



ANDREW M. CUOMO
Governor

JAMES S. RUBIN
Commissioner/CEO

OFFICE OF HOUSING MANAGEMENT MEMORANDUM #2016-A-01

To: All Housing Authorities
Chairpersons and Executive Directors

From: Robert Damico, Director
Office of Housing Management

Date: March 1, 2016

Subject: Operating Budget, Fiscal Year Ending March 31, 2017

In accordance with 9 NYCRR 1628 and the Management Bureau Procedural Bulletin dated December 30, 1968 (“Operating Budget Preparation – For Local Housing Authorities”), we are enclosing, with the Executive Director’s copy of this memorandum, the following forms which are needed to prepare your proposed operating budget for the fiscal year ending March 31, 2017.

- Operating Budget – Justification and Narrative, form HM-1
- Summary of Operating budget, form HM-1a
- Budget Revision Request, form HM-1b
- Comparative Analysis of Summary of Proposed Operating Budget, form HM-15

Please note that the following procedures remain in effect:

- A copy of HCR’s approval of the current salary schedule must be submitted with the operating budget package. The salary schedule in the budget should match the figures in the current salary schedule.
- Housing Authority budgets that will not require additional cash subsidy from the municipality will not be reviewed in detail by HCR but will be approved subject to audit.

In preparing your 2016-2017 budget, a review of income from all sources should be conducted to determine if there is a need for increased revenue in order to keep up with inflation.

Over →

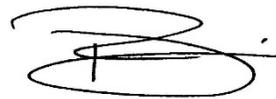
Rent schedules should be revised when the projected budget nears or exceeds maximum State subsidy. Any revision of the rent schedules must be done in accordance with Management Bureau Memoranda #74-A-9 and #80-D-11 (copies attached). Evaluation of the need for an increase should be done expeditiously to assure that the necessary notification and approval requirements are met in advance of the planned implementation date. In addition, welfare rent schedules should be reviewed to ensure that they are at the maximum allowable levels.

Please submit the following to address noted below no later than March 31, 2016.

- 2 Copies, form HM-1 Operating budget – Justification and Narrative
- 3 Copies, form HM-1a Summary of Operating Budget
- 2 Copies, form HM-15 Comparative Analysis of Summary of Proposed Operating Budget
- A copy of HCR's approval of the current salary schedule.

NYS Homes and Community Renewal
Office of Housing Management
Attention: Admin Unit
25 Beaver Street
New York, NY 10004

If you have any questions about the preparation of your budget, you may contact your assigned management representative.



Robert Damico

cc: Chairperson (without attachments)

Fiscal Year Ending _____

Name of Local Housing Authority _____

Project Name and Number _____

NYS

OPERATING BUDGET - JUSTIFICATION AND NARRATIVE
 ANNUAL REPORT - PROJECT INFORMATION
 (Consolidated Projects - Prepare Separate Sheet For Each Project in Consolidation)

I. BUILDINGS - DWELLING UNITS - AREAS

<u>Number of Residential Buildings</u>	<u>Number of Stories</u>	<u>Number of Stairwells</u>	<u>Number of Incinerators</u>	<u>Number of Elevators</u>	<u>Number of Dwelling Units</u>	<u>Number of Rental Rooms</u>
Total _____	_____	_____	_____	_____	_____	_____
Average Number of Rental Rooms Per Dwelling Unit _____						
Gross Floor Area Per Room _____ sq. ft.						
Date of Completion _____			Total Cost of Land		\$ _____	
Cost of Land Per Square Foot		\$ _____	Cost of Buildings		\$ _____	
Construction Costs Per CubicFoot/Per R.R. \$ _____			Amount of Government Loan		\$ _____	
Former Population on Site		\$ _____	Number of Buildings Demolished on Site		_____	
Total Net Area		_____ acres	Area Covered by Buildings		_____ acres	
Planted Area		_____ acres	Paved Area		_____ acres	
Former Site Density Per Gross Acre		_____	Present Site Density Per Gross Acre		_____	

II. SPECIAL INFORMATION

Amount of Subsidy for Calendar Year	\$ _____	Average Rental Per R/R Without Utilities	\$ _____
Average Rental Per R/R With Utilities	\$ _____	Number of Vacant Apartments (As of last day of Calendar Year)	_____
Vacancy Percentage (As of last day of Calendar Year)	_____ %	Total Operating Expenses for Calendar Year	\$ _____
Average Operating Costs Per R/R	\$ _____	Annual Income - Rental of D.U.'s	\$ _____
Annual Income - Other Sources	\$ _____	Assessed Valuation of Property at Acquisition	\$ _____
Aggregate Annual Income of Lowest Income Family	\$ _____	Aggregate Annual Income of Highest Income Family	\$ _____
Average Aggregate Annual Income of all Families	\$ _____		

III. MISCELLANEOUS INFORMATION (Attach additional sheets if necessary)

1.

