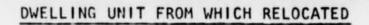
| | DESCRIPTION | | ROLL NO | ODOMETER |
|--------|--|---|---------|----------|
| A 3-16 | CLARK, L.C. 227 N. FARGO | | | |
| E-3-6 | CLARK, RAY E. 2649 N. COMMERCIAL #2 | - | | |
| RS 3-5 | CLINTON, LEO C. 2732 N. VANCOUVER | | | |
| R 9-3 | COLLINS, FRED 3137 N. GANTENBEIN | | | |
| A-2-4 | COOK, LESTER 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 | | | |

RESIDENTIAL RELOCATION RECORD

| Project Name | Parcel No. | K | 5-4-9 | Advisor | Jcc |
|---|---------------|-----------------|---------------------------------|---------------------|---------------------------|
| Client's Name DAUE NOORT | Clare | N C E | | Phone | * |
| Address THRUSSE | <u> </u> | Ethn _ | B | Age _ | 68 |
| Male | Married | | Renter/Occupa | int | |
| ☐ Female ☐ Individual ☐ | Single | 0 | Owner/Occupan | it | |
| Family Composition | | | Economic Data | | |
| Total Number in Family | | Employ | yer | \$ | |
| wife, husband | | Addres | ss | | |
| Other: Relation Age Relation Age | | Other | Source of Inc | come \$ | 122 |
| | | Total | al Monthly Inc | ome \$ (| 122-7 |
| Eligible for Public Housing YES | □ NO | Preser | ntly Receiving | Welfare | YES N |
| Eligible for Welfare YES | □ NO | 0ther | Assistance | | |
| Eligible for (Other) YES | □ NO | | | | |
| Claimant was displaced from real proper tinent contract for Federal assistance a | ty within the | proje of HUD | ect area on or approval of b | after d udget fo | ate of per- r project: |
| Date of initial interview 8.24. | Date | of In | fo pamphlet d | elivery | |
| Date Notice to Move given | | | | | |
| CLAIMANT'S INITIAL DATE OF OCCUPANCY | | | | 1-1- | |
| (a) for owner-occupants - indicate occupancy and ownership | e initial dat | e of | | | |
| Date of initiation of negotiations for p | ourchase of p | ropert | у | 5-27 | -51 |
| Date of Acquisition | | | *** | 7- 22 | - 71 |
| Date of letter of intent | | | | | |
| Date of move | | | - | 1-18 | 1-12 |



| Private Sales | | Single Family | Age of Housing Unit 1894 - |
|-------------------|--------|-------------------|---|
| Private Rental | X | Duplex | - Size of Habitable Area 9014 |
| Other | | Multiple Family | Furnished with claimant's furniture / YES / NO |
| Total Number of | Rooms | / | Rent Paid \$ 45 Utilities |
| | | - | Monthly Housing Payments \$ Taxes |
| Liens \$ | | (please ex | xplain) |
| Acquisition Price | e \$ _ | | Amenities |
| | | REPLACE | EMENT DWELLING UNIT |
| Address | 22. | NEP | LPA Referred Self Referred |
| Private Sales | | Single Family | Outside city Outside state |
| Private Rental | 4 | Duplex | / Age of Housing Unit Jyk |
| Other HAP | × | Multiple Family | × / Size of Habitable Area + 50 1 |
| ? | | | No. of Rooms |
| For Cl | aiman | ts Who Purchased | For Claimants Who Rented |
| Purchase Price o | f Rep | lacement Dwelling | \$ Rent \$ 40.25 |
| Taxes \$ | | | Utilities \$ |
| RHP or TACO (inc | ludin | g incidental cost | ts) \$ Total Rent Assistance \$ 3,300.9 |
| | | | Amount of Annual Payment \$ 825.2 |
| No. of Housing R | eferi | als to: | Agency Referrals: |
| Stand | ard S | ales | X MCWHAP X OTHER (S.S.) |
| Stand | ard F | Rent | |
| Benefits Receive | d | | |
| Date 1-14-7 | 2 | CK # 24784 | Type TACO Amount \$ 825.24 |
| Date 12-70- | 2 | Ck # 628E H | Type Amount \$ |
| Date 9-10. | 71 | Ck # 26841 | G Type MC Amount \$ 215 |

RESIDENTIAL RELOCATION RECORD

| CLIENT'S NAME DA | VENPO | RT, Clarence | | RELOCATION ADVISOR_ | | |
|-------------------|-------|----------------|--------------|--------------------------------|-------------|----------|
| ADDRESS 7 North | Russ | sell #2 PHON | | PROJECT NAME Emai | nuel ORE I | R-20 |
| SEX_M_ETHN_B | | VETERAN | AGE 68 | PARCEL NO. RS 4-9 | | |
| MARITAL STATUS | Sing | E TENURE | Tenant | DATE ON SITE: 4 | /1/71 | |
| DISABILITY | | INDIV FAM | ILY | INITIATION OF NEGOTIATIONS: | | |
| ELIGIBLE FOR: PUE | BLIC | HOUS ING FHA | 235 | DATE OF | | |
| REN | IT SU | PPLEMENTOTH | ER | ACQUISITION:J | 119 22, 197 | |
| INITIAL INTERVIEW | 8, | /24/71 | | DATE INFO PAMPHLET | ELIVERED | |
| NOTICE TO MOVE Y | es | DATES EFF | ECTIVE_7/22/ | 71 EXPIRATION DATE | Nov. | 19, 1971 |
| NOTIFY IN CASE OF | EMER | GENCY | | | | |
| ECC | NONI | C DATA | | FAMILY | COMPOSITION | |
| | | | | * | | |
| Employer | | | 3 | Name | Keration | Tage |
| Address | | | | | - | - |
| MCW 3/11/71 | | | 122.00 | _ | | |
| Social Security | | | | _ | | |
| Pension | | | | | | |
| Other | | | | | | |
| | | | | | | |
| TOTAL MON | 1THLY | INCOME | \$ 122.00 | _ | | |
| | | DWELLING | UNIT FROM W | HICH RELOCATED | | |
| Subsidized Sales | | Single Family | S SS | Age of Structure | No. Re | ooms |
| Subsidized Rental | | Multiple Famil | | No. Bedrooms | Furn Y III | furn |
| | _ | | Y | Utilities \$ | rui | |
| Public Housing | X | Duplex | | Monthly Payments | | 00 |
| Private Rental | ^ | Mobile Home | | 4 Monthly Payments | (Kent) 345 | .00 |
| Private Sales | | | | Acquisition Price | ; ? | |
| Size of Habitable | Area | | • | Liens \$ | | |
| | | | | A05W0W 8 | TETRONIC . | |
| но | USING | REFERRALS | | AGENCY R | | |
| Address | | | Bedrooms | Name of Age | ncy | Date |
| | | | | Multnomah Count | | Χ |
| | | | | Food Stamp Prog | ram | |
| | | | | Housing Authori | ty | |
| | | | | Legal Aid | | |
| | | | 1 | FISH | | |
| | | | | Health Dept. | | |
| | | | | C C | | X |
| | | | | | | |

| AGENCY ACTION | l: | | REASONS | S: | | | | |
|--|--|--------------|------------|---|----------------|----------|----------|-------|
| Appeals | | | | | | | | |
| Evicted | | | | | | | | |
| Refused Assistance | | | | | | | | |
| Address Unknown | THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWIND TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN | | | | | | | |
| Other (death, etc |) | | | *************************************** | | | | |
| | | TEMP | ORARY RE | LOCATI | ON | | | |
| Within Projec | t | | Dat Ado | e Move Iress | d In | | | |
| Outside Project | | | Rea | son | | | | |
| | | REPLACE | MENT DWE | LLING | UNIT | | | |
| Client Referred_ | | | | | | | | |
| Trene Kererred | | | | LPA K | ererreo | | | |
| Address 5025 N. | E. 8th | . aper 19 | Phone | 288- | 9496 Date of | Move | anuary | 15. 1 |
| WHERE RELOC | | | | | | | S | SS |
| Same City | THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN | ubsidized S | | | Single Famil | | | |
| Outside City | | ubsidized R | | | Multiple Fan | nily | X | |
| Out of State | 1 | Public Housi | ng | | Duplex | | | |
| | F | rivate Rent | al | × | Mobile Home | | | |
| | | riyate Sale | S | | | | | |
| Itilities \$ | 1 | axes \$ | Eq | uity \$ | Di | stance M | loved Aw | ау |
| lame of Moving Co | трапу | | | Na | ame of Realtor | | | |
| | ENEFITS R | | | | | | | |
| Туре | CK # | Date | Amoun | <u>t</u> | Purchase Pric | e | \$ | |
| TACO (Rental) | 01.7 | +,,,,,= | 3 | | | | | |
| The second secon | | 1/14/72 | | - | Down Payment | \$ | | |
| TACO (Rental) | 62884 | 12-20-72 | \$ 825.2 | 4 | | | | |
| TACO (Rental) | | | \$ | | RHP | \$ | | |
| TACO (Rental) | | | \$ | | | | | |
| TACO (Sales) | | | \$ | | Total Down | | - \$ | |
| Fixed Moving | 26841 G | 9/10/71 | \$ 215.0 | 0 | | | | |
| Actual Move | | | \$ | | Total Mortgag | e | \$ | |
| Storage | | | \$ | | | | | |
| Incidental | | | \$ | | | | | |
| Interest | | | \$ | | | | | |
| TOTAL BENEFI | TS RECEIV | ED | \$ 1,040 | . 24 | | | | |
| The Denti I | | | 7 | | | | | |
| | | | | | | | | |
| FALTOR. | | ESCDI | ou co | | | OFFICER | | |

Took him to get his check cashed at Freedom Bank and signed papers for the apartment and paid his rent for 1/2 month at \$22.10 and \$25.00 deposit for cleaning, total \$47.10. Furniture cost \$378.00 for living

room and kitchen, bedromm.

Mr. Davenport extremely pleased. He was 69 years old and had never applied for his Social Security he was reluctant because he did not know what to do. He had been getting Welfare, and during some art time work. He now has an apartment for \$40.25 (his cost) he has S.S. and his furniture belongs to him. He gets food stamps. So he has no worries about a place to stay nor money or food. I am very pleased with his well being.

RELOCATION PAYMENT PARCEL: R5 - 4-9 PAYABLE TO: X RHP - Tenants & Certain Others - Rental: Total approved \$3300.96; Annual amount\$ 825.24 _Settlement Costs (on acquisition by LPA only). Fixed Moving Payment . . Business: Moving Expenses. Business: Loss of Property Name of Client Clarence Lanenpart 17 Family ussell IXI Individual Total

Relocation Payment; Project Cost

0600 X10. 901

Accounting: Indicate symbol and Accounting No.

