State Filing Year

2017

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

Start Year

End Year

Fiscal Year

2017

2017

Authority Budget of:

Woodbridge Housing Authority

For the Period:

October 1, 2017 to

September 30, 2018

www.woodbridgehousingauthority.org

Authority Web Address



Division of Local Government Services

2017 HOUSING AUTHORITY BUDGET

Certification Section

2017

Woodbridge Housing Authority

(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM October 1, 2017 TO September 30, 2018

For Division Use Only

CERTIFICATION OF APPROVED BUDGET

It is hereby certified that the approved Budget made a part hereof complies with the requirements of law and the rules and regulations of the Local Finance Board, and approval is given pursuant to <u>N.J.S.A.</u> 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 approve	
Budget previously certified by the Division, and any amendments made thereto. This adopted Budget i certified with respect to such amendments and comparisons only.	is
State of New Jersey	
Department of Community Affairs	

Director of the Division of Local Government Services

By: _____ Date: ____

2017 APPROVAL CERTIFICATION

Woodbridge Housing Authority (Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:10/1/2017

TO:9/30/2018

It is hereby certified that the Housing Authority Budget, including all schedules appended hereto, are a true copy of the Annual Budget and Capital Budget/Program approved by resolution by the governing body of the Woodbridge Housing Authority, at an open public meeting held pursuant to N.J.A.C. 5:31-2.3, on the 20 day of June, 2017.

It is further certified that the recorded vote appearing in the resolution represents not less than a majority of the full membership of the governing body thereof.

Officer's Signature:	1 1 -		
Name:	Donna Brightman		
Title:	Executive Director	X	
Address:	10 Bunns Lane, Wo	oodbridge, New Jerse	y 07095
Phone Number:	732-634-2750	Fax Number:	732-634-8421
E-mail address	donnabrightman@l	notmail.com	

2017 PREPARER'S CERTIFICATION

Woodbridge Housing Authority (Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:10/1/2017

TO:9/30/2018

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

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

Preparer's Signature:		#//	
Name:	William Katchen, CPA	<u> </u>	
Title:	Fee Accountant		
Address:	Suite 303, 596 Ander 07010	rson Avenue, Cl	iffside Park, NJ
Phone Number:	201-943-4449	Fax Number:	201-943-5099
E-mail address	bill@katchencpa.com		

INTERNET WEBSITE CERTIFICATION

Authority's	Web Address:	www.woodbridgehousingauthority.	org					
All authoritie	s shall maintain eith	er an Internet website or a webp	age on the municipality's or county's Internet					
			ide increased public access to the authority's					
-		-	wing items to be included on the Authority's					
	-	disclosure. Check the boxes belo	w to certify the Authority's compliance with					
N.J.S.A. 40A	<u>:5A-17.1</u> .							
\Box	A description of the	Authority's mission and responsi	bilities					
4	Commencing with 2 prior years	2013, the budgets for the current fi	scal year and immediately preceding two					
	The most recent Coi	mprehensive Annual Financial Re	port (Unaudited) or similar financial					
4	Commencing with 2 two prior years	2012, the complete annual audits o	of the most recent fiscal year and immediately					
4	•		statements deemed relevant by the governing within the authority's service area or					
<u>.</u>		e, date, location and agenda of each meeting						
<u> </u>		1, 2013, the approved minutes of each meeting of the Authority including all oard and their committees, for at least three consecutive fiscal years						
₫	exercises day-to-day		nd phone number of every person who some or all of the operations of the					
/	Authority							
ď	corporation or other	· · · · · · · · · · · · · · · · · · ·	remuneration of \$17,500 or more during the ered to the Authority.					
webpage as i	dentified above com	-	ne Authority that the Authority's website or ry requirements of N.J.S.A. 40A:5A-17.1 as ce.					
Name of Office	cer Certifying compli	ance	Donna Brightman					
Title of Office Signature	er Certifying complia	nce	Executive Director					

Page C-4

2017 HOUSING AUTHORITY BUDGET

Narrative and Information Section

2017 HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS

Woodbridge Housing Authority (Name)

AUTHORITY BUDGET

FISCAL YEAR:

FROM:10/1/2017

TO:9/30/2018

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

- 1. Complete a brief statement on the 2017 proposed Annual Budget and make comparison to the 2016 adopted budget for each operation. Explain any variances over +/-10% (As shown on budget page F-4 explain the reason for changes for each appropriation changing more than 10%) for each line item by operation. Explanations of variances should include a description of the reason for the increase/decrease in the budgeted line item, not just an indication of the amount and percent of the change. Attach any supporting documentation that will help to explain the reason for the increase/decrease in the budgeted line item. For example, if anticipated service charges have increased 15% due to an increase in rates, provide documentation of how the increase occurred (Example Rate Increase authorized by resolution or by HUD). The Authority has received HUD approval to convert to RAD. The family complex consisting of 150 units is expected to be transferred by 9/30/2018 to a tax credit developer and the Authority is expecting to convert 355 units of elderly housing to RAD during the subject year and 60 units of elderly housing will be replaced by a new RAD funded complex in the year ending 9/30/2019. Misc. administrative appropriations are expected to decrease based on available HCV administrative funding. Utilities and maintenance expenses for the proposed budget year are lower based on the expected transfer of units during the year to a tax credit developer. In revenue rental income, HUD operating subsidy and late charges and prorations are expected to be lower during the year as a result of the sale of units to a tax credit developer.
- 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. Revenue as a whole are expected to be lower due to the transfer of units to a tax credit developer. Service charges to tenants (principally rents) will be lower due to less units owned by the Authority.
- 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 economy is stable and not expected to impact the proposed budget.
- 4. Describe the reasons for utilizing Unrestricted Net Position in the proposed Annual Budget, i.e. rate stabilization, debt service reduction, to balance the budget, etc. If the Authority's budget anticipates a use of Unrestricted Net Position, this question must be answered. Unrestricted net position is utilized during the transition from the sale of units to a tax credit developer and conversion of all units to RAD.
- 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.). None other than PILOT.

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 proposed budget includes an accumulated deficit at the end of the prior year. During the transition to RAD the Authority does not anticipate reducing the deficit. RAD funding once implemented is expected to generate additional revenue that will provide a source of funding to reduce the accumulated deficit.

