

2015

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# Berkeley Housing Authority Budget

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Department Of



Community  
Affairs

Division of Local Government Services

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**2015 HOUSING AUTHORITY BUDGET**

**Certification Section**

2015

**Berkeley Housing Authority**

**HOUSING AUTHORITY BUDGET**

**FISCAL YEAR: FROM January 1, 2015 TO December 31, 2015**

**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: C. M. Zepucki Date: 10/23/15

**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: Christi M. Zepucki Date: 3/22/16

# 2015 PREPARER'S CERTIFICATION

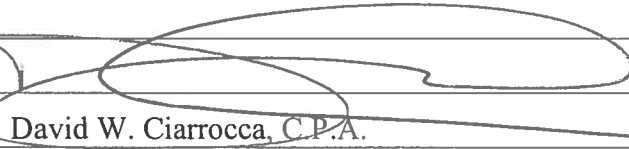
## Berkeley Housing Authority

### HOUSING AUTHORITY BUDGET

**FISCAL YEAR:** FROM: 1/1/15 TO: 12/31/15

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:			
Name:	David W. Ciarrocca, C.P.A.		
Title:	Fee Accountant		
Address:	1930 Wood Road Scotch Plains, N.J. 07076		
Phone Number:	(732)591-2300	Fax Number:	(732)591-2525
E-mail address	davidciarroccacpa@gmail.com		

# 2015 APPROVAL CERTIFICATION

## Berkeley Housing Authority

### HOUSING AUTHORITY BUDGET

**FISCAL YEAR:**    **FROM:**    1/1/15    **TO:**    102/31/15

It is hereby certified that the Housing Authority Budget, including all schedules appended hereto, are a true copy of the Annual Budget and Capital Budget/Program approved by resolution by the governing body of the Berkeley Housing Authority, at an open public meeting held pursuant to N.J.A.C. 5:31-2.3, on the 28th day of October , 2014.

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:			
Name:	Grace Dekker		
Title:	Executive Director/Secretary		
Address:	44 Frederick Drive Bayville, N.J. 08721		
Phone Number:	732-269-2312	Fax Number:	732-269-7709
E-mail address	bha@berkeleytwphousing.org		

# INTERNET WEBSITE CERTIFICATION

Authority's Web Address:

Berkeleytwphousing.org

All authorities shall maintain either an Internet website or a webpage on the municipality's or county's Internet website. The purpose of the website or webpage shall be to provide increased public access to the authority's operations and activities. N.J.S.A. 40A:5A-17.1 requires the following items to be included on the Authority's website at a minimum for public disclosure. Check the boxes below to certify the Authority's compliance with N.J.S.A. 40A:5A-17.1.

- ☒ A description of the Authority's mission and responsibilities
- ☒ Commencing with 2013, the budgets for the current fiscal year and immediately preceding two prior years
- ☒ The most recent Comprehensive Annual Financial Report (Unaudited) or similar financial information
- ☒ Commencing with 2012, the complete annual audits of the most recent fiscal year and immediately two prior years
- ☒ The Authority's rules, regulations and official policy statements deemed relevant by the governing body of the authority to the interests of the residents within the authority's service area or jurisdiction
- ☒ Notice posted pursuant to the "Open Public Meetings Act" for each meeting of the Authority, setting forth the time, date, location and agenda of each meeting
- ☒ Beginning January 1, 2013, the approved minutes of each meeting of the Authority including all resolutions of the board and their committees, for at least three consecutive fiscal years
- ☒ The name, mailing address, electronic mail address and phone number of every person who exercises day-to-day supervision or management over some or all of the operations of the Authority
- ☒ A list of attorneys, advisors, consultants and any other person, firm, business, partnership, corporation or other organization which received any remuneration of \$17,500 or more during the preceding fiscal year for any service whatsoever rendered to the Authority.

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.

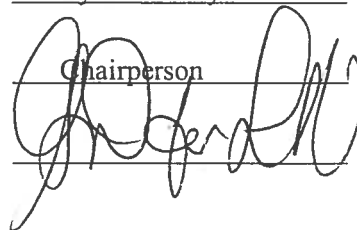
Name of Officer Certifying compliance

Lynne Nutley

Title of Officer Certifying compliance

Chairperson

Signature



# 2015 HOUSING AUTHORITY BUDGET RESOLUTION

## Berkeley Housing Authority

FISCAL YEAR: FROM: 1/1/15 TO: 12/31/15

### RESOLUTION # 2014-10-2

WHEREAS, the Annual Budget and Capital Budget for the Berkeley Housing Authority for the fiscal year beginning, January 1, 2015 and ending, December 31, 2015 has been presented before the governing body of the Berkeley Housing Authority at its open public meeting of October 28, 2014; and

WHEREAS, the Annual Budget as introduced reflects Total Revenues of \$1,043,394, Total Appropriations, including any Accumulated Deficit if any, of \$1,098,305 and Total Unrestricted Net Position utilized of \$54,911; and

WHEREAS, the Capital Budget as introduced reflects Total Capital Appropriations of \$72,842 and Total Unrestricted Net Position planned to be utilized as funding thereof, of \$0; and

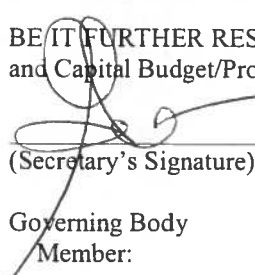
WHEREAS, the schedule of rents, fees and other charges in effect will produce sufficient revenues, together with all other anticipated revenues to satisfy all obligations to the holders of bonds of the Authority, to meet operating expenses, capital outlays, debt service requirements, and to provide for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

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

NOW, THEREFORE BE IT RESOLVED, by the governing body of the Berkeley Housing Authority, at an open public meeting held on October 28, 2014 that the Annual Budget, including all related schedules, and the Capital Budget/Program of the Berkeley Housing Authority for the fiscal year beginning, January 1, 2015 and ending, December 31, 2015 is hereby approved; and

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

BE IT FURTHER RESOLVED, that the governing body of the Berkeley Housing Authority will consider the Annual Budget and Capital Budget/Program for adoption on January 27, 2015.

  
(Secretary's Signature)

10-28-2014  
(Date)

Governing Body Member:	Recorded Vote				
	Aye	Nay	Abstain	Absent	
Lynne Nutley	✓				
Kathleen Nunn	✓				
Katherine Fulcomer	✓				
Nikolaus Seitz	✓				
Nilda Garibaldi	✓				
Judith Noonan	✓				
Sophie Kauchak			✓		

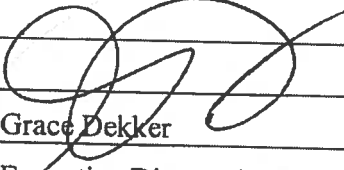
# 2015 ADOPTION CERTIFICATION

## Berkeley Housing Authority

### HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM: 1/1/15 TO: 12/31/15

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 Berkeley Housing Authority, pursuant to N.J.A.C. 5:31-2.3, on the 24<sup>th</sup> day of, November, 2015.

