# **ADOPTED COPY**

State Filing Year

Fiscal Year

2017

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

Start Year

**End Year** 

2017

2017

Authority Budget of: APPROVED COPY

# Hackensack Housing Authority

For the Period:

October 1, 2017

to

September 30, 2018

# www.hackensackhousing.org

**Authority Web Address** 

Department Of



HH 2 7 2017

Division of Local Government Services

# HACKENSACK HOUSING AUTHORITY

(Name)

# HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM OCTOBER 1, 2017 TO SEPTEMBER 30, 2018

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. Curent CPA RMA Date: 9/8/2017

## 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. Cwent CA RAH Date: 9/20/2017

Page C-1

# 2017 HOUSING AUTHORITY BUDGET

**Certification Section** 

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# 2017 PREPARER'S CERTIFICATION

# HACKENSACK HOUSING AUTHORITY

(Name)

# HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:10/1/2017

TO:9/30/2018

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

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

Preparer's Signature:	1/1	1 / Valsa/	
Name:	William Katchen, C	PA /	
Title:	Fee Accountant		
Address:	Ste. 303, 596 Ar 07010	nderson Avenue, Cli	iffside Park, NJ
Phone Number:	201-943-4449	Fax Number:	201-943-5099
E-mail address	bill@katchencpa.co	<u>om</u>	

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# 2017 APPROVAL CERTIFICATION

# HACKENSACK HOUSING AUTHORITY

(Name)

# HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:10/1/2017

TO:9/30/2018

It is hereby certified that the Housing Authority Budget, including all schedules appended hereto, are a true copy of the Annual Budget and Capital Budget/Program approved by resolution by the governing body of the Hackensack Housing Authority, at an open public meeting held pursuant to N.J.A.C. 5:31-2.3, on the 13 day of July, 2017.

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:	Inhory Jean	mp	
Name:	Anthony Feorenzo		
Title:	Executive Director		
Address:	65 First Street, Hac	kensack, NJ 07601	
Phone Number:	201-342-4280	Fax Number:	201-342-5044
E-mail address	tony@hackensackh	ousing.org	

# INTERNET WEBSITE CERTIFICATION

Authority's	Web Address:	www.hackensackhousing.o		
website. The	e purpose of the well ad activities. N.J.S.A minimum for public	osite or webpage shall be A. 40A:5A-17.1 requires f	a webpage on the municipality's or county's Ir to provide increased public access to the auth the following items to be included on the Authority's compliance	ority's ority's
	A description of the	Authority's mission and 1	responsibilities	
d	Commencing with prior years	2013, the budgets for the c	current fiscal year and immediately preceding tw	0
₫	The most recent Co	mprehensive Annual Fina	ancial Report (Unaudited) or similar financial	
	Commencing with two prior years	2012, the complete annual	l audits of the most recent fiscal year and immed	iately
₫	The Authority's rul body of the authori jurisdiction	es, regulations and officially to the interests of the res	Il policy statements deemed relevant by the gover sidents within the authority's service area or	ming
J	Notice posted pursu setting forth the tim	nant to the "Open Public Ne, date, location and agend	Meetings Act" for each meeting of the Authority, da of each meeting	
Į.	Beginning January resolutions of the b	1, 2013, the approved min	nutes of each meeting of the Authority including s, for at least three consecutive fiscal years	all
	The name, mailing exercises day-to-da Authority	address, electronic mail ac y supervision or managem	ddress and phone number of every person who nent over some or all of the operations of the	
Image: Control of the	corporation or other	organization which recei	any other person, firm, business, partnership, ived any remuneration of \$17,500 or more during ver rendered to the Authority.	; the
webpage as i	identified above con	w authorized representate applies with the minimum the above boxes signifies c	rive of the Authority that the Authority's webs a statutory requirements of N.J.S.A. 40A:5A-1's compliance.	ite or <u>7.1</u> as
Name of Offi	cer Certifying compl	iance	Anthony Feorenzo	
Title of Offic	er Certifying complia	ınce	Executive Director	
Signature			milions fearing	

Page C-4

Signature

# Recolution # 2017-72

# 2017 HOUSING AUTHORITY BUDGET RESOLUTION HACKENSACK HOUSING AUTHORITY

(Name)

FISCAL YEAR:

Gino Tessaro

FROM:10/1/2017

TO:9/30/2018

WHEREAS, the Annual Bud October 1, 2017 and ending, Authority at its open public m	September 30, 2	1018 has beer	the Hackensacl presented befo	c Housing Aut ore the governi	hority for the fiscal year beginning, ng body of the Hackensack Housing
WHEREAS, the Annual Bud Accumulated Deficit if any, o and	get as introduce f \$ 4,175,010 an	d reflects To d Total Unre	tal Revenues o stricted Net Pos	f \$4,308,777 , sition utilized o	Total Appropriations, including any f;
WHEREAS, the Capital Budge Position planned to be utilized	get as introduced as funding ther	d reflects Toteof, of \$	tal Capital App	ropriations of : _; and	\$390,000 and Total Unrestricted Net
anticipated revenues to satisf	y all obligations nents, and to pro	to the holde	ers of bonds of	the Authority,	ent revenues, together with all other to meet operating expenses, capital uired by law, regulation or terms of
funds; rather it is a documer authorization to expend funds	nt to be used as for the purpose ing agreement,	part of the es described	said Authority in this section	's planning and of the budget,	any authorization to raise or expend d management objectives. Specific must be granted elsewhere; by bond e Renewal and Replacement Reserve
NOW, THEREFORE BE IT meeting held on July 13, 2017 Hackensack Housing Authorit	that the Annual	Budget, incl	luding all relate	d schedules, ar	lousing Authority, at an open public ad the Capital Budget/Program of the 2018 is hereby approved; and
BE IT FURTHER RESOLVE meet all proposed expenditure outstanding debt obligations, of	s/expenses and	all covenants	, terms and pro	visions as stipu	Il Budget are of sufficient amount to lated in the said Housing Authority's dged agreements; and
BE IT FURTHER RESOLVE Budget and Capital Budget/Pr Mucry July (Secretary's Signature)	ED, that the googram for adopt	verning body ion on Septer	of the Hacker nber 14, 2017.	<i>i 1</i>	Authority will consider the Annual
Governing Body Member:	Recorded \ Aye	Vote Nay	Abstain	Absent	
Anthony Stassi Blanche Stuart May D'Arminio Marie Dukes Michael Allegrett	ia /			~	JUL 2 7 2017

