

	DESCRIPTION	ROLL NO	ODOMETER
A 3-16	CLARK, L.C. 227 N. FARGO		
E-3-6	CLARK, RAY E. 2649 N. COMMERCIAL #2		
RS 3-5	CLINTON, LEO C. 2732 N. VANCOUVER		
R 9-3	COLLINS, FRED 3137 N. GANTENBEIN		
A-2-4	COOK, LESTER 3102 N. GANTENBEIN		
E 4-8	COOPER, BERTHA 323 N. RUSSELL		
RS 3-7	COREY, WALTER 2722 N. VANCOUVER		
E 4-8	CORLEY, FREDERICKA 327 N. RUSSELL		
E 3-7	CORNWELL, ALLEN 542 N. KNOTT		
RS 4-7	COUEY, SEARCY 111 N. RUSSELL #1		
A -3-9	CRITTENDEN, BETTY JEAN 3222 N. GANTENBEIN		
RS 4-9	DAVENPORT, CLARENCE 7 N. RUSSELL #2		
	DAVIS, FLOYD W. 2860 N. WILLIAMS AVENUE		
RS 4-9	DEMME, FRANK 7 N. RUSSELL		
A-4-7	DENSON, JEWEL (MRS.) 3316 N. GANTENBEIN		
A-2-4	DENT, DAVID 3110 N. GANTENBEIN		
A 3-5	DeWEESE, CARL 232 N. COOK		
A 2-8	DIAL, OSCAR 3111 N. VANCOUVER		

R E S U M E /

DATE 5/30/75

NAME COOPER, BERTHA

---

---

Client has been very nice to assist and all benefits have been paid.

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

# RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME COOPER, Bertha MAE RELOCATION ADVISOR A. Gordon  
 ADDRESS 323 N. Russell PHONE 284-8301 PROJECT NAME Emanuel  
 SEX F ETHN B VETERAN        AGE 62 PARCEL NO. E 4-8  
 MARITAL STATUS none TENURE Tenant  
 DISABILITY        INDIV x FAMILY         
 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>11-69</u>
INITIATION OF NEGOTIATIONS:	<u>5-14-71</u>
DATE OF ACQUISITION:	<u>4-19-72</u>

## ECONOMIC DATA

Employer        \$         
 Address         
 MCW Francis Langley 280-6043 129.00  
 Social Security         
 Pension         
 Other         
 TOTAL MONTHLY INCOME \$ 129.00

## FAMILY COMPOSITION

Name	Relation	Age

## DWELLING UNIT FROM WHICH RELOCATED

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

Size of Habitable Area       

Age of Structure 70 No. Rooms 4  
 No. Bedrooms 1 Furn. x Unfurn         
 Utilities \$         
 Monthly Payments (Rent) \$ 60.00  
 Acquisition Price \$         
 Taxes \$        Equity \$         
 Liens \$       

## HOUSING REFERRALS

Address	Bedrooms
<u>4737 N. E. 14th Place</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 4735 N. E. 14th Place Phone 284-8301 Date of Move 7-24-72

## WHERE RELOCATED:

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

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

Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ 145.00 Purchase Price \$ \_\_\_\_\_

Age of Structure: 10 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_ Distance Moved Away \_\_\_\_\_

Name of Moving Company \_\_\_\_\_ Name of Realtor \_\_\_\_\_

## BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	573	10-4-72	\$ 1000.00
TACO (Rental)	824 EH	9/26/72	\$ 1000.00
TACO (Rental)	972 EH	10/2/72	\$ 1000.00
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	524	9-11-72	\$ 260.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

