State Filing Year

2017

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

Start Year

End Year

Fiscal Year

2017

2017

Authority Budget of:

LAKEWOOD HOUSING AUTHORITY

For the Period:

January 1, 2017 to

December 31, 2017

www.lakewoodha.org

Authority Web Address

St. 177017 Department Of Community

Division of Local Government Services

2017 HOUSING AUTHORITY BUDGET

Certification Section

LAKEWOOD (Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM <u>01-01-2017</u> TO 12-31-2017

For Division Use Only

CERTIFICATION OF APPROVED BUDGET

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

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

By: Paul D. Covert CPA, RAA Date: 1/11/2017

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: Paul D. Cwest CPA, RMA Date: 1/31/2017

2017 PREPARER'S CERTIFICATION

LAKEWOOD

(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:

01-01-2017

TO:

12-31-2017

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

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

Preparer's Signature:	Tu	July		
Name:	THOMAS	FURLON	G	
Title:	FEE ACC	OUNTANT		
Address:	470 HIGH	WAY 79, S	SUITE 2	
	MORGAN	IVILLE, N	J 07751	
Phone Number:	732-591-2	300	Fax Number:	732-591-2525
E-mail address	mrhyal406	aol.com		

2017 APPROVAL CERTIFICATION

LAKEWOOD

(Name)

HOUSING AUTHORITY BUDGET

01-01-2017

TO:

12-31-2017

FISCAL YEAR: FROM:

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 <u>LAKEWOOD</u> Housing Authority, at an open public meeting held pursuant to <u>N.J.A.C.</u> 5:31-2.3, on the <u>Ju</u> day of <u>october</u>, <u>Jo16</u>.

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:	mary	Do Crow	eo
Name:	MARY JO GRAU	SO	
Title:	EXECUTIVE DIR	ECTOR	
Address:	317 SAMPSON A	VENUE, PO BOX 15	99
	LAKEWOOD, NJ	08701	
Phone Number:	732-364-1300	Fax Number:	732-367-3299
E-mail address	mgrauso@lakewoo	odha.org	

INTERNET WEBSITE CERTIFICATION

Authority's V	Veb Address:	www.lakewoodha.org		
website. The operations and	purpose of the web d activities. N.J.S.A ninimum for public	site or webpage shall be . 40A:5A-17.1 requires t	to provide the followi	e on the municipality's or county's Internet e increased public access to the authority's ng items to be included on the Authority's to certify the Authority's compliance with
1 (10)				
X	A description of the	Authority's mission and	responsibil	ities
X	Commencing with 2 prior years	2013, the budgets for the	current fisc	al year and immediately preceding two
X	The most recent Co information	mprehensive Annual Fina	ancial Repo	ort (Unaudited) or similar financial
\mathbf{x}	Commencing with 2 two prior years	2012, the complete annua	l audits of	the most recent fiscal year and immediately
x	•	. •	•	atements deemed relevant by the governing thin the authority's service area or
\mathbf{x}		ant to the "Open Public I e, date, location and ager		ct" for each meeting of the Authority, meeting
\mathbf{x}	= = ,			ch meeting of the Authority including all st three consecutive fiscal years
				phone number of every person who some or all of the operations of the
<u>k</u>	corporation or othe		ived any re	person, firm, business, partnership, emuneration of \$17,500 or more during the red to the Authority.
webpage as	identified above cor	-	n statutory	e Authority that the Authority's website or requirements of N.J.S.A. 40A:5A-17.1 as e.
Name of Offi	cer Certifying compl	iance	-	Mary Jo Grauso
Title of Offic	er Certifying compli	ance		Executive Director
Signature				mary Diane

RESOLUTION 5179

2017 LAKEWOOD HOUSING AUTHORITY BUDGET RESOLUTION

FISCAL YEAR:	FROM:	1-1-2017	TO:	12-31-2017
WHEREAS, the Annual Budget and JANUARY 1, 2017 and ending DE Housing Authority at its open public	CEMBER 31, 2017 hav	e been presented befor		
WHEREAS, the Annual Budget as in any Accumulated Deficit if any, of §				
WHEREAS, the Capital Budget as in Net Position planned to be utilized as			of <u>\$ 341,9</u>	and Total Unrestricted
WHEREAS, the schedule of rents, for other anticipated revenues to satisfy capital outlays, debt service requirements of contracts and agreements; and	all obligations to the	holders of bonds of the	Authority,	to meet operating expenses,
WHEREAS, the Capital Budget/Profunds; rather it is a document to be authorization to expend funds for the resolution, by a project financing agor other means provided by law.	e used as part of the sa e purposes described in	aid Authority's planning this section of the bud	g and mana get, must be	gement objectives. Specific granted elsewhere; by bond
NOW, THEREFORE BE IT RESO meeting held on <u>OCTOBER 26</u> Budget/Program of the Lakewood He <u>DECEMBER 31, 2017</u> is hereby approximately approxima	<u>, 2016</u> , that the An ousing Authority for the	nual Budget, including	all related	schedules, and the Capital
BE IT FURTHER RESOLVED, that meet all proposed expenditures/experoutstanding debt obligations, capital	nses and all covenants, t	erms and provisions as	stipulated in	the said Housing Authority's
BE IT FURTHER RESOLVED, th Budget and Capital Budget/Program			sing Author	ity will consider the Annual
Marcyh Wiele (Secretary's Signature)	Colo_		0 - 2 6 - (Date)	16

Governing Body		Rec	orded Vote	
Member	Aye	Nay	Abstain	Absent
Miriam Medina	X			
Eric C. Sherman	X			,
Gregory Stafford Smith	X			
Joseph Weingarten				X
Nechama Heinemann				X
Angela R. Caldwell	X			
Shabsi Ganzweig	X		,	

2017 ADOPTION CERTIFICATION

LAKEWOOD

(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:

01-01-2017

TO:

12-31-2017

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

Officer's Signature:	mary	Drauso	
Name:	MARY JO GRAUS	O	
Title:	EXECUTIVE DIRE	ECTOR	
Address:	317 SAMPSON AV	VENUE, PO BOX 15	99
	LAKEWOOD, NJ	08701	
Phone Number:	732-364-1300	Fax Number:	732-367-3299
E-mail address	mgrauso@lakewoo	dha.org	

RESOLUTION NO. 5188

2017 LAKEWOOD HOUSING AUTHORITY ADOPTED BUDGET RESOLUTION

FISCAL YEAR:

FROM

01-01-2017

TO

12-31-2017

WHEREAS, the Annual Budget and Capital Budget/Program for the Lakewood Housing Authority for the fiscal year period beginning <u>January 1, 2017</u> and ending <u>December 31, 2017</u> has been presented for adoption before the governing body of the Lakewood Housing Authority at its open public meeting of <u>January 24, 2017</u>; and

WHEREAS, the Annual Budget and Capital Budget as presented for adoption reflects each item of revenue and appropriation in the same amount and title as set forth in the introduced and approved budget, including all amendments thereto, if any, which have been approved by the Director of the Division of Local Government Services; and

WHEREAS, the Annual Budget as presented for adoption reflects Total Revenues of \$16,346,300, Total Appropriations, including any Accumulated Deficit if any, of \$16,204,270 and Total Unrestricted Net Position utilized of \$0; and

WHEREAS, the Capital Budget as presented for adoption reflects Total Capital Appropriations of \$341,986 and Total Unrestricted Net Position planned to be utilized of \$0; and

NOW, THEREFORE BE IT RESOLVED, by the governing body of Lakewood Housing Authority, at an open public meeting held on <u>January 24, 2017</u> that the Annual Budget and Capital Budget/Program of the Lakewood Housing Authority for the fiscal year beginning <u>January 1, 2017</u> and ending <u>December 31, 2017</u> is hereby adopted and shall constitute appropriations for the purposes stated; and

BE IT FURTHER RESOLVED, that the Annual Budget and Capital Budget/Program as presented for adoption reflects each item of revenue and appropriation in the same amount and title as set forth in the introduced and approved budget, including all amendments thereto, if any, which have been approved by the Director of the Division of Local Government Services.

