2015

Gloucester Township Housing Authority

(name)

Housing Authority Budget

www.gthousingauthority.org

(Authority Web Address)

Department Of

DCA

Community Affairs

Division of Local Government Services

2015 HOUSING AUTHORITY BUDGET

Certification Section

2015

Gloucester Township Housing Authority
(Name)

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: _____ Date: _____

CERTIFICATION OF ADOPTED BUDGET

It is hereby certified that the adopted Budget made a part hereof has been compared with the approved Budget previously certified by the Division, and any amendments made thereto. This adopted Budget is certified with respect to such amendments and comparisons only.

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

By: _____ Date: _____

2015 PREPARER'S CERTIFICATION

Gloucester Township Housing Authority
(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM: January1, 2015 **TO:** December 31 2015

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:	Louis A. Riccio		
Title:	Executive Director		
Address:	405 Woodbury Turnersville Road, Suite 1 Blackwood, NJ 08012		
Phone Number:	856-277-5077	Fax Number:	856-277-2993
E-mail address	L.Riccio@GThousingauthority.org		

2015 APPROVAL CERTIFICATION

Gloucester Township Housing Authority
(Name)

HOUSING AUTHORITY BUDGET

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

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 Gloucester Township Housing Authority, at an open public meeting held pursuant to N.J.A.C. 5:31-2.3, on the 18th day of December , 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:	Louis A. Riccio		
Title:	Executive Director		
Address:	405 Woodbury Turnersville Rd Suite 1 Blackwood NJ 08012		
Phone Number:	856—227-5077	Fax Number:	856-227-2993
E-mail address	l.riccio@gthousingauthority.org		

INTERNET WEBSITE CERTIFICATION

Authority's Web Address:	www.gthousingauthority.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 Kelly Mathews

Title of Officer Certifying compliance Chair

Signature _____

2015 HOUSING AUTHORITY BUDGET RESOLUTION

Gloucester Township Housing Authority

(Name)

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

WHEREAS, the Annual Budget and Capital Budget for the Gloucester Township Housing Authority for the fiscal year beginning, January 1, 2015 and ending, December 31, 2015 has been presented before the governing body of the Gloucester Township Housing Authority at its open public meeting of December 18, 2014; and

WHEREAS, the Annual Budget as introduced reflects Total Revenues of $ 43,000, Total Appropriations, including any Accumulated Deficit if any, of $ 43,000 and Total Unrestricted Net Position utilized of 0; and

WHEREAS, the Capital Budget as introduced reflects Total Capital Appropriations of $0 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 Gloucester Township Housing Authority, at an open public meeting held on December 18, 2014 that the Annual Budget, including all related schedules, and the Capital Budget/Program of the Gloucester Township Housing Authority for the fiscal year beginning, January 1, 2015and 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 Gloucester Township Housing Authority will consider the Annual Budget and Capital Budget/Program for adoption on January 14, 2015.

(Secretary's Signature) December 18, 2014 (Date)

Governing Body Member:	Recorded Vote Aye	Nay	Abstain	Absent
Matthews				
Piccolo				
Washington				
Greenberg				
Musser				
Orner				
Rosetti				

2015 ADOPTION CERTIFICATION

Gloucester Township Housing Authority
(Name)

HOUSING AUTHORITY BUDGET

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

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 Gloucester Township Housing Authority, pursuant to N.J.A.C. 5:31-2.3, on the ___ day of, _____, _____.

Officer's Signature:			
Name:	Louis A. Riccio		
Title:	Executive Director		
Address:	405 Woodbury Turnersville Road Suite 1 Blackwood NJ 08012		
Phone Number:	856-227-5077	Fax Number:	
E-mail address	l.riccio@gthousingauthority.org		

2015 ADOPTED BUDGET RESOLUTION

Gloucester Township Housing Authority

(Name)

HOUSING AUTHORITY

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

WHEREAS, the Annual Budget and Capital Budget/Program for the Gloucester Township Housing Authority for the fiscal year beginning January 01, 2015and ending, December 31, 2015 has been presented for adoption before the governing body of the Gloucester Township Housing Authority at its open public meeting of _____; 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 $ 43,000., Total Appropriations, including any Accumulated Deficit, if any, of $ 43,000 and Total Unrestricted Net Position utilized of $ 0; and

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

NOW, THEREFORE BE IT RESOLVED, by the governing body of Gloucester Township Housing Authority, at an open public meeting held on January 14, 2015_____ that the Annual Budget and Capital Budget/Program of the Gloucester Township 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)

Governing Body Member:	Recorded Vote Aye	Nay	Abstain	Absent

2015 HOUSING AUTHORITY BUDGET

Narrative and Information Section

2015 HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS

Gloucester Township Housing Authority

(Name)

AUTHORITY BUDGET

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

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.

   The Increase in proposed management fee revenue is due to NJHMFA's annual increase in management fees. Management expenses increased accordingly.

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.

