Resolution No. 19 - 12 - 11 - 2

RESOLUTION OF THE COMMISSIONERS OF THE GLOUCESTER TOWNSHIP HOUSING AUTHORITY APPROVING THE LATE FILING OF THE 2020 BUDGET

Whereas, the Gloucester Township Housing Authority is required to submit their approved Budget 60 days prior to the start of their fiscal year to the State of New Jersey, and:

Whereas, the Budget preparation was delayed until the Authority was able to reasonably determine amounts of management fee revenue, and;

Whereas, the Authority has estimated the amounts of management fee revenue required to be included in the proposed budget.

Now Therefore Be It Resolved by the Commissioners of the Gloucester Township Housing Authority approving the late filing of the 2020 Budget.

Authority Budget of:

Gloucester Township Housing Authority

State Filing Year

2020

For the Period:

January 1, 2020

to

December 31, 2020

gthousing authority.org

Authority Web Address



Division of Local Government Services

2020 (2020-2021) HOUSING AUTHORITY BUDGET Certification Section

2020 (2020-2021)

GLOUCESTER TOWNSHIP HOUSING AUTHORITY (Name)

HOUSING AUTHORITY BUDGET

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

For Division Use Only

CERTIFICATION OF APPROVED BUDGET

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

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

Ву:	Date:
	CERTIFICATION OF ADOPTED BUDGET
Budget previously	ted that the adopted Budget made a part hereof has been compared with the approved cortified by the Division, and any amendments made thereto. This adopted Budget is sect to such amendments and comparisons only.
	State of New Jersey
,	Department of Community Affairs
	Director of the Division of Local Government Services
Ву:	Date:

2020 (2020-2021) PREPARER'S CERTIFICATION

GLOUCESTER TOWNSHIP HOUSING AUTHORITY (Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:1/1/2020

TO:12/31/2020

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

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

Preparer's Signature		WA	
Name:	William Katchen (1	PAV	
Title:	Accountant V		
Address:	596 Anderson Ave 07010	nue, Suite 303, Cl	liffside Park, NJ
Phone Number:	201-943-4449	Fax Number:	201-943-5099
E-mail address	Bill@katchencpa.com	m	

2020 (2020-2021) APPROVAL CERTIFICATION

GLOUCESTER TOWNSHIP HOUSING AUTHITY (Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:1/1/2020

TO:12/31/2020

It is hereby certified that the Housing Authority Budget, including all schedules appended hereto, are
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 the5 day of November, 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:	Melwano		
Name:	Maria Iwano		
Title:	Acting Executive D	Director	Table 1 day () A day ()
Address:	405 Woodbury Tur	nersville Road, Black	wood, NJ 08012
Phone Number:	856-227-5077	Fax Number:	856-227-2993
E-mail address	m.iwano@gthousin	gauthority.org	

INTERNET WEBSITE CERTIFICATION

	Web Address: Gthousingauthority.org				
website. The	s shall maintain either an Internet website or a webp purpose of the website or webpage shall be to prov d activities. N.J.S.A. 40A:5A-17.1 requires the follo- minimum for public disclosure. Check the boxes belo	ide increased public access to the authority's wing items to be included on the Authority's			
	N.J.S.A. 40A:5A-17.1.				
/					
	A description of the Authority's mission and responsi				
	The budgets for the current fiscal year and immediate	ly preceding two prior years			
	The most recent Comprehensive Annual Financial Reinformation (Similar information are items such as	Revenue and Expenditures Pie Charts or			
	other types of Charts, along with other informatio				
1	understanding the finances/budget of the Authori	iy)			
	The complete (All Pages) annual audits (Not the Audimmediately two prior years	it Synopsis) of the most recent fiscal year and			
	The Authority's rules, regulations and official policy body of the authority to the interests of the residents vijurisdiction				
	Notice posted pursuant to the "Open Public Meetings setting forth the time, date, location and agenda of each				
	The approved minutes of each meeting of the Author their committees, for at least three consecutive fiscal y				
	The name, mailing address, electronic mail address and phone number of every person who exercises day-to-day supervision or management over some or all of the operations of the Authority				
	A list of attorneys, advisors, consultants and any other corporation or other organization which received any preceding fiscal year for any service whatsoever rendered	remuneration of \$17,500 or more during the			
as identified a	rtified by the below authorized representative of the Aut bove complies with the minimum statutory requiremen of the above boxes signifies compliance.	thority that the Authority's website or webpage ts of N.J.S.A. 40A:5A-17.1 as listed above. A			
Name of Office	cer Certifying compliance	Maria Iwano			
Title of Office	er Certifying compliance	Acting Executive Director			
Signature		Melaus			

2020 AUTHORITY BUDGET RESOLUTION GLOUCESTER TOWNSHIP HOUSING AUTHORITY

(Name)

31/2020
the fiscal year beginning, Γownship Authority at its
opriations, including any 0 and
and Total Unrestricted
es, together with all other perating expenses, capital w, regulation or terms of
ization to raise or expend nent objectives. Specific anted elsewhere; by bond and Replacement Reserve
sing Authority, at an open nedules, and the Capital g, 1/1/2020 and ending,
re of sufficient amount to l in the said Authority's nents; and
athority will consider the
=
the color of the c

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

2020(2020-2021) HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS

GLOUCESTER TOWNSHIP HOUSING AUTHORITY (Name)

AUTHORITY BUDGET

FISCAL YEAR:

FROM:1/1/2020

TO:12/31/2020

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

- 1. Complete a brief statement on the 2020/2020-2021 proposed Annual Budget and make comparison to the 2019/2019-2020 adopted budget for each *Revenues and Appropriations*. Explain any variances over +/-10% (As shown on budget pages F-2 and F-4 explain the reason for changes for each <u>revenue</u> and <u>appropriation</u> changing more than 10%) for each individual revenue and appropriation line item. Explanations of variances should include a description of the reason for the increase/decrease in the budgeted line item, not just an indication of the amount and percent of the change. Attach any supporting documentation that will help to explain the reason for the increase/decrease in the budgeted line item. (Example Rate Increase authorized by resolution or by HUD). The Authority's proposed budget is identical to the current year as revenues and expenses are expected to be the same.
- 2. Describe the state of the local/regional economy and how it may impact the proposed Annual Budget, including the planned Capital Budget/Program. Example would be effect on a recession in the economy on the housing Authority The local economy is stable and not expected to impact the proposed budget.
- 3. Describe the reasons for utilizing Unrestricted Net'Position in the proposed Annual Budget, i.e. rate stabilization, debt service reduction, to balance the budget, etc. If the Authority's budget anticipates a use of Unrestricted Net Position, this question must be answered. Unrestricted net position is not anticipated to be utilized in the proposed budget.
- 4. Identify any sources of funds transferred to the County/Municipality as a Pilot Payments, or a shared service and explain the reason for the transfer Housing Authorities cannot transfer Unrestricted Net Position (i.e.: to balance the County/Municipality budget, etc.). None.
- 5. The proposed budget must not reflect an anticipated deficit from 2020/2020-2021 operations. If there exists an accumulated deficit from prior years' budgets (and funding is included in the proposed budget as a result of a prior deficit) explain the funding plan to eliminate said deficit (N.J.S.A. 40A:5A-12). If the Authority has a net deficit reported in its most recent audit, it must provide a deficit reduction plan in response to this question. The Authority does not have an accumulated deficit.

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

AUTHORITY CONTACT INFORMATION 2020

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

Name of Authority:	Gloucester Township He	ousing Au	thority	
Federal ID Number:	22-2382072			
Address:	405 Woodbury Turnersy	rille Road		
City, State, Zip:	Blackwood		NJ	08012
Phone: (ext.)	856-227-5077	Fax	856-2	27-2993
Preparer's Name:	William Katchen, CPA	<u>.</u> .	<u>,</u>	<u>.</u>
Preparer's Address:	596 Anderson Ave., Sui	te 303		
City, State, Zip:	Cliffside Park		NJ	07010
Phone: (ext.)	201-943-4449	Fax	201-9	43-5099
E-mail:	bill@katchencpa.com			
Chief Executive Officer:	Maria Iwano			
Phone: (ext.)	856-227-5077 Fax: 856-227-2993			
E-mail:	m.iwano@gthousingauthority.org			
Chief Financial Officer:	William Katchen, CPA			
Phone: (ext.)	201-943-4449	Fax:	201-943-509	99
E-mail:	bill@katchencpa.com			
Name of Auditor:	Richard Larsen, CPA			
Name of Firm:	Novogradac & Company	y, LLP		
Address:	1433 Hooper Ave. Suite	329	ļ ļ	
City, State, Zip:	Toms River	 _	NJ	08753
Phone: (ext.)	732-503-4257			

E-mail:

HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

GLOUCESTER TOWNSHIP HOUSING AUTHORITY

(Name)

	YEAR:	FROM:1/1/2020	10:12/31/2020	
A	swer all questions below complete	dy and attach additional in	formation as required.	
I)	Provide the number of individua reported on the Authority's Form	ls employed in (Use Most W-3, Transmittal of Wage	Recent W-3 Available 2018 or 2019 and Tax Statements:0	
2)	Recent W-3 Available 2018 or 2	2019) Transmittal of Wage	on the Authority's Form W-3, (Use Mand Tax Statements:0	
3)	commissioners have been appo	oting members of the government of the governmen	rning body: 7 (Even if not errs are either 5 or 7 as per statute	t all for
45	your Authority)	roting members of the gave	rning body:0(Maximum i	is 2)
4) 5)	Did any person listed on Page N- on Page N-4 during the current relationship including the names	4 have a family or busines at fiscal year? No of the individuals involved	is relationship with any other person if If "yes," attach a description of and their positions at the Authority.	stea the
6)	Did all individuals that were required. (Most Recent Filing that Marc their relationship with the Autho	ired to file a Financial Disc h 31. 2019 or 2020 deadl rity file the form as require	closure Statement for the current fiscal ine has passed 2019 or 2020) becaused? (Checked to see if individuals actus accuracy/fds.html before answer	e of
	Yes If "no," provid	le a list of those individual	s who failed to file a Financial Disclo	sure
	Statement and an explanation as	to the reason for their failu	e to me.	Low
7)	employees or highest compens individuals, their position, the an	ated employees?Non nount receivable, and a design of the second contract of the second	ent or former commissioners, officers, If "yes," attach a list of the cription of the amount due to the Author	nose
8)	Was the Authority a party to a bu	isiness transaction with one	of the following parties:	
	 a. A current or former commission b. A family member of a current employee?No 	er, officer, key employee, or learning of former commissioner, of	nighest compensated employee?No ficer, key employee, or highest compens	ated
	c. An entity of which a current	ereof) was an officer or direct	ficer, key employee, or highest compens or indirect owner? No	
	of the commissioner, officer, ke	ry employee, or highest co me of the entity and relatio	tion of the transaction including the nonpensated employee (or family men nship to the individual or family mem on a competitive hid process.	nber
9)	Did the Authority during the most benefit contract? A personal ber contract that benefits, directly or	at recent fiscal year pay present contract is generally a indirectly, the transferor, are transferor.	miums, directly or indirectly, on a person life insurance, annuity, or endown member of the transferor's family, or	nent any
10)	Explain the Authority's process Include whether the Authority's commissioners or a committee positions in similarly sized enti- compensation consultant; and/o	for determining compens process includes any of the thereof; 2) study or surv ties; 3) annual or periodic or 5) written employment	ation for all persons listed on Page 1 of following: 1) review and approval by ey of compensation data for compare performance evaluation; 4) independent contract. Attach a narrative of yage N-4 (2 of 2). No employees	une able dent