Mary Morcieo
(Secretary's Signature)

(Date)

Governing Body Recorded Vote

Member	Aye	Nay	Abstain	Absent
Miriam Medina	X			
Joseph Weingarten	-			X
Eric C. Sherman				X
Gregory Stafford Smith	X			
Nechama Heinemann	X			
Angela Caldwell	X			
Shabsi Ganzweig	X			

2017 HOUSING AUTHORITY BUDGET

Narrative and Information Section

2017 HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS LAKEWOOD

(Name)

AUTHORITY BUDGET

FISCAL YEAR:

FROM:

01-01-2017

TO:

12-31-2017

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

- 1. Complete a brief statement on the 2017 proposed Annual Budget and make comparison to the 2016 adopted budget for each operation. Explain any variances over +/-10% (As shown on budget page F-4 explain the reason for changes for each appropriation changing more than 10%) for each line item by operation. Explanations of variances should include a description of the reason for the increase/decrease in the budgeted line item, not just an indication of the amount and percent of the change. Attach any supporting documentation that will help to explain the reason for the increase/decrease in the budgeted line item. For example, if anticipated service charges have increased 15% due to an increase in rates, provide documentation of how the increase occurred (Example Rate Increase authorized by resolution or by HUD).
- 2. Complete a brief statement on the impact the proposed Annual Budget will have on Anticipated Revenues, especially service charges and on the general purpose/component unit financial statements. Explain significant increases or decreases, if any. An increase or decrease is considered significant if it is over +/-10% (As shown on budget page F-2 explain reason for change for each revenue changing more than 10%) from the current year adopted budget.

Rents are fixed by law so this budget will have no impact on charges to residents.

- 3. Describe the state of the local/regional economy and how it may impact the proposed Annual Budget, including the planned Capital Budget/Program. NONE
- 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.

 N/A
- 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.). N/A
- 6. The proposed budget must not reflect an anticipated deficit from 2017 operations. If there exists an accumulated deficit from prior years' budgets (and funding is included in the proposed budget as a result of a prior deficit) explain the funding plan to eliminate said deficit (N.J.S.A. 40A:5A-12). If the Authority has a net deficit reported in its most recent audit, it must provide a deficit reduction plan in response to this question. (Prepare a response to deficits caused by the implementation of GASB 68) N/A

LAKEWOOD HOUSING AUTHORITY EXPLANATION OF VARIANCES OVER 10% DECEMBER 31, 2017

OPERATING REVENUES:

Excess Utilities- (-100%) Conversion to RAD so PHA cannot charge residents for excess utilities.

HUD Operating Subsidy-(+67.7%) Conversion to RAD increased subsidy to PHA

Tenant Sales/services-(-38%) Decrease in expected fraud collections.

Section 8 ACC-(+24.7%) Rad conversion of 206 public housing units to project based voucher rental assistance.

Cell Towers- (-47.8%) consolidation of 2 cell tower contracts into 1 reducing annual amount.

OPERATING APPROPRIATIONS:

Rents- (+25.2%) Rad conversion of 206 public housing units to project based voucher rental assistance.

Misc. Admin. - (+13.9%)- PHA cost associated with inspections for 206 project based vouchers.

HOUSING AUTHORITY CONTACT INFORMATION 2017

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

Name of Authority:	LAKEWOOD HOUS	SING.	AUTHOR:	ITY	
Federal ID Number:					
Address:	317 SAMPSON AVE	ENUE	, PO BOX	1599	
City, State, Zip:	LAKEWOOD			NJ	08701
Phone: (ext.)	732-364-1300		Fax:	732-36	57-3299
Preparer's Name:	THOMAS FURLON	G			1704
Preparer's Address:	470 HIGHWAY 79,	SUIT	E 2		\$41,112
City, State, Zip:	MORGANVILLE, N	IJ		NJ	07751
Phone: (ext.)	732-591-2300		Fax:	732-59	1-2525
E-mail:	mrhyal406@aol.com	l			
Chief Executive Officer:	MARY JO GRAUSO)			
Phone: (ext.)	732-364-1300 (113)		Fax:	732-36	7-3299
E-mail:	mgrauso@lakewood	.org			
Chief Financial Officer:	SCOTT PARSONS				
Phone: (ext.)	732-364-1300 (109)	Fa	x: 7	32-367-329)9
E-mail:	sparsons@lakewood	lha.or	g		
Name of Auditor:	RICHARD LARSEN	V			
Name of Firm:	FALLON & LARSE	N, LI	P		
Address:	252 WASHINGTON	I STR	EET SUIT	ΈΒ	
City, State, Zip:	TOMS RIVER			NJ	08753
					I

rlarsen@falloncpa.com

E-mail:

HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

LAKEWOOD

(Name)

	FISCAL YEAR:	FROM:	01-01-2017	TO:	12-31-2017
Ar	swer all questions below completely a	nd attach addit	ional information a	ıs required	
1)	Provide the number of individuals em			reported or	the Authority's
2)	Form W-3, Transmittal of Wage and Provide the amount of total salaries as			as renorted	on the Authority's
4)	Form W-3, Transmittal of Wage and			as reported	on the reamonty s
3)	Provide the number of regular voting			7.(1 Ope	<u>en</u>)
	Provide the number of alternate voting				
5)	Did any person listed on Page N-4 hav on Page N-4 during the current fiscal				
	including the names of the individuals				
6)	Did all individuals that were required		_		-
,	year because of their relationship with				
	individuals actually filed at http://fe				
	answering) yes If "no," prov				file a Financial
771	Disclosure Statement and an explanati Does the Authority have any amounts				rianara afficara kar
1)	employees or highest compensated en				
	their position, the amount receivable,				
8)	Was the Authority a party to a busines				
	j. A current or former commissio	ner, officer, k	ey employee, or l	nighest con	mpensated employee?
	no	t au fammau .		oon leave	ammlariaa an hishaat
	k. A family member of a curren compensated employee?	t or former (commissioner, offi	icer, key	employee, or ingliest
	1. An entity of which a current	 or former c	ommissioner, offi	cer, key	employee, or highest
	compensated employee (or fam				
	no				
	If the answer to any of the above is ")				
	of the commissioner, officer, key empt thereof) of the Authority; the name of		-		-
	the amount paid; and whether the tra	•	_		•
9	Did the Authority during the most red				
·	benefit contract? A personal benefit of				
	contract that benefits, directly or indi	rectly, the trai	nsferor, a member o	of the trans	sferor's family, or any
	other person designated by the transfarrangement, the premiums paid, and	eror, <u>no</u>	If "yes," attach	a descripi	tion of the
1	Explain the Authority's process for a				sted on Page N-4
*	Include whether the Authority's process				
	commissioners or a committee thereo				
	positions in similarly sized entities; 3	•	•		•
	compensation consultant; and/or 5) v	vritten employ	ment contract. At	tach a r	iarrative of youi
A	uthorities procedures for all	ll employe	es.		

Executive Director reviews all employees and the Board of Commissioners approve salary increases.