Page N-1

HOUSING AUTHORITY CONTACT INFORMATION 2017

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

Name of Authority:	Woodbridge Housing Aut	hority						
Federal ID Number:	22-6002651							
Address:	10 Bunns Lane	***************************************						
City, State, Zip:	Woodbridge		NJ	07095				
Phone: (ext.)	732-634-2750	Fax:	732-63	34-8421				
	WE'TH TO A CODA							
Preparer's Name:	William Katchen, CPA							
Preparer's Address:	Suite 303, 596 Anderson A	Avenue						
City, State, Zip:	Cliffside Park	-	NJ	07010				
Phone: (ext.)	201-943-4449 Fax: 201-943-5099							
E-mail:	bill@katchencpa.com							
Chief Executive Officer:	Donna Brightman							
Phone: (ext.)	732-634-2750	Fax:	732-63	4-8421				
E-mail:	donnabrightman@hotmail	.com						
Chief Financial Officer:	Kathi Di Tomasso							
Phone: (ext.)		ex: 73	32-634 - 842	21				
E-mail:	kd@woodbridgehousinga	uthority.org						
Name of Auditor:	Anthony Giampaolo			· · · · · · · · · · · · · · · · · · ·				
Name of Firm:	Hymanson, Parnes and Gi	ampolo						
Address:	467 Middletown-Lincroft	_						
City, State, Zip:	Lincroft		NJ	07738				
Phone: (ext.)	732-842-4550	Fax:	732-84	2-4551				
E-mail:	tony@hpgnj.com	<u></u>						

HOUSING AUTHORITY INFORMATIONAL **QUESTIONNAIRE**

Woodbridge Housing Authority

(Name)

FISCAL

	YEAR:	FROM:10/1/2017	TO:9/30/2018
	swer all questions below complete Provide the number of individual		ormation as required. ear 2015 as reported on the Authority's
-,	Form W-3, Transmittal of Wag		our 2015 as reported on the reallowing 5
2)	Provide the amount of total sal	aries and wages for calendar	year 2015 as reported on the Authority's
21	Form W-3, Transmittal of Wag		
3) 4)	Provide the number of regular	voling members of the govern	ing body:/
	Provide the number of alternate		
נכ	on Page N-4 during the curr relationship including the name	ent fiscal year?No es of the individuals involved o	relationship with any other person listed If "yes," attach a description of the and their positions at the Authority.
			Disclosure Statement for the current fiscal
		-	the form as required? (Checked to see if
			s/dca/divisions/dlgs/resources/fds.html
			t of those individuals who failed to file a
			ne reason for their failure to file.
6)	Does the Authority have any ar	nounts receivable from currer	nt or former commissioners, officers, key
	employees or highest comper	isated employees?No_	If "yes," attach a list of those
		e amount receivable, and a	description of the amount due to the
	Authority.		
7)	Was the Authority a party to a l		
	No	- "	yee, or highest compensated employee?
	b. A family member of a compensated employee?		ner, officer, key employee, or highest
			ner, officer, key employee, or highest
			s an officer or direct or indirect owner?
		ve is "ves" attach a descripti	on of the transaction including the name
			npensated employee (or family member
			ship to the individual or family member;
	the amount paid; and whether t		
8)	<u> </u>	5	premiums, directly or indirectly, on a
-,			enerally any life insurance, annuity, or
			transferor, a member of the transferor's
	family, or any other person des		
	of the arrangement, the premius		
9)			tion for all persons listed on Page N-4.
- ,	Include whether the Authority's commissioners or a committee positions in similarly sized en	s process includes any of the te thereof; 2) study or survey tities; 3) annual or periodic	following: 1) review and approval by the of compensation data for comparable performance evaluation; 4) independent
	compensation consultant; and/c	or 5) written employment cont	ract. HUD required comparability study,

Page N-3 (1 of 2)

collective bargaining agreement and Board review and approval.

10)	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.
11)	Did the Authority pay for travel expenses for any employee or individual listed on Page N-4?
	NoIf "yes," attach a detailed list of all travel expenses for the current fiscal year and
	provide an explanation for each expenditure listed.
12)	Did the Authority provide any of the following to or for a person listed on Page N-4 or any other
12)	employee of the Authority:
	· — — — — — — — — — — — — — — — — — — —
	b. Travel for companions No
	c. Tax indemnification and gross-up paymentsNo
	d. Discretionary spending accountNo
	e. Housing allowance or residence for personal useNo
	f. Payments for business use of personal residenceNo
	g. Vehicle/auto allowance or vehicle for personal useNo
	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.
13)	Did the Authority follow a written policy regarding payment or reimbursement for expenses incurred
Í	by employees and/or commissioners during the course of Authority business and does that policy
	require substantiation of expenses through receipts or invoices prior to reimbursement? Yes
	If "no," attach an explanation of the Authority's process for reimbursing employees and
	commissioners for expenses. (If your authority does not allow for reimbursements indicate that in
	answer)
	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.
15)	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.
167	Did the Authority comply with its Continuing Disclosure Agreements for all debt issuances
10)	
	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
1 ~7 \	ensure compliance with its Continuing Disclosure Agreements in the future.
17)	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.
18)	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.
19)	Has the Authority been deemed "troubled" by the Department of Housing and Urban Development?
,	NoIf "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

Woodbridge Housing Authority (Name)

FISCAL YEAR:

FROM:10/1/2017

TO:9/30/2018

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

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

Woodbridge Housing Authority September 30, 2018

ខ

For the Period October 1, 2017

	Total Compensation All Public Entities	9,115 75,409 5,067	80,376 217,083 119,599 0	506,649
	+ E X3 .5	Α .	20,838	\$ 883'02
		9,115 75,409 5,067	865,63	,129 \$
	Reportable t Compensation from Other c from Other cd Public Entities (W-2/1099)	ላ ሚኒክል	55	\$ 149,129
	Average Hours per Week Dedicated to Positions at Other Public S Entities Listed in Column O			
į	Positions held at Other Public Entities	Retiree Fire Commissioner	Mdd	
	Names of Other Public Entities where Individual is an Employee or Member of Positions held at the Governing Body (1) Other Public Entities See note below Listed in Column O	0 NJPERS 0 Woodbridge Fire Disrict	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 -
•	Total Compensation from Authority	, 00	217,083 119,599 0 0 0 0 0 0	\$ 336,682
	Other (auto. amount of other expense compensation account, payment in Authority lieu of health (health benefits, etc.)			\$
Reportable Compensation from Authority (W-2/ 1099)	Other (auto allowance, expense account, payment in lieu of health benefits, etc.)		53,863	- \$ 83,538
ortable Compensation (Authority (W-2/ 1099)	/ d Bonus		163,220 89,924	44 \$
Rep	Base Salary/Selary/Stipend		163 89,	\$ 253,144
Position	Highest Compensated Employee Key Employee Officer		××	
	Commissioner	× ×	××××	
	Average Hours per Week Dedicated to Position			
	Title	Chairperson Vice Chalr	Commissioner Commissioner Commissioner Executive Director Finace Director	
	Name	Gregg Ficarra John Kenny	Terri Briante Ryan Mitchelson Ketan Shah Pedro Rosario Donna Brightman Kathi Di Tomasso	Fotal:

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

Schedule of Health Benefits - Detailed Cost Analysis

September 30, 2018

2

Woodbridge Housing Authority For the Period October 1, 2017

	# of Covered Members	Annual Cost Estimate per Employee	Total Cost Estimate	# of Covered Members	Annual Cost	4		
	(Medical & Rx) Proposed Budget	Proposed Budget	Proposed Budget	(Medical & Rx) Current Year	per Employee Current Year	Total Prior Year Cost	\$ Increase (Decrease)	% Increase (Decrease)
Active Employees - Health Benefits - Annual Cost								
Single Coverage	2	\$ 12,332 \$	5 61,660	5	\$ 12,123	\$ 60,615	\$ 1,045	1.7%
Parent & Child	00	22,224	177,792	6		-	ت	-11.1%
Employee & Spouse (or Partner)	2	24,541	122,705	5	24,543	122,715	(10)	0.0%
Family	11	34,432	378,752	10	34,429	344,290	34,462	10.0%
Employee Cost Sharing Contribution (enter as negative -)			(95,753)			(95,753)	'	0.0%
Subtotal	29		645,156	29		631,829	13,327	2.1%
Commissioners - Health Benefits - Annual Cost								
Single Coverage						'	1	#DIV/01
Parent & Child			,	٠			,	#DIV/01
Employee & Spouse (or Partner)			•			•	•	#DIV/0i
Family			•			•	ι	#DIV/0
Employee Cost Sharing Contribution (enter as negative -)							•	#DIV/0I
Subtotal	0			•		-		#DIV/0i
Retirees - Health Benefits - Annual Cost								
Single Coverage	Ŧ	905′9	905'9	τ	S61'9	6,195	311	8.0%
Farent & Child Employee & Shapes for Darther!		17 000	255 36	r	17 100	, 00. 20	, 6	#DIV/0i
Eamily	Y =		35,778	, <u>, , , , , , , , , , , , , , , , , , </u>	EOT'/T	34,200	1,5/0	4.0% %0.r
Employee Cost Sharing Contribution (enter as negative -)			341/02			000,02	7,	#DIV/01
Subtotal	4		68,694	4		66,081	2,613	4.0%
GRAND TOTAL	33		\$ 713,850	33		\$ 697,910	\$ 15,940	2.3%
Is medical coverage provided by the SHBP (Yes or No)? (Place Answer in Box)	e Answer in Box)	L×	Ves	Yes or No				
Is prescription drug coverage provided by the SHBP (Yes or No)? (Place Answer in Box))? (Place Answer in Bo		yes	Yes or No				

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

Schedule of Accumulated Liability for Compensated Absences

Woodbridge Housing Authority For the Period

October 1, 2017

\$

September 30, 2018

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

			Legal Basis for Benefit (check applicable items)	sis for plicab	Benefit le items)
Individuals Eligible for Benefit	Gross Days of Accumulated Compensated Absences at beginning of Current Year	Dollar Value of Accrued Compensated Absence Liability	Approved Labor Agreement	Resolution	laubividual famployment famement
See Attached		\$ 170,522		×	
	,				
Total liability for accumulated compensated absences at beginning of current year	ces at beginning of current vear	\$ 170,522			

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

Woodbridge Housing Authority Employee Compensated Absences and Allocation Period Ending \$/30/2016

