Authority Budget of:

ADOPTED COPY

Englewood Housing Authority

NOV 2 ZOIG

State Filing Year

2020

For the Period:

January 1, 2020

to

December 31, 2020

www.ehahousing.org
Authority Web Address

APPROVECCORY

OEC 1 7 MB

Community Affairs

Division of Local Government Services

2020 (2020-2021) HOUSING AUTHORITY BUDGET

Certification Section

2020 (2020-2021)

ENGLEWOOD HOUSING AUTHORITY (Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM January 1, 2020 TO December 31, 2020

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

By: Paul D. Cwest CPA RMA Date: 11/18/2019

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: Taul D West CIA RAB Date: 12/10/2019

2020 (2020-2021) PREPARER'S CERTIFICATION

ENGLEWOOD HOUSING AUTHORITY (Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:1/1/2020

TO:12/31/2020

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		
Title:	Fee Accountant		
Address:	596 Anderson Avenue 07010	, suite 303, Clif	ffside Park, NJ
Phone Number:	201-943-4449	Fax Number:	201-943-5099
E-mail address	bill@katchencpa.com		

2020 (2020-2021) APPROVAL CERTIFICATION

ENGLEWOOD HOUSING AUTHORITY (Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:1/1/2020

TO:12/31/2020

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 Englewood Housing Authority, at an open public meeting held pursuant to N.J.A.C. 5:31-2.3, on the 21 day of October, 2019.

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:	Freigo En	rande	·
Name:	Domingo Senande		
Title:	Executive Director		
Address:	111 West Street, Engley	vood, New Jersey	07631
Phone Number:	201-871-3451	Fax Number:	201-871-5908
E-mail address	dsenande@ehahousing.	org	

INTERNET WEBSITE CERTIFICATION

Authority's	Web Address:	www.ehahousing.org	
website. The operations an	e purpose of the webs ad activities. N.J.S.A.	ite or webpage shall be to pre 40A:5A-17.1 requires the fol	opage on the municipality's or county's Internet ovide increased public access to the authority's lowing items to be included on the Authority's slow to certify the Authority's compliance with
N.J.S.A. 40A			
\square	A description of the	Authority's mission and respon	sibilities
	The budgets for the c	current fiscal year and immedia	tely preceding two prior years
	information (Similar other types of Char	information are items such a	Report (Unaudited) or similar financial as Revenue and Expenditures Pie Charts or ion that would be useful to the public in rity)
	The complete (All Painmediately two prices		dit Synopsis) of the most recent fiscal year and
<u> </u>			y statements deemed relevant by the governing within the authority's service area or
_/ _/		nt to the "Open Public Meeting, date, location and agenda of e	gs Act" for each meeting of the Authority, each meeting
	- t-	es of each meeting of the Auth at least three consecutive fisca	ority including all resolutions of the board and l years
			and phone number of every person who er some or all of the operations of the
d	corporation or other	*** **********************************	ner person, firm, business, partnership, y remuneration of \$17,500 or more during the dered to the Authority.
vebpage as i	dentified above comp	•	the Authority that the Authority's website or cory requirements of N.J.S.A. 40A:5A-17.1 as ance.
Name of Offic	cer Certifying complia	nce	Domingo Senande
Title of Office	er Certifying complian	ice	Executive Director
Signature			Anurizer Quande

2020 (2020-2021) HOUSING AUTHORITY BUDGET RESOLUTION

ENGLEWOOD HOUSING AUTHORITY

(Name) (ESOMUTION NO. 10-21-2019 (4) TO:12/31/2020 SECONDED BY! FROM:1/1/2020 OFFERED BY Chairman Aspinwall WHEREAS, the Annual Budget and Capital Budget for the Englewood Housing Authority for the fiscal year beginning, January 1, 2020 and ending, December 31, 2020 has been presented before the governing body of the Englewood Housing Authority at its open public meeting of October 21, 2019; and WHEREAS, the Annual Budget as introduced reflects Total Revenues of \$ 9,314,545, Total Appropriations, including any Accumulated Deficit if any, of \$ 9,210,097 and Total Unrestricted Net Position utilized of WHEREAS, the Capital Budget as introduced reflects Total Capital Appropriations of \$33,588 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 Englewood Housing Authority, at an open public meeting held on October 21, 2019 that the Annual Budget, including all related schedules, and the Capital Budget/Program of the Englewood Housing Authority for the fiscal year beginning, 1/1/2020 and ending, 12/31/2020 is hereby approved; and BE IT FURTHER RESOLVED, that the anticipated revenues as reflected in the Annual Budget are of sufficient amount to meet all proposed expenditures/expenses and all covenants, terms and provisions as stipulated in the said Housing Authority's outstanding debt obligations, capital lease arrangements, service contracts, and other pledged agreements; and BE IT FURTHER RESOLVED, that the governing body of the Englewood Housing Authority will consider the Annual Budget and Capital Budget/Program for adoption on December 16, 2019. (Secretary's Signatur Governing Body Recorded Vote Member: Aye Abstain Absent Note Fill in the name of Each Commissioner and indicate their recorded Vote

2020 (2020-2021) ADOPTION CERTIFICATION

ENGLEWOOD HOUSING AUTHORITY

(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:1/1/2020

TO:12/31/2020

Note: This is filled on for Adoption of the Budget Don't fill in for Introduction of the Budget

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 Englewood Housing Authority, pursuant to N.J.A.C. 5:31-2.3, on the _25__ day of, November, 2019.

Officer's Signature:	Aming &	mande	
Name:	Domingo Senande		
Title:	Executive Director		
Address:	111 West Street, Englev	vood, NJ 07631	
Phone Number:	201-871-3451	Fax Number:	201-871-5908
E-mail address	dsenande@ehahousing.	org	

2020 (2020-2021) ADOPTED BUDGET RESOLUTION

Important -- The Amounts on this page need to agree with budget pages F-1 and CB-3. Fill these amounts in after you finalize the amounts on pages F-1 and CB-3. Re-check before this resolution is adopted

ENGLEWOOD HOUSING AUTHORITY

(Name) HOUSING AUTHORITY **FISCAL** FROM:1/1/2020 YEAR: WHEREAS, the Annual Budget and Capital Budget/Program for the Englewood Housing Authority for the fiscal year beginning January 1, 2020 and ending, December 31, 2020 has been presented for adoption before the governing body of the Englewood Housing Authority at its open public meeting of November 25, 2019; 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 \$ 9,314,545, Total Appropriations, including any Accumulated Deficit, if any, of \$9,210,097 and Total Unrestricted Net Position utilized of WHEREAS, the Capital Budget as presented for adoption reflects Total Capital Appropriations of \$33,588 and Total Unrestricted Net Position planned to be utilized of \$_______; and NOW, THEREFORE BE IT RESOLVED, by the governing body of Englewood Housing Authority, at an open public meeting held on November 25, 2019 that the Annual Budget and Capital Budget/Program of the Englewood Housing Authority for the fiscal year beginning, 1/1/2020 and, ending, 12/31/2020 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. Governing Body Recorded Vote Abstain Absent Aye Nay Note Fill in the name of Each Commissioner and indicate their recorded Vote

2020 (2020-2021) HOUSING AUTHORITY BUDGET Narrative and Information Section

2020(2020-2021) HOUSING AUTHORITY BUDGET

MESSAGE & ANALYSIS

ENGLEWOOD HOUSING AUTHORITY (Name)

AUTHORITY BUDGET

FISCAL YEAR:

FROM:1/1/2020

TO:12/31/2020

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

1. Complete a brief statement on the 2020/2020-2021 proposed Annual Budget and make comparison to the 2019/2019-2020 adopted budget for each Revenues and Appropriations. Explain any variances over +/-10% (As shown on budget pages F-2 and F-4 explain the reason for changes for each revenue and appropriation changing more than 10%) for each individual revenue and appropriation 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. (Example Rate Increase authorized by resolution or by HUD).

See attached narrative providing explanation of variances.

- 2. Describe the state of the local/regional economy and how it may impact the proposed Annual Budget, including the planned Capital Budget/Program. Example would be effect on a recession in the economy on the housing Authority The local economy is stable and not expected to impact the proposed budget.
- 3. 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. It is not anticipated that unrestricted net position will be utilized.
- 4. Identify any sources of funds transferred to the County/Municipality as a Pilot Payments, or a shared service and explain the reason for the transfer -- Housing Authorities cannot transfer Unrestricted Net Position (i.e.: to balance the County/Municipality budget, etc.). The Authority only transferred the required PILOT to the City of Englewood for the fiscal year ended December 31, 2018.
- 5. The proposed budget must not reflect an anticipated deficit from 2020/2020-2021 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. The Authority anticipates a surplus in operations in the proposed budget that will reduce the accumulated deficit balance identified at the end of the prior fiscal year.

(Prepare a response to deficits in most recent audit report pertaining to Deficits to Unrestricted Net Position caused by recording Pension and Post-Employment Benefits liabilities as required by GASB 68 and GASB 75).

