State Filing Year

2017

ADOPTED COPY

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

LOCAL GOVT SERVICES

Start Year

ZEIN JUN 13 A H: 50

2017

RECENTED

Authority Budget of:

APPROVED COPY

Dover Housing Authority

For the Period:

Fiscal Year

October 1, 2017

to

September 30, 2018

www.doverhousing.org

Authority Web Address

Department Of



Community
Affairs

OCT 2'17 AM 11:04

Division of Local Government Services

2017 HOUSING AUTHORITY BUDGET

Certification Section

Dover

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM October 1, 2017 TO September 30, 2018

For Division Use Only

CERTIFICATION OF APPROVED BUDGET

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

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

By: Paul D. Cwest CPA RAA Date: 7/20/2017

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. West CPA RAG Date: 9/26/2017

2017 PREPARER'S CERTIFICATION

DOVER

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:

10/1/2017

TO:

9/30/2018

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:	Giten Bolo	iaro, apx	
Name:	Peter J. Polcari, CPA		
Title:	Fee Accountant		
Address:	216 Sollas Court, Ridge	wood, NJ 07450	
Phone Number:	201-650-0618	Fax Number:	973-831-6972
E-mail address	polcarifamily@aol.com		

2017 APPROVAL CERTIFICATION

DOVER

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:

10/1/2017

TO:

9/30/2018

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 Dover Housing Authority, at an open public meeting held pursuant to N.J.A.C. 5:31-2.3, on the 5th day of June, 2017.

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.

		The state of the s	*
Officer's Signature:	1 Wast		
Name:	Maria Tchinchinian		
Title:	Executive Director		
Address:	215 E Blackwell Street	, Dover, NJ 0780	l
Phone Number:	973-361-9445	Fax Number:	973-3614- 6204
E-mail address	admin@doverhousing.c	org	

INTERNET WEBSITE CERTIFICATION

Authority'	s Web Address: www.doverhousing.org	
website. Toperations	ties shall maintain either an Internet website or a wather purpose of the website or webpage shall be to and activities. N.J.S.A. 40A:5A-17.1 requires the farminimum for public disclosure. Check the boxes A:5A-17.1.	provide increased public access to the authority's following items to be included on the Authority's
X□	A description of the Authority's mission and response	onsibilities
X.	Commencing with 2013, the budgets for the curre prior years	ent fiscal year and immediately preceding two
X □	The most recent Comprehensive Annual Financia information	l Report (Unaudited) or similar financial
Χ□	Commencing with 2012, the complete annual aud two prior years	its of the most recent fiscal year and immediately
Χ□	The Authority's rules, regulations and official poli- body of the authority to the interests of the residen jurisdiction	
X_	Notice posted pursuant to the "Open Public Meetin setting forth the time, date, location and agenda of	
Χ□	Beginning January 1, 2013, the approved minutes or resolutions of the board and their committees, for a	
X □	The name, mailing address, electronic mail address exercises day-to-day supervision or management or Authority	•
Χ□	A list of attorneys, advisors, consultants <u>and any ot</u> <u>corporation or other organization</u> which received ar preceding fiscal year <u>for any service whatsoever</u> remarks the preceding of the preceding the service whatsoever remarks the preceding the prece	y remuneration of \$17,500 or more during the
webpage as i	pertified by the below authorized representative of dentified above complies with the minimum status A check in each of the above boxes signifies compliant.	tory requirements of N.J.S.A. 40A:5A-17.1 as
Name of Office	eer Certifying compliance	Maria Tchinchinian
	r Certifying compliance	Executive director
Signature		X LEC

RESOLUTION 2017-06-11 2017 HOUSING AUTHORITY BUDGET RESOLUTION DOVER HOUSING AUTHORITY

FISCAL YEAR:

FROM:

10/1/2017

TO:

9/30/2018

WHEREAS, the Annual Budget and Capital Budget for the Dover Housing Authority for the fiscal year beginning, October 1, 2017 and ending, September 31, 2018 has been presented before the governing body of the Dover Housing Authority at its open public meeting of June 5, 2017; and

WHEREAS, the Annual Budget as introduced reflects Total Revenues of \$ 2,771,680, Total Appropriations, including any Accumulated Deficit if any, of \$ 2,768,543 and Total Unrestricted Net Position utilized of -0-; and

WHEREAS, the Capital Budget as introduced reflects Total Capital Appropriations of \$64,182 and Total Unrestricted Net Position planned to be utilized as funding thereof, of \$-0-; and

WHEREAS, the schedule of rents, fees and other charges in effect will produce sufficient revenues, together with all other anticipated revenues to satisfy all obligations to the holders of bonds of the Authority, to meet operating expenses, capital outlays, debt service requirements, and to provide for such reserves, all as may be required by law, regulation or terms of contracts and agreements; and

WHEREAS, the Capital Budget/Program, pursuant to N.J.A.C. 5:31-2, does not confer any authorization to raise or expend funds; rather it is a document to be used as part of the said Authority's planning and management objectives. Specific authorization to expend funds for the purposes described in this section of the budget, must be granted elsewhere; by bond resolution, by a project financing agreement, by resolution appropriating funds from the Renewal and Replacement Reserve or other means provided by law.

NOW, THEREFORE BE IT RESOLVED, by the governing body of the Dover Housing Authority, at an open public meeting held on June 5, 2017 that the Annual Budget, including all related schedules, and the Capital Budget/Program of the Dover Housing Authority for the fiscal year beginning, October 1, 2017 and ending, September 30, 2018 is hereby approved; and

BE IT FURTHER RESOLVED, that the anticipated revenues as reflected in the Annual Budget are of sufficient amount to meet all proposed expenditures/expenses and all covenants, terms and provisions as stipulated in the said Housing Authority's outstanding debt obligations, capital lease arrangements, service contracts, and other pledged agreements; and

BE IT FURTHER RESOLVED, that the governing body of the Dover Housing Authority will consider the Annual Budget

and Capital Budget/Program for adoption on September 5, 2017.

