Authority Budget of:

ADOPTED COPY

SAYREVILLE HOUSING AUTHORITY

State Filing Year

2018

For the Period:

January 1, 2018

to

December 31, 2018

www.sayrevilleha.org

Authority Web Address

Department Of



NOV 2 0 2017

APPROVED COPY

Division of Local Government Services

2018 HOUSING AUTHORITY BUDGET

Certification Section

2018

SAYREVILLE

(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM <u>JANUARY 1, 2018</u> TO <u>DECEMBER 31, 2018</u>

For Division Use Only

CERTIFICATION OF APPROVED BUDGET

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

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

By: Paul D. West CPA RMA Date: 12/4/2017

CERTIFICATION OF ADOPTED BUDGET

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

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

By: Paul D. Cwest CPA, RMA Date: 1/22/2018

2018 PREPARER'S CERTIFICATION

SAYREVILLE

(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:

1-1-2018

TO:

12-31-2018

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

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

Preparer's Signature:	In Ind)	
Name:	THOMAS FURLONG	, CPA	
Title:	DIRECTOR OF FINAL	NCIAL OPERAT	IONS
Address:	881 AMBOY AVE., PO	O BOX 390	
	PERTH AMBOY, NJ (8862	
Phone Number:	732-826-3118	Fax Number:	732-826-3111
E-mail address	tfurlong@perthamboyh	a.org	

2018 APPROVAL CERTIFICATION

$\frac{\textbf{SAYREVILLE}}{(\text{Name})}$

HOUSING AUTHORITY BUDGET

1-1-2018

TO:

12-31-2018

FROM:

hapadoug@aol.com

FISCAL YEAR:

E-mail address

true co body o 5:31-2	opy of the Annual Budg of the <u>SAYREVILLE</u> .3, on the <u>15th</u> day	Housing Authority Budget et and Capital Budget/Pro Housing Authority, at any of NOVEMBER recorded Note appearing	ogram approved la open public med	by resolution by the gove eting held pursuant to N	erning J.A.C.
		p of the governing body t	-	on represents not less t	iiaii a
	Officer's Signature:	7			
	Name:	DOUGLAS DZEMA			
	Title:	EXECUTIVE QIRECT	OR		
	Address:	650 WASHINGTON R	OAD		
		SAYREVILLE, NJ 088	72		
	Phone Number:	732-721-8400	Fax Number:	732-721-0062	

INTERNET WEBSITE CERTIFICATION

Authority's \	Web Address:	www.sayrevilleha.org	
website. The operations an	purpose of the websel activities. N.J.S.A minimum for public	site or webpage shall be to p. 40A:5A-17.1 requires the fo	ebpage on the municipality's or county's Internet rovide increased public access to the authority's ollowing items to be included on the Authority's pelow to certify the Authority's compliance with
N.J.S.A. 40A.	. <u></u>		
\mathbf{x}	A description of the	Authority's mission and respo	nsibilities
\square	Commencing with 2 prior years	013, the budgets for the curre	nt fiscal year and immediately preceding two
X	The most recent Con information	mprehensive Annual Financial	Report (Unaudited) or similar financial
X	Commencing with 2 two prior years	012, the complete annual aud	its of the most recent fiscal year and immediately
X	-	•	cy statements deemed relevant by the governing ats within the authority's service area or
X	- · · · · · · · · · · · · · · · · · · ·	ant to the "Open Public Meeti e, date, location and agenda of	ngs Act" for each meeting of the Authority, each meeting
\square		• •	of each meeting of the Authority including all at least three consecutive fiscal years
$\overline{\mathbf{x}}$			s and phone number of every person who over some or all of the operations of the
x	corporation or other	·	other person, firm, business, partnership, any remuneration of \$17,500 or more during the endered to the Authority.
webpage as i	dentified above com		of the Authority that the Authority's website or utory requirements of N.J.S.A. 40A:5A-17.1 as liance.
Name of Office	cer Certifying compli	ance	Douglas Dzema
Title of Office	er Certifying complia	nce	Executive Director