Officer's Signature:			
Name:	Grace Dekker		
Title:	Executive Director/Secretary		
Address:	44 Frederick Drive Bayville, N.J. 08721		
Phone Number:	732-269-2312	Fax Number:	732-269-7709
E-mail address	bha@berkeleytwphousing.org		



# 2015 ADOPTED BUDGET RESOLUTION

Resolution # 2015-11-2

## BERKELEY HOUSING AUTHORITY

FISCAL YEAR: FROM: 1/1/15 TO: 12/31/15

WHEREAS, the Annual Budget and Capital Budget Program for the Berkeley Housing Authority for the fiscal year beginning January 1, 2015 and ending December 31, 2015 has been presented for adoption before the governing body of the Berkeley Housing Authority at its open public meeting of 11-24-15; 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 \$ 1,043,394, Total Appropriations, including any Accumulated Deficit, if any, of \$ 1,098,305 and Total Unrestricted Net Position utilized of \$ 54,911; and

WHEREAS, the Capital Budget as presented for adoption reflects Total Capital Appropriations of \$ 72,842 and Total Unrestricted Net Position planned to be utilized of \$ 0; and

NOW, THEREFORE, BE IT RESOLVED, by the governing body of Berkeley Housing Authority, at an open public meeting held on 11-24-15, that the Annual Budget and Capital Budget Program of the Berkeley Housing Authority for the fiscal year beginning January 1, 2015 and ending December 31, 2015 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) 11-24-15

Governing Body  
Member

Recorded Vote

Aye

Nay

Abstain

Absent

Lynne Nutley  
Kathleen Nunn  
Katherine Fulcomer  
Nikolaus Seitz  
Nilda Caribaldi  
Judith Noonan  
Angeline Fratianni

✓

✓

✓

✓

✓

✓

# **2015 HOUSING AUTHORITY BUDGET**

## **Narrative and Information Section**

# 2015 HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS BERKELEY HOUSING AUTHORITY AUTHORITY BUDGET

FISCAL YEAR: FROM: 1/1/15 TO: 12/31/15

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

1. Complete a brief statement on the 2015 proposed Annual Budget and make comparison to the 2014 adopted budget. Explain any variances over +/-10% for each 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. For example, if the anticipated HUD Operating Subsidy has increased 15%, provide documentation that supports the increased HUD Operating Subsidy to the Housing Authority.

See attached.

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% from the current year adopted budget.

None

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

**The recession has resulted in lower overall program participant income.**

4. Describe the reasons for utilizing Unrestricted Net Position in the proposed Annual Budget, i.e. rate stabilization, debt service reduction, to balance the budget, etc. If the Authority's budget anticipates a use of Unrestricted Net Position, this question must be answered.

**The continuation of HUD subsidy cuts.**

5. Is the Authority required to implement project-based budgeting and asset management under HUD rules and regulations? If yes, has the Authority's governing body adopted a project-based budget?

No

6. The proposed budget must not reflect an anticipated deficit from 2015 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

7. Attach a schedule of the Authority's existing rate structure (rent, maintenance/utilities, etc.) 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, if applicable.

**Rents are fixed by HUD regulations and are based on 30% of family income.**

8. Attach a copy of the Authority's most recent Annual Operating Data submission to the Municipal Securities Rulemaking Board's Electronic Municipal Marketplace Access (EMMA) under the Authority's Continuing Disclosure Agreements for any debt issuances outstanding. Examples of Annual Operating Data may include rents and collections; number of tenants; number of available housing units; etc. See Local Finance Notice 2014-9 for more information. N/A

# HOUSING AUTHORITY CONTACT INFORMATION

## 2015

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

<b>Name of Authority:</b>	Berkeley Housing Authority		
Address:	44 Frederick Drive		
City, State, Zip:	Bayville	N.J.	08721
Phone: (ext.)	732-269-2312	Fax:	732-269-7709

<b>Preparer's Name:</b>	David W. Ciarrocca, C.P.A.		
Preparer's Address:	1930 Wood Road		
City, State, Zip:	Scotch Plains	N.J.	07076
Phone: (ext.)	732-591-2300	Fax:	732-591-2525
E-mail:	davidciarroccacpa@gmail.com		

<b>Chief Executive Officer:</b>	Grace Dekker		
Phone: (ext.)	732-269-2312	Fax:	732-269-7709
E-mail:	bha@berkeleytwphousing.org		

<b>Chief Financial Officer:</b>	N/A		
Phone: (ext.)		Fax:	
E-mail:			

<b>Name of Auditor:</b>	Richard Larsen		
Name of Firm:	Fallon & Larsen, LLP		
Address:	252 Washington Street, Suite B		
City, State, Zip:	Toms River	N.J.	08753
Phone: (ext.)	732-503-4257	Fax:	732-341-1424
E-mail:	<a href="http://www.falloncpa.com">www.falloncpa.com</a>		

# HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

## Berkeley Housing Authority

FISCAL YEAR: FROM: 1/1/15 TO: 12/31/15

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

- 1) Provide the number of individuals employed in calendar year 2013 as reported on the Authority's Form W-3, Transmittal of Wage and Tax Statements: 7
- 2) Provide the amount of total salaries and wages for calendar year 2013 as reported on the Authority's Form W-3, Transmittal of Wage and Tax Statements: \$341,056
- 3) Provide the number of regular voting members of the governing body: 7
- 4) Provide the number of alternate voting members of the governing body: 0
- 5) Did any person listed on Page N-4 have a family or business relationship with any other person listed on Page N-4 during the current fiscal year? Yes If "yes," attach a description of the relationship including the names of the individuals involved and their positions at the Authority.
- 6) Did all individuals that were required to file a Financial Disclosure Statement for the current fiscal year because of their relationship with the Authority file the form as required? Yes If "no," provide a list of those individuals who failed to file a Financial Disclosure Statement and an explanation as to the reason for their failure to file.
- 7) Does the Authority have any amounts receivable from current or former commissioners, officers, key employees or highest compensated employees? No If "yes," attach a list of those individuals, their position, the amount receivable, and a description of the amount due to the Authority.
- 8) Was the Authority a party to a business transaction with one of the following parties:
  - a. A current or former commissioner, officer, key employee, or highest compensated employee? No
  - b. A family member of a current or former commissioner, officer, key employee, or highest compensated employee? No
  - c. An entity of which a current or former commissioner, officer, key employee, or highest compensated employee (or family member thereof) was an officer or direct or indirect owner? NoIf the answer to any of the above is "yes," attach a description of the transaction including the name of the commissioner, officer, key employee, or highest compensated employee (or family member thereof) of the Authority; the name of the entity and relationship to the individual or family member; the amount paid; and whether the transaction was subject to a competitive bid process.
- 9) Did the Authority during the most recent fiscal year pay premiums, directly or indirectly, on a personal benefit contract? A personal benefit contract is generally any life insurance, annuity, or endowment contract that benefits, directly or indirectly, the transferor, a member of the transferor's family, or any other person designated by the transferor. No If "yes," attach a description of the arrangement, the premiums paid, and indicate the beneficiary of the contract.
- 10) Explain the Authority's process for determining compensation for all persons listed on Page N-4. Include whether the Authority's process includes any of the following: 1) review and approval by the commissioners or a committee thereof; 2) study or survey of compensation data for comparable positions in similarly sized entities; 3) annual or periodic performance evaluation; 4) independent compensation consultant; and/or 5) written employment contract. Attach narrative. See attached
- 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. See attached
- 12) Did the Authority pay for travel expenses for any employee or individual listed on Page N-4? Yes If "yes," attach a detailed list of all travel expenses for the current fiscal year and provide an explanation for each expenditure listed. See attached

# HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE (CONTINUED) BERKELEY HOUSING AUTHORITY

FISCAL YEAR: FROM: 1/1/15 TO: 12/31/15

- 13) Did the Authority provide any of the following to or for a person listed on Page N-4 or any other employee of the Authority:
- a. First class or charter travel No
  - b. Travel for companions No
  - c. Tax indemnification and gross-up payments No
  - d. Discretionary spending account No
  - e. Housing allowance or residence for personal use No
  - f. Payments for business use of personal residence No
  - g. Vehicle/auto allowance or vehicle for personal use No
  - h. Health or social club dues or initiation fees No
  - i. Personal services (i.e.: maid, chauffeur, chef) No
- If the answer to any of the above is "yes," attach a description of the transaction including the name and position of the individual and the amount expended.*
- 14) Did the Authority follow a written policy regarding payment or reimbursement for expenses incurred by employees and/or commissioners during the course of Authority business 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.*
- 15) Did the Authority make any payments to current or former commissioners or employees for severance or termination? No *If "yes," attach an 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 an 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 Housing and Urban Development or any other entity regarding maintenance or repairs required to the Authority's facilities to bring them into compliance with current regulations and standards that it has not yet taken action to remediate? No *If "yes," attach explanation as to why the Authority has not yet undertaken the required maintenance or repairs and describe the Authority's plan to address the conditions identified.*
- 19) Did the Authority receive any notices of fines or assessments from the Department of Housing and Urban Development or any other entity due to noncompliance with current regulations? No *If "yes," attach a description of the event or condition that resulted in the fine or assessment and indicate the amount of the fine or assessment.*
- 20) Has the Authority been deemed "troubled" by the Department of Housing and Urban Development? No *If "yes," attach an explanation of the reason the Authority was deemed "troubled" and describe the Authority's plan to address the conditions identified.*

**BERKELEY HOUSING AUTHORITY**  
**SUMMARY OF 2014 TRAVEL EXPENSES**  
**ATTACHMENT, PAGE N-3, QUESTION # 12**

**2015 BUDGET**

TRAVELER	PURPOSE	LODGING	TRAVEL	REGISTRATION	PER DIEM	OTHER	TOTAL
BRACE DEKKER	CONFERENCE/TRAINING	\$ 181.59	\$ -	\$ 425.00	\$ 225.00	\$ -	\$ 831.59
YNN NUTLEY	CONFERENCE/TRAINING	305.70	-	375.00	225.00	-	905.70
BRACE DEKKER	CONFERENCE/TRAINING	-	-	425.00	262.50	-	687.50
YNN NUTLEY	CONFERENCE/TRAINING	188.72	-	425.00	187.50	-	801.22
TOTALS		\$ 676.01	\$ -	\$ 1,650.00	\$ 900.00	\$ -	\$ 3,226.01

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

**FISCAL YEAR:    FROM:            1/1/15            TO:            12/31/15**

*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 former 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 former 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 all 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, 2015, the calendar year 2013 W-2 and 1099 should be used (60 days prior to start of budget year is November 1, 2014, with 2013 being the most recent calendar year ended), and for fiscal years ending June 30, 2016, the calendar year 2014 W-2 and 1099 should be used (60 days prior to start of budget year is May 1, 2015, with 2014 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)

Berkeley Housing Authority

For the Period January 1, 2015

to December 31, 2015

Reportable Compensation from  
Authority (W-2/ 1099)

Authority (W-2/ 1099)																		
Position			Highest Compensated Employee				Former			Average Hours per Week Dedicated to Position			Name		Title			
			Commissioner				Officer				Key Employee				Former			
											</							

Enter the total number of employees/ independent contractors who received more than \$100,000 in total reportable compensation for the most recent fiscal year completed:

# Schedule of Health Benefits - Detailed Cost Analysis

Berkeley Housing Authority

For the Period January 1, 2015 to December 31, 2015

Annual Cost									
	# of Covered Members (Medical & Rx) Proposed Budget	Estimate per Employee Proposed Budget	Total Cost Estimate Proposed Budget	# of Covered Members (Medical & Rx) Current Year	Annual Cost per Employee Current Year	Total Current Year Cost	\$ Increase (Decrease)	% Increase (Decrease)	
Active Employees - Health Benefits - Annual Cost									
Single Coverage	1	\$ 8,700	\$ 8,700	1	\$ 8,569	\$ 8,569	\$ 131	1.5%	#DIV/0!
Parent & Child	0		-	0		-	-		#DIV/0!
Employee & Spouse (or Partner)	0		-	0		-	-		#DIV/0!
Family	2	22,000	44,000	2	21,133	42,266	1,734	4.1%	#DIV/0!
Employee Cost Sharing Contribution (enter as negative - )									#DIV/0!
Subtotal	3		52,700	3		50,835	1,865	3.7%	#DIV/0!
Commissioners - Health Benefits - Annual Cost									
Single Coverage	0		-	0		-	-		#DIV/0!
Parent & Child	0		-	0		-	-		#DIV/0!
Employee & Spouse (or Partner)	0		-	0		-	-		#DIV/0!
Family	0		-	0		-	-		#DIV/0!
Employee Cost Sharing Contribution (enter as negative - )									#DIV/0!
Subtotal	0		-	0		-	-		#DIV/0!
Retirees - Health Benefits - Annual Cost									
Single Coverage	0		-	0		-	-		#DIV/0!
Parent & Child	0		-	0		-	-		#DIV/0!
Employee & Spouse (or Partner)	0		-	0		-	-		#DIV/0!
Family	0		-	0		-	-		#DIV/0!
Employee Cost Sharing Contribution (enter as negative - )									#DIV/0!
Subtotal	0		-	0		-	-		#DIV/0!
GRAND TOTAL									
	3		\$ 52,700	3		\$ 50,835	\$ 1,865	3.7%	

Is medical coverage provided by the SHBP (Yes or No)?  
 Is prescription drug coverage provided by the SHBP (Yes or No)?

YES  
 YES

**Berkeley Housing Authority**

December 31, 2015

**Legal Basis for Benefit  
(check applicable items)**

Page N-6

## Schedule of Shared Service Agreements

Berkeley Housing Authority

January 1, 2015

to

December 31, 2015

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

[illegible]

BERKELEY HOUSING AUTHORITY  
COMMISSIONERS-2014

Lynne Nutley-Chairperson

Kathleen Nunn-Vice Chairperson

Katherine Fulcomer-Commissioner

Nikolaus Seitz-Commissioner

Judith Noonan-Commissioner

Nilda Garibaldi-Commissioner

Sophie Kauchak-Commissioner

**BERKELEY HOUSING AUTHORITY**  
**INFORMATIONAL QUESTIONNAIRE ATTACHMENTS**

**2015**

**Attachment to Page N-3, Question # 5:**

---

The Executive Director Grace Dekker & Maintenance Supervisor, Robert Dekker are married.

**Attachment to Page N-3, Question # 10:**

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The authority determines compensation based on employee evaluations as well as affordability relative to budget constraints. Salaries have been established to N.J. PERS salary guide while also considering job experience and responsibilities.

# **2015 HOUSING AUTHORITY BUDGET**

## **Financial Schedules Section**

# 2015 Budget Summary

For the Period **Berkeley Housing Authority** January 1, 2015 to December 31, 2015

	Public Housing Management	Section 8	Proposed Budget		Total All Operations	Current Year Adopted Budget	% Increase (Decrease) Proposed vs. Current Year		% Increase (Decrease) Proposed vs. Current Year
			Housing Voucher	Other Programs		Total All Operations	All Operations	All Operations	
<b>REVENUES</b>									
Total Operating Revenues	\$ 612,243	\$ 112,588	\$ 265,500	\$ -	\$ 990,331	\$ 1,500,334	\$ (510,003)	-34.0%	
Total Non-Operating Revenues	500	-	-	52,563	53,063	36,563	16,500	45.1%	
Total Anticipated Revenues	612,743	112,588	265,500	52,563	1,043,394	1,536,897	(493,503)	-32.1%	
<b>APPROPRIATIONS</b>									
Total Administration	203,593	12,000	37,192	16,563	269,348	306,570	(37,222)	-12.1%	
Total Cost of Providing Services	455,557	100,000	237,400	36,000	828,957	1,319,404	(490,447)	-37.2%	
Net Principal Payments on Debt Service in Lieu of Depreciation					-	-	-	#DIV/0!	
Total Operating Appropriations	659,150	112,000	274,592	52,563	1,098,305	1,625,974	(527,669)	-32.5%	
Net Interest Payments on Debt					-	-	-	#DIV/0!	
Total Other Non-Operating Appropriations	-	-	-	-	-	-	-	#DIV/0!	
Total Non-Operating Appropriations	-	-	-	-	-	-	-	#DIV/0!	
Accumulated Deficit	-	-	-	-	-	-	-	#DIV/0!	
Total Appropriations and Accumulated Deficit	659,150	112,000	274,592	52,563	1,098,305	1,625,974	(527,669)	-32.5%	
Less: Total Unrestricted Net Position Utilized	46,407	(588)	9,092	-	54,911	89,077	(34,166)	-38.4%	
Net Total Appropriations	612,743	112,588	265,500	52,563	1,043,394	1,536,897	(493,503)	-32.1%	
<b>ANTICIPATED SURPLUS (DEFICIT)</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	