Recorded Vote

Aye Nay Abstain Absent

Gianna Garzon

Governing Body

Member:

Betty Inglis

Robin Kline

John J. Rich

X X

X

James Mullin Michael Picciallo

Thomas Toohey

X X

X

X

2017 ADOPTION CERTIFICATION

DOVER

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM:

10/1/2017

TO:

9/30/2018

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 Dover Housing Authority, pursuant to N.J.A.C. 5:31-2.3, on the 5th day of, September, 2017.

Officer's Signature:	000	- money			
Name:	Maria Tchinchinian				
Title:	Executive Director				
Address:	215 E Blackwell Street,	irector well Street, Dover, NJ 07801			
Phone Number:	973-361-9445	Fax Number:	973-361-6204		
E-mail address	admin@doverhousing.o.	rg			

RESOLUTION 2017-09-15 2017 ADOPTED BUDGET RESOLUTION

DOVER HOUSING AUTHORITY

FISCAL YEAR:

FROM:

10/1/2017

TO:

9/30/2018

WHEREAS, the Annual Budget and Capital Budget/Program for the Dover Housing Authority for the fiscal year beginning October 1, 2017 and ending, September 30, 2018 has been presented for adoption before the governing body of the Dover Housing Authority at its open public meeting of September 5, 2017; 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 \$ 2,771,680, Total Appropriations, including any Accumulated Deficit, if any, of \$2,768,543 and Total Unrestricted Net Position utilized of \$-0-; and

WHEREAS, the Capital Budget as presented for adoption reflects Total Capital Appropriations of \$64,182 and Total Unrestricted Net Position planned to be utilized of \$-0-; and

NOW, THEREFORE BE IT RESOLVED, by the governing body of Dover Housing Authority, at an open public meeting held on September 5, 2017 that the Annual Budget and Capital Budget/Program of the Dover Housing Authority for the fiscal year beginning, October 1, 2017 and, ending, September 30, 2018 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.

(Secretary's Signature)

9 5 2017 (Date)

Governing Body

Member:

Recorded Vote

Aye

Nay

Abstain

Absent

Gianna Garzon

Betty Inglis Robin Kline

James Mullin Michael Picciallo John J. Rich

Thomas Toohey

X

2017 HOUSING AUTHORITY BUDGET

Narrative and Information Section

2017 HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS

DOVER AUTHORITY BUDGET

FISCAL YEAR:

FROM:

10/1/2017

TO:

9/30/2018

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

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

The FYE 9/30/2018 budget for the Dover Housing Authority is not significantly different from the FYE 9/30/2017 budget for any line item. As noted on page N-5 Retiree Health Benefits will decrease due to a lower cost for the plan selected. In addition, the employee cost sharing portion of health benefits will increase due to the fact that one employee will move into a higher percentage cost sharing bracket due to a projected salary increase. During the prior fiscal year, the Housing Authority shifted from a shared service management agreement to a stand-alone Authority with its own full time Executive Director and staff. To date, this decision has not only presented the Housing Authority with cost saving measures, but has confirmed the fact that the Dover Housing Authority can operate in an efficient manner, continuing to provide essential services to its tenants, while being economically conservative.

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.

Anticipated revenues are expected to remain relatively constant when compared to the prior year. The Authority is not expecting to make any significant changes due to the fact that it is completing its first full year as a stand-alone Authority. While the Authority has entered into some new partnerships for services, it has been very careful to stay within its budget structure. As a result, there are no line item variance in excess of 10% and the Unrestricted Net Position is expected to increase by \$3,137.

3. Describe the state of the local/regional economy and how it may impact the proposed Annual Budget, including the planned Capital Budget/Program.

The local and regional economy is stable. The economy doesn't have a significant impact on the proposed budget because government subsidies and unrestricted net position will be sufficient to offset any decrease in rent that might arise. Capital improvements are not impacted by the local/regional economy since they are completely funded through HUD's Capital Fund Grants.

2017 HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS

DOVER AUTHORITY BUDGET

FISCAL YEAR:

FROM:

10/1/2017

TO:

9/30/2018

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.

The Authority has not budgeted to use Unrestricted Net Position for the FYE September 30, 2018. The Authority has a significant balance in its pre 2004 Section 8 Administrative Fee Reserves that is available for use should the need arise. The use of such funds is permitted by HUD regulations and would be accomplished through equity transfers if required. The Authority, however, has presented a conservative budget since it is still operating under the new management system discussed above.

- 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 There is no funds transfer required or anticipated.
- 6. The proposed budget must not reflect an anticipated deficit from 2017 operations. If there exists an accumulated deficit from prior years' budgets (and funding is included in the proposed budget as a result of a prior deficit) explain the funding plan to eliminate said deficit (N.J.S.A. 40A:5A-12). If the Authority has a net deficit reported in its most recent audit, it must provide a deficit reduction plan in response to this question. (Prepare a response to deficits caused by the implementation of GASB 68)

There is no anticipated deficit for the FYE 9/30/2018 nor is there an accumulated deficit for this HA. While there is a significant liability shown for Unfunded Pension Liabilities and OPEB Costs, the Authority has pre 2004 Section 8 Administrative Fee Reserves available should they be required. In addition, the Authority will have significant future pension savings beginning in 2022 when the payment for an early retirement incentive comes to an end. These fuds will then be available for other uses.