   Stable and no impact on budget.

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.

   No surplus utilized.

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.

   N/A

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.

Name of Authority:	Gloucester Township Housing Authority			
Address:	405 Woodbury Turnersville Road Suite 1			
City, State, Zip:	Blackwood		NJ	08012
Phone: (ext.)	856-227-5077	Fax:	856-227-2993	

Preparer's Name:	William Katchen CPA			
Preparer's Address:	596 Anderson Ave Suite 303			
City, State, Zip:	Cliffside Park		NJ	07010
Phone: (ext.)	201-943-4449	Fax:	201-943-5099	
E-mail:	Bill@katchencpa.com			

Chief Executive Officer:	Execu-Tech, Inc.		
Phone: (ext.)	856-227-5077	Fax:	856-227-2993
E-mail:	l.riccio@gthousingauthority.org		

Chief Financial Officer:	Debra A Calabrese		
Phone: (ext.)	856-227-5077	Fax:	856-227-2993
E-mail:	d.calabrese@gthousingauthority.org		

Name of Auditor:				
Name of Firm:				
Address:				
City, State, Zip:				
Phone: (ext.)		Fax:		
E-mail:				

HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

Gloucester Township Housing Authority

(Name)

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

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: _____2____
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: _____
3) Provide the number of regular voting members of the governing body: ____7_____
4) Provide the number of alternate voting members of the governing body: ___0_____
5) Did any person listed on Page N-4 have a family or business relationship with any other person listed on Page N-4 during the current fiscal year? __No_____ *If "yes," attach a description of the relationship including the names of the individuals involved and their positions at the Authority.*
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? ___No_____

   If the answer to any of the above is "yes," attach a description of the transaction including the name of the commissioner, officer, key employee, or highest compensated employee (or family member thereof) of the Authority; the name of the entity and relationship to the individual or family member; the amount paid; and whether the transaction was subject to a competitive bid process.
9) Did the Authority during the most recent fiscal year pay premiums, directly or indirectly, on a personal benefit contract? A personal benefit contract is generally any life insurance, annuity, or endowment contract that benefits, directly or indirectly, the transferor, a member of the transferor's family, or any other person designated by the transferor. ___No_____ *If "yes," attach a description of the arrangement, the premiums paid, and indicate the beneficiary of the contract.*
10) Explain the Authority's process for determining compensation for all persons listed on Page N-4. Include whether the Authority's process includes any of the following: 1) review and approval by the commissioners or a committee thereof; 2) study or survey of compensation data for comparable positions in similarly sized entities; 3) annual or periodic performance evaluation; 4) independent compensation consultant; and/or 5) written employment contract. 1,2 & 3 Above.
11) Did the Authority pay for meals or catering during the current fiscal year? __No_____ *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? ___No_____ *If "yes," attach a detailed list of all travel expenses for the current fiscal year and provide an explanation for each expenditure listed.*

HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE (CONTINUED)

Gloucester Township Housing Authority

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

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 explanation including amount paid.*

16) Did the Authority make any payments to current or former commissioners or employees that were contingent upon the performance of the Authority or that were considered discretionary bonuses? ____ No ____ *If "yes," attach explanation including amount paid.*

17) Did the Authority comply with its Continuing Disclosure Agreements for all debt issuances outstanding by submitting its audited annual financial statements, annual operating data, and notice of material events to the Municipal Securities Rulemaking Board's Electronic Municipal Marketplace Access (EMMA) as required? ____N/A_____ *If "no," attach a description of the Authority's plan to ensure compliance with its Continuing Disclosure Agreements in the future.*

18) Did the Authority receive any notices from the Department of Housing and Urban Development or any other entity regarding maintenance or repairs required to the Authority's facilities to bring them into compliance with current regulations and standards that it has not yet taken action to remediate? ___ No _____ *If "yes," attach explanation as to why the Authority has not yet undertaken the required maintenance or repairs and describe the Authority's plan to address the conditions identified.*

19) Did the Authority receive any notices of fines or assessments from the Department of Housing and Urban Development or any other entity due to noncompliance with current regulations ? __ No _____ *If "yes," attach a description of the event or condition that resulted in the fine or assessment and indicate the amount of the fine or assessment.*

20) Has the Authority been deemed "troubled" by the Department of Housing and Urban Development? ___ No _____ *If "yes," attach an explanation of the reason the Authority was deemed "troubled" and describe the Authority's plan to address the conditions identified.*

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

Gloucester Township Housing Authority

(Name)

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

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)

