### Authority Budget of:

### Gloucester Township Housing Authority

State Filing Year

2019

For the Period:

January 1, 2019

10

December 31, 2019

gthousingauthority.org
Authority Web Address

APPROVED COPY

Department Of

Department Of

Community

Affairs

RECEIVED

BY: () 2 0 2019

Division of Local Government Services

### 2019 HOUSING AUTHORITY BUDGET

**Certification Section** 

### 2019 PREPARER'S CERTIFICATION

### GLOUCESTER TOWNSHIP HOUSING AUTHORITY (Name)

### HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:1/1/2019

TO:12/31/2019

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.

|                       |                             | H = A             |                  |
|-----------------------|-----------------------------|-------------------|------------------|
| Preparer's Signature: | I WIN IM                    |                   |                  |
| Name:                 | William Katcher CPA         |                   |                  |
| Title:                | Accountant                  |                   |                  |
| Address:              | 596 Anderson Avenu<br>07010 | ie, Suite 303, Cl | iffside Park, NJ |
| Phone Number:         | 201-943-4449                | Fax Number:       | 201-943-5099     |
| E-mail address        | bill@katchencpa.com         |                   |                  |

### GLOUCESTER TOWNSHIP HOUSING AUTHORITY (Name)

### HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM January 1, 2019 TO December 31, 2019

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: | aul | D. Curch | CPA | R m A | Date: | 5/14/2019 |
|-----|-----|----------|-----|-------|-------|-----------|
|     |     |          |     |       |       |           |

### 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:  | · | Date: |  |
|------|---|-------|--|
| ~,,, |   |       |  |

### 2019 APPROVAL CERTIFICATION

### GLOUCESTER TOWNSHIP HOUSING AUTHORITY (Name)

### HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:1/1/2019

TO:12/31/2019

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 Gloucester Township Housing Authority, at an open public meeting held pursuant to N.J.A.C. 5:31-2.3, on the 12 day of February, 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: | Muano              |                       |                |
|----------------------|--------------------|-----------------------|----------------|
| Name:                | Maria Iwano        |                       |                |
| Title:               | Acting Executive D | irector               | •              |
| Address:             | 405 Woodbury Tur   | nersville Road, Black | wood, NJ 08012 |
| Phone Number:        | 856-227-5077       | Fax Number:           | 856-227-2993   |
| E-mail address       | miwano@gthousin    | gauthority.org        |                |

### INTERNET WEBSITE CERTIFICATION

|                | Web Address: gthousing authority.org   |  |
|----------------|--|--|
| All authoritie | s shall maintain either an Internet website or a webp                          | onge on the municipality's or county's Internet  |
| website. The   | purpose of the website or webpage shall be to pro-                             | vide increased public access to the authority's  |
| operations an  | d activities. N.J.S.A. 40A:5A-17.1 requires the folio                          | owing items to be included on the Aumority's     |
|                | minimum for public disclosure. Check the boxes bel                             | ow to certify the Authority's computance with    |
| N.J.S.A. 40A   | <u>:58-17.1</u> .  |  |
| 卤//            | A description of the Authority's mission and respons                           | ibilities  |
| ( <b>四</b> /   | The budgets for the current fiscal year and immediate                          | ely preceding two prior years                    |
| □ □ ·          | The most recent Comprehensive Annual Financial R                               | eport (Unaudited) or similar financial           |
|                | information (Similar information are items such a                              |  |
|                | other types of Charts, along with other information                            |  |
|                | understanding the finances/budget of the Author                                | ity)   |
| ₫/             | The complete (All Pages) annual audits (Not the Audinmediately two prior years | dit Synopsis) of the most recent fiscal year and |
| r <del>.</del> | The Authority's rules, regulations and official policy                         | etatements deamed relevant by the programs       |
|                | body of the authority to the interests of the residents                        | within the authority's service area or           |
|                | jurisdiction   | William the difficulty a por ties at a second    |
| - /            | Jungalena  |  |
| 四、             | Notice posted pursuant to the "Open Public Meeting                             | s Act" for each meeting of the Authority,        |
|                | setting forth the time, date, location and agenda of e                         | ach meeting                                      |
|                |  | to the Street Land Listens of the board and      |
| 四/             | The approved minutes of each meeting of the Author                             |  |
|                | their committees, for at least three consecutive fiscal                        | years  |
|                | The name, mailing address, electronic mail address                             | and phone number of every person who             |
| 1              | exercises day-to-day supervision or management over                            | er some or all of the operations of the          |
|                | Authority  |  |
|                | •  | f Larinas assimantin                             |
|                | A list of attorneys, advisors, consultants and any oth                         | er person, firm, business, partiessup,           |
|                | corporation or other organization which received an                            | y reminieration of \$17,500 of more during the   |
|                | preceding fiscal year for any service whatsoever ren                           |  |
| It is hereby   | certified by the below authorized representative of                            | the Authority that the Authority's website or    |
| webpage as     | identified above complies with the minimum statut                              | cory requirements of N.J.S.A. 40A(5A-17.1 as     |
| listed above.  | A check in each of the above boxes signifies compliant                         | ance.  |
| Name of Off    | Ficer Certifying compliance  | Maria Iwano                                      |
| Name of Oth    | noor Countying compilation   | •  |
| Title of Offi  | cer Certifying compliance  | Acting Executive Director                        |
|                |  | M hara   |

Page C-4

Signature

### 2019 HOUSING AUTHORITY BUDGET RESOLUTION

### GLOUCESTER TOWNSHIP HOUISNG AUTHORITY (Name)

FISCAL TO:12/31/2019 FROM:1/1/2019 YEAR: WHEREAS, the Annual Budget and Capital Budget for the Gloucester Township Housing Authority for the fiscal year beginning, January 1, 2019 and ending, December 31, 2019 has been presented before the governing body of the Gloucester Township Housing Authority at its open public meeting of March 12, 2019; and WHEREAS, the Annual Budget as introduced reflects Total Revenues of \$ 80,000, Total Appropriations, including any Accumulated Deficit if any, of \$ 80,000 and Total Unrestricted Net Position utilized of and WHEREAS, the Capital Budget as introduced reflects Total Capital Appropriations of \$\_\_0\_\_ and Total Unrestricted Net Position planned to be utilized as funding thereof, of \$ 0; and WHEREAS, the schedule of rents, fees and other charges in effect will produce sufficient revenues, together with all other anticipated revenues to satisfy all obligations to the holders of bonds of the Authority, to meet operating expenses, capital outlays, debt service requirements, and to provide for such reserves, all as may be required by law, regulation or terms of contracts and agreements; and WHEREAS, the Capital Budget/Program, pursuant to N.J.A.C. 5:31-2, does not confer any authorization to raise or expend funds; rather it is a document to be used as part of the said Authority's planning and management objectives. Specific authorization to expend funds for the purposes described in this section of the budget, must be granted elsewhere; by bond resolution, by a project financing agreement, by resolution appropriating funds from the Renewal and Replacement Reserve or other means provided by law. NOW, THEREFORE BE IT RESOLVED, by the governing body of the Gloucester Township Housing Authority, at an open public meeting held on March 12, 2019 that the Annual Budget, including all related schedules, and the Capital Budget/Program of the Gloucester Township Housing Authority for the fiscal year beginning, 1/1/2019 and ending, 12/31/2019 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 Gloucester Township Housing Authority will consider the Annual Budget and Capital Budget/Program for adoption on May 14, 2019. 3-/2-/9 (Date) (Secretary's Signature) Recorded Vote Governing Body Abstain Absent Nay Aye Member: Barksdale Carlamere Marks Piccolo Washington 义 Х

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### 2019 HOUSING AUTHORITY BUDGET

Narrative and Information Section

### 2019 HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS

GLOUCESTER TOWNSHIP HOUSING AUTHORITY (Name)

### **AUTHORITY BUDGET**

FISCAL YEAR:

FROM:1/1/2019

TO:12/31/2019

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

- 1. Complete a brief statement on the 2019/2019-2020 proposed Annual Budget and make comparison to the 2018/2018-2019 adopted budget for each operation. Explain any variances over +/-10% (As shown on budget page F-4 explain the reason for changes for each appropriation changing more than 10%) for each line item by operation. Explanations of variances should include a description of the reason for the increase/decrease in the budgeted line item, not just an indication of the amount and percent of the change. Attach any supporting documentation that will help to explain the reason for the increase/decrease in the budgeted line item. For example, if anticipated service charges have increased 15% due to an increase in rates, provide documentation of how the increase occurred (Example Rate Increase authorized by resolution or by HUD). The Authority's proposed budget is identical to the current year as revenues and expenses are expected to be the same.
- 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 <u>revenue</u> changing more than 10%) from the current year adopted budget. The proposed budget's principal source of revenue are management fees from a tax credit LP. The amount of fees budgeted are included in the LP's 2019 budget as expense.
- 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 anticipated 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 2019/2019-2020 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, 45) The Authority does not have an accumulated deficit.