HOUSING AUTHORITY CONTACT INFORMATION 2017

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

Name of Authority:	Dover Housing Authority	у		
Federal ID Number:	22-1914193			
Address:	215 E Blackwell Street			
City, State, Zip:	Dover		NJ	07801
Phone: (ext.)	973-361-9444	Fax:	973-3	61-6204
Preparer's Name:	Peter J. Polcari, CPA			
Preparer's Address:	216 Sollas Court			
City, State, Zip:	Ridgewood		NJ	07450
Phone: (ext.)	201-650-1618	Fax:	973-83	31-6972
E-mail:	polcarifamily@aol.com			
Chief Executive Officer:	Maria Tchinchinian	P	072.26	1 (204
Phone: (ext.)	973-361-9445	Fax:	973-36	1-6204
E-mail:	admin@doverhousing.org			
Chief Financial Officer:	Gianna Garzon, Treasurer			
Phone: (ext.)	973-361-9445 Fa	ax: 9	73-361-620	4
E-mail:	admin@doverhousing.org			
Name of Auditor:	Anthony Giampaolo, CPA			7.10
Name of Firm:	Hymanson, Parnes, & Gian		As	
Address:	467 Middletown-Lincroft l			
City, State, Zip:	Lincroft		NJ	07738
Phone: (ext.)	732-842-4550	Fax:	732-842	2-4551
E-mail:	tony@hpgnj.com			

HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE DOVER HOUSING AUTHORITY

FISCAL YEAR:

FROM:

10/1/2017

TO:

9/30/2018

Answer all questions below completely and attach additional information as required.

- 1) Provide the number of individuals employed in calendar year 2015 as reported on the Authority's Form W-3, Transmittal of Wage and Tax Statements: 3
- 2) Provide the amount of total salaries and wages for calendar year 2015 as reported on the Authority's Form W-3, Transmittal of Wage and Tax Statements: \$109,999
- 3) Provide the number of regular voting members of the governing body: 7
- 4) Provide the number of alternate voting members of the governing body: 0
- 5) Did any person listed on Page N-4 have a family or business relationship with any other person listed on Page N-4 during the current fiscal year? NO If "yes," attach a description of the relationship including the names of the individuals involved and their positions at the Authority.
 - Did all individuals that were required to file a Financial Disclosure Statement for the current fiscal year because of their relationship with the Authority file the form as required? (Checked to see if individuals actually filed at http://www.state.nj.us/dca/divisions/dlgs/resources/fds.html before answering) YES If "no," provide a list of those individuals who failed to file a Financial Disclosure Statement and an explanation as to the reason for their failure to file.
- 7) Does the Authority have any amounts receivable from current or former commissioners, officers, key employees or highest compensated employees? NO If "yes," attach a list of those individuals, their position, the amount receivable, and a description of the amount due to the Authority.
- 8) Was the Authority a party to a business transaction with one of the following parties:
 - a. A current or former commissioner, officer, key employee, or highest compensated employee?
 - b. A family member of a current or former commissioner, officer, key employee, or highest compensated employee? NO
 - c. An entity of which a current or former commissioner, officer, key employee, or highest compensated employee (or family member thereof) was an officer or direct or indirect owner?
 - If the answer to any of the above is "yes," attach a description of the transaction including the name of the commissioner, officer, key employee, or highest compensated employee (or family member thereof) of the Authority; the name of the entity and relationship to the individual or family member; the amount paid; and whether the transaction was subject to a competitive bid process.
- 9) Did the Authority during the most recent fiscal year pay premiums, directly or indirectly, on a personal benefit contract? A personal benefit contract is generally any life insurance, annuity, or endowment contract that benefits, directly or indirectly, the transferor, a member of the transferor's family, or any other person designated by the transferor. NO If "yes," attach a description of the arrangement, the premiums paid, and indicate the beneficiary of the contract.
- 10) Explain the Authority's process for determining compensation for all persons listed on Page N-4. Include whether the Authority's process includes any of the following: 1) review and approval by the commissioners or a committee thereof; 2) study or survey of compensation data for comparable positions in similarly sized entities; 3) annual or periodic performance evaluation; 4) independent compensation consultant; and/or 5) written employment contract. Attach a narrative of your Authorities procedures for all employees. Salaries are set upon hiring an

your Authorities procedures for all employees. Salaries are set upon hiring an employee and are typically based on comparable positions at other authorities. Annual raises are approved by the Housing Authority's Board of Commissioners and are based on merit, standard increases in the industry, and availability of funds.

- 11) Did the Authority pay for meals or catering during the current fiscal year? YES 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. The HA paid \$2,263 for the senior holiday party, \$472 for the annual reorganization dinner, \$30 for the family self-sufficiency tenant seminars, \$96 for tenant meet and greet meetings, and \$145 for board of commissioner meetings.
- 12) Did the Authority pay for travel expenses for any employee or individual listed on Page N-4? NO If "yes," <u>attach a detailed list of all travel expenses</u> for the current fiscal year and provide an explanation for each expenditure listed.
- 13) Did the Authority provide any of the following to or for a person listed on Page N-4 or any other employee of the Authority:
 - a. First class or charter travel NO
 - b. Travel for companions NO
 - c. Tax indemnification and gross-up payments NO
 - d. Discretionary spending account NO
 - e. Housing allowance or residence for personal use NO
 - f. Payments for business use of personal residence NO
 - g. Vehicle/auto allowance or vehicle for personal use NO
 - h. Health or social club dues or initiation fees NO
 - i. Personal services (i.e.: maid, chauffeur, chef) NO

If the answer to any of the above is "yes," attach a description of the transaction including the name and position of the individual and the amount expended.

- 14) Did the Authority follow a written policy regarding payment or reimbursement for expenses incurred by employees and/or commissioners during the course of Authority business <u>and</u> does that policy require substantiation of expenses through receipts or invoices prior to reimbursement? YES, a policy does exist, but no payments were made for travel during the current year. 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 Not required for Dover HA. 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? NO If "yes," attach a description of the event or condition that resulted in the fine or assessment and indicate the amount of the fine or assessment.
- 20) Has the Authority been deemed "troubled" by the Department of Housing and Urban Development? NO If "yes," attach an explanation of the reason the Authority was deemed "troubled" and describe the Authority's plan to address the conditions identified.

