

State Filing Year

2017

ADOPTED COPY

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

LOCAL GOVT SERVICES

Start Year

2016 DEC 19 P 2: 20

End Year

Fiscal Year

2017

RECEIVED

2017

Authority Budget of:

SAYREVILLE HOUSING AUTHORITY

For the Period:

January 1, 2017

to

December 31, 2017

www.sayrevilleha.org

Authority Web Address

Department Of



**Community
Affairs**

Division of Local Government Services

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v .

2017 HOUSING AUTHORITY BUDGET

Certification Section

2017

SAYREVILLE

(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM 01-01-2017 TO 12-31-2017

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 Ewert CPA, RMA Date: 11/15/2016

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. Ewert CPA RMA Date: 1/23/2017

2017 PREPARER'S CERTIFICATION

SAYREVILLE

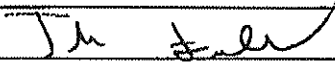
(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM: 01-01-2017 TO: 12-31-2017

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: |  | | |
| Name: | THOMAS FURLONG | | |
| 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 | tfurlong@perthamboyha.org | | |

2017 APPROVAL CERTIFICATION

SAYREVILLE

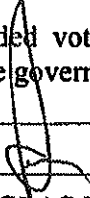
(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM: 01-01-2017 TO: 12-31-2017

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 SAYREVILLE Housing Authority, at an open public meeting held pursuant to N.J.A.C. 5:31-2.3, on the 11th day of October, 2016.

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: |  | | |
| Name: | DOUGLAS DZEMA | | |
| Title: | EXECUTIVE DIRECTOR | | |
| Address: | 650 WASHINGTON ROAD SAYREVILLE, NJ 08872 | | |
| Phone Number: | 732-721-8400 | Fax Number: | 732-721-0062 |
| E-mail address | hapadoug@aol.com | | |

INTERNET WEBSITE CERTIFICATION

Authority's Web Address: www.sayrevilleha.org

All authorities shall maintain either an Internet website or a webpage on the municipality's or county's Internet website. The purpose of the website or webpage shall be to provide increased public access to the authority's operations and activities. N.J.S.A. 40A:5A-17.1 requires the following items to be included on the Authority's website at a minimum for public disclosure. Check the boxes below to certify the Authority's compliance with N.J.S.A. 40A:5A-17.1.

- A description of the Authority's mission and responsibilities
- Commencing with 2013, the budgets for the current fiscal year and immediately preceding two prior years
- The most recent Comprehensive Annual Financial Report (Unaudited) or similar financial information
- Commencing with 2012, the complete annual audits of the most recent fiscal year and immediately two prior years
- The Authority's rules, regulations and official policy statements deemed relevant by the governing body of the authority to the interests of the residents within the authority's service area or jurisdiction
- Notice posted pursuant to the "Open Public Meetings Act" for each meeting of the Authority, setting forth the time, date, location and agenda of each meeting
- Beginning January 1, 2013, the approved minutes of each meeting of the Authority including all resolutions of the board and their committees, for at least three consecutive fiscal years
- The name, mailing address, electronic mail address and phone number of every person who exercises day-to-day supervision or management over some or all of the operations of the Authority
- A list of attorneys, advisors, consultants and any other person, firm, business, partnership, corporation or other organization which received any remuneration of \$17,500 or more during the preceding fiscal year for any service whatsoever rendered to the Authority.

It is hereby certified by the below authorized representative of the Authority that the Authority's website or webpage as identified above complies with the minimum statutory requirements of N.J.S.A. 40A:5A-17.1 as listed above. A check in each of the above boxes signifies compliance.

Name of Officer Certifying compliance

Douglas Dzema

Title of Officer Certifying compliance

Executive Director

Signature



2017 HOUSING AUTHORITY BUDGET RESOLUTION

SAYREVILLE

(Name)

FISCAL YEAR: FROM: 01-01-2017 TO: 12-31-2017

WHEREAS, the Annual Budget and Capital Budget for the SAYREVILLE Housing Authority for the fiscal year beginning, JANUARY 1, 2017 and ending, DECEMBER 31, 2017 has been presented before the governing body of the SAYREVILLE Housing Authority at its open public meeting of 10-11-2016; and

WHEREAS, the Annual Budget as introduced reflects Total Revenues of \$ 2,069,000, Total Appropriations, including any Accumulated Deficit if any, of \$ 2,043,800 and Total Unrestricted Net Position utilized of 0; and

WHEREAS, the Capital Budget as introduced reflects Total Capital Appropriations of \$ 0 and Total Unrestricted Net Position planned to be utilized as funding thereof, of \$ 0; and

WHEREAS, the schedule of rents, fees and other charges in effect will produce sufficient revenues, together with all other anticipated revenues to satisfy all obligations to the holders of bonds of the Authority, to meet operating expenses, capital outlays, debt service requirements, and to provide for such reserves, all as may be required by law, regulation or terms of contracts and agreements; and

WHEREAS, the Capital Budget/Program, pursuant to N.J.A.C. 5:31-2, does not confer any authorization to raise or expend funds; rather it is a document to be used as part of the said Authority's planning and management objectives. Specific authorization to expend funds for the purposes described in this section of the budget, must be granted elsewhere; by bond resolution, by a project financing agreement, by resolution appropriating funds from the Renewal and Replacement Reserve or other means provided by law.

NOW, THEREFORE BE IT RESOLVED, by the governing body of the SAYREVILLE Housing Authority, at an open public meeting held on 10-11-2016 that the Annual Budget, including all related schedules, and the Capital Budget/Program of the SAYREVILLE Housing Authority for the fiscal year beginning, JANUARY 1, 2017 and ending, DECEMBER 31, 2017 is hereby approved; 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 SAYREVILLE Housing Authority will consider the Annual Budget and Capital Budget/Program for adoption on 12-13-2016.