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

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

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

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

TOTAL BENEFITS RECEIVED \$ \_\_\_\_\_

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

# INTERVIEW REGISTER

Date		Relocation Worker
4-27-72	Interviewed Mrs. Bertha Cooper at 323 N. Russell. Explained the benefits which she is eligible for as payment or rent assistance for a period of 48 months. She desires to rent a low rent supplement in North or North East area. Will call me when she is ready to start looking for apts.	AG
4-28-72	Verification of income requested from Welfare.	
5-1-72	Statement of income received from case worker Francis Longley as \$129 per month from MCW.	
5-17-72	Have tried to contact Mrs. Cooper, have not been able to talk with her. Several attempts have been made through contacts with her landlady.	
6-19-72	Mr. Webb, Mr. Crolley and I met with Mrs. Leo Warren, Mr. Bob Nelson, Mrs. Bertha Cooper and Mrs. Lucille Johnson, landlady of Mrs. Cooper, at 106 N. E. Morris to determine the benefits as a tenant for Mrs. Cooper other than relocation and moving expense in the amount of \$260.00. Prior to this meeting records from Mrs. Johnson's receipts shows date on site as 4-2-71 and initiation of negotiations as 5-14-71, therefore, the tenant did not occupy unit 90 days prior to initiation of negotiations. Mrs. Cooper stated that she had moved to a unit at 4046 N. Gantenbein temporarily to help her son's wife and child while he was in the Army, however, her clothing and/or belongings remained at Mrs. Johnson's house Mr. Webb asked if Mrs. Johnson and Mrs. Cooper would be willing to sign an affidavit and/or a written statement that these facts were true. Other information is being sought to sustain Mrs. Johnsons' claim.	
7-14-72	Received an affidavit sworn to by Bertha Cooper that she has been a resident at 321 N. Russell since November 1969, and has continuously been a resident at 321 N. Russell. She has continuously paid her rent to Mrs. Lucille Johnson landlady, and that about April 20, 1971, she left her apartment temporarily to visit her daughter in law during her husbands assignment in the U.S. Army. That she allowed her friend Mrs. Woods to occupy and maintain her goods to protect it from loss or vandalism. Subscribed and sworn to July 13, 1972, by Rose Marie Martin Notary Republic for Oregon.	AG
4-27-72	Interviewed Mrs. Cooper at 323 N. Russell. Explained the options that she was eligible for as a tenant. Rent assistance for tenants or move into low rent supplement housing and receive relocation and moving plus RHP. She expressed the desire to rent an apt. rent supplement in walking distance to stores, and transportation. Will call office when she is ready to start looking for apts.	
7-24-72	Mrs. Bertha Cooper made a self move from 232 N. Russell to 4735 N. E. 14th Place. Claim filed for Moving and Dislocation expenses.	
9-11-72	Check no 524EH in the amount of \$260 delivered to Mrs. Cooper with her signature as recipient.	
9-20-72	Claim filed for RHP for tenants.	
10-4-72	Warrant No 573EH for Bertha Cooper for move from 323 N. Russell parcel E-4-8 First annual payment in the amount of \$1000, Check delivered by James Crolley. Signature signature of Bertha Cooper on receipt of check.	AG
5/30/75	Warrant #1054 EH in the amount of \$1000 paid to Mrs. Cooper representing fourth and final TACO. CASE CLOSED.	BRB

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

Nº 1054 EH

DATE May 28, 19 75PAY TO **Bertha Cooper**

\$ 1,000.00

**DOLLARS**TO THE TREASURER OF THE  
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE

**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for BHP for Tenants filed. Move from 323 N. Russell (Parcel E4-8) - <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> Total approved  4TH &amp; FINAL PAYMENT </div> <div style="float: right;">\$4,000.00</div>	\$1,000.00
		<i>Bertha M. Cooper</i> <i>Rec'd. 5/30/75</i>	

**Account Distribution**

NO.

TITLE

AMOUNT

# RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: E4-8

PAYABLE TO: Bertha Cooper

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

Name of Client Bertha Cooper ☐ Family Less - \$ \*

Move from 323 N. Russell ☒ Individual Total \$ 1000.00

Accounting: Indicate symbol and Accounting No.  
0600 Relocation Payment; X10901 Project Cost \*( )

*John*

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Betty Burns  
(Relocation Advisor)

DATE May 19, 1975

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

RE: Bertha Cooper  
(Displacee)

4735 N. E. 14th Place  
(Address)

No. 4th & Final  
(annual payment)

\$ 1,000.00  
(amount)

10/4/75  
(date due)

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

Present Address: 4735 N.E. 14th Place

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

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

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

Comments: Client occupying standard housing.