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

Dover Housing Authority September 30, 2018

5

For the Period October 1, 2017

,	Total Compensation All Public Entities \$ 0 12,979 0 108,054 121,324 0 0 0 0 0 0 5 242,357
	Estimated amount of other compensation from Other Public Entities (health benefits, pension, payment in lieu of health benefits, etc.) 5 0 0 1,249 0 0 20,387
	Reportable Compensation from Other Public Entities (W-2/1099) \$ 11,730 0 0 11,730 0 0 87,667 0 0 2 3,99,397
	Average Hours per Week Dedicated to Dedic
	r Positions held at Other Public Entities Listed in Column O Aderman Alderman
	Names of Other Public Entities where Individual is an Of the Governing Body (1) See note is Body (1) See note is below None None None None None None None None
	Total Fublic Emplo of the Compensation Food of
	Estimated amount of other compensation from the Authority (health benefits, C pension, etc.) if \$ - \$ \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
sation from / 1099)	Other (auto allowance, a expense account, payment in lieu of health (1000) Sensitive (1000) Sensitive (1000) Output Sensitive (1000) Output Outp
Reportable Compensation from Authority (W-2/ 1099)	Base alary ipend Bonus
- Re	Base Salary Stipend 4 \$ 1,851,851
Position	Highest Compensated Employee × Key Employee ×
م	Officer
	Average Hours Per Week Dedicated to Position 2 x x 2 x x 2 x x 2 x x 40
	Title Chairperson Vice Chair Commissioner Commissioner Commissioner Commissioner Commissioner Commissioner Commissioner Commissioner Commissioner
	Name 1 John Rich 2 Betty Inglis 3 James Mullin 4 Michael Picciallo 5 Thomas Tookey 6 Gianna Garzon 7 Robin Kline 8 Maria Tchinchinian 9 10 11 12 13

| [1] Insert "None" in this column for each individual that does nat hold a position with another Public Entity

Schedule of Health Benefits - Detailed Cost Analysis

	For the Period	Dover Housing Authority October 1, 2017	g Authority 1, 2017	đ	Septemb	September 30, 2018		a *
	# of Covered Members (Medical & Rx) Proposed Budget	Annual Cost Estimate per Employee Proposed Budget Pr	Total Cost Estimate Proposed Budget	# of Covered Members (Medical & Rx) Current Year	Annual Cost per Employee	Total Prior Year		% Increase
Active Employees - Health Benefits - Annual Cost Single Coverage						1507	(Decrease)	(Decrease)
Parent & Child Employee & Spouse (or Partner)	1	18,950	18,950	1	19,025	\$ 19,025	\$ - \$	#DIV/0! -0.4%
Family Employee Cost Sharing Contribution (enter as negative -)	F	33,818	33,818	1	33,920	33,920	- (102)	#DIV/0! -0.3%
Subtotal	2		(10,714)] 42,054	2		(9,564)	(1,150)	12.0%
Commissioners - Health Benefits - Annual Cost Single Coverage		_						
Parent & Child Employee & Spouse (or Partner)			1 1			т ,	1 1	#DIV/0!
Family Employee Cost Sharing Contribution (anter or population)							i,	i0/\lq#
Subtotal	C							#DIV/0!
Retirees - Health Benefits - Annual Cost				0				#DIV/0i
Single Coverage Parent & Child	П	13,734	13,734	1	13,734	13.734		ò
Employee & Spouse (or Partner) Family	н	23,398	23,398	П	26,044	26,044	(2.646)	#DIV/0! #D1V/0!
Employee Cost Sharing Contribution (enter as negative -) Subtotal			1 1			, ,		io/AlG#
GRAND TOTAL	7		37,132	2		39,778	(2,646)	-6.7%
	4	∞∥	79,186	4		\$ 83,159	\$ (3,973)	-4.8%
Is medical coverage provided by the SHBP (Yes or No)? (Place Answer in Box) Is prescription drug coverage provided by the SHBP (Yes or No)? (Place Answer	ce Answer in Box) o)? (Place Answer in Box)	Box)		Yes or No Yes or No				

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

Schedule of Accumulated Liability for Compensated Absences

Dover Housing Authority

For the Period

to

September 30, 2018

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

		-	Legal Basis for Benefit (check applicable items)	is for licabl	Benefit e items)
	Gross Days of Accumulated	Dollar Value of Accrued			yment
Individuals Eligible for Benefit	beginning of Current Year	Compensated Absence Liability	/bbro abor greei	njosə	ndivid mplo greer
Iviaria icninc ninian	110 \$	\$ 21,485	1	╀	3
Natilieeri Micciendon	121	068.9		:/>	
LaCretia Burgess	000	820		< >	
		0.50		<	
				1	
				\dagger	
				-	
				+	
				+	
				\dagger	
				1	
				\dagger	
I otal liability for accumulated compensated absences at beginning of current year \$	ces at beginning of current year	\$ 29,195			

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

Schedule of Shared Service Agreements

For the Period

Dover Housing Authority

October 1, 2017

September 30, 2018

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

Amount to be Received by/ Paid from Authority									
Agreement End Date									
Agreement Effective Date								×	
Comments (Enter more specifics if needed)								If No Shared Services X this Box	
Type of Shared Service Provided								¥	
Name of Entity Receiving Service									
Name of Entity Providing Service There are no shared services	budgeted for FYE 9/30/18								

