

	DESCRIPTION	ROLL NO	ODOMETER
AB 3-3	GLOVER, CEPHAS 2928 N. COMMERCIAL		
R 10-4	GODON, WOODROW 3127 N. COMMERCIAL		
E 3-6	GRANVILLE, VERTA 2653 N. COMMERCIAL COURT		
AB 3-8	GRONER, JAMES H. 2931 N. GANTENBEIN		
E 3-12	HALE, CORA LEE (MRS.) 535 N. RUSSELL		
A 4-2	ESTATE OF ZENOBIA HARRIS 222 N. IVY		
R 9-2	HART, JOHN & ROSENA 3141 N. GANTENBEIN		
A 2-6	HARVEY, KATHIE 217 N. MONROE		
A 2-6	HAWKINS, ERNESTINE 217 N. MONROE		
RS 4-9	HAWKINS, JAMES L. 7 N. RUSSELL		
RS 4-9	HENDERSON, SANTEE 7 N. RUSSELL		
E 4-5	HEPBURN, ELIZABETH 410-412 N. KNOTT		
R 14-4	HINES, WALTER 3036 N. KERBY		
A 3-8	HOGGANS, COTTRELL 250-52 N. COOK		
A 4-13	HORSMAN, CHERRY ALICE .3303 N. VANCOUVER		
R 15-3	HULL, LYNN 3006 N. COMMERCIAL		

5-28-71

Jim,

This concerns GORDON:

Creditor:	orig amt	settlement
1. Cr. Bureau Co. -	313.70	128.33
2. Bonded Cr.	263. ⁰⁰	107.83
3 By L. Furr.	260	<u>106.60</u>
TOTAL -	<u>836.70</u>	- 342.76

The creditors have agreed on settling for \$.41 on the dollar.

As soon as you discuss it with him let me know.

5/7
NE Killingsworth

Dick

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 963 EHDATE August 28, 19 74PAY TO **Woodrow and Mary Godon**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

10-28

AUTHORIZED SIGNATURE

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 3127 N. Commercial (Parcel R 10-4).	
		Total approved \$4,000.00 4th annual installment	\$1,000.00
		Rec'd 8/29/74 + Woodrow and Mary Godon	

Account Distribution

NO.

TITLE

AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: R 10-4

PAYABLE TO: Woodrow & Mary Godon

For: ☐ RHP for Homeowners \$
☐ Incidental Expenses for Homeowners or Tenants. \$
☒ RHP - Tenants & Certain Others - Rental: Total approved \$4000.00 Annual amount \$1000.00
☐ RHP - Tenants & Certain Others - Downpayment \$
☐ Settlement Costs (on acquisition by LPA only). \$
☐ Interest Expense \$
☐ Fixed Moving Payment \$
☐ Dislocation Allowance. \$
☐ Actual Moving Costs. \$
☐ Storage Costs. \$
☐ Business: Moving Expenses. \$
☐ Business: In Lieu Payment. \$
☐ Business: Storage Costs. \$
☐ Business: Loss of Property \$
☐ Business: Searching Expenses \$

Name of Client Woodrow & Mary Godon ☐ Family Less - \$ _____ *
Move from 3127 N. Commercial ☐ Individual Total \$ 1000.

Accounting: Indicate symbol and Accounting No.

_____ Relocation Payment; _____ Project Cost *(_____)

0600 X10 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley
(Relocation Advisor)

DATE August 21, 1974

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Woodrow Godon (Emanuel)
(Displacee)

6327 N. E. Rodney
(Address)

No. 4th
(annual payment)

\$ 1,000.00
(amount)

9/74
(date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 6327 N.E. Rodney

Date Inspected: 9/6/73 Condition: ☒ Standard ☐ Substandard

If substandard: (1) Date reinspected and found standard _____

or (2) Displacee notified of ineligibility: ☐ yes ☐ no

Comments: Same dwelling as occupied on last
payments still in Standard Condition
as of last inspection

SIGNED: Mrs. Mary Godon
(Displacee)

SIGNED: James C. Crolley
(Relocation Advisor)

DATE: Aug. 21, 1974

DATE: Aug 21, 1974

TO: Bob Douglas

DATE: Aug. 21, 1974

FROM: Emanuel

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Woodrow & Mary Godon

PROJECT: Emanuel

FOR: 4th Annual RHP-TACO payment

AMOUNT: \$1000.00

(Handwritten signature)

Draw

SIGNED: *(Handwritten signature)*

Date

Sept 30, 1971

Loan No.

2302-55

\$4,000.00

Received from

P.D.C.

for

Closing Costs

Cr

1,000.00

Cr

Cr

COLUMBIA MORTGAGE CO.

by

Marion Smith

Journal

☐ Cash

☒ Check

CMC-18

CHAPTER 6 APPENDIX 12

APPENDIX 12. GUIDELINE DETERMINATION OF ELIGIBILITY FOR REPLACEMENT HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS

7/73

1371.1

CHAPTER 6 APPENDIX 11

APPENDIX 11. GUIDEPONT CLAIM FOR REPLACEMENT HOUSING
PAYMENT FOR TENANTS AND CERTAIN OTHERS

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS		PROJECT NAME (if applicable) Emanuel Project
NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201		PROJECT NUMBER ORE R-20
INSTRUCTIONS: Complete all applicable items and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of Self-Inspection of Replacement Dwelling to complete and submit with this claim. Omit Block 4 if you have moved into a rental unit. Omit Block 3 if you have purchased and occupied a dwelling unit. Complete only Blocks 1 and 5 if you are a homeowner temporarily displaced because of code enforcement or voluntary rehabilitation.		
PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."		
1. FULL NAME OF CLAIMANT (R-10-4) (f) GODON, Woodrow and Mary L.		
2. DWELLING UNIT FROM WHICH YOU MOVED a. Address: <u>3127 N. Commercial</u> <u>Portland, Oregon 97227</u> b. Apartment or room number: <u>--</u> c. Number of bedrooms: <u>2</u> d. Monthly rental: \$ <u>85.00</u> e. Date you moved out of this dwelling: <u>7-31-71</u> Month-Day-Year		
3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL) a. Address (include ZIP Code): <u>6327 N. Rodney, Portland, Oregon</u> b. Apartment or room number: <u>--</u> <u>97211</u> c. Number of bedrooms: <u>4</u> d. Monthly rental: \$ <u>150.00</u> e. Date you moved into this dwelling: <u>7-31-71</u> Month-Day-Year		
4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE) a. Address (include ZIP Code): _____ b. Number of bedrooms: _____ c. Downpayment: \$ _____ d. Incidental expenses (total from table on next page): \$ _____ e. Date you purchased this dwelling: _____ Month-Day-Year		
5. INFORMATION IN SUPPORT OF CLAIM OF HOMEOWNER TEMPORARILY DISPLACED BECAUSE OF CODE ENFORCEMENT OR VOLUNTARY REHABILITATION a. Address of dwelling unit from which you moved: _____ b. Address of dwelling unit to which you moved (include ZIP Code): _____ c. Date of move: _____ Month-Day-Year d. Monthly rental for temporary unit: \$ _____ e. Will you require temporary housing for more than 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," total number of months you will require temporary housing: _____ months		
6. I submit this information in support of a claim for a Replacement Housing Payment under Section 204 of P.L. 91-646, and I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.		
Sept 16, 1971 Date		Mary Godon Signature of Claimant(s)

(Form continued on next page)

1371.1

CHAPTER 6 APPENDIX 13

APPENDIX 13. GUIDEFORM WORKSHEET FOR COMPUTATION OF REPLACEMENT
HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS

<p style="text-align: center;">(For Local Agency Use Only)</p> <p style="text-align: center;">WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS</p>	<p>NAME AND ADDRESS OF CLAIMANT Woodrow & Mary L. Godon 6327 N. E. Rodney Portland, Oregon 97201</p> <p>COMPUTATION PREPARED BY: J. Crolley 9/21/71</p> <p style="text-align: right; font-size: small;">Name Date</p>															
<p>INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved. Complete Block A, B, or C, as applicable.</p>																
<p>A. COMPUTATION OF RENTAL ASSISTANCE PAYMENT FOR CLAIMANT MOVED TO RENTAL UNIT</p>																
<p><u>Required Information</u></p>																
<p>1. Monthly gross rental for comparable unit (Cost based on: <input checked="" type="checkbox"/> Schedule <input type="checkbox"/> Comparative <input type="checkbox"/> Other)</p>	<p>\$ 162.70</p>															
<p>2. Base monthly rental for claimant's former dwelling</p>	<p>\$ 56.52 **</p>															
<p><u>Computation</u></p>																
<p>3. Line 1 minus Line 2, multiplied by 48</p>	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: right;">Line 1</td> <td style="text-align: right;">\$ 162.70</td> <td></td> </tr> <tr> <td style="text-align: right;">Line 2</td> <td style="text-align: right;">-\$ 56.52</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">\$ 106.18</td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">X 48</td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">\$ 5096.64</td> </tr> </table>	Line 1	\$ 162.70		Line 2	-\$ 56.52			\$ 106.18			X 48				\$ 5096.64
Line 1	\$ 162.70															
Line 2	-\$ 56.52															
	\$ 106.18															
	X 48															
		\$ 5096.64														
<p>4. Base amount (If amount on Line 3 is \$4,000 or more, enter \$4,000. If amount on Line 3 is less than \$4,000, enter amount on Line 3.)</p>	<p>\$ 4000.00</p>															
<p>5. Minus adjustments (Attach full explanation)</p>	<p>-\$</p>															
<p>6. Amount of rental assistance payment (Line 4 minus Line 5)</p>	<p>\$ 4000.00 ***</p>															
<p>(Enter this amount in the space provided in Block 5 on the Guideform Determination of Eligibility for Replacement Housing Payment for Tenants and Certain Others)</p>																
<p>NOTE: If the amount on Line 6 is less than \$500, a lump-sum payment is to be made. If the amount on Line 6 is more than \$500, divide the amount by 4. The resultant amount is the total of each of four annual payments to be made.</p>																

[form continued on next page]

** see attached memo

*** payable in four annual payments of \$1,000.00 each.

Date: 23 September, 1971

MEMO: To File

RE: Computation of RHP for Tenants who Rent
Base Monthly Rental

Relocation Handbook 1371.1, Chapter 6, Section 4, 55 d a, p. 23:
"The base monthly rental may not exceed 25 per cent of one-twelfth
of the person's adjusted annual income.

Definition of Adjusted Gross Income:

Chapter 1, Appendix 2, p. 2

Following applicable deductions are allowable from Gross
Income to compute Adjusted Gross Income.

"(1) A deduction of 5 per cent of Gross Income

(5) An exemption of \$300 for each dependent, i.e.
each minor (other than the head or spouse)."

Computation (Godon):

Gross Income	\$ 3,487.20
less: \$600 (\$300 for each minor dependent)	2,887.20
less: 5%	2,712.84
Adjusted Gross Income	2,712.84
1/12 of Adjusted Gross Income	226.07
25% of Adjusted Gross Income	<u>\$ 56.52</u>

To line 2, Base Monthly Rental, Appendix 13, Form \$ 56.52

Family Composition:

Husband

Wife

Son - age 6

Daughter - age 7

Require 3 bedroom unit

WSJ:slc

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

September 7, 1971

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwiddden, Chief

Portland Development Commission
235 N. Monroe Street
Portland, Oregon 97227

Attn: Mr. Jim Crolley

Re: 6327 N. E. Rodney Avenue

Gentlemen:

A reinspection was made by the Housing Division of the two-story, wood frame, five bedroom, single-family dwelling and detached garage at the above address.

Our inspector reports the substandard conditions have been corrected and the structures comply with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CHF:vo

ELEMENTS OF TOTAL ANNUAL INCOME

Show the total amount of income anticipated to be received during the 12 months after you move. Include amounts from all sources, as listed below. Include amounts to be withheld for taxes or other purposes. If this claim is for a family include the total amount of income anticipated to be received during the 12 months after you move by all members of your family except minors, other than you or your spouse, who are members of your immediate family and who reside in your household. If more space is required, attach additional sheets.

INCOME	NAMES AND SOCIAL SECURITY NUMBERS OF INDIVIDUAL OR OF ALL MEMBERS OF FAMILY							
	NAME:							
	Woodrow Godon	Mary L. Godon						
	NO.:	388-14-9647						
Wages and salaries Amount	\$	\$	\$	\$	\$	\$	\$	\$
Name and address of employer								
Net income from operation of business	\$	\$	\$	\$	\$	\$	\$	\$
Pension or annuity Amount	\$	\$	\$	\$	\$	\$	\$	\$
Name and address of agency from which received								
Social Security payments	\$ 1396.80	\$	\$	\$	\$	\$	\$	\$
Welfare payments	\$	\$ 698.40	\$	\$	\$	\$	\$	\$
INVESTMENTS								
Dividends	\$	\$	\$	\$	\$	\$	\$	\$
Interest	\$	\$	\$	\$	\$	\$	\$	\$
Net income from real estate	\$	\$	\$	\$	\$	\$	\$	\$
OTHER								
Amount	\$ 1392.00	\$	\$	\$	\$	\$	\$	\$
Source VA								
TOTAL	\$ 2788.80	\$ 698.40	\$	\$	\$	\$	\$	\$

TOTAL ANNUAL INCOME (Total for individual or sum of total for each member of family): \$ 3487.20
(Carry forward to Block 6 on reverse side)

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. R-10-4 Advisor VCClient's Name Godon, Woodrow Phone 285-6371Address 3127 N. Commercial Ethn white Age _____

☒ Male ☒ Family ☒ Married ☒ Renter/Occupant
☐ Female ☐ Individual ☐ Single ☐ Owner/Occupant

Family Composition

Total Number in Family 42 wife, husband

Other: Relation Age Relation Age

wife			
son	5		
daughter	6		

Economic Data

Employer _____ \$

Address _____

Other Source of Income

Social Security \$ 105.00V.A. \$ 119.00Total Monthly Income \$ (224.00)Eligible for Public Housing ☒ YES ☐ NOEligible for Welfare ☐ YES ☒ NOEligible for (Other) ☐ YES ☐ NOPresently Receiving Welfare ☐ YES ☐ NO

Other Assistance _____

Claimant was displaced from real property within the project area on or after date of pertinent contract for Federal assistance and/or date of HUD approval of budget for project:

☒ YES ☐ NODate of initial interview 2-10-71 Date of Info pamphlet delivery 2-10-71

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

8-70

(a) for owner-occupants - indicate initial date of occupancy and ownership

Date of initiation of negotiations for purchase of property 6-9-71Date of Acquisition 12-31-71

Date of letter of intent _____

Date of move 7-31-71

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	
Private Rental	X	Duplex	
Other		Multiple Family	X

Age of Housing Unit 1905

Size of Habitable Area 972

Furnished with claimant's furniture
☐ YES ☒ NO

Total Number of Rooms 5 Rent Paid \$ 85.00 Utilities _____

Number of Bedrooms 2 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 6327 NE RODNEY LPA Referred _____ Self Referred X

Private Sales		Single Family	X
Private Rental	X	Duplex	
Other		Multiple Family	

Outside city ☐ Outside state ☐

✓ Age of Housing Unit 50 plus

✓ Size of Habitable Area 2123

✓ No. of Rooms 8 No. of Bedrooms 5

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____

Taxes \$ _____

RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ 150.00

Utilities \$ _____

Total Rent Assistance \$ 4000-

Amount of Annual Payment \$ 1000-

No. of Housing Referrals to:

_____ Standard Sales

_____ Standard Rent

Agency Referrals:

_____ MCW _____ HAP _____ OTHER (_____)

_____ Food Stamp X Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME GODON, Woodrow RELOCATION ADVISOR JC
 ADDRESS 3127 N. Commercial PHONE _____ PROJECT NAME Emanuel
 SEX M ETHN _____ VETERAN X AGE _____ PARCEL NO. 12-10-4
 MARITAL STATUS _____ TENURE 7/0
 DISABILITY X INDIV _____ FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW _____ DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE:	8-70
INITIATION OF	
NEGOTIATIONS:	6-9-71
DATE OF	
ACQUISITION:	

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW _____ W/family _____
 Social Security _____ 105.00
 Pension _____
 Other V.A. _____ 119.00
 TOTAL MONTHLY INCOME \$ 224.00

FAMILY COMPOSITION

Name	Relation	Age
Mary	wife	
Wm. (Butch)	son	5
Rita	daughter	6
in foster homes		
Jeana	daughter	10
Mary	daughter	9
Tricia	daughter	8

DWELLING UNIT FROM WHICH RELOCATED

		S	SS
Subsidized Sales	Single Family		
Subsidized Rental	Multiple Family		x
Public Housing	Duplex		
Private Rental	x Mobile Home		
Private Sales			

Size of Habitable Area _____

Age of Structure 1905 No. Rooms _____
 No. Bedrooms 2 Furn. 2 Unfurn _____
 Utilities \$ _____
 Monthly Payments (Rent) \$ 85.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	
Food Stamp Program	
Housing Authority	
Legal Aid	
FISH	
Health Dept.	

AGENCY ACTION:	REASONS:
Appeals	
Evicted	
Refused Assistance	
Address Unknown (tracing)	
Other (death, etc.)	

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 6327 N. E. Rodney Phone _____ Date of Move 7-31-71

WHERE RELOCATED:

					S	SS
Same City	x	Subsidized Sales		Single Family	x	
Outside City		Subsidized Rental		Multiple Family		
Out of State		Public Housing		Duplex		
		Private Rental	x	Mobile Home		
		Private Sales				

Furnished _____ Unfurnished x Number of Rooms _____ Number of Bedrooms 5 Habitable Area 2123

Utilities \$ _____ Monthly Payments (Rent) \$ 150.00 Purchase Price \$ _____

Age of Structure: _____ Taxes \$ _____ Equity \$ _____ Distance Moved Away 2 mi

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	63	9-19-71	\$ 1000.00
TACO (Rental)	530	9-13-72	\$ 1000.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	26388	8-4-71	\$ 260.00
Actual Move	dislocation	allow.	\$ 200.00
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº

816

EH

DATE September 10, 19 73PAY TO **Woodrow and Mary Godon**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 3127 N. Commercial (Parcel R-19-4).	
		Total approved \$4,000.00 3rd annual payment	<u>\$1,000.00</u>
		9/12/73 Woodrow W. Godon	

Account Distribution

NO.

TITLE

AMOUNT

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 530 EH

DATE September 13, 1972

PAY TO Woodrow and Mary L. Godon

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE

NON - NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants. Move from 3127 N. Commercial (Parcel R-10-4).	
		Total approved \$4,000.00	
		2nd annual payment	<u>\$1,000.00</u>
		X Woodrow W. Godon	

Account Distribution

NO.

TITLE

AMOUNT

0600 299 901

RELOCATION PAYMENT *JMS*Project: Emanuel Parcel: R-10-4Payable to: Woodrow & Mary L. GodonAmount

For: RHP for Homeowners \$
 Incidental Expenses for Homeowners (if separate claim) \$
✓ RHP for Tenants & Certain Others:
 Rental: Total approved \$ 4,000.00; Annual amount. \$ 4,000.00
 or Purchase: 2nd. Annual payment \$
 Fixed Moving Payment \$
 Dislocation Allowance. \$
 Actual Moving Costs. \$
 Storage Costs (if separate claim). \$
 Business: Moving Expenses. \$
 Business: In Lieu Payment. \$
 Business: Storage Costs. \$
 Business: Loss of Property \$
 Business: Searching Expenses \$

Name of Client Woodrow & Mary L. GodonLess - \$ *Move from 3127 N. CommercialTotal \$ 1,000.00

Accounting: Indicate symbol & Acct. No.

 Relocation Payment; Project Cost * ()

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N?

