

2017

**West New York Housing Authority**  
(Name)

**HOUSING AUTHORITY BUDGET**

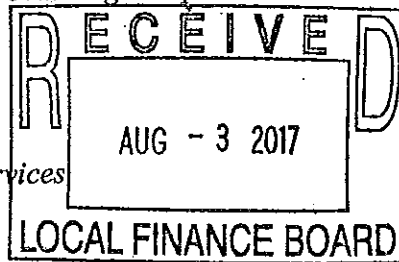
FISCAL YEAR: FROM October 1, 2017 TO September 30, 2018

For Division Use Only

**CERTIFICATION OF APPROVED BUDGET**

*It is hereby certified that the approved Budget made a part hereof complies with the requirements of law and the rules and regulations of the Local Finance Board, and approval is given pursuant to 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: Paul D. [Signature] Date: 7/11/17

# 2017 PREPARER'S CERTIFICATION

**Weehawken Housing Authority**  
(Name)

## HOUSING AUTHORITY BUDGET

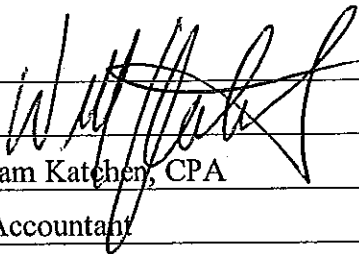
**FISCAL  
YEAR:**

**FROM:10/1/2017**

**TO:9/30/2018**

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

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

Preparer's Signature:			
Name:	William Katchen, CPA		
Title:	Fee Accountant		
Address:	Suite 303, 596 Anderson Avenue, Cliffside Park, NJ 07010		
Phone Number:	201-943-4449	Fax Number:	201-943-5099
E-mail address	<a href="mailto:bill@katchencpa.com">bill@katchencpa.com</a>		

# 2017 APPROVAL CERTIFICATION

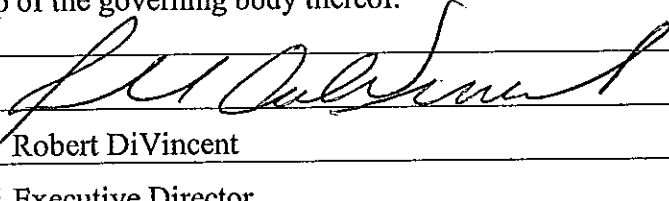
**West New York Housing Authority**  
(Name)

## HOUSING AUTHORITY BUDGET

**FISCAL YEAR:** FROM:10/1/2017 TO:9/30/2018

It is hereby certified that the Housing Authority Budget, including all schedules appended hereto, are a true copy of the Annual Budget and Capital Budget/Program approved by resolution by the governing body of the West New York Housing Authority, at an open public meeting held pursuant to N.J.A.C. 5:31-2.3, on the 31 day of July, 2017.

It is further certified that the recorded vote appearing in the resolution represents not less than a majority of the full membership of the governing body thereof.

Officer's Signature:			
Name:	Robert DiVincent		
Title:	Executive Director		
Address:	6100 Adams Street, West New York, NJ 07093		
Phone Number:	201-868-6100	Fax Number:	201-868-3393
E-mail address	rdivincent@wnyhousing.org		

# INTERNET WEBSITE CERTIFICATION

Authority's Web Address:

www.wnyhousing.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  
Title of Officer Certifying compliance

Robert A. DiVincent  
Executive Director

Signature

# 2017 HOUSING AUTHORITY BUDGET RESOLUTION

## West New York Housing Authority

**FISCAL YEAR:**

**FROM: 10/1/2017**

**TO: 9/30/2018**

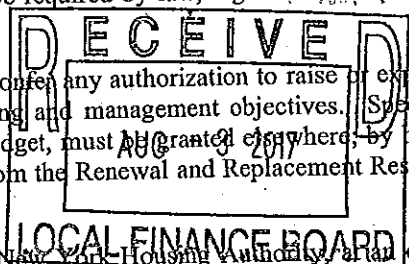
WHEREAS, the Annual Budget and Capital Budget for the West New York Housing Authority for the fiscal year beginning, October 1, 2017 and ending, September 30, 2018 has been presented before the governing body of the West New York Housing Authority at its open public meeting of July 31, 2017; and

WHEREAS, the Annual Budget as introduced reflects Total Revenues of \$ 9,459,805, Total Appropriations, including any Accumulated Deficit if any, of \$ 9,397,350 and Total Unrestricted Net Position utilized of 0; and

WHEREAS, the Capital Budget as introduced reflects Total Capital Appropriations of \$695,000 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 West New York Housing Authority, at an open public meeting held on July 31, 2017 that the Annual Budget, including all related schedules, and the Capital Budget/Program of the West New York Housing Authority for the fiscal year beginning, 10/1/2017 and ending, 9/30/2018 is hereby approved; and

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

BE IT FURTHER RESOLVED, that the governing body of the West New York Housing Authority will consider the Annual Budget and Capital Budget/Program for adoption on September 18, 2017.

*[Handwritten Signature]*  
 (Secretary's Signature)

9/31/17  
 (Date)

Governing Body Member:	Recorded Vote		Abstain	Absent
	Aye	Nay		
Parkinson	/	/		✓
Roque	/	/		✓
Fernandez	/	/		✓
Scheerle	/	/		

*[Handwritten names with checkmarks]*  
 Alcantara  
 Fuentes  
 Rivera

1st - Parkinson  
 2nd - Fernandez

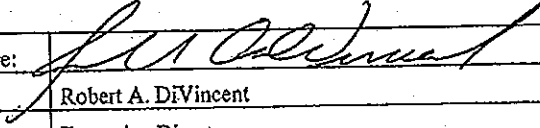
# 2017 ADOPTION CERTIFICATION

West New York Housing Authority  
(Name)

## HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM:10/1/2017 TO:9/30/2018

It is hereby certified that the Housing Authority Budget and Capital Budget/Program annexed hereto is a true copy of the Budget adopted by the governing body of the West New York Housing Authority, pursuant to N.J.A.C. 5:31-2.3, on the 22 day of, January, 2018.

