

	DESCRIPTION	ROLL NO	ODOMETER
AB 1-3	DOWNING, JACK L. 2803 N. COMMERCIAL		
A 2-4	DREW, JOHN 3102 N. GANTENBEIN		
A 4-7	DUMAS, LUCILLE 3316 N. GANTENBEIN		
A 4-7	DYE, JONAS 3316 N. GANTENBEIN		
RS 3-4	EADEN, ALEX, JR. 2740 N. VANCOUVER		
A 2-5	EDWARDS, CHESTER 227 N. MONROE		
A 4-11	ELLIS, ROSCOE 233 N. COOK		
R 8-9	FAULKNER, FANNIE 327 N. FARGO		
E 2-5	MACK, FERRELL A. 2732 N. KERBY		
R 9-7	FIELD, HERBERT 417 N. MONROE		
E 2-7	FISCHMAN, STEPHEN M. 553 N. KNOTT		
E 3-7	FLORES, JESSIE 540 N. KNOTT		
E-4-7	FLOWERS, LONNIE 423 N. RUSSELL		
A 2-8	FRAHS, THEODORE 3111 N. VANCOUVER		
AB 3-2	FRARY, MYRA L. 2932 N. COMMERCIAL		
R 10-2	FRYKMAN, MARGARET 3137 N. COMMERCIAL		
R 10-10	GARNETT, ALBERT 529 N. MONROE		
RS 3-6	GLASS, LILLIAN (CONLEY) 2728 N. VANCOUVER		

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. _____ Advisor RS

Client's Name Drew, John Phone _____

Address 3102 N. Gentlemen Ethn Black Age 40

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

Family Composition

Total Number in Family 7

2 wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age
Wife	31	Hr.	2
Dtr	9		
Dtr	6		
S	4		
S	3		

Economic Data

Employer \$ _____

Address _____

Other Source of Income welfare \$ 32500

Total Monthly Income \$ (32500)

Eligible for Public Housing YES NO

Eligible for Welfare YES NO

Eligible for (Other) YES NO

Presently Receiving Welfare YES NO

Other Assistance _____

Claimant was displaced from real property within the project area on or after date of pertinent contract for Federal assistance and/or date of HUD approval of budget for project:

YES NO

Date of initial interview 1-11-72 Date of Info pamphlet delivery _____

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

10-8-71

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

Date of initiation of negotiations for purchase of property 5-20-71

Date of Acquisition 9-14-72

Date of letter of intent _____

Date of move 1-15-72

DWELLING UNIT FROM WHICH RELOCATED

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

✓ Age of Housing Unit over 60 yrs
 ✓ Size of Habitable Area 600-700 sq ft
 Furnished with claimant's furniture
 YES NO

Total Number of Rooms 4 Rent Paid \$ 65⁰⁰ Utilities _____
 Number of Bedrooms 2 Monthly Housing Payments \$ _____ Taxes _____
 Liens \$ _____ (please explain) _____
 Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 604 N. Webster LPA Referred Self Referred _____

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

Outside city Outside state
 ✓ Age of Housing Unit over 60
 ✓ Size of Habitable Area 1200-1600 sq ft
 ✓ No. of Rooms 6 No. of Bedrooms 3

For Claimants Who Purchased

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

For Claimants Who Rented

Rent \$ 90⁻
 Utilities \$ _____
 Total Rent Assistance \$ _____
 Amount of Annual Payment \$ _____

No. of Housing Referrals to: ✓ none Agency Referrals: ✓ one
0 Standard Sales _____ MCW _____ HAP _____ OTHER (_____)
 _____ Standard Rent _____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____
 Date _____ Ck # _____ Type _____ Amount \$ _____
 Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Drew, John RELOCATION ADVISOR CD
 ADDRESS 3102 N. Gantenbein PHONE ----- PROJECT NAME Emanuel ORE R-20
 SEX M ETHN B VETERAN AGE 40 PARCEL NO. A-2-4
 MARITAL STATUS Married TENURE Tenant
 DISABILITY INDIV FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING FHA 235
 RENT SUPPLEMENT OTHER
 INITIAL INTERVIEW 1-11-72 DATE INFO PAMPHLET DELIVERED
 NOTICE TO MOVE DATES EFFECTIVE EXPIRATION DATE
 NOTIFY IN CASE OF EMERGENCY

DATE ON SITE:	<u>October 8, 1971</u>
INITIATION OF NEGOTIATIONS:	<u>5-20-71</u>
DATE OF ACQUISITION:	<u>9-14-72</u>

3-1-72

ECONOMIC DATA

FAMILY COMPOSITION

Employer \$
 Address
 MCW Ellen Wymore 325.00
 Social Security
 Pension
 Other
 TOTAL MONTHLY INCOME \$ 325.00

Name	Relation	Age
Cardealia	Wife	31
Alice Faye	D	9
Doris Ann	D	6
Virgil J	S	4
Clinton	S	3
Janis M.	D	2

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure No. Rooms 4
 No. Bedrooms 2 Furn. R Unfurn
 Utilities \$
 Monthly Payments (Rent) \$65.00
 Acquisition Price \$
 Taxes \$ Equity \$
 Liens \$