3110.1 - DWELLING RENT SCHEDULED

\$ _____

Unit Size	No. of DU's	Minimum Rent Per Month	Monthly Dwelling Rent Scheduled	Unit Size	No. of DU's	Minimum Rent Per Month	Minimum Dwelling Rent Scheduled
___ BR.			\$ _____	___ BR.			\$ _____
___ BR.				___ BR.			
___ BR.				___ BR.			
___ BR.				___ BR.			
___ BR.				___ BR.			
___ BR.				___ BR.			

TOTAL MONTHLY DWELLING RENT SCHEDULED: \$ _____ X 12 \$ _____ (Budget Amount)

3110.2 - DWELLING RENT SURCHARGES

\$ _____

1. Current Surcharges for Quarter Ended _____ \$ _____
2. Scheduled Dwelling Rent for Same Quarter \$ _____
3. Current Surcharges (Line 1) as Percentage of Scheduled Rent (Line 2) _____ %
4. Annual Dwelling Rent Scheduled this Budget (Acct. 3110.1 Above) \$ _____
5. Current Percentage (Line 3) or Adjusted Percentage (Explain) _____ %
6. Estimated Surcharges for this Budget \$ _____

Explanation of use of Adjusted, rather than Current Percentage:

3110.3 - RETROACTIVE SURCHARGES

\$ _____

Explanation:

3110.4 - EXCESS UTILITY CHARGES

\$ _____

Explanation:

Electricity:

Gas:

Other:

3111 - DWELLING VACANCY LOSS

\$ _____

(1) No. of Anticipated Vacancies	(2) Average Duration of Vacancy (Days)	(3) No. of Rent Days Lost Through Vacancies (Columns 1 X 2)	(4) Average Monthly Rent Divided By Thirty	(5) Dwelling Vacancy Loss (Columns 3 X 4)

3390 - NET NON-DWELLING RENT

\$ _____

Parking Spaces - No. Assigned _____ @ Monthly Rate of \$ _____ X 12 = \$ _____

COMMUNITY SPACES UNDER LEASE			
Description of Space	Name of Lessor	Lease Expires	Annual Amount of Payment
1.			
2.			

TOTAL (Lines 1 & 2) \$ _____

Community Spaces Not Under Lease

Est. No. of Uses/Yr. _____ X Average Charge of \$ _____ \$ _____

Other (Explain) _____ \$ _____

BUDGETED TOTAL \$ _____

3510 - SALES AND SERVICES TO TENANTS

\$ _____

DESCRIPTION	ANNUAL AMOUNT
Breakage and Damage	
Fuses, Sink Stoppers, Trays, Etc.	
Sale of Keys, Name Plates	
Fumigation and Extermination	
Miscellaneous	
BUDGET AMOUNT	

3590- MISCELLANEOUS PROJECT INCOME

\$ _____

DESCRIPTION	ANNUAL AMOUNT
Parking	
Laundry Machines	
Lockouts	
Service Charges	
Other	
BUDGET AMOUNT	

3610 - INTEREST EARNED

\$ _____

On Administration Fund Investments	\$ _____
On Development Fund Investments (After Substantial Completion)	\$ _____
Less: Allowable to Off-Site Clearance	_____
TOTAL	\$ _____

4110 -PROJECT OFFICE SALARIES

\$ _____

See Estimated Payroll Distribution For Detail. (Page 3)

4120 -CENTRAL OFFICE SALARIES

\$ _____

See Estimated Payroll Distribution For Detail. (Page 3)

4130 - LEGAL, FISCAL AND OTHER FEES

\$ _____

Annual Fee of Attorney: \$ _____ to be charged to:

Development \$ _____
 Administration \$ _____
 Other \$ _____

DESCRIPTION OF SERVICE	TOTAL FEE	% APPLICABLE TO THIS PROJECT	ANNUAL AMOUNT
Legal Fees			
Accounting Fees			
Div. of Housing & Community Renewal Fees			
Collection Agency Fees			
Court Costs			
Other Fees and Expenses (Specify)			
		BUDGET AMOUNT	

4140 - PROJECT OFFICE EXPENSES

\$ _____

DESCRIPTION	ANNUAL AMOUNT
Telephone & Fax	
Travel - Routine Authority Business	
Travel - Conferences and Meetings	
Postage	
Office Supplies	
Miscellaneous	
	BUDGET AMOUNT

4150 - CENTRAL OFFICE EXPENSES

\$ _____

Include only those items charged to the State project with monthly or unit cost of \$50 or more. List items here.

4210.1 - JANITORIAL - WAGES

\$ _____

See estimated Payroll Distribution for detail (Page 3)

4210.2 - JANITORIAL - OTHER

\$ _____

DESCRIPTION	ANNUAL AMOUNT
Supplies - (cleaning powder, disinfectants, polish, rags, scouring powder, soap, toilet tissue, wax, etc.)	
Equipment - (buckets, dust pans, mops, sponges, brooms, etc.)	
Uniforms - (includes all staff uniforms except security)	
_____ X \$ _____ = _____ No. Unit Cost	
Other - Describe	
	TOTAL

4210.3 - EXTERMINATING

\$ _____

The Estimated Cost For This Item Does Not Include The Cost Of Materials Used on Tenants' Belongings.

