

	DESCRIPTION	ROLL NO	ODOMETER
R-14-7	BRENT, RICHARD 527 N. MORRIS		
E-2-4	BROWN, ELIJAH 2742 N. KERBY		
A-3-9	BROWN, JESSIE MAE (MRS.) 3222 N. GANTENBEIN		
A-3-10	BROWN, JOE 3216 N. GANTENBEIN		
E-2-4	BROWN, RUTH 2742 N. KERBY		
A 3-17	BROWNING, DEMETRIAS 217 N. FARGO		
A 3-17	BROWNING, LOUIS 217 N. FARGO		
A 3-17	BROWNING, ROBERT LOUIS 217 N. FARGO		
R-14-2	BRYSON, DOVIE (MRS.) 536 N. MONROE		
R-8-8	RUFFINGTON, JOHNNY 405 N. FARGO		
A-3-1	BURNS, MABEL (MRS.) 3233 N. VANCOUVER		
E 4-8	CAGE, ANNA 325 N. RUSSELL		
A -4-4	CALDWELL, EDWARD 260 N. IVY		
R-8-3	CALDWELL, HORACE 3247 N. GANTENBEIN		
R-15-3	CATLIN, A.W. 409 N. MORRIS		
R-15-3	CATLIN, ARTHUR 409 N. MORRIS		
E-4-1	CLARK, GEORGE 2651 N. GANTENBEIN		
RS-4-9	CLARK, HUGH E. 7 N. RUSSELL		

RESIDENTIAL RELOCATION RECORD

Project Name Brown, Jessie Parcel No. A-3-9 Advisor JC
 Client's Name _____ Phone 281-8719
 Address 3222 N. Jantzen Ethn Black Age 44

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

Single Male 44

Family Composition

Total Number in Family 4
1 wife, husband

Other:	Relation	Age	Relation	Age
			DAU	16
			DAU	13
			SON	14
			SON	6

Economic Data

Employer \$ _____
 Address _____
 Other Source of Income
WELFARE \$ 218.00
 Total Monthly Income \$ (218.00)

- 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 7-15-71 Date of Info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 9-1970
 (a) for owner-occupants - indicate initial date of occupancy and ownership
 Date of initiation of negotiations for purchase of property 5-12-71
 Date of Acquisition 7-17-72
 Date of letter of intent _____
 Date of move 8-6-71

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 1910

Size of Habitable Area 1500

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 6 Rent Paid \$ 90⁰⁰ Utilities 60.00

Number of Bedrooms 3 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 1305 98 14th Ave. LPA Referred HAP Self Referred _____

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

Outside city Outside state

✓ Age of Housing Unit 70 plus

✓ Size of Habitable Area 1800

No. of Rooms 8 No. of Bedrooms 5

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____

Taxes \$ _____

RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ 24.25

Utilities \$ _____

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

No. of Housing Referrals to:

_____ Standard Sales

2 Standard Rent

Agency Referrals:

MCW HAP _____ OTHER (_____)

_____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME BROWN, Jessie Mae RELOCATION ADVISOR JCrolley
 ADDRESS 3222 N. Santenbein PHONE _____ PROJECT NAME Emanuel ORE. R-20
 SEX F ETHN black VETERAN _____ AGE 44 PARCEL NO. A-3-9
 MARITAL STATUS _____ TENURE tenant
 DISABILITY _____ INDIV _____ FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 _____
 RENT SUPPLEMENT X OTHER _____
 INITIAL INTERVIEW _____ DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>September 1970</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: _____

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW June Flemings - caseworker 218.00
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 218.00

FAMILY COMPOSITION

Name	Relation	Age
Rena	daughter	16
Lance	son	14
Marilyn	daughter	13
Pennell	son	6

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1910 No. Rooms 6
 No. Bedrooms 3 Furn. Unfurn
 Utilities \$ 60.00
 Monthly Payments (Rent) \$ 90.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 1500 sq. ft.

