2015

HIGHTSTOWN

Housing Authority Budget

Hightstownhousing.org____(Authority Web Address)



Division of Local Government Services

2015 HOUSING AUTHORITY BUDGET Certification Section

2015

HIGHTSTOWN HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM JANUARY 1, 2015 TO DECEMBER 31, 2015

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

| 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: _____ Date: _____

By: _____ Date: _____

2015 PREPARER'S CERTIFICATION

HIGHTSTOWN

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:

JANUARY 1, 2015

TO:

DECEMBER 31

2015

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: | Peter Sole | ari CPX | |
|-----------------------|---------------------|--------------|--------------|
| Name: | PETER J. POLCARI, O | | |
| Title: | FEE ACCOUNTANT | , | |
| Address: | 216 SOLLAS COURT. | , RIDGEWOOD, | NJ 07450 |
| Phone Number: | 201-650-0618 | Fax Number: | 973-831-6972 |
| E-mail address | POLCARIFAMILY@A | AOL.COM | |

2015 APPROVAL CERTIFICATION

HIGHTSTOWN

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:

JANUARY 1.

TO: DECEMBER

2015

31, 2015

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 Hightstown Housing Authority, at an open public meeting held pursuant to N.J.A.C. 5:31-2.3, on the 17th day of September , 2014.

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: | MUK XI LA | m | |
|----------------------|----------------------|-------------------|--------------|
| Name: | Allen K. LePrevost | | |
| Title: | Executive Director | | |
| Address: | 131 Rogers Avenue, H | ightstown, NJ 085 | 520 |
| Phone Number: | 609-448-2268 | Fax Number: | 609-426-9440 |
| E-mail address | Kleprevost@hightstow | nhousing.org | |

INTERNET WEBSITE CERTIFICATION

| | web Address: Hightstownhousing | |
|-----------------|---|--|
| All authorities | es shall maintain either an Internet web | site or a webpage on the municipality's or county's Internet hall be to provide increased public access to the authority's |
| operations ar | nd activities. N.J.S.A. 40A:5A-17.1 requirimum for public disclosure. Check | uires the following items to be included on the Authority's the boxes below to certify the Authority's compliance with |
| 1110.0.11. 101 | | |
| Ø | A description of the Authority's mission | n and responsibilities |
| <u> </u> | Commencing with 2013, the budgets for prior years | or the current fiscal year and immediately preceding two |
| Ø | The most recent Comprehensive Annu information | al Financial Report (Unaudited) or similar financial |
| | Commencing with 2012, the complete two prior years | annual audits of the most recent fiscal year and immediately |
| | The Authority's rules, regulations and body of the authority to the interests of jurisdiction | official policy statements deemed relevant by the governing the residents within the authority's service area or |
| Ø, | Notice posted pursuant to the "Open Posetting forth the time, date, location and | ablic Meetings Act" for each meeting of the Authority, lagenda of each meeting |
| \square | Beginning January 1, 2013, the approversolutions of the board and their comments of the board and their comments. | ed minutes of each meeting of the Authority including all nittees, for at least three consecutive fiscal years |
| \square | The name, mailing address, electronic exercises day-to-day supervision or many Authority | nail address and phone number of every person who nagement over some or all of the operations of the |
| d | A list of attorneys, advisors, consultant corporation or other organization which preceding fiscal year for any service w | s and any other person, firm, business, partnership, received any remuneration of \$17,500 or more during the natsoever rendered to the Authority. |
| webpage as i | certified by the below authorized repredentified above complies with the min A check in each of the above boxes sign | sentative of the Authority that the Authority's website or imum statutory requirements of N.J.S.A. 40A:5A-17.1 as ifies compliance. |
| Name of Offi | cer Certifying compliance | Allen K. LePrevost |

Page C-4

Title of Officer Certifying compliance

Signature

2015 HOUSING AUTHORITY BUDGET RESOLUTION HIGHTSTOWN

FISCAL YEAR:

FROM:

JANUARY 1, 2015

, TO:

DECEMBER 31, 2015

WHEREAS, the Annual Budget and Capital Budget for the Hightstown Housing Authority for the fiscal year beginning, January 1, 2015 and ending, December 31, 2015 has been presented before the governing body of the Hightstown Housing Authority at its open public meeting of September 17, 2014; and

WHEREAS, the Annual Budget as introduced reflects Total Revenues of \$ 835,336, Total Appropriations, including any Accumulated Deficit if any, of \$ 805,072 and Total Unrestricted Net Position utilized of -0-; and

WHEREAS, the Capital Budget as introduced reflects Total Capital Appropriations of \$71,125 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 Hightstown Housing Authority, at an open public meeting held on September 17, 2014 that the Annual Budget, including all related schedules, and the Capital Budget/Program of the Hightstown Housing Authority for the fiscal year beginning, January 1, 2015 and ending, December 31, 2015 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 RESPLVED, that the governing body of | the Hightstown Housing Authority will consider the Annual |
|--|---|
| Budgerand Capital Budget Program for adoption on Decembe | r 17 2014 |
| | 17, 2011. |
| Budgerand Capital Budget/Program for adoption on Decembe | September 17, 2014 |
| (Secretary's Signature) | · · · · · · · · · · · · · · · · · · · |
| (stricting) s signature) | (Date) |

| , , | | | | (Date) |
|----------------------|--------------|------|---------|----------|
| Governing Body | Recorded | Vote | | |
| Member: | Aye | Nay | Abstain | Absent |
| James M. Eufemia | V | | | |
| Carole E. Nelson | | | | V |
| Christopher Moraitis | \checkmark | | | |
| Robert Hung | V_{ℓ} | | | |
| Brent Rivenburgh | V | | | |
| Yolanda Swiney | V/ | | | |
| Esther Velazquez | V | | | |
| | | | | |

2015 ADOPTION CERTIFICATION

HIGHTSTOWN

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM:

JANUARY 1, 2015

TO:

DECEMBER

31, 2015

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 Hightstown Housing Authority, pursuant to N.J.A.C. 5:31-2.3, on the 17th day of, December, 2014.

| Officer's Signature: | | | |
|----------------------|-----------------------|------------------|--------------|
| Name: | Allen K. LePrevost | | |
| Title: | Executive Director | | |
| Address: | 131 Rogers Avenue, Hi | ghtstown, NJ 085 | 520 |
| Phone Number: | 609-448-2268 | Fax Number: | 609-426-9440 |
| E-mail address | kleprevost@hightstown | housing.org | |

2015 ADOPTED BUDGET RESOLUTION

HIGHTSTOWN HOUSING AUTHORITY

FISCAL YEAR:

