



# **2017 HOUSING AUTHORITY BUDGET**

## **Certification Section**

2017

**OLD BRIDGE**

(Name)

**HOUSING AUTHORITY BUDGET**

FISCAL YEAR: FROM 01-01-2017 TO 12-31-2017

*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: Paul D. Cwert CPA, RMA Date: 2/22/2017

**CERTIFICATION OF ADOPTED BUDGET**

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

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

By: Paul D. Cwert CPA, RMA Date: 4/3/2017


**2017 PREPARER'S CERTIFICATION****OLD BRIDGE**

(Name)

**HOUSING AUTHORITY BUDGET****FISCAL YEAR: FROM: 01-01-2017 TO: 12-31-2017**

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:	THOMAS FURLONG		
Title:	FEE ACCOUNTANT		
Address:	470 HIGHWAY 79, SUITE 2 MORGANVILLE, NJ 07751		
Phone Number:	732-591-2300	Fax Number:	732-591-2525
E-mail address	mrhyal406@aol.com		

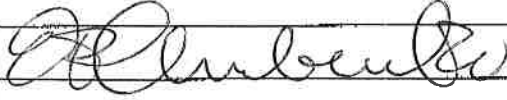
**2017 APPROVAL CERTIFICATION****OLD BRIDGE**

(Name)

**HOUSING AUTHORITY BUDGET****FISCAL YEAR: FROM: 01-01-2017 TO: 12-31-2017**

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 OLD BRIDGE Housing Authority, at an open public meeting held pursuant to N.J.A.C. 5:31-2.3, on the 17th day of January, 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:	ERIC CHUBENKO		
Title:	EXECUTIVE DIRECTOR		
Address:	2000 ROUTE 13 NORTH, SUITE 100 OLD BRIDGE, NJ 08857		
Phone Number:	732-607-6383	Fax Number:	732-679-0894
E-mail address	obtha@optonline.net		

# INTERNET WEBSITE CERTIFICATION

Authority's Web Address: www.oldbridgehousing.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

Eric Chubenko

Title of Officer Certifying compliance

Executive Director

Signature



# 2017 HOUSING AUTHORITY BUDGET RESOLUTION

## OLD BRIDGE

(Name)

**FISCAL YEAR: FROM: 01-01-2017 TO: 12-31-2017**

WHEREAS, the Annual Budget and Capital Budget for the OLD BRIDGE Housing Authority for the fiscal year beginning, JANUARY 1, 2017 and ending, DECEMBER 31, 2017 has been presented before the governing body of the OLD BRIDGE Housing Authority at its open public meeting of 1/17/2017; and

WHEREAS, the Annual Budget as introduced reflects Total Revenues of \$ 1,782,150, Total Appropriations, including any Accumulated Deficit if any, of \$ 1,777,200 and Total Unrestricted Net Position utilized of 0; and

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

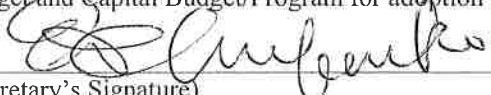
WHEREAS, the schedule of rents, fees and other charges in effect will produce sufficient revenues, together with all other anticipated revenues to satisfy all obligations to the holders of bonds of the Authority, to meet operating expenses, capital outlays, debt service requirements, and to provide for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

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

NOW, THEREFORE BE IT RESOLVED, by the governing body of the OLD BRIDGE Housing Authority, at an open public meeting held on 1/17/2017 that the Annual Budget, including all related schedules, and the Capital Budget/Program of the OLD BRIDGE Housing Authority for the fiscal year beginning, JANUARY 1, 2017 and ending, DECEMBER 31, 2017 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 OLD BRIDGE Housing Authority will consider the Annual Budget and Capital Budget/Program for adoption on 3/21/2017.

  
(Secretary's Signature)

1/17/17  
(Date)

Governing Body Member:	Recorded Vote			
	Aye	Nay	Abstain	Absent
LANCE HILFMAN	✓			
RAMON PAULINO	X			
BRENDA DUNLOP	X			
DUPRE ANDERSON	X			

# 2017 ADOPTION CERTIFICATION


## OLD BRIDGE

(Name)

### HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM: 01-01-2017 TO: 12-31-2017

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 OLD BRIDGE Housing Authority, pursuant to N.J.A.C. 5:31-2.3, on the 21<sup>st</sup> day of, March, 2017.

Officer's Signature:			
Name:	ERIC CHUBENKO		
Title:	EXECUTIVE DIRECTOR		
Address:	2000 ROUTE 18 NORTH, SUITE 100 OLD BRIDGE, NJ 08857		
Phone Number:	732-607-6383	Fax Number:	732-679-0894
E-mail address	obtha@optonline.net		



# 2017 ADOPTED BUDGET RESOLUTION

## OLD BRIDGE

(Name)

## HOUSING AUTHORITY

FISCAL YEAR: FROM: 01-01-2017 TO: 12-31-2017

WHEREAS, the Annual Budget and Capital Budget/Program for the OLD BRIDGE Housing Authority for the fiscal year beginning JANUARY 1, 2017 and ending, DECEMBER 31, 2017 has been presented for adoption before the governing body of the OLD BRIDGE Housing Authority at its open public meeting of 3-21-2017; and

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

WHEREAS, the Annual Budget as presented for adoption reflects Total Revenues of \$ 1,782,150, Total Appropriations, including any Accumulated Deficit, if any, of \$ 1,777,200 and Total Unrestricted Net Position utilized of \$ 0; and

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

NOW, THEREFORE BE IT RESOLVED, by the governing body of OLD BRIDGE Housing Authority, at an open public meeting held on 3-21-2017 that the Annual Budget and Capital Budget/Program of the OLD BRIDGE Housing Authority for the fiscal year beginning, JANUARY 1, 2017 and, ending, DECEMBER 31, 2017 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)

3/21/17  
(Date)

Governing Body Member:	Recorded Vote			
	Aye	Nay	Abstain	Absent
Lance Hilfman	X			
Ramon Paulino	X			
Brenda Dunlop	X			
Dupre Anderson	X			

# **2017 HOUSING AUTHORITY BUDGET**

## **Narrative and Information Section**

**2017 HOUSING AUTHORITY BUDGET MESSAGE &  
ANALYSIS  
OLD BRIDGE  
(Name)**

**AUTHORITY BUDGET**

**FISCAL YEAR: FROM: 01-01-2017 TO: 12-31-2017**

*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). SEE ATTACHED
2. Complete a brief statement on the impact the proposed Annual Budget will have on Anticipated Revenues, especially service charges and on the general purpose/component unit financial statements. Explain significant increases or decreases, if any. An increase or decrease is considered significant if it is over +/-10% (**As shown on budget page F-2 explain reason for change for each revenue changing more than 10%**) from the current year adopted budget. NONE
3. Describe the state of the local/regional economy and how it may impact the proposed Annual Budget, including the planned Capital Budget/Program. NONE
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. N/A
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
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**)

GASB 68 created a slight decrease in Net position. PHA no longer has employees so GASB 68 liability is expected to decrease over the next few years.

OLD BRIDGE HOUSING AUTHORITY  
BUDGET VARIANCES IN EXCESS OF 10%  
DECEMBER 31<sup>ST</sup>, 2017

**Operating Revenues:**

Portable revenue-(+50%) The number of port-ins administered has increased.

**Operating Appropriations:**

Staff Training (+25%) Training costs expected for new commissioners.

## 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>	OLD BRIDGE HOUSING AUTHORITY		
<b>Federal ID Number:</b>	22-3076229		
<b>Address:</b>	2000 ROUTE 18 NORTH, SUITE 100		
<b>City, State, Zip:</b>	OLD BRIDGE	NJ	08857
<b>Phone: (ext.)</b>	732-607-6383	<b>Fax:</b>	732-679-0894

<b>Preparer's Name:</b>	THOMAS FURLONG		
<b>Preparer's Address:</b>	470 HIGHWAY 79, SUITE 2		
<b>City, State, Zip:</b>	MORGANVILLE, NJ	NJ	07751
<b>Phone: (ext.)</b>	732-591-2500	<b>Fax:</b>	732-591-2525
<b>E-mail:</b>	mrhyal406@aol.com		

<b>Chief Executive Officer:</b>	ERIC CHUBENKO		
<b>Phone: (ext.)</b>	732-607-6383	<b>Fax:</b>	732-679-0894
<b>E-mail:</b>	obtha@optonline.net		

<b>Chief Financial Officer:</b>	NONE		
<b>Phone: (ext.)</b>		<b>Fax:</b>	
<b>E-mail:</b>			

<b>Name of Auditor:</b>			
<b>Name of Firm:</b>	HYMANSON, PARNES & 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>			

# HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

## OLD BRIDGE

(Name)

**FISCAL YEAR: FROM: 01-01-2017 TO: 12-31-2017**

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: 0
- 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: 0
- 3) Provide the number of regular voting members of the governing body: 7 (3 Open)
- 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://fds.state.nj.us/njdeca\\_prod/fdssearch.aspx](http://fds.state.nj.us/njdeca_prod/fdssearch.aspx) 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?  
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 a narrative of your Authorities procedures for all employees.**

No Employees

- 11) Did the Authority pay for meals or catering during the current fiscal year? no If "yes," attach a detailed list of all meals and/or catering invoices for the current fiscal year and provide an explanation for each expenditure listed.
- 12) Did the Authority pay for travel expenses for any employee or individual listed on Page N-4? no If "yes," **attach a detailed list of all travel expenses** for the current fiscal year and provide an explanation for each expenditure listed.
- 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:
- First class or charter travel no
  - Travel for companions no
  - Tax indemnification and gross-up payments no
  - Discretionary spending account no
  - Housing allowance or residence for personal use no
  - Payments for business use of personal residence no
  - Vehicle/auto allowance or vehicle for personal use no
  - Health or social club dues or initiation fees no
  - 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**

**OLD BRIDGE**

(Name)

**FISCAL YEAR: FROM: 01-01-2017 TO: 12-31-2017**

*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:

- g) 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
- h) 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.





Schedule of Health Benefits - Detailed Cost Analysis

Old Bridge Housing Authority  
 For the Period January 1, 2017 to December 31, 2017

	# of Covered Members (Medical & Rx) Proposed Budget	Annual Cost		# of Covered Members (Medical & Rx) Current Year	Annual Cost per Employee Current Year	Total Prior Year Cost	\$ Increase (Decrease)	% Increase (Decrease)
		Estimate per Employee Proposed Budget	Total Cost Proposed Budget					
<b>Active Employees - 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				#DIV/0!
Subtotal								
<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				#DIV/0!
Subtotal								
<b>Retirees - 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				#DIV/0!
Subtotal								
<b>GRAND TOTAL</b>	0		\$ -	0		\$ -	\$ -	

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

	Yes or No
	Yes or No

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





# **2017 HOUSING AUTHORITY BUDGET**

## **Financial Schedules Section**

**SUMMARY**

Old Bridge Housing Authority  
 For the Period January 1, 2017 to December 31, 2017

**FY 2017 Proposed Budget**

	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	\$ -	\$ -	\$ 1,782,000	\$ -	\$ 1,782,000	\$ 1,758,106	\$ 23,894	1.4%
Total Non-Operating Revenues	-	-	150	-	150	150	-	0.0%
Total Anticipated Revenues	-	-	1,782,150	-	1,782,150	1,758,256	23,894	1.4%
<b>APPROPRIATIONS</b>								
Total Administration	-	-	192,200	-	192,200	190,600	1,600	0.8%
Total Cost of Providing Services	-	-	1,585,000	-	1,585,000	1,565,528	19,472	1.2%
Total Principal Payments on Debt Service in lieu of Depreciation	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	-	-	-	#DIV/0!
Total Operating Appropriations	-	-	1,777,200	-	1,777,200	1,756,128	21,072	1.2%
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	-	-	-	-	-	-	-	#DIV/0!
Total Appropriations and Accumulated Deficit	-	-	1,777,200	-	1,777,200	1,756,128	21,072	1.2%
Less: Total Unrestricted Net Position Utilized	-	-	-	-	-	-	-	#DIV/0!
Net Total Appropriations	-	-	1,777,200	-	1,777,200	1,756,128	21,072	1.2%
<b>ANTICIPATED SURPLUS (DEFICIT)</b>	\$ -	\$ -	\$ 4,950	\$ -	\$ 4,950	\$ 2,128	\$ 2,822	132.6%

> increase (Decrease)  
 FY 2016 Adopted Budget  
 Proposed vs. Adopted

> increase (Decrease)  
 All Operations Adopted  
 Proposed vs. Adopted

Revenue Schedule

Old Bridge Housing Authority  
 For the Period January 1, 2017 to December 31, 2017

	<b>FY 2017 Proposed Budget</b>				FY 2016 Adopted Budget	\$ increase (Decrease) Proposed vs. Adopted	% increase (Decrease) Proposed vs. Adopted
	Public Housing Management	Section 8	Housing Voucher	Other Programs			
<b>OPERATING REVENUES</b>							
<i>Rental Fees</i>							
Homebuyers' Monthly Payments					\$ -	\$ -	#DIV/0!
Dwelling Rental					-	-	#DIV/0!
Excess Utilities					-	-	#DIV/0!
Non-Dwelling Rental					-	-	#DIV/0!
HUD Operating Subsidy					-	-	#DIV/0!
New Construction - Acc Section 8					-	-	#DIV/0!
Voucher - Acc Housing Voucher			1762000		1,762,000	1,744,106	17,894 1.0%
<b>Total Rental Fees</b>			1,762,000		1,762,000	1,744,106	17,894 1.0%
<i>Other Operating Revenues (List)</i>							
Ports			18000		18,000	12,000	6,000 50.0%
Frauds			2000		2,000	2,000	- 0.0%
Other Revenue 3							#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!
Type in (Grant, Other Rev)							#DIV/0!
Type in (Grant, Other Rev)							#DIV/0!
<b>Total Other Revenue</b>			20,000		20,000	14,000	6,000 42.9%
<b>Total Operating Revenues</b>			1,782,000		1,782,000	1,758,106	23,894 1.4%
<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>							#DIV/0!
<i>Interest on Investments &amp; Deposits (List)</i>							
Investments			150		150	150	- 0.0%
Penalties							#DIV/0!
Other							#DIV/0!
<b>Total Interest</b>			150		150	150	- 0.0%
<b>Total Non-Operating Revenues</b>			150		150	150	- 0.0%
<b>TOTAL ANTICIPATED REVENUES</b>			\$ 1,782,150		\$ 1,782,150	\$ 1,758,256	\$ 23,894 1.4%

### Prior Year Adopted Revenue Schedule

Old Bridge 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					-
Excess Utilities					-
Non-Dwelling Rental					-
HUD Operating Subsidy					-
New Construction - Acc Section 8					-
Voucher - Acc Housing Voucher			1,744,106		1,744,106
<b>Total Rental Fees</b>	-	-	1,744,106	-	1,744,106
<i>Other Revenue (List)</i>					
Ports			12,000		12,000
Frauds			2,000		2,000
Other Revenue 3					-
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>	-	-	14,000	-	14,000
<b>Total Operating Revenues</b>	-	-	1,758,106	-	1,758,106
<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>					
Investments			150		150
Penalties					-
Other					-
<b>Total Interest</b>	-	-	150	-	150
<b>Total Non-Operating Revenues</b>	-	-	150	-	150
<b>TOTAL ANTICIPATED REVENUES</b>	\$ -	\$ -	\$ 1,758,256	\$ -	\$ 1,758,256



**Appropriations Schedule**

Old Bridge Housing Authority  
 For the Period January 1, 2017 to December 31, 2017

	FY 2017 Proposed Budget				FY 2016 Adopted Budget		\$ increase (Decrease)	% increase (Decrease)
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations	Total All Operations	Proposed vs. Adopted	Proposed vs. Adopted
<b>OPERATING APPROPRIATIONS</b>								
<i>Administration</i>								
Salary & Wages					\$ -	\$ -	\$ -	#DIV/0!
Fringe Benefits					-	-	-	#DIV/0!
Legal			16,000		16,000	15,750	250	1.6%
Staff Training			5,000		5,000	4,000	1,000	25.0%
Travel			3,000		3,000	2,750	250	9.1%
Accounting Fees			12,600		12,600	12,500	100	0.8%
Auditing Fees			5,600		5,600	5,600	-	0.0%
Miscellaneous Administration*			150,000		150,000	150,000	-	0.0%
<b>Total Administration</b>			<b>192,200</b>		<b>192,200</b>	<b>190,600</b>	<b>1,600</b>	<b>0.8%</b>
<i>Cost of Providing Services</i>								
Salary & Wages - Tenant Services					-	-	-	#DIV/0!
Salary & Wages - Maintenance & Operation					-	-	-	#DIV/0!
Salary & Wages - Protective Services					-	-	-	#DIV/0!
Salary & Wages - Utility Labor					-	-	-	#DIV/0!
Fringe Benefits					-	-	-	#DIV/0!
Tenant Services					-	-	-	#DIV/0!
Utilities					-	-	-	#DIV/0!
Maintenance & Operation					-	-	-	#DIV/0!
Protective Services					-	-	-	#DIV/0!
Insurance			8,000		8,000	8,000	-	0.0%
Payment in Lieu of Taxes (PILOT)					-	-	-	#DIV/0!
Terminal Leave Payments					-	-	-	#DIV/0!
Collection Losses					-	-	-	#DIV/0!
Other General Expense			15,000		15,000	15,000	-	0.0%
Rents			1,562,000		1,562,000	1,542,528	19,472	1.3%
Extraordinary Maintenance					-	-	-	#DIV/0!
Replacement of Non-Expendible Equipment					-	-	-	#DIV/0!
Property Betterment/Additions					-	-	-	#DIV/0!
Miscellaneous COPS*					-	-	-	#DIV/0!
<b>Total Cost of Providing Services</b>			<b>1,585,000</b>		<b>1,585,000</b>	<b>1,565,528</b>	<b>19,472</b>	<b>1.2%</b>
Total Principal Payments on Debt Service In Lieu of Depreciation	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	-	-	-	#DIV/0!
<b>Total Operating Appropriations</b>			<b>1,777,200</b>		<b>1,777,200</b>	<b>1,756,128</b>	<b>21,072</b>	<b>1.2%</b>
<b>NON-OPERATING APPROPRIATIONS</b>								
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>TOTAL APPROPRIATIONS</b>			<b>1,777,200</b>		<b>1,777,200</b>	<b>1,756,128</b>	<b>21,072</b>	<b>1.2%</b>
<b>ACCUMULATED DEFICIT</b>								<b>#DIV/0!</b>
<b>TOTAL APPROPRIATIONS &amp; ACCUMULATED DEFICIT</b>			<b>1,777,200</b>		<b>1,777,200</b>	<b>1,756,128</b>	<b>21,072</b>	<b>1.2%</b>
<b>UNRESTRICTED NET POSITION UTILIZED</b>								
Municipality/County Appropriation					-	-	-	#DIV/0!
Other					-	-	-	#DIV/0!
<b>Total Unrestricted Net Position Utilized</b>								<b>#DIV/0!</b>
<b>TOTAL NET APPROPRIATIONS</b>	\$ -	\$ -	\$ 1,777,200	\$ -	\$ 1,777,200	\$ 1,756,128	\$ 21,072	<b>1.2%</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 \$ - \$ - \$ 88,860.00 \$ - \$ 88,860.00

OLD BRIDGE HOUSING AUTHORITY MISCELLANEOUS ADMINISTRATION
--

Item	2016 Budget	2017 Budget
Publications	500	500
Membership Dues	2,000	2,000
Telephone Costs/Internet	6,000	6,000
Computer Consultant	2,000	2,000
Office Supplies	3,500	3,500
Advertising	1,000	1,000
Postage	3,000	2,500
Equipment Maintenance	1,000	500
Payroll Services	0	0
Computer Support	3,000	3,000
Utilities	1,500	1,500
Minutes (Labor)	1,800	1,800
Background Checks	1,200	2,000
Consulting	1,500	1,700
Management Fees	122,000	122,000
Total	150,000	150,000

**Prior Year Adopted Appropriations Schedule**

**Old Bridge Housing Authority**

	<i>FY 2016 Adopted Budget</i>				
	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations
<b>OPERATING APPROPRIATIONS</b>					
<i>Administration</i>					
Salary & Wages					\$ -
Fringe Benefits					-
Legal					15,750
Staff Training					4,000
Travel					2,750
Accounting Fees					12,500
Auditing Fees					5,600
Miscellaneous Administration*					150,000
<b>Total Administration</b>					<b>190,600</b>
<i>Cost of Providing Services</i>					
Salary & Wages - Tenant Services					-
Salary & Wages - Maintenance & Operation					-
Salary & Wages - Protective Services					-
Salary & Wages - Utility Labor					-
Fringe Benefits					-
Tenant Services					-
Utilities					-
Maintenance & Operation					-
Protective Services					-
Insurance					8,000
Payment in Lieu of Taxes (PILOT)					-
Terminal Leave Payments					-
Collection Losses					-
Other General Expense					15,000
Rents					1,542,528
Extraordinary Maintenance					-
Replacement of Non-Expendible Equipment					-
Property Betterment/Additions					-
Miscellaneous COPS*					-
<b>Total Cost of Providing Services</b>					<b>1,565,528</b>
Total Principal Payments on Debt Service In Lieu of Depreciation					-
<b>Total Operating Appropriations</b>					<b>1,756,128</b>
<b>NON-OPERATING APPROPRIATIONS</b>					
Total Interest Payments on Debt					-
Operations & Maintenance Reserve					-
Renewal & Replacement Reserve					-
Municipality/County Appropriation					-
Other Reserves					-
<b>Total Non-Operating Appropriations</b>					<b>-</b>
<b>TOTAL APPROPRIATIONS</b>					<b>1,756,128</b>
<b>ACCUMULATED DEFICIT</b>					
<b>TOTAL APPROPRIATIONS &amp; ACCUMULATED DEFICIT</b>					<b>1,756,128</b>
<b>UNRESTRICTED NET POSITION UTILIZED</b>					
Municipality/County Appropriation					-
Other					-
<b>Total Unrestricted Net Position Utilized</b>					<b>-</b>
<b>TOTAL NET APPROPRIATIONS</b>	\$	-	\$	-	\$ 1,756,128

\* 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	\$	-	\$	-	\$	87,806.40	\$	-	\$	87,806.40
--------------------------------------	----	---	----	---	----	-----------	----	---	----	-----------



**Debt Service Schedule - Interest**

Old Bridge Housing Authority

*Fiscal Year Ending In*

If Authority has no debt  this box

Type in Issue Name	Adopted Budget Year 2016	Proposed Budget Year 2017	2018	2019	2020	2021	2022	Thereafter	Total Interest Payments Outstanding
Type in Issue Name									
Type in Issue Name									
Type in Issue Name									
<b>TOTAL INTEREST</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>LESS: HRD SUBSIDY</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>NET INTEREST</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**Net Position Reconciliation**

Old Bridge Housing Authority  
 For the Period January 1, 2017 to December 31, 2017

**FY 2017 Proposed Budget**

	Public Housing Management	Section 8	Housing Voucher	Other Programs	Total All Operations
TOTAL NET POSITION BEGINNING OF CURRENT YEAR (1)	\$ -	\$ -	\$ 1,922,728	\$ -	\$ 1,922,728
Less: Invested in Capital Assets, Net of Related Debt (1)			1,061,385		1,061,385
Less: Restricted for Debt Service Reserve (1)			862,723		862,723
Less: Other Restricted Net Position (1)					
Total Unrestricted Net Position (1)			(1,380)		(1,380)
Less: Designated for Non-Operating Improvements & Repairs					
Less: Designated for Rate Stabilization					
Less: Other Designated by Resolution					
Plus: Accrued Unfunded Pension Liability (1)			91,569		91,569
Plus: Accrued Unfunded Other Post-Employment Benefit Liability (1)					
Plus: Estimated Income (Loss) on Current Year Operations (2)			2,128		2,128
Plus: Other Adjustments (attach schedule)					
<b>UNRESTRICTED NET POSITION AVAILABLE FOR USE IN PROPOSED BUDGET</b>			92,317		92,317
Unrestricted Net Position Utilized to Balance Proposed Budget			-		-
Unrestricted Net Position Utilized in Proposed Capital Budget			-		-
Appropriation to Municipality/County (3)			-		-
Total Unrestricted Net Position Utilized in Proposed Budget			-		-
<b>PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR</b>			92,317		92,317
(4)	\$ -	\$ -	\$ 92,317	\$ -	\$ 92,317

- (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.
- (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.