Page N-3 (1 of 2)

11) Did the Authority pay for meals or catering during the current fiscal year?if "yes," attach
a detailed list of all meals and/or catering invoices for the current fiscal year and provide an
explanation for each expenditure listed.
12) Did the Authority pay for travel expenses for any employee or individual listed on Page N-4?
yes If "yes," attach a detailed list of all travel expenses for the current fiscal year and
provide an explanation for each expenditure listed.
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:
W
o. Itavel for companions
c. Tax indemnification and gross-up payments <u>no</u>
d. Discretionary spending account <u>no</u>
e. Housing allowance or residence for personal use <u>no</u>
f. Payments for business use of personal residence no
g. Vehicle/auto allowance or vehicle for personal use <u>no</u>
h. Health or social club dues or initiation feesno
i. Personal services (i.e.: maid, chauffeur, chef)no
If the answer to any of the above is "yes," attach a description of the transaction including the name
and position of the individual and the amount expended.
14) Did the Authority follow a written policy regarding payment or reimbursement for expenses incurred
by employees and/or commissioners during the course of Authority business and does that policy
require substantiation of expenses through receipts or invoices prior to reimbursement? Yes If
"no," attach an explanation of the Authority's process for reimbursing employees and commissioners
for expenses. (If your authority does not allow for reimbursements indicate that in answer)
15) Did the Authority make any payments to current or former commissioners or employees for severance
or termination? no If "yes," attach explanation including amount paid.
16) Did the Authority make any payments to current or former commissioners or employees that were
contingent upon the performance of the Authority or that were considered discretionary bonuses?
no If "yes," attach explanation including amount paid.
17) Did the Authority comply with its Continuing Disclosure Agreements for all debt issuances
outstanding by submitting its audited annual financial statements, annual operating data, and notice of
material events to the Municipal Securities Rulemaking Board's Electronic Municipal Marketplace
Access (EMMA) as required? n/a If "no," attach a description of the Authority's plan to
ensure compliance with its Continuing Disclosure Agreements in the future.
18) 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.
19) 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? <u>no</u>
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.

Lakewood Housing Authority Detailed Travel Expenses 01/01/16-09/30/16

Date Employee	Am	Amount	Туре	Reason
3/10/2016 Mary Jo Grauso	↔	79.59	79.59 Mileage	Mileage reimbursement for travel to Toms River planning board
3/29/2016 Teresa Acosta	₩	112.85	Mileage/per diem	Travel to attend Rutgers course
4/7/2016 Mady Leonard	↔	188.47 Tolls	Tolls	Parkway tolls for Section 8 HQS inspections
4/4/2016 Teresa Acosta	የ	105.63	Mileage/per diem	Travel to attend Rutgers course
4/26/2016 Mary Jo Grauso	ᡐ	445.72	Mileage/per diem /hotel	Travel to attend NJ NAHRO conference in Atlantic City
4/27/2016 Teresa Acosta	\$	240.80	240.80 Mileage/per diem	Travel to attend NJ NAHRO conference in Atlantic City
4/27/2016 Scott Parsons	↔	362.99	Mileage/per diem/hotel	Travel to attend NJ NAHRO conference in Atlantic City
5/23/2016 Teresa Acosta	❖	112.20	Mileage/per diem	Travel to attend Rutgers course
5/23/2016 Teresa Acosta	₩	36.25	Mileage/per diem	Travel to attend Rutgers course
5/31/2016 Mady Leonard	❖	140.98	Tolls	Parkway tolls for Section 8 HQS inspections
5/26/2016 Teresa Acosta	\$	111.20	111.20 Mileage/ per diem	Travel to attend Rutgers course
6/6/2016 Ez Pass	❖	34.00 Tolls	Tolls	Parkway tolls for Section 8 HQS inspections
6/15/2016 Mary Jo Grauso	❖	162.42	Mileage/per diem/hotel	Travel to attend RAD conference
6/22/2016 Teresa Acosta	\$	120.83	Mileage/per diem	Travel to attend RAD conference
6/22/2016 Teresa Acosta	የ	112.20	112.20 Mileage/per diem	Travel to attend Rutgers course
6/30/2016 Mary Jo Grauso	\$	209.90	Mileage/per diem	Mileage reimbursement for Berkeley hearings & Princeton HA
8/25/2016 Mady Leonard	\$	190.38	Tolls	Parkway tolls for Section 8 HQS inspections
9/19/2016 Scott Parsons	⊹	133.74	Hotel	Travel to attend NJAHRA conference in Atlantic City
9/28/2016 Mary Jo Grauso	↔	224.67	Mileage/per diem /hotel	Travel to attend NJAHRA conference in Atlantic City
9/28/2016 Scott Parsons	↔	99.21	Mileage/per diem	Travel to attend NJAHRA conference in Atlantic City

Total

\$ 3,224.03

TRAVEL POLICY OF THE HOUSING AUTHORITY OF THE TOWNSHIP OF LAKEWOOD

1. Employees or Commissioners of the Lakewood Housing Authority may perform official travel upon authorization by the Board. Each trip to a destination outside of the jurisdiction of the Lakewood Housing Authority shall specifically have prior authorization by Resolution of the Board approving the trip as essential to the conduct of its programs. Local travel such as to the Regional or Area office and to nearby communities to carry out normal operating functions shall be approved by the Executive Director in accordance with this policy. In order to be fiscally responsible the event to be attended must offer training or information that is vital, new or crucial to the functioning of the Housing Authority

The attendee will submit a written and/or verbal report to the Board at the next scheduled Board meeting. All information received at the conference will be distributed to the Board for review. The Executive Director will collect the information and keep it on file at the Administration offices of the Housing Authority.

In those instances when the need for essential travel of an unanticipated and unscheduled nature arises prior to the next regular Board meeting, the Executive Director shall receive verbal approval from the Board Chairman or a majority of the Board for such travel and shall document and include same in a resolution which shall be approved at the next regular Board meeting. local agency attendance at conferences, conventions, and meeting shall be limited to the number of persons necessary to cover the meeting adequately.

- 2. The Authority shall pay for transportation costs for employees or Commissioners authorized to travel on official business. Air line (tourist or coach) or first class rail and Pullman accommodations (lower berth, roomette, or parlor car seat), if advantageous, shall be the standard means of transportation. The Authority shall advance or reimburse for the cost of transportation at a rate consistent with the most reasonable public common carrier and most direct route. Costs of taxi fares, telephone calls, telegrams, secretarial services, and similar items necessarily incident to the performance of official business, shall be considered reimbursable items.
- 3. The cost of a moderate single room at the conference or accommodating hotel, or lodging at a cost consistent with this rate, shall be advanced by the Authority, or considered a reimbursable item. The Authority will advance funds for the cost of registration, or reimburse for such costs. Per diem adjustments to the allowances for food and lodging shall be made in cases where accommodation and/or meals are included in a registration fee.

In addition to reimbursable costs as outlined above, an allowance for subsistence in lieu of actual expenses shall be paid at a rate not to exceed \$60 per day for

food, plus \$15 per day for incidentals such as gratuities, for employees, Commissioners and consultants of the Authority who receive no compensation.

- 4. Reimbursement for use of a privately owned automobile for authorized out-oftown travel shall be limited to the cost of common carrier service permitted herein. Where it has been determined and recorded in a Board Resolution that travel by private car is more advantageous to the Authority than travel by common carrier, reimbursement shall be made at the rate of 32.5 cents per mile (or the established IRS amount). In no event shall such mileage allowance exceed common carrier costs. This determination is not required in connection with reimbursement for trips to nearby communities to carry out normal operating functions. Whenever automobile travel is involved, signed records of car expenditures and mileage, or of mileage only in the case of privately owned automobile, shall be submitted and approved before payment. If two or more persons travel in the same automobile, only one of these persons shall be reimbursed for mileage or for car expenditures.
- 5. All travel expenses, shall be recorded, signed by the traveler, supported by receipts and/or other documents of expenses and approved by the Executive Director or the Assistant Executive Director prior to reimbursement. Receipts or other documents of expense shall not be necessary for the \$75 total per diem allowance in lieu of actual expenses for food and gratuities.