FROM:

JANUARY 1, 2015

TO:

DECEMBER 31, 2015

WHEREAS, the Annual Budget and Capital Budget/Program for the Hightstown Housing Authority for the fiscal year beginning January 1, 2015 and ending, December 31, 2015 has been presented for adoption before the governing body of the Hightstown Housing Authority at its open public meeting of December 17, 2014; 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 \$ 835,336, Total Appropriations, including any Accumulated Deficit, if any, of \$805,072 and Total Unrestricted Net Position utilized of \$ -0-; and

WHEREAS, the Capital Budget as presented for adoption reflects Total Capital Appropriations of \$71,125 and Total Unrestricted Net Position planned to be utilized of \$ -0-; and

NOW, THEREFORE BE IT RESOLVED, by the governing body of Hightstown Housing Authority, at an open public meeting held on December 17, 2014 that the Annual Budget and Capital Budget/Program of the Hightstown Housing Authority for the fiscal year beginning, January 1, 2015 and, ending, December 31, 2015 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.

Abstain

Absent

| (Secretary's Signature) | Market de view of the control of the | (Date) |
|-------------------------|--|--------|
| Governing Body | Recorded Vote | |

Aye

Nay

James M. Eufemia Carole E. Nelson Christopher Moraitis Robert Hung Brent Rivenburgh Yolanda Swiney Esther Velazquez

Member:

2015 HOUSING AUTHORITY BUDGET

Narrative and Information Section

2015 HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS HIGHTSTOWN

AUTHORITY BUDGET

FISCAL YEAR:

FROM:

JANUARY 1, 2015

TO:

DECEMBER 31, 2015

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

1. Complete a brief statement on the 2015 proposed Annual Budget and make comparison to the 2014 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.

The Proposed 2015 Budget is consistent with the 2014 Adopted Budget for the most part. Certain Line Items have variances as follows. On the income side, excess utilities, laundry income, and maintenance charges have all decreased to be more reflective of the actual income experienced. Fewer tenants have been paying for extra air conditioners, etc. in their apartments. In addition, the HA has been notified that the "Well Baby Clinic" will not be renting space from the Authority in 2015. While this was a minimal source of income, it is worth mentioning since it is completely eliminated for the coming year.

With regard to expenses, staff training is expected to decrease as commissioners have now completed their required training. Travel costs are expected to increase as the Executive Director has been named to a national housing organization's board and is expected to attend additional meetings. Sundry administrative costs are expected to decrease as the Authority attempts to monitor its' administrative costs in general. Salaries and benefits for maintenance and utility categories are increasing as the Authority is hiring a full time maintenance worker who has been a part time employee in the past. Utility costs are expected to decrease significantly due to energy efficient measures the Authority has undertaken through its Capital Fund Program. The Authority is very proud of the awards and citations it has received in this area from national housing organizations. Finally, the HA is not budgeting for extraordinary maintenance in 2015 as it is expecting to do all of that work through its Capital Fund Program.

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.

Operating fund balances are expected to increase by \$30,264 as a result of the proposed budget. Rental income is now projected based on full occupancy

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

The local and regional economy is stable. The economy does not have a significant impact on the proposed annual budget because government subsidies will offset any potential decreases in rent.

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.

Fund Balances will increase as a result of the 2015 proposed budget.

- 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? The Hightstown Housing Authority is not required to implement Project Based Budgeting.
- 6. The proposed budget must not reflect an anticipated deficit from 2015 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 – there is no anticipated deficit for 2015, nor is there an accumulated deficit for this HA.

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.

There is no fixed rate structure for public housing. The tenants pay rent based on 30% of their income. Federal subsidies make up the difference required to meet budgeted costs. Tenants pay \$30 per month in June, July, and August for each air conditioning unit they have.

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. See Local Finance Notice 2014-9 for more information.

N/A – no submission is required.

HOUSING AUTHORITY CONTACT INFORMATION 2015

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

| Name of Authority: | Hightstown Housing Aut | hority | | | |
|--------------------------|-------------------------|---------|---|------------|---|
| Address: | 131 Rogers Avenue | · | | | |
| City, State, Zip: | Hightstown | | *************************************** | NJ | 08520 |
| Phone: (ext.) | 609-448-2268 | Fa | ax: | 609-42 | 26-9440 |
| | | | | | |
| Preparer's Name: | Peter J. Polcari, CPA | | | | |
| Preparer's Address: | 216 Sollas Court | | | | |
| City, State, Zip: | Ridgewood | | *************************************** | NJ | 07450 |
| Phone: (ext.) | 201-650-1618 | Fa | | 973-83 | 1-6972 |
| E-mail: | Polcarifamily@aol.com | | | | *************************************** |
| | | | | <u> </u> | |
| Chief Executive Officer: | Allen K. LePrevost | | | , | |
| Phone: (ext.) | 609-448-2268 | Fa | x: | 609-42 | 6-9440 |
| E-mail: | kleprevost@hightstownho | | | | |
| | | | | | |
| Chief Financial Officer: | Allen K. LePrevost | | | | |
| Phone: (ext.) | 609-448-2268 F | ax: | 60 | 09-426-944 | 0 |
| E-mail: | kleprevost@hightstownho | ousing. | org | | |
| NY G A NY | | | | | |
| Name of Auditor: | Anthony Giampaolo, CPA | | | | |
| Name of Firm: | Hymanson, Parnes, & Gia | ampaol | 0 | | |
| Address: | 467 Middletown-Lincroft | | | | |
| City, State, Zip: | Lincroft | | | NJ | 07738 |
| Phone: (ext.) | 732-842-4550 | Fa | x: | 732-84 | |
| E-mail: | tony@hpgnj.com | L | | | |

