

	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, ELENORA 259 N. COOK		
A-4-11	BOWLES, EVIE 233 N. COOK		

NAME OF CLAIMANT

Lee Etta Bass

PROJECT

Emanuel

RELOCATION ADVISOR

R. 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 Relo. Adv.  
☐ 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  
☐ Log sheet for day of move (for professional move)  
☐ Release of personal property  
☒ DATE OF MOVE 5/3/72  
☐ 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)

6/19/75 DATE FILE CLOSED

R E S U M E /

DATE 6/19/75

NAME BASS, Lee Etta

Client was cooperative to assist and all services required were offered to assist in relocation. Benefits have been paid.

BRB

(signed) \_\_\_\_\_  
worker



# RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME BASS, Lee Etta RELOCATION ADVISOR A. Gordon  
 ADDRESS 111 N. Russell #2 PHONE \_\_\_\_\_ PROJECT NAME Emanuel ORE r-20  
 SEX F ETHN B VETERAN \_\_\_\_\_ AGE 56 PARCEL NO. RS 4-7  
 MARITAL STATUS None TENURE Tenant  
 DISABILITY \_\_\_\_\_ INDIV X FAMILY \_\_\_\_\_  
 ELIGIBLE FOR: PUBLIC HOUSING \_\_\_\_\_ FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT X OTHER \_\_\_\_\_  
 INITIAL INTERVIEW March 3, 1972 DATE INFO PAMPHLET DELIVERED \_\_\_\_\_  
 NOTICE TO MOVE Yes DATES EFFECTIVE 12/2/71 EXPIRATION DATE March 30, 1972  
 NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_

DATE ON SITE:	<u>1967</u>
INITIATION OF NEGOTIATIONS:	<u>5/26/71</u>
DATE OF ACQUISITION:	<u>12/2/71</u>

## ECONOMIC DATA

Employer Domestic work \$ 240.00  
 Address \_\_\_\_\_  
 MCW \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ 240.00

## FAMILY COMPOSITION

Name	Relation	Age

## DWELLING UNIT FROM WHICH RELOCATED

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

Size of Habitable Area 5,000 sq. ft.

Age of Structure 1911 No. Rooms 5  
 No. Bedrooms 2 Furn.   Unfurn x  
 Utilities \$ 18.00  
 Monthly Payments (Rent) \$ 45.00  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

## HOUSING REFERRALS

Address	Bedrooms
<u>509 NE Sacramento</u>	<u>Apt. #15</u>
<u>606 N.E. Fargo</u>	
<u>315 N. Alameda</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 X

Address 545 N. E. Sacramento #15 Phone \_\_\_\_\_ Date of Move May 13, 1972

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 \_\_\_\_\_ Unfurnished X Number of Rooms \_\_\_\_\_ Number of Bedrooms 1 Habitable Area \_\_\_\_\_

Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ 62.00 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)	407 EH	5/17/72	\$1,000.00
TACO (Rental)	749 EH	5/2/73	\$1,000.00
TACO (Rental)	926 EH	5/1/74	\$1,000.00
TACO (Rental)	1861 EH	6/12/75	\$1,000.00
TACO (Sales)			\$
Fixed Moving	30711 G	5/17/72	\$420.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_

RHP \$ \_\_\_\_\_

Total Down - \$ \_\_\_\_\_

Total Mortgage \$ \_\_\_\_\_

TOTAL BENEFITS RECEIVED \$4,420.00

REALTOR: \_\_\_\_\_ ESCROW CO. \_\_\_\_\_ OFFICER \_\_\_\_\_

## RESIDENTIAL RELOCATION RECORD

Project Name EMAN Parcel No. RS-4-7 Advisor AG  
 Client's Name BASS, LEE ETIA Phone \_\_\_\_\_  
 Address 111 N. RUSSELL #2 Ethn B Age 56  
☒ Male ☐ Family ☐ Married ☒ Renter/Occupant  
☐ Female ☒ Individual ☒ Single ☐ Owner/Occupant

