

**2015 ADOPTION CERTIFICATION**  
**CLIFFSIDE PARK HOUSING AUTHORITY**  
(Name)


**HOUSING AUTHORITY BUDGET**

**FISCAL  
YEAR:**

**FROM:4/1/2015**

**TO:3/31/2016**

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 Cliffside Park Housing Authority, pursuant to N.J.A.C. 5:31-2.3, on the 11 day of, March, 2015.

Officer's Signature:			
Name:	Joseph Capano		
Title:	Executive Director		
Address:	500 Gorge Road, Cliffside Park, New Jersey 07010		
Phone Number:	201-941-0655	Fax Number:	201-941-4038
E-mail address	<a href="mailto:Joe.cpha@verizon.com">Joe.cpha@verizon.com</a>		

**ADOPTED COPY**

HOUSING AUTHORITY OF THE  
BOROUGH OF CLIFFSIDE PARK  
BERGEN COUNTY, NEW JERSEY

RESOLUTION NO.11 – 2015

INTRODUCED BY: COMMISSIONER HARRY GUTTILLA

SECONDED BY: COMMISSIONER RALPH CALABRESE

DATE: MARCH 11, 2015

FISCAL YEAR: FROM APRIL 1, 2015 TO MARCH 31, 2016

WHEREAS, the Annual Budget and Capital Budget for the Housing Authority of the Borough of Cliffside Park for the fiscal year beginning April 1, 2015 and ending March 31, 2016 has been presented for adoption before the Members of the Housing Authority of the Borough of Cliffside Park at its open public meeting of March 11, 2015; and


WHEREAS, 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; and

WHEREAS, The Annual Budget as presented for adoption reflects Total Revenues of \$6,423,395 Total Appropriations, including any Accumulated Deficit, if any, of \$6,493,460 and Total Unrestricted Net Position utilized of \$70,065; and

WHEREAS, the Capital Budget as presented for adoption reflects Total Capital Appropriations of \$443,000 and Total Unrestricted Net Position planned to be utilized, of \$0; and

NOW, THEREFORE BE IT RESOLVED, by the governing body of the Housing Authority of the Borough of Cliffside Park, at an open public meeting held on March 11, 2015 that the Annual Budget and Capital Budget/Program of the Housing Authority of the Borough of Cliffside Park for the fiscal year beginning April 1, 2015 and ending March 31, 2016 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.

 Date 3/11/2015  
Joseph Capano, Executive Director/Secretary

Recorded Vote

<u>Governing Body Member</u>	<u>Ave</u>	<u>Nay</u>	<u>Abstain</u>	<u>Absent</u>
Chairman Colao	X			

2015

Cliffside Park Housing Authority  
(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM April 1, 2015 TO March 31, 2016

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.*

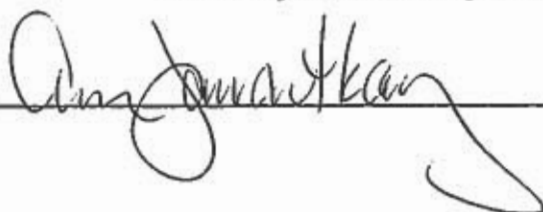
State of New Jersey  
Department of Community Affairs  
Director of the Division of Local Government Services

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: 3/31/15

Page C-1

LOCAL GOVT SERVICES  
APR 16 4 10 29  
RECEIVED

# 2015 PREPARER'S CERTIFICATION

Cliffside Park Housing Authority  
(Name)

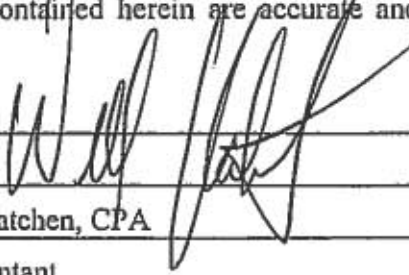
## HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM:  
4/1/2015

TO: 3/31/2016

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	bill@katchencpa.com		

# 2015 APPROVAL CERTIFICATION

**Cliffside Park Housing Authority**  
(Name)

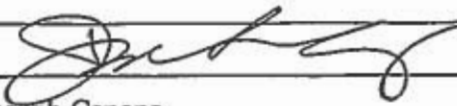
## HOUSING AUTHORITY BUDGET

**FISCAL YEAR:** FROM:  
4/1/2015

**TO:**  
3/31/2016

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 Cliffside Park Housing Authority, at an open public meeting held pursuant to N.J.A.C. 5:31-2.3, on the 13 day of January, 2015.

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:	Joseph Capano		
Title:	Executive Director		
Address:	500 Gorge Road, Cliffside Park, NJ 07010		
Phone Number:	201-941-0655	Fax Number:	201-941-4038
E-mail address	<u>Joe.cpha@verizon.com</u>		

# INTERNET WEBSITE CERTIFICATION

Authority's Web Address: Cphousingauthority.com

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.