NOTICE OF RHP-TACO YEARLY PAYMENT

| T0: dim Crolley A (Relocation Advisor) | G DATE_ | December 4, 1974 |
|--|---|---|
| FROM: Benjamin C. Webb, Chief | f of Relocation & Prope | rty Management |
| RE:Clarence Davenport | (Emanuel) | 5025 N.E. 8th |
| (Displacee) | | (Address) |
| No. 4th & final | \$ 825.24 | January 1975 |
| No. 4th & final (annual payment) | (amount) | (date due) |
| Please contact the above dispithe duplicate copy of this for a copy of the inspection. | lacee and inspect his p rm together with a copy | resent dwelling unit. Return of the original claim form and |
| Present Address: 5025 N.E. 8 | Bth | |
| Date Inspected: | Condition: | StandardSubstandard |
| If substandard: (1) Date rei | inspected and found star | oderd |
| comments: Same | doure - | Illity:yesno |
| SIGNED: Marene (Displacee) | | (Relocation Advisor) |
| DATE: | DATE: | |
| TO: Bot Douglas | DATE: | 12-9-74 |
| FROM: Emoonuel | | |
| PROJECT: | check payable as follo rince Davens Emanne TACO- | DWS: |
| AMOUNT: 8 | 252 | |

NOTICE OF RHP-TACO YEARLY PAYMENT

| (Displacee) (Displacee) (Address: Secondard the above displacee and inspect his present dwell the duplicate copy of this form together with a copy of the original copy of the inspection. Present Address: So25 N.E. 8th apt.#19 Date Inspected: Jan. 11, 1972 Condition: Standard or (2) Displacee notified of ineligibility: Comments: Displacee remains in fame of the present was a supplaced of the present was a supplaced of the ligibility: | th ess) 11/73 ate due) ling unit. Return ginal claim form and dSubstandard _yesno |
|---|---|
| RE: Clarence Davenport (Displace) No. 3rd (annual payment) Please contact the above displacee and inspect his present dwell the duplicate copy of this form together with a copy of the original copy of the inspection. Present Address: 5025 N.E. 8th apt. #19 Date Inspected: Jan. 11, 1972. Condition: Standard or (2) Displacee notified of ineligibility: Comments: Displacee remains in fame of inspector //11/72, which was all | th ess) 11/73 ate due) ling unit. Return ginal claim form and dSubstandard _yesno |
| (Displacee) No. 3rd \$825.24 1/ (annual payment) Please contact the above displacee and inspect his present dwell the duplicate copy of this form together with a copy of the original copy of the inspection. Present Address: 5025 N. E. 8th apt. #19 Date Inspected: Jan. 11, 1972 Condition: Standard or (2) Displacee notified of ineligibility: Comments: Displacee remains in fame of inspection 11/72, which was all shaftime. Signed: Clanence Down of the standard of the stan | ess) 11/73 ate due) ling unit. Return ginal claim form and dSubstandard _yesno |
| (Displacee) No. 3rd \$825.24 1/ (annual payment) Please contact the above displacee and inspect his present dwell the duplicate copy of this form together with a copy of the original copy of the inspection. Present Address: 5025 N. E. 8th apt. #19 Date Inspected: Jan. 11, 1972 Condition: Standard or (2) Displacee notified of ineligibility: Comments: Displacee remains in fame of inspection 11/72, which was all Signed: Comments and Signed: | ess) 11/73 ate due) ling unit. Return ginal claim form and dSubstandard _yesno |
| Please contact the above displacee and inspect his present dwell the duplicate copy of this form together with a copy of the original copy of the inspection. Present Address: 5025 N. E. Sth. apt. #19 Date Inspected: Jan. 11, 1972 Condition: Standard If substandard: (1) Date reinspected and found standard or (2) Displacee notified of ineligibility: Comments: Displacee Remains in Panel of Phase Comments: Displacee Remains in Panel of Phase Comments: Signed: Signed: Chima | ling unit. Return ginal claim form and dSubstandard yesno |
| Please contact the above displacee and inspect his present dwell the duplicate copy of this form together with a copy of the original copy of the inspection. Present Address: 5025 N. E. Sth. apt. #19 Date Inspected: Jan. 11, 1972 Condition: Standard If substandard: (1) Date reinspected and found standard or (2) Displacee notified of ineligibility: Comments: Displacee remains in fame of inspector //11/72, which was Of inspector //11/72, which was Of Egglacee remains in fame Signed: Colorence Down of Signed: Afma | ling unit. Return ginal claim form and dSubstandard yesno |
| Present Address: 5025 M. E. 8th apt, #19 Date Inspected: Jan. 11, 1972 Condition: Standard If substandard: (1) Date reinspected and found standard or (2) Displace notified of ineligibility: of Inspector / 11/72, which was Af Spat time. SIGNED: Clarence Downers at SIGNED: China | ginal claim form and dSubstandard _yesno |
| Date Inspected: fan. 11, 1972 Condition: Standard If substandard: (1) Date reinspected and found standard or (2) Displace notified of ineligibility: Comments: Displace remains in same of inspection /11/72, which was left Epat Time. SIGNED: Clarence Douespart SIGNED: China | yesno |
| or (2) Displace notified of ineligibility: Comments: Displace remains in same of inspection //11/72, which was af Epat Time. SIGNED: Clarence Douespart SIGNED: Comme | yesno |
| or (2) Displace notified of ineligibility: Comments: Displace remains in same of inspection //11/72, which was af Epat Time. SIGNED: Clarence Douespart SIGNED: Comme | yesno |
| comments: Displacee remains in same of inspection /11/12, which was at Spat time. signed: Colorence Douespart signed: Colona | |
| signed: Clarence Douespart signed: Colma | apt. as |
| SIGNED: Colorence Douespart SIGNED: Colona | standard |
| SIGNED: Clarence Douespart SIGNED: Colma | |
| SIGNED: Clarence Douenpar SIGNED: China | |
| | Sordon stion Advisor) |
| DATE: DATE: | |
| | |
| 10: Bob Douglas DATE: 12/5/ | 73 |
| FROM: alma Jordon | |
| The above subject property has been inspected and found standar with P.L. 91-646 please make a check payable as follows: | d. In compliance |
| TO: Clarence Dovenport | |
| PROJECT: Emanuel B-20 | |
| FOR: 3rd Cinnual RHF TACE | Loyment |
| AMOUNT \$ 825, 34 | |
| signed: Celm | |

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND OREGON

97204

January 11, 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. Chegwidden, Chief

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

Attn: Jim Crolley

Re: 5025 N. E. 8 Avenue

Dear Sirs:

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

Our inspector reports the one-bedroom unit, designated as Apartment #19, is in standard condition and complies with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidden

Chief Housing Inspector

CHF:vo

cc: Avenue Plaza, Inc. 2401 S. W. 4 Avenue

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS

| NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENC | CY: PROJECT NAME (if applicable) |
|--|--|
| Portland Development Commission | Emanuel Hospital Project |
| 1700 SW Fourth Avenue Portland, Oregon 97201 | PROJECT NUMBER: ORE R-20 |
| INSTRUCTIONS: Complete all applicable items are sult the displacing agency as to whether you not of Replacement Dwelling to complete and submit have moved into a rental unit. Omit Block 3 is dwelling unit. Complete only Blocks 1 and 5 is placed because of code enforcement or voluntary PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S. "Whoever, in any matter within the jurisdiction States knowingly and willfully falsifies | nd sign certification in Blank 6. Con- eed a Claimant's Report of Self-Inspection with this claim. Omit Block 4 if you f you have purchased and occupied a f you are a homeowner temporarily dis- y rehabilitation. S.C. Title 18, Sec. 1001, provides: n of any department or agency of the United or makes any false, fictitious or fraudu- r uses any false writing or document know- |
| ing the same to contain any false, fictitious of | |
| 1. FULL NAME OF CLAIMANT DAVENPORT, Clarence | Family x Individual |
| 2. DWELLING UNIT FROM WHICH YOU MOVED a. Address: | PARCEL NO. RS-4-9 d. Monthly rental: \$ 45.00 |
| 7 North Russell, Portland, Oregon 97227 b. Apartment or room number: # 9 | e. Date you moved out of this dwelling: 8-11-71 |
| c. Number of bedrooms: | Month-Day-Year |
| 3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL) a. Address (include ZIP Code): | d. Monthly rental: \$ 40.25 e. Date you moved into this dwelling: 1-15-72 Month-Day-Year |
| 4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE) a. Address (include ZIP Code): b. Number of bedrooms: c. Downpayment: \$ | d. Incidental expenses (total from table on next page): \$ |
| 5. INFORMATION IN SUPPORT OF CLAIM OF HOMEOWNE ENFORCEMENT OR VOLUNTARY REHABILITATION a. Address of dwelling unit from which you | d. Monthly rental for temporary |
| b. Address of dwelling unit to which you moved (include ZIP code): | e. Will you require temporary housing for more than 3 months? Yes No |
| c, Date of move: | If "Yes", total number of months you will require temporary housing:months |

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 204 of P.L. 91-646, and I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

January 11, 1972 Clarence Dauge
Signature of Claima

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

| | COSTS_L | NCURRED_BY_CLAIM | ANT | FOR LOCAL AGENCY US |
|----------|---|-------------------------------|------------------------------------|---------------------------|
| Item (a) | Charged to Claim- ant on Closing Statement (b) | Paid Directly by Claimant (c) | Amount Claimed (Col. (b) + (c) (d) | Amount Approved (e) |
| | \$ | \$ | \$ | \$ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| OTAL | \$ | \$ | \$ 1/ | \$ |

^{1/} Enter this amount in Block 4, Line d.

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

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

| | port, Clarence | COMPUTATION PREPARED BY: |
|-----------------|--|--------------------------|
| Namen | per, curre | Name 1 - 10 - 72 |
| | | Date |
| C. COMPUT | ATION OF RENTAL ASSISTANCE PAYMENT FOR CLAIM | ANT MOVED TO RENTAL UNIT |
| Requir | ed Information | |
| 1. | Monthly gross rental for comparable unit (cost based on:ScheduleComparativeOther | \$ 97.75 |
| compute Compute | Base monthly rental for claimant's former d 25% of adjusted monthly income, whichever i ation | welling, or |
| at aley. | Line 1 minus Line 2, multiplied by 48 | |
| 3ul1 | Line 1 \$ 97.75 | |
| | Line 2 _ \$ 28.98 | |
| | \$ 68 7 7 | |
| | x <u>48</u> | \$ 3300,90 |
| 4. | Base amount (if amount on Line 3 is \$4,000 enter \$4,000. If amount on Line 3 is less \$4,000, enter amount on Line 3.) | |
| 5. | Minus adjustments (Attach full explanation) | - \$ |
| 6. | Amount of rental assistance payment (Line 4 minus Line 5) | \$ 3300.9 |
| 7. | Annual Payment | \$ 825.2 |
| | (Enter this amount in the space provided in page one of Replacement Housing Payment fo 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.

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

| NA | ME OF CLAIMANT Clarence Davenpor | 't | Pa | rcel No. RS-4-9 |
|-----|---|--|------------------|-----------------------|
| NA | ME OF LOCAL AGENCY Portland Devel | opment Commission | | |
| 1. | Did the claimant rent or own the | e dwelling at the t | ime of acquisit | ion? _×Yes No |
| | Tenant's initial date of rental | : 4-1-71 | | |
| | Date of Acquisition:7 | | | |
| | Owner-Occupant's initial date of | | | |
| 2. | Did the claimant rent or own the | | 90 days prior | to the initiation |
| - | of negotiations? _x Yes _ | | | T |
| | Date of Rental or Purchase: | | | |
| | Date of Initiation of Negotiation | | | |
| 3. | Has the replacement housing been copy of dwelling inspection record attach the report obtained from the Date previously substandard dwell | inspected and found rd or, if the claim the claimant.) _x | ant moved outsi | de the locality, o |
| | | Month-Day-Year | _ | |
| 4. | CERTIFICATION OF LOCAL AGENCY | Differ Day 1001 | | |
| 100 | This is to certify that, where re | equired, the proper | ty occupied by | the claimant has |
| | been inspected. I further certif | The state of the s | | |
| | it to be in accord with the appl | | | |
| 7 | issued by the Department of Hous | | | |
| 0 | fore, this claim is hereby appro- | ved and playment in | the amount of \$ | 3,300.96 is |
| • | authorized. | 11 | 311 | 0 |
| | 1-14-12 | 6 | 1210 | |
| _ | Date | DU A | uthorized Signa | ture |
| 5. | RECORD OF PAYMENTS | Date of Payment | Check Number | Amount |
| | a. Claimant moved to rental unit | | | |
| | (1) Lump-sum payment | | | > |
| | (2) Annual payment 1st Year | 1/14/72 | 247 EH | \$ 825 24 |
| | 2nd Year | 12/20/73 | 628 EH | \$ 825.24 |
| | 3rd Year | 12/6/73 | 865 FH | \$ 825.24 |
| | 4th Year | 12-18-74 | 798EN | \$ 825.24 |
| | b. Claimant moved to unit he | | | |
| | purchased | | | \$ |
| | c. Homeowner temporarily | | | |
| | displaced | - | | \$ |
| | | | | |

