



April 1, 2017

Ms. Ann C. Zawartkay CPA, CGMA Division of Local Services Bureau of Authority Regulation William Ashby Community Affairs Building 101 S, Broad Street CN 803 Trenton, NJ 08625-0803

Re: Gloucester City Housing Authority Fiscal Year ending 6/30/2018

Dear Ann:

Enclosed please find two (2) copies of the budget for the above referenced fiscal year. The budget was introduced at the Mrach 27, 2017 GCHA meeting and approved at the April 24th board meeting.

Should you have any questions feel free to contact me at 856.486.1990 ext. 123.

Sincerely,

Scott A. Schaffer, Controller, Managing Agent for Gloucester City Housing Authority

enc

**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

2016

2017

# Authority Budget of: Gloucester City Housing Authority

For the Period:

July 1, 2017

to

June 1, 2018

www.gcnjha.com

**Authority Web Address** 

Department Of

Community

Affairs

Division of Local Government Services

# **2017 AUTHORITY BUDGET**

**Certification Section** 

#### 2017

## **Gloucester City Housing Authority\_** (Name)

#### **AUTHORITY BUDGET**

FISCAL YEAR: FROM July 1, 2017 TO June 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 N.J.S.A. 40A:5A-11.

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

By: Date:

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

By: \_\_\_\_\_ Date: \_\_\_\_

Department of Community Affairs Director of the Division of Local Government Services

#### 2017 PREPARER'S CERTIFICATION

## Scott A. Schaffer

(Name)

#### **AUTHORITY BUDGET**

FISCAL YEAR:

FROM:7/1/2017

TO:6/30/2018

It is hereby certified that the 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 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:	Aut a A	upper	
Name:	Scott A. Schaffer	//	
Title:	Controller		
Address:	C/o PRD Management 457 Haddonfield Rd. S		
Phone Number:	856-486-1990	Fax Number:	856-663-5337
E-mail address	sschaffer@prd.net		

#### 2017 APPROVAL CERTIFICATION

# **Gloucester City Housing Authority**

(Name)

#### **AUTHORITY BUDGET**

FISCAL YEAR:

FROM:7/1/2017

TO:

6/30/2018

It is hereby certified that the Authority Budget, including all schedules appended hereto, are a true copy of the Annual Budget and Capital Budget/Program approved by resolution by the governing body of the Gloucester City Housing Authority, at an open public meeting held pursuant to N.J.A.C. 5:31-2.3, on the 27 day March 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.

Officer's Signature:	Taul 1	Mormen	n
Name:	Paul Korman		
Title:	Secretary Pro_temp	•	
Address:	101 Market Street Gloucester City,NJ	08030	
Phone Number:	856-456-5772	Fax Number:	856-456-6894
E-mail address	Pk5702@aol.com		

# INTERNET WEBSITE CERTIFICATION

Authority's V	Web Address:	www.gcnjha.com	
All authoritie	s shall maintain eith	er an Internet website or a webp	page on the municipality's or county's Interne
operations an	d activities. N.J.S.A minimum for public	40A:5A-17.1 requires the follo	wide increased public access to the authority's owing items to be included on the Authority's ow to certify the Authority's compliance with
х□	A description of the	Authority's mission and responsi	ibilities
х□	•		fiscal year and immediately preceding two
x	The most recent Coninformation	mprehensive Annual Financial Ro	eport (Unaudited) or similar financial
х□	Commencing with 2 years	2012, the annual audits of the mos	st recent fiscal year and immediately two prior
x			statements deemed relevant by the governing within the authority's service area or
х		nant to the "Open Public Meetings e, date, location and agenda of ea	s Act" for each meeting of the Authority, ach meeting
х□			each meeting of the Authority including all least three consecutive fiscal years
x.	_		and phone number of every person who er some or all of the operations of the
х	corporation or other		er person, firm, business, partnership, remuneration of \$17,500 or more during the dered to the Authority.
webpage as i	dentified above com		the Authority that the Authority's website or pry requirements of N.J.S.A. 40A:5A-17.1 as nice.
Name of Office	cer Certifying compli	ance	_Paul Korman
Title of Office	er Certifying complia	nce	Secretary Pro-Temp
Signature			Paul MKomans

# 2017 AUTHORITY BUDGET RESOLUTION **Gloucester City Housing Authority**

**FISCAL** YEAR:

FROM:

7/1/2017

TO:6/30/2018

WHEREAS, the Annual Budget and Capital Budget for the Gloucester City Housing Authority for the fiscal year beginning, 7/1/2017 and ending, 6/30/2018 has been presented before the governing body of the Gloucester City Housing Authority at its open public meeting of 2/27/2017; and

WHEREAS, the Annual Budget as introduced reflects Total Revenues of \$ 790,700 Total Appropriations, including any Accumulated Deficit if any, of \$ 790,700 and Total Unrestricted Net Position utilized of \$0; and

WHEREAS, the Capital Budget as introduced reflects Total Capital Appropriations of \$66,600 and Total Unrestricted Net Position planned to be utilized as funding thereof, of \$0; and

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

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

NOW, THEREFORE BE IT RESOLVED, by the governing body of the Gloucester City Housing Authority, at an open public meeting held on 3/27/17 that the Annual Budget, including all related schedules, and the Capital Budget/Program of the Gloucester City Housing Authority for the fiscal year beginning, 7/1/2017 and ending, 6/30/2017 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 Authority's outstanding debt obligations, capital lease arrangements, service contracts, and other pledged agreements; and

BE IT FURTHER RESOLVED, that the governing body of the Gloucester City Housing Authority will consider the Annual Budget and Capital Budget/Program for adoption on 3/27/2017

(Secretary's Signature)

Recorded Vote

Governing Body Member:

Nay

Aye

Abstain

Absent

3/27/2018 \_

Virginia Doughtery

Pat Hagen

Charles Kain

Paul Korman

Michael McSweeney

Roseann Michel

Charles Pacifico

# **2017 ADOPTION CERTIFICATION**

# Gloucester City Housing Authority (Name)

# **AUTHORITY BUDGET**

**FISCAL YEAR:** 7/1/2017 TO: 6/30/2018

It is hereby certified that the Authority Budget and Capital Budget/Program annexed hereto is a t	true
copy of the Budget adopted by the governing body of the Gloucester City HousingAuthority, pursuan	nt to
<u>N.J.A.C. 5:31-2.3</u> , on the day of,	

Officer's Signature:			
Name:	Paul Korman		
Title:	Secretary Pro-Temp		
Address:	101 S. Market St.		
	Gloucester City, NJ (	08030	
Phone Number:	856-456-5772	Fax Number:	
E-mail address			

#### 2017 ADOPTED BUDGET RESOLUTION

# Gloucester City Housing Authority (Name)

# **AUTHORITY**

**FISCAL YEAR:** 

FROM:

7/1/2017

TO:

6/30/2018

WHEREAS, the Annual Budget and Capital Budget/Program for the Gloucester City HousingAuthority for the fiscal year beginning 7/1/2017 and ending, June 30, 2018 has been presented for adoption before the governing body of the Gloucester City Housing Authority at its open public meeting of 3/27/2017 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 \$ 790,700, Total Appropriations, including any Accumulated Deficit, if any, of \$790,700 and Total Unrestricted Net Position utilized of \$0; and

WHEREAS, the Capital Budget as presented for adoption reflects Total Capital Appropriations of \$66,600 and Total Unrestricted Net Position planned to be utilized of \$0; and

NOW, THEREFORE BE IT RESOLVED, by the governing body of Gloucester City Housing Authority, at an open public meeting held on 3/27/2017 that the Annual Budget and Capital Budget/Program of the Gloucester City Housing Authority for the fiscal year beginning, 7/1/2017 and, ending6/30/2017 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)				(Date)	
Governing Body	Recorded	Vote			
Member:	Aye	Nay	Abstain	Absent	
Virginia Doughtery					
Pat Hagen					
Charles Kain					
Paul Korman					
Michael McSweeney					
Roseann Michel					
Charles Pacifico					

# **2017 AUTHORITY BUDGET**

**Narrative and Information Section** 

# 2017 AUTHORITY BUDGET MESSAGE & ANALYSIS Gloucester City Housing Authority

(Name)

#### **AUTHORITY BUDGET**

FISCAL YEAR: FROM: 7/1/2017 TO: 6/30/2018

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 a copy of the resolution authorizing the rate increase. The only change in the operations of the GCHA is that due to funding restrictions a few years back, the part-time maintenance position has not been filled and will remain vacant next year
- 2. Complete a brief statement on the impact the proposed Annual Budget will have on Anticipated Revenues, especially service charges and on the general purpose/component unit financial statements. Explain significant increases or decreases, if any. An increase or decrease is considered significant if it is over +/-10% (As shown on budget page F-2 explain reason for change for each revenue changing more than 10%) from the current year adopted budget. The only change in the operations of the GCHA is the continuation of the work on the RAD conversion. This should result in a retroactive funding adjustment of \$63,400 which will be deposited into the reserve for R&R accounts. There is no change in the rental revenue from the 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. Gloucester City is a small blue collar town of approx.. 2 square miles and the economy mirrors that of county of Camden
- 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. There is a balanced budget
- 5. Identify any sources of funds transferred to the County/Municipality as a budget subsidy or a shared service and explain the reason for the transfer (i.e.: to balance the County/Municipality budget, etc.).
- 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
- 7. Attach a schedule of the Authority's existing rate structure (connection fees, parking fees, service charges, etc.) if it has been changed since the prior year budget submission and a schedule of the proposed rate structure for the upcoming fiscal year. Explain any proposed changes in the rate structure

and attach the resolution approving the change in the rate structure, <u>if applicable</u>. The only charge is for rent based on the tenants ability to pay which are in accordance with HUD 4350.3. Any damages to GCHA property are based on the cost to repair

Page N-1

# AUTHORITY CONTACT INFORMATION 2017

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

Name of Authority:	Gloucester City Housing A	Authority						
Federal ID Number:								
Address:	101 S. Market Street	101 S. Market Street						
City, State, Zip:	Gloucester City		NJ	08030				
Phone: (ext.)	856-456-5772	856-456-5772 Fax:						
Preparer's Name:	Scott A. Schaffer							
Preparer's Address:	Liberty View 457 Haddonfield Rd. Suit	e 705						
City, State, Zip:	Cherry Hill		NJ	08030				
Phone: (ext.)	856-486-1990 ext. 124	Fax:	856-66	53-5337				
E-mail:	sschaffer@prd.net	sschaffer@prd.net						
Chief Executive Officer:	Charles Pacifico							
Phone: (ext.)	856-456-5772	Fax:						
E-mail:	830-430-3772	Tax.						
E-man.								
Chief Financial Officer:	Scott A. Schaffer							
Phone: (ext.)	856-486-1990 Fa x.123	ax: 8	356-663-533	7				
E-mail:	sschaffer@prd.net							
Name of Auditor:	Jeff Bowley							
	Jeff Bowley Joseph Bowley & co							
Name of Firm:								
Name of Auditor: Name of Firm: Address: City, State, Zip:	Joseph Bowley & co		NJ	08028				
Name of Firm: Address:	Joseph Bowley & co 28 W. Church Street	Fax:	NJ	08028				