# **2018 ADOPTION CERTIFICATION**

# Hackensack

# HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:

10/1/17

TO:

9/30/18

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 Hackensack Housing Authority, pursuant to N.J.A.C. 5:31-2.3, on the 14th day of September, 2017.

Officer's Signature:	Inthony Fear	w	
Name:	Anthony Feorenzo		
Title:	Executive Director		
Address:	65 First Stro Hackensack		
Phone Number:	2013424280	Fax Number:	2013425044
E-mail address	tonyf@hackensack	housing.org	

# 2018 ADOPTED BUDGET RESOLUTION

# Hackensack

# HOUSING AUTHORITY

F	ISCAL YEAR:	FROM:	10/1/17	TO: 9/30/18		
WHEREAS, the Annua beginning October 1st, 2 the Hackensack Housing	2017 and ending, Sept	ember 30 <sup>th</sup> , 20	)18 has been pr	esented for adopti		
WHEREAS, the Annu appropriation in the san thereto, if any, which ha	ne amount and title a	s set forth in	the introduced	and approved bu	dget, including all	
WHEREAS, the Annua including any Accum	ulated Deficit, if					
WHEREAS, the Capita Unrestricted Net Positio				l Capital Approp	riations of \$390,00	0 and Total
NOW, THEREFORE E meeting held on Septer Authority for the fiscal the purposes stated; and	mber 14, 2017 that t	he Annual B	udget and Cap	ital Budget/Progr	am of the Hackens	sack Housing
BE IT FURTHER RESO item of revenue and app all amendments thereto,	propriation in the same	e amount and	title as set forth	n in the introduced	l and approved bud	get, including
Inthony Juny (Secretary's Signature)				9/14/2017 (Date)	·	
Governing Body	Recorded '	Vote				
Member:	Aye	Nay	Abstain	Absent		
Stassi Allegretta	W			·		
D'Arminio						
Dukes						
Stuart Tessaro						
Pico						
=	1					

# 2017 HOUSING AUTHORITY BUDGET

**Narrative and Information Section** 

JUL 2 7 2017

# 2017 HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS

# HACKENSACK HOUSING AUTHORITY

(Name)

# **AUTHORITY BUDGET**

JUL 2 7 2017

FISCAL YEAR:

FROM:10/1/2017

TO:9/30/2018

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

- 1. Complete a brief statement on the 2017 proposed Annual Budget and make comparison to the 2016 adopted budget for each operation. Explain any variances over +/-10% (As shown on budget page F-4 explain the reason for changes for each appropriation changing more than 10%) for each line item by operation. Explanations of variances should include a description of the reason for the increase/decrease in the budgeted line item, not just an indication of the amount and percent of the change. Attach any supporting documentation that will help to explain the reason for the increase/decrease in the budgeted line item. For example, if anticipated service charges have increased 15% due to an increase in rates, provide documentation of how the increase occurred (Example Rate Increase authorized by resolution or by HUD). The proposed budget is similar to the current year's with revenue decreases in excess utility and CFP proration income based on the expected conversion to the RAD Program. Vending and concession income is expected to increase based on a pending additional contract for roof top antenna service. Accounting and other administrative expenses are expected to be higher to account for the additional time in the RAD conversion. Maintenance salaries are expected to be higher to provide for additional p\time and f\time staffing. Utilities are budgeted lower in accordance with the HUD formula and protective services will be lower based on reduced needs for security.
- 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. Anticipated revenues are primarily based on HUD formula and not impacted by the proposed budget.
- 3. Describe the state of the local/regional economy and how it may impact the proposed Annual Budget, including the planned Capital Budget/Program.

Stable and no or little impact expected on the proposed budget.

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.

The Authority does not anticipate using UNP.

- 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.).
- PILOT expense and payment for security over and above the cooperation agreement.
- 6. The proposed budget must not reflect an anticipated deficit from 2017 operations. If there exists an accumulated deficit from prior years' budgets (and funding is included in the proposed budget as a result of a prior deficit) explain the funding plan to eliminate said deficit (N.J.S.A. 40A:5A-12). If the Authority has a net deficit reported in its most recent audit, it must provide a deficit reduction plan in response to this question. (Prepare a response to deficits caused by the implementation of GASB 68)

The Authority does not have an audited surplus at the end of 9/30/2016 and does not expect to have one at the end of the proposed budget year.