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 No
c. Tax indemnification and gross-up paymentsNo
d. Discretionary spending account No
e. Housing allowance or residence for personal useNo
f. Payments for business use of personal residenceNo
g. Vehicle/auto allowance or vehicle for personal useNo
h. Health or social club dues or initiation feesNo
i. Personal services (i.e.: maid, chauffeur, chef) No
If the answer to any of the above is "yes," attach a description of the transaction including the name
and position of the individual and the amount expended.
14) Did the Authority follow a written policy regarding payment or reimbursement for expenses incurred
by employees and/or commissioners during the course of Authority business and does that policy require substantiation of expenses through receipts or invoices prior to reimbursement? Yes
If "no," attach an explanation of the Authority's process for reimbursing employees and commissioners
for expenses. (If your authority does not allow for reimbursements indicate that in answer)
15) Did the Authority make any payments to current or former commissioners or employees for severance
or termination? No If "ves." attach explanation including amount paid.
16) Did the Authority make any payments to current or former commissioners or employees that were
contingent upon the performance of the Authority or that were considered discretionary bonuses?
No If "ves." attach explanation including amount paid.
17) Did the Authority comply with its Continuing Disclosure Agreements for all debt issuances outstanding
by submitting its audited annual financial statements, annual operating data, and notice of material
events to the Municipal Securities Rulemaking Board's Electronic Municipal Marketplace Access
(EMMA) as required? NA If "no," attach a description of the Authority's plan to ensure
compliance with its Continuing Disclosure Agreements in the future. (If no bonded Debi answer is Not
Applicable) (Loans from a Bank or State Agencies are not bonded Debt)
18) Did the Authority receive any notices from the Department of Environmental Protection or any other
entity regarding maintenance or repairs required to the Authority's systems to bring them into
compliance with current regulations and standards that it has not yet taken action to remediate? NoIf "yes," attach explanation as to why the Authority has not yet undertaken the required
NoIf "yes," attach explanation as to why the Authority has not yet undertaken the required maintenance or repairs and describe the Authority's plan to address the conditions identified.
19) Did the Authority receive any notices of fines or assessments from the Department of Environmental
Protection or any other entity due to noncompliance with current regulations (i.e.: sewer overflow,
etc.)? No If "yes," attach a description of the event or condition that resulted in the fine or
assessment and indicate the amount of the fine or assessment.
20) Did the Authority receive any notices of fines or assessments from the Department of Housing and
Urban Development or any other entity due to noncompliance with current regulations? 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.
21) Has the Authority been deemed "troubled" by the Department of Housing and Urban Development?
No If "yes," attach an explanation of the reason the Authority was deemed "troubled" and
describe the Authority's plan to address the conditions identified.

Page N-3 (2 of 2)

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

(Name)

FISCAL YEAR:

FROM:1/1/2020

TO:12/31/2020

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

- 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.
- 4) List all of the Authority's <u>former</u> commissioners who received more than \$10,000 in reportable compensation from the Authority and any other public entities during the most recent fiscal year completed.
- Commissioner: A member of the governing body of the authority with voting rights. Include alternates for purposes of this schedule.
- Officer: A person elected or appointed to manage the authority's daily operations at any time during the year, such as the chairperson, vice-chairperson, secretary, or treasurer. For the purposes of this schedule, treat the authority's top management official and top financial official as officers. A member of the governing body may be both a commissioner and an officer for the purposes of this schedule.
- Key employee: An employee or independent contractor of the authority (other than a commissioner or officer) who meets both of the following criteria:
 - a) The individual received reportable compensation from the authority and other public entities in excess of \$150,000 for the most recent fiscal year completed; and
 - b) The individual has responsibilities or influence over the authority as a whole or has power to control or determine 10% or more of the authority's capital expenditures or operating budget.
- Highest compensated employee: One of the five highest compensated employees or independent contractors of the authority other than current commissioners, officers, or key employees whose aggregate reportable compensation from the authority and other public entities is greater than \$100,000 for the most recent fiscal year completed.
- Compensation: All forms of cash and non-cash payments or benefits provided in exchange for services, including salaries and wages, bonuses, severance payments, deferred payments, retirement benefits, fringe benefits, and other financial arrangements or transactions such as personal vehicles, meals, housing, personal and family education benefits, below-market loans, payment of personal or family travel, entertainment, and personal use of the Authority's property. Compensation includes payments and other benefits provided to both employees and independent contractors in exchange for services.
- Reportable compensation: (Use the Most Recent W-2 available 2018 or 2019. The aggregate compensation that is reported (or is required to be reported) on Form W-2, box 1 or 5, whichever amount is greater, and/or Form 1099-MISC, box 7, for the most recent calendar year ended 60 days before the start of the proposed budget year. For example, for fiscal years ending December 31, 2020, the most recent W-2 and 1099 should be used 2019 or 2018 (60 days prior to start of budget year is November 1, 2019, with 2018 being the most recent calendar year ended), and for fiscal years ending June 30, 2020, the calendar year 2019 W-2 and 1099 should be used (60 days prior to start of budget year is May 1, 2019, with 2019 being the most recent calendar year ended).
- Other Public Entity: Any municipality, county, local authority, fire district, or other government unit, regardless of whether it is related in any way to the Authority either by function or by physical location.