Pendo Ending 9/30/2016			Sh	CK TIME AND	VACAT	ION COM	DFNE	TE	NABEENCES							ALLOCATIONS			
				Col. D	Col. E		Col.			Col. N	Col C	Col. Q		<u> </u>		ALLOCATIONS			
•1	*1	•1		*2		Computed		r.01	Computed	*1	COIC	Computed	Computed						
<u> </u>			Unio		Hour			ТН	Sick Time At		Hrs				,	,		_	
			n (U)	Salary For	s in	Rate	Slek		Retirement	Time		At Retirement		AMP1	AMP2	cocc		ļ.,	l
Employee Name	Hire Date		Моп	Pay Period	Ever	(CoL D/			(Col. H * Col.	Balance	Day		(Col K + Col O)	AMPI	AMP2	COLC	Section 8	cong	Capital
Adams, Alex	10/6/99	M		1,742.18	80	21.78	35		-	15		2,613.27	5,226.54	5,226.54				-	├
Blaha A., Kathleen	4/3/00	Ä		3,063.39	70	43.76	15	H	4,595.08	15			9,190.17	4,595,08	4,595,08		[·	├
Boyle, Diane	3/5/02	Ä		2,029.05	70	28.99	13	H	2,688.49	8	- ',	1,521.79	4,210.28	4,595.08	4,333.08		 	-	⊢—
Brightman, Donna F.	2/7/00	Â		5,756.15	70	82.23	15	H	8,634.23	15	1	8,634.23	17,268,45		4,210.26	17,268.45	-	-	
Cashin, Sean	10/20/99	м		2,481.12	80	31.01	15		3,721.68	15		3,721.68	7,443,36	 	7,443,36	17,200.43		-	
Lombardi Keana	9/20/99	м		1,463.11	80	18.29	13			7		1,060.75			2.962.80				-
DelFattore, Karen	9/20/99	A	Ü	1,855.63	70	26.51	20		3,664.87	, A	 		4,407.12	440.71	1.762.85		2,203,56	-	_
Deichsel, Mike	9/19/11	М		2,240,40	80	28.01	10		2,184,39	7	á	1,568.28	3,752.67	440.71	3,752.67		2,203,30	-	├
Ditomasso, Kathleen	4/23/85	Ä	-	3,293,62	70	47.05	15		4,940.43	15	L		9,880,86	 	3,752.07	9,880.86		\vdash	\vdash
Espinal, Altagracia	6/1/99	Ä	U	1,422.58	70	20.32	1 5			11			1,635,97	327.19	981.58	3,000.80	327.19		
Fusco, Danielle	4/5/99	Ä	Ü	1,844.81	70	26.35	15			15			5,534.43	327.13	5,534.43		327.23	 	
Guiney, Maureen	10/20/99	Â	NU	2,320,85	70	33.16	14		3,249,19	16		3,597,32	6,846,51		3,334.43	6.846.51		-	
Hillard, Ellen Margaret	8/8/11	Ä	U	1,141.06	70	16.30	8	1	884,32	3		370.84	1,255.17	941.37	313.79	0,040.51			
Judge, Chris	10/22/07	М	U	1,320.94	80	16.51	15	8	1,981.41	15			3,962,82	3,962.82	025.75			┝	
Khan, Khair M.	10/3/00	м	U	1,363.89	80	17.05	15	8	2,045.84	15		2,045,84	4.091.67		4.091.67			1	
Kane, Diane V,	10/14/03	м	U	1,025.71	80	12.82	15	8	1,538.57	15		1,538.57	3,077,13		3.077.13			H	-
Noll, Elizabeth M.	12/10/07	Α	NU	1,948.16	70	27.83	25	7	4,870.40	5	7		5,747.07	†	9,2		5,747,07	-	_
Murray, Patricia	1/1/99	М	NU	480.00	24	20,00	2			5	8	800.00	1,120.00			1,120.00		_	
Olexa, Christina L.	2/11/91	Ä	Ü	1,996.44	70	28.52	0	7	49.91	1	7	249.56	299,47			254.55	44.92	\vdash	
Oliveras, Melanie	10/25/99	Α	ů	1,692.39	70	24.18	3	7	465.41	7	7	1,226.98	1,692,39	423,10	1,269.29				
Pydeski, Joyce E.	2/1/02	Α	NU	2,355.96	70	33,66	21	7	4,947.52	8	7	1,766.97	6,714.49	1,342.90	3,357.24		2,014,35		
Reese, Jr, James R.	7/20/95	М	NU	1,933.06	80	Z4.16	T ·	8		11,	8	2,126.37	2,126.37	2,126.37			,=01,00	1	
Sammertino, Vincent	6/1/09	A	NU	1,803.24	70	25.76	3	7	540.97	3.	7	586.05	1,127.03		· i	1,127.03		П	
Schwenzer, Daniel	2/12/01	М	Ü	1,324.18	80	16.55	15	8	1,986.27	15	8	1,986.27	3,972.54	3,972.54				П	
Smolder, Christina	12/6/99	A	NU	2,731.19	70	39.02	17	7	4,574.74	3	7	819.36	5,394.10		İ	5,394.10		r	
Sriwardena, Ruvani	3/27/00	Α	NŲ	2,461.96	70	35.17	15	7	3,692.94	15	7	3,692.94	7,385.88			7,385.88		П	
Stecker, Lawrence	8/19/04	A	Nυ	3,507.04	70	50.10	15	7	5,260.56	. 15	7	5,260.56	10,521.12	T		10,521.12		\Box	
Vazquez, Delia	10/14/03	М	U	1,187.97	80	14.85	6	8	712.78	12	8	1,425.56	2,138.35	1	2,138.35			1	
Veliz, Ana		A.	U	1,083.36	70	15.48	15	7	1,625.04	15	7	1,625.04	3,250.08	1	3,250,08				
Williams , Phyllis	1/12/06	Α	U	1,314.47	70	18.78	15	7	1,279.85	15	7	1,971.71	3,251.56	1,625,78	1,625.78			Н	
Witkowkski, Carol	7/21/08	Α	υ	1,262.82	70	1B.04	15	7	1,894.23	15	7.	1,894.23	3,788.46	T			3,788.46	 	
Yannuzzi, Michael	10/6/97	М	NU	2,803.35	80	35.04	15	В	4,205.03	15	8.	4,205.03	8,410.05	t l		8,410.05		\vdash	
Vandenburg, Joe	8/29/11	м	U	720.00	80	9.00	3	Б	216.00	7	8	504.00	720.00			720.00	_		

	84,088.23	0	74,316.64	158,404.87	24,984.40	50,366.38	68,928.54	14,125.55	
Note: per the Woodbridge Housing Authority policies and procedures, no employee can be paid			158,404.87				-		
more than 30 days of accrued Sick\Vacation time upon retirement. For those employees as note			7.65%	12,117.97	1,911.31	3,853.03	5,273.03	1,080.60	-
above (O), their total bankable time has exceeded the maximum as allowed. The schedule above	e has been adjuste	d to reflect	_	170,522.84	26,895.71	54,219.41	74,201.57	15,205.16	
the maxium of 30 hours.			FYE 9/30/15	273,139.00	49,079.13	78,176,05	126,796.08	19,079.64	.
			ADJUSTMENT*_	(102,616.16)	(22,183.42)	(23,956.64)	(52,594.51)	(3,873.48)	

Balances to be adjuted to reflect 9/30/2015 balances.

Note:

Maple Tree Manor employees are paid by Ingerman Group. WHA maintains their attendance records for tracking purposes but do not directly provide vacation and sick pay leave to these employees. Sources are 'Daya Remaining in Employee Time Bank' Spreadsheets for Maintenance and Administrative Employees as PBC.