# **AUTHORITY INFORMATIONAL QUESTIONNAIRE**

# Gloucester City Housing Authority (Name)

	FISCAL YEAR:	FROM:	7/1/2017	TO:	6/30/2018
Ans	wer all questions below completely an	nd attach addit	ional information	as required.	
	Provide the number of individuals en				on the Authority's
	Form W-3, Transmittal of Wage and			•	
2)	Provide the amount of total salaries a			5 as reporte	d on the Authority's
	Form W-3, Transmittal of Wage and	Γax Statement	s\$157,010		
3)	Provide the number of regular voting	members of th	ne governing body	: 7	
	Provide the number of alternate voting				
5)	Did any person listed on Page N-4 ha				
	on Page N-4 during the current fisca	_	U T	_	_
	including the names of the individuals		_		
6			dividuals that were		
	Disclosure Statement for the current			_	th the Authority file
	the form as required? YES (Checke				
	http://www.state.nj.us/dca/division				
	"no," provide a list of those individu			al Disclosure	e Statement and an
-	explanation as to the reason for their				
7)	Does the Authority have any amounts				
	employees or highest compensated				
	individuals, their position, the amo	unt receivabl	e, and a descrip	tion of the	amount aue to the
	Authority.		with an a of the fol	11	i.a.
8)	Was the Authority a party to a business a. A current or former commissioner, of				
	<ul><li>a. A current or former commissioner, of</li><li>b. A family member of a current or former</li></ul>	_		_	_
	employee? NO	office continues	sioner, officer, key	employee, or	ingliest compensated
	c. An entity of which a current or fo	rmer commiss	ioner officer key	employee or	highest compensated
	employee (or family member thereof)				
	If the answer to any of the above is "				
	of the commissioner, officer, key em				
	thereof) of the Authority; the name of				
	the amount paid; and whether the tran				
9)	Did the Authority during the most			_	
	personal benefit contract? A persona				•
	endowment contract that benefits, dir	rectly or indir	ectly, the transfer	or, a membe	er of the transferor's
	family, or any other person designate	ed by the tran	sferor, NO If "y	es," attach	a description of the
	arrangement, the premiums paid, and	indicate the b	eneficiary of the c	contract.	
10)	Explain the Authority's process for	determining of	compensation for	all persons	listed on Page N-4
	Include whether the Authority's proce				
	commissioners or a committee there	eof; 2) study	or survey of con	npensation of	data for comparable
	positions in similarly sized entities;				_
	compensation consultant; and/or 5)				
	Authorities procedures for all en	mployees. T	he GCHA throu	gh its prof	essional managing

agent review compensation based on market conditions and adjust accordingly on an annual

basis. Also maintenance wages are submitted annually to HUD

11) Did the	Authori	ty pa	ay for	meals o	r catering	during t	he cu	urren	t fiscal	year?	NO I	f "ye	s," attac	h a
detailed	l list of	all	meals	and/or	catering	invoices	for	the	current	fiscal	year	and	provide	an
explana	tion for e	each	expen	diture lis	sted.									

Page N-3 (1 of 2)

- 12) Did the Authority pay for travel expenses for any employee or individual listed on Page N-4? NO If "yes," attach a detailed list of all travel expenses for the current fiscal year and provide an explanation for each expenditure listed.
- 13) Did the Authority provide any of the following to or for a person listed on Page N-4 or any other employee of the Authority:
  - a. First class or charter travel NO
  - b. Travel for companions NO
  - c. Tax indemnification and gross-up payments 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.

- 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? YES\_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 Environmental Protection or any other entity regarding maintenance or repairs required to the Authority's systems to bring them into compliance with current regulations and standards that it has not yet taken action to remediate? 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 Environmental Protection or any other entity due to noncompliance with current regulations (i.e.: sewer overflow, etc.)? NO \_\_\_\_\_ If "yes," attach a description of the event or condition that resulted in the fine or assessment and indicate the amount of the fine or assessment.

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

## **Gloucester City Housing Authority**

(Name)

**FISCAL YEAR: FROM:** 7/1/2017 **TO:** 6/30/2108

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

- List all of the Authority's current commissioners and officers and amount of compensation from the Authority
  and any other public entities as defined below. Enter zero if no compensation was paid.
- List all of the Authority's key employees and highest compensated employees other than a commissioner or
  officer as defined below and amount of compensation from the Authority and any other public entities.
- 3) List all of the Authority's <u>former</u> officers, key employees and highest compensated employees who received more than \$100,000 in reportable compensation from the Authority and any other public entities during the most recent fiscal year completed.
- 4) List all of the Authority's <u>former</u> commissioners who received more than \$10,000 in reportable compensation from the Authority and any other public entities during the most recent fiscal year completed.
- **Commissioner:** A member of the governing body of the authority with voting rights. Include alternates for purposes of this schedule.
- Officer: A person elected or appointed to manage the authority's daily operations at any time during the year, such as the chairperson, vice-chairperson, secretary, or treasurer. For the purposes of this schedule, treat the authority's top management official and top financial official as officers. A member of the governing body may be both a commissioner and an officer for the purposes of this schedule.
- **Key employee:** An employee or independent contractor of the authority (other than a commissioner or officer) who meets both of the following criteria:
  - a) The individual received reportable compensation from the authority and other public entities in excess of \$150,000 for the most recent fiscal year completed; and
  - b) The individual has responsibilities or influence over the authority as a whole or has power to control or determine 10% or more of the authority's capital expenditures or operating budget.
- Highest compensated employee: One of the five highest compensated employees or independent contractors of the authority other than current commissioners, officers, or key employees whose aggregate reportable compensation from the authority and other public entities is greater than \$100,000 for the most recent fiscal year completed.
- Compensation: All forms of cash and non-cash payments or benefits provided in exchange for services, including salaries and wages, bonuses, severance payments, deferred payments, retirement benefits, fringe benefits, and other financial arrangements or transactions such as personal vehicles, meals, housing, personal and family education benefits, below-market loans, payment of personal or family travel, entertainment, and personal use of the Authority's property. Compensation includes payments and other benefits provided to both employees and independent contractors in exchange for services.
- Reportable compensation: 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 2015 W-2 and 1099 should be used (60 days prior to start of budget year is November 1, 2016, with 2014 being the most recent calendar year ended), and for fiscal years ending June 30, 2018, the calendar year 2016 W-2 and 1099 should be used (60 days prior to start of budget year is May 1, 2017, with 2016 being the most recent calendar year ended).
- Other Public Entity: Any municipality, county, local authority, fire district, or other government unit, regardless of whether it is related in any way to the Authority either by function or by physical location.

