Authority Budget of: SAYREVILLE HOUSING AUTHORITY

State Filing Year

2021

For the Period:

January 1, 2021

to

December 31, 2021

www.sayrevilleha.org
Authority Web Address

APPROVED COPY



Division of Local Government Services

2021 (2021-2022) HOUSING AUTHORITY BUDGET Certification Section

2021 (2021-2022)

SAYREVILLE

(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM JANUARY 1, 2021 TO DECEMBER 31, 2021

For Division Use Only

CERTIFICATION OF APPROVED BUDGET

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

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

By: Taul D. West CPA, RMA Date: 11/19/2020

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. West CPA RAA Date: 12/31/2020

2021 (2021-2022) PREPARER'S CERTIFICATION

SAYREVILLE

Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:

01-01-2021

TO:

12-31-2021

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:	J hmi	I mlm/	
Name:	THOMAS FURLO	NG, CPA	300
Title:	DIRECTOR OF FI	NANCIAL OPERAT	IONS
Address:	881 AMBOY AVE PERTH AMBOY,	NUE,P.O. BOX 390 NJ 08862	
Phone Number:	732-826-3118	Fax Number:	732-826-3111
E-mail address	tfurlong@perthaml	oyha.org	

2021 (2021-2022) APPROVAL CERTIFICATION

SAYREVILLE

(Name)

HOUSING AUTHORITY BUDGET

01-01-2021

TO:

12-31-2021

It is hereby certified that the Housing Authority Budget, including all schedules appended hereto, ar	+ 0 0
true copy of the Annual Budget and Capital Budget/Program approved by resolution by the government of the Annual Budget and Capital Budget/Program approved by resolution by the government of the Annual Budget and Capital Budget/Program approved by resolution by the government of the Annual Budget and Capital Budget/Program approved by resolution by the government of the Annual Budget and Capital Budget/Program approved by resolution by the government of the Annual Budget and Capital Budget/Program approved by resolution by the government of the Annual Budget and Capital Budget/Program approved by resolution by the government of the Annual Budget and Capital Budget/Program approved by resolution by the government of the Annual Budget and Capital Budget/Program approved by resolution by the government of the Annual Budget and Capital Budget/Program approved by resolution by the government of the Annual Budget and Capital Budget/Program approved by resolution by the government of the Annual Budget and Capital Budget/Program approved by resolution by the government of the Annual Budget and Capital Budget/Program approved by resolution by the government of the Annual Budget and Capital Budget/Program approved by resolution approved by the government of the Annual Budget and Capital Budget/Program approved by resolution approved by the Budget/Program approved by the Budget/Progr	.c a rino
body of the SAYREVILLE Housing Authority, at an open public meeting held pursuant	i to
N.LA.C. 5:31-2.3, on the 21 ST day of OCTOBER . 2020	

FROM:

FISCAL YEAR:

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

Officer's Signature:	Can	and the same that the same transfer of the same tra	
Name:	DOUGLAS DZEM	[A	
Title:	EXECUTIVE DIR	ECTOR	
Address:	650 WASHINGTO SAYREVILLE, NJ		The second secon
Phone Number:	732-721-8400	Fax Number:	732-721-0062
E-mail address	ddzema@perthamb	oyha,org	

INTERNET WEBSITE CERTIFICATION

Authority	y's Web Address: www.sayrcvilleha.org
website. Operations website at	rities shall maintain either an Internet website or a webpage on the municipality's or county's Internet purpose of the website or webpage shall be to provide increased public access to the authorises and activities. N.J.S.A. 40A:5A-17.1 requires the following items to be included on the Authorist a minimum for public disclosure. Check the boxes below to certify the Authority's compliance via 10A: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 of 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 are immediately two prior years
X	The Authority's rules, regulations and official policy statements deemed relevant by the governin 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
, , , ,	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 whalsoever rendered to the Authority.
webpage as	certified by the below authorized representative of the Authority that the Authority's website of identified above complies with the minimum statutory requirements of N.J.S.A. 40A:5A-17.1 a. A check in each of the above boxes signifies compliance.
Name of Off	ficer Certifying compliance DOUGLAS DZEMA
Title of Offic	cer Certifying compliance EXECUTIVE DIRECTOR

Page C-4

Signature

2021 (2021-2022) HOUSING AUTHORITY BUDGET RESOLUTION 2020-18

SAYREVILLE (Name)

FISC	AL YEAR:	FROM:	01-01-2021	TO:	12-31-2021	
WHEREAS, the Annual Budg year beginning. 01-01-202 SAYREVILLE Housing	A	nd endine	-3 -202 has been	proported	lousing Authority for the before the governing body	fisca of th
WHEREAS, the schedule of revenues, together with all of meet operating expenses, capi <u>F-4</u> , all as may be required by	ner anticipated i tal outlays, debt	revenues to sati service require	sty all obligations to	the holder	on a Chamada a Cale a Anala and	Fabrum 1955
WHEREAS, the Capital Budg any authorization to raise or a management objectives. Spec be granted elsewhere; by bor Renewal and Replacement Res	eVProgram show expend funds; ra ific authorization ad resolution, by	on Capital littler it is a document to expend fundament of the control of the con	udget Page CB-3, pument to be used as	ursuant to j	said Authority's planning	g and
NOW, THEREFORE BE IT R open public meeting held on Budget/Program of the SAY ending, 12-31-2021 is he	REVILLE	Housing Author				at an apital
BE IT FURTHER RESOLVEI meet all proposed expenditures outstanding debt obligations, cu	expenses and at	covenants, ter	MS and provisions as	etimulated :	n the said Housing Author	nt to rity's
BE IT FURTHER RESOLVED Annual Budger and Capital Bud	, that the govern lget/Program for	ing body of the adoption on	SAYREVILLI	Hous	ing Authority will consider	r the
Secretary & Signature)	nijg.		<u>[0</u>	(21)20 (ate)	10 And 10 10 10 And 10 10 10 And 10 10 10 And 10 10 And 10	
Governing Body Member:	Recorded Vo Aye		Abstain Absent	:		
Note Fill in the name of Ea	ich Commissi	oner and indi	cate their recorde	d Vote	2 2 8 %	
CENNETH OLCHASKEY						
ON GREEN MARK SCHMIDT			V	•		
ENNETH KREISMER			·			
RANK BELLA TEPHEN MELANASKI					-	
HOMAS BENINATO	V.				.*	

