

	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		

R E S U M E /

DATE November 9, 1972

NAME Mr. Bates

Being a black, I am certain that Mr. Bates had difficulty in renting a unit in the Southeast area. I feel that as much as possible we must take every case separately and do what the individual wants to do. Relocating Mr. Bates in Southeast Portland was a step forward in our efforts to relocate people from minority ghettos to other areas of a lower racial concentration. Mr. Bates selected his new rental unit and is quite content with it. His standard of living has been improved and when he receives the balance of benefits due him he will be able to live quite comfortably.

85358.2 11

(signed) _____

worker

RESIDENTIAL RELOCATION RECORD

Project Name Bates Billy Parcel No. A-4-6 Advisor CD
 Client's Name _____ Phone 234-2468
 Address 3320 N. gantenbier Ethn Black Age 36

Male Family Married Renter/Occupant Divorced*
 Female Individual Single* Owner/Occupant
Single Female 45c. year.

Family Composition

Total Number in Family 3
1 wife, husband

Other:

Relation	Age	Relation	Age
Son	15		
Son	14		

Economic Data

Employer Pendleton Mills \$ 524.00
 Address _____
 Other Source of Income _____ \$ _____
 Total Monthly Income \$ (524.00)

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 6-8-71 Date of Info pamphlet delivery 6-14-71
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 10-1970
 (a) for owner-occupants - indicate initial date of occupancy and ownership
 Date of initiation of negotiations for purchase of property 5-17-71
 Date of Acquisition 6-14-71
 Date of letter of intent _____
 Date of move 7-10-71

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1905

Size of Habitable Area 740

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 6 Rent Paid \$ 80⁰⁰ Utilities 30⁰⁰

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

within one mile of his employment,

REPLACEMENT DWELLING UNIT

Address 1725 SE Sunn #204 LPA Referred _____ Self Referred

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

Outside city Outside state

Age of Housing Unit 20 or 4 yrs old

✓ Size of Habitable Area 750

✓ 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 \$ 150.00

Utilities \$ _____

Total Rent Assistance \$ 2,320.80

Amount of Annual Payment \$ 580.20

No. of Housing Referrals to:

_____ Standard Sales
3 Standard Rent

Agency Referrals:

_____ MCW _____ HAP _____ OTHER (_____)
 _____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date 11-12-71 Ck # 144.8H Type TACO Amount \$ 580.20
 Date 8-26-71 Ck # 266146 Type mc Amount \$ 260.00 ^(LESS 135-)
 Date 7-15-71 Ck # 261316 Type D.A Amount \$ 200 -
 11 261326 M.C 135 -

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME BATES, Billy RELOCATION ADVISOR CD
 ADDRESS 3320 N. Gantenbein PHONE 234-2468 PROJECT NAME Emanuel ORE R-20
 SEX M ETHN B VETERAN AGE 36 PARCEL NO. A 4-6
 MARITAL STATUS Divorced TENURE Tenant
 DISABILITY INDIV X FAMILY
 ELIGIBLE FOR: PUBLIC HOUSING FHA 235
 RENT SUPPLEMENT OTHER
 INITIAL INTERVIEW 6/8/71 DATE INFO PAMPHLET DELIVERED 6/14/71
 NOTICE TO MOVE Yes DATES EFFECTIVE 6/18/71 EXPIRATION DATE 9/30/71
 NOTIFY IN CASE OF EMERGENCY

DATE ON SITE:	<u>October, 1970</u>
INITIATION OF NEGOTIATIONS:	<u>May 17, 1971</u>
DATE OF ACQUISITION:	<u>6-14-71</u> <u>July, 1971</u>

ECONOMIC DATA

FAMILY COMPOSITION

Employer Pendleton Mills \$ 524.00
 Address Milwaukie, Oregon
 MCW
 Social Security
 Pension
 Other
 TOTAL MONTHLY INCOME \$ 524.00

Name	Relation	Age
<u>William</u>	<u>Son</u>	<u>15</u>
<u>Victor</u>	<u>Son</u>	<u>14</u>

DWELLING UNIT FROM WHICH RELOCATED

		S	SS
Subsidized Sales	<u>Single Family</u>	<u>X</u>	
Subsidized Rental	<u>Multiple Family</u>		
Public Housing	<u>Duplex</u>		
Private Rental	<u>X Mobile Home</u>		
Private Sales			

Age of Structure 1905 No. Rooms 6
 No. Bedrooms 2 Furn. Unfurn. X
 Utilities \$ 30.00
 Monthly Payments (Rent) \$ 80.00
 Acquisition Price \$
 Taxes \$ Equity \$
 Liens \$

Size of Habitable Area 740 sq. ft.

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms
<u>10th & Jarrett</u>	
<u>1634 NE Sumner</u>	
<u>1903 NE 8th</u>	

Name of Agency	Date
<u>Multnomah County Welfare</u>	
<u>Food Stamp Program</u>	
<u>Housing Authority</u>	
<u>Legal Aid</u>	
<u>FISH</u>	
<u>Health Dept.</u>	

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 X LPA Referred _____
 Address 1725 SE Linn #204 Phone 234-2468 Date of Move 7/10/71

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	X	Mobile Home	
		Private Sales			

Furnished ___ Unfurnished X Number of Rooms ___ Number of Bedrooms 2 Habitable Area ___
 Utilities \$ ___ Monthly Payments (Rent) \$ 150.00 Purchase Price \$ ___
 Age of Structure: 2-4 yrs Taxes \$ ___ Equity \$ ___ Distance Moved Away ___
 Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	144 EH	11/12/71	\$580.20
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	26614 G	8/26/71	\$260.00
XXXX Move	26131 G	7/15/71	\$200.00
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____
 Down Payment \$ _____
 RHP \$ _____
 Total Down - \$ _____
 Total Mortgage \$ _____

Total (\$2,320.80)

TOTAL BENEFITS RECEIVED \$ 1,040.20

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date

Relocation
Worker

Note to file, continued:

In this particular case we have facilitated the process of moving minority group members out of racially concentrated areas into those areas occupied predominately by whites. Finally, we have been successful in fulfilling our clients desires. Mr. Bates informed me that he is very satisfied with all that we have done for him.

