

MINUTES OF THE REGULAR MEETING OF LODI HOUSING AUTHORITY, 50 BROOKSIDE AVENUE, LODI, NEW JERSEY AT 7:00 PM ON THURSDAY, JUNE 25, 2020

Call to Order: The Meeting was chaired by new Chairman Steven De Nobile who called the Regular Meeting to Order at 7:05 PM.

Pledge of Allegiance: Chairman De Nobile requested everyone stand for the Pledge of Allegiance. After the Pledge, the Chairman made the following statement, "This Agenda is posted to inform the Public of actions being considered by the Authority's Board of Commissioners and its Executive Director/Secretary Treasurer. There may be additions and deletions prior to the Board Meeting before taking final action." Chairman also stated the following, "This meeting has been publicly advertised in compliance with the Open Public Meeting Act."

Roll Call: The meeting was attended by Chairman Steven De Nobile, Vice Chairman Robert Riley, Jr., and Commissioners Daniel J. Cody, Albert Di Chiara, Paul V. Lynch, Robert Marra, and Marc N. Schrieks. No one was absent.

Also present were Lodi Housing Authority Attorney Conrad M. Olear, Esq., Executive Director/Secretary Treasurer Thomas DeSomma, Deputy Executive Director Gary Luna and Housing Manager/Recording Secretary Carol A. Ferrara.

Bids: None

Approval of Minutes:

Motion was made by Commissioner Schrieks and Seconded by Commissioner Di Chiara to approve the Minutes of the Open Session of the February 20, 2020 Regular Meeting. Upon Roll Call, the Board voted as follows:

AYES	NAYS	ABSTAINED	ABSENT
Commissioner Cody Commissioner Di Chiara Commissioner Lynch Commissioner Marra Commissioner Schrieks Vice Chairman Riley Chairman De Nobile	NONE	NONE	NONE

Motion was made by Commissioner Schrieks and Seconded by Commissioner Di Chiara to approve the Minutes of the Closed Session of the February 20, 2020 Regular Meeting. Upon Roll Call, the Board voted as follows:

AYES	NAYS	ABSTAINED	ABSENT
Commissioner Cody Commissioner Di Chiara Commissioner Lynch Commissioner Marra Commissioner Schrieks Vice Chairman Riley Chairman De Nobile	NONE	NONE	NONE

Communications:

1. From Dept. of HUD – Final SEMAP (Section 8) Rating – 100% High Performer
2. From Dept. of HUD – April 2020/May 2020 HAP Pro-Rate @ 99.5% - Admin Fee @ 79% of eligibility
3. To Dept. of HUD – Approval of ACC 2020 CFP Grant of \$415,622 (approx. \$25,000 increase from FY 2019)

MINUTES OF REGULAR MEETING – JUNE 25, 2020 (cont'd)

4. CGI (Contractor doing Section 8/HCV inspections of participants' dwelling units) – notice of 60-day suspension of contractual HCV dwelling unit inspections in conjunction with Bergen County Executive Order pertaining to COVID-19 Pandemic
5. Bergen County Executive Order pertaining to COVID-19 Pandemic
6. LHA Website posting of meeting date postponements for March, April, & May due to COVID-19 Pandemic
7. Additional CARES Act Funding – PH (\$49,593) and Section 8 (\$103,580) – to be used for specific COVID-19 related expenses
8. LHA response to HUD's inquiry for COVID-19 testing sites

Report of Attorney:

1. Evictions/Notices to Cease/Related Hearings
2. Any Other Pending Litigation/Personnel Matters to be Discussed

REFER TO CLOSED SESSION – ATTORNEY-CLIENT PRIVILEGED DISCUSSIONS FOR RELATED CORRESPONDENCE

Report of Accountant: Nothing at this time.

Report of Security: Nothing at this time

Bills Agenda:

**Motion to Approve the March 2020 Bills Agenda was made by Commissioner Cody and Seconded by Commissioner Di Chiara.
Upon Roll Call, the Board voted as follows:**

AYES	NAYS	ABSTAINED	ABSENT
Commissioner Cody Commissioner Di Chiara Commissioner Lynch Commissioner Marra Commissioner Schrieks Vice Chairman Riley Chairman De Nobile	NONE	NONE	NONE

**Motion to Approve the April 2020 Bills Agenda was made by Commissioner Schrieks and Seconded by Commissioner Cody.
Upon Roll Call, the Board voted as follows:**

AYES	NAYS	ABSTAINED	ABSENT
Commissioner Cody Commissioner Di Chiara Commissioner Lynch Commissioner Marra Commissioner Schrieks Vice Chairman Riley Chairman De Nobile	NONE	NONE	NONE

**Motion to Approve the May 2020 Bills Agenda was made by Commissioner Cody and Seconded by Vice Chairman Riley.
Upon Roll Call, the Board voted as follows:**

AYES	NAYS	ABSTAINED	ABSENT
Commissioner Cody Commissioner Di Chiara Commissioner Lynch Commissioner Marra Commissioner Schrieks Vice Chairman Riley Chairman De Nobile	NONE	NONE	NONE

MINUTES OF REGULAR MEETING – JUNE 25, 2020 (cont'd)

Report of Executive Director:

1. Approximate total interest earned for 2020 is **\$6,800.00±**
2. **CONTRACT REPORT:**

CONTRACT AWARDED TO:		CONTRACT AWARDED FOR:
1.	HMI Technical Solutions, LLC (a Henkels & McCoy Group Company) 3 Valley Square, 512 Township Line Road, Ste 300 Blue Bell, PA 19422	Annual Master Meter Certification (Gas System Check as required by PSE&G) \$3,200 per year
I HEREBY CERTIFY THE "FUNDING AVAILABILITY" TO AWARD THE CONTRACTS, AS REFERENCED, HEREIN AND FURTHER CERTIFY THAT ALL CONTRACT PRICES WERE OBTAINED IN COMPLIANCE WITH LHA AND THE US DEPARTMENT OF HUD CFR 85-36 ESTABLISHMENT OF PROCUREMENT POLICY.		
CONTRACT LISTED ABOVE DOES NOT REQUIRE BOARD APPROVAL SINCE YEARLY CONTRACT AMOUNT IS WITHIN EXECUTIVE DIRECTOR'S THRESHOLD TO AWARD		

CONTRACT AWARDED TO:		CONTRACT AWARDED FOR:
1.	None	
2.		
I HEREBY CERTIFY THE "FUNDING AVAILABILITY" TO AWARD THE CONTRACTS, AS REFERENCED, HEREIN AND FURTHER CERTIFY THAT ALL CONTRACT PRICES WERE OBTAINED IN COMPLIANCE WITH LHA AND THE US DEPARTMENT OF HUD CFR 85-36 ESTABLISHMENT OF PROCUREMENT POLICY.		
CONTRACT LISTED ABOVE DOES REQUIRE BOARD APPROVAL SINCE YEARLY CONTRACT AMOUNT IS NOT WITHIN EXECUTIVE DIRECTOR'S THRESHOLD TO AWARD		

3. FYS 2020 PHA Plan – Board Resolution #19-31
4. COVID-19 related notices from LHA – LHA implemented staggered work hours which will continue, at this time, until 09/30/20 – Maintenance to return to full duty on 07/06/20
5. Requests for Price Quote to Remove/Replace 2nd floor rugs/wallpaper (due 04/09/20) – on hold
6. Gift card donations to PH Residents (Seniors & Families)
7. Directive – postponing employee performance evaluations (period covering 04/01/19 thru 03/31/20)
8. Purchasing of COVID-19 related PPE supplies/etc. (organization station, portable fogger, etc.)
9. Motion was made by Commissioner Cody and Seconded by Vice Chairman Riley to Adjourn the July/August Regular Board Meetings for the Summer and to Authorize Executive Director to pay all bills and report such at the September Board Meeting. The vote was as follows:

AYES	NAYS	ABSTAINED	ABSENT
Commissioner Cody Commissioner Di Chiara Commissioner Lynch Commissioner Marra Commissioner Schrieks Vice Chairman Riley Chairman De Nobile	NONE	NONE	NONE

Report of Deputy Executive Director/Administrator Section 8/Housing Manager:

1. Deputy Executive Director reported **446** HCV/Section 8 Participants presently on the program
2. Update was given on AVS Contract (security cameras) – refer to Res. #19-27 for Change Order #1

MINUTES OF REGULAR MEETING – JUNE 25, 2020 (cont'd)

3. Submission to BCCD for 2nd & final payment for CCTV Contract (\$17,724.81) – still waiting for 1st payment of \$47,000±
4. Massey/Rennie Boiler Replacement – on hold
5. Update on Massey Street Parking Lot Expansion

Resolutions:

CONSENT AGENDA (Resolutions are matters covering operation of Lodi Housing Authority and will be passed by one roll call vote covering all items on the Consent Agenda.)

**Motion to Approve Resolutions listed below by Consent Agenda was made by Commissioner Di Chiara and Seconded by Commissioner Schrieks.
Upon Roll Call, the Board voted as follows:**

AYES	NAYS	ABSTAINED	ABSENT
Commissioner Cody Commissioner Di Chiara Commissioner Lynch Commissioner Marra Commissioner Schrieks Vice Chairman Riley Chairman De Nobile	NONE	NONE	NONE

1. Resolution #19-27	CCTV Contract – Advanced Video Surveillance, Inc. (AVS) – Change Order #1 (\$17,724.81)
2. Resolution #19-28	Declaration of Emergency Work & Expenditure – 2 nd Break of Underground Sewer Line at Building #7 (DVP Complex)
3. Resolution #19-29	Adoption of Statutory & Regulatory Waivers as Provided Under PIH Notice 2020-5 and the CARES Act (PL 116-136) due to COVID-19 as Applicable to the PH & S-8 Programs
4. Resolution #19-30	Board Confirmation of Emergency Authorization of Related Actions by Executive Director due to COVID-19 Pandemic
5. Resolution #19-31	PHA Plan Certification – FYS 10/01/2020
6. Resolution #19-32	PHA Board Resolution – Approving Operating Budget for FYS 10/01/2020
7. Resolution #19-33	Approval & Adoption of 2020 Capital Fund Program Grant - #NJP01150120 (\$415,622)
8. Resolution #19-34	Public Housing Operating Budget FYE 09/30/20 – Revision #2
9. Resolution #19-35	Valley National Bank – Public Entity Resolution – Authorization to Sign Two-Signature Checks
10. Resolution #19-36	Valley National Bank – Public Entity Resolution – Authorization to Sign Three-Signature Checks

Report of Commissioner: None
Unfinished Business: None
Old Business: None
New Business: None

MINUTES OF REGULAR MEETING – JUNE 25, 2020 (cont'd)

Good & Welfare: None

Hearing of Citizens: None in Attendance

Closed Session:

Motion to End Regular Order of Business and go into Closed Session was made by Commissioner Cody and Seconded by Commissioner Di Chiara. Upon Roll Call, the Board voted as follows:

AYES	NAYS	ABSTAINED	ABSENT
Commissioner Cody Commissioner Di Chiara Commissioner Lynch Commissioner Marra Commissioner Schrieks Vice Chairman Riley Chairman De Nobile	NONE	NONE	NONE

Motion to end Closed Session and return to Regular Order of Business was made by Commissioner Cody and Seconded by Commissioner Schrieks. Upon Roll Call, the Board voted as follows:

AYES	NAYS	ABSTAINED	ABSENT
Commissioner Cody Commissioner Di Chiara Commissioner Lynch Commissioner Marra Commissioner Schrieks Vice Chairman Riley Chairman De Nobile	NONE	NONE	NONE

Adjournment:

Motion to Adjourn was made by Commissioner Schrieks and Seconded by Commissioner Cody. Upon Roll Call, the Board voted as follows:

AYES	NAYS	ABSTAINED	ABSENT
Commissioner Cody Commissioner Di Chiara Commissioner Lynch Commissioner Marra Commissioner Schrieks Vice Chairman Riley Chairman De Nobile	NONE	NONE	NONE

Meeting was Adjourned at 7:30 PM and Chairman De Nobile declared the Regular Meeting closed.



THOMAS DeSOMMA

Executive Director/Secretary Treasurer



STEVEN DE NOBILE, Chairman

Transcribed/Typed by:



CAROL A. FERRARA
 Housing Manager/Recording Secretary

RESOLUTION NO. 19-27

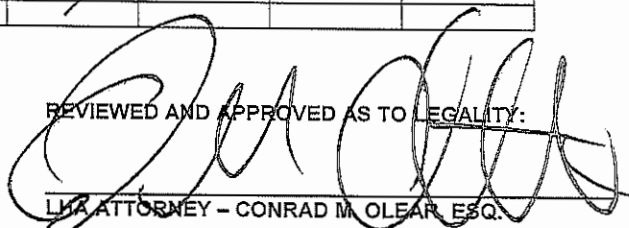
Governing Body Recorded Vote – Members:

Board Members	Aye	Nay	Abstain	Absent
Commissioner D. J. Cody	/ /			
Commissioner S. De Nobile	/ /			
Commissioner P. V. Lynch	/ /			
Commissioner R. Marra	/ /			
Commissioner R. Riley, Jr.	/ /			
Vice Chairman A. Di Chiara	/ /			
Chairman M. N. Schrieks	/ /			

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Approved _____ Denied _____

REVIEWED AND APPROVED AS TO LEGALITY:



LHA ATTORNEY – CONRAD M. OLEAR, ESQ.

