

DESCRIPTION		ROLL NO	ODOMETER
PARCEL NO. A-3-20	WASHINGTON, CLEO 3217 N. VANCOUVER		
PARCEL NO. E-3-8	WASHINGTON, KATHRYN 2648 N. KERBY		
PARCEL NO. A-3-6	WEDGE, RAYMOND D. 242 N. COOK		
PARCEL NO. R-10-9	WESLEY, ROOSEVELT 535 N. MORRIS		
PARCEL NO. R-10-9	WHITCOMB, SCOTT 535 N. MONROE		
PARCEL NO. A-3-12	WHITE, CARMEN 253 N. FARGO		
PARCEL NO. A-2-4	WHITE, DOUGLAS & EVELYN (HAUGHT, EVELYN) 3100 N. GANTENBEIN		
PARCEL NO. A-3-2	WHITE, LOUISE 216 N. COOK		
PARCEL NO. RS-4-9	WILLIAMS, ALONZO 7 N. RUSSELL		
PARCEL NO. E-4-1	WILLIAMS, ALTON & BENNIE 2653 N. GANTENBEIN		
PARCEL NO. A-3-18	WILLIAMS, T.C. 203 N. FARGO		
PARCEL NO. RS-4-9	WILLIAMS, THEO 7 N. RUSSELL		
PARCEL NO. E-4-8	WOODS, E. JAMESSETTA 323 N. RUSSELL		
PARCEL NO. A-2-9	WOODS, WILLIAM H. JR. 3117 N. VANCOUVER		
PARCEL NO. A-3-3	WOODWARD, NEBBIE • 3227 N. GANTENBEIN		
PARCEL NO. A-3-3	WRIGHT, WILLIAM R. 30 N. KNOTT		
PARCEL NO. A-4-4	YARBOROUGH, MRS. BOBBIE 252 N. IVY		
PARCEL NO. A-3-7	YOUNG, DAVE 248 N. COOK		

R E S U M E

Bill Wright first attempted to lease a trailer and move to Eagle Creek with high hopes of working with horses. His foot became frost bitten and gangrene set in, causing eventually the amputation of his leg. He had to give up the idea of living out in the country because of treatment and care needed to get him on his feet.

I am happy to say that Mr. Wright gets around well and is enjoying life. He has a newly remodeled apartment and all modern kitchen and bath. He gets about very well with artificial foot and leg.

Seems happy with his apartment and has optimistic outlook for the future.

Mr. Wright received his fourth and final TACO payment on 11-29-74.

File closed.

SCD



RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. _____ Advisor cd
Client's Name Wright, W^m R. Phone 281-5227
Address 30 N Knott Ethn B Age 68
☒ Male ☐ Family ☐ Married ☒ Renter/Occupant
☐ Female ☒ Individual ☒ Single ☐ Owner/Occupant

Family Composition

Economic Data

Total Number in Family 1

Employer \$

 wife, husband

Address

Other: Relation Age Relation Age

Other Source of Income

MCW \$ 90⁰⁰SS \$ 60.70Total Monthly Income \$ (150.70)Eligible for Public Housing ☒ YES ☐ NOPresently Receiving Welfare ☒ YES ☐ NOEligible for Welfare ☒ YES ☐ NO

Other Assistance _____

Eligible for (Other) ☐ YES ☐ NO

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 6-21-71 Date of Info pamphlet delivery _____

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

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

Date of initiation of negotiations for purchase of property 1-1-68Date of Acquisition 8-13-71Date of letter of Intent 11-15-71Date of move 9-22-71

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	<input checked="" type="checkbox"/>
Private Rental	<input checked="" type="checkbox"/>	Duplex	
Other		Multiple Family	

Age of Housing Unit 1900

Size of Habitable Area 1019 - ? -

Furnished with claimant's furniture
☒ YES ☐ NO

Total Number of Rooms 6 Rent Paid \$ 45⁰⁰ Utilities _____

Number of Bedrooms 3 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

315 N. Alberta Apt 54
Trailer Court REPLACEMENT DWELLING UNIT

Address Rt 1, Box 1045, Estacada, Ore. LPA Referred _____ Self Referred ☒

Private Sales		Single Family	<input checked="" type="checkbox"/>
Private Rental	<input checked="" type="checkbox"/>	Duplex	
Other		Multiple Family	

Outside city ☐ Outside state ☐

✓ Age of Housing Unit 20-30 yrs

✓ Size of Habitable Area 600-700

✓ No. of Rooms 4 No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____

Taxes \$ _____

RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ 100 -

Utilities \$ _____

Total Rent Assistance \$ 4,000 -

Amount of Annual Payment \$ 1,000

No. of Housing Referrals to:

_____ Standard Sales

_____ Standard Rent

Agency Referrals:

_____ MCW ☒ HAP _____ OTHER (_____)

_____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME WRIGHT, William R. RELOCATION ADVISOR _____

ADDRESS 30 N. Knott PHONE 281-5227 PROJECT NAME Emanuel ORE. R-20

SEX M ETHN black VETERAN _____ AGE 68 PARCEL NO. _____

MARITAL STATUS _____ TENURE tenant

DISABILITY diabetic INDIV X FAMILY _____

ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 _____

RENT SUPPLEMENT X OTHER _____

INITIAL INTERVIEW 11-10-71 DATE INFO PAMPHLET DELIVERED _____

NOTICE TO MOVE 1/4/72 DATES EFFECTIVE _____ EXPIRATION DATE _____

NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: January 1, 1968

INITIATION OF
NEGOTIATIONS: 11/19/71

DATE OF
ACQUISITION: _____

ECONOMIC DATA

Employer _____ \$ _____

Address _____

MCW _____ 90.00

Social Security _____ 60.70

Pension _____

Other _____

TOTAL MONTHLY INCOME \$ 150.70

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

Subsidized Sales		Single Family	S	SS	Age of Structure <u>1900</u>	No. Rooms <u>6</u>
Subsidized Rental		Multiple Family		X	No. Bedrooms <u>3</u>	Furn. <u> </u> Unfurn. <u> </u>
Public Housing		Duplex			Utilities \$ <u> </u>	
Private Rental	X	Mobile Home			Monthly Payments (Rent) \$ <u>45.00</u>	
Private Sales					Acquisition Price \$ <u> </u>	
Size of Habitable Area <u>1019 sq. ft.</u>					Taxes \$ <u> </u>	Equity \$ <u> </u>
					Liens \$ <u> </u>	

HOUSING REFERRALS

Address	Bedrooms
<u>Bayle Creek</u>	
<u>315 N. Alhambra Apt. 534 282-6111</u>	

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 315 N. Alberta # 54
RT. 1, Box 1045, Estacada, Ore. Phone _____ Date of Move _____
 (trailer court)

WHERE RELOCATED:

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

Furnished _____ Unfurnished _____ Number of Rooms _____ Number of Bedrooms 2 Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ 100.00 Purchase Price \$ _____