Englewood Housing Authority

Page N-1, Question 1

Revenue:

1. Late charges, laundry and management fee revenue- the proposed budget is increased to include projections and consideration of prior year actual amounts.

Appropriations:

- 1. Administrative salaries- Based on Board approved increases and increasing part time staff to fulltime.
- 2. Administrative Fringe Benefits- Increased to consider conversion of part time staff to full time and projected increases in costs.
- 3. Utility labor- increased to include in house staff efforts to maintain the utility systems.
- 4. Maintenance and Operations- Increased to reflect projections of related costs during the proposed budget year in consideration of current and prior year's actual results.
- 5. Principal payments on debt- Reduced to reflect retirement of a 20 year mortgage in the current year.

HOUSING AUTHORITY CONTACT INFORMATION AUTHORITY CONTACT INFORMATION 2020 (2020-2021)

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

Name of Authority:	Englewood Housing Authority												
Federal ID Number:	22-6017828												
Address:	111 West Street												
City, State, Zip:	Englewood		NJ	07631									
Phone: (ext.)	201-871-3451	Fax:	201-871-5908										
Preparer's Name:	William Katchen, CPA												
Preparer's Address:	596 Anderson Avenu		303	2	***************************************								
City, State, Zip:	Cliffside Park			NJ	07010								
Phone: (ext.)	201-943-4449		Fax:	201-9	43-5099								
E-mail:	bill@katchencpa.com	ı											
Chief Executive Officer:(1)	Domingo Senande												
(1)Or person who performs the	ese functions under anothe	r Title											
Phone: (ext.)	201-871-3451		Fax:	201-8	71-5908								
E-mail:	dsenande@ehahousin	g.org											
Chief Financial Officer(1)	Rita Estella												
(1) Or person who performs th	ese functions under anoth	er Title											
Phone: (ext.)	201-871-3451	Fax:		1-871-59	08								
E-mail:	restella@yahoo.com												
Name of Auditor:	Anthony Giampaolo,	CPA											
Name of Firm:	Hymanson, Parnes an	d Giam	paolo										
Address:	467 Middletown Line	ad											
City, State, Zip:	Lincroft			NJ	07738								
Phone: (ext.)	732-842-4550		Fax:	732-8	42-45 5 1								

HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

ENGLEWOOD HOUSING AUTHORITY (Name)

FISCAL

	YEAR:	FROM: 1/1/2020	10:12/3	1/2020
1)	nswer all questions below complete Provide the number of individua reported on the Authority's Form	ls employed in (Use N W-3, Transmittal of V	Iost Recent W-3 Avai Vage and Tax Statemen	lable 2018 or 2019) as ts:17
2)	Provide the amount of total salar Recent W-3 Available 2018 or 2			
3)	Provide the number of regular vo commissioners have been appo your Authority)	ting members of the g	overning body:	7 (Even if not al
4)	Provide the number of alternate 2)	voting members of the	governing body:	0 (Maximum is
5)	Did any person listed on Page N- on Page N-4 during the curren relationship including the names	t fiscal year?No	If "yes," attaci	h a description of the
6)	Did all individuals that were request (Most Recent Filing that Most their relationship with the Actually filed at http://www.sta	uired to file a Financi larch 31. 2019 or 2020 uthority file the form	al Disclosure Statemer O deadline has passed as required? (Checke	nt for the current fisca 2019 or 2020) because d to see if individuals
	YesIf "no," provide Statement and an explanation as t	e a list of those indivi	duals who failed to file	
7)		ounts receivable from outed employees?	current or former comm No If "yes,"	attach a list of those
8)				
	b. A family member of a current employee? No	or former commissione	, officer, key employee,	or highest compensated
	c. An entity of which a current of employee (or family member the If the answer to any of the above	ereof) was an officer or d	irect or indirect owner? _	No
	of the commissioner, officer, key thereof) of the Authority; the nan the amount paid; and whether the	v employee, or highes ne of the entity and rel transaction was subje	t compensated employ ationship to the indivia ct to a competitive bid	ee (or family member lual or family member; process.
9)	personal benefit contract? A per endowment contract that benefits family, or any other person desig of the arrangement, the premiums	sonal benefit contract s, directly or indirectly nated by the transferor s paid, and indicate the	is generally any life, the transferor, a men. NoIf "yes beneficiary of the cont	insurance, annuity, or aber of the transferor's " attach a description tract.
	10) Explain the Authority's process. Include whether the Authority's process commissioners or a committee positions in similarly sized entition compensation consultant; and Authorities procedures for a similar compensation.	process includes any of thereof; 2) study or su ties; 3) annual or perio for 5) written employm	The following: 1) review of compensation of dic performance evaluated to the contract. Attach a	we and approval by the data for comparable ation; 4) independent narrative of your
	<u> </u>	action.age N-3 (The second secon

11) Did the Authority pay for meals or catering during the current fiscal year? No If "yes," attach a detailed list of all meals and/or catering invoices for the current fiscal year and provide an explanation for each expenditure listed.
12) Did the Authority pay for travel expenses for any employee or individual listed on Page N-4? Yes If "yes," attach a detailed list of all travel expenses for the current fiscal year and provide an explanation for each expenditure listed.\$404, 4/2019 for Executive Director.
13) Did the Authority provide any of the following to or for a person listed on Page N-4 or any other employee of the Authority? a. First class or charter travelNo b. Travel for companionsNo 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 feesNo i. Personal services (i.e.: maid, chauffeur, chef)No If the answer to any of the above is "yes," attach a description of the transaction including the name and position of the individual and the amount expended.
14) Did the Authority follow a written policy regarding payment or reimbursement for expenses incurred by employees and/or commissioners during the course of Authority business <u>and</u> does that policy require substantiation of expenses through receipts or invoices prior to reimbursement?Yes
15) Did the Authority make any payments to current or former commissioners or employees for
severance or termination? No If "yes," attach explanation including amount paid. 16) Did the Authority make any payments to current or former commissioners or employees that were contingent upon the performance of the Authority or that were considered discretionary bonuses? No If "yes," attach explanation including amount paid. 17) Did the Authority comply with its Continuing Disclosure Agreements for all debt issuances outstanding by submitting its audited annual financial statements, annual operating data, and notice of material events to the Municipal Securities Rulemaking Board's Electronic Municipal Marketplace Access (EMMA) as required? NA If "no," attach a description of the Authority's plan to ensure compliance with its Continuing Disclosure Agreements in the future. (If no bonded Debt answer is Not Applicable) (Loans from a Bank or State Agencies are not bonded Debt)
18) Did the Authority receive any notices from the Department of Environmental Protection or any other entity regarding maintenance or repairs required to the Authority's systems to bring them into compliance with current regulations and standards that it has not yet taken action to remediate?
19) Did the Authority receive any notices of fines or assessments from the Department of Environmental
Protection or any other entity due to noncompliance with current regulations (i.e.: sewer overflow, etc.)? No If "yes," attach a description of the event or condition that resulted in the fine or assessment and indicate the amount of the fine or assessment.
20) 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? 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.
21) Has the Authority been deemed "troubled" by the Department of Housing and Urban Development?
No If "yes," attach an explanation of the reason the Authority was deemed "troubled" and describe the Authority's plan to address the conditions identified.
Page N-3 (2 of 2)

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

(Name)

FISCAL YEAR:

FROM:1/1/2020

TO:12/31/2020

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 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: (<u>Use the Most Recent W-2 available 2018 or 2019</u>. 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, 2020, the <u>most recent W-2</u> and 1099 should be used 2019 or 2018 (60 days prior to start of budget year is November 1, 2019, with 2018 being the most recent calendar year ended), and for fiscal years ending June 30, 2020, the calendar year 2019 W-2 and 1099 should be used (60 days prior to start of budget year is May 1, 2019, with 2019 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.

ii n	al sation blic .	•	0	0	0	0	0	0	158,185	75,223	0	0	0	0	0	0	233,408
	Total Compensation All Public . Entities	w															\$ 2
S	Estimated amount of other compensation from Other Public Entitles (health payment in lieu of health benefits, etc.)																\$
Q. R.	Reportable Compensation from Other Public Entitles																\$
σ	Average Hours per Week Dedicated to Positions at Other Public In Column O																
ď	Positions held at Other Public) Entitles Listed in Column O																
O	Names of Other Public Entities where Moek Individual is an Employee or Positions held Positions at Member of the at Other Public Other Public Governing Body (1) Entities Listed in Entities Listed See note below Column O in Column O	None	Je	ar.	Je	Je	16	ne ne	ne	ne							←
N.	Pull Total Compensation Gor	- No	O None	O None	0 None	O None	0 None	O None	158,185 None	75,223 None	0	0	0	0	0	0	. 233,408
W	Estimated amount of other compensation from the Authority (health benefits, Co pension, etc.) fro	₩.							20,633	18,664							39,297 \$
tion from (1999)	Other (auto allowance, am expense coaccount, payment in lieu of health (the benefits, etc.)																\$.
ing Authority cember 31, 2020 K Reportable Compensation from Authority (W-2/ 1099)	Bonus								25	59							\$ - \$ ##
Housing / Decen	Base Salary/								137,552	56,559							\$ ####### \$
Englewood Housing Authority to December 31, 2, G H (Former Highest Compensated Employee Key Employee								×	×							
<u> </u>	Officer Commissioner	×	×	×	×	×	×	×									
January 1, 2020 D	Average Hours per Week Dedicated to Position																
For the Period	Пtle	Chalrperson	Vice Chairperson	Commissioner	Commissioner	Commissioner	Commissioner	Commissioner	Executive Direction	Finance				i.	e•		,
Englewood Housing Authority For the Period January 1, 2020 to December 31, 2020 A Reportable Compensation from Position Authority (W-2/ 1099)	Маже	1 Raymond Aspinwall	2 Carlos Aguila, Jr.	3 Desiree Chaney	4 Milvina Cobb	5 Raul Correa	6 Ellsha Gurfein	7 Alfanso Whilby	8 Domingo Senande	9 Rita Estella	10	11	12	13	14	15	Total:

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

	%	(Decrease)	5.0%	2.0%	0.0%	-2.9%	20.4% -1.0%		#DIV/0I	#DIV/0i	#DIV/0I	#DIV/01	#DIV/0!		#DIV/0!	#DIV/OI	-35,4%	#DIV/01	#DIV/01	-35,4%	-2.9%		
	S Increase	PERSON	\$ 4,025	2,008	(4)	(2,814)	(2,330)		1	•	Ĭ.	. 1			-	·	(4,594)			(4,594)	\$ (6,729)		
December 31, 2020	Total Prior Year	Cost	\$ 80,500	40,384	22,503	98,220	215.318		•							1	12,986	1		12,986	\$ 228,304		
Decembe	Annual Cost per Employee	Current Year	\$ 11,500	20,192	22,503	37,/40			٠								12,986					•	
t t	# of Covered Members (Medical & Rx)	Current Year	7	2	н с	c	13						Ö				+1			I.	14		Yes or No Yes or No
id Housing Authority January 1, 2020	Total Cost Estimate Proposed	Budget	\$ 84,525	42,392	22,499	(31,639)	213,183		1						ι	ı	8,392	•		8,392	\$ 221,575		Yes Yes
Englewood Housing Authority January 1, 2020	Annual Cost Estimate per Employee Proposed	Budget	\$ 12,075		22,499												8,392	*					
For the Period	# of Covered Members (Medical & Rx)	Proposed Budget	7	2	⊣ c		13						0				Н			1 Proposition of the proposition	14		nswer in Box) Place Answer in Box)
Inout- X - in Box Below IF this Page is Non-Applicable			Active Employees - Health Benefits - Annual Cost Single Coverage	Parent & Child	Employee & Spouse (or Partner)	vee Cost Sharing Contribution (enter as negative -)		Commissioners - Health Benefits - Annual Cost	Single Coverage	Parent & Child	Employee & spouse (or Partner) Family	Employee Cost Sharing Contribution (enter as negative -)	Subtotal	Retirees - Health Benefits - Annual Cost	Single Coverage	Parent & Child	Employee & Spouse (or Partner)		e Cost Sharing Contribution (enter as negative -)	Subtotal 因为是是不是是不是不是一种的人,也是是是是是是是一种的人,但是是是一种的人,但是是是是一种的人,但是是是一种的人,但是是是一种的人,也是是一种的人,也是是一种的人,也是	GRAND TOTAL		Is medical coverage provided by the SHBP (Yes or No)? (Place Answer in Box) Is prescription drug coverage provided by the SHBP (Yes or No)? (Place Answer

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

scneaule of Accumulated Liability for Compensated Absences

Englewood Housing Authority For the Period January 1, 2020

January 1, 2020

t t

December 31, 2020

Legal Basis for Benefit

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

			(check applicable items)	licable	items)
	Gross Days of Accumulated	Dollar Value of Accrued			tuem'
Individuals Eligible for Benefit	Compensated Absences at beginning of Current Year	Compensated Absence Liability	Approv Labor Agreen	tulosə <i>s</i> ibivibn	mploy green
Various-listing attached		\$ 54,087		×	1
					2
-					
		×			
Total liability for accumulated compensated absences at beginning of current year \$	es at beginning of current year	\$ 54,087			

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

						12,653,01	3,507,40	•	760.36	310,40	1,000,68	2 101 2	10104	-	3,218,90	0,827,58	15,522.51	2,010,67	-	10000	0,000,40	200.24	15,000,00	110.42	74.718.94	I	-	
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ENGLEWOOD HOUSING AUTHORITY-	ACCRUED VACATION & SICK TIME	AS OF DECEM	Employee Mame	all a fading	ALSTON, SUNJA .	BORDA, ZOILA	CRAID, JOHES	COLON, AIICHAEL	CRUZ DAVID	ESTELLA, RITA	FAISON LORRIEE .	The state of the s	HSHEK, CTMINIA .	. MENONI, LAUTA.	PANHELL, CYNTHIA	· PANNELL LATONIA	PRESUTTI. RICHARD	OTHNOMES CADA.	College State	SEMANDE DOMINGO	MINA, OSCAR	WILSON, HARVAL.	SCALES, LILLIAN		-			

1.

:

Englewood Housing Authority

January 1, 2020

December 31, 2020

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. For the Period If No Shared Services X this Box

Received by/ Paid from Authority							
Agreement Effective Agreement Date End Date							
Agreement Effective Date							
Comments (Enter more specifics if needed)							
Type of Shared Service Provided						-	
Name of Entity Receiving Service Type of Shared Service Provided	-						
Name of Entity Providing Service							

2020 (2020-2021) HOUSING AUTHORITY BUDGET

Narrative and Information Section

2020(2020-2021) HOUSING AUTHORITY BUDGET

MESSAGE & ANALYSIS

ENGLEWOOD HOUSING AUTHORITY (Name)

AUTHORITY BUDGET

FISCAL YEAR:

FROM:1/1/2020

TO:12/31/2020

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

1. Complete a brief statement on the 2020/2020-2021 proposed Annual Budget and make comparison to the 2019/2019-2020 adopted budget for each Revenues and Appropriations. Explain any variances over +/-10% (As shown on budget pages F-2 and F-4 explain the reason for changes for each revenue and appropriation changing more than 10%) for each individual revenue and appropriation 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. (Example Rate Increase authorized by resolution or by HUD).

See attached narrative providing explanation of variances.

- 2. Describe the state of the local/regional economy and how it may impact the proposed Annual Budget, including the planned Capital Budget/Program. Example would be effect on a recession in the economy on the housing Authority The local economy is stable and not expected to impact the proposed budget.
- 3. 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. It is not anticipated that unrestricted net position will be utilized.
- 4. Identify any sources of funds transferred to the County/Municipality as a Pilot Payments, or a shared service and explain the reason for the transfer -- Housing Authorities cannot transfer Unrestricted Net Position (i.e.: to balance the County/Municipality budget, etc.). The Authority only transferred the required PILOT to the City of Englewood for the fiscal year ended December 31, 2018.
- 5. The proposed budget must not reflect an anticipated deficit from 2020/2020-2021 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. The Authority anticipates a surplus in operations in the proposed budget that will reduce the accumulated deficit balance identified at the end of the prior fiscal year.

(Prepare a response to deficits in most recent audit report pertaining to Deficits to Unrestricted Net Position caused by recording Pension and Post-Employment Benefits liabilities as required by GASB 68 and GASB 75).

Englewood Housing Authority

Page N-1, Question 1

Revenue:

1. Late charges, laundry and management fee revenue- the proposed budget is increased to include projections and consideration of prior year actual amounts.

Appropriations:

- 1. Administrative salaries- Based on Board approved increases and increasing part time staff to fulltime.
- 2. Administrative Fringe Benefits- Increased to consider conversion of part time staff to full time and projected increases in costs.
- 3. Utility labor- increased to include in house staff efforts to maintain the utility systems.
- 4. Maintenance and Operations- Increased to reflect projections of related costs during the proposed budget year in consideration of current and prior year's actual results.
- 5. Principal payments on debt- Reduced to reflect retirement of a 20 year mortgage in the current year.

HOUSING AUTHORITY CONTACT INFORMATION AUTHORITY CONTACT INFORMATION 2020 (2020-2021)

Please complete the following information regarding this Authority. $\underline{\text{All}}$ information requested below must be completed.