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

Reportable Compensation from Authority (W-2/ 1099)  Average Hours per Week  Name of Other Fublic Entities where Individual is an Entities Listed amount of other compensation from Member of the Public Entities where Individual is an Entities Listed Salary Individual is an Entities Liste		For the Period	July 1, 2017		Gloud	ester	City I	June 1,											
Average Hours Per Week Dedicated to Position Name Title Manger Corb Position Position Name Social Service Coor 15 x x 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1 x					Positio	n					1								1
\$ - None None None None None #VALUE!  2 Rene Purcell Social Service Coor 15 x	Name	Title	per Week Dedicated to	Office		hest Comp	Forme	Salary/	Bonus	allowance, expense account, payment in lieu of health	amount of other compensation from the Authority (health benefits,	Compensation	Public Entities Individual Employee Member o Governing Bo	where s an or the dy (1	Positions held at Other Public Entities Listed in	Hours per Week Dedicated to Positions at Other Public Entities Listed	Compensation from Other Public Entities	of other compensation from Other Public Entities (health benefits, pension, payment in lieu of health	Total Compensation
2 Rene Purcell         Social Service Coor         15         x         0         None         None         None         None         #VALUE!           3 Robert Pease         Superintendent         40         x         0         None         None         None         None         None         #VALUE!           4 Robert Williams         Maintenance Tech         40         x         0         None         None         None         None         #VALUE!           6         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0					n x	υ Ω	- 5				p-1101011, 0101,								
3 Robert Pease         Superintendent         40         x         0 None         None         None         None         #VALUE!           4 Robert Williams         Maintenance Tech         40         x         0 None         None         None         None         Mone         #VALUE!           5         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0<																			
5       0       0         6       0       0         7       0       0         8       0       0         9       0       0         10       0       0         11       0       0         12       0       0         13       0       0         14       0       0         15       0       0	3 Robert Pease	Superintendent			x							0	None		None	None	None	None	#VALUE!
11     0     0       12     0     0       13     0     0       14     0     0       15     0     0	4 Robert Williams	Maintenance Tech	40		x							0	None		None	None	None	None	#VALUE!
11     0     0       12     0     0       13     0     0       14     0     0       15     0     0	5											C							0
11     0     0       12     0     0       13     0     0       14     0     0       15     0     0	6											C							0
11     0     0       12     0     0       13     0     0       14     0     0       15     0     0	7											0							0
11     0     0       12     0     0       13     0     0       14     0     0       15     0     0	8											0							0
11     0     0       12     0     0       13     0     0       14     0     0       15     0     0	9											0							0
12     0     0       13     0     0       14     0     0       15     0     0	10											0							0
13 0 0 0 14 0 15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	11											C							C
14 0 0 0 15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	12											0							C
15	13											0							C
												C							0
Total: \$ - \$ - \$ - \$ - \$ - \$ - #VALUE!	15																		
	Total:							\$ -	\$ -	- \$ -	\$ -	\$ -	. 1				\$ -	\$ -	#VALUE!

(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**

**Gloucester City Housing Authority** For the Period July 1, 2017 June 1, 2018 to **Annual Cost** # of Covered **Total Cost** # of Covered Estimate per Members **Employee Estimate** Members **Annual Cost** (Medical & Rx) Proposed Proposed (Medical & Rx) per Employee **Total Prior** \$ Increase % Increase **Proposed Budget** Budget Budget **Current Year** Current Year year Year Cost (Decrease) (Decrease) Active Employees - Health Benefits - Annual Cost 3 \$ 3 \$ Single Coverage 800 \$ 2,399 761 \$ 2,283 \$ 116 5.1% Parent & Child #DIV/0! #DIV/0! Employee & Spouse (or Partner) #DIV/0! Employee Cost Sharing Contribution (enter as negative - ) #DIV/0! 3 2,399 3 2,283 Subtotal 5.1% 116 Commissioners - Health Benefits - Annual Cost #DIV/0! Single Coverage Parent & Child #DIV/0! #DIV/0! Employee & Spouse (or Partner) #DIV/0! Employee Cost Sharing Contribution (enter as negative - ) #DIV/0! 0 Subtotal 0 #DIV/0! Retirees - Health Benefits - Annual Cost #DIV/0! Single Coverage #DIV/0! Parent & Child Employee & Spouse (or Partner) #DIV/0! #DIV/0! Family #DIV/0! Employee Cost Sharing Contribution (enter as negative - ) 0 0 #DIV/0! Subtotal **GRAND TOTAL** 3 \$ 2,399 3 \$ 2,283 \$ 116 5.1%

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

Is prescription drug coverage provided by the SHBP (Yes or No)? (Place Answer in Box)

Is medical coverage provided by the SHBP (Yes or No)? (Place Answer in Box)

yes

ves

Yes or No

Yes or No

# **Schedule of Accumulated Liability for Compensated Absences**

#### **Gloucester City Housing Authority**

For the Period	July 1, 2017	to	June	e 1, 2	018
Complete the below table for the Authority's received	lightlitu for commonsated about				
Complete the below table for the Authority's accrued X Box if Authority has no Compensated Abcences	liability for compensated absen	zes. X			
A Box if Authority has no compensated Abcences		- ^	Legal Bas	sis fo	r Benefit
			(check ap		-
Individuals Eligible for Benefit	Gross Days of Accumulated Compensated Absences at beginning of Current Year	Dollar Value of Accrued Compensated Absence Liability	Approved Labor Agreement	Resolution	Individual Employment Agreement
None	none				
Total liability for accumulated compensated absences	at beginning of current year	\$ -			