Adopted: January 16, 1995 Revised: January 20, 1998 Revised: September 13, 2001 Revised: October 23, 2002

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

LAKEWOOD

(Name)

FISCAL YEAR:

FROM:

01-01-2017

TO:

12-31-2017

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

- 1) List all of the Authority's current commissioners and officers and amount of compensation from the Authority and any other public entities as defined below. Enter zero if no compensation was paid.
- 2) List all of the Authority's key employees and highest compensated employees other than a commissioner or officer as defined below and amount of compensation from the Authority and any other public entities.
- 3) List all of the Authority's <u>former</u> officers, key employees and highest compensated employees who received more than \$100,000 in reportable compensation from the Authority and any other public entities during the most recent fiscal year completed.
- 4) List all of the Authority's <u>former</u> commissioners who received more than \$10,000 in reportable compensation from the Authority and any other public entities during the most recent fiscal year completed.
- **Commissioner:** A member of the governing body of the authority with voting rights. Include alternates for purposes of this schedule.
- Officer: A person elected or appointed to manage the authority's daily operations at any time during the year, such as the chairperson, vice-chairperson, secretary, or treasurer. For the purposes of this schedule, treat the authority's top management official and top financial official as officers. A member of the governing body may be both a commissioner and an officer for the purposes of this schedule.
- Key employee: An employee or independent contractor of the authority (other than a commissioner or officer) who meets both of the following criteria:
 - i) 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
 - j) The individual has responsibilities or influence over the authority as a whole or has power to control or determine 10% or more of the authority's capital expenditures or operating budget.
- Highest compensated employee: One of the five highest compensated employees or independent contractors of the authority other than current commissioners, officers, or key employees whose aggregate reportable compensation from the authority and other public entities is greater than \$100,000 for the most recent fiscal year completed.
- Compensation: All forms of cash and non-cash payments or benefits provided in exchange for services, including salaries and wages, bonuses, severance payments, deferred payments, retirement benefits, fringe benefits, and other financial arrangements or transactions such as personal vehicles, meals, housing, personal and family education benefits, below-market loans, payment of personal or family travel, entertainment, and personal use of the Authority's property. Compensation includes payments and other benefits provided to both employees and independent contractors in exchange for services.
- Reportable compensation: The aggregate compensation that is reported (or is required to be reported) on Form W-2, box 1 or 5, whichever amount is greater, and/or Form 1099-MISC, box 7, for the most recent calendar year ended 60 days before the start of the proposed budget year. For example, for fiscal years ending December 31, 2017, the calendar year 2014 W-2 and 1099 should be used (60 days prior to start of budget year is November 1, 2015, with 2014 being the most recent calendar year ended), and for fiscal years ending June 30, 2017, the calendar year 2015 W-2 and 1099 should be used (60 days prior to start of budget year is May 1, 2017, with 2015 being the most recent calendar year ended).
- Other Public Entity: Any municipality, county, local authority, fire district, or other government unit, regardless of whether it is related in any way to the Authority either by function or by physical location.

Lakewood December 31, 2017

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For the Period January 1, 2017

				Position	5	Reportable Co. Authority	Reportable Compensation from Authority (W-2/ 1099)	ation from 1099)								
													Average		Estimated amount	
					Н			Other (auto	Estimated		Names of Other	L	Hours per		of other	
			_		igh			allowance,	amount of other		Public Entities where	ere	Week		compensation from	
					est			expense	compensation		Individual is an		Dedicated to	Reportable	Other Public Entities	
		Average Hours	Con	Key	Cor			account,	from the		Employee or		Positions at	Compensation	(health benefits,	Total
		per Week	mi		npe	Base		payment in	Authority	Total	Member of the	. Positions held at Other Other Public	Other Public	from Other	pension, payment in	Compensation
		Dedicated to		ıplo	nsa	Salany/		lieu of health	(health benefits,	Compensation	Governing Body	Compensation Governing Body (1) Public Entities Listed in Entities Listed		Public Entities	lieu of health	All Public
Name	Title	Розпоп	icer	γee	mer ated syee	Stipend	Bonus	benefits, etc.)	pension, etc.)	from Authority	See note below	r Column O	in Column O	(W-2/1099)	benefits, etc.)	Entities
1 Miriam Medina	Chairperson		×			none	i			,	Lakewood BOE	Parent Res Center				
2 Eric Sherman	Vice Chair		×			попе				0	0 None					0
3 Gregory Stafford Smith 2nd Vice Chair	2nd Vice Chair		×			none				0	0 None					0
4 Nechama Heinemann	Comissioner		×			none				0	0 None					0
5 Angela R. Caldwell	Comissioner		×			none				0	0 None					0
6 Shabsi Ganzweig	Comissioner		×			none				0	0 None					0
7 Mary Jo Grauso	Executive Director		×	×	×	140,600		6,939	8,585	156,124 None	None					156,124
8 Scott Parsons	Assistant Executive Director			^	×	128,536	10,000	4,697	7,441	150,674 None	None					150,674
o										0						0
10										0						0
11										0						0
12										0						0
i Fri										0						O
14										0						٥
स										0						0
Total:						\$ 269,136 \$	\$ 10,000	\$ 11,636 \$	\$ 16,026	\$ 306,798	←			\$	- \$	\$ 306,798

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

Schedule of Health Benefits - Detailed Cost Analysis

	For the Period	Lakewood January 1, 2017	od 1, 2017	ţ	Decembe	December 31, 2017		
		Annual Cost						
	# of Covered	Estimate per	Total Cost	# of Covered	Application of			
	Members (Medical & Rx)	Employee Proposed	Estimate Proposed	(Medical & Rx)	per Employee	Total Prior Year	\$ Increase	% Increase
	Proposed Budget	Budget	Budget	Current Year	Current Year	Cost	(Decrease)	(Decrease)
				: : :				
Active Employees - Health Benefits - Annual Cost	σ	\$ 12.467 \$	112 203	6	5 11,873	\$ 106,857	\$ 5,346	2.0%
Single Coverage) [22,316		H		21,253	1,063	2.0%
Complete & Course (or Dartner)	· ਜ	24,933	24,933	П	23,746	23,746	1,187	2.0%
Employed & Jpouse (or carries)	2	30,478	956'09	2	29,026	58,052	2,904	2.0%
Employee Cost Sharing Contribution (enter as negative -)			(50,730)		.	(48,315)	(2,415)	5.0%
Subtotal	13		169,678	13		161,593	8,085	%n.s
				e de la companya de l				
Commissioners - Health Benefits - Annual Cost			•				,	#DIV/0i
Single Coverage	**		, ,			•	ı	#DIV/0i
Parent & Child						r	•	#DIV/0i
Employee & Spouse (or Partner)						1	1	#DIV/01
Family							_	#DIV/0i
Employee Cost Sharing Contribution (enter as negative -)	(c],	#D!V/01
Subtotal	0	0	-					
Retirees - Health Benefits - Annual Cost			0.07		1 201 2	5.485	375	%U £
Single Coverage	H -	b,810	018,0	⊣		in in	;	#DIV/0i
Parent & Child			,			1	'	#D!N/0i
Employee & Spouse (or Partner)			1			•	•	:0/XIO#
Family			,				_	#DIV/UI
Employee Cost Sharing Contribution (enter as negative -)				•		F 185	375	%O'L
Subtotal	Ţ		0,81U	Ť		Catio	020	
						\$ 158 078	\$ 8410	5.0%
GRAND TOTAL	14	' '∥	7 1,0,400	+	11			
is medical coverage provided by the SHBP (Yes or No)? (Place Answer in Box)	Answer in Box}			Yes or No				
Is prescription drug coverage provided by the SHBP (Yes or No)? (Place Answer in Box)	? (Place Answer in Bo		Yes	yes or No				

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

Schedule of Accumulated Liability for Compensated Absences

Lakewood

For the Period

January 1, 2017

2

December 31, 2017

Legal Basis for Benefit

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

Agreement (check applicable items) Ешріоутепт leubivibul Resolution Agreement rspor Approved Absence Liability Dollar Value of Compensated Accrued **Gross Days of Accumulated** Compensated Absences at beginning of Current Year Individuals Eligible for Benefit See attached The total Amount Should agree to most recently issued audit report for the Authority

