ADOPTED COPY Authority Budget of:



HIGHLANDS HOUSING AUTHORITY

State Filing Year

2018

For the Period:

July 1, 2018

to

June 30, 2019

www.highlandshousingauthority.org

Authority Web Address



Division of Local Government Services

2018 HOUSING AUTHORITY BUDGET

Certification Section

HIGHLANDS

(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM JULY 1, 2018 TO JUNE 30, 2019

For Division Use Only

CERTIFICATION OF APPROVED BUDGET

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

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

By: Paul D. Guet CPA RAA Date: 6/8/2418

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. Curch (PA, Kra Date: 8/2/2018

2018 PREPARER'S CERTIFICATION

HIGHLANDS

(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:

7-1-2018

TO:

6-30-2019

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

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

Preparer's Signature:	J.m F	سوار ا		
Name:	THOMAS FURLO	NG, CPA		
Title:	DIRECTOR OF FI	NANCIAL OPERAT	IONS	
Address:	881 AMBOY AVE	., PO BOX 390		
	PERTH AMBOY, NJ 08862			
Phone Number:	732-826-3118	Fax Number:	732-826-3111	
E-mail address	tfurlong@perthamb	oyha.org		

2018 APPROVAL CERTIFICATION

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

HOUSING AUTHORITY BUDGET

FROM:

7-1-2018

FISCAL YEAR:

TO:

6-30-2019

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true co body o 5:31-2	opy of the Annual Budg of the <u>HIGHLANDS</u> 3, on the <u>22ND</u>	Iousing Authority Budget, et and Capital Budget/Pro Housing Authority, at an day of MAY recorded vote appearing of the governing body the	ogram approved to open public mee . 2018. g in the resolution	by resolution by the gove eting held pursuant to N.J	J.A.C.
iii aj o i .		dan.]
	Officer's Signature:	- \MV			
	Name:	DOUGNAS DZEMA		The state of the s	1
	Title:	EXECUTIVE DIRECTOR			
	Address:	215 SHORE DRIVE			
	Address: 215 SHORE DRIVE HIGHLANDS, NJ 07732				
		HIGHLANDS, NS 0775			-
	Phone Number:	732-872-2022	Fax Number:	732-291-8743	-
	E-mail address	ddzema@perthamboyha	.org		

INTERNET WEBSITE CERTIFICATION

	de 17 a a communicación de la companya de desarrol Malacha de Mala	T	
	Web Address:	www.highlandshousingautl	
website. The operations are	e purpose of the well and activities. N.J.S.A minimum for public	osite or webpage shall be a. 40A:5A-17.1 requires th	a webpage on the municipality's or county's Internet to provide increased public access to the authority's he following items to be included on the Authority's sees below to certify the Authority's compliance with
14.3.0.71. 4071			
\mathbf{x}	A description of the	Authority's mission and re	esponsibilities
X	Commencing with prior years	2013, the budgets for the c	urrent fiscal year and immediately preceding two
x	The most recent Co	mprehensive Annual Finar	ncial Report (Unaudited) or similar financial
X	Commencing with two prior years	2012, the complete annual	audits of the most recent fiscal year and immediately
x	•	. •	policy statements deemed relevant by the governing idents within the authority's service area or
X	•	nant to the "Open Public Me, date, location and agend	eetings Act" for each meeting of the Authority, la of each meeting
X		· ·	ites of each meeting of the Authority including all for at least three consecutive fiscal years
x		·	dress and phone number of every person who ent over some or all of the operations of the
X	corporation or other	organization which receive	ny other person, firm, business, partnership. red any remuneration of \$17,500 or more during the er rendered to the Authority.
webpage as i	identified above con		we of the Authority that the Authority's website or statutory requirements of N.J.S.A. 40A:5A-17.1 as empliance.
Name of Office	cer Certifying compl	iance	DOUGLAS DZEMA
Title of Office	er Certifying complia	nce	EXECUTIVE DIRECTOR
Signature			

2018 HOUSING AUTHORITY BUDGET RESOLUTION <u>HIGHLANDS</u>

(Name)

	FISCAL YEAR:	FROM:	7-1-2018	TO:	6-30-2019
year beginning 10	nual Budget and Capital Bu ULY 1, 2018— and ending Housing Authority at its op	: JUNE 30, 2019	has been	presented bef	ising Authority for the fiscal fore the governing body of the
WHEREAS, the Anincluding any Accur	nulated Deficit if any, of \$	reflects Total Reve 1,107.948	nues of \$ and Total (1,132,605 Jnrestricted Ne	, Total Appropriations, at Position utilized of
WHEREAS, the Cap Total Unrestricted N	pital Budget as introduced i let Position planned to be u	reflects Total Capit tilized as funding t	al Appropriat hereof, of \$	ions of \$9	37.788 and _; and
anticinated revenues	s to satisfy all obligations e requirements, and to pro	to the holders of b	onds of the	Authority, to n	evenues, together with all other neet operating expenses, capital by law, regulation or terms of
funds; rather it is a	document to be used as end funds for the purpose ject financing agreement, b	part of the said A s described in this	authority's pla section of the	anning and ma e budget, must	authorization to raise or expend inagement objectives. Specific be granted elsewhere; by bond lewal and Replacement Reserve
public meeting hel Budget/Program of	d on 5/22/2018	that the Annual Housing Authori	Budget, incl	uding all relat	Housing Authority, at an open ted schedules, and the Capital ning, <u>JULY 1, 2018</u> and
BE IT FURTHER RESOLVED, that the anticipated revenues as reflected in the Annual Budget are of sufficient amount to meet all proposed expenditures/expenses and all covenants, terms and provisions as stipulated in the said Housing Authority's outstanding debt obligations, capital lease arrangements, service contracts, and other pledged agreements; and					
BE IT FURTHER RESOLVED, that the governing body of the <u>HIGHLANDS</u> Housing Authority will consider the Annual Budget and Capital Budget/Program for adoption on <u>7/24/2018</u> .					
7,	\			5.72 (Date)	2
(Secretary's Signatu		,,	•	(Date)	AMARIAN PARTICIPATOR CO.
Governing Body		Recorded Vote			
Member:		Aye	Nay	Abstain	Absent
GLORIA MILLER		X			
DOLORES FRANC	ΣΥ				X
MAE RUGG					X
REBECCA KANE	2	X			
ELLEN WILLIAMS IDA TKOCH	5	X			
RAY GODDARD		X X			
		Λ			

2018 ADOPTION CERTIFICATION

HIGHLANDS

(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM: 7-1-2018 TO: 6-30-2019

It is hereby certified that the Housing Authority Budget and Capital Budget/Program annexed hereto is a true copy of the Budget adopted by the governing body of the <u>HIGHLANDS</u> Housing Authority, pursuant to <u>N.J.A.C. 5:31-2.3</u>, on the <u>24TH</u> day of, <u>JULY</u>, <u>2018</u>.