Gloucester Township Housing Authority

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

	Name	Title	Average Hours per Week Dedicated to Position	Position: Commissioner	Position: Officer	Position: Key Employee	Position: Highest Compensated Employee	Position: Former	Reportable Compensation from Authority (W-2/ 1099): Base Salary/ Stipend	Reportable Compensation from Authority (W-2/ 1099): Bonus	Reportable Compensation from Authority (W-2/ 1099): Other (auto allowance, expense account, payment in lieu of health benefits, etc.)	Estimated amount of other compensation from the Authority (health benefits, pension, etc.)	Total Compensation from Authority	Names of Other Public Entities where Individual is an Employee or Member of the Governing Body	Positions held at Other Public Entities Listed in Column O	Average Hours per Week Dedicated to Positions at Other Public Entities Listed in Column O	Reportable Compensation from Other Public Entities (W-2/ 1099)	Estimated amount of other compensation from Other Public Entities (health benefits, pension, payment in lieu of health benefits, etc.)	Total Compensation All Public Entities
1	Fonanez	Commissioner	0	x					$ -	$ -	$ -	$ -	$ -						$ -
2	Greenberg	Commissioner	0	x					-	-	-	-	-						-
3	Matthews	Commissioner	0	x					-	-	-	-	-						-
4	Musser	Commissioner	0	x					-	-	-	-	-						-
5	Orner	Commissioner	0	x					-	-	-	-	-						-
6	Piccolo	Commissioner	0	x					-	-	-	-	-						-
7	Washington	Commissioner	0	x					-	-	-	-	-						-
8	Execu-Tech, Inc.	Consultant	10						25,000	-	-	-	25,000						25,000
9													-						-
10													-						-
11													-						-
12													-						-
13													-						-
14													-						-
15													-						-
	Total:								###### $ -	$ -	$ -	$ -	$ 25,000				$ -	$ -	$ 25,000

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

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

	# of Covered Members (Medical & Rx) Proposed Budget	Annual Cost 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			$ -			$ -	$ -	#DIV/0!
Parent & Child			-			-	-	#DIV/0!
Employee & Spouse (or Partner)			-			-	-	#DIV/0!
Family			-			-	-	#DIV/0!
Employee Cost Sharing Contribution (enter as negative -)							-	#DIV/0!
Subtotal	0		-	0		-	-	#DIV/0!
Commissioners - Health Benefits - Annual Cost								
Single Coverage			-			-	-	#DIV/0!
Parent & Child			-			-	-	#DIV/0!
Employee & Spouse (or Partner)			-			-	-	#DIV/0!
Family			-			-	-	#DIV/0!
Employee Cost Sharing Contribution (enter as negative -)							-	#DIV/0!
Subtotal	0		-	0		-	-	#DIV/0!
Retirees - Health Benefits - Annual Cost								
Single Coverage			-			-	-	#DIV/0!
Parent & Child			-			-	-	#DIV/0!
Employee & Spouse (or Partner)			-			-	-	#DIV/0!
Family			-			-	-	#DIV/0!
Employee Cost Sharing Contribution (enter as negative -)							-	#DIV/0!
Subtotal	0		-	0		-	-	#DIV/0!
GRAND TOTAL	0		$ -	0		$ -	$ -	#DIV/0!

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

Schedule of Accumulated Liability for Compensated Absences

Gloucester Township Housing Authority

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

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

Individuals Eligible for Benefit	Gross Days of Accumulated Compensated Absences at beginning of Current Year	Dollar Value of Accrued Compensated Absence Liability	*Legal Basis for Benefit (check applicable items)*		
			Approved Labor Agreement	Resolution	Individual Employment Agreement

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

Schedule of Shared Service Agreements

Gloucester Township Housing Authority

For the Period 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.

Name of Entity Providing Service	Name of Entity Receiving Service	Type of Shared Service Provided	Comments (Enter more specifics if needed)	Agreement Effective Date	Agreement End Date	Amount to be Received by/ Paid from Authority

2015 HOUSING AUTHORITY BUDGET

Financial Schedules Section

2015 Budget Summary

Gloucester Township 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**	**All Operations**
REVENUES								
Total Operating Revenues	$ -	$ -	$ -	$ 43,713	$ 43,713	$ 41,850	$ 1,863	4.5%
Total Non-Operating Revenues	-	-	-	-	-	-	-	#DIV/0!
Total Anticipated Revenues	-	-	-	43,713	43,713	41,850	1,863	4.5%
APPROPRIATIONS								
Total Administration	-	-	-	38,000	38,000	36,000	2,000	5.6%
Total Cost of Providing Services	-	-	-	5,000	5,000	5,000	-	0.0%
Net Principal Payments on Debt Service in Lieu of Depreciation					-	-	-	#DIV/0!
Total Operating Appropriations	-	-	-	43,000	43,000	41,000	2,000	4.9%
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	-	-	-	43,000	43,000	41,000	2,000	4.9%
Less: Total Unrestricted Net Position Utilized	-	-	-	-	-	-	-	#DIV/0!
Net Total Appropriations	-	-	-	43,000	43,000	41,000	2,000	4.9%
ANTICIPATED SURPLUS (DEFICIT)	$ -	$ -	$ -	$ 713	$ 713	$ 850	$ (137)	-16.1%