63 EH

DATE September 29, 1971PAY TO **Woodrow & Mary L. Gordon**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGONAUTHORIZED SIGNATURE
NON - NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Replacement housing payment for tenants per claim filed - move from 3127 N Commercial (Parcel R-10-4)... Maximum available \$4,000.00 FIRST annual installment	\$1,000.00

Account Distribution

NO.	TITLE	AMOUNT
E1501	Relo Payments (RHP)	EH \$1,000.00

*Woodrow Gordon**Received 9/30/71**AL**BD*

INSPECTED BY Harrell DATE 9-8-72 MET ☒ NOT MET ☐
 NAME Woodward Gordon PHONE 289-1700
285-4286
 ADDRESS 6327 N.E. Rodney
 HOUSE ☒ DUPLEX ☐ APT ☐ SR ☐ HK ☐
 NO. OF ROOMS ☐ COMP FURN ☐ PART FURN ☐ UNFURN ☐
 NO. OF ROOMS ACCESSIBLE BY STAIRS 4 BY ELEVATOR ☒
 MANAGER ☐ OWNER ☐
 RENT ☐, INCL HEAT ☐ WATER ☐ GAS ☐ GAR ☐ ELEC ☐
 NO. BRS. 9 SIZE #1 Large #2 Reg #3 Reg #4 Large
#5 Large

DWELLING UNIT INSPECTION SHEET, PDC R-6, 9/68

GENERAL REQUIREMENTS:

- | | | |
|---|-------------------------------------|--------------------------|
| 1. House must be weatherproof (8-601.6) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Floors, porches, walls, ceilings and stairs must be in sound and good repair. (8-1001a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Doors and hatchways must be in good repair. (18-816) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Multiple dwellings with more than 50 occupants must have two means of exit. (7.3302c) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Exits must have direct access to outside or public corridor. (7-3303g) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Hallways must be lighted adequately --- at least 2' candle power. (8-504d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Hallway ventilation must be by windows, doors, outside skylights, ventilation ducts, or mechanical ventilation 5x/hr. (8-504d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Premises must be free of vermin, rodents, filth, debris, garbage. (8-1001a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Heating equipment must be able to maintain 70° at 3' above floor. (8-701a) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. There may be no unvented or open flame gas heaters. (8-701a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

	MET	NOT MET
11. Habitable rooms must have window area of 12 sq. ft. or 1/8 of floor area. (8-504a)	X	
12. Every Habitable room must have openable area of 6 sq. ft. or 1/16 of floor area OR mechanical ventilation changing air, 4x/hr. (8-504e)	X	
13. Dwelling unit must have at least 220 sq. ft. (8-503b)	X	
14. Electrical equipment, wiring and appliances must be installed and maintained in a safe manner, with two outlets or one light fixture and one outlet per room. (8-701b)	X	
15. Water must be heated to not less than 120°F. (8-401y)	X	
16. Ceiling height in hotels and apartments must be 8'; in dwelling and service rooms 7½'. (8-503a)	X	
17. Habitable rooms must have width of 7' in any dimension; water closets 30" in width and at least 2½' in front of the water closet. (8-503c)	X	
EFFICIENCY UNITS:		
18. Foyer must open from public area. (8-503b.2)		
19. There must be 220 sq. ', plus 100 sq. ' for each person in excess of two. (8-503b.5)		
20. A kitchenette must be 3x5 or more with doors and fan or window. (8-503b.4)		
21. A dressing closet must afford privacy with adequate circulation and storage. (8-503b.3)		
22. There must be a separate bathroom accessible from foyer or dressing closet only. (8-503b.5)		
LIVING AREA:		
23. There must be two rooms, one of which must be at least 150 sq. '. (8-503b)*		
24. Rooms for cooking and living, or for living and sleeping, must have at least 150 sq. '. (8-503b)*		
BEDROOMS:		
25. Bedrooms must be at least 90 sq. '. (8-503b)*	X	

	MET	NOT MET
26. There must be 50 sq. ' additional for each occupant in excess of two. (8-503b)* No. Brs. _____ Size: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____	X	
KITCHEN:		
27. Plumbing fixtures, including sink, must be of nonabsorbent material with hot and cold running water, properly installed, and in good working condition. (8-505d,c)	X	
28. A kitchen must have not less than 35 sq. '. (8-503b)	X	
BATHROOM:		
29. Bathrooms must have at least one electric light fixture. (8-701b)	X	
30. Bathrooms must not open directly off the kitchen. (8-505f)	X	
31. Bathrooms and toilet rooms must afford privacy. (8-505g)	X	
32. Dwelling unit must contain at least one bathroom with sink, toilet wash basin, tub or shower properly connected to both hot and cold waterlines with air change once every 5 minutes (8-505a) OR	X	
33. In buildings with sleeping rooms there must be toilet facilities or one toilet, lavatory, tub or shower for every 10 of each sex, accessible from a public hall.		
34. Plumbing fixtures must be of nonabsorbent material, properly installed, and in good working condition. (8-505d,c)	X	
35. Water closet compartments must be of approved nonabsorbent material (8-505e)	X	
BASEMENT:		
36. Basement areas more than 50% below grade cannot be used for habitation. (8-401,L) & (8-504a)	X	
37. Basement areas must be dry and well drained.	X	
SPACE REQUIREMENTS FOR STANDARD HOUSING		
1. Opposite sex children may not share a bedroom with a child over six (6) years of age.	X	
2. Husband and wife should not share a bedroom with a child over three (3) years of age.	X	

3.* Chart of bedrooms needed:

By Bedroom			By Number of Persons		
<u>No. of Bdrms.</u>	<u>No. of Persons:</u>		<u>No. of Persons:</u>	<u>No. of Bdrms:</u>	
	<u>Min.</u>	<u>Max.</u>		<u>Min.</u>	<u>Max.</u>
0	1	2	1	1	1
1	1	3	2	1	2
2	2	4	3	1	2
3	4	6	4	2	3
4	6	8	5	3	3
5	8	10	6	3	4
			7	4	4
			8	4	5
			9	5	5
			10	5	6

* Indicates exceptions regarding efficiency units.

COMMENTS:

LR
DR
DK
Nook
1#
4#

0600 E60 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley (Relocation Advisor) DATE August 28, 1973

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Woodrow Godon (Displacee) 6327 N. E. Rodney (Address)

No. 3rd (annual payment) \$ 1,000 (amount) 9/16/73 (?) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 6327 N. E. Rodney

Date Inspected: 9/6/73 Condition: ☒ Standard ☐ Substandard

If substandard: (1) Date reinspected and found standard _____

or (2) Displacee notified of ineligibility: ☐ yes ☐ no

Comments: Same house that was inspected 2 yrs ago + 1 year ago + is still in Standard condition.

SIGNED: Woodrow W. Godon (Displacee) SIGNED: James C. Crolley (Relocation Advisor)

DATE: Sept 6, 1973 DATE: Sept 6, 1973

TO: Bob Douglas DATE: 9-6-73

FROM: Emanuel

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Woodrow + Mary Godon

PROJECT: Emanuel

FOR: Relocation - TACO

AMOUNT: 1000⁰⁰

SIGNED: [Signature]

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley DATE August 14, 1972
 (Relocation Advisor)

FROM: Benjamin C. Webb, Chief of Relocation & Property Management
Woodrow Godon 6327 N. E. Rodney, Portland

RE: _____
 (Displacee) (Address)
2 (Second) 1,000.00 Sept. 16, 1972
 No. \$ (amount) (date due)
 (annual payment)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 6327 N. E. Rodney, Portland
 Date Inspected: 9-8-72 Condition: X Standard _____ Substandard _____
 If substandard: (1) Date reinspected and found standard 9-8-72
 or (2) Displacee notified of ineligibility: _____ yes _____ no

Comments: This dwelling was inspected by the city one year ago, and it remains up to these standards

SIGNED: Woodrow W. Godon SIGNED: James C. Crolley
 (Displacee) (Relocation Advisor)
 DATE: 9-8-72 DATE: 9-8-72

TO: Bob Douglas DATE: 9/11/72
 FROM: Ben Webb

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Woodrow and Mary L. Godon
 PROJECT: Emanuel ORE R-20
 FOR: 2nd Annual RHP-TACO Payment
 AMOUNT: 1,000.00

11/6/72 WSG

SIGNED: Ben C. Webb

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley DATE August 14, 1972
 (Relocation Advisor)

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Woodrow Godon 6327 N. E. Rodney, Portland
 (Displacee) (Address)

No. 2 (Second) \$1,000.00 Sept. 16, 1972
 (annual payment) (amount) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 6327 N.E. Rodney, Portland Oregon

Date Inspected: 9-8-72 Condition: X Standard Substandard

If substandard: (1) Date reinspected and found standard 9-8-72
 or (2) Displacee notified of ineligibility: yes no

Comments: This dwelling was inspected by the city 1 year ago, ~~which~~ and it remains up to these standards.

SIGNED: Woodrow W. Godon SIGNED: James C. Crolley
 (Displacee) (Relocation Advisor)

DATE: 9-8-72 DATE: 9-8-72

TO: Bob Douglas DATE: 9/11/72
 FROM: Ben Webb

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Woodrow and Mary L. Godon
 PROJECT: Emanuel ORE R-20
 FOR: 2nd Annual RHP-TACO Payment
 AMOUNT: 1,000.00

SIGNED: Ben Webb

INTERVIEW REGISTER

Date		Relocation Worker												
1/15/71	FLYER: Delivered by Marion Scott. Has been in office.													
2/10/71	SURVEY: Wants to buy place large enough for all of family. Urged them to stay - again explained benefits.	SLC												
12/31	Mr. Godon came into the office. He rents the house for \$85 a month and lives with his wife and two children. The family has three other children (girls): Jeana 10, Mary 9, and Tricia 8, who are in foster homes. Welfare says that if he obtains larger housing he can have the three girls back. He wants to buy a four bedroom house (basement and garage if possible) in the Gresham area, and feel that he eligible for FHA 235. Has income of \$224 a month as a result of permanent disability. With his income, however, he feels that he can afford only \$75-80 a month in payments. Mentioned the possibility of ARP payment.													
3/31	Mrs. Godon called. Said they must move soon. Have heard from many people including owner of house they rent, that project will never be - government has spent too much of the money already and there is not enough left to complete the project. I urged them to stay; assured them that we believed there would be a project - that is why we are here. (Of all the people in the project, they really need relocation benefits).	SLC												
5/7/71	Mr. and Mrs. Godon in office to see Dick Perkins re: 235 application. Godon's received a call to come out and sign for FHA housing. Very puzzled by this action. I called Perkins. We are going out to the house 5/25/71 and then to the Tri-State Office. Steve Schmidt is agent.													
5/25/71	The call they received was cleared because the seller did not know the procedure that we follow on the 235 application. The appointment was cancelled. Dick Perkins is going out to look at the house and talk to Steve Schmidt, also, their credit was not approved because of three judgments. I talked to them about the possibility of negotiating with creditor to get this off the records. They agreed to let us try to clear this.													
6/4/71	Dick Perkins has contacted three creditors involved in credit report. They are willing to settle for 41¢ on the dollar as follows: <table data-bbox="522 1524 1240 1652"> <tr> <td>Credit Bureau Adj.</td><td>\$313.70</td><td>\$128.33</td></tr> <tr> <td>Bonded Credit</td><td>263.00</td><td>107.83</td></tr> <tr> <td>B. & L. Furniture</td><td>260.00</td><td>106.60</td></tr> <tr> <td></td><td><u>836.00</u></td><td><u>342.76</u></td></tr> </table>	Credit Bureau Adj.	\$313.70	\$128.33	Bonded Credit	263.00	107.83	B. & L. Furniture	260.00	106.60		<u>836.00</u>	<u>342.76</u>	
Credit Bureau Adj.	\$313.70	\$128.33												
Bonded Credit	263.00	107.83												
B. & L. Furniture	260.00	106.60												
	<u>836.00</u>	<u>342.76</u>												
	Mr. Godon says that a legal aid attorney at the S. E. Office, Mr. Ida L. Gottlieb (234-8461) handled his divorce in March 1970 from Margaret (Bessie) Godon. At that time, he was advised by Mr. Gottlieb that he did not have to pay these bills. I called the S. E. Office of legal aid and after pulling and reading Mr. Godon's file (parts of which they read to me over the phone) it appears that Mr. Godon is legally responsible for these debts and that he did not have to pay them only because it was obvious that he could not pay them and these creditors could not get anything out of him since he had no income and no possessions of any value. The legal aid office will have Mr. Gottlieb call us Monday to confirm this opinion.													
6/7/71	Mr. Gottlieb, legal aid attorney, returned call. Mr. Godon should contact him or Jim Barnes and discuss this matter further as they do not have enough information in their files to advise him at this time.	SC												

INTERVIEW REGISTER

Date		Relocation Worker
6/10/71	The Godon's FHA commitment to purchase the house at 338 N.E. 191st has been turned down. I so informed them. They are going to start looking for something else. They have a problem of paying off their creditors. They don't have the money and there is not enough in the moving expense to cover all their needs.	
6/14/71	Steve Schmidt wanted to know if the Godon's had to give Brink a 30-day notice. Advised them that it is necessary.	
1/6/72	They have had furnace problems since they moved in the house, even a tenants. They have had a new control switch put in which was noted by furnace repair man prior to the sale of property. Now the furnace has sprung a leak and has to be repaired again to day. Talked to Columbia Mortgage. They contacted HUD about the hold our 5% money. We will write them a letter explaining to attention of Mr. Alan Davis case #431-111046-235.	JC
1/11	Godon has a leak in the master bedroom ceiling. Call FHA - Columbia Mortgage and Mo. Col. Mtge. Called Mr. Moathart and informed him of the leak in roof and the furnace condition and agreed to let the Godons get an estimate on each and send him a copy and a copy to Col. Mortgage.	JC



COUNTY COMMISSIONERS

M. JAMES GLEASON, Chairman
L. W. AYLSWORTH
DAVID ECCLES
DONALD E. CLARK
MEL GORDON

Multnomah County Oregon

DEPARTMENT OF ASSESSMENT & TAXATION

(503) 227-8411 ■ ROOM 151, COUNTY COURTHOUSE ■ PORTLAND, OREGON ■ 97204

COLUMBIA MORTGAGE CO.
600 International Bldg.
812 SW Washington
Portland, Oregon 97205
Gentlemen:

Re: Godon, Woodrow W. Acct. No. 1-65780-6790

In reply to your request, this is to advise that the above owner of the property described on the assessment roll as

Lot 3, Block 44, Piedmont

has made application for and established eligibility to the tax exemption on the property located at

6327 N.E. Rodney, Portland, Oregon 97211

"ORS 307.250 provides that the amount of the exemption shall not exceed \$7,500 of the true cash value . . ." Since the ratio of assessed value to true cash value has been determined at 100 per cent for 1972, the taxable values on the above property are as follows:

Land	\$ 3,000
Improvements	\$ 15,400
Total Value	\$ 18,400
Amount of Exemption	\$ 7,500
Balance Taxable	\$ 10,900

It is also to be noted that in the event the claimant sells or contracts to sell this property anytime before the assessment roll becomes a tax roll which is approximately October 15, the entire exemption is subject to cancellation.

Very truly yours,

DEPARTMENT OF ASSESSMENT AND TAXATION
Public Services Section

By


Carl B. Ayers, Supervisor

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 26388

G

DATE August 4, 19 71PAY TO THE
ORDER OF

Woodrow W. and Mary L. Gordon

\$460.00

DOLLARS

THE FIRST NATIONAL BANK OF OREGON
S.W. Fifth and College Branch
Portland, Oregon

NON-NEGOTIABLE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Relocation payments per claims filed. Move from 3127 N. Commercial, own furn. (Parcel R-10-4) to 6345 N.E. Rodney	
		Dislocation Allowance	\$200.00
		Fixed Payment	<u>260.00</u>
			<u>\$460.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - Family)	\$460.00

Received
8/5/71
Woodrow W. Gordon
Mary L. Gordon

BD

CRH.

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of
Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Woodrow W. and Mary L. Godon
6345 N.E. Rodney
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission

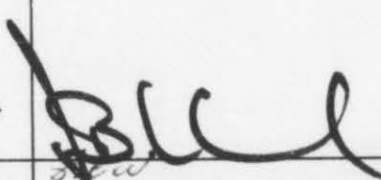
INSTRUCTIONS: Attach completed Form HUD-6140.2 to
completed Form(s) HUD-6140.1 filed by claimant.

A. Does claimant meet all timing requirements for eligibility? ☒ YES ☐ NO

If "No," explain:

B. CERTIFICATION

I CERTIFY that I have examined the claim, and the substantiating documentation, and have found it to be in accord with the applicable provisions of Federal law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, the claim is hereby approved and payment is authorized as follows:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property			
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00 **		8-4-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/4/71	26388G	\$ 200.00	AD		\$

D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED

** DISLOCATION ALLOWANCE

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR RELOCATION PAYMENT
(Families and Individuals)

HUD-6140.1
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) Emanuel Project <hr/> PROJECT NUMBER Ore. R-20
---	--

INSTRUCTIONS: If this claim is for a **FIXED PAYMENT**, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT (F) Woodrow W. and Mary L. Godon	2. DATE(S) OF MOVE July 31, 1971
--	---

3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 3127 N. Commercial b. Apt., Floor, or Room No. <u>house</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>6</u> e. Date you moved into this address: _____	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 6345 N.E. Rodney b. Apt., Floor, or Room No. <u>house</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.
--	---

5. TYPE OF PAYMENT CLAIMED Check a or b after consulting local agency: <input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property <input type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved)	Check c if applicable: <input checked="" type="checkbox"/> c. Supplementary claim for reimbursement of storage costs RELOCATION ALLOWANCE
--	--

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)	\$ 200.00
---	-----------

DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT

7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NO.	9. ADDRESS OF MOVING COMPANY (OR PERSON)
---------------------------------------	--------------------------	--

10. METHOD OF PAYMENT, MOVING BILL (Check one) <input type="checkbox"/> a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement. <input type="checkbox"/> b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.
--

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS	
a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)	\$

12. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

July 31, 1971
Date

Woodrow W. Godon
Signature of claimant

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of
Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Woodrow W. & Mary L. Godon
6345 N.E. Rodney
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission

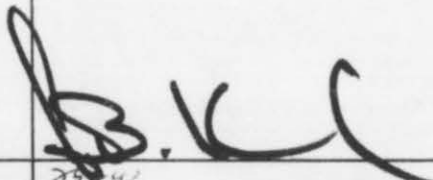
INSTRUCTIONS: Attach completed Form HUD-6140.2 to
completed Form(s) HUD-6140.1 filed by claimant.

A. Does claimant meet all timing requirements for eligibility? ☒ YES ☐ NO

If "No," explain:

B. CERTIFICATION

I CERTIFY that I have examined the claim, and the substantiating documentation, and have found it to be in accord with the applicable provisions of Federal law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, the claim is hereby approved and payment is authorized as follows:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property			
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 260.00		8-3-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/4/71	263886	\$ 260.00			\$

D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR RELOCATION PAYMENT
(Families and Individuals)

HUD-6140.1
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code)

Portland Development Commission
1700 S.W. Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (If applicable)

Emanuel Project

PROJECT NUMBER

Ore. R-20

INSTRUCTIONS: If this claim is for a **FIXED PAYMENT**, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

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1. FULL NAME OF CLAIMANT

(F)

Woodrow W. and Mary L. Godon

2. DATE(S) OF MOVE

July 31, 1971

3. ADDRESS FROM WHICH YOU HAVE MOVED

a. Address

3127 N. Commercial

R-10-4

b. Apt., Floor, or Room No. house

c. Was it furnished with your own furniture? ☒ Yes ☐ No

d. Number of rooms occupied (excluding

bathrooms, hallways, and closets): 6

e. Date you moved into this address: _____

4. ADDRESS TO WHICH YOU HAVE MOVED

a. Address (include ZIP code)

6345 N.E. Rodney

b. Apt., Floor, or Room No. house

c. Were household goods moved to or from storage?

☐ Yes ☒ No

If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

☐ a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property

☒ b. Fixed Payment (May not be made if storage costs are involved) (6 rooms)

Check c if applicable:

☐ c. Supplementary claim for reimbursement of storage costs

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)

\$ 260.00

DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT

7. NAME OF MOVING COMPANY (OR PERSON)

8. MOVER'S TELEPHONE NO.

9. ADDRESS OF MOVING COMPANY (OR PERSON)

10. METHOD OF PAYMENT, MOVING BILL (Check one)

☐ a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.

☐ b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)

\$

b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)

\$

c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)

\$

12. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

July 31, 1971
Date

Woodrow W. Godon
Signature of claimant

(Over)

11 October, 1971

Mr. Fred Hauger
Chief, Mortgage Credit
FHA
520 S. W. Sixth Avenue
Cascade Building
Portland, Oregon 97205

Dear Mr. Hauger:

The Woodrow Godon family received a Replacement Housing Payment from the Portland Development Commission in the amount of One Thousand and no/100 dollars based on their status as tenants in the Emanuel Hospital Urban Renewal Project and based on provisions of the Uniform Relocation Act of 1970. The Godon's have chosen to use this payment to purchase a house at 6327 N. E. Rodney, which payment they have indicated should be placed in escrow and should be disbursed to pay the required down payment, closing costs and any other related costs incident to the purchase of this house.

The Godon's also received \$460.00 as a moving and dislocation allowance which they have retained to pay their moving expenses.

These payments represent the maximum benefits for which the Godons are eligible under present regulations.

We are most anxious to assist the Godons in any way possible to enable them to be satisfactorily relocated as displacees, from this project. Please feel free to call if you have any questions.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ:sic



COUNTY COMMISSIONERS
M. JAMES GLEASON, Chairman
L. W. AYLSWORTH
DAVID ECCLES
DONALD E. CLARK
MEL GORDON

Multnomah County Oregon

DEPARTMENT OF ASSESSMENT & TAXATION

(503) 227-8411 ■ ROOM 151, COUNTY COURTHOUSE ■ PORTLAND, OREGON ■ 97204

COLUMBIA MORTGAGE CO.
600 International Bldg.
812 SW Washington
Portland, Oregon 97205
Gentlemen:

Re: Godon, Woodrow W. Acct. No. 1-65780-6790

In reply to your request, this is to advise that the above owner of the property described on the assessment roll as

Lot 3, Block 44, Piedmont

has made application for and established eligibility to the tax exemption on the property located at

6327 N.E. Rodney, Portland, Oregon 97211

"ORS 307.250 provides that the amount of the exemption shall not exceed \$7,500 of the true cash value . . ." Since the ratio of assessed value to true cash value has been determined at 100 per cent for 1972, the taxable values on the above property are as follows:

Land	\$ 3,000
Improvements	\$ 15,400
Total Value	\$ 18,400
Amount of Exemption	\$ 7,500
Balance Taxable	\$ 10,900

It is also to be noted that in the event the claimant sells or contracts to sell this property anytime before the assessment roll becomes a tax roll which is approximately October 15, the entire exemption is subject to cancellation.

Very truly yours,

DEPARTMENT OF ASSESSMENT AND TAXATION
Public Services Section

By Carl B. Ayers
Carl B. Ayers, Supervisor

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emmanuel

PROJECT NO. R-20

1. Full name of claimant: GODON, WOODROW + MARY L. ☒ Family ☐ Individual

2. Dwelling unit from which you moved:

Parcel No. R-10-4

a. Address 3127 N. COMMERCIAL

c. Number of bedrooms 2

97227

d. Monthly rental \$ 85.00

b. Apartment or room number _____

e. Date displaced 7-31-71

3. Dwelling unit to which you moved (RENTAL)

a. Address _____

c. Number of bedrooms _____

b. Apartment or room number _____

d. Monthly rental \$ _____

e. Date moved in _____

4. Dwelling unit to which you moved (PURCHASE)

a. Address 6327 N.E. RODNEY

c. Downpayment \$ 2000.00

b. Number of bedrooms _____

d. Incidental expenses \$ _____

e. Date of purchase 7-1-71

5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)

a. Address from which you moved _____

b. Address to which you moved _____

c. Date of move _____

d. Monthly rental for temporary unit: \$ _____

e. Require temporary housing for more than 3 months? ☐ Yes ☐ No

If yes, total number of months in temporary housing _____ months

Incidental expenses.

<u>Item</u>	<u>Charged to claimant</u>	<u>Paid by Claimant</u>	<u>Claimed</u>	<u>Approved</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List of documents submitted (attached) in support of above:

Determination

1. Did claimant (rent) or own at time of acquisition? ☒ Yes ☐ No

Tenant's initial date of rental Aug 1970

Date of acquisition _____

Owner-occupant's initial date of ownership _____

2. Did claimant own or (rent) 90 days prior to initiation of negotiations? ☒ Yes ☐ No

Date of (rental) or purchase Aug 1970

Date of initiation of negotiations June 9, 1971

3. Is replacement housing standard? ☒ Yes ☐ No

If previously substandard, date found standard _____

4. Certification:

(Amount of this claim \$ _____)

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 204 of P.L. 91-646, and I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

7-19-72
Date

Woodrow Wilson Gordon
Signature of Claimant (s)

Complete the following table if you have incurred incidental expenses in connection with the purchase of your replacement dwelling:

Item (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	Charged to Claim- ant on Closing Statement (b)	Paid Directly by Claimant (c)	Amount Claimed (Col. (b) + (c) (d)	Amount Approved (e)
	\$	\$	\$	\$
TOTAL	\$	\$	\$ <u>1/</u>	\$

1/ Enter this amount in Block 4, Line d.