Name of Authority:	Englewood Housing Aut	hority	70000							
Federal ID Number:	22-6017828		•							
Address:	111 West Street									
City, State, Zip:	Englewood		NJ	07631						
Phone: (ext.)	201-871-3451	Fax:	201-8	371-5908						
Preparer's Name:	William Katchen, CPA									
Preparer's Address:	596 Anderson Avenue, S	uite 303		2						
City, State, Zip:	Cliffside Park		NJ	07010						
Phone: (ext.)	201-943-4449	Fax:	201-9	943-5099						
E-mail:	bill@katchencpa.com									
Chief Executive Officer:(1) (1)Or person who performs the Phone: (ext.)	Domingo Senande ese functions under another Ti 201-871-3451	tle Fax:	201.8	71-5908						
		γ								
E-mail:			201-8	71-3908						
E-mail:	dsenande@ehahousing.org									
Chief Financial Officer(1)	Rita Estella									
(1) Or person who performs th	nese functions under another T	itle								
Phone: (ext.)	201-871-3451 F	'ax: 2	201-871-5908							
E-mail:	restella@yahoo.com									
NT 01 Y4/	1 1 1 0 1 1 0 0									
Name of Auditor:	Anthony Giampaolo, CPA									
Name of Firm:	Hymanson, Parnes and G									
Address: .	467 Middletown Lincroft	Road								
City, State, Zip:	Lincroft		NJ	07738						
Phone: (ext.)	732-842-4550	Fax:	732-8	42-4551						
E-mail:	tony@hpgnj.com									

HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

ENGLEWOOD HOUSING AUTHORITY (Name)

FISCAL YEAR:

FROM:1/1/2020

TO:12/31/2020

	swer all questions below completely and attach additional information as required.
1)	Provide the number of individuals employed in (Use Most Recent W-3 Available 2018 or 2019) as
2)	reported on the Authority's Form W-3, Transmittal of Wage and Tax Statements:17 Provide the amount of total salaries and wages as reported on the Authority's Form W-3, (Use Most
۷)	Recent W-3 Available 2018 or 2019) Transmittal of Wage and Tax Statements:\$800,199
3)	
5)	commissioners have been appointed (Total Commissioners are either 5 or 7 as per statute for
	your Authority)
4)	Provide the number of alternate voting members of the governing body: 0 (Maximum is
•)	2)
5)	Did any person listed on Page N-4 have a family or business relationship with any other person listed
-,	on Page N-4 during the current fiscal year? No If "yes," attach a description of the
	relationship including the names of the individuals involved and their positions at the Authority.
6)	Did all individuals that were required to file a Financial Disclosure Statement for the current fiscal
	year (Most Recent Filing that March 31. 2019 or 2020 deadline has passed 2019 or 2020) because
	of their relationship with the Authority file the form as required? (Checked to see if individuals
	actually filed at http://www.state.nj.us/dca/divisions/dlgs/resources/fds.html before answering)
	Yes If "no," provide a list of those individuals who failed to file a Financial Disclosure
	Statement and an explanation as to the reason for their failure to file.
7)	Does the Authority have any amounts receivable from current or former commissioners, officers, key
•	employees or highest compensated employees?No If "yes," attach a list of those
	individuals, their position, the amount receivable, and a description of the amount due to the
	Authority.
8)	Was the Authority a party to a business transaction with one of the following parties:
	a. A current or former commissioner, officer, key employee, or highest compensated employee?
	No
	b. A family member of a current or former commissioner, officer, key employee, or highest compensated
	employee? No
	c. An entity of which a current or former commissioner, officer, key employee, or highest compensated employee (or family member thereof) was an officer or direct or indirect owner?No
	If the answer to any of the above is "yes," attach a description of the transaction including the name
	of the commissioner, officer, key employee, or highest compensated employee (or family member
	thereof) of the Authority; the name of the entity and relationship to the individual or family member;
	the amount paid; and whether the transaction was subject to a competitive bid process.
9)	Did the Authority during the most recent fiscal year pay premiums, directly or indirectly, on a
,	personal benefit contract? A personal benefit contract is generally any life insurance, annuity, or
	endowment contract that benefits, directly or indirectly, the transferor, a member of the transferor's
	family, or any other person designated by the transferor. No If "yes," attach a description
	of the arrangement, the premiums paid, and indicate the beneficiary of the contract.
]	0) Explain the Authority's process for determining compensation for all persons listed on Page N-4.
	Include whether the Authority's process includes any of the following: 1) review and approval by the
	commissioners or a committee thereof; 2) study or survey of compensation data for comparable
	positions in similarly sized entities; 3) annual or periodic performance evaluation; 4) independent
	compensation consultant; and/or 5) written employment contract. Attach a narrative of your
	Authorities procedures for all individuals listed on Page N-4 (2 of 2). Board review and
	action.age N-3 (1 of 2)

11) Did the Authority pay for meals or catering during the current fiscal year?No If "yes," attach a detailed list of all meals and/or catering invoices for the current fiscal year and provide an explanation for each expenditure listed.
12) Did the Authority pay for travel expenses for any employee or individual listed on Page N-4? Yes If "yes," attach a detailed list of all travel expenses for the current fiscal year and provide an explanation for each expenditure listed.\$404, 4/2019 for Executive Director.
13) Did the Authority provide any of the following to or for a person listed on Page N-4 or any other employee of the Authority? a. First class or charter travelNo b. Travel for companionsNo 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 feesNo i. Personal services (i.e.: maid, chauffeur, chef)No If the answer to any of the above is "yes," attach a description of the transaction including the name and position of the individual and the amount expended.
14) Did the Authority follow a written policy regarding payment or reimbursement for expenses incurred by employees and/or commissioners during the course of Authority business and does that policy require substantiation of expenses through receipts or invoices prior to reimbursement? Yes If "no," attach an explanation of the Authority's process for reimbursing employees and commissioners for expenses. (If your authority does not allow for reimbursements indicate that in answer)
 15) Did the Authority make any payments to current or former commissioners or employees for severance or termination? No If "yes," attach explanation including amount paid. 16) Did the Authority make any payments to current or former commissioners or employees that were contingent upon the performance of the Authority or that were considered discretionary bonuses?
NoIf "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\AIf "no," attach a description of the Authority's plan to ensure compliance with its Continuing Disclosure Agreements in the future. (If no bonded Debt answer is Not Applicable) (Loans from a Bank or State Agencies are not bonded Debt)
18) Did the Authority receive any notices from the Department of Environmental Protection or any other entity regarding maintenance or repairs required to the Authority's systems 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 Environmental Protection or any other entity due to noncompliance with current regulations (i.e.: sewer overflow, etc.)?NoIf "yes," attach a description of the event or condition that resulted in the fine or assessment and indicate the amount of the fine or assessment.
20) 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?
21) 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

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

(Name)

FISCAL YEAR:

FROM:1/1/2020

TO:12/31/2020

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 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: (Use the Most Recent W-2 available 2018 or 2019. 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, 2020, the most recent W-2 and 1099 should be used 2019 or 2018 (60 days prior to start of budget year is November 1, 2019, with 2018 being the most recent calendar year ended), and for fiscal years ending June 30, 2020, the calendar year 2019 W-2 and 1099 should be used (60 days prior to start of budget year is May 1, 2019, with 2019 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.

A. C.	For the Period	January 1, 2020	E	Engle to Ge H	Wood Ho	Englewood Housing Authority December 31, 2020 H. Reportable Compo	020 020 0mpen	ing Authority ccember 31, 2020 Compensation from Reportable Compensation from Authority (W-2/1099)	- Mississiwik		, L	10 TO THE REPORT OF THE REPORT		O. Colonial			
																	ħ.
					Н			Other (auto	o Estimated	'p		Names of Other		Average		Estimated amount	
		,			ighe			allowance,	ᇤ	other		Public Entitles where	E.	Week		compensation from	
			c		st C			expense	compensation	ntion		Individual is an		Dedicated to	Reportable	Other Public Entities	
		Average Hours	om		om			account,		91		Employee or	Positions held	Positions at	Compensation	(health benefits,	Total
		per Week		Em		Base		payment In	n Authority		Total	Member of the	at Other Public	Other Public	from Other	pension, payment in	Compensation
		Dedicated to	Off sio	plo	ori	Salary/		llen of health	th (health benefits,		Compensation G	Soverning Body (Governing Body (1) Entitles Listed in Entities Listed	1 Entities Listed	Public Entitles	lleu of health	All Public
Name	Title	Position	icer ner	yee		Stipend	Bonus	benefits, etc.)	c.) pension, etc.)		from Authority	See note below	Column O	In Column O	(W-2/1099)	benefits, etc.)	Entities
1 Raymond Aspinwall	Chairperson		×							s		None					·
2 Carlos Agulla, Jr.	Vice Chairperson	•	×								0	O None					J
3 Desiree Chaney	Commissioner	-	×								0	0 None					J
4 Milvina Cobb	Commissioner		×								0	0 None					J
5 Raul Correa	Commissioner	-•	×								0	0 None					J
6 Elisha Gurfein	Commissioner	ਰ ੋ	×								0	O None					v
7 Alfanso Whilby	Commissioner	. 1	×								0	0 None					7
8 Domingo Senande	Executive Direction			×		137,552		20,633	533		158,185 None	None					158,18!
9 Rita Estella	Finance			×		56,559		18,664	364		75,223 None	None					75,22:
10											0			٠			~
11											0						•
12	*										0)
13											0						T.
14											0						E
15											0						
Total:					u	HITTERIN S		\$ 39,297	97 \$. \$	233,408	←		-		\$	\$ 233,408