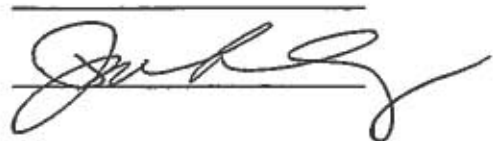
It is hereby certified by the below authorized representative of the Authority that the Authority's website or webpage as identified above complies with the minimum statutory requirements of N.J.S.A. 40A:5A-17.1 as listed above. A check in each of the above boxes signifies compliance.

Name of Officer Certifying compliance

JOSEPH CAPANO, PHM  
EXECUTIVE DIRECTOR

Title of Officer Certifying compliance

Signature



# **2015 HOUSING AUTHORITY BUDGET**

## **Narrative and Information Section**

# 2015 HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS

## Cliffside Park Housing Authority AUTHORITY BUDGET

FISCAL YEAR: FROM:

TO:

4/1/2015

3/31/2016

*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 budget is similar to the current budget with decreases in operating subsidy from HUD based on the anticipated lower funding proration. In appropriations, maintenance salaries are lower based on reduced staffing. Fringe benefits are higher based on expected increases in premiums for 2015.

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.

The proposed budget will not have an impact on the anticipated revenues that are substantially based on 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 will not impact 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.

Unrestricted net position is being utilized based on the lower anticipated funding from HUD.

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.

There is no anticipated deficit.

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.

Revenue substantially based on formula established by HUD.

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. Not required.



# HOUSING AUTHORITY CONTACT INFORMATION

## 2015

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

<b>Name of Authority:</b>	Cliffside Park Housing Authority		
<b>Address:</b>	500 Gorge Road		
<b>City, State, Zip:</b>	Cliffside Park	NJ	07010
<b>Phone: (ext.)</b>	201-941-0655	<b>Fax:</b>	201-941-4038

<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>	Joseph Capano		
<b>Phone: (ext.)</b>	201-941-0655	<b>Fax:</b>	201-941-4038
<b>E-mail:</b>	<a href="mailto:Joe.cpha@verizon.com">Joe.cpha@verizon.com</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>	Michael Maurice		
<b>Name of Firm:</b>	Polcari and Company		
<b>Address:</b>	2035 Hamburg Turnpike, Unit H		
<b>City, State, Zip:</b>	Wayne	NJ	07470
<b>Phone: (ext.)</b>	973-831-6969	<b>Fax:</b>	973-831-6972
<b>E-mail:</b>	<a href="mailto:polcarico@optonline.net">polcarico@optonline.net</a>		

# HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

## Cliffside Park Housing Authority (Name)

FISCAL YEAR: FROM:

4/1/2015

TO:

3/31/2016

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: 31
- 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: \$ 984,530
- 3) Provide the number of regular voting members of the governing body: 7
- 4) Provide the number of alternate voting members of the governing body: 0
- 5) Did any person listed on Page N-4 have a family or business relationship with any other person listed on Page N-4 during the current fiscal year? Yes *If "yes," attach a description of the relationship including the names of the individuals involved and their positions at the Authority.*
- 6) Did all individuals that were required to file a Financial Disclosure Statement for the current fiscal year because of their relationship with the Authority file the form as required? Yes *If "no," provide a list of those individuals who failed to file a Financial Disclosure Statement and an explanation as to the reason for their failure to file.*
- 7) Does the Authority have any amounts receivable from current or former commissioners, officers, key employees or highest compensated employees? No *If "yes," attach a list of those individuals, their position, the amount receivable, and a description of the amount due to the Authority.*
- 8) Was the Authority a party to a business transaction with one of the following parties:
  - a. A current or former commissioner, officer, key employee, or highest compensated employee? No
  - b. A family member of a current or former commissioner, officer, key employee, or highest compensated employee? No
  - c. An entity of which a current or former commissioner, officer, key employee, or highest compensated employee (or family member thereof) was an officer or direct or indirect owner? 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. *Attach narrative. Review by Commissioners and HUD required comparability study.*
- 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. Payment of \$ 700 in 12/2013 immediately following Board meeting.*
- 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.*

Cliffside Park Housing Authority  
Family Relationship  
Question 5, Page N-3

Employee\ Commissioner	Relationship
Commissioner Ralph Calabrese	Uncle of Janet Merrill
Commissioner Janet Merrill	Niece of Ralph Calabrese

Cliffside Park Housing Authority  
Travel Expense  
Question 12, Page N-3

Employee\ Commissioner	Organization	Purpose	Amount Paid
Commissioner	PHADA	Annual Meeting	2,239.00
Commissioner	NJNAHRO	Annual Meeting	1,032.00

**HOUSING AUTHORITY INFORMATIONAL  
QUESTIONNAIRE (CONTINUED)**  
**Cliffside Park Housing Authority**  
(Name)

**FISCAL YEAR: FROM:**

**TO:**

4/1/2015

3/31/2016

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? Yes *If "yes," attach explanation including amount paid.- Arnold Mazzone, Main. Super.-deceased \$ 7,744.96*

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.*

# **2015 HOUSING AUTHORITY BUDGET**

## **Financial Schedules Section**

## 2015 Budget Summary

Cliffside Park Housing Authority  
For the Period April 1, 2015 to March 31, 2016