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	233 EH	12/31/71	\$ 1,200.00
TACO (Rental)	619 EH	12-6-72	\$ 1,000.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	222 EH	12/31/71	\$ 260.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ _____

TOTAL RHP: \$4,000.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
1/5	Went with Bill Wright to see trailer set-up out in Eagle Creek.	
6/23/72	<p>Talked with Bill Wrights Welfare Worker - Marge Spindle - Clackamas County 656-0811 to try to work out his problem with his check. I believe I can work out the problem and get Bill Wright back in Portland where he can get medical care.</p> <p>It seems Mr. Wright gave Mrs. Spindle, or the Clackamas County Welfare people the understanding that he was thw owner of the trailer. At this time, however, he is not and won't be until he takes his option at the end of his third year. I explained this to Mrs. Spindle and she raised his benefits. I believe however, that they are still lower than Portland or Multnomah County.</p> <p>Mr. Wright has been moved from Holiday Park Hospital to a Nursing home on the west side. Park Royal Health care - 2430 N. W. Marshall. 227-3791</p>	
9-6-72	<p>Call Bill Wright 8-31-72 about 1 bdr. apt with HAP - It was ready and he can move in, but would have to pay \$52 per month plus \$20 deposit. He felt this was toomuch said he could due better elsewhere - Bill seems to be getting advise from someone else. I have explained that he must move in standard-decent-safe-housing.</p>	CD
10-24-72	<p>Mr. Wright called and was mad saying that when we demolished his old dwelling, we destroyed 2 refrigeratore, a bed and some tools and wanted to know what we will do about it. Explained to him that this was not the case, that he had moved or abandoned all things in the dwelling. He maintaines now that he did not. Bill has apparently forgotten about what happened almost a year ago. He hung up unsatisfied with the answers I could provide.</p> <p>315 N. Alberta New address for Bill apt 57 Bill Wright was in to sign claim for TACO Payment - Has a new apartment and is very happy with it.</p>	WSJ
12-6	Second TACO payment came in and I have notified Bill Wright.	CD
12-8-72	Picked up check.	
12-7-73	Claim filed and payment made for 3rd. Annual TACO Warrant # 859EH	B

INTERVIEW REGISTER

Date

Relocation
Worker

2/25/71	SURVEY: will rent house - similar to present one. Mr. Wright is a diabetic; therefore, he needs a special diet.
11/10/71	Tried to contact Mr. Wright but he was not home.
11/11	Called but was not at home.
11/19	Called on Mr. Wright and he wants to move into a trailer. So we went out and looked at several that would fit his needs. We went by McCuen trailer Sales at 5737 N. E. Union Ave. Mr. Wright liked one - the Kenskill priced at \$3500.00
11/23	Went out on 82nd to look at Trailer for sale. Found one at Caranough Trailers Sales, Inc. 1213 S. E. 82nd Ave. (254-7737) Mr. Wright found one that he likes which will cost \$4895, new. This is a 30' trailer and would be moved and set up at Eagle Creek.
12/2	Stan felt that we could treat this as a house and that FHA recognizes trailers as the same as a home. I have an appointment with Caranough and the bank.
12/7	Bill Wright came in and said that the place he plans to put the trailer on is already set up as a trailer court and that a cesspool and electric hookups were ready.
12/10	Mr. Wright and I went to see his location for the trailer out on Eagle Creek. The location was in a non-restrictive area and requires no permit. Mr. C. A. Snyder, Rt. 1, Box 1045, Estacade, Oregon said that he would get a letter from the Clackamas City giving permission to him to have a trailer park on this location. Mr. Wright felt that 49.00 per month was too much for him to pay each month and have anything to live on. We stopped at Caranough trailers and told him what the problem was and how the bank had computed the monthly payments for Mr. Wright. He and Mr. Wright looked at some more trailers that would be less money overall. Mr. Wright found one he liked and it cost only \$3995.00, or about \$1000. less than the first one. This brought Mr. Wright's monthly payment down to \$17-\$18 per month. PDC will assist his monthly payment \$83.34 per month. Mr. Wright will lease this trailer and it will be put in place and in operation by Mr. Caranough. He will also be given option to buy at some future date.
12/22	Due to changes from non-restricted to restricted area by Clackamas County and that Mr. Snyder, the owner of the property on which Mr. Wright is moving his trailer, did not have county inspection before installing electric, sewer, cesspool, etc. There is already a large trailer hookup on this site. The owner, Mr. Snyder has agreed to take responsibility for making any adjustments if at some future date the Clackamas County Code requires any changes in installation of the utility hook up and waste removal.
1/4/72	Mr. Barnes finished lease option finally and I went with Bill Wright to pick up the option. Also took him out to Caranaughs Trailer Sales, Inc. on 82nd Ave. and then to U. S. National Bank, East Port Branch where lease was agreed upon and notarized. Wright gave them \$1200 check.

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

N? 989 EH

DATE November 27, 1974PAY TO **William Wright**

\$ 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
		Reimbursement per Claim for RHP for Tenants filed. Move from 30 N. Knott (Parcel A 3-8).	
		Total approved 4th and final payment	\$4,000.00
		<i>William R Wright</i> 11-29-74	\$1,000.00

Account Distribution

NO. TITLE

AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A 3-8

PAYABLE TO: William Wright

For: RHP for Homeowners \$
Incidental Expenses for Homeowners or Tenants \$
X RHP - Tenants & Certain Others - Rental: Total approved \$4,000; Annual amount 4th 1,000.00
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 William Wright / Family Less - \$ *

Move from 30 N. Knott /X/ Individual Total \$ 1,000.00

Accounting: Indicate symbol and Accounting No.
Relocation Payment; Project Cost *()

Wm

OK SMC

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels
(Relocation Advisor)

DATE November 20, 1974

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

RE: William Wright (Emanuel)
(Displacee)

315 N. Alberta, Apt. #54
(Address)

No. 4th & final
(annual payment)

\$1,000.00
(amount)

December 1974
(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: Same as above

Date Inspected: _____ Condition: _____ Standard _____ Substandard

If substandard: (1) Date re-inspected and found standard _____

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

Comments: The relocation of Mr. Wright has been very successful.
He has recuperated from his operation and doing fine

SIGNED: William R. Wright
(Displacee)

SIGNED: Samuel C. Daniels
(Relocation Advisor)

DATE: 11/25/74

DATE: 11/25/74

TO: Bob Douglas

DATE: 11/25/74

FROM: Chet Daniels

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: William R. Wright

PROJECT: Emanuel

FOR: 4th & final face payment

AMOUNT: 1,000.00

SIGNED: Samuel C. Daniels

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE November 23, 1973
(Relocation Advisor)

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

RE: William Wright (Emanuel) 315 N. Alberta, Apt. 54
(Displacee) (Address)

No. 3rd \$ 1,000 12/10/73
(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: Same as above

Date Inspected: _____ Condition: _____ Standard _____ Substandard

If substandard: (1) Date reinspected and found standard _____
or (2) Displacee notified of ineligibility: _____ yes _____ no