File assigned to McIntosh

- 8/26/71 Prepared Mr. Bates claim for moving costs and dislocation allowance. On 7/15/71, Mr. Bates was paid \$135.00 under the old relocation fixed payment schedule. The new amount based on the Highway Department schedule for 6 rooms of furniture is \$260.00. Thus, the amount currently due him is \$125.00 minus back rent, owed us, of \$8.00. The approved amount therefore, is \$117.00
- Claim form was submitted and a check was processed in the amount of \$117.00
- 8/28/71 Check delivered to Mr. Bates.
- 11/1/71 Mr. Bates came into our office today and asked about the rental assistance benefit due him. I told him that the claim form would be processed this week. I explained the two methods involved in computing the rental assistance benefit and Mr. Bates opted to have his benefit computed according to the schedule method. We explored the possibility of computing his benefit based on a comparable unit. However, it was determined that Mr. Bates would receive an increased benefit if we used the schedule method. I had him sign the necessary forms and told him that we would deliver his check when it was ready.
- 11/9/71 Prepared Mr. Bates claim form today. The computation of his rental assistance benefit is below:
- | | |
|---|--------------|
| Monthly gross rental for comparable unit... | \$128.35 |
| Base monthly rental for claimant's former unit.. | 80.00 |
| | <u>48.35</u> |
| 48x\$48.35= <u>\$2,320.80</u> Rental Assistance Benefit | |
- The base monthly rental for Mr. Bates former dwelling was \$80.00. His rental charge included utilities and heat.
- 10/16
72 Called Mr. Billy Bates and asked him to come in and sign his application for second T.A.C.O. payment. cal
- 10/17
72 Mr. Bates came in and signed claim and we talked about his apartment and living conditions in Sellwood. He was very happy with his apartment. Also he feels as though he has become a part of a community.
- 10-24-72 Sent original T.A.C.O. claim paper to Catherin with 2nd payment claim.
- 11-3-72 Second T.A.C.O. payment picked up by Mr. Bates today.
- 11-16-73 Received 3rd annual TACO in amount of \$580.20. Mr. Bates came into the office today to pick up his check. AG
- 11-6-74 Fourth & final payment made to Billy Bates. He has remained in standard housing. SCD

FILE CLOSED

INTERVIEW REGISTER

Date	Relocation Worker
2/25/71	<p>Survey: Will rent two bedroom house up to \$110.00 mo. Milwaukie or Sellwood area.</p>
6-8	<p>Note to File: Mr. Bates has some very unusual problems. He does not have a current drivers license and is dependent upon the bus for transportation. Mr. Bates was recently divorced and lost custody of his five children. The court has directed him to pay child support in the amount of \$153.00/mo. Due to various complications involved in the divorce proceedings, Mr. Bates credit rating is very poor. Two of Mr. Bates's sons have a difficult time with their mother and often stay with him for varying lengths of time. Thus, he needs a two bedroom dwelling to accomodate his sons when they come to stay with him.</p>
	<p>Mrs. Warran, of E.D.P.A., contacted Mr. Bates. She was aware that Mr. Bates had been contacted by our office and proceeded to outline the benefits due him. She suggested that he wait until her group investigated the possibility of getting him more money. Mr. Bates informed her that he wanted to move during his vacation and was aware of the various benefits due him.</p>
	<p>I asked Mr. Bates if he wanted to contact Legal Aid or get an attorney. He replied that in the end he would still have to go by the regulations and do business with Portland Development Commission.</p>
14 6/8/71	<p>I outlined the benefits due Mr. Bates. I told him that he was eligible to receive a rental assistance payment, if he should decide to rent, or a down payment benefit. I informed him that if he elected to receive a rental assistance payment that anytime within the ensuing year he could receive a reduced amount to use as a down payment on a comparable replacement dwelling.</p>
6/18/71	<p>Mr. Bates looked at a number of rental units but they have either been substandard or located to great a distance from his place of employment. He has found it necessary to look at newer housing that exceeds a monthly rental of \$150.00/mo.</p>
7/15/71	<p>Mr. Bates was paid \$200.00 dislocation & \$135.00 fixed cost.</p>
7/19/71	<p>Mr. Bates called and informed me that he found a two bedroom apartment at 1725 S.E. Linn. At this new location, Mr. Bates will be within a walking distance of a mile from his place of employment. He believes that he will save at least twenty dollars a month in transportation costs. His unit contains a washer and dryer which will afford him additional savings.</p>
7/20/71	<p>I inspected Mr. Bates apartment today. The unit is about two years old and well taken care of. His apartment is fully carpeted; has a washer and dryer, tile bath, two bedrooms and a great deal of storage space.</p>
	<p>Note to file: Being a black, I am certain that Mr. Bates had difficulty in renting a unit in the Southeast area. I feel that as much as possible we must take every case separately and do what the individual wants to do. Relocating Mr. Bates in Southeast Portland was a step forward in our efforts to relocate people from minority ghettos to other areas of a lower racial concentration. Mr. Bates selected his new rental unit and is quite content with it. His standard of living has been improved and when he receives the balance of benefits due him he will be able to live quite comfortably..</p>

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 984 EH

DATE November 6, 19 74

PAY TO **Billie R. Bates**

\$ 580.20

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 3320 N. Gantenbein (Parcel A-4-6).	
		Total approved 4th & final payment	\$2,320.80
			\$580.20
		<i>Billie Bates</i>	

