State Filing Year

2017

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

Start Year

2016 JANENDYear 11: 51

2017

REC2017ED

Fiscal Year

Authority Budget of:

Englewood Housing Authority

For the Period:

January 1, 2017

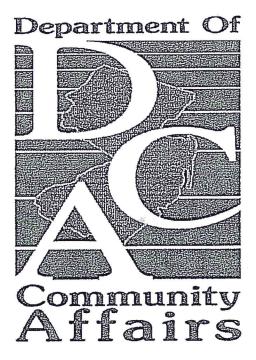
to

December 31, 2017

YAN ZOOLS

www.ehahousing.org
Authority Web Address

ADOPTED COPY



Division of Local Government Services

2017 ADOPTION CERTIFICATION

Englewood Housing Authority (Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:1/1/2017

TO:12/31/2017

It is hereby certified that the Housing Authority Budget and Capital Budget/Program annexed hereto is a true copy of the Budget adopted by the governing body of the Englewood Housing Authority, pursuant to N.J.A.C. 5:31-2.3, on the 19 day of, December, 2016.

Officer's Signature:	Famurias Se	usude						
Name:	Domingo Senande							
Title:	Executive Director							
Address:	111 West Street, Englewood, New Jersey 07631							
Phone Number:	201-871-3451 Fax Number: 201-871-5908							
E-mail address	dsenande@ehahousing.org							

2017 ADOPTED BUDGET RESOLUTION

RESOLUTION NO. 12-19-2016 (4) Englewood Housing Authority (Name)

HOUSING AUTHORITY

FISCAL YEAR:	FROM:1/1/2017	TO:	12/31/2017	
OFFERED BY: Dermansk	4	SECONDED BY	: Jones	
WHEREAS, the Annual Budget and beginning January 1, 2017 and ending Englewood Housing Authority at its o	Capital Budget/Program December 31, 2017 has b	for the Englewood been presented for add	Housing Authority for the f	iscal year ody of the
WHEREAS, the Annual Budget an appropriation in the same amount and thereto, if any, which have been appro	d title as set forth in the	introduced and appro	ved budget, including all am	enue and endments
WHEREAS, the Annual Budget as p including any Accumulated Defic \$; and	resented for adoption refl it, if any, of \$7,980,	lects Total Revenues 802 and Total Un	of \$ 7,988,439, Total Appro restricted Net Position ut	priations, ilized of
WHEREAS, the Capital Budget as Unrestricted Net Position planned to b			Appropriations of \$85,000 a	and Total
NOW, THEREFORE BE IT RESOL meeting held on December 19, 2016 Authority for the fiscal year beginn constitute appropriations for the purpo	6 that the Annual Budge ing, January 1, 2017 and	et and Capital Budge	et/Program of the Englewood	d Housing
BE IT FURTHER RESOLVED, that item of revenue and appropriation in tall amendments thereto, if any, which	he same amount and title	as set forth in the int	roduced and approved budget	, including
(Secretary's Signature)	le	(2 (Da	28 16 ·	
Member: A		Abstain Absent		
Chairman Ira Dermansky Vice Chairman Raymond Asp Commissioner Raul Correa Commissioner Elisha Gurfe Commissioner Jennifer Joh Commissioner Carla D. Jon Commissioner Charles Mock	vinwall ein√ nnson-Rothman nes√	\ \ \		

2017 HOUSING AUTHORITY BUDGET RESOLUTION Englewood Housing Authority (Name)

Resolution No. 10-24-2016 (1)

FISCAL YEAR: FRO	M:1/1/2017	TO	:12/31/2017	
Offered By <u>Vice-Chairman</u> WHEREAS, the Annual Budget and Capital B January 1, 2017 and ending, December 31, 201 Authority at its open public meeting of October 2	udget for the En 7 has been presen	glewood Housing	By: Comm (SS) Co Authority for the fisca verning body of the Er	al year beginning,
WHEREAS, the Annual Budget as introduced and Cacumulated Deficit if any, of \$ 7,980,802 and Cand	eflects Total Rev Total Unrestricted	venues of \$ 7,988,4 I Net Position utilize	39, Total Appropriations of0_	ons, including any
WHEREAS, the Capital Budget as introduced a Position planned to be utilized as funding thereof	reflects Total Cap	pital Appropriations	s of \$85,000 and Tota	1 Unrestricted Net
WHEREAS, the schedule of rents, fees and oth anticipated revenues to satisfy all obligations to outlays, debt service requirements, and to provice ontracts and agreements; and	the holders of b	onds of the Autho	rity, to meet operating	expenses, capital
WHEREAS, the Capital Budget/Program, pursu funds; rather it is a document to be used as p authorization to expend funds for the purposes resolution, by a project financing agreement, by or other means provided by law.	art of the said A described in this	Authority's planning section of the budg	g and management ob get, must be granted e	jectives. Specific lsewhere; by bond
NOW, THEREFORE BE IT RESOLVED, by the meeting held on October 24, 2016 that the Annuthe Englewood Housing Authority for the fiscal	al Budget, includi	ing all related sched	dules, and the Capital I	Budget/Program of
BE IT FURTHER RESOLVED, that the anticipment all proposed expenditures/expenses and all outstanding debt obligations, capital lease arrang	covenants, terms	and provisions as	stipulated in the said H	ousing Authority's
BE IT FURTHER RESOLVED, that the government and Capital Budget/Program for adoption (Sedretary's Signature)	rning body of the condition of the condi	9, 2016.	sing Authority will co	nsider the Annual
Governing Body Recorded Vo Member: Aye Vice Chairman Ira Dermansky Commissioner Raymond Aspinwall Commissioner Raul Correa Commissioner Jennifer Johnson-Ro Commissioner Carla Jones	Nay	bstain Absent		

Commissioner Charles Moche

2017 HOUSING AUTHORITY BUDGET

Certification Section

2017

Englewood Housing Authority

(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM January 1, 2017 TO December 31, 2017

For Division Use Only

CERTIFICATION OF APPROVED BUDGET

It is hereby certified that the approved Budget made a part hereof complies with the requirements of law and the rules and regulations of the Local Finance Board, and approval is given pursuant to N.J.S.A. 40A:5A-11.