(Secretary's Signature)

12 11 16
(Date)

Governing Body
Member:

Recorded Vote

Aye Nay Abstain Absent

JORGE GONZALEZ-GOMEZ
KENNETH OLCHASKEY
BEVERLY RAPPLEYEA
ROBERT REDFORD
SHANE ROBINSON
PAULA DUFFY
RON GREEN

✓
✓
✓
✓
✓
✓

✓
✓

2017 ADOPTION CERTIFICATION

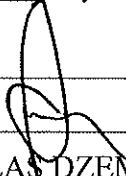
SAYREVILLE

(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM: 01-01-2017 TO: 12-31-2017

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 SAYREVILLE Housing Authority, pursuant to N.J.A.C. 5:31-2.3, on the 13th day of, December, 2016.

| | | | |
|----------------------|---|-------------|--------------|
| Officer's Signature: |  | | |
| Name: | DOUGLAS DZEMA | | |
| Title: | EXECUTIVE DIRECTOR | | |
| Address: | 650 WASHINGTON ROAD SAYREVILLE, NJ 08872 | | |
| Phone Number: | 732-721-8400 | Fax Number: | 732-721-0062 |
| E-mail address | hapadoug@aol.com | | |

2017 ADOPTED BUDGET RESOLUTION

SAYREVILLE

(Name)

HOUSING AUTHORITY

RESOLUTION NO. 2016-20

FISCAL YEAR: FROM: 01-01-2017 TO: 12-31-2017

WHEREAS, the Annual Budget and Capital Budget/Program for the SAYREVILLE Housing Authority for the fiscal year beginning JANUARY 1, 2017 and ending, DECEMBER 31, 2017 has been presented for adoption before the governing body of the SAYREVILLE Housing Authority at its open public meeting of 12-13-2016; and

WHEREAS, the Annual Budget and Capital Budget as presented for adoption reflects each item of revenue and appropriation in the same amount and title as set forth in the introduced and approved budget, including all amendments thereto, if any, which have been approved by the Director of the Division of Local Government Services; and

WHEREAS, the Annual Budget as presented for adoption reflects Total Revenues of \$ 2,069,000, Total Appropriations, including any Accumulated Deficit, if any, of \$ 2,043,800 and Total Unrestricted Net Position utilized of \$ 0; and

WHEREAS, the Capital Budget as presented for adoption reflects Total Capital Appropriations of \$ 0 and Total Unrestricted Net Position planned to be utilized of \$ 0; and

NOW, THEREFORE BE IT RESOLVED, by the governing body of SAYREVILLE Housing Authority, at an open public meeting held on 12-13-2016 that the Annual Budget and Capital Budget/Program of the SAYREVILLE Housing Authority for the fiscal year beginning, JANUARY 1, 2017 and, ending, DECEMBER 31, 2017 is hereby adopted and shall constitute appropriations for the purposes stated; and

BE IT FURTHER RESOLVED, that the Annual Budget and Capital Budget/Program as presented for adoption reflects each item of revenue and appropriation in the same amount and title as set forth in the introduced and approved budget, including all amendments thereto, if any, which have been approved by the Director of the Division of Local Government Services.

(Secretary's Signature)

12-13-16
(Date)

| Governing Body Member: | Recorded Vote | | | |
|---------------------------|---------------|-----|---------|--------|
| | Aye | Nay | Abstain | Absent |
| JORGE GONZALEZ-GOMEZ | ✓ | | | |
| KENNETH OLCHASKEY | ✓ | | | |
| BEVERLY RAPPLEYEA | ✓ | | | |
| ROBERT REDFORD | ✓ | | | |
| SHANE ROBINSON | | | | ✓ |
| PAULA DUFFY | ✓ | | | ✓ |
| RON GREEN | | | | |

2017 HOUSING AUTHORITY BUDGET

Narrative and Information Section

**2017 HOUSING AUTHORITY BUDGET MESSAGE &
ANALYSIS
SAYREVILLE
(Name)**

AUTHORITY BUDGET

FISCAL YEAR: FROM: 01-01-2017 TO: 12-31-2017

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).

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

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

Variance – Port Fees + 80%

Due to increase in portable vouchers administer from other PHA's.

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 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 deficit in unrestricted net position is due to booking the PHA's unfunded pension liability (GASB 68).

This liability is expected to decrease over time as the PHA no longer has employees and no future retirees.

HOUSING AUTHORITY CONTACT INFORMATION 2017

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

| | | | |
|---------------------------|------------------------------|-------------|--------------|
| Name of Authority: | SAYREVILLE HOUSING AUTHORITY | | |
| Federal ID Number: | 22-2469387 | | |
| Address: | 650 WASHINGTON ROAD | | |
| City, State, Zip: | SAYREVILLE | NJ | 08872 |
| Phone: (ext.) | 732-721-8400 | Fax: | 732-721-0062 |

| | | | |
|----------------------------|----------------------------|-------------|--------------|
| Preparer's Name: | THOMAS FURLONG | | |
| Preparer's Address: | 881 AMBOY AVE., PO BOX 390 | | |
| City, State, Zip: | PERTH AMBOY | NJ | 08862 |
| Phone: (ext.) | 732-826-3118 | Fax: | 732-826-3111 |
| E-mail: | tom@perthamboya.org | | |

| | | | |
|---------------------------------|------------------|-------------|--------------|
| Chief Executive Officer: | DOUGLAS DZEMA | | |
| Phone: (ext.) | 732-721-8400 | Fax: | 732-721-0062 |
| E-mail: | hapadoug@aol.com | | |

| | | | |
|---------------------------------|------|-------------|--|
| Chief Financial Officer: | NONE | | |
| Phone: (ext.) | | Fax: | |
| E-mail: | | | |

| | | | |
|--------------------------|------------------------------|-------------|-------|
| Name of Auditor: | | | |
| Name of Firm: | HOLMAN FRENIA ALLISON, P.C. | | |
| Address: | 680 HOOPER AVENUE, SUITE 201 | | |
| City, State, Zip: | TOMS RIVER | NJ | 08753 |
| Phone: (ext.) | 732-797-1333 | Fax: | |
| E-mail: | hfacpas.com | | |

HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

SAYREVILLE

(Name)

FISCAL YEAR: FROM: 01-01-2017 TO: 12-31-2017

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: 0
- 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: 0
- 3) Provide the number of regular voting members of the governing body: 7
- 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? no If "yes," attach a description of the relationship including the names of the individuals involved and their positions at the Authority.
- 6) Did all individuals that were required to file a Financial Disclosure Statement for the current fiscal year because of their relationship with the Authority file the form as required? (Checked to see if individuals actually filed at http://fds.state.nj.us/njdeca_prod/fdssearch.aspx before answering) 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? yes - see attached
 - b. A family member of a current or former commissioner, officer, key employee, or highest compensated employee? no
 - c. An entity of which a current or former commissioner, officer, key employee, or highest compensated employee (or family member thereof) was an officer or direct or indirect owner? no

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 family, or any other person designated by the transferor. no If "yes," attach a description of the arrangement, the premiums paid, and indicate the beneficiary of the contract.
- 10) Explain the Authority's process for determining compensation for all persons listed on Page N-4. Include whether the Authority's process includes any of the following: 1) review and approval by the commissioners or a committee thereof; 2) study or survey of compensation data for comparable positions in similarly sized entities; 3) annual or periodic performance evaluation; 4) independent compensation consultant; and/or 5) written employment contract. **Attach a narrative of your**

Authorities procedures for all employees.