2021 (2021-2022) ADOPTION CERTIFICATION

SAYREVILLE

(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:

01-01-2021

TO:

12-31-2021

Note: This is filled on for Adoption of the Budget Don't fill in for Introduction of the Budget

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>8TH</u> Aday of, <u>DECEMBER</u>, <u>2020</u>.

Officer's Signature:	dist.		
Name:	DOUGLAS DZEM	[A	
Title:	EXECUTIVE DIR	ECTOR	
Address:	650 WASHINGTO SAYREVILLE, NJ		
Phone Number:	732-721-8400	Fax Number:	732-721-0062
E-mail address	ddzema@perthamb	oyha.org	

2021 (2021-2022) ADOPTED BUDGET RESOLUTION

2020-23

SAYREVILLE

(Name) HOUSING AUTHORITY

	FISCAL YEAR:	FROM:	01-01-2021	TO:	12-31-2021	
year beginning0	nual Budget and Capital I 1-01-2021 and ending LE Housing Author	3, 12-31-20	ll has been pre	sented for ado	ption before the gov	for the fiscal verning body
revenue <i>Budget page</i>	nual <u>Budget Page F-1</u> and <u>F-2</u> and appropriation <u>b</u> cluding all amendments the structure of the structure	udget page F.	4 in the same amo	unt and title a	s set forth in the int	roduced and
public meeting held o <u>SAYREVILLE</u>	BE IT RESOLVED, by n 12-8-2020 that the Housing Authority for hall constitute appropriate.	he Annual Bud the fiscal yea	lget and Capital Burbeginning, 01-	idget/Program	of the	
item of revenue and a	SOLVED, that the Ann appropriation in the same to, if any, which have been	amount and t	itle as set forth in	the introduced	and approved budg ocal Government S	get, including
Governing Body	Recorded V	^r ote				
Member: Note Fill in the na	Aye ame of Each Commis	Nay sioner and i	Abstain A ndicate their rea	bsent corded Vote		
KENNETH OLCH RON GREEN MARK SCHMIDT KENNETH KREIS RANK BELLA STEPHEN MELA THOMAS BENIN	SMER /					

2021 (2021-2022) HOUSING AUTHORITY BUDGET

Narrative and Information Section

2021 (2021-2022) HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS SAYREVILLE

(Name)

AUTHORITY BUDGET

FISCAL YEAR:

FROM:

01-01-2021

TO:

12-31-2021

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

1. Complete a brief statement on the 2021/2021-2022 proposed Annual Budget and make comparison to the 2020/2020-2021 adopted budget for each Revenues and Appropriations. Explain any variances over +/-10% (As shown on budget pages F-2 and F-4 explain the reason for changes for each revenue and appropriation changing more than 10%) for each individual revenue and appropriation line item. Explanations of variances should include a description of the teason for the increase/decrease in the budgeted line item, not just an indication of the amount and percent of the change. Attach any supporting documentation that will help to explain the reason for the increase/decrease in the budgeted line item. (Example Rate Increase authorized by resolution or by HUD).

There are no budget variances in excess of 10%.

- 2. Describe the state of the local/regional economy and how it may impact the proposed Annual Budget, including the planned Capital Budget/Program. Example would be effect on a recession in the economy on the housing Authority. NONE
- 3. Describe the reasons for utilizing Unrestricted Net Position in the proposed Annual Budget, i.e. rate stabilization, debt service reduction, to balance the budget, etc. If the Authority's budget anticipates a use of Unrestricted Net Position, this question must be answered. N/A
- 4. Identify any sources of funds transferred to the County/Municipality as a Pilot Payments, or a shared service and explain the reason for the transfer -- Housing Authorities cannot transfer Unrestricted Net Position (i.e.: to balance the County/Municipality budget, etc.). N/A
- 5. The proposed budget must not reflect an anticipated deficit from 2021/2021-2022 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 in most recent audit report pertaining to Deficits to Unrestricted Net Position caused by recording <u>Pension and Post-Employment Benefits liabilities as required by GASB 68 and GASB 75</u>).

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

HOUSING AUTHORITY CONTACT INFORMATION AUTHORITY CONTACT INFORMATION 2021 (2021-2022)

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

Name of Authority:	SAYREVILLE HOUSIN	G AUTH	ORIT	Y										
Federal ID Number:	22-2469387				71.14									
Address:	650 WASHINGTON RO.	AD												
City, State, Zip:	SAYREVILLE	NJ	08872											
Phone: (ext.)	732-721-8400	F	ax:	732-7	21-0062									
Preparer's Name:	THOMAS FURLONG													
Preparer's Address:	881 AMBOY AVENUE,	P.O. BO	X 390	31110										
City, State, Zip:	PERTH AMBOY	*******	er e più	NJ	08862									
Phone: (ext.)	732-826-3118	F	ax:	732-8	26-3111									
E-mail:	tfurlong@perthamboyha.c	org												
Chief Executive Officer:(1)	DOUGLAS DZEMA													
(1)Or person who performs the	A STATE OF THE PARTY OF THE PAR		720 701 00C0											
Phone: (ext.)	732-721-8400	Fax		732-72	1-0062									
E-mail:	ddzema@perthamboyha.org													
Chief Financial Officer:(1)	THOMAS FURLONG		000		<u> </u>									
(3) Or person who performs th	ese functions under another	Title												
Phone: (ext.)	732-826-3118	Fax:	732	-826-311	1									
E-mail:	tfurlong@perthamboyha	.org			tana, in the second second									
Name of Auditor:	ANT	 		The second second										
Name of Firm:	FRANCIS J. McCONNI	ELL, CPA	1											
Address:	6225 RISING SUN AVI	ENUE												
City, State, Zip:	PHILADELPHIA			PΑ	19111									
Phone: (ext.)	215-742-3428	Fax	:											
E-mail:	fjmcconnell29@outlook.com													

HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

SAYREVILLE (Name)

	FISCAL	YEAR:	FROM:	01-01-2021	TO:	12-31-2021
11	wer all questions below co Provide the number of ind	ividuals em	ploved in (Us	e lylost recent yy-	3 TAVUILIAN	e 2019 or 2020) as repor
21	on the Authority's Form V Provide the amount of tota	l calaries at	nd wages as re	ported on the Auth	ority s roi	m W-3, (Use Most
	Descrit W 2 Available 20	19 or 2020	i Transinittai (IL MARGERING THE THE	acements.	
	Provide the number of reg commissioners have been your Authority)	appointed	(Total Com	nissioners are em	ter 5 of 7 2	is per statute to:
	m to it is Called	emate votin	g members of	the governing body	y: <u> </u>	(Maximum is 2)
5)	Did any person listed on P on Page N-4 during the cu	age N-4 ha	ve a family or year? <u>no</u> he individuals	If "yes," attach involved and their	a descript positions a	ion of the at the Authority.
Weight .	Did all individuals that we year (Most Recent Filing of their relationship with t actually filed at http://www.	that Marcl he Authorit w state.ni.	h 31. 2020 or y file the form us/dca/divisi	2021 deadine has as required? (Ch∝ ons/dlgs/resource	passed 20 ked to see s/fds.html	if individuals before answering)
	yes If "no," pro	vide a list o	f those individed the reason for the	luals who failed to	file a Finai	ncial Disclosure
7)	Statement and an explanation of the Authority have a semployees or highest comindividuals; their position,	ny amounts	receivable fro	no If "ves."	auacn a us	l Of those
		the amount	receivance, a	THE LEGICAL SPITOTO OF	11.0 cm	Management of the state of the
0.5	Authority. Was the Authority a party	to a hueine	ss fransaction	with one of the foll	owing part	ties:
8)	a. A current or former conb. A family member of a	miccionar o	thicer key emp	lovee, or nignest con	ipensaled ei	ilployee:
	employee7 <u>no</u> c. An entity of which a employee (or family me	Lenutharant	was an officer	or direct or indirect	owner/	3.163
	If the answer to any of the of the commissioner, offit thereof) of the Authority,	e above is cer, key em, the name c	"yes," attach ployee, or hig of the entity an ansaction was	n aescripiion oj ine hest compensated e d relationship to th subject to a compe	transactio imployee (c ie individui titive bid p	or family member al or family member; rocess.
703	middle Andleguiter during t	ha most rec	ent tiscal veat	nay premiums, dir	ecuy or m	uncony, on a
	personal benefit contract? endowment contract that family, or any other person	A personal benefits, dir on designate	ectly or indire	ict is generally any city, the transferor, feror, no 1)	nie insura , a membei f "yes," att he contract	of the transferor's each a description of
10)	Explain the Authority's p Include whether the Auth commissioners or a comm positions in similarly size	rocess for d ority's proc nittee thereo d entities; 3 and/or 5) v	letermining co ess includes a of; 2) study or of annual or per pritten employ	mpensation for all my of the following survey of compens riodic performance ment contract. After	persons us ; 1) review ation data e evaluation ach a nari	and approval by the for comparable n; 4) independent
	Authorities procedures	for all tha	lividuais liste Page N-3 (n on <u>Fuge 1444 (2</u>	(VI A).	N A in companyated
			L#86 14-3 (No one	on page	N-4 is compensated

by PHA.

1) Did the Authority pay for meals or catering during the current fiscal year? no If "yes," a detailed list of all meals and/or catering invoices for the current fiscal year and provide an	attach
explanation for each expenditure listed.	
2) Did the Authority pay for travel expenses for any employee or individual listed on Page N-4? no 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	y other
13) Did the Authority provide any of the following to or your provide any of the following to or your provider any of the following the following to or your provider any of the following the or your provider any of the following the followi	
employee of the Authority?	
a. First class or charter travel no	
b. Travel for companions <u>no</u> c. Tax indemnification and gross-up payments <u>no</u>	
1 1 1 Fee marranal tree TO	
The National Control of the Control	
g. Vehicle/auto allowance of vehicle for personal disc	
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If the answer to may of the above is "yes," attach a description of the transaction including "	e name
and position of the individual and the amount expended.	
14) Did the Authority follow a written policy regarding payment or reimbursement for expenses in by employees and/or commissioners during the course of Authority business and does that policy employees and/or commissioners during the course of Authority business and does that policy employees and/or commissioners during the course of Authority business and does that policy expenses are proposed to the course of the cou	curred cy
The state of the s	
and the attention of the Authority's process for reimoursing employees and commission	Oners
Termination of the second seco	
TOTAL STATE OF THE	
	ere
Did the Authority make any payments to current or former commissioners or employees that we contingent upon the performance of the Authority or that were considered discretionary bonuse	s?
TC 0 D abter le explemention including amount Date.	
L	consult was
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etc. 19 no If "ves." attach a description of the event or condition that resulted in the fi	ne or
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and the state of t	and
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"ves." attach a description of the event or condition that resulted in the time of assessment and the	Hordare
C. C. M	
as a second to the Least deem of "troubled" by the Department of Housing and Utball DoyGlop	nd
If "we is attach an explanation of the reason the Authority was declifed thousand	iiu
describe the Authority's plan to address the conditions identified.	