TC0-6

WORKSHEET FOR ALL TCO CLAIMS

| NAM | E AND ADDRESS OF DISPLACING AGENCY | PROJECT NAME CHIAM |
|---|--|--|
| | | PROJECT NO. R-20 |
| ١. | Full name of claimant: Danumpert , Clarence | FamilyIndividual |
| | Daniper / Callies | |
| 2. | Dwelling unit from which you moved: a. Address 7 N | c. Number of bedrooms d. Monthly rental \$ 45.00 |
| | b. Apartment or room number 49 | e. Date displaced 8-11-71 |
| 2 | | |
| 3. | a. Address 5025 NE The | c. Number of bedrooms / |
| | a. Address | d. Monthly rental \$ 40.25 |
| | b. Apartment or room number | e. Date moved in 1-15-72 |
| 4. | Dwelling unit to which you moved (PURC | HASE) |
| | a. Address | c. Downpayment \$ |
| | d. 7601033 | c. Downpayment \$ d. Incidental expenses \$ |
| | b. Number of bedrooms | e. Date of purchase |
| 5. | For Code Enforcement or Voluntary Reha | bilitation (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?YesNo |
| | If yes, total number of months in t | |
| | Incidental expenses. | |
| | | t Paid by Claimant Claimed Approved |
| | | |
| | <u> </u> | \$\$ |
| | | |
| | | |
| | List of documents submitted (attached) | in support of above: |
| | | |
| Det | ermination | |
| 0.7700000000000000000000000000000000000 | Did claimant rent or own at time of ac | Vac No |
| 1. | | |
| | Tenant's initial date of rental 4 | |
| | Date of acquisition 7-22-7 Owner-occupant's initial date of owner-occupant's | |
| | | |
| 2. | Date of rental or purchase | to initiation of negotiations?YesNo |
| | Date of initiation of negotiations_ | MODEL AND AND THE PROPERTY OF THE PARTY OF T |
| 3. | Is replacement housing standard? | |
| | If previously substandard, date found s | standard |
| 4. | Certification: | |
| | (Amount of this claim \$ 3300. 9 | <u>26</u>) |

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

Nº

998

EH

DATE December 18

. 19 74

PAY TO

Clarence Davenport

\$ 825.24

DOLLARS

TO THE TREASURER OF THE CITY OF PORTLAND, OREGON

010000028

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission .

224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|-----------------------------|--|----------|
| | | Reimbursement per Claim for RHP for Tenants filed. Move from 7 N. Russell (Parcel RS-4-9). | |
| | | Total approved \$3,300.96 4th and final payment | \$825.24 |
| | | | |
| | | Corence Danempart | |

scount Distribution

TITLE

AMOUNT

RELOCATION PAYMENT

| PROJECT: Emanuel R-20 PARCEL: RS 4-9 |
|--|
| PAYABLE TO: Clarence Davenfort |
| For:RHP for Homeowners |
| RHP - Tenants & Certain Others - Rental: Total approved \$33007 Annual amount\$ 825.24 |
| RHP - Tenants & Certain Others - Downpayment |
| Settlement Costs (on acquisition by LPA only)\$ |
| Interest Expense |
| Fixed Moving Payment |
| 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 Clarence Dovenport [Family Less - \$: |
| Move from 7 n. Russell IV Individual Total \$825.24 |
| Accounting: Indicate symbol and Accounting No. |
| Relocation Payment;Project Cost *() |
| Of SMC |

0500

URBAN REDEVELOPMENT FUND-PROJECT EXPENDITURES-EMANUEL HOSPITAL, ORE. R-20

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

865

EH

December 6 DATE

, 19 73

PAY TO Clarence Devenport \$ 825.24

DOLLARS

TO THE TREASURER OF THE CITY OF PORTLAND, OREGON CHANGE 2500 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 Tenants from 7 N. Russell (Percel RS 4-9). | filed. Move | |
| | | Total approved 3rd annual payment | \$3,300.9\$ | \$825.24 |
| | | 147/73 | | |
| | | Clarence Donespar | _ | |

Account Distribution

TITLE

AMOUNT

URBAN REDEVELOPMENT FUND-PROJECT EXPENDITURES-EMANUEL HOSPITAL, ORE. R-20

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

Nº

628

EH

DATE December 20

19 72

PAY TO Clarence Davenport

\$ 825.24

DOLLARS

TO THE TREASURER OF THE CITY OF PORTLAND, OREGON

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission

224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUN |
|------|-----------------------------|--|----------|
| | | Reimbursement per Claim for RHP for Tenants filed. Hove from 7 N. Russell (Percel RS-4-9). Total approved \$3,300.96 2nd annual payment | \$825.24 |
| | | | |

Account Distribution

TITLE

AMOUNT

0600 E60 901

RELOCATION PAYMENT

| | RHP for Homeowners | Amount |
|----------|---|---|
| Second - | X RHP for Tenants & Certain Others: Rental: Total approved \$330096; Annual amount \$ | 825.24 Second |
| | or Purchase:\$ | *************************************** |
| | Fixed Moving Payment | |
| - | Dislocation Allowance | |
| _ | Actual Moving Costs\$ | |
| _ | Storage Costs (if separate claim)\$ | |
| - | Business: Moving Expenses | |
| - | Business: Storage Costs | |
| - | Business: Loss of Property | |
| - | Business: Searching Expenses | |
| | | |
| Name o | f Client Clarence Davenport Less - \$ | * |
| Move f | rom 7 N. Lussell Total \$ | 825.24 MC |

NOTICE OF RHP-TACO YEARLY PAYMENT

| TO: Shet Daniels | 7 | ATE_ December 5, 1972_ |
|---|--|---|
| (Relocation Advisor) | | |
| FROM: Benjamin C. Webb, Chi | ef of Relocation & I | Property Management |
| RE: Clarence Davenport | | 5025 N.E. 8th Ave. apt 19 |
| (Displacee) | | (Address) (At pont. 1/14) |
| No. 2 | \$825.24 | ? 1-14-72 |
| No. 2 (annual payment) | (amount) | (date due) |
| the duplicate copy of this for a copy of the inspection. | orm together with a | nis present dwelling unit. Return copy of the original claim form and |
| Present Address: | Dame - | - Kent Supplementausen |
| Date Inspected: 12-11 | 7> Condition | - Rent Supplement Leusen |
| If substandard: (1) Date re | einspected and found | d standard |
| or (2) Displa | cee notified of ine | ligibility:yesno |
| Comments: Dwelling is | in Standa | and Condition. |
| Same aptour as as | first Payme | ur - Condition. |
| | / | |
| SIGNED: Solarence Dans | empart si | (Relocation Advisor) |
| DATE: 12-11-72 | DAT | TE: 12-11-72 |
| TO: Bob Donglas | DA | ATE: 12/12/72 |
| FROM: JC | | |
| The above subject property havith P.L. 91-646 please make | | |
| | arence Da | venport |
| | Emanuel | |
| | and the same of th | 2nd annual Rupmen |
| AMOUNT: 8 | 25.24 | |
| | \$ 10 | ENED: W.S Javes |

URBAN REDEVELOPMENT FUND-PROJECT EXPENDITURES-EMANUEL HOSPITAL, ORE. R-20

Warrant Number

PORTLAND DEVELOPMENT

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

Nº

247

EH

DATE

January 14

19.72

PAY TO Clarence Davenport

\$ 825.24

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 f 7 N. Russell (Parcel RS-4-9). | for Tenents. From | |
| | | Total approved 1st Annual Payment | \$3,300.96 | \$825.24 |
| | | | | |
| | | | | |
| | | | | |

Account Distribution

TITLE

AMOUNT

E 1501

Relocation Payment (RHP)

(EH)

\$825.24

Received 1-15-72 Clarence Danempart

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 accorded for an intende 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 70 | |
|--|-----|
| 2. Applicant for housing 482 - Suppleme | nt) |
| 3. Name Clarence DAvenport | |
| 4. Address 4853 ME. 6th ave | |
| 5. Number of persons in family / | |
| 6. Total monthly assistance \$ 122 - total | |
| 7. Data assistance began 3-11.71 | 4 |
| 8. Date assistance to terminate //nknown - | |
| | |

Cordon Gilbertson, Administrator

(Caseworker)

(Dept.)

(Die) 6, 1972

December 22, 1972 Mr. Clarence Davemport 5025 N.E. 8th Portland, Tragon 97211 Mr. Davenport: Enclosed is our check number 628 in the amount of \$825.24 recresenting your second annual Lectacement Housing Fayment for Tenants. Please feel free to contact us if you have any questions. Very truly yours, W.S. Jones Relocation Supervisor WSJ:dr Enclosures





PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

Nº 26841 G

PAY TO THE ORDER OF

Clarence Davenport

September 10 , 19.71 DATE

\$215.00

DOLLARS

THE FIRST NATIONAL BANK OF OREGON S.W. Fifth and College Branch Portland, Oregon

NON-NEGOTIABLE

Portland Development Commission - 224-4800

| | DETACH BEFORE DEPOSIT | | | |
|------|-----------------------------|--|---|----------|
| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | | AMOUNT |
| | | Reimbursement per claims for relocation 7 N Russell - Apt 2 - (Parcel RS Prescott Dislocation allowance Fixed payment - unfurnished | on filed move (4-9) to 1406 NE \$200.00)15.00 | \$215.00 |
| | | | | |
| | | | | |

Account Distribution

E1501

TITLE

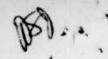
Relo Payment

(Fixed - unfurn. - Ind.)

AMOUNT

EH \$215.00

new a



FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

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

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)
Clarence Davenport
1406 N.E. Prescott
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission

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

| | | | | comp | leted form(|) HUD-6140.1 fil | led by claimant. |
|-------------------------------------|---|---------|----------------|---------------|---------------------------------------|------------------|------------------|
| A. Does claims If "No," ex | ant meet all tim | ing i | requirement | s for elig | ibility? | XX YES [| NO |
| B. CERTIFICAT | ION | | | | · · · · · · · · · · · · · · · · · · · | | |
| with the applicat | have examined the clote provisions of Feduant thereto. Theref | ieral l | aw and the Reg | ulations issu | ed by the D | epartment of Hou | sing and Urban |
| | ITEM | | AMOUNT | | AUTHORIZED | SIGNATURE | DATE |
| 1. Initial claim, direct loss of | moving expenses and property | | | 1 | | | |
| including, storage and | ent for moving expens if applicable, i related he amount of \$ | es, | \$ 200.00 | ** // | 32 | 1 | 9-9-71 |
| b. Reimburseme of property | ent for actual direct | loss | \$ | 13 | sew | | |
| 2. Supplementary | claim(s) for storage | costs: | | | | | |
| expenses cover | reimbursement for mov ring storage and rela | ted | \$ | | | | |
| | PAYMENTS MADE (1 | otal | | | | | T |
| DATE | CHECK NUMBER | +- | AMOUNT | DATE | | CHECK NUMBER | AMOUNT |
| Sept 10, 1971 | 268412 | \$ | 200.00 | | | | \$ |
| | | | | | | | |
| | | | | | | | |

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

** DISLOCATION ALLOWANCE

CLAIM FOR RELOCATION PAYMENT

(Families and Individuals)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) PROJECT NAME (If applicable) Portland Development Commission Emanuel Project 1700 S.W. Fourth Avenue PROJECT NUMBER Portland, Oregon 97201 Ore. R-20 INSTRUCTIONS: If this claim is for a FIXED PAYMENT, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form. PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the unisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudwent 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." 2. DATE(S) OF MOVE I FULL NAME OF CLAIMANT Clarence Davenport 8/11/71 4. ADDRESS TO WHICH YOU HAVE MOVED 3. ADDRESS FROM WHICH YOU HAVE MOVED RS 4-9 a. Address a. Address (include ZIP code) 1406 NE Prescott 7 North Russell Apt. #2 b. Apt., Floor, or Room No. b. Apt., Floor, or Room No. _ c. Was it furnished with your own furniture? c. Were household goods moved to or from storage? X No d. Number of rooms occupied (excluding If "Yes," complete Block B on reverse side of bathrooms, hallways, and closets): _ e. Date you moved into this address: . this form. 5. TYPE OF PAYMENT CLAIMED Check a or b after consulting local agency: Check c if applicable: a. Reimbursement for actual moving expenses (including storage costs, if c. Supplementary claim for reimbursement applicable)and/or direct loss of property of storage costs DISLOCATION ALLOWANCE b. Fixed Payment (May not be made if storage costs are involved) 6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, \$ 200.00 and 11c below.) DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT 8. MOVER'S TELEPHONE 9. ADDRESS OF MOVING COMPANY (OR PERSON) 7. NAME OF MOVING COMPANY (OR PERSON) NO. 10. METHOD OF PAYMENT, MOVING BILL (Check one) a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

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

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

August 25, 1971

Signature of claimant



U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

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

NAME AND ADDRESS OF CLAIMANT (Include ZIP code) Clarence Davenport 1406 N.E. Prescott Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission

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

| Α. | Does claimant | meet | all | timing | requirements | for | eligibility? | XX YES | [] NO |
|----|----------------|------|-----|--------|--------------|-----|--------------|--------|--------|
| | If "No," expla | in: | | | | | | | |

CERTIFICATION В.