2015 Revenue Schedule

Gloucester Township 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	All Operations
OPERATING REVENUES								
Rental Fees								
Homebuyers' Monthly Payments					$ -	$ -	$ -	#DIV/0!
Dwelling Rental					-	-	-	#DIV/0!
Excess Utilities					-	-	-	#DIV/0!
Non-Dwelling Rental					-	-	-	#DIV/0!
HUD Operating Subsidy					-	-	-	#DIV/0!
New Construction - Acc Section 8					-	-	-	#DIV/0!
Voucher - Acc Housing Voucher					-	-	-	#DIV/0!
Total Rental Fees	-	-	-	-	-	-	-	#DIV/0!
Other Operating Revenues (List)								
Other Revenue 1				43,713	43,713	41,850	1,863	4.5%
Other Revenue 2					-	-	-	#DIV/0!
Other Revenue 3					-	-	-	#DIV/0!
Other Revenue 4					-	-	-	#DIV/0!
Total Other Revenue	-	-	-	43,713	43,713	41,850	1,863	4.5%
Total Operating Revenues	-	-	-	43,713	43,713	41,850	1,863	4.5%
NON-OPERATING REVENUES								
Grants & Entitlements (List)								
Grant #1					-	-	-	#DIV/0!
Grant #2					-	-	-	#DIV/0!
Grant #3					-	-	-	#DIV/0!
Grant #4					-	-	-	#DIV/0!
Total Grants & Entitlements	-	-	-	-	-	-	-	#DIV/0!
Local Subsidies & Donations (List)								
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!
Interest on Investments & Deposits								
Investments					-	-	-	#DIV/0!
Security Deposits					-	-	-	#DIV/0!
Penalties					-	-	-	#DIV/0!
Other Investments					-	-	-	#DIV/0!
Total Interest	-	-	-	-	-	-	-	#DIV/0!
Other Non-Operating Revenues (List)								
Other Non-Operating #1					-	-	-	#DIV/0!
Other Non-Operating #2					-	-	-	#DIV/0!
Other Non-Operating #3					-	-	-	#DIV/0!
Other Non-Operating #4					-	-	-	#DIV/0!
Other Non-Operating Revenues	-	-	-	-	-	-	-	#DIV/0!
Total Non-Operating Revenues	-	-	-	-	-	-	-	#DIV/0!
TOTAL ANTICIPATED REVENUES	$ -	$ -	$ -	$ 43,713	$ 43,713	$ 41,850	$ 1,863	4.5%

2014 Revenue Schedule

Gloucester Township 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
OPERATING REVENUES					
Rental Fees					
Homebuyers' Monthly Payments					$ -
Dwelling Rental					-
Excess Utilities					-
Non-Dwelling Rental					-
HUD Operating Subsidy					-
New Construction - Acc Section 8					-
Voucher - Acc Housing Voucher					-
Total Rental Fees	-	-	-	-	-
Other Operating Revenues (List)					
Other Revenue 1				41,850	41,850
Other Revenue 2					-
Other Revenue 3					-
Other Revenue 4					-
Total Other Revenue	-	-	-	41,850	41,850
Total Operating Revenues	-	-	-	41,850	41,850
NON-OPERATING REVENUES					
Grants & Entitlements (List)					
Grant #1					-
Grant #2					-
Grant #3					-
Grant #4					-
Total Grants & Entitlements	-	-	-	-	-
Local Subsidies & Donations (List)					
Local Subsidy #1					-
Local Subsidy #2					-
Local Subsidy #3					-
Local Subsidy #4					-
Total Local Subsidies & Donations	-	-	-	-	-
Interest on Investments & Deposits					
Investments					-
Security Deposits					-
Penalties					-
Other Investments					-
Total Interest	-	-	-	-	-
Other Non-Operating Revenues (List)					
a					-
Other Non-Operating #2					-
Other Non-Operating #3					-
Other Non-Operating #4					-
Other Non-Operating Revenues	-	-	-	-	-
Total Non-Operating Revenues	-	-	-	-	-
TOTAL ANTICIPATED REVENUES	$ -	$ -	$ -	$ 41,850	$ 41,850