2017 HOUSING AUTHORITY BUDGET

Financial Schedules Section

For the Period

Dover Housing Authority October 1, 2017 to

September 30, 2018

		FY 20	FY 2018 Proposed Budget	Budget		FY 2016 Adopted Budaet	s increase (Decrease) Proposed vs. Adopted	% Increase (Decrease) Proposed vs.
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	Total All Operations	All Operations All Operations	Adopted All Operations
Total Operating Revenues	\$ 459,913 \$,	\$ 2,277,220	٠	\$ 2,737,133	\$ 2.771 446	\$ 15.607	
Total Non-Operating Revenues	2,770	ſ	31,777				4	0.6%
Total Anticipated Revenues	462,683	1	2,308,997	,	2,771,680	2,756.168	(1/5)	-0.5%
APPROPRIATIONS							710'01	0.6%
Total Administration	187,106	î.	278,255	ı.	465,361	476.864	(11 503)	C
Total Cost of Providing Services	276,754	,	2,026,428	•	2,303,182	2,279,273	93 909	-2.4%
Total Principal Payments on Debt Service in Lieu of Depreciation	XXXXXXXXX	XXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	,			8\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Total Operating Appropriations	463,860	,	2,304,683	'	2,768.543	2 756 137	707 65	i0/\\\\
Total Interest Payments on Debt Total Other Non-Operating Appropriations	XXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	1. 3		12,400	0.5% #DIV/0!
oral Noil-Operating Appropriations	•	L						#DIV/0!
Accumulated Deficit		1	9		,	•	•	#DIV/OI
Total Appropriations and Accumulated Deficit	463,860		2,304,683	,	2,768,543	2.756 137	207 Ct	
Less: Total Unrestricted Net Position Utilized	·	,	,				12,400	%c.0
Net Total Appropriations	463 860						1	#DIV/0i
- ANTICIPATED SURPLUS (DEFICIT)			2,304,683		2,768,543	2,756,137	12,406	0.5%
. (15117)	\$ (1,177) \$		\$ 4,314	⋄	\$ 3,137	\$ 31	\$ 3,106	10019.4%

Revenue Schedule

Dover Housing Authority

For the Period

October 1, 2017

to

September 30, 2018

		FY 2018 Proposed	l Budaet		FY 2016 Adopted Budget	\$ Increase (Decrease) Proposed vs. Adopted	% Increase (Decrease) Proposed vs. Adopted
	Public Housing Management	Housing Section 8 Voucher		Total All	Total All Operations		All Operations
OPERATING REVENUES						орологоно	···· o perecions
Rental Fees							
Homebuyers' Monthly Payments	0		\$		\$ -	\$ -	#DIV/0!
Dwelling Rental	229668			229,668	228,312	1,356	0.6%
Excess Utilities	4956			4,956	4,956	-	0.0%
Non-Dwelling Rental	0		8	•	-		#DIV/0!
HUD Operating Subsidy	188000			188,000	190,870	(2,870)	-1.5%
New Construction - Acc Section 8	0			-	-	-	#DIV/0!
Voucher - Acc Housing Voucher	0	2277220		2,277,220	2,261,166	16,054	0.7%
Total Rental Fees	422,624	- 2,277,220	- :	2,699,844	2,685,304	14,540	0.5%
Other Operating Revenues (List)							
Maintenance Charges to Tenants	250			250	250		0.0%
Laundry Income to Tenants	3900			3,900	3,720	180	4.8%
Cell Tower Revenue	33139			33,139	32,172	967	3.0%
Type in (Grant, Other Rev)				-	-	=	#DIV/0!
Type in (Grant, Other Rev)					.	-	#DIV/0!
Type in (Grant, Other Rev)				-			#DIV/0!
Type in (Grant, Other Rev)	1		1	-		=	#DIV/0!
Type in (Grant, Other Rev)				-	:-	1=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)		7		¥1		_	#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)				_	Two Two	-	#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)						-	#DIV/0!
Total Other Revenue	37,289		 -	37,289	36,142	1,147	3.2%
Total Operating Revenues	459,913	- 2,277,220	- 2,7	737,133	2,721,446	15,687	0.6%
NON-OPERATING REVENUES							
Other Non-Operating Revenues (List)							
Capital Funds Used for Operations	1,000			1,000	1,000		0.0%
FSS Grant		31,777	1	31,777	31,777	-	0.0%
Type in		\$1000 A \$100 C C C C C C C C C C C C C C C C C C		-		-	#DIV/0!
Type in						: 	#DIV/0!
Type in				-		-	#DIV/0!
Type in					-	-	#DIV/0!
Total Other Non-Operating Revenue	1,000	- 31,777	•	32,777	32,777		0.0%
Interest on Investments & Deposits (List)					-		
Interest Earned	1,770			1,770	1,945	(175)	-9.0%
Penalties				•			#DIV/0!
Other				<u>.</u>	¥	-	#DIV/0!
Total Interest	1,770		-	1,770	1,945	(175)	-9.0%
Total Non-Operating Revenues	2,770	- 31,777	•	34,547	34,722	(175)	-0.5%
OTAL ANTICIPATED REVENUES		- \$2,308,997 \$		71,680 \$		5 15,512	0.6%
==							

Prior Year Adopted Revenue Schedule

Dover Housing Authority

	Public Housing	FY 20:	16 Adopted Bud Housing	lget	Total Al
	Management	Section 8	Voucher	Other Programs	Operation
OPERATING REVENUES	- Wanagement		v ouerier	Other Frograms	Орегисто
Rental Fees					
Homebuyers' Monthly Payments	\$ -] \$
Dwelling Rental	228,312				
Excess Utilities					228,31
	4,956				4,95
Non-Dwelling Rental	100.070				400.07
HUD Operating Subsidy	190,870				190,87
New Construction - Acc Section 8	-				
Voucher - Acc Housing Voucher	-		2,261,166		2,261,16
Total Rental Fees	424,138	-	2,261,166	-	2,685,30
Other Revenue (List)					
Maintenance Charges to Tenants	250				25
Laundry Income	3720				3,72
Cell Tower Revenue	32172				32,17
Type in (Grant, Other Rev)				1	
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)	8				,
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)				ĺ	
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					_
Type in (Grant, Other Rev)					1-3.
Type in (Grant, Other Rev)					_
Type in (Grant, Other Rev)				1	-
Total Other Revenue	26 142				20 1 42
	36,142		2 261 166		36,142
Total Operating Revenues	460,280		2,261,166		2,721,446
ON-OPERATING REVENUES					
ther Non-Operating Revenues (List)	1.000				1 000
Capital Funds Used for Operations	1,000				1,000
FSS Grant			31,777		31,777
Type in					2
Type in					-
Type in					
Type in					
Other Non-Operating Revenues	1,000	=	31,777	-	32,777
terest on Investments & Deposits					
Interest Earned	1,945				1,945
Penalties	1				o =
Other					-
Total Interest	1,945	-	-	-	1,945
Total Non-Operating Revenues	2,945	-	31,777	•	34,722
TAL ANTICIPATED REVENUES	\$ 463,225 \$	- \$	2,292,943 \$	- \$2	,756,168