## 2015 Revenue Schedule

### Berkeley Housing Authority

For the Period January 1, 2015 to December 31, 2015

	Proposed Budget				Current Year Adopted Budget	\$ Increase (Decrease) Proposed vs. Current Year	% Increase (Decrease) Proposed vs. Current Year
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	Total All Operations	All Operations
<b>OPERATING REVENUES</b>							
<i>Rental Fees</i>							
Homebuyers' Monthly Payments					\$ -	\$ -	#DIV/0!
Dwelling Rental	306,180				306,180	305,000	0.4%
Excess Utilities	15,000				15,000	16,000	-6.3%
Non-Dwelling Rental					-	-	#DIV/0!
HUD Operating Subsidy	264,000	112,588	258,500		635,088	1,151,271	-44.8%
New Construction - Acc Section 8					-	-	#DIV/0!
Voucher - Acc Housing Voucher					-	-	#DIV/0!
Total Rental Fees	585,180	112,588	258,500	-	956,268	1,472,271	(516,003) -35.0%
<i>Other Operating Revenues (List)</i>							
Other Revenue 1-Late Fees/Laundry	15,000				15,000	10,000	50.0%
Other Revenue 2-CFP/Tenant Charges	12,063				12,063	12,063	0.0%
Other Revenue 3-Port Fees			7,000		7,000	6,000	16.7%
Other Revenue 4					-	-	#DIV/0!
Total Other Revenue	27,063	-	7,000	-	34,063	28,063	6,000 21.4%
Total Operating Revenues	612,243	112,588	265,500	-	990,331	1,500,334	(510,003) -34.0%
<b>NON-OPERATING REVENUES</b>							
<i>Grants &amp; Entitlements (List)</i>							
Grant #1-C.F.P.				22,563	22,563	36,563	(14,000) -38.3%
Grant #2					-	-	#DIV/0!
Grant #3					-	-	#DIV/0!
Grant #4					-	-	#DIV/0!
Total Grants & Entitlements	-	-	-	22,563	22,563	36,563	(14,000) -38.3%
<i>Local Subsidies &amp; Donations (List)</i>							
Local Subsidy #1					-	-	#DIV/0!
Local Subsidy #2					-	-	#DIV/0!
Local Subsidy #3					-	-	#DIV/0!
Local Subsidy #4					-	-	#DIV/0!
Total Local Subsidies & Donations	-	-	-	-	-	-	#DIV/0!
<i>Interest on Investments &amp; Deposits</i>							
Investments	500				500	-	500 #DIV/0!
Security Deposits					-	-	#DIV/0!
Penalties					-	-	#DIV/0!
Other Investments					-	-	#DIV/0!
Total Interest	500	-	-	-	500	-	500 #DIV/0!
<i>Other Non-Operating Revenues (List)</i>							
Other Non-Operating #1-Refunding				30,000	30,000	-	30,000 #DIV/0!
Other Non-Operating #2					-	-	#DIV/0!
Other Non-Operating #3					-	-	#DIV/0!
Other Non-Operating #4					-	-	#DIV/0!
Other Non-Operating Revenues	-	-	-	30,000	30,000	-	30,000 #DIV/0!
Total Non-Operating Revenues	500	-	-	52,563	53,063	36,563	16,500 45.1%
<b>TOTAL ANTICIPATED REVENUES</b>	\$ 612,743	\$ 112,588	\$ 265,500	\$ 52,563	\$ 1,043,394	\$ 1,536,897	\$ (493,503) -32.1%

# 2014 Revenue Schedule

## Berkeley Housing Authority

For the Period January 1, 2015 to December 31, 2015

	Current Year Adopted Budget				Total All Operations
	Public Housing Management	Section 8	Housing Voucher	Other Programs	
<b>OPERATING REVENUES</b>					
<i>Rental Fees</i>					
Homebuyers' Monthly Payments					\$ -
Dwelling Rental	305,000				305,000
Excess Utilities	16,000				16,000
Non-Dwelling Rental					-
HUD Operating Subsidy	248,999	564,750	337,522		1,151,271
New Construction - Acc Section 8					-
Voucher - Acc Housing Voucher					-
Total Rental Fees	569,999	564,750	337,522	-	1,472,271
<i>Other Operating Revenues (List)</i>					
Other Revenue 1-Late Fees/Laundry	10,000				10,000
Other Revenue 2-CFP/Tenant Charges	12,063				12,063
Other Revenue 3-Port Fees			6,000		6,000
Other Revenue 4					-
Total Other Revenue	22,063	-	6,000	-	28,063
Total Operating Revenues	592,062	564,750	343,522	-	1,500,334
<b>NON-OPERATING REVENUES</b>					
<i>Grants &amp; Entitlements (List)</i>					
Grant #1-C.F.P.				36,563	36,563
Grant #2					-
Grant #3					-
Grant #4					-
Total Grants & Entitlements	-	-	-	36,563	36,563
<i>Local Subsidies &amp; Donations (List)</i>					
Local Subsidy #1					-
Local Subsidy #2					-
Local Subsidy #3					-
Local Subsidy #4					-
Total Local Subsidies & Donations	-	-	-	-	-
<i>Interest on Investments &amp; Deposits</i>					
Investments					-
Security Deposits					-
Penalties					-
Other Investments					-
Total Interest	-	-	-	-	-
<i>Other Non-Operating Revenues (List)</i>					
a					-
Other Non-Operating #2					-
Other Non-Operating #3					-
Other Non-Operating #4					-
Other Non-Operating Revenues	-	-	-	-	-
Total Non-Operating Revenues	-	-	-	36,563	36,563
<b>TOTAL ANTICIPATED REVENUES</b>	\$ 592,062	\$ 564,750	\$ 343,522	\$ 36,563	\$ 1,536,897

