

	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 \_\_\_\_\_ Parcel No. R-15-3 Advisor JC  
Client's Name Catlin, A.W. Phone \_\_\_\_\_  
Address 409 N. Morris Ethn white Age 50

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

Family Composition

Total Number in Family 3

2 wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age
<u>Daughter</u>	<u>16</u>		

Economic Data

Employer \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 Other Source of Income  
Railroad-Disability \$ 383.60  
 Total Monthly Income \$ (383.60)

- Eligible for Public Housing  YES  NO
- Eligible for Welfare  YES  NO
- Eligible for (Other)  YES  NO
- Presently Receiving Welfare  YES  NO
- Other Assistance \_\_\_\_\_

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 12-13-71 Date of Info pamphlet delivery \_\_\_\_\_  
 Date Notice to Move given \_\_\_\_\_ Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY 2/4/75

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

Date of initiation of negotiations for purchase of property 5-26-71  
 Date of Acquisition 5-23-72  
 Date of letter of intent \_\_\_\_\_  
 Date of move 5-31-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1900

Size of Habitable Area 803

Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 5 Rent Paid \$ 3500 Utilities 3025

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

Liens \$ \_\_\_\_\_ (please explain) \_\_\_\_\_

Acquisition Price \$ \_\_\_\_\_ Amenities \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Address 4125 11815 LPA Referred  Self Referred

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

Outside city  Outside state

Age of Housing Unit 1925

Size of Habitable Area 750

No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 13,300.00

Taxes \$ \_\_\_\_\_

RHP or TACO (including incidental costs) \$ 2,000

For Claimants Who Rented

Rent \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Total Rent Assistance \$ \_\_\_\_\_

Amount of Annual Payment \$ \_\_\_\_\_

No. of Housing Referrals to:

4 Standard Sales

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 CATLIN, A. W. RELOCATION ADVISOR J. Crolley  
 ADDRESS 409 N. Morris PHONE 288-4362 PROJECT NAME Emanuel ORE, R-20  
 SEX M ETHN white VETERAN \_\_\_\_\_ AGE 50 PARCEL NO. R 15-3  
 MARITAL STATUS married TENURE tenant  
 DISABILITY X INDIV \_\_\_\_\_ FAMILY X  
 ELIGIBLE FOR: PUBLIC HOUSING \_\_\_\_\_ FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT \_\_\_\_\_ OTHER \_\_\_\_\_  
 INITIAL INTERVIEW 12-13-71 DATE INFO PAMPHLET DELIVERED \_\_\_\_\_  
 NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_

DATE ON SITE:	<u>21 years.</u>
INITIATION OF NEGOTIATIONS:	<u>5-26-71</u>
DATE OF ACQUISITION:	<u>5-23-72</u>

ECONOMIC DATA

FAMILY COMPOSITION

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other disability Rail Road - Union Pacific 383.60  
 TOTAL MONTHLY INCOME \$ 383.60

Name	Relation	Age
Elsie	wife	46
Judy	daughter	16

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1900 No. Rooms 5  
 No. Bedrooms 3 Furn. \_\_\_\_\_ Unfurn \_\_\_\_\_  
 Utilities \$ 30.25  
 Monthly Payments (Rent) \$ 35.00  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

Size of Habitable Area 803 sq. ft.

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms

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

AGENCY ACTION:

REASONS:

Appeals		
Evicted		
Refused Assistance		
Address Unknown (tracing)		
Other (death, etc.)		

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In \_\_\_\_\_  
 Address \_\_\_\_\_  
 Reason \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Client Referred \_\_\_\_\_ LPA Referred \_\_\_\_\_  
 Address 4125 N. E. 15th Avenue Phone 284-8843 Date of Move \_\_\_\_\_

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		Mobile Home	
		Private Sales	X		

Furnished \_\_\_ Unfurnished \_\_\_ Number of Rooms \_\_\_ Number of Bedrooms \_\_\_ Habitable Area \_\_\_  
 Utilities \$ \_\_\_ Monthly Payments (Rent) \$ \_\_\_ Purchase Price \$ 13,300.00  
 Age of Structure: \_\_\_ Taxes \$ \_\_\_ Equity \$ \_\_\_ Distance Moved Away \_\_\_  
 Name of Moving Company \_\_\_\_\_ Name of Realtor \_\_\_\_\_

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)	364 EH	4/5/72	\$ 2,000.00
Fixed Moving	364 EH	4/5/72	\$ 460.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ 13,300.00  
 Down Payment \$ \_\_\_\_\_  
 RHP \$ 2,000.00  
 Total Down - \$ \_\_\_\_\_  
 Total Mortgage \$ \_\_\_\_\_