# HOUSING AUTHORITY CONTACT INFORMATION 2017

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

Name of Authority:	Hackensack Housing Autl	nority		
Federal ID Number:	22-6002655			
Address:	65 FIRST STREET			
City, State, Zip:	HACKENSACK		NJ	07601
Phone: (ext.)	201-342-4280	Fax:	201-3	42-5044
Preparer's Name:	WILLIAM KATCHEN, C	CPA	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Preparer's Address:	STE., 303, 596 ANDERS		UE	
	CLIFFSIDE PARK		NJ	07010
City, State, Zip:	201-943-4449	Fax:	1	43-5099
Phone: (ext.)		1 (2).		
E-mail:	bill@katchencpa.com		<u> </u>	<u> </u>
Chief Executive Officer:	ANTHONY FEORENZO			
Phone: (ext.)	201-342-4280	Fax:	201-34	42-5044 
E-mail:	tony@hackensackhousing	.org		
Chief Financial Officer:	WILLIAM KATCHEN, C	CPA		
Phone: (ext.)		ax: 2	01-943-50	99
E-mail:	bill@katchencpa.com			
Name of Auditor:	Michael Maurice, CPA			
	Polcari and Company			
Name of Firm:	2035 Hamburg Turnpike,	Unit H		<del>, , , , , , , , , , , , , , , , , , , </del>
Address:	Z033 Hamburg Lumpike,	Cincii	<u> </u>	<u> </u>
	Wayne		NJ	07470
City, State, Zip:	wayne			
City, State, Zip: Phone: (ext.)	973-831-6969	Fax:	973-83	31-6972

# HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE HACKENSACK HOUSING AUTHORITY

(Name)

FROM:10/1/2017

TO:9/30/2018

FISCAL

YEAR: Answer all questions below completely and attach additional information as required. 1) Provide the number of individuals employed in calendar year 2015 as reported on the Authority's Form W-3, Transmittal of Wage and Tax Statements: Provide the amount of total salaries and wages for calendar year 2015 as reported on the Authority's Form W-3, Transmittal of Wage and Tax Statements: \$ 1,031,527 3) Provide the number of regular voting members of the governing body: 4) Provide the number of alternate voting members of the governing body: \_\_ 5) Did any person listed on Page N-4 have a family or business relationship with any other person listed \_\_\_\_ If "yes," attach a description of the on Page N-4 during the current fiscal year? No relationship including the names of the individuals involved and their positions at the Authority. Did all individuals that were required to file a Financial Disclosure Statement for the current fiscal year because of their relationship with the Authority file filed individuals actually (Checked to see if the form as required? answering) http://www.state.nj.us/dca/divisions/dlgs/resources/fds.html before If "no," provide a list of those individuals who failed to file a Financial Disclosure Statement and an explanation as to the reason for their failure to file. 7) Does the Authority have any amounts receivable from current or former commissioners, officers, key employees or highest compensated employees? \_\_\_\_No\_\_\_\_ If "yes," attach a list of those individuals, their position, the amount receivable, and a description of the amount due to the Authority. 8) Was the Authority a party to a business transaction with one of the following parties: a. A current or former commissioner, officer, key employee, or highest compensated employee? No b. A family member of a current or former commissioner, officer, key employee, or highest compensated employee? \_\_\_No\_ 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 If the answer to any of the above is "yes," attach a description of the transaction including the name of the commissioner, officer, key employee, or highest compensated employee (or family member thereof) of the Authority; the name of the entity and relationship to the individual or family member; the amount paid; and whether the transaction was subject to a competitive bid process. 9) Did the Authority during the most recent fiscal year pay premiums, directly or indirectly, on a personal benefit contract? A personal benefit contract is generally any life insurance, annuity, or endowment contract that benefits, directly or indirectly, the transferor, a member of the transferor's If "yes," attach a description family, or any other person designated by the transferor. \_\_\_No\_\_ of the arrangement, the premiums paid, and indicate the beneficiary of the contract. 10) Explain the Authority's process for determining compensation for all persons listed on Page N-4. Include whether the Authority's process includes any of the following: 1) review and approval by the commissioners or a committee thereof; 2) study or survey of compensation data for comparable positions in similarly sized entities; 3) annual or periodic performance evaluation; 4) independent compensation consultant; and/or 5) written employment contract. Board review with

recommendations from Executive Director.

11)	Did the Authority pay for meals or catering during the current fiscal year? No If "yes,"
,	attach a detailed list of all meals and/or catering invoices for the current fiscal year and provide an
	explanation for each expenditure listed.
12)	Did the Authority pay for travel expenses for any employee or individual listed on Page N-4?
	Yes If "yes," attach a detailed list of all travel expenses for the current fiscal year and
	provide on 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 travelNo
	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 Dayments for hyginess use of nersonal residence No
	g. Vehicle/auto allowance or vehicle for personal useYes- to Executive Director, included in
	wages.
	h. Health or social club dues or initiation feesNo
	: 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
Í	by employees and/or commissioners during the course of Authority business and does that policy
	require substantiation of expenses through receipts or invoices prior to reimbursement? Yes
	If "no" attach an explanation of the Authority's process for reimbursing employees und
	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 cliffent of lorner collinissioners of cliployees that work
	contingent upon the performance of the Authority or that were considered discretionary bonuses?
	No 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.
10	Did the Authority receive any notices from the Department of Housing and Urban Development or
18)	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?
	No 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.
10)	Did the Authority receive any notices of fines or assessments from the Department of Housing and
19)	Then Development or any other entity due to noncompliance with current regulations (
	No If "yes," attach a description of the event or condition that resulted in the fine or
	aggregment and indicate the amount of the fine or assessment.
つい	They the Authority been deemed "troubled" by the Department of Housing and Urban Development?
4U)	and "I A will switch troubled" and
	No. If "ves." attach an explanation of the reason the Authority was deemed doubted and
	No If "yes," attach an explanation of the reason the Authority was deemed "troubled" and describe the Authority's plan to address the conditions identified.