HOUSING AUTHORITY INFORMATIONAL **QUESTIONNAIRE**

HIGHTSTOWN

| | FISCAL YEAR: FROM: JANUA 20 | • | O : ^I | DECEMBER 31, 2015 |
|-----|--|--|-------------------------------|---|
| An | Answer all questions below completely and attach additional info | rmation as req | uired. | |
| 1) | Provide the number of individuals employed in calendar year 2013 Transmittal of Wage and Tax Statements: 7 | 3 as reported or | n the At | thority's Form W-3, |
| 2) | | 13 as reported o | n the A | uthority's Form W-3, |
| 3) | | lv: 7 | | |
| 4) | | | | |
| 5) | N-4 during the current fiscal year? NO If "yes," attach a conames of the individuals involved and their positions at the Authority | description of th y. | he relati | onship including the |
| 6) | of their relationship with the Authority file the form as required?individuals who failed to file a Financial Disclosure Statement an failure to file. | _NOIj od an explanatio | f "no," p on as to | provide a list of those the reason for their |
| 7) | 7) Does the Authority have any amounts receivable from current employees or highest compensated employees?NOIf "position, the amount receivable, and a description of the amount due | 'yes," attach a i | list of the | oners, officers, key ose individuals, their |
| 8) | | | | |
| | a. A current or former commissioner, officer, key employee, or high | ghest compensa | ited emp | loyee?NO |
| | b. A family member of a current or former commissioner, offic employee?NO | | | • |
| | c. An entity of which a current or former commissioner, office employee (or family member thereof) was an officer or direct or lf the answer to any of the above is "yes," attach a description of | r indirect owner | r? | NO |
| | commissioner, officer, key employee, or highest compensated em Authority; the name of the entity and relationship to the individual whether the transaction was subject to a competitive bid process. | aployee (or fan al or family me | nily men mber; th | nber thereof) of the ne amount paid; and |
| 9) | contract? A personal benefit contract is generally any life insurabenefits, directly or indirectly, the transferor, a member of the | ance, annuity, transferor's fa | or endo | wment contract that or any other person |
| | designated by the transferorNOIf "yes," attach a des paid, and indicate the beneficiary of the contract. | scription of the | arrange | ement, the premiums |
| 10) | 10) Explain the Authority's process for determining compensation for whether the Authority's process includes any of the following: 1) re a committee thereof; 2) study or survey of compensation data for entities; 3) annual or periodic performance evaluation; 4) independent | view and appro or comparable endent compen | oval by the position sation c | the commissioners or is in similarly sized onsultant; and/or 5) |
| | written employment contract. Salaries are arrived at based on a commissioners or executive director. In the case of the Exec. Director | salary study a or, a salary con | and anni tract is t | ial reviews done by hen entered. |
| 11) | 11) Did the Authority pay for meals or catering during the current fis board meeting meals \$644.43. For reimbursement of meals while to up to \$75/day for receipts presented. Last year \$1,125.00 was paid o | raveling, policy | / indicate | es reimbursement of |
| 12) | 12) Did the Authority pay for travel expenses for any employee or indi The HA only paid for travel related to the Executive Director a | ividual listed or | n Page N | 1-4? YES |

seminars. Ground transportation and mileage amounted to \$865.42, Air Travel was \$719.00.

HOUSING AUTHORITY INFORMATIONAL **QUESTIONNAIRE (CONTINUED)** HIGHTSTOWN

JANUARY 1.

DECEMBER

FISCAL YEAR: FROM: TO: 2015 31, 2015 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: First class or charter travel NO Travel for companions NO Tax indemnification and gross-up payments NO Discretionary spending account NO Housing allowance or residence for personal use f. Payments for business use of personal residence NO Vehicle/auto allowance or vehicle for personal use NO Health or social club dues or initiation fees NO 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. 15) Did the Authority make any payments to current or former commissioners or employees for severance or __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? 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? 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 HIGHTSTOWN

31, 2015

JANUARY 1, **DECEMBER FISCAL YEAR:** FROM: TO: 2015

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:
 - 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, 2015, the calendar year 2013 W-2 and 1099 should be used (60 days prior to start of budget year is November 1, 2014, with 2013 being the most recent calendar year ended), and for fiscal years ending June 30, 2016, the calendar year 2014 W-2 and 1099 should be used (60 days prior to start of budget year is May 1, 2015, with 2014 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)

Hightstown Housing Authority

December 31, 2015

9

For the Period January 1, 2015

| | | | | | Total | Con | All Public | Entities | 5 | , | ' ' | • | ¢ | • | • | 135,170 | | • | • | , , | | • | , | \$ 135,170 |
|--|------------------|----------------|-------------------|-----------------------|-------------------|-----------------|--|---------------------------------|----------------------------|-------------------------------|------------------------|---------------|--------------------|------------------|--------------------|-------------------------------|---|----|----|-----|----|----|----|--------------|
| | Estimated amount | of other | compensation from | Other Public Entities | (health benefits, | 2. | lieu of health | benefits, etc.) | S | • | , | | • | , | , | , | | | | | | | | \$ |
| | | | | Reportable | Compensation | | Public Entities | (W-2/1099) | 0 | | | | | | | 0 | | | | | | | | \$ |
| | | Average Hours | per Week | Dedicated to | Positions at | : Other Public | (health benefits, Compensation Member of the Entities Listed in Entities Listed in | Column O | \$ | | • | • | • | • | • | | | | | | | | | |
| | | ia) | ý | | n Positions held | at Other Public | e Entities Listed in | dy Column O | N/A | N/A | A/N | N/A | N/A | N/A | A/N | N/A | | | | | | | | i. |
| | | Names of Other | Public Entities | where | Individual is an | Employee or | ת Member of th | from Authority Governing Body | - N/A | - N/A | N/A | A/N | - N/A | - N/A | - N/A | 135,170 N/A | | • | , | | | | | |
| | | | er | _ | | Total | s, Compensation | | \$ - | | | | | | , | | | | | | | | | 5 \$ 135,170 |
| [| | | amount of other | compensation | from the | Authority | ո (health benefit | .) pension, etc.) | \$ - | | | • | • | • | 1 | - 44,235 | | | | | | | | - \$ 44,235 |
| Reportable Compensation from Authority (W-2/1099) | | Other (auto | allowance, | exbense | account, | payment in | lieu of health | s benefits, etc.) | \$, | , | • | | 1 | • | | , | | | | | | | | \$ - |
| Reportable Con Authority (| | | | | | Base | Salary/ | Stipend Bonus | \$ - | · | , | , | • | • | • | 90,935 | | | | | | | | \$ 90,935 \$ |
| Position | | Hig | hes | | ı | | orn nsat | ner ed ee | \$ | | | | | | | × | - | | | | | | | |
| | | 9-4 Parish | anni a | | S. | mis | 2 | 1 | 2 X | 2 X | 2 X | 2 X | 2 X | 2 X | 2 × | 40 | | | | | | | | |
| | | | | | Avera | per | | Title Po: | Jan | hair | | | | | | ji. | | | | | | | | |
| | | | | | | | | Name | 1 James M Eufemia Chairman | 2 Carole E Nelson Vice- Chair | 3 Christopher Moraitis | 4 Robert Hung | 5 Brent Rivenburgh | 6 Yolanda Swiney | 7 Esther Velazquez | 8 Allen K LePrevost Exec. Dir | თ | 10 | 11 | 12 | 13 | 14 | 15 | Total: |