Listing of enclosed documents in support of amounts entered in Column (d) above:
(Documentation must be provided to support any claim for incurred costs.)

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 288-8169

June 9, 1971

Mr. and Mrs. Woodrow Godon
3127 N. Commercial
Portland, Oregon

Dear Mr. and Mrs. Godon:

As you may know, you are situated in the Emanuel Hospital Project which is being carried out with assistance from the U. S. Department of Housing and Urban Development (HUD). The property which you presently occupy will be acquired some time in the future by the Portland Development Commission as part of the approved project plans for this area.

If you are in occupancy on the date the Portland Development Commission acquires the property in which you reside, or are in occupancy at the time of receipt of this letter, you may be eligible for relocation assistance. We strongly advise you to contact us before moving in order to determine your eligibility for benefits. A summary of the types of relocation payments for which you may be eligible is contained in the attached brochure.

We urge you not to form advance opinions as to the benefits and amounts to which you may be entitled. Certain conditions must be met before eligibility can be established and before the amount of benefits, if any, can be determined.

Please check with us before making any move. If you are unable to come during our regular office hours - 8:30 a.m. to 5:00 p.m., Monday through Friday, an alternate appointment can be arranged by calling 288-8169. Our office is located at 235 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:

Portland Development Commission
235 N. Monroe
Portland, Oregon

PROJECT NAME (if applicable)

Emanuel

PROJECT NUMBER: ORE. R-20

INSTRUCTIONS: Complete all applicable items and sign certification in Blank 6. Consult the displacing agency as to whether you need a Claimant's Report of Self-Inspection of Replacement Dwelling to complete and submit with this claim. Omit Block 4 if you have moved into a rental unit. Omit Block 3 if you have purchased and occupied a dwelling unit. Complete only Blocks 1 and 5 if you are a homeowner temporarily displaced because of code enforcement or voluntary rehabilitation.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides:

"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies. . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT

Godon, Woodrow and Mary L.

☒ Family ☐ Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. R-10-4

a. Address: 3127 N. Commercial

d. Monthly rental: \$ 85.00

b. Apartment or room number: _____

e. Date you moved out of this dwelling: 7/31/71

c. Number of bedrooms: 2

Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): _____

d. Monthly rental: \$ _____

b. Apartment or room number: _____

e. Date you moved into this dwelling: _____

c. Number of bedrooms: _____

Month-Day-Year

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

a. Address (include ZIP Code): 6327 N.E. Rodney

d. Incidental expenses (total from table on next page): \$ _____

b. Number of bedrooms: 5

e. Date you purchased this dwelling: 9/1/71

c. Downpayment: \$ 2,000.00

5. INFORMATION IN SUPPORT OF CLAIM OF HOMEOWNER TEMPORARILY DISPLACED BECAUSE OF CODE ENFORCEMENT OR VOLUNTARY REHABILITATION

a. Address of dwelling unit from which you moved: _____

d. Monthly rental for temporary unit: \$ _____

b. Address of dwelling unit to which you moved (include ZIP code): _____

e. Will you require temporary housing for more than 3 months?
☐ Yes ☐ No

c. Date of move: _____

Month-Day-Year

If "Yes", total number of months you will require temporary housing: _____ months

A. COMPUTATION OF DOWNPAYMENT ASSISTANCE FOR CLAIMANT MOVED TO UNIT PURCHASED

Required Information

1. Amount necessary for downpayment 20% \$18950.00 \$ 3790.00
2. Costs incidental to purchase (Total amount approved by agency, from table on claim form, Column (e)) \$ _____

Computation

3. Base amount (Sum of Lines 1 and 2) \$ 3790.00

NOTE: If Line 3 is \$2,000 or less, skip Lines 4, 5, and 6 and enter the amount of Line 3 on Line 8a.

4. Amount on Line 3 in excess of \$2,000

Line 3

\$ 3790.00

- \$ 2,000.00

\$ 1790.00

5. Amount on Line 4 divided by 2

Line 4

\$ 1790.00
895.00

2

\$ 895.00

6. Matching amount (If amount on Line 5 exceeds \$2,000, enter \$2,000. Otherwise, enter the amount on Line 5.) No

\$ 895.00

7. Base amount (Sum of amount on Line 6 and \$2,000)

Line 6

\$ 895.00

+ \$ 2,000.00

\$ 2895.00

8. Amount of downpayment assistance

- a. Amount on Line 3 or Line 7

\$ 2000.00

- b. Minus adjustments (Attach explanation; e.g., amount previously received for rental assistance payment)

- \$ 1000.00

\$ 1000.00

(Enter this amount in the space provided in Block 4 on page one of this form).

Computation prepared by:

Lavelley, James

July 10, 1972

Date

DETERMINATION OF ELIGIBILITY FOR REPLACEMENT
HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS

NAME OF CLAIMANT Woodrow and Mary L. Godon

Parcel No. R-10-4

NAME OF LOCAL AGENCY Portland Development Co.

1. Did the claimant rent or own the dwelling at the time of acquisition? ☒ Yes ☐ No

Tenant's initial date of rental: August 1970

Date of Acquisition: _____

Owner-Occupant's initial date of ownership: _____

2. Did the claimant rent or own the dwelling at least 90 days prior to the initiation of negotiations? ☒ Yes ☐ No

Date of Rental or Purchase: August 1970

Date of Initiation of Negotiations: June 9, 1971

3. Has the replacement housing been inspected and found to be standard? (Attach a copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.) ☒ Yes ☐ No

Date previously substandard dwelling was inspected and found to be standard:

Month-Day-Year

4. CERTIFICATION OF LOCAL AGENCY

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$_____ is authorized.

Date	Authorized Signature		
5. RECORD OF PAYMENTS	Date of Payment	Check Number	Amount
a. Claimant moved to rental unit			
(1) Lump-sum payment	_____	_____	\$ _____
(2) Annual payment			
1st Year	_____	_____	\$ _____
2nd Year	_____	_____	\$ _____
3rd Year	_____	_____	\$ _____
4th Year	_____	_____	\$ _____
b. Claimant moved to unit he purchased	_____	_____	\$ _____
c. Homeowner temporarily displaced	_____	_____	\$ _____

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

August 30, 1971

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwiddden, Chief

Portland Development Commission
235 N. Monroe Street
Portland, Oregon 97227

Re: 6327 N. E. Rodney Avenue

Attn: Mr. Jim Crolley

Gentlemen:

As the result of a displaced person and your request, an inspection was made by the Housing Division of the two-story, wood frame, single-family, five-bedroom dwelling and detached garage at the above address.

Our inspection indicates the following conditions are in noncompliance with City regulations:

1. Cellar stairway and stairway to the second story lack a safety handrail.
2. Underfloor area of front porch lacks required ventilation.

Please notify the Housing Division of the Bureau of Buildings, 2200 N. E. 24 Avenue, Telephone 288-6077, when the corrections have been completed, under proper permit where required, and a reinspection can be scheduled.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden

S. J. Chegwiddden
Chief Housing Inspector

CHF:ms

Rec'd
8-31-71



Copyright
Stevens-Ness Law Publishing Co.
Portland, Oregon KO

EARNEST MONEY RECEIPT

City PORTLAND State OREGON 8-24 1971

RECEIVED FROM Woodrow W. Godon & Mary L. Godon, Husband and Wife

the sum of TWO Hundred and no/100 (hereinafter called "purchaser") Dollars (\$ 200.00)

in the form of NOTE as earnest money and in part payment for the purchase of the following described real estate situated in the City of Portland, County of Multnomah, State of Oregon to-wit:

HOUSE & LOT KNOWN AS 6327 NE RODNEY AVE.

for the sum of Eighteen Thousand Nine Hundred Fifty and no/100 which we have this day sold to said purchaser Dollars (\$ 18,950.00)

on the following terms, to-wit: The sum, hereinabove receipted for, of Two Hundred & no/100 Dollars (\$ 200.00);

* {On owners acceptance, as additional earnest money, the sum of Dollars (\$)

Upon acceptance of title and delivery of * {deed, the sum of Dollars (\$)

Balance of Dollars (\$ 18,750.00)

payable as follows:

See Attached Addendum

A title insurance policy from a reliable company insuring marketable title in seller is to be furnished purchaser in due course at seller's expense; preliminary to closing, seller may furnish a title insurance company's title report showing its willingness to issue title insurance, which shall be conclusive evidence as to seller's title; or in lieu of said title insurance policy, seller may furnish purchaser an abstract of title prepared by a reliable abstract company.

It is agreed that if seller does not approve this sale within the period allowed broker below in which to secure seller's acceptance, or if the title to the said premises is not insurable or marketable, or cannot be made so within thirty days after notice containing a written statement of defects is delivered to seller, the said earnest money shall be refunded. But if said sale is approved by seller and title to the said premises is insurable or marketable and purchaser neglects or refuses to comply with any of said conditions within ten days after the said evidence of title is furnished and to make payments promptly, as hereinabove set forth, then the earnest money herein receipted for shall be forfeited to seller as liquidated damages and this contract thereupon shall be of no further binding effect.

The property is to be conveyed by good and sufficient deed free and clear of all liens and encumbrances except zoning ordinances, building and use restrictions, reservations in Federal patents, easements of record and, NO OTHERS

All irrigation, plumbing and heating fixtures and equipment (including stoker and oil tanks but excluding fire place fixtures and equipment), water heaters, electric light fixtures, light bulbs and fluorescent lamps, bathroom fixtures, venetian blinds, drapery and curtain rods, window and door screens, storm doors and windows, attached linoleum, attached television antenna, all shrubs and trees and all fixtures except DINING ROOM CHANDELIER.

SELLER WILL INSTALL ANOTHER FIXTURE.

are to be left upon the premises as part of the property purchased. The following personal property is also included as a part of the property for said purchase price: NONE

Seller and purchaser agree to pro rate the taxes which are due and payable for the current tax year. Rents, interest, premiums for existing insurance and other matters shall be pro rated on a calendar year basis. Adjustments are to be made as of the date of the consummation of said sale or delivery of possession, whichever first occurs. Encumbrances to be discharged by seller may be paid at his option out of purchase money at date of closing.

Possession of said premises is to be delivered to purchaser on DELIVERY OF DEED or as soon thereafter as existing laws and regulations will permit removal of tenants, if any. Time is the essence of this contract. The purchaser's rights herein are not assignable without written consent of seller.

Address 4423 NE FREMONT ST JOHN D. MEDAK REALTY, Broker

Phone 287-4131 By John D. Medak

AGREEMENT TO PURCHASE

9:40 AM 9-2 1971

I hereby agree to purchase the above property and to pay the price of \$ 18,950.00 as set forth above and grant to said agent a period of 9 days hereafter to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Said deed or contract to be in name of

Address 285-4460 Purchaser Woodrow W. Godon (S E A L)

Phone 285-4460 Mary L. Godon (S E A L)

AGREEMENT TO SELL

I hereby approve and accept the sale of above described property and the price and conditions as set forth in above contract, and agree to furnish evidence of title as above provided; also the said deed when stated. 9-1 1971

Address 4423 NE FREMONT ST Seller John D. Medak (S E A L)

Phone 287-4131 Alice A. Moorhead (S E A L)

→ The PURCHASER'S COPY SHOWING SELLER'S ACCEPTANCE should be promptly delivered to purchaser either manually or forwarded to him by U. S. Registered mail with request for return receipt. Prepare for mailing and seal in presence of witness.

The undersigned purchaser acknowledges receipt of the foregoing earnest money receipt bearing his signature and that of the seller showing acceptance. 9-2 1971

Purchaser Woodrow W. Godon PURCHASER'S COPY BEARING COPY OF SELLER'S SIGNED ACCEPTANCE prepared for mailing and sealed in presence of

Sent by U. S. Registered mail on 9-2 1971

Receipt card received and attached to Broker's copy 9-2 1971

SELLER'S CLOSING INSTRUCTIONS

I agree to pay forthwith to the above named broker a commission amounting to \$ 432. for services rendered in this transaction. In the event of a forfeiture of the deposit as above provided, the said deposit shall be paid to or retained by the broker to the extent of the agreed upon commission with residue to the seller. I authorize said broker to pay out of the cash proceeds of sale the expense of furnishing evidence of title, of recording fees and revenue stamps, if any, as well as any encumbrances on said premises payable by me at or before closing. I acknowledge receipt of a copy of this earnest money receipt bearing my signature(s) and that of the purchaser named above.

NOTE: IF ANY BLANK SPACES ARE INSUFFICIENT, USE S-N No. 810 HANDY PAD, TO BE SEPARATELY SIGNED BY BUYER AND SELLER.

Seller John D. Medak (S E A L)

Alice A. Moorhead (S E A L)

BROKER'S COPY - USE IN ENVELOPE

REQUEST FOR FINANCIAL ASSISTANCE (1 TO 4 FAMILY RESIDENCE)		Address of Property (Street and Number, City and State) for which assistance is requested 6327 N. E. Rodney Portland, Oregon 97211		FHA Case No. (If not known, obtain from your lender.) Date of Request 2-3-72	
INSTRUCTIONS: Prepare in duplicate. Return original and retain copy for your files.					
Mortgagor's Names (Husband, Wife, Others) GODON, Woodrow W. and Mary			Home Address (Street and Number, City and State) and Telephone Number 6327 N. E. Rodney Street Portland, Oregon 97211		
Name and address of person or organization from which property was purchased (Name of owner at time of purchase, not realtor who handled sale) Name : Mark Moothart Street and No. : 1851 S. E. Exeter Dr. City and State : Portland, Oregon			Amount Paid for Property \$ 18,950.00		Amount of Down Payment \$ 1,000.00
			If down payment was other than cash, explain		
Date Property Purchased November 1971		Is title to property in your name? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Are you now an occupant of the property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		Were you the first occupant? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If not now occupying, give period you did occupy property FROM: TO:			Name and address of lender to whom monthly payments are made Columbia Mortgage Co. 812 S. W. Washington Portland, Oregon 97205		
Are your mortgage payments current? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			If payments not current, number of payments missed		
List below in detail efforts you have made to obtain correction of the default by the builder (Attach separate sheet, if necessary). 1) leaking roof - estimate obtained 2) defective furnace boiler - estimate obtained Have contacted Columbia Mortgage Co. who in turn contacted seller, Mark Moothart					
List below in detail the structural defects in the property (Attach separate sheet, if necessary). 1) leaking roof 2) defective hot water furnace boiler					
We the undersigned certify that I/we are the sole lawful owners of the subject property and the only person(s) entitled to any special relief. It is understood that the determination of the Commissioner of the Federal Housing Administration in connection with this claim is final and conclusive. It is agreed that on the rendering of any special assistance pursuant to Section 102 of the Housing Act of 1964, the Commissioner will be and is hereby subrogated to all rights, equities and remedies that I/we may have against the builder, seller or other persons arising out of the defect or defects so corrected, and he is hereby authorized to sue, compromise or settle in our name or otherwise and is fully substituted in our place for this purpose. I/We understand that Section 1010 of Title 18 of the United States Code relating to Federal Housing Administration transactions provides: "whoever, for the purpose of . . . influencing such Administration . . . makes, passes, utters or publishes any statement knowing the same to be false . . . shall be fined not more than \$5,000 or imprisoned not more than two years, or both."					
MORTGAGOR <u>Woodrow W. Godon</u> (Signature)			MORTGAGOR <u>Mary S. Godon</u> (Signature)		

PORTLAND DEVELOPMENT COMMISSION

Social Security Administration
1221 S. W. 12th Avenue
Portland, Oregon 97201

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 266-8169

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an urban renewal area and, in order to determine my eligibility for further compensation, would like you to give them the amount of my monthly social security benefits and verify my birthdate.

My social security number is: [REDACTED]

My birth date is: Jan 13 1917

My place of birth is: Rapids, Wis

This will authorize you to give the Development Commission the information requested below. Please return one copy of the completed form directly to the Commission in the envelope provided.

Thank you.

Sincerely,

Woodrow W. Goode
(name)

(address)

7/20/71
(date)

TO: Portland Development Commission

The records of this office indicate that Woodrow W. Goode,
is entitled to receive monthly benefits in the amount of \$ 116.40;
and that adequate documentation has been provided to verify this person's birth
date as stated above, or, if different from the date above, as 1/13/17

SOCIAL SECURITY ADMINISTRATION

by D. L. Duggan, Service Representative

CONFIDENTIAL

Place and Date _____, 19____

RECEIVED OF _____
as purchaser, the sum of \$ _____ (Cash) (Check) (Note) as earnest money and in part payment of the purchase of
the following described property situated in _____ County, house and lot sold as is, located at _____

which premises have this day been sold to said purchaser for the sum of \$ _____, payable as follows: \$ _____
(Cash) (Check) (Note) above received for and \$ _____ upon acceptance of title and delivery of _____
balance \$ _____

_____ free from encumbrances except those of public record.

Subject to acceptance by owner, who shall furnish title insurance insuring marketable title in seller, sale to be completed as soon as all papers are ready. Taxes are to be pro rated as of the date of possession. Fire Insurance to be pro rated as of date of possession or purchaser may provide their own Fire Insurance. If owner does not approve sale, or cannot furnish marketable title within reasonable time, the earnest money herein receipted for shall be refunded, but if owner approves sale and title is marketable and the purchaser fails to complete purchase as above specified, the earnest money herein receipted for shall be forfeited to the undersigned agent to the extent of agreed upon commission, and residue to owner as liquidated damages. Possession of the above premises is to be delivered to the purchaser immediately on delivery of the deed or contract above mentioned or on _____, 19____, or as soon thereafter as existing laws and regulations will permit removal of tenants, if any. Time is the essence of this contract. Seller agrees to pay prevailing FHA mortgage discount. Papers and funds necessary for closing shall be deposited with the Escrow Company of Broker's designation. Buyer and seller each agree to pay one-half of escrow and closing fee. All fixtures such as venetian blinds, drapery and curtain rods, window and door screens, storm doors and windows and attached television antenna are included as part of the property to be purchased.

TRI-STATE REALTY, INC., Broker

By _____

I hereby agree to purchase above property upon above mentioned terms and conditions.

Address _____ (Purchaser) _____

Phone _____

I approve and accept the above sale and agree to above mentioned terms and conditions this _____ day of _____, 19____, and agree to pay forthwith to said agent a commission of \$ _____ for services rendered in this transaction.

Address _____ (Owner) _____

Phone _____

To be prepared in quadruplicate. I hereby acknowledge receipt of a copy of this earnest money receipt.

(1) Purchaser's receipt _____ (2) Purchaser with all signatures WW Gordon

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

CLAIM NUMBER
388-14-9647HC1

Certificate of Social Insurance Award

DATE: 05/17/71



THIS IS TO CERTIFY THAT THE PERSON(S) NAMED BELOW BECAME ENTITLED TO THE INSURANCE BENEFITS SHOWN,
PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT.

NAME AND ADDRESS OF PAYEE AS THE CLAIMANT
OR AS REPRESENTATIVE OF THE CLAIMANT

DATE OF
ENTITLEMENT

MONTHLY
BENEFIT

AMOUNT OF
FIRST CHECK

MARY L GODDON FOR CHLRN
OF W W GODDON
3127 N COMMERCIAL
PORTLAND OR 97227

(SEE BELOW) \$38.80

\$38.80

TYPE OF BENEFIT: CHILD

EACH CHILD IS ENTITLED TO THE SPECIFIC AMOUNT SHOWN BELOW:

WILLIAM W

06/71

\$19.40

RITA R

06/71

\$19.40

THE RECENTLY ENACTED AMENDMENTS TO THE SOCIAL SECURITY ACT RAISED
MONTHLY BENEFIT RATES. THE HIGHER RATES ARE EFFECTIVE WITH THE
JANUARY 1971 BENEFITS. THE AMOUNT OF YOUR PAYMENT IS BASED ON THE NEW
RATE.

The right to receive social security benefits carries with it certain responsibilities. They are explained in the booklet furnished you. Read this booklet carefully. Be sure that you understand clearly what you can expect by way of benefits, and what is to be expected of you. If you have any questions or wish additional information about your benefits, please get in touch with any social security office.

C

NOTICE: If you believe that this determination is not correct, you may request that your case be reexamined. If you want this reconsideration, you must request it not later than 6 months from the date of this notice. You may make any such request through your social security office. If additional evidence is available, you should submit it with your request.

Robert M. Ball

ROBERT M. BALL
COMMISSIONER OF SOCIAL SECURITY

September 30, 1971

Mr. Benjamin E. Webb
Portland Development Commission
1700 S. W. Fourth Avenue
Portland, Oregon 97201

Dear Mr. Webb:

We hereby authorize you to place in escrow the amount of \$1,000, from our Replacement Housing Payment for Tenants, to be used as closing costs and to pay off indebtedness to qualify us for 235 housing, contingent on the house being safe, sanitary and decent.

Sincerely,

Woodrow W. Godon

Woodrow Godon

Mary Godon

Mary Godon

August 6, 1971

Columbia Mortgage Company
812 S.W. Washington - Room 600
Portland, Oregon

Gentlemen:

Enclosed is a money order in the amount of \$200.00 to be used
toward settlement of judgments against me as agreed.

Sincerely,

Woodrow W. Godon
6345 N. E. Rodney
Portland, Oregon

60011

Received From MR ~~Gordon~~ on Aug 1
1971 \$40.50 For Fifteen DAYS Rent From Aug 1
to Aug 15-1971 Rent to Be paid to MR Nolan
for property @ 6345 NE Rodney until closing
if closes Before Aug 15th Rent to Be Reimbursed
at the Rate of \$2.70 per Day

Dore Lanny Stevely Inc
Woodrow W. Gordon



September 30, 1971

Mr. Benjamin E. Webb
Portland Development Commission
1700 S. W. Fourth Avenue
Portland, Oregon 97201

Dear Mr. Webb:

We hereby authorize you to place in escrow the amount of \$1,000, from our Replacement Housing Payment for Tenants, to be used as closing costs and to pay off indebtedness to qualify us for 235 housing, contingent on the house being safe, sanitary and decent.

Sincerely,

Woodrow W. Godon
Woodrow Godon

Mary Godon
Mary Godon

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

CLAIM NUMBER
388-14-9647H82

Certificate of Social Insurance Award

DATE: 05/17/71



THIS IS TO CERTIFY THAT THE PERSON(S) NAMED BELOW BECAME ENTITLED TO THE INSURANCE BENEFITS SHOWN,
PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT.