FOTAL	87.50 560.00 967.77 427.44
TOT	क क क क
BLANCHE STUART	210.00 322.59
જ જ	<del>49</del> 4 <del>9</del>
MARIE OUKES	210.00 322.59
Z Z	↔ ↔
OZNE	87.50 140.00 322.59 427.44
TONY FEORENZC	<del>&amp; &amp; &amp;</del>
CHECK TRAVEL	8545 ATLANTIC CITY 8655 ATLANTIC CITY 9038 ATLANTIC CITY 9123 ATLANTIC CITY
DATE C	9/15/2016 10/31/2016 3/10/2017 4/14/2017

↔

\$2,042.71

977.53 | \$532.59 | \$ 532.59

↔

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

# HACKENSACK HOUSING AUTHORITY

(Name)

FISCAL YEAR:

FROM:10/1/2017

TO:9/30/2018

JUL 2 7 2017

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.
- 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, 2017, the calendar year 2014 W-2 and 1099 should be used (60 days prior to start of budget year is November 1, 2015, with 2014 being the most recent calendar year ended), and for fiscal years ending June 30, 2017, the calendar year 2015 W-2 and 1099 should be used (60 days prior to start of budget year is May 1, 2017, with 2015 being the most recent calendar year ended).
- Other Public Entity: Any municipality, county, local authority, fire district, or other government unit, regardless of whether it is related in any way to the Authority either by function or by physical location.

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

Hackensack Housing Authority 5 September 30, 2018

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For the Period October 1, 2017

	Tatal Compensation All Public Futiting	\$ 107 346		<b>&gt;</b> (		<b>3</b> C	<b>3</b> (	<b>a</b> 6	50° 371	57,378	•	•		. 0	0	\$ 342,933
,	Estimated amount of other compensation from Other Public Entities [fiealth benefits, pension, payment in lieu of health benefits, etc. 1	g														\$ 21,469 \$
	Reportable Compensation from Other Public Entitles (W-2/ 1099)	J۷														\$ 85,877 \$
	Average Haurs per Week Dedicated to ut Positions at Other Public in Entites Listed	1.														
	e er Positions held at Other Public E Frities Listed in Column O	DPW Foreman														
	Average Names of Other Public Entities where Hours per Week Individual Is an Dedicated to Emplayee or Member Positions held at Positions at of the Governing Other Public Other Public Body (1) See note Entities Listed Body (1) See note Entities Listed Body (1) See note Entities Listed Body (1) See Note Column O In Column O In Column O In Column O	Hackensack	O None	0 None	0 None	None	O None	0 None	None	None						<del></del>
	Total Compensation from Authority	\$					0	0	178,20		0	a	O	Q	91	\$ 235,58
	Estimated amount of other compensation from the Authority (health benefits, pension, etc.)								44,217							\$ 58,454
apensation from [W-2/1099]	Other (auto allowance, expense account, payment in leau of health benefits, etc.)								5,000	•						- \$ 5,000
Reportable Compensation from Authority (W-2/ 1099)	Base Salary/ Stipend Bonus								128,992	43,141						\$ 172,133 \$
Position	Formet Highest Compensated Employee Key Employee Office:								×	×						
. [	Average Hours per Week Dedicated to Position	×	*	×	×	×	×	×								
	- -	Chairperson	Vice Chairperson	Commissioner	Commissioner	Commissioner	Commissioner	Commissioner	Executive Director	Bookkeeper						
	Мате	Anthony Stasssi	Blanche Stuart	May D'Arminlo	Marie Dukes	Michael Allegretta	Gino Tessaro	Vacant	Anthony Fearenzo	Susan Porco						Total:

(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

September 30, 2018

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Hackensack Housing Authority od October 1, 2017

For the Period

	# of Covered Members	Annual Cost Estimate per Employee	Total Cost Estimate	# of Covered Members	Annual Cost			
	(Medical & Rx) Proposed Budget	Proposed Budget	Proposed Budget	(Medical & Rx) Current Year	per Employee Current Year	Total Prior Year Cost	\$ Increase (Decrease)	% Increase (Decrease)
Active Employees - Health Benefits - Annual Cost						5		
Single Coverage	4	\$ 11,873	\$ 47,492	4	\$ 11,873	\$ 47,492	\$	0.0%
Parent & Child	2	21,253	42,506	2	21,253	42,506	1	0.0%
Employee & Spouse (or Partner)	<b>н</b>	23,722	23,722			1	23,722	#DIV/0{
Family	9	33,126	198,756	7	33,126	231,882	(33,126)	-14,3%
Employee Cost Sharing Contribution (enter as negative - )			(43,134)			(43,134)	1	0.0%
Subtotal	13	All Complete Comments	269,342	13		278,746	(9,404)	-3.4%
Commissioners - Health Benefits - Annual Cost								
Single Coverage			1			\$	ĺ	#DIV/0i
Parent & Child			•			1	i	#DIV/0!
Employee & Spouse (or Partner)			ŧ			ı		#DI/\/0i
Family			r			1	1	#DIV/0i
Employee Cost Sharing Contribution (enter as negative - )							1	#DIV/01
Subtotal	) .	0	'	)	0	3	1	#DIV/01
Definers Harlish Demedias Assessed Frant								
Cinals Colombia								4
Jiligle Coverage Parent & Child			) [		6,486	45,402	(45,402)	-100.0% #DIV/VII
Employee & Spouse (or Partner)			ı		3 12.980	38.940	(38.940)	-100.0%
Family			ı					#DIV/01
Employee Cost Sharing Contribution (enter as negative - )							' 	#DIV/0i
Subtotal	)	0	•	10		84,342	(84,342)	-100.0%
GRAND TOTAL	-		CVE 05C \$					90
		: II		67	o II	000,cac ¢	(35,/40)	-25.6%
Is medical coverage provided by the SHBP (Yes or No)? (Place Answer	Answer in Box)		yes	Yes or No				
Is prescription drug coverage provided by the SHBP (Yes or No)? (Place	? (Place Answer in Box)	<del></del>	yes	Yes or No				

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

# Schedule of Accumulated Liability for Compensated Absences

Hackensack Housing Authority

For the Period

October 1, 2017

ţ

September 30, 2018

Legal Basis for Benefit

. . .