Comments: _____

SIGNED: William R Wright SIGNED: Samuel R Daniels
(Displacee) (Relocation Advisor)

DATE: 11/28/73 DATE: 11/28/73

TO: B. b Douglas DATE: _____

FROM: Chet Daniels

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: William R Wright

PROJECT: Emanuel

FOR: 3rd Taco payment

AMOUNT: 1000.00

SIGNED: Samuel R Daniels

1087

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: C Daniels DATE November 27, 1972
 (Relocation Advisor)

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

RE: William Wright Eagle Creek, Oregon
 (Displacee) (Address)

No. 2 \$ 1,000.00 12/10/72
 (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: 315 N. Alberta Apt 54

Date Inspected: Dec. 1, 1972 Condition: ☒ Standard ☐ Substandard

If substandard: (1) Date reinspected and found standard Dec. 1, 1972
 or (2) Displacee notified of ineligibility: ☐ yes ☐ no

Comments: Mr. Wright has moved to standard housing
from Eagle Creek, Oregon - Rent Supplement - H.H.D.

SIGNED: William B. Wright SIGNED: Samuel H. Daniels
 (Displacee) (Relocation Advisor)

DATE: 11/29/72 DATE: 11/29/72

TO: Bob Douglas DATE: 12/4/72

FROM: _____

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: William Wright

PROJECT: Emanuel

FOR: TACO Payment No. 2

AMOUNT: \$ 1000.00

SIGNED: Samuel H. Daniels *WSH*

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:

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

PROJECT NAME (if applicable)

EMANUEL HOSPITAL PROJECT

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

WRIGHT, William R.

Family ☒ Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. RS-4-3

- a. Address: 30 N. Knott, Portland, Oregon
b. Apartment or room number: ---
c. Number of bedrooms: 3

- d. Monthly rental: \$45.00
e. Date you moved out of this dwelling: ☒ Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

- a. Address (include ZIP Code): (trailer court)
Rt. 1, Box 1045, Estacada, Oregon
b. Apartment or room number: ---
c. Number of bedrooms: 2

- d. Monthly rental: \$100.00
e. Date you moved into this dwelling: ☒ 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:

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?
Yes No
If "Yes", total number of months you will require temporary housing: months

Page 2.

**WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING
PAYMENT FOR TENANTS AND CERTAIN OTHERS**

NAME AND ADDRESS OF CLAIMANT:

William R. Wright
30 N. Knott

COMPUTATION PREPARED BY:

A. Daniels
Name
12/22/71
Date

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

Required Information

1. Monthly gross rental for comparable unit 3 Bd - \$162.70
(cost based on: ☒ Schedule
☐ Comparative
☐ Other)
2. Base monthly rental for claimant's former dwelling, or
25% of adjusted monthly income, whichever is less. \$35.36
35.79

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>162.70</u>
Line 2	- \$ <u>35.36</u> 35.79
	\$ <u>127.34</u> 126.91
X	<u>48</u>

6091.68
~~\$ 6112.32~~
\$ 6120.00

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.) \$4,000.00
5. Minus adjustments (Attach full explanation) - \$
6. Amount of rental assistance payment
(Line 4 minus Line 5) \$4,000.00
7. Annual Payment \$1,000.00

(Enter this amount in the space provided in Block 3 on
page one of 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 payment by 4.
The resultant amount is the total of each of four annual payments to be
made; enter on Line 7.

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

NAME OF CLAIMANT William R. Wright

Parcel No. RS-4-3

NAME OF LOCAL AGENCY Portland Development Commission

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

Tenant's initial date of rental: January 1, 1968

Date of Acquisition: November 15, 1971

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: January 1, 1968

Date of Initiation of Negotiations: X

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 \$4,000.00 is authorized.

12-29-71

Date

[Signature]
Authorized Signature

5. RECORD OF PAYMENTS

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year

2nd Year

3rd Year

4th Year

Date of Payment

Check Number

Amount

			\$ _____
<u>12/31/71</u>			\$ <u>1,000.00</u>
<u>12/6/72</u>	<u>619EN</u>		\$ <u>1,000.00</u>
<u>12/5/73</u>	<u>859EN</u>		\$ <u>1,000.00</u>
<u>11-27-74</u>	<u>789EN</u>		\$ <u>1,000.00</u>

b. Claimant moved to unit he purchased

_____ \$ _____

c. Homeowner temporarily displaced

_____ \$ _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emanuel

PROJECT NO. R-20

1. Full name of claimant:

Family ☒ Individual

William R Wright

2. Dwelling unit from which you moved:

Parcel No. RS4-3

a. Address 30 N. Knott

c. Number of bedrooms 3

Portland Oregon

d. Monthly rental \$ 45.00

b. Apartment or room number

e. Date displaced ?

3. Dwelling unit to which you moved (RENTAL)

a. Address Trailer Court Rt 1 Box 1045

c. Number of bedrooms 2

Estacada Ore.

d. Monthly rental \$ 100.00

b. Apartment or room number

e. Date moved in

4. Dwelling unit to which you moved (PURCHASE)

a. Address

c. Downpayment \$

b. Number of bedrooms

d. Incidental expenses \$

e. Date of purchase

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 Jan 1, 1968

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 Jan 1, 1968

Date of initiation of negotiations 11/19/71

3. Is replacement housing standard? ☒ Yes ☐ No

If previously substandard, date found standard

4. Certification: From Property owner and Trailer owner that
(Amount of this claim \$ 4000.00) Trailer & hook up at Trailer

Court are up to Clackamas County
Code or will be made so at
expense of Owner - See documents

Rt. 1 Box 1045

Rt. 1 Box 1045
Estacada, Oregon.
December 20, 1971

Portland Development Commission
235 N. Monroe
Portland Oregon 97227

Gentlemen.
Attention Mr. Chester Daniels.

Regarding trailer site, Mr. Bill Right wishes to move on .

I guarantee that the sites facilities for trailer hook
up, (water, sewer, and electric) are installed to Clackamas
County code , if not I will make them so.

Yours Truly.

Clair A. Snyder
Owner.

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

POST OFFICE BOX 349
PORTLAND, OREGON 97207

Portland Development
235 N. Monroe

~~Housing Authority of Portland~~

~~8900 N. Monroe~~

~~Portland, Oregon 97203~~

Portland, Oregon

Gentlemen:

In accordance with the procedure adopted for adjusting rentals for persons receiving public assistance, this letter is to certify that the persons named below have been accepted for assistance by the Multnomah County Welfare Commission. This is not to be construed as a guarantee of the payment of rental for any period by the Multnomah County Public Welfare Commission. It is understood that this information is confidential and will be used only for the purpose for which it is provided.

1. Name *William Wright*
2. Address *30 N. Knott*
3. No. of persons in family *1*
4. Total monthly assistance *60⁷⁰ Social Security 90⁰⁰ anyone*
5. Date assistance to begin *old age*
6. Date assistance to terminate *on going*

Birthdate 5-1903 - *Page 68*
MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

John Abel *M.C.*
(Caseworker) (Dept.)