TOTAL BENEFITS RECEIVED \$ 2,460.00

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

INTERVIEW REGISTER

Date		Relocation Worker
2-24-71	Survey: Mr. Catlin receives disability. Would like to rent 3 bdr. house SE or NE.	JC
12-13-71	Need at least 2 bdr. house. North district toward St. John Peninsula going to look at houses will bring his wife over to look at M.L. Book he looked at some in the book.	JC
	Wants house with basement with 3bdrs. if possible on Main Floor or 2 on Main floor and 3rd on second story.	
	Interested in 235 - No matching funds for downpayment has disability and wants some taxes exempt.	
2-1-72	Interest in taxes - method of payment would pay on monthly basis	
2-4-72	<p>Referrals - 4            4125 N. E. 15th, E.E. Bowen - Mr. Hynie 656-1988 - 638-5075*            \$13,500, 2 bdr.            235 available,</p> <p>Geo. Sanford, 4023 S. E. 33rd Place - 233-9309</p> <p>John Hynie - see above *</p>	

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 364 EH

DATE April 5, 19 72

PAY TO **Transamerica Title Insurance Company**

\$ **2,460.00**

**DOLLARS**

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Deposit in escrow for A. W. Catlin. Replacement Housing Payment for Tenants per claim filed. From 409 N. Morris.  Lump Sum RHP \$2,000.00 Dislocation Allowance 200.00 Fixed Payment - own furn. <u>260.00</u>	          <u>\$2,460.00</u>

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH)	\$2,460.00
	(RHP \$2,000.00)	
	(Fixed Payment - Family 460.00)	

*AC*

*JMD*





WORKSHEET FOR ALL MOVING CLAIMS

1. Name A.W. Catlin Project Em. R-20  
 2. Date(s) of move MAY 15, 1972 Parcel No. R-15-3  
 3. Dwelling unit from which you moved:  
 Address 409 N. Morris No. of rooms 6  
 \_\_\_ Furnished  Unfurnished Date you moved into this unit 1950

4. Dwelling unit to which you moved:  
 Address 4125 N. E. 15th  
 Were goods moved to or from storage? \_\_\_ Yes  No

5. Total claim \$ 460.00

-----  
 FIXED PAYMENT: \$200 + \$ 260.00 = \$ 460.00  
 -----

ACTUAL MOVING COSTS

6. Name of moving company (or person) \_\_\_\_\_  
 7. Mover's telephone \_\_\_\_\_ 8. Mover's address \_\_\_\_\_  
 9. Method of payment  
 \_\_\_ a. reimburse client (show paid bill)  
 \_\_\_ b. pay mover directly (show bill)  
 \_\_\_ c. let local agency contract with mover

10. Amount actual costs  
 a. Moving costs (attach receipt or voucher) \$ \_\_\_\_\_  
 b. Cost of insurance (attach invoice) \$ \_\_\_\_\_  
 c. Storage cost (attach receipt or voucher) \$ \_\_\_\_\_

STORAGE COSTS

Name, address and ZIP code of storage company

A. Type of claim  
 \_\_\_ initial \_\_\_ supplementary \_\_\_ final

B. Storage period  
 1. Total period: \_\_\_ months. Check one: \_\_\_ Actual \_\_\_ Estimated  
 2. Date property moved to storage: \_\_\_\_\_  
 3. Date property moved from storage: \_\_\_\_\_

C. Storage Costs		<u>Approved</u>
1. Monthly rate	\$ _____	\$ _____
2. Total costs actually incurred	\$ _____	\$ _____
3. Amount previously received	\$ _____	\$ _____
4. Amount claimed (line 2 minus 3)	\$ _____	\$ _____

D. Description of Property Stored: please list on back of this sheet.

E. Method of Payment  
 \_\_\_ reimburse client (attach receipt or paid bill)  
 \_\_\_ pay storage company directly (attach bill)

Dwelling Unit Inventory

3-27-72

Callin'  
409 N. Morris

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

QUANTITY	
<u>5</u>	Night Stand
<u>    </u>	Occasional Chair
<u>2</u>	Overstuffed Chair
<u>1</u>	Overstuffed Rocker
<u>1</u>	Range -
<u>1</u>	Refrigerator: Brand <u>Gibson</u>
<u>    </u>	Rocker
<u>    </u>	Rug & Pad: Size <u>    </u>
<u>2</u>	Stool
<u>6</u>	Table Lamp & Shade
<u>1</u>	Table, small
<u>    </u>	Vanity & Bench
<u>1</u>	Suitcases
<u>2</u>	Trunks
<u>40</u>	Cartons, Boxes, Etc.
<u>3</u>	Clothes
<u>6</u>	Bedding & Linens

Miscellaneous (List Items)

<u>2</u>	<u>TV</u>
<u>2</u>	<u>Sewing Machine</u>
<u>1</u>	<u>Washing machine</u>
<u>1</u>	<u>Lawn Mower</u>
<u>3</u>	<u>Record Players</u>
<u>1</u>	<u>Corner Cabinet</u>