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

Agreement (check applicable items) Employment leubivibal Resolution Agreement Approved Labor 185,480 Absence Liability **Dollar Value of** Compensated Accrued Total liability for accumulated compensated absences at beginning of current year \$ **Gross Days of Accumulated** Compensated Absences at beginning of Current Year Individuals Eligible for Benefit SCHEDULE ATTACHED

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

185,480

# **Schedule of Shared Service Agreements**

Hackensack Housing Authority October 1, 2017

For the Period

September 30, 2018

nter the shared service agreements that the Authority currently engages in and identify the amount that is received/paid for those services.

	-		If No Shared Services X this Box	-		
\$ 40,000	1/1/2017   12/31/2017   \$	1/1/2017		Administrative\Management	County of Bergen	lackensack Housing Authority
Paid from Authority	ETTECTIVE Agreement Date End Date	епестіvе Date	Comments (Enter more specifics if needed)	Type of Shared Service Provided	Name of Entity Receiving Service Type of Shared Service Provided	Name of Entity Providing Service
Received by/		Agreement				
Amount to be						

# 2017 HOUSING AUTHORITY BUDGET

**Financial Schedules Section** 

JUL 2 7 2017

# **SUMMARY**

Hackensack Housing Authority

October 1, 2017

For the Period

to

September 30, 2018

% Increase

\$ Increase

-2.2% -23.6% 4.0% 4.0% 2.2% -2.2% -3.0% 3.0% -3.0% All Operations All Operations Proposed vs. (Decrease) #DIV/0i #DIV/0i #DIV/0! #DIV/0! Adopted #DIV/0! #DIV/0i (41,222)(92,660) (92,660)(92,660) (132,320)300 39,660 (134,182)(133,882)Proposed vs. (Decrease) Adopted Ś ÷ 174,989 9,920 987,630 4,267,670 4,267,670 4,432,739 4,442,659 3,280,040 4,267,670 FY 2016 Adopted Operations Total All Budget ₹\$ S 10,220 133,767 4,175,010 4,175,010 4,175,010 4,298,557 1,027,290 3,147,720 4,308,777 Operations Total All ٠C> 207,740 \$ 207,740 207,740 202,740 207,740 5,000 207,740 Other Programs XXXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXX FY 2017 Proposed Budget Ś S Housing Voucher ፈን S XXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXX Section 8 4,090,817 \$ 133,767 3,967,270 3,967,270 **Public Housing** Management 10,220 1,022,290 2,944,980 3,967,270 4,101,037 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 REVENUES

# Revenue Schedule

Hackensack Housing Authority

For the Period

October 1, 2017

to

September 30, 2018

		EV 2017	Proposed	Rudget		FY 2016 Adopted Budget	\$ Increase (Decrease) Proposed vs. Adopted	% Increase (Decrease) Proposed vs. Adopted
	Deble Henring	F1 2017	Housing	Duaget	Total All	Total All	······································	<del></del>
	Public Housing Management	Section 8	Voucher	Other Programs	Operations	Operations	All Operations	All Operations
OPERATING REVENUES		·····	<del></del>	·····				
Rental Fees								
Homebuyers' Monthly Payments					\$ -	\$ -	\$ -	#DIV/0!
Dwelling Rental	2641220				2,641,220	2,667,830		-1.0%
Excess Utilities	4630				4,630	3,910	720	18.4%
Non-Dwelling Rental					-	-	-	#DIV/01
HUD Operating Subsidy	1234167				1,234,167	1,368,269	(134,102)	-9.8%
New Construction - Acc Section 8					-	-	-	#DIV/0!
Voucher - Acc Housing Voucher					-	-		#DIV/0!
Total Rental Fees	3,880,017	-	-	-	3,880,017	4,040,009	(159,992)	-4.0%
Other Operating Revenues (List)							,	
late charges\prorations, CFP operations	70000			5000	75,000	90,000	(15,000)	-16.7%
Vending and concessions	100800				100,800	71,700	29,100	40.6%
Intergovernmental	40000			202740	242,740	231,030	11,710	5.1%
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/0I
1					_	-	_	#DIV/01
Type in (Grant, Other Rev)					_	-	-	#DIV/01
Type In (Grant, Other Rev)	1				_	-	-	#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/OI
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/0!
Type in (Grant, Other Rev)					1	_	_	#DIV/0!
Type in (Grant, Other Rev)					1	-	_	#DIV/0!
Type in (Grant, Other Rev)				207.740	410 540	392,730	25,810	6.6%
Total Other Revenue	210,800			207,740	418,540	4,432,739	(134,182)	-3.0%
Total Operating Revenues	4,090,817		h-	207,740	4,298,557	4,432,733	(134,102)	5,070
NON-OPERATING REVENUES								
Other Non-Operating Revenues (List)					1		-	#DIV/01
Type in						-	- -	#DIV/01
Type in						-	-	#DIV/0!
Type in					-	-		#DIV/01
Type in					-	-		#DIV/0!
Type in					~	•	-	#DIV/OI
Type in					L			#DIV/01
Total Other Non-Operating Revenue		-					<u>-</u>	HOIVJOI
Interest on Investments & Deposits (List)					1 40.000	0.000	200	3.0%
Interest Earned	10,220				10,220	9,920	300	3.0% #DIV/0I
Penaities					-	-	*	
Other		,,						#DIV/0!
Total Interest	10,220				10,220	9,920	300	3.0%
. Total Non-Operating Revenues	10,220		<del>-</del>		10,220	9,920	300	3.0%
TOTAL ANTICIPATED REVENUES	\$ 4,101,037	<u> </u>	\$ -	\$ 207,740	\$4,308,777	\$ 4,442,659	\$ (133,882)	-3.0%