Account Distribution

NO. _____ TITLE _____

AMOUNT _____

RELOCATION PAYMENT

PROJECT: EMANUEL

PARCEL: _____

PAYABLE TO: Billie R. Bates

For: <u> </u> RHP for Homeowners	\$ _____
<u> </u> Incidental Expenses for Homeowners or Tenants.	\$ _____
<u>XX</u> RHP - Tenants & Certain Others - Rental: Total approved \$ _____; Annual amount	\$ 580.20
<u> </u> RHP - Tenants & Certain Others - Downpayment	\$ _____
<u> </u> Settlement Costs (on acquisition by LPA only).	\$ _____
<u> </u> Interest Expense	\$ _____
<u> </u> Fixed Moving Payment	\$ _____
<u> </u> Dislocation Allowance.	\$ _____
<u> </u> Actual Moving Costs.	\$ _____
<u> </u> Storage Costs.	\$ _____
<u> </u> Business: Moving Expenses.	\$ _____
<u> </u> Business: In Lieu Payment.	\$ _____
<u> </u> Business: Storage Costs.	\$ _____
<u> </u> Business: Loss of Property	\$ _____
<u> </u> Business: Searching Expenses	\$ _____

26
Name of Client Billie R. Bates Family Less - \$ _____*
Move from 3320 N. Gantenbein Individual Total \$ 580.20

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

OK

0600 X10 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE October 18, 1974
(Relocation Advisor)

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

RE: Billie R. Bates (Emanuel) 8535 S.E. 11th
(Displacee) (Address)

No. 4th and final \$ 580.20 November, 1974
(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: 8535 S.E. 11th

Date Inspected: _____ Condition: _____ Standard _____ Substandard

If substandard: (1) Date reinspected and found standard _____

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

Comments: Mr. Bates lives at the above address. This is his last Taco payment.

SIGNED: Billie Bates
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: 10/24/74

DATE: 10/24/74

TO: Bob Douglas

DATE: 10/24/74

FROM: Chet Daniels

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Billie R. Bates

PROJECT: Emanuel Project

FOR: 4th and final

AMOUNT: 580.20

SIGNED: Samuel Daniels

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

NAME OF CLAIMANT Billy R. Bates

Parcel No. A-4-6

NAME OF LOCAL AGENCY Portland Development Commission

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

Tenant's initial date of rental: October 1, 1970

Date of Acquisition: July, 1971

Owner-Occupant's initial date of ownership: _____

2. Did the claimant rent or own the dwelling at least 90 days prior to the initiation of negotiations? Yes No

Date of Rental or Purchase: October 1, 1970

Date of Initiation of Negotiations: May 17, 1971

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

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

Month-Day-Year

4. CERTIFICATION OF LOCAL AGENCY

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ 2,320.80 is authorized.

11-11-71
Date

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

\$ _____

11/12/71

144EH

\$ 580.²⁰00

1/1/72

592EH

\$ 580.20

11/14/73

845EH

\$ 580.20

11-6-74

984EH

\$ 580.20

b. Claimant moved to unit he purchased

\$ _____

c. Homeowner temporarily displaced

\$ _____

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY: PROJECT NAME (if applicable)
Portland Development Commission Emanuel Project
1700 S. W. Fourth Avenue
Portland, Oregon 97201 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

BATES, Billy R.

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-4-6

- a. Address: 3320 N. Gantenbein, Portland, Oregon
b. Apartment or room number: none
c. Number of bedrooms: 2

- d. Monthly rental: \$80.00
e. Date you moved out of this dwelling: July 10, 1971
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

- a. Address (include ZIP Code): 1725 S. E. Linn, Portland, Oregon
b. Apartment or room number: #204
c. Number of bedrooms: 2

- d. Monthly rental: \$150.00
e. Date you moved into this dwelling: July 10, 1971
Month-Day-Year

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

- a. Address (include ZIP Code):
b. Number of bedrooms:
c. Downpayment: \$

- d. Incidental expenses (total from table on next page): \$
e. Date you purchased this dwelling:

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

- a. Address of dwelling unit from which you moved:
b. Address of dwelling unit to which you moved (include ZIP code):
c. Date of move: Month-Day-Year

- d. Monthly rental for temporary unit: \$
e. Will you require temporary housing for more than 3 months?
Yes No
If "Yes", total number of months you will require temporary housing: months

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.

November 9, 1971
Date

Billy R. Bates
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.

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

NAME AND ADDRESS OF CLAIMANT:

Billy Bates
1725 S.E. Lynn
Apt #204

COMPUTATION PREPARED BY:

me Satosh
Name
11/9/71
Date

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 Block A, B or C, as applicable.

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

Required Information

1. Monthly gross rental for comparable unit \$ 128.35
 (Cost based on: Schedule
 Comparative
 Other)
2. Base monthly rental for claimant's former dwelling \$ 80.00

Computation

3. Line 1 minus Line 2, multiplied by 48
- | | | | |
|--------|-------------------|-----------------|--------------------|
| Line 1 | \$ <u>128.35</u> | | |
| Line 2 | - \$ <u>80.00</u> | | |
| | | \$ <u>48.35</u> | |
| | x <u>48</u> | | \$ <u>2,320.80</u> |
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.) \$ 2,320.80
5. Minus adjustments (Attach full explanation) - \$ _____
6. Amount of rental assistance payment (Line 4 minus Line 5) \$ 2,320.80

(Enter this amount in the space provided in Block 5 on the Guideform Determination of Eligibility for 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.

THE CITY OF
PORTLAND



OREGON

DEPARTMENT OF
FINANCE AND
ADMINISTRATION

NEIL GOLDSCHMIDT
MAYOR

BUREAU OF
BUILDINGS

C.N. CHRISTIANSEN
DIRECTOR

November 2, 1973

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

Attn: Mr. Chet Daniels

Re: 8535 S. E. 11 Avenue

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, three-bedroom, single-family dwelling at the above address.