<u>1</u>	<u>Electric Organ - floor model</u>
<u>3</u>	<u>Exerciser</u>
<u>1</u>	<u>Book cases</u>
<u>    </u>	<u>Garden Tools</u>
<u>3</u>	<u>Cabinets - Steel</u>
<u>1</u>	<u>" " - Wood</u>

COMMENTS:

**CLAIM FOR REPLACEMENT HOUSING PAYMENT  
FOR TENANTS AND CERTAIN OTHERS**

<b>NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:</b> Portland Development Commission 1700 SW Fourth Avenue Portland, Oregon 97201	<b>PROJECT NAME (if applicable)</b> Emanuel Hospital Project  <b>PROJECT NUMBER:</b> 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  
 CATLIN, A. W.   x   Family        Individual

2. DWELLING UNIT FROM WHICH YOU MOVED a. Address: <u>409 N. Morris, Portland, Oregon 97227</u> b. Apartment or room number: <u>---</u> c. Number of bedrooms: <u>3</u>	PARCEL NO. <u>                    </u> d. Monthly rental: \$ <u>35.00</u> e. Date you moved out of this dwelling: <u>                    </u> <span style="float:right">Month-Day-Year</span>
---	--

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL) a. Address (include ZIP Code): <u>                    </u> b. Apartment or room number: <u>                    </u> c. Number of bedrooms: <u>                    </u>	d. Monthly rental: \$ <u>                    </u> e. Date you moved into this dwelling: <u>                    </u> <span style="float:right">Month-Day-Year</span>
--	---

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE) a. Address (include ZIP Code): <u>4125 N. E. 15th, Portland, Oregon 97211</u> b. Number of bedrooms: <u>--- 3</u> c. Downpayment: \$ <u>                    </u>	d. Incidental expenses (total from table on next page): \$ <u>                    </u> e. Date you purchased this dwelling: <u>                    </u>
--	--

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: <u>                    </u> b. Address of dwelling unit to which you moved (include ZIP code): <u>                    </u> c. Date of move: <u>                    </u> <span style="float:right">Month-Day-Year</span>	d. Monthly rental for temporary unit: \$ <u>                    </u> e. Will you require temporary housing for more than 3 months? <span style="float:right">Yes <u>      </u> No <u>      </u></span> If "Yes", total number of months you will require temporary housing: <u>      </u> 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.

March 23, 1972  
Date

*Arthur W. Collins*  
Signature of Claimant (s)

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

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

(For Local Agency Use Only)

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

---

NAME AND ADDRESS OF CLAIMANT:

A. W. Catlin  
4125 N. E. 15th  
Portland, Oregon 97211

NAME OF LOCAL AGENCY:

Portland Development Commission  
1700 SW Fourth Avenue  
Portland, Oregon 97201

---

INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved.

---

1. Does claimant meet basic eligibility requirements?  Yes  No

If "No," explain:

---

2. Complete if claim is for a fixed payment including an amount for moving articles located in household storage space:

Date items inspected: \_\_\_\_\_  
Month-Day-Year

---

3. If claim is for a self-move, does approved amount exceed estimated cost of accomplishing the move through services of a commercial mover or contractor?

Yes  No

If "Yes," explain basis for approved amount:

---

4. CERTIFICATION

I CERTIFY that I have examined the claim, and the substantiating documentation, and have found it to be in accord with the applicable provisions of Federal law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, the claim is hereby approved and payment is authorized as follows:

---

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>260.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>460.00</u>	<u>460.00</u>	<i>[Handwritten Signature]</i>	<u>4/4/72</u>
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____			
2. Supplementary payment (s) for storage costs:			
3. Final payment for moving expenses covering storage and related costs			

1/ Attach full explanation of any adjustments made; e.g., amount set off against claim or amount of dislocation allowance made as an advance payment.

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
		\$			\$

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

NAME OF CLAIMANT CATLIN, A. W.

Parcel No. R-20 <sup>12-15-3</sup>

NAME OF LOCAL AGENCY PDC

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

Tenant's initial date of rental: 1950

Date of Acquisition: N/A

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: 1950

Date of Initiation of Negotiations: May 26, 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 \$ 2,000.00 is authorized.

4/4/72  
Date

[Signature]  
Authorized Signature

**5. RECORD OF PAYMENTS**

	<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
a. Claimant moved to rental unit			
(1) Lump-sum payment	_____	_____	\$ _____
(2) Annual payment			
1st Year	_____	_____	\$ _____
2nd Year	_____	_____	\$ _____
3rd Year	_____	_____	\$ _____
4th Year	_____	_____	\$ _____
b. Claimant moved to unit he purchased	_____	_____	\$ _____
c. Homeowner temporarily displaced	_____	_____	\$ _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY \_\_\_\_\_