SIGNED: \_\_\_\_\_  
(Displacee)

SIGNED: Betty R. Burns  
(Relocation Advisor)

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

DATE: 5/20/75

TO: ADC - acctg.

DATE: 5/20/75

FROM: Relocation

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

TO: Bertha Cooper

PROJECT: Remanuel

FOR: 4th & final TACO

AMOUNT: 1000.00

grew

SIGNED: Betty R. Burns

CLAIM FOR REPLACEMENT HOUSING PAYMENT  
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:

Portland Development Commission  
1700 S.W. 4th Avenue  
Portland, Oregon 97204

PROJECT NAME (if applicable)  
Emanuel

PROJECT NUMBER: 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

Bertha Cooper

Family ☒ Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-4-8

a. Address: 323 N. Russell

d. Monthly rental: \$60.00

b. Apartment or room number:

e. Date you moved out of this dwelling: July 24, 1972

c. Number of bedrooms: 2

Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code):

4735 N.E. 14th Place

d. Monthly rental: \$145.00

b. Apartment or room number:

e. Date you moved into this dwelling: July 24, 1972

c. Number of bedrooms: 2

Month-Day-Year

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

a. Address (include ZIP Code):

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

b. Number of bedrooms:

e. Date you purchased this dwelling:

c. Downpayment: \$

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

a. Address of dwelling unit from which you moved:

d. Monthly rental for temporary unit: \$

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

e. Will you require temporary housing for more than 3 months?

c. Date of move:

Month-Day-Year

Yes No

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

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

NAME OF CLAIMANT Bertha Cooper

Parcel No. E-4-8

NAME OF LOCAL AGENCY Portland Development Commission

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

Tenant's initial date of rental: November, 1969

Date of Acquisition: July 24, 1972

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: November, 1969

Date of Initiation of Negotiations: May 14, 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 \$4,000.00 is authorized.

9-28-72

Date

[Signature]  
Authorized Signature

5. RECORD OF PAYMENTS

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year

2nd Year

3rd Year

4th Year

Date of Payment

Check Number

Amount

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

10/4/72

573 EH

\$ 1,000.00

9/26/73

824 EH

\$ 1,000.00

10/2/74

972 EH

\$ 1,000.00

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

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 ☒

Burtha Cooper

2. Dwelling unit from which you moved:

Parcel No. E-4-8

a. Address 323 N. Russell

c. Number of bedrooms 2

d. Monthly rental \$ 60.00

b. Apartment or room number \_\_\_\_\_

e. Date displaced July 24, 1972

3. Dwelling unit to which you moved (RENTAL)

a. Address 4735 N.E. 14th Place

c. Number of bedrooms 2

d. Monthly rental \$ 145.00

b. Apartment or room number \_\_\_\_\_

e. Date moved in July 24, 1972

4. Dwelling unit to which you moved (PURCHASE)

a. Address \_\_\_\_\_

c. Downpayment \$ \_\_\_\_\_

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

b. Number of bedrooms \_\_\_\_\_

e. Date of purchase \_\_\_\_\_

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

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

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

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

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

e. Require temporary housing for more than 3 months? Yes ☐ No ☒

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

## Incidental expenses.

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

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

## Determination

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

Tenant's initial date of rental November 1969

Date of acquisition June 2, 1972

Owner-occupant's initial date of ownership \_\_\_\_\_

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

Date of rental or purchase Nov 1969

Date of initiation of negotiations MAY 14, 1971

3. Is replacement housing standard? Yes ☒ No ☐

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

4. Certification:

(Amount of this claim \$ 4000.00 )

# RESIDENTIAL RELOCATION RECORD

Project Name EMAN Parcel No. E-4-8 Advisor AG  
 Client's Name COOPER, BERTHA Phone \_\_\_\_\_  
 Address 323 N. RUSSELL Ethn B Age 62  
☐ Male ☐ Family ☐ Married ☒ Renter/Occupant  
☒ Female ☒ Individual ☒ Single ☐ Owner/Occupant

## Family Composition

Total Number in Family 1

~~wife, husband~~

Other: Relation Age Relation Age


## Economic Data

Employer \$

Address

Other Source of Income

MCW \$ 129.-

Total Monthly Income \$ (129.-)

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 4-27-72 Date of Info pamphlet delivery \_\_\_\_\_