State of New Jersey
Department of Community Affairs
Director of the Division of Local Government Services

		S*(
D	Data	
By:	Date:	
2).		

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

()	<i>A</i>) ,		•	.,91
By: Vaul D	Court	CPA,	RMA	Date: 1/1/2017

2017 PREPARER'S CERTIFICATION

Englewood Housing Authority

(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:1/1/2017

TO:12/31/2017

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

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

•										
Preparer's Signature:	1/// ///	1 LAH								
Name:	William Katchen, CPA	1								
Title:	Fee Accountant	V	*							
Address:	Suite 303, 596 Anders 07010	Suite 303, 596 Anderson Avenue, Cliffside Park, NJ 07010								
Phone Number:	201-943-4449	Fax Number:	201-943-5099							
E-mail address	bill@katchencpa.com									

2017 APPROVAL CERTIFICATION

Englewood Housing Authority (Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:1/1/2017

TO:12/31/2017

It is hereby certified that the Housing Authority Budget, including all schedules appended hereto, are a true copy of the Annual Budget and Capital Budget/Program approved by resolution by the governing body of the Englewood Housing Authority, at an open public meeting held pursuant to N.J.A.C. 5:31-2.3, on the 24 day of October, 2016.

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

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

INTERNET WEBSITE CERTIFICATION

Authority's V	Web Address:	www.ehahousing.org							
			age on the municipality's or county's Internet						
website. The purpose of the website or webpage shall be to provide increased public access to the aut									
operations and activities. N.J.S.A. 40A:5A-17.1 requires the following items to be included on the Auth-									
website at a minimum for public disclosure. Check the boxes below to certify the Authority's compliance									
N.J.S.A. 40A:	:5A-17.1.								
133	. 1	A - (1 - 1/2 1							
[M]	•	Authority's mission and responsib							
I	Commencing with 2	2013, the budgets for the current fi	scal year and immediately preceding two						
	prior years	9							
	TI	and the second representation of the second r	next (Throughted) on similar financial						
<u>~</u>		mprenensive Annual Financial Re	port (Unaudited) or similar financial						
	information								
Ŋ	Commencing with 2	2012, the complete annual audits o	of the most recent fiscal year and immediately						
_ /	two prior years	•							
_/									
M			statements deemed relevant by the governing						
	-	y to the interests of the residents v	vithin the authority's service area or						
, de la companya de	jurisdiction								
N	Notice posted pursu	ant to the "Open Public Meetings	gs Act" for each meeting of the Authority,						
<u> </u>		e, date, location and agenda of each							
		.,,	S						
Ų.			of each meeting of the Authority including all						
£	resolutions of the bo	pard and their committees, for at le	east three consecutive fiscal years						
V	TCI		d share symbol of every person who						
120			ess and phone number of every person who tover some or all of the operations of the						
1	Authority	v supervision of management over	Some of an of the operations of the						
Į.	Authority	*							
Q	A list of attorneys, a	advisors, consultants and any other	r person, firm, business, partnership,						
		-	remuneration of \$17,500 or more during the						
9	(r for any service whatsoever rende							
It is hereby			he Authority that the Authority's website or						
			ry requirements of N.J.S.A. 40A:5A-17.1 as						
		ne above boxes signifies complian							
noted above.	11 oncore mi caom or tr	,							
Name of Offi	cer Certifying compl	iance	Domingo Senande						
Title of Offic	er Certifying complia	ance	Executive Director						
			1 . 0						
Signature			Ameria Levande						

Page C-4

2017 HOUSING AUTHORITY BUDGET

Narrative and Information Section

2017 HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS

Englewood Housing Authority

(Name)

AUTHORITY BUDGET

FISCAL YEAR:

FROM:1/1/2017

TO:12/31/2017

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

- 1. Complete a brief statement on the 2017 proposed Annual Budget and make comparison to the 2016 adopted budget for each operation. Explain any variances over +/-10% (As shown on budget page F-4 explain the reason for changes for each appropriation changing more than 10%) for each line item by operation. Explanations of variances should include a description of the reason for the increase/decrease in the budgeted line item, not just an indication of the amount and percent of the change. Attach any supporting documentation that will help to explain the reason for the increase/decrease in the budgeted line item. For example, if anticipated service charges have increased 15% due to an increase in rates, provide documentation of how the increase occurred (Example Rate Increase authorized by resolution or by HUD). The budget is similar to the current year's with increased funding expected from increased leasing in the HCV Program resulting in increased rents anticipated to be paid.
- 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. The budget is not expected to impact tenant charges as they are primarily based on HUD formula.
- 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 not expected to be utilized in the proposed budget.
- 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.
- 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)

There is an accumulated deficit from 2015. The deficit is solely from the accounting for GASB 68 and OPEB. The results of operations for the current year and the proposed budget do not anticipate deficits.

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:	Englewood Housing Authority									
Federal ID Number:	22-6017828									
Address:	111 West Street									
City, State, Zip:	Englewood	NJ	07631							
Phone: (ext.)	201-871-3451	Fax	:	201-8	71-5908					
Preparer's Name:	William Katchen, CPA									
Preparer's Address:	Suite 303, 596 Anderson Avenue									
City, State, Zip:	Cliffside Park			NJ	07010					
Phone: (ext.)	201-943-4449	Fax	:	201-94	43-5099					
E-mail:	bill@katchencpa.com									
Chief Executive Officer:	Domingo Senande									
Phone: (ext.)	201-871-3451	201-87	201-871-5908							
E-mail:	dsenande@ehahousing.or	Fax:		201 07						
Chief Financial Officer:	Rita Estella									
Phone: (ext.)		ax:	20	01-871-5908						
E-mail:	restellarita@yahoo.com									
Name of Auditor:	Anthony Giampaolo, CPA									
Name of Firm:	Hymanson, Parnes and G	iampaolo)		*					
Address:	467 Middletown Lincroft	Road								
City, State, Zip:	Lincroft	Lincroft								
Phone: (ext.)	732-842-4550	732-84	732-842-4551							
E-mail:	tony@hpgnj.com									

HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

Englewood Housing Authortity

(Name)

TO:12/31/2017

FROM:1/1/2017

FISCAL

YEAR:

and HUD required comparability study.