Officer's Signature:			
Name:	Robert A. DiVincent		
Title:	Executive Director		
Address:	6100 Adams Street, West New York, NJ 07093		
Phone Number:	201-868-6100	Fax Number:	201-868-3393
E-mail address	rdivincen@wnyhousing.org		

**RESOLUTION**

No. 2018 - 006

On motion of Chairman Parkinson

Seconded by Commissioner Fernandez

**WHEREAS, THE WEST NEW YORK HOUSING AUTHORITY (hereinafter 'Authority')** is a public body, duly formed under the LOCAL REDEVELOPMENT AND HOUSING LAW, L. 1992, C. 79 as amended (Chapter 12A-1 of Title 40A of the New Jersey Statutes Annotated) and possesses the power set forth therein; and

**2017 ADOPTED BUDGET RESOLUTION**

**WEST NEW YORK  
(Name)  
HOUSING AUTHORITY**

FISCAL YEAR: FROM: 10/1/2017 TO: 9/30/2018

WHEREAS, the Annual Budget and Capital Budget/Program for the West New York Housing Authority for the fiscal year beginning October 1, 2017 and ending September 30, 2018 has been presented for adoption before the governing body of the West New York Housing Authority at its open public meeting of January 22, 2018; 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 \$ 9,459,805, Total Appropriations, including any Accumulated Deficit, if any, of \$9,397,350 and Total Unrestricted Net Position utilized of \$ 62,455 and

WHEREAS, the Capital Budget as presented for adoption reflects Total Capital Appropriations of \$693,000 and Total Unrestricted Net Position planned to be utilized of \$ 0; and

NOW, THEREFORE BE IT RESOLVED, by the governing body of West New York Housing Authority, at an open public meeting held on January 22, 2018 that the Annual Budget and Capital Budget/Program of the West New York Housing Authority for the fiscal year beginning 10/1/2017 and ending 9/30/2018 is hereby adopted and shall constitute appropriations for the purposes stated; and

BE IT FURTHER RESOLVED, that the Annual Budget and Capital Budget/Program as presented for adoption reflects each item of revenue and appropriation in the same amount and title as set forth in the introduced and approved budget, including all amendments thereto, if any, which have been approved by the Director of the Division of Local Government Services.

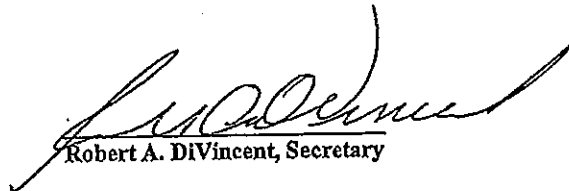
\_\_\_\_\_  
(Secretary's Signature) (Date)

Governing Body Members	Recorded Vote Aye Nay	Abstain	Absent
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Page C-7

Governing Body Member:	Recorded Vote			
	Aye	Nay	Abstain	Absent
Chairperson Parkinson	X			
Vice-Chairperson Roque	X			
Commissioner Alcantara	X			
Commissioner Fernandez	X			
Commissioner Fuentes	X			
Commissioner Rivera				X
Commissioner Scheurle	X			

It is hereby certified that at a scheduled regular meeting of the Board of Commissioners of the Housing Authority of the town of West New York held on the 22<sup>th</sup> day of January, 2018 the foregoing resolution was duly adopted 6 members voting in the affirmative and 0 in the negative.

  
 Robert A. DiVincent, Secretary

**2017 HOUSING AUTHORITY BUDGET**

**Narrative and Information Section**



# 2017 HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS

West New York Housing Authority  
(Name)

## AUTHORITY BUDGET

FISCAL  
YEAR:

FROM:10/1/2017

TO:9/30/2018

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

1. Complete a brief statement on the 2017 proposed Annual Budget and make comparison to the 2016 adopted budget for each operation. Explain any variances over +/-10% (As shown on budget page F-4 explain the reason for changes for each appropriation changing more than 10%) for each line item by operation. Explanations of variances should include a description of the reason for the increase/decrease in the budgeted line item, not just an indication of the amount and percent of the change. Attach any supporting documentation that will help to explain the reason for the increase/decrease in the budgeted line item. For example, if anticipated service charges have increased 15% due to an increase in rates, provide documentation of how the increase occurred (Example Rate Increase authorized by resolution or by HUD). **The proposed budgeted revenue is higher and budgeted appropriations are lower than the current year's budget. The higher revenue is based on current charges from tenant rents and lower excess utility charges to tenants. In the area of appropriations based on HUD formula utility charges are expected to be lower while related PILOT charges will be higher.**
2. Complete a brief statement on the impact the proposed Annual Budget will have on Anticipated Revenues, especially service charges and on the general purpose/component unit financial statements. Explain significant increases or decreases, if any. An increase or decrease is considered significant if it is over +/-10% (As shown on budget page F-2 explain reason for change for each revenue changing more than 10%) from the current year adopted budget. **The proposed budget is not expected to have a material impact on revenues. The majority of revenue (tenant rents) are based on HUD formula.**
3. Describe the state of the local/regional economy and how it may impact the proposed Annual Budget, including the planned Capital Budget/Program. **The local economy is stable and not expected to impact on the proposed 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. **The budget does not anticipate the use of surplus.**
5. Identify any sources of funds transferred to the County/Municipality as a budget subsidy or a shared service and explain the reason for the transfer (i.e.: to balance the County/Municipality budget, etc.). **None except for annual PILOT amounts.**
6. The proposed budget must not reflect an anticipated deficit from 2017 operations. If there exists an accumulated deficit from prior years' budgets (and funding is included in the proposed budget as a result of a prior deficit) explain the funding plan to eliminate said deficit (N.J.S.A. 40A:5A-12). If the Authority has a net deficit reported in its most recent audit, it must provide a deficit reduction plan in response to this question. **(Prepare a response to deficits caused by the implementation of GASB 68) The proposed budget reflects a prior year anticipated deficit. The budget anticipates a surplus in operations that will reduce the deficit.**