No Employees.

Casper P. Boehm, Jr.

Counselor at Law

Phone: 609-971-7233; Fax: 609-242-1160

Courier Address: 139 Spring Lake Blvd.; Waretown, NJ 08758

Mailing Address: PO Box 669; Waretown, NJ 08758 0669

September 8, 2009

Attn: Ms. Sandy Niemiec
Commissions - Sayreville Housing Authority
650 Washington Road
Sayreville, NJ 08872

Re: Kenneth Olchaskey - Conflict of Interest

Dear Commissioners:

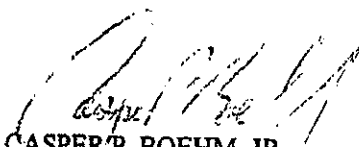
This letter is written in response to the request of Vice-Chairman Kenneth Olchaskey as to whether or not he has any conflict of interest in voting on payments of rentals to Section 8 landlords and in particular, those payments being made to Richard Olchaskey, his brother. I gave a verbal opinion that there was no conflict and I hereby confirm said opinion in writing.

My opinion is based upon the following facts:

1. The amount of rent for all apartment is controlled and set by the Federal Government through the Section 8 program.
2. A person eligible to receive a Section 8 subsidy must qualify based upon Federal guidelines, not guidelines set by the Sayreville Housing Authority.
3. A tenant who qualifies for said subsidy must locate their own rental unit and request that it be approved. Approval is based upon the condition of the unit and the landlord's agreement to keep the unit in good repair.
4. The tenant's share of the rental amount is 30% of the tenants gross income and the balance of the rent (fixed by the Federal Government) is the subsidy.
5. The check for the subsidy portion is sent by the Housing Authority directly to the landlord.
6. In essence, the Housing Authority acts as a pass through from the Federal Government to the tenant and earns a fee based upon its work.
7. The Housing Authority has no control over and gives no direction to the tenant as to who the landlord may be.

Please feel free to call me if you have any questions.

Very truly yours,



CASPER P. BOEHM, JR.

- 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? 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 no
 - b. Travel for companions no
 - c. Tax indemnification and gross-up payments no
 - d. Discretionary spending account no
 - e. Housing allowance or residence for personal use no
 - f. Payments for business use of personal residence no
 - g. Vehicle/auto allowance or vehicle for personal use no
 - h. Health or social club dues or initiation fees no
 - 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 If "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? 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.
- 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.
- 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 the amount of the fine or assessment.
- 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.

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

SAYREVILLE

(Name)

FISCAL YEAR: FROM: 01-01-2017 TO: 12-31-2017

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.
- 2) List all of the Authority's key employees and highest compensated employees other than a commissioner or officer as defined below and amount of compensation from the Authority and any other public entities.
- 3) List all of the Authority's former officers, key employees and highest compensated employees who received more than \$100,000 in reportable compensation from the Authority and any other public entities during the most recent fiscal year completed.
- 4) List all of the Authority's former commissioners who received more than \$10,000 in reportable compensation from the Authority and any other public entities during the most recent fiscal year completed.

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

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

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

- c) 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
- d) 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)

For the Period January 1, 2017

10

Sayreville
December 31, 2017

| Name | Title | Average Hours per Week Dedicated to Position | Position | | | Reportable Compensation from Authority (W-2 1099) | | Other (auto allowance, expense account, payment in lieu of health benefits, etc.) | Estimated amount of other compensation from the Authority (health benefits, pension, etc.) | Total Compensation from Authority | Names of Other Public Entities where individual is an employee or member of the governing body (1) See note below | Positions held at Other Public Entities listed in Column D | Average Hours per Week Dedicated to Positions at Other Public Entities listed in Column D | Reportable Compensation from Other Public Entities (W-2 1099) | Estimated amount of other compensation from Other Public Entities (health benefits, pension, payment in lieu of health benefits, etc.) | Total Compensation All Public Entities |
|------------------------|--------------------|--|---------------------|--------|----------------------|---|---|---|--|-----------------------------------|---|--|---|---|--|--|
| | | | Highest Compensated | Former | Base Salary/ Suspend | Bonus | Other (auto allowance, expense account, payment in lieu of health benefits, etc.) | | | | | | | | | |
| 1 Jorge Gonzalez-Gomez | Chairperson | 5 X | X | X | N/A | | | | 5 | None | | | | | 5 | |
| 2 Kenneth Ochasky | Vice Chairperson | 5 X | X | | N/A | | | | 0 | None | | | | | 0 | |
| 3 Beverly Ruppel | Commissioner | 5 X | | | N/A | | | | 0 | None | | | | | 0 | |
| 4 Robert Redford | Commissioner | 5 X | | | N/A | | | | 0 | None | | | | | 0 | |
| 5 Shane Robinson | Commissioner | 5 X | | | N/A | | | | 0 | None | | | | | 0 | |
| 6 Paula Duffy | Commissioner | 5 X | | | N/A | | | | 0 | None | | | | | 0 | |
| 7 Ron Green | Commissioner | 5 X | | | N/A | | | | 0 | None | | | | | 0 | |
| 8 Douglas Drama | Executive Director | 8 | X | X | None | | | | 0 | Perth Amboy HA | Executive Director | 40 | 204,511 | 63,630 | 268,141 | |
| 9 | | | | | | | | | 0 | | | | | | 0 | |
| 10 | | | | | | | | | 0 | | | | | | 0 | |
| 11 | | | | | | | | | 0 | | | | | | 0 | |
| 12 | | | | | | | | | 0 | | | | | | 0 | |
| 13 | | | | | | | | | 0 | | | | | | 0 | |
| 14 | | | | | | | | | 0 | | | | | | 0 | |
| 15 | | | | | | | | | 0 | | | | | | 0 | |
| Total: | | | | | | | | | 5 | | | | | 204,511 | 63,630 | 268,141 |