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

LAKEWOOD HOUSING AUTHORITY ACCRUED COMP. ABSENCES DECEMBER 31,2015

EMPLOYEE	SALARY	HOURLY	SICK	SICK	VACATION	VACATION ACCRUAL	TOTAL	РНА	SEC 8
			HOURS	ACCROAL					
						A 7 00 4 4 4	24 580 DR	16 191 80	5.397.27
	401705	74.03	159.25	. 5.894.66	212.00	10,034.41	21,000.00		27 50
GRAUSO	134733	11.00	40 7E		14.75	1,048.87	1,751.08	1,663.53	06.70
PARSONS	129420		19.70	9		1 683.50	7,712.25	00.00	7,712.25
CRUZ	33124	18	00700	0,020.13		700.20	9,702.12	0.00	9,702.12
N BERRIOS	63718	35	574.25			61.65	94.85	00.0	94.85
MANFREDI	34525	9	3.50	6	ľ	999.46	7,336.91	7,336.91	0.00
T BERRIOS	47247	25.96	488.25			816.86	7,359.47	00'0	7,359.47
TARANTO	37401		636.75	ó		3 284 87	3.387.18	00.0	3,387.18
AI EXANDER	39203		9.50			1 007.26	3.834.27	00.0	3,834.27
GARCIA	40513		254.00	7,07		00.0	00.0	00.0	0.00
1 FONARD	35618	13	0.00		(*	1 091 87	3,828.91	3,063.13	765.78
ACOSTA	53708	59	185.50			68.32	2,610.77	0.00	2,610.77
HEII MANN	35526	19	260.50		19	2 284 27	3.495.62	3,495.62	0.00
GIACORRE	71989	34		7,1			0.00	00.00	0.00
POUCE POUCE	41600	20.00				101	4 428.09	4,428.09	0.00
i de la constante de la consta	48797	23.46	7		2	00.0	216 48	216.48	00.0
HAINON	37523	18.04	24.00	216.48	0.00	00.00	21017		
CVIVO						20 061 15	77 347 NB	36 395.56	40,951.50
			3,561.25	47,385.61	00.777		20,1		
						79/66	5.917.05	2,784.26	3,132.79
						222			

VACATION-NO MORE THAN 2 YEARS

SICK- RATE X 1/2 HOURS-\$15000 MAX

0.00 -2,725.36 0.00 8,417.98 0.00 5,692.62 CY Accrual

46,809.65

39,179.82 30,761.84

83,264.11

Total Prior Yr

44,084.29

-2,725.36

8,417.98

5,692.62

Adjustment

Schedule of Shared Service Agreements

January 1, 2017

For the Period

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

Lakewood to

December 31, 2017

enter the sharea service agreement.	inter the shared service agreements that the Authority Currently engages in and ruching) the uniquin that is received, paid for more services.	ווו מווח ותבוותול חוב מיווסמוור חומי וז יכ	ברבוסר של לחומ לכן וווספר פרו הורכו			Amount to be	
				Agreement		œ	
			Comments (Enter more specifics if	Effective	Effective Agreement		
Name of Entity Providing Service	Name of Entity Receiving Service Type of Shared Service Provided	Type of Shared Service Provided	needed)	Date	End Date	Authority	
akewood Housing Authority	Princeton Housing Authority	Management Services		10/1/2015	10/1/2015 9/30/2017 \$	\$ 65,000	
	3						
			Marin 1				
		-					
		Ξ.	If No Shared Services X this Box				

2017 HOUSING AUTHORITY BUDGET

Financial Schedules Section

SUMMARY

Public Funcing Public Funcing Funcing Public Funcing Public Funcing Public Funcing	For the Period		Lakewood January 1, 2017	b C	December 31, 2017				
Public Housing Public Housing Housing Total All Total All All Operations			FY 2	017 Proposea	Budget		FY 2016 Adopted Budget	\$ Increase (Decrease) Proposed vs. Adopted	nncrease (Decrease) Proposed vs. Adopted
rating Revenues		Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	Total All Operations	All Operations	All Operations
Secretaries	EVENUES	:							
rating Revenues	Total Operating Revenues			₩	2,017,200				24.9%
ration 14,254,100 2,092,700 16,246,300 13,123,200 3,223,100 3,223,100 ration ration 1,091,450 395,770 1,487,220 1,451,350 3,5870 40V ration 1,091,450 1,234,050 1,234,050 14,367,050 11,670,400 2,696,650 40V ration 1,233,000 1,234,050 1,234,050 1,234,050 1,451,350 2,696,650 40V ration 1,234,050 1,234,050 1,234,050 1,234,050 1,451,350 2,732,520 40V ration 1,234,050 1,234,050 1,584,270 13,121,750 2,732,520 40V ration 1,234,050 350,000 350,000 350,000 350,000 350,000 14,100,000 40V restricted Net Position Utilized 1,4224,450 1,979,820 16,204,270 13,121,750 3,082,520 140,580 140,580 140,580 140,580 140,580 140,580 140,580 140,580 140,580 140,580 140,580 140,580 <td>Total Non-Operating Revenues</td> <td>1</td> <td></td> <td></td> <td>75,000</td> <td>148,100</td> <td>151,000</td> <td>(2,900)</td> <td>-1.9%</td>	Total Non-Operating Revenues	1			75,000	148,100	151,000	(2,900)	-1.9%
ration Total 1450, 450 395,770 1,487,220 1,451,350 35,870 450,650 Payments on Debt Services In Jacob Appropriations and Accumulated Net Position Utilized XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Total Anticipated Revenues	1			2,092,200	16,346,300	13,123,200	3,223,100	24.6%
est 1,091,450 395,770 1,487,220 1,451,350 35,870 bebt Service in strictors XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	PPROPRIATIONS								
bett Service in xxxxxxxxxxxx xxxxxxxxxxxx xxxxxxxxxx	Total Administration	1	•		395,770	1,487,220	1,451,350	35,870	2.5%
intions xxxxxxxxxxx xxxxxxxxxxx xxxxxxxx	Total Cost of Providing Services	ı	1	13,133,000	1,234,050	14,367,050	11,670,400	2,696,650	23.1%
Hardens	Total Principal Payments on Debt Service in Lieu of Depreciation	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXX	1	1	4	io/∧IO#
#DIV ppropriations	Total Operating Appropriations	ı	ţ		1,629,820	15,854,270	13,121,750	2,732,520	20.8%
Accumulated	Total Interest Payments on Debt Total Other Non-Operating Appropriations Total Non-Operating Appropriations	XXXXXXXXXX		XXXXXXXXXX	350,000	350,000		350,000	i0/\lq# i0/\lq# i0/\lq#
Accumulated - 14,224,450 1,979,820 16,204,270 13,121,750 3,082,520 Position Utilized -	Accumulated Deficit		1		•	1	1	t	#DIV/0!
osition Utilized	Total Appropriations and Accumulated Deficit	. 1	1	14,224,450	1,979,820	16,204,270	13,121,750	3,082,520	23.5%
\$ - \$ 14,224,450 1,979,820 16,204,270 13,121,750 3,082,520 \$	Less: Total Unrestricted Net Position Utilized	t		1	1	1	1	•	#DIV/01
\$ - \$ - \$ 29,650 \$ 112,380 \$ 142,030 \$ 1,450 \$ 140,580	Net Total Appropriations	1			1,979,820	16,204,270	13,121,750	3,082,520	23.5%
	VTICIPATED SURPLUS (DEFICIT)	٠ •	\$		112,380			į	9695.2%