(This page is directions for filling in page (N-4 (2-of 2)) (No answers should be entered on this pu_b

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

SAYREVILLE

(Name)

FISCAL YEAR:

FROM:

01-01-2021

TO:

12-31-2021

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

1) List all of the Authority's current commissioners and officers and amount of compensation from the Authority and any other public entities as defined below. Enter zero if no compensation was paid.

2) List all of the Authority's key employees and highest compensated employees other than a commissioner or officer as defined below and amount of compensation from the Authority and any other public entities.

3) List all of the Authority's former officers, key employees and highest compensated employees who received more than \$100,000 in reportable compensation from the Authority and any other public entities during the most recent fiscal year completed.

4) List all of the Authority's former commissioners who received more than \$10,000 in reportable compensation

from the Authority and any other public entities during the most recent fiscal year completed.

Commissioner: A member of the governing body of the authority with voting rights. Include alternates for purposes of this schedule.

Officer: A person elected or appointed to manage the authority's daily operations at any time during the year, such as the chairperson, vice-chairperson, secretary, or treasurer. For the purposes of this schedule, treat the authority's top management official and top financial official as officers. A member of the governing body may be both a commissioner and an officer for the purposes of this schedule.

Key employee: An employee or independent contractor of the authority (other than a commissioner or officer) who

meets both of the following criteria:

e) The individual received reportable compensation from the authority and other public entities in excess of \$150,000 for the most recent fiscal year completed; and

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 entitles 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 cr family travel, entertainment, and personal use of the Authority's property. Compensation includes payments and other benefits provided to

both employees and independent contractors in exchange for services.

Reportable compensation: (Use the Most Recent W-2 available 2019 or 202). 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, 2021, the most recent W-2 and 1099 should be used 2020 or 2019 (60 days prior to start of budget year is November 1, 2020, with 2019 being the most recent calendar year ended), and for fiscal years ending June 30, 2021, the calendar year 2020 W-2 and 1099 should be used (60 days prior to start of budget year is May 1, 2021, with 2020 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.

Total:	15	14	₩	Ľ	H	10	10	8 Douglas Dzema	7 Thomas Beninato	6 Stephen	5 Frank Bella	4 Kenneth	3 Mark Schmidt	2 Ron Green	1 Kenneth		
								Dzema	Beninato	6 Stephen Melanaski	테	4 Kenneth Kreismer	hmidt	,en	 Kenneth Olchaskey 	N атте	
			9					Executive Director	Commissioner	Commissioner	Commissioner	Commissioner	Commissioner	Vice Chair	Chairpetson	Trite	
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s								X None	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Kay Employet Formor Fightest Componsated Employed Kay Employed	Position
. \$								(b)							•	Base Salary/	Reportable Compensation from Authority (W-2/1199)
S															***************************************	s, etc.)	sation from (7.1099)
											2				S	Estimated attraunt of other compensation from the Authority [frealth benefits.]	
	0	0	0	0	0	0	Q	0 19	0 7	0 7	C 7	0.7	0 7	0		Total Compensation of from Authority	,a
÷								0 Perth Amboy H.A	0 None	0 None	v None	0 None	0 None	0 None	None	Average Names of Other Average Hours per Wheek Individual is an Employee or Positions held Positions at Member of the at Other Public Other Public Governing Body (1) Entities Listed in Entities Listed See note below Column O in Column O	
								Executive Director								Average Hours per Week Pasitions held Postelous at at Other Public Other Public Up of The Column O in Column O	
to							œ.	40							1	Average Hours per Week Dodleated to Positions at Other Public Entities Listed in Column 0	
\$ 255,438 \$								255,438								Reportable Of Compensation from Other Public Entities (W-2/1099)	
80,000			€					80,000								Estimated amount of other compensation from Other Public Entities (health benefits, pension, payment in lieu of treatth benefits, etc.)	
\$ 335,438								335,438						549	5	Total Compensation All Public Entities	

(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

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)	GRAND TOTAL	Subtotal	Employee Cost Sharing Contribution (enter as negative -)	Family	Employee & Spouse (or Partner)	Single Coverage Parent & Child	Retirees - Health Benefits - Annual Cost		Subtotal	Employee Cost Sharing Contribution (enter as negative -)	Family	Employee & Spouse (or Partner)	Parent & Child	Single Coverage	Commissioners - Health Benefits - Annual Cost	Subtotal	Employee Cost Sharing Contribution (enter as negative -)	Family	Employee & Spouse (or Partner)	Parent & Child	Single Coverage	Active Employees - Health Benefits - Annual Cost			20			The second secon	inout- X - in Box Below IF this Page is Non-Applicable
nswer in Box) (Place Answer in Bo	3	3			ш	2			0			12				0 ==					A		rioposeo suoger	(Medical & Rx)	Members	# of Covered			For the Period
The same of				, , , ,	7.900	4,073										() () () () () () () () () () () () () (\$		nagone	Proposed	Employee *	Estimate per	Annual Cost		Sayreville Housing Authority January 1, 2021
YES YES	\$ 16,046	16,046		, , ,	7 900	8,145					(A)		N.						ic:	I [‡]	ja ja		Budget	Proposed	Estimate	Total Cost			g Authority 1, 2021
Yes or No	ω	3				2			0							0							Current Year	(Medical & Rx)	Members	# of Covered			៩
				,,000	7 669	3,954			0 信息的影響														Current Year	per Employee	Annual Cost			20	Decem b e
	\$ 15,577	15,577		,,000	7 569	7,508			13			5	1.4	f ₁				9	ý	<u>.</u> (_)	\$		Cost	Total Prior Year				•	December 31, 2021
20- Eur	\$ 469	469			72,	238		化市 网络	ie.	r)	ii. 11	ŧ	¥ :	6		į,		e o	Tic.	ē.	٠,		(Decrease)	\$ Increase					
	3.0%	3.0%	#DIV/0!	#DIV/0!	*Div/o:	3.0%			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0I		#DN/0!	#DIV/0!	#DIV/0!	#DIV/OI	#DIV/oi	#DIV/QI		(Decrease)	% Increase					