Ans	swer all questions below completely and attach additional information as required.
1)	Provide the number of individuals employed in calendar year 2015 as reported on the Authority's
-,	Form W-3, Transmittal of Wage and Tax Statements:21
2)	Provide the amount of total salaries and wages for calendar year 2015 as reported on the Authority's
2)	Form W-3, Transmittal of Wage and Tax Statements: _678,087
3)	Provide the number of regular voting members of the governing body:6
	Provide the number of alternate voting members of the governing body:0
5)	Did any person listed on Page N-4 have a family or business relationship with any other person listed
۷)	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
٥	year because of their relationship with the Authority file the form as required? (Checked to see if
	individuals actually filed at http://fds.state.nj.us/njdca_prod/fdssearch.aspx before
	answering) Yes If "no," provide a list of those individuals who failed to file a Financial
	Disclosure Statement and an explanation as to the reason for their failure to file.
7)	Does the Authority have any amounts receivable from current or former commissioners, officers, key
,,	employees or highest compensated employees?No If "yes," attach a list of those
	individuals, their position, the amount receivable, and a description of the amount due to the
	Authority.
8)	Was the Authority a party to a business transaction with one of the following parties:
٠,	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.
10)	Explain the Authority's process for determining compensation for all persons listed on Page N-4.
- /	Include whether the Authority's process includes any of the following: 1) review and approval by the
	commissioners or a committee thereof; 2) study or survey of compensation data for comparable
	positions in similarly sized entities; 3) annual or periodic performance evaluation; 4) independent
	compensation consultant; and/or 5) written employment contract. Board of Commissioners review

11) Did the Authority pay for meals or catering during the current fiscal year?No if "yes," attach a detailed list of all meals and/or catering invoices for the current fiscal year and provide an explanation for each expenditure listed. 12) Did the Authority pay for travel expenses for any employee or individual listed on Page N-4?No if "yes," attach a detailed list of all travel expenses for the current fiscal year and provide an explanation for each expenditure listed. 13) Did the Authority provide any of the following to or for a person listed on Page N-4 or any other employee of the Authority: a. First class or charter travelNo the payments 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 the payments of the following accountNo the payments for companionsNo the payments for companionsNo the payments for companionsNo the payments for business use of personal useNo the payments for business use of personal residenceNo the payments for business use of personal useNo the leath or social club dues or initiation feesNo the leath or social club dues or initiation feesNo the leath or social club dues or initiation fees No the leath or social club dues or initiation fees No 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 reimbursement; Yes if "no," attach an explanation of the Authority's process for reimbursements indicate that in answer) 15) Did the Authority make any payments to current or former commissioners or employees and contingent upon the performance of the Authority or that were considered	
h. Health or social club dues or initiation food	
If the answer to any of the above is "yes" "the last and "yes" "the last answer to any of the above is "yes" "the last answer to any of the above is "yes" "the last and "yes" and "yes" "the last and "yes" and "	
14) Did the Authority follow a written policy and its second and i	
If "no," attach an explanation of the desired of receipts or invoices prior to reimbursement? Yes	
13) Did the Authority make any payments to	
10) Did the Authority make any payments to a security Executive Director-\$14,520.	
contingent upon the performance of the Authority for infinite commissioners or employees that were	
11) Did the Authority comply with its Quiting amount paid.	
outstanding by submitting its audited annual financial statements, annual operating data and notice of	
Access (EMMA) as required? An A	
ensure compliance with its Continuing Disclosure Agreements in the future. 18) Did the Authority receive any notices from the Disclosure Agreements in the future.	
any other entity regarding maintenance are the Department of Housing and Urban Development or	
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 beautiful to remediate?	
required maintenance or repairs and described.	
19) Did the Authority receive any notices of C	
Urban Development or any other entity due to noncompliance with current regulations? No If "yes," attach a description of the event or condition that current regulations?	
assessment and indicate the amount of the condition that resulted in the fine or	
20) Has the Authority been deemed "troubled" by the Department.	
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	
describe the Authority's plan to address the conditions identified.	

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

Englewood Housing Authority

(Name)

FISCAL YEAR:

FROM:1/1/2017

TO:12/31/2017

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

- 1) List all of the Authority's current commissioners and officers and amount of compensation from the Authority and any other public entities as defined below. Enter zero if no compensation was paid.
- 2) List all of the Authority's key employees and highest compensated employees other than a commissioner or officer as defined below and amount of compensation from the Authority and any other public entities.
- 3) List all of the Authority's <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.

Englewood Housing Authority to December 31, 2017

For the Period January 1, 2017

		9	•			Total	Compensation	All Public	Entitles		0	0	0	0	0	178,250	0	0	0	0	Ö	0	0	0	178,250
	Γ	٠,		F	Sa				<u></u>	S															\$
		Estimated amount	of other	compensation from	Other Public Entitles	(health benefits,	pension, payment in	lleu of health	benefits, etc.)			-0													Ş
					Reportable	Compensation	from Other	Public Entitles	(W-2/1099)																\$
٠		Average	Hours per	Week	Dedicated to	Positions at	Other Public	Entitles Usted	In Column O															•8	
						Positions held	at Other Public	Entitles Listed In	Calumn O																
	٠		Names of Other	Public Entitles where	Individual is an	Employee or Member Positions held	of the Governing	Body (1) See note Entitles Listed in Entitles Listed	below	None	0 None	0 None	O None .	O None .	0 None					•					<
		•					Total	Compensation	from Authority	٠.	ō	0	0	ō	0	178,250	0	0	0	0	0	0	0	0	178,250
		1	Estimated	amount of other	compensation	from the	Authority	(health benefits,	pension, etc.)	S	18.												•		\$ - \$
Reportable Compensation from Authority (W-2/ 1099)			Other (auto	allowance, a	expense	account,	payment in	lleu of health	benefits, etc.)							23,250									\$ 23,250 \$
ortable Compensation Authority (W-2/ 1099)									Bonus				•					77							
Reportal Auti	_							Salary/	-			٠		•		155,000			٠						\$ 155,000
lon			Hlg	he	st C	om	pe	orr nsa plo	ted																
Position					K	ey		plo Offi								×									
			-		C	_		sio	ner	×	×	×	×	×	×										
					:*:	Average Hours	per Week	Dedicated to	Position							•						3•			
									Title	Acting Chair	Commissioner	Commissioner	Commissioner	Commissioner	Commissioner	Executive Director									
					٠				Name	1 Ira Dermansky	2 Ray Asplnwall	3 Charles Moche	4 Raul Correa	5 Jennifer Johnson-Rothman	6 Carla Jones	7 Domingo Senande	8	6		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

