#DIV/OI
Interest on Investments & Deposits (List)					<del></del>	***************************************	dalmandrations and amendances	#014/01
Interest Earned		***************************************	1,100	***************************************	1,100	\$40	560	103.7%
Penalties					2,545	9707 E	300	
Other	3		2			2		10/VIQII
Total Interest			1,,100		1,100	540	560	#DIV/0  103.7%
Total Non-Operating Revenues			1,100	-		540	560	103.7%
TOTAL ANTICIPATED REVENUES	5	\$ .	\$ 2,161,210		\$2,161,210	\$ 2,203,470	5 (42,260)	103.7%
	The same of the sa				constituted assess	ATTIMOTE STATE OF THE STATE OF	g-in-warming transfer of	.17370

#### Prior Year Adopted Revenue Schedule

Sayreville Housing Authority

	4.	FY 2018	Adopted Bud	get	
	Public Housing		Housing		Total All
	Management	Section 8	Voucher	Other Programs	Operations
OPERATING REVENUES				2	
Rental Fees	72-72-74-14-14-7				
Homebuyers' Monthly Payments					\$
Dwelling Rental					
Excess Utilities					-
Non-Dwelling Rental					
HUD Operating Subsidy					
New Construction - Acc Section 8	1				· ·
Voucher - Acc Housing Voucher	1		2 096,880		2,096,880
Total Rental Fees		**************************************	2 096,880	*	2,096,880
Other Revenue (List)	WWW.hamming.	The state of the s			2700000
Ports	J		27,000		27,000
Management Fees			40,000		40,000
Fee for Service			38,000		38,000
Frauds			1,050		
Type in (Grant, Other Rev)			1,030		1,050
Type In (Grant, Other Rev)					
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)	7				2500
Type in (Grant, Other Rev)	Į.				*
Type in (Grant, Other Rev)	1				
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)	l.				**
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					1.0
Type in (Grant, Other Rev)					231
					924
Type In (Grant, Other Rev)					- 4
Type In (Grant, Other Rev)					(4)
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)		dan		and the same of th	
Total Other Revenue	4-1	(d)	106,050	*	106,050
Total Operating Revenues	44		2,202,930	2	2,202,930
NON-OPERATING REVENUES					
Other Non-Operating Revenues (List)		Wp.1110010010010000000000000000000000000		EMANUAL DE ANGEGRAPE SUCCESSORES	
Type in		15. 30 15 (au) 16 (au) 16 (au) 17 (au)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		: :#g
Type in		ş.			
Type in					1.66
Type In				1	(46)
Type in				1	<u>~</u>
Type In		A. C. Stiller Communication of the Williams			
Other Non-Operating Revenues	2.3	à la	1943		
Interest on Investments & Deposits			***********		
Interest Earned	1 1		540	·····	540
Penalties			7.00	1	340
Other :	V.			1	127
Total Interest	Tag	-	540		F 4.0
Total Non-Operating Revenues			\$40		540
TOTAL ANTICIPATED REVENUES	\$ -	\$ - \$	2,203,470	· · · · · · · · · · · · · · · · · · ·	540 \$2,203,470
		· ·	2,233,473	· ·	42,400)47U