Revenue Schedule

Lakewood

For the Period

January 1, 2017

to

December 31, 2017

For the Period	January 1, 2		17 Proposed I	Budget	Total All	FY 2016 Adopted Budget Total All	\$ increase (Decrease) Proposed vs. Adopted	≈ increase (Decrease) Proposed vs. Adopted
	Public Housing Management	Section 8	Voucher	Other Programs	Operations	Operations	All Operations	All Operations
OPERATING REVENUES								
Rental Fees					\$ -	\$ -	\$ -	#DIV/01
Homebuyers' Monthly Payments				750000	•	7 59,1 50	(150)	0.0%
Dwelling Rental				759000	759,000	8,400	, ,	-100.0%
Excess Utilities					-	٥٩٩٥٥	(8,400)	#DIV/0
Non-Dwelling Rental				1160000	1,160,000	691,600	468,400	#DIV/01 67.7%
HUD Operating Subsidy				1160000	1,160,000	031,000	406,400	#DIV/0!
New Construction - Acc Section 8			14156000	U,	14,156,000	11,349,050	2,806,950	24.7%
Voucher - Acc Housing Voucher			14,156,000	1,919,000	16,075,000	12,808,200	3,266,800	25.5%
Total Rental Fees Other Operating Revenues (List)		-	14,130,000	1,919,000	10,073,000	12,000,200	3,200,000	23.370
Cell Towers	r		0	24000	24,000	46,000	(22,000)	-47.8%
Mgt Services			0	65000	65,000	65,000	(22,000)	0.0%
Laundry Commissions			0	3200	3,200	3,000	200	6.7%
Tenant Sales/Services/CFP/Frauds			25000	6000	31,000	50,000	(19,000)	-38.0%
Type in (Grant, Other Rev)			25000	5000	52,000	-	(=3,000)	#DIV/0!
Type in (Grant, Other Rev)					_			#DIV/0!
Type In (Grant, Other Rev)	<u> </u>					-	-	#DIV/01
Type In (Grant, Other Rev)					_	-	-	#DIV/0
Type in (Grant, Other Rev)					-	-		#01V/01
Type In (Grant, Other Rev)						-	-	#DIV/OI
Type in (Grant, Other Rev)					_	_	-	#DIV/01
Type in (Grant, Other Rev)				1	_	_		#DIV/0I
Type in (Grant, Other Rev)					-	_	-	#DIV/01
Type In (Grant, Other Rev)						-	-	#DIV/01
Type in (Grant, Other Rev)	İ				-	_	-	#DIV/01
Type in (Grant, Other Rev)					_	_		#DIV/01
Type in (Grant, Other Rev)			•		_	-	-	#DIV/01
Type In (Grant, Other Rev)					4	-	_	#DIV/0!
Type in (Grant, Other Rev)					_	_	-	#DIV/0!
Type in (Grant, Other Rev)					_	<u>-</u>	_	#DIV/01
Total Other Revenue		_	25,000	98,200	123,200	164,000	(40,800)	_
Total Operating Revenues			-	2,017,200	16,198,200	12,972,200	3,226,000	24.9%
NON-OPERATING REVENUES						·		•
Other Non-Operating Revenues (List)								
FSS Coordinator			67,500		67,500	70,000	(2,500)	-3.6%
Capital Fund			,	•		-	-	#DIV/0!
RAD Conversion Funding			-	72,000	72,000	72,000		0.0%
Type In				·			-	#DIV/0!
Type in					_	-	-	#DIV/OL
Type in					-	-	-	#DIV/01
Total Other Non-Operating Revenue			67,500	72,000	139,500	142,000	(2,500	-1.8%
Interest on Investments & Deposits (List)								-
Investments			5,600	3,000	8,600	9,000	(400	-4.4%
Security Deposits	i				-	-	-	#DIV/01
Other	1				-		-	#DIV/0!
Total Interest			- 5,600	3,000	8,600	9,000	(400	-4,4%
Total Non-Operating Revenues			73,100	75,000	148,100	151,000	(2,900	
TOTAL ANTICIPATED REVENUES	\$	- \$	\$ 14,254,100		·····	\$ 13,123,200	\$ 3,223,100	
I WILLIAM CLIMB IN THIS WAS						· · · · · · · · · · · · · · · · · · ·		***

Prior Year Adopted Revenue Schedule

Lakewood

		FY 201	6 Adopted B	udget	TOFOL ALL
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations
ODER ASSAULT DE LEGIS	Management	Jection 8	Voucilei	Other (Tograms	Operations
OPERATING REVENUES					
Rental Fees					ċ
Homebuyers' Monthly Payments	750 450				\$ -
Dwelling Rental	759,150			•	759,150
Excess Utilities	8,400				8,400
Non-Dwelling Rental	601 600				601 600
HUD Operating Subsidy	691,600				691,600
New Construction - Acc Section 8		44 240 050		!	11,349,050
Voucher - Acc Housing Voucher	1 450 150	11,349,050			12,808,200
Total Rental Fees	1,459,150	11,349,050		-	12,606,200
Other Revenue (List)	45000				46,000
Cell Towers	46000				
Mgt Services	65000				65,000
Laundry Commissions	3000	40.000			3,000
Tenant Sales/Services/CFP/Frauds	10000	40,000			50,000
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)					H H
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	124,000	40,000			
Total Operating Revenues	1,583,150	11,389,050		-	12,972,200
NON-OPERATING REVENUES					
Other Non-Operating Revenues (List)					
FSS Coordinator		70,000			70,000
Capital Fund					
RAD Conversion Funding	72,000				72,000
Type in					-
Type in					-
Type in					
Other Non-Operating Revenues	72,000	70,000		-	142,000
Interest on Investments & Deposits					
Investments	6,250	2,750			9,000
Security Deposits					-
Other					
Total Interest	6,250	2,750		-	- 9,000
Total Non-Operating Revenues	78,250	72,750			- 151,000
TOTAL ANTICIPATED REVENUES	\$ 1,661,400	\$ 11,461,800	\$	- \$	- \$ 13,123,200