DESCRIPTION	ANNUAL AMOUNT
Contract For Period From _____ to _____ Materials - Roach Powder, Rat Traps, Mouse Seed, Phosphorous Paste, Etc. Equipment - Bulbs, Sprayers, Flashlights, Etc. Miscellaneous - Describe	
BUDGET AMOUNT	

4220.1 - SECURITY - WAGES

\$ _____

See Estimated Payroll Distribution For Detail (Page 3)

4220.2 - SECURITY - OTHER

\$ _____

DESCRIPTION	ANNUAL AMOUNT
Uniforms: _____ No. X \$ _____ Unit Cost Raincoats and Boots Flashlights and Night Sticks Miscellaneous	
BUDGET AMOUNT	

4310 - WATER

\$ _____

Basis of Charge: () METER () FIXTURES
() FRONTAGE () OTHER _____

Rate if Metered \$ _____ Per Unit of (_____ Gals.) (_____ Cu. Ft.)

Cumulative Consumption in Units of (_____ Gals.) (_____ Cu. Ft.)					
CONSUMPTION	QUARTERS				Per DU/ Per Mo.
	1st	2nd	3rd	4th	
Prior Year Actual					
Estimate - This Budget					
COST					
Prior Year Actual	\$	\$	\$	\$	\$
Budget Amount	\$	\$	\$	\$	\$

4320. - ELECTRICITY \$ _____

No. of Electric Ranges: _____
 Rate Classification # _____
 Average Rate Per KWH # _____

Cumulative Consumption In KWH Units					Per DU/ Per Mo.
CONSUMPTION	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	
Prior Year Actual					
BUDGET					
Budget Amount	\$	\$	\$	\$	\$
Prior Year Actual	\$	\$	\$	\$	\$

4330 - GAS \$ _____

Type: Natural Manufactured B.T.U. Content/ 1,000 Cu. Ft. _____ B.T.U. S
 Rate Classification # _____ Rate Per _____ Cu. Ft. (Therms) \$ _____

Cumulative Consumption in Units of (_____ Cu. Ft.) (Therms)					Per DU/ Per Mo.
CONSUMPTION	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	
Prior Year Actual					
BUDGET					
Budget Amount	\$	\$	\$	\$	\$
Prior Year Actual	\$	\$	\$	\$	\$

4340 - HEATING - FUEL \$ _____

_____ Oil - Cost Per Gallon \$ _____
 Gas - Cost Per Cu. Ft. (Therms) \$ _____
 Amount of Sq. Ft. of EDR Per Apartment _____ Sq. Ft.
 Type of Heating System: Central Group Individual Unit
 Type of Heat: Steam Hot Water Warm Air
 Domestic Hot Water Generation: Conjunction with Heating System
 Gas Fired Heaters Used All Yr. Used Summer Only
 Average Annual Degree Days for Locality _____ ; Prior Year Actual Degree Days _____

Cumulative (Oil) (Gas) Consumption in Units of (_____ Cu. Ft.) (Therms)					Per DU/ Per Mo.
CONSUMPTION	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	
Prior Year Actual					
BUDGET					
Budget Amount	\$	\$	\$	\$	\$
Prior Year Actual	\$	\$	\$	\$	\$

4350 - HEATING - WAGES

\$ _____

See Estimated Payroll Distribution for detail (Page 3)

QUARTERS	1st	2nd	3rd	4th	TOTAL
Budget Amount	\$	\$	\$	\$	\$
Last Year's Actual	\$	\$	\$	\$	\$

4402 - PROJECT MAINTENANCE SALARIES

\$ _____

See Estimated Payroll Distribution For Detail (Page 3)

Quarters	1st	2nd	3rd	4th	TOTAL
Budget Amount	\$	\$	\$	\$	\$
Last Year's Actual	\$	\$	\$	\$	\$

4410- GROUNDS

\$ _____

MATERIALS					\$
Top Soil	_____	Cu. Yds.	@	\$ _____	
Humus	_____	Cu. Yds.	@	\$ _____	
Fertilizer	_____	lbs.	@	\$ _____	
Grass Seed	_____	Lbs.	@	\$ _____	
Shrubs-Spread: _____	Type _____	No.	@	\$ _____	
Tree Replacement: _____	Type _____	No.	@	\$ _____	
Total Materials					\$ _____
Contract Work (Describe - Asphalt, Concrete, Curbing, Fencing, Tree & Shrub Replacement - Attach Additional Pages, if Necessary)					
GRAND TOTAL					\$ _____
Quarters	1st	2nd	3rd	4th	TOTAL
Budget Amount	\$	\$	\$	\$	\$
Last Year's Actual	\$	\$	\$	\$	\$