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

		•		Position	g	_	Reportable Compensation from Authority (W-2/ 1099)	ortable Compensation Authority (W-2/ 1099)	ion from 199)								
Name	atir.	Average Hours per Week Dedicated to Position	Officer Commissioner	Key Employee	Highest Compensated Employee	en er Former	Base Salary/	O a a Bonus be	Other (auto allowance, expense account, payment in lieu of health benefits, etc.)	Estimated amount of other compensation from the Authority (health benefits, pension, etc.)	Total Compensation from Authority		Average Names of Other Public finities where Individual is an Endinge or Meek Individual is an Menberyee or Menberyee or Menber of the Governing Body (1) Entities Listed in Entities Listed See note below Column O in Column O	Average Hours per Week Dedicated to Positions at Other Public in Column O	Reportable Compensation from Other Public Entities (W-2/, 1099)	Estimated amount of other compensation from Other Public Entities (health benefits, pension, payment in Compensation lieu of health benefits, etc.) Entities	Total Compensation All Public Entitles
1 Cynthia Carlamere	Chairperson		×								•	- None					, s
2 Steven Orner	Vice Chairperson		×								-	0 None					0
3 Abbey Greenberg	Treasurer		×								-	0 None					0
4 Stephen Piccolo	Commissioner		×								_	0 None					0
5 Scott Marks	Commissioner		×									0 None					0
6 Linda Musser	Commissioner		×									O None					0
7												0					0
89												0					0
¢h.												0					C
10												0					c
11												0					0
12												0					0
13												0					0
14												0					0
15		***************************************	-			,		•				0					0
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												(1) Insert "None"	in this column for ea	rch individual the	at does not hold	(1) insert "None" in this column for each individual that does not hold a position with another Public Entity	or Public Entity

Schedule of Health Benefits - Detailed Cost Analysis

Inout- X - in Box Below IF this Page is Non-Applicable	Glouce For the Period	Gloucester Township Housing Authority eriod January 1, 2020	lousing Authorit 1, 2020	,	Decemb	December 31, 2020		
	# of Covered Members	Annual Cost Estimate per Employee	Total Cost Estimate	# of Covered Members	Annual Cost			
	(Medical & Rx) Proposed Budget	Proposed Budget	Proposed Budget	(Medical & Rx) Current Year	per Employee Current Year	Total Prior Year Cost	\$ Increase (Decrease)	% Increase (Decrease)
Artive Employees - Health Banefits - Annual Cost								
Single Coverage			\$			٠.	\$	#DIV/01
Parent & Child			,			•	•	ID//\IQ#
Employee & Spouse (or Partner)						i ·		#DIV/OI
Faithly Franko Cost Sharing Contribution (enter as negative -)						1		10/AIC#
Subtotal	0			0				10/AIG#
Commissioners - Health Ranefits - Annual Cost								
Single Coverage					W.			#DIV/01
Parent & Child						1	r	#DIV/01
Employee & Spouse (or Partner)		•	1			'	•	#DIV/0!
Family			ŀ			•	· ·	#DIV/01
Employee Cost Sharing Contribution (enter as negative -)	,				The state of the s		٠	#DIV/0i
Subtotal	0			0	0		•	lo/vid#
Retirees - Health Benefits - Annual Cost								
Single Coverage			ı			,	ʻ	#DIV/0I
Parent & Child			•			•	•	#D(V/01
Entitioyee & Spoose (of rational)						,	. 1	io/Aid#
Employee Cost Sharing Contribution (enter as negative -)			AVAILABLE SALABATA SA		明 のおいかい 一切のなから			#DIV/OI
Subtotal	0			0		2		#DIV/0!
GRAND TOTAL	0		\$	0		- 5	- 5	#DIV/0
					. 11		•	2
Is medical coverage provided by the SHBP (Yes or No)? (Place Answer in Box) is prescription drup coverage provided by the SHBP (Yes or No)? (Place Answer in Box)	Answer in Box) Place Answer in Bo	<u></u>		Yes or No				
dan in the first formation by manufacture of the state of		<u>}</u>		200				

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, 2020

2

December 31, 2020

Legal Basis for Benefit

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

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

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

Schedule of Shared Service Agreements

Amount to be Received by/ Paid from Authority Agreement End Date Agreement Effective Date December 31, 2020 Comments (Enter more specifics if Enter the shared service agreements that the Authority currently engages in and identify the amount that is received/paid for those services. needed) Gloucester Township Housing Authority Name of Entity Receiving Service Type of Shared Service Provided January 1, 2020 For the Period Name of Entity Providing Service If No Shared Services X this Box

2020 (2021) HOUSING AUTHORITY BUDGET

Financial Schedules Section

	December 31, 2020
ship Housing Authority	\$
Gloucester Township H	January 1, 2020
	For the Period