Family Composition

Total Number in Family 1  
       wife, ~~husband~~

Other: Relation Age Relation Age


Economic Data

Employer DOMESTIC WORK \$ 240.-

Address \_\_\_\_\_

Other Source of Income \$ 0

Total Monthly Income \$ (240.-)

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

Presently Receiving Welfare ☐ YES ☒ NO

Other Assistance NONE

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 3-3-72 Date of Info pamphlet delivery 2/3/72

Date Notice to Move given YES Date Effective 12-2-71 Expires 3-30-72

## 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

Date of Acquisition

Date of letter of Intent

Date of move

1967

5-26-71

11-17-71  
12-2-71

5-13-72



DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1911

Size of Habitable Area 2500

Furnished with claimant's furniture  
☒ YES ☐ NO

Total Number of Rooms 5 Rent Paid \$ 45- Utilities 18-

Number of Bedrooms 2 Monthly Housing Payments \$            Taxes           

Liens \$                      (please explain)                     

Acquisition Price \$                      Amenities                     

REPLACEMENT DWELLING UNIT

Address 519 NE SACRAMENTO #15 LPA Referred X Self Referred           

Private Sales		Single Family	
Private Rental	X	Duplex	
Other <i>Rent subsidy</i>		Multiple Family	X

Outside city ☐ Outside state ☐

Age of Housing Unit 2

Size of Habitable Area 500

No. of Rooms 4 No. of Bedrooms 1

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$                     

Taxes \$                     

RHP or TACO (including incidental costs) \$                     

For Claimants Who Rented

Rent \$ 62-

Utilities \$                     

Total Rent Assistance \$ 4000-

Amount of Annual Payment \$ 1000

No. of Housing Referrals to:

           Standard Sales

3 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 \$



# INTERVIEW REGISTER

Date		Relocation Worker
2/10/71	Survey: will rent house or apt. prefers N.E. area, needs bus service	JC
3/7/72	Mrs. Lee Etta Bass was in office today and indicated she did not desire Housing Authorities, However public housing would be suitable. An apartment at 616 N. E. Fargo was selected by client to see. Was taken to Park Terrace apartment for placing application. Manager states she had some but had been taken. Left information to call this office.	AG
3/9/72	Call from manager of Park Terrace stating there would be a vacancy 2/14/72. Verification of income papers taken to client to be filled in by her employers.	AG
3/14/72	Mrs. Bass was taken to Park Terrace apartments. Application tentatively pending verification of income. No apartments available at that time.	AG
3/25/72	Manager Mrs. Gardner of Park Terrace called that an apartment was available and waiting for verification of income of client Mrs. Lee Etta Bass.	AG
3/25/72	Mrs. Bass was taken to Park Terrace with verification and necessary papers, was told by manager she had just rented the apartment to someone else that was referred because of their eligibility of being 62 years . This is second incident with Mrs. Gardner about the apartment. Someone had rented it just a few hours before her arrival.	AG
4/3/72	Verification of income for client was received and application made for private rental supplement housing.	AG
4/7/72	Application for private low rent supplement Apts Beta #2 545 N.E. Sacramento on completion of units.	AG
5/9/72	Mrs. Bass was in office, pd. pro-rated rent from 5/1-12. Was shown Apartments on N.E. Sacramento. Confirmed for moving has been set for 5/13/72.	AG
5/13/72	Mrs. Lee Etta Bass made a self move onto Beta #2 Apts at <sup>519</sup> 545 N.E. Sacramento Apt #15. Appeared to be happy with the site.	AG
5/17/72	Mrs. Lee Etta Bass reimbursement for relocation payment for move from 111 N. Russell (RS-4-7) Dislocation and moving expense own furniture, check No. 30711G Amount of \$420.00	AG
5/23/72	Payment for move from 111 N. Russell and dislocation expense parcel (RS 4-7) check No 30711 G, sum of \$420.00 reimbursement for RHP 1st. Annual payment for year check #407 EH in the amount of \$1,000.00 signed and dated. Received by Mrs. Lee Etta Bass,	AG
5-1-73	Claim filed for 2nd Annual TACO payment. Self inspection on Apt. FHA Rent Supplement Housing. Rey Pru Corporation, 519 N. E. Sacramento St. Apt # 15 Signature of Displacee.	
5-2-73	Warrant No 749 EH issued payable to Lee Etta Bass. Reimbursement per claim for RHP for Tenants. Move from 111 N. Russell parcel (RS-4-7). 2nd Annual Payment of \$1000.	
5-15-73	Delivered Warrant No 749 EH to Client at 519 N. E. Sacramento Apt # 15. 2nd. Annual TACO Payment. Signature of cleint on receipt of check.	AG