Signature

2018 HOUSING AUTHORITY BUDGET RESOLUTION $\frac{\textbf{SAYREVILLE}}{(\text{Name})}$

FISCAL YEA	R: FROM:	1-1-2018	TO:	12-31-2018	
WHEREAS, the Annual Budget and Cap beginning, <u>JANUARY 1, 2018</u> and the <u>SAYREVILLE</u> Housing Autho	ending, DECEMB	ER 31, 2018 has	been presented	before the govern	
WHEREAS, the Annual Budget as introductional any Accumulated Deficit if an 0 ; and	duced reflects Total y, of \$2,187,406	Revenues of \$2) and Total U	,203,470 Inrestricted Net	, Total App Position utilized	oropriations, of
WHEREAS, the Capital Budget as introc Fotal Unrestricted Net Position planned	duced reflects Total (to be utilized as func	Capital Appropriatio	ns of \$	0 0 ; and	and
WHEREAS, the schedule of rents, fees anticipated revenues to satisfy all oblig outlays, debt service requirements, and contracts and agreements; and	ations to the holders	of bonds of the A	uthority, to med	et operating expen	nses, capital
WHEREAS, the Capital Budget/Programment funds; rather it is a document to be use authorization to expend funds for the presolution, by a project financing agree or other means provided by law.	sed as part of the saurposes described in	aid Authority's plan this section of the	ning and mana budget, must b	igement objective e granted elsewhe	es. Specific ere; by bond
NOW, THEREFORE BE IT RESOLVE public meeting held on	7 that the A LE Housing Aut	nnual Budget, inch	uding all relate	d schedules, and	the Capital
BE IT FURTHER RESOLVED, that the meet all proposed expenditures/expenses outstanding debt obligations, capital lease	s and all covenants, t	erms and provisions	as stipulated in	the said Housing	
BE IT FURTHER RESOLVED, that th Annual Budget and Capital Budget/Prog		1/9/2018			consider the
(Secretary's Signature)		venan	(Date)		
Governing Body Member:	Recorded Vote Aye	Nay Abstai	n Absent		
JORGE GONZALEZ-GOMEZ KENNETH OLCHASKEY					
BEVERLY RAPPLEYEA ROBERT REDFORD	レ		1		
SHANE ROBINSON Paula duffy			· · ·		
RON GREEN	<u>'</u>				

2018 ADOPTION CERTIFICATION

SAYREVILLE (Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM: 1-1-2018 TO: 12-31-2018

It is hereby certified that the Housing Authority Budget and Capital Budget/Program annexed hereto is a true copy of the Budget adopted by the governing body of the <u>SAYREVILLE</u> Housing Authority, pursuant to <u>N.J.A.C. 5:31-2.3</u>, on the <u>9TH</u> day of, <u>JANUARY</u>, <u>2018</u>.

Officer's Signature:			
Name:	DOUGLAS DZEMA		
Title:	EXECUTIVE DIRECT	OR	
Address:	650 WASHINGTON R	OAD	
	SAYREVILLE, NJ 088	72	
Phone Number:	732-721-8400	Fax Number:	732-721-0062
E-mail address	hapadoug@aol.com		

2018 ADOPTED BUDGET RESOLUTION

2018-02 SAYREVILLE

(Name)

HOUSING AUTHORITY

FISCA	L YEAR:	FROM:	1/1/201	8 TO :	12/31/2018	
	t and Capital Bud ading, 1 <u>2/</u> 31/2 hority at its open	2018 has	been presente		Housing Authority before the governing and	
WHEREAS, the Annual Budg appropriation in the same amou thereto, if any, which have been	int and title as s	et forth in t	he introduced	and approved	budget, including a	revenue and amendments
WHEREAS, the Annual Budg Appropriations, including any A utilized of\$ 0					of \$ 2,203,4' nd Total Unrestricte	
WHEREAS, the Capital Budg Unrestricted Net Position plan	et as presented aned to be utilize	for adoption ed of <u>\$</u>		l Capital Appr and	opriations of \$ O	and Total
NOW, THEREFORE BE IT REPUBLIC meeting held on 01/0 Housing Authority for the fiscal constitute appropriations for the	<u>09/2018</u> I year beginning,	that the Ar , <u>1/1/2018</u>	nual Budget a		dget/Program of the	
BE IT FURTHER RESOLVED, item of revenue and appropriational amendments thereto, if any, v	on in the same a	mount and ti	itle as set forth	in the introduc fthe Division o	ced and approved be f Local Government	udget, including
(Secretary's Signature)		WARANA A		(Date)	118	
Governing Body Member:	Recorded Vot Aye	te Nay	Abstain	Absent		
JORGE GONZALEZ-GOMEZ KENNETH OLCHASKEY BEVERLY RAPPLEYEA						
ROBERT REDFORD SHANE ROBINSON RON GREEN	<u></u>					

2018 HOUSING AUTHORITY BUDGET

Narrative and Information Section

2018 HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS SAYREVILLE

(Name)

AUTHORITY BUDGET

FISCAL YEAR: FROM: 1-1-2018 TO: 12-31-2018

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

1. Complete a brief statement on the 2018/2018-2019 proposed Annual Budget and make comparison to the 2017/2017-2018 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).

There are no variances over 10% on Page F-4

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.

There are no variances over 10% on Page F-2.

- 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.
- 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 2018/2018-2019 operations. If there exists an accumulated deficit from prior years' budgets (and funding is included in the proposed budget as a result of a prior deficit) explain the funding plan to eliminate said deficit (N.J.S.A. 40A:5A-12). If the Authority has a net deficit reported in its most recent audit, it must provide a deficit reduction plan in response to this question. (Prepare a response to deficits caused by the implementation of GASB 68)

N/A

HOUSING AUTHORITY CONTACT INFORMATION 2018

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

Name of Authority:	SAYREVILLE HOUSING A	.UTHORIT	Ϋ́	
Federal ID Number:	22-2469387	***************************************		
Address:	650 WASHINGTON ROAD			
City, State, Zip:	SAYREVILLE		NJ	08872
Phone: (ext.)	732-721-8400	Fax:	732-7	21-0062
Preparer's Name:	THOMAS FURLONG			
Preparer's Address:	881 AMBOY AVE., PO BOX	X 390		
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:	DOUGLAS DZEMA		722.72	1.0062
Phone: (ext.)	732-721-8400	Fax:	732-72	1-0062
E-mail:	hapadoug@aol.com			
Chief Financial Officer:	NONE		VVOICE EL CONTRACTOR AND CONTRACTOR EL PUBLICA AND CONTRACTOR EL PUBLI	
Phone: (ext.)	Fax	κ:		
E-mail:				
Name of Auditor:				
Name of Firm:	HOLMAN FRENIA ALLIS	SON, P.C.		
Address:	680 HOOPER AVENUE, S	······································		
City, State, Zip:	TOMS RIVER		NJ	08753
Phone: (ext.)	732-797-1333	Fax:		
E-mail:	hfacpas.com	l.		