		FY 21	FY 2020 Proposed Budget	Budget			FY 2019 Adopted Budget	\$ Increase (Decrease) Proposed vs. Adopted	% Increase (Decrease) Proposed vs. Adopted
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	II Sus	Total All Operations	All Operations All Operations	All Operations
REVENUES									
Total Operating Revenues	\$ 80,000	· •	· ·	\$	\$; \$:	80,000	\$ 80,000	₹ \$	%0'0
Total Non-Operating Revenues	F	1					E .	e de la composição de l	#DIV/01
Total Anticipated Revenues	80,000	2 1	a control of the cont		8(80,000	80,000	1	0.0%
APPROPRIATIONS									
Total Administration	80,000	1			85	80,000	80,000	4	%0.0
Total Cost of Providing Services	ı	1	•			ì	ŧ	•	#DIV/0i
Total Principal Payments on Debt Service in Lieu of Depreciation	XXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXX			American de la companya de la compan	1	#DIV/0I
Total Operating Appropriations	80,000	,	¥		8	80,000	80,000	r	%0'0
Total Interest Payments on Debt Total Other Non-Operating Appropriations	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	,		1 1	1 1	#D[/\O] #D[/\O]
Total Non-Operating Appropriations		4	1			1	1	4	#DIV/0I
Accumulated Deficit		-			-		•	-	io/∧la#
Total Appropriations and Accumulated Deficit	80,000	•	•		εο .	000'08	80,000	ı	%0.0
Less: Total Unrestricted Net Position Utilized						.		1	10/NIG#
Net Total Appropriations	80,000				8	80,000	80,000	1	%0.0
ANTICIPATED SURPLUS (DEFICIT)	\$	\$	\$.	\$. \$	t III	\$	- \$	#DIV/01

Revenue Schedule

For the Period

Gloucester Township Housing Authority to

January 1, 2020

December 31, 2020

% increase

\$ Increase

		FY 2020	Proposed	Budget		FY 2019 Adopted Budget	(Decrease) Proposed vs. Adopted	(Decrease) Proposed vs. Adopted
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	Total All Operations	Ali Operations	All Operations
OPERATING REVENUES								
Rental Fees					٦.	\$ -	\$ -	#DIV/0!
Homebuyers' Monthly Payments					\$ -	7	*	#DIV/0!
Dwelling Rental					-	<u>-</u>		#DIV/0!
Excess Utilities					_	_	_	#DIV/0!
Non-Dwelling Rental					1	_	-	#DIV/0!
HUD Operating Subsidy					1 -			#DIV/0!
New Construction - Acc Section 8					-	-		#DIV/0!
Voucher - Acc Housing Voucher								#DIV/0!
Total Rental Fees		-						
Other Operating Revenues (List)					80,000	80,000	_	0.0%
Management fees from tac credit entity	80,000				50,000	-	-	#01V/0!
Type in (Grant, Other Rev)							-	#DIV/0!
Type in (Grant, Other Rev)							-	#DIV/01
Type in (Grant, Other Rev)						_	-	#DIV/0!
Type in (Grant, Other Rev)					_	_	_	#DIV/0!
Type in (Grant, Other Rev)						-	-	#DIV/0!
Type in (Grant, Other Rev)					_	-	-	#DIV/0!
Type in (Grant, Other Rev)	1					_	-	#DIV/0!
Type in (Grant, Other Rev)					-	_	-	#DIV/0!
Type in (Grant, Other Rev)	1				. }		-	#DIV/0!
Type in (Grant, Other Rev)					_	-	-	#DIV/0!
Type in (Grant, Other Rev)					_	-	-	#DIV/0!
Type in (Grant, Other Rev) Type in (Grant, Other Rev)					_	•	-	#DIV/0!
Type in (Grant, Other Rev)					-		-	#DIV/0!
Type in (Grant, Other Rev)					_	-	-	#DIV/0!
Type in (Grant, Other Rev)					-	•	-	#DIV/0!
Type in (Grant, Other Rev)					-	سو	-	#DIV/0!
Type in (Grant, Other Rev)	İ				-	•	=	#DIV/0!
Type in (Grant, Other Rev)					-	-	-	#DIV/0!
Total Other Revenue	80,000				- 80,000	80,000	-	0.0%
Total Operating Revenues	80,000	-	-		- 80,000	80,000	-	0.0%
NON-OPERATING REVENUES								
Other Non-Operating Revenues (List)								
Type in					-	•		#DIV/0!
Type in					-	-	-	#DIV/0!
Type in					-	-	-	#DIV/0!
Type in					-	-	-	#DIV/0!
Type in					-	-	•	#DIV/0!
Туре in					<u> </u>		-	#DIV/0!
Total Other Non-Operating Revenue		-	-			-		#DIV/0!
Interest on Investments & Deposits (List)								#DIV/0!
Interest Earned					-	•	-	#DIV/0! #DIV/0!
Penalties					-	•	-	#DIV/0!
Other							<u>-</u>	
Total Interest	-							#DiV/0!
Total Non-Operating Revenues		-	<u></u>		- \$ 80,000	\$ 80,000	<u> </u>	0.0%
TOTAL ANTICIPATED REVENUES	\$ 80,000	\$ -	\$ -	\$	- \$ 80,000	7 000,00		= 0.078