NAME AND ADDRESS OF PAYEE AS THE CLAIMANT
OR AS REPRESENTATIVE OF THE CLAIMANT

DATE OF
ENTITLEMENT

MONTHLY
BENEFIT

AMOUNT OF
FIRST CHECK

MARY L GORDON
3127 N COMMERCIAL
PORTLAND OR 97227

06/71 — \$19.40 \$19.40

TYPE OF BENEFIT: WIFE

THE RECENTLY ENACTED AMENDMENTS TO THE SOCIAL SECURITY ACT RAISED
MONTHLY BENEFIT RATES. THE HIGHER RATES ARE EFFECTIVE WITH THE
JANUARY 1971 BENEFITS. THE AMOUNT OF YOUR PAYMENT IS BASED ON THE NEW
RATE.

The right to receive social security benefits carries with it certain responsibilities. They are explained in the booklet furnished you. Read this booklet carefully. Be sure that you understand clearly what you can expect by way of benefits, and what is to be expected of you. If you have any questions or wish additional information about your benefits, please get in touch with any social security office.

C

NOTICE: If you believe that this determination is not correct, you may request that your case be reexamined. If you want this reconsideration, you must request it not later than 6 months from the date of this notice. You may make any such request through your social security office. If additional evidence is available, you should submit it with your request.

Robert M. Ball

ROBERT M. BALL
COMMISSIONER OF SOCIAL SECURITY

July 2, 1971

Mr. Benjamin E. Webb
Portland Development Commission
1700 S.W. Fourth Avenue
Portland, Oregon 97201

Dear Mr. Webb:

We hereby authorize you to place in escrow the amount of \$500.00 for Additional Relocation Payment and \$200.00 for dislocation allowance to be used as closing costs and to pay off indebtedness to qualify us for 235 Housing, contingent on the house being safe, sanitary and decent.

Sincerely,

Woodrow Godon

Mary Godon

SEPT. 1,
August 24, 1971

To be part of Earnest Money dated August 24, 1971 on 6327 N.E. Rodney.

Purchaser to apply for an FHA 235 Loan. Purchaser and seller to pay
SELLER AGREES TO PAY FOR OWNER TITLE INSURANCE POLICY, $\frac{1}{2}$ ESCROW FEE, AND
required closing costs to consummate this transaction, Down payment

to come from Portland Development Commission through Emanuel Hospital
Relocation Division. This sale contingent upon purchaser and property
qualifying for the loan also subject to the approval of Portland
Development Commission. Seller agrees to bring house to FHA standards
and City Inspection requirement.

Woodrow W. Godon
PURCHASER: Woodrow W. Godon

Mary L. Godon
PURCHASER: Mary L. Godon

Th... L. i. Moorhart
SELLER:

Alice A. Moorhart
SELLER:

NOT TO EXCEED 3% OF BUYER'S LOAN. NO OTHER
CLOSING COSTS TO BE PAID BY SELLER

76

Phinis

CP

B3

July 16, 1971
(date)

Multnomah County Public Welfare Department
508 S. W. Mill Street
Portland, Oregon 97201

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an Urban Renewal area and, in order to determine my eligibility for further compensation, would like you to give them the amount of my monthly compensation from Welfare.

This will authorize you to give the Development Commission the information requested below. Please return one copy of the completed form directly to the Commission in the envelope provided.

Thank you.

Sincerely, *Woodrow*

Mary S. Gordon
(name)

(address)

026261-S-B3
(caseload code number)

Date aid ends

8-10-71
(date)

TO: Portland Development Commission

The records of this office indicate that *Mary S. Gordon* is receiving monthly benefits in the amount of \$*94.00* from the Multnomah County Public Welfare Department.

MULTNOMAH COUNTY PUBLIC WELFARE DEPARTMENT

by *Louise Phelps*
280-6042

PORTLAND DEVELOPMENT COMMISSION
235 N. MONROE
PORTLAND, OREGON 97227

CONFIDENTIAL

Sept 30, 1971
stepfather

280-6000

8/31/71

Betty Thompson called from Welfare Dept. She said she had checked with Nelson Smith 229-6693. He said that Mrs. Godon was requesting a ^{court} hearing in regards to her children. Mrs. Godon has not had the ~~the~~ children mainly because of (1) Emotional instability and (2) her own limitations. The 2 children living with them now ~~show~~ show serious deficiencies in speech and ~~reads~~ mental age is considerably below average. ~~that~~

adj

FHA MORTGAGEE NO.

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
FEDERAL HOUSING ADMINISTRATIONFHA
CASE
NO.

431211040

X
CONDITIONAL COMMITMENT
FOR MORTGAGE INSURANCE UNDER
THE NATIONAL HOUSING ACT

PROPERTY ADDRESS

6317 1/2 BOULEVARD

SEC. 203(i) SEC. 203(a)

MORTGAGEE: COMMERCIAL MORTGAGE COMPANY

401 1/2 PITTOCK BLOCK
COMMERCIAL MORTGAGE COMPANY
800 Pittock Block Building
Portland, Oregon 97205ESTIMATE OF VALUE AND
CLOSING COSTSVALUE OF PROPERTY \$19,000
Closing Costs \$350
TOTAL (For Mortgage Insurance Purposes) \$19,350MONTHLY EXPENSE
ESTIMATEFire Ins. \$3
Taxes \$31
Main. & Repairs \$10
Heat & Utilities \$22

APPROVED FOR COMMITMENT

COMMITMENT

Issued: 8-31-1971

Expires: 2-29-1972

EXISTING PROPOSED

(See Gen. Cond. #3)

Improved Living Area 2123 sq. ft.

COMMITMENT TERMS MAX. MORT. AMT. \$18,450 NO. MOS. 360 MAX. INTEREST 7%

INFORMATION

The estimates of fire insurance, taxes, maintenance/repairs, heat/utilities and closing costs are furnished for mortgagee's and mortgagor's information. They may be used to prepare FHA Form 2900. Application for Credit Approval, when a firm commitment is desired.

GENERAL COMMITMENT CONDITIONS

MAXIMUM MORTGAGE AMOUNT AND TERMS -

(a) OCCUPANT MORTGAGORS: The mortgage amount and term set forth in the heading are the maximum approved for this property assuming a satisfactory owner-occupant mortgagor. The maximum amount and term in the heading may be changed depending upon FHA's rating of the borrower, his income and credit.

(b) NONOCCUPANT MORTGAGORS: If the mortgagor does not occupy the house, the law limits the maximum mortgage amount to not to exceed 85% of the maximum amount available to an eligible mortgagor who will occupy the house (85% of value if Sec. 203(i) or 221). In the case of nonoccupant mortgagors, the firm commitment when issued will reduce the mortgage amount and terms below that stated in the heading.

(c) COMMITMENT CHANGES: The Commissioner may, upon request of the approved mortgagee, change the mortgage amount and term set forth in the heading. If the application is accompanied by a VA CRV, changes will be made only if VA issues an amendment.

FIRM COMMITMENT:—A firm commitment to insure a loan will be issued upon receipt of an Application for Credit Approval, FHA Form 2900, executed by an approved mortgagee and a borrower satisfactory to the Commissioner.

3. COMMITMENT TERM: This commitment shall expire SIX MONTHS from the issue date in the case of an EXISTING HOUSE or ONE YEAR from its date in the case of PROPOSED CONSTRUCTION. (FHA classifies all cases as either "EXISTING" or "PROPOSED" for the purpose of determining when a commitment expires. Accordingly, a house, even though still under construction, may be classified as an existing house if it was not approved by FHA or VA prior to the beginning of construction.)

4. CANCELLATION:—This commitment may be cancelled after 60 days from the date of issuance if construction has not started, unless the mortgagee has disbursed loan proceeds.

5. PROPERTY STANDARDS:—All construction, repairs, or alterations proposed in the application or on the drawings and specifications returned herewith, shall equal or exceed the FHA Minimum Property Standards, or the deviations agreed upon pursuant to purpose and scope provisions of General Revision No. 6, dated August, 1968.

SPECIFIC COMMITMENT CONDITIONS (Applicable when checked)

HEALTH AUTHORITY APPROVAL:—Execution of Form 2573 by the Health Authority indicating approval of the water supply and/or sewage disposal installation is required. (Approval by letter or Health Authority Form may be used.)

TERMITE CONTROL:—(a) EXISTING HOUSE - Furnish certificate from a recognized termite control operator that the house shows no evidence of an active termite infestation. (b) PROPOSED CONSTRUCTION - Furnish original and two copies of Termite Soil Treatment Guarantee FHA Form 2052.

SUBDIVISION REQUIREMENTS:—Comply with Requirements No. _____ from Report dated _____ for _____ Subdivision.

BUILDER'S WARRANTY:—The builder shall execute FHA Form 2544, Builder's Warranty.

PROPERTY INSPECTIONS:—A notice of construction status shall be given by Form 2289X, letter or telephone at the time indicated below:

- (a.) ALL PROPOSED CONSTRUCTION CASES:
- (1.) ☐ At least two work days before "beginning of construction."
 - (2.) ☐ When the building is enclosed, structural framing completely exposed and roughing-in of plumbing, heating and electrical work installed and visible
 - (3.) ☐ When construction completed and property ready for occupancy.
- (b.) ☒ REPAIRS: Notify FHA upon completion of required repairs.
- (c.) ☐ CERTIFICATE OF COMPLETION: A certificate stating that the mortgagee has examined the proposed or required repairs and that they have been satisfactorily completed will be accepted.

6. VA INSPECTIONS:—Furnish a copy of a clear VA final report;

7. ASSURANCE OF COMPLETION:—If the required repairs cannot be completed prior to submission of closing papers, a Form 2900 escrow in the amount of \$ _____ (or such additional amount as the lender desires) may be established as the means to assure completion.

8. SECTION 235 AUTHORITY:

- (a) ☐ This commitment may be converted to section 235(i) upon receipt of an application covering an eligible borrower. Contract authority for this purpose has been obligated.
- (b) ☐ If contract authority is available, this commitment may be converted to section 235(i) upon receipt of an application covering an eligible borrower.

9. EXPIRATION DATE:—The Total Value stated above is based on Veterans Administration Certificate of Reasonable Value, case number _____, dated _____. Regardless of General Commitment Condition Number 3, above, this commitment expires on _____.

10. ☒ See special conditions No.

55, 79, 97, 101, 110, 112, 140 below or on attached sheet.

STATEMENT OF APPRAISED VALUE FOR
A MORTGAGE TO BE INSURED UNDER
THE NATIONAL HOUSING ACT

PROPERTY ADDRESS

☒ SEC. 203(b) ☐ SEC. 203

MORTGAGEE: **COMMERCIAL MORTGAGE COMPANY**
400 PITTOCK BLOCK
COMMERCIAL MORTGAGE COMPANY
300 Pittock Block Building
Portland, Oregon 97205

ESTIMATE OF VALUE AND
CLOSING COSTS

VALUE OF PROPERTY \$17,000
Closing Costs \$1,200
TOTAL (For Mortgage Insurance Purposes) \$18,200

APPROVED FOR COMMITMENT

MONTHLY EXPENSE
ESTIMATE

Fire Ins. \$
Taxes \$
Main. & Repairs \$
Heat & Utilities \$
COMMITMENT
Issued: 19
Expires: 19

DEFINITION OF VALUE

The Federal Housing Commissioner has valued the above identified property for mortgage insurance purposes in the amount shown. FHA's estimate of "Value" ("Replacement Cost" in Section 213 or 220) does not fix a sales price, except when the mortgage is to be insured under section 235(i); does not indicate FHA approval of a purchaser of the property; nor does it indicate the amount of an insured mortgage that would be approved.

THE ESTIMATE OF VALUE AND CLOSING COSTS ABOVE HAS THREE PARTS:
"VALUE OF PROPERTY" IS FHA'S ESTIMATE OF THE VALUE OF THE PROPERTY.

"Closing Costs" is the FHA estimate of the cost of closing a mortgage loan on the property. These costs may be paid by either the buyer or the seller.

"Total for Mortgage Insurance Purposes" includes both the value of the property and estimated closing costs. The maximum mortgage which FHA can insure is based on this amount. Under those sections of the National Housing Act (such as 213 or 220) where the maximum mortgage amount must be based on estimated replacement cost, the "Value of Property" shall be deemed to mean replacement cost for mortgage insurance purposes.

"Replacement Cost" is an estimate of the current cost to reproduce the property including land, labor, site survey and marketing expense but excluding payments for prepaid expenses such as taxes and insurance and closing costs.

If the contract price of the property is equal to or less than "Value of Property", and the buyer pays closing costs, a part of the closing costs can be included in the mortgage. IF THE CONTRACT PRICE OF THE PROPERTY IS MORE THAN "VALUE OF PROPERTY" AND THE BUYER PAYS THE CLOSING COSTS, THE BUYER IS PAYING MORE FOR THE PROPERTY THAN FHA'S ESTIMATE OF ITS VALUE.

The law requires that FHA mortgagors receive a statement of "appraised value" prior to the sale of the property. If the sales contract has been signed before the mortgagor receives such a statement, the contract must contain, or must be amended to include, the following language:

"It is...agreed that...the purchaser shall not be obligated to complete the purchase...or to incur any penalty...unless the seller has delivered to the purchaser a written statement setting forth...the value of the property (excluding closing costs) not less than \$. The purchaser shall have the privilege...of proceeding with...this contract without regard to the amount of the...valuation."

ADVICE TO HOME BUYERS

ADVANCE PAYMENTS - Make extra payments when able. You pay less interest and have your home paid for sooner. Notify the lender in writing at least 30 days before the regular payment date on which you intend to make an advance payment.

DELINQUENT PAYMENTS - Monthly payments are due the first day of each month and should be made on or before that date. The lender may make a late charge up to 2 cents for each dollar of any payment more than 15 days late. If you fail for 30 days to make a payment, or to perform any other agreement in the mortgage, your lender may foreclose. You could lose your home, damage your credit, and prevent your obtaining further mortgage loans. If extraordinary circumstances prevent your making payments on time, see your lender at once. If you are temporarily unable to make your payments because of illness, loss of job, etc., your lender may be able to help you. Ask your lender to explain FHA's forbearance policy. **YOUR CREDIT IS AN IMPORTANT ASSET; DON'T LOSE IT THROUGH NEGLECT.**

ADJUSTED PREMIUM CHARGE - If you make extra payments in any year of more than 15% of the original mortgage amount, you may have to pay an adjusted premium charge. This charge is 1% of the original mortgage. FHA is authorized to charge a premium of not less than 1/4 of 1% nor more than 1% per year, but has set the premium at 1/2 of 1% assuming it will be paid over the whole mortgage term. When a mortgage is paid off in advance, the premiums collected do not cover FHA's cost and an adjusted premium is charged to offset the loss. If this adjusted premium is not made if a new FHA mortgage is placed on the property, or if the FHA insurance is in force for 10 years or longer.

TAXES, ASSESSMENTS, AND INSURANCE - Send your lender bills for taxes, special assessments, or fire insurance that come to you. The fire insurance the lender requires you to carry usually covers only the balance of the loan. Check this with your lender. You may wish to take out additional insurance so that if the house is damaged by fire, windstorm, or other cause, write your lender at once. Taxes for the coming year can't be known until the bills are received. If they exceed the amount accumulated from your payments, you will be asked to pay the difference. If they are less, the difference will be credited to your account. The same is true of fire insurance. Some states allow homestead or veteran's tax exemptions. Apply for any exemption to which you may be entitled. When it is approved, notify your lender.

CLOSING COSTS - In the heading is FHA's estimate of anticipated closing costs, such as fees for preparation of mortgage instruments, broker's fees, title insurance, origination fees and documentary

stamp taxes. The estimate does not include charges for such prepayable items as taxes, fire insurance.

BUILDER'S WARRANTY - When FHA approves plans and specifications before construction, the builder is required to warrant that the house conforms to FHA approved plans. This warranty is for 1 year following the date on which title is conveyed to the original buyer or the date on which the house was first occupied, whichever occurs first.

If during the warranty period you notice defects for which you believe the builder is responsible, ask him in writing to correct them. If he fails to do so, notify the FHA insuring office in writing. Mention the FHA case number shown in the heading. If inspection shows the builder to be at fault, the FHA will try to persuade him to make correction. If he does not, you may seek legal relief under the builder's warranty. Most builders take pride in their work and will make justifiable corrections. They cannot be expected to correct damage caused by ordinary wear and tear or by poor maintenance. Keeping the house in good condition is the owner's responsibility.

OPERATING EXPENSES - In the heading are FHA estimates of monthly costs of taxes, heat and utilities, fire insurance, maintenance and repairs. The estimated figures will probably have to be adjusted when you receive the actual bills. **BEAR IN MIND THAT IN MOST COMMUNITIES TAXES AND OTHER OPERATING COSTS ARE INCREASING.** The estimates should give some idea of what you can expect the costs to be at the beginning. In some areas FHA's estimate of taxes may also include local charges such as sewer charges, garbage collection fees, water rates, etc.

IF YOU SELL - If you sell while the mortgage exists, the buyer may finance several ways. Understand how these arrangements may affect you. Consult your lender.

1. You may sell for all cash and pay off your mortgage. This ends your liability.
2. The buyer can assume the mortgage and pay the difference between the unpaid balance and the selling price in cash. If the FHA and the lender are willing to accept the buyer as a mortgagor, you can be released from further liability. This requires the specific approval of the lender and the FHA.

(EITHER OF THE ABOVE TWO METHODS IS PREFERABLE TO METHOD NUMBER 3.)

3. The buyer can pay the difference in cash and purchase subject to the unpaid mortgage balance. FHA or lender approval is not necessary BUT YOU REMAIN LIABLE FOR THE DEBT. IF THE BUYER DEFAULTS, IT COULD RESULT IN A DEFICIENCY JUDGMENT AND IMPAIR YOUR CREDIT STANDING.

THE COST OF BORROWING

When you borrow to buy a home, you pay interest and other charges which add to your cost. A larger downpayment will result in a smaller mortgage. Borrow as little as you need and repay in the shortest time. If you borrow \$10,000 at 7 1/2% the monthly payment to principal and interest is \$10.60 less for a 30-year mortgage than it would be

for a 20-year mortgage; but in 30 years you pay \$5,772.90, or 62% more interest than in 20 years. The tables show the monthly payments, interest and mortgage insurance for some typical mortgages at 7 1/2%. Taxes and fire insurance are not shown in the tables, although they are included in your monthly payments.

MONTHLY PAYMENTS, PRINCIPAL & INTEREST, MORT. INS. PREMIUM, TOTAL INTEREST & MORT. INS. PREMIUMS PAID @ 7 1/2%

Term	\$10,000-MORTGAGE				\$15,000-MORTGAGE				\$20,000-MORTGAGE			
	Prin. & Int. Mo. Payt.	Total Interest	Mtg. Ins. Premium Mo. Payt.	Total	Prin. & Int. Mo. Payt.	Total Interest	Mtg. Ins. Premium Mo. Payt.	Total	Prin. & Int. Mo. Payt.	Total Interest	Mtg. Ins. Premium Mo. Payt.	Total
10 yrs.	\$80.60	\$ 9,321.49	\$4.12	\$621.42	\$120.90	\$13,982.24	\$6.19	\$932.15	\$161.20	\$18,642.98	\$8.25	\$1,242.87
15 yrs.	73.90	12,169.49	4.14	811.29	110.85	18,254.24	6.21	1,216.95	147.80	24,338.98	8.28	1,622.80
20 yrs.	70.06	15,094.39	4.15	1,006.28	105.09	22,641.59	6.22	1,509.44	140.00	26,743.23	8.29	1,872.80

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
HUD-FHA PORTLAND AREA OFFICE

Rev. 6/28/71

ADDENDUM TO FHA COMMITMENT

FHA CASE NO. _____

DATE _____

SHEET _____ OF _____

Specific commitment conditions (applicable when checked)

Note: Conditions 1 through 10 are on FHA Commitment Form 2800-5.

All required repairs must be completed in a professional manner.

All certifications must be submitted before requesting final inspection of repairs.

50. See attached addendum for condition on individual water and/or sewage disposal system.

51. Install an acceptable vapor barrier ground cover over entire crawl space area.

52. Crawl space shall be graded and sloped to prevent ponding of seepage water. Install drain tile in gravel bed connected to suitable outfall to provide positive drainage away from dwelling. Cover entire crawl space with acceptable vapor barrier.

53. Install at least four 8"x14" galvanized hardware cloth screened crawl space area vents of 1/2" mesh (one near each corner) to adequately vent crawl space area.

54. Provide concrete foundation and/or piers under all wood sills, posts and supporting members under _____ dwelling, _____ porch (rear-front-side) so that no wood remains within 6" of the ground. Replace any deteriorated members.

55. (a) _____ Replace all deteriorated rotted or damaged wood foundation and framing members, including posts, plates, beams and joists in underfloor area, with sound material. No wood to remain within 6" of ground.

and porch (b) ☒ Replace all skirting and other wood in contact with the ground and replace with material resistant to rot and infestation. Finish all exposed new or repaired work to match exterior. No wood to remain within 6" of ground.

56. Submit certification from a qualified pest control operator, engineer, or architect that wood destroying organisms, fungus and/or rot damage in the structure of the dwelling have been eliminated. A "Standard Notice of Work Completed" or a report form indicating no infestation may be submitted as certification. Note: All repairs must be completed in conformance with local professional building standards and local building codes.

57. Remove all debris, including wood scraps, form boards, etc., from under building.

58. Trim bushes, cut weeds and remove all junk and debris from premises.

59. Install a 3/4" temperature and pressure relief valve on hot water tank; and a 3/4" discharge line to outside or to an interior drain.

60. Install elbows for downspouts and provide splash blocks to carry roof water at least two feet away from foundation.

61. Install new gutters under all eaves on main building. Provide adequate downspouts and splash blocks. Apply primer and two coats of exterior paint to match existing finish.

62. Clean out and repair gutters and downspouts so they function properly.

63. Install screened hooded roof or gable vents to provide positive cross ventilation of attic space.

64. Paint all exterior metal and wood trim of _____ house and/or _____ garage after adequately preparing surface.

65. Paint entire exterior of _____ house and/or _____ garage, including trim, after repairing all damaged areas, removing all loose paint and blisters, and applying an undercoat to bare wood.

66. Repair and paint exterior _____ trim, _____ siding at the following location(s): _____

67. Remove deteriorated accessory structures as follows: _____

68. (a) _____ The FHA value is based on a lot size of _____

(b) _____ Submit a copy of correct legal description, including lot dimensions.

