

	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		



R E S U M E /

DATE 12-13-72

NAME George Clark

Mr. Clark and family have moved to 3946 N. Missouri. He purchased this house using his moving expenses and allowance benefits from relocation. Due to his late arrival on the project Portland Development Commission could not pay a Relocation Housing Payment.

The Clark family includes 4 daughters and a wife. They were a young family that moved here from Texas. Seemingly they have worked very hard to get a foot hold here in Portland. I feel that this house will be better for them than renting and they were very nice to work with.

(signed) _____

worker

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. E-4-1 Advisor PD
 Client's Name Clark, George Phone _____
 Address 2651 N. Gantenbier Ethn Black Age 27
 Male Family Married Renter/Occupant
 Female Individual Single Owner/Occupant

Family Composition

Total Number in Family 5
2 wife, husband
 Other: Relation Age Relation Age

	DAU	5		
	DAU	2		
	DAU	3		

Economic Data

Employer Constructional \$ 566.40
 Address _____
 Other Source of Income _____ \$ _____
 _____ \$ _____
 Total Monthly Income \$ (566.40)

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 4-7-72 Date of Info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 11-1-71

(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 10-6-72
 Date of letter of Intent _____
 Date of move 12-1-72

DWELLING UNIT FROM WHICH RELOCATED

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

✓ Age of Housing Unit over 20
 ✓ Size of Habitable Area 600-700
 Furnished with claimant's furniture
 YES NO

Total Number of Rooms 5 Rent Paid \$ 55⁰⁰ Utilities _____
 Number of Bedrooms 2 Monthly Housing Payments \$ _____ Taxes _____
 Liens \$ _____ (please explain) _____
 Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 3946 N. Missouri LPA Referred Self Referred _____

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

Outside city Outside state
 Age of Housing Unit 1925
 Size of Habitable Area 1086
 No. of Rooms 5 No. of Bedrooms 2

FHA 235

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 10,000
 Taxes \$ _____
 RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ _____
 Utilities \$ _____
 Total Rent Assistance \$ _____
 Amount of Annual Payment \$ _____

No. of Housing Referrals to:

2 Standard Sales
3 Standard Rent

Agency Referrals:

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

REPO.
235

Benefits Received Eligible For Moving Benefits Only

Date 9-11-72 Ck # 526EH Type Disc. Allow. Amount \$ 200-
 Date 11-13-72 Ck # 599EH Type MC Amount \$ 220-
 Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME CLARK, George RELOCATION ADVISOR CD
 ADDRESS 2651 N. Gantenbein PHONE 282-5973 PROJECT NAME Emanuel
 SEX M ETHN B VETERAN AGE 27 PARCEL NO. E-4-1
 MARITAL STATUS M TENURE t/o
 DISABILITY INDIV FAMILY x
 ELIGIBLE FOR: PUBLIC HOUSING FHA 235 x
 RENT SUPPLEMENT OTHER
 INITIAL INTERVIEW DATE INFO PAMPHLET DELIVERED
 NOTICE TO MOVE DATES EFFECTIVE EXPIRATION DATE
 NOTIFY IN CASE OF EMERGENCY

DATE ON SITE:	<u>11-1-71</u>
INITIATION OF NEGOTIATIONS:	<u>5-12-71</u>
DATE OF ACQUISITION:	<u>10-6-72</u>

ECONOMIC DATA

Employer Coast Janitorial \$ 566.40
 Address 700 N. Alberta
 MCW
 Social Security
 Pension
 Other
 TOTAL MONTHLY INCOME \$ 566.40

FAMILY COMPOSITION

Name	Relation	Age
Sadie	w	21
Sheila	d	5
Stacy	d	2
Renita	d	3
	d	3 mo

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure No. Rooms 5
 No. Bedrooms 2 Furn. Unfurn x
 Utilities \$
 Monthly Payments (Rent) \$ 55.00
 Acquisition Price \$
 Taxes \$ Equity \$
 Liens \$

Size of Habitable Area

HOUSING REFERRALS

Address	Bedrooms
<u>4635 N.E. Rodney</u>	
<u>716 N. Alberta</u>	
<u>3946 N. Missouri</u>	

AGENCY REFERRALS

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 _____ LPA Referred _____ x _____