Size of Habitable Area

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms

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

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 604 N. Webster Phone 285-7956 Date of Move 1/15/72

WHERE RELOCATED:

				S	SS
Same City	X	Subsidized Sales			
Outside City		Subsidized Rental		X	
Out of State		Public Housing			
		Private Rental	X		
		Private Sales			

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms ___ Habitable Area ___

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ _____

Age of Structure: _____ Taxes \$ _____ Equity \$ _____ Distance Moved Away _____

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	28621 G	1/13/72	\$305.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

TOTAL BENEFITS RECEIVED \$ 305.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date

Relocation
Worker

- 1/11/72 Come from La. 213 N. Shaver, then moved to New York and came back 31 Williams Avenue. Move from there to _____ N. Montana in house owned by Matt Matthew (Bateman's) and from here went to California. Came back and moved into present address, October 8, 1971 - Did not know this was project area at the time he moved in. Found out after being hired by Portland Development Commission to work with maintance man (Bob). Felt that he should then move out or seek other housing.
- 1/15/72 Mr. Drew came by to pick up Refrigerator. Anne Cathc^{ART}out left key and I took him out to get refrigerator. He moved it and has moved from 3102 N. Gantenbein to 604 N. Webster. Tried to help him get furniture from various agencies that help poor people.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 28621 G

DATE January 13, 19 72

PAY TO THE ORDER OF **John Drew**

\$ 305.00

DOLLARS

NON-NEGOTIABLE

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

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Relocation Payment filed. Move from 3102 N. Gantenbein (A-2-4) to 604 N. Webster. Dislocation Allowance \$200.00 Fixed Payment - own furn. (Partially) <u>105.00</u>	<u>\$305.00</u>

Account Distribution

NO	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - own furn. - Family)	\$305.00

John Drew

AE

BD

Payable to: John Drew
\$305.00

Note:

moving

1 Room of Furniture	\$60
3 Furnished Room \$15 @	<u>45</u>
	\$105
Dislocation Allowance	<u>200</u>
	<u>\$305</u>
	<u> </u>

OK
John

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

John Drew
604 N. Webster
Portland, Oregon 97217

NAME OF LOCAL AGENCY:

Portland Development Commission
1700 SW Fourth
Portland, Oregon 97201

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

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

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

Yes No

If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount ^{1/}	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment	\$ 200.00 ^{FA}		1-13-72
2. Dislocation allowance	\$ 105.00 ^{FP}		
3. Total	\$ 305.00		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
1/13/72	28621 G	\$ 305.00			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name John Drew Project Emanuel
 2. Date(s) of move Jan 15, 1972 Parcel No. A-2-4
 3. Dwelling unit from which you moved:
 Address 3102 N. Gontombien No. of rooms 4
 Furnished Unfurnished Date you moved into this unit Oct 2, 1971

4. Dwelling unit to which you moved:
 Address 604 N. Webster
 Were goods moved to or from storage? Yes No

5. Total claim \$ 105.00 *1 Room of Furniture & equipment plus*
 ----- *3 Furnished Rooms*
 FIXED PAYMENT: \$ 200 + \$ 105.00 = \$ 305.00 *(60 + 45)*

ACTUAL MOVING COSTS

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

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

STORAGE COSTS

Name, address and ZIP code of storage company

A. Type of claim
 initial supplementary final

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

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

D. Description of Property Stored: please list on back of this sheet.
 E. Method of Payment
 reimburse client (attach receipt or paid bill)
 pay storage company directly (attach bill)

Dwelling Unit Inventory

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

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

Miscellaneous (List Items)

T.V. 2
Tools
2 Mounted Tires

COMMENTS: *These are the only things belonging to Mr. Drew*

DATED this _____ day of _____ 19____.

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

John Drew
(firm name)

by: _____

PORTLAND DEVELOPMENT COMMISSION

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

November 1, 1971

Mr. John Drew
3102 N. Gantenbein
Portland, Oregon

Dear Mr. Drew:

As you may know, you are situated in the Emanuel Hospital Project which is being carried out with assistance from the U. S. Department of Housing and Urban Development (HUD). The property which you presently occupy will be acquired some time in the future by the Portland Development Commission as part of the approved project plans for this area.

If you are in occupancy on the date the Portland Development Commission acquires the property in which you reside, or are in occupancy at the time of receipt of this letter, you may be eligible for relocation assistance. We strongly advise you to contact us before moving in order to determine your eligibility for benefits. A summary of the types of relocation payments for which you may be eligible is contained in the attached brochure.

We urge you not to form advance opinions as to the benefits and amounts to which you may be entitled. Certain conditions must be met before eligibility can be established and before the amount of benefits, if any, can be determined.

Please check with us before making any move. If you are unable to come during our regular office hours - 8:30 a.m. to 5:00 p.m., Monday through Friday, an alternate appointment can be arranged by calling 288-8169. Our office is located at 235 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure

R E C E I P T

I hereby acknowledge receipt of a copy of the Portland Development
Commission's RELOCATION SERVICES FOR FAMILIES AND INDIVIDUALS.

John D. News

1/11/72
date