#### **Appropriations Schedule**

For the Period

Sayreville Housing Authority

January 1, 2019

December 31, 2019

	Public Housing Management	FY :	2019 Propose Housing Voucher	ed Budget Other Programs	otal All Operations	FY 2018 Adopted Budget Total All Operations	\$ Increase (Decrease) Proposed vs. Adapted	% Increase (Decrease) Proposed vs. Adopted
OPERATING APPROPRIATIONS						- Cperations	Vii obelations	All Operations
Administration								
Salary & Wages		DE1889.1-3/10.			1.5	\$ -	\$	:#D1V/0!
Fringe Benefits	1		38,920		38,920	37,070	1,850	5.0%
Legal	and the second		6,200		6,200	6,700	(500)	-7.5%
Staff Training			5;300		5,300	5,150	150	2.9%
Travel	1		9,500		9,500	9,270	230	2.5%
Accounting Fees								#D V/01
Additing Fees	1		7,500		7,500	7,210	290	4.0%
Miscellaneous Administration.* Total Administration	L		200,000	The state of the s	200,000	195,700	4,300	2.2%
Cost of Providing Services			267,420		267,420	261,100	6,320	2.4%
Salary &: Wages - Tenant Services	II				î	5411 FOREIGN 5555-555		
Salary & Wages - Maintenance & Operation					100		220	#DIV/01
Salary & Wages - Protective Services	4					<b>1</b> 2€	110	#DIV/01
Salary & Wages - Utility Labor					170	(6)	-	#DIV/01
Fringe Benefits	Vi				(40)	940	-	IIDIV/01
Tenant Services						150		#DIV/01
Utilities						\$ <del>*</del>		#DIV/01
Maintenance & Operation					, v	-		#DIV/OI
Protective Services								#DIV/01 #DIV/01
Insurance			7,900		7,900	7,210	690	9.6%
Payment In Lieu of Taxes (PILOT)	7				*	, ja. 20	0.0	#DIV/0!
Terminal Leave Payments	1							#DIV/OI
Collection Losses						200		HDIV/OI
Other General Expense	1		1,100		1,100	1,030	70	6.8%
Rents			1,866,000		1,866,000	1,916,000	(50,000)	-2.5%
Extraordinary Maintenance					V\$1		(5,000)	#DIV/01
Replacement of Non-Expendible Equipment			2,120		2,120	2,060	60	2.9%
Property Betterment/Additions Miscellaneous COPS*						*		#DIV/01
Total Cost of Providing Services	L				- W.	100		HDIV/OI
Total Principal Payments on Debt Service in Lieu of			1,877,120	•	1,877,120	1,926,300	(49,180)	-2,6%
Depreciation		MANAGARAN S				The state of the s		
Total Operating Appropriations	XXXXXXXXXXX	XXXXXXXXXX		XXXXXXXXXX	The state of the s		Manager Control of the Control of th	#DIV/01
NON-OPERATING APPROPRIATIONS	•		2,144,540		2,146,540	2,187,400	(42,860)	-2.0%
Total Interest Payments on Debt	xxxxxxxxx x	********** v	VVVVVVVVVVV	vvvv v v v v v v v v v v v v v v v v v				
Operations & Maintenance Reserve	TANGARAMA A	accountains v	^^^^^	XXXXXXXXXX		(₹)	<b>.</b>	NDIV/01
Renewal & Replacement Reserve						*.	3.	#DIV/01
Municipality/County Appropriation		(F)			N 5.	¥.	- 6	#DIV/OI
Other Reserves		200 0	237-92				. 12	HDIV/01
Total Non-Operating Appropriations			-	*		-6	Marian entransporter and summer of the summe	1101V/01
TOTAL APPROPRIATIONS			2,144,540	- in the contract of the contr	2,144,540	2,187,400	(47.000)	#DIV/01
ACCUMULATED DEFICIT			Aller Transport		2,3.14,540	2,107,400	(42,860)	-2.0%
TOTAL APPROPRIATIONS & ACCUMULATED			***************************************			BI I MANAGEMENT AND	department of the same of the	#DIV/0)
DEFICIT			2,144,540	N 5-44 (90)	2,144,540	2.3127.600	(42.050)	
UNRESTRICTED NET POSITION UTILIZED	,	The control of the second seco	are the second s	barronnord (most management)	614741340	2,187.ADU	(42.860)	*5.0%
Municipality/County Appropriation	71		/4/	-4	0.00	#	220	HPM///O/
Other					ñ Ge			#DIV/01
Total Unrestricted Net Position Utilized					**************************************	(	*****	#DIV/01 #DIV/01
TOTAL NET APPROPRIATIONS	5 - 5	÷ \$	2,144,540 .5	- S	\$ 2,144,540	\$ 2,187,400	\$ {42,860}	+DIV/01 -2.0%
" Miscellaneous line items may not exceed 5% of to	ital operating appro	oriations shows	skieleni 16 nose		Annual Communication of the Co	and the second s	estimation de la company de la	- 6.040

<sup>&#</sup>x27; Miscellaneous line items may not exceed 5% of total operating appropriations shown below. If amount in miscellaneous is greater han the amount shown below. than the line item must be itemized above.

