

	DESCRIPTION	ROLL NO	ODOMETER
	EMANUEL PROJECT NEWSPAPER ARTICLES 1971 THROUGH 1974		
RS 3-1	AMERICAN PLATING COMPANY 2751 N. WILLIAMS		
A-2-4	ABLE, VERA 3106 N. GANTENBEIN		
RS-4-4	ADAMS, JEWELL D. 102 N. KNOTT, APT. D		
E-4-10	ALLEN, ALICE 2627 N. GANTENBEIN		
E-4-10	ALLEN, ANNIE J. 2627 N. GANTENBEIN		
E-4-10	ALLEN, DONALD R. 2627 N. GANTENBEIN		
RS 5-3	ALLEN, R. J. 2632 N. GANTENBEIN		
AB 3-6	ALTMANN, JOHN S. 405 N. STANTON		
A 2-4	BARBER, MARY 3106 N. GANTENBEIN		
RS 4-7	BASS, LEE ETTA 111 N. RUSSELL #2		
A 4-6	BATES, BILLY 3320 N. GANTENBEIN		
E 3-1	BELL, LEONARD 500 N. KNOTT		
R-10-1	BENNETT, LOUIS 3147 N. COMMERCIAL		
R 9-4	BERG, JOHANN 320 N. FARGO		
A 3-19	BIELAN, ROBERT LEE 3213 N. VANCOUVER		
A 4-8	BOOKER, ELNORA 259 N. COOK		
A-4-11	BOWLES, EVIE 233 N. COOK		

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. E-4-10 Advisor JC
 Client's Name Allen, Alice Phone _____
 Address 2627 N. Gantenbein Ethn Black Age 47
☐ Male ☒ Family ☐ Married ☐ Renter/Occupant
☒ Female ☐ Individual ☒ Single* ☒ Owner/Occupant *widow

Family Composition

Total Number in Family 3
1 wife, husband

Other: Relation Age Relation Age

Daughter	24		
Son	28		

Economic Data

Employer W. B. L. \$
 Address _____
 Other Source of Income
Domestic Work \$175.00
 Total Monthly Income \$ (175)

Eligible for Public Housing ☐ YES ☒ NO
 Eligible for Welfare ☐ YES ☒ NO
 Eligible for (Other) ☐ YES ☒ NO

Presently 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 ☐ NO

Date of initial interview 5-28-71 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 1957
 Date of Acquisition 8-11-71
 Date of letter of Intent 9-28-71
 Date of move 10-16-71

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1907

Size of Habitable Area 1034

Furnished with claimant's furniture
☒ YES ☐ NO

Total Number of Rooms 7 Rent Paid \$ Utilities

Number of Bedrooms 3 Monthly Housing Payments \$ Taxes

Liens \$ (please explain)

Acquisition Price \$ 10,400.00 Amenities

REPLACEMENT DWELLING UNIT

Address 5634 A.E. 23rd

LPA Referred ☒ Self Referred ☐

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

Outside city ☐ Outside state ☐

Age of Housing Unit 1925

Size of Habitable Area 1020

No. of Rooms 5 No. of Bedrooms 3

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 15968.25

Taxes \$ 344.40

RHP or TACO (including incidental costs) \$ 5,500 -
43.50

For Claimants Who Rented

Rent \$

Utilities \$

Total Rent Assistance \$

Amount of Annual Payment \$

No. of Housing Referrals to:

1 Standard Sales

 Standard Rent

Agency Referrals:

 MCW HAP OTHER ()

 Food Stamp ☒ Legal Aid Other ()

Benefits Received

Date 10-21-71 Ck # 110 EH Type MC INCL Amount \$ 543.30

Date 9-13-71 Ck # 47 EH Type RHP Amount \$ 5,500.-

Date Ck # Type Amount \$

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME ALLEN, Alice RELOCATION ADVISOR JC
 ADDRESS 2627 N. Gantenbein PHONE 288-2376 PROJECT NAME Emanuel ORE R-20
 SEX F ETHN B VETERAN AGE 47 PARCEL NO. E-4-10
 MARITAL STATUS Widow TENURE Owner
 DISABILITY INDIV FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING FHA 235
 RENT SUPPLEMENT OTHER
 INITIAL INTERVIEW MAY 28 1971 DATE INFO PAMPHLET DELIVERED
 NOTICE TO MOVE No DATES EFFECTIVE ----- EXPIRATION DATE -----
 NOTIFY IN CASE OF EMERGENCY

DATE ON SITE: 1957
 INITIATION OF
 NEGOTIATIONS: August 11, 1971
 DATE OF
 ACQUISITION: September 28, 1971

ECONOMIC DATA

Employer N.W. Bell (Annie) \$
 Address Main Office
 MCW
 Social Security
 Pension
 Other Domestic work (Alice) 175.00
 TOTAL MONTHLY INCOME \$

FAMILY COMPOSITION

Name	Relation	Age
Annie J.	Daughter	24
Donald Ray	Son	28

DWELLING UNIT FROM WHICH RELOCATED

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

Size of Habitable Area 1,034 sq. ft.

Age of Structure 1907 No. Rooms 5
 No. Bedrooms 3 Furn. Unfurn
 Utilities \$
 Monthly Payments (Rent) \$
 Acquisition Price \$5,500.00 10,400
 Taxes \$ Equity \$
 Liens \$

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	
Food Stamp Program	
Housing Authority	
Legal Aid	7/22/71
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 X

Address 5634 N.E. 23rd Phone _____ Date of Move October 16, 1971

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		Mobile Home		
		Private Sales	X			

Furnished _____ Unfurnished X Number of Rooms _____ Number of Bedrooms 3 Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ 15,900.00

Age of Structure: _____ Taxes \$ _____ Equity \$ _____ Distance Moved Away 44 blocks

Name of Moving Company _____ Name of Realtor Paul Daughtrey

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP	47 EH	9/13/71	\$5,500.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving			\$
Actual Move	110 EH	10/21/71	\$ 500.00
Storage			\$
Incidental	110 EH	10/21/71	\$ 43.30
Interest			\$

Purchase Price \$15,900.00

Down Payment \$ _____

RHP \$5,500.00

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED

\$6,043.30

REALTOR: Paul Daughtrey ESCROW CO. Pioneer National Title Insurance Co. OFFICER Betty Nyberg