### HOUSING AUTHORITY CONTACT INFORMATION 2019

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

| Name of Authority:       | Gloucester Township Hou   | ising Author   | ity                           | and of the state o |
|--------------------------|---------------------------|--|-------------------------------|--|
| Federal ID Number:       | 22-2382072                |  |                               | gyanyalas Seela Copol/old/AC/AC/Adda   |
| Address:                 | 405 Woodbury Turnersvil   | le Road  |                               | •  |
| City, State, Zip:        | Blackwood                 |  | ŊJ                            | 08012  |
| Phone: (ext.)            | 856-227-5077              | Fax:   | 856-2                         | 27-2993  |
| Preparer's Name:         | William Katchen, CPA      | nd a plane is officer of the second s | يما عصب فحدث ورح مورس بهريوسي | Commence of the Commence of th |
| Preparer's Address:      | 596 Anderson Avenue, Su   | ite 303  |                               |  |
| City, State, Zip:        | Cliffside Park            |  | NJ                            | 07010  |
| Phone: (ext.)            | 201-943-4449              | Fax:   | 201-9                         | 43-5099  |
| E-mail:                  | bill@katchenepa.com       |  |                               |  |
| 12 PA 434                |                           |  |                               |  |
| Chief Executive Officer: | Maria Iwano 856-227-5077  | Fax:   | 856-20                        | 27-2993  |
| Phone: (ext.)            | maria@gthousingauthorit   |  |                               | -,   |
| E-mail:                  | 1 Hana(togu)ousnigatidorn | y.org  |                               | <u> </u>   |
| Chief Financial Officer: | William Katchen, CPA      |  |                               |  |
| Phone: (ext.)            | 201-943-4449 F            | ax: 20   | )1-943-50                     | 99   |
| E-mail:                  | bill@katchenepa.com       |  |                               |  |
| Name of Auditor:         | Richard Larsen            |  |                               |  |
| Name of Firm:            | Novogradae and Compan     | y, LP  |                               |  |
| Address:                 | 1433 Hopper Avenue, Su    | ite 329  |                               |  |
| City, State, Zip:        | Toms River                |  | NJ                            | 08753  |
| Phone: (ext.)            | 732-503-4257              | Fax:   | 732-3                         | 41-1424  |
| E-mail:                  | Richard.larsen@novoco.    | com  | •                             |  |

### HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

### GLOUCESTER TOWNSHIP HOUISNG AUTHORITY (Name)

TO:12/31/2019

FROM:1/1/2019

FISCAL

YEAR:

Answer all questions below completely and attach additional information as required. 1) Provide the number of individuals employed in (Use Most Recent W-3 Available 2017 or 2018) as reported on the Authority's Form W-3, Transmittal of Wage and Tax Statements: \_\_\_\_0 2) Provide the amount of total salaries and wages as reported on the Authority's Form W-3, (Use Most Recent W-3 Available 2017 or 2018 )Transmittal of Wage and Tax Statements: 3) Provide the number of regular voting members of the governing body: 4) Provide the number of alternate voting members of the governing body: 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. 2018 or 2019 deadline has passed 2018 or 2019) 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) 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 \_ lf "yes," attach a list of those individuals, their position, the amount receivable, and a description of the amount due to the Authority. 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? A family member of a current or former commissioner, officer, key employee, or highest compensated employee? \_\_\_No\_ 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? 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. 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. \_ If "yes," attach a description No of the arrangement, the premiums paid, and indicate the beneficiary of the contract.

|     | Explain the Authority's process for determining compensation for all persons listed on Page N-4. Include whether the Authority's process includes any of the following: 1) review and approval by the commissioners or a committee thereof; 2) study or survey of compensation data for comparable positions in similarly sized entities; 3) annual or periodic performance evaluation; 4) independent compensation consultant; and/or 5) written employment contract. Attach a narrative of your Authorities procedures for all employees. NA- no employees |
|-----|--|
| 11) | Did the Authority pay for meals or catering during the current fiscal year? No If "yes," attach a detailed list of all meals and/or catering invoices for the current fiscal year and provide an explanation for each expenditure listed.  |
| 12) | Did the Authority pay for travel expenses for any employee or individual listed on Page N-4?  No If "yes," attach a detailed list of all travel expenses for the current fiscal year and provide an explanation for each expenditure listed.   |
| 13) | Did the Authority provide any of the following to or for a person listed on Page N-4 or any other employee of the Authority:   |
|     | a. First class or charter travel No  |
|     | b. Travel for companions No  |
|     | c. Tax indemnification and gross-up payments NoNo  |
|     | d. Discretionary spending account No   |
|     | e. Housing allowance or residence for personal use No  f. Payments for business use of personal residence No   |
|     | f. Payments for business use of personal residence No  |
|     | g. Vehicle/auto allowance or vehicle for personal useNo  |
|     | h. Health or social club dues or initiation fees No  |
|     | i. Personal services (i.e.: maid, chauffeur, chef) No  |
|     | If the answer to any of the above is "yes," attach a description of the transaction including the name and position of the individual and the amount expended.   |
| 41  | Did the Authority follow a written policy regarding payment or reimbursement for expenses incurred   |
| 179 | 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  |
| 151 | answer)  Did the Authority make any payments to current or former commissioners or employees for   |
| (5) | severance or termination? No If "yes," attach explanation including amount paid.   |
| l6) | 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.  |
| 7)  | Did the Authority comply with its Continuing Disclosure Agreements for all debt issuances  |
|     | outstanding by submitting its audited annual financial statements, annual operating data, and notice of  |
|     | material events to the Municipal Securities Rulemaking Board's Electronic Municipal Marketplace  |
|     | Access (EMMA) as required? N\A if "no," attach a description of the Authority's plan to  |
|     | ensure compliance with its Continuing Disclosure Agreements in the future.   |
| (8) | Did the Authority receive any notices from the Department of Housing and Urban Development or  |
|     | any other entity regarding maintenance or repairs required to the Authority's facilities to bring them   |
|     | into compliance with current regulations and standards that it has not yet taken action to remediate?  No If "yes," attach explanation as to why the Authority has not yet undertaken the  |
|     | required maintenance or repairs and describe the Authority's plan to address the conditions identified.  |
| 10) | Did the Authority receive any notices of fines or assessments from the Department of Housing and   |
| ,   | Urban Development or any other entity due to noncompliance with current regulations ?  |
|     | No If "yes," attach a description of the event or condition that resulted in the fine or   |
|     | assessment and indicate the amount of the fine or assessment.  |
| 20) | Has the Authority been deemed "troubled" by the Department of Housing and Urban Development?   |
| -   | No If "yes," attach an explanation of the reason the Authority was deemed "troubled" and   |
|     | describe the Authority's plan to address the conditions identified.  |

### AUTHORITY SCHEDULE OF COMMISSIONERS, OFFICERS, KEY EMPLOYEES, HIGHEST COMPENSATED EMPLOYEES AND INDEPENDENT CONTRACTORS GLOUCESTER TOWNSHIP HOUISNG AUTHORITY

(Name)

FISCAL YEAR:

FROM:1/1/2019

TO:12/31/2019

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.

 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.

List all of the Authority's former commissioners who received more than \$10,000 in reportable compensation from the Authority and any other public entities during the most recent fiscal year completed.

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

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

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

a) The individual received reportable compensation from the authority and all other public entities in excess of \$150,000 for the most recent fiscal year completed; and

b) The individual has responsibilities or influence over the authority as a whole or has power to control or determine 10% or more of the authority's capital expenditures or operating budget.

Highest compensated employee: One of the five highest compensated employees or independent contractors of the authority other than current commissioners, officers, or key employees whose aggregate reportable compensation from the authority and other public entities is greater than \$100,000 for the most recent fiscal year completed.

Compensation: All forms of cash and non-cash payments or benefits provided in exchange for services, including salaries and wages, bonuses, severance payments, deferred payments, retirement benefits, fringe benefits, and other financial arrangements or transactions such as personal vehicles, meals, housing, personal and family education benefits, below-market loans, payment of personal or family travel, entertainment, and personal use of the Authority's property. Compensation includes payments and other benefits provided to both employees and independent contractors in exchange for services.

Reportable compensation: The aggregate compensation that is reported (or is required to be reported) on Form W2, 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, 2019 Most recent available W-2 and 1099 should be used (2017 or 2018 Forms)(60 days
prior to start of budget year is November 1, 2018, with 2017 being the most recent calendar year ended),
and for fiscal years ending June 30, 2019, the calendar year 2018 W-2 and 1099 should be used (60 days
prior to start of budget year is May 1, 2019, with 2018 being the most recent calendar year ended).