Date Notice to Move given \_\_\_\_\_ Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY

11-'69

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

Date of initiation of negotiations for purchase of property

5-14-71

Date of Acquisition

4-19-72

Date of letter of intent

Date of move

7-24-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 70

✓ Size of Habitable Area 800

Furnished with claimant's furniture  
☒ YES ☐ NO

Total Number of Rooms 4 Rent Paid \$ 600 Utilities \_\_\_\_\_

Number of Bedrooms 1 Monthly Housing Payments \$ \_\_\_\_\_ Taxes \_\_\_\_\_

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

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

REPLACEMENT DWELLING UNIT

Address 4735 NE 14<sup>th</sup> LPA Referred ☒ Self Referred \_\_\_\_\_

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

Outside city ☐ Outside state ☐

✓ Age of Housing Unit 10

✓ Size of Habitable Area \_\_\_\_\_

✓ No. of Rooms \_\_\_\_\_ No. of Bedrooms 1

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ \_\_\_\_\_

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

RHP or TACO (including incidental costs) \$ \_\_\_\_\_

For Claimants Who Rented

Rent \$ 145

Utilities \$ Included in rent

Total Rent Assistance \$ 4000

Amount of Annual Payment \$ 1000

✓ No. of Housing Referrals to:

\_\_\_\_\_ Standard Sales

\_\_\_\_\_ ✓ Standard Rent

Agency Referrals: ✓

\_\_\_\_\_ MCW

\_\_\_\_\_ Food Stamp

\_\_\_\_\_ HAP

\_\_\_\_\_ ✓ Legal Aid

\_\_\_\_\_ OTHER (\_\_\_\_\_)

\_\_\_\_\_ Other ( Senior Citizens )

Benefits Received

Date \_\_\_\_\_ Ck # \_\_\_\_\_ Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date \_\_\_\_\_ Ck # \_\_\_\_\_ Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date \_\_\_\_\_ Ck # \_\_\_\_\_ Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

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

Nº 972 EH

DATE October 2, 19 74

\$ 1,000.00

PAY TO **Bertha Cooper**

DOLLARS

TO THE TREASURER OF THE  
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**  
AUTHORIZED SIGNATURE

DETACH BEFORE DEPOSITING CHECK

Portland Development Commission 224-4800

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 232 N. Russell (Parcel E-4-8).	
		Total approved \$4,000.00 3rd Annual Payment	\$1,000.00

*Bertha M. Cooper*  
*Oct. 4 1974*

Account Distribution

NO.

TITLE

AMOUNT

# RELOCATION PAYMENT

PROJECT: EMANUEL

PARCEL: E-4-8

PAYABLE TO: Bertha Cooper

For: RHP for Homeowners . . . . . \$  
Incidental Expenses for Homeowners or Tenants . . . . . \$  
xx RHP - Tenants & Certain Others - Rental: Total approved \$4,000; Annual amount \$1,000 *3rd* \$  
RHP - Tenants & Certain Others - Downpayment . . . . . \$  
Settlement Costs (on acquisition by LPA only) . . . . . \$  
Interest Expense . . . . . \$  
Fixed Moving Payment . . . . . \$  
Dislocation Allowance . . . . . \$  
Actual Moving Costs . . . . . \$  
Storage Costs . . . . . \$  
Business: Moving Expenses . . . . . \$  
Business: In Lieu Payment . . . . . \$  
Business: Storage Costs . . . . . \$  
Business: Loss of Property . . . . . \$  
Business: Searching Expenses . . . . . \$

Name of Client Bertha Cooper ☒ Family Less - \$            \*

Move from 232 N. Russell ☒ Individual Total \$ 1,000

Accounting: Indicate symbol and Accounting No.

                     Relocation Payment;                      Project Cost \*(                      )

*OK Jme*

*0600 X10 901*

**NOTICE OF RHP-TACO YEARLY PAYMENT**

TO: \_\_\_\_\_  
(Relocation Advisor)

DATE September 12, 1974

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

RE: Bertha Cooper (Emanuel)  
(Displacee)

4735 NE 14th Pl.  
(Address)

No. 3rd  
(annual payment)

\$1,000.00  
(amount)

10/4/74  
(date due)

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

Present Address: 4735 N.E. 14th Place

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

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

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

Comments: Same address as occupied as of last  
payment. Unit appears to be still in standard  
condition.