# INTERVIEW REGISTER

Date		Relocation Worker
4/23/74	Claim filed for 3rd annual TACO payment, signed by displacee.	AG
5/1/74	Received check for Lee Etta Bass in the amount of \$1,000 for 3rd annual TACO payment. Warrant No. 926 EH.	AG
5/7/74	Mrs. Bass was in our office to pick up check. Signature of client on receipt of check.	AG
6/17/75	Mrs. Bass made claim and received as of this date a fourth and final TACO payment in the amount of \$1,000. All benefits have been paid. Case closed.	BRB



**PORTLAND DEVELOPMENT COMMISSION**1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201N<sup>o</sup> 1061 EHDATE June 2, 1975PAY TO **Lee Etta Bass**

\$1,000.00

DOLLARSTO 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 111 N. Russell (Parcel RS 4-7) - Total approved \$4,000.00 4TH & FINAL PAYMENT	\$1,000.00
		<i>Lee Etta Bass</i> <i>Received 6/17/75</i> <i>rgd</i>	

**Account Distribution**

NO.

TITLE

AMOUNT



# RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: RS 4-7

PAYABLE TO: Lee Etta Bass

For: RHP for Homeowners . . . . . \$  
 Incidental Expenses for Homeowners or Tenants. . . . . \$  
☒ RHP - Tenants & Certain Others - Rental: Total approved \$4000<sup>00</sup>; Annual amount \$ 1000.00  
 RHP - Tenants & Certain Others - Downpayment . . . . . \$  
 Settlement Costs (on acquisition by LPA only). . . . . \$  
 Interest Expense . . . . . \$  
 Fixed Moving Payment . . . . . \$  
 Dislocation Allowance. . . . . \$  
 Actual Moving Costs. . . . . \$  
 Storage Costs. . . . . \$  
 Business: Moving Expenses. . . . . \$  
 Business: In Lieu Payment. . . . . \$  
 Business: Storage Costs. . . . . \$  
 Business: Loss of Property . . . . . \$  
 Business: Searching Expenses . . . . . \$

Name of Client Lee Etta Bass ☐ Family Less - \$ \_\_\_\_\_ \*

Move from 111 N. Russell ☒ Individual Total \$ 1000.00

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

0600 X10 901 4th & final

**NOTICE OF RHP-TACO YEARLY PAYMENT**

TO: James C. Crolley  
(Relocation Advisor)

DATE 5-1-75

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

RE: Lee Etta Bass  
(Displacee)

519 NE Sacramento, Apt. #15  
(Address)

No. 4th & Final  
(annual payment)

\$ 1,000  
(amount)

5-8-75  
(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: 519 N.E. Sacramento, Apt. #15

Date Inspected: \_\_\_\_\_ Condition: ☒ Standard ☐ Substandard

If substandard: (1) Date reinspected and found standard \_\_\_\_\_

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

Comments: Dwelling is FHA (Rent Supplement), meets  
standard codes.

SIGNED: LEE BELOVI  
(Displacee)

SIGNED: Betty L. Burns  
(Relocation Advisor)

DATE: Lee Etta Bass

DATE: 5/22/75

TO: Accy.