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

| ITEM | AMOUNT | AUTHORIZED SIGNATURE | DATE |
|--|--------|----------------------|--------|
| Initial claim, moving expenses and direct loss of property Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ | 15.00 | BIC e | 9-9-71 |
| b. Reimbursement for actual direct loss of property | \$ | 13000 | |
| 2. Supplementary claim(s) for storage costs: | | | |
| 3. Final claim, reimbursement for moving expenses covering storage and related costs | \$ | | |

| DATE | CHECK NUMBER | AMOUNT | DATE | CHECK NUMBER | AMOUNT |
|---------------|--------------|----------|------|--------------|--------|
| dept 10, 1971 | 268412 | \$ 15.00 | | | \$ |
| | | | | | |
| | | | | | |
| | | | | | |

EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED

CLAIM FOR RELOCATION PAYMENT (Families and Individuals)

| | A CONTRACTOR OF THE PARTY OF TH | | | |
|---|--|---|--|--|
| NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP | code) | PROJECT NAME (If applic | able) | |
| Portland Development Commission | on | 5 1 5 | | |
| 1700 S.W. Fourth Avenue | | PROJECT NUMBER Ore. R-20 | | |
| Portland, Oregon 97201 | | | | |
| NSTRUCTIONS: If this claim is for a FIXED PAYM for actual moving expenses (including storage costs, tem does not apply, write "None" in the space. If a claim for Relocation Adjustment Payment, and attack PENALTY FOR FALSE OR FRAUDULENT STATEM wrisdiction of any department or agency of the United lient statements or representations, or makes or user audulent statement or entry, shall be fined not more | if applicable) and/or direct la Relocation Adjustment Pays In it to this form. MENT. U.S.C. Title 18, Sec. I d States knowingly and willfu a any false writing or documen | oss of property, complete litement will also be claimed, con 1001, provides: "Whoever, in ally falsifies or makes an int knowing the same to conta | ms 1 through 12. If an implete Form HUD-6141.1, any matter within the ly false, fictitious or fraudin any false, fictitious or | |
| FULL NAME OF CLAIMANT | (1) | 2. DATE(S) OF MOVE | | |
| Clarence Davenport | (1) | 8/11/71 | | |
| | 1. 0 | | | |
| ADDRESS FROM WHICH YOU HAVE MOVED | R5 4 - 9 | 4. ADDRESS TO WHICH YOU H | The state of the s | |
| a. Address | | a. Address (include ZIP code | | |
| 7 North Russell Apt. # 2 | | 1406 N.E. Pres | cott | |
| b. Apt., Floor, or Room No. | | b. Apt., Floor, or Room No | | |
| | res X No | c. Were household goods mov | | |
| d. Number of rooms occupied (excluding | LAJ | Yes X No | | |
| bathrooms, hallways, and closets): | | If "Yes," complete Block | B on reverse side of | |
| e. Date you moved into this address: 4/1/71 | | this form. | | |
| TYPE OF PAYMENT CLAIMED | | WIE 20 10 10 10 10 10 10 10 10 10 10 10 10 10 | | |
| Check a or b after consulting local agency: | | Check c if applicable: | | |
| a. Reimbursement for actual moving expenses (inclu | iding storage costs, if | c. Supplementary claim | or reimbursement | |
| applicable)and/or direct loss of property | (1 Room) | of statage costs | | |
| X b. Fixed Payment (May not be made if storage costs | are involved) | P furnished | 15 00 | |
| of actual moving expenses, direct loss of property, and and 11c below.) | 1.00 | | 15.00 s | |
| | S 7 THROUGH 11 IF THIS IS A | CLAIM FOR FIXED PAYMENT | | |
| . NAME OF MOVING COMPANY (OR PERSON) | 8. MOVER'S TELEPHONE NO. | 9. ADDRESS OF MOVING COM | PANY (OR PERSON) | |
| D. METHOD OF PAYMENT, MOVING BILL (Check one) | | | | |
| a. I have paid the moving charges, as evidenced by | the attached itemized receipt or | paid bill from the mover, and I t | therefore request | |
| b. I have not paid the moving charges, and I therefore accordance with arrangements made in advance, | | | y to the mover, in | |
| 11. AMOUNT OF ACTUAL COSTS AND/OR LOSS | | | | |
| a. MOVING COST (Must be supported by attached rece is to pay mover directly.) | ipt(s) or unpaid voucher from mo | ver If local agency | 5 | |
| b. STORAGE COST (Must be supported by attached re- local agency is to pay storage company directly.) | ceipt(s) or unpaid voucher from s | torage company if | s | |
| | | -1.51-1 | | |
| c. DIRECT LOSS OF PROPERTY CLAIMED (If any consider of this form must be completed.) | aim is made here, the Statement | or Claim on reverse | 5 | |
| 2. I CERTIFY under the penalties and provisions of U.S.C submitted herewith have been examined by me and are a provisions of U.S.C. Title 18, Sec. 1001, and any other sult in forfeiture of the entire claim. I further certify that ion from any other source for any item of loss or expensions accurately reflect moving services actually performed of | true, correct, and complete, and to applicable law, falsification of that I have not submitted any other ase paid pursuant to this claim, a | that I understand that, apart from any item in this claim or submitter or claim for, or received, reimbur- and that any bills or receipts sub | the penalties and ed herewith may re- sement or compensa- | |
| August 25,1971 | +660 | sertee Dane | mport | |
| Date | war to the same and the same | Signature of claimant | 9 | |





RESIDENTIAL RELOCATION RECORD

| | | 7, 6, | | | | | |
|--------------------------|---------------------|----------------|----------------|---------------------|---------------|--|-------|
| NAME AVE | OF CHIE | ADDRES | s <u>7 N</u> . | Keenstell | | APT NO | 2 |
| PHONE | INITIAL I | NTERVIEW | 124/1 | SEX _ | W NV | AGE | 68 |
| J.S. CITIZEN _ | ALIEN_ | VETERAN | SERVICEM | AN D | ATE ON SITE _ | 4-1- | 71 |
| | Y COMPOSITIO | | | | | 8-11- | |
| | Relation | | Employer: | Name <u>Sol</u> | CVP | \$ 77 | 100 1 |
| | | | A MCW Cas | ddress eworker | N. W.W.S. | | |
| | | | Social Se | curity | | | |
| | | | VaF | edMult | Co | | |
| | | | Other: N | ame | | | |
| | | | | | | | |
| | | | 4 | TOTAL MON | THLY INCOME | | |
| Rent 150, In | c.HeatWat | erGasGa | rElec | Unfurn | Furn_ | No.Rms | 1 |
| LIGIBILITY FO | R PUBLIC HOU | SING: (yes or | no) | | | | |
| Over 62 | Disabled(Soc | .Sec.def.) | Income be | low limits_ | Assets be | elow limits | · |
| | | LITY: Date d | elivered | | by | | |
| otify in case | of accident | : Addres | c | | Pho | ne | |
| nformation St | atement give | n to | • | on | by | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| lotice to move | given to _ | Check No | | on | by | | |
| ayments: Amou | int \$ | Check No | Date | delivered _ | Moved by | self | (or |
| EMOVED FROM O | | (Date) | REMA | INING ON CAS | ELOAD: | , | |
| Refused assi | | () | Ad | dress unknow | n, tracing | | |
| Relocated in | | | | 1.5 | er assistance | 9 | |
| | oublic housin | | | contemplated | | | |
| | | sing | | mporarily re LPA | located by | | |
| | ard priv. ren | 7.0 | _ | | ect: | | |
| | refusal of | | | , , | ac | ddress | |
| further a | | | | outside proj | ect: | | |
| | ales housing | | _ | | ac | ddress | |
| Sub-standa Out-of-tov | ard sales hsg | | | | | | |
| | vn nknown,abando | ned | | | | | |
| | o further | | FAMI | LY REFUSED A | DDITIONAL ASS | SISTANCE: | |
| assistand | | | Date | | Worker | | |
| Other (exp | olain) | | _ | | | | |
| RELOCATION REF | FERRALS: | | _ | | | | |
| | | Iress | I ns | pection Cert | tified By | Da | te |
| | | Arresta - Tank | | | | | |
| | | | | | | | |
| NEW ADDRESS: | 1406 N | E PRESCE | 977 | | | 282- | - |
| | | | | | Zip | Phon | e |

Phone 787 -6363 (W)

| RELOCATIO | ON MORKER | J. Crolley | PROJECT NO. Ore. R-20 PAR | CELRS 4-9 |
|-----------------------------|-------------------------------|----------------------------|--|-------------------|
| NAME DAVE | ENPORT, Clare | nce ADDRE | ESS 7 North Russell A | PT NO2_ |
| PHONE | _ INITIAL IN | ITERVIEW8/ | 24/71 SEX M W NW B | AGE 68 |
| U.S. CITIZEN_ | X ALIEN_ | VETERAN | SERVICEMAN DATE ON SITE 4/ | 1/71 |
| FAMIL | Y COMPOSITION | | | |
| Name | | | Employer: Name Genevas Restaurant | \$ 72.00/wk. |
| | | | Address N. Williams | 73 - 200 |
| | | | MCWCaseworker Social Security | 112:00 |
| | | | VAFedMult Co | |
| | | | Pension: Name | |
| | | | Other: Name | |
| | | | TOTAL MONTHLY INCOME | |
| Rent_ 45.00 , | Inc. Heat | WaterGas | GarElec UnfurnFurn_X | No. Rms1_ |
| ELIGIBILITY FO | OR PUBLIC HOUS | SING: (yes or Sec.def.) | no) Income below limits Assets below | limits |
| | | | liveredby | |
| Notify in case | of accident: | | | |
| | | | ss P | |
| Notice to move | tatement giver | 1 to | on by | |
| Payments: Amo | ount \$ | Check No. | On by Moved by (Phone) | self <u>(or</u>) |
| REMOVED FROM | | (Date) | REMAINING ON CASELOAD: | |
| Refused assi | | | Address unknown, tracing | |
| Relocated in | n: public housing | | Evicted, further assistance contemplated | |
| The second of the second of | | sing | Temporarily relocated by LPA | |
| Standard p | priv. rent hs | 9 | within project: | |
| | ard priv. ren h refusal of | t | Address | |
| further a | | | outside project: | |
| | sales housing | | | |
| Sub-standa Out-of-tov | ard sales hsg | • | Address | |
| | | ned | | |
| | no further | | FAMILY REFUSED ADDITIONAL ASSIS | |
| Other (ex | | | DateWorker | |
| | | | - Moved - 1 - 11-72 | |
| RELOCATION REI | Addres | | Inspection Certified By | Date |
| | Addres | | This pect for certified by | - |
| | | | | |
| MEW ADDRESS: | 1406 N F | Prescott | (res.) 287-1629 (Bus.) 282-63 | 63 201 200 |
| MEN ADDRESS: | | | 7in | Phone |
| | 7433 M | E lett | #72 h / / | 1 /24 224 |
| | 5025 11 1 | ser apr | is Restaurant) are Poiss | 4-1658 office |
| | 1810- 00 | Ban | s keologramy | |

Moved out 8/11/71. Furnished room and access to rest of house.
Landlord - James Parks. Rent in new address \$65.00. Does not draw Soc. Security. Works at Genevas Restaurant from 6:00 a.m. to 2:00 p.m. Has Sunday's off. Genevas located at 4228 N. Williams Avenue.