SIGNED: Bertha M. Cooper (Displacee) SIGNED: Alma Gordon (Relocation Advisor)

DATE: Sept 24 - 74 DATE: 9/24/74

TO: Bob Douglas DATE: 9/25/74

FROM: Emanuel

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

TO: Bertha M. Cooper

PROJECT: Emanuel

FOR: Relocation-TACO payment

AMOUNT: \$1000

SIGNED: Alma Gordon

1088

0600

60

901

## RELOCATION PAYMENT

Project: Emanuel ORE R-20 Parcel: E-4-8Payable to: Bertha CooperAmount

For:        RHP for Homeowners . . . . . \$             
       Incidental Expenses for Homeowners (if separate claim) . . . . \$             
  X   RHP for Tenants & Certain Others:  
       Rental: Total approved \$ 4000 ; Annual amount. . . . . \$ 1000 ✓  
       or Purchase: . . . . . \$             
       Fixed Moving Payment . . . . . \$             
       Dislocation Allowance. . . . . \$             
       Actual Moving Costs. . . . . \$             
       Storage Costs (if separate claim). . . . . \$             
       Business: Moving Expenses. . . . . \$             
       Business: In Lieu Payment. . . . . \$             
       Business: Storage Costs. . . . . \$             
       Business: Loss of Property . . . . . \$             
       Business: Searching Expenses . . . . . \$           

Name of Client Bertha CooperLess - \$            \*Move from 435 W. 4th Place 323 N. RussellTotal \$ 1000

Accounting: Indicate symbol &amp; Acct. No.

           Relocation Payment;            Project Cost \*(          )

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

NAME AND ADDRESS OF CLAIMANT:

Bertha Cooper  
323 N. Russell

COMPUTATION PREPARED BY:

A. Gordon  
Name  
7/17/72  
Date

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

Required Information

1. Monthly gross rental for comparable unit 2 bdrm  
(cost based on: ☒ Schedule  
☐ Comparative  
☐ Other)
2. Base monthly rental for claimant's former dwelling, or  
25% of adjusted monthly income, whichever is less.

\$ 128.35

\$ 30.64

Computation

3. Line 1 minus Line 2, multiplied by 48

129.00	Line 1	\$ <u>128.35</u>
12	Line 2	\$ <u>30.64</u>
<u>1548.00</u> x 5% = 77.40		\$ <u>97.71</u>
- 77.40		
<u>1470.60</u> ÷ 12 = 122.55	X	<u>48</u>

\$4,690.08

4. Base amount (if amount on Line 3 is \$4,000 or more,  
enter \$4,000. If amount on Line 3 is less than  
\$4,000, enter amount on Line 3.)

\$ 4000.00

5. Minus adjustments (Attach full explanation)

- \$ 4000.00

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

\$ 4000.00

7. Annual Payment

\$ 1000.00

(Enter this amount in the space provided in Block 3 on  
page one of Replacement Housing Payment for Tenants  
and Certain Others)

NOTE: If the amount on Line 6 is less than \$500, a lump-sum payment is to be  
made. If the amount on Line 6 is more than \$500, divide the payment by 4.  
The resultant amount is the total of each of four annual payments to be  
made; enter on Line 7.

5-1-72  
(date)

Multnomah County Public Welfare Department  
508 S. W. Mill Street  
Portland, Oregon 97201

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an Urban Renewal area and, in order to determine my eligibility for further compensation, would like you to give them the amount of my monthly compensation from Welfare.

This will authorize you to give the Development Commission the information requested below. Please return one copy of the completed form directly to the Commission in the envelope provided.

Thank you.

Sincerely,

Frances E. Longley  
(name)  
5022 N. Vancouver  
(address)  
Portland, OR. 97217

4-011249-7  
(caseload code number)

5-1-72  
(date)

TQ; Portland Development Commission

The records of this office indicate that BERTHA CODPER is receiving monthly benefits in the amount of \$ 129.00 from the Multnomah County Public Welfare Department.