# HOUSING AUTHORITY CONTACT INFORMATION 2017

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

<b>Name of Authority:</b>	West New York Housing Authority		
<b>Federal ID Number:</b>	22-6001532		
<b>Address:</b>	6100 ADAMS STREET		
<b>City, State, Zip:</b>	West New York	NJ	07093
<b>Phone: (ext.)</b>	201-868-6100	<b>Fax:</b>	201-868-3393

<b>Preparer's Name:</b>	William Katchen, CPA		
<b>Preparer's Address:</b>	Suite 303, 596 Anderson Avenue		
<b>City, State, Zip:</b>	Cliffside Park	NJ	07010
<b>Phone: (ext.)</b>	201-943-4449	<b>Fax:</b>	201-943-5099
<b>E-mail:</b>	<a href="mailto:bill@katchencpa.com">bill@katchencpa.com</a>		

<b>Chief Executive Officer:</b>	Robert A. DiVincent		
<b>Phone: (ext.)</b>	201-868-6100	<b>Fax:</b>	201-868-3393
<b>E-mail:</b>	<a href="mailto:rdivincent@wnyhousing.org">rdivincent@wnyhousing.org</a>		

<b>Chief Financial Officer:</b>	William Katchen		
<b>Phone: (ext.)</b>	201-943-4449	<b>Fax:</b>	201-943-5099
<b>E-mail:</b>	<a href="mailto:bill@katchencpa.com">bill@katchencpa.com</a>		

<b>Name of Auditor:</b>	Anthony Giampaolo		
<b>Name of Firm:</b>	Hymanson, Parnes and Giampaolo		
<b>Address:</b>	467 Middletown-Lincroft Road		
<b>City, State, Zip:</b>	Lincroft	NJ	07738
<b>Phone: (ext.)</b>	732-842-4550	<b>Fax:</b>	732-842-4551
<b>E-mail:</b>	<a href="mailto:tony@hpgnj.com">tony@hpgnj.com</a>		

# HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

## West New York Housing Authority (Name)

FISCAL YEAR: FROM:10/1/2017 TO:9/30/2018

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

- 1) Provide the number of individuals employed in calendar year 2015 as reported on the Authority's Form W-3, Transmittal of Wage and Tax Statements: 59
- 2) Provide the amount of total salaries and wages for calendar year 2015 as reported on the Authority's Form W-3, Transmittal of Wage and Tax Statements: \$ 1,929,407
- 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? (Checked to see if individuals actually filed at <http://www.state.nj.us/dca/divisions/dlgs/resources/fds.html> before answering)  
Yes If "no," provide a list of those individuals who failed to file a Financial Disclosure Statement and an explanation as to the reason for their failure to file.
- 7) Does the Authority have any amounts receivable from current or former commissioners, officers, key employees or highest compensated employees? No If "yes," attach a list of those individuals, their position, the amount receivable, and a description of the amount due to the Authority.
- 8) Was the Authority a party to a business transaction with one of the following parties:
  - a. A current or former commissioner, officer, key employee, or highest compensated employee?  
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. Review by Commissioners, negotiation of collective bargaining agreement and HUD required comparability study.

TRAVEL EXPENSES 01/01/2016 THRU 07/31/2017

DATE	PERSON	PURPOSE	COST
04/03-04/05/17	ROBERT DIVINCENT	NJNAHRO SPRING CONF	525.00
04/03-04/05/17	NANCY RUIZ	NJNAHRO SPRING CONF	525.00
04/03-04/05/17	MARY ZIELINSKI	NJNAHRO SPRING CONF	525.00
04/03-04/05/17	MAYRET LEON	NJNAHRO SPRING CONF	525.00
5/20/2017	JONATHAN CASTANEDA	RUTGERS COMM TRAINING	257.00
5/20/2017	JOSE ALCANTARA	RUTGERS COMM TRAINING	257.00
5/20/2017	ADAM PARKINSON	RUTGERS COMM TRAINING	237.00
5/11/2017	RONALD SCHEURLE	RUTGERS COMM TRAINING	
		TOTAL	\$ 3,108.00

MEALS FOR MONTHLY BOARD MEETINGS  
10/01/2016 THRU 06/30/2017

Oct-16	
Nov-16	
Dec-16	122.00
Jan-17	158.10
Feb-17	176.05
Mar-17	170.00
Apr-17	173.65
May-17	314.75
Jun-17	206.95