69. (a) _____ Since a portion of the land offered as security is deemed to be ineligible excess land, the Deed of Trust or Mortgage shall cover only the following parcel which is eligible:

(b) _____ The portion of land to be excluded consists of: _____

70. Assure protection against damage to the property by exercise of the mineral reservations with a suitably executed and recorded agreement; or in lieu of such an agreement, mortgagee's title policy may carry a provision specifically insuring against such loss or damage.
71. Install waterproof wainscoting at _____ tub, _____ shower _____ feet high.
72. Install durable plastic laminate or equal _____ kitchen, _____ bath counter top and back splash after first replacing any damaged or rotted underlay.
73. Sand and refinish hardwood floors in the following rooms: _____

Painted fir floors may be repainted. NOTE: The installation of carpeting and cushion meeting UM-44b standards in these areas is an acceptable alternate method of satisfying this condition.

74. Remove the existing floor covering in the following rooms: _____

Replace with new resilient floor covering over suitable underlayment after making necessary repairs to subfloor. Carpeting not acceptable in kitchen and bath areas.

75. Cover all warm air ducts in attic or basementless space with one-inch blanket or equivalent insulation.
76. Install a new forced air, wall, baseboard, or other heating system adequate to heat all finished rooms to 70° Fahrenheit. Submit specifications for approval prior to installation. Space or room heaters are not acceptable in dwellings of this type.
77. _____ (Re-roof) _____ (Repair roof) of dwelling and/or _____ garage and repair sheathing as necessary. Remove all old roofing when more than two layers exist. Contractor to certify that required work is complete and roof is in good condition.
78. Paint the following interior room(s): _____

79. Replace all broken or missing glass.

80. Install a solid (concrete) (asphaltic) driveway apron from the property line to the street pavement, per standards of local authority.

81. Grade street to full width of right-of-way from _____ to _____ and install an all-weather surface to a sufficient width to provide acceptable year-around access.

82. Provide positive drainage of surface water away from buildings and off lot along the following areas:

83. Install adequate retaining wall or rockery where earth slope exceeds one foot vertically to two feet horizontally. Earth slopes not permitted to extend into minimum usable yard spaces.

84. _____ Replace _____ Repair garage door to function properly.

85. Repair and paint all window sash and doors to operative condition. Caulk all windows.

86. Replace missing or broken hardware, door knobs, hinges, door stops, and light fixtures.

87. Clean and repair as necessary existing carpet in _____

88. Remove the existing worn out and/or soiled carpet in the following rooms: _____

Replace with carpeting and cushion meeting UM-44b standards.

89. Insulate entire ceiling area with fireproof insulation material to three-inch minimum depth.

90. The leased heating equipment is to be paid for in full or replaced with new equipment that is now part of realty.

91. Install electric exhaust fan in _____ bathroom, _____ kitchen, vented to outside.

92. Connect property to the _____ public sanitary sewer system, _____ public water system.

93. Submit evidence that the water system serving this property has been accepted for continuous maintenance by local authorities having jurisdiction.

94. Application _____ had no entry, _____ had "None Known" for "Special Assessments." Mortgagee to submit assurance that none exist nor are about to be levied.

95. Key is enclosed.

96. Submit evidence of a recorded easement, acceptable to this Administration, for the community driveway serving subject and adjacent property.

97. Lower exterior grade to at least four inches below siding or any other wood members and slope grade to provide positive drainage away from foundation.

porch skirting

98. Replace all delaminated plywood of A _____ cornices; B _____ gable ends; C _____ carport; D _____ porch ceilings with exterior grade plywood. Prime and paint to blend, two coats.
99. Install new A _____ front; B _____ rear door and hardware, using a 1-3/4" hollow core; exterior-type door, or equal. Prime and paint or varnish both sides, including edges to match related areas, two coats.
100. Sand, scrape and fill all casings, doors, door frames, window sills, and other previously painted woodwork, and paint with semigloss paint.
101. Provide splashblocks of concrete or other durable material at all downspouts, minimum length 24 inches. Splashblocks to be firmly embedded and provide drainage away from foundation.
102. Connect downspouts to underground drain with outfall to street gutter (ditch), drywells, or subsurface drain lines. Connecting drain pipe shall have watertight joints.
103. Install new kitchen sink, fittings, and Hudee or equal sink rim.
104. Install corrosive resistant screening, 8 mesh per inch, in all foundation vents.
105. Install metal or concrete areaway around crawl space opening. Install 6" layer of crushed gravel in areaway, top of gravel to be 4" below frame of opening - wall to extend 4" above grade.
106. Install metal or concrete areaway around foundation vents, and/or basement windows. Install 6" crushed gravel at base of areaway. Top of gravel is to be 3" below wood frame. Areaway is to extend 2" above grade, decayed framing to be replaced with sound, treated material.
107. Install 3/4" exterior-type plywood door on crawl space opening. Provide fastening device. Paint two coats both sides and edges.
108. Install 3 inches of 3/4" minus crushed gravel over crawl space before installing ground cover.
109. Repair broken: A _____ driveway; B _____ walkway.
110. Certification to be submitted by the local governing body that this property is in compliance with the Housing Code applicable to this particular district.
111. Certification on the enclosed form letters to be completed on the A _____ roof, B _____ heating, C _____ Plumbing, D _____ Electrical. One copy of the certification is to be delivered to the purchaser of the property and one copy is to be submitted to FHA/HUD with the closing documents.
112. This commitment is issued on the condition that if the mortgage is to be insured under Section 235, the seller will execute an agreement to reimburse HUD for expenses incurred in repairing structural or other defect with respect to the property being sold in the form prescribed by the Secretary and that a seller who is not the occupant of the property will deposit 5 percent of the sales price in escrow with the mortgagee in accordance with the terms of the agreement.
113. Provide one operable window in each habitable room.
114. through 139. Reserved.

40. Other: Replace broken glass of shower door in
basement bath.

PROPOSAL and CONTRACT
OWNERS COPY

Date January 24, 1972

TO Mr. & Mrs. W.W. Goden

6327 NE Rodney 285-5673

Dear Sir: Attn: Mr. Chapman Columbia Mortgage Co.

We propose to furnish all materials and perform all labor necessary to complete the following:
Install one Hydro-Therm Boiler model OH-175 and combustion controls,
including circulator relay, circulating pump and Chronotherm thermostat.
Old equipment and related debris to be removed from the premises.
OHTEA fund to seller to provide one year parts and labor warranty on
this new equipment.
A Field's draft regulator will be provided with this installation.

All of the above work to be completed in a substantial and workmanlike manner according to stand-
ard practices for the sum of ---Seven Hundred Eighty Five---Dollars (\$785.00)

Payments to be made ----Cash on completion-----

***** as the work progresses
to the value of ***** per cent (*****%) of all work completed. The entire
amount of contract to be paid within ***** days after completion.

Any alteration or deviation from the above specifications involving extra cost of material or labor
will only be executed upon written orders for same, and will become an extra charge over the sum men-
tioned in this contract. All agreements must be made in writing.

Respectfully submitted,

By [Signature]
Diamond Fuel Co. Seller

ACCEPTANCE

You are hereby authorized to furnish all materials and labor required to complete the work men-
tioned in the above proposal, for which We agree to pay the amount mentioned in
said proposal, and according to the terms thereof.

ACCEPTED X
Owner

Date , 19 X

POWER PLANT HEATING ENGINEERING CO.



5136 S.W. Corbett 4082 N.E. Union Ave., Portland 12, Oregon

HEATING OILS



HEATING & COOLING - HEAT PUMPS



BURNERS, BOILERS

Work Order No. _____

Page _____ of _____

Date January 25, 1972

Uniform Commercial Code Filed _____, 19____

To: Mr. & Mrs. Woodrow W. Godon 6327 N.E. Rodney
Purchaser Address Phone

Install at above address.

Power Plant Heating Engineering Company proposes to furnish and/or install:

One (1) model OR-175 Hydro-Therm oil-fired boiler, installed as follows:

Old boiler will be removed from premises.

New boiler will be installed to existing piping and existing circulating pump.

A manual controlled thermostat will be furnished.

Contract amount will include all fittings, labor, and necessary wiring to an available existing circuit.

B.T.U. rating of boiler, 175,000 input.

Total: \$1,165.00

Less Oil Subsidy--: 75.00

\$1,090.00 Net to Customer

Circulating pump may be installed for an additional \$95.00.

Electric clock thermostat may be installed for an additional \$52.00.

Price: Said installation and the equipment therefore, as described above, will be furnished and/or installed by Seller on said premises for the sum of One Thousand Ninety and no/100 Dollars (\$ 1,090.00)

Payment Terms: _____

General Conditions of Sale as printed on the back hereof are expressly made a part of this contract.

Notice: This contract will not be binding upon Seller until accepted in writing by an officer of the company. There is no agreement verbal or otherwise which is not set down herein.

Respectfully submitted:

POWER PLANT HEATING ENGINEERING CO.

By: C. E. Hopper
224-6060

Proposal accepted on _____ 19____

Purchaser _____

POWER PLANT HEATING ENGINEERING CO.

Accepted by: _____ Date: _____

*Columbia Mortgage
222-9701*

July 21, 1971

8-24-71 6325 N.E. Rodney
To be part of Earnest Money dated July 21 on 6345 N. E. Rodney. Purchaser
to apply for an FHA 235 loan. Purchaser and seller to pay required closing
costs to consummate this transaction. Down payment to come from Portland
Development Commission through Regional Hospital Relocation Division. This
sale contingent upon purchaser and property qualifying for the loan also
subject to the approval of Portland Development Commission. Seller agrees to
(put Safety Relief Valve on hot water heater and lead rail going to basement,
also new counter top on kitchen cabinet.)

Woodrow W. Hudson

PURCHASER

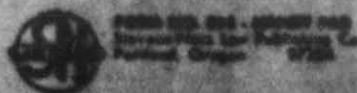
277 1st S. Hudson

PURCHASER

SELLER

SELLER

(Bringing house to FHA Standard +
City inspection Requirement)



in writing to purchase through you from the undersigned owner, hereinafter called "seller", the following described property:

for a price of \$14,500 payable at the time and on the terms and conditions set forth in buyer's and seller's reference to which hereby is made.

Having considered the said offer, but not being satisfied therewith, the undersigned seller hereby makes the following counter-offer and agrees to accept and consummate the sale of said property for the price and on terms and conditions herein set forth:

On 1/2 we drove to 240000 where Thomas and Condit
had previously started. S. L. Aguirre, the Pay Engineer,
was with us.

Any part of Buyer's original written offer and hereinafter changed, altered or modified hereby is approved and accepted by the seller, if the said buyer within 30 days hereafter accepts this counteroffer. The entire terms and conditions of the said original offer as changed, altered or modified by this counteroffer shall be the contract between buyer and seller as to the said purchase of said property.

31.33 121 121

I acknowledge receipt of author's above correspondence and hereby accept and agree to be bound by the above.

I agree to pay forthwith to the above named broker of commission amounting to \$2,000.00 on the basis of the transaction, in case of a sale of the stock, as provided in Buyer's will and also the same shall be paid to the broker to the extent of his said commission with the residue to me. I authorize said broker to pay out of the all expenses of sale (including the expense of printing notices if any) as well as commissions on said security as often before stated. I direct said broker to deposit in the special trust account all monies received by him on the sale of the stock. I acknowledge receipt of payment of the Buyer's said original will, of an acknowledgment and of having Buyer's signature.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Report of _____

Date _____

On or about _____ at _____
I, _____, a _____ of _____
do hereby certify that _____
and that _____

to the effect of _____
on the following terms, to wit: _____
() as follows: _____
The amount of the said delivery of _____
the balance of _____
payable to _____

The undersigned hereby certifies that _____
and that _____
and that _____
and that _____
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PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 288-8169

Social Security Administration
1221 S. W. 12th Avenue
Portland, Oregon 97201

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an urban renewal area and, in order to determine my eligibility for further compensation, would like you to give them the amount of my monthly social security benefits and verify my birthdate.

My social security number is: [REDACTED]

My birth date is: Jan 13 1917

My place of birth is: Rapids, Wis

This will authorize you to give the Development Commission the information requested below. Please return one copy of the completed form directly to the Commission in the envelope provided.

Thank you.

Sincerely,

Woodrow W. Goonan
(name)

(address)

7/20/71
(date)

TO: Portland Development Commission

The records of this office indicate that Woodrow W. Goonan,
is entitled to receive monthly benefits in the amount of \$ 116.40;
and that adequate documentation has been provided to verify this person's birth
date as stated above, or, if different from the date above, as 1/13/17

SOCIAL SECURITY ADMINISTRATION

by D. L. Duggan, Service Representative

CONFIDENTIAL

252 21

July 16, 1971
(date)

Contact Office
Veterans Administration
426 S. W. Stark
Portland, Oregon 97204

Gentlemen:

The Portland Development Commission has recently relocated me from an urban renewal area and, in order to determine my eligibility for further compensation, would like you to give them the amount of my monthly payments from the Veterans Administration.

The name of the Veteran on whose account the payments are drawn is WOODROW W. GODON. My Veterans Administration claim number is 113 88494.

This will authorize you to give them this information.

Please send the information directly to the Portland Development Commission, 235 N. Monroe, Portland, Oregon 97227 by filling in one copy of this letter in the space provided below and returning same in the enclosed envelope.

Sincerely,

Woodrow W. Godon

To the Portland Development Commission:

The records of this office indicate that Woodrow W. Godon, claim number 11 388 494, is receiving monthly benefits of \$116.00 from the Veterans Administration.

Louis A. Smith
Veterans Administration

PORTLAND DEVELOPMENT COMMISSION
235 N. MONROE
PORTLAND, OREGON 97227

slc

Rec'd
8-2-71

CONFIDENTIAL

7.6

Phillips

CD

B3

July 16, 1971
(date)

Multnomah County Public Welfare Department
508 S. W. Mill Street
Portland, Oregon 97201

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an Urban Renewal area and, in order to determine my eligibility for further compensation, would like you to give them the amount of my monthly compensation from Welfare.

This will authorize you to give the Development Commission the information requested below. Please return one copy of the completed form directly to the Commission in the envelope provided.

Thank you.

Sincerely, *W. Gordon**Mary L Gordon*

(name)

(address)

026261-5-B3

(caseload code number)

*Date aid ends*8-10-71
(date)

TO: Portland Development Commission

The records of this office indicate that *Mary L Gordon* is receiving monthly benefits in the amount of \$94.00 from the Multnomah County Public Welfare Department.

MULTNOMAH COUNTY PUBLIC WELFARE DEPARTMENT

by *Connie Phelps*

PORTLAND DEVELOPMENT COMMISSION:

235 N. MONROE
PORTLAND, OREGON 97227

CONFIDENTIAL

252
July 16, 1971
(date)

Contact Office
Veterans Administration
426 S. W. Stark
Portland, Oregon 97204

Gentlemen:

The Portland Development Commission has recently relocated me from an urban renewal area and, in order to determine my eligibility for further compensation, would like you to give them the amount of my monthly payments from the Veterans Administration.

The name of the Veteran on whose account the payments are drawn is Woodrow W. Godon. My Veterans Administration claim number is 11388494.

This will authorize you to give them this information.

Please send the information directly to the Portland Development Commission, 235 N. Monroe, Portland, Oregon 97227 by filling in one copy of this letter in the space provided below and returning same in the enclosed envelope.

Sincerely,

Woodrow W. Godon

To the Portland Development Commission:

The records of this office indicate that Woodrow W. Godon, claim number 11 388 494, is receiving monthly benefits of \$116.00 from the Veterans Administration.

Louis A. Smith
Veterans Administration

PORTLAND DEVELOPMENT COMMISSION
235 N. MONROE
PORTLAND, OREGON 97227

slc

Rec'd
8-2-71

CONFIDENTIAL

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

June 11, 1971

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwiddden, Chief

Tri-State Realty
10055 N. E. Glisan Street
Portland, Oregon 97220

Re: 5773 N. E. Cleveland Avenue
FHA #431-105494

Dear Sirs:

At your request an inspection was made of the two-story, wood frame, single-family dwelling at the above address.

Our inspector reports the following condition is in noncompliance with City regulations:

1. Stairway to the second story lacks a required safety handrail.

The above condition may not constitute all of the corrections required for certification. We have referred this structure to the Plumbing & Electrical Divisions for their report, and you will be notified of their findings.

Please notify the Housing Division of the Bureau of Buildings, 2200 N. E. 24 Avenue, Telephone 288-6077, when the corrections have been completed, under proper permit where required, and a reinspection can be made.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
S. J. Chegwiddden
Chief Housing Inspector

DJM:ms

cc: Edward R. Reynolds
Plg. & Elec. Div.

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

June 17, 1971

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
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George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwiddden, Chief

Tri-State Realty
10055 N. E. Glisan Street
Portland, Oregon 97220

Re: 5773 N. E. Cleveland Avenue
FHA #431-105494

Dear Sirs:

A reinspection was made by the Housing Division of the two-story, wood frame, single-family dwelling at the above address.

Our inspector reports the substandard conditions have been corrected and the structure complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

DJM:vo
cc: Edward R. Reynolds

LISTING

AGREEMENT - STANDARD

FORM

ADDRESS <u>4825 NE 17th</u>		PRICE: \$ <u>13,500</u>		DATE <u>8-31-71</u>	
TAXES <u>#245</u>	LOT		1 F	2 F	3 A
SCHOOL <u>Vernon + Adams</u>	BLOCKS: <u>20</u>	Entr Hall			HEATING
BUS <u>Irvington</u>	BLOCKS: <u>2</u>	Living Room	✓		Auto. ✓ Sewer ✓
BASEMT <u>yes</u>	UTILITY	Dining Room	✓		Oil ✓ Sept. Tank ✓
GARAGE <u>no</u>	AGE <u>50</u>	Dinette			Gas C. Pool
SELLING? <u>Moving</u>	POSSESS. <u>30 days</u>	Bedrooms	1	2	Fuel Paved ✓
LEGAL DESC. <u>Lot 12 - Blk 4 - Vernon</u>		Bathroom		✓	Piped ✓ Macadam ✓
		Shower			Floor Gravel
INCUMB. <u>\$7000 - Pym's 97th - Commerce Mtg. Co</u>		Kitchen	✓		Circ. Sidewalk ✓
		Eating Spc.	✓		Range El. ✓ Lawn ✓
TERMS <u>FHA</u>		Nook			Gs. Shrubs ✓
REMARKS <u>Want to Trade</u>		Den			Wtr. El. ✓ Insulated
<u>Home in good cond.</u>		Party Room			Gs. W/strpd.
		Attic			Roof Sh. Ven. Blds.
		Hdwd. Flrs.	✓		Co. ✓ Tile Bath ✓
		Fireplace	✓		Alum Siding ✓ Kit
OWNER <u>KR Hendrickson</u> PHONE <u>289-1090</u>		Key			Shake Occupant
					Sign OK ✓

To CERTIFIED REALTY CO.
Belmont 4-7555

2712 N. E. Sandy Blvd.

PORTLAND, OREGON
COMMISSION 6 %

For value received, you are hereby employed to sell or exchange the property described above, and given the exclusive right to sell or exchange at the price and terms noted thereon. You are hereby authorized to accept a deposit on the purchase price. In the event that you find a buyer ready and willing to enter into a deal for said price and terms, or such other terms and price as I may accept, or in the event of any sale, exchange or conveyance of said property during the life of this contract, or that you place me in touch with a buyer to whom at any time within sixty days after the termination of this contract I may sell or convey said property, I hereby agree to pay you in cash for your services in connection with this contract a commission equal in amount to a percentage of the selling price of this property, which percentage is that noted above as commission. I agree to make the purchaser a good and sufficient conveyance and to furnish title insurance unless otherwise specified herein showing marketable title and good right to convey. I hereby warrant that I am the owner of said property, that the information given above is true, that the property covered hereby is free of incumbrances except as stated and except taxes for the current fiscal year which are to be pro rated, and that my title thereto is a good marketable title. In case of an exchange, I have no objection to your representing and accepting compensation from the other party to the exchange as well as myself. I hereby authorize you and your customers to enter any part of said property at any reasonable time to inspect same. I further allow you a reasonable time after termination of this contract to close any deal on which earnest money is then deposited. In case I withdraw the authority hereby given during the life of this contract, I agree to pay the said commission just as if a sale had been consummated by you. In case of suit or action on this contract I hereby agree to pay such additional sum as the Court may adjudge reasonable as attorney's fees in said suit or action. I hereby certify that I have received a copy of this listing.

THIS AGREEMENT
EXPIRES

NOV 1 1971

OWNER Kenneth R. Hendrickson

SALESMAN

Tom Simpson

OWNER Marie R. Hendrickson

BRANCH OFFICE - 319 N. MOLALLA AVE.
MOLALLA, OREGON - 829-2346 or 227-3898

(Copyright applied for)

REALTOR'S COPY

ANOTHER MARCO PRODUCT - OAKLAND 266447

Date: 23 September, 1971

MEMO: To File

RE: Computation of RHP for Tenants who Rent
Base Monthly Rental

Relocation Handbook 1371.1, Chapter 6, Section 4, 55 d a, p. 23:
"The base monthly rental may not exceed 25 per cent of one-twelfth
of the person's adjusted annual income.

Definition of Adjusted Gross Income:

Chapter 1, Appendix 2, p. 2

Following applicable deductions are allowable from Gross
Income to compute Adjusted Gross Income.

- "(1) A deduction of 5 per cent of Gross Income
- (5) An exemption of \$300 for each dependent, i.e.
each minor (other than the head or spouse)."