MULTNOMAH COUNTY PUBLIC WELFARE DEPARTMENT

by F. E. Longley

CONFIDENTIAL

7-17-72  
Date

Bertha M. Cooper  
Signature of Claimant (s)

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

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

CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

June 12, 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: 4733/35 N. E. 14 Place

Gentlemen:

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

Our inspector reports the two-bedroom unit, designated as 4735 N. E. 14 Place, is in standard condition and complies with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden  
Chief Housing Inspector

CHF:vm

cc: Arden Peters  
4735 N. E. 14 Place

**PORTLAND DEVELOPMENT COMMISSION**1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201N<sup>o</sup> 824 EHDATE September 26, 1973PAY TO **Bertha M. Cooper**

\$1,000.00

DOLLARS

TO THE TREASURER OF THE  
CITY OF PORTLAND, OREGON

OR-20-28

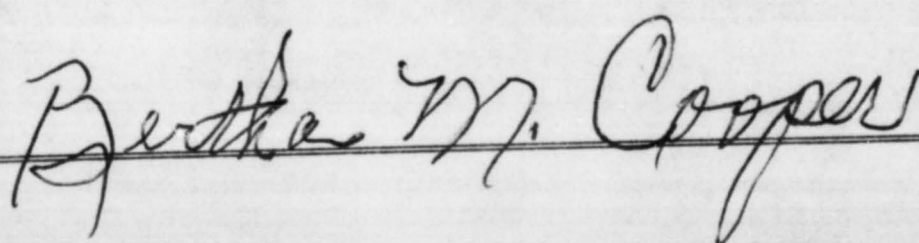
AUTHORIZED SIGNATURE

**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenangs filed. Move from 323 N. Russell (Parcel E-4-8).	
		Total approved <span style="float: right;">\$4,000.00</span> 2nd annual payment	<u>\$1,000.00</u>
			

**Account Distribution**

NO.

TITLE

AMOUNT

600 EGO 901

**NOTICE OF RHP-TACO YEARLY PAYMENT**

TO: Jim Crolley  
(Relocation Advisor)

DATE September 17, 1973

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

RE: Bertha M. Cooper  
(Displacee)

4735 N.E. 14th Pl.  
(Address)

No. 2nd  
(annual payment)

\$ 1,000.00  
(amount)

October 4, 1973  
(date due)

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

Present Address: 4735 N.E. 14th Place

Date Inspected: 9/24/73 Condition: X Standard        Substandard

If substandard: (1) Date reinspected and found standard                                 

or (2) Displacee notified of ineligibility:        yes        no

Comments: Same address as occupied a year ago. Apartment is still in standard condition.

SIGNED: Bertha M. Cooper  
(Displacee)

SIGNED: James C. Crolley  
(Relocation Advisor)

DATE: 9/24/73

DATE: 9/24/73

TO: Bob Douglas

DATE: 9/24/73

FROM: Emanuel

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

TO: Bertha M. Cooper

PROJECT: Emanuel

FOR: Relocation - Taco.

AMOUNT: \$1000.00

SIGNED: James C. Crolley

**PORTLAND DEVELOPMENT COMMISSION**1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201N<sup>o</sup> 573 EHDATE October 4, 1972PAY TO **Bertha Cooper****\$1,000.00****DOLLARS**TO THE TREASURER OF THE  
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE

**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants. Move from 323 N. Russell (Parcel E-4-8).	
		Total approved <span style="float: right;">\$4,000.00</span> 1st annual payment	<u><b>\$1,000.00</b></u>
		X <i>Bertha M. Cooper</i>	

**Account Distribution**

NO.

TITLE

AMOUNT

STATE OF OREGON       )  
                              )  
County of Multnomah ) ss.