Officer's Signature:			
Name:	DOUGLAS DZEMA		
Title:	EXECUTIVE DIRECT	OR	
Address:	215 SHORE DRIVE HIGHLANDS, NJ 0772	32	
Phone Number:	732-872-2022	Fax Number:	732-291-8743
E-mail address	ddzema@perthamboyh	a.org	

2018 ADOPTED BUDGET RESOLUTION

HIGHLANDS (Name)

HOUSING AUTHORITY

	FISCAL YEAR:	FROM:	7-1-2018	TO:	6-30-2019	
year beginning JUI	nual Budget and Capital B LY 1, 2018 and ending, DS Housing Authority at	JUNE 30, 2019	_ has been pres	sented for adop	tion before the gove	
appropriation in the	nnual Budget and Capite same amount and title as a have been approved by the	set forth in the	introduced and	approved bud	get, including all a	
Appropriations, inclu	nnual Budget as presented ding any Accumulated Def of \$ and; and;	eficit, if any, of \$				
	oital Budget as presented for et Position planned to be u				s of \$ <u>987,788</u>	and
public meeting held of HIGHLANDS	E BE IT RESOLVED, by on 5/22/2018 Housing Authority for the	that the Annual I e fiscal year begi	Budget and Cap inning, <u>JULY</u>	ital Budget/Pro	gram of the	•
hereby adopted and s	shall constitute appropriation	ons for the purpo	ses stated; and			
	ESOLVED, that the Anni					
	appropriation in the same					
all amendments there	eto, if any, which have been	n approved by the	e Director of the	e Division of L	ocal Government S	ervices.
				7-2 ∜. (Date)	e	
(Secretary's Signatur	re)		-	(Date)		
Governing Body		Recorded Vo	te			
Member:		Aye	Nay	Abstain	Absent	
GLORIA MILLER		Х				
DOLORES FRANCY	v	X				
MAE RUGG	•	X				
REBECCA KANE		X				
ELLEN WILLIAMS		X				
IDA TKOCH		X				
RAY GODDARD		**			x	

2018 HOUSING AUTHORITY BUDGET

Narrative and Information Section

2018 HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS HIGHLANDS

(Name)

AUTHORITY BUDGET

FISCAL YEAR: FROM: 7-1-2018 TO: 6-30-2019

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

1. Complete a brief statement on the 2018/2018-2019 proposed Annual Budget and make comparison to the 2017/2017-2018 adopted budget for each operation. Explain any variances over +/-10% (As shown on budget page F-4 explain the reason for changes for each appropriation changing more than 10%) for each line item by operation. Explanations of variances should include a description of the reason for the increase/decrease in the budgeted line item, not just an indication of the amount and percent of the change. Attach any supporting documentation that will help to explain the reason for the increase/decrease in the budgeted line item. For example, if anticipated service charges have increased 15% due to an increase in rates, provide documentation of how the increase occurred (Example Rate Increase authorized by resolution or by HUD).

See Attached

2. Complete a brief statement on the impact the proposed Annual Budget will have on Anticipated Revenues, especially service charges and on the general purpose/component unit financial statements. Explain significant increases or decreases, if any. An increase or decrease is considered significant if it is over +/-10% (As shown on budget page F-2 explain reason for change for each revenue changing more than 10%) from the current year adopted budget.

Rents are fixed by law so this budget will not impact charges to residents.

- 3. Describe the state of the local/regional economy and how it may impact the proposed Annual Budget, including the planned Capital Budget/Program.

 None
- 4. Describe the reasons for utilizing Unrestricted Net Position in the proposed Annual Budget, i.e. rate stabilization, debt service reduction, to balance the budget, etc. If the Authority's budget anticipates a use of Unrestricted Net Position, this question must be answered.

 N/A
- 5. Identify any sources of funds transferred to the County/Municipality as a budget subsidy or a shared service and explain the reason for the transfer (i.e.: to balance the County/Municipality budget, etc.).

 N/A
- 6. The proposed budget must not reflect an anticipated deficit from 2018/2018-2019 operations. If there exists an accumulated deficit from prior years' budgets (and funding is included in the proposed budget as a result of a prior deficit) explain the funding plan to eliminate said deficit (N.J.S.A. 40A:5A-12). If the Authority has a net deficit reported in its most recent audit, it must provide a deficit reduction plan in response to this question. (Prepare a response to deficits caused by the implementation of GASB 68) N/A

HIGHLANDS HOUSING AUTHORITY

EXPLANATION OF BUDGET VARIANCES OVER 10%

JUNE 30TH, 2019

Operating Revenues:

Excess Utilities-(-100%) Due to conversion to RAD, PHA can no longer charge for excess utilities.

HUD Operating Subsidy-(+63.3%) Increase in subsidy due to RAD conversion

Capital Fund/Capital Fund Admin.-(-100%) Due to RAD conversion PHA will no longer receive Capital Fund.

Interest-(+206.1%) Increased based on increase in earnings rate.

Appropriations:

Utilities-(+16.4%) Gas and Electric rates went up which cause an increase.

Insurance-(+45%) Increase in insurance rate due to prior year claims

PILOT-(-13.5%) Due to increase in utility cost

Other General Expense-(-100%) Decrease due to closing on RAD conversion.

R&R- (+100%) Conversion to RAD requires PHA to make annual deposits for reserve for replacement.

HOUSING AUTHORITY CONTACT INFORMATION 2018

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

Name of Authority:	HIGHLANDS HOUSING AU	JTHORIT	Y	
Federal ID Number:	21-6001673			
Address:	215 SHORE DRIVE			
City, State, Zip:	HIGHLANDS	, <u>, , , , , , , , , , , , , , , , , , </u>	NJ	07732
Phone: (ext.)	732-872-2022	Fax:	732-2	91-8743
Preparer's Name:	THOMAS FURLONG			
Preparer's Address:	881 AMBOY AVE., PO BOX	X 390		
City, State, Zip:	PERTH AMBOY		NJ	08862
Phone: (ext.)	732-826-3118	Fax:	732-8	26-3111
E-mail:	tfurlong@perthamboyha.org			
Chief Executive Officer:	DOUGLAS DZEMA			
Phone: (ext.)	732-872-2022	Fax:	732-29	1-8743
E-mail:	ddzema@perthamboyha.or	g		
Chief Financial Officer:	NONE			
Phone: (ext.)	Fax	x:		
E-mail:				
Name of Auditor:				
Name of Firm:	HOLMAN FRENIA ALLI	ISON, P.C.		
Address:	680 HOOPER AVENUE BUILDING B, SUITE 201			
City, State, Zip:	TOMS RIVER		NJ	08753
Phone: (ext.)	732-797-1333	Fax:		
E-mail:				

HOUSING AUTHORITY INFORMATIONAL **QUESTIONNAIRE**

HIGHLANDS (Name)