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 859 EHDATE December 5, 19 73PAY TO **William Wright**

\$ 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 30 N. Knott (Parcel RS-4-3).	
		Total approved \$4,000.00 3rd annual payment	\$1,000.00
		* 12-4-73 William R Wright	

Account Distribution

NO.

TITLE

AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: RS-4-3

PAYABLE TO: William Wright

For: ☐ RHP for Homeowners \$
☐ Incidental Expenses for Homeowners or Tenants. \$
☐ RHP - Tenants & Certain Others - Rental: Total approved \$ 4,000 ; Annual amount \$ 1,000
☐ 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 William Wright ☐ ^{3rd TACO} Family Less - \$ _____ *

Move from 30 N. Kott ☒ Individual Total \$ 1,000

Accounting: Indicate symbol and Accounting No.

_____ Relocation Payment; _____ Project Cost *(_____)

0600 E60 901

MOBILE HOME LEASE OPTION AGREEMENT

This lease option witnesseth that Fred Cavanaugh as Lessor, hereby lease to William D. Wright as Lessee, for a term of thirty-six months, commencing on the fifteenth day of January, 1972, and expiring on the sixteenth day of January, 1975, for a total rental of \$4,170.00, to be paid in thirty-six monthly installments for the following described mobile home unit:

MAKE: 1972 28 ft. Road Ranger Mobile Home

SERIAL NUMBER: C6HRR 2800 SC 88009

In consideration whereof, the Lessee covenants to pay as rent in monthly installments, without demand and in advance by the tenth of each month from the beginning of that term, the sum of \$20.50, and, in addition, the sum of \$1,200.00 to be paid as relocation benefits under Uniform Relocation and Real Property Acquisition Policies Act of 1970 through Portland Development Commission to the Lessee, said down payment to be paid by January 15th, 1972, and in two additional payments of \$1,000.00 each payable by the sixteenth of January, 1973, and the sixteenth of January, 1974, with a final payment to be paid by January 16th, 1975, in the amount of \$1,004.25.

That the said Lessee does covenant with the Lessor:

1. To use said unit solely for lawful purposes.
2. Not to permit the leased unit, and its furnishings if any, to be damaged or depreciated in any manner save fair wear and tear, and to pay for any loss, damage or breakage thereof, except normal wear and tear.
3. To notify the Lessor within thirty days prior to the moving of said mobile home and to give in writing the location to which said home will be taken.
4. The Lessor does covenant with the Lessee to maintain fire, theft and comprehensive insurance on said property for the term of said lease, and to pay initial licensing and title fee of \$39.00 to the State of Oregon, said licensing fee to be paid by the Lessee following the first year of said lease.

As a further consideration and upon the condition that the Lessee pay to the Lessor the additional sum of \$1.00 prior to January 16th, 1974, the Lessor here upon grants to the Lessee the sole, exclusive and irrevocable right and privilege of purchasing the said mobile

LEGAL AID SERVICE
ALBINA OFFICE
217 N. E. KILLINGSWORTH
PORTLAND, OREGON 97211
TELEPHONE 526-4741

1 home herein above described, subject to and upon the terms and condi-
2 tions to be set forth in a standard purchasing sale agreement at the
3 agreed sale price of \$3,995.00. If the Lessee elects to exercise
4 said option, the said sum of \$1.00 must be paid to the Lessor by
5 January 16th, 1974, wherein the Lessor agrees to execute the agreement
6 of purchase and sale, and place the credit of said Lessee on said
7 purchase agreement all rental payments heretofore paid by the Lessee
8 on this lease.

9 That the projected cost of insurance heretofore described
10 to be paid by the Lessor is \$135.00 for the four-year term.

11 That the first year license and title fee, to be paid by
12 the Lessor, is \$39.00, a total of the aforementioned expenses being
13 \$4,170.00 as reduced by the downpayment of \$1,200.00 to total the
14 sum of \$2,970.00, known as the AMOUNT TO BE FINANCED.

15 That the total FINANCE CHARGE is the sum of \$772.20, and
16 that the ANNUAL PERCENTAGE RATE of said financing is 12.43 per cent.
17 IN WITNESS WHEREOF, the said parties have hereunto set their hands
18 and seals this 4 day of January, 1972.

19
20 Fred B. Cavanaugh
LESSOR

21
22
23 William R. Wright*
LESSEE

21
22
23
24
25
26
27
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29
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31
32

NOTARY PUBLIC
JANUARY 4, 1972
J. E. LANE

LEGAL AID SERVICE
ALBANY OFFICE
117 N. E. KILLINGSWORTH
ALBANY, OREGON 97310

Silverton, Oregon.

June 25. 1972

Dear Mr Daniels

Last Thursday I made a trip to Eagle Creek and checked the trailer. It is in good condition but does need heat. A few mice had been there ahead of me.

Down there I visited Bill he seems in good spirits, but is worried about the trailer.

I wrote Mr Cavanaugh asking his help in disposing of it.

I also stopped at the Postoffice in Eagle Creek. I don't know just how to say this for I don't know where Bills mail should be forwarded to. But I did say you would write. Until they hear from you his mail will be held.

Bill called this morning he

had received a letter from
the Housing in Llyod Center.
Saying he per haps Woudnt be
strong enough to open and
Close the Doors and would he
be financially able? Bill
is determined to keep the little
Dog and he dont want same
High Rise Apt.

I doubt if Bill will be able
to care for himself alone, and
this will put him right back
where he is -

This week I plan another
trip to Eagle Creek.

Sincerely,
Mary Shurgett.

P.S. also write the Electric Co
The Hospital ask if I knew
any one who ^{would} give blood for Bill?
Do you know of any one?

0600 E60 901

RELOCATION PAYMENT

Project: Emanuel Parcel: RS-4-3Payable to: William Wright Amount

For: _____	RHP for Homeowners	\$ _____
_____	Incidental Expenses for Homeowners (if separate claim)	\$ _____
<input checked="" type="checkbox"/> _____	RHP for Tenants & Certain Others: <u>2nd</u>	
	Rental: Total approved \$ <u>4,000.00</u> ; Annual amount.	\$ <u>1,000.00</u>
	or Purchase:	\$ _____
_____	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 William Wright Less - \$ _____ *

Move from 30 N. Knott *JK* Total \$ 1,000.00

Accounting: Indicate symbol & Acct. No.

_____ Relocation Payment; _____ Project Cost * (_____)

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

N? 619 EH

DATE December 6, 1972PAY TO **William Wright**

\$ 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
		Reimbursement per Claim for RHP for Tenants filed. Move from 30 N. Knott (Parcel RS-4-3).	
		Total approved \$4,000.00 2nd annual payment	<u>\$1,000.00</u>
		Received by William R Wright Dec 8, 1972	

Account Distribution

NO.

