

2016

SHA
5 FEB'16 PM 3:15 RECD

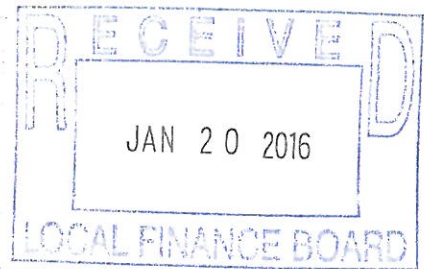
Summit Housing Authority Housing Authority Budget

www.summitnjha.org
(Authority Web Address)

Department Of



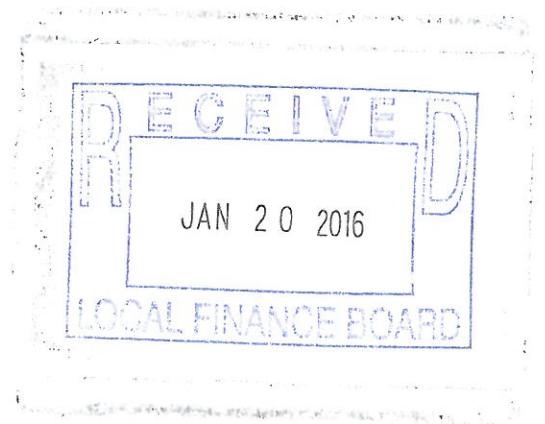
**Community
Affairs**



Division of Local Government Services

2016 HOUSING AUTHORITY BUDGET

Certification Section



2016

Summit Housing Authority
(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM January 1, 2016 TO December 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: *C.M. Zapinski* Date: *11/9/15*

CERTIFICATION OF ADOPTED BUDGET

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

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

By: *Christine M. Zapinski* Date: *2/2/16*

2016 PREPARER'S CERTIFICATION

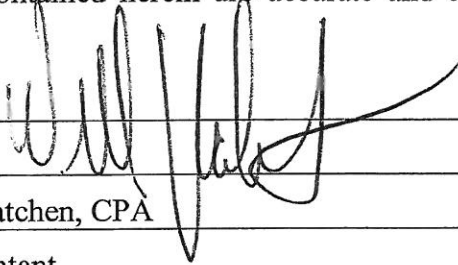
Summit Housing Authority (Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM: 1/1/2016 TO: 12/31/2016

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		

2016 APPROVAL CERTIFICATION

Summit Housing Authority
(Name)

HOUSING AUTHORITY BUDGET

FISCAL YEAR: FROM: 1/1/2016 **TO:** 12/31/2016

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 Summit Housing Authority, at an open public meeting held pursuant to N.J.A.C. 5:31-2.3, on the 28 day of October, 2016.

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 Billy, Jr.		
Title:	Executive Director		
Address:	512 Springfield Avenue, Summit, NJ 07901		
Phone Number:	908-273-6413	Fax Number:	908-273-3618
E-mail address	jmbillyjr@summitnja.org		

INTERNET WEBSITE CERTIFICATION

Authority's Web Address:	<u>www.summitnjha.org</u>
---------------------------------	---------------------------

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 M. Billy, Jr.

Title of Officer Certifying compliance

Executive Director

Signature



2016 HOUSING AUTHORITY BUDGET RESOLUTION

Summit Housing Authority

(Name)

LOCAL GOVT SERVICES
15-28-10-2

2015 NOV -2 P 6:09

FISCAL YEAR: FROM:
1/1/2016

TO:
12/31/2016

RECEIVED

WHEREAS, the Annual Budget and Capital Budget for the Summit Housing Authority for the fiscal year beginning, January 1, 2016 and ending, December 31, 2016 has been presented before the governing body of the Summit Housing Authority at its open public meeting of October 28, 2015; and

WHEREAS, the Annual Budget as introduced reflects Total Revenues of \$ 1,765,235 Total Appropriations, including any Accumulated Deficit if any, of \$ 1,703,035 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

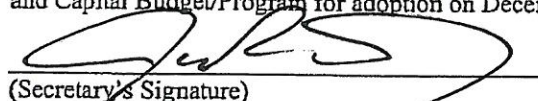
WHEREAS, the schedule of rents, fees and other charges in effect will produce sufficient revenues, together with all other anticipated revenues to satisfy all obligations to the holders of bonds of the Authority, to meet operating expenses, capital outlays, debt service requirements, and to provide for 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 Summit Housing Authority, at an open public meeting held on October 28, 2015 that the Annual Budget, including all related schedules, and the Capital Budget/Program of the Summit Housing Authority for the fiscal year beginning, January 1, 2016 and ending, December 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 Summit Housing Authority will consider the Annual Budget and Capital Budget/Program for adoption on December 9, 2015.