2015 Appropriations Schedule

Gloucester Township 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	All Operations
OPERATING APPROPRIATIONS								
Administration								
Salary & Wages					$ -	$ -	$ -	#DIV/0!
Fringe Benefits					-	-	-	#DIV/0!
Legal				6,000	6,000	6,000	-	0.0%
Staff Training					-	-	-	#DIV/0!
Travel					-	-	-	#DIV/0!
Accounting Fees				7,000	7,000	5,000	2,000	40.0%
Auditing Fees					-	-	-	
Miscellaneous Administration*				25,000	25,000	25,000	-	0.0%
Total Administration	-	-	-	38,000	38,000	36,000	2,000	5.6%
Cost of Providing Services								
Salary & Wages - Tenant Services					-	-	-	#DIV/0!
Salary & Wages - Maintenance & Operation					-	-	-	#DIV/0!
Salary & Wages - Protective Services					-	-	-	#DIV/0!
Salary & Wages - Utility Labor					-	-	-	#DIV/0!
Fringe Benefits					-	-	-	#DIV/0!
Tenant Services					-	-	-	#DIV/0!
Utilities					-	-	-	#DIV/0!
Maintenance & Operation					-	-	-	#DIV/0!
Protective Services					-	-	-	#DIV/0!
Insurance					-	-	-	#DIV/0!
Payment In Lieu of Taxes (PILOT)					-	-	-	#DIV/0!
Terminal Leave Payments					-	-	-	#DIV/0!
Collection Losses					-	-	-	#DIV/0!
Other General Expense				5,000	5,000	5,000	-	0.0%
Rents					-	-	-	#DIV/0!
Extraordinary Maintenance					-	-	-	#DIV/0!
Replacement of Non-Expendible Equipment					-	-	-	#DIV/0!
Property Betterment/Additions					-	-	-	#DIV/0!
Miscellaneous COPS*					-	-	-	#DIV/0!
Total Cost of Providing Services	-	-	-	5,000	5,000	5,000	-	0.0%
Net Principal Payments on Debt Service in Lieu of Depreciation					-	-	-	#DIV/0!
Total Operating Appropriations	-	-	-	43,000	43,000	41,000	2,000	4.9%
NON-OPERATING APPROPRIATIONS								
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!
Total Non-Operating Appropriations	-	-	-	-	-	-	-	#DIV/0!
TOTAL APPROPRIATIONS	-	-	-	43,000	43,000	41,000	2,000	4.9%
ACCUMULATED DEFICIT					-	-	-	#DIV/0!
TOTAL APPROPRIATIONS & ACCUMULATED DEFICIT	-	-	-	43,000	43,000	41,000	2,000	4.9%
UNRESTRICTED NET POSITION UTILIZED								
Municipality/County Appropriation	-	-	-	-	-	-	-	#DIV/0!
Other					-	-	-	#DIV/0!
Total Unrestricted Net Position Utilized	-	-	-	-	-	-	-	#DIV/0!
TOTAL NET APPROPRIATIONS	$ -	$ -	$ -	$ -	$ 43,000	$ 43,000	$ 41,000	$ 2,000	4.9%

* 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	$ -	$ -	$ -	$ 2,150.00	$ 2,150.00	

2014 Appropriations Schedule

Gloucester Township 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
OPERATING APPROPRIATIONS					
Administration					
Salary & Wages					$ -
Fringe Benefits					-
Legal				6,000	6,000
Staff Training					-
Travel					-
Accounting Fees				5,000	5,000
Auditing Fees					-
Miscellaneous Administration*				25,000	25,000
Total Administration	-	-	-	36,000	36,000
Cost of Providing Services					
Salary & Wages - Tenant Services					-
Salary & Wages - Maintenance & Operation					-
Salary & Wages - Protective Services					-
Salary & Wages - Utility Labor					-
Fringe Benefits					-
Tenant Services					-
Utilities					-
Maintenance & Operation					-
Protective Services					-
Insurance					-
Payment in Lieu of Taxes (PILOT)					-
Terminal Leave Payments					-
Collection Losses					-
Other General Expense				5,000	5,000
Rents					-
Extraordinary Maintenance					-
Replacement of Non-Expendible Equipment					-
Property Betterment/Additions					-
Miscellaneous COPS*					-
Total Cost of Providing Services	-	-	-	5,000	5,000
Net Principal Payments on Debt Service in Lieu of Depreciation					-
Total Operating Appropriations	-	-	-	41,000	41,000
NON-OPERATING APPROPRIATIONS					
Net Interest Payments on Debt					-
Operations & Maintenance Reserve					-
Renewal & Replacement Reserve					-
Municipality/County Appropriation					-
Other Reserves					-
Total Non-Operating Appropriations	-	-	-	-	-
TOTAL APPROPRIATIONS	-	-	-	41,000	41,000
ACCUMULATED DEFICIT					-
TOTAL APPROPRIATIONS & ACCUMULATED DEFICIT	-	-	-	41,000	41,000
UNRESTRICTED NET POSITION UTILIZED					
Municipality/County Appropriation	-	-	-	-	-
Other					-
Total Unrestricted Net Position Utilized	-	-	-	-	-
TOTAL NET APPROPRIATIONS	$ -	$ -	$ -	$ 41,000	$ 41,000

* 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	$ -	$ -	$ -	$ 2,050.00	$ 2,050.00

5 Year Debt Service Schedule - Principal

Gloucester Township Housing Authority

		Fiscal Year Beginning in						
	Current Year (2014)	2015	2016	2017	2018	2019	2020	Thereafter	Total Principal Outstanding
Debt Issuance #1									$ -
Debt Issuance #2									-
Debt Issuance #3									-
Debt Issuance #4									-
TOTAL PRINCIPAL	-	-	-	-	-	-	-	-	-
LESS: HUD SUBSIDY									-
NET PRINCIPAL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

