Authority Budget of:

ADOPTED COPY

Freehold Housing Authority

State Filing Year

2020

For the Period:

January 1, 2020

to

December 31, 2020

APPROVED COPY

www.freeholdhousingauthority.com

Authority Web Address



2020 (2020-2021) HOUSING AUTHORITY BUDGET

Certification Section

2020 (2020-2021)

 FREEHOLD	
(Name)	

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM JANUARY 1, 2020 TO DECEMBER 31, 2020

For Division Use Only

CERTIFICATION OF APPROVED BUDGET

It is hereby certified that the approved Budget made a part hereof complies with the requirements of law and the rules and regulations of the Local Finance Board, and approval is given pursuant to <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. Curent CPA RMA Date: 11/9/2017

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: Taul D. Cwest CPA, RAD Date: 1/9/2020

2020 (2020-2021) PREPARER'S CERTIFICATION

FREEHOLD	
(Name)	

HOUSING AUTHORITY BUDGET

FISCAL YEAR:

FROM:

1-1-2020

TO:

12-31-2020

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

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

Preparer's Signature:	1. Ines	J		
Name:	THOMAS FURLONG,	CPA		
Title:	FEE ACCOUNTANT	FEE ACCOUNTANT		
Address:	470 HIGHWAY 79, SUITE 2			
	MORGANVILLE, NJ	7751		
Phone Number:	732-591-2300	Fax Number:	732-591-2525	
E-mail address	thomasfurlongcpa@gma	ail.com		

2020 (2020-2021) APPROVAL CERTIFICATION

FREEHOLD	
(Name)	

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM: 1-1-2020 TO: 12-31-2020

It is hereby certified that the	Housing Authorit	y Budget, including al	l schedules appended hereto, are a
true copy of the Annual Bud	get and Capital B	udget/Program approv	ed by resolution by the governing
body of the <u>FREEHOLD</u>	Housing Authori	ty, at an open public	meeting held pursuant to N.J.A.C.
		BER , 201	

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:	7-165	->	
Name:	JOSEPH BILLY		
Title:	EXECUTIVE DIRECT	OR	
Address:	107 THROCKMORTON STREET		
	FREEHOLD, NJ 07728	W.	
Phone Number:	732-462-2424	Fax Number:	732-409-7075
E-mail address	freeholdha@aol.com		

INTERNET WEBSITE CERTIFICATION

Authority	y's Web Address:	www.freehold housingauthority.com
All authori	ties shall maintain either	an Internet website or a webpage on the municipality's or county's Internet
		te or webpage shall be to provide increased public access to the authority's
		40A:5A-17.1 requires the following items to be included on the Authority's
		isclosure. Check the boxes below to certify the Authority's compliance with
N.J.S.A. 40) <u>A:5A-17.1</u> .	
x	A description of the	Cythonist do maiorian and many and Little -
	_	Authority's mission and responsibilities
x	The budgets for the co	urrent fiscal year and immediately preceding two prior years
X	information (Similar other types of Chart	prehensive Annual Financial Report (Unaudited) or similar financial information are items such as Revenue and Expenditures Pie Charts or s, along with other information that would be useful to the public in inances/budget of the Authority)
x	The complete (All Paginmediately two prior	ges) annual audits (Not the Audit Synopsis) of the most recent fiscal year and years
x		regulations and official policy statements deemed relevant by the governing to the interests of the residents within the authority's service area or
x		t to the "Open Public Meetings Act" for each meeting of the Authority, date, location and agenda of each meeting
x		s of each meeting of the Authority including all resolutions of the board and at least three consecutive fiscal years
x		dress, electronic mail address and phone number of every person who upervision or management over some or all of the operations of the
x	corporation or other or	risors, consultants and any other person, firm, business, partnership, ganization which received any remuneration of \$17,500 or more during the or any service whatsoever rendered to the Authority.
t is hereby c	ertified by the below auth	norized representative of the Authority that the Authority's website or webpage

It is hereby certified by the below authorized representative of the Authority that the Authority's website or webpage as identified above complies with the minimum statutory requirements of N.J.S.A. 40A:5A-17.1 as listed above. A check in each of the above boxes signifies compliance.

Name of Officer Certifying compliance

JOSEPH BILLY

Title of Officer Certifying compliance

EXECUTIVE DIRECTOR

Signature

2020 (2020-2021) HOUSING AUTHORITY BUDGET RESOLUTION FREEHOLD

(Name)

FISC	AL YEAR:	FROM:	1-1-2020	TO:	12-31-2020	
WHEREAS, the Annual Budge beginning, <u>1-1-2020</u> and ending Authority at its open public medical street street.	ng, <u>12-31-2020</u>]	has been preser	ited before the g	_ Housing Au overning body	thority for the of the FREEHO	fiscal year LD Housing
WHEREAS, the Annual Budge including any Accumulated Def of; and	t as introduced reficit if any, of \$	flects Total Rev 724,690	venues of \$ and To	730,830 tal Unrestricted	, Total A	opropriations, ized
WHEREAS, the Capital Budge Unrestricted Net Position planne	t as introduced read to be utilized as	flects Total Ca funding thereo	pital Appropriatof, of \$	tions of \$, and	and Total
WHEREAS, the schedule of re- anticipated revenues to satisfy a outlays, debt service requirement contracts and agreements; and	all obligations to	the holders of	bonds of the A	authority, to me	eet onerating exp	enses canital
WHEREAS, the Capital Budget funds; rather it is a document authorization to expend funds for resolution, by a project financing other means provided by law.	to be used as par or the purposes de	rt of the said. escribed in this	Authority's plar section of the	ining and man budget, must h	agement objectiv	es. Specific
NOW, THEREFORE BE IT RESONDED TO THE STATE OF THE STATE O	hat the Annual Bu	dget, including	all related sche	edules, and the	Capital Budget/Pr	ogram of the
BE IT FURTHER RESOLVED, meet all proposed expenditures/e outstanding debt obligations, cap	xpenses and all co	venants, terms	and provisions	as stipulated in	n the said Housing	nt amount to g Authority's
BE IT FURTHER RESOLVED, Budget and Capital Budget/Progr	that the governing	body of the	FREEHOLD 19	Housing Auth	ority will consider	r the Annual
(Secretary's Signature)	-/_		-	16/z/2019 (Date)	7	
Governing Body Member:	Recorded Vote Aye	Nay	Abstain	Absent		
WILLIAM CANNON STELLA MAYES ERIKA WOODS RUTHANN BROXMEYER	X X X X					