HOUSING AUTHORITY INFORMATIONAL **QUESTIONNAIRE**

$\frac{\textbf{SAYREVILLE}}{(\text{Name})}$

	FISCAL YEAR: FROM: 1-1-2018 TO: 12-31-2018
	nswer all questions below completely and attach additional information as required.
1)	Provide the number of individuals employed in (Use Most Recent W-3 Available 2016 or 2017) 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 2016 or 2017) Transmittal of Wage and Tax Statements: 0
	Provide the number of regular voting members of the governing body:
	Provide the number of alternate voting members of the governing body: 0
5)	Did any person listed on Page N-4 have a family or business relationship with any other person listed
	on Page N-4 during the current fiscal year? If "yes," attach a description of the
	relationship including the names of the individuals involved and their positions at the Authority.
6)	Did all individuals that were required to file a Financial Disclosure Statement for the current fiscal
	year (Most Recent Filing that March 31. 2017 or 2018 deadline has passed 2017 or 2018) because
	of their relationship with the Authority file the form as required? (Checked to see if individuals
	actually filed at http://www.state.nj.us/dca/divisions/dlgs/resources/fds.html before answering)
	no 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. Shane Robinson has not filed.
7)	Does the Authority have any amounts receivable from current or former commissioners, officers, key
	employees or highest compensated employees? 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' yes - See Attached
	b) A family member of a current or former commissioner, officer, key employee, or highest
	compensated employee? <u>no</u>
	c) An entity of which a current or former commissioner, officer, key employee, or highest
	compensated employee (or family member thereof) was an officer or direct or indirect owner?
	no 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;
٥.	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 persona
	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 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,

ASPER P. BOEHM, JR.

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? no 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 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 h. Health or social club dues or initiation fees 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? "no," attach an explanation of the Authority's process for reimbursing employees and commissioners for expenses. (If your authority does not allow for reimbursements indicate that in answer) 15) Did the Authority make any payments to current or former commissioners or employees for severance or termination? no If "yes," attach explanation including amount paid. 16) Did the Authority make any payments to current or former commissioners or employees that were contingent upon the performance of the Authority or that were considered discretionary bonuses? If "yes," attach explanation including amount paid. 17) Did the Authority comply with its Continuing Disclosure Agreements for all debt issuances outstanding by submitting its audited annual financial statements, annual operating data, and notice of material events to the Municipal Securities Rulemaking Board's Electronic Municipal Marketplace Access (EMMA) as required? n/a If "no," attach a description of the Authority's plan to ensure compliance with its Continuing Disclosure Agreements in the future. 18) Did the Authority receive any notices from the Department of Housing and Urban Development or any other entity regarding maintenance or repairs required to the Authority's facilities to bring them into compliance with current regulations and standards that it has not yet taken action to remediate? If "yes," attach explanation as to why the Authority has not yet undertaken the required maintenance or repairs and describe the Authority's plan to address the conditions identified. 19) Did the Authority receive any notices of fines or assessments from the Department of Housing and Urban Development or any other entity due to noncompliance with current regulations? If "yes," attach a description of the event or condition that resulted in the fine or assessment and indicate the amount of the fine or assessment. 20) Has the Authority been deemed "troubled" by the Department of Housing and Urban Development? 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: 1-1-2018 **TO:** 12-31-2018

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

- 1) List all of the Authority's current commissioners and officers and amount of compensation from the Authority and any other public entities as defined below. Enter zero if no compensation was paid.
- 2) List all of the Authority's key employees and highest compensated employees other than a commissioner or officer as defined below and amount of compensation from the Authority and any other public entities.
- 3) List all of the Authority's <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 all other public entities in excess of \$150,000 for the most recent fiscal year completed; and
 - b) The individual has responsibilities or influence over the authority as a whole or has power to control or determine 10% or more of the authority's capital expenditures or operating budget.
- **Highest compensated employee:** One of the five highest compensated employees or independent contractors of the authority other than current commissioners, officers, or key employees whose aggregate reportable compensation from the authority and other public entities is greater than \$100,000 for the most recent fiscal year completed.
- Compensation: All forms of cash and non-cash payments or benefits provided in exchange for services, including salaries and wages, bonuses, severance payments, deferred payments, retirement benefits, fringe benefits, and other financial arrangements or transactions such as personal vehicles, meals, housing, personal and family education benefits, below-market loans, payment of personal or family travel, entertainment, and personal use of the Authority's property. Compensation includes payments and other benefits provided to both employees and independent contractors in exchange for services.
- Reportable compensation: The aggregate compensation that is reported (or is required to be reported) on Form W-2, box 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, 2018 Most recent available W-2 and 1099 should be used (2016 or 2017 Forms)(60 days prior to start of budget year is November 1, 2017, with 2016 being the most recent calendar year ended), and for fiscal years ending June 30, 2018, the calendar year 2017 W-2 and 1099 should be used (60 days prior to start of budget year is May 1, 2018, with 2017 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)