	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
<b>REVENUES</b>								
Total Operating Revenues	\$ 2,350,285	\$ -	\$ 3,850,000	\$ 208,200	\$ 6,408,485	\$ 6,414,465	\$ (5,980)	-0.1%
Total Non-Operating Revenues	7,410	-	7,500	-	14,910	14,910	-	0.0%
Total Anticipated Revenues	2,357,695	-	3,857,500	208,200	6,423,395	6,429,375	(5,980)	-0.1%
<b>APPROPRIATIONS</b>								
Total Administration	567,040	-	344,180	69,570	980,790	936,050	44,740	4.8%
Total Cost of Providing Services	1,861,040	-	3,513,000	138,630	5,512,670	5,602,060	(89,390)	-1.6%
Net Principal Payments on Debt Service In Lieu of Depreciation					-	-	-	#DIV/0!
Total Operating Appropriations	2,428,080	-	3,857,180	208,200	6,493,460	6,538,110	(44,650)	-0.7%
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	2,428,080	-	3,857,180	208,200	6,493,460	6,538,110	(44,650)	-0.7%
Less: Total Unrestricted Net Position Utilized	70,385	-	-	-	70,385	108,735	(38,350)	-35.3%
Net Total Appropriations	2,357,695	-	3,857,180	208,200	6,423,075	6,429,375	(6,300)	-0.1%
<b>ANTICIPATED SURPLUS (DEFICIT)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 320</b>	<b>\$ -</b>	<b>\$ 320</b>	<b>\$ -</b>	<b>\$ 320</b>	<b>#DIV/0!</b>

## 2015 Revenue Schedule

### Cliffside Park Housing Authority

For the Period April 1, 2015 to March 31, 2016

	Proposed Budget				Current Year Adopted Budget	\$ Increase (Decrease) Proposed vs. Current Year	% Increase (Decrease) Proposed vs. Current Year
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	Total All Operations	All Operations
<b>OPERATING REVENUES</b>							
<i>Rental Fees</i>							
Homebuyers' Monthly Payments					\$ -	\$ -	#DIV/0!
Dwelling Rental	1,367,260				1,367,260	1,318,100	49,160 3.7%
Excess Utilities	23,080				23,080	23,080	- 0.0%
Non-Dwelling Rental					-	-	#DIV/0!
HUD Operating Subsidy	864,945				864,945	873,995	(9,050) -1.0%
New Construction - Acc Section 8					-	-	#DIV/0!
Voucher - Acc Housing Voucher			3,820,000		3,820,000	3,866,220	(46,220) -1.2%
<b>Total Rental Fees</b>	<b>2,255,285</b>	<b>-</b>	<b>3,820,000</b>	<b>-</b>	<b>6,075,285</b>	<b>6,081,395</b>	<b>(6,110) -0.1%</b>
<i>Other Operating Revenues (List)</i>							
Other Revenue 1-CFP, LATE CHGS., COMM	95,000				95,000	95,000	- 0.0%
Other Revenue 2-PORT IN FEES			30,000		30,000	30,000	- 0.0%
Other Revenue 3-CFP PRORATIONS				208,200	208,200	208,070	130 0.1%
Other Revenue 4					-	-	#DIV/0!
<b>Total Other Revenue</b>	<b>95,000</b>	<b>-</b>	<b>30,000</b>	<b>208,200</b>	<b>333,200</b>	<b>333,070</b>	<b>130 0.0%</b>
<b>Total Operating Revenues</b>	<b>2,350,285</b>	<b>-</b>	<b>3,850,000</b>	<b>208,200</b>	<b>6,408,485</b>	<b>6,414,465</b>	<b>(5,980) -0.1%</b>
<b>NON-OPERATING REVENUES</b>							
<i>Grants &amp; Entitlements (List)</i>							
Grant #1					-	-	#DIV/0!
Grant #2					-	-	#DIV/0!
Grant #3					-	-	#DIV/0!
Grant #4					-	-	#DIV/0!
<b>Total Grants &amp; Entitlements</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>#DIV/0!</b>
<i>Local Subsidies &amp; Donations (List)</i>							
Local Subsidy #1					-	-	#DIV/0!
Local Subsidy #2					-	-	#DIV/0!
Local Subsidy #3					-	-	#DIV/0!
Local Subsidy #4					-	-	#DIV/0!
<b>Total Local Subsidies &amp; Donations</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>#DIV/0!</b>
<i>Interest on Investments &amp; Deposits</i>							
Investments	7,410		7,500		14,910	14,910	- 0.0%
Security Deposits					-	-	#DIV/0!
Penalties					-	-	#DIV/0!
Other Investments					-	-	#DIV/0!
<b>Total Interest</b>	<b>7,410</b>	<b>-</b>	<b>7,500</b>	<b>-</b>	<b>14,910</b>	<b>14,910</b>	<b>- 0.0%</b>
<i>Other Non-Operating Revenues (List)</i>							
Other Non-Operating #1					-	-	#DIV/0!
Other Non-Operating #2					-	-	#DIV/0!
Other Non-Operating #3					-	-	#DIV/0!
Other Non-Operating #4					-	-	#DIV/0!
<b>Total Non-Operating Revenues</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>#DIV/0!</b>
<b>Total Non-Operating Revenues</b>	<b>7,410</b>	<b>-</b>	<b>7,500</b>	<b>-</b>	<b>14,910</b>	<b>14,910</b>	<b>- 0.0%</b>
<b>TOTAL ANTICIPATED REVENUES</b>	<b>\$ 2,357,695</b>	<b>\$ -</b>	<b>\$ 3,857,500</b>	<b>\$ 208,200</b>	<b>\$ 6,423,395</b>	<b>\$ 6,429,375</b>	<b>\$ (5,980) -0.1%</b>