Schedule of Health Benefits - Detailed Cost Analysis

December 31, 2017

2

Englewood Housing Authority For the Period January 1, 2017

		Annual Cost						¥
	# of Covered	Estimate per	Total Cost	# of Covered				
	Members	Employee	Estimate	Members	Annual Cost			
	(Medical & Rx)	Proposed	Proposed	(Medical & Rx)	per Employee	Total Prior Year	\$ Increase	% Increase
	Proposed Budget	Budget	Budget	Current Year	Current Year	Cost	(Decrease)	(Decrease)
A CONTRACT OF THE PROPERTY OF								
Active Employees - riealth benefits - Annual Cost		11 240 6	60,040		40.500	CA 100	2000	, ac 5
Single Coverage	S	046'77	,	5			700'6 6	0.070
Parent & Child	9	21,113	126,678	9	19,918	119,508	7,170	9.0%
Employee & Spouse (or Partner)			•			30		#DIV/0i
Family	1	31,637	31,637	ਜ	29,846	29,846	1,791	%0.9
Employee Cost Sharing Contribution (enter as negative -)			(29,013)			(27,371)	(1,642)	6.0%
Subtotal	13		197,342	13		186,171	11,171	80.9
Commissioners - Health Benefits - Annual Cost								
Single Coverage			,			1	1	#DIV/01
Parent & Child			•		•	•	,	#DIV/01
Employee & Spouse (or Partner)			1	•			•	#DIV/01
Family			•				•	#DIV/01
Employee Cost Sharing Contribution (enter as negative -)							1	#DIV/0I
Subtotal	0			0	0	,	1	#DIV/0I
Refires - Health Benefits - Annual Cost								
Single Coverage			1			1	•	#DIV/0I
Parent & Child	•	, , , , , , , , , , , , , , , , , , ,		•		1 10 00	1 (#DIV/0!
Employee & Spouse (or Partner)	7	13,750	13,750	ਜ	17,3/1	17,9/1	779	6.0%
rainily Employee Cost Sharing Contribution (enter as negative -)		1 × ×					' '	#DIV/01
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		<u>J</u>	13 750			17071	977	, o
Subjected			OC I/CT			110,21		800
GRAND TOTAL	14		\$ 211,092	14		\$ 199,142	\$ 11,950	9.0%
Is medical coverage provided by the SHBP (Yes or No)? (Place Answer in Box) Is prescription drug coverage provided by the SHBP (Yes or No)? (Place Answer in Box)	Answer in Box) ? (Place Answer in Bo		Yes	Yes or No Yes or No				

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, 2017

ţ

December 31, 2017

Legal Basis for Benefit

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

Agreement (check applicable items) Employment lsubivibal Resolution Agreement Approved Labor 51,405 51,405 Absence Liability Dollar Value of Compensated Accrued Total liability for accumulated compensated absences at beginning of current year \$ **Gross Days of Accumulated** Compensated Absences at beginning of Current Year Individuals Eligible for Benefit See Attached

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

ENGLEWOOD HOUSING AUTHORITY											+		-		
ACCRUED VACATION & SICK TIME	III.							Allocation			-		Allocation 55	1	
AS OF DECEMBER 31, 2015	Clab Manne	Steb Dave	\$15 000 MAX	Sick Days	Vacation Days	Total Compensated Abs	PHA	Arob	ICV ICV	WESTAGOR	-	L	4 GOM	HCV	
28 22	A72 00	948274		08.17		\$ 10,208.17		7,0	23%	18%	100%	6,022.82	. 2,	2,347.88	
23.44		ı		5 7,372.44 \$			20%	%0	%69	11%	100%	1,474,49	. 5	5,086,98	
10.00		ı		\$ 20.45 \$			7,001				100%	20.45			
19 23		1		\$ 507.14 \$		\$ 507.14	24%	24%	%0	25%	100%	121.71	121.71		
28.18		L		\$ 702.65 \$		\$ 792.65	40%	5%	40%	15%	100%	317.06	39.63	317.06	
24.45	1	6		\$ 3,777.09		5 3,777.09	19%	%0	%69	12%	100%	717.65	. 2	2,600.19	
24.74		١		\$ 2,443,55 \$		\$ 2,443.55	%69	%0	0.%	31%	100%	1,686.05	•	•	
2000		١					40%	2%	40%	15%	10001				
81 SR	195.50	\$ 5,040.03		\$ 5,425,59		5 5,425,59	41%	74.9	38%	15%	100%	2,224.49	325.54 2	2,061.73	
28 98		١		\$ 2.949.02		5 2,949.02	40%	8%	42%	10%	100%	1,179.61		1,238.59	
19 95		ı		5 7,110,64		5 . 7,110.84	46%	%0	33%	21%	100%	3,270.99	- 2	2,346.58	
25.15		ľ		\$ 10,991.97		\$ 10,991.97	20%	%0	289	12%	100%	2,198.39		7,474.54	
20.47		1		5 1,050.76		\$ 1,850.76	705	%0	20	20%	100%	925.38			
27.47		I		\$ 2,484.23		\$ 2,484,23	21%	21%	%0	58%	100%	521.69	521.69		
17.74		l					7,001				100%				
23.67	14	17.35	\$ 15,000.00	\$ 15,000.00	. 5	15,000,00	40%	%0.	%0	7.09	100%	6,000,00			
													_		
												26,680,79	1,244,49 23	23,479.55	
						\$ 70,933.92									
													1	11-1	
				DR	CR								5	SAL	
PHA	EXPENSE			26,680.79									- 1	· xuc	
PHA	LIABILITY				26,680,79								1		
MOD	EXPENSE			1,244,49				-			-	-	-		
MOD	LIMBILITY				1,244,49										
HCV	EXPENSE			23,479.55											
HCV	LIABILITY				23,479,55										
STMOOR	WESTMOOR EXPENSE			19,529.09											
STMOOR	WESTMOOR LIABILITY				19,529.09							-			
								1				1	-		
										-		-	1		-
										_					

ocnequie or onarea pervice Agreements

Englewood Housing Authority January 1, 2017

For the Period

December 31, 2017

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.