HOUSING REFERRALS

Address	Bedrooms
<u>1305 SE 14th</u>	
<u>3441 NE 15th</u>	

AGENCY REFERRALS

Name of Agency	Date
<u>Multnomah County Welfare</u>	<u>7-15-71</u>
<u>Food Stamp Program</u>	
<u>Housing Authority</u>	<u>7-15-71</u>
<u>Legal Aid</u>	
<u>FISH</u>	
<u>Health Dept.</u>	

over

AGENCY ACTION:	REASONS:
Appeals	<u>Secured HAP Housing</u>
Evicted	
Refused Assistance	
Address Unknown (tracing)	
Other (death, etc.)	

TEMPORARY RELOCATION

Within Project	<input type="checkbox"/>
Outside Project	<input type="checkbox"/>

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____
 Address 3401 N.E. 15th 1305 S. E. 14th Avenue Phone _____ Date of Move 8-6-71

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

Furnished ___ Unfurnished X Number of Rooms 8 Number of Bedrooms 5 Habitable Area 1800
 Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ _____
 Age of Structure: 70+ Taxes \$ _____ Equity \$ _____ Distance Moved Away _____
 Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	26618	8/26/71	\$ 380.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 26618 G

DATE August 26, 1971

PAY TO THE ORDER OF **Jessie Mae Brown**

\$ 380.00

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>Per Claims for Relocation Payment filed. Move from 3222 N. Gantenbein (A-3-9) to 1305 S.E. 14th Ave.</p> <p>Dislocation Allowance \$200.00 Fixed Payment (own furn.) <u>180.00</u></p>	<p><u>\$380.00</u></p>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - own furn. - family)	\$380.00

Jessie Mae Brown

AC

BD

FOR LOCAL AGENCY USE ONLY

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)

Jessie Mae Brown
1305 SE. 14th
Portland, Oregon

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			8-26-71
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00**		
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	266186	\$ 200.00	58		\$

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

** DISLOCATION ALLOWANCE

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 (F) Jessie Mae Brown	2. DATE(S) OF MOVE August 6, 1971
--	--

3. ADDRESS FROM WHICH YOU HAVE MOVED A-3-9 a. Address 3222 N. Gantenbein 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>4</u> e. Date you moved into this address: <u>Sept. 1970</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 1305 S.E. 14th b. Apt., Floor, or Room No. <u>House</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: <input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property <input type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved)	Check c if applicable: <input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs <input checked="" type="checkbox"/> 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)

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.

8/19/71
Date

Jessie Mae Brown
Signature of claimant

FOR LOCAL AGENCY USE ONLY

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)

Jessie Mae Brown
1305 S.E. 14th
Portland, Oregon

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 \$ _____	\$ 180.00		8-26-71
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	266186	\$ 180.00			\$

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

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.

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1. FULL NAME OF CLAIMANT (F) Jessie Mae Brown	2. DATE(S) OF MOVE August 6, 1971
--	--------------------------------------

3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address A-3-9 3222 N. Gantenbein 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>4</u> e. Date you moved into this address: <u>Sept. 1970</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 1305 S.E. 14th b. Apt., Floor, or Room No. <u>House</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:

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) 4 Rooms

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.)	\$ 180.00
---	-----------

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.

8/19/71
Date
Jessie Mae Brown
Signature of claimant

RULES AND REGULATIONS - 42.80

"Limitations - joint occupants of single-family dwellings.

If individuals (not a family) who are joint occupants of a single-family dwelling submit more than one claim, an eligible claimant for a payment under paragraph (a) of this section may be paid only his reasonable prorated share (as determined by the State agency) of the total payment applicable to a single individual, and the total of alternate payments made to all such claimants moving from such dwelling shall not exceed the total fixed payment applicable to a single individual."

This claimant is a family and this provision would therefore seem not to apply.

Brown Jessimal

- 1. Couch
- 2 overstuffed chair
- 1. Record Player
- 1 occasion chair
- 1 Coffee Table -

- 1 Dining Room Table
- 6 chairs -
- 1 Record Cabinet
- 2 lobster lamps.