5% of Total Operating Appropriations

- \$ 107,227.00 \$

107,227.00

#### Prior Year Adopted Appropriations Schedule

#### Sayreville Housing Authority

		F	Y 2018 Adopted Bud	get	
	Public Housing				Total All
COPP ATTIAL CAPPENDENT ATTIAL C	Management	Section 8	Housing Voucher	Other Programs	Operations
OPERATING APPROPRIATIONS					
Administration	p			1000	0.
Salary & Wages		Li-			\$
Fringe Benefits		,-	37,070		37,07
Legal			6,700		6,70
Staff Training			5,150		5,15
Travel	3		9,270		9,27
Accounting Fees	į.				
Auditing Fees			7,210		7,21
Miscellaneous Administration*			195,770		195,70
Total Administration	· ·		261,120	-	261,10
Cost of Providing Services	plane	20127AFC-1107111111-111-1-111-111-11			# E = 11 # 11 10 W # W W W W E 14 11
Salary & Wages - Tenant Services	2000 6				
Salary & Wages - Maintenance & Operation					
Salary & Wages - Protective Services					
Salary & Wages - Utility Labor					
Fringe Benefits					
Tenant Services					
Utilitles				ag.	
Maintenance & Operation					
Protective Services				4	
Insurance			7,210	1	7,21
Payment in Lieu of Taxes (PILOT)	i e			191	
Terminal Leave Payments	F		往		
Collection Losses					
Other General Expense			1,030		1,03
Rents			1,916,000		1,916,00
Extraordinary Maintenance					, , ,
Replacement of Non-Expendible Equipment			2,050		2,06
Property Betterment/Additions					
Miscellaneous COPS*					
Total Cost of Providing Services		-2	1,926,300	i i	1,926,30
Total Principal Payments on Debt Service in Lieu				1	
of Depreciation	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
Total Operating Appropriations	9 2 8 2		2,187,400	· · · · · · · · · · · · · · · · · · ·	2,187,400
NON-OPERATING APPROPRIATIONS					
Total Interest Payments on Debt	XXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	9
Operations & Maintenance Reserve			Word - August	1	
Renewal & Replacement Reserve		2		1	
Municipality/County Appropriation					
Other Reserves				ä	
Total Non-Operating Appropriations		-		-	-temporal biological and a second
TOTAL APPROPRIATIONS	- Indiana - Indi	34	2,187,400		2,187,40
ACCUMULATED DEFICIT			wester with the second	1.1	2,107,10
TOTAL APPROPRIATIONS & ACCUMULATED	A. (1911)				
DEFICIT			2,187,400	744	2 1 2 7 40
UNRESTRICTED NET POSITION UTILIZED	The subsection of the subsecti	**************************************			2,187,40
Municipality/County Appropriation			***		
Other	·	**************************************	10 - 21 et	·	9
Total Unrestricted Net Position Utilized	**************************************	***************************************	<del>*************************************</del>		
TOTAL NET: APPROPRIATIONS	\$	\$ -	\$ 2,187,400	\$ -	\$ 3.457.459
	(acceptance of the second			<b>&gt;</b>	\$ 2,187,400

109,370:00 \$

109,370.00

shown below, then the line item must be itemized above.

5% of Total Operating Appropriations \$

## Debt Service Schedule - Principal

If Authority has no debt X this box	×		Sayreville Hot	Sayreville Housing Authority					
27		0	The State of the S	Fiscal Year Ending in	นรูบเฮน				
	Adopted Budget Year 2018	Proposed Budget Year 2019	2020	2021	2022	2023	2024	Thereafter	Tetal Principal Cuestandine
Type in Issue Name Type in Issue Name				3000					s
Type in Issue Name Type in Issue Name								æ	(
TOTAL PRINCIPAL	1					a			10
LESS: NOD SOLDID! NET PRINCIPAL	S	\$	s	121	S	\$	S	S	S