Schedule of Shared Service Agreements

For the Period

Woodbridge Housing Authority October 1, 2017

September 30, 2018

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.

ed by/ from ority	25,300								
Received by/ Paid from Authority	\$ 225,300	hourly			-				
Agreement End Date									
Agreement Effective Date									
Comments (Enter more specifics if needed)								, ·	
Type of Shared Service Provided	Administrative	Administrative\Purchasing							
Name of Entity Receiving Service Type	Highland Park Housing Authority	Perth Amboy Housing Authority		9.					
Name of Entity Providing Service	Woodbrdige Housing Authority	Woodbrdige Housing Authority							

If No Shared Services X this Box

2017 HOUSING AUTHORITY BUDGET

Financial Schedules Section

Woodbridge Housing Authority October 1, 2017 to For the Period

September 30, 2018

		FY 2	FY 2017 Proposed Budget	Budget		FY 2016 Adopted Budget	s mereuse (Decrease) Proposed vs. Adopted	n mureuse (Decrease) Proposed vs. Adopted
DESCENIED	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	Total All Operations	All Operations All Operations	All Operations
ACVENUES Total Operating Revenues	\$ 4,283,984	· •	- \$ 5,343,280	\$ 172,770	\$ 9,800,034	\$ 10,512,297	\$ (712,263)	-6.8%
Total Non-Operating Revenues	9,280		`	,	9,280	9,270	10	0.1%
Total Anticipated Revenues	4,293,264		5,343,280	172,770	9,809,314	10,521,567	(712,253)	-6.8%
APPROPRIATIONS								
Total Administration	1,597,200	·	429,120	167,270	2,193,590	2,266,310	(72,720)	-3.2%
Total Cost of Providing Services	2,973,370	·	4,870,000	2,500	7,848,870	8,283,900	(435,030)	-5.3%
Total Principal Payments on Debt Service in Lieu of Depreciation	XXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX				#DIV/0!
Total Operating Appropriations	4,570,570	·	5,299,120	172,770	10,042,460	10,550,210	(507,750)	-4.8%
Total Interest Payments on Debt Total Other Non-Operating Appropriations	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXX	, ,	t I		#DIV/0! #DIV/0!
Total Non-Operating Appropriations	•			•	1		•	#DIV/0i
Accumulated Deficit	,		•	•	r	•	1	#DIV/0i
Total Appropriations and Accumulated Deficit	4,570,570	·	5,299,120	172,770	10,042,460	10,550,210	(507,750)	-4.8%
Less: Total Unrestricted Net Position Utilized	277,306		(44,160)	1	233,146	28,643	204,503	714.0%
Net Total Appropriations	4,293,264	•	- 5,343,280	172,770	9,809,314	10,521,567	(712,253)	-6.8%
ANTICIPATED SURPLUS (DEFICIT)	v.	\$	\$ -	٠.		\$	\$	#DIV/0!

Revenue Schedule

Woodbridge Housing Authority

For the Period

October 1, 2017

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September 30, 2018

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> increuse

							(Decrease)	(Decrease)
		51/ 55/5		S		FY 2016 Adopted	Proposed vs.	Proposed vs.
		FY 2017	Proposed L	Budget	Total All	Budget Total All	Adopted	Adopted
	Public Housing Management	Section 8	Voucher	Other Programs	Operations	Operations	All Operations	All Operations
OPERATING REVENUES								
Rental Fees					_			
Homebuyers' Monthly Payments]\$ -	\$ -	\$ -	#DIV/01
Owelling Rental	2128850				2,128,850	2,419,700	(290,850)	-12.0%
Excess Utilities	72200			•	72,200	72,200		0.0%
Non-Dwelling Rental					-	•	-	#DIV/01
HUD Operating Subsidy	1547934				1,547,934	1,807,507	(259,573)	-14.4%
New Construction - Acc Section 8					-	-	•	#DIV/01
Voucher - Acc Housing Voucher			5246000		5,246,000	5,232,000	14,000	0.3%
Total Rental Fees	3,748,984	-	5,246,000	-	8,994,984	9,531,407	(536,423)	-5.6%
Other Operating Revenues (List)								_
Late charges and prorations	535000		75000	172770	782,770	903,170	(120,400)	-13.3%
HUD FSS Grant			22280		22,280	22,280	-	0.0%
NJ Congregate Grant				C	-	55,440	(55,440)	-100.0%
Type in (Grant, Other Rev)					j -	-	-	#DIV/01
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)	Í				-	-	-	#DIV/01
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)					j -		-	#DIV/01
Type in (Grant, Other Rev)						_	-	#DIV/01
Type in (Grant, Other Rev)					l .	_	-	#DIV/0!
Total Other Revenue	535,000	•	97,280	172,770	805,050	980,890	(175,840)	•
Total Operating Revenues	4,283,984	-	5,343,280	172,770	9,800,034	10,512,297	(712,263)	-6.8%
NON-OPERATING REVENUES		***************************************						,
Other Non-Operating Revenues (List)						•		
Type in	l			-	1.	-	-	#DIV/0I
Type in					l _	•	_	#DIV/01
Type in	Į.					_		#DIV/0!
Type in	}				_	_		#DIV/0!
• · · · · · · · · · · · · · · · · · · ·						•	-	
Type in	ļ				•	•	-	#DIV/0!
Type in	<u> </u>				<u> </u>	<u>.</u>		#DIV/01
Total Other Non-Operating Revenue	-		<u> </u>	-				#DIV/0!
Interest on Investments & Deposits (List)					1			
Interest Earned	9,280				9,280	9,270	10	0.1%
Penalties	,				-	-	-	#DIV/OI
Other				<u> </u>	<u> </u>			#DIV/0!
Total Interest	9,280	-	<u>-</u>	-	9,280	9,270	10	0.1%
Total Non-Operating Revenues	9,280	_	-		9,280	9,270	10	0.1%
TOTAL ANTICIPATED REVENUES	\$ 4,293,264	\$ -	\$ 5,343,280	\$ 172,770	\$ 9,809,314	\$ 10,521,567	\$ (712,253)	-6.8%