,					Г		Г		Γ
Received by/ Paid from Authority									
Agreement 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				3				J	
Name of Entity Providing Service		100000000000000000000000000000000000000							

If No Shared Services X this Box

2017 HOUSING AUTHORITY BUDGET

Financial Schedules Section

SUMMARY

December 31, 2017

Englewood Housing Authority January 1, 2017 to

For the Period

% Increase

\$ Increase

		FYZ	FY 2017 Proposed Budget	Budget		FY 2016 Adopted Budget	(Decrease) Proposed vs. Adopted	(Decrease) Proposed vs. 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	\$ 1,105,769	' ₩	\$ 6,360,000	\$ 518,230	\$ 7,983,999	\$ 7,580,522	\$ 403,477	5.3%
Total Non-Operating Revenues	1,440		2,500	200	4,440	4,440		0.0%
Total Anticipated Revenues	1,107,209		6,362,500	518,730	7,988,439	7,584,962	403,477	5.3%
APPROPRIATIONS		٠						
Total Administration	310,920	,	430,120	226,390	967,430	952,320	15,110	1.6%
Total Cost of Providing Services	792,830	ı	5,929,500	248,590	6,970,920	6,574,850	396,070	9.0%
Total Principal Payments on Debt Service in Lieu of Depreciation	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	40,309	38,251	2,058	5,4%
Total Operating Appropriations	1,103,750	•	6,359,620	474,980	7,978,659	7,565,421	413,238	5.5%
Total Interest Payments on Debt Total Other Non-Operating Appropriations	XXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	2,143	4,201	(2,058)	-49.0% #DIV/0I
Total Non-Operating Appropriations	1	1		ı	2,143	4,201	(2,058)	-49,0%
Accumulated Deficit) (1	•			1		#DIV/0I
Total Appropriations and Accumulated Deficit	1,103,750		6,359,620	474,980 .	7,980,802	7,569,622	411,180	5.4%
Less: Total Unrestricted Net Position Utilized	•			ī	1	1	-	#DIV/0i
Net Total Appropriations	1,103,750		6,359,620	474,980	7,980,802	7,569,622	411,180	5.4%
ANTICIPATED.SURPLUS (DEFICIT)	\$ 3,459	\$	\$ 2,880	\$ 43,750	\$ 7,637	\$ 15,340	\$ (7,703)	-50.2%

Revenue Schedule

Englewood Housing Authority January 1, 2017 to

For the Period

December 31, 2017

% Increase

\$ Increase

							(Decrease)	(Decrease)
						FY 2016 Adopted	Proposed vs.	Proposed vs.
		FY 2017	Proposed E	Budget .		Budget	Adopted	Adopted
	Public Housing		Housing		Total All	Total All		
	Management	Section 8	Voucher	Other Programs	Operations	Operations	All Operations	All Operations
RATING REVENUES	P							6
al Fees								
lomebuyers' Monthly Payments					\$ -	\$ -	\$ -	#DIV/01
)welling Rental	619960			105280	725,240	720,130	5,110	0.7%
excess Utilities	28390				28,390	27,690	700	2.5%
Ion-Dwelling Rental	ŀ	•			1-1	-	-	#DIV/01
IUD Operating Subsidy	327419				327,419	344,670	(17,251)	-5.0%
New Construction - Acc Section 8	1				-	-	-	#DIV/01
/oucher - Acc Housing Voucher			6360000		6,360,000	5,940,000	420,000	7.1%
Total Rental Fees	975,769	-	6,360,000	105,280	7,441,049	7,032,490	408,559	5.8%
r Operating Revenues (List)								
ate Charges and Management Fees	130000				130,000	130,000	-	0.0%
Nestmoor Gardens Reimbursement				412950	412,950	418,032	(5,082)	-1.2%
Type in (Grant, Other Rev)					-	-	-	#DIV/0I
Type in (Grant, Other Rev)					-		-	#DIV/01-
ype in (Grant, Other Rev)					-	•	-	#DIV/0I
ype in (Grant, Other Rev)					-	-	-	#DIV/0!
ype in (Grant, Other Rev)					-	-	-	#DIV/0!
ype in (Grant, Other Rev)					-	-	-	#DIV/0I
Type in (Grant, Other Rev)	ł			1	-	■ 6	-	#DIV/0!
Type in (Grant, Other Rev)					-	-	_	#DIV/01
Type in (Grant, Other Rev)						-	-	#DIV/01
Type in (Grant, Other Rev)					_	-	-	#DIV/01
Type In (Grant, Other Rev)					-	-	_	#DIV/0I
Type in (Grant, Other Rev)	1				_		_	#DIV/0I
Type in (Grant, Other Rev)	-				_	· -	-	#DIV/0!
Type in (Grant, Other Rev)	{				_	-		#DIV/0!
					_	-	-	#DIV/0I
Type in (Grant, Other Rev)	}					-	_	#DIV/0!
Type in (Grant, Other Rev) Type in (Grant, Other Rev)	1				_	_	-	#DIV/0I
	l .				_	-	_	#DIV/01
Type in (Grant, Other Rev)	130,000	-		412,950	542,950	548,032	(5,082)	-0.9%
Total Other Revenue			6,360,000	518,230	7,983,999	7,580,522	403,477	5.3% ·
Total Operating Revenues	1,105,769		0,560,000	310,230	7,565,555	7,300,322	100)177	
I-OPERATING REVENUES								
er Non-Operating Revenues (List)					1	_	_	#DIV/0!
Type in					-	-		#DIV/01
Type in	1				-	-	_	#DIV/0!
îype in					-	•		#DIV/0!
Type in	}				-	•	-	#DIV/0!
Type in					-	-	-	
Type in								#DIV/0!
Total Other Non-Operating Revenue	-	-				-		#DIV/0!
est on Investments & Deposits (List)					iu			
interest Earned	1,440		2,500	500	4,440	.4,440	•	0.0%
Penalties					-	-	-	#DIV/0!
Other					-		-	#DIV/01
Total Interest	1,440		2,500	500	4,440	4,440	_	0.0%
Total Non-Operating Revenues	1,440	-	2,500	500	4,440	4,440		0.0%
AL ANTICIPATED REVENUES	\$ 1,107,209	\$ -	\$ 6,362,500	\$ 518,730	\$ 7,988,439	\$ 7,584,962	\$ 403,477	5.3%