DATE: 5/22/75

FROM: Relocation

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: Lee Etta Bass

PROJECT: Removal

FOR: 4th & final TACO

AMOUNT: \$1000.00

SIGNED: Betty L. Burns



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

5/8/72

Date

Lee Etta Bass

Signature of Claimant(s)

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

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

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

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



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

NAME OF CLAIMANT BASS, Lee Etta

Parcel No. RS-4-7

NAME OF LOCAL AGENCY PDC

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

Tenant's initial date of rental: 1967

Date of Acquisition: 12/2/71

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: 1967

Date of Initiation of Negotiations: 5/26/71

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 (Rent Supplement)

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.

5-16-72

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>5/17/72</u>	<u>407EH</u>	<u>\$ 1,000.00</u>
<u>5/2/73</u>	<u>749EH</u>	<u>\$ 1,000.00</u>
<u>5/1/74</u>	<u>726EH</u>	<u>\$ 1,000.00</u>
<u>6-2-75</u>	<u>1061EH</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. R20

1. Full name of claimant:

Family ☒ Individual

LEE Etta Bass

2. Dwelling unit from which you moved:

Parcel No. RS 4-7

a. Address 111 N. Russell

c. Number of bedrooms 2

b. Apartment or room number 12

d. Monthly rental \$ 45.00

e. Date displaced 5-13-72

3. Dwelling unit to which you moved (RENTAL)

a. Address

c. Number of bedrooms 1

545 NE Sacramento 97212

d. Monthly rental \$ 62.00

b. Apartment or room number -

e. Date moved in 5-13-72

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.

Item	Charged to claimant	Paid by Claimant	Claimed	Approved
	\$	\$	\$	\$

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 1967

Date of acquisition 12-2-71

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 1967

Date of initiation of negotiations May 26, 1971

3. Is replacement housing standard? ☒ Yes ☐ No

If previously substandard, date found standard (Rent Supplement)

4. Certification:

(Amount of this claim \$ 4,000.00 )



May 19, 1975

Mrs. Lee Etta Bass  
519 N. E. Sacramento, Apt. #15  
Portland, Oregon 97212

Dear Mrs. Bass:

A fourth and final rental assistance payment in the amount of \$1,000. is due you at this time.

In order to establish your occupancy at the above address, please contact the Portland Development Commission at your earliest convenience so that you may receive this payment on a timely basis.

Very truly yours,

Betty R. Burns  
Relocation Advisor

MB:rd



**PORTLAND DEVELOPMENT COMMISSION**1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201N<sup>o</sup> 749 EHDATE May 2, 19 73PAY TO **Lee Etta Bass**

\$ 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 111 N. Russell (Parcel RS-4-7).	
		Total approved	\$4,000.00
		2nd annual payment	<u>\$1,000.00</u>
<p><i>Received by Lee Etta Bass</i> <i>date May 15, 1973</i></p>			

**Account Distribution**

NO.

TITLE

AMOUNT

0600 E60 901

## RELOCATION PAYMENT

PROJECT: Emanuel HospitalPARCEL: RS 4-7PAYABLE TO: LEE Etta Bass

For:      RHP for Homeowners . . . . . \$           

     Incidental Expenses for Homeowners or Tenants. . . . . \$           

X RHP - Tenants & Certain Others - Rental: Total approved \$4000; Annual amount \$1000.

     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 LEE Etta BassLess - \$            \*Move from 111 N.E. Russell St.Total \$1000.

Accounting: Indicate symbol and Accounting No.

           Relocation Payment;            Project Cost \*(            )



**PORTLAND DEVELOPMENT COMMISSION**1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201N<sup>o</sup> 926 EHDATE May 1, 19 74PAY TO **Lee Etta Bass**

\$ 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 111 N. Russell (Parcel RS 4-7).	
		Total approved \$4,000.00 3rd annual payment	\$1,000.00
		<i>+ Lee Etta Bass</i>	

**Account Distribution**

NO.