# 2014 Revenue Schedule

## Cliffside Park Housing Authority

For the Period

April 1, 2015

to

March 31, 2016

### Current Year 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	1,318,100				1,318,100
Excess Utilities	23,080				23,080
Non-Dwelling Rental					-
HUD Operating Subsidy	873,995				873,995
New Construction - Acc Section 8					-
Voucher - Acc Housing Voucher			3,866,220		3,866,220
Total Rental Fees	2,215,175	-	3,866,220	-	6,081,395
<i>Other Operating Revenues (List)</i>					
Other Revenue 1-CFP, LATE CHGS, COMM.	95,000				95,000
Other Revenue 2-PORT IN FEES			30,000		30,000
Other Revenue 3-CFP PRORATIONS				208,070	208,070
Other Revenue 4					-
Total Other Revenue	95,000	-	30,000	208,070	333,070
Total Operating Revenues	2,310,175	-	3,896,220	208,070	6,414,465
<b>NON-OPERATING REVENUES</b>					
<i>Grants &amp; Entitlements (List)</i>					
Grant #1					-
Grant #2					-
Grant #3					-
Grant #4					-
Total Grants & Entitlements	-	-	-	-	-
<i>Local Subsidies &amp; Donations (List)</i>					
Local Subsidy #1					-
Local Subsidy #2					-
Local Subsidy #3					-
Local Subsidy #4					-
Total Local Subsidies & Donations	-	-	-	-	-
<i>Interest on Investments &amp; Deposits</i>					
Investments	7,410		7,500		14,910
Security Deposits					-
Penalties					-
Other Investments					-
Total Interest	7,410	-	7,500	-	14,910
<i>Other Non-Operating Revenues (List)</i>					
a					-
Other Non-Operating #2					-
Other Non-Operating #3					-
Other Non-Operating #4					-
Other Non-Operating Revenues	-	-	-	-	-
Total Non-Operating Revenues	7,410	-	7,500	-	14,910
<b>TOTAL ANTICIPATED REVENUES</b>	<b>\$ 2,317,585</b>	<b>\$ -</b>	<b>\$ 3,903,720</b>	<b>\$ 208,070</b>	<b>\$ 6,429,375</b>

# 2015 Appropriations Schedule

Cliffside Park Housing Authority  
For the Period April 1, 2015 to March 31, 2016

	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	All Operations	All Operations
<b>OPERATING APPROPRIATIONS</b>							
<i>Administration</i>							
Salary & Wages	\$ 215,350		\$ 158,860	\$ 63,680	\$ 437,890	\$ 14,760	3.5%
Fringe Benefits	223,810		100,000	5,890	329,700	27,780	9.2%
Legal	21,600		13,400		35,000	-	0.0%
Staff Training	6,000		4,000		10,000	-	0.0%
Travel	16,680		11,120		27,800	-	0.0%
Accounting Fees	25,200		16,800		42,000	2,200	5.5%
Auditing Fees	6,000		6,000		12,000	-	-
Miscellaneous Administration*	52,400		34,000		86,400	-	0.0%
Total Administration	567,040	-	344,180	69,570	980,790	44,740	4.8%
<i>Cost of Providing Services</i>							
Salary & Wages - Tenant Services	13,560			114,520	128,080	690	0.5%
Salary & Wages - Maintenance & Operation	335,580				335,580	(31,530)	-8.6%
Salary & Wages - Protective Services					-	-	#DIV/0!
Salary & Wages - Utility Labor	84,070				84,070	1,740	2.1%
Fringe Benefits	335,710			24,110	359,820	(28,210)	-7.3%
Tenant Services	40,000				40,000	-	0.0%
Utilities	550,100				550,100	-	0.0%
Maintenance & Operation	306,400				306,400	23,400	8.3%
Protective Services					-	-	#DIV/0!
Insurance	117,000		13,000		130,000	-	0.0%
Payment in Lieu of Taxes (PILOT)	75,620				75,620	4,740	6.7%
Terminal Leave Payments					-	-	#DIV/0!
Collection Losses	3,000				3,000	-	0.0%
Other General Expense					-	-	#DIV/0!
Rents			3,500,000		3,500,000	(60,220)	-1.7%
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	1,861,040	-	3,513,000	138,630	5,512,670	(89,390)	-1.6%
Net Principal Payments on Debt Service in Lieu of Depreciation					-	-	#DIV/0!
Total Operating Appropriations	2,428,080	-	3,857,180	208,200	6,493,460	(44,650)	-0.7%
<b>NON-OPERATING APPROPRIATIONS</b>							
Net Interest Payments on Debt					-	-	#DIV/0!
Operations & Maintenance Reserve					-	-	#DIV/0!
Renewal & Replacement Reserve					-	-	#DIV/0!
Municipality/County Appropriation					-	-	#DIV/0!
Other Reserves					-	-	#DIV/0!
Total Non-Operating Appropriations					-	-	#DIV/0!
TOTAL APPROPRIATIONS	2,428,080	-	3,857,180	208,200	6,493,460	(44,650)	-0.7%
ACCUMULATED DEFICIT					-	-	#DIV/0!
TOTAL APPROPRIATIONS & ACCUMULATED DEFICIT	2,428,080	-	3,857,180	208,200	6,493,460	(44,650)	-0.7%
<b>UNRESTRICTED NET POSITION UTILIZED</b>							
Municipality/County Appropriation					-	-	#DIV/0!
Other	70,385				70,385	(38,350)	-35.3%
Total Unrestricted Net Position Utilized	70,385	-			70,385	(38,350)	-35.3%
TOTAL NET APPROPRIATIONS	\$ 2,357,695	\$ -	\$ 3,857,180	\$ 208,200	\$ 6,423,075	\$ (6,300)	-0.1%

