	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		.0	
Е 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		Emilia II.	

## RESIDENTIAL RELOCATION RECORD

Project Name	Parcel No	a.4.11	Advisor
Cllent's Name 8/1/15 Roscal			Phone
Address 233 71, @OOK	,	Ethn Blace	H Age 55
Male Family	Married	Renter	/Occupant
☐ Female ☐ Individual ☐	Single	■ Owner/	Occupant
Family Composition		Econom	ic Data
Total Number in Family 2		Employer Sylver Address	chen Kep.
Other: Relation Age Relation Age		Other Source	of Income \$
		Total Mont	hTy Income \$ (360.00)
Eligible for Public Housing YES	NO NO	Presently Re	ceiving Welfare TYES
Eligible for Welfare YES	₩ NO	Other Assist	ance
Eligible for (Other) YES	□ NO		
Claimant was displaced from real prope tinent contract for Federal assistance		of HUD approv	
Date of initial interview 5-21-7	/ Da	te of Info par	phlet delivery 1-15-71
Date Notice to Move given	Da	te Effective _	Expires
CLAIMANT'S INITIAL DATE OF OCCUPANCY			5-1950
(a) for owner-occupants - indica occupancy and ownership	ite initial d	ate of	
Date of initiation of negotiations for	purchase of	property	5-13-71
Date of Acquisition			7-30-11
Date of letter of Intent			
Date of move			8-2-71

## DWELLING UNIT FROM WHICH RELOCATED

Private Sales	12		No.	
	X Sing	e Family	X Age of Hou	sing Unit 1905
Private Rental	Duple	ex	Size of Ha	bitable Area 968
Other .	Multi	iple Family		with claimant's furniture YES / NO
Total Number of	Rooms	5	Rent Paid \$	Utilities
				\$ Taxes
			MENT DWELLING UNIT	
Address 3820	0786	th	LPA Referred	Self Referred X
Private Sales		le Family		Outside state
Private Rental	Duple	ex	Age of Housing U	Init 1911
Other	Multi	iple Family	Size of Habitabl	e Area 1008
			No. of Rooms	No. of Bedrooms 2
For Cl	aimants Who	Purchased	For Cla	imants Who Pented
		Purchased		imants Who Rented
Purchase Price o	f Replaceme	ent Dwellin	\$ <u>8000.00</u> . Rent \$_	
Purchase Price o	f Replaceme	ent Dwellin	\$ \$ 8000.00. Rent \$_ Utiliti	es \$
Purchase Price o	f Replaceme	ent Dwellin	Utilities) \$ 5000 Total R	es \$ Rent Assistance \$
Purchase Price o	f Replaceme	ent Dwellin	Utilities) \$ 5000 Total R	es \$ Rent Assistance \$
Purchase Price o	f Replacement	ent Dwelling	Utilities) \$ 5000 Total R	es \$ Rent Assistance \$
Purchase Price o Taxes \$	f Replacement	idental cos	Utiliti ts) \$ 5000 Total R  Amount	es \$ dent Assistance \$ of Annual Payment \$
Purchase Price o Taxes \$	f Replacement luding including including and Sales	ent Dwelling	Utiliti ts) \$ 5000 Total R  Amount  Agency Referrals: NOME  MCW HAP	es \$
Purchase Price of Taxes \$	f Replacement  luding inc  eferrals to  ard Sales  ard Rent	ent Dwelling	Utiliti ts) \$ 5000 Total R  Amount  Agency Referrals: NOME  MCW HAP	es \$ Rent Assistance \$ of Annual Payment \$ OTHER (
Purchase Price of Taxes \$	f Replacement  luding inc  eferrals to ard Sales ard Rent	idental cos	Utiliti ts) \$ 5000 Total R  Amount  Agency Referrals: NOME  MCW HAP  Food Stamp Leg	es \$ dent Assistance \$ of Annual Payment \$  OTHER (  al AidOther (
Purchase Price of Taxes \$	f Replacement luding incomments to ard Sales ard Rent	idental cos	Utiliti ts) \$ 5000 Total R  Amount  Agency Referrals: NOME  MCW HAP	es \$  Rent Assistance \$  of Annual Payment \$  OTHER (  yal Aid Other (