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

None

Schedule of Health Benefits - Detailed Cost Analysis

For the Period **Sayreville** January 1, 2017 to December 31, 2017

| | # of Covered Members (Medical & Rx) Proposed Budget | Annual Cost Estimate per Employee Proposed Budget | Total Cost Estimate Proposed Budget | # of Covered Members (Medical & Rx) Current Year | Annual Cost per Employee Current Year | Total Prior Year Cost | \$ Increase (Decrease) | % Increase (Decrease) | |
|---|---|---|-------------------------------------|--|---------------------------------------|-----------------------|------------------------|-----------------------|-------------------------------|
| | | | | | | | | | Health Benefits - Annual Cost |
| Active Employees - Health Benefits - Annual Cost | | | | | | | | | |
| Single Coverage | | | \$ - | | | \$ - | \$ - | #DNV/01 | |
| Parent & Child | | | - | | | - | - | #DNV/01 | |
| Employee & Spouse (or Partner) | | | - | | | - | - | #DNV/01 | |
| Family | | | - | | | - | - | #DNV/01 | |
| Employee Cost Sharing Contribution (enter as negative -) | 0 | | - | 0 | | - | - | #DNV/01 | |
| Subtotal | 0 | | - | 0 | | - | - | #DNV/01 | |
| Commissioners - Health Benefits - Annual Cost | | | | | | | | | |
| Single Coverage | | | - | | | - | - | #DNV/01 | |
| Parent & Child | | | - | | | - | - | #DNV/01 | |
| Employee & Spouse (or Partner) | | | - | | | - | - | #DNV/01 | |
| Family | | | - | | | - | - | #DNV/01 | |
| Employee Cost Sharing Contribution (enter as negative -) | 0 | | - | 0 | | - | - | #DNV/01 | |
| Subtotal | 0 | | - | 0 | | - | - | #DNV/01 | |
| Retirees - Health Benefits - Annual Cost | | | | | | | | | |
| Single Coverage | 2 | 6,809 | 13,618 | 2 | 6,485 | 12,970 | 648 | 5.0% #DNV/01 | |
| Parent & Child | 1 | 13,620 | 13,620 | 1 | 12,971 | 12,971 | 649 | 5.0% #DNV/01 | |
| Employee & Spouse (or Partner) | | | - | | | - | - | #DNV/01 | |
| Family | | | - | | | - | - | #DNV/01 | |
| Employee Cost Sharing Contribution (enter as negative -) | 3 | | 27,238 | 3 | | 25,941 | 1,297 | 5.0% #DNV/01 | |
| Subtotal | 3 | | 27,238 | 3 | | 25,941 | 1,297 | 5.0% | |
| GRAND TOTAL | 3 | | \$ 27,238 | 3 | | \$ 25,941 | \$ 1,297 | 5.0% | |

is medical coverage provided by the SHBP (Yes or No)? (Place Answer in Box)
 is prescription drug coverage provided by the SHBP (Yes or No)? (Place Answer in Box)

| | |
|-----|-----------|
| Yes | Yes or No |
| Yes | Yes or No |

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

2017

2017 HOUSING AUTHORITY BUDGET

Financial Schedules Section

A

SUMMARY

For the Period January 1, 2017 to December 31, 2017 Sayreville

| | FY 2017 Proposed Budget | | | | FY 2016 Adopted Budget Total All Operations | Increase (Decrease) Proposed vs. Adopted | Increase (Decrease) Proposed vs. Adopted |
|--|---------------------------|--------------|-----------------|----------------|---|--|--|
| | Public Housing Management | Section 8 | Housing Voucher | Other Programs | | | |
| REVENUES | | | | | | | |
| Total Operating Revenues | \$ - | \$ - | \$ 2,068,500 | \$ - | \$ 2,068,500 | \$ 64,800 | 3.2% |
| Total Non-Operating Revenues | - | - | 500 | - | 500 | - | 0.0% |
| Total Anticipated Revenues | - | - | 2,069,000 | - | 2,069,000 | 64,800 | 3.2% |
| APPROPRIATIONS | | | | | | | |
| Total Administration | - | - | 252,800 | - | 252,800 | 11,800 | 4.9% |
| Total Cost of Providing Services | - | - | 1,791,000 | - | 1,791,000 | 31,500 | 1.8% |
| Total Principal Payments on Debt Service in Lieu of Depreciation | XXXXXXXXXXXX | XXXXXXXXXXXX | XXXXXXXXXXXX | XXXXXXXXXXXX | - | - | #DIV/0! |
| Total Operating Appropriations | - | - | 2,043,800 | - | 2,043,800 | 43,300 | 2.2% |
| Total Interest Payments on Debt | XXXXXXXXXXXX | XXXXXXXXXXXX | XXXXXXXXXXXX | XXXXXXXXXXXX | - | - | #DIV/0! |
| Total Other Non-Operating Appropriations | - | - | - | - | - | - | #DIV/0! |
| Total Non-Operating Appropriations | - | - | - | - | - | - | #DIV/0! |
| Accumulated Deficit | - | - | - | - | - | - | #DIV/0! |
| Total Appropriations and Accumulated Deficit | - | - | 2,043,800 | - | 2,043,800 | 43,300 | 2.2% |
| Less: Total Unrestricted Net Position Utilized | - | - | - | - | - | - | #DIV/0! |
| Net Total Appropriations | - | - | 2,043,800 | - | 2,043,800 | 43,300 | 2.2% |
| ANTICIPATED SURPLUS (DEFICIT) | \$ - | \$ - | \$ 25,200 | \$ - | \$ 25,200 | \$ 21,500 | 581.1% |