Other Public Entity: Any municipality, county, local authority, fire district, or other government unit, regardless of whether it is related in any way to the Authority either by function or by physical location.

Authority Schedule of Commissioners, Officers, Key Employees, Highest Compensated Employees and Independent Contractors (Continued)

|   |  |   | -                       |                          |                               |                           |        |      | _   |   |                | _  |  |  |   | _  |   |   | -0   |
|---|--|---|-------------------------|--------------------------|-------------------------------|---------------------------|--------|------|---|---|----------------|--|--|--|---|--|---|---|--|
| Rame  | Tile   | Ayerage Hours<br>par Week<br>Dedicated to<br>Position | Officer<br>Commissioner | Employee<br>Key Employee | Former<br>Highest Compensated | Base<br>Salury/<br>Shyand | Borius |      | auto<br>mee, an<br>me, co<br>mesth (tv<br>cote) | other facts Enfmated afformated attended, armount of chief expense excount, payment in Health benefits, Compensation benefits, det, paradon, etc.) from Auchforty | Total Compensa |  | Hanks of Olises Footback surfere Individual Is an Employee of Member of the Governing Body (1) | Hanks of Olive House House per Franks of Olive House Per Vierk Individual Earn English and Personal English are Personal English Personal Englishes of Personal Englishes of the as Olive Public Oliver Public Franks Soverning Body (1) English Public House Public English Soverning Body (1) English Public Franks Soverning Body (1) English Oliver Franks Soverning Body (1) English Oliver English Soverning Body (1) English Oliver English Soverning Body (1) | Antiseze<br>ficus per<br>Vinté<br>Ordisezed to<br>ses Positions se<br>With Other Public<br>rd in Entitles Lichar<br>in in Colomus O | FE COM NAME OF THE COM NAME OF |   | fatiralist amount of other of other of other other public fatices (the form other public fatices (the form of the | Toksii<br>Compensatio<br>All Public<br>Encellos  |
| 1 Cyrishia Carlamere 2 Stanley Washington 3 Abbey Greenberg 4 Stephen Ficcolo 5 Linda Musser 6 7 10 11 11 12 14 | Chaliperson<br>Vice Chaliperson<br>Treasurer<br>Cenmissional<br>Commissional |   | ×××× <sup>*</sup>       | ·                        |                               |                           | ·      |      | ·   |   | n.             | Notes of Not | Note Kore Kore Kore Kore Kore Kore Kore Kor  |  |   |  |   |   | and a second and a |
| 15  |  |   |                         | -                        |                               | 5                         | \$ .   | \$ . | S,  |   | 5.             | ,  | *  | ,  |   | 5  | * | 5   | , 0  |

Schedule of Health Benefits - Detailed Cost Analysis

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|  | Gloud<br>For the Period                   | ester Township Housing<br>January 1, 2019  | Gloucester Township Housing Authority<br>eriod January 1, 2019 | 8   | Decemb       | December 31, 2019 |  |            |
|--|---|--|--|---|--------------|-------------------|--|------------|
|  | # of Covered<br>Mambers<br>(Medical & Rx) | Annual Cost Estimate per Employee Proposed   | Total Cost<br>Estimate<br>Proposed                             | # of Covered<br>Members<br>(Medical & Rx) | Annual Cost  | Total Prior Year  | \$ Increase  | % increase |
| THE RESERVE OF THE PROPERTY OF | Proposed Budget                           | Budget   | Budget   | Current Year                              | Current Year | Cast              | (Decrease)   | (Decrease) |
| Arthus Franchises - Health Benefits - Annual Cost  |   |  |  |   |              |                   |  |            |
| Single Coverage  | 1   |  |  |   | ;            | ·<br>v            | t :  | #DIA/OF    |
| Parent & Child   |   |  | ¥ .  |   |              |                   | • •  | #DAYON     |
| Employee & Spouse (or Partner)   |   |  |  |   |              | •                 | ŝ  | #DJA90#    |
| Family<br>Semision Cost Sharing Contribution (enter as negative - )  |   |  |  |   |              |                   | ,  | io/Aio#    |
| Subtotal   | O   |  | ,  | 0   |              |                   | A CONTRACTOR OF THE CONTRACTOR | #DIA/69    |
| And the second of the second o | _   |  |  |   |              |                   |  |            |
| Commissioners - Health Benefits - Antitud Cost.  |   |  | -  |   |              |                   |  | #DEA/OF    |
| Single Carlogs<br>Decent & Child   |   |  | •  | •   |              |                   | ŧ  | #D//\0#    |
| Employee & Spouse (or Partner)   |   |  | 1  |   |              | •                 |  | #DIV/OF    |
| Family   |   |  | •  |   |              | *                 |  | #DIX/08    |
| Employee Cost Sharing Contribution (enter as negative - )  | <   | THE REPORT OF THE PERSON OF TH | 7  | \$  |              | ,                 | ,  | 10/A/G#    |
| Subtotal   |   |  |  |   |              |                   |  |            |
| Refirees - Health Benefits - Annual Loss.  |   |  | 1  |   |              |                   | •  | #DIA/OF    |
| ongie Coverage<br>Parent & Child   |   |  | •  |   |              | •                 |  | #DIV/03    |
| Employee & Spouse (or Partner)   |   |  | ,  |   |              |                   |  | #DIV/OE    |
| Family<br>Familiones Cost Sharing Contribution (enter as negative - )  |   |  | *  |   |              |                   |  | #DIA/OF    |
| Subtotal   | 0   |  |  | S.  |              |                   | *  | 10/XG#     |
| grand total  | 0   | . T  | - \$   | 0   | . u          | <b>\$</b>         | . \$   | 10/AIG#    |
| is medical coverage provided by the SHBP (Ves or No)? (Place Answer in Box)  | (ace Answer in Box)                       | (m)  | inderformery contacts in the gamp the angle deformation to     | Yes or No                                 |              |                   |  |            |
| is prescription drug coverage provided by the SHBF (165 of NO)1 (Fiste Alswer III dua)   | Noji (ridce Auswai III a                  | · ·  | ·  |   |              |                   |  |            |
|  |   |  |  |   |              | •                 |  |            |

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

# Schedule of Accumulated Liability for Compensated Absences

Gloucester Township Housing Authority For the Period

\$ January 1, 2019

December 31, 2019

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

fgreement (check applicable Items) Legai Basis for Benefit բա<mark>ե</mark>յօմաեսբ leublylbri Resolution Agreement Approved Labor Absence Liability Dollar Value of Compensated Accrued Gross Days of Accumulated Compensated Absences at beginning of Current Year Individuals Eligible for Benefit

Total liability for accumulated compensated absences at beginning of current year \$

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

### Schedule of Shared Service Agreements

Gloucester Township Housing Authority January 1, 2019 to

For the Pariod

December 31, 2019

Amount to be

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

| /% <sub>E %</sub>   |  | ``` |  |   |   |  | -  | - | - |  |
|---|--|-----|--|---|---|--|--|---|---|--|
| Received by/<br>Paid from<br>Authority                              |  |     |  |   |   |  |  |   |   |  |
| Received by<br>Agreement Paid from<br>End Date Authority            |  |     | -  |   |   |  |  |   |   |  |
| Agreement<br>Effective A <sub>6</sub><br>Date F                     |  |     | <br>****   | , | - |  |  |   |   |  |
| Comments (Enter more specifics if needed)                           |  |     |  |   |   |  |  |   |   |  |
| Type of Shared Service Provided                                     |  |     |  |   |   |  |  |   |   |  |
| Name of Entity Receiving Service                                    |  |     |  |   |   |  |  |   |   |  |
| Name of Entity Providing Service . Name of Entity Receiving Service |  |     | والمراقبة والإراجان والمسترب والسرارة سيوران والمراقبة والمراقبة والمراقبة والمراقبة والمراقبة والمراقبة والمراقبة |   |   |  | THE RESERVE STREET, THE PROPERTY OF THE PROPER |   |   | ************************************** |