Enter the total number of employees/ independent contractors who received more than \$100,000 in total reportable compensation for the most recent fiscal year completed:

Schedule of Health Benefits - Detailed Cost Analysis

| | Hights | Hightstown Housing Authority | Authority | | | | | |
|--|--------------------------|------------------------------|--------------------|--------------------------------|------------------------------|----------------------------|---------------------------|-----------------------|
| | For the Period | January 1, 2015 | , 2015 | ಧ | December 31, 2015 | 31, 2015 | | |
| | | Annual Cost | | | | | | |
| | # of Covered | Estimate per | Total Cost | # of Covered | | | | |
| | iviembers (iviedical | Employee | Estimate | Members | Annual Cost | | , | |
| | & Rx) Proposed Budget | Proposed Budget | Proposed Budget | (Medical & Rx) Current Year | per Employee Current Year | Total Current Year Cost | \$ Increase (Decrease) | % Increase (Decrease) |
| | | | | | | | (Some in a) | (2002) |
| Active Employees - Health Benefits - Annual Cost | | | | | | | | |
| Single Coverage | 2 | \$ 11,657 | \$ 23,314 | 1 | \$ 12,696 | \$ 12,696 | \$ 10,618 | 83.6% |
| Parent & Child | | | ı | | | ı | | #DIV/0! |
| Employee & Spouse (or Partner) | 1 | 21,982 | 21,982 | 7 | 19,804 | 19,804 | 2,178 | 11.0% |
| Family | | | t | | | | | #DIV/01 |
| Employee Cost Sharing Contribution (enter as negative -) | | | (1,266) | | | (633) | (633) | 100.0% |
| Subtotal | 3 | | 44,030 | 2 | | 31,867 | 12,163 | 38.2% |
| | | | | | | | | |
| Commissioners - Health Benefits - Annual Cost | | | | | | | | |
| Single Coverage | | | , | | | 1 | | IU/VIC# |
| Parent & Child | | | , | | | • | , | #DIV/01 |
| Employee & Spouse (or Partner) | | | 1 | | | | ı | #0/vi0# |
| Family | | | | | | | ı | #DIA/0: |
| Femiliary | | | ' I · | | | ſ | 1 | #DIV/0! |
| Cutatotal | | | | | | | | #DIV/0! |
| Subtotal | O | | r | Ö | | 1 | ' | #DIV/0! |
| Retirees - Health Benefits - Annual Cost | | | | | | | | |
| Single Coverage | | | ı | | | , | ' | 10/VIC# |
| Parent & Child | | | 1 | | | ı | • | #DIV/DI |
| Employee & Spouse (or Partner) | | | t | | | 1 | 1 | :0/XIQ# |
| Family | | | 1 | | | • | , | #DIV/01 |
| Employee Cost Sharing Contribution (enter as negative -) | | | 1. | | | | | 10/2/0# |
| Subtotal | C | 1 | | C | | | • | #DIV/01 |
| | | | 1 | O | | • | , | #DIV/0! |
| GRAND TOTAL | 3 | | \$ 44,030 | 2 | | \$ 31,867 | \$ 12,163 | 38.2% |
| Is medical coverage provided by the SHBP (Yes or No)? Is prescription drug coverage provided by the SHBP (Yes or No)? | | ≻ ≻ | YES | | | | | |

Schedule of Accumulated Liability for Compensated Absences

Hightstown Housing Authority

For the Period

January 1, 2015

December 31, 2015

2

(check applicable items) Legal Basis for Benefit

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

Agreement Employment leubivibal Resolution Agreement rapor Approved 9,448 5,423 2,373 1,319 **Dollar Value of** Compensated Accrued Absence Liability 26.5 30 24 Total liability for accumulated compensated absences at beginning of current year **Gross Days of Accumulated** Compensated Absences at beginning of Current Year Individuals Eligible for Benefit FICA Expense for above Sherry Cavanaugh Charlie Schilling Keith LePrevost

18,563

Schedule of Shared Service Agreements

Hightstown Housing Authority

January 1, 2015

For the Period

December 31, 2015

Amount to be

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

| Received by/ Paid from | Additions | | | | - Indiana | | | |
|--|-----------|--|--|--|-----------|--|--|--|
| Agreement Received by, Effective Agreement Paid from Date End Date Authority | TIM Care | | | - | | | | |
| Agreement Effective | , and | | | | | | | |
| Comments (Enter more specifics if needed) | 1000000 | | | The second secon | | | The state of the s | |
| Type of Shared Service Provided | | | | | | | | |
| Name of Entity Receiving Service Type | | | | | | | | |
| Name of Entity Providing Service | NONE | | | | | | | |

2015 HOUSING AUTHORITY BUDGET

Financial Schedules Section

2015 Budget Summary

Hightstown Housing Authority

January 1, 2015

For the Period

to

December 31, 2015

-3.7% -3.5% 28.9% -0.5% -9.4% All Operations All Operations -6.3% -6.3% 363.5% -6.3% Current Year Proposed vs. % Increase (Decrease) #DIV/0! #DIV/0! #DIV/0i #DIV/0i #DIV/0i #DIV/0! (1,664)(31,669)1,220 (30,449)(52,520)(54,184)(54,184)(54,184)23,735 Proposed vs. Current Year (Decrease) \$ Increase S 5 861,565 4,220 303,062 859,256 865,785 6,529 556,194 859,256 859,256 Adopted Budget Current Year Operations Total All Ś 835,336 301,398 503,674 Operations 5,440 \$ 829,896 805,072 30,264 805,072 805,072 Total All Other Programs **Proposed Budget** Housing Voucher Ś Section 8 **Public Housing** 829,896 5,440 301,398 Management 835,336 503,674 30,264 805,072 805,072 805,072 43 \$ Less: Total Unrestricted Net Position Utilized Total Appropriations and Accumulated Total Other Non-Operating Appropriations Net Principal Payments on Debt Service in Total Non-Operating Appropriations Total Operating Appropriations Total Anticipated Revenues Total Cost of Providing Services Total Non-Operating Revenues Net Interest Payments on Debt Net Total Appropriations ANTICIPATED SURPLUS (DEFICIT) Total Operating Revenues Total Administration Lieu of Depreciation Accumulated Deficit APPROPRIATIONS Deficit REVENUES