## 2015 Appropriations Schedule

Berkeley Housing Authority  
For the Period January 1, 2015 to December 31, 2015

	Proposed Budget				Total All Operations	Current Year Adopted Budget Total All Operations	\$ Increase (Decrease) Proposed vs. Current Year All Operations	% Increase (Decrease) Proposed vs. Current Year All Operations
	Public Housing Management	Section 8	Housing Voucher	Other Programs				
<b>OPERATING APPROPRIATIONS</b>								
<b>Administration</b>								
Salary & Wages	\$ 95,478	\$ 12,000	\$ 24,892	\$ 7,563	\$ 139,928	\$ 154,094	\$ (14,166)	-9.2%
Fringe Benefits	40,720		4,200		44,920	67,476	(22,556)	-33.4%
Legal	13,800		1,200		15,000	15,000	-	0.0%
Staff Training	1,000			4,000	5,000	5,000	-	0.0%
Travel	1,000			1,000	2,000	2,000	-	0.0%
Accounting Fees	17,100		2,400		19,500	19,500	-	0.0%
Auditing Fees	7,500		800		8,300	8,000	-	-
Miscellaneous Administration*	27,000		4,000	4,000	35,000	35,500	(500)	-1.4%
<b>Total Administration</b>	<b>203,898</b>	<b>12,000</b>	<b>37,192</b>	<b>16,563</b>	<b>269,653</b>	<b>306,570</b>	<b>(37,222)</b>	<b>-12.1%</b>
<b>Cost of Providing Services</b>								
Salary & Wages - Tenant Services	10,000				10,000	10,000	-	0.0%
Salary & Wages - Maintenance & Operation	81,662			24,000	105,662	101,069	4,593	4.5%
Salary & Wages - Protective Services					-	-	-	#DIV/0!
Salary & Wages - Utility Labor	54,441				54,441	55,379	(938)	-1.7%
Fringe Benefits	61,080			12,000	73,080	52,524	20,556	39.1%
Tenant Services	2,000				2,000	2,000	-	0.0%
Utilities	159,000				159,000	156,000	3,000	1.9%
Maintenance & Operation	40,000				40,000	55,000	(15,000)	-27.3%
Protective Services					-	-	-	#DIV/0!
Insurance	33,800		2,400		36,200	50,700	(14,700)	-29.0%
Payment in Lieu of Taxes (PILOT)	10,774				10,774	10,962	(188)	-1.7%
Terminal Leave Payments					-	-	-	#DIV/0!
Collection Losses	3,000				3,000	3,000	-	0.0%
Other General Expense					-	-	-	#DIV/0!
Rents		100,000	235,000		335,000	822,770	(487,770)	-59.3%
Extraordinary Maintenance					-	-	-	#DIV/0!
Replacement of Non-Expendable Equipment					-	-	-	#DIV/0!
Property Betterment/Additions					-	-	-	#DIV/0!
Miscellaneous COPS*					-	-	-	#DIV/0!
<b>Total Cost of Providing Services</b>	<b>455,557</b>	<b>100,000</b>	<b>237,400</b>	<b>36,000</b>	<b>828,957</b>	<b>1,319,404</b>	<b>(490,447)</b>	<b>-37.2%</b>
Net Principal Payments on Debt Service in Lieu of Depreciation					-	-	-	#DIV/0!
<b>Total Operating Appropriations</b>	<b>659,150</b>	<b>112,000</b>	<b>274,592</b>	<b>52,563</b>	<b>1,098,305</b>	<b>1,625,974</b>	<b>(527,669)</b>	<b>-32.5%</b>
<b>NON-OPERATING APPROPRIATIONS</b>								
Net Interest Payments on Debt					-	-	-	#DIV/0!
Operations & Maintenance Reserve					-	-	-	#DIV/0!
Renewal & Replacement Reserve					-	-	-	#DIV/0!
Municipality/County Appropriation					-	-	-	#DIV/0!
Other Reserves					-	-	-	#DIV/0!
<b>Total Non-Operating Appropriations</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>#DIV/0!</b>
<b>TOTAL APPROPRIATIONS</b>	<b>659,150</b>	<b>112,000</b>	<b>274,592</b>	<b>52,563</b>	<b>1,098,305</b>	<b>1,625,974</b>	<b>(527,669)</b>	<b>-32.5%</b>
<b>ACCUMULATED DEFICIT</b>								<b>#DIV/0!</b>
<b>TOTAL APPROPRIATIONS &amp; ACCUMULATED DEFICIT</b>	<b>659,150</b>	<b>112,000</b>	<b>274,592</b>	<b>52,563</b>	<b>1,098,305</b>	<b>1,625,974</b>	<b>(527,669)</b>	<b>-32.5%</b>
<b>UNRESTRICTED NET POSITION UTILIZED</b>								
Municipality/County Appropriation					-	-	-	#DIV/0!
Other	46,407	(588)	9,092		54,911	89,077	(34,166)	-38.4%
<b>Total Unrestricted Net Position Utilized</b>	<b>46,407</b>	<b>(588)</b>	<b>9,092</b>	<b>-</b>	<b>54,911</b>	<b>89,077</b>	<b>(34,166)</b>	<b>-38.4%</b>
<b>TOTAL NET APPROPRIATIONS</b>	<b>\$ 612,743</b>	<b>\$ 112,588</b>	<b>\$ 265,500</b>	<b>\$ 52,563</b>	<b>\$ 1,043,394</b>	<b>\$ 1,536,897</b>	<b>\$ (493,503)</b>	<b>-32.1%</b>

\* 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 \$ 32,957.50 \$ 5,600.00 \$ 13,729.60 \$ 2,628.15 \$ 54,915.25

# 2014 Appropriations Schedule

Berkeley Housing Authority  
For the Period January 1, 2015 to December 31, 2015

	Current Year Adopted Budget				
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations
<b>OPERATING APPROPRIATIONS</b>					
<i>Administration</i>					
Salary & Wages	\$ 85,639	\$ 24,000	\$ 36,892	\$ 7,563	\$ 154,094
Fringe Benefits	46,388	16,000	4,200	888	67,476
Legal	12,600	1,200	1,200		15,000
Staff Training	1,000			4,000	5,000
Travel	2,000				2,000
Accounting Fees	15,300	1,800	2,400		19,500
Auditing Fees	7,000	500	500		8,000
Miscellaneous Administration*	23,500	4,000	4,000	4,000	35,500
Total Administration	193,427	47,500	49,192	16,451	306,570
<i>Cost of Providing Services</i>					
Salary & Wages - Tenant Services	10,000				10,000
Salary & Wages - Maintenance & Operation	83,069			18,000	101,069
Salary & Wages - Protective Services					-
Salary & Wages - Utility Labor	55,379				55,379
Fringe Benefits	50,412			2,112	52,524
Tenant Services	2,000				2,000
Utilities	156,000				156,000
Maintenance & Operation	55,000				55,000
Protective Services					-
Insurance	30,300	18,000	2,400		50,700
Payment in Lieu of Taxes (PILOT)	10,962				10,962
Terminal Leave Payments					-
Collection Losses	3,000				3,000
Other General Expense					-
Rents		527,250	295,520		822,770
Extraordinary Maintenance					-
Replacement of Non-Expendible Equipment					-
Property Betterment/Additions					-
Miscellaneous COPS*					-
Total Cost of Providing Services	456,122	545,250	297,920	20,112	1,319,404
Net Principal Payments on Debt Service in Lieu of Depreciation					-
Total Operating Appropriations	649,549	592,750	347,112	36,563	1,625,974
<b>NON-OPERATING APPROPRIATIONS</b>					
Net Interest Payments on Debt					-
Operations & Maintenance Reserve					-
Renewal & Replacement Reserve					-
Municipality/County Appropriation					-
Other Reserves					-
Total Non-Operating Appropriations	-	-	-	-	-
<b>TOTAL APPROPRIATIONS</b>	649,549	592,750	347,112	36,563	1,625,974
<b>ACCUMULATED DEFICIT</b>					-
<b>TOTAL APPROPRIATIONS &amp; ACCUMULATED DEFICIT</b>	649,549	592,750	347,112	36,563	1,625,974
<b>UNRESTRICTED NET POSITION UTILIZED</b>					
Municipality/County Appropriation	-	-	-	-	-
Other	57,487	28,000	3,590		89,077
Total Unrestricted Net Position Utilized	57,487	28,000	3,590	-	89,077
<b>TOTAL NET APPROPRIATIONS</b>	\$ 592,062	\$ 564,750	\$ 343,522	\$ 36,563	\$ 1,536,897

\* 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 \$ 32,477.45 \$ 29,637.50 \$ 17,355.60 \$ 1,828.15 \$ 81,298.70