Computation (Godon):

Gross Income	\$ 3,487.20
less: \$600 (\$300 for each minor dependent)	2,887.20
less: 5%	2,712.84
Adjusted Gross Income	2,712.84

1/12 of Adjusted Gross Income	226.07
-------------------------------	--------

25% of Adjusted Gross Income	<u>\$ 56.52</u>
------------------------------	-----------------

To line 2, Base Monthly Rental, Appendix 13, Form \$ 56.52

Family Composition:

Husband

Wife

Son - age 6

Daughter - age 7

Require 3 bedroom unit

WSJ:slc

1371.1

CHAPTER 6 APPENDIX 12

APPENDIX 12. GUIDELINE DETERMINATION OF ELIGIBILITY FOR REPLACEMENT HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS

(For Local Agency Use Only)		NAME OF CLAIMANT GODON, Woodrow & Mary L. 12-10-4																																									
DETERMINATION OF ELIGIBILITY FOR REPLACEMENT HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS		NAME OF LOCAL AGENCY Portland Development Commission																																									
<p>INSTRUCTIONS: Complete this form to determine eligibility of claimant for Replacement Housing Payment for Tenants and Certain Others. Attach the completed form to the pertinent claim form filed by claimant. Attach an explanation of any entries which differ from claimant's entries on claim form. Complete only Block 4 if payment is claimed by homeowner temporarily displaced because of code enforcement or voluntary rehabilitation. Complete Blocks 1, 2, and 3 for all others. Note that the determination of the amount of payment to cover costs incidental to purchase of a replacement dwelling is made on the applicable claim form.</p>																																											
<p>1. Did the claimant rent or own the dwelling at the time of acquisition? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Tenant's Initial Date of Rental: <u>Aug 1970</u> Date of Acquisition: _____ Month-Day-Year Month-Day-Year</p> <p>Owner-Occupant's Initial Date of Ownership: _____ Month-Day-Year</p>																																											
<p>2. Did the claimant rent or own the dwelling at least 90 days prior to the initiation of negotiations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Rental or Purchase: <u>Aug. 1970</u> Date of Initiation of Negotiations: <u>June 9, 1971</u> Month-Day-Year Month-Day-Year</p>																																											
<p>3. Has the replacement housing been inspected and found to be standard? (Attach a copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date previously substandard dwelling was inspected and found to be standard: _____ Month-Day-Year</p>																																											
<p>4. (For homeowner temporarily displaced because of code enforcement or voluntary rehabilitation)</p> <p>Did the claimant own and occupy the dwelling at least 90 days prior to the time of vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																											
<p>5. CERTIFICATION OF LOCAL AGENCY</p> <p>This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ <u>4,000.00</u> is authorized.</p>																																											
Date		Authorized Signature																																									
<p>6. RECORD OF PAYMENTS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Date of Payment</th> <th>Check Number</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>a. Claimant Moved to Rental Unit</td> <td></td> <td></td> <td></td> </tr> <tr> <td> (1) Lump-sum Payment</td> <td></td> <td></td> <td>\$ _____</td> </tr> <tr> <td> (2) Annual Payment</td> <td></td> <td></td> <td>\$ _____</td> </tr> <tr> <td> 1st Year</td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td> 2nd Year</td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td> 3rd Year</td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td> 4th Year</td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td>b. Claimant Moved to Unit He Purchased</td> <td></td> <td></td> <td>\$ _____</td> </tr> <tr> <td>c. Homeowner Temporarily Displaced</td> <td></td> <td></td> <td>\$ _____</td> </tr> </tbody> </table>					Date of Payment	Check Number	Amount	a. Claimant Moved to Rental Unit				(1) Lump-sum Payment			\$ _____	(2) Annual Payment			\$ _____	1st Year			_____	2nd Year			_____	3rd Year			_____	4th Year			_____	b. Claimant Moved to Unit He Purchased			\$ _____	c. Homeowner Temporarily Displaced			\$ _____
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b. Claimant Moved to Unit He Purchased			\$ _____																																								
c. Homeowner Temporarily Displaced			\$ _____																																								

1371.1

CHAPTER 6 APPENDIX 13

APPENDIX 13. GUIDEFORM WORKSHEET FOR COMPUTATION OF REPLACEMENT
HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS

(For Local Agency Use Only) WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS	NAME AND ADDRESS OF CLAIMANT Woodrow & Mary L. Godon 6327 N. E. Rodney Portland, Oregon 97201 COMPUTATION PREPARED BY: <u>J. Crolley</u> <u>9/21/71</u> <div style="display: flex; justify-content: space-between; font-size: small;"> Name Date </div>
---	---

INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved. Complete Block A, B, or C, as applicable.

A. COMPUTATION OF RENTAL ASSISTANCE PAYMENT FOR CLAIMANT MOVED TO RENTAL UNIT

Required Information

1. Monthly gross rental for comparable unit
 (Cost based on: ☒ Schedule ☐ Comparative ☐ Other) \$ 162.70

2. Base monthly rental for claimant's former dwelling \$ 72.55 56.52 *

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ 162.70	
Line 2	-\$ 72.55	56.52
	\$ 90.15	106.8
	X 48	
		\$ 4327.20 5096.64

4. Base amount (If amount on Line 3 is \$4,000 or more, enter \$4,000. If amount on Line 3 is less than \$4,000, enter amount on Line 3.) \$ 4000.00

5. Minus adjustments (Attach full explanation) -\$ _____

6. Amount of rental assistance payment (Line 4 minus Line 5) \$ 4000.00 **

(Enter this amount in the space provided in Block 5 on the Guideform Determination of Eligibility for Replacement Housing Payment for Tenants and Certain Others)

NOTE: If the amount on Line 6 is less than \$500, a lump-sum payment is to be made.
 If the amount on Line 6 is more than \$500, divide the amount by 4. The resultant amount is the total of each of four annual payments to be made.

[form continued on next page]

* See attached Memo

** payable in four annual payments of \$1,000.00 each.

$\frac{1}{12}$ of Adjusted Gross Income

\$ 226.07

25% of Adjusted Gross Income

\$ 56.52

To line 2 - Base Monthly Rental
Appendix 13 Form

\$ 56.52

Family Composition:

Husband

Wife

Son 6

Daughter 7

Require 3 Bedroom Unit

Memo: To File

RE: Computation of RHP for Tenants who Rent
Base Monthly Rental

Relocation Handbook 1371.1 Chapter 6 Section 4, 55d2
p.23 "The base monthly rental may not exceed
25 per cent of one-twelfth of the person's
adjusted annual income"

Definition of Adjusted Gross Income
Chapter 1 Appendix 2 p.2

Following ^{applicable} Deductions are allowable from Gross Income
to compute Adjusted Gross Income,
" (1) A deduction of 5 percent of Gross Income

(5) An exemption of \$300 for each
dependent, i.e. each minor (other than the
head or spouse) "

Computation:

Gross Income	\$ 3487.20
less \$600.00 (^{minor} \$300 for each dependent)	2887.20
less 5%	\$ 2712.84
Adjusted Gross Income =	2712.84

Certificate of Social Insurance Award

DATE: 05/17/71



THIS IS TO CERTIFY THAT THE PERSON(S) NAMED BELOW BECAME ENTITLED TO THE INSURANCE BENEFITS SHOWN,
PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT.

NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT	DATE OF ENTITLEMENT	MONTHLY BENEFIT	AMOUNT OF FIRST CHECK
MARY L GORDON FOR CHLRN OF W W GORDON 3127 N COMMERCIAL PORTLAND OR 97227	(SEE BELOW)	\$38.80	\$38.80
	TYPE OF BENEFIT: CHILD		

EACH CHILD IS ENTITLED TO THE SPECIFIC AMOUNT SHOWN BELOW:

WILLIAM W	06/71	\$19.40
RITA R	06/71	\$19.40

THE RECENTLY ENACTED AMENDMENTS TO THE SOCIAL SECURITY ACT RAISED MONTHLY BENEFIT RATES. THE HIGHER RATES ARE EFFECTIVE WITH THE JANUARY 1971 BENEFITS. THE AMOUNT OF YOUR PAYMENT IS BASED ON THE NEW RATE.

The right to receive social security benefits carries with it certain responsibilities. They are explained in the booklet furnished you. Read this booklet carefully. Be sure that you understand clearly what you can expect by way of benefits, and what is to be expected of you. If you have any questions or wish additional information about your benefits, please get in touch with any social security office.

C
NOTICE. If you believe that this determination is not correct, you may request that your case be reexamined. If you want this reconsideration, you must request it not later than 6 months from the date of this notice. You may make any such request through your social security office. If additional evidence is available, you should submit it with your request.

ROBERT M. BALL
COMMISSIONER OF SOCIAL SECURITY

Signature of head of family or elderly
or handicapped individual

ELEMENTS OF TOTAL ANNUAL INCOME

Show the total amount of income anticipated to be received during the 12 months after you move. Include amounts from all sources, as listed below. Include amounts to be withheld for taxes or other purposes. If this claim is for a family include the total amount of income anticipated to be received during the 12 months after you move by all members of your family except minors, other than you or your spouse, who are members of your immediate family and who reside in your household. If more space is required, attach additional sheets.

INCOME	NAMES AND SOCIAL SECURITY NUMBERS OF INDIVIDUAL OR OF ALL MEMBERS OF FAMILY							
	NAME:	Woodrow Godon	Mary L. Godon					
	NO.:	388-14-9647						
Wages and salaries Amount	\$	\$	\$	\$	\$	\$	\$	\$
Name and address of employer								
Net income from operation of business	\$	\$	\$	\$	\$	\$	\$	\$
Pension or annuity Amount	\$	\$	\$	\$	\$	\$	\$	\$
Name and address of agency from which received								
Social Security payments	\$ 1396.80	\$	\$	\$	\$	\$	\$	\$
Welfare payments	\$	\$	\$	\$	\$	\$	\$	\$
INVESTMENTS								
Dividends	\$	\$	\$	\$	\$	\$	\$	\$
Interest	\$	\$	\$	\$	\$	\$	\$	\$
Net income from real estate	\$	\$	\$	\$	\$	\$	\$	\$
OTHER								
Amount	\$ 1392.00	\$	\$	\$	\$	\$	\$	\$
Source VA								
TOTAL	\$ 2788.80	\$	\$	\$	\$	\$	\$	\$

TOTAL ANNUAL INCOME (Total for individual or sum of total for each member of family): \$ 2788.80
(Carry forward to Block 6 on reverse side)

1371.1

CHAPTER 6 APPENDIX 12

APPENDIX 12. GUIDELINE DETERMINATION OF ELIGIBILITY FOR REPLACEMENT HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS

(For Local Agency Use Only)		NAME OF CLAIMANT																																									
DETERMINATION OF ELIGIBILITY FOR REPLACEMENT HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS		Gordon																																									
		NAME OF LOCAL AGENCY																																									
		FDC																																									
<p>INSTRUCTIONS: Complete this form to determine eligibility of claimant for Replacement Housing Payment for Tenants and Certain Others. Attach the completed form to the pertinent claim form filed by claimant. Attach an explanation of any entries which differ from claimant's entries on claim form. Complete only Block 4 if payment is claimed by homeowner temporarily displaced because of code enforcement or voluntary rehabilitation. Complete Blocks 1, 2, and 3 for all others. Note that the determination of the amount of payment to cover costs incidental to purchase of a replacement dwelling is made on the applicable claim form.</p>																																											
<p>1. Did the claimant rent or own the dwelling at the time of acquisition? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Tenant's Initial Date of Rental: <u>Aug 1, 70</u> Date of Acquisition: _____ Month-Day-Year Month-Day-Year</p> <p>Owner-Occupant's Initial Date of Ownership: _____ Month-Day-Year</p>																																											
<p>2. Did the claimant rent or own the dwelling at least 90 days prior to the initiation of negotiations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Rental or Purchase: <u>70</u> Date of Initiation of Negotiations: _____ Month-Day-Year Month-Day-Year</p>																																											
<p>3. Has the replacement housing been inspected and found to be standard? (Attach a copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date previously substandard dwelling was inspected and found to be standard: _____ Month-Day-Year</p>																																											
<p>4. (For homeowner temporarily displaced because of code enforcement or voluntary rehabilitation)</p> <p>Did the claimant own and occupy the dwelling at least 90 days prior to the time of vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																											
<p>5. CERTIFICATION OF LOCAL AGENCY</p> <p>This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ <u>4000.00</u> is authorized.</p>																																											
Date		Authorized Signature																																									
<p>6. RECORD OF PAYMENTS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Date of Payment</th> <th style="text-align: center;">Check Number</th> <th style="text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td>a. Claimant Moved to Rental Unit</td> <td></td> <td></td> <td></td> </tr> <tr> <td> (1) Lump-sum Payment</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td> (2) Annual Payment</td> <td></td> <td></td> <td></td> </tr> <tr> <td> 1st Year</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td> 2nd Year</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td> 3rd Year</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td> 4th Year</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>b. Claimant Moved to Unit He Purchased</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>c. Homeowner Temporarily Displaced</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> </tbody> </table>					Date of Payment	Check Number	Amount	a. Claimant Moved to Rental Unit				(1) Lump-sum Payment	_____	_____	\$ _____	(2) Annual Payment				1st Year	_____	_____	\$ _____	2nd Year	_____	_____	_____	3rd Year	_____	_____	_____	4th Year	_____	_____	_____	b. Claimant Moved to Unit He Purchased	_____	_____	\$ _____	c. Homeowner Temporarily Displaced	_____	_____	\$ _____
	Date of Payment	Check Number	Amount																																								
a. Claimant Moved to Rental Unit																																											
(1) Lump-sum Payment	_____	_____	\$ _____																																								
(2) Annual Payment																																											
1st Year	_____	_____	\$ _____																																								
2nd Year	_____	_____	_____																																								
3rd Year	_____	_____	_____																																								
4th Year	_____	_____	_____																																								
b. Claimant Moved to Unit He Purchased	_____	_____	\$ _____																																								
c. Homeowner Temporarily Displaced	_____	_____	\$ _____																																								

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CHAPTER 6 APPENDIX 11

APPENDIX 11. GUIDELINES CLAIM FOR REPLACEMENT HOUSING
PAYMENT FOR TENANTS AND CERTAIN OTHERS

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS		PROJECT NAME (if applicable)
NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY		PROJECT NUMBER
<p>INSTRUCTIONS: Complete all applicable items and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of Self-Inspection of Replacement Dwelling to complete and submit with this claim. Omit Block 4 if you have moved into a rental unit. Omit Block 3 if you have purchased and occupied a dwelling unit. Complete only Blocks 1 and 5 if you are a homeowner temporarily displaced because of code enforcement or voluntary rehabilitation.</p> <p>PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."</p>		
1. FULL NAME OF CLAIMANT		
2. DWELLING UNIT FROM WHICH YOU MOVED		
a. Address:	d. Monthly rental: \$	e. Date you moved out of this dwelling:
b. Apartment or room number:		Month-Day-Year
c. Number of bedrooms:		
3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)		
a. Address (include ZIP Code):	d. Monthly rental: \$	e. Date you moved into this dwelling:
b. Apartment or room number:		Month-Day-Year
c. Number of bedrooms:		
4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)		
a. Address (include ZIP Code):	d. Incidental expenses (total from table on next page): \$	e. Date you purchased this dwelling:
b. Number of bedrooms:		Month-Day-Year
c. Downpayment: \$		
5. INFORMATION IN SUPPORT OF CLAIM OF HOMEOWNER TEMPORARILY DISPLACED BECAUSE OF CODE ENFORCEMENT OR VOLUNTARY REHABILITATION		
a. Address of dwelling unit from which you moved:	d. Monthly rental for temporary unit:	
b. Address of dwelling unit to which you moved (include ZIP Code):	e. Will you require temporary housing for more than 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Date of move:	If "Yes," total number of months you will require temporary housing: _____ months	
	Month-Day-Year	
6. I submit this information in support of a claim for a Replacement Housing Payment under Section 204 of P.L. 91-646, and I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.		
Date		Signature of Claimant(s)

(Form continued on next page)

1371.1

CHAPTER 6 APPENDIX 13

APPENDIX 13. GUIDEFORM WORKSHEET FOR COMPUTATION OF REPLACEMENT
HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS

<p>(For Local Agency Use Only)</p> <p>WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS</p>	<p>NAME AND ADDRESS OF CLAIMANT</p> <p>6327 NE Rodney</p> <p>COMPUTATION PREPARED BY:</p> <p>_____ Name Date</p>
---	--

INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved. Complete Block A, B, or C, as applicable.

A. COMPUTATION OF RENTAL ASSISTANCE PAYMENT FOR CLAIMANT MOVED TO RENTAL UNIT

Required Information

1. Monthly gross rental for comparable unit
(Cost based on: ☒ Schedule ☐ Comparative ☐ Other) \$ 162.70

2. Base monthly rental for claimant's former dwelling \$ 72.55

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$	<u>162.70</u>	
Line 2	-	<u>72.55</u>	
	\$	<u>90.15</u>	
	X	<u>48</u>	
			\$ <u>4327.20</u>

4. Base amount (If amount on Line 3 is \$4,000 or more, enter \$4,000. If amount on Line 3 is less than \$4,000, enter amount on Line 3.) \$ 4000.00

5. Minus adjustments (Attach full explanation) - \$

6. Amount of rental assistance payment (Line 4 minus Line 5) \$ 4000.00

(Enter this amount in the space provided in Block 5 on the Guideform Determination of Eligibility for Replacement Housing Payment for Tenants and Certain Others)

NOTE: If the amount on Line 6 is less than \$500, a lump-sum payment is to be made. If the amount on Line 6 is more than \$500, divide the amount by 4. The resultant amount is the total of each of four annual payments to be made.

[form continued on next page]

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR ADDITIONAL RELOCATION PAYMENT

(Families and Elderly or Handicapped Individuals)

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) Emanuel Project
	PROJECT NUMBER Ore. R-20

INSTRUCTIONS: Complete all applicable items, including reverse side of form, and sign certification in Block 7. Consult the displacing agency as to whether you need a Claimant's Report of Condition of Dwelling (Form HUD-6141.2) to complete and submit with this claim.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT

WOODSON, MARY L. Gordon

2. DWELLING UNIT FROM WHICH YOU MOVED

- a. Address _____
- b. Apt. or Room No. _____
- c. Date you moved into this dwelling:

Month-Day-Year
- d. Date you moved out of this dwelling:
2-3-71
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED

- a. Address (Include Zip Code) _____
- b. Apt. or Room No. _____
- c. Number of bedrooms: 4
- d. Monthly rental: \$ _____
- e. Date you moved into this dwelling:
9-6-71
Month-Day-Year

4. (Complete if claim is for family)

- a. Number of persons in family 4
- b. Number of minors 2
(Who reside in your household,
other than you or your spouse)

5. (Complete if claim is for individual)

Check and complete either a or b.

- ☐ a. Elderly
Date of birth: _____
Month-Day-Year
- ☐ b. Handicapped
(Attach documentation)

6. TOTAL ANNUAL INCOME (Total for individual or total for all family members)

(Enter total from reverse side of form)

\$ 2788.80

7. I submit this information in support of a claim for an Additional Relocation Payment under Section 114(c)(2) of the Housing Act of 1949, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

Date

Signature of head of family or elderly
or handicapped individual

ELEMENTS OF TOTAL ANNUAL INCOME

Show the total amount of income anticipated to be received during the 12 months after you move. Include amounts from all sources, as listed below. Include amounts to be withheld for taxes or other purposes. If this claim is for a family include the total amount of income anticipated to be received during the 12 months after you move by all members of your family except minors, other than you or your spouse, who are members of your immediate family and who reside in your household. If more space is required, attach additional sheets.

INCOME	NAMES AND SOCIAL SECURITY NUMBERS OF INDIVIDUAL OR OF ALL MEMBERS OF FAMILY							
	NAME:							
	WOODROW GORDON	MARY L. GORDON						
	NO.:	388-N-9641						
Wages and salaries Amount	\$	\$	\$	\$	\$	\$	\$	\$
Name and address of employer								
Net income from operation of business	\$	\$	\$	\$	\$	\$	\$	\$
Pension or annuity Amount	\$	\$	\$	\$	\$	\$	\$	\$
Name and address of agency from which received			*advised by agency letter 2/11/69, (1)(4) chapter 1, appendix 2, 11, b, (1)(4)					
Social Security payments	\$ 1396.80	\$	\$	\$	\$	\$	\$	\$
Welfare payments	\$	\$ 698.40	\$	\$	\$	\$	\$	\$
INVESTMENTS								
Dividends	\$	\$	\$	\$	\$	\$	\$	\$
Interest	\$	\$	\$	\$	\$	\$	\$	\$
Net income from real estate	\$	\$	\$	\$	\$	\$	\$	\$
OTHER								
Amount	\$ 1392.00	\$	\$	\$	\$	\$	\$	\$
Source	VA							
TOTAL	\$	\$ 698.40	\$	\$	\$	\$	\$	\$

TOTAL ANNUAL INCOME (Total for individual or sum of total for each member of family): \$ 3487.20
(Carry forward to Block 6 on reverse side)

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

August 3, 1971

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwiddden, Chief

Portland Development Commission
235 N. Monroe Street
Portland, Oregon 97227

Re: 6345 N.E. Rodney Avenue

Attn: Mr. Crolley

Gentlemen:

As the result of a displaced person and at your request, an inspection was made by the Housing Division of the two-story, wood frame, four bedroom, single-family dwelling and detached garage at the above address.

Our inspection indicates the following conditions are in non-compliance with City regulations:

1. Grade entry cellar stairway lacks a safety handrail.
2. Detached garage is delapidated. In lieu of repair, removal is recommended.

Please notify the Housing Division of the Bureau of Buildings, 2200 N.E. 24 Avenue, Telephone 288-6077, when the corrections have been completed, under proper permit where required, and a reinspection can be scheduled.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
S. J. Chegwiddden
Chief Housing Inspector

CHF:mfm

Not acceptable

*Rec'd
8-5-71*

July 2, 1971

Mr. Benjamin E. Webb
Portland Development Commission
1700 S.W. Fourth Avenue
Portland, Oregon 97201

Dear Mr. Webb:

RHP for Tenants
We hereby authorize you to place in escrow the amount of ~~\$500.00~~^{1000.00}
~~for Additional Relocation Payment and \$200.00 for dislocation~~
~~allowance~~ to be used as closing costs and to pay off indebtedness
to qualify us for 235 Housing, contingent on the house being safe,
sanitary and decent.

Sincerely,

Woodrow W. Godon
Woodrow Godon

Mary S. Godon
Mary Godon

FHA MORTGAGEE NO.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
FEDERAL HOUSING ADMINISTRATIONFHA
CASE
NO.

43-1-110-45

X
CONDITIONAL COMMITMENT
FOR MORTGAGE INSURANCE UNDER
THE NATIONAL HOUSING ACT

PROPERTY ADDRESS

6307 NE Rodney Avenue

☐ SEC. 203(b) ☐ SEC.

MORTGAGEE COMMERCIAL MORTGAGE COMPANY

401 18th Street
Commercial Mortgage Company
800 Pittock Block Building
Portland, Oregon
97205ESTIMATE OF VALUE AND
CLOSING COSTS

VALUE OF PROPERTY \$19,000

Closing Costs \$350

TOTAL (For Mortgage Insurance Purposes) \$19,350

APPROVED FOR COMMITMENT

MONTHLY EXPENSE
ESTIMATE

Fire Ins. \$3

Taxes \$32

Main. & Repairs \$10

Heat & Utilities \$52

COMMITMENT

Issued: 8-31-1971

Expires: 2-29-1972

☒ EXISTING ☐ PROPOSED

(See Gen. Cond. #3)

Improved
Living Area 2123 Sq. Ft.