**CONTRACT AWARD – CCTV SYSTEM
ADVANCED VIDEO SURVEILLANCE, INC. (AVS)
140 J COMMERCE WAY, TOTOWA, NJ 07512-2291
CHANGE ORDER #1 – \$17,724.81**

WHEREAS, Lodi Housing Authority (LHA) Board of Commissioners (Board) previously awarded the contract (Res. #18-49) to AVS (as referenced above) for repairs of its CCTV Surveillance System on or about September 26, 2019; and

WHEREAS, Change Order #1 has been reviewed by Russell Lipari of R&R Design Consultants, LLC, 415 Terrace Avenue, Hasbrouck Heights, NJ 07604 (LHA's Design and Inspecting Architect – refer to attached correspondence dated 03/16/19) and then subsequently reviewed by LHA Counsel Conrad M. Olear, Esq.; and

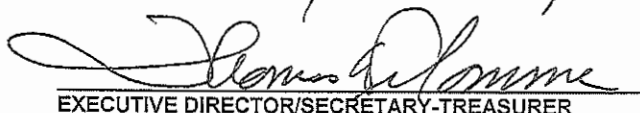
WHEREAS, it was determined and recommended that Change Order #1 in the amount of \$17,724.81 submitted by Advanced Video Surveillance, Inc., 140 J Commerce Way, Totowa, NJ 07512-2291 is within the original Grant Funds (of \$62,000) awarded to LHA by BCCD.

NOW, THEREFORE, BE IT RESOLVED, the Board hereby authorizes Change Order #1 to AVS, as referenced herein, in the amount of \$17,724.81, as funded by the BCCD Grant.

NOW, THEREFORE, BE IT FURTHER RESOLVED, the Executive Director is hereby authorized to execute any and all documents necessary

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE COPY AS ADOPTED BY THE HOUSING AUTHORITY OF THE BOROUGH OF LODI AT THE MEETING HELD ON:

Thursday June 25, 2020



EXECUTIVE DIRECTOR/SECRETARY-TREASURER

RESOLUTION NO. 19-28

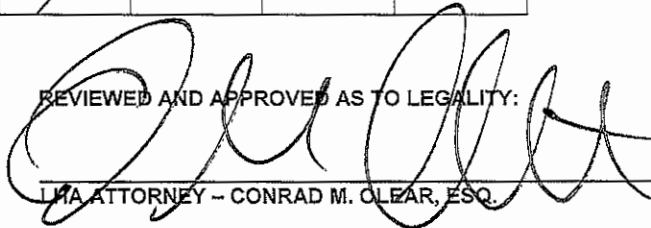
Governing Body Recorded Vote – Members:

Board Members	Aye	Nay	Abstain	Absent
Commissioner D. J. Cody	/			
Commissioner S. De Nobile	/			
Commissioner R. Marra	/			
Commissioner M. N. Schrieks	/			
Commissioner R. Riley, Jr.	/			
Vice Chairman A. Di Chiara	/			
Chairman P. V. Lynch	/			

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Approved _____ Denied _____

REVIEWED AND APPROVED AS TO LEGALITY:



LHA ATTORNEY – CONRAD M. CLEAR, ESQ.

DECLARATION OF EMERGENCY WORK & EXPENDITURE

**2ND BREAK OF UNDERGROUND SEWER LINE
DVP COMPLEX – BLDG. #7**

WHEREAS, on or about February 17, 2020, it was determined that a 2nd break in the underground sewer line located at Building #7 at the De Vries Park Family Complex required Lodi Housing Authority (LHA) to retain an outside contractor, All American Sewer Service, to clear blockage of said underground sewer line; and

WHEREAS, All American Sewer Service (AASS) responded on 02/17/20 and used high pressure jetter truck to clean main line at Bldg. #7 and stated at the time of service and on their billing that line feels broken since line kept getting stuck in different areas and would call back to TV inspect the line after repair is made; and

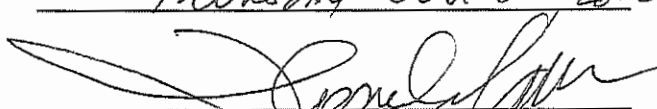
WHEREAS, in order to remove, repair and replace the underground sewer line located approximately 7' below grade, LHA contracted with Montana Construction, Inc., 80 Contant Avenue, Lodi, NJ for emergency repairs on 02/20/20; and

WHEREAS, as Executive Director, I hereby certify, based upon the attached Emergency Report dated 02/21/20 and LHA Maintenance Department's coordination to repair/replace the underground sewer line, as referenced above, created a threat to LHA's tenants' health, safety and welfare, and further declare an Emergency existed.

NOW, THEREFORE, BE IT RESOLVED, that said Emergency affects the health, safety and welfare of all LHA's tenants at the De Vries Park Family Complex, as defined in NJSA 40A:11.6, and requires immediate remediation.

NOW, THEREFORE, BE IT FURTHER RESOLVED, all such related expenditures be classified as "Emergency Expenditures," and such related bills & payments are hereby authorized to be paid from any and all available funds either under the Authority and Public Housing Authority's Operating Program and/or Operating Reserves.

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE COPY AS ADOPTED BY THE HOUSING AUTHORITY OF THE BOROUGH OF LODI AT THE MEETING HELD ON:

Thursday June 25 2020

EXECUTIVE DIRECTOR/SECRETARY-TREASURER



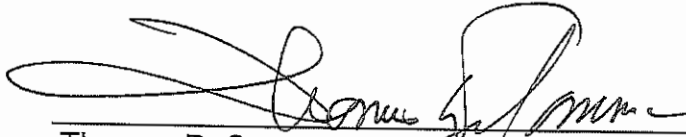
A HUD SPONSORED PUBLIC HOUSING AGENCY
50 Brookside Avenue ■ Lodi, New Jersey 07644

February 21, 2020

**De VRIES PARK FAMILY COMPLEX –
EMERGENCY DECLARATION – 2ND COLLAPSE OF
UNDERGROUND SEWER LINE – DVP – BLDG. #7**

Based upon the attached report dated 02/20/20 submitted by Frank Ciliberto, Maintenance Superintendent, along with corresponding photos, it is my opinion that such Emergency Conditions created a hazardous condition to the health, safety, and welfare of the De Vries Park tenants.

Therefore, I hereby certify that any such **repair** and related expenditures be classified as "Emergency Repair Expenditures" and fall within NJSA 40A:11-6.


Thomas DeSomma, Executive Director

2/21/20
Date

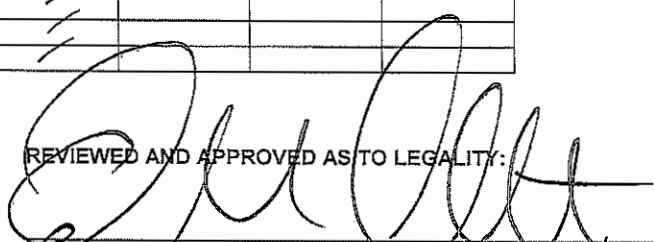
RESOLUTION NO. 19-29

Governing Body Recorded Vote – Members:

Board Members	Aye	Nay	Abstain	Absent
Commissioner D. J. Cody	/			
Commissioner S. De Nobile	/			
Commissioner R. Marra	/			
Commissioner M. N. Schrieks	/			
Commissioner R. Riley, Jr.	/			
Vice Chairman A. Di Chiara	/			
Chairman P. V. Lynch	/			

Approved Denied

REVIEWED AND APPROVED AS TO LEGALITY:



LHA ATTORNEY - CONRAD M. OLEAR, ESQ.

*7/16
See Attached - list of
Waiver Rev. (Borough)
and Technical Corrections*

**ADOPTION OF STATUTORY & REGULATORY WAIVERS
AS PROVIDED UNDER PIH NOTICE 2020-5
AND THE CARES ACT (PL 116-136) DUE TO
COVID-19 AS APPLICABLE TO THE PUBLIC HOUSING &
HOUSING CHOICE VOUCHER PROGRAMS**

WHEREAS, the US Department of Housing and Urban Development (HUD) is authorizing all Public Housing Agencies (PHAs) while administering the Public Housing (PH) and Housing Choice Voucher (HCV) Programs to adopt **Waivers and Alternative Requirements of the Statutory and Regulatory mandates** as they pertain to (but are not limited to) annuals, interims, income verification, HQS inspections, deadlines, etc.; and

WHEREAS, HUD requires all PHAs (when implementing this CARES Statutory and Regulatory Waiver) to formally adopt and formally maintain a reporting mechanism pertaining to waiver/alternative requirements; and

WHEREAS, the approval and adoption of this Resolution #19-29 by the Board of Commissioners (Board) satisfies HUD's requirement of Lodi Housing Authority (LHA) acceptance/approval to authorize and give the Executive Director the **sole discretion to utilize** any and all waivers and alternative requirements on a case-by-case basis and the Executive Director is further authorized to maintain written documentation of waivers/alternative requirements as provided under the attached **Summary Chart**; and

WHEREAS, by adoption of this Resolution #19-29, let it be clearly understood that any and all Statutory/Alternative Requirements and time period extensions are hereby adopted and should HUD, Presidential Emergency Declaration, and/or Executive Order further extend these waivers/alternative requirements, such changes shall be automatically applied and extended to Lodi Housing Authority.

NOW, THEREFORE, BE IT RESOLVED, the Board hereby authorizes the Adoption of LHA's PH/HCV Waivers/Alternative Requirements due to COVID-19, as referenced in the attached PIH Notice 2020-05 (1st page only) and attached Summary Chart.

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE COPY AS ADOPTED BY THE HOUSING AUTHORITY OF THE BOROUGH OF LODI AT THE MEETING HELD ON:

Thursday June 25, 2020



EXECUTIVE DIRECTOR/SECRETARY-TREASURER

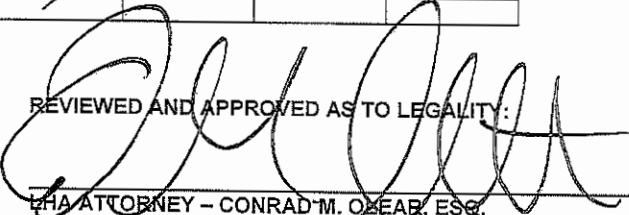
RESOLUTION NO. 19-30

Governing Body Recorded Vote – Members:

Board Members	Aye	Nay	Abstain	Absent
Commissioner D. J. Cody	///			
Commissioner S. De Nobile	///			
Commissioner R. Marra	///			
Commissioner M. N. Schrieks	///			
Commissioner R. Riley, Jr.	///			
Vice Chairman A. Di Chiara	///			
Chairman P. V. Lynch	///			

Approved Denied

REVIEWED AND APPROVED AS TO LEGALITY:


LHA ATTORNEY – CONRAD M. OFARRELL, ESQ.

BOARD CONFIRMATION OF EMERGENCY AUTHORIZATION OF RELATED ACTIONS BY EXECUTIVE DIRECTOR DUE TO COVID-19 PANDEMIC

WHEREAS, Emergency Declarations pertaining to “Imminent Public Health Hazard” have been declared/proclaimed by the World Health Organization on 01/30/20, by President Donald Trump (through the Secretary of Health and Human Services) on 01/31/20, by Executive Order from NJ Governor Philip Murphy on 03/09/20, and by Executive Order from Bergen County Executive James Tedesco III on 03/17/20 that the coronavirus (COVID-19) outbreak was an international public health emergency (see attachments); and

WHEREAS, Lodi Housing Authority’s (LHA) Executive Director has taken the some actions to ensure the Health, Safety & Welfare of the LHA’s employees and the Public Housing Residents and the HCV Participants; some of the actions taken are (but are not limited to) the following, which will be discussed further at meeting:

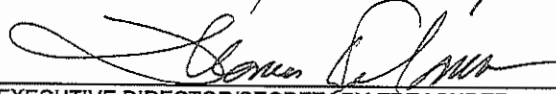
1. Closed Public Access to the Administrative Building; all deliveries, mail, etc. are met at the locked door for immediate drop-off without accessing employees’ office space;
2. All employees are designated as “Essential Employees” and are placed on a staggered work day (½ scheduled in AM and ½ scheduled in PM);
3. Maintenance Employees are required to wear PPE (masks, gloves, eye guards, etc.) and are only authorized to perform emergency work within dwelling units (such as, toilets clogged, sink back-ups, electrical/natural gas issues, etc.). Regular work orders (non-emergency) not authorized at this time;
4. ServPro (cleaning/sanitizing company) performed complete disinfecting of entire Admin Building (all 3 floors) and the hallways/entrances, laundry rooms, and community rooms (which were locked after disinfecting) at all Senior Citizen Complexes.
5. Cancelled Section 8 HCV inspections of participant’s apartments (presently performed by outside contractor, CGI).

WHEREAS, as Executive Director, I hereby request further authorization to take any and all actions deemed necessary to be in the best interest of LHA’s employees, residents, and participants, which will ensure the Health, Safety, and Welfare, including, but not limited to, exemptions and waivers of certain procurement requirements (2CFR 200.319(b), 2CFR 200.32).