PORTLAND DEVELOPMENT COMMISSION SITE OFFICE CANUEL MOSPITAL PROJECT 288 N. MONROE ST. PORTLAND. OREGON B7887 PHONE 200-0100 September 1, 1971 Mr. Clarence Davenport 7 North Russell, #2 Portland, Oregon Dear Mr. Davenport: 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 summery 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 a to which you may be entitled. Certain conditions must be met before aligibility 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 co during our regular office hours - 8:30 a.m. to 5:00 p.m., Handay three Friday, an alternate appointment can be arranged by calling 288-8160. Our office is located at 235 N. Honroe St. We look forward to seeing you seen. ery truly yours, lanjamin C. Wobb Chief, Releastion Property P BCW: ch Enclosure

CLAIM FOR RELOCATION PAYMENT

| 3. | ADDRESS FROM WHICH YOU HAVE MOVED a. Address Parcel No. b. Apartment No. c. Clients Furniture? yes no partially d. Number of rooms | 2. DATE OF MOVE 4. NEW ADDRESS a. Address b. Apartment No c. Goods moved from storage yes no |
|-----|---|---|
| | e. Date in 4-1-7/ | |
| 6. | TYPE OF PAYMENT a. Moving expenses and/or loss ofb. Fixed paymentc. Storage costs. TOTAL CLAIM \$ | 1 room - fromest |
| 10. | METHOD OF PAYMENT - MOVING BILL ATTACa. Reimburse claimantb. Direct payment to movers. | HED: yes no |
| 1. | AMOUNT OF ACTUAL COSTS AND/OR LOSS a. Moving costs b. Storage costs c. Direct loss of property \$ | |
| | 8-2-5-7/ DATE | |

Distroction allerance 2000

Daningert, Claumes 7 N. Enouse ups #2

Two a centratule setting to live in. some he are stating & sar hequery and non som sime 1932. It was ohe to jundence able to rades his mother whom he had + The me personnes conditions had was housing he time had, because of the fundsto the tolephone people to reduce theres mun + Depour new expensers. I have He need a tile phone and the Loun pay heart a tracker feel up his gundence towner of the applianent to get appeared to the curue on Set to more en, be to more en, be the furniture fortion + purchased that He finally ges his insum have to best him to a couple of tracer to character depour. and got least in trouppertung. We seen to degu up, the paper had to be sender The the was elighter and look him how The never applied for S. S. Is a docue him Joh as a cook dook, the is be yeare as me saumped was undung part time on odd

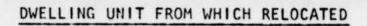
13/5. Claim filed for 3rd annual TACO fayment. Self inspection made Asignature of client on form. 12/1/13 Received Claim for KHP, 3rd annual payment for Clarence Devenport in the Comment 0 1 98 25, 24. Warrant NO. 865 EH. Signed warrant on receipt of cht.

Clarence Dovenport 12/3/13 Molice of RAP TACE payment received in our office. Dely inspection more on apt. as 5025 Claim filed Rembursement for Claim for move from farcel 75 4-9 recemed in The Amount of 825, 20 Phyable to Clarence Dovenport. 3rd annual payment. Warrant NO. 865 EH, signed on receiph.

| | 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. VANCOUVFR | | | |
| 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 | | * | |
| Е 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 | | | |

RESIDENTIAL RELOCATION RECORD

| | | | | | sor ACC |
|--|--|-----------------------|--|-----------|--|
| Client's Name Dave NOOR | Clas | E DACE | | Phone | e |
| Address TH Russe | | Ethn _ | B | Age | e <u>68</u> |
| ■ Male | Married | | Renter/Occi | upant | |
| ☐ Female ☐ Individual ☐ | Single | 0 | Owner/Occup | pant | |
| Family Composition | | | Economic Da | ata | |
| Total Number in Family | | Emplo | yer | | \$ |
| wife, husband | | Addre | ss | | |
| Other: Relation Age Relation Age | | 0ther | Source of | Income | \$ 122- |
| | | Tot | al Monthly | Income | \$ (122-) |
| Eligible for Public Housing YES | □ NO | Prese | ntly Receiv | ing Wel | fare X YES |
| Eligible for Welfare X YES | □ NO | Other | Assistance | | |
| Eligible for (Other) XES | □ NO | | | | |
| | | | | | |
| Claimant was displaced from real propertinent contract for Federal assistance | The second secon | | | | A CONTRACTOR OF THE PARTY OF TH |
| | e and/or da | te of HUD | | | A CONTRACTOR OF THE PARTY OF TH |
| tinent contract for Federal assistance | and/or da | te of HUD | approval of | f budge | t for project: |
| tinent contract for Federal assistance | no No | Date of I | approval of | f budge | t for project: |
| Date of initial interview | no No | Date of I | approval of new philes of the new parties of the ne | t delive | t for project: |
| Date Notice to Move given | □ NO | Date of I | approval of new philes of the new parties of the ne | t delive | eryExpires |
| Date of initial interview Date Notice to Move given CLAIMANT'S INITIAL DATE OF OCCUPANCY (a) for owner-occupants - indicate | ate initial | Date of HUD Date Effe | approval of | t delive | eryExpires |
| Date of initial interview Date Notice to Move given CLAIMANT'S INITIAL DATE OF OCCUPANCY (a) for owner-occupants - indicate occupancy and ownership | ate initial | Date of HUD Date Effe | approval of new photos of the new party | t deliver | eryExpires |
| Date of initial interview CLAIMANT'S INITIAL DATE OF OCCUPANCY (a) for owner-occupants - indications occupancy and ownership Date of initiation of negotiations for | ate initial | Date of HUD Date Effe | approval of new photos of the new party | t deliver | eryExpiresII-I9- |



| Private Sales | | Single Family | Age of Housing Unit 1894- |
|-------------------|--------|-------------------|---|
| Private Rental | X | Duplex | - Size of Habitable Area 901 |
| Other | | Multiple Family | |
| Total Number of | Rooms | | Rent Paid \$ 45 Utilities |
| | | | Monthly Housing Payments \$ Taxes |
| Liens \$ | | (please ex | explain) |
| Acquisition Price | e \$ _ | | Amenities |
| | | REPLACE | CEMENT DWELLING UNIT |
| Address | 225 | NE P | LPA Referred Self Referred |
| Private Sales | | Single Family | Outside city Outside state |
| Private Rental | 4 | Duplex | / Age of Housing Unit <u>Jyk</u> |
| Other HAP | × | Multiple Family | x x Size of Habitable Area + SU A |
| 7 | ne. | | No. of Rooms |
| For Cla | iman | ts Who Purchased | For Claimants Who Rented |
| Purchase Price o | f Rep | lacement Dwelling | ng \$ Rent \$ |
| Taxes \$ | | | Utilities \$ |
| RHP or TACO (Inc | ludin | g incidental cost | sts) \$ Total Rent Assistance \$ 3,300,96 |
| | | | Amount of Annual Payment \$ 825.2 |
| No. of Housing Re | eferr | als to: | Agency Referrals: |
| Stand | ard S | ales | X MCW HAP X OTHER (S.S.) |
| Stand | ard R | ent | |
| Benefits Received | i | | |
| Date 1-14-7 | 2 | CK # 24784 | H Type TACO Amount \$ 825.24 |
| Date 12-20-7 | 2 | Ck # 6288 H | Type Amount \$ |
| Date 9-10. | 71 | Ck # 26841 | G Type MC Amount \$ 215 |

RESIDENTIAL RELOCATION RECORD

| ADDRESS 7 North Russell #2 PHONE | | | | F | RELOCATION ADVISORJC | | | |
|--|--------|---|-------|--------|---|--|--|--|
| | | | | 1 | PROJECT NAME Emanuel ORE R-20 | | | |
| | | VETERAN AGE | 1911 | | PARCEL NO. RS 4-9 | | | |
| MARITAL STATUS | Sing | le TENURE Tena | ant | | | | | |
| DISABILITYINDIVFAMILY ELIGIBLE FOR: PUBLIC HOUSINGFHA 235 RENT SUPPLEMENTOTHER | | | | _ | NEGOTIATIONS: | | | |
| INITIAL INTERVIEW | 8 | /24/7] | | | DATE INFO PAMPHLET DELIVERED | | | |
| NOTICE TO MOVE Y | es | | VE_ | 7/22/7 | EXPIRATION DATE Nov. 19, 1971 | | | |
| ECC | MOM | IC DATA | | | FAMILY COMPOSITION | | | |
| Address | | | 22.00 | | Name Relation Age | | | |
| | | DVELLING UNI | T FR | OM WH | ICH RELOCATED | | | |
| Subsidized Sales Subsidized Rental Public Housing Private Rental Private Sales Size of Habitable | х | Single Family X Multiple Family Duplex Mobile Home | 5 | SS | Age of StructureNo. Rooms No. Bedrooms FurnX Unfurn Utilities \$ Monthly Payments (Rent) \$45.00 Acquisition Price \$ Taxes \$ Equity \$ Liens \$ | | | |
| но | JS INC | REFERRALS | | | AGENCY REFERRALS | | | |
| Address | | Red | room | S | Name of Agency Date | | | |
| | | | | | Multnomah County Welfare X Food Stamp Program Housing Authority Legal Aid FISH | | | |
| | | | | | Health Dept. | | | |
| | | | | | C C Y | | | |

| AGENCY ACTI | ON: | | REASONS | : | | | | |
|-----------------|-------------|-------------|--|---------|--|---------|------------|-------------|
| Appeals | | | | | | | | |
| Evicted | | | | | | | | |
| Refused Assista | nce | | | | | | | |
| Address Unknown | (tracing) | | | | | | | |
| Other (death, e | tc.) | | | | | | | |
| | | TEM | PORARY RE | LOCAT I | <u>on</u> | | | |
| Within Project | | | Date Add | e Move | d In | | ··· | |
| Outside Pro | ject | | Rea | son | | | | |
| | | REPLACE | MENT DWE | LLING | UNIT | | | |
| Client Referred | **** | | | | | | | |
| Address 5025 | N.E. 8th | ayer 19 | Phone | 288- | 9495 Date of | Move | lanuary 15 | . 19 |
| WHERE REL | OCATED: | 1 | | | | | s | |
| Same City | | ubsidized S | | | Single Famil | у | | |
| Outside City | | ubsidized F | Rental | | Multiple Fan | nily | X | |
| Out of State | | Public Hous | ing | | Duplex | | | |
| | F | rivate Rent | al | X | Mobile Home | | | |
| | 1 | riyate Sale | s | | | | | |
| Utilities \$ | | | | | | | | or expenses |
| ame of Moving | Company | | | N | ame of Realton | | | |
| | BENEFITS F | ECEIVED | | | | | | |
| Type RHP | | | \$ | | Purchase Pric | e | \$ | |
| TACO (Rental) | 247 EH | 1/14/72 | | | Down Payment | \$ | | |
| TACO (Rental) | 628EH | 12-20-72 | \$ 825.2 | | | | | |
| TACO (Rental) | | - | \$ | | RHP | \$ | - | |
| TACO (Rental) | | I | \$ | | | | | |
| TACO (Sales) | | | \$ | | Total Down | | - \$ | |
| Fixed Moving | 26841 G | 9/10/71 | the state of the s | 0 | AND COMPANY OF THE PARTY OF THE | | | |
| Actual Move | | | \$ | | Total Mortgag | je | \$ | |
| Storage | | | \$ | | | | - | |
| Incidental | - | | Ş | | | | | |
| Interest | | 1 | \$ | | | | | |
| TOTAL BENE | FITS RECEIV | ED | \$_1,040 | . 24 | | | | |
| EALTOR: | | ESCR | ow co. | | | OFFICER | | |

- 8/24/71
- Moved out 8/11/71, furnished room and excess to rent of house.