INTERVIEW REGISTER

Date		Relocation Worker
1/15/71	flyer delivered by James Crolley. Husband deceased. Would like meeting.	JC
2/11/71	Survey: will buy comparable housing in NE (King) area - 3 bedrooms	JC
2/24/71	Mrs. Alice Allen 2627 N. Gantenbein was in the office. Wanted to know if it was definite that she had to move. Told her that we are here to work with residents, when and if it is approved...not to move now.	JC
5/28/71	Talked with Mrs. Allen about relocation - buying a house. Made some general observation, discussed pro & con of New and Used Houses, etc. Tried to determine where her interest was, and to acquaint her with pitfalls.	JC

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

Date _____

Analyst OK Surveyed 2-11-71 Tabulator _____ Date _____
Dwelling Unit No. 8 Structure No. 6 Census Block No. 76 Census Tract No. 22A
Street Address 2627 N. Gantenbein Apartment No. _____
Legal Description _____

NAME OF OCCUPANT: <u>(Same)</u>	NAME & ADDRESS OF OWNER <u>Allen Alice M</u> <u>2627 N. Gantenbein</u>	NAME & ADDRESS OF PROP. MGR: _____
TELEPHONE: _____	TELEPHONE: <u>288-2376</u>	TELEPHONE: _____
INTERVIEWED? () Yes () No	INTERVIEWED? (<input checked="" type="checkbox"/>) 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. or plex	_____
_____ 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

1034 Sq. ft. in first floor (county figure)
1034 Sq. ft. in dwelling unit (if more than 1 floor)
5 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
3 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
1967 Date of last appraisal
1907 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>5510</u>	\$ _____
Improvements	<u>100</u>	_____
Total	<u>5610</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	\$ _____		\$ _____
Electricity		\$ _____	_____
Gas		_____	_____
Water		_____	_____
Heat (oil, or other)		_____	_____
Total	\$ _____	\$ _____	\$ _____

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 HUSBAND DECEASED
DOES NOT NECESSARILY WANT TO MOVE

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 JK Date of survey 2-11-71 Tabulator _____ Date tabulated _____
Dwelling Unit No. 8 Structure No. 6 Census Block No. 76 Census Tract No. 22A
Street Address 2627 N. Gantenbein 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 _____

widow

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

Name	Family relation	Age	Sex	Occupation
1. <u>Alice Allen</u>	<u>Head of household</u>	<u>47</u>	<u>F</u>	<u>DOMESTIC WORK</u>
2. <u>ANNIE J ALLEN</u>	<u>D</u>	<u>24</u>	<u>F</u>	<u>ADS DEPT - N.W. Bell</u>
3. <u>DONALD RAY ALLEN</u>	<u>S</u>	<u>28</u>	<u>M</u>	<u>MECHANIC</u>
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____

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>ALICE</u>	_____	<u>METROPOLITAN AREA</u>	<u>?</u>
<u>ANNIE</u>	<u>N.W. Bell</u>	<u>MAIN OFFICE</u>	<u>5</u>
<u>DONALD</u>	_____	<u>LAY OFF</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>ALICE</u>	\$ <u>200.00</u>	\$ <u>SAME</u>
<u>ANNIE</u>	\$ <u>100.00</u>	\$ <u>estimated</u>
Total family or household income per month \$ <u>300.00</u>		

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

1. Location (indicate approximate cross streets) NE KING AREA
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 \$ comparable, 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 3, kitchen 1, dining room 1,
living room 1, number of bathrooms 1, total sq. ft. in dwelling unit _____
7. Other characteristics W O B I M

basement

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER _____

PROJECT NO. 2-50 PARCEL E 4-10

NAME Allen, Alice (widow) ADDRESS 2627 N. Gartenbein APT NO. _____

PHONE 288-2376 INITIAL INTERVIEW _____ SEX F W NW B AGE 47

U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 14 yrs.

FAMILY COMPOSITION

Name	Relation	Age
<u>Annie G</u>	<u>daughter</u>	<u>24</u>
<u>Donald Ray</u>	<u>son</u>	<u>28</u>

Employer: Name NW Bell (Annie) \$ _____
 Address main office _____
 MCW Caseworker _____
 Social Security _____
 Va. _____ Fed. _____ Mult Co. _____
 Pension: Name _____
 Other: Name Domestic work (Alice) 175.00

TOTAL MONTHLY INCOME _____

Rent _____, Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn X Furn _____ No. Rms 5

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

NEW ADDRESS: _____ Zip _____ Phone _____

1/15/71 flyer delivered by James Colley. Husband deceased.
would like meeting.

2/24/71 Mrs. Alice Allen, 2627 N. Gantenbein was in the office. Wanted to know if it was definite that she had to move. Told her that we are here to work with residents, when and if it is approved ... not to move now. JC

2/11/71 survey: will buy comparable hsg. in NE (King)
area - 3 bdrms.

5/28/71 Talked with Mrs. Allen about Relocation & Buying
a house. Made some general observation, discussed Pros
& Cons of New and Used Houses etc. Tried to determine where
her interest was, and to acquaint her with pitfalls

To: BCW

October 19, 1971

Pioneer National Title Insurance Co.
421 S. W. Stark Street
Portland, Oregon 97204

ATTENTION: Jean Egberg
Escrow Officer

Re: Escrow No. 386-389
ALLEN, Alice M.

Gentlemen:

You have in the above identified account the sum of \$5,500 as a replacement housing payment in accordance with our instructions of September 17, 1971.

This is to certify that Mrs. Allen has purchased and does occupy a standard structure which complies with City Housing Regulations at 5634 N. E. 23rd, Portland, Oregon. You are hereby authorized to release said replacement housing payment and disburse it in such manner as directed by Mrs. Allen.

Yours very truly,

W. Stanley Jones

WSJ:slc

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 110 EHDATE October 21, 19 71PAY TO **Alice M. Allen**

\$ 543.30

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

CHECK NO. 28

AUTHORIZED SIGNATURE

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement for the following per claims filed. Move from 2627 N. Gantenbein (Parcel E-4-10)	
		Incidental expenses	\$43.30
		Dislocation allowance	200.00
		Fixed payment - own furniture	<u>300.00</u>
			<u>\$543.30</u>

Account Distribution

NO.	TITLE	AMOUNT
E1501	Relocation Payments	\$543.30
	(Settlement Costs 43.30)	
	(Fixed - own furn. - family -500.00)	

10/22/71

Alice M. Allen

AV

178

(For Local Agency Use Only)

DETERMINATION OF ELIGIBILITY FOR REPLACEMENT
HOUSING PAYMENT FOR HOMEOWNERS

NAME AND ADDRESS OF CLAIMANT

NAME AND ADDRESS
Alice M. Allen

E4-10

5634 N.E. 23rd, Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission

INSTRUCTIONS: Complete this form to determine eligibility of claimant for Replacement Housing Payment for Homeowners. Attach the completed form to the pertinent claim form filed by claimant. 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. Attach an explanation of any entries which differ from claimant's entries on claim form.