Prior Year Adopted Revenue Schedule

Englewood Housing Authority

		FY 201	l6 Adopted Bud	get	····
	Public Housing		Housing	-	Total All
	Management	Section 8	Voucher	Other Programs	Operations
OPERATING REVENUES					
Rental Fees					L
Homebuyers' Monthly Payments					\$ -
Dwelling Rental	617,350			102,780	720,130
Excess Utilities	27,690				27,690
Non-Dwelling Rental	ten • com beneficial				-
HUD Operating Subsidy	344,670				344,670
New Construction - Acc Section 8					-
Voucher - Acc Housing Voucher			5,940,000	100 700	5,940,000
Total Rental Fees	989,710	-	5,940,000	102,780	7,032,490
Other Revenue (List)					400.000
Late Charges	130000			440.000	130,000
Westmoor Gardens Reimburse.				418,032	418,032
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)	0				_
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)	420,000			410.022	E 49 022
Total Other Revenue	130,000		5.040.000	418,032	548,032 7,580,522
Total Operating Revenues	1,119,710		5,940,000	520,812	7,560,522
NON-OPERATING REVENUES					
Other Non-Operating Revenues (List)					
Type in					-
Type in					-
Type in					-
Type in					-
Type in					-
Type in					
Other Non-Operating Revenues		-		-	
Interest on Investments & Deposits				F00	1 4440
Interest Earned	1,440		2,500	500	4,440
Penalties					Ŧ
Other					<u> </u>
Total Interest	1,440	-	2,500	500	4,440
Total Non-Operating Revenues	1,440		2,500	500	4,440
TOTAL ANTICIPATED REVENUES	\$ 1,121,150	\$ -	\$ 5,942,500	\$ 521,312	\$ 7,584,962

Appropriations Schedule

Englewood Housing Authority

For the Period

ne Item must be itemized above.
5% of Total Operating Appropriations

January 1, 2017

to

December 31, 2017

\$ Increase

% Increase

*		FY 20	017 Propose	ed Budget			6 Adopted udget	(Decrease) Proposed vs. Adopted	(Decrease) Proposed vs. Adopted
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations		otal All erations	All Operations	All Operations
LATING APPROPRIATIONS	Management	Jection 6	·	- Citici i Togicino	- Operations		- Citations	7,11 operations	Till operations
inistration									
alary & Wages	183,380		208,620	113,780	\$ 505,780	\$	467,370	\$ 38,410	8.2%
ringe Benefits	60,950		98,000	52,900	211,850		235,150	(23,300)	-9.9%
egal	13,500		20,800	10,700	45,000		45,000	-	0.0%
taff Training	3,000		6,000	1,000	10,000		10,000	-	0.0%
ravel	3,200		12,000	4,800	20,000		20,000	-	0.0%
ccounting Fees	14,250		22,250	8,500	45,000		45,000	-	0.0%
uditing Fees	5,000		4,500	6,000	15,500		15,500	•	0.0%
1iscellaneous Administration*	27,640		57,950	28,710	114,300		114,300		0.0%
Total Administration	310,920	-	430,120	226,390	967,430		952,320	15,110	1.6%
of Providing Services				920					
alary & Wages - Tenant Services	30,000		11,000	13,120	54,120		52,620	1,500	2.9%
alary & Wages - Maintenance & Operation	58,500			124,340	182,840		179,340	3,500	2.0%
alary & Wages - Protective Services					_				#DIV/0!
alary & Wages - Utility Labor	33,500				33,500		31,000	2,500	8.1%
ringe Benefits	96,700			62,100	158,800		169,840	(11,040)	-6.5%
enant Services	25,000	*			25,000		25,000		0.0%
tilitles	278,490			12,500	290,990		282,680	8,310	2.9%
laintenance & Operation	162,500			20,000	182,500		195,000	(12,500)	-6.4%
rotective Services		•			-				#DIV/01
surance	59,500		18,500	7,000	85,000		81,000	4,000	4.9%
ayment in Lieu of Taxes (PILOT)	33,640			9,530	43,170		43,370	(200)	-0.5%
erminal Leave Payments					-				#DIV/01
ollection Losses	5,000	•			5,000		5,000	-	0.0%
ther General Expense					1=0		-	-	#DIV/OI
ents	Į		5,900,000		5,900,000		5,500,000	400,000	7.3%
ktraordinary Maintenance	10,000				10,000		10,000	-	0.0%
eplacement of Non-Expendible Equipment				*	-			=	#DIV/01
roperty Betterment/Additions					-	(2)		-	#DIV/01
liscellaneous COPS*							-		#DIV/01
Total Cost of Providing Services	792,830	-	5,929,500	248,590	6,970,920		6,574,850	396,070	6.0%
Principal Payments on Debt Service in Lieu of								/ 	
eclation	XXXXXXXXXX	XXXXXXXXXX XX	XXXXXXXXX	XXXXXXXXX	40,309		38,251	2,058	5.4%
Total Operating Appropriations	1,103,750		6,359,620	474,980	7,978,659		7,565,421	413,238	5.5%
OPERATING APPROPRIATIONS									
Interest Payments on Debt	XXXXXXXXXX	XXXXXXXXXX XX	XXXXXXXXX	XXXXXXXXX	2,143		4,201	(2,058)	-49.0%
ations & Maintenance Reserve					-		•	•	#DIV/0I
wal & Replacement Reserve					-			•11	#DIV/01
cipality/County Appropriation					-			-0	#DIV/0!
Reserves					-			-	#DIV/01
otal Non-Operating Appropriations		- ·	-	•	2,143		4,201	(2,058)	-49.0%
L APPROPRIATIONS	1,103,750	•	6,359,620	474,980	7,980,802		7,569,622	411,180	5.4%
MULATED DEFICIT									#DIV/01
L APPROPRIATIONS & ACCUMULATED									
TE	1,103,750	-	6,359,620	474,980	7,980,802		7,569,622	411,180	5.4%
STRICTED NET POSITION UTILIZED									
cipality/County Appropriation			-	-	_		-	-	#DIV/01
· · · · · · · · · · · · · · · · · · ·					· ·		-		#DIV/01
otal Unrestricted Net Position Utilized		-	-				-		#DIV/01
L NET APPROPRIATIONS	\$ 1,103,750	\$ - \$	6,359,620	\$ 474,980	\$ 7,980,802	\$	7,569,622	\$ 411,180	5.4%
	,,		-,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,				
cellaneous line items may not exceed 5% of to	tal operating appro	opriations shown b	elow. If amount	In miscellaneous is grea	ater than the amount	shown b	elow, then		