(Secretary's Signature)

10/28/15
(Date)

Governing Body Member:	Recorded Vote Aye	Nay	Abstain	Absent
Comm. HAVERTADT				X
Comm. Kuhn				X
Comm. Pollock	X			
Comm. POOLE	X			
Comm. SPURR	X			
Comm. WHITE				X
Comm. ZIMMERMAN	X			

2016 ADOPTION CERTIFICATION

SUMMIT

(Name)

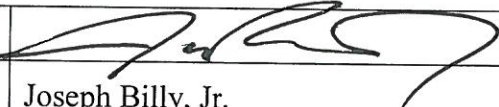
HOUSING AUTHORITY BUDGET

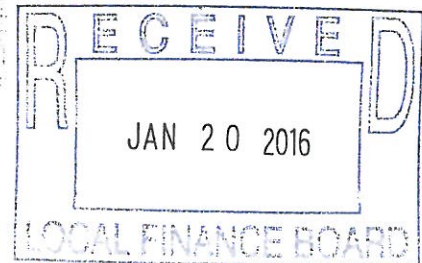
FISCAL
YEAR:

FROM:1/1/2016

TO:12/31/2016

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 Summit Housing Authority, pursuant to N.J.A.C. 5:31-2.3, on the 16 day of, December, 2015.

Officer's Signature:			
Name:	Joseph Billy, Jr.		
Title:	Executive Director		
Address:	512 Springfield Avenue, Summit, NJ 07901		
Phone Number:	908-273-6413	Fax Number:	908-273-3618
E-mail address	jmbillyjr@summitnjha.org		



2016 ADOPTED BUDGET RESOLUTION

SUMMIT (Name) HOUSING AUTHORITY

**FISCAL
YEAR:**

FROM:1/1/2016

TO:12/31/2016

WHEREAS, the Annual Budget and Capital Budget/Program for the Summit Housing Authority for the fiscal year beginning January 1, 2016 and ending, December 31, 2016 has been presented for adoption before the governing body of the Summit Housing Authority at its open public meeting of December 16, 2015; 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 \$ 1,765,235 , Total Appropriations, including any Accumulated Deficit, if any, of \$1,703,035 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 Summit Housing Authority, at an open public meeting held on December 16, 2015 that the Annual Budget and Capital Budget/Program of the Summit Housing Authority for the fiscal year beginning, January 1, 2016 and, ending, December 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.

(Secretary's Signature)

(Date)

Governing Body Member:	Recorded Vote			
	Aye	Nay	Abstain	Absent
Comm. HALVERSTADT	X			
Comm. Kuhn	X			
Comm. Pollock				X
Comm. POOLE	X			
Comm. SPURR	X			
Comm. White	X			
Comm. ZIMMERMANN	X			

2016 HOUSING AUTHORITY BUDGET

Narrative and Information Section

2016 HOUSING AUTHORITY BUDGET MESSAGE & ANALYSIS

Summit Housing Authority AUTHORITY BUDGET

FISCAL YEAR: FROM: TO:

1/1/2016

12/31/2016

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

1. Complete a brief statement on the 2016 proposed Annual Budget and make comparison to the 2015 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 small increases in operating subsidy from HUD based on slightly higher anticipated funding proration. Additionally, in appropriations, fringe benefits are higher based on anticipated premium increases and utilities are lower due to reduced rates and reconciliation of usage with utility companies.

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 not being utilized.

5. Is the Authority required to implement project-based budgeting and asset management under HUD rules and regulations? If yes, has the Authority's governing body adopted a project-based budget?
No.