Revenue Schedule

For the Period January 1, 2017 Sayreville to December 31, 2017

| | FY 2017 Proposed Budget | | | | FY 2016 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 |
| | | | | | | Operations | All Operations | All Operations |
| OPERATING REVENUES | | | | | | | | |
| <i>Rental Fees</i> | | | | | | | | |
| Homebuyers' Monthly Payments | | | | | \$ - | \$ - | \$ - | #DIV/0! |
| Dwelling Rental | | | | | - | - | - | #DIV/0! |
| Excess Utilities | | | | | - | - | - | #DIV/0! |
| Non-Dwelling Rental | | | | | - | - | - | #DIV/0! |
| HUD Operating Subsidy | | | | | - | - | - | #DIV/0! |
| New Construction - Acc Section 8 | | | | | - | - | - | #DIV/0! |
| Voucher - Acc Housing Voucher | | | 1963000 | | 1,963,000 | 1,913,000 | 50,000 | 2.6% |
| Total Rental Fees | | | 1,963,000 | | 1,963,000 | 1,913,000 | 50,000 | 2.6% |
| <i>Other Operating Revenues (List)</i> | | | | | | | | |
| Ports | | | 27000 | | 27,000 | 15,000 | 12,000 | 80.0% |
| Mgt. Fees | | | 40000 | | 40,000 | 38,700 | 1,300 | 3.4% |
| Fee for Service | | | 37500 | | 37,500 | 36,000 | 1,500 | 4.2% |
| Frauds | | | 1000 | | 1,000 | 1,000 | - | 0.0% |
| Type in (Grant, Other Rev) | | | | | - | - | - | #DIV/0! |
| Type in (Grant, Other Rev) | | | | | - | - | - | #DIV/0! |
| Type in (Grant, Other Rev) | | | | | - | - | - | #DIV/0! |
| Type in (Grant, Other Rev) | | | | | - | - | - | #DIV/0! |
| Type in (Grant, Other Rev) | | | | | - | - | - | #DIV/0! |
| Type in (Grant, Other Rev) | | | | | - | - | - | #DIV/0! |
| Type in (Grant, Other Rev) | | | | | - | - | - | #DIV/0! |
| Type in (Grant, Other Rev) | | | | | - | - | - | #DIV/0! |
| Type in (Grant, Other Rev) | | | | | - | - | - | #DIV/0! |
| Type in (Grant, Other Rev) | | | | | - | - | - | #DIV/0! |
| Type in (Grant, Other Rev) | | | | | - | - | - | #DIV/0! |
| Type in (Grant, Other Rev) | | | | | - | - | - | #DIV/0! |
| Type in (Grant, Other Rev) | | | | | - | - | - | #DIV/0! |
| Type in (Grant, Other Rev) | | | | | - | - | - | #DIV/0! |
| Type in (Grant, Other Rev) | | | | | - | - | - | #DIV/0! |
| Total Other Revenue | | | 105,500 | | 105,500 | 90,700 | 14,800 | 16.3% |
| Total Operating Revenues | | | 2,068,500 | | 2,068,500 | 2,003,700 | 64,800 | 3.2% |
| NON-OPERATING REVENUES | | | | | | | | |
| <i>Other Non-Operating Revenues (List)</i> | | | | | | | | |
| Type in | | | | | - | - | - | #DIV/0! |
| Type in | | | | | - | - | - | #DIV/0! |
| Type in | | | | | - | - | - | #DIV/0! |
| Type in | | | | | - | - | - | #DIV/0! |
| Type in | | | | | - | - | - | #DIV/0! |
| Total Other Non-Operating Revenue | | | | | - | - | - | #DIV/0! |
| <i>Interest on Investments & Deposits (List)</i> | | | | | | | | |
| Interest Earned | | | 500 | | 500 | 500 | - | 0.0% |
| Penalties | | | | | - | - | - | #DIV/0! |
| Other | | | | | - | - | - | #DIV/0! |
| Total Interest | | | 500 | | 500 | 500 | - | 0.0% |
| Total Non-Operating Revenues | | | 500 | | 500 | 500 | - | 0.0% |
| TOTAL ANTICIPATED REVENUES | \$ - | \$ - | \$ 2,069,000 | \$ - | \$ 2,069,000 | \$ 2,004,200 | \$ 64,800 | 3.2% |

Prior Year Adopted Revenue Schedule

Sayreville

FY 2016 Adopted Budget

| | PUBLIC HOUSING | | HOUSING | | Total All Operations |
|---|----------------|-------------|---------------------|----------------|----------------------|
| | Management | Section 8 | Voucher | Other Programs | |
| OPERATING REVENUES | | | | | |
| <i>Rental Fees</i> | | | | | |
| Homebuyers' Monthly Payments | | | | | \$ - |
| Dwelling Rental | | | | | - |
| Excess Utilities | | | | | - |
| Non-Dwelling Rental | | | | | - |
| HUD Operating Subsidy | | | | | - |
| New Construction - Acc Section 8 | | | | | - |
| Voucher - Acc Housing Voucher | | | 1,913,000 | | 1,913,000 |
| Total Rental Fees | | | 1,913,000 | | 1,913,000 |
| <i>Other Revenue (List)</i> | | | | | |
| Ports | | | 15,000 | | 15,000 |
| Mgt Fees | | | 38,700 | | 38,700 |
| Fee for Service | | | 36,000 | | 36,000 |
| Frauds | | | 1,000 | | 1,000 |
| Type In (Grant, Other Rev) | | | | | - |
| Type In (Grant, Other Rev) | | | | | - |
| Type In (Grant, Other Rev) | | | | | - |
| Type In (Grant, Other Rev) | | | | | - |
| Type In (Grant, Other Rev) | | | | | - |
| Type In (Grant, Other Rev) | | | | | - |
| Type In (Grant, Other Rev) | | | | | - |
| Type In (Grant, Other Rev) | | | | | - |
| Type In (Grant, Other Rev) | | | | | - |
| Type In (Grant, Other Rev) | | | | | - |
| Type In (Grant, Other Rev) | | | | | - |
| Type In (Grant, Other Rev) | | | | | - |
| Type In (Grant, Other Rev) | | | | | - |
| Type In (Grant, Other Rev) | | | | | - |
| Type In (Grant, Other Rev) | | | | | - |
| Total Other Revenue | | | 90,700 | | 90,700 |
| Total Operating Revenues | | | 2,003,700 | | 2,003,700 |
| NON-OPERATING REVENUES | | | | | |
| <i>Other Non-Operating Revenues (List)</i> | | | | | |
| Investments | | | | | - |
| Type In | | | | | - |
| Type In | | | | | - |
| Type In | | | | | - |
| Type In | | | | | - |
| Total Other Non-Operating Revenues | | | | | - |
| <i>Interest on Investments & Deposits</i> | | | | | |
| Investments | | | 500 | | 500 |
| Security Deposits | | | | | - |
| Other | | | | | - |
| Total Interest | | | 500 | | 500 |
| Total Non-Operating Revenues | | | 500 | | 500 |
| TOTAL ANTICIPATED REVENUES | \$ - | \$ - | \$ 2,004,200 | \$ - | \$ 2,004,200 |