Our inspector reports the structure complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidde
Chief Housing Inspector

CMC:vm

cc: Mr. Billy Bates
8535 S. E. 11 Avenue

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 845 EH

DATE November 14, 1973

PAY TO **Billy R. Bates**

\$ **580.20**

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 3320 N. Gantenbein (Parcel A 4-6).	
		Total approved \$2,320.80 3rd annual payment	\$580.20
<i>Received by Billy R. Bates 11/16/73</i>			

Account Distribution

NO. TITLE AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel CRE R-20

PARCEL: A 4-6

PAYABLE TO: Billy Bates

For: <input type="checkbox"/>	RHP for Homeowners	\$	<u> </u>
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants	\$	<u> </u>
<input type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved ³¹² \$2,320.80 Annual amount	\$	<u>580.20</u>
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment	\$	<u> </u>
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only)	\$	<u> </u>
<input type="checkbox"/>	Interest Expense	\$	<u> </u>
<input type="checkbox"/>	Fixed Moving Payment	\$	<u> </u>
<input type="checkbox"/>	Dislocation Allowance	\$	<u> </u>
<input type="checkbox"/>	Actual Moving Costs	\$	<u> </u>
<input type="checkbox"/>	Storage Costs	\$	<u> </u>
<input type="checkbox"/>	Business: Moving Expenses	\$	<u> </u>
<input type="checkbox"/>	Business: In Lieu Payment	\$	<u> </u>
<input type="checkbox"/>	Business: Storage Costs	\$	<u> </u>
<input type="checkbox"/>	Business: Loss of Property	\$	<u> </u>
<input type="checkbox"/>	Business: Searching Expenses	\$	<u> </u>

Name of Client Billy Bates Family Less - \$ *

Move from 3320 N. Lantier Individual Total \$580.20

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

0600 E60 901

Johnnie

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels
(Relocation Advisor)

DATE 10/24/73

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

RE: Billie R. Bates
(Displacee)

1725 S. E. Linn
(Address)

No. 3rd
(annual payment)

\$ 580.20
(amount)

11/9/73
(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: Mr Bates moved from 1725 S.E Linn to 8535 S.E 11th

Date Inspected: 11-2-73 Condition: good Standard Substandard

If substandard: (1) Date reinspected and found standard _____

or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Bates moved from 1725 S.E Linn to 8535 S.E 11. Ave.
Inspection was made 11/2/73 by Housing Division stating
structure complies with City regulations at this time.

SIGNED: Billy R. Bates
(Displacee)

SIGNED: Alma Gordon
(Relocation Advisor)

DATE: 11-2-73

DATE: 11-2-73

TO: Bob Douglas

DATE: 11-6-73

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: Billie R. Bates

PROJECT: Emanuel R-20

FOR: 3rd Annual RHP TACO payment

AMOUNT: 580.20

1000

SIGNED: Alma Gordon

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: _____
(Relocation Advisor)

DATE October 13, 1972

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

RE: Billie R. Bates
(Displacee)

1725 S. E. Linn, #204
(Address)

No. 2
(annual payment)

\$ 580.20
(amount)

11/12/72
(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: 1725 S.E. Linn #204

Date Inspected: Nov. 22, 1971 Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard _____

or (2) Displacee notified of ineligibility: yes no

Comments: This is the same Apt Inspected last year
The Apts are new (est. 2-4 yrs old)

SIGNED: Billie R. Bates
(Displacee)

SIGNED: Samuel O. Daniels
(Relocation Advisor)

DATE: 10-17-72

DATE: Oct 17, 1972

TO: _____

DATE: _____

FROM: _____

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: _____

PROJECT: _____

FOR: _____

AMOUNT: _____

SIGNED: _____

0600

60

901

RELOCATION PAYMENT

Project: Emanuel Parcel: A-4-6

Payable to: Billy R. Bates

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>2,320.80</u> ; Annual amount.	\$	<u>580.20</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 Billy R. Bates Less - \$ *

Move from 3320 N. Yantenbein Total \$ 580.20

Accounting: Indicate symbol & Acct. No.

 Relocation Payment; Project Cost *()

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Clet Daniels
(Relocation Advisor)

DATE October 13, 1972

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

RE: Billie R. Bates
(Displacee)

1725 S. E. Linn, #204
(Address)

No. 2
(annual payment)

\$ 580.20
(amount)

11/12/72
(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: 1725 S.E. Linn #204

Date Inspected: Nov. 22, 1971 Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard _____

or (2) Displacee notified of ineligibility: yes no

Comments: This is the same apt. inspected last year.
The Apts. are new (est. 2-4 yrs old)

SIGNED: Billy R. Bates
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: 10-17-72

DATE: Oct 17, 1972

TO: Bob Douglas

DATE: 10/18/72

FROM: WSJ

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: Billie R. Bates

PROJECT: Emanuel ORDER-20

FOR: 2nd Annual RHP-TACO payment

AMOUNT: 580.20

SIGNED: WSJ

WSJ

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 144 EH

DATE November 12, 19 71

PAY TO **Billy R. Bates**

\$ 580.20

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. 3320 N. Gantenbein (A-4-6). Total approved \$2,320.80 1st year annual payment	\$580.20

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (RHP)	\$580.20

11-12-71
Billy R. Bates

BD

sl

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 592 EH

DATE November 1, 19 72

PAY TO **Billy R. Bates**

\$ **580.20**

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 3320 N. Gantenbein (Parcel A-4-6). Total approved \$2,320.80 2nd annual payment <u>\$580.20</u>	
Rec'd by <i>Billy R. Bates</i> 11/3/72			

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

PORTLAND DEVELOPMENT COMMISSION

NEW OFFICE
EMANUEL HOSPITAL PROJECT
222 S. BROAD ST.
PORTLAND, OREGON 97201
PHONE 255-2122

September 1, 1971

Mr. Billy Bates
3320 N. Gantenbein
Portland, Oregon

Dear Mr. Bates:

As you may know, you are situated in the Emanuel Hospital Project which is being carried out with assistance from the U. S. Department of Housing and Urban Development (HUD). The property which you presently occupy will be acquired some time in the future by the Portland Development Commission as part of the approved project plans for this area.