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

#### **Schedule of Shared Service Agreements**

**Gloucester City Housing Authority** 

_		- 1		_			
-0	r	+1	he	D	01	110	1
···		- UI			<b>C</b> 1		31

July 1, 2017

to

June 1, 2018

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

Name of Entity Providing Service	Name of Entity Receiving Service	Type of Shared Service Provided	Comments (Enter more specifics if needed)	Agreement Effective Date	Agreement End Date	Amount to be Received by/ Paid from Authority
NONE						
	X					-

If	No	Share	d Serv	ices X	this	Box
•••		Jilaic	4 201			DUA

х	

# **2017 AUTHORITY BUDGET**

**Financial Schedules Section** 

#### **SUMMARY**

#### **Gloucester City Housing Authority**

For the Period

July 1, 2017

to

June 1, 2018

\$ Increase

% Increase

		la co	F	Y 201	17 Pro	oposed	Budge	et				FY.	2016 Adopted Budget	Proj	ecrease) posed vs. dopted	(Decrease) Proposed vs. Adopted
	GCHA	N/A		N/A		N/A	N/A		N/A		Total All perations		Total All Operations	All C	perations	All Operations
REVENUES																
Total Operating Revenues	\$ 790,700	\$	- \$		- \$	- ;	5	- \$		- \$	790,700	\$	755,100	\$	35,600	4.7%
Total Non-Operating Revenues			-		-	-		-		-	-	_			-	#DIV/0!
Total Anticipated Revenues	790,700				-	-		-		-	790,700	_	755,100	_	35,600	4.7%
APPROPRIATIONS																
Total Administration	174,300		-		-	-		-		-	174,300		180,200		(5,900)	-3.3%
Total Cost of Providing Services	553,000		-		-	-		-		-	553,000		550,800		2,200	0.4%
Total Principal Payments on Debt Service in Lieu of Depreciation	_		_		-			-		-	-					#DIV/0!
Total Operating Appropriations	727,300		-		-	-		-		-	727,300		731,000		(3,700)	-0.5%
Total Interest Payments on Debt Total Other Non-Operating Appropriations Total Non-Operating Appropriations	63,400 63,400		-		-	-		-		-	63,400 63,400		23,000		40,400	#DIV/0! 175.7% 175.7%
Accumulated Deficit			-		_	-		-		_			-		_	#DIV/0!
Total Appropriations and Accumulated Deficit	790,700		-		-	-		-		-	790,700		754,000		36,700	4.9%
Less: Total Unrestricted Net Position Utilized					-	-		-		-			-			#DIV/0!
Net Total Appropriations	790,700		_		-	-		-		-	<b>7</b> 90,700	_	754,000		36,700	4.9%
ANTICIPATED SURPLUS (DEFICIT)	\$ -	\$	- \$	<u>.</u>	- \$	-	\$	- \$	115	- \$		\$	1,100	\$	(1,100)	-100.0%

#### **Revenue Schedule**

#### **Gloucester City Housing Authority**

For the Period

July 1, 2017

to

June 1, 2018

\$ Increase

% Increase

			FY 2017 Proposed Budget					FY 2016 Adopted Budget			(Decrease) Proposed vs. Adopted		(Decrease) Proposed vs. Adopted
	CCUA	51/4	N/A	NI/A	N/A	N/A		Total All		Total All	All O	norations	All Operations
OPERATING REVENUES	GCHA	N/A	N/A	N/A	N/A	N/A		Operations		perations	All U	perations	All Operations
Service Charges													
Residential	748400							748,400	\$	726,300	\$	22,100	3.0%
Business/Commercial								-					#DIV/0!
Industrial								-		-		-	#DIV/0!
Intergovernmental	1							_		-		-	#DIV/0!
Other	36500							36,500		23,000		13,500	58.7%
Total Service Charges	784,900	-	-		-	-	-	784,900		749,300		35,600	4.8%
Connection Fees													
Residential								-		-		-	#DIV/0!
Business/Commercial								-		-		-	#DIV/0!
Industrial	1							-		-		-	#DIV/0!
Intergovernmental								-		-		-	#DIV/0!
Other										-		-	#DIV/0!
Total Connection Fees		-			-		-	-		-			#DIV/0!
Parking Fees													
Meters								_		-			#DIV/0!
Permits								-		_		-	#DIV/0!
Fines/Penalties								_		_		_	#DIV/0!
Other								_		-		_	#DIV/0!
Total Parking Fees		-	-			-	-	-				-	#DIV/0!
Other Operating Revenues (List)													
Laundry	5800							5,800		5,800		_	0.0%
Type in (Grant, Other Rev)	3000							5,000		-			#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)								_				_	#DIV/0!
Type in (Grant, Other Rev)								_		_			#DIV/0!
Type in (Grant, Other Rev)								_					#DIV/0!
Type in (Grant, Other Rev)										_			#DIV/0!
												_	#DIV/0!
Type in (Grant, Other Rev)													#DIV/0!
Type in (Grant, Other Rev)  Total Other Revenue	5,800	-	-		-	-	_	5,800		5,800		-	0.0%
	790,700					-	÷	790,700		755,100	_	35,600	4.7%
Total Operating Revenues NON-OPERATING REVENUES	790,700							730,700		733,100		33,000	4.770
Other Non-Operating Revenues (List)	T			-									#DIV/0!
Type in								-					#DIV/0!
Type in								-		-		-	#DIV/0!
Type in								-		-		-	
Type in	1							-		-		-	#DIV/0!
Type in	1							_		-		-	#DIV/0!
Type in													#DIV/0! #DIV/0!
Total Other Non-Operating Revenue	-	-	-			-	-		_				. #010/01
Interest on Investments & Deposits (List)													#011//01
Interest Earned										-		-	#DIV/0!
Penalties								-		-			#DIV/0!
Other													#DIV/0!
Total Interest		-	-		-	-	-						#DIV/0!
Total Non-Operating Revenues	A 700 700	-	_	A .	-	-	-	÷ 700 700	<u> </u>	755 400	-	2E COC	#DIV/0!
TOTAL ANTICIPATED REVENUES	\$ 790,700		\$ -	\$	- \$	- \$	-	\$ 790,700	\$	755,100	\$	35,600	4.7%