Appropriations Schedule

Dover Housing Authority

For the Period

October 1, 2017

September 30, 2018

	Public Housing	FY	2018 Propose Housing	ed Budget		Total All	FY 2016 Adop Budget Total All	\$ Increase (Decrease) ited Proposed vs Adopted	% Increase (Decrease) Proposed vs. Adopted
	Management	Section 8	Voucher	Other Programs	S	Operations	Operation	s All Operation	s All Operations
OPERATING APPROPRIATIONS									
Administration									
Salary & Wages	74,584		86,664		\$	161,248	\$ 158,	086 \$ 3,16	2.0%
Fringe Benefits	65,429		68,100			133,529	137,	904 (4,37)	-3.2%
Legal	2,884		5,356			8,240	8,	400 (160	1) -1.9%
Staff Training	750		750		- 1	1,500	1,	500	0.0%
Travel	500		500			1,000	1,0	000	0.0%
Accounting Fees	17,400		17,400		1	34,800	33,4	1,320	3.9%
Auditing Fees	5,025		5,025			10,050	9,9	980 70	0.7%
Miscellaneous Administration*	20,534		94,460			114,994	126,5	514 (11,520	-9.1%
Total Administration	187,106	•	278,255			465,361	476,8	364 (11,503	-2.4%
Cost of Providing Services									_
Salary & Wages - Tenant Services	-					-		e: 26	#DIV/01
Salary & Wages - Maintenance & Operation	9,073					9,073	8,8	195 178	2.0%
Salary & Wages - Protective Services	-				- 1	-			#DIV/0!
Salary & Wages - Utility Labor	-				1	•			#DIV/0!
Fringe Benefits	-				1				#DIV/0!
Tenant Services	4,750				ı	4,750	4,7	50 -	0.0%
Utilities	131,815					131,815	133,5	25 (1,710)	-1.3%
Maintenance & Operation	85,125				- 1	85,125	89,4	63 (4,338)	-4.8%
Protective Services	4,500					4,500	4,5	- 00	0.0%
Insurance	30,210				- 1	30,210	29,5	50 660	2.2%
Payment in Lieu of Taxes (PILOT)	10,281				1	10,281	9,9	74 307	3.1%
Terminal Leave Payments	1,000				1	1,000	1,00	- 00	0.0%
Collection Losses	-								#DIV/0!
Other General Expense	-								#DIV/0!
Rents			2,026,428			2,026,428	1,997,61	.6 28,812	1.4%
Extraordinary Maintenance	-				1	-		.	#DIV/0!
Replacement of Non-Expendible Equipment	-				1	-			#DIV/0!
Property Betterment/Additions	Ħ								#DIV/0!
Miscellaneous COPS*	-					-			#DIV/0!
Total Cost of Providing Services	276,754	•	2,026,428	-	-0	2,303,182	2,279,27	3 23,909	1.0%
Total Principal Payments on Debt Service in Lieu of									
Depreciation	XXXXXXXXXX XX	XXXXXXXX XX	XXXXXXXX XX	XXXXXXXXX					#DIV/01
Total Operating Appropriations	463,860		2,304,683	-		2,768,543	2,756,13	7 12,406	0.5%
NON-OPERATING APPROPRIATIONS									
Total Interest Payments on Debt	XXXXXXXXXX XX	XXXXXXXX XX	XXXXXXXXX XX	XXXXXXXX	_	•			#DIV/01
Operations & Maintenance Reserve						:-			#DIV/0!
Renewal & Replacement Reserve						87			#DIV/0!
Municipality/County Appropriation					1	-			#DIV/0!
Other Reserves									#DIV/0!
Total Non-Operating Appropriations		•					-22		#DIV/0!
TOTAL APPROPRIATIONS	463,860		2,304,683		_	2,768,543	2,756,137	12,406	0.5%
ACCUMULATED DEFICIT						-			#DIV/0!
TOTAL APPROPRIATIONS & ACCUMULATED									
DEFICIT	463,860	-	2,304,683	-		2,768,543	2,756,137	12,406	0.5%
UNRESTRICTED NET POSITION UTILIZED							•		
Municipality/County Appropriation	4		-	-		-	-		#DIV/0!
Other									#DIV/0!
Total Unrestricted Net Position Utilized	-	(4)		•					#DIV/0!
OTAL NET APPROPRIATIONS	\$ 463,860 \$	- \$	2,304,683 \$		\$	2,768,543	\$ 2,756,137	\$ 12,406	0.5%
1/ -									

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 he line item must be itemized above.