4420 - STRUCTURES

\$ _____

MATERIALS					\$
Glass, Putty					
Carpentry and Hardware					
Masonry and Plaster					
Roofing and Sheet Metal					
Miscellaneous					
Total Materials					\$ _____
Non-Routine and/or Contract Work (Describe)					
GRAND TOTAL					\$ _____
Quarters	1st	2nd	3rd	4th	TOTAL
Budget Amount	\$	\$	\$	\$	\$
Last Year's Actual	\$	\$	\$	\$	\$

4430 - PAINTING AND DECORATING

\$ _____

DESCRIPTION	Year Last Painted	Material	Project Labor	Total * Cost
INTERIOR		\$	\$	\$
Dwellings				
_____ Apts. @ \$ _____				
Stairwells				
No. _____ @ \$ _____				
Management Space				
Community Building				
Other, Describe Below				
EXTERIOR				
Frame and Trim				
Doors - No. _____ @ \$ _____				
Sash - No. _____ @ \$ _____				
Garbage Sheds - No. _____ @ \$ _____				
Other, Describe Below				
Shades - No. _____ @ \$ _____				
TOTAL		\$	\$	\$

QUARTERS	1st	2nd	3rd	4th	TOTAL
Budget Amount	\$	\$	\$	\$	\$

* **Note** Contract Work shall be indicated by an asterisk (*) following the amount in the "Total Cost" Column.

4440.1 - PLUMBING AND GAS SYSTEM

\$ _____

<p>MATERIALS</p> <ul style="list-style-type: none"> Fixtures Pipe, Fittings, Valves, Etc. Motors and Controls Packing and Washers Miscellaneous <p style="text-align: right; margin-right: 20px;">Total Materials</p> <p>Non-Routine Work (Describe)</p> <p>Contract Work (Describe)</p> <p style="text-align: center; margin-top: 20px;">GRAND TOTAL</p>	<p>\$</p> <hr/> <p>\$</p> <hr/> <p>\$</p> <hr/>
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4440.2 - ELECTRICAL SYSTEM

\$ _____

<p>MATERIALS</p> <ul style="list-style-type: none"> Fixtures and Wiring Conduit and Fittings Fuses, Switches, Sockets, Etc. Bulbs, Globes and Lamps Miscellaneous <p style="text-align: right; margin-right: 20px;">Total Materials</p> <p>Non-Routine Work (Describe)</p> <p>Contract Work (Describe)</p> <p style="text-align: center; margin-top: 20px;">GRAND TOTAL</p>	<p>\$</p> <hr/> <p>\$</p> <hr/> <p>\$</p> <hr/>
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4440.3 - HEATING AND VENTILATING SYSTEM

\$ _____

<p>MATERIALS</p> <ul style="list-style-type: none"> Boiler Parts Fire Box Materials and Refractories Operating and Control Parts Traps & Valves, F & T Traps, Pipes & Fittings Packing and Lubricants Miscellaneous <p style="text-align: right; margin-right: 20px;">Total Materials</p> <p>Non-Routine Work (Describe)</p> <p>Contract Work (Describe)</p> <p style="text-align: center; margin-top: 20px;">GRAND TOTAL</p>	<p>\$</p> <hr/> <p>\$</p> <hr/> <p>\$</p> <hr/>
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Quarters	1st	2nd	3rd	4th	TOTAL
Budget Amount	\$	\$	\$	\$	\$
Prior Year's Actual	\$	\$	\$	\$	\$

4440.4 - ELEVATOR SYSTEM

\$ _____

MATERIALS	\$
Elevator Cable	
Car & Hatch Control Parts	
Lubricants	
Motor Parts	
Miscellaneous	
Total Materials	\$
Non-Routine Items and Contract Work (Describe)	
Annual Maintenance Contract - Expires _____	
Cost per month \$ _____	
GRAND TOTAL	\$

4480.1 - RANGES

\$ _____

MATERIALS	\$
Burner Elements	
Doors, Grids, Hinges, Shelves	
Broilers, Handles, Cocks, Etc.	
Linings, Sides, Splash Plates, Etc.	
Oven Controls	
Miscellaneous	
Total Materials	\$
Non-Routine Items (Describe)	
Contract Work (Describe)	
GRAND TOTAL	\$

4480.2 - REFRIGERATORS

\$ _____

MATERIALS	\$
Paint	
Cold Controls, Relays, Etc.	
Hardware	
Trays and Grids	
Gaskets	
Miscellaneous	
Total Materials	\$
Non-Routine Items (Describe)	
Contract Work (Describe)	
GRAND TOTAL	\$

4490 - OTHER EQUIPMENT

\$ _____

MATERIALS	4490.1 * Equipment	4490.2 Expendable Supplies	TOTAL
MATERIALS Motor Vehicle Operating Costs Including Gasoline and Oil Laundry Equipment Shop Equipment (Tools, Etc.) Operating Equipment (Ash Cans, Etc.) Recreational and Playground Equipment Office Furniture and Equipment Miscellaneous	\$	\$	\$
TOTAL	\$	\$	\$

* - Show Cost Estimates for Items Having Useful Life of More Than One Year in this Column.