Appropriations Schedule

Sayreville
For the Period January 1, 2017 to December 31, 2017

| | FY 2017 Proposed Budget | | | | FY 2016 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 |
| | | | | | Operations | All Operations | All Operations |
| OPERATING APPROPRIATIONS | | | | | | | |
| <i>Administration</i> | | | | | | | |
| Salary & Wages | | | | \$ - | \$ - | \$ - | #DIV/0! |
| Fringe Benefits | | | 35,300 | 35,300 | 36,000 | (700) | -1.9% |
| Legal | | | 6,500 | 6,500 | 7,000 | (500) | -7.1% |
| Staff Training | | | 5,000 | 5,000 | 5,000 | - | 0.0% |
| Travel | | | 9,000 | 9,000 | 9,000 | - | 0.0% |
| Accounting Fees | | | | | | | |
| Auditing Fees | | | 7,000 | 7,000 | 7,000 | - | #DIV/0! |
| Miscellaneous Administration* | | | 190,000 | 190,000 | 177,000 | 13,000 | 0.0% |
| Total Administration | | | 252,800 | 252,800 | 241,000 | 11,800 | 4.9% |
| <i>Cost of Providing Services</i> | | | | | | | |
| Salary & Wages - Tenant Services | | | | | | | #DIV/0! |
| Salary & Wages - Maintenance & Operation | | | | | | | #DIV/0! |
| Salary & Wages - Protective Services | | | | | | | #DIV/0! |
| Salary & Wages - Utility Labor | | | | | | | #DIV/0! |
| Fringe Benefits | | | | | | | #DIV/0! |
| Tenant Services | | | | | | | #DIV/0! |
| Utilities | | | | | | | #DIV/0! |
| Maintenance & Operation | | | | | | | #DIV/0! |
| Protective Services | | | | | | | #DIV/0! |
| Insurance | | | 7,000 | 7,000 | 7,500 | (500) | -6.7% |
| Payment in Lieu of Taxes (PILOT) | | | | | | | #DIV/0! |
| Terminal Leave Payments | | | | | | | #DIV/0! |
| Collection Losses | | | | | | | #DIV/0! |
| Other General Expense | | | 1,800 | 1,800 | 1,000 | - | 0.0% |
| Rents | | | 1,781,000 | 1,781,000 | 1,749,000 | 32,000 | 1.8% |
| Extraordinary Maintenance | | | | | | | #DIV/0! |
| Replacement of Non-Expendible Equipment | | | 2,000 | 2,000 | 2,000 | - | 0.0% |
| Property Betterment/Additions | | | | | | | #DIV/0! |
| Miscellaneous COPS* | | | | | | | #DIV/0! |
| Total Cost of Providing Services | | | 1,791,000 | 1,791,000 | 1,759,500 | 31,500 | 1.8% |
| Total Principal Payments on Debt Service in Lieu of Depreciation | | | | | | | #DIV/0! |
| Total Operating Appropriations | | | 2,043,800 | 2,043,800 | 2,000,500 | 43,300 | 2.2% |
| NON-OPERATING APPROPRIATIONS | | | | | | | |
| Total Interest Payments on Debt | | | | | | | #DIV/0! |
| Operations & Maintenance Reserve | | | | | | | #DIV/0! |
| Renewal & Replacement Reserve | | | | | | | #DIV/0! |
| Municipality/County Appropriation | | | | | | | #DIV/0! |
| Other Reserves | | | | | | | #DIV/0! |
| Total Non-Operating Appropriations | | | | | | | #DIV/0! |
| TOTAL APPROPRIATIONS | | | 2,043,800 | 2,043,800 | 2,000,500 | 43,300 | 2.2% |
| ACCUMULATED DEFICIT | | | | | | | #DIV/0! |
| TOTAL APPROPRIATIONS & ACCUMULATED DEFICIT | | | 2,043,800 | 2,043,800 | 2,000,500 | 43,300 | 2.2% |
| UNRESTRICTED NET POSITION UTILIZED | | | | | | | #DIV/0! |
| Municipality/County Appropriation | | | | | | | #DIV/0! |
| Other | | | | | | | #DIV/0! |
| Total Unrestricted Net Position Utilized | | | | | | | #DIV/0! |
| TOTAL NET APPROPRIATIONS | | | \$ 2,043,800 | \$ 2,043,800 | \$ 2,000,500 | \$ 43,300 | 2.2% |

* Miscellaneous line items may not exceed 5% of total operating appropriations shown below. If amount in miscellaneous is greater than the amount shown below, then the line item must be itemized above.