If you are in occupancy on the date the Portland Development Commission acquires the property in which you reside, or are in occupancy at the time of receipt of this letter, you may be eligible for relocation assistance. We strongly advise you to contact us before moving in order to determine your eligibility for benefits. A summary of the types of relocation payments for which you may be eligible is contained in the attached brochure.

We urge you not to form adverse opinions as to the benefits and payments to which you may be entitled. Further conditions and requirements for eligibility can be established and the amount of benefits, if any, can be determined.

Please check with us before making any plans to move. We will be in the office during our regular office hours, 9:00 a.m. to 5:00 p.m., on Friday, September 3, 1971. Our office is located at 222 S. Broad St.

We look forward to seeing you soon.

BCJ:ch
Enclosure

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 26614 G

DATE August 26, 19 71

PAY TO THE
ORDER OF **Billy R. Bates**

\$ 117.00

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. Move from 3320 N. Gantenbein (A-4-6) to 1725 N.E. Linn. Fixed Payment - own furn. - new schedule \$260.00 Less ck. #261326, 7/15/71 <u>(135.00)</u> 125.00 Less rent due 7/7 to 7/10/71 <u>(8.00)</u> Net due	<u>\$117.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1122	A/c Rec. - Tenants (EH)	(\$ 8.00) Cr.
E 1501	Relo. Pmts. (EH) (Fixed - Ind.)	<u>125.00</u>

Rec - Billy Bates
8-28-71

BD

OPM

PAYABLE TO: Billy R. Bates

Billy Bates received a fixed payment of \$135.00 for 6 rooms of furniture under the old relocation fixed payment schedule. The new amount based on the Highway Departments schedule for 6 rooms of furniture is \$260.00.

Mr. Bates has indicated that he needs this money now since he was temporarily laid off where he works.

\$260.00	New Schedule
<u>-135.00</u>	Paid 7/15/71
125.00	
<u>-8.00</u>	Less Rent due
\$117.00	Approved amount

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Billy R. Bates
1725 S.E. Linn
Portland, Oregon

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME OF LOCAL AGENCY

Portland Development Commission

INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

A. Does claimant meet all timing requirements for eligibility? YES NO
If "No," explain:

B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 117.00 **	<i>B. Bates</i>	8-25-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/26/71	266146	\$ 117.00	AS		\$

D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED

** Rent due from 7/7/71 to 7/10/71 \$8.00	125.00
* Balance of payment under new relocation schedule - see attachment	-8.00
	<u>117.00</u>

CLAIM FOR RELOCATION PAYMENT
(Families and Individuals)

HUD-6140.1
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code)

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

PROJECT NAME (If applicable)

Emanuel Project

PROJECT NUMBER

Ore. R-20

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) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

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

Billy R. Bates

(1)

2. DATE(S) OF MOVE

July 10, 1971

3. ADDRESS FROM WHICH YOU HAVE MOVED

a. Address

3320 N. Gantenbein

b. Apt., Floor, or Room No. House

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

d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 6 (includes 1 room allowed for basement)

e. Date you moved into this address: Oct. 1970 (for storage)

A-4-6

4. ADDRESS TO WHICH YOU HAVE MOVED

a. Address (include ZIP code)

1725 S.E. Linn

b. Apt., Floor, or Room No. _____

c. Were household goods moved to or from storage? Yes No

If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property

b. Fixed Payment (May not be made if storage costs are involved)

Check c if applicable:

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, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)

(6 Rooms)

\$ 125.00

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 NO.

9. ADDRESS OF MOVING COMPANY (OR PERSON)

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 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, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)

\$

b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)

\$

c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)

\$

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.

7-9-71
Date

Billy R. Bates
Signature of claimant

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Billy R. Bates A-4-6
3320 N. Gantenbein
Portland, Oregon 97227

NAME OF LOCAL AGENCY

Portland Development Commission

INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

A. Does claimant meet all timing requirements for eligibility? YES NO
If "No," explain:

B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property			
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 135.00	<i>[Signature]</i>	7-14-71
b. Reimbursement for actual direct loss of property	\$	<i>[Signature]</i>	
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
7/15/71	26132G	\$ 135.00			\$

D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 26131 G

DATE July 15, 19 71

PAY TO THE
ORDER OF

Billy R. Bates

\$ 200.00

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
		<p>Dislocation Allowance per Claim for Relocation filed. Parcel A-4-6, 3320 N. Gantenbein</p> <p><i>1-16 Rec. Billy R. Bates</i></p>	\$200.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Dislocation - Ind.)	\$200.00

BJ

0772

BB

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Billy R. Bates A-4-6
3320 N. Gantenbein
Portland, Oregon 97227

CLAIM FOR RELOCATION PAYMENT

NAME OF LOCAL AGENCY

Portland Development Commission

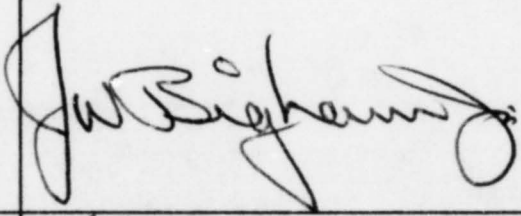
(Certification of Eligibility and Record of Payments -- Families and Individuals)

INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

A. Does claimant meet all timing requirements for eligibility? YES NO
If "No," explain:

B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property DISLOCATIONAL ALLOWANCE a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00		7-14-71
b. Reimbursement for actual direct loss of property	\$	<i>2360</i>	
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
7/15/71	261316	\$ 200.00	7/15/71		\$