# **Prior Year Adopted Revenue Schedule**

#### **Gloucester City Housing Authority**

				FY 201	6 Adopted Bu	ıdget		
		GCHA	N/A	N/A	N/A	N/A	N/A	Total All Operations
OPERATING REVENUES	_	GCHA	N/A	N/A	N/A	N/A	N/A	Operations
Service Charges Residential	\$	726,300						\$ 726,300
Business/Commercial	3	720,300						\$ 720,300
Industrial								-
Intergovernmental Other		22,000						22,000
		23,000						23,000
Total Service Charges	_	749,300	-	-	-	-		- 749,300
Connection Fees								7
Residential								-
Business/Commercial								-
Industrial								-
Intergovernmental								-
Other	L							
Total Connection Fees	_	-	-	-	-	-		-
Parking Fees								_
Meters								-
Permits								-
Fines/Penalties								-
Other								-
Total Parking Fees		-	-	-	-	-		
Other Operating Revenues (List)								
Laundry		5800						5,800
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)								400 -
Type in (Grant, Other Rev)								-
Type in (Grant, Other Rev)								-
Type in (Grant, Other Rev)								-
Type in (Grant, Other Rev)								
Total Other Revenue		5,800	-		-	_		- 5,800
Total Operating Revenues	_	755.100	-	_				755.100
NON-OPERATING REVENUES		733,100						733,100
Other Non-Operating Revenues (List)								
Type in								7
Type in								1
								-
Type in								-
Type in								-
Type in								-
Type in								
Other Non-Operating Revenues	_	-				-		-
Interest on Investments & Deposits								7
Interest Earned								-
Penalties								-
Other								-
Total Interest		-	-	-	-	•		
Total Non-Operating Revenues	_	-	-	-	-	_		
TOTAL ANTICIPATED REVENUES	\$	755,100	\$ -	\$ -	\$ - :	\$ -	\$	- \$ 755,100

#### **Appropriations Schedule**

**Gloucester City Housing Authority** 

For the Period

July 1, 2017

June 1, 2018

\$ Increase

% Increase

			FY 2017 P	roposed E	udaet			FY 2016 Adopted Budget	(Decrease) Proposed vs. Adopted	(Decrease) Proposed vs. Adopted
							Total All	Total All		
	GCHA	N/A	N/A	N/A	N/A	N/A	Operations	Operations	All Operations	All Operation
OPERATING APPROPRIATIONS										
Administration - Personnel	A 57.400						7	ć 56.300	ć 000	4.40
Salary & Wages	\$ 57,100						\$ 57,100	\$ 56,300	\$ 800	1.49
Fringe Benefits	21,700						21,700	22,800	(1,100)	-4.89 -0.49
Total Administration - Personnel	78,800			-	-		78,800	79,100	(300)	-0.47
Administration - Other (List)	24 000		- Artes				31,000	34,200	(3,200)	-9.49
Supplies	31,000						15,600	15,800	(200)	-1.39
Professional Services	15,600						9,400	9,400	(200)	0.09
Telephone	9,400						39,500	41,700	(2,200)	-5.39
Legal, Accounting, Auditing	39,500						39,500	41,700	(2,200)	#DIV/0!
Miscellaneous Administration*	05.500	-		-			95,500	101,100	(5,600)	-5.59
Total Administration - Other	95,500	-			-			180,200		-3.39
Total Administration	174,300		-	-			174,300	180,200	(5,900)	-3.37
Cost of Providing Services - Personnel	402.000						7 403 000	97,100	5,900	6.19
Salary & Wages	103,000						103,000		•	29.69
Fringe Benefits	41,600						41,600	32,100 129,200	9,500	
Total COP5 - Personnel	144,600	-		-			144,600	129,200	15,400	11.99
Cost of Providing Services - Other (List)	06 500						7 00 500	100 400	(13,000)	-13.89
Maintenance supplies & Contracts	86,500						86,500	100,400	(13,900)	1.09
Utilitilies	138,000						138,000	136,600	1,400	
Management Fees	85,000						85,000	87,300	(2,300)	-2.69
RE(PILOT) and Insurance	98,900						98,900	97,300	1,600	1.69 #DIV/0!
Miscellaneous COP5*	400,400						400 400	421 600	(12 200)	-3.19
Total COPS - Other	408,400			-	-		100,100	421,600	(13,200)	0.49
Total Cost of Providing Services	553,000	-		-			553,000	550,800	2,200	0.47
Total Principal Payments on Debt Service in Lieu										#DIV/0!
of Depreciation	727 200	-					727,300	731,000	(3,700)	
Total Operating Appropriations	727,300				-		727,300	731,000	(3,700)	-0.57
NON-OPERATING APPROPRIATIONS										#DIV/0!
Total Interest Payments on Debt							7	-		#DIV/0!
Operations & Maintenance Reserve	62.400						62.400	22.000	40.400	175.79
Renewal & Replacement Reserve	63,400						63,400	23,000	40,400	#DIV/0!
Municipality/County Appropriation							-	-		#DIV/0!
Other Reserves	63.400						63,400	23,000		175.79
Total Non-Operating Appropriations	63,400	-	-	•	-			754,000	40,400	4.99
TOTAL APPROPRIATIONS	790,700	-	-		-	-	790,700	754,000	36,700	#DIV/0!
ACCUMULATED DEFICIT										#DIV/0!
TOTAL APPROPRIATIONS & ACCUMULATED DEFICIT	790,700			_	_		790,700	754,000	36,700	4.99
UNRESTRICTED NET POSITION UTILIZED										
Municipality/County Appropriation	-	-		_	-				-	#DIV/0!
Other					-		٦.			#DIV/0!
Total Unrestricted Net Position Utilized					-	-	-		-	#DIV/0!
TOTAL NET APPROPRIATIONS	\$ 790,700				\$ - \$	-	\$ 790,700	\$ 754,000	\$ 36,700	4.99