### RESIDENTIAL RELOCATION RECORD

CLIENT'S NAMEELLIS,	Roscoe	RELOCATION ADVISOR	RJC
ADDRESS 233 N. Cook	PHONE 288-31	70 PROJECT NAME Ema	nuel ORE R-20
SEX_M ETHN_B			11
MARITAL STATUS Married	TENURE Tenant		1050
DISABILITY	INDIV FAMILY Y	DATE ON SITE:_	
DISABILITY	INDIV FAMILY		
ELIGIBLE FOR: PUBLIC H	OUS ING FHA 235	DATE OF	
RENT SUP	PLEMENTOTHER	ACQUISITION:	July 30, 1971
INITIAL INTERVIEW	-21-71	DATE INFO PAMPHLE	T DELIVERED
NOTICE TO MOVE No	DATES EFFECTIVE_	EXPIRATION D	ATE
NOTIFY IN CASE OF EMERG	ENCY		
ECONOMIC	DATA	FAMIL	Y COMPOSITION
Employer Imperial Hotel	(Kitchen Help)\$ 2.15/		Relation Age
Address		Ruby	Wife 47
MCW			
Social Security			
PensionOther			
o the t			
TOTAL MONTHLY	INCOME \$		
	DWELLING UNIT FR	OM WHICH RELOCATED	
		SS	1005 5
Subsidized Sales Subsidized Rental	Single Family		re 1905 No. Rooms 5
Public Housing	Multiple Family Duplex	No. Bedrooms Utilities \$	Furn. X Unfurn
Private Rental	Mobile Home	Monthly Paymen	ts (Rent) \$ 60.00
Private Sales X	THE PARTY OF THE P	Acquisition Pr	ice \$ 6,500
Size of Habitable Area	968	Taxes \$ Liens \$	Equity \$
HOUSING	REFERRALS	AGENCY	REFERRALS
Address	Bedroom	Name of A	gency Date
		Multnomah Cou	
		Food Stamp Pr	
		Housing Autho	rity
		Legal Aid	
		FISH	
		Health Dept.	

AGENCY ACTION			REASONS	:					
Appeals									
Evicted									
Refused Assistance	е								
Address Unknown (	tracing								
Other (death, etc	.)								
		TEMP	ORARY RE	LOCAT I	ON				
Within Projec			d In						
Outside Proje	ct		Rea	son					
		REPLACE	MENT DWE	LLING	UNIT				
		112.1							
Client Referred				LPA R	eferred				
							1	Lugus	
Address 3826 NE	6th		Phone		0	ate of	Move	Ap#1 2	2, 1971
WHERE RELOC									SS
Same City	X	Subsidized S	Sales		Single			X	
Outside City		Subsidized F	Rental		Multip	le Fami	ly		
Out of State		Public Hous	ing		Duplex				
		Private Rent	tal		Mobile	Home			
		Private Sale	es	X					
Utilities \$ Age of Structure:		Taxes \$	Ec	quity \$		Dis	tance /	Moved A	way
Type RHP	BENEFITS Ck #	RECEIVED Date	Amour	nt	Purchas	se Price		S 1 444	\$8,000.00
TACO (Rental)			\$		Down Pa	ayment	\$		
TACO (Rental)			\$						
TACO (Rental)			\$		RHP		\$ 5.00	00.00	
TACO (Rental)			\$						
TACO (Sales)	906 G	7/15/71	\$5,000	.00	Total	Down		-	\$
Fixed Moving	26597	G 8/18/71	\$ 420	0.00					
Actual Move			\$		Total	Mortgage	9		\$
Storage			\$						
Incidental			\$						
Interest			\$						
TOTAL BENEF	ITS REC	EIVED	\$ 5,420	0.00					
DEALTOR.		ESC	BOM CO				DEFICER		

INTERVIEW REGISTER

Relocation
Worker

1/15/71 Flyer delivered by Wilson Smith - receptive.