Sayreville Housing Authority to December 31, 2018

For the Period January 1, 2018

				i citico		Auth	Reponsible Compensation from	Joses Form								
See	,e `	Average Hours per Week Dedicated to	Office: Commissione:		Former Highest Compensates	Base Salary/ Stpend		Other (auto allowance, expense account, payment in leu of health	Other (auto Estimated allowance, amount of other expense compensation account, payment in payment in (health benefits, crt.)		Names of Other Public Entities where Individual is an Employee or Total Member of the Compensation Governing Body (1) from Authority See note below	Positions held at Other Public Entities Listed in Column O	Average Hours per Week Dedicated to Positions at Other Public Entities Listed in Column O	Reportable C Compensation from Other F Public Entities (W-2/1099)	Estimated amount of other compensation from Other Public Entities (health benefits, pension, payment in lieu of health benefits, etc.)	Total Compensation All Public Entities
1 Jonge Gonzalez-Gomez Chairperson	Chairperson	5	×			N/A				·	None					,
2 Kenneth Olchaskey	Vice Chairperson	Ŋ	×		_	N/A				٥	0 None					0
3 Beverly Rappleyea	Commissioner	ĽΛ	×			N/A				٥	0 None					0
4 Robert Redford	Commissioner	2	×			N/A				0	0 None					ο ·
5 Shane Robinson	Commissioner	ις	×		-	N/A				0	0 None					0
6 Arthur Rittenhouse	Commissioner	īV	×			N/A				0	0 None					0
7 Ron Green	Commissioner	w	×			N/A				0	0 None					0
8 Douelas Dzemz	Executive Director	80	×	×		None				0	 Perth Amboy H.A. 	Executive Director	40	220,172	32,226	292,398
										0						0
10										0						Ó
, f.,										0						٥
13										0						٥
1 (0						0
27										٥						0
, J									!	0						0
Total:		***************************************			1	\$ - \$. \$	- \$	\$	~		-'	\$ 220,172	\$ 72,226	\$ 292,398

(1) Insert "None" in this column for each individual that does not hold a position with another Public Entity

Schedule of Health Benefits - Detailed Cost Analysis

December 31, 2018

\$

Sayreville Housing Authority
January 1, 2018

For the Period

	# of Covered Members (Medical & Rx) Proposed Budget	Annual Cost Estimate per Employee Proposed Budget	Total Cost Estimate Proposed Budget	# of Covered Members (Medical & Rx) Current Year	Annual Cost per Employee Current Year	Total Prior Year Cost	\$ Increase (Decrease)	% Increase (Decrease)
Active Employees - Health Benefits - Annual Cost Single Coverage Parent & Child Employee & Spouse (or Partner)			· · · · ·			\$	٠ ، ، ، ،	#DIV/0! #DIV/0! #DIV/0!
Employee Cost Sharing Contribution (enter as negative -) Subtotal	0		1	0			1 (#DIV/0! #DIV/0!
Commissioners - Health Benefits - Annual Lost Single Coverage Parent & Child Employee & Spouse (or Partner) Family			1 1 1			1 1 1		i0/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Employee Cost Sharing Contribution (enter as negative -) Subtotal Retirees - Health Benefits - Annual Cost	0	0						i0/vid#
Single Coverage Parent & Child Employee & Spouse (or Partner) Family Family	2 1	7,110	14,220	1 1	5,7,3 13,548	13,547	672 - - -	5.0% #DIV/0! #DIV/0! #DIV/0!
Subtotal GRAND TOTAL	3		28,440	. A		27,095	1,345	5.0%
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 in Box)	Answer in Box) i? (Place Answer in Bo		Yes	Yes or No Yes or No				

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

Schedule of Accumulated Liability for Compensated Absences

Sayreville Housing Authority

January 1, 2018

December 31, 2018

For the Period

ф

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

ole items)	Individual Employment Agreement								
plical	Resolution								
(check applicable items)	Approved Labor Agreement								
	Dollar Value of Accrued Compensated Absence Liability								
	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

Schedule of Shared Service Agreements

Sayreville Housing Authority

January 1, 2018

For the Period

\$

December 31, 2018

Enter the shared service agreement	Enter the shared service agreements that the Authority currently engages in and identify the amount that is received/paid for those services.	in and identify the amount that is r	eceived/paid for those services.			Amount to be
			Comments (Enter more specifics if	Agreement Effective	Agreement	Received by/ 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		1/1/2017	1/1/2017 12/31/2017 \$	\$ 44,130
Perth Amboy Housing Authority	Sayreville Housing Authority	Accounting Services		1/1/2017	1/1/2017 12/31/2017 \$	\$ 16,550
Perth Amboy Housing Authority	Savreville Housing Authority	Construction Supervisor		1/1/2017	1/1/2017 12/31/2017 \$	\$ 6,300
Perth Amboy Housing Authority	Sayreville Housing Authority	Administrative Support		1/1/2017	1/1/2017 12/31/2017 \$	\$ 94,560
			If No Shared Services X this Box			