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

**SAYREVILLE HOUSING AUTHORITY
STATE BUDGET PAGE F-4
MISCELLANEOUS ADMINISTRATION**

| Item | Amount |
|------------------------------------|----------------|
| | |
| Interlocal with Perth Amboy | 161,500 |
| Membership Fees/Dues | 500 |
| Telephone | 2,250 |
| Software Maintenance | 8,000 |
| HCV Inspections | 9,250 |
| Office Supplies | 3,000 |
| Postage | 2,500 |
| Advertising | 1,000 |
| Petty Cash | 1,000 |
| Utilities | 1,000 |
| | |
| Total | 190,000 |

Prior Year Adopted Appropriations Schedule

Sayreville

FY 2016 Adopted Budget

| | Public Housing Management | Section 8 | Housing Voucher | Other Programs | Total All Operations |
|--|------------------------------|------------------|------------------|------------------|-------------------------|
| OPERATING APPROPRIATIONS | | | | | |
| <i>Administration</i> | | | | | |
| Salary & Wages | | | | \$ | - |
| Fringe Benefits | | | | 36,000 | 36,000 |
| Legal | | | | 7,000 | 7,000 |
| Staff Training | | | | 5,000 | 5,000 |
| Travel | | | | 9,000 | 9,000 |
| Accounting Fees | | | | | - |
| Auditing Fees | | | | 7,000 | 7,000 |
| Miscellaneous Administration* | | | | 177,000 | 177,000 |
| Total Administration | - | - | 241,000 | - | 241,000 |
| <i>Cost of Providing Services</i> | | | | | |
| Salary & Wages - Tenant Services | | | | | - |
| Salary & Wages - Maintenance & Operation | | | | | - |
| Salary & Wages - Protective Services | | | | | - |
| Salary & Wages - Utility Labor | | | | | - |
| Fringe Benefits | | | | | - |
| Tenant Services | | | | | - |
| Utilities | | | | | - |
| Maintenance & Operation | | | | | - |
| Protective Services | | | | | - |
| Insurance | | | | 7,500 | 7,500 |
| Payment in Lieu of Taxes (PILOT) | | | | | - |
| Terminal Leave Payments | | | | | - |
| Collection Losses | | | | | - |
| Other General Expense | | | | 1,000 | 1,000 |
| Rents | | | | 1,749,000 | 1,749,000 |
| Extraordinary Maintenance | | | | | - |
| Replacement of Non-Expendible Equipment | | | | 2,000 | 2,000 |
| Property Betterment/Additions | | | | | - |
| Miscellaneous COPS* | | | | | - |
| Total Cost of Providing Services | - | - | 1,759,500 | - | 1,759,500 |
| Total Principal Payments on Debt Service in Lieu of Depreciation | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | - |
| Total Operating Appropriations | - | - | 2,000,500 | - | 2,000,500 |
| NON-OPERATING APPROPRIATIONS | | | | | |
| Total interest Payments on Debt | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXX | - |
| Operations & Maintenance Reserve | | | | | - |
| Renewal & Replacement Reserve | | | | | - |
| Municipality/County Appropriation | | | | | - |
| Other Reserves | | | | | - |
| Total Non-Operating Appropriations | - | - | - | - | - |
| TOTAL APPROPRIATIONS | - | - | 2,000,500 | - | 2,000,500 |
| ACCUMULATED DEFICIT | | | | | - |
| TOTAL APPROPRIATIONS & ACCUMULATED DEFICIT | - | - | 2,000,500 | - | 2,000,500 |
| UNRESTRICTED NET POSITION UTILIZED | | | | | |
| Municipality/County Appropriation | - | - | - | - | - |
| Other | | | | | - |
| Total Unrestricted Net Position Utilized | - | - | - | - | - |
| TOTAL NET APPROPRIATIONS | \$ - | \$ - | \$ 2,000,500 | \$ - | \$ 2,000,500 |

* Miscellaneous line items may not exceed 5% of total operating appropriations shown below. If amount in miscellaneous is greater than the amount shown below, then the line item must be itemized above.

| | | | | | | | | | | |
|--------------------------------------|----|---|----|---|----|------------|----|---|----|------------|
| 5% of Total Operating Appropriations | \$ | - | \$ | - | \$ | 100,025.00 | \$ | - | \$ | 100,025.00 |
|--------------------------------------|----|---|----|---|----|------------|----|---|----|------------|

Debt Service Schedule - Principal

Sayreville

If Authority has no debt X this box

Fiscal Year Ending in

| | Proposed Budget Year 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | Thereafter | Total Principal Outstanding \$ |
|--------------------------|---------------------------------|------|------|------|------|------|------------|--------------------------------------|
| Type in Issue Name | | | | | | | | |
| Type in Issue Name | | | | | | | | |
| Type in Issue Name | | | | | | | | |
| Type in Issue Name | | | | | | | | |
| TOTAL PRINCIPAL | \$ - | - | - | - | - | - | - | - |
| LESS: HUD SUBSIDY | \$ - | - | - | - | - | - | - | - |
| NET PRINCIPAL | \$ - | - | - | - | - | - | - | - |

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

| | | |
|---------|------------------|--|
| Moody's | Standard & Poors | |
| | | |
| | | |

Bond Rating
Year of Last Rating

Debt Service Schedule - Interest

Sayreville

If Authority has no debt X this box

If Authority has no debt X this box

| | Fiscal Year Ending in | | | | | Total Interest Payments Outstanding | | | | |
|--------------------------|-----------------------------|---------------------------------|------|------|------|---|------|------|------------|------|
| | Adopted Budget Year 2016 | Proposed Budget Year 2017 | 2018 | 2019 | 2020 | | 2021 | 2022 | Thereafter | |
| Type in Issue Name | | | | | | | | | | |
| Type in Issue Name | | | | | | | | | | |
| Type in Issue Name | | | | | | | | | | |
| Type in Issue Name | | | | | | | | | | |
| TOTAL INTEREST | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| LESS: HUD SUBSIDY | | | | | | | | | | |
| NET INTEREST | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

2017
SAYREVILLE
(Name)

HOUSING
AUTHORITY
CAPITAL
BUDGET/
PROGRAM

2017 CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

SAYREVILLE


(Name)

FISCAL YEAR: FROM: 01-01-2017 TO: 12-31-2017

It is hereby certified that the Housing Authority Capital Budget/Program annexed hereto is a true copy of the Capital Budget/Program approved, pursuant to N.J.A.C. 5:31-2.2, along with the Annual Budget, by the governing body of the _____ Housing Authority, on the _____ day of _____.