State of New Jersey Department of Community Affairs Division of Local Government Services ADOPTED HOUSING AUTHORITY BUDGET

ADOPTED BUDGET TRANSMITTAL PACKAGE (After Adoption of Budget)

Submit all budget related materials in one package to: Bureau of Authority Regulation Affairs, Division of Local Government Services, 101 South Broad Street, P.O. Box 803, Trenton, N.J 08625-0803. Check the box of each item to indicate that it is included in budget or has been completed.

Ado	pted	Authority	Budget	Document
				Document.

х	2 copies of the Adopted budget document submitted that includes all pages completed
x	All items on the Introduced Budget Transmittal Package completed and included
X	Page C-6 Signed with Manual Signature along with title, address, e-mail address, phone number and fax number.
× Note:	Page C-7 Resolution of the Authority governing body approving the introduced budget is enclosed with recorded vote Aye Votes must total a majority of the full membership of the governing body (Not including Alternates in total)

PDF of Adopted Budget (All pages)

Submit a pdf copy of the budget package (Adopted) to <u>authoritiesunit@dca.nj.gov</u> with the name of the authority in the <u>subject line along with wording Adopted Budget</u>.

Official's Signature:	_	766	-/
Name:	JOSEPH BILLY		
Title:	EXECUTIVE DIREC	TOR	
Address:	107 THROCKMORTON STREET		
	FREEHOLD, NJ 0772	28	
Phone Number:	732-462-2421	Fax Number:	732-409-7075
E-mail address:	freeholdha@aol.com		

2020 (2020-2021) ADOPTION CERTIFICATION

FREEHOLD	
(Name)	

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM: 1-1-2020 **TO:** 12-31-2020

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 <u>FREEHOLD</u> Housing Authority, pursuant to <u>N.J.A.C. 5:31-2.3</u>, on the <u>4th</u> day of, <u>DECEMBER</u>, <u>2019</u>.

Officer's Signature:	7	13	\mathcal{I}
Name:	JOSEPH BILLY		
Title:	EXECUTIVE DIRECT	OR	
Address:	107 THROCKMORTO	N STREET	
	FREEHOLD, NJ 07728		
Phone Number:	732-462-2421	Fax Number:	732-409-7075
E-mail address	freeholdha@aol.com		

2020 (2020-2021) ADOPTED BUDGET RESOLUTION

FREEHOLD

(Name)

HOUSING AUTHORITY

FISCA	AL YEAR:	FROM:	1-1-2020	TO:	12-31-2020	
WHEREAS, the Annual Budget beginning 1-1-2020 and end FREEHOLD Housing	nng, 12-31-202	20 has been	presented for a	Inntion before	the governing body of	scal year the
WHEREAS, the Annual Budget in the same amount and title as which have been approved by the	set forth in the ir	itroduced and	annroved budo	et including a	n of revenue and appro Il amendments thereto	priation , if any,
WHEREAS, the Annual Budget Appropriations, including any Acutilized of \$0	ccumulated Defici	adoption reflit, if any, of \$	ects Total Reve	nues of \$ and T	730,830 Total Unrestricted Net	_, Total Position
WHEREAS, the Capital Budget a Total Unrestricted Net Position p	as presented for a	doption reflected of \$	ets Total Capital	Appropriation:; and	s of \$0	and
NOW, THEREFORE BE IT RES meeting held on 12-4-2019 Authority for the fiscal year beg appropriations for the purposes st	that the A inning,1-1-202	Annual Budge	t and Capital Bu	dget/Program o	fthe EDECUOID	Harring
BE IT FURTHER RESOLVED, item of revenue and appropriation amendments thereto, if any, which	in the same amou	ant and title as	s set forth in the	introduced and	approved budget inch	11ء جسئانی
(Secretary's Signature)	57		_	12/4/201 (Date)		
Governing Body Member:	Recorded Vote Aye	Nay	Abstain	Absent	ti i	
WILLIAM CANNON	X					
STELLA MAYES	X .					
ERIKA WOODS	X					
RUTHANN BROYMEVED	Y					

2020 (2020-2021) HOUSING AUTHORITY BUDGET

Narrative and Information Section

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

(Name)

AUTHORITY BUDGET

FISCAL YEAR:

FROM:

1-1-2020

TO:

12-31-2020

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

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

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

PHA has elected to eliminate Retiree Health Benefits for all new employees in order to reduce the liability over time. In addition, PHA will continue to budget for these expenses in order to reduce the liability.

Freehold Housing Authority Variances in excess of 10% December 31, 2020

Operating Revenues:

HUD Subsidy (+10.6%) — Based on prior year proration factor which exceeded the number used on the 2019 budget.

Capital Fund (-64.4%) – PHA reduced budget due to HUD Requirements.