2018 HOUSING AUTHORITY BUDGET

Financial Schedules Section

SUMMARY

Sayreville Housing Authority

January 1, 2018

For the Period

December 31, 2018

% Increase

\$ Increase

7.0% -36.2% 7.0% 3.3% 7.6% 7.0% 6.5% 8.0% 6.5% All Operations All Operations Proposed vs. (Decrease) #DIV/0! #DIV/0i #DIV/0i Adopted #DIV/0! #DIV/0! #DIV/0I (9,130)143,600 134,430 134,470 8,300 135,300 143,600 6 143,600 Proposed vs. (Decrease) Adopted Ś w 25,200 500 252,800 2,043,800 2,043,800 2,068,500 2,043,800 2,069,000 1,791,000 FY 2017 Adopted Operations Budget Total All Ś ↭ 16,070 2,187,400 2,187,400 2,187,400 2,202,930 540 2,203,470 261,100 1,926,300 Operations Total All ↔ s Other Programs XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXX FY 2018 Proposed Budget 16,070 2,202,930 261,100 XXXXXXXXXXX 2,187,400 2,187,400 540 2,203,470 1,926,300 2,187,400 Housing Voucher ⋄╮ v XXXXXXXXXX XXXXXXXXXX XXXXXXXXXXX XXXXXXXXX Section 8 ∿ W Public Housing Management 'n Less: Total Unrestricted Net Position Utilized Total Principal Payments on Debt Service in Total Appropriations and Accumulated Total Other Non-Operating Appropriations Total Non-Operating Appropriations **Total Operating Appropriations** Total Interest Payments on Debt Total Anticipated Revenues Total Cost of Providing Services Total Non-Operating Revenues Net Total Appropriations ANTICIPATED SURPLUS (DEFICIT) **Total Operating Revenues** Total Administration Lieu of Depreciation Accumulated Deficit APPROPRIATIONS Deficit REVENUES

Revenue Schedule

Sayreville Housing Authority

For the Period

January 1, 2018

to

December 31, 2018

						FY 2017 Adopted	\$ Increase (Decrease) Proposed vs.	% Increase (Decrease) Proposed vs.
		FY 2018	Proposed i	Budget		Budget	Adopted	Adopted
	Public Housing	Cashian S	Housing	Other December	Total All	Total All Operations	All Operations	All Operations
ODERATING REVENUES	Management	Section 8	Voucher	Other Programs	Operations	Operations	All Operations	All Operations
OPERATING REVENUES Rental Fees								
	f				٦s -	\$ -	\$ -	#DIV/0!
Homebuyers' Monthly Payments						,		#DIV/0!
Owelling Rental						_	_	#DIV/0!
Excess Utilities						_		#DIV/0!
Non-Dwelling Rental							_	#DIV/0!
HUD Operating Subsidy					-		_	#DIV/0!
New Construction - Acc Section 8			2000000		2 006 800	1,963,000	133,880	6.8%
Voucher - Acc Housing Voucher			2096880		2,096,880	1,963,000	133,880	6.8%
Total Rental Fees		-	2,096,880		2,090,860	1,503,000	133,680	- 0.070
Other Operating Revenues (List)	T		57000		7 27 000	ממת דב		0.0%
Ports			27000		27,000	27,000 40,000	-	0.0%
Management Fees			40000		40,000			1.3%
Fee for Service			38000		38,000	37,500	500	
Frauds			1050		1,050	1,000	50	5.0%
Type in (Grant, Other Rev)					-	•	-	#DIV/01
Type in (Grant, Other Rev)						~	-	#DIV/0!
Type in (Grant, Other Rev)					-	•	-	#DIV/01
Type in (Grant, Other Rev)					-		•	#DIV/01
Type in (Grant, Other Rev)					-	-	-	#DIV/01
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type In (Grant, Other Rev)					-	-	-	#DIV/01
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)					-	•	-	#DIV/0!
Type in (Grant, Other Rev)						•	•	#DIV/0!
Type in (Grant, Other Rev)					-	~	-	#DIV/01
Type in (Grant, Other Rev)					-		•	#DIV/0!
Type in (Grant, Other Rev)					-	•	-	#DIV/0!
Total Other Revenue	-		106,050		- 106,050	105,500	550	0.5%
Total Operating Revenues		-			- 2,202,930	2,068,500	134,430	6.5%
NON-OPERATING REVENUES			_,					•
Other Non-Operating Revenues (List)								
Type in					-	-	-	#DIV/0!
Type in					_	-	-	#DIV/01
Type in					_		-	#DIV/0!
Type in					_		-	#DIV/01
1					_	_		#DIV/0!
Type in Type in					_	_	-	#DIV/01
Total Other Non-Operating Revenue			*******					#DIV/0!
Interest on Investments & Deposits (List)	***************************************							
			540		540	500	40	8.0%
Interest Earned			540		340	300		#DIV/0!
Penalties						•	~ ~	#D!V/0!
Other	L		£40		- 540	500	40	_
Total Interest		•				500	40	_
Total Non-Operating Revenues					- 540 ca 202 470			
TOTAL ANTICIPATED REVENUES	\$ -	\$ -	\$2,203,470	>	- \$2,203,470	\$ 2,069,000	\$ 134,470	= 0.5%