Prior Year Adopted Revenue Schedule

Gloucester Township Housing Authority

		FY 2019	Adopted Bud	lget	
	Public Housing		Housing		Total Ali
	Management	Section 8	Voucher	Other Programs	Operations
OPERATING REVENUES	· · · · · · · · · · · · · · · · · · ·				
Rental Fees					•
Homebuyers' Monthly Payments					\$ -
Dwelling Rental					-
Excess Utilities					-
Non-Dwelling Rental		•			-
HUD Operating Subsidy					-
New Construction - Acc Section 8]				-
Voucher - Acc Housing Voucher					
Total Rental Fees	7 -	-			_
Other Revenue (List)					•
Management fees from tac credit entity	80,000				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)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					_
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					
Total Other Revenue	80,000			-	80,000
Total Operating Revenues	80,000	-	<u> </u>		80,000
NON-OPERATING REVENUES					
Other Non-Operating Revenues (List)				······································	1
Type in					-
Type in					_
Type in					-
Type in					-
Type in					-
Type in					
Other Non-Operating Revenues			<u> </u>	-	
Interest on Investments & Deposits					1
Interest Earned					_
Penalties					_
Other					<u> </u>
Total Interest		-			
Total Non-Operating Revenues			· ·	<u> </u>	\$ 80,000
TOTAL ANTICIPATED REVENUES	\$ 80,000	> -	\$.	·	7 50,000

Appropriations Schedule

Gloucester Township Housing Authority to December 31, 2020

For the Period

		FY	2020 Propos	sed Budaet		FY 2019 Adopted Budget	\$ Increase (Decrease) Proposed vs. Adopted	% Increase (Decrease) Proposed vs. Adopted
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	Total All Operations	All Operations	All Operations
OPERATING APPROPRIATIONS								
Administration					٦\$	- \$ -	\$ -	#DIV/0l
Salary & Wages					Ť			#DIV/0!
Fringe Benefits Legal					į		~	#DIV/0!
Staff Training						-	~	#DIV/0!
Travel	1					-	•	#DIV/0!
Accounting Fees	1						-	#DIV/0I 0.0%
Auditing Fees	10,000				10,00		-	0.0%
Miscellaneous Administration*	70,000				70,00			0.0%
Total Administration	80,000	-			- 80,00	30,000		-
Cost of Providing Services					~		-	#DIV/0!
Salary & Wages - Tenant Services							-	#DIV/0!
Salary & Wages - Maintenance & Operation Salary & Wages - Protective Services						-	•	#DIV/0!
Salary & Wages - Protective Services Salary & Wages - Utility Labor					Ì	-	-	#DIV/01
Fringe Benefits						-	•	#DIV/01
Tenant Services						-	-	#DIV/01
Utilities						-	-	#DIV/01
Maintenance & Operation						-	-	#DIV/0! #DIV/0I
Protective Services	1					-	_	#DIV/0!
Insurance	1					_		#DIV/01
Payment in Lieu of Taxes (PILOT)	1						-	#DIV/OI
Terminal Leave Payments							-	#DIV/01
Collection Losses	}					_	•	#DIV/0!
Other General Expense Rents	1					-	-	#DIV/0!
Extraordinary Maintenance						-	-	#DIV/0i
Replacement of Non-Expendible Equipment						-	•	#DIV/01
Property Betterment/Additions						-	-	#DIV/01
Miscellaneous COPS*						<u>-</u>		#DIV/0!
Total Cost of Providing Services			-		-	<u> </u>		_ , #DIV/0!
Total Principal Payments on Debt Service in Lieu of				MANADANANA		_	_	#DIV/01
Depredation		XXXXXXXXXXX	*****	XXXXXXXXXXX	- 80,00	000,000	-	0.0%
Total Operating Appropriations	80,000		-		- 80,00	00,000		-
NON-OPERATING APPROPRIATIONS	XXXXXXXXXXXX	VYYYYYYYYY	YYYXXXXXXXX	XXXXXXXXXXX			-	#DIV/01
Total Interest Payments on Debt Operations & Maintenance Reserve	ANIOUNION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7		-	#DIV/0!
Renewal & Replacement Reserve	1				ţ	-	-	#DIV/01
Municipality/County Appropriation						-	•	#DIV/01
Other Reserves					<u> </u>	<u> </u>		#DIV/01
Total Non-Operating Appropriations		-					-	#DIV/01 0.0%
TOTAL APPROPRIATIONS	80,000				80,00	000,08		#DIV/0!
ACCUMULATED DEFICIT	L				<u> </u>			- #017/01
TOTAL APPROPRIATIONS & ACCUMULATED	88 888		_		- 80,00	000,008	_	0.0%
DEFICIT	80,000			·	- 00,01			•
UNRESTRICTED NET POSITION UTILIZED	_	_	_		-		-	#DIV/01
Municipality/County Appropriation					7	-	<u>-</u>	#DIV/0!
Other Total Unrestricted Net Position Utilized		-			•	-		#DIV/0!
TOTAL NET APPROPRIATIONS	\$ 80,000		\$ -	\$.	- \$ 80,00	00 \$ 80,000	\$ -	0.0%
					XIXII-1			
* Miscellaneous line items may not exceed 5% of to	tal operating appro	priations shows	below. If amou	nt in miscellaneous is g	greater than the am	ount shown below, then		
the line item must be itemized above.								
5% of Total Operating Appropriations	\$ 4,000.00	\$ -	\$ -	\$ -	\$ 4,000.0	Ju		