Address 3946 N. Missouri Phone _____ Date of Move 12-1-72

WHERE RELOCATED:

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

Furnished ___ Unfurnished X Number of Rooms 5 Number of Bedrooms 2 Habitable Area 1086

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ 10,000

Age of Structure: 1925 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	599 EH	11-13-72	\$ 220.00
Actual Move	526 EH	9-11-72	\$ 200.00
Storage			\$
Incidental			\$
Interest			\$

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

TOTAL BENEFITS RECEIVED \$ 420.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date

Relocation
Worker

7-14-72

To date I have worked with Mr. Clark and his real estate agent, Herman Plummer. Mr. Clark has shown interest in buying a home FHA repo. (716 N. Alberta) At. present repairs are being made by FHA. Letter advising Mr. Marcus at HUD office that Mr. Clark is a displacee from Emanuel U. R. Project, and that he would like to be placed on the priority list. Will need this letter along with FHA Application from Mr. Plummer. We are waiting on FHA to complete work and set a price on the house. Herman Plummer office # 288-8442

Mr. Clark has made a E.M. on a house at 3945 N. Missouri.

CD

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 526 EH

DATE September 11, 1972, 19__

PAY TO **George Clark**

\$ 200.00

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

Portland Development Commission . 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Dislocation Allowance filed. Move from 2651 N. Gantenbein (Parcel E-4-1). <i>Received By. 12-6-72</i> <i>George Clark Jr.</i>	\$200.00

Account Distribution

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 599 EH

DATE November 13, 19 72

PAY TO **George Clark**

\$220.00

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
		<p>Reimbursement per Claim for Relocation Payment filed. Move from 2651 N Gantenbbsen (Parcel E-4-1)</p> <p>Fixed moving payment</p> <p><i>Received By:</i> <i>George Clark Jr. 12-6-72</i></p>	<p>\$220.00</p>

Account Distribution

NO. TITLE AMOUNT

0600 299 901 #200.00

RELOCATION PAYMENT

Project: Emanuel Parcel: E-4-1

Payable to: George Clark

Amount

For: <input type="checkbox"/>	RHP for Homeowners	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners (if separate claim)	\$	_____
<input type="checkbox"/>	RHP for Tenants & Certain Others:		
	Rental: Total approved \$ _____; Annual amount.	\$	_____
	or Purchase:	\$	_____
<input type="checkbox"/>	Fixed Moving Payment	\$	_____
<input checked="" type="checkbox"/>	Dislocation Allowance.	\$	<u>200.00</u>
<input type="checkbox"/>	Actual Moving Costs.	\$	_____
<input type="checkbox"/>	Storage Costs (if separate claim).	\$	_____
<input type="checkbox"/>	Business: Moving Expenses.	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment.	\$	_____
<input type="checkbox"/>	Business: Storage Costs.	\$	_____
<input type="checkbox"/>	Business: Loss of Property	\$	_____
<input type="checkbox"/>	Business: Searching Expenses	\$	_____

Name of Client George Clark

Less - \$ _____ *

Move from 2651 N. Gantenbein

Total \$ 200.00 *MS*

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

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY
Portland Development Commission
1700 S. W. Fourth Ave.
Portland, Oregon

PROJECT NAME (if applicable)
Emanuel
Project Number: ORE. R-20

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides:
"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT George Clark Family Individual

2. DATE(S) OF MOVE 12-1-72

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. E-4-1
a. Address 2651 N. Gantenbein d. Number of rooms occupied (ex-
Portland, Oregon cluding bathrooms, hallways,
b. Apartment, Floor, or Room Number _____ and closets: 5
c. Was it furnished with your own furniture? e. Date you moved into this
 Yes No address: November 1, 1971

4. DWELLING UNIT TO WHICH YOU MOVED 3946 N. Missouri
a. Address (include ZIP Code) 716 N. Alberta c. Were household goods moved to
Portland, Oregon or from storage?
b. Apartment, Floor, or Room Number _____ Yes No
If "Yes", complete table,
"Statement of Claim for Storage
Costs"

5. TOTAL CLAIM (if 5 b. marked above)
Dislocation Allowance \$200.00
Fixed Moving Payment -0-
(Consult local agency) (hardship) Total \$ 200.00 needs this for an FHA
deposit on house

6. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

7-13/72
Date

George Clark
Signature of Claimant

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

George Clark
2651 N. Gantenbein
Portland, Oregon

NAME OF LOCAL AGENCY:

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

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>-0-</u>			<u>9-8-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>200.00</u>	<u>\$200.00</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
<u>9/11/72</u>	<u>526EN</u>	<u>\$ 200.00</u>			\$

Memo to file

Mr. George Clark moved into this Emanuel Project well after the start of the program. He is only entitled to moving expenses and relocation allowances.