<sup>\*</sup> Miscellaneous line items may not exceed 5% of total operating appropriations shown below. If amount in miscellaneous is greater than the amount shown 

## **Prior Year Adopted Appropriations Schedule**

#### **Gloucester City Housing Authority**

56,300 22,800 79,100 34,200 15,800 9,400 41,700 101,100 180,200	N/A	N/A	N/A	N/A	N/A		56,300 22,800 79,100
56,300 22,800 79,100 34,200 15,800 9,400 41,700	-					\$	56,300 22,800
22,800 79,100 34,200 15,800 9,400 41,700		-					22,800
22,800 79,100 34,200 15,800 9,400 41,700					-		22,800
22,800 79,100 34,200 15,800 9,400 41,700		-		-	-		22,800
79,100 34,200 15,800 9,400 41,700		-		-	-	-	
34,200 15,800 9,400 41,700							
15,800 9,400 41,700 101,100							73,100
15,800 9,400 41,700 101,100						٦	34,200
9,400 41,700 101,100							15,800
41,700 101,100							9,400
101,100							41,700
							41,700
							101 100
180,200		-		·	-		101,100
	-				-		180,200
07.400						7	07.400
97,100							97,100
32,100							32,100
129,200	-	-			-		129,200
			to to the			_	
100,400							100,400
							136,600
							87,300
97,300							97,300
							-
	-	-					421,600
550,800	-	-				-	550,800
-	-	-	-			-	
731,000	-	-			-	-	731,000
-	-	-					-
					-	7	-
23,000							23,000
							_
							_
23,000	-	-				_	23,000
	-						754,000
						٦	_
754 000		_				_	754,000
, 34,000							. 54,000
		-				7	
							-
	-	_	_				
	731,000	87,300 97,300 421,600 - 550,800 -  731,000 - 23,000 - 754,000 -	87,300 97,300 421,600 550,800 731,000 23,000 23,000 754,000	87,300 97,300 421,600	87,300 97,300  421,600	87,300 97,300  421,600	87,300 97,300  421,600

<sup>\*</sup> 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 \$ 36,550.00 \$ - \$ - \$ - \$ - \$ 36,550.00

#### **Debt Service Schedule - Principal**

#### Gloucester City Housing Authority

If Authority has no debt X this box	х											
					Fis	cal Year Endir	ng in					
	Adopted Bud Year 2010	dget B	Proposed udget Year 2017	2018		2019	2020	2021	. 20	022	Thereafter	Total Principal Outstanding
GCHA												
N/A	\$	- \$	-									\$ -
Type in Issue Name												-
Type in Issue Name												-
Type in Issue Name												-
Total Principal		-	-		-	-		-	-	-	-	-
V/A												
Type in Issue Name												-
Type in Issue Name												-
Type in Issue Name												-
Type in Issue Name												-
Total Principal		-	-		-	-		-	-	-	-	-
V/A												
Type in Issue Name												-
Type in Issue Name												-
Type in Issue Name												-
Type in Issue Name												-
Total Principal		-	-		-	-		-	-	-		-
N/A												
Type in Issue Name												-
Type in Issue Name												-
Type in Issue Name												-
Type in Issue Name												-
Total Principal		-	-		-	-		-	-	-		-
N/A												
Type in Issue Name												-
Type in Issue Name												-
Type in Issue Name												-
Type in Issue Name												-
Total Principal		-	-		-	-		-	-	-		-
V/A												
Type in Issue Name												-
Type in Issue Name												-
Type in Issue Name												
Type in Issue Name												
Total Principal		-	-		-	-		-	-	_		-
TOTAL PRINCIPAL ALL OPERATIONS	\$	- \$	-	\$	- \$	-	\$	- \$	- \$	-	\$	- \$ -
Indicate the Authority's most recent	bond rating and th	e year of the	rating by rating	gs service.								
	Moody's		Fitch	Standard 8	& Poors							
Bond Rating												
Year of Last Rating												

#### **Debt Service Schedule - Interest**

**Gloucester City Housing Authority** 

If Authority has no debt X this box	Х												
						Fis	scal Year End	ling in					
			-	osed									Total Interest
		ted Budget		et Year									Payments
	Ye	ar 2016	20	017	2018		2019	2020	2	021	2022	Thereafter	Outstanding
GCHA													
x	\$	-	\$	-									\$ -
Type in Issue Name													-
Type in Issue Name													-
Type in Issue Name													-
<b>Total Interest Payments</b>		-		-		-	-		-	-	-	-	-
N/A													
Type in Issue Name													-
Type in Issue Name													-
Type in Issue Name													-
Type in Issue Name													-
Total Interest Payments		-		-		-	-		-	-	-	-	-
N/A													
Type in Issue Name													-
Type in Issue Name													-
Type in Issue Name													-
Type in Issue Name													
Total Interest Payments		-		-		-	-		-	-	-		-
N/A													
Type in Issue Name													-
Type in Issue Name													-
Type in Issue Name													-
Type in Issue Name													
Total Interest Payments		-		-		~	-		-	-	-	-	-
N/A													
Type in Issue Name													-
Type in Issue Name													-
Type in Issue Name													-
Type in Issue Name													-
Total Interest Payments				-		-	-		-	-	-	-	-
N/A													
Type in Issue Name													-
Type in Issue Name													-
Type in Issue Name													-
Type in Issue Name													
Total Interest Payments		_		-		-	-		-	-	-		
TOTAL INTEREST ALL OPERATIONS	\$	-	\$	-	\$	- \$		\$	- \$	- \$	-	\$ -	\$ -