# 5 Year Debt Service Schedule - Principal

Berkeley Housing Authority

	Current Year (2014)	Fiscal Year Beginning in							Total Principal Outstanding	
		2015	2016	2017	2018	2019	2020	Thereafter		
Debt Issuance #1	\$ 15,000	\$ 15,000	\$ 15,000	\$ 20,000	\$ 20,000	\$ 20,000	\$ 20,000	\$ 180,000	\$ 290,000	
Debt Issuance #2										
Debt Issuance #3										
Debt Issuance #4										
<b>TOTAL PRINCIPAL</b>	15,000	15,000	15,000	20,000	20,000	20,000	20,000	180,000	290,000	
<b>LESS: HUD SUBSIDY</b>	15,000	15,000	15,000	20,000	20,000	20,000	20,000	180,000	290,000	
<b>NET PRINCIPAL</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

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

Bond Rating		
Year of Last Rating		
	Moody's	Standard & Poors
	Fitch	

# 5 Year Debt Service Schedule - Interest

Berkeley Housing Authority

Fiscal Year Beginning in

	Current Year (2014)	2015	2016	2017	2018	2019	2020	Thereafter	Total Interest Payments Outstanding
Debt Issuance #1	\$ 15,043	\$ 14,383	\$ 13,716	\$ 12,985	\$ 11,964	\$ 10,925	\$ 9,883	\$ 34,996	\$ 108,852
Debt Issuance #2									-
Debt Issuance #3									-
Debt Issuance #4									-
TOTAL INTEREST	15,043	14,383	13,716	12,985	11,964	10,925	9,883	34,996	108,852
LESS: HUD SUBSIDY	15,043	14,383	13,716	12,985	11,964	10,925	9,883	34,996	108,852
NET INTEREST	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

# 2015 Net Position Reconciliation

Berkeley Housing Authority

For the Period January 1, 2015

to December 31, 2015

## Proposed Budget

<b>TOTAL NET POSITION BEGINNING OF CURRENT YEAR (1)</b>	<b>Total All Operations</b>
Less: Invested in Capital Assets, Net of Related Debt (1)	\$ 1,604,863
Less: Restricted for Debt Service Reserve (1)	910,939
Less: Other Restricted Net Position (1)	-
Total Unrestricted Net Position (1)	252,934
Less: Designated for Non-Operating Improvements & Repairs	440,990
Less: Designated for Rate Stabilization	-
Less: Other Designated by Resolution	-
Plus: Accrued Unfunded Pension Liability (1)	-
Plus: Accrued Unfunded Other Post-Employment Benefit Liability (1)	-
Plus: Estimated Income (Loss) on Current Year Operations (2)	-
Plus: Other Adjustments (attach schedule)	-
<b>UNRESTRICTED NET POSITION AVAILABLE FOR USE IN PROPOSED BUDGET</b>	<b>440,990</b>
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	-
<b>PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR (4)</b>	<b>\$ 440,990</b>

(1) Total of all operations for this line item must agree to audited financial statements.

(2) Include budgeted and unbudgeted use of unrestricted net position in the current year's operations.

(3) Amount may not exceed 5% of total operating appropriations. See calculation below.

Maximum Allowable Appropriation to Municipality/County \$ 32,958

(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.

2015

BERKELEY  
HOUSING  
AUTHORITY  
CAPITAL  
BUDGET/  
PROGRAM



# 2015 CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

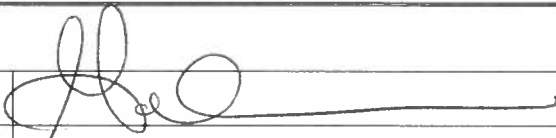
## BERKELEY HOUSING AUTHORITY

FISCAL YEAR: FROM: 1/1/15 TO: 12/31/15

[ X ] It is hereby certified that the Housing Authority Capital Budget/Program annexed hereto is a true copy of the Capital Budget/Program approved, pursuant to N.J.A.C. 5:31-2.2, along with the Annual Budget, by the governing body of the Berkeley Housing Authority, on the 28th day of October, 2014.

OR

[ ] It is hereby certified that the governing body of the \_\_\_\_\_ Housing Authority have elected **NOT** to adopt a Capital Budget /Program for the aforesaid fiscal year, pursuant to N.J.A.C. 5:31-2.2 for the following reason(s): \_\_\_\_\_

Officer's Signature:			
Name:	Grace Dekker		
Title:	Executive Director/Secretary		
Address:	44 Frederick Drive Bayville, N.J. 08721		
Phone Number:	732-269-2312	Fax Number:	732-269-7709
E-mail address	bha@berkeleytwphousing.org		

# 2015 CAPITAL BUDGET/PROGRAM MESSAGE

## Berkeley Housing Authority

**FISCAL YEAR:**    **FROM:**    1/1/15    **TO:**    12/31/15

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

1. Has the Capital Budget/Program been prepared in consultation with or reviewed by, the local and county planning board(s), governing body(ies), or other affected governmental entity(ies) of the jurisdiction(s) served by the Housing Authority?

**Yes, in consultation with the housing residents.**

2. Has each capital project/project financing been developed from a specific plan or report and have the full life cycle costs of each been calculated?

**N/A**

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

**A five year plan as required by HUD.**

4. Are any of the capital projects/project financings being undertaken in a community that has a State Plan designated center? If so, please describe the relationship of same to the center's goals and objectives.

**N/A**

5. Describe the impact on the schedule of rents and/or user charges if the proposed capital projects are undertaken. Indicate the impact on current and future year's schedules.

**None**

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

**Yes**

*Add additional sheets if necessary.*

# 2015 Proposed Capital Budget

## Berkeley Housing Authority

For the Period January 1, 2015 to December 31, 2015

	Estimated Total Cost	Funding Sources				
		Unrestricted Net Position Utilized	Renewal & Replacement Reserve	Debt Authorization	Capital Grants	Other Sources
Project A Operations	\$ 7,563				\$ 7,563	
Project B Mgt. Improvements	9,000				9,000	
Project C Administrative	7,563				7,563	
Project D Fees & Costs	1,000				1,000	
Project E Site/Dwelling Work	16,000				16,000	
Project F Equipment	3,000				3,000	
Project G Debt Service	28,716				28,716	
<b>TOTAL PROPOSED CAPITAL BUDGET</b>	<b>\$ 72,842</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 72,842</b>	<b>\$ -</b>

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

# 5 Year Capital Improvement Plan

Berkeley Housing Authority

For the Period January 1, 2015 to December 31, 2015

		Fiscal Year Beginning in							
		Current Year	2016	2017	2018	2019	2020		
Estimated Total	Proposed Budget								
Cost									
Project A Operations	\$ 45,063	\$ 7,563	\$ 7,500	\$ 7,500	\$ 7,500	\$ 7,500	\$ 7,500	\$ 7,500	7,500
Project B Mgt. Improvements	54,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000
Project C Administrative	45,063	7,563	7,500	7,500	7,500	7,500	7,500	7,500	7,500
Project D Fees & Costs	6,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
Project E Site/Dwelling Work	96,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000
Project F Equipment	18,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000
Project G Debt Service	178,312	28,716	27,985	31,964	30,925	29,883	28,839	28,839	28,839
<b>TOTAL</b>	<b>\$ 442,438</b>	<b>\$ 72,842</b>	<b>\$ 71,985</b>	<b>\$ 75,964</b>	<b>\$ 74,925</b>	<b>\$ 73,883</b>	<b>\$ 72,839</b>	<b>\$ 72,839</b>	<b>\$ 72,839</b>

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

For the Period **Berkeley Housing Authority** January 1, 2015 to December 31, 2015

		Funding Sources			
Estimated Total Cost		Renewal & Replacement		Debt Authorization	Capital Grants
		Unrestricted Net Position Utilized	Reserve		Other Sources
\$	45,063				\$ 45,063
	54,000				\$ 54,000
	45,063				\$ 45,063
	6,000				\$ 6,000
	96,000				\$ 96,000
	18,000				\$ 18,000
	178,312				178,312
<b>TOTAL</b>		\$ -	\$ -	\$ -	\$ 442,438
Total 5 Year Plan per CB-4		\$ 442,438			\$ -
Balance check		\$ 442,438			\$ -

- If amount is other than zero, verify that projects listed above match projects listed on CB-4.