4710 - INSURANCE

\$ _____

DESCRIPTION	Amount of Coverage	Term	Annual Gross Premium	Est. Div. Rate %	Budget Amount (Net Annual Premium)
Public Liability Fire Including Rent Boiler Automobile Hold-Up, Burglary Fidelity Bond Workers' Compensation Other					

4313 - MUNICIPAL SERVICE CHARGES

\$ _____

Type of Service	Budget Amount

4716 - INTEREST ON INDEBTEDNESS

\$ _____

(1) Type of Debt *	(2) Six Month Periods of Interest From To		(3) Amount of Interest For Period	(4) ** Amount Chargeable to this Budget
_____	_____ 19 ____	_____ 19 ____	\$ _____	\$ _____
_____	_____ 19 ____	_____ 19 ____	_____	_____
_____	_____ 19 ____	_____ 19 ____	_____	_____
_____	_____ 19 ____	_____ 19 ____	_____	_____
_____	_____ 19 ____	_____ 19 ____	_____	_____
_____	_____ 19 ____	_____ 19 ____	_____	_____

*BI - Bond Issue; TLN - Temporary Loan Notes

**Same as Column 3 if Interest Periods and Fiscal Year coincide, otherwise deduct from amount in Column 3 the Amount of Interest for any time of the Interest Period outside the Fiscal Year.

Total Interest Chargeable to this Budget	\$ _____
Less: Interest Allocated to Off-Site Clearance	\$ _____
Net Interest	\$ _____

4717 - PROVISION FOR AMORTIZATION

\$ _____

4730 - REAL ESTATE TAXES \$ _____

	ASSESSED VALUATION**	TOTAL TAX RATE*	AMOUNT OF EXEMPTION	AMOUNT OF TAX
NON-EXEMPT	\$ _____	\$ _____		\$ _____
EXEMPT	\$ _____	\$ _____	\$ _____	

***TOTAL TAX RATE PER \$100 of A.V.**

State or County \$ _____
 City, Town or Village _____
 School _____
 Other (Explain) _____

TOTAL TAX RATE _____

**If Different A.V.'s Are Used By Taxing Agencies, Use Highest A.V.

4740 - PENSION AND OTHER FUNDS \$ _____

	<u>Salaries</u>	<u>Estimated Rate</u>	<u>Amount</u>
Subject to Pension Contributions	\$ _____	_____ %	\$ _____
Subject to Social Security Payments	_____	_____	_____
Health Insurance Premium			_____
Other: (Describe)			_____
		TOTAL	\$ _____

Note: This account reflects cost to Authority of benefits listed. It does NOT include employees' share of the total cost.

Only salaries of employees who are members of Retirement System are subject to Pension Contribution.

Only salaries, up to legal limit, or employees under Social Security are subject to Social Security payment.

Pension rate will be estimated and will include the rate of employees' contribution assumed by the Authority, if applicable.

4760 - SUPPLEMENTARY COMMUNITY ACTIVITIES \$ _____

DESCRIPTION	4760.1 Salaries	4760.2 Supplies	TOTAL
TOTAL			

4770 - COLLECTION LOSSES \$ _____
 Explanation:

4891 - PROVISION FOR REPLACEMENTS

\$ _____

Check Basis:

_____ 1. Approved Replacement Schedule

_____ 2. Interest Saving Method

_____ 3. Other (Explain) _____

1. Estimated Balance in Replacement Reserve as at (Incl. Interest on Reserve Fund Investment)	\$ _____	TOTALS
2. Minus: Proposed Charges to Replacement Reserve (per A/C No. 2510 Listed Below)	\$ _____	\$ _____
3. Provision For Replacement On This Budget plus	\$ _____	
4. Estimated Interest Earned on Reserve Fund Investments	\$ _____	\$ _____
5. Estimated Balance in Replacement Reserve as at End of Budget Year (Line 2 plus Line 4)		\$ _____

2510 - CHARGES TO REPLACEMENT RESERVE

\$ _____

Sub-Account No.	Item Description	Estimated Cost	Less Trade-in	Net Cost
Budget Amount				\$ _____

INFORMATION ON ITEM BEING REPLACED

Ref. No Above	Acquisition Cost	Year Acquired	Total Mileage*	Repair Cost Past Year

Comments: _____

*If Applicable.