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

	eseason	(Decrease)		0.0 %O.R	0.0%	-2.9%	20.4%	-1.0%		#DIV/0I	#DIV/01	#DIV/0I	#DIV/01	#DIV/0!	#DIV/01		#DIV/0!	#DIV/0I	-35.4%	#DIV/0I	#DIV/01	-35,4%	-2.9%		
	SIncrease	(Decrease)	100,	2,008	(4)	(2,814)	(2,350)	(2,135)		100	•	1	ı	1	1		1	•	(4,594)		1	(4,594)	\$ (6,729)		
December 31, 2020	Total Prior Year	Cost	001.00	40.384	22,503	98,220	(26,289)	215,318		•		Ĭ			,		•	•	12,986	•		12,986	\$ 228,304		
Decemb	Annual Cost per Employee	Current Year	21 000		22,503	32,740								-	0				12,986			SCOOLS REPRESENTATION			
to	# of Covered Members (Medical & Rx)	Current Year	1	2	ਜ	3		13							0				F			1	14		Yes or No Yes or No
d Housing Authority January 1, 2020	Total Cost Estimate Proposed	Budget	\$ 84 E7E		22,499	95,406	(31,639)	213,183				i	٠		1			•	8,392	•		8,392	\$ 221,575		Yes Yes
inglewoo	Annual Cost Estimate per Employee Proposed	Budget	\$ 12.075	21,196											0				8,392			AND THE STATE OF T			
For the Period	# of Covered Members (Medical & Rx)	Proposed Budget	7	2	T	3		13				ī			0				П				14		nswer in Box) (Place Answer in B
Inout- X - in Box Below IF this Page is Non-Applicable			Active Employeess - Health Benefits - Annual Cost	Parent & Child	Employee & Spouse (or Partner)	Family	e Cost Sharing Contribution (enter as negative -)	Subtotal	Commissioners - Health Benefits - Annual Cost	Single Coverage	Parent & Child	. Employee & Spouse (or Partner)	Family	Employee Cost Sharing Contribution (enter as negative -)	Subtotal	Retirees - Health Benefits - Annual Cost	Single Coverage	Parent & Child	Employee & Spouse (or Partner)	Family	Employee Cost Sharing Contribution (enter as negative -)	Subtotal Notether Commencer Commenc	GRAND TOTAL	•	Is medical coverage provided by the SHBP (Yes or No)? (Place Answer in Box) Is prescription drug coverage provided by the SHBP (Yes or No)? (Place Answer in Box)

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

schedule of Accumulated Liability for Compensated Absences

Englewood Housing Authority

For the Period

January 1, 2020

to

December 31, 2020

Legal Basis for Benefit

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

			(check applicable items)	licab	le items)
	Gross Days of Accumulated	Dollar Value of Accrued	bəvo r sment	hoitul	laubi oyment ement
Individuals Eligible for Benefit	beginning of Current Year	Absence Liability	гэро	osəy	Idm3
Various-listing attached	-	\$ 54,087			
	•				
		æ			
Total liability for accumulated compensated absences at beginning of current year \$	es at beginning of current year	5 54,087			

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

	-			-	10 000 01	10,000,0	3,507,40		760.36	210.40	1,000,00	2,101.32	•	3,218,93	0,627,58	15 625 51	2010 67		10 mg	1		3000	110.42	74,718,94		-	
				WESTMOOR	BC FZU E	200	200.11		430.02	. 217.32	410.47	378.24		570.41	1,500.60	2704.05	157071		37.176.1	2000	7 50000		44.24	. 20,631,85			
				FOTI			-	•						•						1	-	1		•			
			HOCEDON 33	HCV	2.818.18	251001	2000				100.40	1,220.70		1,310,76	5,001.72	0,468,73			287820		1	20100	03.0070	25,041,22		54,087,09	
			<	AIOD				1	1			•						ŀ			1.	1				2	
			-	PIIA	0,017.35	701.48		13064	. 200.00	- M. I.	C1.101	2000		1,310,70	7.205.17	0,250,73	1,449,44		2,543,52	259.12	7.500,00	2200	200	70,043,57			
			-		100%	180%	- Ame	, wet	1	1	2000	1000	100	433	1 Km	100%	100%	100%	100%	100%	180%	SW.					
				ЮП		*0				Thurs.	72		200			5		*6		Š		50					
			0000110000	YESTMOOR	24%	15%		74.65	2mg	300	18%	300	10%	1020	211	18%	62%	38%	10%	20%	50%	28%					
-			1	1	XX	25%		*6		374	20%	70	717	100		×10	**	34%	43%	*6	*6	34%	-	-			
-		Allocation	1000	TOIL	Š	*5		*6		75000	X	750	76	70	500	Š.	36	*		*6	%0	*6					
-			8/10		24%	20%	100%	*C*	30%	411%	23%	200	7617	7000	1	417	48%	20%	38%	%09	*03	28%					
_			sting Dave (Total Companied and	The Confidence of the Confiden	12,009,01	3,007,40		760,30	310.48	1,900,60		1	1	B 877 50			3010.07		.0,553,48	. 518.24	15,000,00	110.42			\$ 74,710.04		
			Vacation Dave 17	2000			•		2	2		5	2				2	8	55		2				2		,
			Sick Dave	100	12,000,01	3,007,40 \$		\$ 00.007	310.48	1,000.00	2,101,32	\$	3,210,03	· 8.027.63 S	4 . 15 KTO E1	0.225.01	3,010,07	•	6,000,40	510.24 \$	15,000.00	110.42 \$		-			DR CR
			215.000 MAX	Will and		2			\$	S	S:		2		-			5		5	\$. 15,000,00			-			٥
				5	60'600'11	3,029,73		S .711.00	\$ 288.40	11207 3 1,771,17 5	\$.:1,051.09 S:	5	\$. 2,050,10 \$.	S. 820028	1018 50 5 14 410 42	35.015.1	S Z 605.03	ا۔		481.41	\$.18,401,45	\$.: 108.15 \$					
ال.	IE .		Rate of Pay Sick Hours Sick Days	a da dad so a localization of the		100		80.00			141.50 \$	0.00		714.02 5		1	7				-	21.00 \$		-			
USING AUTHOR	TION & SICK TIP	AS OF DECEMBER 31, 2018 .	Rate of Pav	47.10	18,10	20.05	11.50	22.00	10,40	31,44	27.50	: 25.18	3220	. 22.05	28.95	100	202	14.48	77.02	17,63	24.00	. 10,30		-			
ENGLEWOOD HOUSING AUTHORITY:	ACCRUED VACATION & SICK TIME	AS OF DECE	Employee Name	ALEXAND COULTA	ALSTON, SOURY	DOHDA, ZOILA	CRAID, JOHES	COLON, AIICHAEL	CRUZ, DAVID	ESTELLA, RITA	FAISON, LORNIEE	HSHER, CYNTHIA .	MEHONI, LAURA.	PANNELL CYNTHIA	PANNET! ! ATONIA .	WILLIAM TO THE PARTY OF THE PAR	PHESOI II, POCIAND	QUINONES, SAIM.	SENANDE DOMINGO	IIIMA, OSCAR	MLSON, HARVAL .	SCALES, ULUAN				-	

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5-10-1

Englewood Housing Authority

January 1, 2020

December 31, 2020

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. For the Period If No Shared Services X this Box

Received by/ Paid from Authority							
Agreement Effective Agreement Date End Date							
Agreement Effective Date							
Comments (Enter more specifics if needed)							
Type of Shared Service Provided							
Name of Entity Receiving Service Type of Shared Service Provided							
Name of Entity Providing Service							

2020 (2021) HOUSING AUTHORITY BUDGET

Financial Schedules Section

Englewood Housing Authority January 1, 2020 to

For the Period

December 31, 2020

		•					iz.	\$ Increase	% Increase	•
ati						Œ	FY 2019 Adopted	Proposed vs.	Proposed vs.	
		FY 20	FY 2020 Proposed Budget	l Budget			Budget	Adopted	Adopted	
	Public Housing		Housing		Total All		Total All			
	Management	Section 8	Voucher	Other Programs	Operations		Operations	All Operations	All Operations All Operations	
REVENUES										
Total Operating Revenues	\$ 1,268,515	· •>	\$ 7,460,000	\$ \$80,590	501,605,6 \$ 0	\$ 50	9,134,960	\$ 174,145	1.9%	
Total Non-Operating Revenues	1,440		3,000	1,000		5,440	5,440		0.0%	
Total Anticipated Revenues	1,269,955		7,463,000	581,590	9,314,545	45	9,140,400	174,145	1.9%	
APPROPRIATIONS										
Total Administration	363,300		566,400	237,290	1,166,990	06	1,051,770	115,220	11.0%	
Total Cost of Providing Services	803,110	r	098'883'860	309,500	0 7,946,470	. 07.	7,888,841	57,629	0.7%	
Total Principal Payments on Debt Service in Lieu of Depreciation	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	XXXXXXXXXX	18,865	92	43,853	(24,988)	-57.0%	
Total Operating Appropriations	1,166,410	1	7,400,260	546,790	0 9,132,325	25	8,984,464	147,861	1.6%	
Total Interest Payments on Debt Total Other Non-Operating Appropriations	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXX	XXXXXXXXXX		272	42,629	(1,757)	4.1%	141
Total Non-Operating Appropriations	36,900	, ,			7////	7 '	78,629	(857)	-1.1% #DIV/OI	
Total Appropriations and Accumulated Deficit	1,203,310		7,400,260	546,790	0 9,210,097	760	60,63,093	147,004	1.6%	
Less: Total Unrestricted Net Position Utilized	1						1		10/\IG#	
Net Total Appropriations	1,203,310		7,400,260	546,790	0 9,210,097	760	9,063,093	147,004	1.6%	
ANTICIPATED SURPLUS (DEFICIT)	\$ 66,645	φ.	\$ 62,740	\$ 34,800	0 \$ 104,448	\$ \$	77,307	\$ 27,141	35.1%	

