

1/20
Adm

Ravalli County Administrative Director
Chris Taggart
215 S 4th St. STE A
Ravalli County Administrative Director

1/12/26

Chris Taggart,

I have enclosed the HOME Program Income Quarterly Reporting Form(s) for 4TH Quarter 2025. 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,

Kate Jerrim Ybarra
Executive Director

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

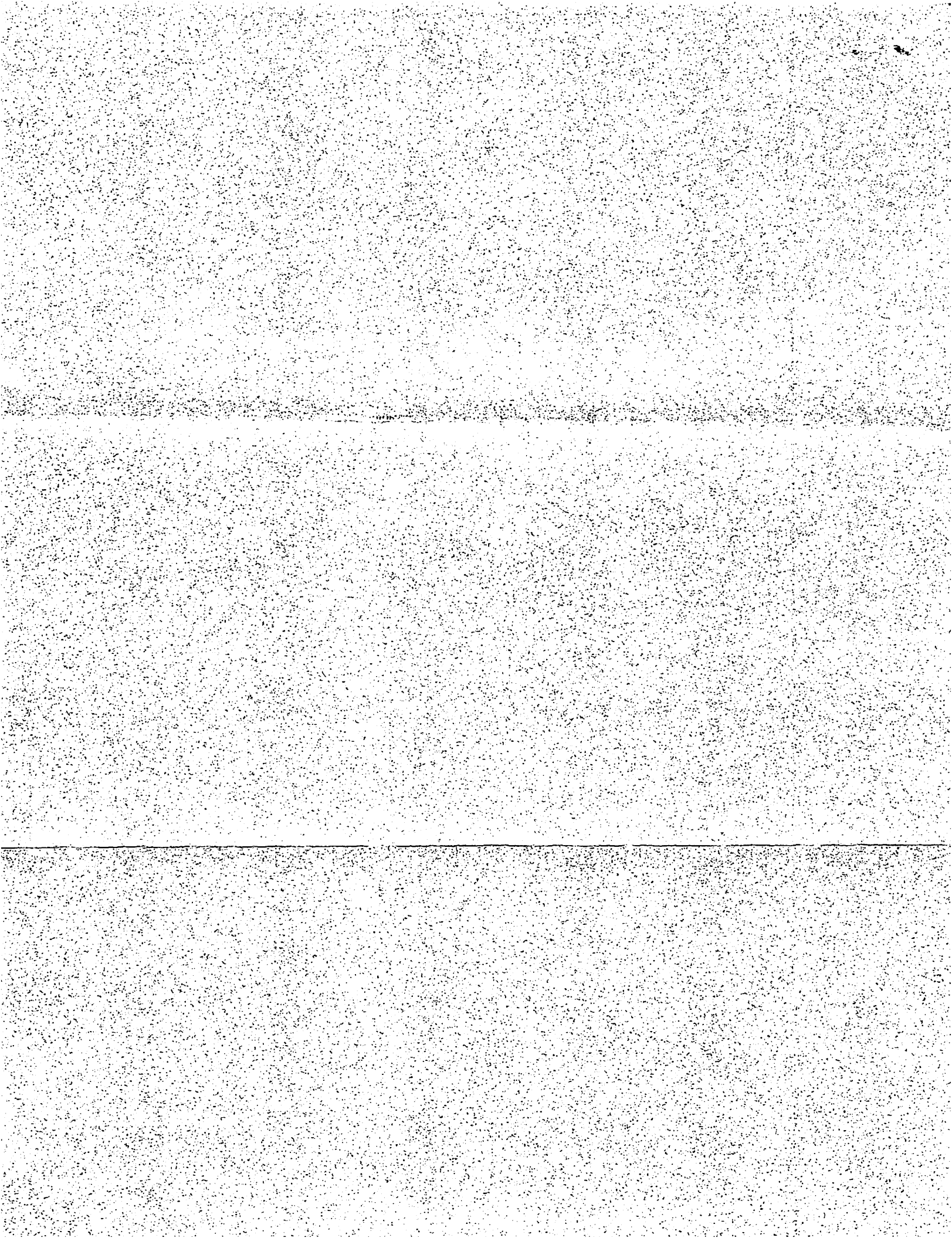
Summer
Food
Service

A LEADER IN COMMUNITY ACTION SINCE 1965

1801 South Higgins Avenue, Missoula, Montana 59801 (406) 728-3710 FAX (406) 728-7680

Offices in Missoula, Mineral and Ravalli Counties Equal Opportunity in Service and Employment





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
 2025 QUARTERLY REPORTING FORM**

1st Quarter 2nd Quarter 3rd Quarter **X 4th Quarter**

Transaction Date	Set-up Report		Activity Receiving Income	F/P	Program Income Received	Program Income Disbursed	
	Grantee Number	IDIS Number <small>(Office use only)</small>				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						
12/17/25	BOCKS-BETTS	5691	HBA			\$2,500	\$12,100
3/24/17	PADDOCK#455HB007		HBA	FULL			
1/8/18	MATTERN#455HB013		HBA	FULL			
11/15/18	Burge	4946	HBA	FULL			
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	455HB004Kour	2528	hba	FULL			
7/2/15	RIVAS			FULL			
9/18/15	WINSETT			FULL			
10/3/22	COOK FORCL	2567	HBA	FORCLOSURE			
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	\$2,500	\$12,100
THIS QUARTER'S NET PROGRAM INCOME (Receipts minus disbursements):							-\$14,600
PREVIOUS PROGRAM INCOME BALANCE:							\$37,893
CUMULATIVE PROGRAM INCOME BALANCE:							\$23,293

