Cert. fil

2016/2017 Budset

# **HIGHLANDS**

(name)

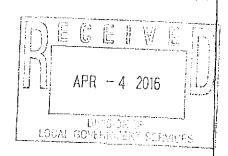
# Housing Authority Budget

www.highlandshousingauthority.org (Authority Web Address)

Department Of



Community Affairs



Division of Local Government Services

## 2016/2017 HOUSING AUTHORITY BUDGET

**Certification Section** 

#### 2016/2017

# HIGHLANDS (Name)

#### HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM JULY 1, 2016 TO JUNE 30, 2017

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 avent CPA RMA Date: June 14, 2016

#### 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 avex CPA, RAA Date: Aug 2, 2016

## 2016/2017 PREPARER'S CERTIFICATION

HIGHLANDS	
(Name)	_

#### HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:

7/1/2016

TO:

6/30/2017

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-w J	J. /			
Name:	THOMAS FURLONG, CPA				
Title:	DIRECTOR OF FINANCIAL OPERATIONS				
Address:	881 AMBOY AVE., PO BOX 390				
	PERTH AMBOY, NJ 08862				
Phone Number:	732-826-3118	Fax Number:	732-826-3111		
E-mail address	tom@perthamboyh	a.org			

## 2016/2017 APPROVAL CERTIFICATION

#### HIGHLANDS

(Name)

#### HOUSING AUTHORITY BUDGET

7/1/2016

TO:

6/30/2017

FROM:

FISCAL YEAR:

true bod <u>N.J.</u> It is	y of theHIGHLAN A.C. 5:31-2.3, on the	get and Capital Budget/P DS Housing Author 22nd day of March	rogram approved ity, at an open p , 2016  ing in the resolution	chedules appended hereto, by resolution by the govenublic meeting held pursu.  ion represents not less t	erning ant to
	Officer's Signature:				
	Name:	DOUGLAS DZEMA			
	Title:	EXECUTIVE DIRECT	OR		
	Address:	215 SHORE DRIVE			
		HIGHLANDS, NJ 077	32		
	Phone Number:	732-872-2022	Fax Number:	732-291-8743	
	E-mail address	hapadoug@aol.com			

## INTERNET WEBSITE CERTIFICATION

Authority	's Web Address:	www.highlandshousineauthority	y.org
All authori	ties shall maintain eith	ner an Internet website or a we	bpage on the municipality's or county's Interpe
website, 1 operations website at	he purpose of the web and activities. N.J.S.A	osite or webpage shall be to prove the following the follo	rovide increased public access to the authority's flowing items to be included on the Authority's clow to certify the Authority's compliance with
	A description of the	: Authority's mission and respon	nsibilities
X	Commencing with 2 prior years	2013, the budgets for the curren	nt fiscal year and immediately preceding two
	The most recent Corinformation	mprehensive Annual Financial	Report (Unaudited) or similar financial
$\square$	Commencing with 2 two prior years	012, the complete annual audit	s of the most recent fiscal year and immediately
K]			sy statements deemed relevant by the governing s within the authority's service area or
k		ant to the "Open Public Meeting , date, location and agenda of c	gs Act" for each meeting of the Authority, each meeting
			f each meeting of the Authority including all least three consecutive fiscal years
			and phone number of every person who er some or all of the operations of the
<u>x</u> ]	corporation or other c		ner person, firm, business, partnership, y remuneration of \$17,500 or more during the dered to the Authority.
webpage as i	dentified above comp		the Authority that the Authority's website or ory requirements of N.J.S.A. $40\Lambda$ :5A-17.1 as nee.
Name of Office	cer Certifying complian	nce	Douglas Dzema
Title of Office	er Certifying compliance	ce	Executive Director
Signature			(N)

# 2016/2017 HOUSING AUTHORITY BUDGET RESOLUTION HIGHLANDS

(Name)