D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED

CLAIM FOR RELOCATION PAYMENT
 (Families and Individuals)

 HUD-6140.1
 (4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon	PROJECT NAME (If applicable) Emanuel Project
	PROJECT NUMBER Ore. R-20

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) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

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 (1) Billy R. Bates	2. DATE(S) OF MOVE July 10, 1971
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 3320 N. Gantenbein A-4-6 b. Apt., Floor, or Room No. <u>House</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>6</u> e. Date you moved into this address: <u>Oct. 1970</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 1725 S.E. Linn b. Apt., Floor, or Room No. <u>204(upstairs)</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED Check a or b after consulting local agency:		Check c if applicable:
<input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property		<input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs
<input checked="" type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved) (5 rooms) DISLOCATION ALLOWANCE		
6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)		\$ 200.00

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 NO.	9. ADDRESS OF MOVING COMPANY (OR PERSON)

10. METHOD OF PAYMENT, MOVING BILL (Check one)
<input type="checkbox"/> a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.
<input type="checkbox"/> b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS	
a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)	\$

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.

7-9-71
 Date

Billy R. Bates
 Signature of claimant

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 26132 G

DATE July 15, 19 71

PAY TO THE
 ORDER OF

Billy R. Bates

\$ 135.00

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
		<p>Fixed Relocation per Claim filed. Move from 3320 N. Santenbein, own furniture. (Parcel A-4-6) to 1725 S. E. Linn</p> <p><i>7-16 Rec. Billy R. Bates</i></p>	<p>\$135.00</p>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - Ind.)	\$135.00

*Deduct 8.00 un paid Rent
 7/7 - 7/10 (3 days)*

SD

CRM

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR RELOCATION PAYMENT
 (Families and Individuals)

HUD-6140.1
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code)

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

PROJECT NAME (If applicable)

Emanuel Project

PROJECT NUMBER

Ore. R-20

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) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

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

Billy R. Bates

(1)

2. DATE(S) OF MOVE

July 10, 1971

3. ADDRESS FROM WHICH YOU HAVE MOVED

a. Address 3320 N. Gantenbein

A-4-6

b. Apt., Floor, or Room No. House

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: Oct. 1970

4. ADDRESS TO WHICH YOU HAVE MOVED

a. Address (include ZIP code)

1725 S.E. Linn

b. Apt., Floor, or Room No. 204 (upstairs)

c. Were household goods moved to or from storage? Yes No

If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property

b. Fixed Payment (May not be made if storage costs are involved) (5 rooms)

Check c if applicable:

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, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, 11c and 11d below.)

6 rooms
Basement counted as storage area for additional one room

\$ 135.00

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 NO.

9. ADDRESS OF MOVING COMPANY (OR PERSON)

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 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, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)

\$

b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)

\$

c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)

\$

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.

7-9-71

Date

Billy R. Bates
 Signature of claimant

(Over)

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

November 22, 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. Chegwiddden, Chief

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

Re: 1725 S.E. Linn Street

Attn: Mr. McIntosh

Gentlemen:

As the result of a displaced person and at your request, a partial inspection was made by the Housing Division of the two-story, four unit apartment house at the above address.

Our inspector reports the two-bedroom unit, designated as Apartment #204, is in standard condition and complies with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CHF:mfm
cc: C. M. Platt
P.O. Box 12313
Portland, Ore. 97212

Inspected by Chat Daniels 1/17/91

Gas stove - works - Doors won't stay shut

Electric stove - works - OK

Refrigerator - works - barely

Dryer - Don't work -

Sofa - Old -

bottom fell out

Kitchen table - Small ok -

two legs fell off

Chairs

- Broken -

only one able to sit

} before moving
Billy Bates

Billy R. Bates

① Mr. Bates agreed to move these items of furniture from the house and did so as the above note indicates

Also he turned in the keys to me. ~~There~~ I gave them to Lois —

①

Billy Bates

Dwelling Unit Inventory

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

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

Miscellaneous (List Items)

Wash
Bookcase
Dryer X
TV
Record Player
Automan

1 Couch
1 Rang

COMMENTS:

Notice to: Portland Development Commission

I (we) have read your letter describing the relocation benefits that may be available under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, to those displaced on or after January 2, 1971. I (we)

(check one)

- Request that you process my (our) claim for an interim relocation payment. I (we) understand that you will advise me (us) promptly when and if a revised claim may be submitted for adjustments on the basis of the new Act and in accordance with the implementing regulations.
- Will defer filing a claim until you are able to make the full payments authorized by the new Act. I understand that you will advise me (us) promptly when you are authorized to make full payments authorized by such Act.

7-9-71
Date

Billy R. Bates
Signature of Claimant
(If more than one claimant, each should sign)

(Keep this copy for your record)

BATES

MEMORANDUM

May 27, 1971

TO: CET & BW
FROM: WSJ
SUBJECT: Emanuel Hospital Project - Summary of Relocation
Situation in Each Parcel With Signed Option to Date

VACANT PARCELS

RS-4-1 2629-39 N. Williams Avenue
A-3-14 241 N. Fargo

BUSINESSES

Wallace Building Wreckers
Parcel # RS-3-9
(Tenant)

This company, a demolition contractor, maintains an office outside the project area and uses the building in the project as a warehouse and retail outlet for material salvaged from its wrecking operations. The owner of the business, Mr. D. E. Wallace, has indicated that this operation in the project is not of major concern to him and seems unworried about the prospects of moving. This company has low requirements for a replacement building, being interested mainly in just a place to keep used materials and should present no real difficulty in relocating.

Wallace Building Wreckers is currently on PDC's bid mailing list for demolition jobs.

Western Food Equipment Company
Parcel # A-4-1
(Tenant)

This company is a warehousing wholesale distributor and manufacturer's representative for food and dairy equipment. WSJ has been in close contact with this business since January 1970. The company recently purchased land at 181st and N.E. San Rafael in the Rockwood Industrial area across the street from the present John Deere Tractor plant.