Rating files Rating		Moody's	Fitch	Standard & Poors
William 4vp 130	Bond Rating			
	Year of Last Rating			

Debt Service Schedule - Interest

	Œ	Total interest	Outstanding		Se	ં છુ	74	ř		
			Thereafter							
			2024					190	,	
0			2023					, M3	· v	
		:						, ( <b>4</b> %)	S	
	Fiscal Year Ending in		2022					•	\$	
sing Authority	Fiscal Yea		2021						\$ -	
Sayreville Housing Authority			2020							
		Proposed Budget Year	2019					Ē.	\$	
	×	Adopted Budget	Year 2018	#	4			A.V.	\$	
	If Authority has no debt X this box			Type in Issue Name	Type in Issue Mame	Type in Issue Name	Type in Issue Name	TOTAL INTEREST	NET INTEREST	

## Net Position Reconciliation

## Sayreville Housing Authority

For the Period January 1, 2019

anuary 1, 2019

to December 31, 2019

FY 2019 Proposed Budget

# 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)

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

	<b>4</b> /1
ID OF YEAR	
SITION AT E	
NATED NET POSITION AT END OF YEAR	
INDESIGNAT	
ROJECTED UNRESTRICTED UNDESIGNA	
CTED UNRE	
PROJE	(4)

10	Public Housing		Housing		Total All
	Management	Section 8	Voucher	Other Programs	Operations
s 8		\$	\$ 170,281	\$	\$ 170,281
					1
			25,730		25,730
0 75		*	144,551	*	144,551
					(10)
					.NC
					L.
					100.1
			16,070		16,070
1.63		ù.	160,621	3*	160,621
	99	16	ě		
	10	•	J	**	t
		9	(0	A.	G <b>0</b> 6
< 50	•				a
~					
**	5	- \$	- \$ 160,621 \$		- \$ 160,621

# (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.

Maximum Allowable Appropriation to Municipality/County

(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.

\$ 107,227

\$ 107,227 \$

### 2019 SAYREVILLE

(Name)

# HOUSING AUTHORITY CAPITAL BUDGET/ PROGRAM

#### 2019 CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

#### SAYREVILLE

(Name)

1/1/2019

FISCAL YEAR: FROM:

FISCA	L YEAR:	FROM:	1/1/2019	TO:	12/31/2019
It is hereby of the Capital Budget, by the government day of	erning body	of the	oved, pursuant to	l Budge N.J.A.C sing Aut	et/Program annexed hereto 5:31-2.2, along with the thority, on the
			OR		
It is hereby c elected NOT to adopt to accordance.	ertified that of a Capita following	the governing Budget /Priceason(s):	ng body of the SA rogram for the at	YREVI oresaid	TLE Housing Authority fiscal year, pursuant to
Parameter and the second secon	······································				
Officer's Signature:	(	-			
Name:	Dougi	ADZEMA	***************************************		PRAY III - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Title:		TIVE DIREC	***************************************		
Address:	650 WA	SHINGTON VILLE, NJ 0	STREET		
TVI			7	<u> </u>	
Phone Number:	732-721	-8400	Fax Number:	man	721-0062

#### 2019 CAPITAL BUDGET/PROGRAM MESSAGE

#### SAYREVILLE Housing Authority

(Name)

FISCAL YEAR:

FROM:

1/1/2019

TO:

12/31/2019

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?
- 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 the Housing Authority prepared a long-term (10-20 years) infrastructure needs assessment?
- 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.
- 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.
- 6. Have the projects been reviewed and approved by HUD?

Add additional sheets if necessary.