TITLE

AMOUNT

# RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: RS 4-7

PAYABLE TO: Lee Etta Bass

For:	RHP for Homeowners . . . . .	\$	
	Incidental Expenses for Homeowners or Tenants. . . . .	\$	
	✓ RHP - Tenants & Certain Others - Rental: Total approved \$4000; Annual amount \$1000.	\$	
	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 Lee Etta Bass ☐ Family Less - \$ \_\_\_\_\_ \*

Move from 111 N. Russell ☒ Individual Total \$ 1000.

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

OK JMC  
 0600 ~~901~~ E60 901



NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon  
(Relocation Advisor)

DATE April 19, 1974

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

RE: Lee Etta Bass (Emanuel)  
(Displacee)

519 N.E. Sacramento  
(Address)

No. 3rd  
(annual payment)

\$ 1,000.00  
(amount)

5/74  
(date due)

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

Present Address: 519 N.E. Sacramento

Date Inspected: \_\_\_\_\_ Condition: ☒ Standard ☐ Substandard

If substandard: (1) Date reinspected and found standard \_\_\_\_\_

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

Comments: The Displacee remains in standard housing. I.H.A. Rent Supplement.

SIGNED: Lee Etta Bass  
(Displacee)

SIGNED: Alma Gordon  
(Relocation Advisor)

DATE: 4/23/74

DATE: 4/23/74

TO: Bob Douglas

DATE: \_\_\_\_\_

FROM: Alma Gordon

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: Lee Etta Bass

PROJECT: Emanuel R-20

FOR: 3rd TACO Payment

AMOUNT: \$1000.

SIGNED: [Signature]

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon DATE April 26, 1973  
(Relocation Advisor)

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

RE: Lee Etta Bass 507 N.E. Sacramento  
(Displacee) (Address)

No. 2 \$ 1,000.00 May 17, 1973  
(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: 519 N.E. Sacramento Apt. #15

Date Inspected: 5/1/73 Condition: Standard ☒ Substandard

If substandard: (1) Date reinspected and found standard 4/28/73

or (2) Displacee notified of ineligibility: yes no

Comments: Mrs Bass still occupies the dwelling  
on Apt. at 519 N.E. Sacramento. The address <sup>(number)</sup> has been  
changed from 507 to 519. F.H.A Rent Supplement

SIGNED: Lee Etta Bass SIGNED: Alma Gordon  
(Displacee) (Relocation Advisor)

DATE: 5-1-73 DATE: 5-1-73

TO: Bob Douglas DATE: 5/2/73

FROM: Alma Gordon

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: Lee Etta Bass  
PROJECT: Emanuel  
FOR: 2nd Annual TACO  
AMOUNT: \$1000

SIGNED: Alma Gordon



# RELOCATION PAYMENT

OK - Amel

Project: Emanuel R-20 Parcel: RS-4-7

Payable to: Lee Etta Barr

Amount

For: <u>      </u> RHP for Homeowners . . . . .	\$ <u>                    </u>
<u>      </u> Incidental Expenses for Homeowners (if separate claim) . . . . .	\$ <u>                    </u>
<u>  X  </u> RHP for Tenants & Certain Others:	
Rental: Total approved \$ <u>4,000</u> ; Annual amount. . . . .	\$ <u>\$1,000</u>
or Purchase: . . . . .	\$ <u>                    </u>
<u>      </u> Fixed Moving Payment . . . . .	\$ <u>                    </u>
<u>      </u> Dislocation Allowance. . . . .	\$ <u>                    </u>
<u>      </u> Actual Moving Costs. . . . .	\$ <u>                    </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 Lee Etta Barr

Less - \$                      \*

Move from 111 N. Russell

Total \$ 1,000

Accounting: Indicate symbol & Acct. No.