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, 2021

ಠ

December 31, 2021

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

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

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

Schedule of Shared Service Agreements

ived/paid for those services.	lidentify the amount that is recei	at the Authority currently engages in and	Enter the shared service agreements that the Authority currently engages in and identify the amount that is received/paid
			If No Shared Services X this Box
December 31, 2021	₽	January 1, 2021	For the Period
ii.	Sufficient tonoming wentforthy	out of	

56	Sa	Sayreville Housing Authority	E	
For the Period	January 1, 2021	ಕ	December 31, 2021	
ed Services X this Bax				
shared service agreements th	shared service agreements that the Authority currently engages in and identify the amount that is received/paid for those se	and identify the amount that is re	eceived/paid for those services.	
		111111111111111111111111111111111111111		

	4						Perin Amboy Housing Authority Say				<u> </u>
			18	2			Sayreville Housing Authority	bayreville Housing Authority	Sayreville Housing Authority	Sayreville Housing Authority	lame of Entity Receiving Service
							Administrative Support	Construction Supervisor	Accounting Services	Management Services	Name of Entity Receiving Service Type of Shared Service Provided
The second secon					2 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	7.		2			Comments (Enter more specifics if needed)
A	611/414		········				1/1/2021	1/1/2021	1/1/2021	1/1/2021	Agreement Effective Date
		in i					1/1/2021 12/31/2021 \$	1/1/2021 12/31/2021 \$	1/1/2021 12/31/2021 \$	1/1/2021 12/31/2021 \$	Agreement End Date
							\$ 105,900	\$ 7,040	\$ 18,530	\$ 49,440	Amount to be Received by/ Paid from Authority

2021 (2022) HOUSING AUTHORITY BUDGET

Financial Schedules Section

SUMMARY

December 31, 2021	ಕ	fanuary 1, 2021	For the Period	
	ising Authority	Sayreville Housing		

ANTICIPATED SURPLUS (DEFICIT)	Net Total Appropriations	Less: Total Unrestricted Net Position Utilized	Total Appropriations and Accumulated Deficit	Accumulated Deficit	Total Interest Payments on Debt Total Other Non-Operating Appropriations Total Non-Operating Appropriations	Total Operating Appropriations	Total Principal Payments on Debt Service in Lieu of Depreciation	Total Cost of Providing Services	Total Administration	APPROPRIATIONS	Total Anticipated Revenues	Total Non-Operating Revenues	Total Operating Revenues	REVENUES	
\$			3		XXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	•	ï			E	45	Public Housing Management	
\$ 21,680 \$	2,337,520	E	2,337,520	4 d	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	₹ 2,337,520	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2,063,320	274,200	et (100)	2,359,200	1,600	\$ - \$ 2,357,600 \$	FY 2021 Proposed Budget Housing Section 8 Voucher Other Programs	
- \$ 21,680	- 2,337,520	ej :	2,337,520	4	e .	2,337,520	1	2,063,320	274,200		2,359,200	1,600	\$ 2,357,600	Total All Operations	
5 16,260	2,305,060		2,305,060		r a	2,305,060	i e	2,032,860	272,200		2,321,320	1,760	\$ 2,319,560	FY 2020 Adopted Budget Total All Operations	2
\$ 5,420	32,460		32,460	r) 	32,460		30,460	2,000		37,880	[160]	\$ 38,040	18 / "	\$ Increase (Decrease)
33.3%	1.4%	#DfV/01	1.4%	#DIV/0!	#DIV/0! #DIV/0!	14%	#DIV/0!	1.5%	0.7%		16%	-9.1%	1.6%	Proposed vs. Adopted All Operations	% Increase (Decrease)