Bdrom

- 1 Bed + Sprung
- 1 TV + Stand
- 1 Chest of Drawers
- 1 Dress w / mirror
- 2 night stands
- 1 stool

Ratchet

- 1 Kitchen table
- 2 Kitchen chairs

1 Vacuum cleaner

2 Bedroom
Bed & Spinning
Dresser

3 Bedroom
2 bed + Spinning
1 Dresser
2 bedroom chairs
1 Trunk
1 mirror

Bedner

2 beds + Spruins
2 dressers
2 lockers

1 Washer & Dryer

PORTLAND DEVELOPMENT COMMISSION

**SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 288-8169**

July 15, 1971

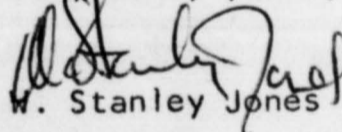
Housing Authority of Portland
4400 N. E. Broadway
Portland, Oregon 97213

Gentlemen:

This is to inform you that Mrs. Jessie Mae Brown,
of 3222 N. Gantenbein, 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 Mrs. Brown
_____ in his (her) efforts to obtain suitable housing.

Very truly yours,


W. Stanley Jones

WSJ:slc

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.

Date

Signature of Claimant
(If more than one claimant, each should sign)

(Keep this copy for your record)

Rae, Arvult + Gertrude

25 / 50

1	Brown, Jessie Mae			5
2	Morris, Rena	16	F	4
3	Ford, Lancel	14	M	
4	Telford, Marilyn	13	F	
5	Brown, Pennell	6	M	3

Grandchildren

1	Jeremy C. Tyler	1	1	M
2	Venessa M. Fulmer	4		F
3	Wayne M. Fulmer	5		M
4	Ronald E. Healey	6		M
5	VACCARIE, Brown	8		F

(f)

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER _____

PROJECT NO. R-20 PARCEL A 3-9

NAME Brown, JESSIE MAE ADDRESS 3232 N. Gartenheim APT NO. —

PHONE 288-2870 INITIAL INTERVIEW _____ SEX F W — NW B AGE 44

U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE SEP 1970

FAMILY COMPOSITION

Name	Relation	Age
Jessie Mae	wife	44
Rena	dau.	16
Lance	son	14
Marilyn	dau.	13
Pennell	son	6

Employer: Name _____ \$ _____
 Address _____
 MCW Caseworker JUNE FLEMINGS 218.00
 Social Security _____
 Va. Fed. Mult Co. _____
 Pension: Name _____
 Other: Name _____

TOTAL MONTHLY INCOME _____

Rent 90⁰⁰, Inc. Heat _____ Water Gas 20⁰⁰ Gar _____ Elec 30⁰⁰ Unfurn Furn Range No. Rms 6

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)
 Over 62 _____ Disabled (Soc. Sec. def.) _____ Income below limits _____ Assets below limits _____

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of accident:
 Name _____ Address _____ Phone _____

Information Statement given to _____ on _____ by _____

Notice to move given to _____ on _____ by _____

Payments: Amount \$ _____ Check No. _____ Date delivered _____ Moved by self _____ (or) moved by moving company _____ (Phone) _____

REMOVED FROM CASELOAD: (Date) _____

Refused assistance _____

Relocated in: 7-16-71

Low-rent public housing _____

Other perm. public housing _____

Standard priv. rent. hsg. _____

Sub-standard priv. rent hgs. with refusal of further aid _____

Standard sales housing _____

Sub-standard sales hsg. _____

Out-of-town _____

Address unknown, abandoned _____

Evicted, no further assistance _____

Other (explain) _____

REMAINING ON CASELOAD:

Address unknown, tracing _____

Evicted, further assistance contemplated _____

Temporarily relocated by LPA _____

within project: _____ address _____

outside project: _____ address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date
<u>1305 S.E. 14th</u>		