Western Food Equipment Co. (continued)

A new building, of possibly twice the size of present facilities, will be constructed on this site. The company has been placed in contact with Mr. Clyde Sanders of SBA and will most likely be receiving assistance through a displaced business loan. The relocation of this company will mainly be dependent on the construction schedule of the new building.

HOUSEHOLDS - (Assigned to Jim Crolley)

HART, John H.
3141 N. Gantenbein
Parcel # R-9-2

Mr. and Mrs. John Hart, black, is retired and on disability. They have lived in this house for three years. Mr. Hart is 59 and Mrs. Hart is 51. They have six children, ages 17 - 6. Their income includes Social Security, Disability, Social Security for minor dependents and Welfare.

The Hart's have purchased a home at 3318 N. Missouri, part of the family lives there and part lives in the other house. The house they purchased has not been inspected by the City. If it does not pass inspection there is a possibility they will purchase another house. They are to receive \$5,500.00 for their home plus RHP. Relocation benefits will cover their moving expense in full. It appears that all details can be worked out as soon as they are ready to proceed

PACE, Theodore P.
3217 N. Vancouver Avenue
Parcel # A-3-20

Mr. and Mrs. Pace are black and have lived in this house for nineteen years. Mr. Pace is 71, Mrs. Pace around 68. He is retired and receives Social Security and she does occasional domestic work. They are foster parents for two teenage boys, Alfred Anthony 18 and Robert E. Lee 16, both white and attend public school.

Mr. and Mrs. Pace plan to purchase a house at 3416 N.E. 14th. An inspection by the City has been made. There are three minor sub-standard conditions to be corrected. They are; safety handrail to second story, approved pressure relief valve and drainpipe, and heating facilities to fourth bedroom on second story. They are receiving \$6,500.00 for their home plus have applied for an additional \$600.00 because of reappraisal due to some improvements. Relocation benefits will cover their moving expense in full and they will be able to pay cash for their new home, which is \$9,500.00, as he will receive \$5,000.00 on RHP.

HOUSEHOLDS - Assigned to Jim Crolley (continued)

MALONE, Cherry A.
3303 N. Vancouver
Parcel #A-4-13

Cherry Malone is single, 40 years old, black, mother of two children. She does sewing and odd jobs and states her income is approximately \$200.00 per month. She has about \$1,000.00 equity in her home in the project.

Mrs. Malone is presently in the hospital and will be unable to move immediately. She has signed an earnest money agreement for a \$16,300 house at N.E. 12th and Failing. Under the old regulations Mrs. Malone would receive a \$5,000 Replacement Housing Payment, however, by the time she is ready to move we should be operating under the new regulations and that payment could be increased to \$9,171.00. She may be able to use the balance of the purchase price on a FHA 235 Loan. Mrs. Malone's moving costs will be covered by the relocation benefits for moving expenses.

MONTAGUE, Charles
319 N. Fargo
Parcel #R-8-10

Mr. Montague is a single, white, 75 year old home owner. He moved into his home in the project area 10 years ago after being displaced from the South Auditorium Urban Renewal Project. He receives \$171.40 per month from Social Security.

Mr. Montague is purchasing a home at N.E. 10th and S Shaver which appears to be standard. (A City inspection has been ordered but not completed). He is receiving \$6,500.00 for his house in the project, and is paying \$6,750.00 for his new home. Relocation benefits will cover his moving costs in full and he will be able to pay cash for his new home as he will receive a \$9,046.00 RHP. There appears to be no problems with this case. Mr. Montague is satisfied with his new home and will suffer no financial loss because of his displacement.

HOUSEHOLDS - (Assigned to Chet Daniels)

TURNER, Queen E.
260 N. Ivy
Parcel #A-4-4

Mrs. Turner, age 45, black, is a tenant. She has lived at this address for two years. She would like to buy if possible. Has a roomer, one man, 56 years old. Mrs. Turner has an income of about \$300.00, the roomer earns about \$500.00. They are both friendly and receptive.

HOUSEHOLDS - (Assigned to Chet Daniels) - continued

PRUITT, Laverne
248 N. Ivy
Parcel #A-4-4

We have very little information on Mrs. Pruitt. She was a member of EDPA and refused to give information during the survey. A hostile person.

YARBOROUGH, Bobbie M.
252 N. Ivy
Parcel #A-4-4

Mrs. Yarborough is a tenant and has lived on site for 12 years. Income consists of old age pension, \$105.00 per month. She would like to get a two bedroom house. Her present rent is \$47.50 per month. Very much against small apartment, wants to keep her furniture. She has been brainwashed by landlord into believing nothing will happen and that no sale is forthcoming. She has consented to go out and look for new place.

FISCHMAN, Steven
553 N. Knott
Parcel #E-2-7

Mr. and Mrs. Fischman are tenants at this address. He is a student and she works for Bonneville. She earns about \$500.00 per month. They would like to buy a house if possible.

BATES, Billy
3320 N. Gantenbein
Parcel #A-4-6

Mr. Bates a 36 year old black man with two teenage sons. He would like to buy a house if possible, but would take a two bedroom apartment. He has lived in the area less than one year and when relocated would prefer to move closer to Pendleton Woolen Mills, his place of employment.

YOUNG, Dave
248 N. Cook
Parcel #A-3-7

Mr. Young, a single 62 year old black man, is presently employed earning \$640.00 per month. He plans to retire after his home is purchased by PDC and move into an apartment. He is presently making application for a one bedroom "rent supplement" apartment. This will enable him to pay rent based on 25% of his income when he retires and to retain the \$5,000.00 price paid for his home in the project. His moving costs will be covered by relocation payments.