E1501 Relocation Payment;                      Project Cost \*(                      )

**PORTLAND DEVELOPMENT COMMISSION**1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

N? 407 EH

DATE May 17, 19 72PAY TO **Lee Etta Bass**

\$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. 111 N. Russell (RS-4-7).	
		Total approved \$4,000.00 1st annual payment	<u>\$1,000.00</u>

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP)	(EH) \$1,000.00

Lee Etta Bass  
5/23/92 AS.  
JMD

AC



CLAIM FOR REPLACEMENT HOUSING PAYMENT  
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:

Portland Development Commission  
1700 SW 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

BASS, Lee Etta

Family ☒ Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. RS-4-7

a. Address:

111 N. Russell, Portland, Oregon 97227

d. Monthly rental: \$ 45.00

e. Date you moved out of this dwelling: 5/13/72

Month-Day-Year

b. Apartment or room number: #2 ---

c. Number of bedrooms: 2

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code):

545 N. E. Sacramento, Portland, Oregon 97212

d. Monthly rental: \$ 62.00

e. Date you moved into this dwelling: 5/13/72

Month-Day-Year

b. Apartment or room number: --#15

c. Number of bedrooms: 1

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

a. Address (include ZIP Code):

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

b. Number of bedrooms:

e. Date you purchased this dwelling:

c. Downpayment: \$

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

a. Address of dwelling unit from which you moved:

d. Monthly rental for temporary unit: \$

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

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

c. Date of move: Month-Day-Year

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

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

NAME AND ADDRESS OF CLAIMANT:

Bass, LEE Etta  
111 N. Russell

COMPUTATION PREPARED BY:

A. Gordon  
Name  
Date

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

Required Information

1. Monthly gross rental for comparable unit  
(cost based on: ☒ Schedule  
☐ Comparative  
☐ Other

\$ 128.35

2. Base monthly rental for claimant's former dwelling, or  
25% of adjusted monthly income, whichever is less.

\$ 45.00

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1      \$ 128.35  
Line 2      - \$ 45.00  
              \$ 83.35  
              X      48

\$ 4,000.80

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.

5. Minus adjustments (Attach full explanation)

- \$ 4,000.

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

\$ 4,000.

7. Annual Payment

\$ 1,000.

(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.



INSPECTED BY Alma Gordon DATE 5/1/73 MET NOT MET

NAME LEE Etta Bass PHONE \_\_\_\_\_

ADDRESS 519 N.E. Duvernois St.

HOUSE \_\_\_\_\_ DUPLEX \_\_\_\_\_ APT ☒ SR \_\_\_\_\_ HK \_\_\_\_\_

NO. OF ROOMS 3 COMP FURN \_\_\_\_\_ PART FURN \_\_\_\_\_ UNFURN ☒

NO. OF ROOMS ACCESSIBLE BY STAIRS \_\_\_\_\_ BY ELEVATOR \_\_\_\_\_

MANAGER \_\_\_\_\_ OWNER Reynold & Pruitt

RENT 64<sup>00</sup>, INCL HEAT ☒ WATER ☒ GAS \_\_\_\_\_ GAR ☒ ELEC ☒

NO. BRS. 1 SIZE #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

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

GENERAL REQUIREMENTS:

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

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



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

3.\* Chart of bedrooms needed:

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

\* Indicates exceptions regarding efficiency units.

COMMENTS:



# PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

Nº 30711 G

DATE May 17, 19 72

PAY TO THE  
ORDER OF

Lee Etta Bass

\$ 420.00

DOLLARS

NON-NEGOTIABLE

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

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Relocation Payment filed. Move from 111 N. Russell (RS-4-7).	
		Dislocation Allowance	\$200.00
		Fixed moving payment - own furn.	<u>220.00</u>
			<u>\$420.00</u>

## Account Distribution

NO. TITLE  
E 1501 Relocation Payments  
(Fixed - Individual)

(EH)

AMOUNT  
\$420.00

Lee Etta Bass

Date 5/23/72 AL

AC

JH

# RELOCATION PAYMENT

OK-Amce

Project: Emanuel R-20 Parcel: RS-4-7

Payable to: Lee Etta Barr

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>own car</u> . . . . .	\$	<u>220</u>
<u>X</u>	Dislocation Allowance. . . . .	\$	<u>200</u>
<u>      </u>	Actual Moving Costs. . . . .	\$	<u>          </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 Lee Etta Barr

Less - \$            \*

Move from 111 N. Russell

Total \$ 420

Accounting: Indicate symbol & Acct. No.