- \$ 317,981.00 \$

\$ 55,187.50 \$

23,749.00 \$

398,932.95

Prior Year Adopted Appropriations Schedule

FY 2016 Adopted Budget

Englewood Housing Authority

		г	Y 2016 Adopted Budg	361	77 - 4 - 1 A II
¥	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations
ERATING APPROPRIATIONS	Wanagement	occion o	ttousing vouciter	Other Fregrams	
ninistration		*			
Salary & Wages	\$ 161,810		\$ 192,560	\$ 113,000 \$	467,370
Fringe Benefits	85,750		96,500	52,900	235,150
Legal	13,500		20,800	10,700	45,000
Staff Training	3,000	i.e	6,000	1,000	10,000
Travel	3,200		12,000	4,800	20,000
Accounting Fees	14,250		22,250	8,500	45,000
Auditing Fees	5,000		4,500	6,000	15,500
Miscellaneous Administration*	27,640		57,950	28,710	114,300
Total Administration	314,150	-	412,560	225,610	952,320
t of Providing Services	52.,,255		,,		
Salary & Wages - Tenant Services	29,750		11,000	11,870	52,620
Salary & Wages - Maintenance & Operation	55,340			124,000	179,340
Salary & Wages - Protective Services	33,340			22.,,000	
Salary & Wages - Protective Services Salary & Wages - Utility Labor	31,000			_	31,000
	107,740			62,100	169,840
Fringe Benefits .				02,100	25,000
Tenant Services	25,000			7,000	282,680
Utilities	275,680				195,000
Maintenance & Operation	172,500			22,500	195,000
Protective Services			40 500	14 500	91 000
Insurance	48,000		18,500	14,500	81,000
Payment in Lieu of Taxes (PILOT)	33,840			9,530	43,370
Terminal Leave Payments					
Collection Losses	5,000				5,000
Other General Expense		¥			
Rents		z ·	5,500,000	1	5,500,000
Extraordinary Maintenance	10,000		•		10,000
Replacement of Non-Expendible Equipment					-
Property Betterment/Additions					-
Miscellaneous COPS*					<u> </u>
Total Cost of Providing Services	793,850		5,529,500	251,500	6,574,850
al Principal Payments on Debt Service in Lieu of					
preciation	XXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXX	38,251
Total Operating Appropriations	1,108,000	-	5,942,060	477,110	7,565,421
N-OPERATING APPROPRIATIONS					
al Interest Payments on Debt	XXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	4,201
erations & Maintenance Reserve			. 9		-
iewal & Replacement Reserve			·		-
nicipality/County Appropriation					-
ier Reserves					
Total Non-Operating Appropriations		_		-,	4,201
TAL APPROPRIATIONS	1,108,000	-	5,942,060	477,110	7,569,622
CUMULATED DEFICIT					
TAL APPROPRIATIONS & ACCUMULATED					
FICIT	1,108,000	9	5,942,060	477,110	7,569,622
RESTRICTED NET POSITION UTILIZED	1,108,000		3,342,000	477,110	7,505,022
			4.00	(•X	
nicipality/County Appropriation					-
ier					
Total Unrestricted Net Position Utilized FAL NET APPROPRIATIONS	\$ 1,108,000	\$ -	\$ 5,942,060	\$ 477,110	\$ 7,569,622
	C 4 400 000	s -	E 042 060	477770	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

297,103.00 \$

23,855.50 \$

378,271.05

55,400.00 \$

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

5% of Total Operating Appropriations

Debt Service Schedule - Principal

*	incipal	nding	850,00	1		1	20,00	100,058
	Total Pr	Outsta	\$				ਜ	\$ 1
		reafter						
	 	The					ı	\$ -
		2022		٠				
							ı	\$ -
		2021						\$
		20					ı	
ling in		20						\$
al Year Eno		2019	17,779				17,779	17,779
Fisc			\$ 0,				02	41,970 \$
		2018	41,97				41,97	41,9
			ب					s
	osed t Year	17	40,309				40,309	40,309
	Prop Budge	20	\$					\$
	1 Budget	2016	38,251				38,251	38,251
	Adopted	Year	\$					\$
is box								
debt X thi								
y has no			age	ue Name	ue Name	ue Name	NCIPAL	SUBSIDA IPAL
if Authoril			Foti Mortg	Type in Iss	Type in Iss	Type in Iss	TOTAL PR	LESS: HUD SUB NET PRINCIPAL
	If Authority has no debt X this box Fiscal Year Ending in	Proposed Adopted Budget Year	Fiscal Year Ending in Proposed Adopted Budget Year 2018 2019 2020 2021 2022 Thereafter	Adopted Budget Budget Year Fiscal Year Ending in Year 2016 2017 2018 2019 2020 2021 Thereafter \$ 38,251 \$ 40,309 \$ 41,970 \$ 17,779	Histoal Year Ending in Adopted Budget Budget Year 2019 2020 2021 2022 Thereafter Outs Year 2016 \$ 40,309 \$ 41,970 \$ 17,779 \$	Adopted Budget Year Proposed Adopted Budget Year Year 2016 2017 2018 2019 2020 2021 Thereafter Outs \$ 38,251 \$ 40,309 \$ 17,779	Adopted Budget Year Year 2016 \$\$ 38,251\$ \$ 40,309 \$ \$ 41,970 \$ 17,779\$ Fiscal Year Ending in Total Interesting to the search of the seafter and the seafte	Proposed Adopted Budget Year Fiscal Year Ending in Total Total