#### **Proposed Capital Budget**

#### Sayreville Housing Authority

For the Perlod

January 1, 2019

December 31, 2019

			Fui	nding Sources		
	Estimated Total Cost	Unrestricted Net Position Utilized	Renewal & Replacement Reserve	Debt	Capital Grants	Other Sources
Public Housing Management		e				
Type in Description	\$ ==					
Type in Description	w-				27	
Type in Description	270	1				œ
Type in Description						
Total	*		*		•	
Section 8	(4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		The Wat Break			······································
Type in Description	mi	West to the	THE STREET, SPECIAL PROPERTY OF THE SPECIAL PROPERTY O			
Type in Description						
Type in Description						
Type in Description						
Total	<u> </u>	A		*	TC-19-000-00-00-00-00-00-00-00-00-00-00-00-0	•
Housing Voucher				************		
Type in Description	*		~	***************************************	****************	***************************************
Type in Description	M.					
Type in Description	#					
Type in Description	74					
Total	20	·	*	······································	*	
Other Programs	**************************************	A-0.4-4-3-0-110.0000000000000000000000000000000	***************************************	<del>7,1                                      </del>		
Type in Description	(wc)	-				
Type in Description	· ·					
Type in Description	·		41			
Type in Description		dia con versione				
Total			The state of the s		170	
TOTAL PROPOSED CAPITAL BUDGET	\$	\$	\$ *	\$	\$ = = = 5	
1	Hall the control of t	Fig. Commission Commission Commission		, <u>T</u>	<u> </u>	

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

For the Period

Sayreville Housing Authority January 1, 2019

Dacember 31, 2019

	Fiscal	Year	Beginning	i In
Section of the sectio		***************************************		

Dublin Haveley Advantage	Estimated Cost		Current Budget Year 2019	2020	2021	2022	2023	2024
Public Housing Management  Type in Description	ė	250	r I			······································		" " " " " " " " " " " " " " " " " " " "
Type in Description	9	77	ý <u>*</u>					
Type in Description		**	5**					
Type in Description		1.00	Ah.					
Total		98	·					
Section 8		<del> </del>	Marie Control of Control of Control			- Izzzani		-
Type in Description			× †		AF-14-14-14-14-14-14-14-14-14-14-14-14-14-	VIII VIII VIII VIII VIII VIII VIII VII	11 <del></del>	
Type in Description		2207	~-					
Type In Description		12						
Type In Description			W		Ec			
Total	# Altonino(05	ile .						
Housing Voucher	***************************************						-	
Type in Description		1.0	4.H		····	<del>~~~</del>		
Type in Description		6 <u>.</u>						
Type in Description			wo .					
Type in Description	75	14	-					1
Total 🦠	4 ***********	*			·			
Other Programs	1 man and 10 miles	1127	~	****				
Type In Description		:€	- F	7700		<del> </del>		
Type In Description		9	35.					
Type in Description		2						
Type in Description	according to the second		. 1					
Total	**************************************	.124	*					<del> </del>
TOTAL	\$	-		\$ - \$	- \$		\$ - <u>-</u> - ;	

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

#### 5 Year Capital Improvement Plan Funding Sources

For the Period Sayreville Housing Authority
January 1, 2019 to December 31, 2019

			Funding Sources							
	Estimated Cost		Unrestricted Net Position Utilized	Renewal & Replacement Reserve	Debt	Capital Grants	Other Source			
Public Housing Management	A		•	······································	***************************************					
Type in Description	\$	, day	100000000000000000000000000000000000000			T-daywen				
Type in Description		=		*	20					
Type in Description		lu.								
Type in Description		ıω								
Total		·w	·	-		· · · · · · · · · · · · · · · · · · ·				
Section 8	*540-1-		( <del>)</del>	William Continue - Mil						
Type in Description		196				···				
Type in Description		:41								
Type in Description		900								
Type in Description										
Total			line in the second seco							
Housing Voucher	· ·						*			
Type in Description		020			· · · · · · · · · · · · · · · · · · ·		-V			
Type In Description		-	4							
Type In Description										
Type in Description		-								
Total	***************************************			**************************************	· · · · · · · · · · · · · · · · · · ·					
Other Programs	40 mercen grad of construction to the season of services (1995)	MALAYSHART PRANCEN		***************************************	· ·	·	-			
Type in Description		The	[							
Type in Description		1/mile								
Type In Description		_								
Type in Description		2								
Total	***************************************		L				****			
TOTAL	Š		<del></del>		A	7				
Total 5 Year Plan per CB-4	-		\$ :-	\$ -	\$ -	\$ .	\$.			
Balance check	ر چېرونا السامان المان	***	mount is other than zer				ne company the property of the sound of the			

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.