2015 Revenue Schedule

Hightstown Housing Authority January 1, 2015 to

For the Period

December 31, 2015

| | | | Proposed Bu | dget | | Current Year Adopted Budget | \$ Increase (Decrease) Proposed vs. Current Year | % Increase (Decrease) Proposed vs. Current Year |
|---|------------------------------|-----------|--------------------|----------------|-------------------------|--------------------------------|---|--|
| | | | | | | , toopted budget | carrent rear | Carrent rear |
| ODEDATING DEVIANTES | Public Housing Management | Section 8 | Housing Voucher | Other Programs | Total All Operations | Total All Operations | All Operations | All Operations |
| OPERATING REVENUES | | | | | | | | |
| Rental Fees | | | | | | | | |
| Homebuyers' Monthly Payments | \$ - | | | | \$ - | \$ - | \$ - | #DIV/0! |
| Dwelling Rental | 528,000 | | | | 528,000 | 540,000 | (12,000) | -2.2% |
| Excess Utilities | 6,480 | | | | 6,480 | 10,800 | (4,320) | -40.0% |
| Non-Dwelling Rental | 270.076 | | | | | - | - | #DIV/0! |
| HUD Operating Subsidy | 279,876 | | | | 279,876 | 282,000 | (2,124) | -0.8% |
| New Construction - Acc Section 8 Voucher - Acc Housing Voucher | | | | | - | • | - | #DIV/0! |
| | 014 356 | | | | - | | - | #DIV/0! |
| Total Rental Fees Other Operating Revenues (List) | 814,356 | - | - | - | 814,356 | 832,800 | (18,444) | -2.2% |
| Laundry Income | C 000 | | | | | | | |
| Late Fees & Maintenance Fees | 6,000 | | | | 6,000 | 14,700 | (8,700) | -59.2% |
| Well Baby Clinic Rent | 9,540 | | | | 9,540 | 12,250 | (2,710) | -22.1% |
| Other Revenue 4 | - | | | | - | 1,815 | (1,815) | -100.0% |
| Total Other Revenue | 15,540 | | | | 15.540 | | | #DIV/0! |
| Total Operating Revenues | 829,896 | - | - | - | | 28,765 | (13,225) | -46.0% |
| NON-OPERATING REVENUES | 023,030 | | - | - | 829,896 | 861,565 | (31,669) | -3.7% |
| Grants & Entitlements (List) | | | | | | | | |
| Grant #1 | | | | | | | | |
| Grant #2 | | | | | • | - | - | #DIV/01 |
| Grant #3 | | | | | - | - | - | #DIV/0! |
| Grant #4 | | | | | - | • | ~ | #DIV/0! |
| Total Grants & Entitlements | | | - | | | * | - | #DIV/0! |
| Local Subsidies & Donations (List) | | | | | _ | • | - | #DIV/0! |
| Local Subsidy #1 | | | | | _ | | | #DD//OI |
| Local Subsidy #2 | | | | | _ | | - | #DIV/0! |
| Local Subsidy #3 | | | | | | | • | #DIV/0! |
| Local Subsidy #4 | | | | | _ | | - | #DIV/0! #DIV/0! |
| Total Local Subsidies & Donations | - | ÷ | - | | _ | | | #DIV/0! |
| Interest on Investments & Deposits | | | | | | | | #DIV/0; |
| Investments | 5,440 | | | | 5,440 | 4,220 | 1,220 | 28.9% |
| Security Deposits | | | | | -, | 1,220 | 1,220 | #DIV/0! |
| Penalties | | | | | - | - | _ | #DIV/0! |
| Other Investments | | | | | - | - | - | #DIV/0! |
| Total Interest | 5,440 | - | ~ | - | 5,440 | 4,220 | 1,220 | 28.9% |
| Other Non-Operating Revenues (List) | | | | | · | , | _, | 20.570 |
| Other Non-Operating #1 | | | | | - | | _ | #DIV/0! |
| Other Non-Operating #2 | | | | | | - | | #DIV/0! |
| Other Non-Operating #3 | | | | | | | - | #DIV/0! |
| Other Non-Operating #4 | | | | | | - | _ | #DIV/0! |
| Other Non-Operating Revenues | - | | - | - | _ | - | - | #DIV/0! |
| Total Non-Operating Revenues | 5,440 | | - | - | 5,440 | 4,220 | 1,220 | 28.9% |
| TOTAL ANTICIPATED REVENUES | \$ 835,336 | \$ - | \$ - | \$ - | \$ 835,336 | \$ 865,785 | \$ (30,449) | -3.5% |
| | | | | | | | | |

2014 Revenue Schedule

Hightstown Housing Authority

For the Period

January 1, 2015

to

December 31, 2015

Current Year Adopted Budget

| | Public Housing Management | Section 8 | Housing Voucher | Other Programs | Total All Operations |
|--|------------------------------|-----------|--------------------|----------------|-------------------------|
| OPERATING REVENUES | wanagement | Sections | Voucher | Other Flograms | Operations |
| Rental Fees | | | | | |
| Homebuyers' Monthly Payments | | | | | ^ |
| Dwelling Rental | 540,000 | | | | \$ - |
| Excess Utilities | 10,800 | | | | 540,000 |
| Non-Dwelling Rental | 10,600 | | | | 10,800 |
| HUD Operating Subsidy | 282,000 | | | | - |
| New Construction - Acc Section 8 | 282,000 | | | | 282,000 |
| Voucher - Acc Housing Voucher | | | | | - |
| Total Rental Fees | 932.900 | | | | _ |
| Other Operating Revenues (List) | 832,800 | ** | - | - | 832,800 |
| Laundry Income | 14.700 | | | | |
| Late Fees & Maintenance Fees | 14,700 | | | | 14,700 |
| Well Baby Clinic Rent | 12,250 | | | | 12,250 |
| Other Revenue 4 | 1,815 | | | | 1,815 |
| Total Other Revenue | 20.75 | | | | - |
| | 28,765 | | - | | 28,765 |
| Total Operating Revenues | 861,565 | * | - | | 861,565 |
| NON-OPERATING REVENUES | | | | | |
| Grants & Entitlements (List) | | | | | |
| Grant #1 | - | | | | - |
| Grant #2 | - | | | | - |
| Grant #3 | - | | | | - |
| Grant #4 | - | | | | _ |
| Total Grants & Entitlements | - | - | - | - | - |
| Local Subsidies & Donations (List) | | | | | |
| Local Subsidy #1 | - | | | | - |
| Local Subsidy #2 | - | | | | - |
| Local Subsidy #3 | - | | | | - |
| Local Subsidy #4 | - | | | | - |
| Total Local Subsidies & Donations | - | _ | - | | Va. |
| Interest on Investments & Deposits | | | | | |
| Investments | 4,220 | | | | 4,220 |
| Security Deposits | - | | | | - |
| Penalties | - | | | | _ |
| Other Investments | - | | | | - |
| Total Interest | 4,220 | - | - | - | 4,220 |
| Other Non-Operating Revenues (List) | | | | | , |
| a | | | | | |
| Other Non-Operating #2 | - | | | | _ |
| Other Non-Operating #3 | - | | | | - |
| Other Non-Operating #4 | - | | | | _ |
| Other Non-Operating Revenues | _ | - | - | | - |
| Total Non-Operating Revenues | 4,220 | | | * | 4,220 |
| TOTAL ANTICIPATED REVENUES | \$ 865,785 | \$ - | \$ - 5 | - | \$ 865,785 |
| | | | | | + 000,700 |

