*	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.			1
	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.	1.		
	2632 N. GANTENBEIN	1.		
AB 3-6	ALTMANNS, JOHN S.			
	405 N. STANTON			
A 2-4	BARBER, MARY			
	3106 N. GANTENBEIN			
RS 4-7	BASS, LEE ETTA	1		
	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			
			Contract to the second	A TANK OF LAND

RESUME

Name Donald R. Alien

Client shared a dwelling with his mother and sister and gave his share of benefits to them.

BCW

RESIDENTIAL RELOCATION RECORD

OR I	IGIN OF CASE EMANUEL PAR	CEI.		
AME_ALLEN, Donald R. ADDRESS 262	27 N. Gantenbein APT	NO		
PHONE 288-2376 INITIAL INTERVIEW 9/27	7/71 SEX M MINORITY	GROUP_Black		
AGE 29 U.S. CITIZEN X ALIEN VETERAN FAMILY COMPOSITION	SERVICEMAN Yes DATE ON SITE	1957		
Name Relation Age	Employer: Name Unemployed	,		
ne n	Address MCV Caseworker	·		
	MCW Caseworker			
	Va. Fed. Mult. Co.			
	Pension: Name			
	Other: Name			
	Unemployment Insurance	156.00		
	TOTAL MONTHLY INCOME Type Fuel Garbage			
Own: Power Co.	Type Fuel Garbage	Co.		
Rent: X \$20.00 Inc. Heat- Water - Gas - G	sar - Elec Unfurn Fur	n No. Rms		
ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)				
Over 62 No Disabled (Soc. Sec def.)		elow limits		
221 CERTIFICATE OF ELIGIBILITY: Date delive	ered by			
Notify in case of emergency: Name Alice M. Allen Address 5	563h N F 22-1	000 0076		
Name Africe M. Africh Address	0/27/71 by BCI	none 288-23/6		
Information Statement given to Donald Aller				
Notice to move given to	on by			
Payments: Amount \$ Check No.	Date delivered Moved	by self (or)		
Payments: Amount \$Check No	(Phone)			
REMOVED FROM CASELOAD: (Date)	REMAINING ON CASELOAD:			
Refused assistance	Address unknown, tracing			
Relocated in:	Evicted, further assistance			
Low-rent public housing	contemplated			
Other perm. public housing	Temporarily relocated by			
Standard priv. rent. hsg.	LPA			
Sub-Standard priv. rent	within project:			
hgs, with refusal of		ldress		
further aid	outside project:	Idress		
Standard sales housing	ad	dress		
Sub-standard sales hgs.				
Out-of-town				
Address unknown, abondoned	FAMILY REFUSED ADDITIONAL AS	CICTANCE.		
Evicted, no further assistance				
Other (austria)	Date Worker			
other (explain)				
RELOCATION REFERRALS:				
Address	Inspection Certified By	Date		
NEW ADDRESS:	7,			
	Zip Pho	one		
New rent or purchase price:	No. of rooms S	SS		