TITLE

AMOUNT

Silverton Oregon
July 20. 1972

Dear Mr Daniels:

This last Monday I
drove in to Portland, as Bill
needed his shoes so he could
be fitted for a foot. My he
is so terribly thin. He is in
a very nice Nursing home.

About a week ago I made a
trip up to the trailer to get
his little dog.

Bill tells me he should be
leaving the home before long
and wanted to know if you
have found any thing?

I wrote Mr Cavanaugh about
the trailer, but never had an
answer from him. Its a shame
he can't do something with it.

Had Bill had consulted me
he would never have had it.

Bill is in Park Royal
23rd & Marshall Maybe
you can find time to call
him

Sincerely
Mrs Hargett.

SY

1



**PUBLIC WELFARE DIVISION
CLACKAMAS BRANCH OFFICE**

DEPARTMENT OF HUMAN RESOURCES

320 WARNER-MILNE ROAD • • OREGON CITY, OREGON • • 97045

TOM McCALL
GOVERNOR

June 27, 1972

ANDREW F. JURAS
Administrator

DIVISIONS
Children's Services
Corrections
Employment
Health
Mental Health
Vocational Rehabilitation
Welfare

SPECIAL PROGRAMS
Aging
Camps
Economic Opportunity
Multi-Service Centers

Portland Housing Authority
4400 N.E. Broadway
Portland, Oregon 97213

RE: WRIGHT, William R.
1-3-MXD958-8

To Whom This May Concern:

This letter will verify that Mr. William Roosevelt Wright receives an Old Age Assistance grant of \$69.30 and our records indicate that he is receiving \$60.70 from the Social Security Administration. To my knowledge, Mr. Wright has no other income.

Very truly yours,

CLACKAMAS DISTRICT PUBLIC WELFARE

Eugene Pugh, District Manager

(Mrs.) Marjorie Spendal
Assistance Worker

MS:ja

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 222 EHDATE December 31, 19 71PAY TO **William R. Wright**

\$ 260.00

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
		Reimbursement for claim for relocation payment filed. Move from 30 N. Knott (RS-4-3) Fixed payment - own furniture	\$260.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (Fixed payment - Ind.)	\$260.00

*William R. Wright**JMS*

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 223 EHDATE December 31, 1971PAY TO **U.S. National Bank and
William R. Wright**

\$ 1,200.00

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
		Reimbursement per Claim for RHP for Tenants. 30 N. Knott (RS-4-3)	
		Total approved \$4,000.00	
		1st Annual Payment \$1,000.00	
		Dislocation Allowance <u>200.00</u>	<u>\$1,200.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments	\$1,200.00
	(Replacement Housing Payment \$1,000.00)	
	(Fixed Payment \$ 200.00)	

*William R Wright**Mc*

CLAIM FOR RELOCATION PAYMENT FOR FIXED
PAYMENT (FAMILIES AND INDIVIDUALS)

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

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

PROJECT NAME (if applicable)

EMANUEL HOSPITAL PROJECT
Project Number: ORE R-20

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

____ Family ☒ Individual

WRIGHT, William R.

2. DATE(S) OF MOVE

Jan 6, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. RS-4-3

a. Address

30 N. Knott, Portland, Oregon

b. Apartment, Floor, or Room Number ---

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: January 1, 1968

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code)

Rt. 1, Box 1045, Estacada, Oregon

b. Apartment, Floor, or Room Number ---

c. Were household goods moved to or from storage?

☐ Yes ☒ No

If "Yes", complete table, "Statement of Claim for Storage Costs"

5. TOTAL CLAIM (if 5 b. marked above)

Dislocation Allowance

\$200.00

Fixed Moving Payment

260.00

(Consult local agency)

Total \$ 460.00

6. 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.

December 23, 1971

Date

William R Wright
Signature of Claimant

(For Use by the Department of Housing and Urban Development)

DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT
FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)

NAME AND ADDRESS OF CLAIMANT:

William R. Wright
Rt 1, Box 1045
Estacada, Oregon

NAME OF LOCAL AGENCY:

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

INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved.

1. Does claimant meet basic eligibility requirements? ☒ Yes ☐ No

If "No," explain:

-
2. Complete if claim is for a fixed payment including an amount for moving articles located in household storage space:

Date items inspected: _____
Month-Day-Year

-
3. If claim is for a self-move, does approved amount exceed estimated cost of accomplishing the move through services of a commercial mover or contractor?

_____ Yes _____ No


If "Yes," explain basis for approved amount:

4. 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:

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>260.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>460.00</u>	<u>460.00</u>	 J. C. C.	<u>12-29-71</u>
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

1/ Attach full explanation of any adjustments made; e.g., amount set off against claim or amount of dislocation allowance made as an advance payment.

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
		\$			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name William R. Wright Project Emergency Project
2. Date(s) of move upon close Parcel No. RS4-3
3. Dwelling unit from which you moved:
 Address 30 N. Knott No. of rooms 6
☐ Furnished ☒ Unfurnished Date you moved into this unit Jan 1968
4. Dwelling unit to which you moved: Estacada
 Address RT 1 Box 1045, Eagle Creek, Oregon
 Were goods moved to or from storage? ☐ Yes ☒ No
5. Total claim \$ 260.00 6 Rooms of Furniture and other Equipment
- FIXED PAYMENT: \$200 + \$ 260.00 = \$ 460.00
- ACTUAL MOVING COSTS ROOMS ARE LR=1, BR=3, KITCHEN CLOSED IN PORCH USED FOR STORAGE GARAGE ALSO USED FOR STORAGE. UNDER THE PROVISION OF CIRCULAR 1ST, 1, CHL, SEC. 3, P 23 b VUE HAVE ALLOWED ONE EXTRA ROOM FOR STORAGE TOTAL = 6 ROOMS. THW
6. Name of moving company (or person) _____
7. Mover's telephone _____ 8. Mover's address _____
9. Method of payment
☐ a. reimburse client (show paid bill)
☐ b. pay mover directly (show bill)
☐ c. let local agency contract with mover
10. Amount actual costs
 a. Moving costs (attach receipt or voucher) \$ _____
 b. Cost of insurance (attach invoice) \$ _____
 c. Storage cost (attach receipt or voucher) \$ _____
- STORAGE COSTS
 Name, address and ZIP code of storage company _____
- A. Type of claim
☐ initial ☐ supplementary ☐ final
- B. Storage period
 1. Total period: _____ months. Check one: ☐ Actual ☐ Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____
- C. Storage Costs

		Approved
1. Monthly rate	\$ _____	\$ _____
2. Total costs actually incurred	\$ _____	\$ _____
3. Amount previously received	\$ _____	\$ _____
4. Amount claimed (line 2 minus 3)	\$ _____	\$ _____
- D. Description of Property Stored: please list on back of this sheet.
- E. Method of Payment
☐ reimburse client (attach receipt or paid bill)
☐ pay storage company directly (attach bill)

STATEMENT

FROM Timberline Electric Co.