\$200.00	Moving Allowance
220.00 300.00	Moving Expenses
\$500.00	Total Moving Payment
420.00	

Mr. George Clark has received \$200.00 moving allowance already and this was used for F. H. A. down payment. Due to the fact that he will only receive moving expenses and that his personal funds are limited, we have helped him to obtain a 235 F. H. A. Loan. I am submitting this claim for the balance of his moving expenses (\$300.00). So that Mr. Clark will have closing money to pay taxes and insurance reserves.

At the present, everything seem alright. F. H. A. has approved the purchase of the property and it is now being approved by the Mortgage Company.

October 26, 1972

Mr. Ronald E. Stewart
Mortgage Loan Counselor
Bancal Mortgage Company
407 S.W. Broadway
Portland, Oregon

RE: Moving Expense and Allowance

Gentlemen:

Please be advised that Mr. George Clark and family, of 2651 N. Gantenbein, Portland, Oregon, live in the Emanuel urban renewal project area and are eligible for moving benefits.

At this time, the Portland Development Commission has computed their benefits to be:

Moving Allowance	\$200.00
Moving Expenses	<u>220.00</u>
TOTAL MOVING EXPENSES & ALLOWANCES	\$420.00

We are prepared to process Mr. Clark's claim for \$420.00 and make the funds available to him at the time he vacates the property at 2651 N. Gantenbein.

Please contact Mr. Chester Daniels at 288-8169 if you have any questions.

Very truly yours,

W. Stanley Jones
Supervisor, Relocation

WSJ:sh

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Georg Clark Project Emanuel
 2. Date(s) of move ? Parcel No. E4-1
 3. Dwelling unit from which you moved:
 Address 2651 N. Gantenbren No. of rooms 5
 ___ Furnished Unfurnished Date you moved into this unit Nov. 1 1971
 4. Dwelling unit to which you moved:
 Address 716 N. Alberta
 Were goods moved to or from storage? ___ Yes No

5. Total claim \$ 220.00

FIXED PAYMENT: \$200 + \$ 220.00 = \$ 420

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)

0600 E60 901

RELOCATION PAYMENT

Project: Emanuel Parcel: E-4-1

Payable to: George Clark

Amount

For: <u> </u> RHP for Homeowners	\$	<u> </u>
<u> </u> Incidental Expenses for Homeowners (if separate claim)	\$	<u> </u>
<u> </u> RHP for Tenants & Certain Others:		
<u> </u> Rental: Total approved \$ <u> </u> ; Annual amount.	\$	<u> </u>
<u> </u> or Purchase:	\$	<u> </u>
<u> X</u> <u> </u> Fixed Moving Payment	\$	<u>220.00</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 George Clark

Less - \$ *

Move from 2651 N. Gantenbein


nil Total \$ 220.00 *WSP*

Accounting: Indicate symbol & Acct. No.

 X Relocation Payment; Project Cost *()

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount ^{1/}	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>220.00</u>			<u>11-8-72</u>
2. Dislocation allowance \$ <u> </u>			
3. Total <i>W.S.J.</i> \$ <u>220.00</u>	<u>\$220.00</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ <u> </u>			
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
<u>11/13/72</u>	<u>599EN</u>	<u>\$ 220.00</u>			<u>\$</u>

Memo to file

Mr. George Clark moved into this Emanuel Project well after the start of the program. He is only entitled to moving expenses and relocation allowances.

\$200.00	Moving Allowance
<u>220.00</u>	Moving Expenses
\$420.00	Total Moving Payment

Mr. George Clark has received \$200.00 moving allowance already and this was used for F. H. A. down payment. Due to the fact that he will only receive moving expenses and that his personal funds are limited, we have helped him to obtain a 235 F. H. A. Loan. I am submitting this claim for the balance of his moving expenses (\$300.00). So that Mr. Clark will have closing money to pay taxes and insurance reserves.