Operating Appropriations:

Protective Services (-100%) – Removed from budget

Extraordinary Maintenance (-100%) – Removed from budget

HOUSING AUTHORITY CONTACT INFORMATION AUTHORITY CONTACT INFORMATION 2020 (2020-2021)

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

Name of Authority:	FREEHOLD HOUSING AUT	HORITY		
Federal ID Number:	22-1914258			
Address:	107 THROCKMORTON STR	EET		
City, State, Zip:	FREEHOLD		NJ	07728
Phone: (ext.)	732-462-2421	Fax:	732-4	09-7075
Preparer's Name:	THOMAS FURLONG, CPA			
Preparer's Address:	470 HIGHWAY 79, SUITE 2			
City, State, Zip:	MORGANVILLE		NJ	07751
Phone: (ext.)	732-591-2300	Fax:	732-5	91-2525
E-mail:	thomasfurlongcpa@gmail.com			
Chief Executive Officer:(1) Phone: (ext.)		Fave	732 400	7075
Phone: (ext.)	732-462-2421	Fax:	732-409	-7075
E-mail:				
Chief Financial Officer(1)	NONE			
Phone: (ext.)	Fax	:		
E-mail:	2.01			
E-mail: Name of Auditor:	FRANCIS J. McCONNELL			
Name of Auditor:	FRANCIS J. McCONNELL	, CPA		
Name of Auditor: Name of Firm:	FRANCIS J. McCONNELL FRANCIS J. McCONNELL	, CPA	PA	19111
Name of Auditor: Name of Firm: Address:	FRANCIS J. McCONNELL FRANCIS J. McCONNELL 6225 RISING SUN AVENU	, CPA	PA	19111

HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

FREEHOLD (Name)

	FISCAL YEAR:	FROM:	1-1-2020	TO:	12-31-2020
An	swer all questions below completely and	d attach additio	onal information as	required	
1)	Provide the number of individuals emp	ployed in (Use	Most Recent W-	·3 Availabl	e 2018 or 2019) as
	reported on the Authority's Form W-3,	Transmittal o	f Wage and Tax St	atements:	4
2)	Provide the amount of total salaries an	id wages as re	ported on the Auth	nority's For	m W-3, (Use Most
	Recent W-3 Available 2018 or 2019)	Transmittal of	Wage and Tax Sta	atements:	150,906
3)	Provide the number of regular voting	members of the	e governing body:	7.(30pen)	(Even if not all
	commissioners have been appointed	(Total Com	nissioners are eit	her 5 or 7	as per statute for
45	your Authority)	1 0.1		^	
4)	Provide the number of alternate voting	members of the	ne governing body:		_(Maximum is 2)
٦)	Did any person listed on Page N-4 hav	e a family or t	ousiness relationsh	ip with any	other person listed
	on Page N-4 during the current fiscal ye including the names of the individuals	involved and t	_ij yes, uiiuch a hair nositions at th	aescription	oj ine reiaiionsnip
6)	Did all individuals that were required to	n file a Financi	al Disclosure State	ment for the	e current fiscal vear
,	(Most Recent Filing that March 31.	2019 or 2020	deadline has nas	sed 2019 o	r 2020) because of
	their relationship with the Authority fil				
	filed at http://www.state.nj.us/de	ca/divisions/	dlgs/resources/fds	s.html be	efore answering)
	yes If "no," provide a list of				
	Statement and an explanation as to the	reason for thei	r failure to file.		
7)	Does the Authority have any amounts in				
	employees or highest compensated emp	oloyees?n	<u>○ </u>	tach a list o	f those individuals,
0)	their position, the amount receivable, a	nd a descripti	on of the amount d	ue to the At	ıthority.
8)	Was the Authority a party to a business				
	a. A current or former commissioner, offib. A family member of a current or for	icer, key emplo	yee, or highest comp	ensated emp	loyee?no
	b. A family member of a current or for employee? NO	mer commissio	ner, officer, key em	ipioyee, or i	lignest compensated
	c. An entity of which a current or form	ner commission	ier, officer, kev em	plovee, or h	nighest compensated
	employee (or family member thereof)	was an officer o	r direct or indirect or	wner? no	8
	If the answer to any of the above is "ye	es," attach a a	lescription of the tr	ansaction i	
	of the commissioner, officer, key emp				
	thereof) of the Authority; the name of t				
0)	the amount paid; and whether the trans	action was sub	bject to a competiti	ive bid proc	ess.
9)	Did the Authority during the most recen	it fiscal year pa	ry premiums, direc	tly or indire	ctly, on a personal
	benefit contract? A personal benefit co contract that benefits, directly or indirect	ontract is gene	rally any life insul	rance, annu	ity, or endowment
	other person designated by the transferor				of stamily, or any of the arrangement,
	the premiums paid, and indicate the ben		j yes, anacnaa contract	escription o	j ine arrangemeni,
	Explain the Authority's process for de			nersons lie	sted on Page N-1
	Include whether the Authority's process	s includes any	of the following:	1) review a	nd approval by the
	commissioners or a committee thereof	f; 2) study or	survey of compe	ensation da	ta for comparable
	positions in similarly sized entities; 3)	annual or pe	riodic performanc	e evaluatio	n; 4) independent
,	compensation consultant; and/or 5) w	ritten employ	ment contract. A	ttach a ne	arrative of your
	Authorities procedures for all indivi				
		Page N-3 (1 of			

FREEHOLD HOUSING AUTHORITY HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

10) Board approves subject to budget appropriations.

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. 12) Did the Authority pay for travel expenses for any employee or individual listed on Page N-4? 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 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 and does that policy require substantiation of expenses through receipts or invoices prior to reimbursement? __yes__ If "no," attach an explanation of the Authority's process for reimbursing employees and commissioners for expenses. (If your authority does not allow for reimbursements indicate that in answer) 15) Did the Authority make any payments to current or former commissioners or employees for severance or termination? _____ 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? If "yes," attach explanation including amount paid. 17) Did the Authority comply with its Continuing Disclosure Agreements for all debt issuances outstanding by submitting its audited annual financial statements, annual operating data, and notice of material events to the Municipal Securities Rulemaking Board's Electronic Municipal Marketplace Access (EMMA) as required? ___n/a ___ If "no," attach a description of the Authority's plan to ensure compliance with its Continuing Disclosure Agreements in the future. (If no bonded Debt answer is Not Applicable) 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? _ 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, If "yes," attach a description of the event or condition that resulted in the fine or assessment and indicate the amount of the fine or assessment. 20) Did the Authority receive any notices of fines or assessments from the Department of Housing and Urban Development or any other entity due to noncompliance with current regulations? no "yes," attach a description of the event or condition that resulted in the fine or assessment and indicate the amount of the fine or assessment. 21) Has the Authority been deemed "troubled" by the Department of Housing and Urban Development? If "yes," attach an explanation of the reason the Authority was deemed "troubled" and describe the Authority's plan to address the conditions identified.