PROJECT NAME Emanuel

PROJECT NO. R-20

1. Full name of claimant: \_\_\_\_\_  Family \_\_\_\_\_ Individual

A.W. Catlin

2. Dwelling unit from which you moved: Parcel No. R-15-3

a. Address 409 N. Morris c. Number of bedrooms 3

d. Monthly rental \$ 35.00

b. Apartment or room number — e. Date displaced \_\_\_\_\_

3. Dwelling unit to which you moved (RENTAL)

a. Address \_\_\_\_\_ c. Number of bedrooms \_\_\_\_\_

d. Monthly rental \$ \_\_\_\_\_

b. Apartment or room number — e. Date moved in \_\_\_\_\_

4. Dwelling unit to which you moved (PURCHASE)

a. Address 4125 N.E. 15th c. Downpayment \$ \_\_\_\_\_

d. Incidental expenses \$ \_\_\_\_\_

b. Number of bedrooms 3 e. Date of purchase \_\_\_\_\_

5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)

a. Address from which you moved \_\_\_\_\_

b. Address to which you moved \_\_\_\_\_

c. Date of move \_\_\_\_\_

d. Monthly rental for temporary unit: \$ \_\_\_\_\_

e. Require temporary housing for more than 3 months? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, total number of months in temporary housing \_\_\_\_\_ months

Incidental expenses.

<u>Item</u>	<u>Charged to claimant</u>	<u>Paid by Claimant</u>	<u>Claimed</u>	<u>Approved</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List of documents submitted (attached) in support of above:

Determination

1. Did claimant rent or own at time of acquisition?  Yes \_\_\_\_\_ No

Tenant's initial date of rental 1950

Date of acquisition N/A

Owner-occupant's initial date of ownership N/A

2. Did claimant own or rent 90 days prior to initiation of negotiations?  Yes \_\_\_\_\_ No

Date of rental or purchase 1950

Date of initiation of negotiations X

3. Is replacement housing standard?  Yes \_\_\_\_\_ No

If previously substandard, date found standard \_\_\_\_\_

4. Certification:

(Amount of this claim \$ 2,000.00 )



NAME & ADDRESS OF CLIENT:

Catten, A. W.  
409 N. Morris

COMPUTATION PREPARED BY:

Cullley  
3-22-71

Date

A. COMPUTATION OF DOWNPAYMENT ASSISTANCE FOR CLAIMANT MOVED TO UNIT PURCHASED

Required Information

1. Amount necessary for downpayment \$ 1,300.00 2660.00 \$ 2660.00
2. Costs incidental to purchase (Total amount approved by agency, from table on claim form, Column (e)) \$ (unknown)

Computation

3. Base amount (Sum of Lines 1 and 2) \$ 2660.00
- NOTE: If Line 3 is \$2,000 or less, skip Lines 4, 5, and 6 and enter the amount of Line 3 on Line 8 a.
4. Amount on Line 3 in excess of \$2,000
- |  |        |                      |                  |
|--|--------|----------------------|------------------|
|  | Line 3 | \$ <u>2660.00</u>    |                  |
|  |        | - \$ <u>2,000.00</u> |                  |
|  |        |                      | \$ <u>660.00</u> |
5. Amount on Line 4 divided by 2
- |  |        |                  |                  |
|--|--------|------------------|------------------|
|  | Line 4 | \$ <u>660.00</u> |                  |
|  |        | 2                |                  |
|  |        |                  | \$ <u>330.00</u> |
6. Matching amount (If amount on Line 5 exceeds \$2,000, enter \$2,000. Otherwise, enter the amount on Line 5.) \$ n/A
7. Base amount (Sum of amount on Line 6 and \$2,000)
- |  |        |                      |                    |
|--|--------|----------------------|--------------------|
|  | Line 6 | \$ _____             |                    |
|  |        | + \$ <u>2,000.00</u> |                    |
|  |        |                      | \$ <u>2,000.00</u> |
8. Amount of downpayment assistance
- a. Amount on Line 3 or Line 7 \$ 2000-
- b. Minus adjustments (attach explanation; e.g., amount previously received for rental assistance payment) - \$ \_\_\_\_\_
- \$ 2,000.00

(Enter this amount in the space provided in Block 4 on page one of this form.)

Portland, Oregon, 11/13/47, 19.....

RECEIVED OF

as purchaser, the sum of \$300.00 (CASH, NOTE, CHECK) as earnest money and in part payment of the purchase of the following described property situated in Multnomah County, State of Oregon—house and lot sold as is, located at

which premises have this day been sold to said purchaser for the sum of \$3,300.00, payable as follows: \$300.00 above received for and \$3,000.00 upon acceptance of title and delivery of \_\_\_\_\_, balance \$\_\_\_\_\_ payable as follows:

The property is to be conveyed by good and sufficient deed free and clear of all liens and encumbrances except zoning ordinances, building and use restrictions, reservations in Federal patents, easements of record and \_\_\_\_\_; subject to acceptance by owner, who shall furnish title insurance insuring marketable title; sale to be completed as soon as papers are ready. Taxes and fire insurance are to be pro rated as of the date of possession. If owner does not approve sale, or cannot furnish marketable title within reasonable time, earnest money herein received for shall be refunded, but if owner approves sale and title is marketable and the purchaser fails to complete purchase as above specified, the earnest money herein received for shall be forfeited to the undersigned agent to the extent of agreed upon commission, and residue to owner as liquidated damages. Possession of the above described premises is to be delivered to the purchaser immediately on delivery of the deed or contract above

mentioned or on \_\_\_\_\_, 19\_\_\_\_\_, or as soon thereafter as existing laws and regulations will permit removal of tenants, if any. Time is the essence of this contract. E. E. Bowen, Inc. makes no warranties or guaranties whatsoever about selling this contract. Should seller desire to take out loan on herein described property, all parties agree to sign loan papers. Buyer gives E. E. Bowen, Inc., 5 days to obtain seller acceptance. Seller and purchaser agree that subject sale shall be closed in escrow, the cost of which shall be borne co-equally between seller and purchaser. Minimum commission charged by E. E. Bowen, Inc., is \$500.

E. E. BOWEN, INC., Broker

Walt Hand - 656-1988(6) 638-5075(H) By \_\_\_\_\_ Salesman

I hereby agree to purchase above property upon above mentioned terms and conditions and do hereby certify that I have received a copy of this contract.

Address \_\_\_\_\_ (Purchaser)  
Phones: Res. \_\_\_\_\_ Business \_\_\_\_\_

I approve and accept the above sale and agree to above mentioned terms and conditions this 7th day of March, 1947, and agree to pay forthwith to said agent a commission of \$792.00 for services rendered in this transaction and do hereby certify that I have received a copy of this contract.

Address 4023 S.E. 33rd Pl. (Owner)  
Phones: Res. 33-3909 Business 33-12210

UNITED STATES OF AMERICA  
RAILROAD RETIREMENT BOARD

Rm. 104 U. S. Courthouse (New)  
620 S. W. Main St.  
Portland, Oregon 97205

March 3, 1972

Mr. Arthur W. Catlin  
409 N. Morris  
Portland, Oreg. 97227

RRB No. A-951053

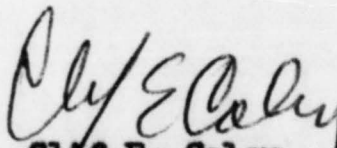
Dear Mr. Catlin:

Reference is made to your telephone request this date.

You are currently receiving \$383.60 per month from the Railroad Retirement Board as a disability annuity under the Overall Minimum Formula.

We trust this is the information you desire.

Yours very truly,

  
Cliff E. Caley  
District Manager

LAM



CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

March 28, 1972

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

Attn: Jim Crolley

Re: 4125 N. E. 15 Avenue

Dear Sirs:

A reinspection was made by the Housing Division of the one-story, wood frame, two bedroom, single-family dwelling and attached garage at the above address.

Our inspector reports the substandard conditions have been corrected and the structure complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

*S. J. Chegwiddden*  
S. J. Chegwiddden  
Chief Housing Inspector

CHF:vm

cc: Mr. George Sandford  
4023 S. E. 33 Place

March 29, 1972

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Attention: James Crolley

Gentlemen:

This is to authorize you to make my check for a Replacement Housing Payment to Tenants and Certain Others, in the sum of \$2,000.00, and my check for a Dislocation Allowance and a Fixed Payment for Moving Expenses, in the sum of \$460.00, payable to Transamerica Title Insurance Co. Said checks to be deposited to my escrow account at Transamerica Title, 39th and Hawthorne Branch for the purchase of the house at 4125 N. E. 15th, Portland, Oregon.

Arthur W. Colburn

# PORTLAND DEVELOPMENT COMMISSION

2000 OFFICE  
EMERSON, HOSPITAL FLD  
500 N. BROADWAY ST.  
PORTLAND, OREGON 97208  
PHONE 233-0100

March 15, 1972

Mr. Gary Wolfe  
Lomas and Nettleton Co.  
1514 Broadway  
Vancouver, Washington

RE: A. W. Catlin

Dear Mr. Wolfe:

The A. W. Catlin family is eligible, based on their status (a) tenant(s) in the Emanuel Hospital Project, to receive certain relocation benefits subject to the provision of the Uniform Relocation Act of 1970. These benefits include a Replacement Housing Payment of up to \$4,000 for a downpayment toward the purchase of a replacement dwelling unit, including the reasonable costs of expenses incurred incidental to the purchase of the replacement dwelling. Incidental expenses are limited to reasonable costs but not prepaid expenses or finance charges, and include the following:

- (1) legal, closing and related costs including title insurance, recording expenses, interest, taxes, and other

- (2) if the claim is for more than \$2,000, the claimant must match dollar-for-dollar the amount in excess of \$2,000 up to a maximum payment of \$4,000.

Thus, in this case the Catlins are eligible to receive a maximum of \$2,830 to be deposited towards the downpayment and eligible incidental expenses. The exact amount of the downpayment will depend upon the amount of eligible closing costs incidental to the purchase of said house, and their ability to provide the necessary matching funds for any eligible amount in excess of \$2,000.