	FISCAL YEAR:	FROM:	7-1-2018	TO:	6-30-2019	
Αn	swer all questions below completely an	d attach addit	ional information	as required		
	Provide the number of individuals empreported on the Authority's Form W-3	. Transmittal c	of Wage and lax	Statements:	. •	
2)	Provide the amount of total salaries and	d wages as rep	orted on the Auth	iority's For	m W-3, (Use Most	
	Recent W-3 Available 2016 or 2017)	Transmittal of	Wage and Tax St	atements:	<u> 194,812</u>	
3)	Provide the number of regular voting n	nembers of the	e governing body:	/	<u>—</u>	
43	Provide the number of alternate voting	members of t	he governing bod	y: U		
5)	Did any person listed on Page N-4 hav	e a family or t	ousiness relationsl	nip with any	other person listed	
•	on Page N-4 during the current fiscal y	ear? no	_ If "yes," attach	a descripiu	on oj ine reiationsnij	9
	including the names of the individuals	involved and t	heir positions at i	he Authorii	y.	
6)	Did all individuals that were required t	to file a Financ	cial Disclosure Sta	atement for	the current fiscal	
	year (Most Recent Filing that March	31. 2017 or 2	018 deadline has	passed 20	17 or 2018) because	
	of their relationship with the Authority	file the form	as required? (Che	cked to see	if individuals	
	actually filed at http://www.state.nj.u	is/dca/divisio	ns/dlgs/resource	s/ids.html	before answering)	
	yes If "no," provide a list of	those individual	uals who failed to	file a Finat	icial Disclosure	
	Statement and an explanation as to the	reason for the	ir failure to file.			
7)	Does the Authority have any amounts	receivable fro	m current or form	er commiss	noners, officers, key	
	employees or highest compensated em	ployees?	no If "yes,"	attach a lis	t of those individual	S,
	their position, the amount receivable,	and a descript	ion of the amount	due to the	Authority.	
8)	Was the Authority a party to a busines	s transaction v	vith one of the fol	lowing part	iles:	
	a. A current or former commissioner	r, officer, key	employee, or high	est comper	sated employee?	
	no	C		inam tease	amplayaa ar higha	-
	b. A family member of a current	or former c	ommissioner, on	icei, key	simployee, or might	31
	c. An entity of which a current	former ec	mmissioner off	icer kev e	mnlovee or highe	ct
	compensated employee (or family	or rounter the	aroof was an off	icer or dire	or or indirect owne	r)
		ly illember the	MCOI) Was an Oil	icer or and	or or maneer evine	
	If the answer to any of the above is "	'vas '' attach a	description of th	e transactio	on including the nan	20
	of the commissioner, officer, key en	nnlovee or hi	ahest compensati	ed employe	e (or family memb	er
	thereof) of the Authority; the name of	f the entity an	d relationship to	the individu	ial or family membe	r
	the amount paid; and whether the tra	nsaction was s	subject to a compe	etitive bid p	rocess.	ĺ
٥٦	Did the Authority during the most rece	ent fiscal year	pay premiums, di	rectly or in	directly, on a person	a
-)	benefit contract? A personal benefit co	ontract is gener	rally any life insu	rance, annu	ity, or endowment	
	contract that benefits, directly or indire	ectly, the trans	feror, a member of	of the transf	eror's family, or any	/
	other person designated by the transfer	ror, no	_If "yes," attach	a descripti	on of the	
	arrangement, the premiums paid, and i	ndicate the be	neficiary of the co	ontract.		

- 10) Explain the Authority's process for determining compensation for all persons listed on Page N-4. Include whether the Authority's process includes any of the following: 1) review and approval by the commissioners or a committee thereof; 2) study or survey of compensation data for comparable positions in similarly sized entities; 3) annual or periodic performance evaluation; 4) independent compensation consultant; and/or 5) written employment contract. Attach a narrative of vour Authorities procedures for all employees. 11) Did the Authority pay for meals or catering during the current fiscal year? Yes 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? 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 other employee of the Authority: a. First class or charter travel b. Travel for companions no c. Tax indemnification and gross-up payments d. Discretionary spending account no e. Housing allowance or residence for personal use no f. Payments for business use of personal residence no g. Vehicle/auto allowance or vehicle for personal use no h. Health or social club dues or initiation fees i. Personal services (i.e.: maid, chauffeur, chef) no If the answer to any of the above is "yes," attach a description of the transaction including the name and position of the individual and the amount expended. 14) Did the Authority follow a written policy regarding payment or reimbursement for expenses incurred by employees and/or commissioners during the course of Authority business and does that policy require substantiation of expenses through receipts or invoices prior to reimbursement? yes "no," attach an explanation of the Authority's process for reimbursing employees and commissioners for expenses. (If your authority does not allow for reimbursements indicate that in answer) 15) Did the Authority make any payments to current or former commissioners or employees for severance or termination? no If "yes," attach explanation including amount paid. 16) Did the Authority make any payments to current or former commissioners or employees that were contingent upon the performance of the Authority or that were considered discretionary bonuses? If "yes," attach explanation including amount paid. 17) Did the Authority comply with its Continuing Disclosure Agreements for all debt issuances outstanding by submitting its audited annual financial statements, annual operating data, and notice of material events to the Municipal Securities Rulemaking Board's Electronic Municipal Marketplace Access (EMMA) as required? N/A If "no," attach a description of the Authority's plan to ensure compliance with its Continuing Disclosure Agreements in the future. 18) Did the Authority receive any notices from the Department of Housing and Urban Development or any other entity regarding maintenance or repairs required to the Authority's facilities to bring them into compliance with current regulations and standards that it has not yet taken action to remediate? 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.
- 20) Has the Authority been deemed "troubled" by the Department of Housing and Urban Development? 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.

the amount of the fine or assessment.

19) Did the Authority receive any notices of fines or assessments from the Department of Housing and Urban Development or any other entity due to noncompliance with current regulations? no If "yes," attach a description of the event or condition that resulted in the fine or assessment and indicate

HIGHLANDS HOUSING AUTHORITY PAGE N-3 (1 OF 2) QUESTION 10

The Authority uses the County of Monmouth as a comparable in determining annual salary increases and compensation. The Board's finance committee reviews this information along with the affordability based on the Authority's overall budget to determine cost of living increases. Additional increases in an individual's compensation level are brought forth to the Finance Committee by the Executive Director based on the employee's workload and performance evaluations. The Finance Committee will make the appropriate recommendations to the full Board who will appropriate the amounts approved in the Authority's annual budget.

04/09/2018 08:16 73

7322918743

HIGHLANDS HOUSING

PAGE 05/06

IOUGLAS DZEMA

12/11/2017

0000018922

DESCRIPTION

INVOICE#

Dinner/board meeting expenses Dec 6, 201 Dinner/board meeting expenses Dec 6, 201 MeetingDec2017
MeetingDec2017

208.48

660.20

TOTAL FOR CHECK:

868.68

CORDER FORM #123LB1 (1 PART)

commissioners/staff that took place on Wednesday, 12/6/17 at Angelica's, Sea Bright. The invoice is attached and the amount of the invoice to be reimbursed is - \$868.68. This is for 12 guests. 5 board members, the attorney, 7 staff members.