COMMISSIONERS ANNUAL BRUNCH

SUNDAY, JANUARY 27, 2019

MARKET YARD GRILLE

Expiration Date: XX/XX

Profit Center ID: 5 Profit Center: Dining Room

Number Of Covers: 1

WHETZLER/S

Zane

Date: 1/27/2019

Time: 12:26:30 PM

Status:

Card Number:

Server Name:

Card Owner:

Card Type:

Swipe/Manual:

Server 10:

Check Number:

Tab Number:

Persons:

Approved Discover

XXXXXXXXXXXXXX3877

Swipe

5

525726

105

MARKET YARD GRILLE
18-20 East Main Street
(732)431-3220
Dining Room
Person#1
Staff: 5 Zane

Staff: 5 Zane Date:1/27/2019 Time:12:22:27 PM Table:105 Check:525726 Cov:1

5 pc @ \$38.00/pc

190,00

Fond Sub-Total Carafe Mimosa 190.00 10.00

Beverage Sub-Total

10,00

SUB TOTAL SALES TAX GRATUITY 200.00 13.25 40.00 AMOUNT 213.25

Gratuity

40.00

TOTAL253.25

THANK YOU Zane

Valentines Day Reservations Available

TIP

253.35

Approval: 02728R

I AGREE TO COMPLY WITH THE CARDHOLDER AGREEMENT

HOUSING AUTHORITY OF THE BOROUGH OF FREEHOLD

2/6/2019

SHARON WHETZLER

COMMISSIONERS ANNUAL BRUNCH

253.25

0333

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

FREEHOLD

(Name)

FISCAL YEAR:

FROM:

1-1-2019

TO:

12-31-2020

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

- 1) List all of the Authority's current commissioners and officers and amount of compensation from the Authority and any other public entities as defined below. Enter zero if no compensation was paid.
- 2) List all of the Authority's key employees and highest compensated employees other than a commissioner or officer as defined below and amount of compensation from the Authority and any other public entities.
- 3) List all of the Authority's <u>former</u> officers, key employees and highest compensated employees who received more than \$100,000 in reportable compensation from the Authority and any other public entities during the most recent fiscal year completed.
- 4) List all of the Authority's <u>former</u> commissioners who received more than \$10,000 in reportable compensation from the Authority and any other public entities during the most recent fiscal year completed.
- **Commissioner:** A member of the governing body of the authority with voting rights. Include alternates for purposes of this schedule.
- Officer: A person elected or appointed to manage the authority's daily operations at any time during the year, such as the chairperson, vice-chairperson, secretary, or treasurer. For the purposes of this schedule, treat the authority's top management official and top financial official as officers. A member of the governing body may be both a commissioner and an officer for the purposes of this schedule.
- **Key employee:** An employee or independent contractor of the authority (other than a commissioner or officer) who meets both of the following criteria:
 - a) The individual received reportable compensation from the authority and other public entities in excess of \$150,000 for the most recent fiscal year completed; and
 - b) The individual has responsibilities or influence over the authority as a whole or has power to control or determine 10% or more of the authority's capital expenditures or operating budget.
- Highest compensated employee: One of the five highest compensated employees or independent contractors of the authority other than current commissioners, officers, or key employees whose aggregate reportable compensation from the authority and other public entities is greater than \$100,000 for the most recent fiscal year completed.
- Compensation: All forms of cash and non-cash payments or benefits provided in exchange for services, including salaries and wages, bonuses, severance payments, deferred payments, retirement benefits, fringe benefits, and other financial arrangements or transactions such as personal vehicles, meals, housing, personal and family education benefits, below-market loans, payment of personal or family travel, entertainment, and personal use of the Authority's property. Compensation includes payments and other benefits provided to both employees and independent contractors in exchange for services.
- Reportable compensation: (Use the Most Recent W-2 available 2018 or 2019). The aggregate compensation that is reported (or is required to be reported) on Form W-2, box 1 or 5, whichever amount is greater, and/or Form 1099-MISC, box 7, for the most recent calendar year ended 60 days before the start of the proposed budget year. For example, for fiscal years ending December 31, 2020, the most recent W-2 and 1099 should be used 2019 or 2018 (60 days prior to start of budget year is November 1, 2019, with 2018 being the most recent calendar year ended), and for fiscal years ending June 30, 2020, the calendar year 2019 W-2 and 1099 should be used (60 days prior to start of budget year is May 1, 2019, with 2019 being the most recent calendar year ended).
- Other Public Entity: Any municipality, county, local authority, fire district, or other government unit, regardless of whether it is related in any way to the Authority either by function or by physical location.

Fraehold Housing Authority December 31, 2020

Ţ	Total Compensation All Public Entitles 95,260 0 189,620 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
S	Estimated amount of other Compensation from Other Public Entities (health benefits, personantin pension, payment in Entities benefits, etc.) 30,000 189,620
R	Reportable Compensation from other Public Entities (W-2/ 1099) 5 95,260 143,170
ð	Average Hours per Week Dedicated to Positions at Other Public in Column O \$ 35
œ.	Positions held at Other Public Entities Listed in Column O Accountant Executive Director
O	Names of Other Public Entities Where Individual is an Employee or Positions h Member of the Other Pu Governing Body Entities List thority (13 See note below Column O None
Z.	Total Total from Authority S 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Z.	Estimated amount of other compensation from the Authority (health benefits, pension, etc.)
L ensation from 27,1099)	Other fauto allowance, expense account, payment in lieu of health benefits, etc.)
Freehold Housing Authority December 31, 2020 H 1 1 K L Reportable Compensation from Authority (W.2/ 1099)	Base Salary/ Stipend Bonus N/A N/A N/A N/A N/A 15,150 \$ 15,150 \$
Freehold House to H 1 Position	Former Highest Compensated Employee
Po Po	Key Employee × Officer × Commissioner ×
For the Period January 1, 2020 C D	Average Hours Per Week Dedicated to Position 5 x x 5 x x
For the Period C	Tritle Chairperson Commissioner Commissioner Commissioner Commissioner Executive Director
en e	Name 1 William Cannon 2 Steila Mayes 3 Erika Woods 4 Rutliann Broxmeyer 5 Loseph Billy 6 7 8 9 10 11 11 12 13 14