NOW, THEREFORE, BE IT RESOLVED, the LHA Board of Commissioners (Board) of hereby acknowledges its Executive Director's efforts and actions, as referenced herein, and further authorizes the Executive Director to continue to take any further actions deemed necessary to continue to be in LHA's best interest.

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE COPY AS ADOPTED BY THE HOUSING AUTHORITY OF THE BOROUGH OF LODI AT THE MEETING HELD ON:

Thursday June 25, 2020



EXECUTIVE DIRECTOR/SECRETARY-TREASURER

RESOLUTION #19-31

Governing Body Recorded Vote – Members:

Board Members	Aye	Nay	Abstain	Absent
Commissioner D. J. Cody	/			
Commissioner S. De Nobile	/			
Commissioner P. V. Lynch	/			
Commissioner R. Marra	/			
Commissioner R. Riley, Jr.	/			
Vice Chairman A. Di Chiara	/			
Chairman M. N. Schrieks	/			

Approved Denied

REVIEWED AND APPROVED AS TO LEGALITY:

 LHA ATTORNEY – CONRAD M. OLEAR, ESQ.

PHA PLAN CERTIFICATION – FYS 10/01/2020

Certifications of Compliance with PHA Plans and Related Regulations (Standard, Troubled, HCV-Only, and High Performer PHAs)

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 02/29/2016

PHA Certifications of Compliance with the PHA Plan and Related Regulations including Required Civil Rights Certifications

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 10/01/2020, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Resident Advisory Board or Boards in developing the Plan, including any changes or revisions to the policies and programs identified in the Plan before they were implemented, and considered the recommendations of the RAB (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
4. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
5. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
6. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identifying any impediments to fair housing choice within those programs, addressing those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and by maintaining records reflecting these analyses and actions.
7. For PHA Plans that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2010-25);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of a site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such a waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
8. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
9. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
10. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
11. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

12. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
13. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
14. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
15. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
16. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
17. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
18. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
19. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
22. The PHA certifies that it is in compliance with applicable Federal statutory and regulatory requirements, including the Declaration of Trust(s).


LODI HOUSING AUTHORITY
PHA Name

NJ011
PHA Number/HA Code

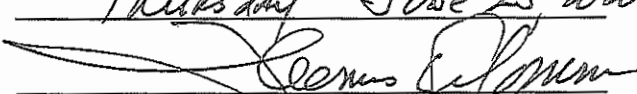
Annual PHA Plan for Fiscal Year 2020

5-Year PHA Plan for Fiscal Years 20__ - 20__

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

Name of Authorized Official	Title
THOMAS DeSOMMA	EXECUTIVE DIRECTOR
Signature	Date
	6/25/20

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE COPY AS ADOPTED BY THE HOUSING AUTHORITY OF THE BOROUGH OF LODI AT THE MEETING HELD ON:

Thursday June 25, 2020

EXECUTIVE DIRECTOR/SECRETARY-TREASURER

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

LODI HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

PUBLIC HOUSING/CONVENTIONAL PROGRAM

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

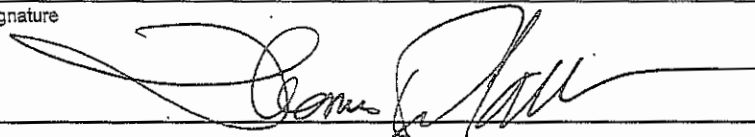
Name of Authorized Official

THOMAS DeSOMMA

Title

EXECUTIVE DIRECTOR

Signature



Date (mm/dd/yyyy)

6-25-20

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

**Certification by State or Local
 Official of PHA Plans Consistency
 with the Consolidated Plan or
 State Consolidated Plan
 (All PHAs)**

U. S Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 2/29/2016

**Certification by State or Local Official of PHA Plans
 Consistency with the Consolidated Plan or State Consolidated Plan**

I, THOMAS DeSOMMA, the EXECUTIVE DIRECTOR
Official's Name *Official's Title*

certify that the 5-Year PHA Plan and/or Annual PHA Plan of the

LODI HOUSING AUTHORITY

PHA Name

is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of
 Impediments (AI) to Fair Housing Choice of the

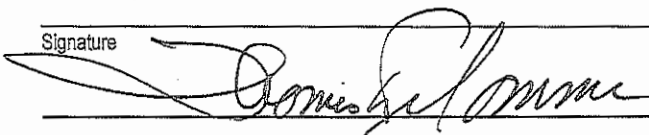
BOROUGH OF LODI, BERGEN COUNTY, NEW JERSEY

Local Jurisdiction Name

pursuant to 24 CFR Part 91.

Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State
 Consolidated Plan and the AI.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
THOMAS DeSOMMA	EXECUTIVE DIRECTOR
Signature	Date
	6-25-10

Governing Body Recorded Vote – Members:

Board Members	Aye	Nay	Abstain	Absent
Commissioner D. J. Cody	/			
Commissioner S. De Nobile	/			
Commissioner P. V. Lynch	/			
Commissioner R. Marra	/			
Commissioner R. Riley, Jr.	/			
Vice Chairman A. Di Chiara	/			
Chairman M. N. Schrieks	/			

Approved Denied

REVIEWED AND APPROVED AS TO LEGALITY:

LHA ATTORNEY – CONRAD M. O'LEARY, ESQ.

RESOLUTION #19-32

PHA Board Resolution
Approving Operating Budget

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing -
Real Estate Assessment Center (PIH-REAC)

OMB No. 2577-0026
(exp. 04/30/2016)

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is required by Section 6(c)(4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income public housing program and provides a summary of the proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the public housing agency (PHA) and the amounts are reasonable, and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality.

PHA Name: LODI HOUSING AUTHORITY PHA Code: NJ011

PHA Fiscal Year Beginning: OCTOBER 1, 2020 Board Resolution Number: 19-32

Acting on behalf of the Board of Commissioners of the above-named PHA as its Chairperson, I make the following certifications and agreement to the Department of Housing and Urban Development (HUD) regarding the Board's approval of (check one or more as applicable):

DATE

- Operating Budget approved by Board Resolution on: 06/25/2020
- Operating Budget submitted to HUD, if applicable, on: _____
- Operating Budget revision approved by Board resolution on: _____
- Operating Budget revision submitted to HUD, if applicable, on: _____

I certify on behalf of the above-named PHA that:

1. All statutory and regulatory requirements have been met;
2. The PHA has sufficient operating reserves to meet the working capital needs of its developments;
3. Proposed budget expenditure are necessary in the efficient and economical operation of the housing for the purpose of serving low-income residents;
4. The budget indicates a source of funds adequate to cover all proposed expenditures;
5. The PHA will comply with the wage rate requirement under 24 CFR 968.110(c) and (f); and
6. The PHA will comply with the requirements for access to records and audits under 24 CFR 968.110(i).

I hereby certify that all the information stated within, as well as any information provided in the accompaniment herewith, if applicable, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012.31, U.S.C. 3729 and 3802)

Print Board Chairperson's Name: MARC N. SCHRIEKS	Signature: 	Date: 06/25/2020
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RESOLUTION NO. 19-33

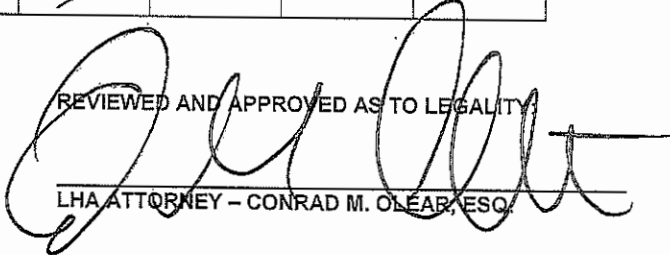
Governing Body Recorded Vote – Members:

Board Members	Aye	Nay	Abstain	Absent
Commissioner D. J. Cody	/			
Commissioner S. De Nobile	/			
Commissioner P. V. Lynch	/			
Commissioner R. Marra	/			
Commissioner R. Riley, Jr.	/			
Vice Chairman A. Di Chiara	/			
Chairman M. N. Schrieks	/			

M
S

Approved Denied

REVIEWED AND APPROVED AS TO LEGALITY



LHA ATTORNEY – CONRAD M. O'LEARY, ESQ.

APPROVAL & ADOPTION OF 2020 CAPITAL FUND PROGRAM GRANT #NJP01150120 (\$415,622)

WHEREAS, Lodi Housing Authority (LHA) has been awarded under the Capital Fund Program (CFP) \$415,622 for FY 2020 to be referred to under #NJ39P01150120; and

WHEREAS, the Capital Fund Program final rule in 2013 decoupled the Capital Fund Annual submission from the PHA Plan submission; and

WHEREAS, in accordance with 24 CFR Part 905, LHA is in compliance with 45 day Public Hearing notification and is including its most recent Public Hearing Board Resolution from its Approved 2018 PHA Plan and Capital Fund 5 Year Action Plan; and

WHEREAS, LHA is recognized as a Non-Qualified PHA in accordance with Notice PIH 2008-41 and is a recognized High Performer by the US Department of HUD; and

WHEREAS, FY 2019 PHAs are not executing a Capital Fund ACC Amendment, and these are important dates relevant to the CFP Grant Awards: Obligation Start Date (03/26/2020), Obligation End Date (03/25/2022), and Expenditure End Date (03/25/2024); and

WHEREAS, LHA is including Approved HUD Form 50077 for Non-Qualified PHAs certification of compliance with Public Hearing; and

WHEREAS, CFP grant has been assigned to Budget Line Item (BLI) 1406 Operations; and

WHEREAS, CFP Grant #NJ39P01150120 has been prepared in accordance with the New Capital Fund Final Rule.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Commissioners of Lodi Housing Authority, in reference to CFP Grant #NJ39P01150120, are hereby approved and adopted.

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE COPY AS ADOPTED BY THE HOUSING AUTHORITY OF THE BOROUGH OF LODI AT THE MEETING HELD ON:

Thursday June 25, 2020



EXECUTIVE DIRECTOR/SECRETARY-TREASURER

2020 Capital Fund

Capital Fund Program
(CFP) Amendment
To The Consolidated Annual Contributions
Contract (form HUD-53012)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Whereas, (Public Housing Authority) Housing Authority of the Borough of Lodi NJ011 (herein called the "PHA")
and the United States of America, Secretary of Housing and Urban Development (herein called "HUD") entered into Consolidated Annual Contributions
Contract(s) ACC(s) Numbers(s) (On File) dated (On File)

Whereas, in accordance with Section 235 of Public Law 116-94, Division H, Title II,

Whereas, HUD has agreed to provide CFP assistance, upon execution of this Amendment, to the PHA in the amount to be specified below for the purpose of assisting the PHA in carrying out development, capital and management activities at existing public housing projects in order to ensure that such projects continue to be available to serve low-income families. HUD reserves the right to provide additional CFP assistance in this FY to the PHA. HUD will provide a revised ACC Amendment authorizing such additional amounts.

\$ \$415,622.00 for Fiscal Year 2020 to be referred to under Capital Fund Grant Number NJ39P01150120
PHA Tax Identification Number (TIN): On File DUNS Number: On File

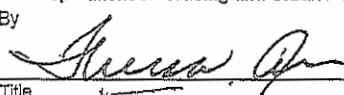
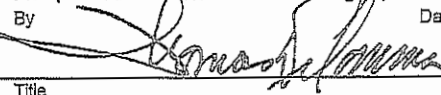
Whereas, HUD and the PHA are entering into the CFP Amendment Number _____

Now Therefore, the ACC(s) is (are) amended as follows:

- The ACC(s) is (are) amended to provide CFP assistance in the amount specified above for development, capital and management activities of PHA projects. This CFP Amendment is a part of the ACC(s).
- The PHA must carry out all development, capital and management activities in accordance with the United States Housing Act of 1937 (the Act), 24 CFR Part 905 (the Capital Fund Final rule) as well as other applicable HUD requirements, except that the limitation in section 9(g)(1) of the Act is increased such that of the amount of CFP assistance provided for under this CFP amendment only, the PHA may use no more than 25 percent for activities that are eligible under section 9(e) of the Act only if the PHA's HUD-approved Five Year Action Plan provides for such use; however, if the PHA owns or operates less than 250 public housing dwelling units, such PHA may continue to use the full flexibility in section 9(g)(2) of the Act.
- The PHA has a HUD-approved Capital Fund Five Year Action Plan and has complied with the requirements for reporting on open grants through the Performance and Evaluation Report. The PHA must comply with 24 CFR 905.300 of the Capital Fund Final rule regarding amendment of the Five Year Action Plan where the PHA proposes a Significant Amendment to the Capital Fund Five Year Action Plan.
- For cases where HUD has approved a Capital Fund Financing Amendment to the ACC, HUD will deduct the payment for amortization scheduled payments from the grant immediately on the effective date of this CFP Amendment. The payment of CFP funds due per the amortization scheduled will be made directly to a designated trustee within 3 days of the due date.
- Unless otherwise provided, the 24 month time period in which the PHA must obligate this CFP assistance pursuant to section 9(j)(1) of the Act and 48 month time period in which the PHA must expend this CFP assistance pursuant to section 9(j)(5) of the Act starts with the effective date of this CFP amendment (the date on which CFP assistance becomes available to the PHA for obligation). Any additional CFP assistance this FY will start with the same effective date.
- Subject to the provisions of the ACC(s) and paragraph 3, and to assist in development, capital and management activities, HUD agrees to disburse to the PHA or the designated trustee from time to time as needed up to the amount of the funding assistance specified herein.

- The PHA shall continue to operate each public housing project as low-income housing in compliance with the ACC(s), as amended, the Act and all HUD regulations for a period of twenty years after the last disbursement of CFP assistance for modernization activities for each public housing project or portion thereof and for a period of forty years after the last distribution of CFP assistance for development activities for each public housing project and for a period of ten years following the last payment of assistance from the Operating Fund to each public housing project. Provided further that, no disposition of any project covered by this amendment shall occur unless approved by HUD.
- The PHA will accept all CFP assistance provided for this FY. If the PHA does not comply with any of its obligations under this CFP Amendment and does not have its Annual PHA Plan approved within the period specified by HUD, HUD shall impose such penalties or take such remedial action as provided by law. HUD may direct the PHA to terminate all work described in the Capital Fund Annual Statement of the Annual PHA Plan. In such case, the PHA shall only incur additional costs with HUD approval.
- Implementation or use of funding assistance provided under this CFP Amendment is subject to the attached corrective action order(s).
(mark one): Yes No
- The PHA is required to report in the format and frequency established by HUD on all open Capital Fund grants awarded, including information on the installation of energy conservation measures.
- If CFP assistance is provided for activities authorized pursuant to agreements between HUD and the PHA under the Rental Assistance Demonstration Program, the PHA shall follow such applicable statutory authorities and all applicable HUD regulations and requirements. For *total conversion* of public housing projects, no disposition or conversion of any public housing project covered by these terms and conditions shall occur unless approved by HUD. For *partial conversion*, the PHA shall continue to operate each non-converted public housing project as low-income housing in accordance with paragraph 7.
- CFP assistance provided as an Emergency grant or a Safety and Security grant shall be subject to a 12 month obligation and 24 month expenditure time period. CFP assistance provided as a Natural Disaster grant shall be subject to a 24 month obligation and 48 month expenditure time period. The start date shall be the date on which such funding becomes available to the PHA for obligation. The PHA must record the Declaration(s) of Trust within 60 days of the effective date or HUD will recapture the grant funding.

The parties have executed this CFP Amendment, and it will be effective on 3/26/2020. This is the date on which CFP assistance becomes available to the PHA for obligation.

U.S. Department of Housing and Urban Development	PHA (Executive Director or authorized agent)
By  Date: <u>3/17/20</u>	By  Date: <u>2/21/20</u>
Title <u>Director, Office Public Housing</u>	Title <u>Executive Director</u>

Previous versions obsolete

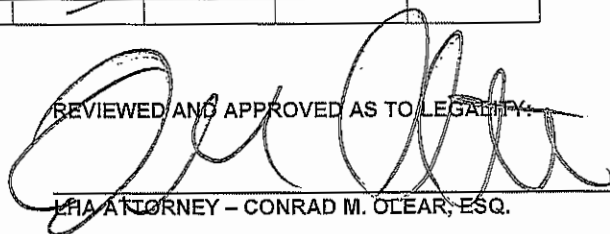
form HUD-52840-A OMB Approval No. 2577-0157 (exp. 01/31/2021)

RESOLUTION NO. 19-34

Governing Body Recorded Vote – Members:

Board Members	Aye	Nay	Abstain	Absent
Commissioner D. J. Cody	/			
Commissioner S. De Nobile	/			
Commissioner P. V. Lynch	/			
Commissioner R. Marra	/			
Commissioner R. Riley, Jr.	/			
Vice Chairman A. Di Chiara	/			
Chairman M. N. Schrieks	/			

Approved Denied

REVIEWED AND APPROVED AS TO LEGALITY:

 LHA ATTORNEY – CONRAD M. OLEAR, ESQ.

**PUBLIC HOUSING OPERATING BUDGET FYE 09/30/20
 REVISION #2**

WHEREAS, on 12/19/19, Lodi Housing Authority (LHA) adopted its PH Operating Budget (Res. #19-11) and then, subsequently, on 02/20/20, approved Revision #1 (Res. #19-22); and

WHEREAS; Emergency Declarations pertaining to COVID-19 were made by President Donald J. Trump and NJ Governor Philip Murphy, requiring LHA to postpone its March, April, and May Board Meetings; and

WHEREAS, the Declarations of Emergency further affected LHA and all PHAs under the jurisdiction of the US Dept. of Housing and Urban Development (HUD) to perform its daily operational functions, specifically, delaying LHA’s solicitation for various construction projects planned for all sites under NJ011-11; and

WHEREAS, the Board of Commissioners (Board) previously accepted Landmark Dividend’s lump sum payment of \$400,152.42 (Res. #18-50) for the main reason to schedule, plan, and receive RFQs for various capital improvements identified in the attached email dated 06/18/19; and

WHEREAS, as Executive Director, in conjunction with Landmark Dividend’s lump sum payment of \$400,152.42, I hereby certify Funding Availability for the following contract awards (refer to attached quotes):

Contract #1 – Remove/Replace of Stone Stair Treads; Repair/Replace Sidewalks; Repointing of Brick Steps at DVP only:

- Balitano Contracting Company
 298 Forest Road, Fort Lee, NJ 07024
 a) \$ 9,200.00
 b) \$ 7,500.00
 \$16,700.00 (PH Account to be charged E.O.M. #4610)

Contract #2 – Pressure Washing at DVP & S/C Complexes:

- Ace Power Washing, LLC
 91 Banta Avenue, Garfield, NJ 07026
 a) \$12,600 – all DVP buildings
 b) \$ 2,000 – all S/C buildings
 \$14,600 (PH Account to be charged – E.O.M. #4610)

Contract #3 – Expansion of Massey Street Parking Lot:

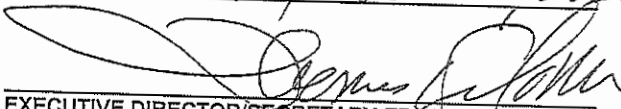
- To Be Determined – Public Bid/Advertisement in process – Estimated Budget \$80,000 (PH Account to be increased/subsequently charged to E.O.M #4610)

NOW, THEREFORE, BE IT RESOLVED, the Capital Improvements identified within this Resolution #19-34 are hereby approved, including appropriations identified under Contract #3, Expansion of Massey Street Park Lot.

NOW, THEREFORE, BE IT FURTHER RESOLVED, the Board hereby approves Resolution #19-34 and further recognizes this approval shall also constitute approval for LHA Revision #2 to its PH Operation Budget FYE 09/30/20, and the Board further authorizes the Executive Director to execute any and all contract documents and PH Budget Revisions as may be required by the US Dept. of HUD and the NJDLGS.

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE COPY AS ADOPTED
BY THE HOUSING AUTHORITY OF THE BOROUGH OF LODI AT THE
MEETING HELD ON:

Thursday June 25 2020


EXECUTIVE DIRECTOR/SECRETARY-TREASURER

RESOLUTION NO. 19-35

Governing Body Recorded Vote – Members:

Board Members	Aye	Nay	Abstain	Absent
Commissioner D. J. Cody	/			
Commissioner S. De Nobile	/			
Commissioner P. V. Lynch	/			
Commissioner R. Marra	/			
Commissioner R. Riley, Jr.	/			
Vice Chairman A. Di Chiara	/			
Chairman M. N. Schrieks	/			

Approved Denied

REVIEWED AND APPROVED AS TO LEGALITY:

[Handwritten Signature]
 LHA ATTORNEY – CONRAD M. OLEAR, ESQ.



Branch: 126 Lodi
147 Main Street
Lodi, NJ 07644
 Phone: 973-472-1131 Fax: 973-472-1430
 Bank Representative: 4360 _____
 Signature

PUBLIC ENTITY RESOLUTION

I, THOMAS DESOMMA, the undersigned, being duly elected or appointed and acting as the SECRETARY-TREASURER of LODI HOUSING AUTHORITY ("Public Entity"), located at LODI organized and existing under the laws of the State of NJ, hereby certify to Valley National Bank ("Valley") that at a meeting of the Board of Trustees or such other governing body (the "Governing Board"), as may be authorized or required by law to designate depositories and to transact, or delegate the authority to transact, the financial business of the Public Entity, duly called and held on the 25th day of June, 2020, in accordance with all applicable laws and organizational documents, the following resolutions were duly adopted, and that the said Resolutions have not been revoked or amended and remain in full force and effect.

RESOLVED:

- Valley National Bank, located and authorized to do business in New Jersey, is hereby designated as a depository of this Public Entity.
- The SECRETARY-TREASURER CHAIRPERSON, VICE CHAIRPERSON COMMISSIONER
 (Indicate by Title person(s) authorized, e.g., Supervisor, Chief Fiscal Officer, etc.)
 of the Public Entity, or any one of them, is/are hereby authorized to open a bank account or accounts from time to time with Valley for and in the name of the Public Entity with such title or titles as he/she or they may designate.
- Until the further order of the Governing Board, pursuant to Paragraph 11 hereof, the maximum amount which may be kept on deposit at Valley at any time is \$100,000, provided, however, that Valley shall have no duty to determine whether the balances on deposit at any time exceed such maximum amount or to take any action with regard to these deposits.
- The SECRETARY-TREASURER CHAIRPERSON, VICE CHAIRPERSON COMMISSIONER
 (Indicate by Title person(s) authorized, e.g., Supervisor, Chief Fiscal Officer, etc.)
 of Public Entity, signing ANY TWO
 (For purposes of signing items, indicate, e.g., singly, any two, etc.)

and their successors and any other person authorized by statute, regulation or court order on behalf of the Public Entity ("Authorized Person(s)") is/are hereby authorized to sign, by hand or by facsimile (including, but not limited to, electronically generated) signature(s), checks, drafts, acceptances and other instruments (hereinafter collectively referred to as "Items(s)"). Notwithstanding the above, any Authorized Person is authorized singly to: (1) initiate Automated Clearing House ("ACH") debits without a signature; or (2) give instructions, by means other than the signing of an Item, with respect to any account transaction, including, but not limited to, the payment, transfer or withdrawal by wire, computer or other electronic means (now existing or hereafter developed), of funds, credits, items or property at any time held by Valley for account of the Public Entity ("Instructions").

- The SECRETARY-TREASURER CHAIRPERSON, VICE CHAIRPERSON COMMISSIONER
 (Indicate by Title person(s) authorized, e.g., Supervisor, Chief Fiscal Officer, etc.)
 of the Public Entity, is/are hereby authorized without further action of this Governing Board to execute the Valley form entitled "Funds Transfer Agreement", thereby designating one or more individuals, whether or not such individuals be designated as "Authorized Persons", for the purpose of the verification of payment orders and issuance of written confirmations.
- Valley is hereby authorized to honor and pay items, whether signed by hand or by facsimile (including, but not limited to, electronically generated signatures(s)). In the case of facsimile signatures, Valley is authorized to pay any item if the signature resembles the specimens filed with Valley by the Public Entity, regardless of how or by whom such signature was affixed and whether or not the form signature used on such item was actually prepared by or for the Public Entity. Valley is further authorized to honor and pay Depository Transfer Checks, ACH Debits, Instructions, and other orders given singly by any Authorized Person, including such as may bring about or increase an overdraft and such as may be payable to or for the benefit of any Authorized Person or employee individually, without inquiry as to the circumstances of the issuance or the disposition of the proceeds thereof and without limit as to amount.

7. Valley is hereby authorized to accept for deposit, for credit, for collection, or otherwise, items whether or not endorsed by any person or by stamp or other impression in the name of the Public Entity without inquiry as to the circumstances of the endorsement or lack of endorsement or the disposition of the proceeds.

8. The Public Entity agrees to be bound by the "All About Your Accounts – Account Disclosures", currently in effect and as amended hereafter, as well as any signature card, deposit ticket, checkbook, passbook, statement of account, receipt, instrument, document or other agreement, such as, but not limited to, funds transfer agreements and security procedures delivered or made available to Public Entity from Valley, and by all notices posted at the office of Valley at which the account of the Public Entity is maintained, or on a website that Valley maintains or participates in, in each case with the same effect as if each and every term thereof were set forth in full herein and made a part hereof.

9. The SECRETARY-TREASURER CHAIRPERSON, VICE CHAIRPERSON COMMISSIONER
 (Indicate by Title person(s) authorized, e.g., Supervisor, Chief Fiscal Officer, etc.)

of the Public Entity or any one or more of them is/are hereby authorized to act for the Public Entity in all other matters and transactions relating to any of its business with Valley including, but not limited to, the execution and delivery of any agreements or contracts necessary to effect the foregoing Resolutions.

10. Valley is hereby released from any liability and shall be indemnified against any loss, liability or expense arising from honoring any of these Resolution

11. Each of the foregoing Resolutions and the authority thereby conferred shall remain in full force and effect until written notice of revocation or modification by presentation of new Resolutions and Valley's Signature Card Form shall be received by Valley, provided that such notice shall not be effective with respect to any revocation or modification of said authority until Valley shall have had a reasonable opportunity to act following receipt of such notice and shall not be effective with respect to any checks or instruments for the payment of money or the withdrawal of funds dated on or prior to the date of such notice.


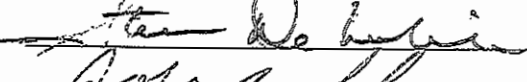
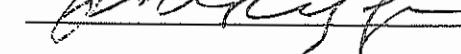
The SECRETARY-TREASURER CHAIRPERSON, VICE CHAIRPERSON COMMISSIONER
 (Indicate by Title person(s) authorized, e.g., Supervisor, Chief Fiscal Officer, etc.)

or any other officer of the Public Entity is hereby authorized and directed to certify, under the seal of the Public Entity or not, but with like effect in the latter case, to Valley the foregoing Resolutions, the names of the officers, Authorized Persons and other representatives of the Public Entity and any changes from time to time in the said Officers, Authorized Persons and representatives and specimens of their respective signatures. Valley may conclusively assume that persons at any time certified to it to be officers, Authorized Persons or other representatives of the Public Entity continue as such until receipt by Valley of written notice to the contrary.

12. The authority given hereunder shall be deemed retroactive and any and all acts hereunder performed prior to the passage of these Resolutions are hereby ratified and approved.

I CERTIFY that there is no provision in the statutes applicable to, or organizational documents of, the Public Entity limiting the power of the Governing Board to pass the foregoing Resolutions, and that the same are in conformity with the provisions of said statutes and organizational documents.

I FURTHER CERTIFY that the persons designated by the Public Entity as "Authorized Persons" on the Bank's Signature Card Form currently on file with Valley National Bank: (1) if officers of the Public Entity, have been duly elected or appointed to and now hold the offices in the Public Entity set forth opposite their respective names, and (2) if not officers of the Public Entity, are current employees who have been designated and empowered, in accordance with all proper procedures relating to the delegation of authority of the Public Entity, to exercise such authority as is provided for in these Resolutions or on the Valley National Bank Signature Card Form as is set forth opposite their respective names.

NAME	TITLE	SIGNATURE
<u>THOMAS DESOMMA</u>	<u>SECRETARY-TREASURER</u>	<u></u>
<u>STEVE DE NOBILE</u>	<u>CHAIRPERSON</u>	<u></u>
<u>ROBERT RILEY, JR.</u>	<u>VICE-CHAIRPERSON</u>	<u></u>

7. Valley is hereby authorized to accept for deposit, for credit, for collection, or otherwise, items whether or not endorsed by any person or by stamp or other impression in the name of the Public Entity without inquiry as to the circumstances of the endorsement or lack of endorsement or the disposition of the proceeds.

8. The Public Entity agrees to be bound by the "All About Your Accounts – Account Disclosures", currently in effect and as amended hereafter, as well as any signature card, deposit ticket, checkbook, passbook, statement of account, receipt, instrument, document or other agreement, such as, but not limited to, funds transfer agreements and security procedures delivered or made available to Public Entity from Valley, and by all notices posted at the office of Valley at which the account of the Public Entity is maintained, or on a website that Valley maintains or participates in, in each case with the same effect as if each and every term thereof were set forth in full herein and made a part hereof.

9. The _____
 (Indicate by Title person(s) authorized, e.g., Supervisor, Chief Fiscal Officer, etc.)

of the Public Entity or any one or more of them is/are hereby authorized to act for the Public Entity in all other matters and transactions relating to any of its business with Valley including, but not limited to, the execution and delivery of any agreements or contracts necessary to effect the foregoing Resolutions.

10. Valley is hereby released from any liability and shall be indemnified against any loss, liability or expense arising from honoring any of these Resolution

11. Each of the foregoing Resolutions and the authority thereby conferred shall remain in full force and effect until written notice of revocation or modification by presentation of new Resolutions and Valley's Signature Card Form shall be received by Valley, provided that such notice shall not be effective with respect to any revocation or modification of said authority until Valley shall have had a reasonable opportunity to act following receipt of such notice and shall not be effective with respect to any checks or instruments for the payment of money or the withdrawal of funds dated on or prior to the date of such notice.


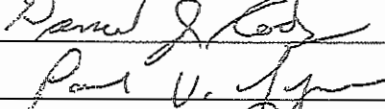

The _____
 (Indicate by Title person(s) authorized, e.g., Supervisor, Chief Fiscal Officer, etc.)

or any other officer of the Public Entity is hereby authorized and directed to certify, under the seal of the Public Entity or not, but with like effect in the latter case, to Valley the foregoing Resolutions, the names of the officers, Authorized Persons and other representatives of the Public Entity and any changes from time to time in the said Officers, Authorized Persons and representatives and specimens of their respective signatures. Valley may conclusively assume that persons at any time certified to it to be officers, Authorized Persons or other representatives of the Public Entity continue as such until receipt by Valley of written notice to the contrary.

12. The authority given hereunder shall be deemed retroactive and any and all acts hereunder performed prior to the passage of these Resolutions are hereby ratified and approved.

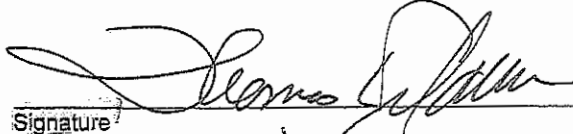
I CERTIFY that there is no provision in the statutes applicable to, or organizational documents of, the Public Entity limiting the power of the Governing Board to pass the foregoing Resolutions, and that the same are in conformity with the provisions of said statutes and organizational documents.

I FURTHER CERTIFY that the persons designated by the Public Entity as "Authorized Persons" on the Bank's Signature Card Form currently on file with Valley National Bank: (1) if officers of the Public Entity, have been duly elected or appointed to and now hold the offices in the Public Entity set forth opposite their respective names, and (2) if not officers of the Public Entity, are current employees who have been designated and empowered, in accordance with all proper procedures relating to the delegation of authority of the Public Entity, to exercise such authority as is provided for in these Resolutions or on the Valley National Bank Signature Card Form as is set forth opposite their respective names.

NAME	TITLE	SIGNATURE
<u>ALBERT DI CHIARA</u>	<u>COMMISSIONER</u>	<u></u>
<u>DANIEL J. CODY</u>	<u>COMMISSIONER</u>	<u></u>
<u>PAUL V. LYNCH</u>	<u>COMMISSIONER</u>	<u></u>


IN WITNESS WHEREOF, I have hereunto set my hand as SECRETARY-TREASURER and affixed the seal of the said

Public Entity this 25th day of June, 2020.


Signature
Thomas Desommi
Name
Secretary - Treasurer
Title

Attest (Second Officer)

[To be attested to if the person executing these Resolutions is also a signatory on the Public Entity's account(s)]


Signature
Steven De Nobile
Name
Chairperson
Title

AFFIX SEAL HERE



Business Name & Mailing Address LODI HOUSING AUTHORITY

50 BROOKSIDE AVE
LODI, NJ 07644-3214

Signatures Required 1 2 3 4

Business Account # 41007948
Taxpayer Id# 22-6002669

BUSINESS SIGNATURE CARD

(initials) New Account Information verified

Location of Business (if different from Mailing Address)

Email 0013603482

Business Phone 973-470-3650

PRINCIPAL # 1 Name THOMAS DESOMMA Title SECRETARY/TREASURER

Home Address City State Zip Home Phone

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature SS# Mother's Maiden Name

PRINCIPAL # 2 Name STEVEN DE NOBLE Title CHAIRPERSON

Home Address City State Zip Home Phone

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature SS# Mother's Maiden Name

PRINCIPAL # 3 Name ROBERT RILEY, JR. Title VICE-CHAIRPERSON

Home Address City State Zip Home Phone

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature SS# Mother's Maiden Name

PRINCIPAL # 4 Name ALBERT DI CHIARA Title COMMISSIONER

Home Address City State Zip Home Phone

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature SS# Mother's Maiden Name

PRINCIPAL # 5 Name DANIEL J. CODY Title COMMISSIONER

Home Address City State Zip Home Phone

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature SS# Mother's Maiden Name

Under penalty of perjury, I (we) certify (1) that the number shown on this card is my (our) correct taxpayer identification number and (2) that I (we) are not subject to backup withholding, either because I (we) have not been notified of backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me (us) that I (we) are no longer subject to backup withholding. (Instruction to signer: If you have been notified by the IRS that you are subject to backup withholding due to notified payee under-reporting and have not been notified that the backup withholding is terminated you should strike out the language in clause 2 above). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. I (we) acknowledge receipt of Valley's Account Disclosures and Rules. I (we) acknowledge that we have read and agree to be bound by the Account Disclosures and Rules. I (we) further acknowledge that the Account Disclosures and Rules may be amended by Valley from time to time and that my (our) continued use of the account after such amendment constitutes my (our) agreement to be bound by the amended terms of the Account Disclosures and Rules.

Existing Customers - Customer Due Diligence Rule Confirmation

I also certify, under penalty of perjury, that the Beneficial Owner(s), including percentage(s) of ownership, Controlling Person and business registration previously certified to Valley National Bank for this business entity are current and accurate as of the date of this account opening. I, or another authorized representative of the legal entity will promptly notify the Bank of any changes.

Authorized Signature

06/16/2020 \$0.00 4360 126 Checking existing 0000002266
Date Opened Initial Deposit Teller# Br# Date Closed Product Opened Referring Employee Household #

SPECIAL INSTRUCTIONS

Affix Facsimile Signature (stamp)



Business Name & Mailing Address Lodi Housing Authority

50 Brookside Ave
Lodi, NJ 07644-3214

BUSINESS SIGNATURE CARD

Signatures Required 1 2 3 4

(initials) New Account information verified

Location of Business (if different from Mailing Address)
Email 0013603482

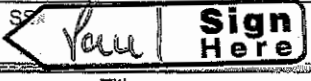
Business Phone 973-470-3650

Business Account # 41007948
Taxpayer Id# 22-6002669

PRINCIPAL # 1 Name: PAUL V. LYNCH Title: COMMISSIONER

Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature: *Paul V. Lynch*  Mother's Maiden Name: _____

PRINCIPAL # 2 Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature: _____ SS#: _____ Mother's Maiden Name: _____

PRINCIPAL # 3 Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature: _____ SS#: _____ Mother's Maiden Name: _____

PRINCIPAL # 4 Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature: _____ SS#: _____ Mother's Maiden Name: _____

PRINCIPAL # 5 Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature: _____ SS#: _____ Mother's Maiden Name: _____

Under penalty of perjury, I (we) certify (1) that the number shown on this card is my (our) correct taxpayer identification number and (2) that I (we) are not subject to backup withholding, either because I (we) have not been notified of backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me (us) that I (we) are no longer subject to backup withholding. (Instruction to signer: If you have been notified by the IRS that you are subject to backup withholding due to notified payee under-reporting and have not been notified that the backup withholding is terminated you should strike out the language in clause 2 above). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. I (we) acknowledge receipt of Valley's Account Disclosures and Rules. I (we) acknowledge that we have read and agree to be bound by the Account Disclosures and Rules. I (we) further acknowledge that the Account Disclosures and Rules may be amended by Valley from time to time and that my (our) continued use of the account after such amendment constitutes my (our) agreement to be bound by the amended terms of the Account Disclosures and Rules.

Existing Customers - Customer Due Diligence Rule Confirmation

I also certify, under penalty of perjury, that the Beneficial Owner(s), including percentage(s) of ownership, Controlling Person and business registration previously certified to Valley National Bank for this business entity are current and accurate as of the date of this account opening. I, or another authorized representative of the legal entity will promptly notify the Bank of any changes.

Authorized Signature: *[Signature]*

06/16/2020 \$0.00 4360 126 _____ Checking existing 0000002266
Date Opened Initial Deposit Teller# Br# Date Closed Product Opened Referring Employee Household #

SPECIAL INSTRUCTIONS

Affix Facsimile Signature (stamp)



Business Name & Mailing Address LODI HOUSING AUTHORITY

50 BROOKSIDE AVE
LODI, NJ 07644-3214

Signatures Required 1 **2** 3 4

BUSINESS SIGNATURE CARD

Business Account # 41007956
Taxpayer Id# 22-6002669

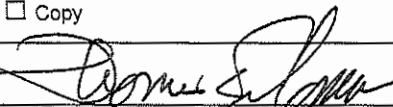
(initials) New Account Information verified
Location of Business (if different from Mailing Address)
Email 0013603482

Business Phone 973-470-3650

PRINCIPAL # 1 Name THOMAS DESOMMA Title SECRETARY/TREASURER

Home Address _____ City _____ State _____ Zip _____ Home Phone _____

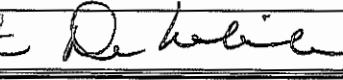
Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature  SS# _____ Mother's Maiden Name _____

PRINCIPAL # 2 Name STEVEN DE NOBILE Title CHAIRPERSON

Home Address _____ City _____ State _____ Zip _____ Home Phone _____

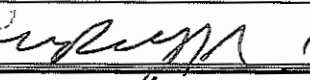
Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature  SS# _____ Mother's Maiden Name _____

PRINCIPAL # 3 Name ROBERT RILEY, JR. Title VICE-CHAIRPERSON

Home Address _____ City _____ State _____ Zip _____ Home Phone _____

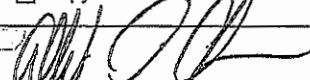
Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature  SS# _____ Mother's Maiden Name _____

PRINCIPAL # 4 Name ALBERT DI CHIARA Title COMMISSIONER

Home Address _____ City _____ State _____ Zip _____ Home Phone _____

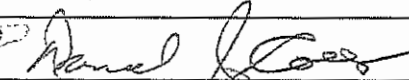
Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature  SS# _____ Mother's Maiden Name _____

PRINCIPAL # 5 Name DANIEL J. CODY Title COMMISSIONER

Home Address _____ City _____ State _____ Zip _____ Home Phone _____

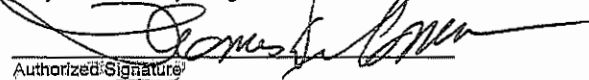
Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature  SS# _____ Mother's Maiden Name _____

Under penalty of perjury, I (we) certify (1) that the number shown on this card is my (our) correct taxpayer identification number and (2) that I (we) are not subject to backup withholding, either because I (we) have not been notified of backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me (us) that I (we) are no longer subject to backup withholding. (Instruction to signer: If you have been notified by the IRS that you are subject to backup withholding due to notified payee under-reporting and have not been notified that the backup withholding is terminated you should strike out the language in clause 2 above). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. I (we) acknowledge receipt of Valley's Account Disclosures and Rules. I (we) acknowledge that we have read and agree to be bound by the Account Disclosures and Rules. I (we) further acknowledge that the Account Disclosures and Rules may be amended by Valley from time to time and that my (our) continued use of the account after such amendment constitutes my (our) agreement to be bound by the amended terms of the Account Disclosures and Rules.

Existing Customers - Customer Due Diligence Rule Confirmation

I also certify, under penalty of perjury, that the Beneficial Owner(s), including percentage(s) of ownership, Controlling Person and business registration previously certified to Valley National Bank for this business entity are current and accurate as of the date of this account opening. I, or another authorized representative of the legal entity will promptly notify the Bank of any changes.

Authorized Signature 

06/16/2020 \$0.00 4360 126 _____ Checking exesting 0000002266
Date Opened Initial Deposit Teller# Br# Date Closed Product Opened Referring Employee Household #

SPECIAL INSTRUCTIONS

Affix Facsimile Signature (stamp)



Business Name & Mailing Address LODI HOUSING AUTHORITY

50 BROOKSIDE AVE
LODI, NJ 07644-3214

(initials) New Account information verified

BUSINESS SIGNATURE CARD

Signatures Required 1 2 3 4

Location of Business (if different from Mailing Address)

Business Phone 973-470-3650

Business Account # 41007956

Email 0013603482

Taxpayer Id# 22-6002669

PRINCIPAL # 1 Name PAUL V LYNCH Title COMMISSIONER

Home Address _____ City _____ State _____ Zip _____ Home Phone _____

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature Paul V. Lynch SS# _____ Mother's Maiden Name _____

PRINCIPAL # 2 Name _____ Title _____

Home Address _____ City _____ State _____ Zip _____ Home Phone _____

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature _____ SS# _____ Mother's Maiden Name _____

PRINCIPAL # 3 Name _____ Title _____

Home Address _____ City _____ State _____ Zip _____ Home Phone _____

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature _____ SS# _____ Mother's Maiden Name _____

PRINCIPAL # 4 Name _____ Title _____

Home Address _____ City _____ State _____ Zip _____ Home Phone _____

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature _____ SS# _____ Mother's Maiden Name _____

PRINCIPAL # 5 Name _____ Title _____

Home Address _____ City _____ State _____ Zip _____ Home Phone _____

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature _____ SS# _____ Mother's Maiden Name _____

Under penalty of perjury, I (we) certify (1) that the number shown on this card is my (our) correct taxpayer identification number and (2) that I (we) are not subject to backup withholding, either because I (we) have not been notified of backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me (us) that I (we) are no longer subject to backup withholding. (Instruction to signer: If you have been notified by the IRS that you are subject to backup withholding due to notified payee under-reporting and have not been notified that the backup withholding is terminated you should strike out the language in clause 2 above). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. I (we) acknowledge receipt of Valley's Account Disclosures and Rules. I (we) acknowledge that we have read and agree to be bound by the Account Disclosures and Rules. I (we) further acknowledge that the Account Disclosures and Rules may be amended by Valley from time to time and that my (our) continued use of the account after such amendment constitutes my (our) agreement to be bound by the amended terms of the Account Disclosures and Rules.

Existing Customers - Customer Due Diligence Rule Confirmation

I also certify, under penalty of perjury, that the Beneficial Owner(s), including percentage(s) of ownership, Controlling Person and business registration previously certified to Valley National Bank for this business entity are current and accurate as of the date of this account opening. I, or another authorized representative of the legal entity will promptly notify the Bank of any changes.

Authorized Signature [Signature]

06/16/2020 \$0.00 4360 126 Checking existing 000002266
Date Opened Initial Deposit Teller# Br# Date Closed Product Opened Referring Employee Household #

SPECIAL INSTRUCTIONS

Affix Facsimile Signature (stamp)



Business Name & Mailing Address LODI HOUSING AUTHORITY

50 BROOKSIDE AVE
LODI, NJ 07644-3214

(initials) New Account information verified

BUSINESS SIGNATURE CARD

Signatures Required 1 2 3 4

Location of Business (if different from Mailing Address)
Email 0013603482

Business Phone 973-470-3650

Business Account # 41007913
Taxpayer Id# 22-6002669

PRINCIPAL # 1 Name THOMAS DE SOMMA		Title SECRETARY/TREASURER		
Home Address	City	State	Zip	Home Phone
Form of ID 1 <input type="checkbox"/> Copy	Form of ID 2 <input type="checkbox"/> Copy		<input type="checkbox"/> eFunds ChexSystems	
Authorized Signature	SS#	Mother's Maiden Name		
PRINCIPAL # 2 Name STEVEN DE NOBLE		Title CHAIRPERSON		
Home Address	City	State	Zip	Home Phone
Form of ID 1 <input type="checkbox"/> Copy	Form of ID 2 <input type="checkbox"/> Copy		<input type="checkbox"/> eFunds ChexSystems	
Authorized Signature	SS#	Mother's Maiden Name		
PRINCIPAL # 3 Name ROBERT RILEY, JR.		Title VICE-CHAIRPERSON		
Home Address	City	State	Zip	Home Phone
Form of ID 1 <input type="checkbox"/> Copy	Form of ID 2 <input type="checkbox"/> Copy		<input type="checkbox"/> eFunds ChexSystems	
Authorized Signature	SS#	Mother's Maiden Name		
PRINCIPAL # 4 Name ALBERT DI CHIARA		Title COMMISSIONER		
Home Address	City	State	Zip	Home Phone
Form of ID 1 <input type="checkbox"/> Copy	Form of ID 2 <input type="checkbox"/> Copy		<input type="checkbox"/> eFunds ChexSystems	
Authorized Signature	SS#	Mother's Maiden Name		
PRINCIPAL # 5 Name DANIEL J. CODY		Title COMMISSIONER		
Home Address	City	State	Zip	Home Phone
Form of ID 1 <input type="checkbox"/> Copy	Form of ID 2 <input type="checkbox"/> Copy		<input type="checkbox"/> eFunds ChexSystems	
Authorized Signature	SS#	Mother's Maiden Name		

Under penalty of perjury, I (we) certify (1) that the number shown on this card is my (our) correct taxpayer identification number and (2) that I (we) are not subject to backup withholding, either because I (we) have not been notified of backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me (us) that I (we) are no longer subject to backup withholding. (Instruction to signer: If you have been notified by the IRS that you are subject to backup withholding due to notified payee under-reporting and have not been notified that the backup withholding is terminated you should strike out the language in clause 2 above). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. I (we) acknowledge receipt of Valley's Account Disclosures and Rules. I (we) acknowledge that we have read and agree to be bound by the Account Disclosures and Rules. I (we) further acknowledge that the Account Disclosures and Rules may be amended by Valley from time to time and that my (our) continued use of the account after such amendment constitutes my (our) agreement to be bound by the amended terms of the Account Disclosures and Rules.

Existing Customers - Customer Due Diligence Rule Confirmation

I also certify, under penalty of perjury, that the Beneficial Owner(s), including percentage(s) of ownership, Controlling Person and business registration previously certified to Valley National Bank for this business entity are current and accurate as of the date of this account opening. I, or another authorized representative of the legal entity will promptly notify the Bank of any changes.

Authorized Signature

06/16/2020	\$0.00	4360	126		existing	0000002266
Date Opened	Initial Deposit	Teller#	Br#	Date Closed	Referring Employee	Household #

SPECIAL INSTRUCTIONS

Affix Facsimile Signature (stamp)



Business Name & Mailing Address LODI HOUSING AUTHORITY

50 BROOKSIDE AVE
LODI, NJ 07644-3214

(Initials) New Account information verified

BUSINESS SIGNATURE CARD

Signatures Required 1 2 3 4

Location of Business (if different from Mailing Address)
Email 0013603482

Business Phone 973-470-3650

Business Account # 41007913
Taxpayer Id# 22-6002669

PRINCIPAL # 1 Name PAUL V LYNCH	Title COMMISSIONER				
Home Address	City	State	Zip	Home Phone	
Form of ID 1 <input type="checkbox"/> Copy	Form of ID 2 <input type="checkbox"/> Copy		<input type="checkbox"/> eFunds ChexSystems		
Authorized Signature? <i>Paul V. Lynch</i>	SS# --	Mother's Maiden Name			

PRINCIPAL # 2 Name	Title				
Home Address	City	State	Zip	Home Phone	
Form of ID 1 <input type="checkbox"/> Copy	Form of ID 2 <input type="checkbox"/> Copy		<input type="checkbox"/> eFunds ChexSystems		
Authorized Signature	SS# --	Mother's Maiden Name			

PRINCIPAL # 3 Name	Title				
Home Address	City	State	Zip	Home Phone	
Form of ID 1 <input type="checkbox"/> Copy	Form of ID 2 <input type="checkbox"/> Copy		<input type="checkbox"/> eFunds ChexSystems		
Authorized Signature	SS# --	Mother's Maiden Name			

PRINCIPAL # 4 Name	Title				
Home Address	City	State	Zip	Home Phone	
Form of ID 1 <input type="checkbox"/> Copy	Form of ID 2 <input type="checkbox"/> Copy		<input type="checkbox"/> eFunds ChexSystems		
Authorized Signature	SS# --	Mother's Maiden Name			

PRINCIPAL # 5 Name	Title				
Home Address	City	State	Zip	Home Phone	
Form of ID 1 <input type="checkbox"/> Copy	Form of ID 2 <input type="checkbox"/> Copy		<input type="checkbox"/> eFunds ChexSystems		
Authorized Signature	SS# --	Mother's Maiden Name			

Under penalty of perjury, I (we) certify (1) that the number shown on this card is my (our) correct taxpayer identification number and (2) that I (we) are not subject to backup withholding, either because I (we) have not been notified of backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me (us) that I (we) are no longer subject to backup withholding. (Instruction to signer: If you have been notified by the IRS that you are subject to backup withholding due to notified payee under-reporting and have not been notified that the backup withholding is terminated you should strike out the language in clause 2 above). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. I (we) acknowledge receipt of Valley's Account Disclosures and Rules. I (we) acknowledge that we have read and agree to be bound by the Account Disclosures and Rules. I (we) further acknowledge that the Account Disclosures and Rules may be amended by Valley from time to time and that my (our) continued use of the account after such amendment constitutes my (our) agreement to be bound by the amended terms of the Account Disclosures and Rules.

Existing Customers – Customer Due Diligence Rule Confirmation

I also certify, under penalty of perjury, that the Beneficial Owner(s), including percentage(s) of ownership, Controlling Person and business registration previously certified to Valley National Bank for this business entity are current and accurate as of the date of this account opening. I, or another authorized representative of the legal entity will promptly notify the Bank of any changes.

Authorized Signature
[Signature]

06/16/2020	\$0.00	4360	126	Checking	existing	0000002266
Date Opened	Initial Deposit	Teller#	Br#	Date Closed	Product Opened	Referring Employee Household #

SPECIAL INSTRUCTIONS

Affix Facsimile Signature (stamp)

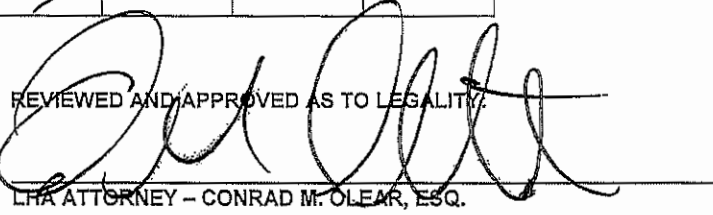
RESOLUTION NO. 19-36

Governing Body Recorded Vote – Members:

Board Members	Aye	Nay	Abstain	Absent
Commissioner D. J. Cody	/			
Commissioner S. De Nobile	/			
Commissioner P. V. Lynch	/			
Commissioner R. Marra	/			
Commissioner R. Riley, Jr.	/			
Vice Chairman A. Di Chiara	/			
Chairman M. N. Schrieks	/			

M
5

Approved _____ Denied _____

REVIEWED AND APPROVED AS TO LEGALITY:

 LHA ATTORNEY – CONRAD M. OLEAR, ESQ.



Branch: 126
014
 Hillsdale Lodi
~~24 Broadway~~ 147 Main Street
~~Hillsdale, NJ 07042-0000~~ Lodi, NJ 07644
 Phone: ~~201-666-4600~~ 973-472-1131 Fax: ~~201-666-6428~~ 973-472-1430
 Bank Representative: 1470
4360 Signature

PUBLIC ENTITY RESOLUTION

I, THOMAS DESOMMA, the undersigned, being duly elected or appointed and acting as the SECRETARY-TREASURER of LODI HOUSING AUTHORITY ("Public Entity"), located at LODI organized and existing under the laws of the State of NJ, hereby certify to Valley National Bank ("Valley") that at a meeting of the Board of Trustees or such other governing body (the "Governing Board"), as may be authorized or required by law to designate depositories and to transact, or delegate the authority to transact, the financial business of the Public Entity, duly called and held on the 25th day of June, 2020, in accordance with all applicable laws and organizational documents, the following resolutions were duly adopted, and that the said Resolutions have not been revoked or amended and remain in full force and effect.

RESOLVED:

- Valley National Bank, located and authorized to do business in New Jersey, is hereby designated as a depository of this Public Entity.
- The SECRETARY-TREASURER CHAIRPERSON, VICE CHAIRPERSON COMMISSIONER
 (Indicate by Title person(s) authorized, e.g., Supervisor, Chief Fiscal Officer, etc.)
 of the Public Entity, or any one of them, is/are hereby authorized to open a bank account or accounts from time to time with Valley for and in the name of the Public Entity with such title or titles as he/she or they may designate.
- Until the further order of the Governing Board, pursuant to Paragraph 11 hereof, the maximum amount which may be kept on deposit at Valley at any time is \$0000, provided, however, that Valley shall have no duty to determine whether the balances on deposit at any time exceed such maximum amount or to take any action with regard to these deposits.
- The SECRETARY-TREASURER CHAIRPERSON, VICE CHAIRPERSON COMMISSIONER
 (Indicate by Title person(s) authorized, e.g., Supervisor, Chief Fiscal Officer, etc.)
 of Public Entity, signing ANY THREE
 (For purposes of signing items, indicate, e.g., singly, any two, etc.)

and their successors and any other person authorized by statute, regulation or court order on behalf of the Public Entity ("Authorized Person(s)") is/are hereby authorized to sign, by hand or by facsimile (including, but not limited to, electronically generated) signature(s), checks, drafts, acceptances and other instruments (hereinafter collectively referred to as "Items(s)"). Notwithstanding the above, any Authorized Person is authorized singly to: (1) initiate Automated Clearing House ("ACH") debits without a signature; or (2) give instructions, by means other than the signing of an Item, with respect to any account transaction, including, but not limited to, the payment, transfer or withdrawal by wire, computer or other electronic means (now existing or hereafter developed), of funds, credits, items or property at any time held by Valley for account of the Public Entity ("Instructions").

- The SECRETARY-TREASURER CHAIRPERSON, VICE CHAIRPERSON COMMISSIONER
 (Indicate by Title person(s) authorized, e.g., Supervisor, Chief Fiscal Officer, etc.)
 of the Public Entity, is/are hereby authorized without further action of this Governing Board to execute the Valley form entitled "Funds Transfer Agreement", thereby designating one or more individuals, whether or not such individuals be designated as "Authorized Persons", for the purpose of the verification of payment orders and issuance of written confirmations.
- Valley is hereby authorized to honor and pay items, whether signed by hand or by facsimile (including, but not limited to, electronically generated signatures(s)). In the case of facsimile signatures, Valley is authorized to pay any Item if the signature resembles the specimens filed with Valley by the Public Entity, regardless of how or by whom such signature was affixed and whether or not the form signature used on such Item was actually prepared by or for the Public Entity. Valley is further authorized to honor and pay Depository Transfer Checks, ACH Debits, Instructions, and other orders given singly by any Authorized Person, including such as may bring about or increase an overdraft and such as may be payable to or for the benefit of any Authorized Person or employee individually, without inquiry as to the circumstances of the issuance or the disposition of the proceeds thereof and without limit as to amount.

7. Valley is hereby authorized to accept for deposit, for credit, for collection, or otherwise, Items whether or not endorsed by any person or by stamp or other impression in the name of the Public Entity without inquiry as to the circumstances of the endorsement or lack of endorsement or the disposition of the proceeds.
8. The Public Entity agrees to be bound by the "All About Your Accounts – Account Disclosures", currently in effect and as amended hereafter, as well as any signature card, deposit ticket, checkbook, passbook, statement of account, receipt, instrument, document or other agreement, such as, but not limited to, funds transfer agreements and security procedures delivered or made available to Public Entity from Valley, and by all notices posted at the office of Valley at which the account of the Public Entity is maintained, or on a website that Valley maintains or participates in, in each case with the same effect as if each and every term thereof were set forth in full herein and made a part hereof.
9. The SECRETARY-TREASURER CHAIRPERSON, VICE CHAIRPERSON COMMISSIONER
 (Indicate by Title person(s) authorized, e.g., Supervisor, Chief Fiscal Officer, etc.)
- of the Public Entity or any one or more of them is/are hereby authorized to act for the Public Entity in all other matters and transactions relating to any of its business with Valley including, but not limited to, the execution and delivery of any agreements or contracts necessary to effect the foregoing Resolutions.
10. Valley is hereby released from any liability and shall be indemnified against any loss, liability or expense arising from honoring any of these Resolution
11. Each of the foregoing Resolutions and the authority thereby conferred shall remain in full force and effect until written notice of revocation or modification by presentation of new Resolutions and Valley's Signature Card Form shall be received by Valley, provided that such notice shall not be effective with respect to any revocation or modification of said authority until Valley shall have had a reasonable opportunity to act following receipt of such notice and shall not be effective with respect to any checks or instruments for the payment of money or the withdrawal of funds dated on or prior to the date of such notice.




The SECRETARY-TREASURER CHAIRPERSON, VICE CHAIRPERSON COMMISSIONER
 (Indicate by Title person(s) authorized, e.g., Supervisor, Chief Fiscal Officer, etc.)

or any other officer of the Public Entity is hereby authorized and directed to certify, under the seal of the Public Entity or not, but with like effect in the latter case, to Valley the foregoing Resolutions, the names of the officers, Authorized Persons and other representatives of the Public Entity and any changes from time to time in the said Officers, Authorized Persons and representatives and specimens of their respective signatures. Valley may conclusively assume that persons at any time certified to it to be officers, Authorized Persons or other representatives of the Public Entity continue as such until receipt by Valley of written notice to the contrary.

12. The authority given hereunder shall be deemed retroactive and any and all acts hereunder performed prior to the passage of these Resolutions are hereby ratified and approved.

I CERTIFY that there is no provision in the statutes applicable to, or organizational documents of, the Public Entity limiting the power of the Governing Board to pass the foregoing Resolutions, and that the same are in conformity with the provisions of said statutes and organizational documents.

I FURTHER CERTIFY that the persons designated by the Public Entity as "Authorized Persons" on the Bank's Signature Card Form currently on file with Valley National Bank: (1) if officers of the Public Entity, have been duly elected or appointed to and now hold the offices in the Public Entity set forth opposite their respective names, and (2) if not officers of the Public Entity, are current employees who have been designated and empowered, in accordance with all proper procedures relating to the delegation of authority of the Public Entity, to exercise such authority as is provided for in these Resolutions or on the Valley National Bank Signature Card Form as is set forth opposite their respective names.

NAME	TITLE	SIGNATURE
<u>THOMAS DESOMMA</u>	<u>SECRETARY-TREASURER</u>	
<u>STEVEN DE NOBILE</u>	<u>CHAIRPERSON</u>	
<u>ROBERT RILEY, JR.</u>	<u>VICE CHAIRPERSON</u>	

7. Valley is hereby authorized to accept for deposit, for credit, for collection, or otherwise, Items whether or not endorsed by any person or by stamp or other impression in the name of the Public Entity without inquiry as to the circumstances of the endorsement or lack of endorsement or the deposition of the proceeds.

8. The Public Entity agrees to be bound by the "All About Your Accounts – Account Disclosures", currently in effect and as amended hereafter, as well as any signature card, deposit ticket, checkbook, passbook, statement of account, receipt, instrument, document or other agreement, such as, but not limited to, funds transfer agreements and security procedures delivered or made available to Public Entity from Valley, and by all notices posted at the office of Valley at which the account of the Public Entity is maintained, or on a website that Valley maintains or participates in, in each case with the same effect as if each and every term thereof were set forth in full herein and made a part hereof.

9. The * _____ *
(Indicate by Title person(s) authorized, e.g., Supervisor, Chief Fiscal Officer, etc.)

of the Public Entity or any one or more of them is/are hereby authorized to act for the Public Entity in all other matters and transactions relating to any of its business with Valley including, but not limited to, the execution and delivery of any agreements or contracts necessary to effect the foregoing Resolutions.

10. Valley is hereby released from any liability and shall be indemnified against any loss, liability or expense arising from honoring any of these Resolution

11. Each of the foregoing Resolutions and the authority thereby conferred shall remain in full force and effect until written notice of revocation or modification by presentation of new Resolutions and Valley's Signature Card Form shall be received by Valley, provided that such notice shall not be effective with respect to any revocation or modification of said authority until Valley shall have had a reasonable opportunity to act following receipt of such notice and shall not be effective with respect to any checks or instruments for the payment of money or the withdrawal of funds dated on or prior to the date of such notice.

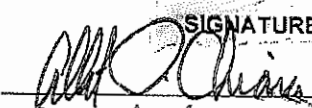
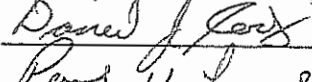
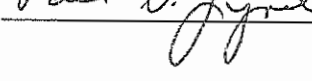
The * _____ *
(Indicate by Title person(s) authorized, e.g., Supervisor, Chief Fiscal Officer, etc.)

or any other officer of the Public Entity is hereby authorized and directed to certify, under the seal of the Public Entity or not, but with like effect in the latter case, to Valley the foregoing Resolutions, the names of the officers, Authorized Persons and other representatives of the Public Entity and any changes from time to time in the said Officers, Authorized Persons and representatives and specimens of their respective signatures. Valley may conclusively assume that persons at any time certified to it to be officers, Authorized Persons or other representatives of the Public Entity continue as such until receipt by Valley of written notice to the contrary.

12. The authority given hereunder shall be deemed retroactive and any and all acts hereunder performed prior to the passage of these Resolutions are hereby ratified and approved.

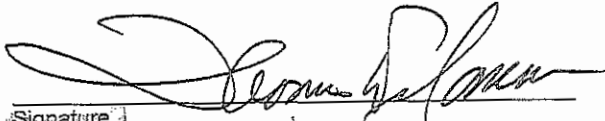
I CERTIFY that there is no provision in the statutes applicable to, or organizational documents of, the Public Entity limiting the power of the Governing Board to pass the foregoing Resolutions, and that the same are in conformity with the provisions of said statutes and organizational documents.

I FURTHER CERTIFY that the persons designated by the Public Entity as "Authorized Persons" on the Bank's Signature Card Form currently on file with Valley National Bank: (1) if officers of the Public Entity, have been duly elected or appointed to and now hold the offices in the Public Entity set forth opposite their respective names, and (2) if not officers of the Public Entity, are current employees who have been designated and empowered, in accordance with all proper procedures relating to the delegation of authority of the Public Entity, to exercise such authority as is provided for in these Resolutions or on the Valley National Bank Signature Card Form as is set forth opposite their respective names.

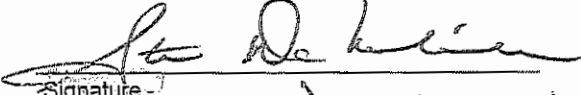
NAME	TITLE	SIGNATURE
<u>ALBERT DI CHIARA</u>	<u>COMMISSIONER</u>	<u></u>
<u>DANIEL J. CODY</u>	<u>COMMISSIONER</u>	<u></u>
<u>PAUL V LYNCH</u>	<u>COMMISSIONER</u>	<u></u>

IN WITNESS WHEREOF, I have hereunto set my hand as SECRETARY-TREASURER and affixed the seal of the said

Public Entity this 25th day of June, 2020.


Signature
Thomas Desommi
Name
Secretary - Treasurer
Title

Attest (Second Officer)
[To be attested to if the person executing these Resolutions is also a signatory on the Public Entity's account(s)]


Signature
Steven De Nobile
Name
Chairperson
Title

AFFIX SEAL HERE



Business Name & Mailing Address LODI HOUSING AUTHORITY

50 BROOKSIDE AVE
LODI, NJ 07644-3214

Signatures Required 1 2 3 4

Business Account # 41007964

Taxpayer Id# 22-6002669

BUSINESS SIGNATURE CARD

(Initials) New Account information verified

Location of Business (if different from Mailing Address)

Email 0013603482

Business Phone 973-470-3650

PRINCIPAL # 1 Name THOMAS DESOMMA	Title SECRETARY-TREASURER		
Home Address	City	State	Zip

Form of ID 1 <input type="checkbox"/> Copy	Form of ID 2 <input type="checkbox"/> Copy	<input type="checkbox"/> eFunds ChexSystems
--	--	---

Authorized Signature	SS#	Mother's Maiden Name
----------------------	-----	----------------------

PRINCIPAL # 2 Name STEVEN DE NOBILE	Title CHAIRPERSON		
Home Address	City	State	Zip

Form of ID 1 <input type="checkbox"/> Copy	Form of ID 2 <input type="checkbox"/> Copy	<input type="checkbox"/> eFunds ChexSystems
--	--	---

Authorized Signature	SS#	Mother's Maiden Name
----------------------	-----	----------------------

PRINCIPAL # 3 Name ROBERT RILEY, JR.	Title VICE-CHAIRPERSON		
Home Address	City	State	Zip

Form of ID 1 <input type="checkbox"/> Copy	Form of ID 2 <input type="checkbox"/> Copy	<input type="checkbox"/> eFunds ChexSystems
--	--	---

Authorized Signature	SS#	Mother's Maiden Name
----------------------	-----	----------------------

PRINCIPAL # 4 Name ALBERT DI CHIARA	Title COMMISSIONER		
Home Address	City	State	Zip

Form of ID 1 <input type="checkbox"/> Copy	Form of ID 2 <input type="checkbox"/> Copy	<input type="checkbox"/> eFunds ChexSystems
--	--	---

Authorized Signature	SS#	Mother's Maiden Name
----------------------	-----	----------------------

PRINCIPAL # 5 Name DANIEL J. CODY	Title COMMISSIONER		
Home Address	City	State	Zip

Form of ID 1 <input type="checkbox"/> Copy	Form of ID 2 <input type="checkbox"/> Copy	<input type="checkbox"/> eFunds ChexSystems
--	--	---

Authorized Signature	SS#	Mother's Maiden Name
----------------------	-----	----------------------

Under penalty of perjury, I (we) certify (1) that the number shown on this card is my (our) correct taxpayer identification number and (2) that I (we) are not subject to backup withholding, either because I (we) have not been notified of backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me (us) that I (we) are no longer subject to backup withholding. (Instruction to signer: If you have been notified by the IRS that you are subject to backup withholding due to notified payee under-reporting and have not been notified that the backup withholding is terminated you should strike out the language in clause 2 above). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. I (we) acknowledge receipt of Valley's Account Disclosures and Rules. I (we) acknowledge that we have read and agree to be bound by the Account Disclosures and Rules. I (we) further acknowledge that the Account Disclosures and Rules may be amended by Valley from time to time and that my (our) continued use of the account after such amendment constitutes my (our) agreement to be bound by the amended terms of the Account Disclosures and Rules.

Existing Customers - Customer Due Diligence Rule Confirmation

I also certify, under penalty of perjury, that the Beneficial Owner(s), including percentage(s) of ownership, Controlling Person and business registration previously certified to Valley National Bank for this business entity are current and accurate as of the date of this account opening. I, or another authorized representative of the legal entity will promptly notify the Bank of any changes.

Authorized Signature

06/17/2020	\$0.00	1470	014		Checking	EXISTING	0000002266
Date Opened	Initial Deposit	Teller#	Br#	Date Closed	Product Opened	Referring Employee	Household #

SPECIAL INSTRUCTIONS

Affix Facsimile Signature (stamp)



Business Name & Mailing Address LODI HOUSING AUTHORITY

50 BROOKSIDE AVE
LODI, NJ 07644-3214

(initials) New Account information verified

BUSINESS SIGNATURE CARD

Signatures Required 1 2 3 4
Business Account # 41007964
Taxpayer Id# 22-6002669

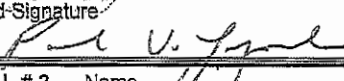
Location of Business (if different from Mailing Address)
Email 0013603482

Business Phone 973-470-3650

PRINCIPAL # 1 Name: PAUL V LYNCH Title: COMMISSIONER

Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature:  SS#: -- Mother's Maiden Name: _____

PRINCIPAL # 2 Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature: _____ SS#: -- Mother's Maiden Name: _____

PRINCIPAL # 3 Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature: _____ SS#: -- Mother's Maiden Name: _____

PRINCIPAL # 4 Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature: _____ SS#: -- Mother's Maiden Name: _____

PRINCIPAL # 5 Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

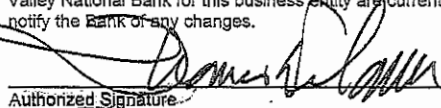
Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature: _____ SS#: -- Mother's Maiden Name: _____

Under penalty of perjury, I (we) certify (1) that the number shown on this card is my (our) correct taxpayer identification number and (2) that I (we) are not subject to backup withholding, either because I (we) have not been notified of backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me (us) that I (we) are no longer subject to backup withholding. (Instruction to signer: If you have been notified by the IRS that you are subject to backup withholding due to notified payee under-reporting and have not been notified that the backup withholding is terminated you should strike out the language in clause 2 above). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. I (we) acknowledge receipt of Valley's Account Disclosures and Rules. I (we) acknowledge that we have read and agree to be bound by the Account Disclosures and Rules. I (we) further acknowledge that the Account Disclosures and Rules may be amended by Valley from time to time and that my (our) continued use of the account after such amendment constitutes my (our) agreement to be bound by the amended terms of the Account Disclosures and Rules.

Existing Customers - Customer Due Diligence Rule Confirmation

I also certify, under penalty of perjury, that the Beneficial Owner(s), including percentage(s) of ownership, Controlling Person and business registration previously certified to Valley National Bank for this business entity are current and accurate as of the date of this account opening. I, or another authorized representative of the legal entity will promptly notify the Bank of any changes.

Authorized Signature: 

06/17/2020 \$0.00 1470 014 Checking EXISTING 0000002266
Date Opened Initial Deposit Teller# Br# Date Closed Product Opened Referring Employee Household #

SPECIAL INSTRUCTIONS

Affix Facsimile Signature (stamp)



Business Name & Mailing Address LODI HOUSING AUTHORITY

50 BROOKSIDE AVE
LODI, NJ 07644-3214

BUSINESS SIGNATURE CARD

Signatures Required 1 2 (3) 4

(Initials) New Account information verified

Location of Business (if different from Mailing Address)
Email 0013603482

Business Phone 973-470-3650

Business Account # 41007980
Taxpayer Id# 22-6002669

PRINCIPAL # 1 Name THOMAS DE SOMMA Title SECRETARY-TREASURER

Home Address City State Zip Home Phone

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature SS# Mother's Maiden Name

PRINCIPAL # 2 Name STEVEN DE NOBILE Title CHAIRPERSON

Home Address City State Zip Home Phone

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature SS# Mother's Maiden Name

PRINCIPAL # 3 Name ROBERT RILEY, JR. Title VICE-CHAIRPERSON

Home Address City State Zip Home Phone

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature SS# Mother's Maiden Name

PRINCIPAL # 4 Name ALBERT DI CHIARA Title COMMISSIONER

Home Address City State Zip Home Phone

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature SS# Mother's Maiden Name

PRINCIPAL # 5 Name DANIEL J. CODY Title COMMISSIONER

Home Address City State Zip Home Phone

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature SS# Mother's Maiden Name

Under penalty of perjury, I (we) certify (1) that the number shown on this card is my (our) correct taxpayer identification number and (2) that I (we) are not subject to backup withholding, either because I (we) have not been notified of backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me (us) that I (we) are no longer subject to backup withholding. (Instruction to signer: If you have been notified by the IRS that you are subject to backup withholding due to notified payee under-reporting and have not been notified that the backup withholding is terminated you should strike out the language in clause 2 above). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. I (we) acknowledge receipt of Valley's Account Disclosures and Rules. I (we) acknowledge that we have read and agree to be bound by the Account Disclosures and Rules. I (we) further acknowledge that the Account Disclosures and Rules may be amended by Valley from time to time and that my (our) continued use of the account after such amendment constitutes my (our) agreement to be bound by the amended terms of the Account Disclosures and Rules.

Existing Customers - Customer Due Diligence Rule Confirmation

I also certify, under penalty of perjury, that the Beneficial Owner(s), including percentage(s) of ownership, Controlling Person and business registration previously certified to Valley National Bank for this business entity are current and accurate as of the date of this account opening. I, or another authorized representative of the legal entity will promptly notify the Bank of any changes.

Authorized Signature

06/17/2020 \$0.00 1470 014 Checking EXISTING 000002266
Date Opened Initial Deposit Teller# Br# Date Closed Product Opened Referring Employee Household #

SPECIAL INSTRUCTIONS

Affix Facsimile Signature (stamp)



Business Name & Mailing Address Lodi Housing Authority

50 Brookside Ave
Lodi, NJ 07644-3214

BUSINESS SIGNATURE CARD

Signatures Required 1 2 3 4

(Initials) New Account Information verified

Location of Business (if different from Mailing Address)

Business Account # 41007980

Email 0013603482

Business Phone 973-470-3650

Taxpayer Id# 22-6002669

PRINCIPAL # 1 Name: PAUL V LYNCH Title: COMMISSIONER

Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature: *Paul V Lynch* SS#: -- Mother's Maiden Name: --

PRINCIPAL # 2 Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature: _____ SS#: -- Mother's Maiden Name: --

PRINCIPAL # 3 Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature: _____ SS#: -- Mother's Maiden Name: --

PRINCIPAL # 4 Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature: _____ SS#: -- Mother's Maiden Name: --

PRINCIPAL # 5 Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Form of ID 1 Copy Form of ID 2 Copy eFunds ChexSystems

Authorized Signature: _____ SS#: -- Mother's Maiden Name: --

Under penalty of perjury, I (we) certify (1) that the number shown on this card is my (our) correct taxpayer identification number and (2) that I (we) are not subject to backup withholding, either because I (we) have not been notified of backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me (us) that I (we) are no longer subject to backup withholding. (Instruction to signer: If you have been notified by the IRS that you are subject to backup withholding due to notified payee under-reporting and have not been notified that the backup withholding is terminated you should strike out the language in clause 2 above). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. I (we) acknowledge receipt of Valley's Account Disclosures and Rules. I (we) acknowledge that we have read and agree to be bound by the Account Disclosures and Rules. I (we) further acknowledge that the Account Disclosures and Rules may be amended by Valley from time to time and that my (our) continued use of the account after such amendment constitutes my (our) agreement to be bound by the amended terms of the Account Disclosures and Rules.

Existing Customers - Customer Due Diligence Rule Confirmation

I also certify, under penalty of perjury, that the Beneficial Owner(s), including percentage(s) of ownership, Controlling Person and business registration previously certified to Valley National Bank for this business entity are current and accurate as of the date of this account opening. I, or another authorized representative of the legal entity will promptly notify the Bank of any changes.

Authorized Signature: *[Signature]*

06/17/2020 \$0.00 1470 014 Checking EXISTING 000002266
 Date Opened Initial Deposit Teller# Br# Date Closed Product Opened Referring Employee Household #

SPECIAL INSTRUCTIONS

Affix Facsimile Signature (stamp)



Branch: 126 Lodi ****TEMP CLOSED****

Bank Representative: 4360 Anthony Pagano
Print Name Initial

Bulk File Business Account Form

Account Name: LODI HOUSING AUTHORITY

Account Number: 41007964 | 41007980

Account Type: 10
(10=Checking, 00=Savings, 02=CD, 00 or 02=IRA, 45=Home Equity)

Date Opened: 01/18/2001 Date Revised: 11 Change Reason: Other
(Name Change, Add Signature, Add POA, Add Trustee, Delete Signature for Business Acct, Other)

BUSINESS ACCTS ONLY, Name of Person(s) to be deleted: delete all other signatures

- Clone From Account Number: _____

Account Message: _____

ALL AUTHORIZED SIGNERS must sign this form for NEW ACCOUNTS and when making a Signature Change (select applicable Reason Code) to EXISTING ACCOUNTS.

AUTHORIZED SIGNATURES - please sign within the brackets]

#1 [Thomas De Somma]
Name THOMAS DE SOMMA
& Signer Msg: _____
 - Facsimile Stamp

#2 [Steven De Nobile]
Name STEVEN DE NOBILE
& Signer Msg: _____
 - Facsimile Stamp

#3 [Robert Riley Jr]
Name ROBERT RILEY JR
& Signer Msg: _____
 - Facsimile Stamp

#4 [Albert Di Chiara]
Name ALBERT DI CHIARA
& Signer Msg: _____
 - Facsimile Stamp

#5 [Daniel J Cody]
Name DANIEL J CODY
& Signer Msg: _____
 - Facsimile Stamp

#6 [Paul V Lynch]
Name PAUL V LYNCH
& Signer Msg: _____
 - Facsimile Stamp

Power of Attorney
[]
[]
Name: _____

Trustee
[]
[]
Name: _____

Back Office Use Only

Date Scanned: _____

Scan and Email completed form to "Bulkfiling" mailbox