NEW ADDRESS: 1305 S.E. 14th Zip _____ Phone _____
3441 NE 15th

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 _____ Date of survey _____ Tabulator _____ Date tabulated _____
 Dwelling Unit No. 25 Structure No. 20 Census Block No. 23 Census Tract No. 22A
 Street Address 3222 N. Gantebain 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. _____	Head of household			
2. <u>BROWN, JESSIE MAE</u>	<u>Wife</u>	<u>44</u>	<u>F</u>	<u>HOUSEWIFE</u>
3. <u>"</u>	<u>D</u>	<u>16</u>	<u>F</u>	<u>"</u>
4. <u>"</u>	<u>SON</u>	<u>14</u>	<u>M</u>	<u>"</u>
5. <u>"</u>	<u>D</u>	<u>13</u>	<u>F</u>	<u>"</u>
6. <u>"</u>	<u>SON</u>	<u>6</u>	<u>M</u>	<u>"</u>
7. <u>CRITTENDEN, BETTY JEAN</u>	<u>D</u>	<u>25</u>	<u>F</u>	<u>SECRETARY</u>
8. <u>"</u>	<u>GRAND D</u>	<u>5</u>	<u>F</u>	<u>"</u>
9. <u>"</u>	<u>" S</u>	<u>10 MOS.</u>	<u>M</u>	<u>"</u>

ROOMER
Parent?
but met
def. of one
ance all.
are related
?

Family Income And Extent Of Travel To Locations Of Employment:

1. Jobholders in this household, employers and location of jobs:

Names of jobholders	Names of employers	Street address where jobs are located to work	Distance
<u>OPRIS BROWN</u>	<u>AW Marine</u>	<u>SWAN ISLAND</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>OPRIS BROWN</u>	<u>\$ 500.00</u>	<u>\$ 500.00</u>
_____	_____	_____
Total family or household income per month	\$ _____	\$ _____

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

1. Location (indicate approximate cross streets) NE IRVINGTON
2. Transportation, number of autos owned 1, use bus -, walk -
3. Will rent house , apartment , expect to pay rent, including utilities, at \$ _____ per mo. (Furniture is owned, yes , no , stove and refrigerator owned, yes , no)
4. Will buy house in price range \$ _____, 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 4, kitchen 1, dining room 1, living room 1, number of bathrooms 2, total sq. ft. in dwelling unit _____
7. Other characteristics W O B I M

SEP - 1970

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

Date _____

Analyst _____ Surveyed _____ Tabulator _____ Date _____

Dwelling Unit No. 23 Structure No. 20 Census Block No. 23 Census Tract No. 22A

Street Address 3222 N. Gantenbein Apartment No. _____

Legal Description _____

NAME OF OCCUPANT: Jessie Mae Brown NAME & ADDRESS OF OWNER: Gertrude M & Arvoll R. Rae NAME & ADDRESS OF PROP. MGR: _____

3222 N. GANTENBEIN 2825 NE 23rd

TELEPHONE: 288-2870 TELEPHONE: 282-1527 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	_____
_____ Apt. in a house	_____
_____ Apt. in apt. bldg. or plex	_____
_____ Apt. in comm. bldg.	_____
_____ Mobile home or trailer	_____

This structure has 1 1/2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

_____ Owner occupied

Renter occupied

_____ Vacant

III. SIZE OF DWELLING UNIT

988 Sq. ft. in first floor (county figure)

1500 Sq. ft. in dwelling unit (if more than 1 floor)

6 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)

1 No. of bathrooms

3 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time

1971 Period market value data applicable

1967 Date of last appraisal

1910 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>4680</u>	\$ _____
Improvements	<u>2080</u>	_____
Total	<u>6760</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>90.00</u>	_____	\$ _____
Electricity	_____	\$ <u>30.00</u>	_____
Gas	_____	_____	_____
Water	<u>w/rent</u>	_____	_____
Heat (oil, or other)	<u>oil</u>	<u>30.00</u>	_____
Total	\$ <u>90.00</u>	\$ <u>60.00</u>	\$ <u>150.00</u>

Deposits required of renter

Advance rent \$ 90.00, 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

1 1-00990-0460 RAE, GERTRUDE M & ARVOLL

MAP: 2730
 ZONE: A25
 RATIO: 1401
 LVY C:001

2825 NE 23RD AVE
 PORTLAND, OREGON 97211

ALBINA ADD

LOT 7 BLOCK 3



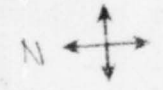
AVE. OR ST

PROPERTY ADDRESS: 3222 N GANTENBEIN AVE
 PORTLAND

APPEALS:

SUMMARY - ASSESSED VALUATION - REAL PROPERTY						SIGN. DATE
ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	
1968			4500	2000	6500	213 11 1968
1971			4680	2080	6760	UD