P.O. Box 481, Sandy, Oregon, 97055

March 4

19 72

TO Portland Development Commission

STREET 235 N. Monroe

CITY Portland ZONE 97227 STATE Oregon

TERMS Past Due ---- Legal Action to be taken.

ATTENTION: Chester Daniels

Trailer outlet for Bill Wright.

As we were attained by the Portland Development Commission for the above Electrical work, you are being sent this statement because of non-payment.

Electrical Outlet

\$35.00

TOTAL DUE

\$35.00

Silverton, Oregon
May 25. 1972

Dear Mr Daniels

Mr Mrs Hurgett and
perhaps you remember me
coming to your office and
talking about William (Bill) Wright
and his Trailer House at Eagle
Creek, Oregon. I'm sure you know
of Bill's sickness, as he spent
almost 3mo in the Holiday
Park Hospital where they removed
four toes and some skin grafting.
Well Bill is back in the
hospital and they have removed
the remaining big toe because
of gangrene. Talking to Bill
on the phone and hearing his
condition I wonder if you
would have time to go and see
him or call as he can be reached
by phone and see if something
can be worked out so he
might get back to Portland

Where he can have Medical Care.
I did speak to Bill about this
as we had talked about it in
your office. All Bill said
to me was he was thinking
about making a change.

So I'm coming to you for
some kind of help for a person
who is totally alone and
needs your help.

I trust you will do what
ever you can.

Sincerely

Mary Hurgett
440 Monte Vista Dr.
Sebaston. Oregon
97381

Cost 3995.
 Ins Comp 136.
 License Title 39. 1 yr only
4170.00

Dn Paym't 1200.00
 To be Finance 2970.00
772.20
3742.20

Int Longh Contract

Annual Percentage Rate .1243

Paym't Schedule each Mo.
 starting Feb. 5 1972 36 Payment 20.50
 Jan 16, 1973 1000.00
 " 1974 1000.00
 " 1970. 1004.20

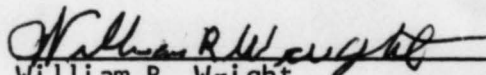
December 28, 1971

Portland Development Commission
235 N. Monroe
Portland, Oregon 97227

ATTN: Chet Daniels

Gentlemen:

This is to authorize you to make my check for Replacement Housing Payment for Tenants and Certain Others, in the sum of \$1,000.00 (representing first annual payment) and may check for a dislocation allowance, in the sum of \$200.00, payable to the U. S. National Bank (Eastport Plaza Branch) and myself, (William R. Wright).



William R. Wright

PORTLAND DEVELOPMENT COMMISSION

DETH OFFICE
EMANUEL HOSPITAL PROJECT
235 N. HOWARD ST.
PORTLAND, OREGON 97227
PHONE 522-5100

24 November, 1971

Mr. William Wright
30 N. Knott
Portland, Oregon 97227

Dear Mr. Wright:

The premises you are now occupying at the above subject address are within the boundaries of the Emanuel Hospital Urban Renewal Project. The project is designed to accomplish the removal of structurally substandard buildings, to eliminate blighting influences, to modify the street system and to make land available to Emanuel Hospital, a non-profit organization, for the development of necessary facilities for a medical and hospital complex.

Ownership (possession) of this property was vested in (granted) the Portland Development Commission on November 15th, 1971. Present plans of the Portland Development Commission call for demolition of the structure which you occupy at the earliest possible date. The most recent regulations of the Department of Housing and Urban Development governing this project stipulate that lawful occupants shall not be required to surrender possession without at least 90 days written notice from the local commission. This letter therefore is to advise you that we require you to surrender possession of the above subject premises not later than February 30th 29th, 1972. Any extension of this date must have the written approval of the commission.

Those persons or families displaced by urban renewal activity, who qualify for low-cost public housing, are entitled to a priority for any vacancy which may exist in public housing or housing owned by the Housing Authority of Portland. If you have any questions or wish more information please call on us at 235 N. Howard Street, 522-5100. We want to cooperate with you to the fullest extent possible in finding a new location, assisting you in your move, and obtaining for you those benefits to which you are entitled under the regulations. We will appreciate your keeping us advised of your moving plans.

Yours very truly,

PORTLAND DEVELOPMENT COMMISSION

By: W. Stanley Jones

WSJ:slc

Dwelling Unit Inventory

<u>QUANTITY</u>	
<u>3</u>	Beds & Springs
<u>1</u>	Bedroom Chair
<u>1</u>	Breakfast Table
<u>4</u>	Breakfast Table Chairs
	Bridge Lamp & Shade
	Buffet
<u>1</u>	Chest of Drawers
	Coffee Table
	Couch
	Davenport
	Desk
	Dining Table
	Dining Chairs
	Dresser
	End Table
	Floor Lamp & Shade
<u>2</u>	Mirror

<u>QUANTITY</u>	
<u>1</u>	Night Stand
	Occasional Chair
<u>3</u>	Overstuffed Chair
	Overstuffed Rocker
<u>1</u>	Range
<u>2</u>	Refrigerator: Brand _____
	Rocker
	Rug & Pad: Size _____
	Stool
	Table Lamp & Shade
<u>3</u>	Table, small
<u>1</u>	Vanity & Bench
<u>5</u>	Suitcases
<u>1</u>	Trunks
<u>✓</u>	Cartons, Boxes, Etc.
<u>✓</u>	Clothes
<u>✓</u>	Bedding & Linens

Miscellaneous (List Items)

<u>Washing Machine</u>	
<u>T.V. 3 sets</u>	
<u>Hassie</u>	
<u>Electric Heaters</u>	
<u>Many Misc. objects</u>	
<u>and Tack</u>	

COMMENTS:

DATED this 29 day of Dec 1971.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 30 N.
Knett, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

William R Wright
(firm name)

by: _____

12/10/71

Mr. Wright and I went to see his location for the trailer out on Eagle Creek. The location was in a non-restrictive area and require ~~no~~ ^(P) permit. Mr. C. A. Snyder Rt. 1 Box 1045 Estacada, Oregon - said that he would get a letter from the Clackamas City giving permission to him to have a trailer park on this location.

Mr. Wright felt that \$49.00 per month was too much for him to pay each month and have anything to live on. We stopped at Caranough trailer and told him what the problem was and how the bank had computed the monthly payments ~~by~~ for Mr. Wright. He and Mr. Wright looked at some more trailers that would be less money over all. Mr. Wright found one he liked and it cost only \$3995.00 or about \$1000. less than the first one. This brought Mr. Wright's monthly payment down to \$17-18. per month. PDC will assist his monthly payment \$3.34 per month. Mr. Wright will lease this trailer and it will be put in place and in operation by Mr. Caranough. He will also be given option to buy at some future date.