Prior Year Adopted Revenue Schedule

Woodbridge Housing Authority

	No. 61-11-11-11-11	FY 20	16 Adopted Bud	lget	Total All
	Public Housing	Section 8	Housing Voucher	Other Programs	Operations
	Management	Section 8	Voucilei	Other Frograms	Operations
OPERATING REVENUES					
Rental Fees					 \$ -
Homebuyers' Monthly Payments	2 440 700				2,419,700
Dwelling Rental	2,419,700				72,200
Excess Utilities	72,200		./		72,200
Non-Dwelling Rental	1 007 507				1,807,507
HUD Operating Subsidy	1,807,507				1,807,307
New Construction - Acc Section 8			F 333 000		
Voucher - Acc Housing Voucher	1 200 407		5,232,000	<u> </u>	5,232,000
Total Rental Fees	4,299,407		5,232,000		9,531,407
Other Revenue (List)			75 000	170,000	1 002 170
Late charges and prorations	648190		75,000	179,980	903,170
HUD FSS Grant			22,280	FF 440	22,280
NJ Congregate Grant	1			55,440	55,440
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)	Į.				-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)				I	-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					<u> </u>
Total Other Revenue	648,190	· <u>-</u>	97,280	235,420	980,890
Total Operating Revenues	4,947,597		5,329,280	235,420	10,512,297
NON-OPERATING REVENUES					
Other Non-Operating Revenues (List)					ì
Type in					-
Type in	•				-
Type in					-
, Type in					-
Type in					-
Type in					-
Other Non-Operating Revenues	<u> </u>		-	-	
Interest on Investments & Deposits					
Interest Earned	9,270				9,270
Penalties					-
Other					
Total Interest	9,270	<u>-</u>	-		9,270
Total Non-Operating Revenues	9,270	-	-	-	9,270
TOTAL ANTICIPATED REVENUES	\$ 4,956,867	\$ -	\$ 5,329,280	\$ 235,420	\$10,521,567

Appropriations Schedule

For the Period

Woodbridge Housing Authority

October 1, 2017

to

September 30, 2018

		FY	' 2017 Propose	ed Budget		FY 2016 Adop Budget	Adopted	» increase (Decrease) Proposed vs. Adopted
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	Total All Operation		All Operations
OPERATING APPROPRIATIONS					,			
Administration								
Salary & Wages	797,360		228,910	152,060	\$ 1,178,330	\$ 1,161,	,710 \$ 16,620	1.4%
Fringe Benefits	596,090		114,460	15,210	725,760	735	,450 (9,690) -1.3%
Legal	45,250		4,750	1	50,000	50,	- 000,	0.0%
Staff Training	8,250		2,750	l	11,000	11,	,000 -	0.0%
Travel	9,750		2,750		12,500	12,	,500 -	0.0%
Accounting Fees	27,000		3,500		30,500	36,	,000 (5,500)	-15.3%
Auditing Fees	9,000		3,500		12,500	12,	.500 -	0.0%
Miscellaneous Administration*	104,500		68,500		173,000	247,	.150 (74,150)	-30.0%
Total Administration	1,597,200	-	429,120	167,270	2,193,590	2,266,	310 (72,720	-3.2%
Cost of Providing Services						-		-
Salary & Wages - Tenant Services	37,660			-	37,660	57,	,960 (20,300)	-35.0%
Salary & Wages - Maintenance & Operation	458,350			5,000	463,350	461,	,770 1,580	0.3%
Salary & Wages - Protective Services	j				-			#DIV/01
Salary & Wages - Utility Labor	153,930				153,930	153,	.930 -	0.0%
Fringe Benefits	485,930			500	486,430	478,	<i>5</i> 10 7,820	1.6%
Tenant Services	20,000				20,000	20,	.000 -	0.0%
Utilities	715,220			}	715,220	985,	.880 (270,660)	-27.5%
Maintenance & Operation	417,500				417,500	602,	500 (185,000)	-30.7%
Protective Services	ļ			İ	-			#DIV/0!
Insurance	200,000		20,000		220,000	212,	000,8 000.	3.8%
Payment in Lieu of Taxes (PILOT)	133,190				133,190	135,	210 (2,020)	-1.5%
Terminal Leave Payments	ļ				-			#DIV/0!
Collection Losses	10,000				10,000	10.	.000	0.0%
Other General Expense	341,590			j.	341,590	330,	040 11,550	3.5%
Rents			4,850,000	.]	4,850,000	4,836,		0.3%
Extraordinary Maintenance			,,,,]	,,	,,,,,,,		#DIV/0!
Replacement of Non-Expendible Equipment				i			_	#DIV/0!
Property Betterment/Additions					_			#DIV/01
Miscellaneous COPS*					_		•	#DIV/0!
Total Cost of Providing Services	2,973,370		4,870,000	5,500	7,848,870	8,283,	900 (435,030)	
Total Principal Payments on Debt Service in Lieu of	2,373,370		4,870,000	3,300	7,040,670	0,203,	(433,030)	
Depreciation	XXXXXXXXXXXXX	vvvvvvvvv	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX				400.00
Total Operating Appropriations	4,570,570	-		172,770	10.042,460	10,550,	210 (507,750)	#DIV/01
NON-OPERATING APPROPRIATIONS	4,370,370		5,299,120	1/2,//0	10,042,400	10,550,	210(507,750)	4.8%
Total Interest Payments on Debt	XXXXXXXXXXXXXX	VVVVVVVVVVVVV	YYYYYYYYY	xxxxxxxxxx	_			#DIV/01
Operations & Maintenance Reserve	**********	*******	^^^^		•			#DIV/01
Renewal & Replacement Reserve					•		•	•
•					•			#DIV/0!
Municipality/County Appropriation					•		•	#DIV/0!
Other Reserves					•		<u> </u>	#DIV/OI
Total Non-Operating Appropriations		<u> </u>						#DIV/0!
TOTAL APPROPRIATIONS	4,570,570		5,299,120	172,770	10,042,460	10,550,	210 (507,750)	
ACCUMULATED DEFICIT	L						<u> </u>	#DIV/0!
TOTAL APPROPRIATIONS & ACCUMULATED				•				
DEFICIT	4,570,570		5,299,120	172,770	10,042,460	10,550,	210 (507,750)	-4.8%
UNRESTRICTED NET POSITION UTILIZED								
Municipality/County Appropriation				•	•			#DIV/0!
Other	277,306		(44,160)		233,146	28,0	643 204,503	714.0%
Total Unrestricted Net Position Utilized	277,306		(44,160)	•	233,146	28,	643 204,503	714.0%
TOTAL NET APPROPRIATIONS	\$ 4,293,264	\$ -	\$ 5,343,280	\$ 172,770	\$ 9,809,314	\$ 10,521,		*
Total Unrestricted Net Position Utilized	277,306		(44,160)	\$ 172,770	233,146	28,	543 204,503	- -