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

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

5 Year Debt Service Schedule - Interest

Gloucester Township Housing Authority

	Fiscal Year Beginning in							
	Current Year (2014)	2015	2016	2017	2018	2019	2020	Thereafter	Total Interest Payments Outstanding
Debt Issuance #1		$ -							$ -
Debt Issuance #2									-
Debt Issuance #3									-
Debt Issuance #4									-
TOTAL INTEREST	-	-	-	-	-	-	-	-	-
LESS: HUD SUBSIDY									-
NET INTEREST	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

2015 Net Position Reconciliation

Gloucester Township Housing Authority

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

	Proposed Budget
	Total All Operations
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)	-
Plus: Other Adjustments (attach schedule)	-
UNRESTRICTED NET POSITION AVAILABLE FOR USE IN PROPOSED BUDGET	-
Unrestricted Net Position Utilized to Balance Proposed Budget	-
Unrestricted Net Position Utilized in Proposed Capital Budget	-
Appropriation to Municipality/County (3)	-
Total Unrestricted Net Position Utilized in Proposed Budget	-
PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR (4)	$ -

(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 $ -

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

2015

Gloucester Township Housing Authority
(Name)

HOUSING AUTHORITY CAPITAL BUDGET/ PROGRAM

2015 Capital Budget - Gloucester Township Housing Authority

I, Louis A. Riccio, Executive Director and Secretary of the Gloucester Township Housing Authority certify that the Gloucester Township Housing Authority will receive no Capital Funds for the fiscal year ending December 31, 2014.

NAME Louis A. Riccio

December 15, 2014
DATE

2015 CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

Gloucester Township Housing Authority

_____
(Name)

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

[ ] 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 _____ Housing Authority, on the _____ day of _____, _____.

OR

[X] It is hereby certified that the governing body of the Gloucester Township 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:	Louis A. Riccio		
Title:	Executive Director		
Address:	405 Woodbury Turnersville Rd Suite 1 Blackwood NJ 08012		
Phone Number:	856—227-5077	Fax Number:	856-227-2993
E-mail address	l.riccio@gthousingauthority.org		

2015 CAPITAL BUDGET/PROGRAM MESSAGE

Gloucester Township Housing Authority

(Name)

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? N/A

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?
N/A

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.
N/A

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

N/A

Add additional sheets if necessary.

2015 Proposed Capital Budget

Gloucester Township Housing Authority

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

		Funding Sources				
	Estimated Total Cost	**Unrestricted Net Position Utilized**	**Renewal & Replacement Reserve**	**Debt Authorization**	**Capital Grants**	**Other Sources**
Project A Description	$ -	$ -				
Project B Description	-					
Project C Description	-					
Project D Description	-					
Project E Description	-					
Project F Description	-					
Project G Description	-					
TOTAL PROPOSED CAPITAL BUDGET	$ -	$ -	$ -	$ -	$ -	$ -

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

Gloucester Township Housing Authority

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

	Estimated Total Cost	Current Year Proposed Budget	*Fiscal Year Beginning in* 2016	2017	2018	2019	2020
Project A Description	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Project B Description	-	-					
Project C Description	-	-					
Project D Description	-	-					
Project E Description	-	-					
Project F Description	-	-					
Project G Description	-	-					
TOTAL	$ -	$ -	$ -	$ -	$ -	$ -	$ -

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

5 Year Capital Improvement Plan Funding Sources

Gloucester Township Housing Authority

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

		Funding Sources				
	Estimated Total Cost	**Unrestricted Net Position Utilized**	**Renewal & Replacement Reserve**	**Debt Authorization**	**Capital Grants**	**Other Sources**
Project A Description	$ -	$ -	$ -	$ -	$ -	$ -
Project B Description	-					
Project C Description	-					
Project D Description	-					
Project E Description	-					
Project F Description	-					
Project G Description	-					
TOTAL	$ -	$ -	$ -	$ -	$ -	$ -
Total 5 Year Plan per CB-4	$ -					
Balance check	-					

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.

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

2015 AUTHORITY BUDGET
TRANSMITTAL PACKAGE

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, NJ 08625-0803.* Also submit a pdf copy of the budget package to authoritiesunit@dca.state.nj.us with the name of the authority in the subject line. Check the box of each item to indicate that it is included in budget or has been completed.