Revenue Schedule

Englewood Housing Authority January 1, 2020 to

For the Period

December 31, 2020

% Increase

\$ Increase

							\$ Increase (Decrease)	% Increase (Decrease)
		514 0000	D	Dudant		FY 2019 Adopted	Proposed vs.	Proposed vs.
		FY 2020	Proposed I	Buaget		Budget	Adopted	Adopted
	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	641,650			110,160	751,810	740,080	11,730	1.6%
- Excess Utilities					-	· ·	-	#DIV/0!
Non-Dwelling Rental					-	9	-	#DIV/0!
HUD Operating Subsidy	561,865				561,865	549,240	12,625	2.3%
New Construction - Acc Section 8					-	-		#DIV/0!
Voucher - Acc Housing Voucher			7,460,000		7,460,000	7,330,000	130,000	1.8%
Total Rental Fees	1,203,515	-	7,460,000	110,160	8,773,675	8,619,320	154,355	1.8%
Other Operating Revenues (List)								-
Late charges, laundry and mgmt. fees	65,000				65,000	55,000	10,000	18.2%
Prorations to other programs	1			470,430	470,430	460,640	9,790	2.1%
Type in (Grant, Other Rev)		2						#DIV/0!
Type in (Grant, Other Rev)					_		-	#DIV/0!
Type in (Grant, Other Rev)					_			#DIV/01
Type in (Grant, Other Rev)					_			#DIV/0!
Type in (Grant, Other Rev)	1					-		#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Type in (Grant, Other Rev)	1	.4			-	-	-	#DIV/0!
Type in (Grant, Other Rev)	I .				_			#DIV/0!
Type in (Grant, Other Rev)								#DIV/0!
Type in (Grant, Other Rev)					_	-	_	#DIV/0!
Type in (Grant, Other Rev)						_		#DIV/0!
Type in (Grant, Other Rev)	1				1 _	_		#DIV/0!
	1							#DIV/01
Type in (Grant, Other Rev)						_	-	#DIV/0!
Type in (Grant, Other Rev)						_		#DIV/0!
Type in (Grant, Other Rev)						_	_	#DIV/01
Type in (Grant, Other Rev)						-	-	#DIV/0!
Type in (Grant, Other Rev)	1		•			_		#DIV/0!
Type in (Grant, Other Rev)	65,000			470,430	535,430	515,640	19,790	3.8%
Total Other Revenue	1,268,515	· ·	7,460,000	580,590	9,309,105	9,134,960	174,145	1.9%
Total Operating Revenues	1,268,515		7,460,000	360,330	3,303,103	3,134,300	174,145	- 1.570
NON-OPERATING REVENUES								
Other Non-Operating Revenues (List)					1		_	#DIV/0!
Type in							_	#DIV/0!
Type in						•	-	#DIV/01
Type in				*	-	•	-	#DIV/01
Type in					-		•	
- Type in					-	-		#DIV/0!
Type in	<u> </u>				<u> </u>	-	:	#DIV/01
Total Other Non-Operating Revenue	-				-			#DIV/0!
Interest on Investments & Deposits (List)					1			0.007
Interest Earned	1,440		3,000	1,000	5,440	5,440		0.0%
Penalties					-			#DIV/0!
Other						-	<u> </u>	#DIV/0!
Total Interest	1,440	-	3,000	1,000	5,440	5,440		0.0%
Total Non-Operating Revenues	1,440		3,000	1,000	5,440	5,440		0.0%
TOTAL ANTICIPATED REVENUES	\$ 1,269,955	\$ -	\$7,463,000	\$ 581,590	\$9,314,545	\$ 9,140,400	\$ 174,145	1.9%

Prior Year Adopted Revenue Schedule

Englewood Housing Authority

OPERATING REVENUES Rental Fees Homebuyers' Monthly Payments Dwelling Rental Excess Utilities Non-Dwelling Rental HUD Operating Subsidy New Construction - Acc Section 8 Voucher - Acc Housing Voucher	626,490 549,240	Section 8	9 Adopted Bud Housing Voucher	Other Programs	S - 740,080
OPERATING REVENUES Rental Fees Homebuyers' Monthly Payments Dwelling Rental Excess Utilities Non-Dwelling Rental HUD Operating Subsidy New Construction - Acc Section 8 Voucher - Acc Housing Voucher Total Rental Fees 1 Other Revenue (List) Late charges, laundry and mgmt. fees	626,490 549,240	Section 8	Voucher		\$ -
Rental Fees Homebuyers' Monthly Payments Dwelling Rental Excess Utilities Non-Dwelling Rental HUD Operating Subsidy New Construction - Acc Section 8 Voucher - Acc Housing Voucher Total Rental Fees 1 Other Revenue (List) Late charges, laundry and mgmt. fees	549 , 240			113,590	4
Homebuyers' Monthly Payments Dwelling Rental Excess Utilities Non-Dwelling Rental HUD Operating Subsidy New Construction - Acc Section 8 Voucher - Acc Housing Voucher Total Rental Fees 1 Other Revenue (List) Late charges, laundry and mgmt. fees	549 , 240			113,590	4
Dwelling Rental Excess Utilities Non-Dwelling Rental HUD Operating Subsidy New Construction - Acc Section 8 Voucher - Acc Housing Voucher Total Rental Fees 1 Other Revenue (List) Late charges, laundry and mgmt. fees	549 , 240			113,590	4
Excess Utilities Non-Dwelling Rental HUD Operating Subsidy New Construction - Acc Section 8 Voucher - Acc Housing Voucher Total Rental Fees 1 Other Revenue (List) Late charges, laundry and mgmt. fees	549 , 240			113,590	740,080 - -
Non-Dwelling Rental HUD Operating Subsidy New Construction - Acc Section 8 Voucher - Acc Housing Voucher Total Rental Fees 1 Other Revenue (List) Late charges, laundry and mgmt. fees				*	-
HUD Operating Subsidy New Construction - Acc Section 8 Voucher - Acc Housing Voucher Total Rental Fees 1 Other Revenue (List) Late charges, laundry and mgmt. fees					-
New Construction - Acc Section 8 Voucher - Acc Housing Voucher Total Rental Fees 1 Other Revenue (List) Late charges, laundry and mgmt. fees					4
Voucher - Acc Housing Voucher Total Rental Fees 1 Other Revenue (List) Late charges, laundry and mgmt. fees	,175,730				549,240
Total Rental Fees 1 Other Revenue (List) Late charges, laundry and mgmt. fees	,175,730				-
Other Revenue (List) Late charges, laundry and mgmt. fees	,175,730		7,330,000		7,330,000
Other Revenue (List) Late charges, laundry and mgmt. fees		-	7,330,000	113,590	8,619,320
Late charges, laundry and mgmt. fees					
	55,000				55,000
J. LLIOLIO LO CLIICI NI CEI GIIII				460,640	460,640
Type in (Grant, Other Rev)	•	**			
Type in (Grant, Other Rev)		1.			-
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)	12				_
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)	EE 000			450.540	F1F 640
Total Other Revenue	55,000		7,220,000	460,640	515,640
	,230,730	-	7,330,000	574,230	9,134,960
NON-OPERATING REVENUES					v.
Other Non-Operating Revenues (List)					1
Type in					-
Type in					-
Type in					-
Type in				i I	-
Type in .					-
Type in					-
Other Non-Operating Revenues		-	-		-
Interest`on Investments & Deposits					•
Interest Earned	1,440		3,000	1,000	5,440
Penalties					-
Other					-
· Total Interest	1,440		3,000	1,000	5,440
Total Non-Operating Revenues	1,440	_	3,000	1,000	5,440
	,232,170		\$ 7,333,000	\$ 575,230	\$9,140,400