If No Shared Services X this Box

### 2019 HOUSING AUTHORITY BUDGET

Financial Schedules Section

### SUMMARY

Gioucester Township Housing Authority January 1, 2019 For the Period

|  |                              | FY 20                                  | FY 2019 Proposed Budget | Budget   |                         | 1  | FY 2018 Adopted<br>Budget | (Decrease) Frapased vs. Adopted | (Decreose)<br>Proposed vs.<br>Adopted   |
|--|------------------------------|--|-------------------------|--|-------------------------|--|---------------------------|---------------------------------|---|
| 1-   | Public Housing<br>Management | Section 8                              | Housing<br>Voucher      | Other Programs   | Total All<br>Operations | A.H.<br>Ons  | Total All<br>Operations   | Aft Operations                  | All Operations All Operations           |
| <b>}</b>   | ì                            |  |                         | •  | v                       | DU CON   | 000 C8                    | un                              | 0.0%                                    |
| Total Operating Revenues   | \$ \$0,000                   | ·                                      | ,                       | <b>ሳ</b> ት   | r)                      | No.  |                           |                                 | :                                       |
| Total Non-Operating Revenues   | •                            | ,                                      | -                       | *  |                         |  |                           |                                 | #DIA/of                                 |
| Total Anticipated Revenues   | 80,000                       |  | 9                       |  |                         | 80,000   | 80,000                    |                                 | 0.0%                                    |
|  |                              |  |                         |  |                         |  |                           |                                 |   |
| Total Administration   | 200'03                       | •                                      | ,                       | •  | 1                       | 80,060   | 000'08                    | •                               | *************************************** |
| Total Cost of Providing Services   | ` •                          |  |                         | ·  | 1                       | ŧ  | •                         |                                 | #DIA/OH                                 |
| Total Principal Payments on Debt Service in<br>Lieu of Depreciation  | XXXXXXXXXXXXXXXX             | XXXXXXXXXXXXXXX                        | XXXXXXXXXXXX            | XXXXXXXXXXX  |                         | •  |                           |                                 | #DIV/OF                                 |
| Total Operating Appropriations   | 80,000                       | ·                                      |                         |  | 1                       | 80,030   | 20,000                    |                                 | 0.0%                                    |
| Total Interest Payments on Debt  | XXXXXXXXXXX                  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXX          | XXXXXXXXXXXX   |                         | * 1  |                           |                                 | HOW/GE                                  |
| Total Other Non-Operating Appropriations<br>Total Non-Operating Appropriations   |                              |  | -                       |  |                         | ,  |                           |                                 | #DIV/OF                                 |
| Accumulated Deficit  | *                            |  |                         | والمقاروة والمراد والمستورة والمستور |                         | To the second state of the |                           |                                 | #DW/@i                                  |
| Total Appropriations and Accumulated<br>Deficit  | 000'08                       |  | ,                       | •  | 1                       | 80,000   | 80,00%                    | th                              | 0.0%                                    |
| I see Total Linestricted Net Position Utilized   |                              |  | -                       |  | 1                       | ٠  |                           |                                 | HDIV/OI                                 |
| 10.01 (10.00 to 10.00 | 90,000                       |  | *                       | 1  |                         | 000'08   | 000'08                    | 0                               | 0.0%                                    |
|  |                              | 40                                     | + <b>J</b>              | **   | לעד<br>י                | ٠  | -<br>•/1                  | \$                              | #DW/kil                                 |

### Revenue Schedule

For the Period

Gloucester Township Housing Authority January 1, 2019 to December 31, 2019

| Public Hotesting   Public Hotesting   Management   Section 2   Voucher Programs   Operations  |                                       |                | FY 2019   | Proposed   | Budget   |          | FY 2018 Adopted<br>Budget | \$ Increase<br>(Decrease)<br>Proposed vs.<br>Adopted | ik Increase<br>(Decrease)<br>Proposed vs.<br>Adopted |
|---|---------------------------------------|----------------|-----------|--|--|----------|---------------------------|--|--|
| Management   Monagement   Section   Section   Section   Section   Operations   Operations   All Operations  |                                       |                |           |  | •  | ,        |                           |  |  |
| DEPARTMENT REVIEWES   |                                       | -              | Spetlan S |  | Other Programs   |          |                           | All Operations                                       | All Operations                                       |
| Richard Fees  | OPERATING REVENUES                    | Annual Parents |           |  | West Configuration   |          | New 2                     |  |  |
| Hemelayers Monthly Syments Dwelling Retails Excess Utilities Dwelling Retails HUD Operating States! HUD Operating States HUD Operating   |                                       |                |           |  |  |          |                           |  |  |
| Develop Rental  |                                       |                |           |  | HAPTERSON IN THE PROPERTY OF T | Īŝ .     | ģ.                        | \$ . =   | #DIV/DI  |
| Excess Utilities  |                                       | 1              |           |  |  | ,        |                           | •  | IO/VIOR  |
| Nan-Duelling Bethal   HUO Operating Subsidy   |                                       |                |           |  |  |          | •                         |  | iiDIV/01   |
| HUD Operating Subsisty New Construction - Acc Section 8 Voucher - Acc Housing Voucher Total Refuel Feet  Other Operating Resease (List)  Other Operating Resease (List)  Management Pers from two credit entity Type in Genot, Chlor Ready Ty  |                                       | -              |           |  | •  |          |                           |  | #DIV/01  |
| New Construction - Acc Section 8  |                                       | İ              |           |  |  |          | •                         |  | #DIV/01  |
| Voucitir - Act Plousing Voucities   | • •                                   | ļ              |           |  |  |          | *                         |  | iolvios  |
| Total Bental Fees    Total Bental Fees   Total Bental Fees   Management Fass from box credit entity   \$0000   \$0,000   \$     |                                       |                |           |  | •  |          | •                         | •  | #DIV/OI  |
| Management Fans from tox credit entity   80000  | -                                     |                |           | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> | · · · · · · · · · · · · · · · · · · ·  |          |                           | **************************************               | 10/VIOR  |
| Management Fees from tox credit entity   \$0,000   \$0,00 |                                       |                |           |  |  |          | 4.0                       |  | •  |
| Yype in (Grant, Other Rev)  |                                       | 60000          |           | -  |  | 80,000   | 80,000                    |  | 0.0%   |
| Yype in (Grant, Other Rev)  |                                       |                |           |  |  |          |                           | •  | #DIV/OI  |
| Type in (Grant, Other Rev) Type in (Grant, Other  |                                       |                |           |  |  | _        | •                         | -  |  |
| Type in (Grant, Other Rev)  |                                       |                |           |  |  | -        | •                         | -  |  |
| Type in (Grant, Other Rev)  | Type in (Grant, Other Rev)            | j              |           |  |  |          | •                         |  | -  |
| Type In (Grant, Other Rev)  |                                       |                |           |  |  |          | •                         |  | -  |
| Type in (Grant, Other Rev)  | Type in (Grant, Other Rev)            |                |           |  |  | -        |                           | u u  |  |
| Yope in (Grant, Other Rev)  | Type in (Grant, Other Rev)            |                |           |  |  |          |                           | •  |  |
| Type In (Grant, Other Rev)  |                                       |                |           |  |  | -        |                           | •  |  |
| Type in (Grant, Other Rev)  |                                       |                |           |  |  | -        | •                         | •  |  |
| Yppe in (Grant, Other Rev)  |                                       | i              |           |  |  | -        | -                         | 4  | -  |
| Type in (Grant, Other Rev)  | Type in (Grant, Other Rev)            | Į              |           |  |  | -        | •                         |  |  |
| Type in (Grant, Other Rev)  | Type in (Grant, Other Rev)            | ]              | -         |  |  |          | •                         | 4  | -  |
| Type in (Grant, Other Rev)  | Type in (Grant, Other Rev)            |                |           |  |  | -        | •                         | •  | -  |
| Type in (Grant, Other Rev)  | Type in (Grant, Other Rev)            |                |           |  |  | -        | , •                       | •  |  |
| Type in (Grant, Other Rev)  | Type in (Grant, Other Rev)            | •              |           |  |  |          | -                         | -  |  |
| Type in (Grant, Other Rev)  |                                       |                |           |  |  | -        | -                         | •  |  |
| Type in (Grant, Other Rev)  | Type in (Grant, Other Rev)            |                |           |  |  | -        | •                         | •  |  |
| Total Other Ravenue   | Type In (Grant, Other Rev)            |                | :         |  |  | -        | -                         | •.   | •  |
| Total Operating Revenues   80,000   80,000   80,000   - 0.0%  | Type in (Grant, Other Rev)            |                |           |  |  | <u> </u> |                           |  |  |
| NON-OPERATING REVENUES   SOLVEN   SOL  | Total Other Rovenue                   | 80,000         | -         |  | ~  |          |                           | ·  |  |
| Type In   | Total Operating Revenues              | 80,600         |           | *  | *  | 80,000   | 80,000                    |  | . 0.0%   |
| Type in   | NON-OPERATING REVENUES                |                |           |  |  |          |                           |  | •  |
| Type in   | Other Non-Operating Revenues (List)   |                | ·         |  | <u> </u>   |          |                           |  |  |
| Type in   | Type in                               | 1              |           |  |  | -        | *                         | •  |  |
| Type in Type in Type in Type in Type in Type in Total Other Non-Operating Revenue Interest on investments & Deposits (List) Interest Earned Penalties Other Total Interest   |                                       | İ              |           |  |  | -        | •                         | •  |  |
| Type In Type In Type In Total Other Non-Operating Revenue Interest on Investments & Deposits (List) Interest Earned Penaltles Other Total Interest  | Type in                               | }              |           |  |  | -        | •                         | •  | •  |
| Type In  Total Other Non-Operating Revenue  Interest on investments & Deposits (List)  Interest Earned  Penaltles Other  Total Interest  Total Interest  Total Interest  Total Non-Operating Revenues   | 1 ''                                  |                |           |  |  | -        | •                         | •  | •  |
| Total Other Non-Operating Revenue  Interest on investments & Deposits (List)  Interest Earned  Penalties Other  Total interest  Total interest  Total interest  Total Non-Operating Revenues  |                                       | ł              |           |  |  | •        | *                         | •  | •  |
| Total Non-Operating Revenues   SDIV/OI     Interest Earned   SDIV/OI     Interest Earned   SDIV/OI     Penalties   SDIV/OI     Potal Interest   SDIV/OI     Total Interest   SDIV/OI     Total Non-Operating Revenues   SDIV/OI     Total Non-  |                                       | <u> </u>       |           |  |  |          |                           |  |  |
| Interest Earned   |                                       | -              |           |  |  |          | ·                         |  | , HOIVYOI  |
| IDIV/Ot   |                                       | ,              |           |  |  | 7        |                           | _  | IOWER  |
| Penalties   | · · · · · · · · · · · · · · · · · · · | -              |           |  |  | 1        |                           | -  |  |
| Total Interest Total Non-Operating Revenues   |                                       | 1              |           |  |  |          | •                         | -  |  |
| Total Interest  Total Non-Operating Revenues  - HDIV/OI   |                                       | <u> </u>       |           |  |  |          |                           |  |  |
| Total non-Operating Revenues  |                                       |                |           |  |  |          |                           |  |  |
| TOTAL ANTICIPATED REVENUES 5 BULENUS 3 - 5 - 5 - 5 GUARN 3 - 5 - 5 GUARN 3 - 5 - 5 GUARN 3  | ·                                     | 4 50.000       |           |  |  |          | \$ 80,000                 | 5  |  |
|   | TOTAL ANTIGPATED REVENUES             | 2 80,000       | *         | ٠<br><del></del>                                 |  | 2 00/000 |                           | **************************************               |  |