Appropriations Schedule

Lakewood

For the Period

January 1, 2017

to

December 31, 2017

ж increase

								(Decrease)
	_					FY 2016 Adopted	\$ Increase (Decrease)	Proposed vs.
		F	Y 2017 Propos	ed Budget		Budget	Proposed vs. Adopted	Adopted
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	Total Ail Operations	All Operations	All Operations
OPERATING APPROPRIATIONS	Wanagement	Section 6	Housing voucher	Other riograms	Operations	Operations	741 Operations	- All operations
Administration			*****					
Salary & Wages			\$ 622,180	\$ 247,190	\$ 869,370	\$ 852,050	\$ 17,320	2.0%
Fringe Benefits			267,670	93,180	360,850	365,800	(4,950)	-1.4%
Legal			24,800	6,200	31,000	30,500	500	1.6%
Staff Training	ļ		3,500	3,500	7,000	7,000	-	0.0%
Travel			8,000	2,000	10,000	10,000		0.0%
Accounting Fees			16,800	4,200	21,000	20,000	1,000	5.0%
Auditing Fees			11,500	4,500	16,000	15,000	1,000	6.7%
Miscellaneous Administration*			137,000	35,000	172,000	151,000	21,000	13.9%
Total Administration	L .	*	1,091,450	395,770	1,487,220	1,451,350	35,870	2,5%
Cost of Providing Services			1,031,430	333,170	2,407,220	3,102,000	05,010	
Salary & Wages - Tenant Services	f		-			_		#DIV/01
Salary & Wages - Maintenance & Operation				165,450	165,450	151,530	13,920	9,2%
Salary & Wages - Protective Services				200,100			,	#DIV/01
Salary & Wages - Protective Services Salary & Wages - Utility Labor				70,910	70,910	69,720	1,190	1.7%
Fringe Benefits				123,860	123,860	122,020	1,840	1,5%
Tenant Services				15,000	15,000	15,000	A)D (0	0,0%
Utilities				427,240	427,240	410,160	17,080	4.2%
				270,000	270,000	248,000	22,000	
Maintenance & Operation				60,000	60,000	60,000	2.2,000	0.0%
Protective Services			15,000	67,000	82,000	75,000	7,000	
Insurance			13,000	,		•		
Payment in Lieu of Taxes (PILOT)				26,090	26,090	28,770	(2,680	#DIV/0I
Terminal Leave Payments							•	
Collection Losses				6,000	6,000	6,000	•	0.0%
Other General Expense	İ		12,000		12,000	12,000		0.0%
Rents			13,106,000		13,106,000	10,469,700	2,636,300	
Extraordinary Maintenance					l		•	#DIV/0!
Replacement of Non-Expendible Equipment				2,500	2,500	2,500	•	0.0%
Property Betterment/Additions				•	-	-	•	#DIV/01
Miscellaneous COPS*	L	·			<u> </u>	-		#DIV/0I
Total Cost of Providing Services			- 13,133,000	1,234,050	14,367,050	11,670,400	2,696,650	23.1%
Total Principal Payments on Debt Service in Lieu of								
Depreciation	XXXXXXXXXXX	XXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX				#DIV/01
Total Operating Appropriations	-		- 14,224,450	1,629,820	15,854,270	13,121,750	2,732,520	20,8%
NON-OPERATING APPROPRIATIONS								
Total Interest Payments on Debt	XXXXXXXXXX	XXXXXXXXXX	X XXXXXXXXXX	XXXXXXXXXXX	-	•		#DIV/01
Operations & Maintenance Reserve] .	-		- #DIV/0I
Renewal & Replacement Reserve	i			350,000	350,000	_	350,000	#D(V/01
Municipality/County Appropriation				,		-	-	- #DIV/01
					_	-		- #DIV/0I
Other Reserves				350,000	350,000	·	350,00	_
Total Non-Operating Appropriations				1,979,820	16,204,270	13,121,750	3,082,52	
TOTAL APPROPRIATIONS	-		- 14,224,450	1,579,820	7 10,204,270	13,121,730	3,002,32	- #DIV/0I
ACCUMULATED DEFICIT							***************************************	- #DIV/01
TOTAL APPROPRIATIONS & ACCUMULATED						,=		
DEFICIT	-		- 14,224,450	1,979,820	16,204,270	13,121,750	3,082,52	23.5%
UNRESTRICTED NET POSITION UTILIZED								
Municipality/County Appropriation					_	-		- #DIV/0!
Other								#DIV/01
Total Unrestricted Net Position Utilized		,			-			- #DIV/01
TOTAL NET APPROPRIATIONS	Š -	· Ś	- \$ 14,224,450	\$ 1,979,820	\$ 16,204,270	\$ 13,121,750	\$ 3,082,52	23,5%
TO THE COLD IN COLUMN TO THE C	<u> </u>		+jenj (30			- 		_

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

5% of Total Operating Appropriations \$ - \$ - \$ 711,222.50 \$ 81,491.00 \$ 792,713.50

Prior Year Adopted Appropriations Schedule

Lakewood

		FY	2016 Adopted Budge	et	
•	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations
OPERATING APPROPRIATIONS					
Administration					
Salary & Wages	\$ 325,790	\$ 526,260			\$ 852,050
Fringe Benefits	109,130	256,670		[365,800
Legal	6,100	24,400			30,500
Staff Training	3,500	3,500			7,000
Travel	2,000	8,000			10,000
Accounting Fees	4,000	16,000		İ	20,000
Auditing Fees	4,500	10,500		t:	15,000
Miscellaneous Administration*	32,000	119,000			151,000
Total Administration	487,020	964,330	-		1,451,350
Cost of Providing Services	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Salary & Wages - Tenant Services			<u></u>		
Salary & Wages - Maintenance & Operation	151,530				151,530
Salary & Wages - Protective Services	,				,
Salary & Wages - Utility Labor	69,720				69,720
Fringe Benefits	122,020				122,020
Tenant Services	15,000				15,000
Utilities	410,160				410,160
Maintenance & Operation	248,000			1	248,000
Protective Services	60,000				60,000
Insurance	60,000	15,000			75,000
Payment in Lieu of Taxes (PILOT)	28,770	13,000			28,770
Terminal Leave Payments	20,770				25,7.15
Collection Losses	6,000				6,000
	0,000	12,000			12,000
Other General Expense		10,469,700			10,469,700
Rents		10,403,700			10,105,100
Extraordinary Maintenance	2,500				2,500
Replacement of Non-Expendible Equipment	2,300				2,500
Property Betterment/Additions					
Miscellaneous COPS*	1 172 700	10,496,700			11,670,400
Total Cost of Providing Services	1,173,700	10,430,700			11,070,700
Total Principal Payments on Debt Service in Lieu of		VVVVVVVVVVVVVVV	xxxxxxxxxxx	xxxxxxxxxxx	_
Depreciation	XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	************	***************************************	13,121,750
Total Operating Appropriations	1,660,720	11,461,030			15,121,730
NON-OPERATING APPROPRIATIONS				TO A CONTRACT OF THE CONTRACT	
Total Interest Payments on Debt	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
Operations & Maintenance Reserve					
Renewal & Replacement Reserve					
Municipality/County Appropriation					
Other Reserves					
Total Non-Operating Appropriations	-		-		
TOTAL APPROPRIATIONS	1,660,720	11,461,030	<u> </u>	-	13,121,75
ACCUMULATED DEFICIT					
TOTAL APPROPRIATIONS & ACCUMULATED	<u> </u>				
DEFICIT	1,660,720	11,461,030) -	. <u>-</u>	13,121,75
UNRESTRICTED NET POSITION UTILIZED	2,000,110				
Municipality/County Appropriation	_				
·					1
Other		<u>, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u>			<u> </u>
Total Unrestricted Net Position Utilized	- 4 CCO 300	č 44.464.634	- ·	- \$ -	\$ 13,121,75
TOTAL NET APPROPRIATIONS	\$ 1,660,720	\$ 11,461,030) \$	- > <u>-</u>	ې <u>۱۵,۱۷۱</u> ,/5
* Miscellaneous line items may not exceed 5% of	total aparating appro	ariations shown b	alow if amount in m	iscellaneous is greate:	r than the amount
		урнацона эпоми в	SIGNAL IL GILLOULIT ILI (1)	iscongricous is greater	Cian the amount
shown below, then the line item must be itemize		ë ը⊐ን∧ሮ₄ሮ	n ć	ċ	\$ 656,087.5
5% of Total Operating Appropriations	\$ 83,036.00	\$ 573,051.5	υ ఫ -	\$ -	φ 030,007.2

Debt Service Schedule - Principal

			Lakewood	פַר					
If Authority has no debt X this box	×			Fiscal Year Ending in	ng in			I	
	Adopted Budget Year 2016	Proposed Budget Year 2017	2018	2019	2020	2021	2022	Thereafter	Total Principal Outstanding
Type in Issue Name									, , ,
Type in Issue Name									1
Type in Issue Name									ţ
Type in Issue Name	•	1	1	1	'				1
LESS: HUD SUBSIDY							:		,
NET PRINCIPAL	\$	\$	\$	-	\$	- \$	\$	ر د	^
	4	of the eating his ratio	90,700						
Indicate the Authority's most recent bond raining and the year of the Authority's services	oona raung ana me yeur	טן מוכיומטן איז ישנייני	go service.						