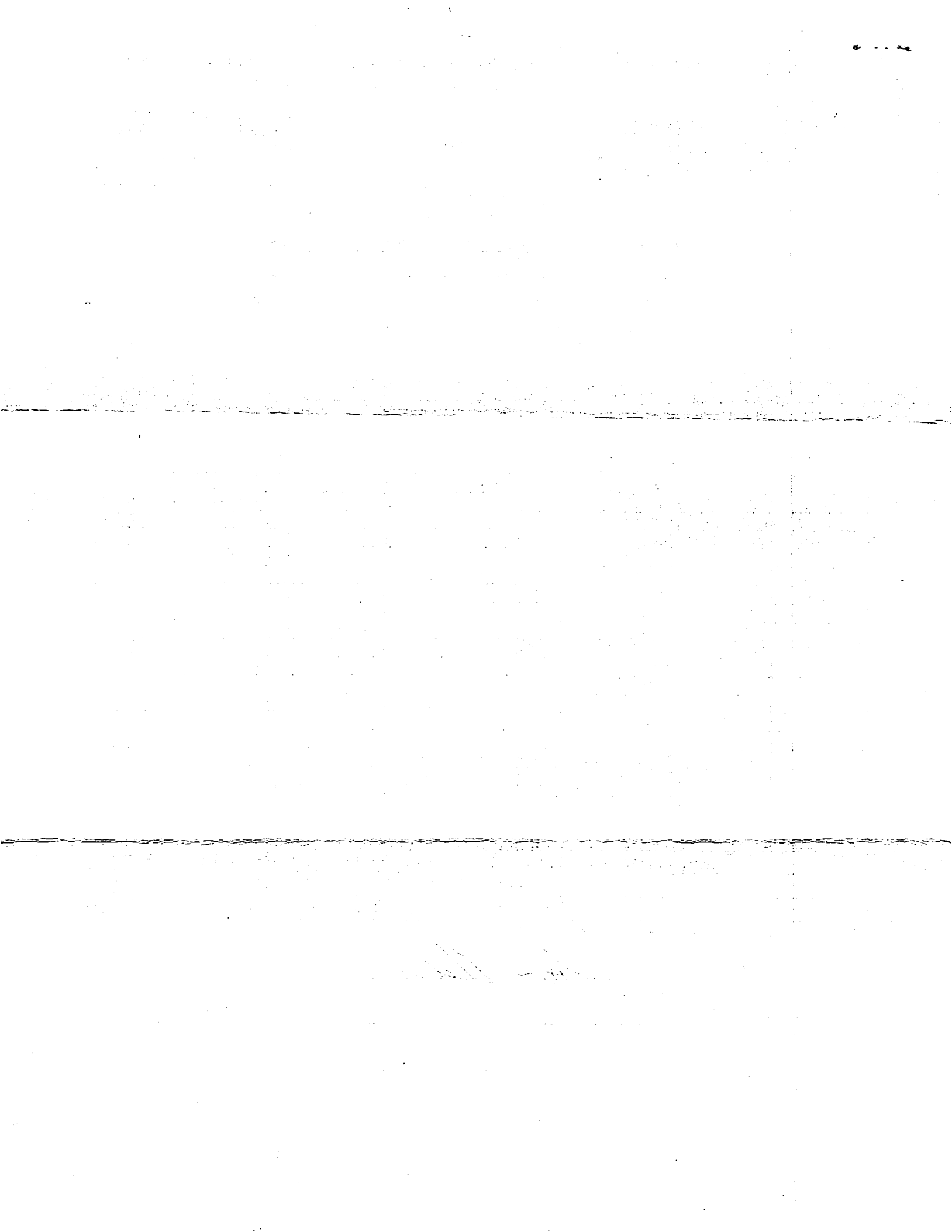
** Grantees must attach Project Set-up/Completion Reports for all Program Income disbursed.

Grantee Fiscal Officer: 

Date: 1/12/26

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
2025 QUARTERLY REPORTING FORM

1st Quarter 2nd Quarter 3rd Quarter **X 4th Quarter**

Transaction Date	Set-up Report		Activity Receiving Income	F/P	Program Income Received	Program Income Disbursed	
	Grantee Number	IDIS Number <small>(Office use only)</small>				Soft Costs	Project Costs
6/30/18	transfer funds	M99- SG300137	weidgerGrauberg	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-grauberg	4896	HBA				
10/14/21	ALLEN	1995	HBA	FULL			
12/12/22	DEERING		HBA	FULL			
TOTALS:					\$0	\$0	\$0
THIS QUARTER'S NET PROGRAM INCOME (Receipts minus disbursements):							\$0
PREVIOUS PROGRAM INCOME BALANCE:							\$99,475
CUMULATIVE PROGRAM INCOME BALANCE:							\$99,475

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

Grantee Fiscal Officer: 

Date: 1/12/26

HOME Program Staff: _____

Date: _____