### Prior Year Adopted Revenue Schedule

### Gloucester Township Housing Authority

|  | FY 2018 Adopted Budget |  |  |  |            |  |  |
|--|------------------------|--|--|--|------------|--|--|
| •                                      |                        |  |  |  |            |  |  |
|  | Public Housing         | . Section 8                            | Housing<br>Voucher                     | Athen Dunesen                          | Total All  |  |  |
| OPERATING REVENUES                     | Management             | . Section &                            | voucner                                | Other Programs                         | Operations |  |  |
| Rental Fees                            |                        |  |  |  |            |  |  |
| Homebuyers' Monthly Payments           |                        | ************************************** | ************************************** | ************************************** | į.         |  |  |
| Dweiling Rental                        |                        |  |  |  | \$ .       |  |  |
| Excess Utilities                       |                        |  |  |  | -          |  |  |
| Non-Dwelling Rental                    |                        |  |  |  | 16         |  |  |
| HUD Operating Subsidy                  |                        |  |  |  | •          |  |  |
| New Construction - Acc Section 8       |                        |  |  |  |            |  |  |
| Voucher - Acc Housing Voucher          |                        |  |  |  |            |  |  |
| Total Rental Fees                      |                        | _                                      |  | •                                      | •          |  |  |
| Other Revenue (List)                   |                        |  |  |  |            |  |  |
| Management Fees from tax credit entity | 80000                  |  |  | •                                      | 80,000     |  |  |
| Type in (Grant, Other Rev)             |                        |  |  |  | -          |  |  |
| Type in (Grant, Other Rev)             |                        |  | •                                      |  | •          |  |  |
| Type In (Grant, Other Rev)             |                        |  |  |  | -          |  |  |
| Type in (Grant, Other Rev)             | •                      |  |  |  | ~          |  |  |
| Type in (Grant, Other Rev)             |                        |  |  | ĺ                                      | •          |  |  |
| Type in (Grant, Other Rev)             |                        |  |  |  | *          |  |  |
| Type in (Grant, Other Rev)             |                        |  |  |  | -          |  |  |
| Type in (Grant, Other Rev)             |                        |  |  |  | ,<br>pa.   |  |  |
| 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)             |                        |  |  | · 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)             |                        |  |  |  | *          |  |  |
| Total Other Revenue                    | 80,000                 |  | -                                      |  | 80,000     |  |  |
| Total Operating Revenues               | 80,000                 |  |  | -                                      | 80,000     |  |  |
| NON-OPERATING REVENUES                 |                        |  |  |  |            |  |  |
| Other Non-Operating Revenues (List)    |                        |  |  |  |            |  |  |
| Type In                                |                        |  |  |  | _          |  |  |
| Type in                                |                        |  |  | ,                                      | •          |  |  |
| Type in                                |                        |  |  |  | -          |  |  |
| Type in                                |                        |  |  | •                                      | •          |  |  |
| Type in                                |                        |  |  | Į                                      | -          |  |  |
| Type in                                |                        |  |  |  |            |  |  |
| Other Non-Operating Revenues           |                        | *                                      | *                                      |  | <u> </u>   |  |  |
| Interest on Investments & Deposits     |                        |  |  | <del></del>                            |            |  |  |
| Interest Earned                        |                        |  |  |  | -          |  |  |
| Penalties                              |                        |  |  |  | -          |  |  |
| Other                                  |                        |  |  | 1                                      | *          |  |  |
| Total Interest                         | <u> </u>               | -                                      |  | -                                      |            |  |  |
| Total Non-Operating Revenues           |                        | <u></u>                                |  |  | -          |  |  |
| TOTAL ANTICIPATED REVENUES             | \$ 80,000              | S - S                                  | \$ -                                   | \$ -                                   | \$ 80,000  |  |  |