~~12/22/71~~
12/22/71

Due to changes from Non-Restricted to Restricted area by Clackamas County and that Mr Snyder, the owner of the property on which Mr. Wright is moving his trailer, did not have County inspection before

installing Electric, sewer, seeps pool etc.
• there is already a large trailer hook up on this site. the owner, Mr Snyder has agreed to take responsibility for making any adjustments if at some future date the Clackamas County Code requires any changes in installation of the utility hook up and waste removal.

1/5/77 Went with B. H. Wright to see trailer set-up. out in Eagle Creek

Loyd Patten - This case has taken longer than any other ~~that~~ I have work on because of a lot of unbelievable circumstances. My first contact with Mr. Patten was in March, 1971. He was not working because he had hurt his hand. He was getting a guaranteed income from the

6/23/77 Talk With Bill Wright's Welfare worker Marge Spindle - Clackamas County - 656-0801 to try to work out his problem with his check. I believe I can work out the problem and get Bill Wright back in Portland where he can get Medical care.

I seem Mr. Wright gave Mrs. Spindle or the Clackamas County Welfare people the understanding that he was the owner of the trailer. At this time, however, he is not and won't be until he takes his option at the end of his 3rd year. - I explain this to Mrs. Spindle and she raised his benefits. I believe, however, they are still lower than Portland or Multnomah County.

Mr. Wright has been moved from Holiday Park Hospital to a Nursing home on the west side. - Park Royal Healthcare
2430 NW Marshall - 227-3791

"BIG DOG"
RESIDENTIAL RELOCATION RECORD

60.
90.

RELOCATION WORKER C. Daniels PROJECT NO. R-20 PARCEL RS 4-3

NAME Wright, Wm. R (Bill) ADDRESS 30 N Knott APT NO. _____

PHONE 282-3476 INITIAL INTERVIEW 2/25/71 SEX M W _____ NW B AGE 68

U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 3 1/2 yrs

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name 280 6057 \$ _____
Address _____
MCW Caseworker _____
Social Security Anita Able #46 64.00
Va. Fed. Mult Co. _____
Pension: Name _____ 99.00
Other: Name _____

TOTAL MONTHLY INCOME 142.00

Rent 45.00, Inc. Heat 39.00 Water 1.25 Gas _____ Gar _____ Elec 7.82 Unfurn _____ Furn _____ No. Rms 6

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)
Over 62 _____ Disabled (Soc. Sec. def.) _____ Income below limits _____ Assets below limits _____

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of accident:
Name _____ Address _____ Phone _____

Information Statement given to _____ on _____ by _____

Notice to move given to _____ on _____ by _____

Payments: Amount \$ _____ Check No. _____ Date delivered _____ Moved by self _____ (or)
moved by moving company _____ (Phone) _____

REMOVED FROM CASELOAD: (Date) _____
Refused assistance _____
Relocated in: _____
Low-rent public housing _____
Other perm. public housing _____
Standard priv. rent. hsg. _____
Sub-standard priv. rent _____
hgs. with refusal of _____
further aid _____
Standard sales housing _____
Sub-standard sales hsg. _____
Out-of-town _____
Address unknown, abandoned _____
Evicted, no further _____
assistance _____
Other (explain) _____

REMAINING ON CASELOAD:
Address unknown, tracing _____
Evicted, further assistance _____
contemplated _____
Temporarily relocated by _____
LPA _____
within project: _____ address _____
outside project: _____ address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE:
Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date
<u>Eagle Creek</u>		

NEW ADDRESS: _____ Zip _____ Phone _____

2/25/71 survey: will rent house - similar to present one. Tho Wright is a diabetic - needs a special diet. \$500

11/10/71 - tried to contact Mr. Wright but he was not home.
11/11/71 - called but was not home.
11/19/71 Call on Mr. Wright and he wants to move into a trailer. So we went out and looked at several that would suit his needs. We went by McCuen Trailer Sales 5437 NE Union Ave. Mr. Wright liked one - the Henskill priced at \$3500.00 -

11/23/71 Went out on 82 to look out Trailer for Sales. Found ~~a~~ one at Caranagh Trailers Sales Inc 1213 S.E. 82nd Ave. (254-7737). Mr. Wright found one that he likes which will cost \$4895. New. This is a 30' trailer and would be move and set up at Eagle Creek.

Dec 2/71 Stan felt That we could treat this as a house and that F.H.A. recognizes Trailers as the same as a home. I have a appoint with Caranagh & the Bank.

Dec. 7 Bill Wright Cam in in and said that the place that he plans to put the trailer is already set up as a trailer court and that a cesspool and Electric hook-ups were ready.

Jan. 4 Mr. Barnes finish lease option finally and I went with Bill Wright to pick it up. Also took him out to Caranagh's Trailer Sales Inc on 82nd Ave. and then to U.S. National Bank East Port Branch where lease was agreed upon and Notarized. Wright Gave them \$1200. check.

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 SCD Date of survey 2/25/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 5 Structure No. 2 Census Block No. 78 Census Tract No. 22A
 Street Address 30 N Knott Apartment No. -

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

1. Assistance may be needed, yes no, no no
2. Why no assistance may be needed
 - a. no Vacant
 - b. ✓ Will be vacated on the following date 30 days after settlement
 - c. no Other reasons _____

BIG DOG

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

	<u>Name</u>	<u>Family relation</u>	<u>Age</u>	<u>Sex</u>	<u>Occupation</u>
1.	<u>WRIGHT, Wm R.</u>	<u>Head of household</u>	<u>61</u>	<u>M</u>	
2.					
3.					
4.	<u>Diabetic (Need Special Diet)</u>		<u>Probably one</u>		
5.					
6.					
7.					
8.					
9.					

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

1. Jobholders in this household, employers and location of jobs:			Distance
<u>Names of jobholders</u>	<u>Names of employers</u>	<u>Street address where jobs are located</u>	<u>to work</u>
<u>Wright, William (Bill)</u>	<u>Not working</u>	<u>None</u>	

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

<u>Names of persons in this household who have income from any source</u>	<u>Amount of income per month</u>	
	<u>In month before this survey</u>	<u>In an average month during 1970</u>
<u>Wright, William (Bill)</u>	\$ <u>54.00</u>	\$ <u>40.00</u>
<u>Social Security</u>	\$ <u>88.00</u>	\$ <u>100.00</u>
<u>Old Pensions</u>		
Total family or household income per month	\$ <u>142.00</u>	\$ <u>140.00</u>

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

1. Location (indicate approximate cross streets) Any Place
2. Transportation, number of autos owned ✓, use bus no, walk ✓
3. Will rent house ✓, apartment no, expect to pay rent, including utilities, at \$ 45.00 per mo. (Furniture is owned, yes ✓, no no, stove and refrigerator owned, yes ✓, no no)
4. Will buy house in price range \$ _____, down payment of \$ _____, monthly payment of \$ _____
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 ✓, kitchen ✓, dining room no, living room ✓, number of bathrooms ✓, 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