# **Net Position Reconciliation**

#### **Gloucester City Housing Authority**

For the Period

July 1, 2017

to

June 1, 2018

FY 2017 Proposed Budget

					PCCCC	300		- 1 A M
	GCHA	N/A	N/	A	N/A	N/A	N/A	Total All Operations
TOTAL NET POSITION BEGINNING OF CURRENT YEAR (1)	\$ -							\$ -
Less: Invested in Capital Assets, Net of Related Debt (1)	(1,528,100)							(1,528,100)
Less: Restricted for Debt Service Reserve (1)								-
Less: Other Restricted Net Position (1)								-
Total Unrestricted Net Position (1)	1,528,100		-	-	-	-		1,528,100
Less: Designated for Non-Operating Improvements & Repairs								-
Less: Designated for Rate Stabilization								-
Less: Other Designated by Resolution								-
Plus: Accrued Unfunded Pension Liability (1)								-
Plus: Accrued Unfunded Other Post-Employment Benefit Liability (1)								-
Plus: Estimated Income (Loss) on Current Year Operations (2)	(20,000)							(20,000)
Plus: Other Adjustments (attach schedule)			41.00.01.00					
UNRESTRICTED NET POSITION AVAILABLE FOR USE IN PROPOSED BUDGET	1,508,100		_	_		_		1,508,100
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	-	-1-	-	-	-	-		-
PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR		<del>-</del>	***		-			
(4)	\$ 1,508,100	\$	- \$	- \$	-	\$ -	\$	- \$ 1,508,100
(1) Total of all operations for this line item must agree to audited financial state								
(2) Include budgeted and unbudgeted use of unrestricted net position in the cur		tions.						
(3) Amount may not exceed 5% of total operating appropriations. See calculation		¢	<b>ć</b>	ć		ċ	ċ	- \$ 36,365
Maximum Allowable Appropriation to Municipality/County		•	- >	- >	- t avalainis	ə - a ita nlan t	a raduca th	
(4) If Authority is projecting a deficit for <u>any</u> operation at the end of the budge			attach a	statemen	explainir	ig its plan t	) reduce th	e deficit,
including the timeline for elimination of the deficit, if not already detailed in th	e buaget narrativ	e section.						

# 2017 Gloucester City Housing Authority

# AUTHORITY CAPITAL BUDGET/ PROGRAM

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

# Gloucester City Housing Authority (Name)

FISCAL Y	EAR:	FROM:	7/1/2017	TO:	6/30/2018	
It is hereby cereby of the Capital Budget/F Budget, by the governing book	rogram	approved, pur	suant to N.J.A.	C. 5:31-2.	n annexed hereto is a 2, along with the A n the 27 day of Feb	nnual
			OR			
It is hereby centred to adopt a Capital Budge he following reason(s):	rtified the	nat the governi	ng body of the presaid fiscal ye	3 27 21 ar, pursuar	Authority have elect to N.J.A.C. 5:31-2	ected .2 for
Officer's Signature:						
Name:	Paul F	Korman				
Title:	Secretary Pro-Temp					
Address:	101 Market Street Gloucester City, NJ 08030					
Phone Number:	856-5	46-5772	Fax Numb	er:		
E-mail address						

#### 2017 CAPITAL BUDGET/PROGRAM MESSAGE

## **Gloucester City Housing Authority**

(Name)

**FISCAL YEAR:** 

FROM:

7/1/2017

TO:

6/30/2018

1. Has each municipality or county affected by the actions of the authority participated in the development of the capital plan and reviewed or approved the plans or projects included within the Capital Budget/Program?

#### YES

2. Has each capital project/project financing been developed from a specific capital improvement plan or report; does it include full lifecycle costs; and is it consistent with appropriate elements of Master Plans or other plans in the jurisdiction(s) served by the authority?

#### YES

3. Has a long-term (10-20 years) infrastructure needs assessment or other capital plan with a horizon beyond six years been prepared?

#### YES

4. Describe the projected impact of the proposed capital projects, including impact on the schedule of rates, fees, and service charges and the impact on current and future year's schedules.

#### Maintain the quality of the housing stock with the city limits

5. Please indicate which capital projects/project financings are being undertaken in the Metropolitan or Suburban Planning Areas as defined in the State Development and Redevelopment Plan.

#### Reserves and/or Capital Fund Grant

6. Please indicate which capital projects/project financings are being undertaken within the boundary of a State Planning Commission-designated Center and/or Endorsed Plan and if the project was included in the Plan Implementation Agenda for that Center/Endorsed Plan.

#### **NONE**

Add additional sheets if necessary.

#### **Proposed Capital Budget**

#### **Gloucester City Housing Authority**

For the Period

July 1, 2017

to

June 1, 2018

		Funding Sources  Renewal &						
		4						
	Estimated Total	Unrestricted Net	Replacement	Debt	0	Other		
	Cost	Position Utilized	Reserve	Authorization	Capital Grants	Sources		
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TOTAL PROPOSED CAPITAL BUDGET	\$ -	\$ -	\$ -	\$ -	\$ -	\$		

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

#### **5 Year Capital Improvement Plan**

**Gloucester City Housing Authority** 

For the Period

July 1, 2017

to

June 1, 2018

Fiscal Year Beginning in

	<b>Estimated Total</b>	Current						
	Cost	Year 2	2017	2018	2019	2020	2021	2022
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Project descriptions entered on Page CB-3 will carry forward to Pages CB-4 and CB-5. No need to re-enter project descriptions above.

# **5 Year Capital Improvement Plan Funding Sources**

#### **Gloucester City Housing Authority**

For the Period

July 1, 2017

to

June 1, 2018

		Funding Sources							
			Renewal &						
	<b>Estimated Total</b>	Unrestricted Net	Replacement	Debt					
	Cost	Position Utilized	Reserve	Authorization	Capital Grants	Other Sources			
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TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Total 5 Year Plan per CB-4	\$ -								
Balance check	-	If amount is other than ze	ero, verify that proj	jects listed above	match projects lis	ted on CB-4.			

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