2015 Appropriations Schedule

Hightstown Housing Authority

For the Period

below, then the line item must be itemized above. 5% of Total Operating Appropriations

January 1, 2015

to

December 31, 2015

\$ Increase

% Increase

| | | | | | | | | Comm | 4 V | (Decred | | (Decreas |
|---|---|------------|-----------|---|---|------|----------|---------|-----------------------|---|----------|-----------------------|
| | | | | Proposed Bud | laet | | | | ent Year ed Budget | Propose Current | | Proposed Current \ |
| | *************************************** | | | *************************************** | | | | ridopie | u budget | carrent | reur | current |
| | | Housing | Section 8 | Housing Voucher | Other Discussion | | otal All | | tal All | | | |
| PERATING APPROPRIATIONS | | Benjen | Jections | Voucher | Other Programs | - OF | erations | Ope | rations | All Opera | tions | All Opera |
| dministration | | | | | | | | | | | | |
| Salary & Wages | \$ | 156,450 | | | | \$ | 156,450 | \$ | 151,540 | \$ 4 | . 010 | |
| Fringe Benefits | • | 61,103 | | | | ~ | 61,103 | , | | | 1,910 | |
| Legal | | 7,000 | | | | | 7,000 | | 59,397 | | L,706 | |
| Staff Training | | 4,500 | | | | | 4,500 | | 7,200 | | (200) | |
| Travel | | 6,000 | | | | | 6,000 | | 6,000 | | 1,500) | -: |
| Accounting Fees | | 28,320 | | | | | | | 3,500 | | 2,500 | |
| Auditing Fees | | 7,500 | | | | | 28,320 | | 26,940 | 1 | ,380 | |
| Miscellaneous Administration* | | 30,525 | | | | | 7,500 | | 7,500 | | - | |
| Total Administration | | 301,398 | | | | | 30,525 | | 40,985 | | ,460) | ~7 |
| st of Providing Services | | 301,330 | - | - | | | 301,398 | | 303,062 | (1 | ,664) | |
| Salary & Wages - Tenant Services | | | | | | | | | | | | |
| Salary & Wages - Maintenance & Operation | | CE 1CA | | | | | | | - | | - | #DIV/ |
| Salary & Wages - Maintenance & Operation Salary & Wages - Protective Services | | 55,254 | | | | | 55,254 | | 43,474 | 11 | ,780 | ; |
| Salary & Wages - Protective Services Salary & Wages - Utility Labor | | 10.440 | | | | | - | | - | | 1 - | #DIV/ |
| | | 18,418 | | | | | 18,418 | | 14,491 | 3 | ,927 | |
| Fringe Benefits | | 31,478 | | | | | 31,478 | | 30,598 | | 880 | |
| Tenant Services | | 7,500 | | | | | 7,500 | | 6,500 | 1 | ,000 | : |
| Utilities | | 219,420 | | | | | 219,420 | | 246,000 | (26 | ,580) | -: |
| Maintenance & Operation | | 96,940 | | | | | 96,940 | | 100,600 | (3 | ,660) | |
| Protective Services | | * | | | | | - | | - | | - | #DIV/ |
| Insurance | | 42,000 | | | | | 42,000 | | 42,500 | | (500) | |
| Payment in Lieu of Taxes (PILOT) | | 29,664 | | | | | 29,664 | | 29,031 | | 633 | |
| Terminal Leave Payments | | - | | | | | _ | | | | - | #DIV/ |
| Collection Losses | | 3,000 | | | | | 3,000 | | 3,000 | | _ | .,, |
| Other General Expense | | - | | | | | - | | | | _ | #DIV/ |
| Rents | | - | | | | | - | | | | _ | #DIV/ |
| Extraordinary Maintenance | | - | | | | | _ | | 40,000 | 140 | ,000) | -10 |
| Replacement of Non-Expendible Equipment | | | | | | | | | - | (10 | ,000, | #DIV/ |
| Property Betterment/Additions | | - | | | | | - | | | | _ | #DIV/ |
| Miscellaneous COPS* | | - | | | | | _ | | | | - | |
| Total Cost of Providing Services | | 503,674 | _ | - | | - | 503,674 | | 556,194 | /52 | <u>-</u> | #DIV/ |
| t Principal Payments on Debt Service in Lieu of | | Nergy. | | | | | 303,074 | | 330,134 | (32, | ,520) | |
| preclation | | | | | | | | | | | | #D#// |
| Total Operating Appropriations | | 805,072 | ~ | - | | - | 805,072 | | 950.356 | /r A | 101 | #DIV/ |
| N-OPERATING APPROPRIATIONS | | | | | *************************************** | | 603,072 | - | 859,256 | (54, | ,184) | |
| t Interest Payments on Debt | | | | | | | | | | | | |
| erations & Maintenance Reserve | | _ | | | | | • | | | | - | #DIV/ |
| newal & Replacement Reserve | | ~ | | | | | - | | - | | - | #DIV/ |
| inicipality/County Appropriation | | - | | | | | - | | - | | - | #DIV/ |
| her Reserves | | • | | | | | • | | - | | - | #DIV/ |
| Total Non-Operating Appropriations | | | | | | | - | | ~ | *************************************** | - | #DIV/ |
| TAL APPROPRIATIONS | | 005 073 | - | | | | - | | - | ****** | - | #DIV/ |
| | | 805,072 | - | - | • | | 805,072 | | 859,256 | (54, | 184) | - |
| CUMULATED DEFICIT | | | | | | | - | | - | | ~ | #DIV/0 |
| TAL APPROPRIATIONS & ACCUMULATED | | | | | | | | | | | | |
| CICIT | | 805,072 | | - | | | 805,072 | | 859,256 | (54, | 184) | |
| RESTRICTED NET POSITION UTILIZED | | | | | | | | | | | <u>-</u> | |
| nicipality/County Appropriation | | - | - | - | | | - | | - | | - | #DIV/0 |
| ner | *************************************** | * | | | | | • | | - | | ~ | #DIV/0 |
| Total Unrestricted Net Position Utilized | | | - | - | - | | - | | - | *************************************** | - | #DIV/0 |
| TAL NET APPROPRIATIONS | \$ | 805,072 \$ | 7 | \$ - | \$ - | \$ | 805,072 | \$ | 859,256 | \$ (54, | 184) | -1 |