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

Initial Date of Ownership: 1957
Month-Day-Year

Date of Acquisition: 9/28/71
Month-Day-Year

2. Did the claimant own and occupy the dwelling at least 180 days prior to the initiation of negotiations? ☒ Yes ☐ No

Initial Date of Ownership: 1957
Month-Day-Year

Date of Initiation of Negotiations: 8/11/71
Month-Day-Year

3. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement? ☒ Yes ☐ No

Date of Displacement: 10/16/71
Month-Day-Year

Date of Purchase of Replacement Housing: 9/30/71
Month-Day-Year

Date of Occupancy of Replacement Housing: 10/16/71
Month-Day-Year

(If the claimant was unable to occupy the replacement housing within the required one-year period, use reverse side of this form to provide explanation.)

4. Did the claimant have a bona fide mortgage on his dwelling for at least 180 days prior to initiation of negotiations? ☒ Yes ☒ No

Issuance Date of Mortgage: Month-Day-Year

Date of Discharge of Mortgage: Month-Day-Year

Date of Initiation of Negotiations: Month-Day-Year

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

6. CERTIFICATION OF LOCAL AGENCY

This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement. 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 \$ 43.30 is authorized.

10-20-71
Date

[Handwritten Signature]
Authorized Signature

7. RECORD OF PAYMENT

Date of payment: 10/21/71

WARRANT
Check number: 110 EH

Amount: \$ 43.³⁰

9. Complete either a or b:

a. If you have purchased and occupy the replacement dwelling:

Date you signed purchase agreement 7/22/71 Date of settlement 9/29/71
Month-Day-Year Month-Day-Year

b. If you have purchased but do not yet occupy the replacement dwelling:

Date you signed purchase contract _____ Date of settlement _____
Month-Day-Year Month-Day-Year

Date you expect to occupy _____
Month-Day-Year

10. Check method you choose to determine the replacement housing cost that will be used as a basis for computing the amount of the differential payment.

☒ Schedule☐ ComparativeB. Interest Payment

1. Outstanding balance of mortgage (if any) on dwelling from which you moved \$ _____
2. Number of monthly payments remaining on the mortgage _____
3. Annual interest rate of mortgage on the dwelling from which you moved _____ %
4. Annual interest rate of mortgage on the replacement dwelling _____ %
5. Prevailing annual interest rate paid on standard passbook savings accounts by savings banks in the community where the replacement dwelling is located _____ %

[form continued on next page]

1371.1

CHAPTER 6 . APPENDIX 6

C. Incidental Expenses (List incidental expenses incurred by you in connection with the purchase of replacement dwelling. If more space is necessary, use additional sheets.)

Item (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	Charged to Claimant on Closing Statement (b)	Paid Directly by Claimant (c)	Amount Claimed (Col. (b) + (c)) (d)	Amount Approved (e)
$\frac{1}{2}$ escrow fee	\$ 33.00	\$	\$ 33.00	\$33.00
$\frac{1}{2}$ doc. stamps	8.80		8.80	8.80
recording deed	1.50		1.50	1.50
TOTAL	\$ 43.30	\$	\$ 43.30	\$ 43.30

Listing of documents submitted herewith in support of amounts entered in Column (d) above:

attached copy of closing statement from escrow.

4. I submit this information in support of a claim for a Replacement Housing Payment under Section 203 of P.L. 91-646, 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.

10/18/71

Date

Alice M. Allen
Signature of Owner-Occupant(s)

APPENDIX 6. GUIDEFORM CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS		PROJECT NAME (if applicable) Emanuel Project
NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY Portland Development Commission 1700 SW Fourth, Portland, Oregon 97201		PROJECT NUMBER ORE R-20
INSTRUCTIONS: Complete all applicable items and sign certification in Block 4. 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.		
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 OWNER-OCCUPANT CLAIMANT (as shown in deed to displacing agency or in condemnation proceeding) ALLEN, Alice M. (f)		2. DATE OF DISPLACEMENT 10/16/71
3. INFORMATION IN SUPPORT OF CLAIM		PARCEL E-4-10
A. Differential Payment		
Part I. Data on dwelling unit from which you moved		
1. Address of dwelling unit from which you moved 2627 N. Gantenbein, Portland, Oregon 97227		
2. Date you first occupied this dwelling as the owner 1957 Month-Day-Year		
3. Number of bedrooms in the dwelling 3		
4. Date of initiation of negotiations for local agency acquisition of dwelling August 10, 1971 Month-Day-Year		
5. Payment made by local agency for the dwelling \$ 10,400.00 5,500.00		
Part II. Data on dwelling unit to which you moved		
6. Address of dwelling unit to which you moved (include ZIP Code) 5634 N.E. 23rd, Portland, Oregon		
7. Number of bedrooms in replacement dwelling 3		
8. Purchase price of the replacement dwelling \$ 15,900.00		

[form continued on next page]

Pioneer National Title Insurance Company

Oregon Division • 421 S.W. Stark Street • Telephone 224-0550 • Portland, Oregon 97204

Branch Telephone: _____

Esc. No. 386389

ESCROW STATEMENT

September 29, 1971

PROPERTY ADDRESS Alice M. Allen

5634 NE. 23rd

DESCRIPTION Lots 15, 17 and 19, Block 14, Irvington Park

Funds transferred from escrow #386289

Funds deposited by Portland Development Commission

Funds to be transferred from escrow #386289

Demand-Deposit

Title Insurance Policy No.

Escrow Fee one-half share

Taxes 1971-72 pro-rata share 7-1-71 to 10-25-71

(estimate based on 1970-71 taxes)

one-half Documentary Stamp Tax

City Liens

Reconveyance

RECORDING

Deed Olson to Allen

Deed to

Mortgage to

Trust Deed to

Release of Mortgage to

Reconveyance

Contract between and

% Interest Adjustment on \$ from to

Insurance pro rata on \$ from to

Paid for real estate commission

Paid Olson for deed

Paid for

Balance - Our Check Herewith refund

Balance - Debit

TOTAL

15,968.25

15,968.25

This covers money settlement only.
Any papers to which you are entitled
will follow later.