# **Prior Year Adopted Revenue Schedule**

FY 2016 Adopted Budget

## Hackensack Housing Authority

	Public Housing		Housing		Total Ali
	Management	Section 8	Voucher	Other Programs	Operations
OPERATING REVENUES					
Rental Fees					
Homebuyers' Monthly Payments			-		\$ -
Dwelling Rental	2,667,830			•	2,667,830
Excess Utilities	3,910				3,910
Non-Dwelling Rental					-
HUD Operating Subsidy	1,368,269				1,368,269
New Construction - Acc Section 8					-
Voucher - Acc Housing Voucher					-
Total Rental Fees	4,040,009	-		-	4,040,009
Other Revenue (List)					
late charges\prorations	60000			30,000	90,000
Vending and concessions	71700				71,700
Intergovernmental	30000			201,030	231,030
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)					-
Type in (Grant, Other Rev)					
Total Other Revenue	161,700	_	-	231,030	392,730
Total Operating Revenues	4,201,709	-	-	231,030	4,432,739
NON-OPERATING REVENUES	<del></del>				
Other Non-Operating Revenues (List)					
Type in					
Type in					-
Type in					-
Type in					-
Type in					-
Type in					
Other Non-Operating Revenues	-	*	_	<del>-</del>	-
Interest on Investments & Deposits					
Interest Earned	9,920				9,920
Penalties					-
Other					_
Total Interest	9,920		-		9,920
Total Non-Operating Revenues	9,920				9,920
TOTAL ANTICIPATED REVENUES	\$ 4,211,629 \$	- \$	_	\$ 231,030	\$4,442,659

## **Appropriations Schedule**

Hackensack Housing Authority

For the Period

October 1, 2017

to

September 30, 2018

\$ Increase

% Increase

		EV	2017 Propos	ed Rudaet		FY 2016 Adopted Budget	(Decrease) Proposed vs. Adopted	(Decrease) Proposed vs. Adopted
	Public Housing		Housing	eu Duuget	Total All	Total All		
	Management	Section 8	Voucher	Other Programs	Operations	Operations	All Operations	All Operations
OPERATING APPROPRIATIONS		····						
Administration							4 24 670	4.8%
Salary & Wages	456,980			5,000 \$		\$ 440,950	\$ 21,030	4.8% 0.8%
Fringe Benefits	340,310				340,310	337,680	2,630	
Legal	42,000				42,000	42,000	-	0.0%
Staff Training	3,500				3,500	3,500	-	0.0%
Travel	17,000				17,000	17,000	-	0.0%
Accounting Fees	42,000			i	42,000	38,000	4,000	10.5%
Auditing Fees	7,500			1	7,500	7,500	47.000	0.0%
Miscellaneous Administration*	113,000				113,000	101,000	12,000	11.9%
Total Administration	1,022,290	-	-	5,000	1,027,290	987,630	39,660	4.0%
Cost of Providing Services								0.00/
Salary & Wages - Tenant Services	80,720				80,720	74,050	6,670	9.0%
Salary & Wages - Maintenance & Operation	368,350			45,850	414,200	343,580	70,620	20.6%
Salary & Wages - Protective Services				137,990	137,990	137,990		0.0%
Salary & Wages - Utility Labor	38,910				38,910	36,490	2,420	6.6%
Fringe Benefits	340,300			18,900	359,200	355,980	3,220	0.9%
Tenant Services	60,000				60,000	60,000		0.0%
Utilities	870,450				870,450	984,240	(113,790)	-11.6%
Maintenance & Operation	642,600				642,600	662,600	(20,000)	-3.0%
Protective Services	100,000				100,000	200,000	(100,000)	-50.0%
Insurance	190,000				190,000	175,000	15,000	8.6%
Payment in Lieu of Taxes (PILOT)	173,650				173,650	165,110	8,540	5.2%
Terminal Leave Payments				İ	-	-	•	#DIV/01
Collection Losses	5,000				5,000	5,000	-	0.0%
Other General Expense					-	-	•	#DIV/0!
Rents				1	-	-	-	#DIV/01
Extraordinary Maintenance	45,000				45,000	50,000	(5,000)	-10.0%
Replacement of Non-Expendible Equipment	30,000			1	30,000	30,000	-	0.0%
Property Betterment/Additions				1	•	-	-	#DIV/OI
Miscellaneous COPS*								#DIV/OI
Total Cost of Providing Services	2,944,980	-		202,740	3,147,720	3,280,040	(132,320)	-4.0%
Total Principal Payments on Debt Service in Lieu of								
Depreciation	XXXXXXXXXX	XXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	-			#DIV/OI
Total Operating Appropriations	3,967,270			207,740	4,175,010	4,267,670	(92,660)	-2.2%
NON-OPERATING APPROPRIATIONS								********
Total Interest Payments on Debt	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXX	-	•	-	#DIV/OI
Operations & Maintenance Reserve					-	•	-	#DIV/0!
Renewal & Replacement Reserve				1	-	•	-	#DIV/0[ #DIV/0[
Municipality/County Appropriation					-	-	•	•
Other Reserves								#DIV/0! #DIV/0!
Total Non-Operating Appropriations							(02.550)	#DIV/01 -2.2%
TOTAL APPROPRIATIONS	3,967,270	-		207,740	4,175,010	4,267,670	(92,660)	
ACCUMULATED DEFICIT				<u> </u>				#DIV/01
TOTAL APPROPRIATIONS & ACCUMULATED								
DEFICIT	3,967,270	-		207,740	4,175,010	4,267,670	(92,660)	-2.2%
UNRESTRICTED NET POSITION UTILIZED								u-u-tat
Municipality/County Appropriation	-		-		-	-	-	10/VIG#
Other								#DIV/0!
Total Unrestricted Net Position Utilized	-	-				· · · · · · · · · · · · · · · · · · ·	4 /22 222	#DIV/0!
TOTAL NET APPROPRIATIONS	\$ 3,967,270	\$ - :	\$ <u>-</u>	\$ 207,740 \$	4,175,010	\$ 4,267,670	\$ (92,660)	-2.2%

5% of Total Operating Appropriations

\$ 198,363.50 \$

\$

\$ 10,387.00 \$

208,750.50

# **Prior Year Adopted Appropriations Schedule**

**Hackensack Housing Authority** 

	D. 12. 11				Total All
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Operations
OPERATING APPROPRIATIONS	Management	Section 8	Housing voucher	Other Frograms	орегилона
Administration					
	\$ 410,950			\$ 30,000	\$ 440,9
Salary & Wages	į.			\$ 30,000	337,6
Fringe Benefits	337,680				42,0
Legal	42,000				•
Staff Training	3,500				3,5
Travel	17,000				17,0
Accounting Fees	38,000				الارماد
Auditing Fees	7,500				7,50
Miscellaneous Administration*	101,000			20.000	101,0
Total Administration	957,630		-	30,000	987,6
Cost of Providing Services	· · · · · · · · · · · · · · · · · · ·				
Salary & Wages - Tenant Services	74,050				74,0
Salary & Wages - Maintenance & Operation	298,840			44,740	343,5
Salary & Wages - Protective Services				137,990	137,9
Salary & Wages - Utility Labor	36,490			-	36,4
Fringe Benefits	337,680			18,300	355,9
Tenant Services	60,000				60,0
Utilities	984,240				984,2
Maintenance & Operation	662,600				662,6
Protective Services	200,000				200,0
Insurance	175,000				175,0
Payment in Lieu of Taxes (PILOT)	165,110				165,1
Terminal Leave Payments					
Collection Losses	5,000			1	5,0
Other General Expense	1				
Rents					
Extraordinary Maintenance	50,000				50,00
Replacement of Non-Expendible Equipment	30,000				30,00
Property Betterment/Additions					_
Miscellaneous COPS*					
Total Cost of Providing Services	3,079,010	-		201,030	3,280,04
otal Principal Payments on Debt Service in Lieu of					-,,-
	xxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	XXXXXXXXXXXXX	
epreciation Total Operating Appropriations	4,036,640	AAAAAAAAAAAA		231,030	4,267,67
	4,030,040			231,030	4,201,0
ON-OPERATING APPROPRIATIONS	MANAGARA AND AND AND AND AND AND AND AND AND AN	MANAAAAAAAAAAA	xxxxxxxxxxxx	xxxxxxxxxxxx	
otal Interest Payments on Debt	XXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	**********		
perations & Maintenance Reserve					
enewal & Replacement Reserve					
lunicipality/County Appropriation				1	
ther Reserves					
Total Non-Operating Appropriations			-		
OTAL APPROPRIATIONS	4,036,640	<del>-</del>	-	231,030	4,267,67
CCUMULATED DEFICIT					,
OTAL APPROPRIATIONS & ACCUMULATED					
FICIT	4,036,640	-		231,030	4,267,67
NRESTRICTED NET POSITION UTILIZED					
unicipality/County Appropriation	<b>±</b>				
ther					
Total Unrestricted Net Position Utilized	-		-		
OTAL NET APPROPRIATIONS	\$ 4,036,640	\$ -	\$ -	\$ 231,030	4,267,670

201,832.00 \$

213,383.50

11,551.50 \$

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

5% of Total Operating Appropriations

# Debt Service Schedule - Principal

*p*: • • •

		Total Principal Outstanding	\$	2 8	1	ı	; I
		Thereafter	1			ŧ	. \$
		2022				;	
		2021				ı	٠.
	ng in	2020				•	tv-
Authority	Fiscal Year Ending in	2019				t	- \$
Hackensack Housing Authority		2018				1	\$
		Proposed Budget Year 2017				1	- \$
×		Adopted Budget Year 2016				ı	t .
Authority has no debt X this box			Ype in Issue Name Ype in Issue Name	Type in Issue Name	Type it issue name FOTAL PRINCIPAL	ESS: 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

If Authority has no debt X this box  Adopte Year	Adopted Budget Year 2016	Proposed Budget Year 2017	Hackensack Housing Authority  Fiscal Year  2018	Hackensack Housing Authority  Fiscal Year Ending in 2018	st ng in 2020	2021	2022	Thereatter	Total Interest Payments Outstanding
									9 6
\$		\$	\$	·			v	-	• 1

# **Net Position Reconciliation**

# Hackensack Housing Authority

For the Period

October 1, 2017

September 30, 2018 ಧ

FY 2017 Proposed Budget

# OTAL 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)

6,754

6,754

495,212

495,212

\$20,391,725 19,889,759

Operations

Other Programs

Voucher Housing

Section 8

Management

20,391,725

19,889,759

**Public Housing** 

Total All

1,063,515 174,989

3,304,577

-ess: 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)

174,989

3,304,577 1,063,515

Plus: Other Adjustments (attach schedule)

# JNRESTRICTED 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

5,038,293		t	•	E	\$ 5,038,293
1	'	ı	ı	,	1
1	ı	,	ı	1	\$ -
1	1	t		1	\$
Ì	•	·		Ì	·
					÷
,293	1	•	'	r	,293
5,038,293					5,038,293
					\$

- 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.

195,554 \$ Maximum Allowable Appropriation to Municipality/County

10,387 \$ 205,941 4) if Authority is projecting a deficit for any operation at the end of the budget period, the Authority must attach a statement explaining its plan to reduce the deficit, including the timeline for elimination of the deficit, if not already detailed in the budget narrative section.

# 2017 HACKENSACK HOUSING AUTHORITY

(Name)

HOUSING
AUTHORITY
CAPITAL
BUDGET/
PROGRAM

# 2017 CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

# HACKENSACK HOUSING AUTHORITY

(Name)

TO:9/30/2018

FROM:10/1/2017

**FISCAL** 

YEAR:

is a 1 Anni	It is hereby ce true copy of the Capital ual Budget, by the gove of July, 2017.		ed, pursuant to N	J.A.C. 5:31-2.2, along	with the
			OR		
elect	It is hereby cented <b>NOT</b> to adopt a Capper 2.2 for the follo	ital Budget /Program fo	or the aforesaid fi	<del></del>	-
	Officer's Signature:	Inthony Terran	ν <i>0</i>		
	Name:	Anthony Feorenzo			
	Title:	Executive Director			
	Address:	65 First Street, Hacker	nsack, NJ 07601		
	Phone Number:	201-342-4280	Fax Number:	201-342-5044	
	E-mail address	tonyf@hackensackhou	ising.org	, in the second	

# 2017 CAPITAL BUDGET/PROGRAM MESSAGE

# **Hackensack Housing Authority**

(Name)

FISCAL YEAR:

e di g

FROM:10/1/2017

TO:9/30/2018

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

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

  Yes
- 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? No
- 3. Has the Housing Authority prepared a long-term (10-20 years) infrastructure needs assessment? Yes
- 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.

  No
- 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. No impact on rents, tenant charges are based on HUD formula.
- 6. Have the projects been reviewed and approved by HUD? Yes

Add additional sheets if necessary.

# **Proposed Capital Budget**

### Hackensack Housing Authority

For the Period

October 1, 2017

September 30, 2018

			Fu	nding Sources		
	•		Renewal &			<del>-</del>
	Estimated Total	Unrestricted Net	Replacement	Debt		Other
	Cost	Position Utilized	Reserve	Authorization	Capital Grants	Sources
Public Housing Management		<u> </u>				
OPERATIONS	\$ 60,000				\$ 60,000	
MGMT. IMPROVEMENTS	10,000				10,000	
ADMINISTRATION	70,000				70,000	
VARIOUS PROJECTS	250,000				250,000	
Total	390,000	<del>-</del> -	_	-	390,000	<u> </u>
Section 8						
Type in Description	7 -					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total		-		-	-	
Housing Voucher						
Type in Description	-					
Type in Description	-					
Type in Description	_					İ
Type in Description						
Total	-		_			_
Other Programs	_					
Type in Description	, -					
Type in Description	-					
Type în Description	-					
Type in Description	-					
Total	~	-	_	_	-	<u> </u>
TOTAL PROPOSED CAPITAL BUDGET	\$ 390,000	\$ -	\$ -	\$ -	\$ 390,000 \$	

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

### **Hackensack Housing Authority**

For the Period

October 1, 2017

to

September 30, 2018

Fiscal Year Beginning in

	Est	timated Total Cost		rent Budget ear 2017	2018	2019	2020		2021	2022
Public Housing Management										
OPERATIONS	\$	360,000	\$	60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$	60,000	\$ 60,000
MGMT. IMPROVEMENTS		60,000		10,000	10,000	10,000	10,000		10,000	10,000
ADMINISTRATION		420,000		70,000	70,000	70,000	70,000		70,000	70,000
VARIOUS PROJECTS		1,500,000		250,000	250,000	250,000	250,000		250,000	250,000
Total		2,340,000		390,000	390,000	 390,000	390,000		390,000	 390,000
Section 8						 	 			
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Total		-		-	· <u>-</u>		 _		-	 <del></del>
Housing Voucher						 · · · · · · · · · · · · · · · · · · ·				 
Type in Description		-		-		 	 			
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Type in Description		-		-						
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Total		-		-	-	-	 	****	-	
Other Programs						 				
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Total		-	· · · · · · · · · · · · · · · · · · ·	-	-	 -	 -		_	-
TOTAL	\$	2,340,000	\$	390,000	\$390,000	\$ 390,000	\$ 390,000	\$	390,000	\$ 390,000

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**

## **Hackensack Housing Authority**

For the Period October 1, 2017 to September 30, 2018

					Fu	ınding Sources		
					Renewal &			
	Est	imated Total	Unrestrict		Replacement	Debt		
		Cost	Position U	tilized	Reserve	Authorization	<b>Capital Grants</b>	Other Sources
Public Housing Management							• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
OPERATIONS	\$	360,000		,		·	\$ 360,000	
MGMT. IMPROVEMENTS		60,000					60,000	
ADMINISTRATION		420,000					420,000	
VARIOUS PROJECTS		1,500,000					1,500,000	
Total		2,340,000	<del></del>	-	_	-	2,340,000	
Section 8		· · · ·				'		·
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Total		14		-	_	_	<del>-</del>	
Housing Voucher			•					
Type in Description		-			• • • • • • • • • • • • • • • • • • • •			
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Total		-	-	-	<del>-</del>			-
Other Programs		<u>. ,</u>						
Type in Description		-		•				
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Type in Description		-						
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Total		-			_	-	-	-
TOTAL	\$	2,340,000	\$	- 4	-	\$ -	\$ 2,340,000	\$ -
Total 5 Year Plan per CB-4	\$	2,340,000			-"·"··································			<del></del>

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

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