At the present, everything seem alright. F. H. A. has approved the purchase of the property and it is now being approved by the Mortgage Company.

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

Portland Development Commission
1700 S. W. 4th Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)

Emanuel

Project Number: R-20

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides:
"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT George Clark Family Individual

2. DATE(S) OF MOVE 12-1-72

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. E4-1
 a. Address 2651 N. Gantenbein
Portland, Oregon 97227
 b. Apartment, Floor, or Room Number _____
 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: November 1, 1971

4. DWELLING UNIT TO WHICH YOU MOVED
 a. Address (include ZIP Code) 3946 N. Missouri
Portland, Oregon 97227
 b. Apartment, Floor, or Room Number _____
 c. Were household goods moved to or from storage?
 Yes No
 If "Yes", complete table, "Statement of Claim for Storage Costs"

5. TOTAL CLAIM (if 5 b. marked above)
 Dislocation Allowance \$200.00 Previously Paid as Hardship
 Fixed Moving Payment \$220.00
 (Consult local agency) Total \$ 220.00 Balance of Moving Expense

6. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

November 6, 1972
Date

George Clark
Signature of Claimant

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:
George Clark
2651 N. Gantenbein
Portland, Oregon 97227

NAME OF LOCAL AGENCY:
Portland Development Commission
1700 S. W. 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:

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

P.O.C.
1700 SW 4th Ave.
Portland Oregon

PROJECT NAME (if applicable)

Emanuel

Project Number: R-20

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides:
"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT George Clark Family Individual

2. DATE(S) OF MOVE ?

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. E4-1
 a. Address 2651 N. Gantenbrien d. Number of rooms occupied (excluding bathrooms, hallways, and closets: 5
Portland, Oregon
 b. Apartment, Floor, or Room Number _____
 c. Was it furnished with your own furniture? e. Date you moved into this address: Nov. 1, 1971
 Yes No

4. DWELLING UNIT TO WHICH YOU MOVED 3946 N. Missouri
 a. Address (include ZIP Code) 716 N. Alberta c. Were household goods moved to or from storage?
Portland Oregon 97227 Yes No
 b. Apartment, Floor, or Room Number _____
 If "Yes", complete table, "Statement of Claim for Storage Costs"

5. TOTAL CLAIM (if 5 b. marked above) Previously Paid of \$200.00 to put in
 Dislocation Allowance \$200.00 Mr. Clark needs \$200. to put in
 Fixed Moving Payment -0- he files application
 (Consult local agency) (Hardship) Total \$ 200.00 Balance of moving expense
Need this for a FHA
Reposit on

6. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

_____ Date

_____ Signature of Claimant

PORTLAND DEVELOPMENT COMMISSION

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

October 25, 1972

Mr. and Mrs. George Clark
2651 N. Gantenbein
Portland, Or. 97227

Dear Mr. and Mrs. Clark:

The premises you are now occupying at the above subject address are within the boundaries of the Emanuel Hospital Urban Renewal Project. Ownership (possession) of this property was vested in (granted) the Portland Development Commission on October 6, 1972.

Present plans of the Portland Development Commission call for demolition of the structure which you occupy at the earliest possible date. The most recent regulations of the Department of Housing and Urban Development governing this project stipulate that lawful occupants shall not be required to surrender possession without at least 90 days written notice from the local commission. This letter is therefor to advise you that we require you to surrender possession of the above subject premises not later than February 1, 1973. Any extension of this date must have the written approval of the Commission.

If you have any questions or wish more information please call on us at 235 N. Monroe Street, telephone 288-8169. We want to cooperate with you to the fullest extent possible in finding a new location, assisting you in your move, and obtaining for you those benefits to which you are entitled under the regulations.