- \$ 40,253.60

- \$ - \$

\$ 40,253.60 \$

2014 Appropriations Schedule

Hightstown Housing Authority

For the Period

January 1, 2015

to

December 31, 2015

Current Year Adopted Budget

| | Dublia | Housing | | | | | |
|---|--|-----------|--------------------------|--------------------------------|----------------|---|-----------|
| | | igement | Section 8 | Housing Voucher | Other Programs | | Total All |
| OPERATING APPROPRIATIONS | | Bement | occion 6 | Voucher | Other Programs | | perations |
| Administration | | | | | | | |
| Salary & Wages | \$ | 151,540 | | | | ć | 151 540 |
| Fringe Benefits | Ψ. | 59,397 | | | | \$ | 151,540 |
| Legal | | 7,200 | | | | | 59,397 |
| Staff Training | | 6,000 | | | | | 7,200 |
| Travel | | 3,500 | | | | | 6,000 |
| Accounting Fees | | 26,940 | | | | | 3,500 |
| Auditing Fees | | 7,500 | | | | | 26,940 |
| Miscellaneous Administration* | | 40,985 | | | | | 7,500 |
| Total Administration | | 303,062 | _ | | | *************************************** | 40,985 |
| Cost of Providing Services | | 303,002 | | | - | | 303,062 |
| Salary & Wages - Tenant Services | | _ | | | | | |
| Salary & Wages - Maintenance & Operation | | 43,474 | | | | | 42 474 |
| Salary & Wages - Protective Services | | 43,474 | | | | | 43,474 |
| Salary & Wages - Utility Labor | | 14,491 | | | | | |
| Fringe Benefits | | 30,598 | | | | | 14,491 |
| Tenant Services | | 6,500 | | | | | 30,598 |
| Utilities | | 246,000 | | | | | 6,500 |
| Maintenance & Operation | | 100,600 | | | | | 246,000 |
| Protective Services | | 100,000 | | | | | 100,600 |
| Insurance | | 42,500 | | | | | |
| Payment in Lieu of Taxes (PILOT) | | 29,031 | | | | | 42,500 |
| Terminal Leave Payments | | 29,031 | | | | | 29,031 |
| Collection Losses | | 3,000 | | | | | 2 222 |
| Other General Expense | | 3,000 | | | | | 3,000 |
| Rents | | - | | | | | - |
| Extraordinary Maintenance | | 40,000 | | | | | |
| Replacement of Non-Expendible Equipment | | 40,000 | | | | | 40,000 |
| Property Betterment/Additions | | - | | | | | - |
| Miscellaneous COPS* | | - | | | | | |
| Total Cost of Providing Services | | 556,194 | | | | | |
| Net Principal Payments on Debt Service in Lieu | | 330,194 | | · Year of the second second | | | 556,194 |
| of Depreciation | | | | | | | |
| Total Operating Appropriations | | 859,256 | | <u> </u> | | L | - |
| NON-OPERATING APPROPRIATIONS | | 033,230 | | - | | | 859,256 |
| Net Interest Payments on Debt | T 100 100 100 100 100 100 100 100 100 10 | Chymadana | voll reserve year or see | | | | |
| Operations & Maintenance Reserve | | | | | | ı | ~ |
| Renewal & Replacement Reserve | | - | | | | | - |
| Municipality/County Appropriation | | - | | | | | - |
| Other Reserves | | - | | | | | - |
| Total Non-Operating Appropriations | | - | | | | | |
| TOTAL APPROPRIATIONS | *************************************** | 050.350 | | - | - | | - |
| ACCUMULATED DEFICIT | | 859,256 | • | • | - | | 859,256 |
| TOTAL APPROPRIATIONS & ACCUMULATED | 100000 | - | | | | | - |
| DEFICIT | | 050 256 | | | | | |
| | | 859,256 | | | * | | 859,256 |
| UNRESTRICTED NET POSITION UTILIZED | | | | | | | |
| Municipality/County Appropriation Other | | - | - | - | • | | - |
| | | ** | | | 1 | | |
| Total Unrestricted Net Position Utilized TOTAL NET APPROPRIATIONS | ~ | 000 255 | - | | , A | | |
| TOTAL NET APPROPRIATIONS | > | 859,256 | - | \$ - | \$ - | \$ | 859,256 |

^{*} 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 \$ 42,962.80 \$ - \$ - \$ 42,962.80

| | Current Adopted Budget | Proposed Budget |
|--------------------------------------|---------------------------|--------------------|
| Miscellaneous Administrative Approp: | | |
| Publications | 960 | 900 |
| Membership Fees & Dues | 2825 | 2825 |
| Telephone, Fax, Electronic Commun. | 8400 | 8400 |
| Forms, Stationary, and Office Supply | 16800 | 10000 |
| Other Sundry | 12000 | 8400 |
| Total Misc. Admin. Appropriations | 40985 | 30525 |

5 Year Debt Service Schedule - Principal

Hightstown Housing Authority

| Fiscal Year Beginning in | 2016 | | | | T T T T T T T T T T T T T T T T T T T |
|--------------------------|------------------------|--|--|--|---------------------------------------|
| riscal rear Beginning in | 2017 | | | The state of the s | |
| | 2015 | | | 4 | V |
| | Current Year (2014) | | | | |

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

| Moody's Fitch | | |
|---------------|------------------------------------|---|
| Moody's | | |
| | Bond Rating Year of Last Rating | 0 |

5 Year Debt Service Schedule - Interest

Hightstown Housing Authority

2015 Net Position Reconciliation

Hightstown Housing Authority

December 31, 2015

| For the Period | od January 1, 2015 to |
|---|-----------------------|
| | Proposed Budget |
| | Total All Operations |
| TOTAL NET POSITION BEGINNING OF CURRENT YEAR (1) | \$ 2,543,076 |
| Less: Invested in Capital Assets, Net of Related Debt (1) | 2,091,576 |
| Less: Restricted for Debt Service Reserve (1) | • |
| Less: Other Restricted Net Position (1) | • |
| Total Unrestricted Net Position (1) | 451,500 |
| Less: Designated for Non-Operating Improvements & Repairs | • |
| Less: Designated for Rate Stabilization | • |
| Less: Other Designated by Resolution | |
| Plus: Accrued Unfunded Pension Liability (1) | ı |
| Plus: Accrued Unfunded Other Post-Employment Benefit Liability (1) | 36,060 |
| Plus: Estimated Income (Loss) on Current Year Operations (2) | 6,526 |
| Plus: Other Adjustments (attach schedule) | ı |
| UNRESTRICTED NET POSITION AVAILABLE FOR USE IN PROPOSED BUDGET | 494,086 |
| Unrestricted Net Position Utilized to Balance Proposed Budget | |
| Unrestricted Net Position Utilized in Proposed Capital Budget | , |
| Appropriation to Municipality/County (3) | t |
| Total Unrestricted Net Position Utilized in Proposed Budget | ı |
| PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR (4) | \$ 494,086 |

(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.