 Landlord is James Parks. Rent in new address is \$65.00 per month.

 Does not draw Social Security.

 Works at Geneva,

 4228 N. Williams Avenue 6:00 am to 2:00 pm.
- 8/25/71
- (will apply for Social Security 8/26/71)
- 8/26/71
- Took him down to make application for Social Security Benefits. He does not want Public Housing or rent supplement at this time. Prefers to rent from friend as is presently doing.
- 12/17/71
- Tracer asked on Social Security status.
- 12/17/71
- Claim filed for Rental Assistance Payment. \$825.24 Annually.
- Wants another house signed up for rent supplement housing.
- 1/6/72
- Mrs. Barber sent another tracer.
 - Critical case last.
- 1/10/72
- Had house inspection.
- 1/12/72
- Got a call from Social Security that Davenport check was being mailed next week but his address was wrong. (Contact S.S. care George, 221-3395) was typed 4053 should be 4853 N.E. 8th.
- 1/13/72
- Took him to post office to change his address and to correct the wrong number status of his Social Security mail. Took him to Furniture factory to purchase furniture for his new apartment. He had no furniture of his own. Also submitted his claim for Rental Assistance so he could pay his rent and buy furniture.
- 1/14/72
- Picked check up, made contact with landlord and furniture factory. Did not get check in time to finalize deals. Made appointment for Saturday 1/15/72.
- 1/15/72
- Took him to get his check cashed at Freedom Bank and signed papers for the apartment and paid his rent for 1/2 month at \$22.10 and \$25.00 deposit for cleaning, total \$47.10. Furniture cost \$378.00 for living room and kitchen, bedroom.
- Mr. Davenport extremely pleased. He was 69 years old and had never applied for his Social Security he was reluctant because he did not know what to do. He had been getting Welfare, and during some art time work. He now has an apartment for \$40.25 (his cost) he has S.S. and his furniture belongs to him. He gets food stamps. So he has no worries about a place to stay nor money or food. I am very pleased with his well being.

RELOCATION PAYMENT PROJECT: Emanuel R-20 PARCEL: R5-4-9 X RHP - Tenants & Certain Others - Rental: Total approved \$3300.96; Annual amount\$ 825.24 Settlement Costs (on acquisition by LPA only). Fixed Moving Payment Actual Moving Costs. Business: Moving Expenses. Business: Storage Costs. Business: Loss of Property Business: Searching Expenses Name of Client Clarence Daverpart / Family ussell /X/ Individual Total

Relocation Payment; ______Project Cost

0600 X10.901

Accounting: Indicate symbol and Accounting No.

NOTICE OF RHP-TACO YEARLY PAYMENT

| ro: dim Crol | Tey A | <u></u> | DATE | December 4, | 1974 |
|--|---------------|--------------------------------|-------------------------|------------------------------------|--------------------------------|
| (Relocation | Advisor) | | | | |
| FROM: Benjamin C. | Webb, Chief | of Relocatio | n & Proper | ty Management | |
| RE: Clarence | Davenport (| Emanuel) | - 5 | 025 N.E. 8th | |
| | acee) | | | (Address) | |
| No. 4th & fin | al | \$ 825.24 | | January | 1975 |
| No. 4th & fin | yment) | (amount | 7 | (date d | ue) |
| Please contact the the duplicate copy a copy of the insp | of this for | acee and insp m together wi | ect his pr th a copy | resent dwelling of the original | unit. Return claim form and |
| Present Address: | | | | | |
| Date Inspected: | | Conc | lition: | Standard | Substandard |
| SIGNED: Marc | | | | (Relocation | |
| DATE: | ,1000) | | DATE: | | |
| | | | | | |
| TO: Bat De | uglas | | DATE:_ | 12-9-7 | 4 |
| FROM: Emoon | nuel | | | | |
| The above subject with P.L. 91-646 | please make a | a check payab | le as foll | ows: | In compliance |
| | TO: Ola | vence 1 | Javens | bert | - |
| | | Emani | , | | • |
| | | THEO. | | | |
| | AMOUNT: 8 | 1252 | | | |
| | | | SIGNED: |) Cerre | 0 e -) |

NOTICE OF RHP-TACO YEARLY PAYMENT

| - | XCA | | DATE | December 3, 1973 |
|----------------------------|---|-----------------------|-----------|--|
| (Re lo | ocation Advisor) | | | |
| FROM: Benj | jamin C. Webb, Chi | ef of Relocation | & Proper | ty Management |
| RE: Clar | rence Davenport | | . 50 | 025 N.E. 8th |
| | (Displacee) | | | (Address) |
| No. | 3rd | \$ 825.24 | | 1/11/73 |
| (ar | 3rd nnual payment) | \$ 825.24 (amount) | | (date due) |
| the duplica a copy of t | ate copy of this for the inspection. | orm together with | а сору с | esent dwelling unit. Return of the original claim form and |
| Present Add | dress: 5025 7 | 4. E 8th | ept. # | 19 |
| Date Inspec | ted: Jan. 11, | 1972 Condit | ion: | StandardSubstandard |
| If substand | dard: (1) Date re | einspected and fo | und stand | dard |
| Comments: | | remains | | same apt. as vas standard |
| Of De | Raf Time. | | | |
| SIGNED: | (Displacee) | 0 | S IGNED:_ | (Relocation Advisor) |
| DATE: | | | DATE: / | 2/4/73 |
| | | | | |
| TO: Bol | & Douglas | | DATE: | 12/5/73 |
| FROM: au | ma Hordon | <i>\rightarrow</i> | | |
| | subject property had 1-646 please make | | | |
| | | sence Do | | erh |
| | PROJECT: | manuel 1 | -20 | |
| | | & Cinnual | RHY | PIACO Joyment |
| | AMOUNT \$ 8 | 25,24 | | |
| 105EX | | | S IGNED:_ | alma Lordon |

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND OREGON

97204

January 11, 1972

BUREAU OF BUILDINGS

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. Chegwidden, Chief

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

Attn: Jim Crolley

Re: 5025 N. E. 8 Avenue

Dear Sirs:

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

Our inspector reports the one-bedroom unit, designated as Apartment #19, is in standard condition and complies with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidden

Chief Housing Inspector

CHF:vo

cc: Avenue Plaza, Inc. 2401 S. W. 4 Avenue

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS

| NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENC | CY: PROJECT NAME (if applicable) |
|--|---|
| Portland Development Commission | Emanuel Hospital Project |
| 1700 SW Fourth Avenue | PROJECT NUMBER: ORE R-20 |
| Portland, Oregon 97201 | |
| INSTRUCTIONS: Complete all applicable items ar | nd sign certification in Blank 6. Con- |
| sult the displacing agency as to whether you no | eed 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 is | |
| dwelling unit. Complete only Blocks 1 and 5 is | f you are a homeowner temporarily dis- |
| placed because of code enforcement or voluntary | rehabilitation. |
| PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U. | |
| "Whoever, in any matter within the jurisdiction | n of any department or agency of the United |
| States knowingly and willfully falsifies | |
| lent statements or representations, or makes of | |
| ing the same to contain any false, fictitious | |
| fined not more than \$10,000 or imprisoned not i | |
| 1. FULL NAME OF CLAIMANT | |
| DAVENPORT, Clarence | Family × Individual |
| 2. DWELLING UNIT FROM WHICH YOU MOVED | PARCEL NO. RS-4-9 |
| a. Address: | d. Monthly rental: \$ 45.00 |
| 7 North Russell, Portland, Oregon 97227 | e. Date you moved out of this |
| b. Apartment or room number: # 9 | dwelling: 8-11-71 |
| c. Number of bedrooms: | Month-Day-Year |
| 3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL) | |
| a. Address (include ZIP Code): | d. Monthly rental: \$ 40.25 |
| 5025 NE 8th, Portland, Oregon 97211 | e. Date you moved into this |
| b. Apartment or room number: | dwelling: 1-15-72 |
| c. Number of bedrooms: | 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 |
| c. Downpayment: \$ | dwelling: |
| | |
| 5. INFORMATION IN SUPPORT OF CLAIM OF HOMEOWNE | R TEMPORARILY DISPLACED BECAUSE OF CODE |
| ENFORCEMENT OR VOLUNTARY REHABILITATION | |
| a. Address of dwelling unit from which you | d. Monthly rental for temporary |
| moved: | unit: \$ |
| b. Address of dwelling unit to which you | e. Will you require temporary |
| moved (include ZIP code): | housing for more than 3 months? |
| | Yes No |
| c. Date of move: | If "Yes", total number of |
| Mont h-Day-Year | months you will require tempor- |
| | ary housing:months |

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 204 of P.L. 91-646, and I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

January 11, 1972

Clarence Dayonfort
Signature of Claimant (s)

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

| | costs_t | NCURRED_BY_CLAIM | ANI | FOR LOCAL AGENCY USI |
|-------------|---|-------------------------------|---|---------------------------|
| ltem (a) | Charged to Claim- ant on Closing Statement (b) | Paid Directly by Claimant (c) | Amount Claimed (Col. (b) + (c) (d) | Amount Approved (e) |
| | \$ | \$ | \$ | \$ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL | \$ | \$ | \$ 1/ | \$ |

^{1/} Enter this amount in Block 4, Line d.

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

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

| | DORESS OF CLAIMANT: | COMPUTATION PREPARED BY: |
|-----------|--|--------------------------|
| Naven | pari, craine | Name |
| | | Date |
| C. COMPUT | ATION OF RENTAL ASSISTANCE PAYMENT FOR CLAIM | ANT MOVED TO RENTAL UNIT |
| Requir | ed Information | |
| 1. | Monthly gross rental for comparable unit (cost based on:ScheduleComparativeOther | \$ 97.75 |
| one 2. | Base monthly rental for claimant's former d 25% of adjusted monthly income, whichever i | lwelling, or |
| at ale 3. | Line 1 minus Line 2, multiplied by 48 | |
| Sur | Line I \$ 97.75 | |
| | Line 2 \$ 28.98 | |
| | \$ 68 77 | |
| | x48 | \$ 3300,90 |
| 4. | Base amount (if amount on Line 3 is \$4,000 enter \$4,000. If amount on Line 3 is less \$4,000, enter amount on Line 3.) | |
| 5. | Minus adjustments (Attach full explanation) | - \$ |
| 6. | Amount of rental assistance payment (Line 4 minus Line 5) | \$ 3300.9 |
| 7. | Annual Payment | \$ 825.2 |
| | (Enter this amount in the space provided in page one of Replacement Housing Payment for 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.