Very truly yours,

PORTLAND DEVELOPMENT COMMISSION

By: W. Stanley Jones

WSJ:slc



— OREGON ASSOCIATION OF REAL ESTATE BOARDS
OFFICIAL EARNEST MONEY AGREEMENT

Received of GEORGE CLARK JR. & SADIE MARIE CLARK
hereinafter called "purchaser," in the form of (check, cash, note) \$ _____ as earnest money and part payment for the purchase of the following described real estate situated in the City of PORTLAND County of MULTNOMAH and State of Oregon, to-wit: S. 11 1/2 FT. OF LOT 6, N. 20 FT. OF LOT 8, BLK 22 MULTNOMAH OTHERWISE KNOWN AS 3946 N. MISSOURI

together with the following described personal property: DRAPES, SHADES & CURTAINS & RANGE.

_____ which we have this day sold to the said purchaser, subject to the approval of the seller, for the sum of TEN THOUSAND DOLLARS Dollars (\$ 10,000.00) on the following terms, to wit: The sum, hereinabove receipted for, of _____ Dollars (\$ _____) { on _____, 19 _____ } as additional earnest money, the sum of _____ Dollars (\$ _____) Upon acceptance of title and delivery of deed or contract, the sum of _____ Dollars (\$ _____) The balance of _____ Dollars (\$ _____)

payable as follows: PURCHASER AGREES TO IMMEDIATELY APPLY FOR & OBTAIN AN FHA 235 LOAN & PAY ACCORDING TO TERMS & CONDITIONS THEREOF. PURCHASER AGREES TO PAY ALL LOAN COSTS & RESERVES. THIS CONTRACT IS SUBJECT TO FUNDING & APPROVAL OF THE PORTLAND DEVELOPMENT COMMISSION. SELLER AGREES TO PAY PREVAILING FHA DISCOUNT.

The seller shall furnish to the purchaser in due course a title insurance policy in the amount of the purchase price of the real estate from a title insurance company showing good and marketable title. Prior to closing the transaction, the seller, upon request, will furnish to the purchaser a preliminary report made by a title insurance company showing the condition of the title to said property. Said report shall be conclusive evidence as to the condition of seller's title. It is agreed that if the seller does not approve the above sale within the period allowed Realtor below in which to secure seller's acceptance, or if the title to the said premises is not marketable, or cannot be made so within thirty days after notice containing a written statement of defects is delivered to seller, or if the seller, having approved said sale fails to consummate the same, the earnest money herein receipted for shall be refunded, but the acceptance by the purchaser of the refund does not constitute a waiver of other remedies available to him.

But if the above sale is approved by the seller and the title to the said premises is marketable, and the purchaser neglects or refuses to comply with any of the conditions of this sale within ten days from the furnishing of a preliminary title report and to make payments promptly, as hereinabove set forth, the earnest money herein receipted for shall be forfeited to the undersigned Realtor to the extent of his agreed upon commission, and the residue, if any, shall be retained by the seller as liquidated damages and this contract thereupon shall be of no further binding effect. The property is to be conveyed free and clear of all liens and encumbrances to date except zoning ordinances, building restrictions, reservations in Federal patents, and EASEMENTS OF RECORD, IF ANY.

All light fixtures and bulbs, fluorescent lamps, Venetian blinds, window and door screens, storm windows and doors, linoleum, attached television antennas, curtain, towel and drapery rods, shrubs and trees, and irrigation, plumbing and heating equipment, except fireplace equipment that is not attached in any manner to the structure, and all fixtures except NONE

are to be left upon the premises as part of the property purchased.

Seller and purchaser agree to prorate the taxes, which are due and payable for the current tax year, rents, interest, premiums for existing insurance, and other matters as of the date of delivery of possession, unless otherwise stated. Purchaser agrees to pay the seller for fuel, if any, in storage tank at date of possession. Encumbrances to be discharged by seller may be paid at his option out of purchase money at date of closing. The purchaser shall reimburse the seller for sums held in the reserve account on any indebtedness assumed in this transaction.

Seller and purchaser agree that subject sale { will } be closed in escrow, the cost of which shall be shared equally between seller and purchaser. Possession of the above described premises is to be delivered to the purchaser ON CLOSING days from the delivery of deed or contract above mentioned, or as soon thereafter as existing laws and regulations will permit removal of tenants, if any. Time is of the essence of this contract.