6. The proposed budget must not reflect an anticipated deficit from 2015 operations. If there exists an accumulated deficit from prior years' budgets (and funding is included in the proposed budget as a result of a prior deficit) explain the funding plan to eliminate said deficit (N.J.S.A. 40A:5A-12). If the Authority has a net deficit reported in its most recent audit, it must provide a deficit reduction plan in response to this question.

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.

No debt was issued.

HOUSING AUTHORITY CONTACT INFORMATION

2016

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

Name of Authority:	Summit Housing Authority		
Address:	512 Springfield Avenue		
City, State, Zip:	Summit	NJ	07901
Phone: (ext.)	908-273-6413	Fax:	908-273-3618

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

Chief Executive Officer:	Joseph M. Billy, Jr.		
Phone: (ext.)	908-273-6413	Fax:	908-273-3618
E-mail:	jmbillyjr@summitnjha.org		

Chief Financial Officer:	William Katchen, CPA		
Phone: (ext.)	201-943-4449	Fax:	201-943-5099
E-mail:	bill@katchencpa.com		

Name of Auditor:	Richard Larsen		
Name of Firm:	Fallon and Larsen		
Address:	252 Washington Street, Suite B		
City, State, Zip:	Toms River	NJ	08753
Phone: (ext.)	732-503-4279	Fax:	732-341-1424
E-mail:	Falloncpa.com		

HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE

Summit Housing Authority (Name)

FISCAL YEAR: FROM:

TO:

1/1/2016

12/31/2016

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

- 1) Provide the number of individuals employed in calendar year 2014 as reported on the Authority's Form W-3, Transmittal of Wage and Tax Statements: 6
- 2) Provide the amount of total salaries and wages for calendar year 2014 as reported on the Authority's Form W-3, Transmittal of Wage and Tax Statements: \$ 399,242.05
- 3) Provide the number of regular voting members of the governing body: 7
- 4) Provide the number of alternate voting members of the governing body: 0
- 5) Did any person listed on Page N-4 have a family or business relationship with any other person listed on Page N-4 during the current fiscal year? No If "yes," attach a description of the relationship including the names of the individuals involved and their positions at the Authority.
- 6) Did all individuals that were required to file a Financial Disclosure Statement for the current fiscal year because of their relationship with the Authority file the form as required? Yes If "no," provide a list of those individuals who failed to file a Financial Disclosure Statement and an explanation as to the reason for their failure to file.
- 7) Does the Authority have any amounts receivable from current or former commissioners, officers, key employees or highest compensated employees? No If "yes," attach a list of those individuals, their position, the amount receivable, and a description of the amount due to the Authority.
- 8) Was the Authority a party to a business transaction with one of the following parties:
 - a. A current or former commissioner, officer, key employee, or highest compensated employee? No
 - b. A family member of a current or former commissioner, officer, key employee, or highest compensated employee? No
 - c. An entity of which a current or former commissioner, officer, key employee, or highest compensated employee (or family member thereof) was an officer or direct or indirect owner? NoIf the answer to any of the above is "yes," attach a description of the transaction including the name of the commissioner, officer, key employee, or highest compensated employee (or family member thereof) of the Authority; the name of the entity and relationship to the individual or family member; the amount paid; and whether the transaction was subject to a competitive bid process.
- 9) Did the Authority during the most recent fiscal year pay premiums, directly or indirectly, on a personal benefit contract? A personal benefit contract is generally any life insurance, annuity, or endowment contract that benefits, directly or indirectly, the transferor, a member of the transferor's family, or any other person designated by the transferor. No If "yes," attach a description of the arrangement, the premiums paid, and indicate the beneficiary of the contract.
- 10) Explain the Authority's process for determining compensation for all persons listed on Page N-4. Include whether the Authority's process includes any of the following: 1) review and approval by the commissioners or a committee thereof; 2) study or survey of compensation data for comparable positions in similarly sized entities; 3) annual or periodic performance evaluation; 4) independent compensation consultant; and/or 5) written employment contract. Attach narrative. Review by Commissioners and HUD required comparability study.
- 11) Did the Authority pay for meals or catering during the current fiscal year? No If "yes," attach a detailed list of all meals and/or catering invoices for the current fiscal year and provide an explanation for each expenditure listed.
- 12) Did the Authority pay for travel expenses for any employee or individual listed on Page N-4? No If "yes," attach a detailed list of all travel expenses for the current fiscal year and provide an explanation for each expenditure listed.

