# Housing and finance Information System

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| **[Enter Housing Authority Name] Housing Authority** | |
| **Extract (Rev:** Choose Revision Number.) | **Board Meeting Type:** Choose an item. |
| **Meeting Date:** Click here to enter a date. | **Meeting Time:** Enter Hour **:** Enter Minute Choose AM/PM. |

# Members Present (Enter all Board Members Present at the meeting listed above)

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| Enter Present Members |

# Members Absent (Enter all Board Members absent from the meeting listed above)

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| Enter Absent Members |

# Others Present (Enter the names of all Non-Board Members Present at the meeting Listed above)

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| Enter Others Present |

# Annual Operating Budget For State-Aided housing Fiscal Year:

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| Motion: **Enter Name of Motion Initiator** moved that the proposed Operating Budget for State-Aided Housing of the **[Enter Housing Authority Name]** **Housing Authority** (ie. 400-1, 400-9, 400-A, 689, MRVP), Program Number **[Program #]** for fiscal year ending **[Enter Fiscal Year End]** showing total revenue of **$** **Enter Total Revenue (Acct. No. 3000)** and total expenses of **$ Enter Total Expenses (Acct. No. 4000)** thereby requesting a subsidy of **$ Enter Total Subsidy (Acct. No. 3801)** be submitted to the Department of Housing and Community Development for its review and approval.  **Enter Person Who Seconded** seconded the motion which, upon roll-call, was passed by a vote of **Enter “For” Vote Total** to **Enter “Against” Vote Total.**  Certified as a true and correct copy of a resolution adopted at said meeting and on file and of record by:  Secretary/Ex-Officio Signature  **[Enter Housing Authority Name] Housing Authority**    Date of Certification    By checking this box  , this certification shall have the effect of being made under the seal of the **[Enter Housing Authority Name] Housing Authority.** |

# Budget Certification – PArt A

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| 1. Each member of the  **[Enter Housing Authority Name] Housing Authority** has exercised appropriate care and due diligence in reviewing and approving the annual budget and we, the undersigned members of the  **[Enter Housing Authority Name] Housing Authority**, do certify, under the pains and penalties of perjury, the following: |
| **1.** That in the preparation of the Authority’s Annual Operating Budget for Program Number **[Enter Program #]** for Fiscal Year ending **[Enter Fiscal Year End]:**   1. The Authority has complied with the provisions of Ch. 121B of the Massachusetts General Laws, all regulations, rules and requirements promulgated thereunder that may apply to the administration of State-Aided Public Housing programs as set forth by DHCD, the Contract(s) for Financial Assistance, and, if applicable, the Master Subsidy Agreement. 2. No person or persons employed by the Authority receive financial compensation for more than one position. 3. The attached budget is complete and accurate in all respects and establishes funding for the requested Budget Year. |
| 1. That we received and reviewed the quarterly operating statements for the previous quarters of the fiscal year for Program Number **[Program #].** We also acknowledge that we will receive, review and certify the year-end statements for Program Number **[Program #].** |
| 1. Please select the appropriate statement below:   That the contract for employment for the Executive Director, if one has been fully executed per 760  CMR 4.05, and the Schedule of All Positions and Salaries and applicable account line items submitted with this budget fully reflects the total compensation for the Executive Director and each position included in the  referenced Schedule.  That there is no contract for employment for the Executive Director and the Schedule of All Positions and Salaries and applicable account line items submitted with this budget fully reflects the total compensation for the Executive Director and each position included in the referenced Schedule. |
| 1. Please select the appropriate statement below:   That no staff person has any relationship to any board member or other staff member of the **[Enter Housing Authority Name] Housing Authority**.  That the attachment discloses all staff persons with any relationship to any board member or other staff member at the **[Enter Housing Authority Name] Housing Authority**. |

# Budget Certification – PArt B

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| The Executive Director of the **[Enter Housing Authority Name] Housing Authority** has exercised appropriate care and due diligence in the preparation of the annual budget and certifies under pains and penalties of perjury that the information provided is complete and accurate in all respects including the above statements.    Executive Director (Printed Name) Signature Date |

# Board Member Signatures By signing this document, All Board Members Acknowledge and agree with all information contained in this budget certification (HAFIS Extract and Budget Certification Parts A, B & C) for the [Enter Housing Authority Name] Housing Authority’s [Program #] Program for Fiscal Year Ending [Enter Fiscal Year End. All Board Members Must sign whether or not present at meeting.

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| Chairman (Printed Name) Signature Date |
| Board Member (Printed Name) Signature Date |
| Board Member (Printed Name) Signature Date |
| Board Member (Printed Name) Signature Date |
| Board Member (Printed Name) Signature Date |
| Board Member (Printed Name) Signature Date |
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| Board Member (Printed Name) Signature Date |
| Board Member (Printed Name) Signature Date |
| Board Member (Printed Name) Signature Date |

# Budget Certification – Part C

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| All signatories understand that an electronically filed version of this certification (saved as a PDF, PNG, JPG, etc) is as valid as the original signatures. The original fully executed Certification will be kept on file at the **[Enter Housing Authority Name] Housing Authority** and will be available for review by DHCD and/or auditors upon request. |