### Appropriations Schedule

For the Period

Gloucester Township Housing Authority January 1, 2019 to (

Documber 31, 2019

| •   | chilocomunication  | FY                                       | 2019  Propos                           | ed Budget                                  | 4777-VAS-V-673-4-Rob-Heri Caustei d'Annamento co   | FY 2018 Adopted<br>Sudget  | \$ Increase<br>(Decrease)<br>Proposed vs.<br>Adapted   | % increase<br>(Decrease)<br>Proposed vs.<br>Adopted |
|---|--|--|--|--|--|--|--|---|
|   | Public Housing<br>Management   | Section &                                | Housing<br>Voucher                     | Other Programs                             | Total All<br>Operations  | Totaf Ali<br>Operations  | All Operations   | All Operations                                      |
| OPERATING APPROPRIATIONS Administration   |  |  |  |  |  |  |  |   |
| Salaty & Wages  | FOR SHARE STATE OF THE STATE OF | en en en en en en en en en en en en en e |  | na na na na na na na na na na na na na n   | 7  | s .  | <b>s</b> .   | Miles Lags  |
| Fringe Dentilly   |  |  |  |  | ,  | * ·  | \$ +   | ADIV/OI   |
| Legal   | 1.   |  |  |  | 1  |  | *  | #014/01<br>#014/01                                  |
| Staff Training  | 1  |  |  |  |  |  |  | #D///0]   |
| Travel  | 1  |  |  |  |  |  |  | ומלעופא   |
| Accounting Fees   | 1  |  |  |  |  |  |  | HOIV/OI   |
| Auditing Foes   | 10,000   |  |  |  | 10,000   | 000.01   |  | 0.0%  |
| Micollangous Administration*  | 70,000   |  |  |  | 70,000   | 70,000   |  | 0.0%  |
| Total Administration  | 80,000   | ~  | ************************************** |  | 30,060   | 80,000   |  | 0.0%  |
| Cost of Providing Services  | Andrew Co. 100 | **************************************   |  |  | DARWING CORNER - I - In I - I - I  |  |  |   |
| Splary & Wages - Tenent Services  |  |  |  |  | 1 .  |  |  | #OIV/OI   |
| Salary & Wages - Maintenance & Operation  | ļ  |  |  |  |  | ·  | .%   | #DIV/01   |
| Salary & Wages - Protective Services  |  |  |  |  | -  | •  | £  | #DIV/01   |
| Salary & Wages - Utility Labor  | I  |  |  |  | -  | •  | •  | nDiv/ol   |
| Fringe Benefits   |  |  |  |  |  |  |  | (O(VIOR   |
| Tenant Services   | ļ  |  |  |  | -  | •  |  | HOIALDI   |
| Utilities   | Ì  |  |  |  |  |  |  | HOIVOR  |
| Maintenance & Operation   | 1.   |  |  |  | -  | •  |  | #0(V/0)   |
| Protective Services   | 1  |  |  |  |  | •  | •  | 15\Vion   |
| insurance   |  |  |  | ·  | •  | -  | -  | fo/vion   |
| Payment in Lieu of Taxes (PILOT)  |  |  |  |  | •  | •  | •  | IO/VION   |
| Terminal Loave Payments<br>Collection Loaves  | 1 .  |  |  |  | -  | •  | •  | #DIV/01   |
| Other General Expense   | 1  |  | -                                      |  | •  | •  | -  | #DIV/01   |
| Neutz   | j .  |  |  |  | -  | •.   |  | #DIV/01   |
| Extraordinary Malnisnance   |  |  |  | •  | •  | •  | -  | #DIV/01   |
| Replacement of Non-Expendible Equipment   | }  |  |  |  | -  |  | -  | 10/V/01   |
| Property Betterment/Additions   |  | . '                                      |  | :  | •  | •  | •  |   |
| Miscellangous COPS*   |  |  |  |  | •  | •  | •  | #DIV/0!<br>#OIV/0!                                  |
| Total Cost of Providing Services  |  |  | <del></del>                            |  |  |  |  | #DIV/GI   |
| Total Principal Payments on Dabt Service in Lieu of   |  | ***********                              | <del></del>                            |  |  |  |  | #CS47Gt   |
| Dapreciation  | XXXXXXXXXXXXXXX  | CKKKKKKKKKK                              | XXXXXXXXXX                             | XXXXXXXXXX                                 | •  |  |  | #DIV/0I   |
| <ul> <li>Total Operating Appropriations</li> </ul>  | 80,000   |  | *                                      |  | 80,000   | 600,08   |  | 0.0%  |
| NON-OPERATING APPROPRIATIONS  |  |  |  |  |  |  |  |   |
| Total Interest Payments on Debt   | XXXXXXXXXXXXX  | C XXXXXXXXXXXX                           | XXXXXXXXXX                             | XXXXXXXXXXX                                | •  | •  | •  | #D1V/01   |
| Operations & Maintenance Reserve  |  |  | 1                                      |  | >  | •  | •  | #DIV/01   |
| Ronawal & Replacement Reserve   | 1  |  |  |  | -  | •  |  | #01V/01   |
| Municipality/County Appropriation   | j  |  |  |  | -  | •  | •  | #DIV/01   |
| Other Reserves  | L  |  |  |  | -  | ***************************************  | . *  | NOW/OI  |
| Total Non-Operating Appropriations  | 26.44  |  |  | ***************************************    |  |  | •  | #D/V/OL   |
| TOTAL APPROPRIATIONS  | 80,000   |  |  |  | 80,000   | 80,000   | •  | 20.0%   |
| ACCUMULATED DEFICIT   | <u> </u>   |  | <del></del>                            | <u></u>                                    | <u> </u>   |  |  | abry/ot   |
| TOTAL APPROPRIATIONS & ACCUMULATED DEFICIT  | do nan   |  |  |  | 20.000   |  |  | 2 500   |
| Denci<br>Unrestricted net position utilized   | 80,000   | <del></del>                              |  | *  | 80,000   | \$0,000  |  | 9,0%  |
| Municipality/County Appropriation   | _  |  |  |  |  |  |  | #DIV/01   |
| Other   |  | <del></del>                              |  | <del></del>                                | •  | •  | -  | #DIV/OI   |
| Total Unrestricted Net Position Utilized  | L  |  |  | <del></del>                                | <del></del>  |  |  | #DIV/DI   |
| TOTAL HET OFFICIEU HAL POSITIONS  | \$ 80,000 \$   |  |  | <del>~~~~~</del>                           | \$ 80,000  | \$ 80,000  | <u> </u>   | 0.0%  |
| d and the samp and 4 55mt standsdays  | A COLORO A   |  |  | \$<br>************************************ | WENN THE SECOND SECTION SECTIO | Profession and Profes | A PARTICIPATION OF THE PARTIES OF TH | Fella   |
| Miscellaneous line items may not exceed 5% of to<br>the line item must be itemized above.<br>5% of Total Operating Appropriations | ital operating approp  |  |  | in miseellaneous is gro                    | sater than the amount  | shown below, then  |  |   |

### **Prior Year Adopted Appropriations Schedule**

### Gloucester Township Housing Authority

|   | FY 2013 Adopted Budget |   |                                       |                  |  |            |  |  |  |  |
|---|------------------------|---|---------------------------------------|------------------|--|------------|--|--|--|--|
|   | Public Housing         |   |                                       | ,                |  | Total All  |  |  |  |  |
|   | Management             | Section 8                               | / gnisuoH                             | outher Other Pro | grams                                  | Operations |  |  |  |  |
| OPERATING APPROPRIATIONS                                    |                        | ı                                       |                                       |                  |  |            |  |  |  |  |
| Administration  | ,                      |   |                                       |                  | -                                      |            |  |  |  |  |
| Salary & Wages  |                        |   |                                       |                  | \$                                     | •          |  |  |  |  |
| Fringe Benefits   |                        |   | •                                     |                  |  | `          |  |  |  |  |
| Legal ·   |                        |   |                                       |                  |  |            |  |  |  |  |
| Staff Training  |                        |   |                                       |                  |  | *          |  |  |  |  |
| Travel  |                        |   |                                       |                  |  | •          |  |  |  |  |
| Accounting Fees   |                        |   |                                       |                  | 1                                      |            |  |  |  |  |
| Auditing Fees   | 10,000                 |   | •                                     |                  | -                                      | 10,000     |  |  |  |  |
| Miscellaneous Administration*                               | 70,000                 |   |                                       |                  | 4                                      | 70,000     |  |  |  |  |
| Total Administration  | 80,000                 |   | <del> </del>                          | <u> </u>         |  | 80,000     |  |  |  |  |
| Cost of Providing Services                                  |                        |   |                                       | <u> </u>         |  | ,          |  |  |  |  |
| Salary & Wages - Tenant Services                            |                        |   |                                       |                  |  |            |  |  |  |  |
| Salary & Wages - Maintenance & Operation                    |                        |   |                                       |                  |  |            |  |  |  |  |
| Salary & Wages - Protective Services                        | į                      |   |                                       |                  |  | _          |  |  |  |  |
| • •   |                        |   |                                       |                  | 1                                      | _          |  |  |  |  |
| Salory & Wages - Utility Labor                              |                        |   |                                       |                  |  |            |  |  |  |  |
| Fringe Benefits   |                        |   |                                       |                  |  |            |  |  |  |  |
| Tenant Services   |                        |   |                                       |                  |  |            |  |  |  |  |
| Utilities   |                        |   |                                       |                  |  | •          |  |  |  |  |
| Maintenance & Operation                                     |                        |   |                                       |                  |  | -          |  |  |  |  |
| Protective Services   |                        |   |                                       |                  |  | •          |  |  |  |  |
| Insurance   |                        |   |                                       |                  |  | •          |  |  |  |  |
| Payment in Lieu of Taxes (PILOT)                            |                        |   |                                       |                  |  | -          |  |  |  |  |
| Terminal Leave Payments                                     |                        |   |                                       |                  | ŀ                                      | -          |  |  |  |  |
| Collection Losses   |                        |   |                                       |                  |  | -          |  |  |  |  |
| Other General Expense                                       |                        |   |                                       |                  | -                                      | -          |  |  |  |  |
| Rents   |                        |   |                                       |                  | <b>§</b>                               | •          |  |  |  |  |
| Extraordinary Maintenance                                   |                        |   |                                       | •                | 1                                      | -          |  |  |  |  |
| Replacement of Non-Expendible Equipment                     | ľ                      |   |                                       | •                |  | -          |  |  |  |  |
| Property Betterment/Additions                               |                        |   |                                       |                  |  |            |  |  |  |  |
| Miscellangous COPS*   |                        |   |                                       |                  | - 1                                    |            |  |  |  |  |
| Total Cost of Providing Services                            | L                      |   | -                                     |                  |  |            |  |  |  |  |
| Total Principal Payments on Debt Service in Lieu of         |                        |   |                                       |                  |  |            |  |  |  |  |
|   | XXXXXXXXXXXXXX         | XXXXXXXXXXXXX                           | C XXXXXXXX                            | XXXXXX XXXXXXX   | XXXXXX                                 | -          |  |  |  |  |
| Depreciation  | 80,000                 | MANAMANA                                | · romana                              | -                |  | 80,000     |  |  |  |  |
| Total Operating Appropriations NON-OPERATING APPROPRIATIONS | 50,000                 |   |                                       |                  |  |            |  |  |  |  |
| Total Interest Payments on Debt                             | XXXXXXXXXXXXX          | XXXXXXXXXXXXX                           | XXXXXXXX                              | XXXXXX XXXXXXXX  | XXXXXX                                 |            |  |  |  |  |
|   | Anananananan           | 300000000000000000000000000000000000000 | 100000                                |                  | 7                                      |            |  |  |  |  |
| Operations & Maintenance Reserve                            |                        |   |                                       |                  |  |            |  |  |  |  |
| Renewal & Replacement Reserve                               | 1                      |   |                                       |                  |  |            |  |  |  |  |
| Municipality/County Appropriation                           | 1                      |   |                                       |                  | 1                                      |            |  |  |  |  |
| Other Reserves  | <u></u>                | ·                                       |                                       |                  |  |            |  |  |  |  |
| Total Non-Operating Appropriations                          |                        |   | <del></del>                           | <u> </u>         | <del></del>                            | 80,000     |  |  |  |  |
| TOTAL APPROPRIATIONS  | 80,000                 |   |                                       |                  |  | 00,000     |  |  |  |  |
| ACCUMULATED DEFICIT   | <u></u>                |   |                                       | <u> </u>         |  |            |  |  |  |  |
| TOTAL APPROPRIATIONS & ACCUMULATED                          |                        |   |                                       |                  |  |            |  |  |  |  |
| DEFICIT   | 000,08                 |   | -                                     |                  |  | 80,000     |  |  |  |  |
| UNRESTRICTED NET POSITION UTILIZED                          |                        |   |                                       |                  |  |            |  |  |  |  |
| Municipality/County Appropriation                           | -                      |   |                                       | <u> </u>         |  |            |  |  |  |  |
|   |                        |   |                                       |                  |  |            |  |  |  |  |
| Other Total Unrestricted Net Position Utilized              | L                      |   | -                                     |                  | -                                      |            |  |  |  |  |
| TOTAL NET APPROPRIATIONS                                    | \$ 80,000              | \$                                      | - \$                                  | - \$             | - \$                                   | 80,000     |  |  |  |  |
|   | ა დეკისი               | ₽                                       | · · · · · · · · · · · · · · · · · · · |                  | ************************************** |            |  |  |  |  |