TOTAL \$ 1,321.50

- 11) Did the Authority pay for meals or catering during the current fiscal year? Yes If "yes," *attach a detailed list of all meals and/or catering invoices for the current fiscal year and provide an explanation for each expenditure listed.*
- 12) Did the Authority pay for travel expenses for any employee or individual listed on Page N-4? Yes If "yes," *attach a detailed list of all travel expenses for the current fiscal year and provide an explanation for each expenditure listed.*
- 13) Did the Authority provide any of the following to or for a person listed on Page N-4 or any other employee of the Authority:
- a. First class or charter travel No
  - b. Travel for companions No
  - c. Tax indemnification and gross-up payments No
  - d. Discretionary spending account No
  - e. Housing allowance or residence for personal use No
  - f. Payments for business use of personal residence No
  - g. Vehicle/auto allowance or vehicle for personal use No
  - h. Health or social club dues or initiation fees No
  - i. Personal services (i.e.: maid, chauffeur, chef) No
- If the answer to any of the above is "yes," attach a description of the transaction including the name and position of the individual and the amount expended.*
- 14) Did the Authority follow a written policy regarding payment or reimbursement for expenses incurred by employees and/or commissioners during the course of Authority business and does that policy require substantiation of expenses through receipts or invoices prior to reimbursement? Yes *If "no," attach an explanation of the Authority's process for reimbursing employees and commissioners for expenses. (If your authority does not allow for reimbursements indicate that in answer)*
- 15) Did the Authority make any payments to current or former commissioners or employees for severance or termination? 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**  
**West New York Housing Authority**  
(Name)

**FISCAL  
YEAR:**

**FROM:10/1/2017**

**TO:9/30/2018**

*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, 2017, the calendar year 2014 W-2 and 1099 should be used (60 days prior to start of budget year is November 1, 2015, with 2014 being the most recent calendar year ended), and for fiscal years ending June 30, 2017, the calendar year 2015 W-2 and 1099 should be used (60 days prior to start of budget year is May 1, 2017, with 2015 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)

West New York Housing Authority  
 For the Period October 1, 2017 to #####

Name	Title	Average Hours per Week Dedicated to Position	Commissioner Officer Key Employee Highest Compensated Employee Former	Compensation from Authority (W-2/ 1099)		Total Compensation from Authority	Names of Other Public Entities where Individual is an Employee or Member of the Governing Body (1) See note below Column O	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
				Base Salary/ Stipend	Other amount of compensation from the Authority (health benefits, pension, etc.)							
1 A. Parkindon	Chairperson		X				- None					0
2 A. Roque	Vice-Chairperson		X				0 None					0
3 L. Fernandez	Commissioner		X				0 None					0
4 T. Fuentes	Commissioner		X				0 None					0
5 J. Alcantara	Commissioner		X				0 None					0
6 R. Rivera	Commissioner		X				0 None					0
7 R. Sheurle	Commissioner		X				0 None					0
8 R. DiVincent	Executive Director		X		243,851	60,963	304,814					304,814
9							0					0
10							0					0
11							0					0
12							0					0
13							0					0
14							0					0
15							0					0
<b>Total:</b>					<b>\$ 243,851</b>	<b>\$ 60,963</b>	<b>\$ 304,814</b>					<b>\$ 304,814</b>

(1) Insert "None" in this column for each individual that does not hold a position with another Public Entity



# Schedule of Health Benefits - Detailed Cost Analysis

West New York Housing Authority  
 For the Period October 1, 2017 to September 30, 2018

	# of Covered Members (Medical & Rx)		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 Prior Year Cost	\$ Increase (Decrease)	% Increase (Decrease)	
	Proposed Budget	Actual	Proposed Budget	Actual			Current Year	Prior Year				
<b>Active Employees - Health Benefits - Annual Cost</b>												
Single Coverage	19	17	\$ 11,861	\$ 11,175	\$ 225,359	17	\$ 11,175	\$ 189,975	\$ 35,384	18.6%		
Parent & Child	4	5	21,232	21,253	84,928	5	21,253	106,265	(21,337)	-20.1%		
Employee & Spouse (or Partner)	15	16	23,722	23,746	355,830	16	23,746	379,936	(24,106)	-6.3%		
Family	11	10	33,093	33,126	364,023	10	33,126	331,260	32,763	9.9%		
Employee Cost Sharing Contribution (enter as negative -)	49	48	(40,550)	(39,368)	989,590	48	(39,368)	968,068	(1,482)	3.0%		
Subtotal									21,522	2.2%		
<b>Commissioners - Health Benefits - Annual Cost</b>												
Single Coverage											#DIV/0!	
Parent & Child											#DIV/0!	
Employee & Spouse (or Partner)											#DIV/0!	
Family											#DIV/0!	
Employee Cost Sharing Contribution (enter as negative -)	0	0				0					#DIV/0!	
Subtotal												
<b>Retirees - Health Benefits - Annual Cost</b>												
Single Coverage	9	9	6,773	6,485	60,957	9	6,485	58,365	2,592	4.4%		
Parent & Child	5	4	13,547	12,971	67,735	4	12,971	51,884	15,851	30.6%		
Employee & Spouse (or Partner)	1	1	26,411	25,681	26,411	1	25,681	25,681	730	2.8%		
Family	15	14			155,103	14		135,930	19,173	14.1%		
Employee Cost Sharing Contribution (enter as negative -)												
Subtotal											3.7%	
<b>GRAND TOTAL</b>	<b>64</b>	<b>62</b>			<b>\$ 1,144,693</b>			<b>\$ 1,103,998</b>	<b>\$ 40,695</b>			

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

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







**2017 HOUSING AUTHORITY BUDGET**

**Financial Schedules Section**



**SUMMARY**

West New York Housing Authority  
 For the Period October 1, 2017 to September 30, 2018