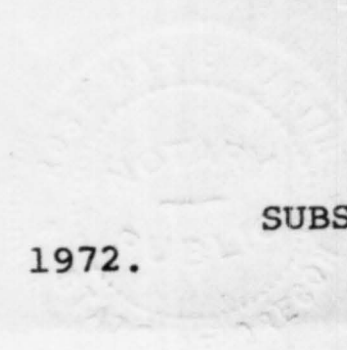
I, BERTHA COOPER, after having been duly sworn, do depose and state that I have been a resident of 321 North Russell, in the City of Portland, Oregon, since November of 1969, when I became a tenant of Lucile Johnson who resides at said address;

That I have continuously since that time occupied my apartment at 321 North Russell, consisting of four rooms and bath, and have paid my rent each month to said Lucile Johnson as my landlady;

That on or about April 20, 1971, I temporarily left my said apartment for purposes of visiting my daughter-in-law who was residing alone because of my son's assignment pursuant to U.S. Army orders assigning him outside of the northwest for training and education;

That approximately June of 1971 I returned to my said apartment and have lived there continuously since then;

That during the period of my absence all of my goods, property and possessions were left on the premises and I paid rent to my said landlady and allowed my friend, Mrs. Woods, to occupy my apartment during my absence in order to protect it from loss or vandalism and keep it clean and in good condition.

  
*Bertha M. Cooper*  
Bertha Cooper

SUBSCRIBED and SWORN to before me this 13<sup>th</sup> day of July, 1972.

*Rose Marie Martin*  
NOTARY PUBLIC FOR OREGON  
My Commission Expires: 9-29-74

LEGAL AID SERVICE

MULTNOMAH BAR ASSOCIATION

ALBINA OFFICE

517 N. E. KILLINGSWORTH - 288 6746 - PORTLAND, OREGON 97211

JAY FOLBERG  
DIRECTOR

July 12, 1972

Portland Development Commission  
Emanuel Site Office  
235 N. Monroe  
Portland, Oregon 97227

Attn: Mr. Crawley


Re: Bertha Cooper

Dear Mr. Crawley:

Enclosed herewith is the affidavit signed by Mrs. Cooper indicating that she has continuously resided at 321 N. Russell in the apartment provided by Mrs. Johnson since sometime in 1969.

I hope this will provide the information needed to complete her claim.

Very truly yours,

  
Holman J. Barnes, Jr.  
Supervising Attorney

HJB/mlw

Enc: One

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349  
Portland, Oregon 97207

Housing Authority of Portland  
1605 N. E. 45th  
Portland, Oregon 97213

Gentlemen:

In accordance with the procedure adopted for adjusting rentals for persons receiving public assistance, this letter is to certify that the persons named below have been accepted for assistance by the Multnomah County Welfare Commission. This is not to be construed as a guarantee of the payment of rental for any period by the Multnomah County Public Welfare Commission. It is understood that this information is confidential and will be used only for the purpose for which it is provided.

1. Resident of the Housing Authority \_\_\_\_\_
2. Applicant for housing Bertha Cooper
3. Name \_\_\_\_\_
4. Address \_\_\_\_\_
5. Number of persons in family one
6. Total monthly assistance 129.00
7. Date assistance began \_\_\_\_\_
8. Date assistance to terminate ongoing

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION  
Gordon Gilbertson, Administrator

F. B. Dingley MC  
(Caseworker) (Dept.)  
6-9-72  
(Date)

8/14/72

Bertha Cooper

## Dwelling Unit Inventory

QUANTITYQUANTITY

1 1 Beds & Springs *mattress*  
 \_\_\_\_\_ Bedroom Chair  
 \_\_\_\_\_ Breakfast Table  
 \_\_\_\_\_ Breakfast Table Chairs  
 \_\_\_\_\_ Bridge Lamp & Shade  
 \_\_\_\_\_ Buffet  
 \_\_\_\_\_ Chest of Drawers  
1 Coffee Table  
 \_\_\_\_\_ Couch  
 \_\_\_\_\_ Davenport  
 \_\_\_\_\_ Desk  
 \_\_\_\_\_ Dining Table  
 \_\_\_\_\_ Dining Chairs  
 \_\_\_\_\_ Dresser  
 \_\_\_\_\_ End Table  
 \_\_\_\_\_ Floor Lamp & Shade  
1 Mirror

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

*(owned furniture)*  
 Miscellaneous (List Items)

*Stereo R.F.*  
*T.V. Console*  
*Aquarium*  
*Portable Electric heater*  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMENTS:

*unfurnished*

**PORTLAND DEVELOPMENT COMMISSION**1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201N<sup>o</sup> 524 EHDATE September 11, 19 72PAY TO **Bertha Cooper**

\$ 260.00

DOLLARS

TO THE TREASURER OF THE  
CITY OF PORTLAND, OREGONAUTHORIZED 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 Relocation Payment filed. Move from 323 N. Russell (Parcel E-4-8).	
		Fixed moving payment - individual	\$ 60.00
		Dislocation Allowance	<u>200.00</u>
			<u>\$260.00</u>
		x <u>Bertha M. Cooper</u> By <u>AG</u> 9-11-72	

**Account Distribution**

NO.