Revenue Schedule

Sayreville Housing Authority

For the Period

January 1, 2021

to

December 31, 2021

\$ Increase

% Increase

r.		 FY 2	1021 Proposed I	Budget		FY 2020 Adopted Budget	(Decrease) Proposed vs. Adopted	(Decrease) Proposed vs. Adopted
	Public Housing Management	Section 8	See 30 600 SA	Other Programs	Total All Operations	Total All Operations	All Operations	All Operations
OPERATING REVENUES	· Marine Marine Spires (************		W
Rental Fees			2.16	-27	-Ø.		29	El manistral
Homebuyers' Monthly Payments					\$	\$	\$	#DIV/OI
Dwelling Rental	12				-	•	:•.	#DIV/01
Excess Utilitles	ľ					1••	ď,	#DIV/OI
Non-Dwelling Rental							;*	#DIV/01
HUD Operating Subsidy					-	· · · · · · · · · · · · · · · · · · ·	.T-	HDIV/01
New Construction - Acc Section 8	ull.		1.04747001100000000000000000000000000000		*			#OIV/OI
Voucher - Acc Housing Voucher	COMPANY AND A CONTRACT	_ S	2,239,600		2,239,600	2,204,560	35,040	. 1,6%
Total Rental Fees		oma - P	2,239,600		2,239,600	2,204,560	35,040	1.6%
Other Operating Revenues (List)						A - 1997 9		
Ports			34,750		34,750	33,750	1,000	3.0%
Management Fees			42,000		42,000	41,000	1,000	2.4%
Fee or Service			40,000		40,000	39,000	1,000	2.6%
Frauds			1,250		1,250	1,250	n*	0,0%
Type In (Grant, Other Rev)	II. *					18	4	#DIV/01
Type In (Grant, Other Rev)					136			#DIV/01
Type In (Grant, Other Rev)					20	T.	*8	#DIV/01
Type In (Grant, Other Rev)						•	· é	#DIV/OI
Type In (Grant, Other Rev)					74	35	135	#DIV/OI
Type In (Grant, Other Rev)						i÷ 5	¥	#DIV/OI
Type In (Grant, Other Rev)	· I				-14	3%	ia λ	#DIV/O!
Type In (Grant, Other Rev)				n 8 "			F	#DIV/01
Type in (Grant, Other Rev)					32		¥	#DIV/OI
Type In (Grant, Other Rev)							99 24	#DIV/OI
Type In (Grant, Other Rev)						ý.	¥	#DIV/OI
Type In (Grant, Other Rev)					¥	•		#DIV/01
Type In (Grant, Other Rev)					150	9		#DIV/01
Type In (Grant, Other Rev)								#DIV/01
Type In (Grant, Other Rev) W						100	92	#DIV/01
Type in (Grant, Other Rev)								#DIV/0I
Total Other Revenue			118,000	7 7 7 7 7	118,000	115,000	3,000	2.6%
Total Operating Revenues	***************************************		2,357,600		2,357,600	2,319,560	38,040	1.6%
NON-OPERATING REVENUES					e 1-5			
Ollier Non-Operating Revenues (List)							46	
Type in					1		2.	#DIV/0I
Type in	1						71	#DIV/OI
Type in					,	. 42	Ţ.	#DIV/01
Type In					90	1.5	7.	HDIV/01
Type in					空			#DIV/01
Type In						.780	28	#DIV/OI
Total Other Non-Operating Revenue	Application of the second						To the state of the	#DIV/OI
Interest on investments & Deposits (List)		***					****	
, , ,		W-Minnes	1,600	97.97	1,600	1,760	(160)	-9,1%
Interest Earned Penalties			1,000		1,000	2,700	1400/	#DIV/0I
Other				y.		230	Š.	#DIV/01
	keep and the second		1,600		1,600	1,760	(160)	-9.1%
Total Interest		H21H1 2	1,600		1,600	1,760	(160)	-9.1%
Total Non-Operating Revenues TOTAL ANTICIPATED REVENUES	· · · · · · · · · · · · · · · · · · ·		5 2,359,200		\$ 2,359,200	\$ 2,321,320	\$ 37,880	1.6%
TOTAL MITTIUPATED REVENUES		<u> </u>	Y Special Control		y againging	2 2000		H

Prior Year Adopted Revenue Schedule

Sayreville Housing Authority

*	8	FY 20	020 Adopted Bu	dget	
	Public Housing	CALOTANA CASTELLA CONTRACTOR	Housing		Total All
e.	Management	Section 8	Voucher	Other Programs	Operations
OPERATING REVENUES					W. T.
Rental Fees					v,
Homebuyers' Monthly Payments					\$
Dwelling Rental					
Excess Utilities					: A
Non-Dwelling Rental					₩-
HUD Operating Subsidy					-
New Construction - Acc Section 8					*
Voucher - Acc Housing Voucher	Del 250		2,204,560		2,204,560
Total Rental Fees			2,204,560		2,204,560
Other Revenue (List)					
Ports		·w''	33,750		33,750
Management Fees	± ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		41,000	567	41,000
Fee or Service			39,000		39,000
Frauds			1,250		1,250
Type in (Grant, Other Rev)	1		8		*
Type In (Grant, Other Rev)	21				*
Type In (Grant, Other Rev)					345
Type In (Grant, Other Rev)					
Type In (Grant, Other Rev)					34
Type in (Grant, Other Rev)					
Type In (Grant, Other Rev)					A.
Type in (Grant, Other Rev)					_
Type In (Grant, Other Rev)	*		H.	1	
Type In (Grant, Other Rev)					(2 27)
Type in (Grant, Other Rev)					.21
Type in (Grant, Other Rev)					
Type In (Grant, Other Rev)			T.	ŀ	*
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					€"
Type in (Grant, Other Rev)		8			9 50
Total Other Revenue	W		115,000		115,000
Total Operating Revenues		<u> </u>	2,319,560		2,319,560
NON-OPERATING REVENUES			2,319,300		2/313/300
Other Non-Operating Revenues (List)					
Type in		uses the second		**************************************	6
Туре іп					
Type in				1	-
Type in				1	5
Type in				1	~
Type In	1				
	Leading 1	/=/			
Other Non-Operating Revenues Interest on Investments & Deposits					
Interest Earned			1,760	1	1 760
Penaltles			1,700		1,760
					*
Other			4 550	-	4 760
Total Interest	-		1,760		1,760
Total Non-Operating Revenues		\$	1,760 2,321,320	\$	1,760 \$ 2,321,320
TOTAL ANTICIPATED REVENUES	\$	\$	1 2,321,320		\$ 2,321,320