The bill covers: Dolores Francy, Commissioner - Board

Ray Goddard, Commissioner – Board Mae Rugg, Commissioner - Board Ida Tkoch, Commissioner - Board Eilen Williams, Commissioner - Board Gloria Miller, Commissioner - Board

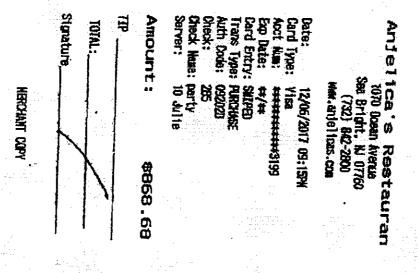
Pamela Carbone, Administration - HHA Joseph Cusumano, Maintenance - HHA

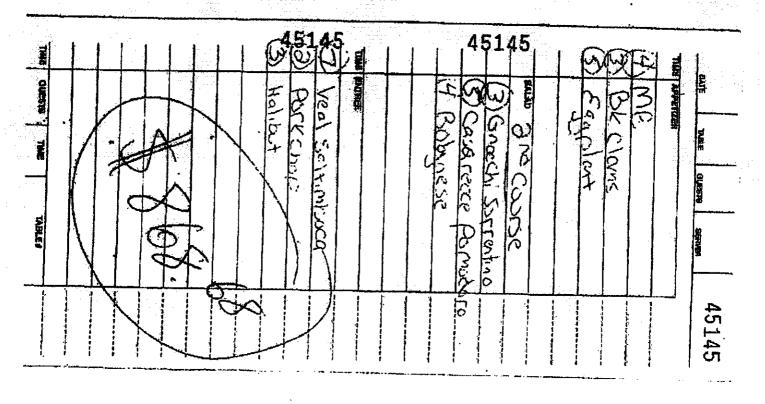
Renee DcMarco, Residential Operations – HHA
Douglas Sabey, Construction Inspector - PAHA
Thomas Furlong, Director-Financial Ops - PAHA
Douglas Dzerna, Executive Director – PAHA

Please note that none of the above costs include alcohol.

Please let me know if you have any questions.

cc: Douglas Dzema





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

HIGHLANDS

(Name)

7-1-2018

FISCAL YEAR:

FROM:

TO:

6-30-2019

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

- 1) List all of the Authority's current commissioners and officers and amount of compensation from the Authority and any other public entities as defined below. Enter zero if no compensation was paid.
- 2) List all of the Authority's key employees and highest compensated employees other than a commissioner or officer as defined below and amount of compensation from the Authority and any other public entities.
- 3) List all of the Authority's <u>former</u> officers, key employees and highest compensated employees who received more than \$100,000 in reportable compensation from the Authority and any other public entities during the most recent fiscal year completed.
- 4) List all of the Authority's <u>former</u> commissioners who received more than \$10,000 in reportable compensation from the Authority and any other public entities during the most recent fiscal year completed.
- Commissioner: A member of the governing body of the authority with voting rights. Include alternates for purposes of this schedule.
- Officer: A person elected or appointed to manage the authority's daily operations at any time during the year, such as the chairperson, vice-chairperson, secretary, or treasurer. For the purposes of this schedule, treat the authority's top management official and top financial official as officers. A member of the governing body may be both a commissioner and an officer for the purposes of this schedule.
- **Key employee:** An employee or independent contractor of the authority (other than a commissioner or officer) who meets both of the following criteria:
 - a) The individual received reportable compensation from the authority and all other public entities in excess of \$150,000 for the most recent fiscal year completed; and
 - b) The individual has responsibilities or influence over the authority as a whole or has power to control or determine 10% or more of the authority's capital expenditures or operating budget.
- Highest compensated employee: One of the five highest compensated employees or independent contractors of the authority other than current commissioners, officers, or key employees whose aggregate reportable compensation from the authority and other public entities is greater than \$100,000 for the most recent fiscal year completed.
- Compensation: All forms of cash and non-cash payments or benefits provided in exchange for services, including salaries and wages, bonuses, severance payments, deferred payments, retirement benefits, fringe benefits, and other financial arrangements or transactions such as personal vehicles, meals, housing, personal and family education benefits, below-market loans, payment of personal or family travel, entertainment, and personal use of the Authority's property. Compensation includes payments and other benefits provided to both employees and independent contractors in exchange for services.
- Reportable compensation: The aggregate compensation that is reported (or is required to be reported) on Form W-2, box 1 or 5, whichever amount is greater, and/or Form 1099-MISC, box 7, for the most recent calendar year ended 60 days before the start of the proposed budget year. For example, for fiscal years ending December 31, 2018 Most recent available W-2 and 1099 should be used (2016 or 2017 Forms)(60 days prior to start of budget year is November 1, 2017, with 2016 being the most recent calendar year ended), and for fiscal years ending June 30, 2018, the calendar year 2017 W-2 and 1099 should be used (60 days prior to start of budget year is May 1, 2018, with 2017 being the most recent calendar year ended).
- Other Public Entity: Any municipality, county, local authority, fire district, or other government unit, regardless of whether it is related in any way to the Authority either by function or by physical location.

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

Highlands Housing Authority to June 30, 2019

For the Period July 1, 2018

		L		Position	5	Rei	portable Compensation Authority (W-2/ 1099)	Reportable Compensation from Authority [W-2/1099]	e [
					н			Other (auto		Ext. Trated		red#C to settle		Average		Estimated amount	
					ighe			allowance,		amount of other		Public Entities where	ere	Week		compensation from	
		Average Hours	Cor	Key	st Co			expense		compensation from the		Individual is an		Dedicated to	Reportable	Other Public Entities	i i
				/ Em	mpe	Base	gu.	payment in		Authority	Total	Member of the	Other Public	Other Public	Compensation from Other	(nealth peneilts, 10tal pension, payment in Compensation	Jotal Compensation
Name	Title	Dedicated to Position	Office: sioner	ployer	nsated ployee	Salary/	Y/ nd Bonus	_	ealth (health etc.) pensic	health benefits, pension, etc.)	Compensation from Authority	Gaverning Body See note below	Ξ	Entities Listed in Column O	Entities Listed Public Entities in Column O (W-2/1099)	lieu of health benefits, etc.)	All Public Entitles
1 Gloria Miller	Chairperson	S	l^	1		None						None					
2 Dolores Francy	Vice-Chair	5.2	×			None				-		O None					. <
3 Mae Rugg	Treasurer	2.3	×			None						0 State of Ni	Retired Pension	G	1887		1800
4 Rebecca Kane	Commissioner	2.>	×			None						G Bornieb of Mishbands Compilinarion		10.15	2,500		ימפיל (
5 Ellen Williams	Commissioner	X 2	×			None						O None		***	D) (7		noc'y
6 ida Tkoch	Commissioner	2.3	×			None						0 None					
7 Ray Goddard	Commissioner	2.3	×			None					. 0	0 None					c c
8 Jouglas Ozema	Executive Director	ហ	*			None					. 0	0 Perth Amboy HA	Executive Director 35+	35+	222,072	77,005	720.662
C 1											Û				•	•	0
9 :											0						O
											0						0
2.5											0						0
2											0						0
7											0						0
											0						a
: o(s)							v.	\$.	٠,	,		*			\$ 227,453	\$ 77,005	\$ 304,458
														•	and the same of th	THE PARTY OF THE P	

(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

Highlands Housing Authority

	For the Period	July 1,	July 1, 2018	ţ	June	June 30, 2019		
	# of Covered	Annual Cost Estimate per	Total Cost	# of Covered				
	Members (Medical & Rx)	Emplayee Proposed	Estimate Proposed	Members (Medical & Rx)	Annual Cost per Employee	Total Prior Year	\$ Increase	% Increase
	Proposed Budget	Budget	Budget	Current Year	Current Year	Cost	(Decrease)	(Decrease)
Active Employees - Health Benefits - Annual Cost								
Single Coverage	1	\$ 12,160	\$ 12,160	1	\$ 11,860	\$ 11.860	\$ 300	7.5%
Parent & Child			•					10//10#
Employee & Spouse (or Partner) Family		24,320	24,320	r	23,720	23,720	909	2.5%
Employee Cost Sharing Contribution (enter as negative -)			(3.180)	(3.180)		(3.100)		#DIV/0!
Subtotal		2	33,300	2		32,480	(90)	%0:7 %3:7
					de mandre de la companya de la compa		0.50	201
Commissioners - Health Benefits - Annual Cost								
Single Coverage			1			'		#DIV/OI
Parent & Child			,					10/2:0#
Employee & Spouse (or Partner)			•			• ,		io/\io#
Family			,			•	•	io/\iq#
Employee Cost Sharing Contribution (enter as negative -)							•	10/AIQ#
Subtotal	0]	Ĉ			•	10/210#
			:			*		#DIA/DI
Retirees - Health Benefits - Annual Cost								
Single Coverage			•					10/2/01
Parent & Child		·	•			í i		10/AIC#
Employee & Spouse (or Partner)			J			• '		5/AC#
Family			i				•	#O!V/O!
Employee Cost Sharing Contribution (enter as negative -)		単数ない	1				•	5/21/2
Subtotal	0	u.		0			,	#DIV/0!
GRAND TOTAL	2	- 1	\$ 33,300	2	•	\$ 32,480	\$ 820	2.5%
Is medical coverage provided by the SHBP (Yes or No)? (Place Answer in Box)	Answer in Box)	1>	Yes	Yes or No				
Is prescription drug coverage provided by the SHBP (Yes or No)? (Place Answer in Box))? (Place Answer in B	•		Yes or No				

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

Schedule of Accumulated Liability for Compensated Absences

Highlands Housing Authority

For the Period July 1, 2

July 1, 2018

\$

June 30, 2019

Legal Basis for Benefit

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

Agreement (check applicable items) Employment leubivibn Resolution Agreement Approved Labor 149 969 2,604 1,459 3,033 1,851 9,792 Absence Liability Dollar Value of Compensated Accrued Total liability for accumulated compensated absences at beginning of current year \$ ~ 24 19 **Gross Days of Accumulated Compensated Absences at** beginning of Current Year Individuals Eligible for Benefit Joseph Cusamano Pamela Carbone Taxes on Accrual Renee DeMarco John Hemenway Tom Falkowski

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

Schedule of Shared Service Agreements

For the Period

Highlands Housing Authority
to July 1, 2018

June 30, 2019

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

						Amount to be
Name of Entity Providing Service		: :	Comments (Enter more specifics if	Agreement Effective	Agreement	Received by/ Paid from
The last of the state of the st	waiile of chility Receiving Service	Type of Shared Service Provided	needed)	Date	End Date	Authority
reitil Alliboy housing Authority	Highlands Housing Authority	Management Services		1/1/2018	1/1/2018 12/31/2018 \$	\$ 44 ROD
Perth Amboy Housing Authority	Highlands Housing Authority	Accounting Services		1/1/2018	1/1/2018 12/31/2018 \$	1
				2 2 7 7	0.000 /0.0	
	The state of the s					

If No Shared Services X this Box

2018 HOUSING AUTHORITY BUDGET

Financial Schedules Section

	June 30, 2019
Authority	2
Highlands Housing Authorit	July 1, 2018
	For the Period

		FY 2	FY 2019 Proposed Budget	d Budget		FY 2017-2018 Adopted Budget	\$ Increase (Decrease) Proposed vs. Adopted	% Increase (Decrease) Proposed vs. Adopted
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	Total All Operations	All Operations	All Operations All Operations
REVENUES								
Total Operating Revenues	٠ •	· •	· •	\$ 1,127,095	5 \$ 1,127,095	\$ 958,810	\$ 168,285	17.6%
Total Non-Operating Revenues	•			5,510	0 5,510	1,800	3,710	206.1%
Total Anticipated Revenues	•	-	***************************************	1,132,605	5 1,132,605	960,610	171,995	17.9%
APPROPRIATIONS								
Total Administration	•	·	•	308,490	308,490	300,350	8,140	2.7%
Total Cost of Providing Services	•	·	•	661,450	0 661,450	062,659	1,660	0.3%
Total Principal Payments on Debt Service in Lieu of Depreciation	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	24,029	•	24,029	10/\ld#
Total Operating Appropriations	٠	,	•	969,940	696'866 0	960,140	33,829	3.5%
Total Interest Payments on Debt Total Other Non-Operating Appropriations Total Non-Operating Appropriations	XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	28,979 0 85,000 0 113,979		28,979 85,000 113,979	#DIV/0! #DIV/0!
Accumulated Deficit	•				•	•		10/\nig#
Total Appropriations and Accumulated Deficit	•	·		1,054,940	1,107,948	960,140	147,808	15.4%
Less: Total Unrestricted Net Position Utilized	•		•			1		io/∧ig#
Net Total Appropriations			1	1,054,940	1,107,948	960,140	147,808	15.4%
ANTICIPATED SURPLUS (DEFICIT)	\$	\$, \$	\$ 77,665	5 \$ 24,657	\$ 470	\$ 24,187	5146.2%

Revenue Schedule

Highlands Housing Authority

For the Period

July 1, 2018

to

June 30, 2019

\$ increase

% Increase

							(Decrease)	(Decreose)
						FY 2017-2018		
		EV 2010	D	Pudant		Adopted Budget	Proposed vs. Adopted	Proposed vs. Adopted
		FY 2019	Proposed	виадет	Total All	Total All	наоргеа	Audpieu
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Operations	Operations	All Operations	All Operations
OPERATING REVENUES	Manager 1							
Rental Fees								
Homebuyers' Monthly Payments	·				S	\$ -	\$.	#DIV/0!
Dwelling Rental				526230	526,220	499,330	26,890	5.4%
Excess Utilities						6,480	(6,480)	-100.0%
Non-Dwelling Rental						*		#DIV/0!
HUD Operating Subsidy				587375	587,875	360,000	227,875	63.3%
New Construction - Acc Section 8					-		-	#D!V/0!
Voucher - Acc Housing Voucher						*		#0!V/0!
Total Rental Fees			-	1,114,095	1,114,095	865,810	248,285	28.7%
Other Operating Revenues (List)								•
Capital Fund					1 .	70,000	(70,000)	-100.0%
Tenant Charges				4000	4,000	4,000		0.0%
Laundry Commissions				3000		3,000		0.0%
Late Fees				6000	1	6,000		0.0%
Capital Fund Administration						10,000	{10,000}	
Type in (Grant, Other Rev)						,	-	#DIV/0!
Type in (Grant, Other Rev)						_		#DIV/0!
					1 .	-		#DIV/01
Type in (Grant, Other Rev)					1 .			#DIV/0!
Type in (Grant, Other Rev)						44		#DIV/01
Type in (Grant, Other Rev)						_		#DIV/0!
Type in (Grant, Other Rev)					1			#DIV/OI
Type in (Grant, Other Rev)								#DIV/OI
Type in (Grant, Other Rev)					1	_		#DIV/0!
Type in (Grant, Other Rev)								#DIV/0!
Type in (Grant, Other Rev)								#DIV/0!
Type in (Grant, Other Rev)								#DIV/0!
Type in (Grant, Other Rev)					1	-	•	#DIV/0!
Type In (Grant, Other Rev)						-	•	•
Type in (Grant, Other Rev)					1	•	-	#DIV/0! #DIV/0!
Type in (Grant, Other Rev)				13,000	12.000	93,000	(50,000)	
Total Other Revenue	-				13,000		(80,000)	-
Total Operating Revenues			-	1,127,095	1,127,095	958,810	168,285	17.6%
NON-OPERATING REVENUES								
Other Non-Operating Revenues (List)	<u> </u>				1			#DDM(0)
Type in						*	•	#DIV/0!
Type in						•	•	#DIV/0!
Type in					•	•	-	#DIV/0!
Type in					•	•	•	#DIV/DI
Type in						•	*	#DIV/0!
Type in								#DIV/0!
Total Other Non-Operating Revenue							-	#017/01
Interest on Investments & Deposits (List)					1			
Interest Earned				5,510	5,510	1,800	3,710	206.1%
Penalties					-	-	-	#DIV/01
Other					<u> </u>		-	#O(V/0)
Total Interest				5,510	5,510	1,800	3,710	206.1%
Total Non-Operating Revenues	-			5,510	5,510	1,800	3,710	206.3%
TOTAL ANTICIPATED REVENUES	5 -	\$ -	\$.	\$ 1,132,605	\$1,132,505	\$ 960,610	\$ 171,995	17.9%

Prior Year Adopted Revenue Schedule

Highlands Housing Authority

		FY 2017-	2018 Adopted	Budget	
	Public Housing		Housing		Total All
	Management	Section 8	Voucher	Other Programs	Operations
OPERATING REVENUES					
Rental Fees					1 -
Homebuyers' Monthly Payments					\$ -
Dwelling Rental	499,330				499,330
Excess Utilities	6,480				6,480
Non-Dwelling Rental					-
HUD Operating Subsidy	360,000				360,000
New Construction - Acc Section 8					~
Voucher - Acc Housing Voucher					-
Total Rental Fees	865,810	-			865,810
Other Revenue (List)					·
Capital Fund	70000				70,000
Tenant Charges	4000				4,000
Laundry Commissions	3000				3,000
Late Fees	6000				6,000
Capital Fund Administration	10000				10,000
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					•
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					•
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					~
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)				ļ	•
Type in (Grant, Other Rev)					_
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Total Other Revenue	93,000	-	-		93,000
Total Operating Revenues	958,810	-		-	958,810
NON-OPERATING REVENUES					
Other Non-Operating Revenues (List)					
Type in					_
Type in					
Type in					
Type in					
Type in					
Type in					•
Other Non-Operating Revenues		-	-	-	
Interest on Investments & Deposits					
Interest Earned	1,800				1,800
Penalties					-
Other					•
Total Interest	1,800	-	-		1,800
Total Non-Operating Revenues	1,800				1,800
TOTAL ANTICIPATED REVENUES	\$ 960,610 \$		\$	\$	\$ 960,610

Appropriations Schedule

Highlands Housing Authority
July 1, 2018 to

For the Period

June 30, 2019

		FY	2019 Propo	sed Budget		FY 2017-2018 Adopted Budget	\$ Increase (Decrease) Proposed vs. Adopted	% Increase (Decrease) Proposed vs. Adopted
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total Ali Operations	Total All Operations	All Operations	All Coomtion
OPERATING APPROPRIATIONS		300000		Otto: Tograms	Орелиния	Operations	Air Operations	All Operation
Administration								
Salary & Wages	-			119,110	\$ 119,110	\$ 115,250	5 3,860	3.39
Fringe Benefits	-			29,500	29,500	27,000	2,500	9.39
legal				20,000	20,000	20,000		0.09
Staff Training				6,000	6,000	6,000		0.09
Travel	_			6,000	6,000	6,000		0.09
Accounting Fees	-			19,180	19,180	18,800	380	2.09
Auditing Fees				8,000	8,000	7,500	500	6.79
Miscellaneous Administration*	,			100,700	100,700	99,800	900	0.99
Total Administration	-			308,490	308,490	300,350	8,140	2.79
Cost of Providing Services					· · · · · · · · · · · · · · · · · · ·			2.77
Salary & Wages - Tenant Services	-						_	#DIV/0!
Salary & Wages - Maintenance & Operation				95,760	95,760	93,000	2,760	3.09
Salary & Wages - Protective Services				· I		-	~,, 00	#DIV/0!
Salary & Wages - Utility Labor					_			#DIV/01
Fringe Benefits	_			52,300	52,300	48,000	4,300	9.0%
Tenant Services	_			3,000	3,000	3,100	{100}	-3.29
Utilities				261,500	261,500	224,560	36,940	16.49
Maintenance & Operation				186,550	186,550	175,000	11,550	6.69
Protective Services				,	220,220	27.5,000	11,550	#DIV/0}
Insurance	i -			30,000	30,000	40,000	(10,000)	,
Payment in Lieu of Taxes (PILOT)				24,340	24,340	28,130		-25.0%
Terminal Leave Payments				2-1,3-10	24,540	24,130	(3,790)	-13.5%
Collection Losses	_			5,000	5,000	5,000	-	#0(V/0)
Other General Expense				3,000	3,000	40,000	(40,000)	0.0%
Rents	i .					40,000	(40,000)	-100.0%
Extraordinary Maintenance	l .				-	•	•	#DIV/0!
Replacement of Non-Expendible Equipment				3,000	3,000	7 000	•	#DIV/0!
Property Betterment/Additions	,			3,000	3,000	3,000	-	0.0%
Miscellaneous COPS*					•	•	-	#DIV/OI
Total Cost of Providing Services	<u> </u>			CE1 450				#DIV/OI
-		-		661,450	661,450	659,790	1,660	0.3%
Total Principal Payments on Debt Service in Lieu of	PARTITION OF THE PARTIT		NAME OF THE OWNER, WHITE OF THE OWNER, WHITE OF THE OWNER, WHITE OWNER, WHITE OWNER, WHITE OWNER, WHITE OWNER,	Managan				
Depreciation	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX	24,029		24,029	#DIV/01
Total Operating Appropriations	<u> </u>			969,940	993,969	960,140	33,829	3.5%
NON-OPERATING APPROPRIATIONS	Maria Company		***************************************					
Total Interest Payments on Debt	XXXXXXXXXXX	KAXAXAXAXA	XXXXXXXXXX	XXXXXXXXXX	28,979	•	28,979	#DIV/01
Operations & Maintenance Reserve						•	•	#DIV/01
Renewal & Replacement Reserve	'			85,000	85,000	•	85,000	#DIV/01
Municipality/County Appropriation	ļ				•	-	•	#DIV/01
Other Reserves	<u></u>			 -	<u> </u>		<u> </u>	#DIV/01
Total Non-Operating Appropriations		-		85,000	113,979		113,979	#DIV/01
TOTAL APPROPRIATIONS		-	•	1,054,940	1,107,948	960,140	147,808	15.4%
ACCUMULATED DEFICIT					<u> </u>	-		#DIV/01
TOTAL APPROPRIATIONS & ACCUMULATED								
DEFIGT				1,054,940	1,107,948	960,140	147,808	15.4%
UNRESTRICTED NET POSITION UTILIZED							-	
Municipality/County Appropriation	· · · · · · · · · · · · · · · · · · ·	*			•	-		#DIV/01
Other								#D!V/01
Total Unrestricted Net Position Utilized	-	•	•			•		NDIV/DI
TOTAL NET APPROPRIATIONS	\$ - \$	-	\$ -	\$ 1,054,940	\$ 1,107,948	\$ 960,140	\$ 147,808	15.4%
 Miscellaneous line items may not exceed 5% of tol 	al operating approp	orlations shown	below. If amour	nt in miscellaneous is grea	ster than the amount	shown below, then		
he line Item must be itemized above.								
5% of Total Operating Appropriations	\$ - \$		\$ -	\$ 48,497.00	\$ 49,698.45			

Prior Year Adopted Appropriations Schedule

Highlands Housing Authority

		FY.	2017-2018 Adopted Bi	udget	
	Public Housing				Total All
	Management	Section 8	Housing Voucher	Other Programs	Operations
OPERATING APPROPRIATIONS					
Administration			····		
Salary & Wages	\$ 115,250				\$ 115,250
Fringe Benefits	27,000				27,000
Legal	20,000				20,000
Staff Training	6,000				6,000
Travel	6,000				6,000
Accounting Fees	18,800				18,800
Auditing Fees	7,500				7,500
Miscellaneous Administration*	99,800				99,800
Total Administration	300,350			-	300,350
Cost of Providing Services					
Salary & Wages - Tenant Services	-				-
Salary & Wages - Maintenance & Operation	93,000				93,000
Salary & Wages - Protective Services					-
Salary & Wages - Utility Labor					-
Fringe Benefits	48,000				48,000
Tenant Services	3,100				3,100
Utilities	224,560				224,560
Maintenance & Operation	175,000			[175,000
Protective Services	-				-
Insurance	40,000				40,000
Payment in Lieu of Taxes (PILOT)	28,130				28,130
Terminal Leave Payments	_			1	25,255
Collection Losses	5,000				5,000
Other General Expense	40,000				40,000
Rents					40,000
Extraordinary Maintenance					_
Replacement of Non-Expendible Equipment	3,000			i	3,000
Property Betterment/Additions	, , , ,				3,000
Miscellaneous COPS*					-
Total Cost of Providing Services	659,790				650 700
Total Principal Payments on Debt Service in Lieu					659,790
of Depreciation	XXXXXXXXXXXXXX	xxxxxxxxxxxx	XXXXXXXXXXXXX	XXXXXXXXXXXXXX	
Total Operating Appropriations	960,140		AAAAAAAAAAA	^^^^^	050 440
NON-OPERATING APPROPRIATIONS				*	960,140
Total Interest Payments on Debt	XXXXXXXXXXXXXX	************	XXXXXXXXXXXXX	VVVVVVVVVVVVV	
Operations & Maintenance Reserve	000000000000000000000000000000000000000		^^^^^	XXXXXXXXXXXX	4,635
Renewal & Replacement Reserve					-
•					-
Municipality/County Appropriation Other Reserves					-
Total Non-Operating Appropriations TOTAL APPROPRIATIONS	000.140				4,635
	960,140			-	964,775
ACCUMULATED DEFICIT					
TOTAL APPROPRIATIONS & ACCUMULATED					
DEFICIT	960,140		-	•	964,775
UNRESTRICTED NET POSITION UTILIZED					
Municipality/County Appropriation		-	-	•	-
Other		,			
Total Unrestricted Net Position Utilized			<u> </u>	÷	
TOTAL NET APPROPRIATIONS	\$ 960,140	\$	\$	\$ -	\$ 964,775
 Miscellaneous line items may not exceed 5% of t 	total operating approp	oriations shown be	low. If amount in misc	ellaneous is greater	than the amount
shown below, then the line item must be itemized	above.				
5% of Total Operating Appropriations	\$ 48,007.00	\$ -	\$ -	s - <u>!</u>	\$ 48,007.00

Debt Service Schedule - Principal

if Authority has no debt X this box									
:		!		Fiscal Year Ending in	ë				
	Adopted Budget Year 2017-2018	Proposed Budget Year 2019	2020	2021	2022	2023	2024	Thereafter	Total Principal Outstanding
CFFP- Debt Leveraging First Mortgage investors Type in Issue Name Type in Issue Name	\$ 40,000	\$ 24,029	\$ 23,477	\$. \$	26,184	27,653	29,204	344,660	\$ 500,000
TOTAL PRINCIPAL LESS: HUD SUBSIDY	40,000	24,029	23,477	24,794	26,184	27,653	29,204	344,560	500,000
NET PRINCIPAL	\$	\$ 24,029	\$ 23,477 \$	\$ 24,794 \$	26,184 \$	27,653 \$	29,204 \$	344,660 \$	\$ 500,000

Debt Service Schedule - Interest Highlands Housing Authority

If Authority has no debt X this box									
				Fiscal Year Ending in	iin				
	Adopted Budget Year 2017-2018	Proposed Budget Year 2019	2020	2021	2022	2023	2024	Thereafter	Total Interest Payments Outstanding
Debt Leveraging	14,561	٠		 			,		
First Mortgage Investors Type in Issue Name		28,979	25,453	24,136	22,745	21,277	19,725	91,628	233,943
Type in Issue Name									•
TOTAL INTEREST	14,561	28,979	25,453	24,136	22,745	21,277	19,725	91,628	233.943
LESS: HUD SUBSIDY	14,561	•	•						! '
NET INTEREST	٠.	\$ 28,979	\$ 25,453 \$		24,136 \$ 22,745 \$ 21,277 \$	21,277 \$	19,725 \$	\$ 91,628 \$	\$ 233,943

Net Position Reconciliation

Highlands Housing Authority

For the Period

July 1, 2018

June 30, 2019 2

FY 2019 Proposed Budget Housing Voucher

Operations

Other Programs

Section 8

Management

2,578,407 2,378,221

Public Housing

Total All

\$2,578,407 2,378,221 200,186

200,186

TOTAL NET POSITION BEGINNING OF CURRENT YEAR (1)

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

Less: Restricted for Debt Service Reserve (1)

Total Unrestricted Net Position (1) Less: Other Restricted Net Position (1)

Less: Designated for Non-Operating Improvements & Repairs

Less: Designated for Rate Stabilization

Less: Other Designated by Resolution

Plus: Accrued Unfunded Pension Liability (1)

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

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

470

531,510

Plus: Other Adjustments (attach schedule)

UNRESTRICTED NET POSITION AVAILABLE FOR USE IN PROPOSED BUDGET

Unrestricted Net Position Utilized to Balance Proposed Budget

732,166	1	,	,
,	•	•	1
£		ı	,
ŀ	•	t	ŧ
732,166	•	1	,
_			1

732,166

732,166

470

531,510

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

PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR (4) (1) Total of all operations for this line item must agree to audited financial statements.