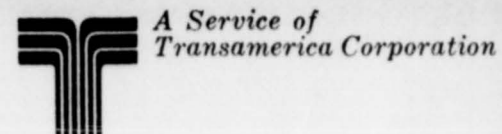
In addition, the A. W. Catlin family will be eligible for a dislocation allowance in the sum of \$200 and a moving expense benefit in the sum of \$260 if they move themselves. These benefits may be used to pay reserves and other closing costs as directed by the Catlins.

We are most anxious to assist the Catlins in any way possible to enable them to be satisfactorily relocated from this urban renewal project. Please feel free to call if you have any questions.

Very truly yours,

W. Stanley Jones  
Relocation Supervisor

WSJ:slc



# Transamerica Title Insurance Co

May 3, 1972

Escrow No. 74241 Re: 74241 j1

Property Address 4125 N. E. 15th Avenue, Portland, Ore.

Portland Development Commission  
235 North Monroe St.  
Portland, Ore. 97227

Attn: Mr. James C. Crolley

In connection with ~~your~~ funds necessary to close the above captioned escrow for Arthur W. and Elsie M. Catlin  
~~the above address,~~ we enclose the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Closing Statement                           | <input type="checkbox"/> Real Estate Mortgage   |
| <input type="checkbox"/> Title Insurance Policy                      | <input type="checkbox"/> Promissory Note  |
| <input type="checkbox"/> Warranty Deed                               | <input type="checkbox"/> Check in the amount of \$ _____  |
| <input type="checkbox"/> Real Estate Contract                        | <input type="checkbox"/> Trust Deed   |
| <input type="checkbox"/> Assignment of Real Estate Contract - Vendor | <input checked="" type="checkbox"/> Photo copy of Purchasers Closing statement (our work copy). We would appreciate receiving your funds as soon as possible. Do I call you when I am ready, or will you call me when you have approved the enclosed?? Thank you for your patience, since this is the first such escrow I have handled. |
| <input type="checkbox"/> Assignment of Real Estate Contract - Vendee | <input type="checkbox"/>  |
| <input type="checkbox"/> Bill of Sale                                | <input type="checkbox"/> (Original) (Copy) of Fire Insurance Policy No.   |

Yours very truly,

Escrow Department  
(Mrs.) Jeanne Larson  
Escrow Officer

JL/  
Encl.



# Transamerica Title Insurance Co



A Service of  
Transamerica Corporation

## ESCROW DEPARTMENT

CATLIN, Arthur W.

409 North Morris, Portland, Oregon 97227

Escrow No. 74241 j1

Order No. 41-31057

Date

Adjustment Date 5-12-72

Seller: SANFORD, George E. and Mary E.

Property: 4125 N. E. 15th Ave., Portland, Oregon	CHARGES	CREDITS
Purchase Price	13,300.00	
1971-72 taxes		
Pro Rata Real Estate Taxes \$254.94 5/12/72 to 7/1/72	34.70	
Pro Rata Fire Insurance premium to Farmers Ins. Group	60.00	
Multnomah County Transfer Tax	14.85	
Escrow Fee 1/2 of 64.00	32.00	
Recording deed & mtge	8.00	
Mortgage Title Insurance ALTA policy	50.00	
MORTGAGE LOAN COSTS:		
Service Charge	113.00	
Credit Report	5.50	
Photo Fee	5.00	
Appraisal Fee		
Interest Adjustment May 10 to June 1	43.95	
Tax Registration	12.50	
Survey Certification Charge W.B. Wells	15.00	
MORTGAGE LOAN RESERVES:		
F.H.A. Mortgage Insurance 1 mo.	4.69	
Real Estate Taxes 8 mo. 22.05 per mo.	176.40	
Fire Insurance 2 mo. 4.00 per mo.	8.00	
Mortgage Loan		11,300.00
Earnest Money Deposit		
Deposit in Escrow		
Credit Report		7.50
Seller paying closing costs		255.85
	13,883.59	11,563.35
To Balance		2,320.24
	13,883.59	13,883.59

PURCHASERS STATEMENT (Mortgage)



# Transamerica Title Insurance Co

May 10, 1972

Escrow No. 74241 j1 Re: Arthur W. and Elsie M. Catlin

Property Address 4125 NE 15th Ave Portland, Or. 97211

James C. Crolley  
235 N Monroe St.  
Portland, Oregon 97227

Dear Sir:

In connection with your interest in  
the above address, we enclose the following:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Closing Statement                | <input type="checkbox"/> Real Estate Mortgage                           |
| <input type="checkbox"/> Title Insurance Policy                      | <input type="checkbox"/> Promissory Note                                |
| <input type="checkbox"/> Warranty Deed                               | <input type="checkbox"/> Check in the amount of \$ _____                |
| <input type="checkbox"/> Real Estate Contract                        | <input type="checkbox"/> Trust Deed                                     |
| <input type="checkbox"/> Assignment of Real Estate Contract - Vendor | <input type="checkbox"/>  |
| <input type="checkbox"/> Assignment of Real Estate Contract - Vendee | <input type="checkbox"/>  |
| <input type="checkbox"/> Bill of Sale                                | <input type="checkbox"/> (Original) (Copy) of Fire Insurance Policy No. |

Yours very truly,

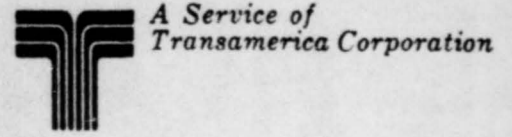
*Jeanne Larson*

Escrow Department

Jeanne Larson *ll*  
Escrow Officer

JL/kc

# Transamerica Title Insurance Co



## ESCROW DEPARTMENT

CATLIN, Arthur W. and Elsie M.  
4125 NE 15th Ave  
Portland, Or. 97211

Escrow No. ~~74241~~ 74241 j1  
 Order No. 41/31057  
 Date 5/10/72  
 Adjustment Date 5/12/72

Sellers: SANFORD, George E. and Mary E.

ppty: 4125 NE 15th Ave Portland, Or. 97211

	CHARGES	CREDITS
Purchase Price	13,300.00	
71-72 \$254.94		
Pro Rata Real Estate Taxes <u>5/12/72 to 7/1/72</u>	34.70	
Pro Rata Fire Insurance <u>premium to Farmers Ins Group</u>	60.00	
<u>MCRS</u>	14.85	
Escrow Fee <u>1/2 of \$64.00</u>	32.00	
Recording <u>dead and mtg.</u>	8.00	
Mortgage Title Insurance <u>alta</u>	50.00	
MORTGAGE LOAN COSTS:		
Service Charge	113.00	
Credit Report	5.50	
<u>photos</u>	5.00	
Appraisal Fee		
Interest Adjustment <u>INT 5/9/72 to 6/1/72</u>	48.34	
<u>tax registration</u>	12.50	
Survey Certification Charge	15.00	
MORTGAGE LOAN RESERVES:		
F.H.A. Mortgage Insurance 1 mo.	4.69	
Real Estate Taxes <u>8</u> mo. <u>22.05</u> per mo.	176.40	
Fire Insurance <u>2</u> mo. <u>4.00</u> per mo.	8.00	
Mortgage Loan <u>Lomas and Nettleton</u>		11,300.00
<del>XXXXXXXXXXXXXXXXXXXX</del> <u>Funds from PDC</u>		2,460.00
Deposit in Escrow		
<u>Credit report</u>		7.50
<u>seller payment of closing costs</u>		255.85
	13,887.98	14,023.35
To Balance <u>refund</u>	135.37	
	14,023.35	14,023.35

PURCHASERS STATEMENT (Mortgage)

\_\_\_\_\_  
 \_\_\_\_\_

CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

February 29, 1972

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: 4125 N.E. 15 Avenue

Attn: Mr. Crolley

Gentlemen:

As the result of a displaced person and at your request, an inspection was made by the Housing Division of the one-story, wood frame, two bedroom, single-family dwelling and attached garage at the above address.

Our inspector reports the following condition is in noncompliance with City regulations:

1. Portions of the cellar garage lack the required fire resistive construction.

Due to obvious deficiencies in the plumbing and electrical installation, it will be necessary for you to request an inspection from the respective divisions.

Please notify the Housing Division of the Bureau of Buildings, 2200 N.E. 24 Avenue, Telephone 288-6077, when the corrections have been completed under proper permit and a reinspection can be made.

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden  
Chief Housing Inspector

CHF:mfm

cc: Plg. & Elec. Div.  
George Sandford  
4023 S.E. 23 Ave.

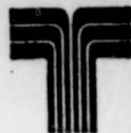
*Received* Mar 2, 1972

DATED this 29 day of May 19 72.

The undersigned does hereby consent and agree that all personal property left by me in the premises at \_\_\_\_\_  
409 N. MORRIS, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

Arthur W. Carter  
(~~Print~~ name)

by: \_\_\_\_\_



# Transamerica Title Insurance Co

DISTRIBUTION
MORTGAGE FUND
PURCHASE MONEY
ALL CHECKS TAKEN SUBJECT TO COLLECTION

RECEIPT No. 867

COUNTY OFFICE, Mult. - Hawth 5-5, 19 72

RECEIVED FROM Portland Development Comm.

FOR CREDIT OF ESCROW NO. 74241

\$ 2,460.00

DEPOSIT IN 1st Natl - Hawth

CASH \_\_\_\_\_

TRANSAMERICA TITLE INSURANCE CO.

CHECK X

BY Jeanne Larson  
ESCROW OFFICER

March 29, 1972

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Attention: James Crolley

Gentlemen:

This is to authorize you to make my check for a Replacement Housing Payment to Tenants and Certain Others, in the sum of \$2,000.00, and my check for a Dislocation Allowance and a Fixed Payment for Moving Expenses, in the sum of \$460.00, payable to Transamerica Title Insurance Co. Said checks to be deposited to my escrow account at Transamerica Title, 39th and Hawthorne Branch for the purchase of the house at 4125 N. E. 15th, Portland, Oregon.

---

3868 SE Madison

97214

222-9931

# PORTLAND DEVELOPMENT

September 1, 1971

Mr. A.M. Catlin,  
409 N. Morris  
Portland, Oregon

Dear Mr. Catlin:

As you may know, you are situated in the area which is being carried out with assistance from Housing and Urban Development (HUD). The project occupy will be acquired with time in the future by the Rent Commission as part of the approved program.

If you are in occupancy on the date the project is acquired the property in which you reside, you will be eligible for assistance. We strongly advise you to contact us to determine your eligibility for assistance. A relocation payment for which you may be eligible is attached brochure.

We urge you not to form adverse opinions as to the project which you may be entitled. Certain conditions of eligibility can be established and before the project is completed.

Very truly yours,  
[Signature]

cc: [Name]

cc: [Name]  
cc: [Name]



**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 QC Date of survey 2/24/71 Tabulator \_\_\_\_\_ Date tabulated \_\_\_\_\_  
 Dwelling Unit No. 1 Structure No. 1 Census Block No. 41 Census Tract No. 22A  
 Street Address 409 N. Morris 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:**

	<u>Name</u>	<u>Family relation</u>	<u>Age</u>	<u>Sex</u>	<u>Occupation</u>
1.	CATLIN, A.W.	Head of household	50	M 1	DISABLED
2.	JUDY	DAU	16	F 2	Student
3.	ARTHUR JR. SON		25	M 3	U.P.R.R.
4.	ELSIE	WIFE	46	F 1	HOUSEWIFE
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

<u>Names of jobholders</u>	<u>Names of employers</u>	<u>Street address where jobs are located</u>	<u>to work</u>
	U.P.R.R.		

2. Monthly income from jobs and from all other sources received by persons in this household:

<u>Names of persons in this household who have income from any source</u>	<u>Amount of income per month</u>	
	<u>In month before this survey</u>	<u>In an average month during 1970</u>
A.W. CATLIN, SR (DISABILITY)	\$ 340.00	\$ 340.00
A.W. " JR.	400.00	400.00
<b>Total family or household income per month</b>	<b>\$ 740.00</b>	<b>\$ 740.00</b>

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

1. Location (indicate approximate cross streets) SE or NE
2. Transportation, number of autos owned , 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 3, kitchen 1, dining room 1, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit \_\_\_\_\_
7. Other characteristics W O B I M

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

Date \_\_\_\_\_

Analyst DC Surveyed 2/24/71 Tabulator \_\_\_\_\_ Date \_\_\_\_\_  
 Dwelling Unit No. 1 Structure No. 1 Census Block No. 41 Census Tract No. 22A  
 Street Address 409 N. Morris Apartment No. \_\_\_\_\_  
 Legal Description \_\_\_\_\_

NAME OF OCCUPANT: <u>A.W. PATLIN</u> <u>409 N. MORRIS</u>	NAME & ADDRESS OF OWNER <u>Eileen C. Good</u> <u>3123 NE Everett</u>	NAME & ADDRESS OF PROP. MGR: _____
TELEPHONE: <u>288-4362</u>	TELEPHONE: _____	TELEPHONE: _____
INTERVIEWED? <input checked="" type="checkbox"/> Yes ( ) No	INTERVIEWED? ( ) Yes ( ) No	INTERVIEWED? ( ) Yes ( ) No

**I. DESCRIPTION OF STRUCTURE**

<u>X</u> One-family house	<u>      </u> No. of units in bldg.
<u>      </u> Apt. in a house	<u>      </u>
<u>      </u> Apt. in apt. bldg. or plex	<u>      </u>
<u>      </u> Apt. in comm. bldg.	<u>      </u>
<u>      </u> Mobile home or trailer	<u>      </u>

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**

803 Sq. ft. in first floor (county figure)  
803 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  
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  
1960 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	<u>1/3</u> <u>3000</u>	_____

*total*

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

	Market value for entire structure	Computed value per sq. ft. for this dw. unit
Land	\$ <u>1170</u>	\$ _____
Improvements	<u>790</u>	_____
Total	<u>2040</u>	_____

2253 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>35.00</u>	_____	\$ _____
Electricity	_____	\$ <u>5.00</u>	_____
Gas	_____	_____	_____
Water	_____	<u>5.25</u>	_____
Heat (oil, or other)	<u>AS</u> <u>20.00</u>	_____	_____
Total	\$ <u>35.00</u>	\$ <u>30.25</u>	\$ <u>65.25</u>

Deposits required of renter  
 Advance rent \$ 3500, 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**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_