\* Miscellaneous line items may not exceed 5% of total operating appropriations shown below. If amount in miscellaneous is greater than the amount shown below, then the line item must be itemized above.

5% of Total Operating Appropriations \$ 121,404.00 \$ - \$ 192,859.00 \$ 10,410.00 \$ 324,673.00

# 2014 Appropriations Schedule

Cliffside Park Housing Authority  
For the Period April 1, 2015 to March 31, 2016

	Current Year Adopted Budget				
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations
OPERATING APPROPRIATIONS					
Administration					
Salary & Wages	\$ 201,170		\$ 158,280	\$ 63,680	\$ 423,130
Fringe Benefits	200,000		96,030	5,890	301,920
Legal	21,600		13,400		35,000
Staff Training	6,000		4,000		10,000
Travel	16,680		11,120		27,800
Accounting Fees	23,520		16,280		39,800
Auditing Fees	6,000		6,000		12,000
Miscellaneous Administration*	52,400		34,000		86,400
Total Administration	527,370	-	339,110	69,570	936,050
Cost of Providing Services					
Salary & Wages - Tenant Services	13,000			114,390	127,390
Salary & Wages - Maintenance & Operation	367,110				367,110
Salary & Wages - Protective Services					-
Salary & Wages - Utility Labor	82,330				82,330
Fringe Benefits	363,920			24,110	388,030
Tenant Services	40,000				40,000
Utilities	550,100				550,100
Maintenance & Operation	283,000				283,000
Protective Services					-
Insurance	117,000		13,000		130,000
Payment in Lieu of Taxes (PILOT)	70,880				70,880
Terminal Leave Payments					-
Collection Losses	3,000				3,000
Other General Expense					-
Rents			3,560,220		3,560,220
Extraordinary Maintenance					-
Replacement of Non-Expendible Equipment					-
Property Betterment/Additions					-
Miscellaneous COPS*					-
Total Cost of Providing Services	1,890,340	-	3,573,220	138,500	5,602,060
Net Principal Payments on Debt Service In Lieu of Depreciation					-
Total Operating Appropriations	2,417,710	-	3,912,330	208,070	6,538,110
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	2,417,710	-	3,912,330	208,070	6,538,110
ACCUMULATED DEFICIT					
TOTAL APPROPRIATIONS & ACCUMULATED DEFICIT	2,417,710	-	3,912,330	208,070	6,538,110
UNRESTRICTED NET POSITION UTILIZED					
Municipality/County Appropriation					-
Other	100,125		8,610		108,735
Total Unrestricted Net Position Utilized	100,125	-	8,610	-	108,735
TOTAL NET APPROPRIATIONS	\$ 2,317,585	\$ -	\$ 3,903,720	\$ 208,070	\$ 6,429,375

\* 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 \$ 120,885.50 \$ - \$ 195,616.50 \$ 10,403.50 \$ 326,905.50

## 5 Year Debt Service Schedule - Principal

### Cliffside Park Housing Authority

	Fiscal Year Beginning In							Total Principal Outstanding
	Current Year (2014)	2015	2016	2017	2018	2019	2020 Thereafter	
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