5% of Total Operating Appropriations

\$ 23,193.00 \$

- \$ 115,234.15 \$

Prior Year Adopted Appropriations Schedule

Dover Housing Authority

	Dublic Haveir		FY 2016 Adopted B	uaget	Total All
	Public Housing Management	Section 8	Housing Vouch	er Other Programs	Total All Operations
OPERATING APPROPRIATIONS			Troubing Coucin	- Other Fregrams	
Administration					
Salary & Wages	\$ 73,12	1	\$ 84,96	55]\$ 158,086
Fringe Benefits	67,57		70,33		137,904
Legal	2,94		5,46		8,400
Staff Training	75		75		1,500
Travel	50		50		1,000
Accounting Fees	16,74		16,74		33,480
Auditing Fees	4,99		4,99		9,980
Miscellaneous Administration*	23,82		102,69		126,514
Total Administration	190,43		- 286,42		476,864
Cost of Providing Services			200,12		170,001
Salary & Wages - Tenant Services		•			
Salary & Wages - Maintenance & Operation	8,895	;			8,895
Salary & Wages - Protective Services	0,055	•			-
Salary & Wages - Utility Labor		•			-
Fringe Benefits	_				-
Tenant Services	4,750	•		i	4,750
Utilities	133,525				133,525
Maintenance & Operation	89,463				89,463
Protective Services	4,500			,	4,500
Insurance	29,550				29,550
Payment in Lieu of Taxes (PILOT)	9,974				9,974
Terminal Leave Payments	1,000				1,000
Collection Losses					-,
Other General Expense	_				
Rents			1,997,616		1,997,616
Extraordinary Maintenance	_		**************************************		· ·
Replacement of Non-Expendible Equipment	_				-
Property Betterment/Additions	-				
Miscellaneous COPS*					=
Total Cost of Providing Services	281,657	•	1,997,616	-	2,279,273
Total Principal Payments on Debt Service in Lieu of					· · · · · · · · · · · · · · · · · · ·
Depreciation	xxxxxxxxxxx	xxxxxxxxxxxx	XXXXXXXXXXXXX	XXXXXXXXXXXXX	_
Total Operating Appropriations	472,095	-	2,284,042	-	2,756,137
NON-OPERATING APPROPRIATIONS					
Total Interest Payments on Debt	XXXXXXXXXXXXX	xxxxxxxxxxxx	xxxxxxxxxxxx	XXXXXXXXXXXXX	-
Operations & Maintenance Reserve					-
Renewal & Replacement Reserve					2
Vunicipality/County Appropriation					-
Other Reserves					=
Total Non-Operating Appropriations	-	-	-	-	-
OTAL APPROPRIATIONS	472,095	-	2,284,042	-	2,756,137
CCUMULATED DEFICIT					
OTAL APPROPRIATIONS & ACCUMULATED					_
EFICIT	472,095	-	2,284,042	-	2,756,137
INRESTRICTED NET POSITION UTILIZED	2,000				
1unicipality/County Appropriation	_	~	-	-	x=.
ther					æ
				-	
Total Unrestricted Net Position Utilized					

114,202.10 \$

137,806.85

Miscellaneous line items may not exceed 5% of total operating appropriations shown below. If amount in miscellaneous is greater than the amount

23,604.75 \$

10wn below, then the line item must be itemized above. 5% of Total Operating Appropriations \$

Debt Service Schedule - Principal

. *	Total Principal Outstanding	\$ 155,000	155,000
	Thereafter	\$ 000'52	75,000
	2023	15,000 \$	15,000
	2022	15,000 \$ 15,000 \$	15,000
	n 2021	15,000 \$	15,000
rity	Fiscal Year Ending in 2020 2	15,000 \$	15,000 15,000
Dover Housing Authority	Fis. 2019	10,000 \$	10,000
	Proposed Budget Year 2018	\$ 000,000	10,000
	Adopted Budget Year 2016	ממסי	10,000
If Authority has no debt X this box	2007 HMFA BONDS	Type in Issue Name Type in Issue Name Type in Issue Name	TOTAL PRINCIPAL LESS: HUD SUBSIDY NET PRINCIPAL

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

gs service.	Standard & Poors	2002	
of the rulling by ralling	Fitch		
and the state of the state of the state of the state.	Woody's		
		Bond Rating	Year of Last Rating

Debt Service Schedule - Interest

Dover Housing Authority

If Authority has no debt X this box

· •	Total Interest	Payments Outstanding	50,365	r r	50,365	50,365
	2	I Thereafter O	12,365		12,365	\$ - \$
		2023	4,720		4,720	\$ -
		2022	5,470		5,470	\$
	ui E	2021	6,220		6,220	\$ -
	Fiscal Year Ending in	2020	6,720		6,720 6,720	,
		2019	077',		7,220	Λ.
	Proposed Budget Year	2018		1	059'/	" "
	Adopted Budget	Year 2016 8,075		8 075	8,075	-
		2007 HMFA BONDS	l ype in Issue Name Type in Issue Name	Type in Issue Name TOTAL INTEREST	LESS: HUD SUBSIDY NET INTEREST	

Net Position Reconciliation

Dover Housing Authority

For the Period Oo

October 1, 2017

September 30, 2018

to

FY 2018 Proposed Budget

TOTAL NET POSITION BEGINNING OF CURRENT YEAR (1)

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

Less: Restricted for Debt Service Reserve (1)

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

Less: Designated for Non-Operating Improvements & Repairs

433,788

325,206 45,836 31

99,854 13,751

225,352

8,901

32,085 (8,870)

155,074

7,297

(63,239)

147,777

Operations \$1,178,000 589,138

Other Programs

504,324

Housing Voucher

Section 8

Management

673,676 589,138

Public Housing

Total All

Less: Designated for Rate Stabilization

Less: Other Designated by Resolution

Plus: Accrued Unfunded Pension Liability (1)

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

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

Plus: Other Adjustments (attach schedule)

UNRESTRICTED NET POSITION AVAILABLE FOR USE IN PROPOSED BUDGET

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

Total Unrestricted Net Position Utilized in Proposed Budget

PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR (4)

	804,861	ï	T	1	t	\$ 804.861	T09'+00 &
		1		1		1	
						Ş	-
619 533	20,040	'		'		\$ 619,533	
1	'	1	,			1	
185,328			•	-		185,328 \$	

(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.

23,193 \$ Maximum Allowable Appropriation to Municipality/County

\$ 138,427 (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 \$ 115,234 \$ deficit, including the timeline for elimination of the deficit, if not already detailed in the budget narrative section.