2015 Authority Budget Document

☒ 2 copies of the budget document

☒ Authority Name and Fiscal Year are filled in

☐ Signature blocks on Pages C-2, C-3, C-4 and C-6 are filled in along with title, address, e-mail address, phone number and fax number

☒ Resolution of the Authority Commissioners approving the introduced budget is enclosed with properly recorded vote

☒ Proposed hearing date for adoption of Budget reflected in Authority Budget Resolution

☒ Authority Budget Resolution is signed with original hand written signature

☒ Budget Narrative and Information Section is complete

Capital Budget (Page CB-1 through CB-5) N/A

☐ Authority Name and Fiscal Year are filled in

☐ Signature blocks on Page CB-1 are filled in along with title, address, e-mail address, phone number and fax number

☐ Capital Budget message is complete

Official's Signature:			
Name:	Louis A. Ricci		
Title:	Director		
Address:	405 Woodbury Turnersville Road Blackwood, NJ 08012		
Phone Number:	856-227-5077	Fax Number:	856-227-2993
E-mail address:	L.Ricci@GTHousingAuthority.org		

Gloucester Township Senior Campus 1

405 Woodbury Turnersville Road
Blackwood, NJ 08012
856-227-5077 Fax 856-227-2993

January 5, 2015

Mr. Frank Sciarrotta
Manager of Tax Credit Compliance
New Jersey Housing and Mortgage Finance Agency
637 South Clinton Avenue
P.O. Box 18550
Trenton, NJ 08650

Dear Mr. Sciarrotta:

Enclosed you will find the 2014 Annual Compliance These documents include the following:

1. Low Income Housing Tax Credit Checklist for Annual Compliance Packages
2. NJHMFA Project Status Form
3. Owner's Certificate of Continuing Program Compliance
4. Utility Allowances
5. Manager's tax credit certification

Thank you very much for your time and consideration to this matter.

Very truly yours,

Louis A. Riccio
Executive Director

C: T. Law
D. Calabrese
Board of Commissioners
First Sterling

Low Income Housing Tax Credit
Check List for Annual Compliance Packages

This check list must be used when submitting compliance packages to the Agency for approval. ***Please check off each item as it pertains to the property and submit complete package on or before January 31st. Failure to submit by the deadline is noncompliance that shall be reported to the IRS.***

LITC#: 2135 **Property:** Senior Housing Campus 1

Property Contact Information:

Site Mgr: Debra Calabrese

Phone#: 856-227-5077

D.Calabrese@GThousingauthority.org

Owner Contact Information:

Owner: Gloucester Senior Housing, LP

Phone#: 973-377-0258

Email: Lriccio25P@optimum.net

Managing Agent/Compliance Specialist Contact Information:

Name: Louis A. Riccio **Phone#:** 973-377-0258 **E-mail:** Lriccio25P@optimum.net

[x] *Current Tenant Report printed from Mitas Web Application System* ***(review "Next Recert" column to ensure that all tenants have been recertified for the reporting year)***

[ ] *Court documentation for any tenants* ***not recertified*** *for the reporting year*

[ ] *Documentation of marketing efforts for all vacancies exceeding 90 days* ***(newspaper ads, community outreach, internet listings, etc)***

[x] *Owner's Certificate of Continuing Program Compliance signed by the Project Owner*

[ ] *Owner's Certificate of Continuing Program Compliance* ***During the Extended Use Period***

[x] *Compliance Monitoring Fee payable to HMFA* ***(if applicable)***

[ ] *Annual Certification for Projects with Social Service Models/Special Needs Component* ***(attach one monthly newsletter with calendar, Job Description for Coordinator, flyer postings and/or notification to the residents and any other supporting documents)***

[x] *Documentation to support the Tenant Paid Utility Allowance(s) for the* ***last two (2) years***

[ ] *IRS Form 8609 with Part II completed* ***(if not previously submitted)***

[ ] *Year 15 Status Report* ***(for projects in year fourteen (14))***

[x] *Tax Credit Certification for the individual(s) processing the Tenant Income Certification* ***(TIC)***

[ ] *List of Unit Transfers for the reporting year*

To access monitoring forms or the list of HMFA contacts, visit
http://www.state.nj.us/dca/hmfa/developers/credits/compliance/

OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

To: ***NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY***

Certification Dates:	From: **January 1, 2014**	To: **December 31, 2014**	
Project Name:	**Senior Housing Campus 1**	**LITC No: 02135**	
Project Address:	**405 Woodbury Turnersville Road**	**City: Blackwood**	**Zip: 08012**
Tax ID # of Ownership Entity:	**11-382-4760**		
Ownership Entity Address:	**405 Woodbury Turnersville Road, Blackwood, NJ 08012**		
Ownership Entity Phone Number:	**856-227-5077**	Fax Number: **856-227-2993**	
Ownership Entity E-Mail Address:	LRiccio@Madisonha.com		

☐ No buildings have been Placed in Service
☐ At least one building has been placed in Service but owner elects to begin credit period in the following year.
If either of the above applies, please check the appropriate box, and proceed to page 2 to sign and date this form.