4894 - PROVISION FOR PAINTING

\$ _____

DESCRIPTION	Amount
1. Total Average Annual Estimate (*Below)	1. \$ _____
2. Less (1/3) (1/4) of Excess Accumulation of \$ _____	2. \$ _____
Sub Total	2a. \$ _____
3. Less: Budgeted Estimate for Account No. 4430	3. \$ _____
4. BUDGET AMOUNT (For Account 4894)	4. \$ _____
5. Estimated PAINTING RESERVE Balance as at Beginning of Budget Year	5. \$ _____
6. Estimated Balance in PAINTING RESERVE at end of this Budget Year (Line 4 plus 5)	6. \$ _____

<u>Basis For Average Annual Cost Estimate</u>	<u>No. of Yrs. In Cycle</u>	<u>Average Annual Estimate</u>
Estimated Cost of Next Interior Painting \$ _____ divided by _____ = \$ _____		
Estimated Cost of Next Exterior Painting \$ _____ divided by _____ = \$ _____		
Estimated Cost of Shade Replacements \$ _____ divided by _____ = \$ _____		
*TOTAL AVERAGE ANNUAL ESTIMATE		= \$ _____

Painting Contract Data:

Interior - Last Costs in Fiscal Yr. _____ \$ _____ ; Next Scheduled For Fiscal Yr. _____

Exterior - Last Costs in Fiscal Yr. _____ \$ _____ ; Next Scheduled For Fiscal Yr. _____

4895 - PROVISION FOR VACANCY AND COLLECTION LOSSES

\$ _____

Total Dwelling Rent for this Budget Year \$ _____

Vacancy and Collection Loss Allowance (Percentage) _____ %

Total Vacancy and Collection Loss Allowance \$ _____

Less: Budgeted Dwelling Vacancy Loss _____

Budgeted Dwelling Collection Loss _____

Total Budgeted Vacancy and Collection Loss \$ _____

Normal Provision for Vacancy and Collection Loss \$ _____

Maximum Allowable Vacancy and Collection Loss Reserve Based on Quarter Ended _____ \$ _____

Less: Estimated Vacancy and Collection Loss Reserve (Account 2520) as of beginning of this Budget year \$ _____

Maximum Provision For This Year \$ _____

Provision for this Budget (Normal Provision or Maximum Provision for this year, whichever is less) \$ _____

4899 - PROVISION FOR OPERATING IMPROVEMENTS

\$ _____

NOTE: Use this account for those operating improvements which will be charged to this budget year's operations but which will be actually paid for in future year(s), or for adding to funds previously set aside in prior year(s) for an operating improvement whose cost could not be funded in one year. Operating Improvements consist of additions, alterations, or betterments to a project including fixed or movable equipment (not originally in the project) to improve the operating efficiency of the project, or to effect economies in operation, or to increase the revenue, utility or functions of the project. Ordinary repairs or replacements should not be charged to this account. See also 6210 below.

Sub-Account No.	ITEM	JUSTIFICATION*	EST. DATE OF COMPLETION	EST. COST
				\$
*If space inadequate, list JUSTIFICATION on an attached sheet			TOTAL EST. COST	\$

6100 - MISCELLANEOUS LOSSES

\$ _____

DESCRIPTION	Estimated Loss

6210 - OPERATING IMPROVEMENTS

\$ _____

Items should be listed here ONLY if reasonably expected to be completed and paid for during this budget year. Do not list any items previously provided for in Account 2590 - Reserve for Operating Improvement (page 19).

Sub-Account No.	ITEM	JUSTIFICATION*	EST. DATE OF COMPLETION	EST. COST
				\$
*If space inadequate, list JUSTIFICATION on an attached sheet			TOTAL EST. COST	\$

NYS: _____

Operating Budget For Year Ending: _____



STATE OF NEW YORK
DIVISION OF HOUSING AND COMMUNITY RENEWAL
 25 Beaver Street
 New York, New York 10004

Name of Local Agency: _____ Project (Name and Number): _____

Summary Of Operating Budget For Year Ending: _____

Note: Round out all figures in this budget (including the prior year actual amounts) to the nearest dollar.