OR

It is hereby certified that the governing body of the SAYREVILLE Housing Authority have elected **NOT** to adopt a Capital Budget /Program for the aforesaid fiscal year, pursuant to N.J.A.C. 5:31-2.2 for the following reason(s): PHA HAS NO PUBLIC HOUSING

| | | | |
|----------------------|--|-------------|--------------|
| Officer's Signature: |  | | |
| Name: | DOUGLAS DZEMA | | |
| Title: | EXECUTIVE DIRECTOR | | |
| Address: | 650 WASHINGTON ROAD SAYREVILLE, NJ 08872 | | |
| Phone Number: | 732-721-8400 | Fax Number: | 732-721-0062 |
| E-mail address | hapadoug@aol.com | | |

2017 CAPITAL BUDGET/PROGRAM MESSAGE

SAYREVILLE Housing Authority

(Name)

FISCAL YEAR: FROM: 01-01-2017 TO: 12-31-2017

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

1. Has the Capital Budget/Program been prepared in consultation with or reviewed by, the local and county planning board(s), governing body(ies), or other affected governmental entity(ies) of the jurisdiction(s) served by the Housing Authority?
2. Has each capital project/project financing been developed from a specific plan or report and have the full life cycle costs of each been calculated?
3. Has the Housing Authority prepared a long-term (10-20 years) infrastructure needs assessment?
4. Are any of the capital projects/project financings being undertaken in a community that has a State Plan designated center? If so, please describe the relationship of same to the center's goals and objectives.
5. Describe the impact on the schedule of rents and/or user charges if the proposed capital projects are undertaken. Indicate the impact on current and future year's schedules.
6. Have the projects been reviewed and approved by HUD?

Add additional sheets if necessary.

Proposed Capital Budget

Sayreville
For the Period January 1, 2017 to December 31, 2017

| | Estimated Total Cost | Funding Sources | | | | |
|--------------------------------------|-------------------------|---------------------------------------|-------------------------------------|-----------------------|----------------|------------------|
| | | Unrestricted Net Position Utilized | Renewal & Replacement Reserve | Debt Authorization | Capital Grants | Other Sources |
| Public Housing Management | | | | | | |
| Type In Description | \$ - | | | | | |
| Type In Description | - | | | | | |
| Type In Description | - | | | | | |
| Type In Description | - | | | | | |
| Total | - | - | - | - | - | - |
| Section 8 | | | | | | |
| Type In Description | - | | | | | |
| Type In Description | - | | | | | |
| Type In Description | - | | | | | |
| Type In Description | - | | | | | |
| Total | - | - | - | - | - | - |
| Housing Voucher | | | | | | |
| Type In Description | - | | | | | |
| Type In Description | - | | | | | |
| Type In Description | - | | | | | |
| Type In Description | - | | | | | |
| Total | - | - | - | - | - | - |
| Other Programs | | | | | | |
| Type In Description | - | | | | | |
| Type In Description | - | | | | | |
| Type In Description | - | | | | | |
| Type In Description | - | | | | | |
| Total | - | - | - | - | - | - |
| TOTAL PROPOSED CAPITAL BUDGET | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

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

5 Year Capital Improvement Plan

Sayreville
For the Period January 1, 2017 to December 31, 2017

Fiscal Year Beginning in

| | Estimated Total Cost | Current Budget Year 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|----------------------------------|-------------------------|-----------------------------|-------------|-------------|-------------|-------------|-------------|
| Public Housing Management | | | | | | | |
| Type In Description | \$ - | \$ - | | | | | |
| Type In Description | - | - | | | | | |
| Type In Description | - | - | | | | | |
| Type In Description | - | - | | | | | |
| Total | - | - | - | - | - | - | - |
| Section 8 | | | | | | | |
| Type In Description | - | - | | | | | |
| Type In Description | - | - | | | | | |
| Type In Description | - | - | | | | | |
| Type In Description | - | - | | | | | |
| Total | - | - | - | - | - | - | - |
| Housing Voucher | | | | | | | |
| Type In Description | - | - | | | | | |
| Type In Description | - | - | | | | | |
| Type In Description | - | - | | | | | |
| Type In Description | - | - | | | | | |
| Total | - | - | - | - | - | - | - |
| Other Programs | | | | | | | |
| Type In Description | - | - | | | | | |
| Type In Description | - | - | | | | | |
| Type In Description | - | - | | | | | |
| Type In Description | - | - | | | | | |
| Total | - | - | - | - | - | - | - |
| TOTAL | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

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

5 Year Capital Improvement Plan Funding Sources

Sayreville
For the Period January 1, 2017 to December 31, 2017

| | Estimated Total Cost | Funding Sources | | | | |
|----------------------------------|----------------------|------------------------------------|-------------------------------|--------------------|----------------|---------------|
| | | Unrestricted Net Position Utilized | Renewal & Replacement Reserve | Debt Authorization | Capital Grants | Other Sources |
| Public Housing Management | | | | | | |
| Type in Description | \$ - | | | | | |
| Type in Description | - | | | | | |
| Type in Description | - | | | | | |
| Type in Description | - | | | | | |
| Total | - | - | - | - | - | - |
| Section 8 | | | | | | |
| Type in Description | - | | | | | |
| Type in Description | - | | | | | |
| Type in Description | - | | | | | |
| Type in Description | - | | | | | |
| Total | - | - | - | - | - | - |
| Housing Voucher | | | | | | |
| Type in Description | - | | | | | |
| Type in Description | - | | | | | |
| Type in Description | - | | | | | |
| Type in Description | - | | | | | |
| Total | - | - | - | - | - | - |
| Other Programs | | | | | | |
| Type in Description | - | | | | | |
| Type in Description | - | | | | | |
| Type in Description | - | | | | | |
| Type in Description | - | | | | | |
| Total | - | - | - | - | - | - |
| TOTAL | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Total 5 Year Plan per CB-4 | \$ - | | | | | |
| 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.



Phone: (732) 721-8400
Fax: (732) 721-0062

SAYREVILLE HOUSING AUTHORITY

650 WASHINGTON ROAD
SAYREVILLE, NEW JERSEY 08872

LOCAL GOVT SERVICES
2016 DEC 19 P 2:20

RECEIVED

December 15, 2016

New Jersey Department of Community Affairs
Division of Local Government Services
Bureau of Authority Regulation
101 South Broad Street
P.O. Box 803
Trenton, New Jersey 08625-0803

Attention: Ann C. Zawartkay, CPA

Dear Ms. Zawartkay,

Please find enclosed an original adopted Housing Authority Budget with pages C-6
C-7 inserted. A fully endorsed copy of C-5 is also included.

Do not hesitate to contact me should you have any questions.

Sincerely,

Douglas G. Dzema
Executive Director

Encl.