Appropriations Schedule

For the Period

Englewood Housing Authority to

January 1, 2020

December 31, 2020

\$ Increase

% Increase

				10 1	·	FY 2019 Adopted Budget	(Decrease) Proposed vs. Adopted	(Decrease) Proposed vs. Adopted
		FY	2020 Propose	ed Budget		Buuget	Aubpieu	Noopico
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	Total All Operations	All Operations	All Operations
OPERATING APPROPRIATIONS				•				
Administration				422 700	622.150	s 543,930	\$ 88,220	16.2%
Salary & Wages	208,750		300,610	122,790	\$ 632,150 290,750	263,750	27,000	10.2%
Fringe Benefits	92,350		153,400	45,000	45,000	45,000	27,000	0.0%
Legal	11,250		23,050	10,700		10,000		0.0%
Staff Training	2,500		6,500	1,000	10,000 20,000	20,000	_	0.0%
Travel	5,000		10,200	4,800	The state of the s	48,000	_	0.0%
Accounting Fees	15,000		21,000	12,000	48,000	15,500	_	0.0%
Auditing Fees	5,000		4,500	6,000	15,500	105,590	_	0.0%
Miscellaneous Administration*	23,450		47,140	35,000	105,590	1,051,770	115,220	11.0%
Total Administration	363,300	-	566,400	237,290	1,166,990	1,031,770	110,220	22.070
Cost of Providing Services						57,290	2,860	5.0%
Salary & Wages - Tenant Services	30,000		15,360	14,790	60,150	230,070	13,310	5.8%
Salary & Wages - Maintenance & Operation	98,530			144,850	243,380	250,070	13,310	#DIV/0I
Salary & Wages - Protective Services					25.000	28,000	7,000	25.0%
Salary & Wages - Utility Labor	35,000				35,000	166,040	5,400	3.3%
Fringe Benefits	83,940			87,500	171,440	25,000	5,400	0.0%
Tenant Services	25,000				25,000		2,489	1.0%
Utilities	233,860			20,000	253,860	251,371	20,000	11.0%
Maintenance & Operation	182,500			20,000	202,500	182,500	20,000	#DIV/0I
Protective Services						07.500	6,000	6.9%
Insurance	62,000		18,500	13,000	93,500	87,500 46,070	570	1.2%
Payment in Lieu of Taxes (PILOT)	37,280			9,360	46,640	46,070	570	#DIV/01
Terminal Leave Payments						5,000	_	0.0%
Collection Losses	5,000				5,000	5,000	-	#DIV/0I
Other General Expense						6,800,000	_	0.0%
Rents			6,800,000		6,800,000			0.0%
Extraordinary Maintenance	10,000				10,000	10,000	_	#DIV/01
Replacement of Non-Expendible Equipment		0.0					_	#DIV/01
Property Betterment/Additions	1					•	_	#DIV/0I
Miscellaneous COPS*					7.045.470	7,888,841	57,629	0.7%
Total Cost of Providing Services	803,110	-	6,833,860	309,500	7,946,470	7,000,041	37,023	. 0.770
Total Principal Payments on Debt Service in Lieu of					10 000	43,853	(24,988)	-57.0%
Depreciation	XXXXXXXXXX			XXXXXXXXXX	18,865 9,132,325	8,984,464	147,861	1.6%
Total Operating Appropriations	1,166,410	•	7,400,260	546,790	9,132,323	0,504,404	211,002	
NON-OPERATING APPROPRIATIONS					40,872	42,629	(1,757)	-4.1%
Total Interest Payments on Debt	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	1 40,672	42,025	(2),5,7	#DIV/01
Operations & Maintenance Reserve					36,900	36,000	900	2.5%
Renewal & Replacement Reserve	36,900				30,500	50,000	500	#DIV/01
Municipality/County Appropriation							_	#DIV/01
Other Reserves					77,772	78,629	(857)	
Total Non-Operating Appropriations	36,900	-				9,063,093	147,004	1.6%
TOTAL APPROPRIATIONS	1,203,310		7,400,260	546,790	9,210,097	5,065,055	147,004	#DIV/0I
ACCUMULATED DEFICIT								- "514761
TOTAL APPROPRIATIONS & ACCUMULATED						0.002.002	147.004	1.5%
DEFICIT	1,203,310		7,400,260	546,790	9,210,097	9,063,093	147,004	- 1.078
UNRESTRICTED NET POSITION UTILIZED								#DIV/01
Municipality/County Appropriation	(=)					•	-	#DIV/01
Other					<u> </u>			#DIV/01
Total Unrestricted Net Position Utilized	-						ė 147 004	-
TOTAL NET APPROPRIATIONS	\$ 1,203,310	\$ -	\$ 7,400,260	\$ 546,790	\$ 9,210,097	\$ 9,063,093	\$ 147,004	= 1.076
• Miscellaneous line items may not exceed 5% of to	otal operating app	ropriations show	vn below. If amour	nt in miscellaneous Is g	reater than the amoun	it shown below, then		

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

5% of Total Operating Appropriations

\$ 58,320.50 \$

\$ 370,013.00 \$

27,339.50 \$

456,616.25

Prior Year Adopted Appropriations Schedule

Englewood Housing Authority

	Public Housing				· Total All
	Management	Section 8	Housing Voucher	Other Programs	Operations
OPERATING APPROPRIATIONS	,,,one	AND DESCRIPTION OF THE OWNER, THE			
Administration					
Salary & Wages	\$ 187,250		\$ 237,370	\$ 119,310 \$	543,930
Fringe Benefits	91,350		130,000	42,400	263,750
Legal	. 11,250		23,050	10,700	45,000
Staff Training	2,500		6,500	1,000	10,000
Travel	5,000		10,200	4,800	20,000
	15,000		21,000	12,000	48,000
Accounting Fees Auditing Fees	5,000		4,500	6,000	15,500
Miscellaneous Administration*	23,450	6.	47,140	35,000	105,590
			479,760	231,210	1,051,770
Total Administration	340,800		4/3,700	231,210	1,051,170
Cost of Providing Services	22.222		12 500	14,790	57,290
Salary & Wages - Tenant Services	30,000		12,500		230,070
Salary & Wages - Maintenance & Operation	90,530			139,540	250,070
Salary & Wages - Protective Services				[20,000
Salary & Wages - Utility Labor	28,000			00.100	28,000
Fringe Benefits	75,940			90,100	166,040
Tenant Services	25,000				25,000
Utilities	231,371			20,000	251,371
Maintenance & Operation	162,500			20,000	182,500
Protective Services			*		*
Insurance	62,000		18,500	7,000	87,500
Payment in Lieu of Taxes (PILOT)	36,710			9,360	46,070
Terminal Leave Payments				1	
Collection Losses	5,000				5,000
Other General Expense			ž.	1	-
Rents .			6,800,000		6,800,000
Extraordinary Maintenance	. 10,000				10,000
Replacement of Non-Expendible Equipment	*	,			
Property Betterment/Additions					2 -
Miscellaneous COPS*					
Total Cost of Providing Services	757,051	•	6,831,000	300,790	7,888,841
Total Principal Payments on Debt Service in Lieu of					
Depreciation	XXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXX	43,853
Total Operating Appropriations	1,097,851	-	7,310,760	532,000	8,984,464
NON-OPERATING APPROPRIATIONS				,	
Total Interest Payments on Debt	XXXXXXXXXXXXXXX	XXXXXXXXXXXX	xxxxxxxxxxxx	XXXXXXXXXXXXXXX	42,629
Operations & Maintenance Reserve	AUGUNDOUGUUN	700000000000000000000000000000000000000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,000,000	,
2	36,000				36,000
Renewal & Replacement Reserve	30,000			1	30,000
Municipality/County Appropriation					
Other Reserves	2000				78,629
Total Non-Operating Appropriations	36,000		7.040.750	ran 000	
TOTAL APPROPRIATIONS	1,133,851	-	7,310,760	. 532,000	9,063,093
ACCUMULATED DEFICIT					
TOTAL APPROPRIATIONS & ACCUMULATED			•		
DEFICIT	1,133,851	•	7,310,760	532,000	9,063,093
UNRESTRICTED NET POSITION UTILIZED					
Municipality/County Appropriation		-		-	*
Other					
	-	-	•	-	
Total Unrestricted Net Position Utilized					9,063,093

54,892.55 \$

365,538.00 \$

26,600.00 \$

449,223.20

shown below, then the line item must be itemized above.