(1) Acct. No.	(2) Accountant Classification	Cumulative Amounts At End Of				(7) Division Adjustments	(8) Prior Yr. Actual
		(3) 1st Qtr.	(4) 2nd Qtr.	(5) 3rd Qtr.	(6) 4th Qtr.		
Income							
3110.1	Basic Rent Schedule (Minimum)						
3110.2	Dwelling Rent Surcharges						
3110.3	Retroactive Surcharges						
3110.4	Excess Utility Charges						
	Total Dwelling Rent						
3111	Less: Vacancy Loss						
	Net Dwelling Rent						
3390	Net Non-Dwelling Rent						
3510	Sales & Services to Tenants						
3590	Misc. Project Income						
3610	Interest Earned						
	Total Operating Income						
Expense							
4110	Project Office Salaries						
4120	Central Office Salaries						
4130	Legal, Fiscal & Other Fees						
4140	Project Office Expense						
4150	Central Office Expense						
	Total Management						
4210.1	Janitorial - Wages (See pg. 3)						
4210.2	Janitorial - Other						
4210.3	Exterminating						
4220.1	Security - Wages (See pg. 3)						
4220.2	Security - Other						
	Total Operating Services						
4310	Water						
4320	Electricity						
4330	Gas						
4340	Heating - Fuel						
4350	Heating - Wages (See pg. 3)						
	Total Utilities						
4402	Project Maintenance - Salaries						
4410	Grounds						
4420	Structures						
4430	Painting & Decorating						
4440.1	Plumbing & Gas System						
4440.2	Electrical System						
4440.3	Heating & Ventilating System						
4440.4	Elevator System						
4480.1	Ranges						
4480.2	Refrigerators						
4490	Other Equipment						
	Total Repairs & Maintenance						
4710	Insurance						
4713	Municipal Service Charges						
4716	Interest on Indebtedness						
4717	Amortization of Indebtedness						
4730	Real Estate Taxes						
4740	Pensions & Other Funds						
4760	Community Activities						
4770	Collection Losses						
	Total Other						
	Tot. Oper. Exp. Before Prov. Res.						
4891	Provision for Replacements						
4894	Prov. for Painting & Decorating						
4895	Prov. for Vac. & Coll. Losses						
4899	Prov. for Oper. Improvements						
	Tot. Oper. Exp. After Prov. Res.						
	Net Operating Income or (Loss)						
6100	Miscellaneous Losses						
6210	Operating Improvements						
	Total Extraordinary Expenses						
	Net Income (Loss) Before Subsidy						

Submitted budget, as summarized above, for indicated project is approved subject to any adjustments shown in column (7) and my letter of _____.

Date: _____

Assistant Commissioner

New York State Division of Housing And Community Renewal
25 Beaver St., New York, NY 10004

Name Of Housing Authority	Project Name	Project No. NYS -
---------------------------	--------------	----------------------

Budget Revision Request	Fiscal Year Ending	Revision No.
--------------------------------	--------------------	--------------

Instructions: "Current Budget" and "Current Budget Operating Deficit" refer to the operating budget for the above fiscal year adjusted to reflect any previously approved revisions.

1. Proposed Revision: (Describe work to be done. Include cost estimates and indicate whether work is to be done by contract or by Project Staff.)

2. Justification:

Accounts Affected By This Budget Revision

Number	Accounts Title	Amount		Increased or (Decreased)
		Current	Revised	
#				\$
#				\$
#				\$
#				\$

Complete only if Reserve Funds are used.	Total Increases (+) or Decrease (-)	\$
Account Title	Current Budgeted Operating Deficit	\$
Account #	Revised Budgeted Operating Deficit	\$
Current Budgeted Balance \$	Maximum State Subsidy	\$
Proposed Revision	Approved	Date
Revised Budgeted Balance \$	Title	

(For Division Use Only)

The Undersigned Reviewer Checked the Necessity For The Above Revision and Recommends Following Action:

Revision as recommended above by Housing Company is hereby approved, subject to comment(s) below, if any.

Revision modified and approved in the amount of \$ for reason(s) stated below.

We regret that we must disapprove requested revision at this time for the following reasons:

Comments or Remarks:	Received By
	Approved By
	Title
	Date



STATE OF NEW YORK
DIVISION OF HOUSING AND COMMUNITY RENEWAL
 25 Beaver Street
 New York NY 10004

Comparative Analysis of Summary of Proposed Operating Budget

Fiscal Year Ending: (NYS) (HCLD) (HCLP) #:

Project: Housing (Auth.) (Co.):

No. of DUs: No. of RRs: Factor *:

For Division Use Only	Expense Classification	Proposed Budget		Prior Year Actual	
Average Comparable Projects per RR/Year		Total	Total	Total	Total
	a. Total Management				
	b. Total Operating Services				
	c. Total Repairs & Maintenance (Excluding Painting Expenses)				
	d. Aver. Ann. Painting Estimate				
	e. Social & Community Services				
	f. Insurance				
	g. Employee Benefits Contribution				
	h. Total "M&O" (Excluding Utilities) (Sum of a. through g.)				
	i. Water				
	j. Electricity				
	k. Gas				
	l. Fuel				
	m. Heating Salaries				
	n. Total Utilities				
	o. Total "M&O" (Including Utilities) (Sum of h. plus n.)				

Subsidy (Housing Authority Only)		Personnel					
Value of Tax Exemption	\$		Authorized		Budgeted		Man Hrs. Per DU **
			Proj.	C.O.	Proj.	C.O.	
Maximum State Subsidy	\$	Administrative					
Net Income or (Loss)	\$	Security					
Excess Subsidy (Deficit)	\$	Janitorial					
		Maintenance					

* The factor is the number 1 divided by the number of RRs. The annual total multiplied by the factor gives the Per RR/Yr. figure.