Appropriations Schedule

Sayreville Housing Authority

For the Perlad

January 1, 2021

to

December 31, 2021

	See all Manageria	FY	2021 Propose	d Budget			FY 2020 Adopted Budget	(Decrease) Proposed vs. Adopted	(Decrease) Proposed vs. Adopted
*	Public Housing Management	Section 8	Housing Voucher	Other Programs		otal All perations	Total All Operations	All Operations	All Operations
OPERATING APPROPRIATIONS						*****	Remarks Inches		
Administration	r				10		\$	\$	#DIV/01
Salary & Wages	ľ		36,500		\$	36,500	40,000	(3,500)	-8.8%
Fringe Benefits			6,200		1	6,200	6,200	13,200,	0.0%
Legal			4,800			4,800	4,800		0.0%
Staff Training	1		8,700			8,700	8,700	19	0.0%
Travel			0,700			2,700	u ₁ , 00		#DIV/01
Accounting Fees	1		7,000			7,000	7,500	(500)	-6.7%
Auditing Fees Miscellaneous Administration*	I .		211,000			213,000	205,000	6,000	2,9%
Total Administration			274,200			274,200	272,200	2,000	0,7%
Cost of Providing Services	He desired		27.172.00		1000000	21.9200			
Salary & Wages - Tenant Services				- N-V	1	₩.		21/2	#DIV/01
Salary & Wages - Maintenance & Operation		9			1	E5	40	-	#DIV/01
Salary & Wages - Protective Services	1			9 9	1	1	2		#DIV/01
Salary & Wages - Utility Labor	1				1.			illa.	#DIV/01
Fringe Benefits					1	- 7			#DIV/OI
Tenant Services	· ·					*	*	:0"	#DIV/01
Utilities					1.	-	3 1		#DIV/01
Maintenance & Operation					15	Ç.			#DIV/01
Protective Services								17,4	#DIV/0I
Insurance			9,200		1	9,200	8,500	700	8.2%
Payment in Lieu of Taxes (PILOT)			5,200		1	3,250	4	¥ 1	#DIV/01
Terminal Leave Payments					Ť	- 100 mg			#DIV/01
Collection Losses					1	25	.,	92	#DIV/OI
Other General Expense	ľ		2,000		1	2,000	1,200	800	66,7%
Rents			2,050,000			2,050,000	2,021,040	28,960	1.4%
Extraordinary Maintenance			2,050,000		1	2,030,000	2,021,040	201000	#DIV/OI
Replacement of Non-Expendible Equipment			2,120			2,120	2,120		0.0%
Property Betterment/Additions	10		2,120		1	2,120	2,120		#DIV/0I
Miscellaneous COPS*	1					1200	(40)		#DIV/0)
Total Cost of Providing Services			2,063,320		1.	2,063,320	2,032,860	30,460	1.5%
Total Principal Payments on Debt Service in Lieu of	h-		1,000,000			Ljobbjoto	2,12,22,000	50,00	2.570
Depreciation	XXXXXXXXXX X	XXXXXXXXX	XXXXXXXXXX)	XXXXXXXXXX		. 900			#DIV/0I
Total Operating Appropriations			2,337,520	(*)		2,337,520	2,305,060	32,460	1.4%
NON-OPERATING APPROPRIATIONS	·		TOTAL COMPANY		11011		Ann Marian		
Total Interest Payments on Debt	XXXXXXXXXX X	XXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX			-32	85	#DIV/01
Operations & Maintenance Reserve		and the second	A COURT OF THE PARTY OF THE PAR		T		•		#DIV/OI
Renewal & Replacement Reserve						1.2			#DIV/0I
Municipality/County Appropriation	-				1	40	1		#DIV/01
Other Reserves	I.				1		- mar		#DIV/OI
Total Non-Operating Appropriations					//www.1950/c		Familia Sygnature 2	*	#DIV/01
TOTAL APPROPRIATIONS	*		2,337,520			2,337,520	2,305,060	32,460	1,4%
ACCUMULATED DEFICIT					I				#DIV/0I
TOTAL APPROPRIATIONS & ACCUMULATED		-0-000			1 = 1	-		· · · · · · · · · · · · · · · · · · ·	
DEFICIT	16		2,337,520			2,337,520	2,305,060	32,460	1.4%
UNRESTRICTED NET POSITION UTILIZED		· · · · · · · · · · · · · · · · · · ·		- W-1		and the same of th	and the sales and the sales are the sales ar		
Municipality/County Appropriation	•4/				200	4	20	G.	#DIV/01
Other		100			1		¥		HDIV/01
Total Unrestricted Net Position Utilized					A I		*		HDIV/OI
	s , š.	. \$	2,337,520 9		\$	2,337,520	\$ 2,305,060	\$ 32,460	1.4%
(15) Fit / Hell Intelligence	4		the state of the s		water in	- Andrew Andrews	telle side side side		
* Miscellaneous line items may not exceed 5% of tot the line item must be itemized above. 5% of Total Operating Appropriations	al operating appropri	riations shown	9.	•		n the amount 116,876.00	shown below, then	850 EX	

Prior Year Adopted Appropriations Schedule

Sayreville Housing Authority

2	Bubile Housing		Y 2020 Adopted Budg	711-1	Total All
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Operations
PERATING APPROPRIATIONS	management			- , i was a jiriya a sana a sana a	
dministration			i d	ine freeze	
Salary & Wages					\$
Fringe Benefits			40,000		40,0
			6,200	0	6,2
Legal			4,800	82	4,8
Staff Training Town			8,700		8,7
Travel			0,700	13	-,.
Accounting Fees			7,500	i	7,5
Auditing Fees			205,000		205,0
Miscellaneous Administration* Total Administration			272,200		272,2
t of Providing Services	3'				
Salary & Wages - Tenant Services					
Salary & Wages - Maintenance & Operation					
Salary & Wages - Protective Services				2 0	
Salary & Wages - Utility Labor	1				
Fringe Benefits					
Tenant Services		-		- N	
Utilities	*-				
Maintenance & Operation					
Protective Services			0.500		8,5
Insurance			8,500		دره
Payment in Lieu of Taxes (PJLOT)					
Terminal Leave Payments	\ \				
Collection Losses				l l	
Other General Expense			1,200	1	1,2
Rents			2,021,040	1	2,021,0
Extraordinary Maintenance					
Replacement of Non-Expendible Equipment			2,120		2,1
Property Betterment/Additions	į				
Miscellaneous COPS*					
Total Cost of Providing Services	*		2,032,860		2,032,8
al Principal Payments on Debt Service in Lieu of					21-
reciation	XXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXX	S
Total Operating Appropriations		· ·	2,305,060		2,305,0
N-OPERATING APPROPRIATIONS	2		IIII		
al Interest Payments on Debt	XXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	
rations & Maintenance Reserve					
ewal & Replacement Reserve				19.	
nicipality/County Appropriation					
er Reserves					4
Total Non-Operating Appropriations	<u>.</u>	, ·			
			2,3C5,060		2,305,0
AL APPROPRIATIONS			2,000,00		_,,,,,
UMULATED DEFICIT	L				
AL APPROPRIATIONS & ACCUMULATED			2 200 000		2,305,0
ICIT	<u> </u>		2,3C5,060	The same of the sa	2,303,00
ESTRICTED NET POSITION UTILIZED					
nicipality/County Appropriation					
er		307		and the second second	H 5 7 10 11
Total Unrestricted Net Position Utilized	to the second		A 2 22 122	·	A DOE O
AL NET APPROPRIATIONS	5	\$	\$ 2,305,060	š -, .)	2,305,00