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

## BERKELEY HOUSING AUTHORITY

### EXPLANATION OF BUDGET VARIANCES

2015

BUDGET ITEM	PERCENTAGE INCREASE/ (DECREASE)	EXPLANATION
HUD OPERATING SUBSIDY	-44.80%	ELIMINATION OF SECTION 8 NEW CONSTRUCTION PROGRAM
LATE FEES & LAUNDRY COMMISSION	50.00%	INCREASE IN CHARGES & USAGE
PORTABLE ADMIN. FEES	16.70%	INCREASE IN HUD ADMIN. FEE PRORATION
C.F.P. REVENUE	38.30%	REDUCTION IN SOFT COST UTILIZATION
FRINGE BENEFITS-ADMIN.	-33.40%	INCREASE IN EMPLOYEE CONTRIBUTION
FRINGE BENEFITS-PROVIDING SERVICES	39.10%	INCREASE IN EMPLOYEE CONTRIBUTION/STAFF REDUCTION
MAINTENANCE & OPERATION	-27.30%	REDUCTION IN STAFF
INSURANCE	-29.00%	PREMIUM REDUCTIONS
RENTS	59.30%	ELIMINATION OF SECTION 8 NEW CONSTRUCTION PROGRAM

# GUESTCHECK™

Date	Table	Guests	Server	936504
ANCHOR INN				
APPT-SOUP/SAL-ENTREE-VEG/POT-DESSERT-BEV				

HOUSING	
AUTHORITY	
IS DINNERS @	39000
26.00 EACH	
GRATUITY	7800
Total	46800
PAID	
10-28-14	
	Tax
	Total
Thank You — Please Come Again	

Monogram

G6000-MGRM

reorder #122319

MADE IN THE USA

Commissioner,

Please be advised the State of New Jersey, in an effort to promote transparency, has revised the budget documents that need to be submitted annually. The new budget document requires extensive information relating to the Authority operations. In addition there are questions that pertain to you as a Commissioner of the Housing Authority. Below is a list of questions I will need you to complete and hand back to me so that it can accompany the budget submission. Please complete the following:

I, Lynnes Nutley, am a Commissioner of the Berkeley Township Housing Authority. I was appointed on 4/16/2016. My appointment expires on 4/16/2016. I was appointed by State/DCA Mayor/CEO, and Governing body) {circle one}

- 1) Are you related in any way to another Commissioner or employee of the Authority? no  
If yes please provide a description of the relationship including the names of the individuals involved and their positions with the Authority.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2) Did you complete the required Annual Financial Disclosure Statement? yes  
If no please explain why.  
\_\_\_\_\_  
\_\_\_\_\_
- 3) Do you receive compensation from any municipality, county, local authority, fire district, or other government unit? (for purposes of this question a Board of Education is classified as an other government unit) no If yes please provide your 2013 reportable compensation from your W-2, the name of the entity for which you receive compensation, the title you hold and the average number of hours you spend weekly in the position.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Do you receive a pension from any entities noted in Question 3? no If yes please provide your 2013 gross pension received and the name of the entity for which you receive the pension? \_\_\_\_\_
- 5) Do you hold any public office? no If yes what is your position, 2013 reportable compensation, if any, and average number of hours per week spent on this position.  
\_\_\_\_\_  
\_\_\_\_\_



6) Do you serve on any Boards from any municipality, county, local authority, fire district, or other governmental unit? no If yes what is your position and average number of hours spent on this position. \_\_\_\_\_

7) Have you completed your New Jersey State mandated training classes? yes  
If no please explain why not. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certification:

I hereby certify that the information above is true and accurate to the best of my knowledge, and that I have disclosed all information herein regarding my involvement in any Boards or positions from any municipality, county, local authority, fire district or other governmental unit.

Lynne S. Nutty  
Print Name

[Signature]  
Sign above

Please sign above certification and return to me.

Thank-you for your cooperation in this matter.

Commissioner,

Please be advised the State of New Jersey, in an effort to promote transparency, has revised the budget documents that need to be submitted annually. The new budget document requires extensive information relating to the Authority operations. In addition there are questions that pertain to you as a Commissioner of the Housing Authority. Below is a list of questions I will need you to complete and hand back to me so that it can accompany the budget submission. Please complete the following:

I, Katherine Fukommer, am a Commissioner of the Berkeley Housing Authority. I was appointed on Jan 2010. My appointment expires on Jan 2017. I was appointed by (State/DCA, Mayor/CEO, and Governing body) (circle one)

- 1) Are you related in any way to another Commissioner or employee of the Authority? NO  
If yes please provide a description of the relationship including the names of the individuals involved and their positions with the Authority.

- 2) Did you complete the required Annual Financial Disclosure Statement? yes  
If no please explain why.

- 3) Do you receive compensation from any municipality, county, local authority, fire district, or other government unit? (for purposes of this question a Board of Education is classified as an other government unit) yes If yes please provide your 2013 reportable compensation from your W-2, the name of the entity for which you receive compensation, the title you hold and the average number of hours you spend weekly in the position.

Retired - 2 PENSIONS  
PERS \$250 per month  
TPAF - \$68,000 per year

- 4) Do you receive a pension from any entities noted in Question 3? \_\_\_\_\_ If yes please provide your 2013 gross pension received and the name of the entity for which you receive the pension? Receiver PERS - STATE OF NJ (From: Utilities  
TPAF - From: Union Township Bd of Ed. Authority, Rahway City

- 5) Do you hold any public office? NO If yes what is your position, 2013 reportable compensation, if any, and average number of hours per week spent on this position. Council,  
Aid to  
Donald  
DiFrancesco  
& Teacher's  
Aid -  
Manasquan  
School  
Distric

6) Do you serve on any Boards from any municipality, county, local authority, fire district, or other governmental unit? no If yes what is your position and average number of hours spent on this position. \_\_\_\_\_

7) Have you completed your New Jersey State mandated training classes? yes  
If no please explain why not. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certification:

I hereby certify that the information above is true and accurate to the best of my knowledge, and that I have disclosed all information herein regarding my involvement in any Boards or positions from any municipality, county, local authority, fire district or other governmental unit.

Katherine E. Fulcomer

Print Name

Katherine E. Fulcomer

Sign above

Please sign above certification and return to me.

Thank-you for your cooperation in this matter.

Commissioner,

Please be advised the State of New Jersey, in an effort to promote transparency, has revised the budget documents that need to be submitted annually. The new budget document requires extensive information relating to the Authority operations. In addition there are questions that pertain to you as a Commissioner of the Housing Authority. Below is a list of questions I will need you to complete and hand back to me so that it can accompany the budget submission. Please complete the following:

I, Kathleen Nunn, am a Commissioner of the Berkeley Housing Authority. I was appointed on \_\_\_\_\_. My appointment expires on \_\_\_\_\_. I was appointed by (State/DCA, Mayor/CEO, and Governing body) {circle one}

- 1) Are you related in any way to another Commissioner or employee of the Authority? No  
If yes please provide a description of the relationship including the names of the individuals involved and their positions with the Authority.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2) Did you complete the required Annual Financial Disclosure Statement? Yes  
If no please explain why.