5% of Total Operating Appropriations

Debt Service Schedule - Principal

					. Engle	Englewood Housing Authority	uthority	×					
If Authority has no debt X this box						T.	Fiscal Year Ending in	ü		4		÷	
100			Pro	Proposed									
	Adopt	Adopted Budget	Budg	Budget Year	•							F	Total Principal
*	Ye	Year 2019	α.	2020		2021	2022	2023	2024	2025	Thereafter		Outstanding
RAD Loan	\$	18,064	\$	18,865	\$	\$ 50,703	20,577 \$	21,495.\$	\$ 22,449 \$	23,445 \$		\$ 1771	948,305
First Mortgage	9	25,789		*									
Type in Issue Name								*					•
Type in Issue Name						9							1
TOTAL PRINCIPAL		43,853		18,865		19,703	. 20,577	21,495	22,449	23,445	821	821,771	948,305
LESS: HUD SUBSIDY		٠											1
NET PRINCIPAL	৵	43,853	\$	18,865	\$	19,703 \$		20,577 \$ 21,495 \$ 22,449 \$	22,449 \$	23,445 \$		821,771 \$	948,305
1. diente des Audienties en entre contrat franche entire and the contrat of the antitue for the entire	1	and the same	24430	in his ratio	or contract				¥				

Indicate the Authority's mos	ndicate the Authority's most recent bond rating and the year of the rating by ratings service.	ır of the rating by rat	ings service.
	Moody's	Fitch	Standard & Poors
Bond Rating	N/A	N/A	N/A
Year of Last Rating		-	
	. If no	If no Rating type in Not Applicable	hpilcable

Debt Service Schedule - Interest Englewood Housing Authority

If Authority has no debt X this box				FI	Fiscal Year Ending in	ıin				
4-0	Adopted Budget	Proposed Budget Year					,			Total Interest Payments
20	Year 2019	2020		2021	2022	2023	2024	2025	Thereafter	Outstanding
	41,673	40,872		40,034	39,160	38,243	37,289	36,292	-430,812	662,702
	926	•								•
							9	•	,	•
l	42,629	40,872		40,034	39,160	38,243	37,289	36,292	430,812	662,702
										Ĭ.
ıl	42,629	\$ 40,872	ŵ	40,034 \$	39,160 \$	38,243	40,034 \$ 39,160 \$ 38,243 \$ 37,289 \$		36,292 \$ 430,812 \$	\$ 662,702
		7							190	

Net Position Reconciliation

January 1, 2020 **Englewood Housing Authority** For the Period

t 2

FY 2020 Proposed Budget

December 31, 2020

TOTAL NET POSITION BEGINNING OF CURRENT YEAR (1)

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

Less: Restricted for Debt Service Reserve (1)

Less: Other Restricted Net Position (1)

Total Unrestricted Net Position (1)

(1,678,127)

(1,624,991)

(53,136)

1,249,665

1,249,665

146,632

2,213,739

1,931,909

1,838,413 2,213,739

93,496

146,632

Operations Total All

Other Programs

Voucher Housing

Section 8

Public Housing Management 77,307

55,067

22,240

1,256,340

2,127,155 2,902,086

2,127,155 1,645,746

Less: Designated for Non-Operating Improvements & Repairs

Less: Designated for Rate Stabilization

Less: Other Designated by Resolution

Plus: Accrued Unfunded Pension Liability (1)

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

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

Plus: Other Adjustments (attach schedule)

UNRESTRICTED NET POSITION AVAILABLE FOR USE IN PROPOSED BUDGET

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

PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR Total Unrestricted Net Position Utilized in Proposed Budget

(4)

 - 1,225,444 2,202,977 3,428,421		1	1	1	- \$ 1,225,444 \$ 2,202.977 \$ 3,428.421
1	ı	1	1	t.	€ \$-

(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.

(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 \$ 370,013 \$ 58,321 Maximum Allowable Appropriation to Municipality/County

deficit, including the timeline for elimination of the deficit, if not already detailed in the budget narrative section.

456,616

27,340 \$

2020 (2020-2021)

ENGLEWOOD HOUSING AUTHORITY (Name)

HOUSING AUTHORITY CAPITAL BUDGET/ PROGRAM

2020 (2020-2021) CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

ENGLEWOOD HOUSING AUTHORITY (Name)

TO:12/31/2020

FISCAL

YEAR:

[x] enter X to the left if this paragraph is applicable It is hereby certified that the Housing Authority Capital Budget/Program annexed hereto is a true copy of the Capital Budget/Program approved, pursuant to N.J.A.C. 5:31-2.2, along with the Annual Budget, by the governing body of the Englewood Housing Authority, on the 21 day of October, 2019.
OR

FROM:1/1/2020

[] enter X to the left if this paragraph is applicable It is hereby certified that the governing body of the ______ Housing Authority have elected NOT to adopt a Capital Budget /Program for the aforesaid fiscal year, pursuant to N.J.A.C. 5:31-2.2 for the following reason(s): Officer's Signature: Thursay (Luande)

Officer's Signature: /	mengo Qu	ande	
Name:	Domingo Senande		
Title:	Executive Director		. ,
Address:	111 West Street, Englev	vood, NJ 07631	
Phone Number:	201-871-3451	Fax Number:	201-871-5908
E-mail address	dsenande@ehahousing.	org	

2020 (2020-2021) CAPITAL BUDGET/PROGRAM MESSAGE

Englewood Housing Authority (Name)

(11

FISCAL YEAR:

FROM:1/1/2020

TO:12/31/2020

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 each municipality or county affected by the actions of the authority participated in the development of the capital plan and reviewed or approved the plans or projects included within the Capital Budget/Program (This may include the governing body or certain officials such as planning boards, Construction Code Officials) as to these Projects?
 No
- 2. Has each capital project/project financing been developed from a specific plan or report and have the full life cycle costs of each been calculated? Yes
- 3. Has a long-term (5 years or more) infrastructure needs and other capital items (Vehicles, Equipment) needs assessment been prepared?

 Yes
- 4. If amounts are on Page CB-3 in the column Debt Authorizations. Indicate the primary source of funding the debt service for the Debt Authorizations (Example HUD Funding or Other sources)

 N\A
- 5. Have the current capital projects been reviewed and approved by HUD? Yes

Add additional sheets if necessary.

Proposed Capital Budget

Englewood Housing Authority

For the Period

January 1, 2020

to

December 31, 2020

				nding Sources		
			Renewal &			
	Estimated Total	Unrestricted Net	Replacement	Debt		Other
*	Cost	Position Utilized	Reserve	Authorization	Capital Grants	Sources
Public Housing Management	Powerfaschisconschildren (CORDINO) EDIMPROPERS	\$8CRCPM-NECTING SERVICE CONTINUES AND SERVICE CONTINUES.	SCOROGRAPH CHICAGO CONTROL STANSON			
Various Improvements	\$ 33,588		\$ 33,588		%€	
Type in Description			•			
Type in Description	-					
Type in Description						
Total	33,588	-	33,588	-	-	-
Section 8						
Type in Description] -					
Type in Description						1
Type in Description					•	Į.
Type in Description	-		9			
Total		-	-		-	-
Housing Voucher	_				···	
Type in Description	-					
Type in Description	-		8*			1
Type in Description	-					
Type in Description						
Total		-	_	-	-	-
Other Programs	-	P-1				
Type in Description	-					l l
Type in Description	-					
Type in Description						1
Type in Description	-	3				
Total	-				· -	-
TOTAL PROPOSED CAPITAL BUDGET	\$ 33,588	\$ -	\$ 33,588	\$ -	\$ - :	5

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

For the Period

Englewood Housing Authority

January 1, 2020

to

December 31, 2020

Fiscal Year Beginning in

	Estim	ated Total Cost		t Budget 2020	20	21	2022	2023		2024	2025
Public Housing Management	BUNGHATU SHACO	AND THE PROPERTY OF THE PROPER	DOMESTIC STREET			MODE WORLD					
Various Improvements	\$	128,7,96	\$	33,588	\$ 16	,000	\$ 13,213	\$ 20,995	\$	21,000	\$ 24,000
Type in Description		-		-							
Type in Description				-							
Type in Description		-		-							
Total		128,796		33,588	16	,000	13,213	20,995		21,000	24,000
Section 8	3.43										
Type in Description		-		-							
Type in Description		-		-				•			
Type in Description		(- :		-							
Type in Description	•	-		-							
Total		_		-		-	 	-		-	
Housing Voucher											
Type in Description •		-		-							
Type in Description		-									
Type in Description		-		-							
Type in Description	* =			-				_			
Total		-			-	-	-			-	-
Other Programs			26							_	
Type in Description		-		-					•		
Type in Description				-		_					
Type in Description		-		-							
Type in Description				-					ě		
Total		-				-	-	-			_
TOTAL	\$.	128,796	\$. 33,588	\$ 16	,000	\$ 13,213	\$ 20,995	\$	21,000	\$ 24,000

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

Englewood Housing Authority

December 31, 2020 For the Period January 1, 2020

		9	9			nding Sources		
			,		enewal &	_		
	Estin	nated Total	Unrestricted Net		placement	Debt		
		Cost	Position Utilized		Reserve	Authorization	Capital Grants	Other Sources
Public Housing Management					1 (*			
Various Improvements	\$	128,796		\$	128,796			ļ
Type in Description		-				7.		
Type in Description		-						
Type in Description								
Total		128,796			128,796	<u>-</u>		-
Section 8	-							
Type in Description		_						
Type in Description							-	
Type in Description		• -					84.5	
Type in Description								
Total		-		-		-		
Housing Voucher								
Type in Description		-						
Type in Description		•						
Type in Description		-						
Type in Description								
Total	-	-						
Other Programs								
Type in Description		-					•	
Type in Description		-	•					
Type in Description		-				•		
Type in Description								لنسسسسس
Total					400 707			
TOTAL	\$	128,796	\$	- \$	128,796	Ş <u>-</u>	\$ -	\$ -
Total 5 Year Plan per CB-4	\$	128,796				•		
Balance check		Ij	famount is other than a	zero, ve	rify that proj	ects listed above	match projects lis	ted on CB-4.

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