## Cliffside Park Housing Authority

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

## 2015 Net Position Reconciliation

Cliffside Park Housing Authority

For the Period

April 1, 2015

to

March 31, 2016

	<u>Proposed Budget</u>
	<u>Total All Operations</u>
TOTAL NET POSITION BEGINNING OF CURRENT YEAR (1)	\$ 13,158,130
Less: Invested in Capital Assets, Net of Related Debt (1)	10,764,906
Less: Restricted for Debt Service Reserve (1)	-
Less: Other Restricted Net Position (1)	258,443
Total Unrestricted Net Position (1)	<u>2,134,781</u>
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)	290,693
Plus: Estimated Income (Loss) on Current Year Operations (2)	(108,735)
Plus: Other Adjustments (attach schedule)	-
UNRESTRICTED NET POSITION AVAILABLE FOR USE IN PROPOSED BUDGET	<u>2,316,739</u>
Unrestricted Net Position Utilized to Balance Proposed Budget	70,385
Unrestricted Net Position Utilized in Proposed Capital Budget	-
Appropriation to Municipality/County (3)	-
Total Unrestricted Net Position Utilized in Proposed Budget	<u>70,385</u>
PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR (4)	<u><u>\$ 2,246,354</u></u>

(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	\$ 121,404
--	------------

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

2015  
Cliffside Park  
Housing Authority

---

(Name)

HOUSING  
AUTHORITY  
CAPITAL  
BUDGET/  
PROGRAM

# 2015 CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

Cliffside Park Housing Authority  
(Name)

FISCAL YEAR: FROM:

4/1/2015


TO:

3/31/2016

[ X ] It is hereby certified that the Housing Authority Capital Budget/Program annexed hereto is a true copy of the Capital Budget/Program approved, pursuant to N.J.A.C. 5:31-2.2, along with the Annual Budget, by the governing body of the Cliffside Park Housing Authority, on the 13 day of January, 2015.

OR

[ ] It is hereby certified that the governing body of the Cliffside Park 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): all capital funds received are used for debt service purposes or HUD approved for public housing operations.

Officer's Signature:			
Name:	Joseph Capano		
Title:	Executive Director		
Address:	500 Gorge Road, Cliffside Park, NJ 07010		
Phone Number:	201-941-0655	Fax Number:	201-941-4038
E-mail address	Joe.cpha@verizon.com		



## 2015 CAPITAL BUDGET/PROGRAM MESSAGE

### Cliffside Park Housing Authority (Name)

FISCAL YEAR: FROM:  
4/1/2015

TO:  
3/31/2016

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?  
No
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?  
No
3. Has the Housing Authority prepared a long-term (10-20 years) infrastructure needs assessment?  
In process
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 are set by HUD formula
6. Have the projects been reviewed and approved by HUD?  
Yes

*Add additional sheets if necessary.*

## 2015 Proposed Capital Budget

Cliffside Park Housing Authority  
For the Period April 1, 2015 to March 31, 2016

	Estimated Total Cost	Funding Sources				
		Unrestricted Net Position Utilized	Renewal & Replacement Reserve	Debt Authorization	Capital Grants	Other Sources
Operations	\$ 44,000					\$ 44,000
Administration	40,000					40,000
A/E Fees	25,000					25,000
Management Improvements	44,000					44,000
Various Dwell. Improvements	290,000					290,000
Project F Description	-					
Project G Description	-					
<b>TOTAL PROPOSED CAPITAL BUDGET</b>	<b>\$ 443,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 443,000</b>

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

## 5 Year Capital Improvement Plan

Cliffside Park Housing Authority

For the Period

April 1, 2015

to

March 31, 2016

*Fiscal Year Beginning in*

	Estimated Total Cost	Current Year Proposed Budget	2016	2017	2018	2019	2020
Operations	\$ 264,000	\$ 44,000	\$ 44,000	\$ 44,000	\$ 44,000	\$ 44,000	\$ 44,000
Administration	240,000	40,000	40,000	40,000	40,000	40,000	40,000
A\E Fees	150,000	25,000	25,000	25,000	25,000	25,000	25,000
Management Improvements	264,000	44,000	44,000	44,000	44,000	44,000	44,000
Various Dwell. Improvements	1,740,000	290,000	290,000	290,000	290,000	290,000	290,000
Project F Description	-	-	-	-	-	-	-
Project G Description	-	-	-	-	-	-	-
<b>TOTAL</b>	<b>\$ 2,658,000</b>	<b>\$ 443,000</b>	<b>\$ 443,000</b>	<b>\$ 443,000</b>	<b>\$ 443,000</b>	<b>\$ 443,000</b>	<b>\$ 443,000</b>

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

## 5 Year Capital Improvement Plan Funding Sources

Cliffside Park Housing Authority  
For the Period April 1, 2015 to March 31, 2016

	Estimated Total Cost	Funding Sources				
		Unrestricted Net Position Utilized	Renewal & Replacement Reserve	Debt Authorization	Capital Grants	Other Sources
Operations	\$ 264,000					\$ 264,000
Administration	240,000					240,000
A\E Fees	150,000					150,000
Management Improvements	264,000					264,000
Various Dwell. Improvements	1,740,000					1,740,000
Project F Description	-					
Project G Description	-					
<b>TOTAL</b>	<b>\$ 2,658,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,658,000</b>
Total 5 Year Plan per CB-4	\$ 2,658,000					
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.