4,000.00 \$

4,000.00

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

5% of Total Operating Appropriations

### Debt Service Schedule - Principal

|                                       |                                     | Total Principal<br>Outstanding  | ı ı                                      | , 1                | a de la calendar de l | \$ .                               |
|---------------------------------------|-------------------------------------|---------------------------------|--|--------------------|--|------------------------------------|
|                                       | Thereafter                          |                                 |  |                    |  |                                    |
|                                       | 2624                                |                                 |  |                    | \$   |                                    |
|                                       | 2023                                | •                               |  |                    | \$ -   |                                    |
| ίtγ                                   | Ending in                           | 2022                            |  | J                  |  | \$ -                               |
| ip Housing Author                     | Fiscal Year Ending in               | 1202 ·                          |  |                    |  | - \$                               |
| Gioucester Township Housing Authority | •                                   | 2020                            |  |                    |  | \$                                 |
| •                                     | •                                   | Proposed<br>Budget Year<br>2019 |  |                    | Application in the second supplication in the second secon | \$                                 |
|                                       | ×                                   | Adopted Budget<br>Year 2018     | ·  |                    |  | \$                                 |
|                                       | If Authority has no debt X this box |                                 | Type in Issue Name<br>Type in Issue Name | Type in Issue Name | Type in Issue Name<br>TOTAL PRINCIPAL  | LESS: HLD SUBSIDY<br>NET PRINCIPAL |

| The second second second |         |                                     | 1                |
|--------------------------|---------|-------------------------------------|------------------|
|                          | Moody's | Fitch                               | Standard & Poors |
| Bond Rating              |         |                                     |                  |
| Year of Last Rating      |         |                                     |                  |
|                          | i ou ii | if no Rating type in Not Applicable | plicable         |

ů,

Debt Service Schedule - Interest Gloucester Township Housing Authority

|                           | ************************************ | Payments<br>Payments<br>Outstanding |                    | •                  | •                  |   | ************************************** |
|---------------------------|--------------------------------------|-------------------------------------|--------------------|--------------------|--------------------|---|--|
|                           |                                      | Thereafter                          |                    |                    |                    | -   | - \$                                   |
|                           |                                      | 2024                                |                    |                    |                    | 1   | \$                                     |
|                           |                                      | 2023                                |                    |                    |                    | -   | 4                                      |
|                           | ding in                              | 2022                                |                    |                    |                    | 1   | \$                                     |
| The state of the state of | Fiscal Year Ending in                | 2021                                |                    |                    |                    |   | \$ .                                   |
|                           |                                      | 2020                                |                    |                    |                    |   | \$                                     |
| 3                         | ,                                    | Proposed<br>Budget Year<br>2019     |                    |                    |                    | Party and the contract of the | \$                                     |
|                           | ×                                    | Adopted Budget<br>Year 2018         |                    |                    |                    |   |  |
|                           | If Authority has no debt X this box  |                                     | Type in Issue Name | Type in Issue Name | Type in Issue Name | Type in Issue Name<br>TOTAL INTEREST  | LESS: HUD SUBSIDY<br>NET INTEREST      |

### Net Position Reconciliation

January 1, 2019 Gloucester Township Housing Authority For the Period

**December 31, 2019** 5

### FY 2019 Proposed Budget

| Total All rams Operations           | \$ 2,195   | 2,195  | 1  | 2,195  | \$ 2,195  |
|-------------------------------------|--|--|--|--|---|
| Housing<br>Voucher Other Programs   | \$ -   |  |  |  | ٠, ١, ١<br>د  |
| Public Housing Management Section 8 | \$ 2,195 \$  | 2,195  |  | 2,195  |   |
|                                     | 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) 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 | Appropriation to Municipality/County (3)  Total Unrestricted Net Position Utilized in Proposed Budget PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR (4) |

(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.

4,000 \$ Maximum Allowable Appropriation to Municipality/County

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

## 2019 GLOUCESTER TOWNSHIP HOUSING AUTHORITY

(Name)

HOUSING
AUTHORITY
CAPITAL
BUDGET/
PROGRAM

### 2019 CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

### GLOUCESTER TOWNSHIP HOUSING AUTHORITY (Name)

|       | YEAR:  | FROM:1/1/2019                 | TO:12/31/2019  |     |
|-------|--|-------------------------------|--|-----|
| Annue | ue copy of the Capital                                       | Budget/Program approved, p    | ority Capital Budget/Program annexed here ursuant to N.J.A.C. 5:31-2.2, along with t  Housing Authority, on t          | the |
| ·     |  | OR                            |  |     |
| to N. | rity have elected <u>NOT</u><br><u>LA.C. 5:31-2.2</u> for th | to adopt a Capital Budget /Pr | oody of the Gloucester Township Housi ogram for the aforesaid fiscal year, pursus Authority's only source of revenue a | ant |
|       | Officer's Signature:   | Milwano                       |  |     |
|       | Name:  | Maria Iwano                   |  |     |
|       | Title:   | Acting Executive Director     |  |     |

856-227-5077

maria@gthousingauthority.org

Address:

Phone Number:

E-mail address

405 Woodbury Turnersville Road, Blackwood, NJ 08012

Fax Number:

856-227-2993

### 2019 CAPITAL BUDGET/PROGRAM MESSAGE

### Gloucester Township Housing Authority

(Name)

FISCAL YEAR:

FROM:1/1/2019

TO:12/31/2019

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

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

Add additional sheets if necessary.