\_\_\_\_\_  
\_\_\_\_\_

- 3) Do you receive compensation from any municipality, county, local authority, fire district, or other government unit? (for purposes of this question a Board of Education is classified as an other government unit) No If yes please provide your 2013 reportable compensation from your W-2, the name of the entity for which you receive compensation, the title you hold and the average number of hours you spend weekly in the position.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4) Do you receive a pension from any entities noted in Question 3? No If yes please provide your 2013 gross pension received and the name of the entity for which you receive the pension? \_\_\_\_\_

- 5) Do you hold any public office? No If yes what is your position, 2013 reportable compensation, if any, and average number of hours per week spent on this position.

\_\_\_\_\_  
\_\_\_\_\_

6) Do you serve on any Boards from any municipality, county, local authority, fire district, or other governmental unit? NO If yes what is your position and average number of hours spent on this position. \_\_\_\_\_

7) Have you completed your New Jersey State mandated training classes? yes.  
If no please explain why not. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certification:

I hereby certify that the information above is true and accurate to the best of my knowledge, and that I have disclosed all information herein regarding my involvement in any Boards or positions from any municipality, county, local authority, fire district or other governmental unit.

Kathleen S. Nunn  
Print Name

Kathleen S. Nunn  
Sign above

Please sign above certification and return to me.

Thank-you for your cooperation in this matter.

Commissioner,

Please be advised the State of New Jersey, in an effort to promote transparency, has revised the budget documents that need to be submitted annually. The new budget document requires extensive information relating to the Authority operations. In addition there are questions that pertain to you as a Commissioner of the Housing Authority. Below is a list of questions I will need you to complete and hand back to me so that it can accompany the budget submission. Please complete the following:

I, NILDA GARIBAKSI, am a Commissioner of the BERKELEY TWP. Housing Authority. I was appointed on 3-12-2013. My appointment expires on 3-31-2017. I was appointed by (State/DCA, Mayor/CEO, and Governing body) {circle one} Town Council

- 1) Are you related in any way to another Commissioner or employee of the Authority? YES, If yes please provide a description of the relationship including the names of the individuals involved and their positions with the Authority.

ROBERT NOELLER, SON in LAW -  
MAINTENANCE

- 2) Did you complete the required Annual Financial Disclosure Statement? YES. If no please explain why.

- 3) Do you receive compensation from any municipality, county, local authority, fire district, or other government unit? (for purposes of this question a Board of Education is classified as an other government unit) \_\_\_\_\_ If yes please provide your 2013 reportable compensation from your W-2, the name of the entity for which you receive compensation, the title you hold and the average number of hours you spend weekly in the position.

NO.

- 4) Do you receive a pension from any entities noted in Question 3? NO If yes please provide your 2013 gross pension received and the name of the entity for which you receive the pension? \_\_\_\_\_

- 5) Do you hold any public office? NO. If yes what is your position, 2013 reportable compensation, if any, and average number of hours per week spent on this position.

\_\_\_\_\_

6) Do you serve on any Boards from any municipality, county, local authority, fire district, or other governmental unit? NO If yes what is your position and average number of hours spent on this position. \_\_\_\_\_

7) Have you completed your New Jersey State mandated training classes? YES.  
If no please explain why not. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certification:

I hereby certify that the information above is true and accurate to the best of my knowledge, and that I have disclosed all information herein regarding my involvement in any Boards or positions from any municipality, county, local authority, fire district or other governmental unit.

NILKA GARIBAYSI

Print Name

Shelda Garibay

Sign above

Please sign above certification and return to me.

Thank-you for your cooperation in this matter.

Commissioner,

Please be advised the State of New Jersey, in an effort to promote transparency, has revised the budget documents that need to be submitted annually. The new budget document requires extensive information relating to the Authority operations. In addition there are questions that pertain to you as a Commissioner of the Housing Authority. Below is a list of questions I will need you to complete and hand back to me so that it can accompany the budget submission. Please complete the following:

I, Nikolaus K Jentz, am a Commissioner of the Berkeley Township Housing Authority. I was appointed on 2012. My appointment expires on 2016. I was appointed by (State/DCA, Mayor/CEO, and Governing body) {circle one}

- 1) Are you related in any way to another Commissioner or employee of the Authority? No  
If yes please provide a description of the relationship including the names of the individuals involved and their positions with the Authority.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2) Did you complete the required Annual Financial Disclosure Statement? Yes  
If no please explain why.  
\_\_\_\_\_  
\_\_\_\_\_
- 3) Do you receive compensation from any municipality, county, local authority, fire district, or other government unit? (for purposes of this question a Board of Education is classified as an other government unit) No If yes please provide your 2013 reportable compensation from your W-2, the name of the entity for which you receive compensation, the title you hold and the average number of hours you spend weekly in the position.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Do you receive a pension from any entities noted in Question 3? No If yes please provide your 2013 gross pension received and the name of the entity for which you receive the pension? \_\_\_\_\_
- 5) Do you hold any public office? No If yes what is your position, 2013 reportable compensation, if any, and average number of hours per week spent on this position.  
\_\_\_\_\_  
\_\_\_\_\_



6) Do you serve on any Boards from any municipality, county, local authority, fire district, or other governmental unit? No If yes what is your position and average number of hours spent on this position. \_\_\_\_\_

7) Have you completed your New Jersey State mandated training classes? Yes  
If no please explain why not.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certification:

I hereby certify that the information above is true and accurate to the best of my knowledge, and that I have disclosed all information herein regarding my involvement in any Boards or positions from any municipality, county, local authority, fire district or other governmental unit.

Nikolaus K Seitz

Print Name

Nikolaus K Seitz

Sign above

Please sign above certification and return to me.

Thank-you for your cooperation in this matter.

Commissioner,

Please be advised the State of New Jersey, in an effort to promote transparency, has revised the budget documents that need to be submitted annually. The new budget document requires extensive information relating to the Authority operations. In addition there are questions that pertain to you as a Commissioner of the Housing Authority. Below is a list of questions I will need you to complete and hand back to me so that it can accompany the budget submission. Please complete the following:

I, Judith L Noonan, am a Commissioner of the Township of Berkeley Housing Authority. I was appointed on 1/1/13. My appointment expires on 12/31/17. I was appointed by (State/DCA, Mayor/CEO, and Governing body) {circle one}

- 1) Are you related in any way to another Commissioner or employee of the Authority? NO  
If yes please provide a description of the relationship including the names of the individuals involved and their positions with the Authority.

- 2) Did you complete the required Annual Financial Disclosure Statement? YES  
If no please explain why.

- 3) Do you receive compensation from any municipality, county, local authority, fire district, or other government unit? (for purposes of this question a Board of Education is classified as an other government unit) YES If yes please provide your 2013 reportable compensation from your W-2, the name of the entity for which you receive compensation, the title you hold and the average number of hours you spend weekly in the position.

\$ 8,076.81

- 4) Do you receive a pension from any entities noted in Question 3? NO If yes please provide your 2013 gross pension received and the name of the entity for which you receive the pension?

- 5) Do you hold any public office? YES If yes what is your position, 2013 reportable compensation, if any, and average number of hours per week spent on this position.

Berkeley Township Council  
20 hrs a week . \$8,076.81

6) Do you serve on any Boards from any municipality, county, local authority, fire district, or other governmental unit? yes If yes what is your position and average number of hours spent on this position. Housing Commissioner (NO Comp)

7) Have you completed your New Jersey State mandated training classes? yes.  
If no please explain why not.

Certification:

I hereby certify that the information above is true and accurate to the best of my knowledge, and that I have disclosed all information herein regarding my involvement in any Boards or positions from any municipality, county, local authority, fire district or other governmental unit.

Edith L Noonan

Print Name

Edith L Noonan

Sign above

Please sign above certification and return to me.

Thank-you for your cooperation in this matter.