Analyst SCD Date 2/25/71 Surveyed 2/25/71 Tabulator _____ Date _____
 Dwelling Unit No. 5 Structure No. 2 Census Block No. 78 Census Tract No. 22 A
 Street Address 30 N Knott Apartment No. -
 Legal Description _____

NAME OF OCCUPANT: Mr. R. Wright NAME & ADDRESS OF OWNER: Hedwig Doeblee NAME & ADDRESS OF PROP. MGR: _____
30 N. Knott 711 N. Buffalo
 TELEPHONE: 282-3476 TELEPHONE: 285-1253 TELEPHONE: _____
 INTERVIEWED? (X) 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	_____
<input type="checkbox"/> Apt. in a house	_____
<input type="checkbox"/> Apt. in apt. bldg.	_____
<input type="checkbox"/> Apt. in comm. bldg.	_____
<input type="checkbox"/> 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

1019 Sq. ft. in first floor (county figure)
1019 Sq. ft. in dwelling unit (if more than 1 floor)
6 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
2 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
1971 Period market value data applicable
4/7/67 Date of last appraisal
1900 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>2910</u>	\$ _____
Improvements	<u>1970</u>	_____
Total	<u>4880</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>45.00</u>	_____	\$ _____
Electricity	_____	\$ <u>7.82</u>	_____
Gas	_____	_____	_____
Water	_____	Mo <u>1.25</u>	_____
Heat (oil, or other)	_____	<u>39.00</u>	_____
Total	\$ <u>45.00</u>	<u>48.07</u>	\$ <u>93.07</u>

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

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

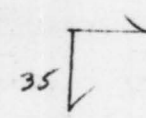
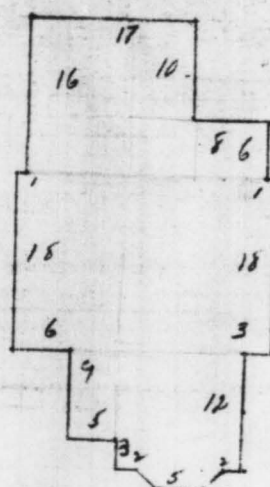
VI. FOR SALE INFORMATION FOR THIS HOUSE THAT IS OCCUPIED BY OWNER OR RENTER

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

VII. REMARKS

Rent waiting to move

6.00
15



100' N KNOTT

FRONT OF BUILDING

AVE. OR ST.

PURPOSE: G A P ODD AGREEMENT

CON: G A P CROSS ON 35000. INDUSTRIAL LAND.

COND: G A P SEEDS MAINT.

REMARKS: 1967 - DIST. 2. 1A.

NO RESPONSE LC - R.I.E. 7-11-67.

ESP. OUTSIDE DATE 5 12 67 SIGN [Signature] DEPUTY

DATE	CHECKED	REVIEWED	BLDG COUNT	INDEX	RE-CHECKED	NOTIFIED
MAY 22 '67		AN 2 '67			AN 2 '67	
	BASTIN	BASTIN			GREEN	

FORM 67 REV 3 66

1 1-68430-1350 DOEHLER, HEDWIG
(285-1253)
711 N Buffalo
MAP: 2730
ZONE: M3
RATIO: 1301
LVY C: 001
6424 N WILBUR AVE
PORTLAND, OREGON

1+1R

97217

RAILROAD SHOPS ADD LOT BLOCK
15 4

PROPERTY ADDRESS: 30 N KNOTT ST
PORTLAND
APPEALS:

SUMMARY - ASSESSED VALUATION - REAL PROPERTY					
ASSESS YEAR	MAIN RIGHTS	TIMBER	LAND	IMPS	SIGN DATE
67			250	480	730
68			2,800	1900	4,700
71			2910	1970	4880

MARKET DATA

PURCHASE PRICE TYPE DATA BK. & PAGE REMARKS

ZONING

M-3

SITE ADJUSTMENTS

ROAD TYPE D G P

TOPOGRAPHY Level

VIEW

OTHER

AREA IMPROVEMENTS

SIDEWALKS & CURBS

WATER

SEWERS

OTHER

DEPTH FACTOR

STANDARD DEPTH

EFFECTIVE DEPTH

COMPUTATIONS

LAND DESCRIPTION	SIZE OR ACRES	BASIC UNIT VALUE	ADJUST FACTORS	ADJ'D UNIT VALUE	VALUE
40.8 x 125	40.8	60 ⁰⁰	FE + 13% DEPTH = 68 ⁰⁰		2800

TOTAL AREA

SUB-TOTAL

REMARKS

SITE ADJ.

TOTAL APPR. VALUE

19 APPR. VALUE

19 APPR. VALUE

19 APPR. VALUE

19 APPR. VALUE

APPRAISER

Miller

DATE

4/7/67

ACCOUNT NO.

67430-1350

CLASS 3(-) STORY 1

AREA 1019

ADDRESS 30 N. KNOTT ST

BASE FACTOR 7650

BENT Lot Br. W.P. BSM Full 3/4 1/2 1/4

BSM ROOMS Lev Bath

FLOORS D S Lin Tile Hdwr Eir Con 18 180

ROOF H F Alum Comp Shd Shk Tile Built-Up

EXTER D S Shks Siding Blk Stuc Brk P.D. 19 190

INTER L&P Drywall T&T Br Hdwr BL Ang

PLUMB G FACILITY Sink D.W. Toilet W.B. Toile Enc Shower Enc St Toilet W.H.

Quantity 1 1 1 1 1 1 1 1 1 1

HEAT H.W. Pkge. Pipe Floor Oil Gas Elect H.A.

FIRE PLACE Ins. O.S. S D T 1-Stry 2-Stry Elec

ATTN Unf Fin B.R. Bath Lev H 3 4 1/2 1/4

2ND STY. B.R. Bath Lev H

BAY DORMER

MISC

MISC V.F. & H. R & O V.F. 11 File 80

OUTSIDE 120 B.T. Sprinkler Y.L.

FIRST FLOOR	GARAGE	TOTAL			
Rec. Hall	Class 3	770			
Serv. Hall	Type D	SUB 370			
Liv. Rm.	Dim 20 x 12	IMPS.	AREA	REPL. COST	ADJ. REPL. COST
Din. Area	Fdn C	DWG.	1019	7330	25
Farm. Rm.	Floor C	GAR.	140	390	25
Nook	Const. S.S.	MISC.	-	-	-
Kitchen	Roof G. MTL.	MISC.	-	-	-
Utility	Misc. H.D. - 1117	TOTAL DEPRECIATED REPLACEMENT COST			
Bedroom					1920
Bath					
Lav.					
Den					

MISC.

Dim.

Fdn.

Const.

Roof

MISC.

Dim.

Fdn.

Const.

Roof

BUILT 1900

PERM. NO.

PREV. APPR.

D-RA RM MO

RENTAL

ADJUSTMENT

Age 36

Func

Econ.

Cond.

NET 25

19 68

APPR. VALUE

19

APPR. VALUE

19

APPR. VALUE

19

APPR. VALUE

19

APPR. VALUE