**FY 2017 Proposed Budget**

	FY 2016 Adopted Budget			FY 2016 Adopted Budget	All Operations All Operations	% Increase (Decrease) Proposed vs. Adopted
	Public Housing Management	Section 8	Total All Operations			
<b>REVENUES</b>						
Total Operating Revenues	\$ 5,834,735	\$ 2,975,000	\$ 9,448,595	\$ 9,417,855	\$ 30,740	0.3%
Total Non-Operating Revenues	10,460	750	11,210	11,210	-	0.0%
Total Anticipated Revenues	5,845,195	2,975,750	9,459,805	9,429,065	30,740	0.3%
<b>APPROPRIATIONS</b>						
Total Administration	1,412,250	392,340	2,144,170	2,088,030	56,140	2.7%
Total Cost of Providing Services	4,281,400	2,672,500	7,253,180	7,486,710	(233,530)	-3.1%
Total Principal Payments on Debt Service in Lieu of Depreciation	XXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	-	#DIV/0!
Total Operating Appropriations	5,693,650	3,064,840	9,397,350	9,574,740	(177,390)	-1.9%
Total Interest Payments on Debt	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	-	#DIV/0!
Total Other Non-Operating Appropriations	-	-	-	-	-	#DIV/0!
Total Non-Operating Appropriations	-	-	-	-	-	#DIV/0!
Accumulated Deficit	-	-	-	-	-	-
Total Appropriations and Accumulated Deficit	5,693,650	3,064,840	9,397,350	9,574,740	(177,390)	-1.9%
Less: Total Unrestricted Net Position Utilized	(89,090)	89,090	145,675	145,675	(145,675)	-100.0%
Net Total Appropriations	5,782,740	2,975,750	9,397,350	9,429,065	(31,715)	-0.3%
<b>ANTICIPATED SURPLUS (DEFICIT)</b>	\$ 62,455	\$ -	\$ 62,455	\$ -	\$ 62,455	#DIV/0!

# Revenue Schedule

West New York Housing Authority  
 For the Period October 1, 2017 to September 30, 2018

## FY 2017 Proposed Budget

	<b>FY 2016 Adopted Budget</b>	<b>\$ Increase (Decrease) Proposed vs. Adopted</b>	<b>% Increase (Decrease) Proposed vs. Adopted</b>
--	-------------------------------	--	---

	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	Total All Operations	All Operations	All Operations
<b>OPERATING REVENUES</b>								
<i>Rental Fees</i>								
Homebuyers' Monthly Payments					\$ 3,001,370	\$ 2,925,820	\$ 75,550	#DIV/0! 2.6%
Dwelling Rental	3001370				38,350	51,630	(13,280)	-25.7%
Excess Utilities	38350							#DIV/0!
Non-Dwelling Rental					2,516,015	2,533,815	(17,800)	-0.7%
HUD Operating Subsidy	2516015							#DIV/0!
New Construction - Acc Section 8			2960000		2,960,000	2,960,000		0.0%
Voucher - Acc Housing Voucher								0.5%
<b>Total Rental Fees</b>	<b>5,555,735</b>		<b>2,960,000</b>		<b>8,515,735</b>	<b>8,471,265</b>	<b>44,470</b>	
<i>Other Operating Revenues (List)</i>								
Late Charges\Prorations	279000		15000	638860	932,860	946,590	(13,730)	-1.5%
Type in (Grant, Other Rev)								#DIV/0!
Type in (Grant, Other Rev)								#DIV/0!
Type in (Grant, Other Rev)								#DIV/0!
Type in (Grant, Other Rev)								#DIV/0!
Type in (Grant, Other Rev)								#DIV/0!
Type in (Grant, Other Rev)								#DIV/0!
Type in (Grant, Other Rev)								#DIV/0!
Type in (Grant, Other Rev)								#DIV/0!
Type in (Grant, Other Rev)								#DIV/0!
Type in (Grant, Other Rev)								#DIV/0!
Type in (Grant, Other Rev)								#DIV/0!
Type in (Grant, Other Rev)								#DIV/0!
Type in (Grant, Other Rev)								#DIV/0!
Type in (Grant, Other Rev)								#DIV/0!
Type in (Grant, Other Rev)								#DIV/0!
Type in (Grant, Other Rev)								#DIV/0!
Type in (Grant, Other Rev)								#DIV/0!
<b>Total Other Revenue</b>	<b>279,000</b>		<b>15,000</b>	<b>638,860</b>	<b>932,860</b>	<b>946,590</b>	<b>(13,730)</b>	<b>-1.5%</b>
<b>Total Operating Revenues</b>	<b>5,834,735</b>		<b>2,975,000</b>	<b>638,860</b>	<b>9,448,595</b>	<b>9,417,855</b>	<b>30,740</b>	<b>0.3%</b>
<b>NON-OPERATING REVENUES</b>								
<i>Other Non-Operating Revenues (List)</i>								
Type in								#DIV/0!
Type in								#DIV/0!
Type in								#DIV/0!
Type in								#DIV/0!
Type in								#DIV/0!
Type in								#DIV/0!
<b>Total Other Non-Operating Revenue</b>								
<i>Interest on Investments &amp; Deposits (List)</i>								
Interest Earned	10,460		750		11,210	11,210		0.0%
Penalties								#DIV/0!
Other					11,210	11,210		0.0%
<b>Total Interest</b>	<b>10,460</b>		<b>750</b>		<b>11,210</b>	<b>11,210</b>		<b>0.0%</b>
<b>Total Non-Operating Revenues</b>	<b>10,460</b>		<b>750</b>		<b>11,210</b>	<b>11,210</b>		<b>0.3%</b>
<b>TOTAL ANTICIPATED REVENUES</b>	<b>\$ 5,845,195</b>		<b>\$ 2,975,750</b>	<b>\$ 638,860</b>	<b>\$ 9,459,805</b>	<b>\$ 9,429,065</b>	<b>\$ 30,740</b>	