HOUSEHOLDS - (Assigned to Chet Daniels) - continued

CLARK, Ray E.
2649 N. Commercial Ct.
Parcel #E-3-6

Mr. Clark is 22 years old. Moved on site April 24th. He is working and earning about \$85.00 per week from Bob Pederson of Pick-Up Parts on N.E. Cully. The living condition and housekeeping of their present apartment is very bad. Need two bedroom apartment. Will qualify for public housing or low income rental.

GRANVILLE, Verta
2653 N. Commercial Ct.

Has lived on site since March 1971. Mrs. Granville has two children. They live in four room apartment with bath. She is expecting another baby soon. She is on Welfare and receives \$165.00 per month. Wants to move to HAP housing.

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 WSD Date of survey 2/25/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 14 Structure No. 10 Census Block No. 24 Census Tract No. 22A
 Street Address 2320 N. GANTENBEIN Apartment No. _____

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.	Billy Bates	Head of household	36	M	
2.	William		15	M	
3.	Victor		14	M	
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
Billy	Pendleton Woolen Mills	Milwaukee	10 mi

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
Billy	\$ 480	\$ 480
Total family or household income per month	\$ 480	\$ 480

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

1. Location (indicate approximate cross streets) Sellwood or Milwaukee
2. Transportation, number of autos owned 1, use bus _____, walk _____
3. Will rent house , apartment _____, expect to pay rent, including utilities, at \$ 110 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 , dining room , living room , number of bathrooms 1, total sq. ft. in dwelling unit _____
7. Other characteristics W O B I M

DATE ON SITE 6 months

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

Analyst WSD Date 2/25/71 Surveyed 2/25/71 Tabulator _____ Date _____
 Dwelling Unit No. 14 Structure No. 10 Census Block No. 24 Census Tract No. 22A
 Street Address 3320 N GARDENBLVD Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: Billy Bates NAME & ADDRESS OF OWNER: MRS CHRISTINA BERGER NAME & ADDRESS OF PROP. MGR: _____
 _____ 14140 SE HAWTHORNE CT _____
 TELEPHONE: _____ TELEPHONE: _____ TELEPHONE: _____
 INTERVIEWED? Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

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

This structure has 1 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

Owner occupied
 Renter occupied
 Vacant

III. SIZE OF DWELLING UNIT

740 Sq. ft. in first floor (county figure)
740 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
1967 Date of last appraisal
1905 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>1300</u>	\$ _____
Improvements	<u>2130</u>	_____
Total	<u>3430</u>	_____

C. Market value data for dwelling unit in a multiple-family structure or commercial bldg.

	Market value for entire structure	Computed value per sq. ft. for this dw. unit
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

_____ Sq. ft. of all d. u. in this structure
 _____ Sq. ft. of commercial space and value of commercial space: Land \$ _____, improvements \$ _____, total \$ _____.

V. RENTAL RATE FOR THIS RENTED UNIT

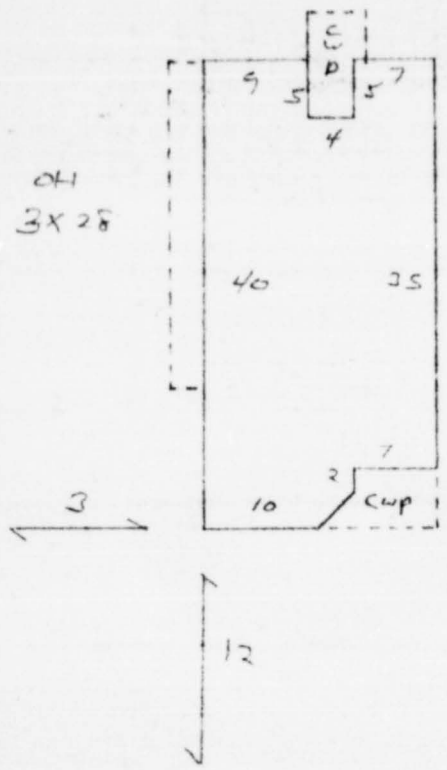
Monthly average	Cash rent	Utilities	Total paid by renter
Rent	\$ <u>80</u>	_____	\$ _____
Electricity	_____	\$ _____	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Heat (oil, or other)	_____	_____	_____
Total	\$ _____	\$ <u>30</u>	\$ <u>110</u>

Deposits required of renter
 Advance rent \$ _____, other \$ _____
 Rental information obtained from
 Tenant , owner _____, manager _____, or
 estimated from assessor's data _____.

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

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

VII. REMARKS



OH
3x28

AVE. OR ST.

1"=20'

3320 N. Gantenbein AVE. OR ST.
FRONT OF BUILDING



PUNCT. G / P
 CON. G / P
 COND. A P Good Condition + OUT Well kept.
 REMARKS Paved for 6522

DATE	CHECKED	REVIEWED	BLDG. COUNT	INDEX	RE-CHECKED	DEPUTY NOTIFIED
FEB 22 68		32868				
BY	ANDREWS Fisher					

UL 12 67 V11011

1 1-00990-0650 PFENNING, GEORGE
 MAP: 2730 ZONE: A25 RATIO: 1401 LVY C:001
 BY BERGER, MRS CHRISTINA
 14140 SE HAWTHORNE CT PORTLAND, OREGON 97233

ALBINA ADD LOT BLOCK
 S 1/2 OF 7 4

PROPERTY ADDRESS: 3320 N GANTENBEIN PORTLAND

APPEALS:

SUMMARY - ASSESSED VALUATION - REAL PROPERTY						
ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS.	TOTAL	SIGN DATE
1968			1250	2050	3300	B.C.
1971			1300	2,130	3,430	WD

FORM 07 REV. 3-66

R E C E I P T

I hereby acknowledge receipt of a copy of the Portland Development
Commission's RELOCATION SERVICES FOR FAMILIES AND INDIVIDUALS.

Billy R. Bates

6-14-71
date