Prior Year Adopted Revenue Schedule

Sayreville Housing Authority

FY 2017 Adopted Budget

	Public Housing		Housing		Total All
	Management	Section 8	Voucher	Other Programs	Operations
OPERATING REVENUES					
Rental Fees					
Homebuyers' Monthly Payments					\$ -
Dwelling Rental					-
Excess Utilities					-
Non-Dwelling Rental					-
HUD Operating Subsidy					
New Construction - Acc Section 8					-
Voucher - Acc Housing Voucher			1,963,000		1,963,000
Total Rental Fees	-	_	1,963,000	-	1,963,000
Other Revenue (List)					
Ports			27,000		27,000
Management Fees			40,000		40,000
Fee for Service			37,500		37,500
Frauds			1,000		1,000
Type in (Grant, Other Rev)			-		_
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					_
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					_
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					_
Type in (Grant, Other Rev)					-
Total Other Revenue	-	-	105,500		105,500
Total Operating Revenues	•	-	2,068,500		2,068,500
NON-OPERATING REVENUES					
Other Non-Operating Revenues (List)					
Type in					~
Type in					-
Type in					-
Type in					-
Type in					-
Type in					-
Other Non-Operating Revenues	-	-			_
Interest on Investments & Deposits					
Interest Earned		······································	500		500
Penalties					
Other					-
Total Interest	-	-	500	-	500
Total Non-Operating Revenues	**	-	500	-	500
TOTAL ANTICIPATED REVENUES	\$ -	\$ -	\$ 2,069,000	- \$	\$ 2,069,000

Appropriations Schedule

Sayreville Housing Authority

For the Period

January 1, 2018

to

December 31, 2018

\$ Increase

% Increase

		FY	2018 Propose	ed Budget		FY 2017 Adopted Budget	5 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			37,070		37,070	35,300	1,770	5.0%
Legal			6,700		6,700	6,500	200	3.1%
Staff Training			5,150		5,150	5,000	150	3.0%
Travel			9,270		9,270	9,000	270	3.0%
Accounting Fees					-	-	-	#DIV/01
Auditing Fees			7,210		7,210	7,000	210	3.0%
Miscellaneous Administration*			195,700		195,700	190,000	5,700	3.0%
Total Administration		-	261,100	*	261,100	252,800	8,300	3.3%
Cost of Providing Services								•
Salary & Wages - Tenant Services] -	-	-	#DIV/0!
Salary & Wages - Maintenance & Operation					-	-	-	#DIV/01
Salary & Wages - Protective Services					-	-	-	#DIV/01
Salary & Wages - Utility Labor					_	-	-	#DIV/01
Fringe Benefits						-		#DIV/01
Tenant Services					_	-	*	#DIV/01
Utilities					_		_	#DIV/01
Maintenance & Operation					_	-		#DIV/01
Protective Services					_	-		#DIV/01
Insurance			7,210		7,210	7,000	210	3.0%
Payment in Lieu of Taxes (PILOT)			7,230		1,220	.,002	-	#DIV/01
Terminal Leave Payments					_	_	-	#DIV/0!
Collection Losses					l .		_	#D(V/01
Other General Expense			1,030		1,030	1,000	30	3.0%
Rents			1,916,000		1,916,000	1,781,000	135,000	7.6%
			1,510,000		1,910,000	1,781,000	133,000	#DIV/0!
Extraordinary Maintenance	1		2.000		2,060	2,000	60	3.0%
Replacement of Non-Expendible Equipment			2,060		2,000	2,000		#DIV/0!
Property Betterment/Additions					1	-	-	#DIV/0!
Miscellaneous COPS*			1.026.300		1 036 300	1,791,000	135,300	-
Total Cost of Providing Services			1,926,300		1,926,300	1,791,000	155,500	- 7.070
Total Principal Payments on Debt Service in Lieu of	WWW.WWW.WW	VVVVVVVVVVVV	VVVVVVVVVVV	VVVVVVVVVVVV			_	#DIV/0!
Depreciation	page 1	XXXXXXXXXX		XXXXXXXXXX	2 107 400	2,043,800	143,600	-
Total Operating Appropriations			2,187,400		2,187,400	2,043,800	143,000	- 7.0%
NON-OPERATING APPROPRIATIONS								#007/01
Total Interest Payments on Debt	XXXXXXXXXX	XXXXXXXXXXX	AXXXXXXXXX	XXXXXXXXXX	7	-	-	#DIV/0!
Operations & Maintenance Reserve	1				1	-	*	#DIV/0!
Renewal & Replacement Reserve	1					-	-	#DIV/0!
Municipality/County Appropriation	1					-	-	#DIV/0!
Other Reserves	L							#DIV/01
Total Non-Operating Appropriations		-						#DIV/0!
TOTAL APPROPRIATIONS			2,187,400		2,187,400	2,043,800	143,600	7.0%
ACCUMULATED DEFICIT					-			#ĐIV/0I
TOTAL APPROPRIATIONS & ACCUMULATED								
DEFICIT		-	2,187,400		2,187,400	2,043,800	143,600	7.0%
UNRESTRICTED NET POSITION UTILIZED								
Municipality/County Appropriation		•			-	-	-	#DIV/0I
Other				MATCHET TO THE STATE OF THE STA				#DIV/0I
Total Unrestricted Net Position Utilized	-	Pr-	-					#DIV/0I
TOTAL NET APPROPRIATIONS	\$ -	\$ -	\$ 2,187,400	\$ -	\$ 2,187,400	\$ 2,043,800	\$ 143,600	7.0%
	****						-	
* Miscellaneous line items may not exceed 5% of to	ital operating appr	opriations show	n below. If amoun	t in miscellaneous is g	reater than the amoun	t shown below, then		
the line item must be itemized above.								
5% of Total Operating Appropriations	\$ -	\$ -	\$ 109,370.00	\$ -	\$ 109,370.00			