115,253.00 \$

115,253.00

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

5% of Total Operating Appropriations

Debt Service Schedule - Principal

	Indicate the Authority's most recent bond rating and the year of the rating by ratings service, Moody's Fitch Stand: Bond Rating Year of Last Rating	NET PRINCIPAL	TOTAL PRINCIPAL LESS: HUD SUBSIDY	Type in Issue Name	Type in Issue Name Type in Issue Name	ĭ	If Authority has no debt X this box	
lf no R	moody's					Adopted Budget Year 2020	×	
If no Rating type in Not Applicable	of the rating by rating	ts.	19			Budget Year 2021		
plicable	Standard & Poors		u			2022 2023	Fiscal Ye	Sayreville Housing Authority
	÷	. \$	r			2024	Fiscal Year Ending in	
	s	, \$				2025 2026		
¥20		\$	The state of the s			Thereafter		
		\$		5 E *	.	Total Principal Outstanding	v	٥

Debt Service Schedule - Interest

NETINTEREST	LESS: HUD SUBSIDY	Type in Issue Name	Type in Issue Name			If Authority has no debt X this box
				Adopted Budget Year 2020		×
Š.				Budget Year 2021	Proposed	19
₹S.	Control of the Contro			2022		Sayreville Housing Authority
15				2023	Fiscal Year Ending in	ing Authority
s	: i			2024	ding in	
\$	T			2025	1	2
: S	A.			2026 Thereafte		
				after		

Total Interest
Payments
Outstanding

Net Position Reconciliation

Sayreville Housing Authority

January 1, 2021 ಠ December 31, 2021

		FY 202	2021 Proposed Budget	d Budget	
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All
Clat NET POSITION BEGINNING OF CURRENT YEAR (1) Less: Invested in Capital Assets, Net of Related Debt (1)		5	\$ (25,642) \$		\$ (25,642)
Less: Restricted for Debt Service Reserve (1)					: ÿ
Less: Other Restricted Net Position (1)		- 4	6,254		6.254
lotal Unrestricted Net Position (1)		St.	(31,896)	d a	(31,896)
Loss: Designated for Non-Operating Improvements & Repairs					7 :
reast personal property of the property of the personal p				57	ĸ.
Coss. Other Designated by Resolution					
Flust Accrued Unfunded Pension Liability (1)			71,159		71,159
Flus. Accrued Unfunded Other Post-Employment Benefit Liability (1)		:3	444,630		444,630
Plus: Estimated income (Loss) on Current Year Operations (2) Plus: Other Adjustments (attach schedule)			16,260		16,260
NRESTRICTED NET POSITION AVAILABLE FOR USE IN PROPOSED BUDGET			500,153		500,153
One extricted Net Position Utilized to Balance Proposed Budget	*	E	10	4.	4
Unrestricted Net Position Utilized in Proposed Capital Budget	ij	gr-	3.	@ ****	Ė
Appropriation to triunicipality/County (3)		4	S.		•
ROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR	4		511	200	à
ar ar	ļs.	1:	\$ 500,153 \$	\$	\$ 500,153

(1) Total of all operations for this line item must agree to audited financial statements

(4)

- (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

<u>deficit, including the timeline for elimination of the deficit,</u> if not already detailed in the budget narrative section. (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 \$ 116,876 \$ 116,876

2021 (2021-2022) SAYREVILLE

(Name)

HOUSING AUTHORITY CAPITAL BUDGET/ PROGRAM

2021 (2021-2022) CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

SAYREVILLE (Name)

				TO : 1	2-31-2021
enter X to the left if the hereby certified that the e Capital Budget/Prograe governing body of	e Housing am approv the	Authority C	apital Budget/Progra to N.J.A.C. 5:31-2.3	l alone wi	th the Annual F
			OR		
to adopt a Capital Bud following	get /Progra reason(am for the af	oresaid fiscal year, p	ursuant to	N.J.A.C. 5:31-2
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2021 (2021-2022) CAPITAL BUDGET/PROGRAM MESSAGE

SAYREVILLE Housing Authority

(Name)

FISCAL YEAR:

FROM:

01-01-2021

TO:

12-31-2021

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

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

Add additional sheets if necessary.

Proposed Capital Budget

Sayreville Housing Authority

For the Period

January 1, 2021

to

December 31, 2021

	Funding Sources								
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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, 2021

to

December 31, 2021

Fiscal Year Beginning in

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

5 Year Capital Improvement Plan Funding Sources

Sayreville Housing Authority

For the Period

January 1, 2021

to

December 31, 2021

			Funding Sources						
	Estimate Cos			cted Net	Renewal & Replacement Reserve	Debt Authorization	Capital Grants	Other Source	
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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.