Pioneer National Title Insurance Company

By Jean Egberg
(Mrs.) Jean Egberg, Escrow Officer

Pioneer National Title Insurance Company

Oregon Division • 421 S.W. Stark Street • Telephone 224-0550 • Portland, Oregon 97204

Branch Telephone: _____

Esc. No. **386289**

ESCROW STATEMENT

September 29, 1971

PROPERTY ADDRESS **Alice M. Allen
2627 N. Gantenbein**

DESCRIPTION **South one-half of Lot 11 and all of Lot 15,
Block 4, Evans Addition to Albina**

	Debit	Credit
	\$	\$
Demand Deposit for deed		10,400.00
Title Insurance Policy No.		
Escrow Fee		
Taxes 1971-72 pro-rata share 7-1-71 to 9-27-71	38.48	
City Liens		
Reconveyance		
RECORDING		
Deed to		
Deed to		
Mortgage to		
Trust Deed to		
Release of Mortgage City of Portland Alice M. Allen	1.50	
Reconveyance Employees Credit Union		
Contract between and		
% Interest Adjustment on \$ from to		
Insurance pro rata on \$ from to		
Paid for real estate commission		
Paid Bureau of Water Works for water bill	6.57	
Paid for		
Funds held in escrow pending authorization to release from Portland Development Commission	200.00	
Transferred to Escrow #386389	10,153.45	
Balance — Our Check Herewith		
Balance — Debit		
TOTAL	10,400.00	10,400.00

This covers money settlement only.
Any papers to which you are entitled
will follow later.

Pioneer National Title Insurance Company

By _____
(Mrs.) Jean Egberg, Escrow Officer

September 17, 1971

Pioneer National Title Insurance Co.
421 S. W. Stark Street
Portland, Oregon 97204

ATTENTION: Jean Egberg
Escrow Officer

RE: Escrow No. 386-389
ALLEN, Alice M.

Gentlemen:

Enclosed is warrant no. 47 EH in the amount of \$5,500.00, representing a replacement housing payment to be deposited to subject escrow for disbursement to Alice M. Allen upon written authorization by the Commission that she has purchased and does occupy standard housing at 5634 N. E. 23rd, Portland, Oregon.

Yours very truly,

W. Stanley Jones

VSM:sia
enclosure

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº

47

EH

DATE September 13, 1971

PAY TO **Pioneer National Title Insurance Company**

\$ 5,500.00

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
		Deposit in escrow for Alice M. Allen, Replacement Housing Payment per claim filed. Move from 2627 N. Gantenbein (Parcel E-4-10).	\$5,500.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (Replacement Housing)	\$5,500.00

AL

BD

1371.1

CHAPTER 6 APPENDIX 8

APPENDIX 8. GUIDEFORM WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

<p>(For Local Agency Use Only)</p> <p>WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS</p>	<p>NAME AND ADDRESS OF CLAIMANT</p> <p>COMPUTATION PREPARED BY:</p> <p>_____ (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 Blocks B and C; then complete Block A.</p>	
<p>A. COMPUTATION OF TOTAL REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS</p>	
1. Amount of differential payment (Block B, Line 6)	\$ <u>10,400.</u>
2. Plus interest payment (Block C, Step 4, Last line)	+ \$ _____
3. Plus costs incidental to purchase (Total amount approved by agency, from claim form, Block 3C, Column (e))	+ \$ _____
4. Total (Sum of Lines 1, 2, and 3)	\$ _____
5. Minus adjustments (Attach explanation; e.g., amount previously received as Replacement Housing Payment for Tenants and Certain Others)	- \$ _____
6. Total Replacement Housing Payment for Homeowner (Line 4 minus Line 5)	\$ <u>10,400.</u>
<p>(Enter this amount in the space provided in Block 6 on the Guideform Determination of Eligibility for Replacement Housing Payment for Homeowners)</p>	
<p>B. COMPUTATION OF DIFFERENTIAL PAYMENT</p>	
<p><u>Required Information</u></p>	
1. Actual purchase price of replacement dwelling	\$ <u>15,900</u>
2. Cost of comparable replacement dwelling (Cost based on: <input type="checkbox"/> Schedule <input type="checkbox"/> Comparative <input type="checkbox"/> Other)	\$ <u>17,887</u>
3. Acquisition payment made by agency for claimant's former dwelling	\$ <u>10,400</u>
<p><u>Computation</u></p>	
4. Line 1 or Line 2, whichever is less	\$ <u>15,900</u>
5. Minus Line 3	- \$ <u>10,400</u>
6. Amount of differential payment	\$ <u>5,500</u>

[form continued on next page]

COMPUTATION OF REPLACEMENT HOUSING PAYMENT

1. Average sales price for a standard dwelling suitable for the claimant., or actual purchase price of replacement dwelling, whichever is less. (From approved Form HUD-6155)	\$ 15,900.00
2. Acquisition payment received by the claimant for his single- or two-family dwelling.	\$ 10,400.00
3. Line 1 minus line 2.	\$ 5,500.00
4. Amount of Replacement Housing Payment (If amount on Line 3 is \$5,000 or more, enter \$5,000; if amount on Line 3 is less than \$5,000, enter amount on Line 3.)	\$
5. Amount of any Additional Relocation Payment,* previously paid. *Include Relocation Adjustment Payment made in accordance with interim instructions (See Circular 1370.3, paragraph 8).	\$
6. Amount of any payment received under State law of eminent domain, determined to have the same purpose and effect as the Replacement Housing Payment.	\$
7. Total (line 5 and 6)	\$
8. Amount of Replacement Housing Payment. (Line 4 minus line 7)	\$ 5,500.00

REMARKS: (If the claimant was unable to occupy the replacement housing within the required one year period, use this space to provide explanation.)

CERTIFICATION OF THE DISPLACING AGENCY

This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement.

Date of Displacement:

Date Occupancy Established:

Month-Day-Year

Month-Day-Year

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 of the amount shown on Line 8 above is authorized.

9-10-71

Date

Authorized Signature

WARRANT

RECORD OF PAYMENT	DATE	CHECK NO.	AMOUNT
	9/13/71	47EH	\$ 5,500.00

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR REPLACEMENT HOUSING PAYMENT

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 and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of Condition of Dwelling (Form HUD-5141.2) 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 OWNER-OCCUPANT CLAIMANT. (as shown in deed to displacing agency or in condemnation proceeding) Alice Allen		3. DATE OF DISPLACEMENT	
2. Family <input checked="" type="checkbox"/> Individual <input type="checkbox"/>			
4. DWELLING UNIT FROM WHICH YOU MOVED E-4-10		5. DWELLING UNIT TO WHICH YOU MOVED	
a. Address: 2627 N. Gantenbein Portland, Oregon		a. Address (Include ZIP Code): 5634 N.E. 23rd Portland, Oregon	
b. Date you first occupied this dwelling unit as the owner: 1957 Month-Day-Year		b. Number of bedrooms: 3	
c. Check one: <input checked="" type="checkbox"/> Single-family dwelling unit <input type="checkbox"/> Two-family dwelling unit		c. Purchase price: \$ 15,900	
d. Did you occupy this dwelling for at least one year prior to initiation of negotiations? <input type="checkbox"/> Yes <input type="checkbox"/> No		d. If you have purchased and occupied this dwelling (1) Date you signed purchase contract: Month-Day-Year (2) Date you moved into this dwelling: Month-Day-Year	
		e. If you have purchased but not occupied this dwelling: (1) Date you signed purchase contract: Month-Day-Year (2) Date of settlement: Month-Day-Year (3) Date you expect to occupy: Month-Day-Year	

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 114(c)(3) 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.

Sept 8, 1971
Date

Alice M Allen
Signature of Owner-Occupant

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

DETERMINATION OF ELIGIBILITY AND COMPUTATION OF
REPLACEMENT HOUSING PAYMENT

NAME OF CLAIMANT

ALLEN, Alice

NAME OF DISPLACING AGENCY

Portland Development Commission

INSTRUCTIONS: Attach completed Form HUD-6154 to claimant's copy of Form HUD-6153 and, if applicable,
Form HUD-6141.2.

DETERMINATION OF ELIGIBILITY. (Attach an explanation of any entries which differ from claimant's entries on
Form HUD-6153.)

1. Did the claimant own the single- or two-family dwelling at the time of acquisition?

YES NO

X

Initial Date of Ownership:

Date of Acquisition:

Month-Day-Year_____
Month-Day-Year

2. Did the claimant own and occupy the single- or two-family dwelling at least one year
prior to the initiation of negotiations?

X

Initial Date of Ownership:

Date of Initiation of Negotiations:

Month-Day-Year_____
Month-Day-Year

3. If the claimant moved prior to acquisition, did the claimant own and occupy the single- or two-family dwelling
at least 18 months prior to the date of HUD approval of the project and own the property on the date of
initiation of negotiations?

X

Initial Date of Ownership:

Date of HUD Approval of the Project:

Month-Day-Year_____
Month-Day-Year

4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement?

Date of Displacement:

Date of Purchase of Replacement Housing:

Date of Occupancy of Replacement Housing:

Month-Day-Year_____
Month-Day-Year_____
Month-Day-Year

5. Has the replacement housing been inspected and found to be standard?
(Attach copy of Dwelling Inspection Record or, if the claimant moved outside
the locality, attach the report obtained from the claimant (Form HUD-6141.2).)

X

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

Month-Day-Year

NOTE: The claimant who purchases and occupies a substandard dwelling may become eligible for the payment if, within one year following dis-
placement, he brings the substandard dwelling into conformance with the applicable codes or purchases and occupies a standard
dwelling.

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

August 6, 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. Chegvidden, Chief

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

Re: 5634 N.E. 23 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 inspector reports the structures sre in standard condition and comply with City regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegvidden
S. J. Chegvidden
Chief Housing Inspector

CMC *gm fm*

*Rec'd
8-9-71*



PORTLAND BOARD OF REALTORS — OREGON ASSOCIATION OF REAL ESTATE BOARDS

OFFICIAL EARNEST MONEY AGREEMENT

Received of Alice M. Allen (a single woman) Portland July 22, 1971
 hereinafter called "purchaser," in the form of (check, cash, note) \$ 500 as earnest money and part payment for the purchase of the following described real estate situated in the City of Portland, County of Multnomah
 and State of Oregon, to-wit: house and lot known as 5634 NE 23
otherwise known as lots 15-17-19, Blk 14, Irvington
Park

together with the following described personal property: drapes and carpets in Living Room
and dining Rm.

which we have this day sold to the said purchaser, subject to the approval of the seller,
 for the sum of Fifteen Thousand Nine Hundred and no/100 Dollars (\$ 15,900.00)
 on the following terms, to wit: The sum, hereinabove receipted for, of Five Hundred and no/100 Dollars (\$ 500.00)
 { on _____, 19____ } as additional earnest money, the sum of _____ Dollars (\$ _____)
 { on Owner's acceptance }
 Upon acceptance of title and delivery of deed or contract, the sum of _____ Dollars (\$ _____)
 The balance of Fifteen Thousand Four Hundred and no/100 Dollars (\$ 15,400.00)

payable as follows: Contingent upon the commitment of P.D.C. to
provide relocation benefits under the unified
relocation of real property acquisition policies
act of 1970 in the amount of approx \$5,500
subject to seller's inspection and repair of furnace if
defection found also including a non skid surface steps to

The seller shall furnish to the purchaser in due course a title insurance policy in the amount of the purchase price of the real estate from a title insurance company showing good and marketable title. Prior to closing the transaction, the seller, upon request, will furnish to the purchaser a preliminary report made by a title insurance company showing the condition of the title to said property. Said report shall be conclusive evidence as to the condition of seller's title. It is agreed that if the seller does not approve the above sale within the period allowed Realtor below in which to secure seller's acceptance, or if the title to the said premises is not marketable, or cannot be made so within thirty days after notice containing a written statement of defects is delivered to seller, or if the seller, having approved said sale fails to consummate the same, the earnest money herein receipted for shall be refunded, but the acceptance by the purchaser of the refund does not constitute a waiver of other remedies available to him.

But if the above sale is approved by the seller and the title to the said premises is marketable, and the purchaser neglects or refuses to comply with any of the conditions of this sale within ten days from the furnishing of a preliminary title report and to make payments promptly, as hereinabove set forth, the earnest money herein receipted for shall be forfeited to the undersigned Realtor to the extent of his agreed upon commission, and the residue, if any, shall be retained by the seller as liquidated damages and this contract thereupon shall be of no further binding effect. The property is to be conveyed free and clear of all liens and encumbrances to date except zoning ordinances, building restrictions, reservations in Federal patents, and

on record
 All light fixtures and bulbs, fluorescent lamps, Venetian blinds, window and door screens, storm windows and doors, linoleum, attached television antennas, curtain, towel and drapery rods, shrubs and trees, and irrigation, plumbing and heating equipment, except fireplace equipment that is not attached in any manner to the structure, and all fixtures except none

are to be left upon the premises as part of the property purchased.

Seller and purchaser agree to prorate the taxes, which are due and payable for the current tax year, rents, interest, premiums for existing insurance, and other matters as of the date of delivery of possession, unless otherwise stated. Purchaser agrees to pay the seller for fuel, if any, in storage tank at date of possession. Encumbrances to be discharged by seller may be paid at his option out of purchase money at date of closing. The purchaser shall reimburse the seller for sums held in the reserve account on any indebtedness assumed in this transaction.

Seller and purchaser agree that subject sale will be closed in escrow, the cost of which shall be shared equally between seller and purchaser. Possession of the above described premises is to be delivered to the purchaser 30 days from the delivery of deed or as above mentioned, or as soon thereafter as existing laws and regulations will permit removal of tenants, if any. Time is of the essence of this contract.

Realtor's Address: 4413 NE Fremont Paul Daughtry Realtor
 Realtor's Phone: 288-6436 By: Elizabeth J. Murphy

AGREEMENT TO PURCHASE Date July 2, 1971

I hereby agree to purchase the above described property at the price and on the terms and conditions set forth above, and grant said Realtor a period of 7 days hereafter to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Deed or contract is to be prepared in the name of as above

I acknowledge receipt of a copy of the foregoing offer to buy and earnest money receipt bearing my signature and that of the Realtor.

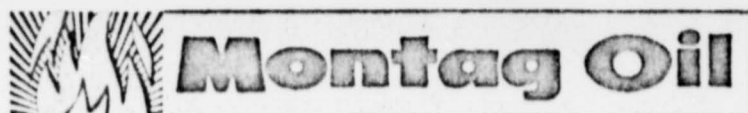
Address 26277 Gantenbein PURCHASER: Alice M. Allen
 Phone 288-2376 PURCHASER:

AGREEMENT TO SELL Date July 29, 1971

I hereby approve and accept the sale of the above described property and the price and conditions as set forth in above agreement and agree to furnish a title insurance policy continued to date as aforesaid showing good and marketable title, also the said deed or contract, and agree to pay the above named

Realtor for services a commission of \$ 954.00
 I authorize said Realtor to pay out of the cash proceeds of sale the expenses of furnishing title insurance, recording fees and revenue stamps, if any, as well as any encumbrances on said premises payable by me at or before closing. I instruct Realtor to place in his special trust account the above described earnest money deposit until needed in the closing of the transaction. I acknowledge receipt of a copy of this contract bearing my signature and that of the purchaser named above, and of Realtor

Address 5634 N.E. 23rd SELLER: Louis Olson
 Phone 287-7819 SELLER: Elizabeth M. Olson



2528 S. E. HOLGATE BOULEVARD • PORTLAND OREGON 97202 • PHONE 234-4301

August 9, 1971

TO WHOM IT MAY CONCERN:

As requested by Paul Daughtrey Realtor for a complete inspection of the heating system located at 5634 N. E. 23rd, Portland, Oregon. I find after a complete check of the furnace, burner and duct work they all appear to be in top operating condition and of adequate size to do a satisfactory job of heating.

Very truly yours,

Howard Seger
Dept. Mgr.

hs/hf



October 19, 1971

Pioneer National Title Insurance Co.
421 S. W. Stark Street
Portland, Oregon 97204

ATTENTION: Jean Egberg
Escrow Officer

Re: Escrow No. 386-389
ALLEN, Alice M.

Gentlemen:

You have in the above identified account the sum of \$5,500 as a replacement housing payment in accordance with our instructions of September 17, 1971.

This is to certify that Mrs. Allen has purchased and does occupy a standard structure which complies with City Housing Regulations at 5634 N. E. 23rd, Portland, Oregon. You are hereby authorized to release said replacement housing payment and disburse it in such manner as directed by Mrs. Allen.

Yours very truly,

W. Stanley Jones

WSJ:slc

Pioneer National Title Insurance Company

Oregon Division • 421 S.W. Stark Street • Telephone 224-0550 • Portland, Oregon 97204

Branch Telephone:

Esc. No. 386389

ESCROW STATEMENT

September 29, 1971

Alice M. Allen

PROPERTY ADDRESS 5634 NE. 23rd

DESCRIPTION Lots 15, 17 and 19, Block 14, Irvington Park

DESCRIPTION	Debit	Credit
Lots 15, 17 and 19, Block 14, Irvington Park	\$	\$
Funds transferred from escrow #386289		10,153.45
Funds deposited by Portland Development Commission		5,500.00
Funds to be transferred from escrow #386289		200.00
Demand-Deposit		
Title Insurance Policy No.		
Escrow Fee one-half share	33.00	
Taxes 1971-72 pro-rata share 7-1-71 to 10-25-71 (estimate based on 1970-71 taxes)		114.80
one-half Documentary Stamp Tax	8.80	
City Liens		
Reconveyance		
RECORDING		
Deed Olson to Allen	1.50	
Deed to		
Mortgage to	42.30	
Trust Deed to		
Release of Mortgage to		
Reconveyance		
Contract between and		
% Interest Adjustment on \$ from to		
Insurance pro rata on \$ from to		
Paid for real estate commission		
Paid Olson for deed	15,900.00	
Paid for		
Balance - Our Check Herewith refund	24.95	
Balance - Debit		
TOTAL	15,968.25	15,968.25

This covers money settlement only. Any papers to which you are entitled will follow later.

Pioneer National Title Insurance Company

By Jean Egberg
(Mrs.) Jean Egberg, Escrow Officer

DATED this 18 day of OCT 19 71.

The undersigned does hereby consent and agree that all personal property left by me in the premises at _____
2627 N. Lantier, 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.