E1501 Relocation Payment;  
Fixed Payment - Individual

Project Cost \* (            )



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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

Portland Development Commission  
1700 SW 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

BASS, Lee Etta

2. DATE(S) OF MOVE

May 13, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. RS-4-7

a. Address

111 N. Russell, Portland, Oregon 97227

b. Apartment, Floor, or Room Number --- #2

c. Was it furnished with your own furniture?

☒ Yes ☐ No

d. Number of rooms occupied (excluding bathrooms, hallways, and closets: 5

e. Date you moved into this address: 1967

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code)

545 N. E. Sacramento, Portland, Oregon 97212

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

220.00

(Consult local agency)

Total \$ 420.00

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.

5/8/82

Date

Lee Etta Bass

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:

Lee Etta Bass  
545 N. E. Sacramento  
Portland, Oregon 97212

NAME OF LOCAL AGENCY:

PDC

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 \$ 220.00			
2. Dislocation allowance \$ 200.00			
3. Total \$ 420.00	420.00		5-16-72
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
4/17/72	30711	\$ 420.00			\$

# WORKSHEET FOR ALL MOVING CLAIMS

1. Name Bass, LEE Etta Project R-20
2. Date(s) of move 5/13/72 Parcel No. RS-4-7
3. Dwelling unit from which you moved:  
 Address 111 N. Russell No. of rooms 5  
☐ Furnished ☒ Unfurnished Date you moved into this unit 1967

4. Dwelling unit to which you moved:  
 Address 545 N.E. Duane  
 Were goods moved to or from storage? ☐ Yes ☒ No

5. Total claim \$ 420.00

-----  
 FIXED PAYMENT: \$200 + \$ 220.00 = \$ 420.00  
 -----

## 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
 

		<u>Approved</u>
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)



# Dwelling Unit Inventory

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

<u>QUANTITY</u>	
	Night Stand
<u>1</u>	Occasional Chair
<u>1</u>	Overstuffed Chair
<u>1</u>	Overstuffed Rocker
	Range
	Refrigerator: Brand _____
	Rocker
<u>2</u>	Rug & Pad: Size _____
	Stool
<u>1</u>	Table Lamp & Shade
	Table, small
<u>1</u>	Vanity & Bench
<u>✓</u>	Suitcases
<u>✓</u>	Trunks
<u>4</u>	Cartons, Boxes, Etc.
<u>✓</u>	Clothes
<u>✓</u>	Bedding & Linens

## Miscellaneous (List Items)

I.V. Set (portable)

1 Sewing Machine

2 Mattresses

1 Ironing Board

\_\_\_\_\_

\_\_\_\_\_

2 Boxes of Dishes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMENTS:

# PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE  
EMANUEL HOSPITAL PROJECT  
235 N. MONROE ST.  
PORTLAND, OREGON 97227  
PHONE 288-6169

March 9, 1972

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

Gentlemen:

This is to inform you that Lee Etta Bass  
of 111 North Russell, Portland, Oregon 97227  
who wishes to file an application with your office will be displaced  
as a result of the acquisition of the property, in which he (or she)  
resides, by the Portland Development Commission in the urban renewal  
project, ORE R-20.

Thank you for any help that you may render Lee Etta Bass  
in his (her) efforts to obtain suitable housing.