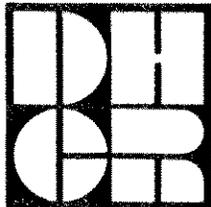
** Man Hrs. Per DU - No. of Personnel (incl. Central Office Percentage) x No. of hrs. per work week x 52 divided by No. of DUs.

Comments:

Report Prepared By:

Title:

STATE OF NEW YORK • EXECUTIVE DEPARTMENT
DIVISION OF HOUSING AND COMMUNITY RENEWAL
TWO WORLD TRADE CENTER, NEW YORK, N.Y. 10047



LEE GOODWIN
COMMISSIONER

LESTER EISNER, JR.
FIRST DEPUTY COMMISSIONER
PETER F. GAYNOR, JR.
DEPUTY COMMISSIONER

November 13, 1974

Management Bureau Memorandum - #74-A-9

To: All Housing Authorities *

From: Edmund R. Davis, Counsel - D.H.C.R.
Melvin Julis, Director - Management Bureau

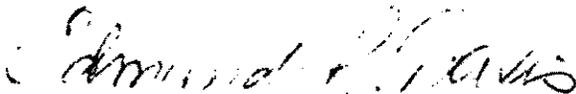
Subject: Procedure for Rent Increases

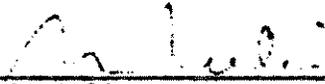
The steps which must be taken in establishing rent increases are as follows:

1. Tenants are notified that (a) a rent increase is under consideration and that (b) they have the right to submit comments in writing to the Authority for a period of one month.
2. If, at the end of the time indicated, the Authority, after consideration of all of the material before it, including that submitted by the tenants, determines that an increase is warranted, they may prepare a new rent schedule and pass a resolution adopting said schedule.
3. The new rent schedule is submitted to DHCR for approval with an evaluation of the tenants' objections by the Authority.
4. After approval by the Division the tenants are given at least a calendar month's notice of their new rents.

Recent court decisions and Division regulations mandate that the foregoing steps be fully complied with.

Recommended forms of the required notices are attached.


Edmund R. Davis


Melvin Julis

Housing Authority Letterhead

date

To the tenant of
Apartment _____

Re: Rent Changes

It has become necessary to consider an increase averaging approximately _____% in the rent schedules for the project in which you reside. The reasons for this increase are as follows:

1. _____
2. _____
3. _____

You may file written objections and submit relevant material to the proposed rent change until _____ (date) at the principal office of the Authority at _____ N.Y. In the preparation of the objections and relevant materials you may be represented by counsel.

Very truly yours,

_____ Housing Authority

By _____
Housing Project Manager

To the tenant of
Apartment _____

Re: Rent Changes

The members of the Authority have considered all the submitted material pursuant to the notice of _____ date.

The Authority's determination is that the rent shall be increased by _____%.

This increase will be effective _____ 197__.

The way your rent will be increased is by ending your present lease and having you execute a new lease.

Very truly yours,

_____ Housing Authority

By _____
Chairman of the Authority

TO: Tenant's Name
Full Address

Please take notice that the undersigned, the landlord of the premises known as _____ Full Address and Apartment No. hereby elects to terminate your tenancy as of _____ (effective date of rent increase)

Dated _____

_____ Housing Authority

By _____
Project Manager

TO: Tenant's Name
Full Address

You may wish to sign a new lease for the above premises at the rental of \$_____ per month at the Authority's office.

Very truly yours,

_____ Housing Authority

By _____
Project Manager

New York State Division of Housing and Community Renewal

MANAGEMENT BUREAU MEMORANDUM #80-D-11

To Management Bureau Staff

From Melvin Julis, Director

Date July 30, 1980

Subject Policy on Rent Increases for Housing Authorities

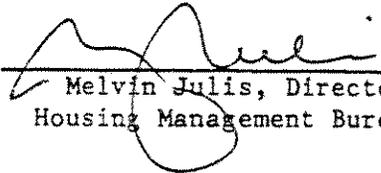
THIS MEMORANDUM SUPERCEDES MEMORANDUM #75-D-3 ISSUED JANUARY 31, 1975

Proposed increases should comply with the following Division policies:

1. No rent should be increased by more than 25% above the rent currently being paid.
2. No rent shall be greater than 33 1/3% of the tenant's income, except for tenants paying the minimum rent.
3. Any tenant in occupancy who is already paying more than 33 1/3% of income for rent on the effective date of the increase shall not be increased until such time as a regularly scheduled income review discloses that the net annual family income has increased to such an amount as to require a higher rent under the current rent schedule.
4. Rents of tenants in occupancy shall not be decreased as a result of the revised rent schedule except for any properly authorized adjustment because of reduced net annual family income.

The limitations listed above do not apply to welfare rents which are based on the schedule approved by the Department of Social Services and used by that Department in budgeting the client's allowance.

The adequacy of rental income should be reviewed at least once a year to avoid substantial rent increases resulting from their undue postponement.



Melvin Julis, Director
Housing Management Bureau