The undersigned Louis A. Riccio on behalf of

Gloucester Senior Housing Campus, LP (the "Owner"), hereby certifies that:

1. The project meets the minimum requirements of: (check one)

   ☐ 20 - 50 test under Section 42(g)(1)(A) of the Code
   ☒ 40 - 60 test under Section 42(g)(1)(B) of the Code
   ☐ 15 - 40 test for "deep rent-skewed" projects under Section 42(g)(4) and 142(d)(4)(B) of the Code

2. There has been **no change in the applicable fraction** (as defined in Section 42(c)(1)(B) of the Code) for any building in the project:

   ☒ **NO CHANGE** ☐ **CHANGE**

   If **"Change"**, list the applicable fraction to be reported to the IRS for each building in the project for the certification year on page 3:

3. The owner has received an annual Tenant Income Certification from each low-income resident and documentation to support that certification, or the owner has a re-certification waiver letter from the IRS in good standing, has received an annual Tenant Income Certification from each low-income resident, and documentation to support the certification at their initial occupancy.

   ☒ **YES** ☐ **NO**

4. Each low-income unit in the project has been rent-restricted under Section 42(g)(2) of the Code:

   ☒ **YES** ☐ **NO**

5. All low-income units in the project are and have been for use by the general public and used on a non-transient basis (except for transitional housing for the homeless provided under Section 42 (i)(3)(B)(iii) of the Code):

   ☒ **YES** ☐ **NO** ☐ **HOMELESS**

6. No finding of discrimination under the Fair Housing Act, 42 U.S.C 3601-3619, has occurred for this project. A finding of discrimination includes an adverse final decision by the Secretary of Housing and Urban Development (HUD), 24 CFR 180.680, an adverse final decision by a substantially equivalent state or local fair housing agency, 42 U.S.C 3616a(a)(1), or an adverse judgment from a federal court:

   ☒ **NO FINDING** ☐ **FINDING**

7. Each building in the project is and has been suitable for occupancy, taking into account local health, safety, and building codes (or other habitability standards), and the state or local government unit responsible for making building

provided on a comparable basis without charge to all tenants in the buildings:

☒ YES ☐ NO

10. If a low-income unit in the project has been vacant during the year, reasonable attempts were or are being made to rent that unit or the next available unit of comparable or smaller size to tenants having a qualifying income before any units were or will be rented to tenants not having a qualifying income:

☒ YES ☐ NO

11. If the income of tenants of a low-income unit in any building increased above the limit allowed in Section 42(g)(2)(D)(ii) of the Code, the next available unit of comparable or smaller size in that building was or will be rented to residents having a qualifying income:

☒ YES ☐ NO

12. An extended low-income housing commitment as described in section 42(h)(6) was in effect, including the requirement under section 42(h)(6)(B)(iv) that an owner cannot refuse to lease a unit in the project to an applicant because the applicant holds a voucher or certificate of eligibility under Section 8 of the United States Housing Act of 1937, 42 U.S.C. 1437s. Owner has not refused to lease a unit to an applicant based solely on their status as a holder of a Section 8 voucher and the project otherwise meets the provisions, including any special provisions, as outlined in the extended low-income housing commitment (not applicable to buildings with tax credits from years 1987-1989):

☒ YES ☐ NO ☐ N/A

13. The owner received its credit allocation from the portion of the state ceiling set-aside for a project involving "qualified non-profit organizations" under Section 42(h)(5) of the code and its non-profit entity materially participated in the operation of the development within the meaning of Section 469(h) of the Code.

☒ YES ☐ NO ☐ N/A

14. There has been no change in the ownership or management of the project:

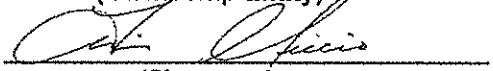
☒ NO CHANGE ☐ CHANGE

If **"Change"**, complete page 3 detailing the changes in ownership or management of the project.

Note: Failure to complete this form in its entirety will result in noncompliance with program requirements. In addition, any individual other than an owner or general partner of the project is not permitted to sign this form, unless permitted by the state agency.

The project is otherwise in compliance with the Code, including any Treasury Regulations, the applicable State Allocation Plan, and all other applicable laws, rules and regulations. This Certification and any attachments are made UNDER PENALTY OF PERJURY.

Gloucester Township Senior Campus 1
(Ownership Entity)



(Signature)

Executive Director
(Title)

January 2, 2015
(Date)

PLEASE EXPLAIN ANY ITEMS THAT WERE ANSWERED "NO", "CHANGE" OR "FINDING" ON QUESTIONS 1-14.

Ques. #	Explanation

TRANSFER OF OWNERSHIP

Date of Change:	
Taxpayer ID Number:	
Legal Owner Name:	
General Partnership:	
Status of Partnership (LLC, etc):	

CHANGE IN OWNER CONTACT

Date of Change:	
Owner Contact:	
Owner Contact Phone:	
Owner Contact Fax:	
Owner Contact Email:	

CHANGE IN MANAGEMENT CONTACT

Date of Change:	
Management Co. Name:	
Management Address:	
Management city, state, zip:	
Management Contact:	
Management Contact Phone:	
Management Contact Fax:	
Management Contact Email:	