HOUSING AUTHORITY INFORMATIONAL QUESTIONNAIRE (CONTINUED)

Summit Housing Authority

(Name)

FISCAL YEAR: FROM:

TO:

1/1/2016

12/31/2016

- 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? 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**

Summit Housing Authority

(Name)

FISCAL YEAR: FROM:

1/1/2016

TO:

12/31/2016

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

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

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

For the Period January 1, 2016 to December 31, 2016 Summit Housing Authority

Reportable Compensation from Authority (W-2/1099)

Name	Title	Average Hours per Week Dedicated to Position	Position				Base Salary/ Stipend	Bonus	Other (auto allowance, expense account, payment in lieu of health benefits, etc.)	Estimated amount of other compensation from the Authority (health benefits, pension, etc.)	Total Compensation from Authority	Names of Other Public Entities where Individual is an Employee or Member of the Governing Body	Positions held at Other Public Entities Listed in Column O	Average Hours per Week Dedicated to Positions at Other Public Entities Listed in Column O	Reportable Compensation from Other Public Entities (W-2/1099)	Estimated amount of other compensation from Other Public Entities (health benefits, pension, payment in lieu of health benefits, etc.)	Total Compensation All Public Entities
			Commissioner	Officer	Key Employee	Former Highest Compensated Employee											
1 A. DENNIS WHITE	CHAIRPERSON		X									none					
2 PAMELA KUHN	VICE CHAIRPERSON		X									none					
3 JEFF HALVERSTADT	COMMISSIONER		X									none					
4 RICHARD POOLE	COMMISSIONER		X									none					
5 R. COALTER POLLOCK	COMMISSIONER		X									none					
6 STEVEN SPURR	COMMISSIONER		X									none					
7 MARY ZIMMERMAN	COMMISSIONER		X									none					
8 JOSEPH BILLY	EXECUTIVE DIRECTOR		X				122,362				122,362	Freehold HA	EXECUTIVE DIR	2	11,695		134,057
9																	
10																	
11																	
12																	
13																	
14																	
15																	
Total:							\$ 122,362	\$ -	\$ -	\$ -	\$ 122,362				\$ 11,695	\$ -	\$ 134,057

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

Summit Housing Authority
For the Period January 1, 2016 to December 31, 2016

	Annual Cost		Total Cost		# of Covered Members		Annual Cost per Employee		Total Current Year Cost		% Increase (Decrease)	
	# of Covered Members (Medical & Rx) Proposed Budget	Estimate per Employee Proposed Budget	Estimate Proposed Budget	Proposed Budget	Current Year	Current Year	Current Year	Current Year	Year Cost	Year Cost	Current Year	Current Year
Active Employees - Health Benefits - Annual Cost												
Single Coverage	2	\$ 14,370	\$ 28,740	-	2	\$ 13,300	\$ 26,600	\$ 2,140	8.0%	#DIV/0!		
Parent & Child	2	12,530	25,060	-	2	11,600	23,200	1,860	8.0%	#DIV/0!		
Employee & Spouse (or Partner)	2	24,300	48,600	-	2	22,500	45,000	3,600	8.0%	#DIV/0!		
Family	6		102,400	-	6		94,800	7,600	8.0%	#DIV/0!		
Employee Cost Sharing Contribution (enter as negative -)												
Subtotal												
Commissioners - Health Benefits - Annual Cost												
Single Coverage												
Parent & Child												
Employee & Spouse (or Partner)												
Family												
Employee Cost Sharing Contribution (enter as negative -)												
Subtotal												
Retirees - Health Benefits - Annual Cost												
Single Coverage												
Parent & Child												
Employee & Spouse (or Partner)												
Family												
Employee Cost Sharing Contribution (enter as negative -)												
Subtotal												
GRAND TOTAL	6		\$ 102,400		6		\$ 94,800	\$ 7,600	8.0%			

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

Summit Housing Authority

January 1, 2016

December 31, 2016

Legal Basis for Benefit
(check applicable items)

Page N-6

Schedule of Shared Service Agreements

For the Period	Summit Housing Authority to January 1, 2016	December 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]