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

| NA | ME OF CLAIMANT Clarence Davenpo | rt | Pa | rcel No. RS-4-9 | | | | | |
|----|--|------------------------------------|-----------------|----------------------|--|--|--|--|--|
| NA | ME OF LOCAL AGENCY Portland Deve | lopment Commission | | | | | | | |
| 1. | Did the claimant rent or own th | ne dwelling at the ti | ime of acquisit | ion? <u>×</u> Yes No | | | | | |
| | Tenant's initial date of rental | 1: 4-1-71 | | | | | | | |
| | Date of Acquisition: | 7-22-71 | | | | | | | |
| | | 2 2 | | | | | | | |
| _ | Owner-Occupant's initial date of | | | | | | | | |
| 2. | of negotiations?x Yes | No | 90 days prior | to the initiation | | | | | |
| | Date of Rental or Purchase: | Date of Rental or Purchase: 4-1-71 | | | | | | | |
| | Date of Initiation of Negotiati | ions: | | | | | | | |
| 3. | Has the replacement housing been copy of dwelling inspection reco | ord or, if the claims | ant moved outsi | de the locality, | | | | | |
| | attach the report obtained from the claimant.) _x _YesNo Date previously substandard dwelling was inspected and found to be standard: | | | | | | | | |
| | | Month-Day-Year | _ | | | | | | |
| 4. | CERTIFICATION OF LOCAL AGENCY | nonch-bay-rear | | | | | | | |
| | This is to certify that, where i | required, the propert | y 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 app | | | | | | | | |
| R | issued by the Department of Hous | | | | | | | | |
| 0 | fore, this claim is hereby approauthorized. | oved and payment in t | he amount of \$ | 3,300.96 | | | | | |
| | 1-14-72 | 11- | 1/5, | 0 | | | | | |
| | Date | Sec. | uthorized Signa | - | | | | | |
| _ | | | | | | | | | |
| 5. | RECORD OF PAYMENTS a. Claimant moved to rental unit | Date of Payment | Check Number | Amount | | | | | |
| | (1) Lump-sum payment | | | \$ | | | | | |
| | (2) Annual payment | | | Y | | | | | |
| | 1st Year | 1/14/72 | 247 EH | \$ 825 24 | | | | | |
| | 2nd Year | 12/20/73 | 628 EH | \$ 825.24 | | | | | |
| | 3rd Year | 12/6/73 | 865 EH | \$825.24 | | | | | |
| | 4th Year | 12-18-74 | 998EH | \$ 825.24 | | | | | |
| | b. Claimant moved to unit he purchased | | | \$ | | | | | |
| | c. Homeowner temporarily | | | | | | | | |
| | displaced | | | \$ | | | | | |
| | | | | | | | | | |

WORKSHEET FOR ALL TCO CLAIMS

| NAM | ME AND ADDRESS OF DISPLACING AGENCY | PROJECT NAME ZAME | | | | |
|---------|--|--|--|--|--|--|
| | | PROJECT NO. R-20 | | | | |
| ١. | Full name of claimant: | FamilyIndividual | | | | |
| | Davenperr, Clarence | | | | | |
| 2 | | Parcel No. RS-4-9 | | | | |
| 2. | a. Address 7 N which you moved: | c. Number of bedrooms/ | | | | |
| | a. Addiess | d. Monthly rental \$ 45.00 | | | | |
| | b. Apartment or room number 49 | e. Date displaced 8-11-71 | | | | |
| 3. | Dwelling unit to which you moved (RENTA | L) | | | | |
| - | a. Address 5025 N.E. 8th | | | | | |
| | | d. Monthly rental \$ 40.25 | | | | |
| | b. Apartment or room number | e. Date moved in 1-15-72- | | | | |
| 4. | Dwelling unit to which you moved (PURCH | ASE) | | | | |
| | a. Address | | | | | |
| | | d. Incidental expenses \$ | | | | |
| | b. Number of bedrooms | e. Date of purchase | | | | |
| 5. | For Code Enforcement or Voluntary Rehab | ilitation (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 t | | | | | |
| | If yes, total number of months in te | | | | | |
| | Incidental expenses. | | | | | |
| | | Paid by Claimant Claimed Approved | | | | |
| | Trem Charges to crammant | Tara by Crammant Crammed Approved | | | | |
| | \$ | \$\$\$ | | | | |
| | | | | | | |
| | | | | | | |
| | List of documents submitted (attached) | in support of above: | | | | |
| | | | | | | |
| Det | termination | | | | | |
| 1000000 | Did claimant rent or own at time of acq | wisition? / Yes No | | | | |
| ١. | | | | | | |
| | Tenant's initial date of rental 4 | | | | | |
| | Owner-occupant's initial date of own | | | | | |
| 2 | | | | | | |
| ۷. | Date of rental or purchase | o initiation of negotiations?YesNo | | | | |
| | Date of initiation of negotiations_ | THE STATE OF THE S | | | | |
| 3. | Is replacement housing standard?Y | | | | | |
| - | If previously substandard, date found st | | | | | |
| 4. | Certification: | | | | | |
| | | 1. | | | | |
| | (Amount of this claim \$ 3300.9 | 6) | | | | |

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

Nº

998

EH

DATE December 18

., 19_74

PAY TO

Clarence Davenport

\$ 825.24

DOLLARS

TO THE TREASURER OF THE CITY OF PORTLAND, OREGON

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission

224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|-----------------------------|--|----------|
| | | Reimbursement per Claim for RHP for Tenants filed. Move from 7 N. Russell (Parcel RS-4-9). | |
| | | Total approved \$3,300.96 4th and final payment | \$825.24 |
| | | | |
| | | Corence Danempart | |

count Distribution

RELOCATION PAYMENT

| PROJECT: Emanuel R-20 PARCEL: RS 4-9 |
|--|
| PAYABLE TO: Clarence Dovenfort |
| For: RHP for Homeowners |
| |
| Accounting: Indicate symbol and Accounting No. Relocation Payment;Project Cost *() |
| Of Since |
| 0500 |

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

865

EH

DATE December 6

, 19. 73

Clarence Davenport PAY TO

\$ 825.24

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 Tenents filed. Move from 7 N. Russell (Percel RS 4-9). | |
| | | Total approved \$3,300.96 3rd annual payment | \$825.24 |
| | | 147/73 | |
| | | Clarence Donempart | |

Account Distribution

TITLE

AMOUNT

URBAN REDEVELOPMENT FUND-PROJECT EXPENDITURES-EMANUEL HOSPITAL, ORE. R-20



Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

Nº

628

EH

DATE December 20

19_ 72

PAY TO Clarence Davenport

\$ 825.24

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 | | AMOUN |
|------|-----------------------------|---|-------------------------|----------|
| | | Reimbursement per Claim for RHP from 7 N. Russell (Percel RS-4-9 | for Tenants filed. Hove | |
| | | Total approved 2nd annual payment | \$3,300.96 | \$825.24 |
| | | | | |
| | | | | |
| | | | | 0 |

Account Distribution

TITLE

AMOUNT

0600 E60 901

RELOCATION PAYMENT

| For: _ | RHP for Homeowners | |
|----------|---|--------------------------|
| second _ | X RHP for Tenants & Certain Others: Rental: Total approved \$330096; Annual amount \$ | |
| | or Purchase: | 23.27 cond |
| | 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 | accuse was after records |
| | Business: Searching Expenses | |
| - | | |
| Name of | Client Clarence Davenport Less - \$_ | * |
| Move fr | om 7 N. Lussell Total \$8 | 25.2× 110 |

NOTICE OF RHP-TACO YEARLY PAYMENT

| TO: Chet Daniels | DATEDecember 5, 1972 |
|--|---------------------------------------|
| (Relocation Advisor) | DATE DECEMBER 5, 1972 |
| FROM: Benjamin C. Webb, Chief of Relocation 8 | Property Management |
| | |
| RE: Clarence Davenport (Displacee) | (Address) (At pont. 1/14) |
| (Dispracee) | |
| No. 2 \$825.24 (amount) | ? 1-14-72 |
| (annual payment) (amount) | (date due) |
| Please contact the above displacee and inspect the duplicate copy of this form together with a copy of the inspection. Present Address: | a copy of the original claim form and |
| Present Address: | - Jew sufficiences sausers |
| Date Inspected: 12-11-7> Condition | on:StandardSubstandard |
| If substandard: (1) Date reinspected and for | und standard |
| or (2) Displacee notified of in | neligibility:yesno |
| Same uptour as on first Payor | lard Condition. |
| Same aptour as on first Payon | un - |
| | |
| (Displacee) | (Relocation Advisor) |
| DATE: 12-11-72 | DATE: 12-11-72 |
| | |
| TO: Bob Donglas | DATE: 12/12/72 |
| FROM: JC | |
| The above subject property has been inspected with P.L. 91-646 please make a check payable a | |
| TO: Clarence De | evenport |
| PROJECT: Emanuel | |
| FOR: Relocatio | ~ 2nd annual Rupmen |
| AMOUNT: 825.24 | |
| | SIGNED: W.S Jack |

URBAN REDEVELOPMENT FUND-PROJECT EXPENDITURES-EMANUEL HOSPITAL, ORE. R-20

Warrant Number

PORTLAND DEVELOPMENT

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

Nº

247

EH

DATE

January 14

. 19.72

PAY TO Clarence Davenport \$ 825.24

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

| Reimbursement per Claim for RHP for Tenants. From 7 N. Russell (Parcel RS-4-9). Total approved \$3,300.96 lst Annual Payment \$825.24 | DATE | CONTRACT NOS. | DESCRIPTION | | AMOUN |
|--|------|---------------|--------------------|-----------|----------|
| 1st Annual Payment \$825.24 | | | | | |
| | | | Ist Annual Payment | 43,300.30 | \$825.24 |
| | | | | | |
| | | | | | |

Account Distribution

TITLE

AMOUNT

E 1501

Relocation Payment (RHP)

(EH)

\$825.24

December 1-15-72

Clarence Danempart

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 become the maistance 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 7/0 |
|------------|--|
| 2. | Applicant for housing 482 - (Supplement) |
| 3. | Name Clarence DAvenport |
| 4. | Address 4853 ME, 6th ave |
| ND 29 00 1 | Number of persons in family |
| 6. | Total monthly assistance # 122 - total |
| 7. | Date assistance began 3-11-71 |
| 8. | Date assistance to terminate //nknown - |
| 135. | |

Ordon Gilbertson, Administrator

(Caseworker)

(Dept.)

(Dite)

December 22, 1972 Mr. Clarence Davemport 5025 N.E. 8th Portland, Oregon 97211 Mr. Davenport: Enclosed is our check number 628 in the amount of \$825.24 representing your second annual implacement Housing Payment for Tenants. Please feel free to contact us if you have any questions. Very truly yours, W.S. Jones Relocation Supervisor WSJ: dr Enclosures





PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

Nº 26841

PAY TO THE ORDER OF

Clarence Davenport

DATE September 10 , 1971

\$215.00

DOLLARS

THE FIRST NATIONAL BANK OF OREGON S.W. Fifth and College Branch
Portland, Oregon

NON-NEGOTIABLE

Portland Development Commission .

224-480

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | | AMOUNT |
|------|--------------------------|--|----------------------------------|----------|
| | | Reimbursement per claims for relocation fi from 7 N Russell - Apt 2 - (Parcel RS 4-9) Prescott Dislocation allowance Fixed payment - unfurnished | to 1406 NE \$200.00)15.00 | \$215.00 |
| | | | | |

Account Distribution

NO. TITLE

E1501

Relo Payment

(Fixed - unfurn. - Ind.)

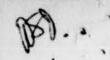
AMOUNT

\$215.00

av & Clarence Danenport

EH

mwa



FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and Individuals) NAME AND ADDRESS OF CLAIMANT (Include ZIP code)
Clarence Davenport
1406 N.E. Prescott
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission

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

| A. | Does claimant meet all timing requirements for eligibility? XX YES] NO | |
|----|---|---|
| | If "No," explain: | |
| | | |
| В. | CERTIFICATION | • |

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

| ITEM | AMOUNT | AUTHORIZED SIGNATURE | DATE |
|--|----------------|----------------------|-------|
| 1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ | \$ 200.00 ** | BCI | 9-9-7 |
| b. Reimbursement for actual direct loss of property | s | 1 secon | |
| 2. Supplementary claim(s) for storage costs: | | | |
| | | | |
| 3. Final claim, reimbursement for moving expenses covering storage and related costs | • | | ** |
| RECORD OF PAYMENTS MADE (Total | payments may n | ot exceed \$200) | |

| DATE | CHECK NUMBER | AMOUNT | DATE | CHECK NUMBER | AMOUNT |
|---------------|--------------|-----------|------|--------------|--------|
| Sept 10, 1971 | 268412 | \$ 200.00 | | | \$ |
| | | | | | |
| | | | | | |
| 920 KK HIGH | | | | | |

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

*** DISLOCATION ALLOWANCE

DEPARTMENT OF HOUSING AND URBAN DEVELOPMEN

CLAIM FOR RELOCATION PAYMEN

HUD-6140.1 (4-66)

(Families and Individuals) PROJECT NAME (If applicable) NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission Emanuel Project 1700 S.W. Fourth Avenue PROJECT NUMBER Portland, Oregon 97201 Ore. R-20 INSTRUCTIONS: If this claim is for a FIXED PAYMENT, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form. RENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the urisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudelent 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." 2. DATE(S) OF MOVE I. FULL NAME OF CLAIMANT (1)Clarence Davenport 8/11/71 4. ADDRESS TO WHICH YOU HAVE MOVED 3. ADDRESS FROM WHICH YOU HAVE MOVED RS 4-9 a. Address (include ZIP code) a. Address 1406 NE Prescott 7 North Russell Apt. #2 b. Apt., Floor, or Room No. b. Apt., Floor, or Room No. _ c. Were household goods moved to or from storage? X No c. Was it furnished with your own furniture? d. Number of rooms occupied (excluding No If "Yes," complete Block B on reverse side of bathrooms, hallways, and closets): _ 4/1/71 this form. e. Date you moved into this address: .. 5. TYPE OF PAYMENT CLAIMED Check c if applicable: Check a or b after consulting local agency: a. Reimbursement for actual moving expenses (including storage costs, if c. Supplementary claim for reimbursement of storage costs applicable)and/or direct loss of property DISLOCATION ALLOWANCE b. Fixed Payment (May not be made if storage costs are involved) 6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement \$ 200.00 of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.) DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT 8. MOVER'S TELEPHONE 9. ADDRESS OF MOVING COMPANY (OR PERSON) 7. NAME OF MOVING COMPANY (OR PERSON) NO.