COMMITMENT TERMS MAX. MORT. AMT. \$18,450 NO. MOS. 360 MAX. INTEREST 7%

INFORMATION

The estimates of fire insurance, taxes, maintenance/repairs, heat/utilities and closing costs are furnished for mortgagee's and mortgagor's information. They may be used to prepare FHA Form 2900. Application for Credit Approval, when a firm commitment is desired.

GENERAL COMMITMENT CONDITIONS

1. MAXIMUM MORTGAGE AMOUNT AND TERMS -

(a) **OCCUPANT MORTGAGORS:** The mortgage amount and term set forth in the heading are the maximum approved for this property assuming a satisfactory owner-occupant mortgagor. The maximum amount and term in the heading may be changed depending upon FHA's rating of the borrower, his income and credit.

(b) **NONOCCUPANT MORTGAGORS:** If the mortgagor does not occupy the house, the law limits the maximum mortgage amount to not to exceed 85% of the maximum amount available to an eligible mortgagor who will occupy the house (85% of value if Sec. 203(i) or 221). In the case of nonoccupant mortgagors, the firm commitment when issued will reduce the mortgage amount and terms below that stated in the heading.

(c) **COMMITMENT CHANGES:** The Commissioner may, upon request of the approved mortgagee, change the mortgage amount and term set forth in the heading. If the application is accompanied by a VA CRV, changes will be made only if VA issues an amendment.

2. **FIRM COMMITMENT:**—A firm commitment to insure a loan will be issued upon receipt of an Application for Credit Approval, FHA Form 2900, executed by an approved mortgagee and a borrower satisfactory to the Commissioner.

3. **COMMITMENT TERM:** This commitment shall expire SIX MONTHS from the issue date in the case of an EXISTING HOUSE or ONE YEAR from its date in the case of PROPOSED CONSTRUCTION. (FHA classifies all cases as either "EXISTING" or "PROPOSED" for the purpose of determining when a commitment expires. Accordingly, a house, even though still under construction, may be classified as an existing house if it was not approved by FHA or VA prior to the beginning of construction.)

4. **CANCELLATION:**—This commitment may be cancelled after 60 days from the date of issuance if construction has not started, unless the mortgagee has disbursed loan proceeds.

5. **PROPERTY STANDARDS:**—All construction, repairs, or alterations proposed in the application or on the drawings and specifications returned herewith, shall equal or exceed the FHA Minimum Property Standards, or the deviations agreed upon pursuant to purpose and scope provisions of General Revision No. 6, dated August, 1968.

SPECIFIC COMMITMENT CONDITIONS (Applicable when checked)

1. **HEALTH AUTHORITY APPROVAL:**—Execution of Form 2573 by the Health Authority indicating approval of the water supply and/or sewage disposal installation is required. (Approval by letter or Health Authority Form may be used.)

2. **TERMITE CONTROL:**—(a) **EXISTING HOUSE** - Furnish certificate from a recognized termite control operator that the house shows no evidence of an active termite infestation. (b) **PROPOSED CONSTRUCTION** - Furnish original and two copies of Termite Soil Treatment Guarantee FHA Form 2052.

3. **SUBDIVISION REQUIREMENTS:**—Comply with Requirements No. _____ from Report dated _____ for _____ Subdivision.

4. **BUILDER'S WARRANTY:**—The builder shall execute FHA Form 2544, Builder's Warranty.

5. **PROPERTY INSPECTIONS:**—A notice of construction status shall be given by Form 2289X, letter or telephone at the time indicated below:

(a.) **ALL PROPOSED CONSTRUCTION CASES:**

(1.) ☐ At least two work days before "beginning of construction."

(2.) ☐ When the building is enclosed, structural framing completely exposed and roughing-in of plumbing, heating and electrical work installed and visible

(3.) ☐ When construction completed and property ready for occupancy.

(b.) ☒ **REPAIRS:** Notify FHA upon completion of required repairs.

(c.) ☐ **CERTIFICATE OF COMPLETION:** A certificate stating that the mortgagee has examined the proposed or required repairs and that they have been satisfactorily completed will be accepted.

6. **VA INSPECTIONS:**—Furnish a copy of a clear VA final report.

7. **ASSURANCE OF COMPLETION:**—If the required repairs cannot be completed prior to submission of closing papers, a Form 2300 escrow in the amount of \$ _____ (or such additional amount as the lender desires) may be established as the means to assure completion.

8. **SECTION 235 AUTHORITY:**

(a) ☐ This commitment may be converted to section 235(i) upon receipt of an application covering an eligible borrower. Contract authority for this purpose has been obligated.

(b) ☐ If contract authority is available, this commitment may be converted to section 235(i) upon receipt of an application covering an eligible borrower.

9. **EXPIRATION DATE:**—The Total Value stated above is based on Veterans Administration Certificate of Reasonable Value, case number _____, dated _____, Regardless of General Commitment Condition Number 3, above, this commitment expires on _____.

10. ☒ See special conditions No.

55, 79, 97, 101, 110, 112, 140 below or on attached sheet.

FHA MORTGAGEE NO.

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
FEDERAL HOUSING ADMINISTRATIONForm Approved
Budget Bureau No. 63-R1087

FHA

CASE

NO.

STATEMENT OF APPRAISED VALUE FOR
A MORTGAGE TO BE INSURED UNDER
THE NATIONAL HOUSING ACT☒ SEC. 203(b) ☐ SEC.MORTGAGEE: COMMERCIAL MORTGAGE COMPANY
400 1800 PITTOCK BLOCK
COMMERCIAL MORTGAGE COMPANY
800 Pittock Block Building
Portland, Oregon 97205

PROPERTY ADDRESS

ESTIMATE OF VALUE AND
CLOSING COSTS

VALUE OF PROPERTY \$

Closing Costs \$

TOTAL (For Mortgage

Insurance Purposes) \$

APPROVED FOR COMMITMENT

MONTHLY EXPENSE
ESTIMATE

Fire Ins. \$

Taxes \$

Main. & Repairs \$

Heat & Utilities \$

COMMITMENT

Issued: 19

Expires: 19

DEFINITION OF VALUE

The Federal Housing Commissioner has valued the above identified property for mortgage insurance purposes in the amount shown.

FHA's estimate of "Value" ("Replacement Cost" in Section 213 or 220) does not fix a sales price, except when the mortgage is to be insured under section 235(i); does not indicate FHA approval of a purchaser of the property; nor does it indicate the amount of an insured mortgage that would be approved.

THE ESTIMATE OF VALUE AND CLOSING COSTS ABOVE HAS THREE PARTS:

"VALUE OF PROPERTY" IS FHA'S ESTIMATE OF THE VALUE OF THE PROPERTY.

"Closing Costs" is the FHA estimate of the cost of closing a mortgage loan on the property. These costs may be paid by either the buyer or the seller.

"Total for Mortgage Insurance Purposes" includes both the value of the property and estimated closing costs. The maximum mortgage which FHA can insure is based on this amount. Under those sections of the National Housing Act (such as 213 or 220) where the maximum mortgage amount must be based on estimated replacement cost, the "Value of Property shall be deemed to mean replacement cost for mortgage insurance purposes."

"Replacement Cost" is an estimate of the current cost to reproduce the property including land, labor, site survey and marketing expense but excluding payments for prepaid expenses such as taxes and insurance and closing costs.

If the contract price of the property is equal to or less than "Value of Property", and the buyer pays closing costs, a part of the closing costs can be included in the mortgage. IF THE CONTRACT PRICE OF THE PROPERTY IS MORE THAN "VALUE OF PROPERTY" AND THE BUYER PAYS THE CLOSING COSTS, THE BUYER IS PAYING MORE FOR THE PROPERTY THAN FHA'S ESTIMATE OF ITS VALUE.

The law requires that FHA mortgagors receive a statement of "appraised value" prior to the sale of the property. If the sales contract has been signed before the mortgagor receives such a statement, the contract must contain, or must be amended to include, the following language:

"It is...agreed that,....the purchaser shall not be obligated to complete the purchase...or to incur any penalty...unless the seller has delivered to the purchaser a written statement setting forth...the value of the property (excluding closing costs) not less than \$. The purchaser shall have the privilege...of proceeding with...this contract without regard to the amount of the...valuation."

ADVICE TO HOME BUYERS

ADVANCE PAYMENTS - Make extra payments when able. You pay less interest and have your home paid for sooner. Notify the lender in writing at least 30 days before the regular payment date on which you intend to make an advance payment.

DELINQUENT PAYMENTS - Monthly payments are due the first day of each month and should be made on or before that date. The lender may make a late charge up to 2 cents for each dollar of any payment more than 15 days late. If you fail for 30 days to make a payment, or to perform any other agreement in the mortgage, your lender may foreclose. You could lose your home, damage your credit, and prevent your obtaining further mortgage loans. If extraordinary circumstances prevent your making payments on time, see your lender at once. If you are temporarily unable to make your payments because of illness, loss of job, etc., your lender may be able to help you. Ask your lender to explain FHA's forbearance policy. **YOUR CREDIT IS AN IMPORTANT ASSET; DON'T LOSE IT THROUGH NEGLIGENCE.**

ADJUSTED PREMIUM CHARGE - If you make extra payments in any year of more than 15% of the original mortgage amount, you may have to pay an adjusted premium charge. This charge is 1% of the original mortgage. FHA is authorized to charge a premium of not less than 1/4 of 1% nor more than 1% per year, but has set the premium at 1/2 of 1% assuming it will be paid over the whole mortgage term. When a mortgage is paid off in advance, the premiums collected do not cover FHA cost and an adjusted premium is charged to offset the loss. If this charge were not made, the premium would have to be higher. An adjusted premium is not made if a new FHA mortgage is placed on the property, or if the FHA insurance is in force for 10 years or longer.

TAXES, ASSESSMENTS, AND INSURANCE - Send your lender bills for taxes, special assessments, or fire insurance that come to you. The fire insurance the lender requires you to carry usually covers only the balance of the loan. Check this with your lender. You may wish to take out additional insurance so that if the house is damaged your loss will be covered as well as the lender's. If your home is damaged by fire, windstorm, or other cause, write your lender at once. Taxes for the coming year can't be known until the bills are received. If they exceed the amount accumulated from your payments, you will be asked to pay the difference. If they are less, the difference will be credited to your account. The same is true of fire insurance. Some States allow homestead or veteran's tax exemptions. Apply for any exemption to which you may be entitled. When it is approved, notify your lender.

CLOSING COSTS - In the heading is FHA's estimate of anticipated closing costs, such as fees for preparation of mortgage instruments, attorneys' fees, title insurance, origination fees and documentary

stamp taxes. The estimate does not include charges for such prepayable items as taxes, fire insurance.

BUILDER'S WARRANTY - When FHA approves plans and specifications before construction, the builder is required to warrant that the house conforms to FHA approved plans. This warranty is for 1 year following the date on which title is conveyed to the original buyer or the date on which the house was first occupied, whichever occurs first.

If during the warranty period you notice defects for which you believe the builder is responsible, ask him in writing to correct them. If he fails to do so, notify the FHA insuring office in writing. Mention the FHA case number shown in the heading. If inspection shows the builder to be at fault, the FHA will try to persuade him to make correction. If he does not, you may seek legal relief under the builder's warranty. Most builders take pride in their work and will make justifiable corrections. They cannot be expected to correct damage caused by ordinary wear and tear or by poor maintenance. Keeping the house in good condition is the owner's responsibility.

OPERATING EXPENSES - In the heading are FHA estimates of monthly costs of taxes, heat and utilities, fire insurance, maintenance and repairs. The estimated figures will probably have to be adjusted when you receive the actual bills. **BEAR IN MIND THAT IN MOST COMMUNITIES TAXES AND OTHER OPERATING COSTS ARE INCREASING.** The estimates should give some idea of what you can expect the costs to be at the beginning. In some areas FHA's estimate of taxes may also include local charges such as sewer charges, garbage collection fees, water rates, etc.

IF YOU SELL - If you sell while the mortgage exists, the buyer may finance several ways. Understand how these arrangements may affect you. Consult your lender.

1. You may sell for all cash and pay off your mortgage. This ends your liability.
2. The buyer can assume the mortgage and pay the difference between the unpaid balance and the selling price in cash. If the FHA and the lender are willing to accept the buyer as a mortgagor, you can be released from further liability. This requires the specific approval of the lender and the FHA.

(EITHER OF THE ABOVE TWO METHODS IS PREFERABLE TO METHOD NUMBER 3.)

3. The buyer can pay the difference in cash and purchase subject to the unpaid mortgage balance. FHA or lender approval is not necessary BUT YOU REMAIN LIABLE FOR THE DEBT. IF THE BUYER DEFAULTS, IT COULD RESULT IN A DEFICIENCY JUDGMENT AND IMPAIR YOUR CREDIT STANDING.

THE COST OF BORROWING

When you borrow to buy a home, you pay interest and other charges which add to your cost. A larger downpayment will result in a smaller mortgage. Borrow as little as you need and repay in the shortest time. If you borrow \$10,000 at 7 1/2% the monthly payment to principal and interest is \$10.60 less for a 30-year mortgage than it would be

for a 20-year mortgage; but in 30 years you pay \$5,772.90, or 62% more interest than in 20 years.

The tables show the monthly payments, interest and mortgage insurance for some typical mortgages at 7 1/2%. Taxes and fire insurance are not shown in the tables, although they are included in your monthly payments.

MONTHLY PAYMENTS, PRINCIPAL & INTEREST, MORT. INS. PREMIUM, TOTAL INTEREST & MORT. INS. PREMIUMS PAID @ 7 1/2%

Term	\$10,000-MORTGAGE				\$15,000-MORTGAGE				\$20,000-MORTGAGE			
	Prin. & Int. Mo. Payt.	Total Interest	Mtg. Ins. Premium Mo. Payt.	Total	Prin. & Int. Mo. Payt.	Total Interest	Mtg. Ins. Premium Mo. Payt.	Total	Prin. & Int. Mo. Payt.	Total Interest	Mtg. Ins. Premium Mo. Payt.	Total
6 Yrs.	\$80.60	\$ 9,321.49	\$4.12	\$621.42	\$120.90	\$13,982.24	\$6.19	\$932.15	\$161.20	\$18,642.93	\$8.25	\$1,242.87
15 "	73.90	12,169.49	4.14	811.29	110.85	18,254.24	6.21	1,216.95	147.80	24,338.98	8.28	1,622.60
30 "	70.00	15,094.39	4.15	1,006.28	105.00	22,641.59	6.22	1,509.44	140.00	30,188.78	8.30	2,018.89

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
HUD-FHA PORTLAND AREA OFFICE

Rev. 6/28/71

ADDENDUM TO FHA COMMITMENT

FHA CASE NO. _____

DATE _____

SHEET _____ OF _____

Specific commitment conditions (applicable when checked)

Note: Conditions 1 through 10 are on FHA Commitment Form 2800-5.

All required repairs must be completed in a professional manner.

All certifications must be submitted before requesting final inspection of repairs.

50. See attached addendum for condition on individual water and/or sewage disposal system.
51. Install an acceptable vapor barrier ground cover over entire crawl space area.
52. Crawl space shall be graded and sloped to prevent ponding of seepage water. Install drain tile in gravel bed connected to suitable outfall to provide positive drainage away from dwelling. Cover entire crawl space with acceptable vapor barrier.
53. Install at least four 8"x14" galvanized hardware cloth screened crawl space area vents of 1/2" mesh (one near each corner) to adequately vent crawl space area.
54. Provide concrete foundation and/or piers under all wood sills, posts and supporting members under _____ dwelling, _____ porch (rear-front-side) so that no wood remains within 6" of the ground. Replace any deteriorated members.
55. (a) _____ Replace all deteriorated rotted or damaged wood foundation and framing members, including posts, plates, beams and joists in underfloor area, with sound material. No wood to remain within 6" of ground.
- front porch*
in painting
+ front porch
(b) ☒ Replace all skirting and other wood in contact with the ground and replace with material resistant to rot and infestation. Finish all exposed new or repaired work to match exterior. No wood to remain within 6" of ground.
56. Submit certification from a qualified pest control operator, engineer, or architect that wood destroying organisms, fungus and/or rot damage in the structure of the dwelling have been eliminated. A "Standard Notice of Work Completed" or a report form indicating no infestation may be submitted as certification. Note: All repairs must be completed in conformance with local professional building standards and local building codes.
57. Remove all debris, including wood scraps, form boards, etc., from under building.
58. Trim bushes, cut weeds and remove all junk and debris from premises.
59. Install a 3/4" temperature and pressure relief valve on hot water tank; and a 3/4" discharge line to outside or to an interior drain.
60. Install elbows for downspouts and provide splash blocks to carry roof water at least two feet away from foundation.
61. Install new gutters under all eaves on main building. Provide adequate downspouts and splash blocks. Apply primer and two coats of exterior paint to match existing finish.
62. Clean out and repair gutters and downspouts so they function properly.
63. Install screened hooded roof or gable vents to provide positive cross ventilation of attic space.
64. Paint all exterior metal and wood trim of _____ house and/or _____ garage after adequately preparing surface.
65. Paint entire exterior of _____ house and/or _____ garage, including trim, after repairing all damaged areas, removing all loose paint and blisters, and applying an undercoat to bare wood.
66. Repair and paint exterior _____ trim, _____ siding at the following location(s): _____
67. Remove deteriorated accessory structures as follows: _____
68. (a) _____ The FHA value is based on a lot size of _____
- (b) _____ Submit a copy of correct legal description, including lot dimensions.
69. (a) _____ Since a portion of the land offered as security is deemed to be ineligible excess land, the Deed of Trust or Mortgage shall cover only the following parcel which is eligible: _____
- (b) _____ The portion of land to be excluded consists of: _____

70. Assure protection against damage to the property by exercise of the mineral reservations with a suitably executed and recorded agreement; or in lieu of such an agreement, mortgagee's title policy may carry a provision specifically insuring against such loss or damage.
71. Install waterproof wainscoting at _____ tub, _____ shower _____ feet high.
72. Install durable plastic laminate or equal _____ kitchen, _____ bath counter top and back splash after first replacing any damaged or rotted underlay.
73. Sand and refinish hardwood floors in the following rooms: _____

Painted fir floors may be repainted. NOTE: The installation of carpeting and cushion meeting UM-44b standards in these areas is an acceptable alternate method of satisfying this condition.

74. Remove the existing floor covering in the following rooms: _____
 Replace with new resilient floor covering over suitable underlayment after making necessary repairs to subfloor. Carpeting not acceptable in kitchen and bath areas.
75. Cover all warm air ducts in attic or basementless space with one-inch blanket or equivalent insulation.
76. Install a new forced air, wall, baseboard, or other heating system adequate to heat all finished rooms to 70° Fahrenheit. Submit specifications for approval prior to installation. Space or room heaters are not acceptable in dwellings of this type.
77. _____ (Re-roof) _____ (Repair roof) of dwelling and/or _____ garage and repair sheathing as necessary. Remove all old roofing when more than two layers exist. Contractor to certify that required work is complete and roof is in good condition.
78. Paint the following interior room(s): _____
79. Replace all broken or missing glass.
80. Install a solid (concrete) (asphaltic) driveway apron from the property line to the street pavement, per standards of local authority.
81. Grade street to full width of right-of-way from _____
 to _____
 and install an all-weather surface to a sufficient width to provide acceptable year-around access.
82. Provide positive drainage of surface water away from buildings and off lot along the following areas:
83. Install adequate retaining wall or rockery where earth slope exceeds one foot vertically to two feet horizontally. Earth slopes not permitted to extend into minimum usable yard spaces.
84. _____ Replace _____ Repair garage door to function properly.
85. Repair and paint all window sash and doors to operative condition. Caulk all windows.
86. Replace missing or broken hardware, door knobs, hinges, door stops, and light fixtures.
87. Clean and repair as necessary existing carpet in _____
88. Remove the existing worn out and/or soiled carpet in the following rooms: _____
 Replace with carpeting and cushion meeting UM-44b standards.
89. Insulate entire ceiling area with fireproof insulation material to three-inch minimum depth.
90. The leased heating equipment is to be paid for in full or replaced with new equipment that is now part of realty.
91. Install electric exhaust fan in _____ bathroom, _____ kitchen, vented to outside.
92. Connect property to the _____ public sanitary sewer system, _____ public water system.
93. Submit evidence that the water system serving this property has been accepted for continuous maintenance by local authorities having jurisdiction.
94. Application _____ had no entry, _____ had "None Known" for "Special Assessments." Mortgagee to submit assurance that none exist nor are about to be levied.
95. Key is enclosed.
96. Submit evidence of a recorded easement, acceptable to this Administration, for the community driveway serving subject and adjacent property.
97. Lower exterior grade to at least four inches below siding or any other wood members and slope grade to provide positive drainage away from foundation.

porch skirting

98. Replace all delaminated plywood of A _____ cornices; B _____ gable ends; C _____ carport; D _____ porch ceilings with exterior grade plywood. Prime and paint to blend, two coats.
99. Install new A _____ front; B _____ rear door and hardware, using a 1-3/4" hollow core, exterior-type door, or equal. Prime and paint or varnish both sides, including edges to match related areas, two coats.
100. Sand, scrape and fill all casings, doors, door frames, window sills, and other previously painted woodwork, and paint with semigloss paint.
101. Provide splashblocks of concrete or other durable material at all downspouts, minimum length 24 inches. Splashblocks to be firmly embedded and provide drainage away from foundation.
102. Connect downspouts to underground drain with outfall to street gutter (ditch), drywells, or subsurface drain lines. Connecting drain pipe shall have watertight joints.
103. Install new kitchen sink, fittings, and Hudee or equal sink rim.
104. Install corrosive resistant screening, 8 mesh per inch, in all foundation vents.
105. Install metal or concrete areaway around crawl space opening. Install 6" layer of crushed gravel in areaway, top of gravel to be 4" below frame of opening - wall to extend 4" above grade.
106. Install metal or concrete areaway around foundation vents, and/or basement windows. Install 6" crushed gravel at base of areaway. Top of gravel is to be 3" below wood frame. Areaway is to extend 2" above grade, decayed framing to be replaced with sound, treated material.
107. Install 3/4" exterior-type plywood door on crawl space opening. Provide fastening device. Paint two coats both sides and edges.
108. Install 3 inches of 3/4" minus crushed gravel over crawl space before installing ground cover.
109. Repair broken: A _____ driveway; B _____ walkway.
110. Certification to be submitted by the local governing body that this property is in compliance with the Housing Code applicable to this particular district.
111. Certification on the enclosed form letters to be completed on the A _____ roof, B _____ heating, C _____ Plumbing, D _____ Electrical. One copy of the certification is to be delivered to the purchaser of the property and one copy is to be submitted to FHA/HUD with the closing documents.
112. This commitment is issued on the condition that if the mortgage is to be insured under Section 235, the seller will execute an agreement to reimburse HUD for expenses incurred in repairing structural or other defect with respect to the property being sold in the form prescribed by the Secretary and that a seller who is not the occupant of the property will deposit 5 percent of the sales price in escrow with the mortgagee in accordance with the terms of the agreement.
113. Provide one operable window in each habitable room.
114. through 139. Reserved.