# Prior Year Adopted Revenue Schedule

West New York Housing Authority

FY 2016 Adopted Budget

	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations
<b>OPERATING REVENUES</b>					
<i>Rental Fees</i>					
Homebuyers' Monthly Payments					\$ -
Dwelling Rental	2,925,820				2,925,820
Excess Utilities	51,630				51,630
Non-Dwelling Rental					-
HUD Operating Subsidy	2,533,815				2,533,815
New Construction - Acc Section 8 Voucher - Acc Housing Voucher			2,960,000		2,960,000
<b>Total Rental Fees</b>	<b>5,511,265</b>	-	<b>2,960,000</b>	-	<b>8,471,265</b>
<i>Other Revenue (List)</i>					
Late Charges\Prorations	270000		15,000	661,590	946,590
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
Type in (Grant, Other Rev)					-
<b>Total Other Revenue</b>	<b>270,000</b>	-	<b>15,000</b>	<b>661,590</b>	<b>946,590</b>
<b>Total Operating Revenues</b>	<b>5,781,265</b>	-	<b>2,975,000</b>	<b>661,590</b>	<b>9,417,855</b>
<b>NON-OPERATING REVENUES</b>					
<i>Other Non-Operating Revenues (List)</i>					
Type in					-
Type in					-
Type in					-
Type in					-
Type in					-
Type in					-
<b>Total Other Non-Operating Revenues</b>					-
<i>Interest on Investments &amp; Deposits</i>					
Interest Earned	10,460		750		11,210
Penalties					-
Other					-
<b>Total Interest</b>	<b>10,460</b>	-	<b>750</b>	-	<b>11,210</b>
<b>Total Non-Operating Revenues</b>	<b>10,460</b>	-	<b>750</b>	-	<b>11,210</b>
<b>TOTAL ANTICIPATED REVENUES</b>	<b>\$ 5,791,725</b>	<b>\$ -</b>	<b>\$ 2,975,750</b>	<b>\$ 661,590</b>	<b>\$ 9,429,065</b>



# Appropriations Schedule

West New York Housing Authority  
 For the Period October 1, 2017 to September 30, 2018

## FY 2017 Proposed Budget

	FY 2017 Proposed Budget				FY 2016 Adopted Budget	\$ Increase (Decrease) Proposed vs. Adopted	% Increase (Decrease) Proposed vs. Adopted
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	Total All Operations	All Operations All Operations
<b>OPERATING APPROPRIATIONS</b>							
<i>Administration</i>					\$ 964,220	\$ 902,140	\$ 62,080 6.9%
Salary & Wages	500,130		218,260	245,830	\$ 715,850	\$ 721,790	(5,940) -0.8%
Fringe Benefits	539,600		102,500	73,750	75,000	75,000	0.0%
Legal	60,000		5,000	10,000	35,000	35,000	0.0%
Staff Training	28,000		7,000		39,000	39,000	0.0%
Travel	31,200		7,800		39,000	39,000	0.0%
Accounting Fees	51,740		4,260	10,000	66,000	66,000	0.0%
Auditing Fees	12,480		3,120		15,600	15,600	0.0%
Miscellaneous Administration*	189,100		44,400		233,500	233,500	0.0%
<b>Total Administration</b>	<b>1,412,250</b>		<b>392,340</b>	<b>339,580</b>	<b>2,144,170</b>	<b>2,088,030</b>	<b>56,140 2.7%</b>
<i>Cost of Providing Services</i>							#DIV/0!
Salary & Wages - Tenant Services				124,130	640,060	629,310	10,750 1.7%
Salary & Wages - Maintenance & Operation	515,930			111,350	306,750	283,220	23,530 8.3%
Salary & Wages - Protective Services	195,400				114,860	110,780	4,080 3.7%
Salary & Wages - Utility Labor	114,860				617,230	662,650	(45,420) -6.9%
Fringe Benefits	617,230				20,000	20,000	0.0%
Tenant Services	20,000				1,565,990	1,825,090	(259,100) -14.2%
Utilities	1,565,990				780,000	780,000	0.0%
Maintenance & Operation	780,000						#DIV/0!
Protective Services			12,500	63,800	314,500	314,500	0.0%
Insurance	238,200				136,790	104,160	32,630 31.3%
Payment in Lieu of Taxes (PILOT)	136,790						#DIV/0!
Terminal Leave Payments					20,000	20,000	0.0%
Collection Losses	20,000						#DIV/0!
Other General Expense			2,660,000		2,660,000	2,660,000	0.0%
Rents					25,000	25,000	0.0%
Extraordinary Maintenance	25,000				52,000	52,000	0.0%
Replacement of Non-Expendible Equipment	52,000						#DIV/0!
Property Betterment/Additions							#DIV/0!
Miscellaneous COPS*							-3.1%
<b>Total Cost of Providing Services</b>	<b>4,281,400</b>		<b>2,672,500</b>	<b>299,280</b>	<b>7,253,180</b>	<b>7,486,710</b>	<b>(233,530)</b>
<b>Total Principal Payments on Debt Service in Lieu of Depreciation</b>	<b>XXXXXXX</b>	<b>XXXXXXX</b>	<b>XXXXXXX</b>	<b>XXXXXXX</b>	<b>9,397,350</b>	<b>9,574,740</b>	<b>(177,390) -1.9%</b>
<b>Total Operating Appropriations</b>	<b>5,693,650</b>		<b>3,064,840</b>	<b>638,860</b>	<b>9,397,350</b>	<b>9,574,740</b>	<b>(177,390) -1.9%</b>
<b>NON-OPERATING APPROPRIATIONS</b>							#DIV/0!
Total Interest Payments on Debt	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX			#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>5,693,650</b>		<b>3,064,840</b>	<b>638,860</b>	<b>9,397,350</b>	<b>9,574,740</b>	<b>(177,390) -1.9%</b>
<b>TOTAL APPROPRIATIONS</b>							#DIV/0!
<b>ACCUMULATED DEFICIT</b>							#DIV/0!
<b>TOTAL APPROPRIATIONS &amp; ACCUMULATED DEFICIT</b>	<b>5,693,650</b>		<b>3,064,840</b>	<b>638,860</b>	<b>9,397,350</b>	<b>9,574,740</b>	<b>(177,390) -1.9%</b>
<b>UNRESTRICTED NET POSITION UTILIZED</b>							#DIV/0!
Municipality/County Appropriation	(89,090)		89,090				#DIV/0!
Other	(89,090)		89,090				#DIV/0!
<b>Total Unrestricted Net Position Utilized</b>	<b>(89,090)</b>		<b>89,090</b>				#DIV/0!
<b>TOTAL NET APPROPRIATIONS</b>	<b>\$ 5,782,740</b>		<b>\$ 2,975,750</b>	<b>\$ 638,860</b>	<b>\$ 9,397,350</b>	<b>\$ 9,574,740</b>	<b>\$ (177,390) -1.9%</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      \$ 284,682.50      \$ 153,242.00      \$ 31,943.00      \$ 469,867.50

