



Commonwealth of Massachusetts
**DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT**

Charles D. Baker, Governor ◆ Karyn E. Polito, Lieutenant Governor ◆ Jennifer D. Maddox, Undersecretary

PHN2020-22

To: Local Housing Authorities
From: Ben Stone, Associate Director, Division of Public Housing
Subject: Quarterly operating statement for the Local Housing Authorities
Date: May 14, 2020

Over the years, the local housing authorities have been sending their operating statements certifications to DHCD through the snail mail. We are delighted to notify you that you will be able to submit the statement certifications **online** starting immediately. Our objective is to minimize the amount of materials or paperwork that you need to mail to our office if the same can be achieved through the online system. This in turn will reduce the amount of money that LHAs have to spend on printing paper and in mailing information or materials to our office.

Below are several snapshots of the new certification and the procedure that you follow to get this done. Please keep in mind that you must complete the new certification completed to submit your quarterly operating statements online to DHCD.

The Fee Accountants complete the top section of the certification using the FA System. Please make sure all the information is entered prior to submitting to DHCD.

This new requirement is only for the quarterly operating statements. The year end submission will remain the same and no changes will be made for now.

Operating Statements new Screens (LHA system)

Housing And Finance Information System

Quarterly Operating Statements

LHA: Wellfleet Housing Authority Fiscal Year Ending : 9/30/2020

Quarter Ending

PROGRAM

- 400-1
- 689-1
- MRV-P

Operating Statement

Operating Report (400-1)

Balance Sheet

Annual Forms

ANUEL & Subsidy Worksheet

Operating Subsidy/Full Reserve Analysis

Net Assets Analysis

Analysis of NonRoutine Expenditures

MRVP Settlement Memo

ED Certification

Submit to DHCD



Quarterly Operating Statements

Certification for Quarterly Operating Statements

LHA: Wellfleet Housing Authority
Program: 400-1

Quarter Ending: 12/31/2019
Fiscal Year Ending: 9/30/2020

Financial Statements and applicable supporting pages are submitted to the Wellfleet Housing Authority.

Prepared By

Name/Title

Date

I declare that all facts and information contained in this Financial Statements are true, correct and complete to the best of my knowledge and belief and that the above statement fairly and accurately represents the financial position of the developments for this period. This report has been provided to and presented to the Wellfleet Housing Authority Board of Commissioners in accordance with the provisions of Section 6A of Chapter 268 of the Massachusetts General Law.

Name

Executive Director/Title

Date

Each electronic submission of this certification is as valid as an original signature.



By Clicking on Certify/Confirm the system saves all the information and Opens up Print option. Printing for mailing is not necessary.

Then "Submit to DHCD" button is open.

Housing And Finance Information System
Quarterly Operating Statements

LHA: Wellfleet Housing Authority Fiscal Year Ending : 9/30/2020

Quarter Ending 12 2019

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Operating Statement Operating Report (400-1)
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MRVP Settlement Memo
ED Certification
Submit to DHCD

Some Changes are made in the check boxes area. Submit is enabled when all the data entry forms are complete and checked the box.

Quarterly Operating Statements Submission

Lha Name : Wellfleet Housing Authority

Quarter Ending : 12/31/2019

Executive Director has completed Certification.

Message to the Housing Management Specialist

Text input field for message to the Housing Management Specialist.

Please Complete Balance Sheet!!

Please Complete Operating Statement!!

Submit Cancel

Fee Accountant System new Screens

Housing And Finance Information System
Quarterly Operating Statements

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Quarter Ending 3 2020

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FA Certification



Fee Accountant can enter only the top section of the certification form and Certify/Confirm.