^{*} 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

\$ 228,528.50 \$

\$ 264,956.00 \$

8,638.50 \$

502,123.00

Prior Year Adopted Appropriations Schedule

Woodbridge Housing Authority

		F	Y 2016 Adopted Budg	get	
	Public Housing				Total All
	Management	Section 8	Housing Voucher	Other Programs	Operations
OPERATING APPROPRIATIONS			·····	<u> </u>	
Administration					
Salary & Wages	\$ 797,330		\$ 213,330	\$ 151,050	\$ 1,161,710
Fringe Benefits	601,100		119,240	15,110	735,450
Legal	45,250		4,750		50,000
Staff Training	8,250		2,750	ļ	11,000
Travel	9,750		2,750		12,500
Accounting Fees	27,000		9,000		36,000
Auditing Fees	9,000		3,500		12,500
Miscellaneous Administration*	104,500		142,650		247,150
Total Administration	1,602,180	-	497,970	166,160	2,266,310
Cost of Providing Services					<u> </u>
Salary & Wages - Tenant Services				57,960	57,960
Salary & Wages - Maintenance & Operation	456,770			5,000	461,770
Salary & Wages - Protective Services	,				
Salary & Wages - Utility Labor	153,930				153,930
Fringe Benefits	472,310			6,300	478,610
Tenant Services	20,000			0,200	20,000
Utilities	985,880]	985,880
Maintenance & Operation	602,500				602,500
Protective Services	002,300				002,300
Insurance	196,000		16,000		212,000
Payment in Lieu of Taxes (PILOT)	135,210		10,000		135,210
Terminal Leave Payments	155,210				132,210
Collection Losses	10.000				10,000
	1				330,040
Other General Expense	330,040		4,836,000		•
Rents	{		4,630,000		4,836,000
Extraordinary Maintenance	1				•
Replacement of Non-Expendible Equipment					•
Property Betterment/Additions					•
Miscellaneous COPS*		····-	1.053.000		
Total Cost of Providing Services	3,362,640		4,852,000	69,260	8,283,900
Total Principal Payments on Debt Service in Lieu					
of Depreciation	XXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXX	<u> </u>
Total Operating Appropriations NON-OPERATING APPROPRIATIONS	4,964,820		5,349,970	235,420	10,550,210
Total Interest Payments on Debt	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXX	
Operations & Maintenance Reserve			*		
Renewal & Replacement Reserve					
Municipality/County Appropriation					٠ ,
Other Reserves				•	
Total Non-Operating Appropriations		-		_	
TOTAL APPROPRIATIONS	4,964,820	_	5,349,970	235,420	10,550,210
ACCUMULATED DEFICIT	1,501,522				
TOTAL APPROPRIATIONS & ACCUMULATED	·				
DEFICIT	4,964,820		E 240 070	225 420	10 550 310
DEFICIT UNRESTRICTED NET POSITION UTILIZED	4,304,820	<u>-</u>	5,349,970	235,420	10,550,210
Municipality/County Appropriation	7.055	-	20.555	-	
Other	7,953		20,690		28,643
Total Unrestricted Net Position Utilized	7,953	-	20,690	, and 150	28,643
TOTAL NET APPROPRIATIONS	\$ 4,956,867	5 -	\$ 5,329,280	\$ 235,420	\$ 10,521,567

267,498.50 \$

11,771.00 \$

527,510.50

* Miscellaneous line items may not exceed 5% of total operating appropriations shown below. If amount in miscellaneous is greater than the amount

248,241.00 \$

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

F-5

Debt Service Schedule - Principal

			Woodbridge Housing Authority	ng Authority					
If Authority has no debt X this box	×			:	;				
				Fiscal Year Ending in	ing in				
	Adopted Budget Year 2016	Froposed Budget Year 2017	2018	2019	2020	2021	2022	Thereafter	Total Principal Outstanding
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 ratinas service.	ond rating and the year o	f the rating by rating	is service.						
•	Moody's	Fitch	Standard & Poors						
Bond Rating				. 1					
Year of Last Rating			ļ	1 1		•			

Debt Service Schedule - Interest

If Authority has no debt X this box	×		Wooday Britishing Authority	e Authority					
				Fiscal Year Ending in	j in				
	Adopted Budget Year 2016	Proposed Budget Year 2017	2018	2019	2020	2021	2022	Thereafter	lotal Interest Payments Outstanding
Type in Issue Name Type in Issue Name Type in Issue Name									
Type in Issue Name TOTAL INTEREST						,		•	
NET INTEREST	\$	\$	\$	S		- \$	\$	v.	\$

Net Position Reconciliation

Woodbridge Housing Authority

For the Period October 1, 2017

to September 30, 2018

FY 2017 Proposed Budget

TOTAL NET POSITION BEGINNING OF CURRENT YEAR (1)

93,810

\$ 16,488,349 16,997,177

489,847 492,363

92,812

998

16,504,814

Management 15,865,217

Housing Voucher

Total All
Operations

Other Programs

Section 8

Public Housing

602,638)

(2,516)

40,473

640,595

1,646,038 (28,643)

5,162,091

181,064 (20,690)

> (7,953) (44,160)

1,464,974

4,594,261

44,160

567,830

Total Unrestricted Net Position (1)
Less: Designated for Non-Operating Improvements & Repairs
Less: Designated for Rate Stabilization

Less: Designated for Rate Stabilization Less: Other Designated by Resolution

Plus: Accrued Unfunded Pension Liability (1)
Plus: Accrued Unfunded Other Post-Employment Benefit Liability (1)
Plus: Estimated Income (Loss) on Current Year Operations (2)

Plus: Other Adjustments (attach schedule)

PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR UNRESTRICTED NET POSITION AVAILABLE FOR USE IN PROPOSED BUDGET Total Unrestricted Net Position Utilized in Proposed Budget Unrestricted Net Position Utilized to Balance Proposed Budget Unrestricted Net Position Utilized in Proposed Capital Budget Appropriation to Municipality/County (3)

6,176,848	233,146	•	ı	233,146	(2,516) \$ 5,943,702
(2,516)	, g		1		\$ (2,516)
812,837	(44,160)	•		(44,160)	\$ 856,997 \$
•	•	1	•		\$
5,366,527	277,306		•	277,306	5,089,221
					ν

(1) Total of all operations for this line item must agree to audited financial statements.