Alvin M. Allen
(~~Alvin~~ name)

by: _____

APPENDIX 4. GUIDEFORM CLAIM FOR RELOCATION PAYMENT FOR
MOVING EXPENSES (FAMILIES AND INDIVIDUALS)

CLAIM FOR RELOCATION PAYMENT FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)		PROJECT NAME (if applicable) Emanuel Project
NAME, ADDRESS, AND ZIP CODE OF LOCAL AGENCY Portland Development Commission 1700 SW Fourth, Portland, Oregon 97201		PROJECT NUMBER ORE R-20
<p>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), complete items 1 through 12. If an item does not apply, write "None" in the space.</p> <p>PERJURY 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 ALLEN, Alice M.		(f)
2. DATE(S) OF MOVE 10/16/71		
3. DWELLING UNIT FROM WHICH YOU MOVED		PARCEL: E-4-10
a. Address	2627 N. Gantenbein Portland, Oregon 97227	d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 7
b. Apartment, Floor, or Room Number	---	e. Date you moved into this address: 1957
c. Was it furnished with your own furniture?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. DWELLING UNIT TO WHICH YOU MOVED		
a. Address (include ZIP Code)	5634 N.E. 23rd, Portland, Oregon	c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete table, "Statement of Claim for Storage Costs"
b. Apartment, Floor, or Room Number	---	
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) <input checked="" type="checkbox"/> b. Fixed payment (plus \$200.00 dislocation allowance)		Check c if applicable: <input type="checkbox"/> 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 and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)		\$ 500.00
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 NUMBER	9. ADDRESS OF MOVING COMPANY (OR PERSON)

[form continued on next page]

1371.1

CHAPTER 6 - APPENDIX A

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/or other contractors, 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, and/or other contractors, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.
- ☐ c. I hereby request and authorize that the moving charges, to be incurred by me, be paid directly to the mover and/or other contractors, in accordance with the arrangements made at this time, and with my consent, between the local agency and/or other contractors.

Date

Signature of Claimant

11. AMOUNT OF ACTUAL COSTS

- a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.) \$
- b. COST OF INSURANCE COVERING MOVE AND/OR STORAGE (Must be supported by invoice, receipt, or similar evidence of payment.) \$
- c. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.) \$

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.

10/18/71

Date

Signature of Claimant

[form continued on next page]

1371.1

CHAPTER 6, APPENDIX 5

APPENDIX 5. GUIDEFORM DETERMINATION OF ELIGIBILITY FOR RELOCATION
PAYMENT FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)

(For Local Agency Use Only) DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)	NAME AND ADDRESS OF CLAIMANT Alice M. Allen 5634 N.E. 23rd, Portland, Oregon NAME OF LOCAL AGENCY Portland Development Commission
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <u>10-14-71</u> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	

[Form continued on next page]

(Complete either A or B:)

Item	Amount ^{1/}	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>300.00</u> (7 rms.)		<i>[Signature]</i>	<u>10-20-71</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>500.00</u>	<u>500.00</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
<u>10/21/71</u>	<u>110 EH</u>	<u>\$ 543.70</u>	<u>AD</u>		\$

MEMO TO FILE - ANNIE J. ALLEN

December 16, 1971

FROM: WSJ

Miss Annie J. Allen occupied a dwelling in the project with her family. Miss Allen is 25 years of age and apparently paid rent to her mother for her living quarters at 2627 N. Gantenbein of \$30.00 per month (unverified). She had her own room and had access to the rest of the facilities in the house on a communal basis. She did not have exclusive use of a bath or a kitchen.

The most comparable category of housing to this situation on the schedule of average annual gross rentals is that category designated as -0- bedroom, housekeeping, or efficiency apt. The approved average rent for this type of unit is \$62.40/month. This amount seems most reasonable to allow the displaced to find replacement housing comparable to the former dwelling. This type of housing arrangement is very common around college campuses and popular among young people. A comparable dwelling in this case would be another 3-bedroom house in which Miss Allen had exclusive use of one bedroom and shared the use of kitchen, living room, dining room and bath with the two occupants of the other 2-bedrooms. The schedule shows that the average monthly gross rental of a 3-bedroom unit is \$762.70. This cost divided among the three occupants would amount to \$54.23/month for each. The schedular amount for such a unit allows slightly more, or \$62.40/month, which reasonably reflects the probably higher costs that would result from the more concentrated usage of the facilities by the communal occupants as opposed to single family occupancy. An allowance of \$62.40 per month for each of the three occupants of such a dwelling would indicate total gross rental costs of \$187.20.

The precedent has clearly been established for determining the basis for computation of the RHP for TACOS who rent a room with access to other shared facilities. The amount of \$62.40 further appears to be a reasonable benchmark for any who might wish to have their payment computed on the comparable rather than accept the exact schedular amount. Any change in this interpretation should be reflected in a policy statement, and would require the recomputation of a number of claims already paid, in order to reflect consistency and fairness in the payment of claims in this project.

The fact that some tenants, such as Miss Allen, decide not to select a comparable dwelling, but desire a completely separate, independently self-contained dwelling unit is apparently not an applicable consideration under current Instructions for computation of this payment.

WSJ:slc

NAME Allen, Alice
PROJECT Or R-20-

CHECKLIST FOR RELOCATION FILES -- INDIVIDUALS

8/20 Copy of Notice to Acquire/Vacate
8/20 Copy of Real Estate Option (for owner-occupant only)
8/20 City inspection letter (for code enforcement displacee)
Signed RECEIPT from displacee for information statement or brochure
INTERVIEW SHEET -- filled out
Recorded personal interviews
Copies of all correspondence with displacee

Verification of Income
Request for HAP assistance
FHA displacee qualifying (form 3476, rent supplement)
✓ City inspection letter on replacement housing
✓ Copy of earnest money offer on replacement housing
Other:

Moving authorization letters
Dwelling unit inventory sheet
Log sheet for day of move (for professional move)
Release of personal property
DATE OF MOVE
Keys turned into: _____
Utilities shut off
8/26 Escrow releases, grants and amounts withheld
Verify no rent outstanding
Other:

HUD forms 6140.1 and 6140.2
✓ HUD forms 6153 and 6154
Other:
Other:

DATE FILE CLOSED

COMPUTATION OF REPLACEMENT HOUSING PAYMENT

1. Average sales price for a standard dwelling suitable for the claimant. (From approved Form HUD-6155)	of actual price paid for if rep. dwell value is less.	\$ 15,900
2. Acquisition payment received by the claimant for his single- or two-family dwelling.		\$ 10,400
3. Line 1 minus line 2.		\$ 5,500
4. Amount of Replacement Housing Payment (If amount on Line 3 is \$5,000 or more, enter \$5,000; if amount on Line 3 is less than \$5,000, enter amount on Line 3.)		\$
5. Amount of any Additional Relocation Payment,* previously paid. *Include Relocation Adjustment Payment made in accordance with interim instructions (See Circular 1370.3, paragraph 8).		\$
6. Amount of any payment received under State law of eminent domain, determined to have the same purpose and effect as the Replacement Housing Payment.		\$
7. Total (Line 5 and 6)		\$
8. Amount of Replacement Housing Payment. (Line 4 minus line 7)		\$ 5,500

REMARKS: (If the claimant was unable to occupy the replacement housing within the required one year period, use this space to provide explanation.)

CERTIFICATION OF THE DISPLACING AGENCY

This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement.