Maximum Allowable Appropriation to Municipality/County \$ - \$ - \$ 88,860 \$ - \$ 88,860

2017  
OLD BRIDGE  
(Name)

HOUSING  
AUTHORITY  
CAPITAL  
BUDGET/  
PROGRAM

## 2017 CERTIFICATION OF HOUSING AUTHORITY CAPITAL BUDGET/PROGRAM

**OLD BRIDGE**

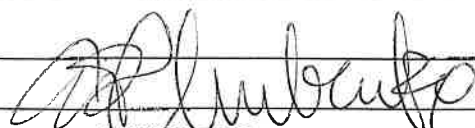
(Name)

**FISCAL YEAR: FROM: 01-01-2017 TO: 12-31-2017**

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 OLD BRIDGE 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): NO CAPITAL FUNDING

Officer's Signature:			
Name:	ERIC CHUBENKO		
Title:	EXECUTIVE DIRECTOR		
Address:	2000 ROUTE 18 NORTH, SUITE 100 OLD BRIDGE, NJ 08857		
Phone Number:	732-607-6383	Fax Number:	732-679-0894
E-mail address	obtha@optonline.net		



**2017 CAPITAL BUDGET/PROGRAM MESSAGE****OLD BRIDGE Housing Authority**

(Name)

FISCAL YEAR: FROM: 01-01-2017 TO: 12-31-2017

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?
2. Has each capital project/project financing been developed from a specific plan or report and have the full life cycle costs of each been calculated?
3. Has the Housing Authority prepared a long-term (10-20 years) infrastructure needs assessment?
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.
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.
6. Have the projects been reviewed and approved by HUD?

*Add additional sheets if necessary.*

## Proposed Capital Budget

**Old Bridge Housing Authority**  
 For the Period **January 1, 2017** to **December 31, 2017**

	Estimated Total Cost	<i>Funding Sources</i>				
		Unrestricted Net Position Utilized	Renewal & Replacement Reserve	Debt Authorization	Capital Grants	Other Sources
<i>Public Housing Management</i>						
Type in Description	\$ -					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	-	-	-	-
<i>Section 8</i>						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	-	-	-	-
<i>Housing Voucher</i>						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	-	-	-	-
<i>Other Programs</i>						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	-	-	-	-
<b>TOTAL PROPOSED CAPITAL BUDGET</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</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

Old Bridge Housing Authority  
 For the Period January 1, 2017 to December 31, 2017

*Fiscal Year Beginning in*

	Estimated Total Cost	Current Budget Year 2017	2018	2019	2020	2021	2022
<b>Public Housing Management</b>							
Type in Description	\$ -	\$ -					
Type in Description	-	-					
Type in Description	-	-					
Type in Description	-	-					
Total	-	-	-	-	-	-	-
<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>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</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

Old Bridge Housing Authority  
 For the Period January 1, 2017 to December 31, 2017

	Estimated Total Cost	Funding Sources			
		Unrestricted Net Position Utilized	Renewal & Replacement Reserve	Debt Authorization	Capital Grants Other Sources
<i>Public Housing Management</i>					
Type in Description	\$ -				
Type in Description	-				
Type in Description	-				
Type in Description	-				
Total	-				
<i>Section 8</i>					
Type in Description	-				
Type in Description	-				
Type in Description	-				
Type in Description	-				
Total	-				
<i>Housing Voucher</i>					
Type in Description	-				
Type in Description	-				
Type in Description	-				
Type in Description	-				
Total	-				
<i>Other Programs</i>					
Type in Description	-				
Type in Description	-				
Type in Description	-				
Type in Description	-				
Total	-				
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Total 5 Year Plan per CB-4	\$ -				
Balance check	-				

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

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