3222 N. Gantenbein AVE OR ST
 FRONT OF BUILDING



FUNCT G A P

REMARKS
 G A P Larger home in old run down DIST.
 Not best land use
 G A P Poor Cond 14000

DATE	CHECKED	REVIEWED	BLDG COUNT	INDEX	RE-CHECKED	NOTIFIED	DEPUTY
FEB 21 '68		3-28-68					
BY	h. B. Fisher						

AVE. OR ST

IDENTIFICATION	DATE	ADJUSTMENTS	IND. VALUE
"	4/27/67	per cent of sales study	1000

MONTHLY RENTAL S	X GRM	= S	IND. VALUE
ZONING		SITE ADJUSTMENTS	
AREA IMPROVEMENTS	ROAD TYPE D G		
SIDEWALKS & CURBS	TOPOGRAPHY 2' A.G.		
WATER	VIEW		
SEWERS	OTHER		
OTHER	DEPTH FACTOR		
	STANDARD DEPTH		
	EFFECTIVE DEPTH		

COMPUTATIONS					
LAND DESCRIPTION	SIZE OR ACRES	BASIC UNIT VALUE	ADJUST. FACTORS	ADJ'D. UNIT VALUE	VALUE
56x100 @ 20pp	1000				1000
C. 90%	5000	4500			4500

TOTAL AREA	SUB-TOTAL
REMARKS	SITE ADJ
	TOTAL APPR. VALUE 4500
	19 APPR. VALUE
	19 APPR. VALUE
	19 APPR. VALUE
APPRaiser <u>J. M. ...</u>	DATE 4/27/67
	10 APPR. VALUE

ACCOUNT NO.	CLASS	AREA	BASE FACTOR	IND. VALUE
1-00990-0460	4+5 STORY 1/2	988	14392	14900
ADDRESS 3222 N Gantenbein	FDN. Cor Br W.P. BSMT. 3 4 1 2 1 4			1800
BSMT ROOMS 0	FLOORS D S Lin Tile Hdw Fr Con			
	ROOF H F Alum. Comp Shg Shk. Tile Built-Up			
	EXTER. D S Shks. Siding Blk. Stuc. Comp. P.D.			
	INTER. L&P Drywall Turk Fr Hdw B.L. Ayr			
PLUMB'G FACILITY	Sink D.W. Toil. W.B. Tub Enc. Shower Enc. St. Laun. W.H.			
Quantity	/ / / / / / / / / / / /			
HEAT H.W. Pkge. Pipe Floor Gas Elect. H.A. 1/376				620
FIREPLACE Ins. O.S. S D T 1-Str. 2-Str. Flue				
ATTIC Unf. Fin. BR Bath Lav. H 3 4 1 2 1 4				
2ND STY. 2 BR Bath Lav. H				
BAYS DORMERS				
MISC.				
MISC. V.F. & H. R. & O. V.F. Tile				
OUTSIDE 200# B.T. Sprinkler Y.L.				1500

FIRST FLOOR	GARAGE	TOTAL
1 Rec. Hall	Class 4	
1 Serv. Hall	Type Det	
1 Lv. Rm	Dim. 12 x 15	
1 Din. Area	IMPS. AREA REPL COST ADJ. REP COST R.G.	
1 Fam. Rm	Fdn. Con 988' 17470 11 1921	
1 Nook	Floor slab 216' 980 11 107	
1 Kitchen	Floor slab	
1 Utility	Const. Frame	
1 Bedroom	Roof G Comp	
1 Bath	Misc.	
1 Lav.		
1 Den		
TOTAL DEPRECIATED REPLACEMENT COST		2028

MISC.	BUILT	ADJUSTMENT	APPR. VALUE
Dim. X	1910	Age 42	1968
Fdn.	PERM NO	Func. 19	APPR. VALUE
Const.	PREV APPR 1962	Econ. -25	APPR. VALUE
Roof MISC.	D.A. RM MO RENTAL	Cond. -6	APPR. VALUE
Dim. X		NET 11	APPR. VALUE
Fdn.			APPR. VALUE
Const.			APPR. VALUE
Roof			APPR. VALUE