Schedule of Health Benefits - Detailed Cost Analysis

Inout- X - in Box Below IF this Page is Non-Applicable	For the Period	Freehold Housing Authority January 1, 2020	l Housing Authority January 1, 2020	to	Decem	December 31, 2020		
	# of Covered Members (Medical & Rx) Proposed Budget	Annual Cost Estimate per Employee Proposed Budget	Total Cost Estimate Proposed Budget	# of Covered Members (Medical & Rx)	Annual Cost per Employee	Total Prior Year	\$ Increase	% Increase
Active Employees - Health Benefits - Annual Cost						1500	(neriease)	(Decrease)
Single Coverage Parent & Child	1	\$ 12,690	\$ 12,690	1	\$ 12,086	\$ 12,086	\$ 604	5.0%
Employee & Spouse (or Partner)			20 99			B 10	î î	#DIV/0!
Employee Cost Sharing Contribution (enter as negative -) Subtotal			(4,314)			(4,109)		#DIV/0I 5.0%
Commence of the State of the St	1		9/5/9	7		7,977	399	2.0%
Commissioners - Health Benefits - Annual Cost								
Single Coverage Parent & Child			e.A				*	#DIV/0i
Employee & Spouse (or Partner)			3 3			8 (3)	**	#DIV/0!
Family			i 11			4 () [9	9 0 S2	#DIV/0i
Employee Cost Sharing Contribution (enter as negative -)							€0 60 	#DIV/0I
Subtotal	0		roes.	0		•	,	#DIV/0!
Retirees - Health Benefits - Annual Cost								
Single Coverage			¥			9	00.00	#DIV/OI
Find of the Common of the Comm	7	13 775	13 775	+	7		9 (#DIV/0i
Family	1	21104	E / / (CT	-	22,118	13,118	657	2.0%
Employee Cost Sharing Contribution (enter as negative -)				STATE STATE OF THE PARTY OF THE	NAME OF THE OWNER, OWNE			#DIV/01
Subtotal	1		13,775	1		13,118	657	2.0%
GRAND TOTAL	2		\$ 22,151	2		31.095	1 056	9
u.		Ш						3.0%
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 in Box)	nswer in Box) Place Answer in Box		YES YES	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

Freehold Housing Authority

For the Period

January 1, 2020

ಧ

December 31, 2020

Legal Basis for Benefit

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

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

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

CALCULATION OF COMPENSATED ABSENCES E.Y.E. 12/31/18

EMPLOYEE	SICK DAYS	1) DAILY RATE	SICK PAY	VACATION 1) DAILY DAYS RATE	1) DAILY RATE	TOTAL	ACCRUED LEAVE
S. WHETZLER	432.37	\$ 312.91	\$ 10,000	113.86	\$ 312.91	\$ 35,628	45,628
M FELICIANO	32.36	\$ 174.96	\$ 5,662	25.67	\$ 174.96	\$ 4,491	10,153
TOTAL							\$ 55,782
TIMES FICA RATE							1.0765
TOTAL ACCRUED LEAVE	LEAVE						\$ 60,049
			Days			and the second	
Current	Sharon	1 Yr	36	€₽	12,127		
	Miguel	1 Yr	30	\$ 174.96	5,650		
				ST	17,777		
				L	42,272		
1) BASED ON 260 WORK DAYS	ORK DAYS				60,049		

2) ACCUMULATED SICK PAY IS CAPPED AT \$10,000 PER EMPLOYEE

Schedule of Shared Service Agreements

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

2020 (2021) HOUSING AUTHORITY BUDGET

Financial Schedules Section

Freehold Housing Authority January 1, 2020 For the Period

\$

December 31, 2020

-6.4% 5.8% -6.4% 1.1% -9.4% -6.1% -6.1% -6.1% -34.8% All Operations All Operations Proposed vs. % Increase (Decrease) Adopted i0/\lg# #DIV/0! #DIV/0! #DIV/0i #DIV/0i #DIV/0] (50,160)(50,130)(49,470)(3,270)30 2,610 (46,860)(46,860)(46,860)\$ Increase (Decrease) Proposed vs. Adopted ጭ ↭ 780,440 520 780,960 771,550 243,100 9,410 FY 2019 Adopted 771,550 528,450 771,550 Operations Total All Budget ᡐ Ś 245,710 730,280 550 6,140 724,690 724,690 730,830 478,980 724,690 Operations Total All 4 Other Programs XXXXXXXXX XXXXXXXXX XXXXXXXXX XXXXXXXXX FY 2020 Proposed Budget ₹ Ś Housing Voucher <>> s XXXXXXXXXX XXXXXXXXX XXXXXXXXXX XXXXXXXXX Section 8 478,980 724,690 724,690 6,140 Public Housing 730,280 550 245,710 724,690 Management 730,830 \$ Ś Less: Total Unrestricted Net Position Utilized Total Principal Payments on Debt Service in Total Appropriations and Accumulated Total Other Non-Operating Appropriations Total Non-Operating Appropriations Total Operating Appropriations Total Interest Payments on Debt Total Anticipated Revenues Total Cost of Providing Services Total Non-Operating Revenues Net Total Appropriations ANTICIPATED SURPLUS (DEFICIT) Total Operating Revenues Total Administration Lieu of Depreciation Accumulated Deficit APPROPRIATIONS Deficit REVENUES