(4)

(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.

_{ረጉ} 8,639 \$ 264,956 228,529 \$ Maximum Allowable Appropriation to Municipality/County

502,123

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

2017 Woodbridge Housing Authority

HOUSING
AUTHORITY
CAPITAL
BUDGET/
PROGRAM

2017 CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

Woodbridge Housing Authority (Name)

TO:9/30/2018

FROM:10/1/2017

FISCAL

YEAR:

	Budget/Program approv	ed, pursuant to N.	Budget/Program annexed hereto J.A.C. 5:31-2.2, along with the athority, on the20
		OR	
	pital Budget /Program fo		Housing Authority have cal year, pursuant to N.J.A.C.
Officer's Signature:	$T \rightarrow /$	\	
Name:	Donna Brightman		
Title:	Executive Director	X	
Address:	10 Bunns Lane, Wood	lbridge, NJ 07095	
Phone Number:	732-634-2750	Fax Number:	732-634-8421
E-mail address	donnabrightman@hot	mail.com	

2017 CAPITAL BUDGET/PROGRAM MESSAGE

Woodbridge Housing Authority

(Name)

FISCAL YEAR:

FROM:10/1/2017

TO:9/30/2018

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

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

 Yes
- 2. Has each capital project/project financing been developed from a specific plan or report and have the full life cycle costs of each been calculated?
 No
- 3. Has the Housing Authority prepared a long-term (10-20 years) infrastructure needs assessment? Yes
- 4. Are any of the capital projects/project financings being undertaken in a community that has a State Plan designated center? If so, please describe the relationship of same to the center's goals and objectives.

 No
- Describe the impact on the schedule of rents and/or user charges if the proposed capital projects are undertaken. Indicate the impact on current and future year's schedules.
 No impact, tenant charges based on formula established by HUD.
- 6. Have the projects been reviewed and approved by HUD? Yes

Add additional sheets if necessary.

Proposed Capital Budget

Woodbridge Housing Authority

For the Period

October 1, 2017

September 30, 2018

					nding Sources			
	Estim	nated Total Cost	Unrestricted Net Position Utilized	Renewal & Replacement Reserve	Debt Authorization	Capi	ital Grants	Other Sources
Public Housing Management								
Operations	\$	420,000				\$	420,000	ί.
Type in Description		-						,
Type in Description		-						{
Type in Description		-						
Total		420,000	-	-			420,000	
Section 8	•		•					
Type in Description		-					,	
Type in Description		_						
Type in Description	ľ	-						
Type in Description		•						
Total		-	-	-	-		-	
Housing Voucher								
Type in Description		-						
Type in Description		-						
Type in Description		-						
Type in Description		· -						
Total		-	-	-	-		-	
Other Programs	-	•	(
Type in Description	7	- '						
Type in Description	ŀ	-						
Type in Description		-						
Type in Description		-						
Total		-	-	-	-			-
TOTAL PROPOSED CAPITAL BUDGET	\$	420,000	\$ -	\$ -	\$ -	\$	420,000	-

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

5 Year Capital Improvement Plan

Woodbridge Housing Authority

For the Period

October 1, 2017

to

September 30, 2018

Fiscal Year Beginning in

	Estimated Total Cost		Current Budget Year 2017		2018	2019	2020	2021	2022
Public Housing Management			.,				-		
Operations	\$	840,000	\$	420,000	\$ 420,000				
Type in Description		-		-					İ
Type in Description		-		-					1;
Type in Description		-		-					
Total		840,000		420,000	420,000	-	•	-	-
Section 8	-		•						
Type in Description		-		.=					
Type in Description		•		-					
Type in Description		-		-		•			
Type in Description		-		-					1
Total		-		-	-	-	-		-
Housing Voucher									
Type in Description		-		-			-		
Type in Description		-		-					
Type in Description				-	i				i
Type in Description		-		_	İ			-	
Total				-	·	-	_	-	
Other Programs						,			-
Type in Description		_		· •		··			
Type in Description		-		-					ſ
Type in Description		-		_					
Type in Description		-		-					
Total		_		-	-	_	-	-	
TOTAL	\$	840,000	\$	420,000	\$ 420,000	- :	\$ -	\$ -	\$ -

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

5 Year Capital Improvement Plan Funding Sources

Woodbridge Housing Authority

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

			Funding Sources							
	Estimated Total		Unrestricted Net	Renewal & Replacement	Debt					
		Cost	Position Utilized	Reserve	Authorization	Capital Grants	Other Sources			
Public Housing Management										
Operations	\$	840,000				\$ 840,000				
Type in Description		-								
Type in Description		-								
Type in Description		-								
Total		840,000	-	-	-	840,000				
Section 8										
Type in Description		-								
Type in Description		-	ĺ				}			
Type in Description		-	`							
Type in Description		-								
Total			-	-	_	-	-			
Housing Voucher						•				
Type in Description		-			· · · · · · · · · · · · · · · · · · ·					
Type in Description		-								
Type in Description		-	•							
Type in Description		-					ł			
Total			-		-	-				
Other Programs	-									
Type in Description		-			! · \					
Type in Description		-					-			
Type in Description		-								
Type in Description		-								
Total		-	-	-	-	-				
TOTAL	\$	840,000	\$ -	\$ -	\$ -	\$ 840,000	\$ -			
Total 5 Year Plan per CB-4	\$	840,000								
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.

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

Balance check