Prior Year Adopted Appropriations Schedule

FY 2019 Adopted Budget

Gloucester Township Housing Authority

			r 2013 Maupieu Buu		
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations
OPERATING APPROPRIATIONS					
Administration					
Salary & Wages					\$
Fringe Benefits					
Legal					
Staff Training	1				
Travel					
Accounting Fees					
Auditing Fees	10,000				10,0
Miscellaneous Administration*	70,000				70,0
Total Administration	80,000		-	-	80,0
ost of Providing Services					
Salary & Wages - Tenant Services					
Salary & Wages - Maintenance & Operation					
Salary & Wages - Protective Services				,	
Salary & Wages - Utility Labor				1	
Fringe Benefits					
Tenant Services				1	
Utilities					
Maintenance & Operation					
Protective Services					
Insurance	'				
Payment in Lieu of Taxes (PILOT)				İ	
Terminal Leave Payments				•	
Collection Losses					
Other General Expense				'	
Rents		•			
Extraordinary Maintenance					
Replacement of Non-Expendible Equipment					
Property Betterment/Additions					
Miscellaneous COPS*					
Total Cost of Providing Services					
otal Principal Payments on Debt Service in Lieu of					
epreciation	XXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	xxxxxxxxxxxxxx	XXXXXXXXXXXX	
Total Operating Appropriations	80,000	-	-	-	80,0
ON-OPERATING APPROPRIATIONS					
ital Interest Payments on Debt	XXXXXXXXXXXXXXXX	xxxxxxxxxxxxx	XXXXXXXXXXXXX	XXXXXXXXXXXXXX	
perations & Maintenance Reserve	1	700000000000	70000000000000000000000000000000000000	70000000000	
newal & Replacement Reserve					
•					
unicipality/County Appropriation					
ther Reserves					
Total Non-Operating Appropriations	80,000	-			80,00
TAL APPROPRIATIONS	80,000	_ -	-		80,00
CCUMULATED DEFICIT					
TAL APPROPRIATIONS & ACCUMULATED					20.00
FICIT	80,000	-	-	*	80,00
RESTRICTED NET POSITION UTILIZED					
micipality/County Appropriation		-	-	-	
her	L	,			
Total Unrestricted Net Position Utilized			_		
TAL NET APPROPRIATIONS	\$ 80,000	۹ .	\$ -	\$ - \$	\$ 80,00

4,000.00 \$

5% of Total Operating Appropriations

4,000.00

Debt Service Schedule - Principal

		•	Gloucester Township Housing Authority	Housing Authority					
If Authority has no debt X this box	×								
				Fiscal Year Ending in	ing in				
	Adopted Budget	Proposed Budget Year						ļ	Total Principal
	Year 2019	2020	2021	2022	2023	2024	2025	Thereafter	Outstanding
Type In Issue Name									\$
Type in Issue Name									
Type in Issue Name									•
Type in Issue Name									ŧ
TOTAL PRINCIPAL		-		1	1			,	
LESS: HUD SUBSIDY									•
NET PRINCIPAL	٠	\$	\$	- \$ -	\$	\$	\$	\$ -	\$

Moody's Fitch Standar	Moody's	Fitch	Standard & Poors	
Solid hading			The state of the s	
rear of Last Rating				
	If no R	If no Rating type in Not Applicable	plicable	

Debt Service Schedule - Interest Gloucester Township Housing Authority

if Authority has no debt X this box	×			Fiscal Year Ending in	no in				
	A description of the state of t	Proposed						ī	Total Interest
	Adopted budger Year 2019	Sudget rear 2020	2021	2022	2023	2024	2025	Thereafter	Payments Outstanding
Type in Issue Name Type in Issue Name									
Type in Issue Name									
n issue Name	The same and the same and the same				***************************************		***************************************		
TOTAL INTEREST	•	•			•	•	•	į	
LESS: HUD SUBSIDI NET INTEREST	\$	\$	\$	٠ ډ٠	÷	\$	\$	\$	ş

Net Position Reconciliation

Gloucester Township Housing Authority

For the Period

January 1, 2Ó20

to December 31, 2020

FY 2020 Proposed Budget

	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All
TOTAL NET POSITION BEGINNING OF CURRENT YEAR (1)	\$ 1,311	\$	Ş	\$	\$ 1.311
Less: Invested in Capital Assets, Net of Related Debt (1)					, , , , , , , , , , , , , , , , , , ,
Less: Restricted for Debt Service Reserve (1)					
Less: Other Restricted Net Position (1)					
Total Unrestricted Net Position (1)	1,311	9	1		1 241
Less: Designated for Non-Operating Improvements & Repairs					TTC/T
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)					1
Plus: Estimated Income (Loss) on Current Year Operations (2)					1
Plus: Other Adjustments (attach schedule)					1 1
UNRESTRICTED NET POSITION AVAILABLE FOR USE IN PROPOSED BUDGET Unrestricted Net Position Hilliagt to Relate Proposed Budget	1,311	L	1	All residence of the control of the	1,311

4 7	(1
	PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR
	Total Unrestricted Net Position Utilized in Proposed Budget
	Appropriation to Municipality/County (3)
	Unrestricted Net Position Utilized in Proposed Capital Budget
	Unrestricted Net Position Utilized to Balance Proposed Budget
	DINKESTRICTED INET POSITION AVAILABLE FOR USE IN PROPOSED BUDGET