	FISCAL YEAR:	FROM:	7/1/2016	TO:	6/30/2017	
beginning, 7/1/201	nual Budget and Capital  6 and ending, 6/30/2  its open public meeting or	017 has be	en presented be	NDS Housing Ho	g Authority for the fiscal ag body of the HIGHLA	ycar NDS
WHEREAS, the Ann any Accumulated De	ual Budget as introduced ficit if any, of \$978,99	reflects Total	Revenues of \$ otal Unrestricted	996,600 I Net Position ut	Total Appropriations, incluing the state of; and; and;	ıding ıd
WHEREAS, the Cap Unrestricted Net Posi	ital Budget as introduced tion planned to be utilized	reflects Total as funding the	Capital Appropereof, of \$	oriations of \$;	0 and 1	l'otal
anticipated revenues	to satisfy all obligations t requirements, and to prov	o the holders	of bonds of the	Authority, to	evenues, together with all ones operating expenses, call by law, regulation or term	pital
funds; rather it is a cauthorization to expen	document to be used as p and funds for the purposes of financing agreement, by	part of the saidescribed in t	id Authority's p this section of t	olanning and m he budget, mus	authorization to raise or expanagement objectives. Spetable be granted elsewhere; by lewal and Replacement Res	cific bond
public meeting held	on <u>3/22/2016</u> the <u>HIGHLANDS</u> House	hat the Annu	al Budget, inc	luding all rela-	Housing Authority, at an ed schedules, and the Ca 7/1/2016 and ending,	
meet all proposed exp		covenants, to	rms and provisi	ons as stipulated	dget are of sufficient amou in the said Housing Authoragreements; and	
BE IT FURTHER RE	SOLVED, that the gover	ning body of adoption on _	the <u>HIGHL</u>	ANDS Hou	ing Authority will consider	r the
$\mathcal{C}$				3/22/1	ς.	
(Secretary's Signature)	)			3/22/1 (Date)	<u></u>	
	/					
Governing Body Member:	Recorded Vo		Abstain	Absent		
Michibel.	Aye	Nay	Abstant	Ausen		
GLORIA MILLER	Х					
REBECCA KANE	Х					
MAE RUGG				X		
ELLEN WILLIAMS	Х					
IDA TKOCH	X					
RICHARD O'NEIL	•			X		
DOLORES FRANCY	Ý			X		

#### 2016/2017 ADOPTION CERTIFICATION

HIGHLANDS (Name)

#### HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM: 7/1/2016 TO: 6/30/2017

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 N.J.A.C. 5:31-2.3, on the <u>28<sup>th</sup></u> day of, <u>JUNE</u>, <u>2016</u>.

Officer's Signature:	dh.					
Name:	DOUGLAS DZEMA	DOUGLAS DZEMA				
Title:	EXECUTIVE DIRECTOR					
Address:	215 SHORE DRIVE					
	HIGHLANDS, NJ 07732					
Phone Number:	732-872-2022	Fax Number:	732-291-8743			
E-mail address	hapadoug@aol.com					

#### 2016/2017 ADOPTED BUDGET RESOLUTION

## HIGHLANDS

(Name)

#### **HOUSING AUTHORITY**

	FISCAL YEAR:	FROM:	7/1/20	16 <b>TO:</b>	6/30/2017
year beginning <u>7/1/2</u>	al Budget and Capital I 016 ending, <u>6/30</u> sing Authority at its ope	<u>//2017</u> has	been presente	ed for adoption I	Housing Authority for the fiscal before the governing body of the
appropriation in the sa	ual Budget and Capit me amount and title as ave been approved by the	s set forth in	the introduced	l and approved b	ects each item of revenue and oudget, including all amendments nent Services; and
WHEREAS, the Annu Appropriations, including utilized of \$0	ing any Accumulated De	d for adoption efficit, if any, or	n reflects Tota of\$978,96	al Revenues of ar	\$, Total and Total Unrestricted Net Position
WHEREAS, the Capita Total Unrestricted Net	al Budget as presented in Position planned to be u	for adoption rutilized of \$_	eflects Total C	Capital Appropria; and	ations of \$ and
public meeting held or	the fiscal year beginni	that the Anr ng, 7/1/201	iual Budget ar	nd Capital Budge	Housing Authority, at an oper et/Program of the <u>HIGHLAND</u> s 17 is hereby adopted and shal
item of revenue and ap	propriation in the same	amount and t	itle as set fortl	h in the introduc	resented for adoption reflects eacl ed and approved budget, including f Local Government Services.
$\mathcal{H}$				6.2	٧٠ - ١٠
(Secretary (Signature)		<del></del>		(Date)	
Governing Body	Recorded V	'ote			
Member:	Aye	Nay	Abstain	Absent	
GLORIA MILLER	X				
REBECCA KANE	X				
MAE RUGG	Х				
ELLEN WILLIAMS	X				
IDA TKOCH	X				
RICHARD O'NEIL				X	
DOLORES FRANCY	X				

## 2016/2017 HOUSING AUTHORITY BUDGET

Narrative and Information Section

# 2016/2017 HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS HIGHLANDS

(Name)

#### **AUTHORITY BUDGET**

FISCAL YEAR:

FROM:

7/1/2016

TO:

6/30/2017

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

- 1. Complete a brief statement on the 2016 proposed Annual Budget and make comparison to the 2015 adopted budget. Explain any variances over +/-10% for each line item. 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 the anticipated HUD Operating Subsidy has increased 15%, provide documentation that supports the increased HUD Operating Subsidy to the Housing Authority. 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% from the current year adopted budget.

Rents are fixed by law so this budget will have no impact on 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. Is the Authority required to implement project-based budgeting and asset management under HUD rules and regulations? If yes, has the Authority's governing body adopted a project-based budget?

  Yes Yes
- 6. The proposed budget must not reflect an anticipated deficit from 2016 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. N/A
- 7. Attach a schedule of the Authority's existing rate structure (rent, maintenance/utilities, etc.) and a schedule of the proposed rate structure for the upcoming fiscal year. Explain any proposed changes in the rate structure and attach the resolution approving the change in the rate structure, if applicable.

Tenants pay 30% of their income toward rent.

8. Attach a copy of the Authority's most recent Annual Operating Data submission to the Municipal Securities Rulemaking Board's Electronic Municipal Marketplace Access (EMMA) under the Authority's Continuing Disclosure Agreements for any debt issuances outstanding. Examples of Annual Operating Data may include rents and collections; number of tenants; number of available housing units; etc. Sec Local Finance Notice 2014-9 for more information. N/A

#### HIGHLANDS HOUSING AUTHORITY EXPLANATION OF BUDGET VARIANCES OVER 10% JUNE 30th, 2017

#### **Operating Revenues:**

 $\label{eq:hub-operating-subsidy-(-10.7\%)-Decreased due to reduction in utility costs and increase in dwelling rents.}$ 

Capital Fund-(+464.5%) —Increase due to transfer from Capital Fund to operations to fund Authority's transition to RAD.

#### Appropriations:

Administrative Fringe Benefits-(-32.2%)-Increase in benefits (\$5,000) and pension costs (\$1,250)

Utilities-(-11.5%)-decrease due to gas prices declining and lower consumption use.

PILOT-(+12.0%)Increase in rents and decrease in utility costs result in a higher PILOT.

Other General Costs-(+100%) Increase due to expenses attributable to RAD Conversion

# HOUSING AUTHORITY CONTACT INFORMATION 2016/2017

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

Name of Authority: Federal ID Number:	HIGHLANDS HOUSING AUTHORITY					
Address:	215 SHORE DRIVE	215 SHORE DRIVE				
City, State, Zip:	HIGHLANDS	HIGHLANDS NJ 0				
Phone: (ext.)	732-872-2022	Fax:	732-2	91-8743		
Preparer's Name:	THOMAS FURLONG					
Preparer's Address:	881 AMBOY AVE., PO E	OX 390	····································	· · · · · · · · · · · · · · · · · · ·		
City, State, Zip:	PERTH AMBOY		NJ	08872		
Phone: (ext.)	732-826-3118	Fax:	732-826-3111			
E-mail:	tom@perthamboyha.org					
Chief Executive Officer:	DOUGLAS DZEMA	· · ·		<del></del>		
Phone: (ext.)	732-872-2022	732-29	11-8743			
E-mail:	hapadoug@aol.com					
Chief Financial Officer:	NONE					
Phone: (ext.)	Fax:					
B-mail:						
Name of Auditor:						
Name of Firm:	HOLMAN FRENIA & ALLISON, P.C.					
Address:	680 HOOPER AVENUE BUILDING B, SUITE 201					
City, State, Zip:	TOMS RIVER		NJ	08753		
Phone: (ext.)	732-797-1333	Fax:		1		
E-mail:						

# HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

#### **HIGHLANDS**

(Name)

FROM:

FISCAL YEAR:

7/1/2016

6/30/2017

TO:

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:7
2) 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: 183,244
3) Provide the number of regular voting members of the governing body:
4) Provide the number of alternate voting members of the governing body: 0
5) Did any person listed on Page N-4 have a family or business relationship with any other person listed on Page N-4 during the current fiscal year? Yes If "yes," attach a description of the relationship including the names of the individuals involved and their positions at the Authority. Many is the curre of Richard O'Nail.
6) 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 the form as required? Yes 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 highest compensated employee? no employee? no
c. An entity of which a current or former commissioner, officer, key employee, or highest compensated
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 thereaf) of the Authority; the name of the entity and relationship to the individual or family member; the amount paid; and whether the transaction was subject to a competitive bid process.
9) Did the Authority during the most recent fiscal year pay premiums, directly or indirectly, on a personal benefit contract? A personal benefit contract is generally any life insurance, annuity, or endowment contract that benefits, directly or indirectly, the transferor, a member of the transferor's family, or any other person
designated by the transferorIf "yes," attach a description of the arrangement, the premiums paid,
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)
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 ground three listed
12) Did the Authority pay for travel expenses for any employee or individual listed on Page N-4? <u>yes</u> <u>If</u> "yes," attach a detailed list of all travel expenses for the current fiscal year and provide an explanation for each expenditure listed.