Revenue Schedule

Freehold Housing Authority

For the Period

January 1, 2020

December 31, 2020

						FY 2019 Adopted	\$ Increase (Decrease) Proposed vs.	% Increase (Decrease) Proposed vs.
		FY 2020	Proposed	Budget		Budget	Adopted	Adopted
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	Total All Operations	All Operations	All Operations
OPERATING REVENUES						: 5		
Rental Fees					<u>_</u> 9			
Homebuyers' Monthly Payments				1	\$ -	\$ ≝	\$ =	#D1V/0!
Dwelling Rental	541,880				541,880	549,940	(8,060)	-1.5%
Excess Utilities	22,400				22,400	20,500	1,900	9.3%
Non-Dwelling Rental					-	₩	14(#DIV/0!
HUD Operating Subsidy	125,000				125,000	113,000	12,000	10.6%
New Construction - Acc Section 8					2	⊕	*	#DIV/0!
Voucher - Acc Housing Voucher					(**			#DIV/0!
Total Rental Fees	689,280	2.	- 4.		- 689,280	683,440	5,840	0.9%
Other Operating Revenues (List)								
Capital Fund	31,000				31,000	87,000	(56,000)	-64.4%
Tenant Charges	6,000				6,000	6,000	=	0.0%
Laundry Commissions	4,000				4,000	4,000	19	0.0%
Type in (Grant, Other Rev)					950		5	#DIV/0!
Type in (Grant, Other Rev)					38	*:	34	#DIV/0!
Type in (Grant, Other Rev)					1250	5::	ē.	#DIV/0!
Type in (Grant, Other Rev)					-	2	:€	#DIV/0!
Type in (Grant, Other Rev)						-	3	#DIV/0!
Type in (Grant, Other Rev)					:*>	€	×	#DIV/0!
Type in (Grant, Other Rev)					120	22	8	#DIV/0!
Type in (Grant, Other Rev)					200	*	≅	#DIV/0!
Type in (Grant, Other Rev)					10 127	72	2	#DIV/0!
Type in (Grant, Other Rev)					(20)	3 = :	*	#DIV/0!
Type in (Grant, Other Rev)					191	199	흦	#DIV/0!
Type in (Grant, Other Rev)					3	38		#DIV/0!
Type in (Grant, Other Rev)					14	76	~	#DIV/0!
Type in (Grant, Other Rev)					1.0	(5)	a	#DIV/0!
Type in (Grant, Other Rev)					=	(6)	~	#DIV/0!
Type in (Grant, Other Rev)					5	975	8	#DIV/0!
Type in (Grant, Other Rev)					2.			#DIV/0!
Total Other Revenue	41,000		=======================================		41,000	97,000	(56,000)	-57.7%
Total Operating Revenues	730,280				730,280	780,440	(50,160)	-6.4%
NON-OPERATING REVENUES								
Other Non-Operating Revenues (List)								
Type in					2	130	=	#DIV/0!
Type in	1					170	7	#DIV/0!
Type in	ì				2	福	₽	#DIV/0!
Type in	1				7	2 5 .4	=	#DIV/0!
Type in	1				=	2	≥	#DIV/0!
Type in					=			#DIV/0!
Total Other Non-Operating Revenue		- 4	2	12	·	<u> </u>		#DIV/0!
Interest on Investments & Deposits (List)								
Interest Earned	550				550	520	30	5.8%
Penalties							9.50	#DIV/0!
Other					F .		98.	#DIV/0!
Total Interest	550		5			520	30	5.8%
Total Non-Operating Revenues	550		×	:9	330	520	30	5.8%
TOTAL ANTICIPATED REVENUES	\$ 730,830	\$	\$ 3	-	\$ 730,830	\$ 780,960	\$ (50,130)	-6.4%

Prior Year Adopted Revenue Schedule

Freehold Housing Authority

	3	FY 201	9 Adopted Bud	lget	
	Public Housing		Housing		Total All
	Management	Section 8	Voucher	Other Programs	Operations
OPERATING REVENUES					
Rental Fees	,				
Homebuyers' Monthly Payments					\$ =
Dwelling Rental	549,940				549,940
Excess Utilities	20,500				20,500
Non-Dwelling Rental					9 8 8
HUD Operating Subsidy	113,000				113,000
New Construction - Acc Section 8					193
Voucher - Acc Housing Voucher					20
Total Rental Fees	683,440	- E		, S	683,440
Other Revenue (List)					
Capital Fund	87,000				87,000
Tenant Charges	6,000				6,000
Laundry Commissions	4,000				4,000
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)	l.				-
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					¥
Type in (Grant, Other Rev)					4
Type in (Grant, Other Rev)					알
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					E-
Type in (Grant, Other Rev)				1	-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					12
Type in (Grant, Other Rev)					
Type in (Grant, Other Rev)					u.
Type in (Grant, Other Rev)					25
Type in (Grant, Other Rev)					760
Type in (Grant, Other Rev)					(2)
Type in (Grant, Other Rev)					2
Total Other Revenue	97,000	72	9	-	97,000
Total Operating Revenues	780,440	25		-	780,440
NON-OPERATING REVENUES					
Other Non-Operating Revenues (List)					
Type in					E24
Type in					51
Type in					2
Type in				1	9
Type in				1	5≟
Type in				1	Ę.
Other Non-Operating Revenues		(2)	=		
Interest on Investments & Deposits			1000		
Interest Earned	520				520
Penalties					320
Other				1	9
Total Interest	520		250		520
Total Non-Operating Revenues	520		-	-	520
TOTAL ANTICIPATED REVENUES	\$ 780,960 \$			\$ = :	\$ 780,960
	· · · · · · · · · · · · · · · · · · ·				