# Prior Year Adopted Appropriations Schedule

## West New York Housing Authority

### FY 2016 Adopted Budget

	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations
<b>OPERATING APPROPRIATIONS</b>					
<i>Administration</i>					
Salary & Wages	\$ 458,830		\$ 210,820	\$ 232,490	\$ 902,140
Fringe Benefits	553,410		100,000	68,380	721,790
Legal	60,000		5,000	10,000	75,000
Staff Training	28,000		7,000		35,000
Travel	31,200		7,800		39,000
Accounting Fees	51,740		4,260	10,000	66,000
Auditing Fees	12,480		3,120		15,600
Miscellaneous Administration*	189,100		44,400		233,500
<b>Total Administration</b>	<b>1,384,760</b>		<b>382,400</b>	<b>320,870</b>	<b>2,088,030</b>
<i>Cost of Providing Services</i>					
Salary & Wages - Tenant Services				118,890	629,310
Salary & Wages - Maintenance & Operation	510,420			94,910	283,220
Salary & Wages - Protective Services	188,310				110,780
Salary & Wages - Utility Labor	110,780				662,650
Fringe Benefits	599,530			63,120	20,000
Tenant Services	20,000				1,825,090
Utilities	1,825,090				780,000
Maintenance & Operation	780,000				
Protective Services					
Insurance	238,200		12,500	63,800	314,500
Payment In Lieu of Taxes (PILOT)	104,160				104,160
Terminal Leave Payments					20,000
Collection Losses	20,000				
Other General Expense					
Rents			2,660,000		2,660,000
Extraordinary Maintenance	25,000				25,000
Replacement of Non-Expendible Equipment	52,000				52,000
Property Betterment/Additions					
Miscellaneous COPS*					
<b>Total Cost of Providing Services</b>	<b>4,473,490</b>		<b>2,672,500</b>	<b>340,720</b>	<b>7,486,710</b>
Total Principal Payments on Debt Service In Lieu of Depreciation	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
<b>Total Operating Appropriations</b>	<b>5,858,250</b>		<b>3,054,900</b>	<b>661,590</b>	<b>9,574,740</b>
<b>NON-OPERATING APPROPRIATIONS</b>					
Total Interest Payments on Debt	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	
Operations & Maintenance Reserve					
Renewal & Replacement Reserve					
Municipality/County Appropriation					
Other Reserves					
<b>Total Non-Operating Appropriations</b>					
<b>TOTAL APPROPRIATIONS</b>	<b>5,858,250</b>		<b>3,054,900</b>	<b>661,590</b>	<b>9,574,740</b>
<b>ACCUMULATED DEFICIT</b>					
<b>TOTAL APPROPRIATIONS &amp; ACCUMULATED DEFICIT</b>	<b>5,858,250</b>		<b>3,054,900</b>	<b>661,590</b>	<b>9,574,740</b>
<b>UNRESTRICTED NET POSITION UTILIZED</b>					
Municipality/County Appropriation					
Other	66,525		79,150		145,675
<b>Total Unrestricted Net Position Utilized</b>	<b>66,525</b>		<b>79,150</b>		<b>145,675</b>
<b>TOTAL NET APPROPRIATIONS</b>	<b>\$ 5,791,725</b>	<b>\$ -</b>	<b>\$ 2,975,750</b>	<b>\$ 661,590</b>	<b>\$ 9,429,065</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 \$ 292,912.50 \$ - \$ 152,745.00 \$ 33,079.50 \$ 478,737.00

# Debt Service Schedule - Principal

West New York Housing Authority

If Authority has no debt X this box

X

	Adopted Budget Year 2016	Proposed Budget Year 2017	2018	2019	2020	2021	2022	Thereafter	Total Principal Outstanding
Type in Issue Name									\$
Type in Issue Name									\$
Type in Issue Name									\$
Type in Issue Name									\$
<b>TOTAL PRINCIPAL</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>LESS: HUD SUBSIDY</b>									
<b>NET PRINCIPAL</b>									

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

	<i>Fitch</i>	<i>Standard &amp; Poors</i>
Bond Rating		
Year of Last Rating		



# Net Position Reconciliation

West New York Housing Authority  
 For the Period October 1, 2017 to September 30, 2018

## FY 2017 Proposed Budget

	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations
	\$ 25,344,977	\$ -	\$ 51,471	\$ 8,219,548	\$ 33,615,996
	25,284,634				25,284,634
	6,402		59,082		65,484
	53,941		(7,611)	8,219,548	8,265,878
	3,960,530		591,803		4,552,333
	1,595,523		153,652		1,749,175
	(66,525)		(79,150)		(145,675)
	89,060				89,060
	5,632,529		658,694	8,219,548	14,510,771
	(89,090)		89,090		
	(89,090)		89,090		
	\$ 5,721,619	\$ -	\$ 569,604	\$ 8,219,548	\$ 14,510,771

**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 \$ 284,683 \$ - \$ 153,242 \$ 31,943 \$ 469,868  
 (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.

2017  
WEST NEW YORK  
HOUSING  
AUTHORITY  
(Name)

HOUSING  
AUTHORITY  
CAPITAL  
BUDGET/  
PROGRAM

# 2017 CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

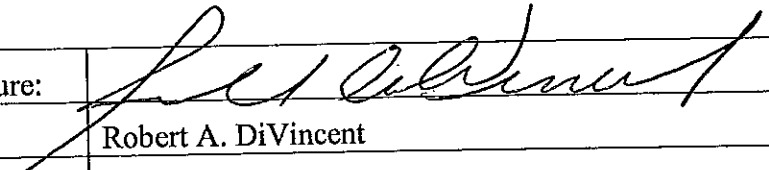
**West New York Housing Authority**  
(Name)

**FISCAL YEAR:** FROM:10/1/2017 TO:9/30/2018

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**

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:	Robert A. DiVincent		
Title:	Executive Director		
Address:	6100 Adams Street, West New York, NJ 07093		
Phone Number:	201-868-6100	Fax Number:	201-868-3393
E-mail address	rdivincent@wnyhousing.org		

# 2017 CAPITAL BUDGET/PROGRAM MESSAGE

## West New York Housing Authority (Name)

FISCAL  
YEAR:

FROM:10/1/2017

TO:9/30/2018

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

1. Has the Capital Budget/Program been prepared in consultation with or reviewed by, the local and county planning board(s), governing body(ies), or other affected governmental entity(ies) of the jurisdiction(s) served by the Housing Authority?  
Yes.
2. Has each capital project/project financing been developed from a specific plan or report and have the full life cycle costs of each been calculated?  
Yes.
3. Has the Housing Authority prepared a long-term (10-20 years) infrastructure needs assessment?  
Yes.
4. Are any of the capital projects/project financings being undertaken in a community that has a State Plan designated center? If so, please describe the relationship of same to the center's goals and objectives.  
No.
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.  
No impact, rents set by HUD formula.
6. Have the projects been reviewed and approved by HUD?  
Yes.

*Add additional sheets if necessary.*



# Proposed Capital Budget

West New York Housing Authority  
 For the Period October 1, 2017 to September 30, 2018

	Estimated Total Cost	Funding Sources				
		Unrestricted Net Position Utilized	Renewal & Replacement Reserve	Debt Authorization	Capital Grants	Other Sources
<b>Public Housing Management</b>						
Operations	\$ 80,000				\$ 80,000	
Management Improvements	100,000				100,000	
Fees and Costs	75,000				75,000	
Dwelling Structures\Eqpt. Purchases	440,000				440,000	
<b>Total</b>	<b>695,000</b>				<b>695,000</b>	
<b>Section 8</b>						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
<b>Total</b>	<b>-</b>					
<b>Housing Voucher</b>						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
<b>Total</b>	<b>-</b>					
<b>Other Programs</b>						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
<b>Total</b>	<b>-</b>					
<b>TOTAL PROPOSED CAPITAL BUDGET</b>	<b>\$ 695,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 695,000</b>	<b>\$ -</b>

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

# 5 Year Capital Improvement Plan

West New York Housing Authority

For the Period October 1, 2017 to September 30, 2018

*Fiscal Year Beginning in*

	Estimated Total Cost	Current Budget Year 2017	2018	2019	2020	2021	2022
<b>Public Housing Management</b>							
Operations	\$ 480,000	\$ 80,000	\$ 80,000	\$ 80,000	\$ 80,000	\$ 80,000	\$ 80,000
Management Improvements	600,000	100,000	100,000	100,000	100,000	100,000	100,000
Fees and Costs	450,000	75,000	75,000	75,000	75,000	75,000	75,000
Dwelling Structures\Eqpt. Purch	2,640,000	440,000	440,000	440,000	440,000	440,000	440,000
Total	4,170,000	695,000	695,000	695,000	695,000	695,000	695,000
<b>Section 8</b>							
Type in Description	-						
Type in Description	-						
Type in Description	-						
Type in Description	-						
Total	-						
<b>Housing Voucher</b>							
Type in Description	-						
Type in Description	-						
Type in Description	-						
Type in Description	-						
Total	-						
<b>Other Programs</b>							
Type in Description	-						
Type in Description	-						
Type in Description	-						
Type in Description	-						
Total	-						
<b>TOTAL</b>	\$ 4,170,000	\$ 695,000	\$ 695,000	\$ 695,000	\$ 695,000	\$ 695,000	\$ 695,000

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

# 5 Year Capital Improvement Plan Funding Sources

West New York Housing Authority  
 For the Period October 1, 2017 to September 30, 2018

	Estimated Total Cost	Funding Sources			
		Unrestricted Net Position Utilized	Renewal & Replacement Reserve	Debt Authorization	Capital Grants Other Sources
<i>Public Housing Management</i>					
Operations	\$ 480,000				\$ 480,000
Management Improvements	600,000				600,000
Fees and Costs	450,000				450,000
Dwelling Structures\Eqpt. Purch	2,640,000				2,640,000
<b>Total</b>	<b>4,170,000</b>				<b>4,170,000</b>
<i>Section 8</i>					
Type in Description	-				
Type in Description	-				
Type in Description	-				
Type in Description	-				
<b>Total</b>	<b>-</b>				
<i>Housing Voucher</i>					
Type in Description	-				
Type in Description	-				
Type in Description	-				
Type in Description	-				
<b>Total</b>	<b>-</b>				
<i>Other Programs</i>					
Type in Description	-				
Type in Description	-				
Type in Description	-				
Type in Description	-				
<b>Total</b>	<b>-</b>				
<b>TOTAL</b>	<b>\$ 4,170,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,170,000</b>
Total 5 Year Plan per CB-4	<b>\$ 4,170,000</b>				
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.