SAYREVILLE HOUSING AUTHORITY STATE BUDGET PAGE F-4 MISCELLANEOUS ADMINISTRATION

Item	Amount
Interlocal with Perth Amboy	166,350
Membership Fees/Dues	500
Telephone	2,320
Software Mantenance	8,240
HCV Inspections	9,525
Office Supplies	3,100
Postage	2,575
Advertising	1,030
Petty Cash	1,030
Utilities	1,030
Total	195,700

Prior Year Adopted Appropriations Schedule

Sayreville Housing Authority

		F	Y 2017 Adopted Budg	et		
	Public Housing				T	otal All
	Management	Section 8	Housing Voucher	Other Programs	Ор	erations
OPERATING APPROPRIATIONS						
Administration						
Salary & Wages]\$	
Fringe Benefits			35,300			35,300
Legal			6,500			6,500
Staff Training			5,000			5,000
Travel			9,000			9,000
Accounting Fees			-,			_
Auditing Fees			7,000			7,000
Miscellaneous Administration*			190,000			190,000
Total Administration		-	252,800	*	L	252,800
Cost of Providing Services			232,000			
			***************************************		1	-
Salary & Wages - Tenant Services						
Salary & Wages - Maintenance & Operation						_
Salary & Wages - Protective Services						
Salary & Wages - Utility Labor						-
Fringe Benefits						-
Tenant Services						-
Utilities						-
Maintenance & Operation						-
Protective Services						
Insurance			7,000			7,000
Payment in Lieu of Taxes (PILOT)						-
Terminal Leave Payments						
Collection Losses						
Other General Expense			1,000			1,000
Rents			1,781,000			1,781,000
Extraordinary Maintenance						-
Replacement of Non-Expendible Equipment			2,000			2,000
Property Betterment/Additions						-
Miscellaneous COPS*						-
Total Cost of Providing Services	-	-	1,791,000	-		1,791,000
Total Principal Payments on Debt Service in Lieu of						
Depreciation	XXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX		-
Total Operating Appropriations	_	-	2,043,800	-		2,043,800
NON-OPERATING APPROPRIATIONS	***************************************		······································			
Total Interest Payments on Debt	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXX		
Operations & Maintenance Reserve			,		7	-
Renewal & Replacement Reserve						
Municipality/County Appropriation						
Other Reserves	1					_
Total Non-Operating Appropriations		-	_	-	<u> </u>	-
TOTAL APPROPRIATIONS			2,043,800			2,043,800
		_	2,043,800		1	2,0-+3,000
ACCUMULATED DEFICIT		····			1	
TOTAL APPROPRIATIONS & ACCUMULATED			2 242 222			2.042.000
DEFICIT	-	_	2,043,800			2,043,800
UNRESTRICTED NET POSITION UTILIZED						
Municipality/County Appropriation		_	-	_	7	-
Other					<u></u>	-
Total Unrestricted Net Position Utilized	-			<u>.</u>		
TOTAL NET APPROPRIATIONS	\$ -	\$ -	\$ 2,043,800	\$ -	\$	2,043,800

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

5% of Total Operating Appropriations \$ - \$ 102,190.00 \$ - \$ 102,190.00

* Miscellaneous line items may not exceed 5% of total operating appropriations shown below. If amount in miscellaneous is greater than the amount

Debt Service Schedule - Principal

		Total Principal Outstanding	, , ,		•
		Total Principal Thereafter Outstanding	v.	ī	\$ -
	1	There		ı	\$ -
		2023			\$
		2022			1
		2021		τ	.
	Fiscal Year Ending in			,	\$ -
Sayreville Housing Authority	Fiscal Ye	2020		1	\$ -
reville Housi		2019			
Say					~
		Proposed Budget Year 2018		1	1
	_	<u> </u>		1	s
	×	Adopted Budget Year 2017		I	- \$
	xoq:				
	ebt X this				
	has no d		e Name e Name e Name	ie Name ICIPAL SUBSIDY	PAL
	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 PRINCIPAL LESS: HUD SUBSIDY	NET PRINCIPAL

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

Standard & Poors		
Fitch		
Moody's		
	Bond Rating	Year of Last Rating

Debt Service Schedule - Interest Sayreville Housing Authority

•	***************************************							1	
		Proposed							Total Interest
t	Adopted budget Year 2017	2018	2019	2020	2021	2022	2023	Thereafter	Outstanding
Type in Issue Name									
Type in Issue Name									
Type in Issue Name									
Type in Issue Name									
TOTAL INTEREST	-				1	1			
LESS: HUD SUBSIDY									
NET INTEREST \$	-	\$	\$	\$	\$	\$	\$	- \$ -	\$

Net Position Reconciliation

Sayreville Housing Authority

January 1, 2018 For the Period

December 31, 2018 ಧ

FY 2018 Proposed Budget

Operations

Other Programs

Voucher Housing

Section 8

Public Housing Management 26,167

Total All

26,167

26,167

26,167

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)

25,200

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

4

51,367	ı	ı	t	1	\$ 51,367
1	•	1	1		1
					₩
51,367	ı	1	١	1	\$ 51,367
			_		\$
•	'	•	•	,	
t	,	ŧ	ı		\$ -
					\$

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.

(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 Maximum Allowable Appropriation to Municipality/County

\$ 109,370

\$ 109,370 \$

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

2018 SAYREVILLE

(Name)

HOUSING AUTHORITY CAPITAL BUDGET/ PROGRAM

2018 CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

SAYREVILLE

(Name)

1-1-2018

TO:

12-31-2018

FROM:

FISCAL YEAR:

[] It is hereby cer	tified that the Housing Au	thority Capital B	udget/Program annexed hereto
is a true copy of the Capital I Annual Budget, by the gov day of	Budget/Program approved verning body of the	, pursuant to N.J.	A.C. 5:31-2.2, along with the
	0	R	
It is hereby cerelected NOT to adopt a Cap. 5:31-2.2 for the follow	ital Budget /Program for	the aforesaid fisc	
MATERIAL AND ADMINISTRATION OF THE PROPERTY OF		:	
Officer's Signature:	M		
Name:	DOUGLAS DZEMA		
Title:	EXECUTIVE DIRECT	OR	
Address:	650 WASHINGTON R	OAD	
	SAYREVILLE, NJ 088	72	
Phone Number:	732-721-8400	Fax Number:	732-721-0062
E-mail address	hapadoug@aol.com		

2018 CAPITAL BUDGET/PROGRAM MESSAGE

SAYREVILLE Housing Authority

(Name)

FISCAL YEAR:

FROM:

1-1-2018

TO:

12-31-2018

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

- 1. Has the Capital Budget/Program been prepared in consultation with or reviewed by, the local and county planning board(s), governing body(ies), or other affected governmental entity(ies) of the jurisdiction(s) served by the Housing Authority?
- 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 Period

January 1, 2018

to

December 31, 2018

			Fui	nding Sources		
			Renewal &			
	Estimated Total	Unrestricted Net	Replacement	Debt		Other
	Cost	Position Utilized	Reserve	Authorization	Capital Grants	Sources
Public Housing Management						
Type in Description	\$ -					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total			_	*	*	
Section 8						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	_	_	_		
Housing Voucher		·····				
Type in Description	_					
Type in Description	-					j
Type in Description	-					
Type in Description	<u>-</u>					
Total	*	**	*		-	
Other Programs						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description						
Total	-	_		_	-	-
TOTAL PROPOSED CAPITAL BUDGET	\$ -	\$ -	\$	\$ -	\$	\$ -

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

5 Year Capital Improvement Plan

Sayreville Housing Authority

For the Period

January 1, 2018

to

December 31, 2018

Fiscal Year Beginning in

	Estimated Cost		Current Budget Year 2018	2019	2020	2021	2022	2023
Public Housing Management								
Type in Description	\$	-	\$ -					
Type in Description		-	-					
Type in Description		-	-					
Type in Description		-						
Total		-	-				-	
Section 8								
Type in Description		-	-					
Type in Description		-	-					
Type in Description		~	-					
Type in Description		-	-					
Total		-	_	······································	•	•	-	-
Housing Voucher								
Type in Description		•	•					
Type in Description			-					
Type in Description		-	-					
Type in Description		-	-					
Total		-	*	-				-
Other Programs								
Type in Description		-	-					
Type in Description		_						
Type in Description		-	-					
Type in Description		~	-					
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 Ja

January 1, 2018

to

December 31, 2018

			Funding Sources				
				Renewal &			
	Estimated Total Cost		Unrestricted Net	Replacement	Debt		Other Sources
			Position Utilized	Reserve	Authorization	Capital Grants	
Public Housing Management							
Type in Description	\$	=					
Type in Description		-					
Type in Description		•					
Type in Description		-					
Total		_		_	_	_	
Section 8							
Type in Description		-					
Type in Description		-					
Type in Description		-					
Type in Description							
Total		-			-	-	_
Housing Voucher							
Type in Description		-					
Type in Description		~					
Type in Description		-					
Type in Description							
Total		_	_	-	-	_	-
Other Programs							
Type in Description		-					
Type in Description		-					
Type in Description							
Type in Description		-					
Total		_				-	-
TOTAL	\$	#	\$ -	\$	- \$ <i>-</i>	\$	\$ -
Total 5 Year Plan per CB-4	\$	я					
Balance check		- 1	f amount is other than z	ero, verify that pro	ojects listed above	match projects lis	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.