

	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	ALTMANNS, 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		

NAME OF CLAIMANT Mary Barber
PROJECT Emmanuel
RELOCATION ADVISOR Alma Gordon

CHECKLIST FOR RELOCATION FILES - INDIVIDUALS

- Copy of Notice to Acquire/Vacate
- Copy of Real Estate Option (for owner/occupant only)
- 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 - rent supplement
- City inspection letter on replacement housing
- Copy of earnest money offer on replacement housing
- Letter of Assignment (when claim payable to other than claimant)
- Other:

- Moving authorization letters
- Dwelling unit inventory sheet No furniture
- Log sheet for day of move (for professional move)
- Release of personal property
- DATE OF MOVE 9/22/72
- Keys turned into: _____
- Utilities shut off
- Escrow releases, grants and amounts withheld
- Verify no rent outstanding
- Other:

- Settlement Costs
- Incidental Expenses
- Interest Expense (owner/occupant only)

1/5/73 DATE FILE CLOSED

R E S U M E

DATE 1-5-73

NAME Mrs. Mary Barber

Mrs. Mary Barber, a Displacee, was relocated from 3106 N. Gantenbein, Emanuel Hospital Project ORE 20. Due to the lateness of her occupancy, she was eligible for Dislocation and Moving Expense. Total amount of her claim was paid in full.

The client made a self move from 3106 N. Gantenbein to 2322 N. Williams Ave. We were pleased to assist her family in a satisfactory relocation dwelling. Case closed.

AG

(signed)

Alma Gordon

worker

RESIDENTIAL RELOCATION RECORD

Project Name Emanuel Parcel No. A-2-4 Advisor AG
 Client's Name Barker Mary Phone _____
 Address 3106 N. gantenbier Ethn B Age 35

- Male Family Married Renter/Occupant
 Female Individual Single Owner/Occupant

Female Head of Household

Family Composition

Total Number in Family 4
1 wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age
SON	7		
SON	5		
DAU.	1		

Economic Data

Employer \$ _____
 Address _____
 Other Source of Income welfare \$ 220.00
 \$ _____
 Total Monthly Income \$ (220.00)

- Eligible for Public Housing YES NO Presently Receiving Welfare YES NO
 Eligible 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 NO

Date of initial interview 9-15-72 Date of Info pamphlet delivery 9/14/72
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

5-1972

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

Date of initiation of negotiations for purchase of property 5-20-71
 Date of Acquisition 9-14-72
 Date of letter of intent _____
 Date of move 9-21-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 75 yr

Size of Habitable Area 800 sq ft

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 4 Rent Paid \$ 65 Utilities _____

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address Not at this address 2322 N. Williams LPA Referred Self Referred _____

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

Outside city Outside state

Age of Housing Unit 60 yrs or older

Size of Habitable Area 500

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 \$ 85⁰⁰

Utilities \$ _____

Total Rent Assistance \$ -0-

Amount of Annual Payment \$ -0-

No. of Housing Referrals to:

1 Standard Sales

4 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 Mary Barber RELOCATION ADVISOR AG
 ADDRESS 3106 N. Gantenbein PHONE _____ PROJECT NAME Emanuel
 SEX F ETHN B VETERAN _____ AGE 35 PARCEL NO. A-2-4
 MARITAL STATUS Seperated TENURE t/o
 DISABILITY _____ INDIV _____ FAMILY x
 ELIGIBLE FOR: PUBLIC HOUSING x FHA 235 _____
 RENT SUPPLEMENT x OTHER _____
 INITIAL INTERVIEW 9-15-72 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE:	<u>5-72</u>
INITIATION OF NEGOTIATIONS:	<u>5-20-71</u>
DATE OF ACQUISITION:	<u>9-14-72</u>

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW Jerry Huey 280-6033 220.00
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 220.00

FAMILY COMPOSITION

Name	Relation	Age
Andrew Barber	son	7
Lloyd Barber	"	5
Tara Barber	daughter	1

DWELLING UNIT FROM WHICH RELOCATED

	S	SS
Subsidized Sales		
Subsidized Rental		
Public Housing		
Private Rental	<u>x</u>	
Private Sales		

Age of Structure _____ No. Rooms 4
 No. Bedrooms 2 Furn. x Unfurn _____
 Utilities \$ 15
 Monthly Payments (Rent) \$ 65.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms
<u>2322 N. Williams</u>	<u>2</u>

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	<u>x</u>
Food Stamp Program	<u>x</u>
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 x

Address 2322 N. Williams Phone _____ Date of Move 9-21-72

WHERE RELOCATED:

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

Furnished x Unfurnished _____ Number of Rooms 4 Number of Bedrooms 2 Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ _____ 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)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	574 EH	10-4-72	\$ 260.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER _____ PROJECT NO. _____ PARCEL _____
 NAME Mary Barber ADDRESS 3106 N. Gantenbein APT NO. _____
 PHONE _____ INITIAL INTERVIEW 9/15/72 SEX F W NW Black AGE 35 yrs.
 U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE May, 1972

FAMILY COMPOSITION

Name	Relation	Age
Andrew Barber	Son	7
Lloyd Barber	Son	5
Tara Barber	Daughter	1

Employer: Name _____ \$ _____
 Address _____
 MCW Caseworker Jerry Huey 280-6033 \$220.00
 Social Security _____
 VA. _____ Fed. _____ Mult Co. _____
 Pension: Name _____
 Other: Name _____

TOTAL MONTHLY INCOME \$220.00

Rent _____, Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn _____ Furn X No. Rms 4

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 hsg. 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>2322 N. Williams (2 bedroom)</u>		

NEW ADDRESS: _____ Zip _____ Phone _____

DATE	NOTES	C/W
9/15/72	Mrs. Mary Barber a tenant at 3106 N. Gantenbein separated from her husband and a Displacee, has 3 children ages from 7 to 1 year, was interviewed in our office and states that welfare is her only source of income. Mrs. Barber needs a 3 bedroom house near schools and transportation. Information was given her as to what her benefits as a tenant would be. Our services were offered in helping her find adequate housing.	
9/18/72	Mrs. Barber was in our office and efforts are being made to help relocate Mrs. Barber and her 3 children.	
9/19/72	Verification of income received from Multnomah Co. welfare as indicated by her case worker Mr. John Huey.	
9/20/72	The client has found a dwelling at 2322 N. Williams, Apt. 14.	
9/21/72	Mrs. Barber made a self move to 2322 N. Williams	
9/21/72	Claim filed for moving expense in the amount \$200. dislocation, \$60 for 4 rooms furnished. Total claim \$260.00	
9/22/72	The Barbers move was from 3106 N. Gantenbein to 2322 N. Williams to a furnished 2 bedroom apartment at \$85 including everything except Electric Lights.	
9-28	Mrs. Barber was in today to inquire about her Moving expense benefit. I advised the client that I would get in touch with her when check was received.	
10-4	Reimbursement per claim for Relocation payment Warrant no 574 EH for \$260 for move from 3106 N. Gantenbein Parcel A-2-4-	
10-6	Mrs. Mary Barber was in to sign and pick up check for \$260 for dislocation and fixed move.	AG

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 574 EH

DATE October 4, 1972

PAY TO **Mary Barber**

\$ 260.00

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 Relocation Payments filed. Move from 3106 N. Gantenbein (Parcel A-2-4).	
		Dislocation allowance \$200.00 Fixed moving payment - family <u>60.00</u>	<u>\$260.00</u>
<i>Mary Barber</i> <i>10/6/72</i>			

Account Distribution

NO. TITLE AMOUNT

0600 E60 901

RELOCATION PAYMENT

Project: Emanuel ORE 0-20 Parcel: A-2-4

Payable to: Mary Barber

Amount

For: <u> </u> RHP for Homeowners	\$	<u> </u>
<u> </u> Incidental Expenses for Homeowners (if separate claim)	\$	<u> </u>
<u> </u> RHP for Tenants & Certain Others:		
Rental: Total approved \$ <u> </u> ; Annual amount.	\$	<u> </u>
or Purchase:	\$	<u> </u>
<u> X</u> Fixed Moving Payment	\$	<u> </u>
<u> X</u> Dislocation Allowance.	\$	<u> 60</u>
<u> </u> Actual Moving Costs.	\$	<u> 200</u>
<u> </u> Storage Costs (if separate claim).	\$	<u> </u>
<u> </u> Business: Moving Expenses.	\$	<u> </u>
<u> </u> Business: In Lieu Payment.	\$	<u> </u>
<u> </u> Business: Storage Costs.	\$	<u> </u>
<u> </u> Business: Loss of Property	\$	<u> </u>
<u> </u> Business: Searching Expenses	\$	<u> </u>

Name of Client Mary Barber

Less - \$ *

Move from 3106 N. Gantenlein

MC Total \$ 260

Accounting: Indicate symbol & Acct. No.

 Relocation Payment; Project Cost * ()

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

PROJECT NAME (if applicable)

Emanuel Hospital

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

Mary Barber

Family Individual

2. DATE(S) OF MOVE

September 22, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A 2-4

a. Address 3106 N. Gantenbein
Portland, Or.

b. Apartment, Floor, or Room Number _____

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

d. Number of rooms occupied (ex-
cluding bathrooms, hallways,
and closets: 4

e. Date you moved into this
address: May, 1972

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) _____
2322 N. Williams Ave., Portland, Or.

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 60.00

(Consult local agency)

Total \$ 260.00

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 appli-
cable 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.

9-20-72

Date

Mary Barber

Signature of Claimant

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Mary Barber
3106 N. Gantenbein
Portland, Or.

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? 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>60</u>		<i>[Signature]</i>	<u>9-28-72</u>
2. Dislocation allowance \$ <u>200</u>			
3. Total \$ <u>260</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 Mary Barber Project Emmanuel R-20
 2. Date(s) of move Sept. 22, 1972 Parcel No. A 2-4
 3. Dwelling unit from which you moved:
 Address 3106 N. Lantierheim No. of rooms 4
 Furnished Unfurnished Date you moved into this unit May, 1972
 4. Dwelling unit to which you moved:
 Address 2322 N. Williams Ave
 Were goods moved to or from storage? Yes No

5. Total claim \$ 260⁰⁰

 FIXED PAYMENT: \$ 200 + \$ 60 = \$ 260⁰⁰

ACTUAL MOVING COSTS

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

1. Monthly rate	\$ _____	<u>Approved</u>
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)

Mary Barber
No Furniture

Dwelling Unit Inventory

QUANTITY

- _____ Beds & Springs
- _____ Bedroom Chair
- _____ Breakfast Table
- _____ Breakfast Table Chairs
- _____ Bridge Lamp & Shade
- _____ Buffet
- _____ Chest of Drawers
- _____ Coffee Table
- _____ Couch
- _____ Davenport
- _____ Desk
- _____ Dining Table
- _____ Dining Chairs
- _____ Dresser
- _____ End Table
- _____ Floor Lamp & Shade
- _____ Mirror

QUANTITY

- _____ Night Stand
- _____ Occasional Chair
- _____ Overstuffed Chair
- _____ Overstuffed Rocker
- _____ Range
- _____ Refrigerator: Brand _____
- _____ Rocker
- _____ Rug & Pad: Size _____
- _____ Stool
- _____ Table Lamp & Shade
- _____ Table, small
- _____ Vanity & Bench
- _____ Suitcases
- _____ Trunks
- _____ Cartons, Boxes, Etc.
- _____ Clothes
- _____ Bedding & Linens

Miscellaneous (List Items)

COMMENTS:

9-15-72

(date)

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

Gentlemen:

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

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

Thank you.

Sincerely,

✓ Mart Barber
(name)

2-7-MXU520-4
(caseload code number)

✓ 3106 Gartenbein
(address)

9/19/72

(date)

To: Portland Development Commission

The records of this office indicate that Mary Barber is receiving monthly benefits in the amount of \$ 220.00 from the Multnomah County Public Welfare Department.

MULTNOMAH COUNTY PUBLIC WELFARE DEPARTMENT

by

J. H. W. W. W.

CONFIDENTIAL