(2) Include budgeted and unbudgeted use of unrestricted net position in the current year's operations.

(3) Amount may not exceed 5% of total operating appropriations. See calculation below.

49,897 \$ Maximum Allowable Appropriation to Municipality/County

49,897 (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.

2018 HIGHLANDS

(Name)

HOUSING AUTHORITY CAPITAL BUDGET/ PROGRAM

2018 CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

HIGHLANDS (Name)

FROM:

FISCAL YEAR:

7-1-2018

TO:

6-30-2019

22 ND day of MAY				
		OR		
l It is hereby ce cted NOT to adopt a Cap 1-2.2 for the following	pital Budget /Program	for the aforesaid fis	Housing Authority cal year, pursuant to N.J	
	Λ			
Officer's Signature:				
Officer's Signature:	DOUGLAS DZEM	A		:
	DOUGLAS DZEM EXECUTIVE DIRI			
Name:		ECTOR		::
Name: Title:	EXECUTIVE DIRE	ECTOR E		
Name: Title:	EXECUTIVE DIRE 215 SHORE DRIVE	ECTOR E 07732	732-291-8743	

2018 CAPITAL BUDGET/PROGRAM MESSAGE

HIGHLANDS Housing Authority

(Name)

FISCAL YEAR: FROM: 7-1-2018 TO: 6-30-2019

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

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

The Authority's Capital Plan is prepared in consultation with Authority residents.

- 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?

 Yes
- 3. Has the Housing Authority prepared a long-term (10-20 years) infrastructure needs assessment? 20 Years
- 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.

None

- 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.
 None
- 6. Have the projects been reviewed and approved by HUD?

Add additional sheets if necessary.

Proposed Capital Budget

Highlands Housing Authority

For the Period

July 1, 2018

to

June 30, 2019

				nding Sources		
			Renewal &			
	Estimated Total	Unrestricted Net	Replacement	Debt		Other
- 10	Cost	Position Utilized	Reserve	Authorization	Capital Grants	Sources
Public Housing Management		<u></u>	······			
Type in Description	\$ -					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	_	-	*	
Section 8						
Type in Description	-					
Type in Description						
Type in Description	-					İ
Type in Description						
Total	-	•	-	_		-
Housing Voucher						
Type in Description						
Type in Description	-					-
Type in Description						-
Type in Description	-					
Total	-	<u>.</u>	*	-	-	
Other Programs		·				
RAD Rehab Work- Family	499,250					\$ 499,250
Rad Rehab Work- Senior	488,538				·	488,538
Type in Description	-					100,550
Type in Description	-					1
Total	987,788	-	-	-	-	987,788
TOTAL PROPOSED CAPITAL BUDGET	\$ 987,788	\$ -	\$ -	\$ -	\$ - 9	

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

Highlands Housing Authority

For the Period

July 1, 2018

to

June 30, 2019

Fiscal Year Beginning in

	Est	imated Total Cost		rent Budget 'ear 2019	2020	2021	2	022	2023		2024
Public Housing Management											
Type in Description	\$	•	\$	*							
Type in Description		•									
Type in Description		•									
Type in Description		<u>-</u>		-							
Total		•					-	•		-	-
Section 8											
Type in Description		-		•							
Type in Description				•	[
Type in Description		*		-							
Type in Description				-				 -		***************************************	
Total		-			<u> </u>			•		-	-
Housing Voucher											
Type in Description		•		•							
Type in Description		•		-							
Type in Description		•		-							
Type in Description		-		-]						
Total							**	-			
Other Programs											
RAD Rehab Work- Family		577,150		499,250	\$ 77, 9 00						7
Rad Rehab Work- Senior		601,738		488,538	70,200						43,000
Type in Description		-		•							1
Type in Description		-									
Total	<u></u>	1,178,888	-	987,788	148,100			*		-	43,000
TOTAL	\$	1,178,888	\$	987,788	\$ 148,100	\$	- \$	-	\$	- \$	43,000

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

Highlands Housing Authority

to

June 30, 2019

July 1, 2018

For the Period

1,178,888

Total 5 Year Plan per CB-4

Balance check

Funding Sources Renewal & **Unrestricted Net** Replacement Debt **Estimated Total Position Utilized** Reserve **Authorization Capital Grants Other Sources** Cost Public Housing Management \$ Type in Description Type in Description Type in Description Type in Description Total Section 8 Type in Description Type in Description Type in Description Type in Description Total Housing Voucher Type in Description Type in Description Type in Description Type in Description Total Other Programs RAD Rehab Work- Family 577,150 577,150 Rad Rehab Work- Senior 601,738 601,738 Type in Description Type in Description Total 1,178,888 1,178,888 \$ **TOTAL** 1,178,888 - \$ \$ \$ 1,178,888

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.

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

RESOLUTION AUTHORIZING SUBMISSION OF THE FY 2018/2019 BUDGET TO THE STATE OF NEW JERSEY DEPARTEMENT OF COMMUNITY AFFAIRS.

This Resolution shall take effect immediately.

Date of Adoption: May 22, 2018

MUVED/SECONDED:		
Resolution moved by Commissioner	<u>Goddard</u>	

Resolution seconded by Commissioner Kane

			
X			
		X	
X			
X			
		X	
X			
X			
	X	X	X X X

The foregoing is a true copy of a Resolution ratified and adopted at a Regular Meeting of the Housing Authority of the Borough of Highlands, New Jersey, duly called and held on the 22nd day of May 2018.

FY19-001 RESOLUTION ADOPTING THE ANNUAL BUDGET FOR FY 2019

This resolution shall take effect immediately.

Date of adoption:	July 24,	2018
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MOVED/SECONDED:

Resolution moved by Commissioner	Francy
Resolution seconded by Commissioner	Tkoch

VOTE:

FY19-001	Ayes	Nays	Absent	Abstain
Commissioner Kane	X			
Commissioner Rugg	X			
Commissioner Tkoch	X			
Commissioner Francy	X			
Commissioner Williams	X			
Commissioner Goddard			X	
Chairperson Miller	X			

The foregoing is a true copy of a Resolution ratified and adopted at a Regular Meeting of the Housing Authority of the Borough of Highlands, New Jersey, duly called and held on the 24th day of July 2018.