40,254 Maximum Allowable Appropriation to Municipality/County

(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.

2015 HIGHTSTOWN

HOUSING
AUTHORITY
CAPITAL
BUDGET/
PROGRAM

2015 CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

HIGHTSTOWN

FROM:

FISCAL YEAR:

JANUARY 1,

2015

DECEMBER

31, 2015

TO:

| Ann | true copy of the Capital | Budget/Program approve | d, pursuant to N. | Budget/Program annexed hereto J.A.C. 5:31-2.2, along with the Authority, on the 17th day o |
|----------------------|-------------------------------|--|------------------------------------|--|
| | | | OR | |
| [] elect 5:31 | ted NOT to adopt a Cap | tified that the governing little Budget /Program for wing reason(s): | body of the r the aforesaid fis | Housing Authority have scal year, pursuant to N.J.A.C |
| | | | <u> </u> | · |
| | Officer's Signature: | au K L | | |
| | Name: | Allen K. Le Prevost | J | |
| | Title: | Executive Director | | |
| | Address: | 131 Rogers Avenue, H | ightstown, NJ 085 | 520 |
| | Phone Number: | 609-448-2268 | Fax Number: | 609-426-9440 |
| | | | | |

2015 CAPITAL BUDGET/PROGRAM MESSAGE

Hightstown Housing Authority

FISCAL YEAR: FROM:

JANUARY 1, 2015

TO:

DECEMBER 31, 2015

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

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

Yes, the Capital Budget is approved by the municipal government and residents of the developments affected. It is also approved by HUD as Capital Fund Subsidies are provided to pay for such costs.

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. Done in conjunction with HUD engineers and officials.

- 3. Has the Housing Authority prepared a long-term (10-20 years) infrastructure needs assessment? Yes, although HUD does not require a 10-20 year plan. The Executive Director does put together a long term plan for internal purposes.
- 4. Are any of the capital projects/project financings being undertaken in a community that has a State Plan designated center? If so, please describe the relationship of same to the center's goals and objectives.

NO - N/A

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.

The proposed capital projects will have no effect on rental income as all funding comes from the HUD Capital Fund Program. The Authority will not be using rental income to pay for the anticipated projects. The projects are, however, needed in order to continue to provide decent, safe, and affordable housing to the population it serves.

6. Have the projects been reviewed and approved by HUD? YES

Add additional sheets if necessary.

2015 Proposed Capital Budget

Hightstown Housing Authority

For the Period January 1, 2015 to December 31, 2015

| | | | | Fu | Funding Sources | | |
|-------------------------------|-------|------------------------|------------------------------|-------------|-----------------|------------------------------|-----------|
| | | | | Renewal & | | | |
| | Estin | Estimated Total | Unrestricted Net Replacement | Replacement | Debt | | Other |
| | | Cost | Position Utilized | Reserve | Authorization | Authorization Capital Grants | Sources |
| CFP 2013 | \$ | 20,613 | | | | | \$ 20.613 |
| CFP 2014 | | 50,512 | | | | | 50.512 |
| CFP 2015 | | 1 | | | | | |
| CFP 2016 | | ı | | | | | |
| Project E Description | | • | | | | | |
| Project F Description | | ı | | | | | |
| Project G Description | | • | | | | | |
| TOTAL PROPOSED CAPITAL BUDGET | s | 71,125 | \$ | \$ | \$ | \$ | \$ 71.125 |

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

5 Year Capital Improvement Plan

| | | | Ξ | Hightstown Housing Authority | sing Authority | | | | |
|-----------------------|-------|------------------------|-----------------|------------------------------|----------------|--------------------------|-----------|-----------|------|
| | P. | For the Period | January 1, 2015 | 1, 2015 | to | December 31, 2015 | , 2015 | | |
| | | | | | ŭ. | Fiscal Year Beginning in | ng in | | |
| | | | | | | | | | |
| | Estir | Estimated Total | Curre | Current Year | | | | | |
| | | Cost | Propos | Proposed Budget | 2016 | 2017 | 2018 | 2019 | 2020 |
| CFP 2013 | \$ | 20,613 | \$ | 20,613 | | | | | |
| CFP 2014 | | 90,512 | | 50,512 | 25,000 | 15,000 | | | |
| CFP 2015 | | 102,318 | | t | 20,000 | 40,000 | 22,318 | 20,000 | |
| CFP 2016 | | 102,315 | | • | | 20,000 | 40,000 | 12.315 | |
| Project E Description | | • | | 1 | | | | | |
| Project F Description | | ı | | 1 | | | | | |
| Project G Description | | ı | | ı | | | | | |
| TOTAL | \$ | 315,758 | \$ | 71,125 \$ | 45,000 \$ | \$ 000,501 | 62,318 \$ | 32,315 \$ | 1 |

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

| | | | Hightstown Housing Authority | Authority | | | | |
|----------------------------|--------|------------------------|------------------------------|-------------|---|--|-------|---------|
| | For | For the Period | January 1, 2015 | t | December | December 31, 2015 | | |
| | | | | Fu | Funding Sources | | | |
| | | | | Renewal & | *************************************** | | | |
| | Estima | Estimated Total | Unrestricted Net | Replacement | Debt | | | |
| | | Cost | Position Utilized | Reserve | Authorization | Authorization Capital Grants Other Sources | Other | Sources |
| CFP 2013 | \$ | 20,613 | | | | | \$ | 20,613 |
| CFP 2014 | | 90,512 | | | | | | 90,512 |
| CFP 2015 | | 102,318 | | | | | , , | 102,318 |
| CFP 2016 | | 102,315 | | | | | • | 102,315 |
| Project E Description | | ŧ | | | | | | |
| Project F Description | | • | | | | | | |
| Project G Description | | ı | | | | | | |
| ıTAL | \$ | 315,758 | - \$ | \$ | - \$ | \$ | \$ | 315,758 |
| Total 5 Year Plan per CB-4 | \$ | 315,758 | | | | | | |

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.

Balance check

TOTAL