TITLE

AMOUNT

0600 299 901 #260.00

RELOCATION PAYMENT

Project: Emanuel Parcel: E-4-8

Payable to: Bertha Cooper

Amount

For:        RHP for Homeowners . . . . . \$         
       Incidental Expenses for Homeowners (if separate claim) . . . . \$         
       RHP for Tenants & Certain Others:  
    Rental: Total approved \$       ; Annual amount. . . . . \$         
    or Purchase: . . . . . \$         
  X   Fixed Moving Payment . . . . . \$ 60.00  
  X   Dislocation Allowance. . . . . \$ 200.00  
       Actual Moving Costs. . . . . \$         
       Storage Costs (if separate claim). . . . . \$         
       Business: Moving Expenses. . . . . \$         
       Business: In Lieu Payment. . . . . \$         
       Business: Storage Costs. . . . . \$         
       Business: Loss of Property . . . . . \$         
       Business: Searching Expenses . . . . . \$       

Name of Client Bertha Cooper me Less - \$       \*

Move from 323 N. Russell Total \$ 260.00

Accounting: Indicate symbol & Acct. No.

  X   Relocation Payment;        Project Cost \*(      )

# WORKSHEET FOR ALL MOVING CLAIMS

1. Name Cooper, Bertha Project R20
2. Date(s) of move July 24, 1972 Parcel No. E4-8
3. Dwelling unit from which you moved:  
 Address 323 N. Russell No. of rooms 4  
☒ X Furnished ☐ Unfurnished Date you moved into this unit November, 1969
4. Dwelling unit to which you moved:  
 Address 4735 N.E. 14th Place  
 Were goods moved to or from storage? ☐ Yes ☒ No

5. Total claim \$ 260.00

-----  
 FIXED PAYMENT: \$200 + \$60.00 = \$260.00  
 -----

## 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)

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 Avenue  
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 Bertha Cooper Family X Individual

2. DATE(S) OF MOVE July 29, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. E-4-8  
a. Address 323 N. Russell d. Number of rooms occupied (excluding bathrooms, hallways, and closets: 4  
b. Apartment, Floor, or Room Number \_\_\_\_\_ e. Date you moved into this address: November 1969  
c. Was it furnished with your own furniture? Yes X No

4. DWELLING UNIT TO WHICH YOU MOVED  
a. Address (include ZIP Code) 4735 N.E. 14th Place c. Were household goods moved to or from storage? Yes X 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)  
Dislocation Allowance \$200.00  
Fixed Moving Payment \$ 60.00  
(Consult local agency) Total \$ 260.00

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

7/17/72  
Date

Bertha M. Cooper  
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:

Bertha Cooper  
4735 N.E. 14th Place  
Portland, Oregon

NAME OF LOCAL AGENCY:

Portland Development Commission

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

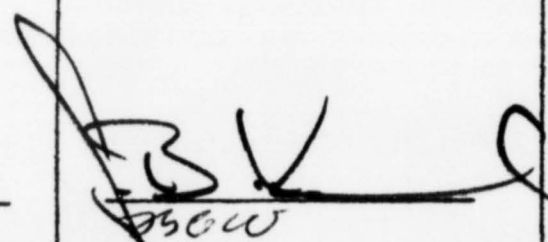
If "Yes," explain basis for approved amount:

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>60.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>260.00</u>	\$ <u>260.00</u>		<u>9-8-72</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
9/11/72	524 EH	\$ 260.00			\$

DATED this 5 day of Sept 1972.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 323 N. Russell, 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.

by: Bertha M. Cooper ~~(Name)~~