Date of Displacement:

Date Occupancy Established:

Month-Day-Year

Month-Day-Year

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 of the amount shown on Line 8 above is authorized.

Date

Authorized Signature

RECORD OF PAYMENT	DATE	CHECK NO.	AMOUNT

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR REPLACEMENT HOUSING PAYMENT

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY	PROJECT NAME (If Applicable)
	PROJECT NUMBER

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 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 OWNER-OCCUPANT CLAIMANT. (as shown in deed to displacing agency or in condemnation proceeding) <u>ALLEN, ALICE</u>	3. DATE OF DISPLACEMENT
2. Family <input checked="" type="checkbox"/> Individual <input type="checkbox"/>	

<p>4. DWELLING UNIT FROM WHICH YOU MOVED</p> <p>a. Address <u>2627 N. Gantenheim</u></p> <p>b. Date you first occupied this dwelling unit as the owner: <u>1957</u> Month-Day-Year</p> <p>c. Check one: <input checked="" type="checkbox"/> Single-family dwelling unit <input type="checkbox"/> Two-family dwelling unit</p> <p>d. Did you occupy this dwelling for at least one year prior to initiation of negotiations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>5. DWELLING UNIT TO WHICH YOU MOVED</p> <p>a. Address (Include ZIP Code): <u>5634 N. E 23rd</u></p> <p>b. Number of bedrooms: <u>3</u></p> <p>c. Purchase price: <u>\$ 15,900 -</u></p> <p>d. If you have purchased and occupied this dwelling</p> <p>(1) Date you signed purchase contract: <u>Month-Day-Year</u></p> <p>(2) Date you moved into this dwelling: <u>Month-Day-Year</u></p> <p>e. If you have purchased but not occupied this dwelling:</p> <p>(1) Date you signed purchase contract: <u>Month-Day-Year</u></p> <p>(2) Date of settlement: <u>Month-Day-Year</u></p> <p>(3) Date you expect to occupy: <u>Month-Day-Year</u></p>
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6. I submit this information in support of a claim for a Replacement Housing Payment under Section 114(c)(3) 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 Owner-Occupant

7/27/71

ALLEN, ALICE

MR. DON STARK, ATTORNEY FOR POC,
BEN WEBB, POC STAFF MET WITH THE
CLIENT AND HER DAUGHTER, HOBMAN J. BARNES,
LEGAL AID ATTORNEY AND A REAL ESTATE
BROKER

AN EARNEST MONEY RECEIPT WAS

WRITTEN UP ON A PROPERTY AT 5624

N.E. 23. THE PRICE = \$ 15,900.

WE ARE TO ORDER AN INSPECTION.

IT WAS AGREED THAT THE OWNER WOULD

HAVE THE FURNACE INSPECTED. VVE SHOULD

CHECK THIS. THE SELLER IS ALSO

TO HAVE NON SKID SURFACES PUT ON

THE BASEMENT STAIRS

For Don
Webb

10-14-71

Dwelling Unit Inventory

QUANTITY

1111 Beds & Springs
 Bedroom Chair
 1 Breakfast Table
 43 Breakfast Table Chairs
 1 ~~Whar - desk~~ Bridge Lamp & Shade
 1 Buffet
11111 Chest of Drawers
 11 Coffee Table
 1 Couch
 Davenport
 Desk
 11 Dining Table
 66 Dining Chairs
 11 Dresser
11111 End Table
 11 Floor Lamp & Shade
 1 Mirror

QUANTITY

11111 Night Stand
11111 Occasional Chair
 11 Overstuffed Chair
 Overstuffed Rocker
 1 Range
 1 Refrigerator: Brand Is #1
 Rocker
 1 Rug & Pad: Size Three
 2 ~~Pictures~~ Stool
1111111 Table Lamp & Shade
11111 Table, small
 1 Vanity & Bench
 6 Suitcases
 1 Trunks
 40 Cartons, Boxes, Etc.
1111 Clothes, Closet
16 Bx Bedding & Linens

Miscellaneous (List Items)

1111 TV Color
 1 Stern (Post)
 1 Record Rack
 1 Floor Fan
 11 Book Rack
11111 Radio

COMMENTS:

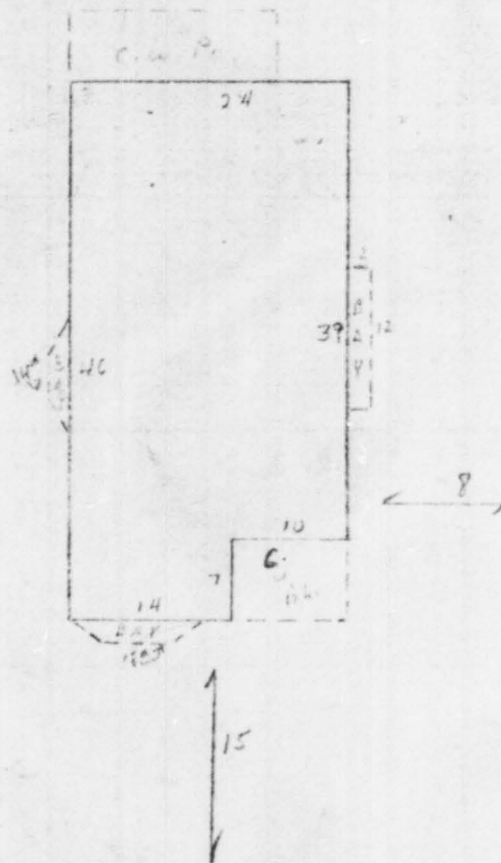
Lot

 1 Freezer - Upright
 1 Sewing Machine
1 Set Lawn Fertilizer (6pc)
 3 Lawn Chair
 1 Washing Machine
 1 Lawn Mower
 1 Floor Polisher
 1 Vacuum

EVANS ADD	LOT	BLOCK
S 1/2 OF	11	4
	15	4

APPEALS:

ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN. DATE
1968			5300	100	5400	23 12 88
1991			5510	100	5610	UD



N. Canton being
FRONT OF BUILDING

AVE. ~~OR ST~~

PLANT G. P.

ECON G A / Next to comm. zone

CCND G A P

REMARKS 1968 Dist RIA from old cad

INSP. OUTSIDE DATE 2/15/68 SIGN R. J. [Signature] DEPUTY

CHECKED

REVIEWED

BLDG. COUNT

INDEX

RE-CHECKED

NOTIFIED

DATE FEB 29 1983

MAY 29 1968

BY *ELEANOR* ELEANOR

11 1 '67