D. METHOD OF PAYMENT, MOVING BILL (Check one)

- a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.
- b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

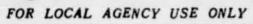
- a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.) b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if
- local agency is to pay storage company directly.)
- c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)
- 12. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually/incurred.

August 25, 1971

Date

Jouenpar Signature of claimant





U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

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

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)
Clarence Davenport
1406 N.E. Prescott
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission

| | | | INSTRUCTIONS: Attach complete completed Form(s) HUD-6140.1 | ed Form HUD-6140.2 to filed by claimant. |
|---|--|-----------------------|---|---|
| A. Does claima If "No," ex | | ing requirements | for eligibility? XX YES | [] NO |
| with the applicab | have examined the cl le provisions of Fed | eral law and the Regu | ating documentation, and have found ations issued by the Department of F by approved and payment is authorize | lousing and Urban |
| ITEM | | AMOUNT | AUTHORIZED SIGNATURE | DATE |
| direct loss of a. Reimburseme including, storage and costs in th b. Reimburseme of property | nt for moving expens if applicable, related e amount of \$ ent for actual direct | s 15.00 | BLCC | 9-9-71 |
| expenses cover costs | eimbursement for mov ing storage and rela | ted \$ | | |
| DATE | CHECK NUMBER | otal payments ma | y not exceed \$200) DATE CHECK NUMBER | AMOUNT |
| dept 10, 1971 | 26841Z | \$ 15.00 | DATE CHECK NUMBER | \$ |
| | | | | |

CLAIM FOR RELOCATION PAYMENT

(Families and Individuals)

| NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) | | PROJECT NAME (If applicable |) | |
|---|---|---|--|--|
| Portland Development Commission 1700 S.W. Fourth Avenue | Emanuel Project | | | |
| Portland, Oregon 97201 | PROJECT NUMBER Or | PROJECT NUMBER Ore. R-20 | | |
| INSTRUCTIONS: If this claim is for a FIXED PAYMENT, for actual moving expenses (including storage costs, if applitum does not apply, write "None" in the space. If a Relo Claim for Relocation Adjustment Payment, and attach it to PENALTY FOR FALSE OR FRAUDULENT STATEMENT. Turisdiction of any department or agency of the United Statement statements or representations, or makes or uses any fraudulent statement or entry, shall be fined not more than | clicable) and/or direct los scation Adjustment Payment this form. U.S.C. Title 18, Sec. 100 es knowingly and willfully false writing or document | s of property, complete Items int will also be claimed, compl I, provides: "Whoever, in any if alsifies or makes any for knowing the same to contain a | 1 through 12. If an ete Form HUD-6141.1, matter within the alse, fictitious or fraudiny false, fictitious or | |
| 1. FULL NAME OF CLAIMANT | (1) 2. | DATE(S) OF MOVE | | |
| Clarence Davenport | | 8/11/71 | | |
| 3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address a. Address (include ZIP code | | | E MOVED | |
| 7 North Russell Apt. # 2 | | 1406 N.E. Presco | tt | |
| b. Apt., Floor, or Room No c. Was it furnished with your own furniture? Yes No C. Were household goods moved d. Number of rooms occupied (excluding Yes No Yes," complete Block B | | | o or from storage? | |
| 5. TYPE OF PAYMENT CLAIMED | | | | |
| Check a or b after consulting local agency: a. Reimbursement for actual moving expenses (including storage costs, if applicable)and/or direct loss of property X b. Fixed Payment (May not be made if storage costs are involved) Check c if applicable: c. Supplementary claim for reimbursement of storage costs A ROOM | | | | |
| TOTAL CLAIM (If claim is for Fixed Payment, consult local of actual moving expenses, direct loss of property, and/or str and 11c below.) | | | \$ 15.00 | |
| DO NOT COMPLETE ITEMS 7 TH | ROUGH 11 IF THIS IS A CL | AIM FOR FIXED PAYMENT | | |
| 7. NAME OF MOVING COMPANY (OR PERSON) 8. | MOVER'S TELEPHONE 9. | ADDRESS OF MOVING COMPAN | Y (OR PERSON) | |
| 10. METHOD OF PAYMENT, MOVING BILL (Check one) a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement. b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in | | | | |
| accordance with arrangements made in advance, and with my consent, between the local agency and the mover. | | | | |
| 11. AMOUNT OF ACTUAL COSTS AND/OR LOSS | | | | |
| a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.) | | | • | |
| b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.) | | | 5 | |
| c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.) | | | | |
| 12. I CERTIFY under the penalties and provisions of U.S.C. Title submitted herewith have been examined by me and are true, a provisions of U.S.C. Title 18, Sec. 1001, and any other applicability in forfeiture of the entire claim. I further certify that I have too from any other source for any item of loss or expense paraccurately reflect moving services actually performed and/or August 25, 1971 | orrect, and complete, and that cable law, falsification of an ave not submitted any other of d pursuant to this claim, and | t I understand that, apart from the y item in this claim or submitted I laim for, or received, reimbursem that any bills or receipts submitt | penalties and herewith may re- ent or compensa- red herewith | |
| Date | | Signature of claimant | | |

| RELOCATI | ON MORKER J. Crolley | PROJECT NO. Ore. R-20 | PARCEL RS 4-9 | |
|-----------------------|-------------------------------------|--|------------------|--|
| NAMEDAV | ENPORT, Clarence ADDR | ESS 7 North Russell | _ APT NO2_ | |
| PHONE | INITIAL INTERVIEW8/ | 24/71 SEX_M_WNWE | 3_AGE_68 | |
| U.S. CITIZEN_ | X ALIENVETERAN | SERVICEMAN DATE ON SITE | 4/1/71 | |
| FAMI | LY COMPOSITION | | | |
| Name | Relation Age | Employer: Name Genevas Restaur | rant \$ 72.00/wk | |
| | | Address N. Williams MCV Caseworker | 112.00 | |
| | | MCWCaseworker Social Security_ | | |
| | | VAFedMult Co | | |
| | | Pension: NameOther: Name | | |
| | | TOTAL MONTHLY INCO | | |
| | | TOTAL MONTHLY TINCO | mc | |
| Rent 45.00 | , Inc. HeatWaterGas | GarElecUnfurnFurn_ | X_No. Rms1 | |
| Over 62 | | Income below limits Assets be | | |
| | | liveredby | | |
| Notify in case | e of accident: Addre | ss | Phone | |
| information S | tatement given to | on by | | |
| Notice to move | e given to | on by | | |
| moved by moved | ount \$ Check No. | On by Moved Date delivered (Phone) | by self(or) | |
| REMOVED FROM | | REMAINING ON CASELOAD: | | |
| Refused ass | istance | Address unknown, tracing | | |
| Relocated i | | Evicted, further assistance | e | |
| | public housing m. public housing | contemplated Temporarily relocated by L | .PA | |
| Standard | priv. rent hsg. | | | |
| | ard priv. rent | Address | | |
| further | h refusal of aid | outside project: | | |
| | sales housing | | | |
| Sub-stand | ard sales hsg. | Address | | |
| | nknown, abandoned | | | |
| | no further | FAMILY REFUSED ADDITIONAL ASSISTANCE. | | |
| assistan Other (ex | ce plain) | Date Worker | | |
| | | - Moved - 1-11-72 | | |
| RELOCATION RE | Address | Inspection Certified By | Date | |
| | Address | Thispection certified by | Jute | |
| | | | | |
| | | | 188-9400 | |
| NEW ADDRESS: | 1406 N.E. Prescott | | -6363 | |
| | 4853 N/ 8 6th | Zip | Phone | |
| | | 19 97211 (Landlerd Varison) | 224 1058 office | |
| | (14-9517 Baro | : Restourent) (Landled Nourison) | | |

NOTES CAV

8/24/71 Moved out 8/11/71. Furnished room and access to rest of house. JC

Landlord - James Parks. Rent in new address \$65.00. Does not draw Soc. Security. Works at Genevas Restaurant from 6:00 a.m. to 2:00 p.m. Has Sunday's off. Genevas located at 4228 N. Williams Avenue.





PORTLAND DEVELOPMENT COMMISSION SITE OFFICE CANUBL BOSPITAL PROV 285 N. MONROE ST. PORTLAND. OREGON STEET September 1, 1971 Mr. Clarence Davenport 7 North Russell, #2 Portland, Oregon Dear Mr. Davenport: 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 orde to determine your eligibility for benefits. A summery 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 a during our regular office hours - 8:30 a.m. to 5:00 p.m., Handay the Friday, an alternate appointment can be arranged by calling 205-810. Our office is located at 235 H. Honros St. We look forward to seeing you soon. ery truly yours, Bonjamin C. Web Chief, Relecation Property H BCW: ch Enclosure

CLAIM FOR RELOCATION PAYMENT

| 1. | NAME OF CLAIMANT | 2. DATE OF MOVE |
|-----|---|--|
| 3. | ADDRESS FROM WHICH YOU HAVE MOVED a. Address Parcel No | 4. NEW ADDRESS a. Address 1406 N. F. Prescult |
| | b. Apartment No. 2 c. Glients Furniture? yes no partially d. Number of rooms e. Date in 4-1-71 | b. Apartment No c. Goods moved from storage yes no |
| 5. | TYPE OF PAYMENT a. Moving expenses and/or loss ofb. Fixed paymentc. Storage costs. | |
| 6. | TOTAL CLAIM \$ 15.00 | - 1 roon - farmes |
| 7. | NAME OF MOVING CO. 8. TELEF | PHONE NUMBER 9. ADDRESS |
| 10. | METHOD OF PAYMENT - MOVING BILL ATTA a. Reimburse claimant. b. Direct payment to movers. | ACHED: yes no |
| 11. | AMOUNT OF ACTUAL COSTS AND/OR LOSS a. Moving costs b. Storage costs c. Direct loss of property \$ | |
| | 8-2-5-7/ DATE | |

Distrotion allewance 2000

Sammfort, Claumes of #2

has a confertable Dethung to live in. some houn stitling & sar hequilarly and non seen since 1932. To was ohe to jundence able to sales his needler whom he had + The hun firmance conditions to was yours + Depoint new expenses. I have to the toleghine people to reduce there cast in hiely the mores in the hast The need a tileghour and the Lower pay heart a trailer first up to further towner of the appliance to got appeared to be men so sot to more so. Le the furniture factory & punctured that for the the He fundly gen his inemy tour to best him to a league of tracer to character hoppon. and god lead in troughertung. We pen to augu up, the paper had to be semple a The the was elighte and here him bourn The never applied for S. S. I a dorse him Jet as a cook doot, the los years as me haumpan was werbung part time on odd

ag

13/5. Claim feled for 3rd linneal TACO fayment. Self inspection made Asignature of client on form. 12/1/13 Recented Clarm for RHP, 3rd annual payment for Clarence Devenport in the Comount 0 1 8 25. 24. Warrent NO. 865 EH. Signed Warrant on receipt of cht.