### **Proposed Capital Budget**

### Gloucester Township Housing Authority For the Period January 1, 2019 to

December 31, 2019

|                               |   | Funding Sources                        |  |                                       |  |                  |  |  |  |
|-------------------------------|---|--|--|---------------------------------------|--|------------------|--|--|--|
|                               | Estimated Total                         | Unrestricted Net                       | Renewal &<br>Replacement                             |                                       |  |                  |  |  |  |
|                               | Cost                                    | Position Utilized                      | Reserve  | Debt<br>Authorization                 | Capital Grants                         | Other<br>Sources |  |  |  |
| Public Housing Management     | THE RESERVE THE PERSON NAMED IN COLUMN  |  | 1100111  | - ANTIONIA CENTER                     | capter crants                          | 2001.062         |  |  |  |
| Type in Description           | \$ -                                    |  |  |                                       |  |                  |  |  |  |
| Type in Description           |   |  |  |                                       |  |                  |  |  |  |
| Type in Description           | _                                       | •                                      |  |                                       |  |                  |  |  |  |
| Type in Description           |   |  |  |                                       |  |                  |  |  |  |
| Total                         |   | <u> </u>                               | 4  | E-                                    |  |                  |  |  |  |
| Section 8                     |   | ************************************** |  | <u> </u>                              | ************************************** | ~                |  |  |  |
| Type in Description           |   |  | 13.114%(hannala-a-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- |                                       |  |                  |  |  |  |
| Type in Description           |   |  |  |                                       |  |                  |  |  |  |
| Type in Description           |   |  |  |                                       |  |                  |  |  |  |
| Type in Description           | -                                       |  | •  | •                                     |  |                  |  |  |  |
| Total                         |   | <u> </u>                               |  |                                       |  |                  |  |  |  |
| Housing Voucher               |   |  | ····   | · · · · · · · · · · · · · · · · · · · | *                                      |                  |  |  |  |
| Type in Description           |   |  | **************************************               |                                       |  |                  |  |  |  |
| Type in Description           | _                                       |  |  |                                       |  |                  |  |  |  |
| Type in Description           |   |  |  |                                       |  |                  |  |  |  |
| Type in Description           |   | 1                                      | ,  |                                       |  |                  |  |  |  |
| Total                         | *                                       | <del></del>                            |  |                                       |  |                  |  |  |  |
| Other Programs                | *************************************** | <del></del>                            | ***************************************              |                                       | *                                      |                  |  |  |  |
| Type in Description           | _                                       |  |  |                                       |  |                  |  |  |  |
| Type in Description           |   |  |  |                                       |  |                  |  |  |  |
| Type in Description           | _                                       |  |  |                                       |  | <b>f</b>         |  |  |  |
| Type in Description           |   |  |  | •                                     |  |                  |  |  |  |
| Total                         |   |  | <del></del>  |                                       |  |                  |  |  |  |
| TOTAL PROPOSED CAPITAL BUDGET | \$ -                                    | \$ -                                   | \$ -   | Š -                                   | \$ - S                                 |                  |  |  |  |
|                               |   |  |  |                                       | - J                                    |                  |  |  |  |

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

Gloucester Township Housing Authority

od January 1, 2019

to

December 31, 2019

|                           |  | Fiscal Year Beginning in    |       |  |  |  |   |  |  |
|---------------------------|--|-----------------------------|-------|--|--|--|---|--|--|
|                           | Estimated Total<br>Cost  | Current Budget<br>Year 2019 | 2020  | 2021   | 2022                                   | 2023                                   | 2024                                    |  |  |
| Public Housing Management |  |                             |       | *****  | ************************************** | ····                                   |   |  |  |
| Type in Description       | \$ -   | \$ -                        |       | THE RESIDENCE OF THE PERSON NAMED IN             | <del></del>                            |  |   |  |  |
| Type in Description       |  | -                           |       |  |  |  |   |  |  |
| Type in Description       | •  |                             | •     |  |  |  |   |  |  |
| Type in Description       |  |                             |       |  |  |  | j                                       |  |  |
| Total                     | -  | _                           |       | <del>(************************************</del> | ***********                            | ······································ | <del></del>                             |  |  |
| Section 8                 |  | 3                           |       |  | · · · · · · · · · · · · · · · · · · ·  | <del></del>                            | · · · · · · · · · · · · · · · · · · ·   |  |  |
| Type in Description       |  | <u>.</u> [                  |       |  |  | <del></del>                            |   |  |  |
| Type in Description       | • .  | - [                         |       |  |  |  |   |  |  |
| Type in Description       | •  | -                           |       |  |  |  |   |  |  |
| Type in Description       | , w  |                             |       |  | •                                      |  |   |  |  |
| Total                     | 14 (A. 15 - A. | -                           | =     | *  |  | <del> </del>                           |   |  |  |
| Housing Voucher           |  |                             |       |  |  | <del></del>                            | *************************************** |  |  |
| Type In Description       | •  | -                           |       |  |  |  | -                                       |  |  |
| Type in Description       | -  | -                           |       |  |  | •                                      | Į                                       |  |  |
| Type in Description       | •  | •                           |       |  |  |  | ļ                                       |  |  |
| Type in Description Total | **************************************   |                             |       |  |  |  | ĺ                                       |  |  |
| Other Programs            | -  | -                           | _     |  | 4.0                                    | -                                      |   |  |  |
| Type in Description       |  | _                           |       |  |  |  |   |  |  |
| Type in Description       | •  | • ]                         |       |  |  | •                                      |   |  |  |
| Type in Description       | * .  | -                           |       |  |  |  | 1                                       |  |  |
| Type in Description       | •  | -                           |       | _  |  |  |   |  |  |
| Total                     |  |                             | ····· |  |  |  |   |  |  |
| TOTAL                     | ÷ .  |                             | -     | -  |  |  |   |  |  |
|                           | parameter i  | \$                          | · \$  |  | - 5                                    |  | \$                                      |  |  |

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

### Gloucestar Township Housing Authority

For the Period

January 1, 2019

to

December 31, 2019

|                            |   |                       | Funding Sources                         |  |  |  |                                       |  |  |  |
|----------------------------|---|-----------------------|---|--|--|--|---------------------------------------|--|--|--|
|                            |   |                       |   | Renewal &  | A STATE OF THE PARTY OF THE PAR |  |                                       |  |  |  |
|                            | Estimate<br>Cos                         |                       | Unrestricted Net<br>Position Utilized   | Replacement<br>Reserve                             | Debt<br>Authorization  | Capital Grants                                   | Other Sources                         |  |  |  |
| Public Housing Management  | **                                      | <del></del>           | *************************************** |  |  | ***  |                                       |  |  |  |
| Type in Description        | \$                                      | -                     |   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~             |  | ***************************************          |                                       |  |  |  |
| Type in Description        |   | *                     |   |  |  |  |                                       |  |  |  |
| Type in Description        |   |                       | _                                       |  |  |  | •                                     |  |  |  |
| Type in Description        |   | <b></b>               |   |  |  |  |                                       |  |  |  |
| Total                      |   | *                     |   |  |  |  | ·                                     |  |  |  |
| Section 8                  | ************                            |                       |   |  |  |  |                                       |  |  |  |
| Type in Description        |   |                       | **************************************  |  |  | ······································           |                                       |  |  |  |
| Type in Description        |   | ~                     |   |  |  |  | ,                                     |  |  |  |
| Type in Description        |   |                       |   |  |  |  |                                       |  |  |  |
| Type in Description        |   | 4                     |   |  |  |  |                                       |  |  |  |
| Total                      | sind allow the grade and adjusted and a | <del></del>           |   |  | <u> </u>   |  | · · · · · · · · · · · · · · · · · · · |  |  |  |
| Housing Voucher            | 1                                       | <del></del>           |   | ······································             |  |  |                                       |  |  |  |
| Type in Description        |   | -                     |   | <del>- ** * * * * * * * * * * * * * * * * * </del> |  | ·  |                                       |  |  |  |
| Type in Description        |   | -                     |   |  |  |  |                                       |  |  |  |
| Type in Description        |   |                       |   | •  |  |  |                                       |  |  |  |
| Type in Description        |   | -                     |   |  |  |  |                                       |  |  |  |
| Total ·                    |   |                       | <del></del>                             | ·····  |  |  |                                       |  |  |  |
| Other Programs             | *************************************** | <del></del>           | ·                                       |  | **************************************   | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> |                                       |  |  |  |
| Type in Description        |   | -                     |   |  | <del></del>  | <del></del>                                      |                                       |  |  |  |
| Type in Description        |   |                       |   |  |  |  |                                       |  |  |  |
| Type in Description        |   |                       |   | •  |  |  |                                       |  |  |  |
| Type in Description        |   | -                     |   |  |  |  |                                       |  |  |  |
| Total                      |   | -                     | **************************************  | <del></del>  | -  |  |                                       |  |  |  |
| TOTAL                      | \$                                      | *                     | \$ -                                    | \$   | \$ -   | \$ -   | \$ -                                  |  |  |  |
| Total 5 Year Plan per CB-4 | \$                                      | <del>23/2113114</del> |   |  |  |  |                                       |  |  |  |
| Balance check              |   | - Jf:                 | amount is other than ze                 | ra vacifi that arai                                | acte lietad akawa n  | antrh projecte lich                              | rd on CD. 8                           |  |  |  |

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.