Appropriations Schedule

Freehold Housing Authority

For the Period

January 1, 2020

to

December 31, 2020

		EV	2020 Propos	od Pudgat			FY 2019 Adopted Budget	\$ Increase (Decrease) Proposed vs. Adopted	% Increase (Decrease) Proposed vs. Adopted
	Public Housing		Housing	eu buuget	_	Total All	Total All	Adopted	Adopted
	Management	Section 8	Voucher	Other Programs		perations	Operations	All Operations	All Operations
OPERATING APPROPRIATIONS									
Administration									
Salary & Wages	104,130				7 \$	104,130	\$ 99,400	\$ 4,730	4.8%
Fringe Benefits	54,600				1	54,600	58,600	(4,000)	-6.8%
Legal	16,000				1	16,000	16,000	2	0.0%
Staff Training	4,500					4,500	4,500		0.0%
Travel	5,000					5,000	5,000	-	0.0%
Accounting Fees	28,980				1	28,980	27,600	1,380	5.0%
Auditing Fees	6,500				1	6,500	6,000	500	8.3%
Miscellaneous Administration*	26,000					26,000	26,000	500	0.0%
Total Administration	245,710	763						2.610	
	245,710					245,710	243,100	2,610	1.1%
Cost of Providing Services	10.000				-1		40.000		
Salary & Wages - Tenant Services	10,000				1	10,000	10,000	40.00	0.0%
Salary & Wages - Maintenance & Operation	59,340				1	59,340	60,200	(860)	-1.4%
Salary & Wages - Protective Services					1	₩.	4,000	(4,000)	-100.0%
Salary & Wages - Utility Labor	6,720				1	6,720	6,720	•	0.0%
Fringe Benefits	5,400				1	5,400	5,900	(500)	-8.5%
Tenant Services	2,000				1	2,000	2,100	(100)	-4.8%
Utilities	197,400					197,400	193,600	3,800	2.0%
Maintenance & Operation	113,000				1	113,000	116,000	(3,000)	-2.6%
Protective Services						Ĕ	-	Val	#DIV/0!
Insurance	51,500				1	51,500	47,250	4,250	9.0%
Payment in Lieu of Taxes (PILOT)	24,020				1	24,020	25,680	(1,660)	-6.5%
Terminal Leave Payments	,					2	⊒	525	#DIV/0!
Collection Losses	5,000				ľ	5,000	5,000	*	0.0%
Other General Expense	3,000					3,000	3,000	(F)	#DIV/0!
Rents					1				#DIV/0!
Extraordinary Maintenance						88	47,000		-100.0%
	4,600					4.600	•	(47,000)	
Replacement of Non-Expendible Equipment	4,600					4,600	5,000	(400)	-8.0%
Property Betterment/Additions						75	5	===	#DIV/0!
Miscellaneous COPS*					1	-			#DIV/0!
Total Cost of Providing Services	478,980		- 4			478,980	528,450	(49,470)	-9.4%
Total Principal Payments on Debt Service in Lieu of									
Depreciation	XXXXXXXXXX	XXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		<u> </u>		147	#DIV/0!
Total Operating Appropriations	724,690		•		ġ.	724,690	771,550	(46,860)	-6.1%
NON-OPERATING APPROPRIATIONS									
Total Interest Payments on Debt	XXXXXXXXXXX	XXXXXXXXX	XXXXXXXXX	XXXXXXXXXX		323	2	32	#DIV/0!
Operations & Maintenance Reserve					7	0.00	±:	32	#DIV/0!
Renewal & Replacement Reserve							23	4	#DIV/0!
Municipality/County Appropriation						043	5 29	2	#DIV/0!
Other Reserves							-:	~	#DIV/0!
Total Non-Operating Appropriations		-		4				*	#DIV/0!
			64				771 550	(46.960)	
TOTAL APPROPRIATIONS	724,690				3	724,690	771,550	(46,860)	-6.1%
ACCUMULATED DEFICIT									#DIV/0!
TOTAL APPROPRIATIONS & ACCUMULATED									
DEFICIT	724,690			(+		724,690	771,550	(46,860)	-6.1%
UNRESTRICTED NET POSITION UTILIZED	5)								
Municipality/County Appropriation		#4			_	€ €	(25)	8	#DIV/0!
Other							283	0	#DIV/0!
Total Unrestricted Net Position Utilized	3	-	9	95		17%	(2)		#DIV/0!
TOTAL NET APPROPRIATIONS	\$ 724,690 \$	+) 3		\$:-	\$	724,690	\$ 771,550	\$ (46,860)	-6.1%

^{*} 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 the line item must be itemized above...

5% of Total Operating Appropriations

\$ 36,234.50 \$ - \$ - \$

36,234.50

Prior Year Adopted Appropriations Schedule

Freehold Housing Authority

		F	Y 2019 Adopted Bud	get	
	Public Housing				Total All
	Management	Section 8	Housing Voucher	Other Programs	Operations
OPERATING APPROPRIATIONS	W				
Administration	9				
Salary & Wages	\$ 99,400				\$ 99,400
Fringe Benefits	58,600				58,600
Legal	16,000				16,000
Staff Training	4,500				4,500
Travel	5,000				5,000
Accounting Fees	27,600				27,600
Auditing Fees	6,000				6,000
Miscellaneous Administration*	26,000				26,000
Total Administration	243,100		24	3	243,100
Cost of Providing Services					
Salary & Wages - Tenant Services	10,000				10,000
Salary & Wages - Maintenance & Operation	60,200				60,200
Salary & Wages - Protective Services	4,000				4,000
Salary & Wages - Utility Labor	6,720				6,720
Fringe Benefits	5,900				5,900
Tenant Services	2,100				2,100
Utilities	193,600				193,600
Maintenance & Operation	116,000				116,000
Protective Services					×
Insurance	47,250				47,250
Payment in Lieu of Taxes (PILOT)	25,680				25,680
Terminal Leave Payments					
Collection Losses	5,000				5,000
Other General Expense					9
Rents					2
Extraordinary Maintenance	47,000				47,000
Replacement of Non-Expendible Equipment	5,000				5,000
Property Betterment/Additions					-
Miscellaneous COPS*					5
Total Cost of Providing Services	528,450		-	= :	528,450
Total Principal Payments on Debt Service in Lieu					
of Depreciation	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	B
Total Operating Appropriations	771,550	- 2		2	771,550
NON-OPERATING APPROPRIATIONS					
Total Interest Payments on Debt	XXXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXX	2
Operations & Maintenance Reserve					8
Renewal & Replacement Reserve					- 2
Municipality/County Appropriation					-
Other Reserves					
Total Non-Operating Appropriations	2	-			
TOTAL APPROPRIATIONS	771,550		3		771,550
ACCUMULATED DEFICIT					772,000
TOTAL APPROPRIATIONS & ACCUMULATED					
DEFICIT	771,550	3	2	2	771 EEA
UNRESTRICTED NET POSITION UTILIZED					771,550
Municipality/County Appropriation	3	26	=	E1	
Other					(-)
Total Unrestricted Net Position Utilized		=			
TOTAL NET APPROPRIATIONS	\$ 771,550		\$ -	\$ -	\$ 771,550
					,,,,,,,,

^{*} 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 \$ 38,577,50 \$ - \$ - \$ 38,577.