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

**Cliffside Park Housing Authority**  
(Name)

**FISCAL YEAR: FROM:**

**TO:**

4/1/2015

3/31/2016

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

**Other Public Entity:** Any municipality, county, local authority, fire district, or other government unit, regardless of whether it is related in any way to the Authority either by function or by physical location.

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

For the Period **April 1, 2015** to **March 31, 2016** **Cliffside Park Housing Authority**

		Position		Reportable Compensation from Authority (W-2/ 1099)		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		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
Name	Title	Average Hours per Week Dedicated to Position	Commissioner	Key Employee	Highest Compensated Employee	Former	Base Salary/ Stipend	Bonus	Other (auto allowance, expense account, payment in lieu of health benefits, etc.)	Positions held at Other Public Entities Listed in Column O			
1 Joseph Capano	Executive Dir.	35	X										\$ -
2 Peter Coleo	Chairperson		X							Cliffside Park Tax Assessor	7	20,000	20,000
3 Janet Merrill	Commissioner		X							CP Bd. Of Ed. Principal	40	163,157	163,157
4 Ralph Calabrese	Commissioner		X										-
5 Sam Carafa	Commissioner		X										-
6 Sal Spato	Commissioner		X							NIPERS Retired		57,636	57,636
7 Harry Gutilla	Commissioner		X										-
8 Lynn DeLucia	Commissioner		X										-
9													-
10													-
11													-
12													-
13													-
14													-
15													-
Total:							\$ -	\$ -	\$ -		\$ 240,793	\$ -	\$ 240,793

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

Cliffside Park Housing Authority  
For the Period April 1, 2015 to March 31, 2016

	# 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)
<b>Active Employees - Health Benefits - Annual Cost</b>								
Single Coverage	2	\$ 10,817	\$ 21,634	2	\$ 10,195	\$ 20,390	\$ 1,244	6.1%
Parent & Child	2	17,844	35,688	2	15,823	31,646	4,042	12.8%
Employee & Spouse (or Partner)	4	21,117	84,468	4	19,903	79,612	4,856	6.1%
Family	6	28,596	171,576	6	26,064	156,384	15,192	9.7%
Employee Cost Sharing Contribution (enter as negative - )			42,000				42,000	#DIV/0!
Subtotal	14		355,366	14		288,032	67,334	23.4%
<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 - )			-			-	-	#DIV/0!
Subtotal	0		-	0		-	-	#DIV/0!
<b>Retirees - Health Benefits - Annual Cost</b>								
Single Coverage	3	6,189	18,567	3	5,836	17,508	1,059	6.0%
Parent & Child			-			-	-	#DIV/0!
Employee & Spouse (or Partner)	4	19,259	77,036	4	18,172	72,688	4,348	6.0%
Family			-			-	-	#DIV/0!
Employee Cost Sharing Contribution (enter as negative - )			-			-	-	#DIV/0!
Subtotal	7		95,603	7		90,196	5,407	6.0%
<b>GRAND TOTAL</b>	<b>21</b>		<b>\$ 450,969</b>	<b>21</b>		<b>\$ 378,228</b>	<b>\$ 72,741</b>	<b>19.2%</b>

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

yes

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

yes



## Schedule of Accumulated Liability for Compensated Absences

Cliffside Park Housing Authority  
For the Period April 1, 2015 to March 31, 2016

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
SEE ATTACHED LISTING		\$ 213,684			
Total liability for accumulated compensated absences at beginning of current year		\$ 213,684			



CPHA  
COMPENSATED ABSENCES  
3/31/14

EMPLOYEE	ACCRUED VACATION TIME	ACCRUED SICK TIME (SICK DAYS /2)	TOTAL TIME	RATE OF PAY	TOTAL ACCRUED VACATION	TOTAL ACCRUED SICK	TOTAL
SANTASIERO, JAMES	39	110.5	149.5	\$379.00	\$14,781.00	\$15,000.00	\$29,781.00
DONATO, MARIE	20	37.5	57.5	\$141.58	\$2,831.60	\$5,309.25	\$8,140.85
TUREK, MICHAEL	16.5	4.5	21	\$201.58	\$3,326.07	\$907.11	\$4,233.18
COSTANTINO, LOUIS	35.5	66.75	102.25	\$235.27	\$8,352.09	\$15,000.00	\$23,352.09
FATOVIC, ALBINO	16	34	50	\$148.85	\$2,381.60	\$5,060.90	\$7,442.50
MAZZONE, ARNOLD	40	134	174	\$324.73	\$12,989.20	\$15,000.00	\$27,989.20
MORRISSEY, PATRICK	23	1	24	\$199.54	\$4,589.42	\$199.54	\$4,788.96
PANG, CHARLIE	33	112.5	145.5	\$279.19	\$9,213.27	\$15,000.00	\$24,213.27
ROME, ANTHONY	21	0.5	21.5	\$167.81	\$3,524.01	\$83.91	\$3,607.92
YU, BILL	19	3.5	22.5	\$139.27	\$2,646.13	\$407.45	\$3,133.58
Capano, Joseph	24	35	59	\$412.69	\$9,904.56	\$14,444.15	\$24,348.71
Merchand, Frank	19	23	42	\$256.42	\$4,871.98	\$5,897.66	\$10,769.64
Rahvar, Rita	12	19	31	\$141.58	\$1,696.96	\$2,690.02	\$4,388.98
Barbosa, John	15	7.5	22.5	\$125.85	\$1,887.75	\$943.88	\$2,831.63
Philips-Perez, Linda	11	23.5	34.5	\$193.96	\$2,133.56	\$4,558.06	\$6,691.62
Duban, Phyllis	22	19	41	\$101.73	\$2,238.06	\$1,932.87	\$4,170.93
Dolliacana, Geraldine	24	9	33	\$47.50	\$1,140.00	\$427.50	\$1,567.50
Frato, Lisa	17	4.5	21.5	\$125.00	\$2,125.00	\$562.50	\$2,687.50
					\$90,634.26	\$103,504.79	\$194,139.04

