

Commissioner,

Please be advised the State of New Jersey, in an effort to promote transparency, has revised the budget documents that need to be submitted annually. The new budget document requires extensive information relating to the Authority operations. In addition there are questions that pertain to you as a Commissioner of the Housing Authority. Below is a list of questions I will need you to complete and hand back to me so that it can accompany the budget submission. Please complete the following:

I, \_\_\_\_\_, am a Commissioner of the \_\_\_\_\_ Housing Authority. I was appointed on \_\_\_\_\_. My appointment expires on \_\_\_\_\_. I was appointed by (State/DCA, Mayor/CEO, and Governing body) {circle one}

- 1) Are you related in any way to another Commissioner or employee of the Authority? \_\_\_\_\_  
If yes please provide a description of the relationship including the names of the individuals involved and their positions with the Authority.

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- 2) Did you complete the required Annual Financial Disclosure Statement? \_\_\_\_\_  
If no please explain why.

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- 3) Do you receive compensation from any municipality, county, local authority, fire district, or other government unit? (for purposes of this question a Board of Education is classified as an other government unit) \_\_\_\_\_ If yes please provide your 2013 reportable compensation from your W-2, the name of the entity for which you receive compensation, the title you hold and the average number of hours you spend weekly in the position.

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- 4) Do you receive a pension from any entities noted in Question 3? \_\_\_\_\_ If yes please provide your 2013 gross pension received and the name of the entity for which you receive the pension? \_\_\_\_\_

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- 5) Do you hold any public office? \_\_\_\_\_ If yes what is your position, 2013 reportable compensation, if any, and average number of hours per week spent on this position.

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6) Do you serve on any Boards from any municipality, county, local authority, fire district, or other governmental unit? \_\_\_\_\_ If yes what is your position and average number of hours spent on this position. \_\_\_\_\_

7) Have you completed your New Jersey State mandated training classes? \_\_\_\_\_  
If no please explain why not.

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Certification:

I hereby certify that the information above is true and accurate to the best of my knowledge, and that I have disclosed all information herein regarding my involvement in any Boards or positions from any municipality, county, local authority, fire district or other governmental unit.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign above

Please sign above certification and return to me.

Thank-you for your cooperation in this matter.