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

Moody's Fitch Standard & Poors

Bond Rating
Year of Last Rating

Debt Service Schedule - Interest

	1.0401	Payments Thereafter Outstanding	•	i	,		\$ - \$
		2022					\$
		2021					\$
	nding in	2020					\$ -
200	Fiscal Year Ending in	2019	-				\$ -
LANGWOOD		2018					\$
		Proposed Budget Year 2017				1	\$
	×	Adopted Budget Year 2016				\$	\$
	If Authority has no debt X this box		Type in Issue Name	Type in Issue Name	lype in issue indille	lype in issue name TOTAL INTEREST	LESS: HUD SUBSIDY NET INTEREST

Net Position Reconciliation

January 1, 2017 Lakewood For the Period

December 31, 2017

2

FY 2017 Proposed Budaet

		7 40.	ביו בסבו היוסףטינת הממשבי	ים שמשטר הי	
	Public Housing		Housing		Total All
	Management	Section 8	Voucher	Other Programs	Operations
TOTAL NET POSITION BEGINNING OF CUBRENT YEAR (1)	\$ 11,197,281	\$	\$ 775,431	\$	\$ 11,972,712
Less: Invested in Capital Assets, Net of Related Debt (1)	4,092,228				4,092,228
Less: Restricted for Debt Service Reserve (1)	6,074,763		757,616		6,832,379
Total Unrestricted Net Position (1)	1,030,290		17,815	-	1,048,105
Less: Designated for Non-Operating Improvements & Repairs					F
Less: Designated for Rate Stabilization					1 1
Less: Other Designated by Resolution	7		ACA 200 L		2 947 610
Plus: Accrued Unfunded Pension Liability (1)	1,621,186		1,320,424		
Plus: Accrued Unfunded Other Post-Employment benefit Liability (1)	089		770		1,450
Plus: Other Adjustments (attach schedule)					1
	, , , ,		1 245 000	1	3 997 165
UNRESTRICTED NET POSITION AVAILABLE FOR USE IN PROPOSED BUDGET	2,652,156		1,545,003		10+11010
Unrestricted Net Position Utilized to Balance Proposed Budget	ı	1	1	1	
Unrestricted Net Position Utilized in Proposed Capital Budget	1	l	I	1	l
Appropriation to Municipality/County (3)	•	-	1		•
Total Unrestricted Net Position Utilized in Proposed Budget	1	1	ı		1
PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR				4	7 000
(4)	\$ 2,652,156 \$	- \$	\$ 1,345,009 \$	· .	5 5,997,105

Unrestricted Net Position Utilized to Balance Proposed Bud Unrestricted Net Position Utilized in Proposed Capital Budgi Total Unrestricted Net Position Utilized in Proposed Bud PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION Al Appropriation to Municipality/County (3)

(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. Maximum Allowable Appropriation to Municipality/County

810,214

98,991

- \$ 711,223 \$

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

2017 LAKEWOOD

(Name)

HOUSING AUTHORITY CAPITAL BUDGET/ PROGRAM

2017 CERTIFICATION OF HOUSING AUTHORITY **CAPITAL BUDGET/PROGRAM**

LAKEWOOD (Name)

FISCAL Y	EAR:	FROM:	01-01-2017	TO	: 12-31-2017
It is hereby cert rue copy of the Capital I hal Budget, by the govern day of	Budget/I ing body	Program appr y of the <u>La</u>	roved, pursuant to <u>Kewaad</u> Ho	N.J.A	dget/Program annexed heret A.C. 5:31-2.2, along with th Authority, on the
			OR		
•	ital Bud	lget /Progran		d fisca	Housing Authority haval year, pursuant to N.J.A.C
Officer's Signature:	m	acey	Dien	20	
Name:	MAR	Y JO GRÁU			
Title:	EXEC	CUTIVE DIR	ECTOR		
Address:		AMPSON A EWOOD, NJ	VENUE, PO BOX 08701	X 1599)
Phone Number:	732-3	64-1300	Fax Number	er:	732-367-3299
E-mail address	morai	ıso@lakewo	odha org		

2017 CAPITAL BUDGET/PROGRAM MESSAGE

LAKEWOOD Housing Authority

(Name)

FISCAL YEAR:

FROM:

01-01-2017

TO:

12-31-2017

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

- 1. Has the Capital Budget/Program been prepared in consultation with or reviewed by, the local and county planning board(s), governing body(ies), or other affected governmental entity(ies) of the jurisdiction(s) served by the Housing Authority?
 - The Authority's Annual and 5 Year Plan is prepared in consultation with Authority residents.
- 2. Has each capital project/project financing been developed from a specific plan or report and have the full life cycle costs of each been calculated?

 Yes
- 3. Has the Housing Authority prepared a long-term (10-20 years) infrastructure needs assessment? 20 years
- 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.

 None
- 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.

 None
- 6. Have the projects been reviewed and approved by HUD? Yes

Add additional sheets if necessary.

Proposed Capital Budget

Lakewood

For the Period

January 1, 2017

to

December 31, 2017

		Funding Sources Renewal &								
	Estimated Total Cost	Unrestricted Net Position Utilized	Replacement Reserve	Debt Authorization	Capital Grants	Other Sources				
Public Housing Management										
Type in Description	- \$ -									
Type in Description	-									
Type in Description	-									
Type in Description	-									
Total	*	-		_	_	-				
Section 8										
Type in Description						1				
Type in Description	-									
Type in Description	-					1				
Type in Description	-									
Total	•	-	_	-		-				
Housing Voucher										
Type in Description	-									
Type in Description	-									
Type in Description	-									
Type in Description										
Total		_	_		-	*				
Other Programs										
RAD PHYSICAL IMPROVEMENTS	341,986		\$ 341,986	i						
Type in Description	-									
Type in Description	-									
Type in Description	-									
Total	341,986		0.2,000							
TOTAL PROPOSED CAPITAL BUDGET	\$ 341,986	\$	\$ 341,986	5 \$	- \$ -	\$ -				

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

5 Year Capital Improvement Plan

Lakewood

For the Period

January 1, 2017

to

December 31, 2017

Fiscal Year Beginning in

	Estir	nated Total Cost	ent Budget ear 2017	2	018	2019	2	2020	ž	2021	;	2022
Public Housing Management			 									
Type in Description	\$	-	\$ -									
Type in Description		-	-									
Type in Description		-	-									
Type in Description		-	 -					*****				
Total		-	и		-	 				-		-
Section 8			 									
Type in Description		-	- [
Type in Description		-	-									i
Type in Description		-	-									
Type in Description		-	-									
Total		-	10		-	-				-		-
Housing Voucher												
Type in Description		•	- [
Type in Description		-	~									
Type in Description		-	- [
Type in Description		_	 -									
Total	••	-	 		b.	-		_				-
Other Programs		-										
RAD PHYSICAL IMPROVEMENTS		2,374,679	341,986	\$	336,618	\$ 410,034	\$	510,688	\$	440,617	\$	334,736
Type in Description		=	-									
Type in Description		-	-]									:
Type in Description		-	-			 						
Total		2,374,679	 341,986		336,618	 410,034		510,688		440,617		334,736
TOTAL	\$	2,374,679	\$ 341,986	\$	336,618	\$ 410,034	\$	510,688	\$	440,617	\$	334,736

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

Lakewood

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

Renewal &

Funding Sources

	Estimated Cos			icted Net 1 Utilized	-	lacement eserve	Debt Authorization	on C	Capital Grants	Other Sour	ces
Public Housing Management											
Type in Description	\$	_	[***				
Type in Description		-									
Type in Description		-								•	
Type in Description		-	1								
Total				-		-	•	-	-		
Section 8		······································									•
Type in Description		-							•		
Type in Description		-									
Type in Description		_									
Type in Description											
Total		-	L	-		-		-	**		-
Housing Voucher											
Type in Description		-			•						
Type in Description		-									
Type in Description		-									
Type in Description		_									
Total				-				-			
Other Programs											
RAD PHYSICAL IMPROVEMENTS	2,3	74,679			\$	2,374,679					
Type in Description		-									
Type in Description		-									
Type in Description											
Total		74,679		*		2,374,679		-	-		-
TOTAL		74,679	\$	-	\$	2,374,679	\$	-	\$ -	\$	-
Total 5 Year Plan per CB-4	\$ 2,3	74,679								<u> </u>	
Balance check		- I	f amount is o	other than z	ero, ve	rify that pro	jects listed abo	ove n	natch projects li	sted 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.