### **EXHIBIT 9-E**

### HOME PROGRAM INCOME / RECAPTURED FUNDS QUARTERLY REPORTING FORM

Grantee:	Contract No.:						
Grant Year:							
Project Name:				_			
1st	Quarter	2nd Qı	uarter3rd	Quarter4th C	uarter 20_	(Year)	
	Grantee Identifier	IDIS Number (if known)	Program Income / Recaptured Funds Received				
Transaction Date				Type of Activity***	Soft Costs	Project Costs	
TOTALS:			\$ -		\$ -	\$ -	
THIS QUARTER'S NET PROGRAM INCOME (Receipts minus disbursements):						\$ -	
PREVIOUS QUARTER'S PROGRAM INCOME BALANCE:						<b>\$</b> -	
CUMULATIVE PROGRAM INCOME BALANCE:						\$ -	
* Grantee must return program income / recaptured funds to the MT Dept of Commerce unless						IE Use Only	
he Grantee is a Qualified Entity for the Single Family Noncompetitive Program or has received					Date Received: Reviewed by:		
approval from the HOME Program to use the funds on an open grant.					Date Reviewed:		
Grantee Fiscal Officer:					Date:		

#### **EXHIBIT 9-E**

# HOME PROGRAM INCOME / RECAPTURED FUNDS QUARTERLY REPORTING FORM - <u>EXAMPLE</u>

Contract No.: M02-SG3001-200

Grant Year:	2002		<del>-</del>	-			
Project Name:	City of Sunrise I	HBA Progra	m	-			
XX 1st Quarter 2nd			Quarter3	Quarter3rd Quarter4th Quarter 20 <u>11</u> (Year)			
	_	IDIS	Program Income /	Program Income / F	Recaptured Fund	ls Dis	bursed
Transaction Date	Grantee Identifier	Number (if known)	Recaptured Funds Received	Activity***	Soft Costs	Pro	ject Costs
1/15/2011	A. Smith	9022	\$10,000	Returned to MDOC 1/16/11			\$10,000
			 <del> </del>	 	<del> </del>		
	(NOTE	: Qualified to	o access Single Fami	ly Noncompetitive Program	3/1/2011)		
3/1/2011	C. Jones	9024	\$12,500				
3/10/2011	Brown			Assisted homebuyer Brown 3/10/2011	\$610		\$7,000
3/21/2011	B. Greene			Assisted homebuyer Greene 3/21/2011	\$150		\$4,700
TOTALS:			\$ 22,500.00		\$ 760.00	\$	21,700.00
	THIS QUAR			ME (Receipts minus di			40.00
PREVIOUS QUARTER'S PROGRAM INCOME BALANCE:							-
			CUMULA	ATIVE PROGRAM INCO	ME BALANCE: For HOM	-	40.00
** Grantee must return program income / recaptured funds to the MT Dept of Commerce unless the Grantee is a Qualified Entity for the Single Family Noncompetitive Program or has received						IL 030	Offiny
			imily Noncompetitive Program or has received ds on an open grant.		Reviewed by:		
				Date Reviewed:			
Grantee Fiscal Officer: Date:							

Grantee: City of Sunrise

#### **EXHIBIT 9-E**

## HOME PROGRAM INCOME / RECAPTURED FUNDS QUARTERLY REPORTING FORM - <u>EXAMPLE</u>

Grantee: City of Sunrise				Contract No.: M02-SG3001-200				
Grant Year:	2002		_					
Project Name: City of Sunrise HBA Program								
1st Quarter XX 2nd 0			Quarter3	rd Quarter4th	Quarter 20	<u>11</u>	(Year)	
	Grantee Identifier	IDIS Number (if known)	Program Income / Recaptured Funds Received					
Transaction Date				Type of Activity***	Soft Costs	Pr	oject Costs	
4/30/2011	B. Smith	9025	\$21,000					
6/1/2011	D. Green			Assisted homebuyer D. Green 6/1/2011	\$750		\$14,000	
				<u> </u>				
				+				
				1				
TOTALS: \$ 21,000.			\$ 21,000.00		\$ 750.00	\$	14,000.00	
THIS QUARTER'S NET PROGRAM INCOME (Receipts minus disbursements)							6,250.00	
PREVIOUS QUARTER'S PROGRAM INCOME BALANCE							40.00	
CUMULATIVE PROGRAM INCOME BALANCE						•	6,290.00	
** Grantee must return program income / recaptured funds to the MT Dept of Commerce unless the Grantee is a Qualified Entity for the Single Family Noncompetitive Program or has received approval from the HOME Program to use the funds on an open grant.  For Date Received							e Only	
					Date Reviewed:			
Grantee Fiscal Officer:					_ Date:			