2017

DOVER
HOUSING
AUTHORITY
CAPITAL
BUDGET/
PROGRAM

2017 CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

DOVER HOUSING AUTHORITY

FISCAL	YEAR:	FROM:	10/1/2017	TO:	9/30/2018	
It is hereby ce true copy of the Capital al Budget, by the gover	Budget/P	rogram approv	ed, pursuant to 1	V.J.A.C.	5:31-2.2, along wit	th the
			OR		ř	
It is hereby ce ed <u>NOT</u> to adopt a Cap 2.2 for the follo	oital Budg	get /Program fo	or the aforesaid f		•	
	Δ			,		
Officer's Signature:	THE	Syl		2		
Name:	Maria T	chinchinian				
Title:	Executi	ve Director				
Address:	215 E B	lackwell Stree	t, Dover, NJ 0780)1		
Phone Number:	973-361	-9445	Fax Number:	973-3	61-6204	
E-mail address	admin@	doverhousing.	org			

2017 CAPITAL BUDGET/PROGRAM MESSAGE

Dover Housing Authority

FISCAL YEAR:

FROM:

10/1/2017

TO:

9/30/2018

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?

Yes. The Capital budget is prepared with input from the residents of the developments affected and the municipal government, when required. It is also approved by HUD as capital fund subsidies are provided to pay for such costs.

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. It is done in conjunction with HUD engineers and officials.

- 3. Has the Housing Authority prepared a long-term (10-20 years) infrastructure needs assessment? No. HUD only requires a five year plan and the HA has complied with those requirements.
- 4. Are any of the capital projects/project financings being undertaken in a community that has a State Plan designated center? If so, please describe the relationship of same to the center's goals and objectives.

NO - N/A

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.

The proposed capital projects have no effect on rental income as all funding comes from the HUD capital fund program. The Authority will not be using rental income to pay for the anticipated projects. The projects are needed, however to continue to provide decent, safe, and affordable housing to the population that the HA serves.

6. Have the projects been reviewed and approved by HUD?

Yes. All capital Fund budgets are required to be submitted to HUD for approval

Add additional sheets if necessary.

Proposed Capital Budget

Dover Housing Authority

For the Period

October 1, 2017

to

September 30, 2018

					Fu	nding Sources		
					Renewal &			
	Esti	mated Total	Unrestricted	Net	Replacement	Debt		Other
		Cost	Position Utili	zed	Reserve	Authorization	Capital Grants	Sources
Public Housing Management								
CFP 515 (2015) Elevator Rehab	\$	30,870					\$ 30,870	
CFP 516 (2016) Elevator Rehab		28,312	ľ				28,312	1
CFP 516 (2016) Reseal Parking Lot		5,000					5,000	1
CFP 517 (2017) Appliances		-						
Total		64,182	L	-	-	-	64,182	
Section 8							· · · · · · · · · · · · · · · · · · ·	_
Type in Description		=						
Type in Description		1-1						
Type in Description	1	-						
Type in Description	1	_						
Total	•	-	L	-	-	-		
Housing Voucher								
Type in Description	7	-						
Type in Description		-						1
Type in Description		-						
Type in Description		-						
Total		=-		-	-	-	-	-
Other Programs			2					
Type in Description	7	<u>:</u>						
Type in Description		-						ĺ
Type in Description								
Type in Description		-						
Total		-			-	-	×=	-
TOTAL PROPOSED CAPITAL BUDGET	\$	64,182	\$	- \$	- \$	- \$	64,182 \$	-

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

Dover Housing Authority

For the Period

October 1, 2017

to

September 30, 2018

Fiscal Year Beginning in

	Esti	mated Total	Cur	rent Budget					
		Cost	Υ	ear 2018	2019	2020	2021	2022	2023
Public Housing Management									
CFP 515 (2015) Elevator Rehab	\$	30,870	\$	30,870					
CFP 516 (2016) Elevator Rehab		28,312		28,312					
CFP 516 (2016) Reseal Parking Lo	t	5,000		5,000					
CFP 517 (2017) Appliances		33,000		-	33,000				
Total		97,182		64,182	33,000	-	-	-	
Section 8									
Type in Description		-		- [
Type in Description		-							
Type in Description		-		-					1
Type in Description		-		_					
Total		-		-	-	-	-	;_	-
Housing Voucher									
Type in Description		-		-					
Type in Description				-					1
Type in Description		-		-					
Type in Description		*		-					
Total		-		-	-	-	-	-	-
Other Programs									
Type in Description									
Type in Description		-		-					
Type in Description				-					
Type in Description		-		-					
Total		-		=	•	=	-	-	
TOTAL	\$	97,182	\$	64,182 \$	33,000 \$	- \$	- \$	- \$	

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

5 Year Capital Improvement Plan Funding Sources

Dover Housing Authority

For the Period

October 1, 2017

to

September 30, 2018

						nding Sources		
	Falls.	nated Total			Renewal &	- 1.		
	ESTI			icted Net	Replacement	Debt		Other
D. I. II.		Cost	Position	Utilized	Reserve	Authorization	Capital Grants	Sources
Public Housing Management								
CFP 515 (2015) Elevator Rehab	\$	30,870					\$ 30,870	
CFP 516 (2016) Elevator Rehab		28,312					28,312	
CFP 516 (2016) Reseal Parking Lo	1	5,000					5,000	
CFP 517 (2017) Appliances		33,000					33,000	
Total		97,182		-	.=.	-	97,182	-
Section 8								
Type in Description		· - ()						
Type in Description		-						1
Type in Description		-						1
Type in Description								
Total		•		-		-		
Housing Voucher			-			101111		
Type in Description		-						
Type in Description		-						
Type in Description		-						1
Type in Description		=						1
Total		-		<u> </u>		_	3=0	
Other Programs								
Type in Description		_			4.00			
Type in Description		-						
Type in Description		-						
Type in Description		_						1
Total		_	L	-	_	-	-	
TOTAL	5	97,182	\$	- \$	- \$	5 - 5	97,182 \$	-
Total 5 Year Plan per CB-4		97,182				7	, 7	
Balance check			amount is ath	er than zoro	varify that areis	acts listed above	atch projects lists	on CD 1
Daidlice Clicck		- 1)	umount is oth	ei tiiuii zert	o, verijy tilat proje	cus iistea above m	atch projects listed	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.