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

70 m	Standard & Poors	N/A	
	Fitch	N/A	
	Moody's	N/A	
		Bond Rating	Year of Last Rating

Debt Service Schedule - Interest

Englewood Housing Authority

	Total Interest Payments Outstanding	2,812	2,812	2,812
				\$ -
,	Thereafter			\$
,	2022		•	1
	21		-	ۍ ۱
	2021			٠ ج
gin	2020			\$
Fiscal Year Ending in	2019	187	187	187
Fisca	2	482	482	482 \$
	2018			
				w
	Proposed Budget Year 2017	2,143	2,143	2,143
	Buc			4
	Adopted Budget Year 2016	4,201	4,201	4,201
	Adopt Yea			₩.
If Authority has no debt X this box		Type in Issue Name Type in Issue Name Type In Issue Name	TOTAL INTEREST LESS: HUD SUBSIDY	NET INTEREST

Net Position Reconciliation

Englewood Housing Authority

For the Period

January 1, 2017

December 31, 2017 t t

FY 2017 Proposed Budget

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)

Total Unrestricted Net Position (1) Less: Other Restricted Net Position (1)

Less: Designated for Non-Operating Improvements & Repairs

(349,480)

755,107

1,954,055 1,027,039 15,340

1,750

410,219 440

1,954,055 616,820 13,150

31,596

31,596 199,392

(1,303,979)

Operations

Other Programs

Voucher Housing

Section 8

Public Housing Management

Total All

1,385,278 \$ 2,927,414

\$ 230,988

1,311,148

2,615,127

3,245,298

630,171

Less: Designated for Rate Stabilization

Plus: Accrued Unfunded Pension Liability (1) Less: Other Designated by Resolution

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) Total Unrestricted Net Position Utilized in Proposed Budget

PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR 4

2,646,954	ı	r	ſ	1	\$ 2,646,954
756,857	1	1	1	1	756,857
					-\$
610,051	Ţ	ı		•	\$ 610,051
,	1	ı	1	t	1
					У
1,280,046	ι	•		1	1,280,046
					٠٠

(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.

\$ 317,981 55,188 Maximum Allowable Appropriation to Municipality/County

398,933

23,749

(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 CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

Englewood Housing Authority

FROM:1/1/2017

FISCAL

YEAR:

(Name)

TO:12/31/2017

			•					
s a tr Annua	ue copy of the Capital I		l, pursuant to N.J	udget/Program annexed hereto .A.C. 5:31-2.2, along with the thority, on the24				
		O	R					
		tal Budget /Program for	the aforesaid fis	Housing Authority have cal year, pursuant to N.J.A.C				
	Officer's Signature:		i.	8				
Name: Domingo Senande								
	Title: Executive Director Address: 111 West Street, Englewood, New Jersey 07631							
180								
	Phone Number:	201-871-3451	Fax Number:	201-871-5908				
	E-mail address	dsenande@ehahousing.	org					

2017 CAPITAL BUDGET/PROGRAM MESSAGE

Englewood Housing Authority

(Name)

FISCAL YEAR:

FROM:1/1/2017

TO:12/31/2017

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

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

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

Add additional sheets if necessary.

Proposed Capital Budget

Englewood Housing Authority

For the Period

January 1, 2017

December 31, 2017

			Funding Sources								
x	. Renewal &										
	Estimated Total		Unrestricted Net	Replacement	Debt			Other			
	C	ost	Position Utilized	Reserve	Authorization	Capit	al Grants	Sources			
olic Housing Management	_										
A\E Fees	\$	10,000				\$	10,000				
Windows	1	65,000					65,000				
Refrigeratots and Ranges		10,000					10,000				
Type in Description											
Total		85,000		-			85,000				
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Total		_		-			-				
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Type in Description		-									
Total		-		-				-			
TAL PROPOSED CAPITAL BUDGET	\$	85,000	\$ -	\$ -	\$ -	\$	85,000	-			

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

5 Year Capital Improvement Plan

Englewood Housing Authority

For the Period

January 1, 2017

to

December 31, 2017

Fiscal Year Beginning in

	-														
	Estimated Total		Current Budget Year 2017		2018		2019		2020		2021		:	2022	
	Cost		real .	2017	2010		2013			2020		2022			
lic Housing Management												10.0	00	~	10.000
A\E Fees	.\$	60,000	\$	10,000	7 7540	0,000	Ş	10,000	Ş	10,000	\$	10,0		\$	10,000
Windows		390,000		65,000	l	5,000		65,000		65,000		65,0			65,000
Refrigeratots and Ranges		60,000		10,000	1	.0,000		10,000		10,000		10,0	00		10,000
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Total		510,000		85,000	8	5,000		85,000		85,000		85,0	00		85,000
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Total		-		-				-							
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Total				-											
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Type in Description		-		-	1										
Type in Description		-		-				<u> </u>							
Total		-		-		-		-						, –	
TAL	\$	510,000	\$	85,000	\$ 8	35,000	\$	85,000	\$	85,000	\$	85,0	. 000	\$	85,000

ject 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

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

			Funding Sources								
				Renewal &	991 0149						
•	Estim	ated Total	Unrestricted Net	Replacement	Debt						
		Cost	Position Utilized	Reserve	Authorization	Capital Grants	Other Sources				
blic Housing Management											
A\E Fees	\$	60,000				\$ 60,000					
Windows		390,000				390,000					
Refrigeratots and Ranges	*)	60,000				60,000					
Type in Description											
Total		510,000			-	510,000					
ction 8											
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Total		_		_	-						
using Voucher			p			· · · · · · · · · · · · · · · · · · ·					
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Total		-					-				
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Type in Description	Ē	-									
Type in Description		=					1				
Type in Description		-									
Total		-									
TAL	\$	510,000	\$ -	\$ -	\$ -	\$ 510,000	\$ -				
Total 5 Year Plan per CB-4	\$	510,000		0000							

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

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