P/roll Tax liability

19,545.  
213,684

### Schedule of Shared Service Agreements

Cliffside Park Housing Authority

For the Period

April 1, 2015 to March 31, 2016

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

[illegible]

HOUSING AUTHORITY OF THE  
BOROUGH OF CLIFFSIDE PARK  
BERGEN COUNTY, NEW JERSEY

RESOLUTION NO.1 – 2015

INTRODUCED BY: COMMISSIONER PETER COLAO

SECONDED BY: COMMISSIONER SAM CARAFA

DATE: JANUARY 13, 2015

FISCAL YEAR: FROM APRIL 1, 2015 TO MARCH 31, 2016

WHEREAS, the Annual Budget and Capital Budget for the Housing Authority of the Borough of Cliffside Park for the fiscal year beginning April 1, 2015 and ending March 31, 2016 has been presented before the Members of the Housing Authority of the Borough of Cliffside Park at its open public meeting of January 13, 2015; and

WHEREAS, The Annual Budget as introduced reflects Total Revenues of \$6,423,395 Total Appropriations, including any Accumulated Deficit, if any, of \$6,493,460 and Total Fund Balance utilized of \$70,065; and

WHEREAS, the Capital Budget as introduced reflects Total Capital Appropriations of \$443,000 and Total Fund Balance planned to be utilized as funding thereof, of \$0; and

WHEREAS, the schedule of rents, fees and other user 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 Members of the Housing Authority of the Borough of Cliffside Park, at an open public meeting held on January 13, 2015 that the Annual Budget, including appended Supplemental Schedules, and Capital Budget/Program of the Housing Authority of the Borough of Cliffside Park for the fiscal year beginning April 1, 2015 and ending March 31, 2016 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 Housing Authority of the Borough of Cliffside Park will consider the Annual Budget and Capital Budget/Program for adoption on March 11, 2015.

  
Joseph Caparito, Executive Director/Secretary

Date

1/13/2015

Recorded Vote

HOUSING AUTHORITY OF THE  
BOROUGH OF CLIFFSIDE PARK  
BERGEN COUNTY, NEW JERSEY

RESOLUTION NO.2 - 2015

INTRODUCED BY: COMMISSIONER LYNN DELUCIA

SECONDED BY: COMMISSIONER PETER COLAO

DATE: JANUARY 13, 2015

PHA Board Resolution  
Approving Operating Budget

OMB No. 2577-0026  
(exp.12/31/12)

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Real Estate Assessments Center (PIH-REAC)

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is required by Section 6(c)(4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income public housing program and provides a summary of the proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the public housing agency (PHA) and the amounts are reasonable, and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality.

PHA Name: Cliffside Park Housing Authority

PHA Code: NY070

PHA Fiscal Year Beginning: 4/1/2015

Board Resolution Number: 2-2014

Acting on behalf of the Board of Commissioners of the above-named PHA as its Chairperson, I make the following certifications and agreement to the Department of Housing and Urban Development (HUD) regarding the Board's approval of (check one or more as applicable):

DATE

☒ Operating Budgets (for COCC and all Projects) approved by the Board resolution on:

1-13-2015

- ☐ Operating Budget submitted to HUD, if applicable, on:  
☐ Operating Budget revision approved by Board resolution on:  
☐ Operating Budget revision submitted to HUD, if applicable, on:

I certify on behalf of the above-named PHA that:

1. All statutory and regulatory requirements have been met;
2. The PHA has sufficient operating reserves to meet the working capital needs of its developments;
3. Proposed budget expenditures are necessary in the efficient and economical operation of the housing for the purpose of serving low-income residents;
4. The budget indicates a source of funds adequate to cover all proposed expenditures;
5. The PHA will comply with the wage rate requirement under 24 CFR 968.110(e) and (i); and
6. The PHA will comply with the requirements for access to records and audits under 24 CFR 968.325.

I hereby certify that all the information stated within, as well as any information provided in the accompaniment herewith, if applicable, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012.3, U.S.C. 3729 and 3802)