140. Other: Replace broken glass of shower door in
basement bath.

DAY-TO-DAY TENANCY AGREEMENT

In consideration of the payment of rent as herein provided and the performance of all of the other terms and conditions hereof to be performed by the Tenant, Owner hereby rents to the Tenant the following described premises:

6345 NE Parkway
Everything in the garage to be left locked and not locked
for at least 30 days W. W. Gordon Mary Gordon

The tenancy shall be a day-to-day tenancy and shall commence on 8/01/71, and shall be subject to the following terms and conditions:

1. Tenant shall pay Owner as rent \$2.75 per day, from the date of commencement of this agreement to the termination of tenancy as herein provided. Tenant shall pay a week's rent in advance, on each Monday of each calendar week.
2. Tenant has examined the premises and accepts them in their present condition. Upon termination of the tenancy hereby created, Tenant shall return the premises to Owner broom clean and in good condition and repair, normal wear and tear and damage caused by those risks covered by the usual fire insurance policy with extended coverage excepted.
3. Tenant shall pay for all utilities and services furnished to the premises during the term of this tenancy.
4. Tenant shall maintain and keep the premises, including the heating, sewage, plumbing (including hot water heaters), and electrical systems, and all appliances and equipment in good condition and repair, and keep the roof watertight and maintain the grounds during the term of this tenancy. Owner shall not be required to make any repairs, alterations, additions or improvements to the premises during the term of this tenancy.
5. Tenant shall hold Owner harmless for any damages suffered on or about the premises by the Tenant, his invitees, licensees and trespassers.
6. Tenant shall not make any alterations without prior written consent of the Owner.
7. Owner or his authorized agent shall be entitled to inspect the premises at reasonable times during the term of this tenancy.
8. Tenant shall not make any unlawful, improper or offensive use of the premises.
9. Tenant shall not assign this agreement nor sublet the whole or any part of the described premises without the prior written consent of the Owner.
10. The premises shall be occupied by no more than 2 adults and 5 children.
11. This tenancy agreement is intended to create the relationship of landlord and tenant on a day-to-day basis so long as tenant performs all of the terms and conditions hereof to be performed by the Tenant, including the payment of the rent set forth above. Tenant shall vacate the premises within seven (7) days after written notice from the Owner to vacate the premises, which notice shall be personally delivered to the Tenant or mailed to the Tenant at the premises.
12. In the event of any suit or action for breach of or to enforce the provisions of this tenancy agreement, or to recover possession of the premises, Tenant agrees to pay such sum as the trial court, and the appellate court in the event such suit or action is appealed thereto, may award the Owner as a reasonable attorney's fee in such suit or action and the appeal thereof.

IN WITNESS WHEREOF, the parties have signed this tenancy agreement as of 7/29/71 (date).

TENANT:

W. W. Gordon
Mary Gordon

OWNER:

Gordon F. Gordon

Place and Date _____, 19_____

RECEIVED OF _____

as purchaser, the sum of \$ _____ (Cash) (Check) (Note) as earnest money and in part payment of the purchase of the following described property situated in _____ County, house and lot sold as is, located at _____

which premises have this day been sold to said purchaser for the sum of \$ _____, payable as follows: \$ _____ (Cash) (Check) (Note) above receipted for and \$ _____ upon acceptance of title and delivery of _____ balance \$ _____

_____ free from encumbrances except those of public record.

Subject to acceptance by owner, who shall furnish title insurance insuring marketable title in seller, sale to be completed as soon as all papers are ready. Taxes are to be pro rated as of the date of possession. Fire Insurance to be pro rated as of date of possession or purchaser may provide their own Fire Insurance. If owner does not approve sale, or cannot furnish marketable title within reasonable time, the earnest money herein receipted for shall be refunded, but if owner approves sale and title is marketable and the purchaser fails to complete purchase as above specified, the earnest money herein receipted for shall be forfeited to the undersigned agent to the extent of agreed upon commission, and residue to owner as liquidated damages. Possession of the above premises is to be delivered to the

purchaser immediately on delivery of the deed or contract above mentioned or on _____, 19_____, or as soon thereafter as existing laws and regulations will permit removal of tenants, if any. Time is the essence of this contract. Seller agrees to pay prevailing FHA mortgage discount. Papers and funds necessary for closing shall be deposited with the Escrow Company of Broker's designation. Buyer and seller each agree to pay one-half of escrow and closing fee. All fixtures such as venetian blinds, drapery and curtain rods, window and door screens, storm doors and windows and attached television antenna are included as part of the property to be purchased.

TRI-STATE REALTY, INC., Broker

By _____

I hereby agree to purchase above property upon above mentioned terms and conditions.

Address _____ (Purchaser) _____

Phone _____

I approve and accept the above sale and agree to above mentioned terms and conditions this _____ day of _____, 19_____, and agree to pay forthwith to said agent a commission of \$ _____ for services rendered in this transaction.

Address _____ (Owner) _____

Phone _____

To be prepared in quadruplicate. I hereby acknowledge receipt of a copy of this earnest money receipt.

(1) Purchaser's receipt _____ (2) Purchaser with all signatures _____

Place and Date Portland, Oregon May 11, 1971
RECEIVED OF Woodrow and Mary Gaden, Husband and Wife
as purchaser, the sum of \$ 200.00 (Cash) (Check) (Note) as earnest money and in part payment of the purchase of
the following described property situated in MULTI County, house and lot sold as is, located at
338 N.E. 191st Portland, Oregon

which premises have this day been sold to said purchaser for the sum of \$ 14,950, payable as follows: \$ 200.00
(Cash) (Check) (Note) above receipted for and \$ NONE upon acceptance of title and delivery of DEED
balance \$ PURCHASER AGREES TO IMMEDIATELY APPLY FOR AND OBTAIN
AN FHA 225 LOAN AND PAY ACCORDING TO ITS TERMS AND
CONDITIONS. SELLER AGREE TO PAY FOR ALL MONIES ABOVE
000.00 free from encumbrances except those of public record.

Subject to acceptance by owner, who shall furnish title insurance insuring marketable title in seller, sale to be completed as soon as all papers are ready. Taxes are to be pro rated as of the date of possession. Fire Insurance to be pro rated as of date of possession or purchaser may provide their own Fire Insurance. If owner does not approve sale, or cannot furnish marketable title within reasonable time, the earnest money herein receipted for shall be refunded, but if owner approves sale and title is marketable and the purchaser fails to complete purchase as above specified, the earnest money herein receipted for shall be forfeited to the undersigned agent to the extent of agreed upon commission, and residue to owner as liquidated damages. Possession of the above premises is to be delivered to the purchaser immediately on delivery of the deed or contract above mentioned or on 60 DAYS AFTER CLOSING, 1971, or as soon thereafter as existing laws and regulations will permit removal of tenants, if any. Time is the essence of this contract. Seller agrees to pay prevailing FHA mortgage discount. Papers and funds necessary for closing shall be deposited with the Escrow Company of Broker's designation. Buyer and seller each agree to pay one-half of escrow and closing fee. All fixtures such as venetian blinds, drapery and curtain rods, window and door screens, storm doors and windows and attached television antenna are included as part of the property to be purchased.

SELLER AGREES TO RENT PROPERTY
FROM PURCHASER FOR 105.00 PER MONTH
FOR 30 days.

TRI-STATE REALTY, INC., Broker

By STEPHEN SCHMIDT, AGENT

I hereby agree to purchase above property upon above mentioned terms and conditions.

Address 3127 N. COMMERCIAL

(Purchaser)

Phone 284-7903

I approve and accept the above sale and agree to above mentioned terms and conditions this _____ day of _____, 19____, and agree to pay forthwith to said agent a commission of \$_____ for services rendered in this transaction.

Address _____ (Owner)

Phone _____

To be prepared in quadruplicate. I hereby acknowledge receipt of a copy of this earnest money receipt.

(1) Purchaser's receipt _____

(2) Purchaser with all signatures _____

10041 N.E. GLISAN

255-6550

Steve Schmidt

760-1416



CREDIT BUREAU REPORTS
a nationwide service



FHA Standard Factual
Data Report No. 891

CORRECT NAME AND ADDRESS

Name.....**GODON WOODROW W**
Street Address.....**3927 N COMMERCIAL**
City and State.....**PORTLAND OREGON**
Zip Code

Case Number.....**NOT LEARNED**
Property Address.....**NOT LEARNED**
Date on Order Ticket.....**5/11/71**
Date Received by Bureau.....**5/11/71**
Date Report Mailed.....**5/24/71**

(No reference shall be made in this report to race, creed, color, or national origin)

1-A. Do name and address agree with information shown on request for report? If not, explain below.	1-A. YES FILE SINCE 2/19/59
B. Date of Birth -	B. AGE-54
2-A. Marital status - number of dependents including self	2-A. MARY P(33) Dependents: 5 DEPS
B. Length of time married -	B. 4/69
C. Did you learn of any separation or divorce?	C. YES HE DIVORCED FROM BESSIE
3-A. Name of present employer -	3-A. UNEMPLOYED Years: ----
B. Position held - length of present connection -	B. DISABLED VETERAN RECIEVES PENSION
C. Has employment status changed within the past two years?	C. ----
4-A. If spouse is presently employed, give name of employer -	4-A. HOUSEWIFE Years: ----
B. Position held - length of present connection -	B. DECLINED
C. Approximate income -	C. \$ DECLINED

REMARKS: 1. Amplify his employment history. (This report shall contain information as to the subject's previous employment status, location and salary, if there has been a change in employment status within the past two years.)

2. The reporting bureau certifies that: (a) ☒ public records have been checked for suits, judgments, foreclosures, garnishments, bankruptcies, and other legal actions involving the subject with the results indicated below: or, (b) ☐ equivalent information has been obtained through the use of a qualified public records reporting service with the results indicated below. (Give details). (The records of real estate transfers which do not involve foreclosure may be excluded).

3. The reporting bureau certifies that the subject's credit record in the payment of bills and other obligations has been checked: ☒ through the credit accounts extended by a combined minimum of 75% of the larger department stores and larger consumer and unsecured credit granters of the community in which the subject resides, with the results indicated below: or, (b) ☐ through accumulated credit records of such credit granters of the community in which the subject resides, with the results indicated below.

CHECKED 5/71

Trade Line	How Long Selling	Date of Last Sale	Highest Credit	Amount Owing	Amount Past Due	Terms of Sale and Usual Manner of Payment
FINC	12/67		59	PD		1-\$6-1
FINC	NO RECORD (PREV INQ 11/70)					
FINC	3/71		397	374		1-\$16-0
FUEL	DECLINED TO OPEN (PREV INQ 11/68)					
NO PREVIOUS LOCAL TRADE INFORMATION WITHIN NATIONAL DATE LIMITS						
COLLECTION: 1/3/69 UTILITY \$9.00 AS OF 5/24/71 \$8.79 STILL OWING						
SUITS: 7/28/65 CREDIT BUREAU ADJUSTMENTN DEPT VS SUBJECT AND BESSIE FOR \$294						
JUDGMENT \$319 8/65 PARTIAL SATISFACTION 9/65 OF \$26.93						
11/24/65 BONDED CREDIT VS SUBJECT AND BESSIE FOR \$130 JUDGMENT 1/66 NOT SATISFIED						
7/22/66 REL FURNITURE VS SUBJECT AND BESSIE FOR \$259 JUDGMENT 8/66 NOT SATISFIED						
PREVIOUS ADDRESS: 3613 N MICHIGAN; 12841 SE DIVISION; 747 NE EVERETT ST ALL PORTLAND						
PREVIOUS EMPLOYER: 5/63 HYDE MOTORS AS MECHANIC SINCE 5/62						

Report for: **PORTLAND DEVELOPMENT COMMISSION(PERKINS 4/C/WHA)**
Mortgage Stamp Imprint Number (if Applicable)

Prepared by: **RETAIL CREDIT ASSOCIATION** City **PORTLAND OREGON** State **INC \$5.25**
Name of CBR reporting bureau

The information in this report is provided under contract between the Federal Housing Administration and Credit Bureau Reports, Inc. **234/KG**

Information furnished on FHA Standard Factual Data Report No. 891, together with related antecedent reports, is furnished upon the express condition that the FHA Approved Mortgagee and/or its authorized agent or FHA Contract Broker and/or its authorized agent or the V.A. Lender and/or its authorized agent agrees to hold such information in strict confidence for its own exclusive use, never to be communicated except to the FHA, or VA (or bonafide purchasers in the secondary mortgage market), and to save Credit Bureau Reports, Inc., and the reporting credit bureaus, their officers, agents and employees harmless from any and all damages which may arise from the violation of the agreement by such FHA Approved Mortgagee or such FHA Contract Broker, or such VA Lender.

TUMBLE OVER. WRITE FROM TOP DOWN.

(SEE REVERSE SIDE FOR COMMON LANGUAGE FOR CONSUMER CREDIT)

HOUSING RESOURCES SURVEY

RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF EMANUEL HOSPITAL PROJECT AREA

(To be filled in for each dwelling unit in the Project Area)

Analyst Cannucci Date of survey 2/10/71 Tabulator _____ Date tabulated _____
Dwelling Unit No. 5 Structure No. 5 Census Block No. 30 Census Tract No. 22A
Street Address 3127 N. Commercial Apartment No. _____

A. Status Of Relocation Assistance Needs At This Dwelling Unit:

1. Assistance may be needed, yes X, no _____
2. Why no assistance may be needed
 - a. _____ Vacant
 - b. _____ Will be vacated on the following date _____
 - c. _____ Other reasons _____

B. Residents Of This Dwelling Unit Who May Need Relocation Assistance:

Name	Family relation	Age	Sex	Occupation
1. <u>Woodrow Godon</u>	Head of household	<u>54</u>	<u>M</u>	<u>disabled</u>
2. <u>Mary</u>	wife	<u>33</u>	<u>F</u>	
3. <u>Butch WILLIAM</u>	son	<u>5</u>	<u>M</u>	
4. <u>Rita</u>	daughter	<u>4</u>	<u>F</u>	
5. _____				
6. <u>(in foster homes?)</u>				
7. <u>Jeanne</u>	daughter	<u>10</u>	<u>F</u>	
8. <u>Mary</u>	daughter	<u>9</u>	<u>F</u>	
9. <u>Tricia</u>	daughter	<u>8</u>	<u>F</u>	

C. Family Income And Extent Of Travel To Locations Of Employment:

Names of jobholders	Names of employers	Street address where jobs are located	Distance to work
<u>X</u>			
<u>X</u>			

2. Monthly income from jobs and from all other sources received by persons in this household:

Names of persons in this household who have income from any source	Amount of income per month	
	In month before this survey	In an average month during 1970
<u>Woodrow VA</u>	\$ <u>116</u>	\$ <u>116</u>
<u>11 Soc. Sec. (Disability)</u>	<u>105.80</u>	<u>105.80</u>
<u>Mary ADC (2 at home)</u>	<u>76</u>	
Total family or household income per month	\$ <u>298</u>	\$ <u>224</u>

D. Characteristics Of Replacement Housing Needs Expected To Be Sought:

1. Location (indicate approximate cross streets) Gresham
2. Transportation, number of autos owned 1, use bus —, walk —
3. Will rent house —, apartment —, expect to pay rent, including utilities, at \$ — per mo. (Furniture is owned, yes —, no —, stove and refrigerator owned, yes —, no —)
4. Will buy house in price range \$ under 20,000, down payment of \$ what we can, monthly payment of \$ 85
5. If now buying this house, how much are payments on contract or mortgage monthly \$ —
6. Size of unit to be sought, number of bedrooms 4, kitchen ✓, dining room ✓, living room ✓, number of bathrooms 1, total sq. ft. in dwelling unit —
7. Other characteristics W O B I M

HOUSING RESOURCES SURVEY
To be Filled in For Each Dwelling Unit in All Survey Areas

Date _____
Analyst Commucci Surveyed 2/10/71 Tabulator _____ Date _____
Dwelling Unit No. 5 Structure No. 5 Census Block No. 30 Census Tract No. 22A
Street Address 3127 N. Commercial Apartment No. _____
Legal Description _____

NAME OF OCCUPANT: Woodrow Godon NAME & ADDRESS OF OWNER: A.A. Brink NAME & ADDRESS OF PROP. MGR: _____
3127 N. Commercial 3618 N. Gantenbein
TELEPHONE: 287-1950 TELEPHONE: 281-6769 TELEPHONE: _____
INTERVIEWED? ☒ Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

Kind of dwelling unit	No. of units in bldg.
<input checked="" type="checkbox"/> One-family house	_____
_____ Apt. in a house	_____
_____ Apt. in apt. bldg.	_____
_____ Apt. in comm. bldg.	_____
_____ Mobile home or trailer	_____

This structure has 1 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

_____ Owner occupied
☒ Renter occupied
_____ Vacant

III. SIZE OF DWELLING UNIT

972 Sq. ft. in first floor (county figure)
1372 Sq. ft. in dwelling unit (if more than 1 floor)
3 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
1 No. of bedrooms (rooms used mainly for sleeping) also bdrm. made in basement

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
1971 Period market value data applicable
1967 Date of last appraisal
1905 Date structure was originally built
_____ Date of any major alterations

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>2020</u>	\$ _____
Improvements	<u>1560</u>	_____
Total	<u>3580</u>	_____

C. Market value data for dwelling unit in a multiple-family structure or commercial bldg.

	Market value for entire structure	Computed value per sq. ft. for this dw. unit
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

_____ Sq. ft. of all d. u. in this structure
_____ Sq. ft. of commercial space and value of commercial space: Land \$ _____, improvements \$ _____, total \$ _____.

V. RENTAL RATE FOR THIS RENTED UNIT

Monthly average	Cash rent	Utilities	Total paid by renter
Rent	\$ <u>85.00</u>	_____	\$ _____
Electricity	_____	\$ <u>8.00</u>	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Heat (oil, or other)	_____	<u>33.00</u>	_____
Total	\$ <u>85.00</u>	\$ <u>41.00</u>	\$ <u>126.00</u>

Deposits required of renter
Advance rent \$ _____, other \$ _____

Rental information obtained from
Tenant X, owner _____, manager _____, or
estimated from assessor's data _____.

VI. FOR SALE INFORMATION FOR THIS HOUSE THAT IS OCCUPIED BY OWNER OR RENTER

Listed with broker, yes _____, no _____
Advertised by owner, yes _____, no _____
Cash asking price \$ _____
Period house has been for sale, months _____

VII. REMARKS

ACCOUNT NO. 1-71030-8703
 CLASS 3 STORY 1 AREA 272
 ADDRESS 5127 W. Central Ave. BASE FACTOR

FEN 400 B WP USMT 14 170
 BSM 1 ROOMS 3
 FLOORS 0 5 1400 Tile Hrs. 100 Can
 ROOF 5 H 5 Alum Comp 400 Sbk Tls Blk-Up
 EXTER 0 5 Sbk 1400 Blk Sbk 100 PD
 INTER 1400 Drywall 1400 Hrs. 100
 PLUMB G Sbk DW Toil WB Tls Enc 100 Shower
 FACILITY 1400 1400 1400 1400 1400 1400

HEAT HW Pipe 1400 1400 1400 1400 1400 1400
 FIREPLACE 1400 1400 1400 1400 1400 1400
 ATTIC 1400 1400 1400 1400 1400 1400
 2ND STY 1400 1400 1400 1400 1400 1400
 BAYS 1400 1400 1400 1400 1400 1400
 MISC 1400 1400 1400 1400 1400 1400

MISC 1400 1400 1400 1400 1400 1400
 OUTSIDE 1400 1400 1400 1400 1400 1400
 TOTAL 9360
 SUB 350

AREA 1400 1400 1400 1400 1400 1400
 REPR COST 1400 1400 1400 1400 1400 1400
 TOTAL DEPRECIATED 1521
 REPLACEMENT COST 1521

ADJUSTMENT 1968
 Age 37 / APPR VALUE 1521
 PERM. 1968
 PREV APPR 1462
 1400 2M 1400
 PENTAL

MISC 1400 1400 1400 1400 1400 1400
 Dim 1400 1400 1400 1400 1400 1400
 Fdn 1400 1400 1400 1400 1400 1400
 Const 1400 1400 1400 1400 1400 1400
 Rbl 1400 1400 1400 1400 1400 1400
 MISC 1400 1400 1400 1400 1400 1400
 Dim 1400 1400 1400 1400 1400 1400
 Fdn 1400 1400 1400 1400 1400 1400
 Const 1400 1400 1400 1400 1400 1400
 Rbl 1400 1400 1400 1400 1400 1400

MONTHLY RENTAL 1400 1400 1400 1400 1400 1400
 X GRM 1400 1400 1400 1400 1400 1400
 S 1400 1400 1400 1400 1400 1400
 SIDE ADJUSTMENTS 1400 1400 1400 1400 1400 1400
 ROAD TYPE 1400 1400 1400 1400 1400 1400
 TOPOGRAPHY 1400 1400 1400 1400 1400 1400
 VIEW 1400 1400 1400 1400 1400 1400
 OTHER 1400 1400 1400 1400 1400 1400

DEPTH FACTOR 1400 1400 1400 1400 1400 1400
 STANDARD DEPTH 1400 1400 1400 1400 1400 1400
 EFFECTIVE DEPTH 1400 1400 1400 1400 1400 1400
 ADJUST FACTORS 1400 1400 1400 1400 1400 1400
 VALUE 1400 1400 1400 1400 1400 1400
 SUB-TOTAL 1400 1400 1400 1400 1400 1400
 TOTAL AREA 1400 1400 1400 1400 1400 1400
 REM 1400 1400 1400 1400 1400 1400
 BM Lot 7 BIK 3 Albin 0 Add 1400 1400 1400 1400 1400 1400
 APPROVED 1400 1400 1400 1400 1400 1400
 42767