Debt Service Schedule - Principal

If Authority has no debt X this box			Freehold !	Freehold Housing Authority	ority					
				Fis	Fiscal Year Ending in	Ë				
	Adopted Budget Year 2019	Proposed Budget Year 2020	2021		2022	2023	2024	3000		Total Principal
Debt Leveraging Type in Issue Name Type in Issue Name	\$ 20,000	\$ 20,000	s	\$ 00000	\$ 000'08	30,000 \$	\$ 000'08 \$ 000'08	30,000	in the search	\$ 160,000
Type in Issue Name	j,									PS PS
I OI AL PRINCIPAL LESS: HUD SUBSIDY	20,000	20,000		20,000	30,000	30,000	30,000	30,000	3.4	160,000
NET PRINCIPAL	٠.	٠,	∽	\$	\$ =	\$ -	\$ *		\$	\$
Indicate the Authority's most recent bond rating and the year of the rating by ratings service.	ond rating and the year o	of the rating by rating	as service.							

	Moody's Fitch Stand	Fitch	Standard & Poors
Bond Rating	N/A	N/A	N/A
Year of Last Rating	N/A	N/A	N/A

Debt Service Schedule - Interest

		Total Interest Payments Outstanding	26,321	26,321	⋄
		Thereafter		•IS	ş
		2025	1,057	1,057)A
		2024	2,468	2,468	.
		2023	3,878	3,878 3,878	.c
rity	Fiscal Year Ending in	2022	5,288	5,288	\$
Freehold Housing Authority	Fisco	2021	6,345	6,345 6,345	\$
		Proposed Budget Year 2020	7,285	7,285	· · · · · · · · · · · · · · · · · · ·
		Adopted Budget Year 2019	8,176	8,176 8,176	·
If Authority has no debt X this box			Debt Leveraging Type in Issue Name Type in Issue Name Type in Issue Name	TOTAL INTEREST LESS: HUD SUBSIDY	NELTNIERESI

Net Position Reconciliation

Freehold Housing Authority

For the Period

January 1, 2020

December 31, 2020 ţ

FY 2020 Proposed Budget

\$ (149,401)

Operations

Other Programs

Voucher Housing

Section 8

Management

Public Housing

(149,401)

870,940

Total All

870,940

(1,020,341)

(1,020,341)

927,106 9,410

361,263

TOTAL NET POSITION BEGINNING OF CURRENT YEAR (1)

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

Less: Restricted for Debt Service Reserve (1)

Less: Other Restricted Net Position (1)

Total Unrestricted Net Position (1)

Less: Designated for Non-Operating Improvements & Repairs

Less: Designated for Rate Stabilization

Less: Other Designated by Resolution

Plus: Accrued Unfunded Pension Liability (1)

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

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

9,410

361,263 927,106

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)

PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAI Total Unrestricted Net Position Utilized in Proposed Budget

		277,438		1	i	277,438
		ï	€38	Şi.	•	r
		Û	ŧ	į	9	
	Ì		E	•	*	i.
9		3	4.	ŧ.	i.	1
¥	\$	277,438 \$	\$ -	⇔	\$ -	277,438

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.

36,235 Maximum Allowable Appropriation to Municipality/County

36,235 4) If Authority is projecting a deficit for any operation at the end of the budget period, the Authority must attach a statement explaining its plan to reduce the deficit, including the timeline for elimination of the deficit, if not already detailed in the budget narrative section.

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2020 (2020-2021) FREEHOLD

(Name)

HOUSING AUTHORITY CAPITAL BUDGET/ PROGRAM

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

FREEHOLD

		(Nar	me)		
FISCAL	YEAR:	FROM:	1-1-2020	TO:	12-31-2020
[] It is hereby certified that the of the Capital Budget/Program by the governing body of t	n approve	d, pursuant to	N.J.A.C. 5:31-2.	2, along	with the Annual Budget,
			OR		
elected <u>NOT</u> to adopt a Capit N.J.A.C. 5:31-2.2 for the follo operations					
Officer's Signature		$\gamma \mathcal{M}$			
Officer's Signature: Name:	IOSEI	PH BILLY			
Title:		UTIVE DIRE	CTOR		
Address:	107 TI		TON STREET		
Phone Number:	732-46	52-2421	Fax Number	: 732	2-409-7075
E-mail address	freehol	ldha@aol.com			

2020 (2020-2021) CAPITAL BUDGET/PROGRAM MESSAGE

FREEHOLD Housing Authority

(Name)

FISCAL YEAR:

FROM:

1-1-2020

TO:

12-31-2020

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

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

Add additional sheets if necessary.

Proposed Capital Budget

Freehold Housing Authority

For the Period

January 1, 2020

to

December 31, 2020

		Funding Sources							
			Renewal &						
	Estimated Total	Unrestricted Net	Replacement	Debt		Other			
	Cost	Position Utilized	Reserve	Authorization	Capital Grants	Sources			
Public Housing Management									
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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

Freehold Housing Authority

For the Period

January 1, 2020

to

December 31, 2020

Fiscal Year Beginning in

	Estimated		Current Bu	_					
	Cost		Year 20	20	2021	2022	2023	2024	2025
Public Housing Management			:27						
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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

Freehold Housing Authority

For the Period January 1, 2020 to

December 31, 2020

	36		Funding Sources								
		_			Renewal &						
		ted Total	Unrestricted N		Replacement	Debt					
	C	ost	Position Utilize	ed	Reserve	Authorization	Capital Grants	Other Sources			
Public Housing Management											
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TOTAL	\$	1-2	\$	- \$	120	\$ -	\$	\$ -			
Total 5 Year Plan per CB-4	\$	<u></u>	-								
Balance check		- If a	mount is other than	zero, v	erify that proje	cts listed above n	natch projects list	ed 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.