Realtor's Address: 2422 S.E. 182 AVE. AWARD REALTY INC. Realtor
Realtor's Phone: 665-3177 By: [Signature]

AGREEMENT TO PURCHASE Date Oct 18, 1972

I hereby agree to purchase the above described property at the price and on the terms and conditions set forth above, and grant said Realtor a period of 5 days hereafter to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Deed or contract is to be prepared in the name of GEORGE CLARK JR. & SADIE MARIE CLARK

I acknowledge receipt of a copy of the foregoing offer to buy and earnest money receipt bearing my signature and that of the Realtor. Address 2651 N. GANTENDEIN PURCHASER: George Clark Jr.
Phone 282-5973 PURCHASER: Sadie Marie Clark

AGREEMENT TO SELL 103649 Oct 19, 1972

I hereby approve and accept the sale of the above described property and the price and conditions as set forth in above agreement and agree to furnish a title insurance policy continued to date as aforesaid showing good and marketable title, also the said deed or contract, and agree to pay the above named Realtor for services a commission of \$ 700.00. I authorize said Realtor to pay out of the cash proceeds of sale the expenses of furnishing title insurance, recording fees and revenue stamps, if any, as well as any encumbrances on said premises payable by me at or before closing. I instruct Realtor to place in his special trust account the above described earnest money deposit until needed in the closing of the transaction. I acknowledge receipt of a copy of this contract bearing my signature and that of the purchaser named above, and of Realtor.

Address 724 S.E. 154 SELLER: Alexon Dickinski
Phone 2548896 SELLER: Adela Dickinski

DATED this 13 day of Dec. 1972.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 2651 N.
Gantenberis, 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.

George C. Clark
(firm name)

by: _____

Dwelling Unit Inventory

<u>QUANTITY</u>	
<u>2</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>2</u>	Chest of Drawers
<u>1</u>	Coffee Table
<u>1</u>	Couch
<u> </u>	Davenport
<u> </u>	Desk
<u> </u>	Dining Table
<u> </u>	Dining Chairs
<u>1</u>	Dresser
<u> </u>	End Table
<u>1</u>	Floor Lamp & Shade
<u> </u>	Mirror

<u>QUANTITY</u>	
<u> </u>	Night Stand
<u> </u>	Occasional Chair
<u>2</u>	Overstuffed Chair
<u> </u>	Overstuffed Rocker
<u>1</u>	Range
<u>1</u>	Refrigerator: Brand <u> </u>
<u> </u>	Rocker
<u>3</u>	Rug & Pad: Size <u>2X6</u>
<u>1</u>	Stool
<u>1</u>	Table Lamp & Shade
<u> </u>	Table, small
<u> </u>	Vanity & Bench
<u> </u>	Suitcases
<u>1</u>	Trunks
<u>✓</u>	Cartons, Boxes, Etc.
<u>✓</u>	Clothes
<u>✓</u>	Bedding & Linens

Miscellaneous (List Items)

<u>Baby bed</u>	<u> </u>
<u>T.V. Portable</u>	<u> </u>
<u>Record Player</u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

COMMENTS:

July 13, 1972

U. S. Department of Housing
and Urban Development
Area Office
Cascade Building
520 S. W. Sixth Avenue
Portland, Oregon

Attn: Mr. Marcus

Dear Mr. Marcus:

This is to inform you that Mr. George Clark, of 2651 N. Gantenbein, Portland, Oregon, 97227, wishes to file an application with your office for a house located at 716 N. Alberta, now being acquired by H. U. D. Mr. Clark and family are being displaced as a result of the acquisition of the property at 2651 N. Gantenbein by the Portland Development Commission in the Emanuel Urban renewal project, ORE. R-20.

Thank you for any help you can render Mr. Clark to obtain suitable housing under the 235 program. Please place his name on the displaced list for consideration.

Very truly yours,

Chat Daniels
Relocation Advisor

CD: sb

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 266-6100

November 22, 1971

Mr. George Clark
2651 N. Gantenbein
Portland, Oregon

Dear Mr. Clark:

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 advance opinions as to the benefits and amounts to which you may be entitled. Certain conditions must be met before eligibility can be established and before the amount of benefits, if any, can be determined.

Please check with us before making any move. If you are unable to come during our regular office hours - 8:30 a.m. to 5:00 p.m., Monday through Friday, an alternate appointment can be arranged by calling 266-6100. Our office is located at 235 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure