Ravalli County Administrative Director
Klarryse Murphy, CPA
215 S 4th St. STE B
Hamilton, Mt 59840

1/12/22

Klarryse Murphy, CPA,

I have enclosed the HOME Program Income Quarterly Reporting Form(s) for 4TH
Quarter 2021. Please sign and forward them to:

Montana Department of Commerce
HOME program
P O Box 200523
Helena, Mt 59620-0523.

If you have questions, please call me.

Sincerely,

Tracy Hilderman, CPA
Senior Accountant

Incapacity Assessment Services
Low Income Advocacy
Workforce Development
Energy Assistance
Owner Occupied Home Rehabilitation Loan Program
Affordable Housing Development
First Time Homebuyer Assistance
2-1-1 Information & Referral
Residential Energy Conservation
Rental Assistance
Summer Food Service

/Volumes/FISCAL/Housing/HOME DOCS/Home prog inc:chdo proceeds/PROGRAM INCOME 2021/PROGRAM INCOME 12-21.xlsm

Contract No.: M04-SG300142
Grant Year: 2004
Project Name: Rav Cnty Acq & HBA (455)

Allowable Soft Costs
8% - NC/TBRA/ACQ
10% - HB Assistance
12% - Rehab

HOME PROGRAM INCOME
2021 QUARTERLY REPORTING FORM
1st Quarter 2nd Quarter 3rd Quarter X 4th Quarter

Transaction Date	*Set-up Report*		*Activity*	*F/P*	*Program*	*Program Income Disbursed*	
	Grantee Number	*IDIS Number (Office use only)*	*Receiving Income*		*Income Received*	*Soft Costs*	*Project Costs*
6/30/19	Transfer to M-2000-SG300137						
	an appraisal was necessary to determine the program income receivable.						
4/15/16	455HB003/DEL	2527	HBA	FULL			
4/26/07	455HB015/Henneck		HBA	Full			
12/22/15	RCRD NEW LOAN GRANDJEAN						
2/26/15	PARKSIDE REHAB						
6/14/07	455HB002/2438 Linquist		HBA	Full			
3/24/17	PADDOCK#455HB007		HBA	FULL			
1/8/18	MATTERN#455HB013		HBA	FULL			
11/15/18	Burge	4946	HBA				
8/20/08	455HB009/Robar		HBA	Full			
9/22/08	455HB005/2534	2534	HBA	Full			
6/13/18	THOMPSON						
8/21/18	RCD NEW LOAN/Kushner			FULL			
7/11/14	455HB006/Bain		HBA	Full			
5/15/15	455HB004Koura	2528	hba	FULL			
7/2/15	RIVAS			FULL			
9/18/15	WINSETT			FULL			
4/1/10	Deering loan processing						
3/1/11	455HB012/Bird #54756		HBA	Full	$0		
5/20/11	Paredes #455HB010		HBA	Full	$0		
7/11/12	Herbert #455HB017		HBA	Full	$0		
2/13/13	Draw 6 on SG3000100-08						$0
4/3/13	Collins/Thompson 455HB011		HBA	Full	$0		
TOTALS:					**$0**	**$0**	**$0**
					THIS QUARTER'S NET PROGRAM INCOME (Receipts minus disbursements):		**$0**
					PREVIOUS PROGRAM INCOME BALANCE:		**$3,333**
					CUMULATIVE PROGRAM INCOME BALANCE:		**$3,333**

**** Grantees must attach Project Set-up/Completion Reports for all Program Income disbursed.**

Grantee Fiscal Officer: 1/20/22 Date: 1/13/22

HOME Program Staff: Date:

Contract No.: M02-SG300142
Grant Year: 2002
Project Name: RAVALLI CNTY HBA (499)

Allowable Soft Costs
8% - NC/TBRA/ACQ
10% - HB Assistance
12% - Rehab

HOME PROGRAM INCOME
2021 QUARTERLY REPORTING FORM
__ 1st Quarter 2nd Quarter 3rd Quarter X 4th Quarter

Transaction Date	Set-up Report		Activity	F/P	Program	Program Income Disbursed	
	Grantee Number	IDIS Number (Office use only)	Receiving Income		Income Received	Soft Costs	Project Costs
6/30/18	transfer funds	M99- SG300137	VeidegerGrauberg	IDIS 4896			
5/25/05	499HB006 (HOLCOMB)		HBA	FULL			
2/9/06	499HB010 (AUSTIN)		HBA	FULL			
2/6/06	499HB009 (MAMETIEFF)		HBA	FULL			
Transfer to M04-SG300142 (Herbert)							
12/15/06	499HB005 (Oert	2015	HBA	FULL			
1/31/16	PARKSIDE REHAB						
11/10/09	New Loan -- OWEN						
11/13/09	New Loan -- TUCKER						
3/14/14	499HB008(BARRON)		HBA	FULL			
4/22/16	499HB004/WHITSETT		HBA	FULL			
5/6/16	499HB001/DAFFIN		HBA	FULL			
9/28/16	474001 Terri Todd Loan		HBA	FULL			
6/29/18	Weidger-grauber	4896	HBA				
10/14/21	ALLEN	1995	HBA	FULL	$61,416		
TOTALS:					**$61,416**	**$0**	**$0**
THIS QUARTER'S NET PROGRAM INCOME (Receipts minus disbursements):							**$61,416**
PREVIOUS PROGRAM INCOME BALANCE:							**$0**
CUMULATIVE PROGRAM INCOME BALANCE:							**$61,416**

**** Grantees must attach Project Set-up/Completion Reports for all Program Income disbursed.**

Grantee Fiscal Officer: TRACY HILDERMAN TAH Date: 1/13/22

HOME Program Staff: _____ Date: _____