Very truly yours,

W. Stanley Jones

WSJ:slc



# PORTLAND DEVELOPMENT COMMISSION

517K OFFICE  
EMANUEL HOSPITAL PROJECT  
235 N. MONROE ST.  
PORTLAND, OREGON 97227  
PHONE 268-6169

December 17, 1971

Mrs. Lee Etta Bass  
111 N. Russell  
Portland, Oregon 97227

Dear Mrs. Bass:

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 December 2nd, 19 71. 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 March 30th, 19 72. 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 leased by the Housing Authority of Portland. If you have any questions or wish more information please call on us at 235 N. Monroe Street, 268-6169. 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:sld



# 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 OC Date of survey 2/10/71 Tabulator \_\_\_\_\_ Date tabulated \_\_\_\_\_  
Dwelling Unit No. 16 Structure No. 4 Census Block No. 78 Census Tract No. 22 A  
Street Address 111 N Russell Apartment No. #2

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

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

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

	Name	Family relation	Age	Sex	Occupation
1.	<u>BASS, LEO ETAL</u>	<u>Head of household</u>	<u>54</u>	<u>F</u>	<u>Domestic</u>
2.					
3.					
4.					
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
Names of jobholders	Names of employers	Street address where jobs are located	to work
		<u>metropolitan area</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>240.00</u>	\$ <u>240.00</u>
Total family or household income per month	\$ <u>240.00</u>	\$ <u>240.00</u>

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

1. Location (indicate approximate cross streets) NE
2. Transportation, number of autos owned 0, use bus ☒, walk ☐
3. Will rent house ☒, apartment ☒, expect to pay rent, including utilities, at \$ 63.00 per mo. (Furniture is owned, yes ☒, no ☐, stove and refrigerator owned, yes ☐, 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 2, 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



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

Analyst OC Date 2/10/71 Surveyed 2/10/71 Tabulator \_\_\_\_\_ Date \_\_\_\_\_  
Dwelling Unit No. 16 Structure No. 4 Census Block No. 78 Census Tract No. 22 A  
Street Address 111 N Russell Apartment No. 8  
Legal Description \_\_\_\_\_

NAME OF OCCUPANT: PASS. LEE NAME & ADDRESS OF OWNER: Lewis J. Gress NAME & ADDRESS OF PROP. MGR: \_\_\_\_\_  
TELEPHONE: No TELEPHONE: 246-7175 TELEPHONE: \_\_\_\_\_  
INTERVIEWED? ( 4 ) Yes ( ) No INTERVIEWED? ( ) Yes ( ) No INTERVIEWED? ( ) Yes ( ) No

**I. DESCRIPTION OF STRUCTURE**

Kind of dwelling unit	No. of units in bldg.
One-family house	_____
Apt. in a house	_____
Apt. in apt. bldg. or plex	_____
<input checked="" type="checkbox"/> Apt. in comm. bldg.	<u>2</u>
Mobile home or trailer	_____

This structure has 2 stories (do not count basement)

**II. OCCUPANCY STATUS OF DWELLING UNIT**

\_\_\_\_\_ Owner occupied  
\_\_\_\_\_ Renter occupied  
\_\_\_\_\_ Vacant

**III. SIZE OF DWELLING UNIT**

2500 Sq. ft. in first floor (county figure)  
5000 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  
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  
4/4/67 Date of last appraisal  
1911 Date structure was originally built

**B. Market value data for one-family dwelling**

	Market value	Computed value per sq. ft.
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

**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	\$ <u>5720</u>	\$ _____
Improvements	<u>16640</u>	_____
Total	<u>22360</u>	_____

\_\_\_\_\_ 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>3.00</u>	_____
Gas	_____	_____	_____
Water	<u>W/rent</u>	_____	_____
Heat (oil, or other)	<u>Gas</u>	<u>15.00</u>	_____
Total	\$ <u>45.00</u>	\$ <u>18.00</u>	\$ <u>63.00</u>

Deposits required of renter  
Advance rent \$ 45.00, other \$ 20.00

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**