 1	1	ı	ı	1,311
				\$
•	•	1	-	
				Ş
1	•	Ĺ	*	
1	•	۱	j.	
				٠
1		1	I .	\$ 1,311
				\$

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

2020 (2020-2021) GLOUCESTER TOWNSHIP HOUSING AUTHORITY

(Name)

HOUSING
AUTHORITY
CAPITAL
BUDGET/
PROGRAM

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

GLOUCESTER TOWNSHIP HOUSING AUTHORITY (Name)

	FISCAL YEAR:	FROM:1/1/2020	TO:12	2/31/2020
It is her of the O	reby certified that the H Capital Budget/Program	approved, pursuant to N.	.A.C. 5:31-2.2, al	annexed hereto is a true copy long with the Annual Budget, on the day of
		OF	2	
It is her NOT to the foll	eby certified that the go adopt a Capital Budge	t /Program for the aforesai	ester Township Ho d fiscal year, purs	ousing Authority have elected suant to N.J.A.C. 5:31-2.2 for nagement fees. There are no
	Officer's Signature:	Merano		
	Name:	Maria Iwano		
	Title:	Acting Executive Direct	or	
	Address:	405 Woodbury Turners	ville Road, Blacky	wood, NJ 08012
	Phone Number:	856-227-5077	Fax Number:	856-227-2993

m.iwano@gthousingauthority.org

E-mail address

2020 (2020-2021) CAPITAL BUDGET/PROGRAM MESSAGE

Gloucester Township Housing Authority

(Name)

FISCAL YEAR:

FROM:1/1/2020

TO:12/31/2020

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

- 1. Has each municipality or county affected by the actions of the authority participated in the development of the capital plan and reviewed or approved the plans or projects included within the Capital Budget/Program (This may include the governing body or certain officials such as planning boards, Construction Code Officials) as to these Projects?
- 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 a long-term (5 years or more) infrastructure needs and other capital items (Vehicles, Equipment) needs assessment been prepared?
- 4. If amounts are on Page CB-3 in the column Debt Authorizations. Indicate the primary source of funding the debt service for the Debt Authorizations (Example HUD Funding or Other sources)
- 5. Have the current capital projects been reviewed and approved by HUD?

Add additional sheets if necessary.

Proposed Capital Budget

Gloucester Township Housing Authority

For the Period

January 1, 2020

to

December 31, 2020

	Funding Sources							
	•							
	Estimated Total	Unrestricted Net	Replacement	Debt		Other		
	Cost	Position Utilized	Reserve	Authorization	Capital Grants	Sources		
Public Housing Management								
Type in Description	\$ -					ļ		
Type in Description	-					-		
Type in Description	-							
Type in Description	-							
Total	-	-	<u> </u>		_			
Section 8		*****						
Type in Description	-					-		
Type in Description	-					1		
Type in Description	-							
Type in Description	_							
Total	_	-	-	-	-	-		
Housing Voucher								
Type in Description	-							
Type in Description	-							
Type in Description	-							
Type in Description								
Total		_	-		-	-		
Other Programs	·······							
Type in Description	-							
Type in Description	-							
Type in Description	-							
Type in Description	_							
Total	_	-	<u>-</u>		-			
TOTAL PROPOSED CAPITAL BUDGET	\$ -	\$ -	\$ -	\$ -	\$ - :	-		

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

Gloucester Township Housing Authority

For the Period

January 1, 2020

to

December 31, 2020

Fiscal Year Beginning in

	Estimate		Current Budget					
	Со	st	Year 2020	2021	2022	2023	2024	2025
Public Housing Management								
Type in Description	\$	-	\$ -			•		
Type in Description		-	-					
Type in Description		-	-					
Type in Description		-						
Total		· -		_	-	-		
Section 8								
Type in Description		-	-					
Type in Description		-						
Type in Description		-						
Type in Description								
Total		-				-	-	
Housing Voucher								
Type in Description		-	-					
Type in Description		-	-					1
Type in Description		-	-	1				į
Type in Description			-					
Total			-	-	-	<u>-</u>	-	
Other Programs								
Type in Description		-	<u></u>					
Type in Description		-	-					
Type in Description		-	-					
Type in Description			-					
Total		-	-		-	-	-	-
TOTAL	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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

5 Year Capital Improvement Plan Funding Sources

Gloucester Township Housing Authority

For the Period

January 1, 2020

December 31, 2020

			Funding Sources						
				Renewal &					
	Estimated Total Cost		Unrestricted Net	Replacement Reserve	Debt	Capital Grants	Other Sources		
		ost	Position Utilized	Reserve	Authorization	Capital Grants	Other Jources		
Public Housing Management									
Type in Description	\$	-							
Type in Description		-							
Type in Description		-							
Type in Description		-							
Total		-				-	-		
Section 8						·			
Type in Description		-							
Type in Description		-							
Type in Description		-							
Type in Description		-							
Total			_	<u> </u>	_				
Housing Voucher									
Type in Description		-	į						
Type in Description		-							
Type in Description		-							
Type in Description									
Total		-		-	-	_			
Other Programs									
Type in Description		-							
Type in Description		-							
Type in Description		-					:		
Type in Description		••	· ·						
Total		-		_	_				
TOTAL	\$	-	\$ -	\$ -	\$ <u>-</u>	\$ -	\$ -		
Total 5 Year Plan per CB-4	\$	-							
Balance check	<u></u>		amount is other than z	ero, verify that proj	iects list <mark>ed</mark> above i	match projects lis	ted on CB-4.		

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