2/18/71 Survey: (JC)

5/21/71 Received letter from Dr. Alan W. Ames stating that due to Mrs. Ellis' health condition she requires a separate bedroom.

SC

N 80

### RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER	PROJECT NO. R PARCEL	A 4-11
NAME Ellis, ROSCOE ADDRE	ESS Q38 N Cook APT	NO
	SEX NU NU B	
U.S. CITIZEN ALIEN VETERAN_	SERVICEMAN DATE ON SITE 21	U. 19.0
FAMILY COMPOSITION		
Name Relation Age Ruby Wife 47	Address (kitchen helper)  MCWCaseworker  Social Security  VaFedMult Co Pension: Name Other: Name	
	TOTAL MONTHLY INCOME	
ELIGIBILITY FOR PUBLIC HOUSING: (yes of Over 62 Disabled(Soc.Sec.def.)_  221 CERTIFICATE OF ELIGIBILITY: Date Notify in case of accident:     Name Address Information Statement given to Notice to move given to Payments: Amount \$ Check No moved by moving company  REMOVED FROM CASELOAD: (Date) Refused assistance Relocated in:     Low-rent public housing     Other perm. public housing	Income below limits Assets below  delivered by  ess on by  on by  Date delivered Moved by sel (Phone)  REMAINING ON CASELOAD: Address unknown, tracing Evicted, further assistance contemplated Temporarily relocated by	limitsf(or
Standard priv. rent. hsg Sub-standard priv. rent	LPA within project:	
hgs. with refusal of	addre	SS
further aid Standard sales housing Sub-standard sales hsg. Out-of-town Address unknown, abandoned Evicted, no further assistance Other (explain)	FAMILY REFUSED ADDITIONAL ASSISTA	ANCE:
RELOCATION REFERRALS:		
Address	Inspection Certified By	Date
		211.71
NEW ADDRESS:		194 3/70
	Zip	Phone

1/15/71 flyer delived by Wilson Smith Receptive. 2/18/17 sweez: 90 Eccured - letter from Dr. alemin ames Etalina that due to trop Ellis health condition - remises a expente to the service REMAINING TO THE DAY 7601.01 CLE C. C. Ph. St. Gayles .... District (5 , , , ) , , (5) to Tape to Elect helder TOTAL OF THE ROOM Pension: Nume . Ochar: . .e V:.\_\_Fed.\_\_ Sacial Syc. : ACH. Care to their rabjokola jy do AM MICENNE L.Dunksa COLC 10.

SERVICE CONTROL

August 11, 1971 Pioneer National Title Insurance Company 421 S.W. Stark Street Portland, Oregon 97204 Attention: Jean Egberg Escrow Officer Re: Escrow No. 383485 Parcel No. A-4-11 ELLIS, Roscoe Gentlemen: You have in the above identified escrow account the sum of \$5,000 representing a replacement housing payment to be held in accordance with our written instructions of July 19, 1971. This is to certify that Mr. and Mrs. Ellis have acquired and moved into a standard structure located at 3826 N.E. 6th Avenue. You are hereby authorized to release said replacement housing payment and disburse it in such manner as directed by Mr. and Mrs. Ellis. Very truly yours, Ben C. Webb Chief of Relocation & Property Management BCW: 16

July 19, 1971 Pioneer National Title Insurance Co. 421 S. W. Stark Street Portland, Oregon 97204 ATTENTION: Jean Egberg Escrow Officer Re: Parcel No. A-4-11 (Ellis) Escrow No. 383485 Gentlemen: Enclosed is Warrant No. 906 G in the amount of \$5,000.00 representing a replacement housing payment, to be deposited to subject escrow for disbursement to the Seller upon written authorization by the Commission that the Seller has purchased and does occupy standard housing. Yours very truly, John B. Kenward Executive Director JBK:d1 Enclosure

URBAN REDEVELOPMENT FUND-GENERAL

Warrent Number

# PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

Nº

906

G

DATE

July 15 1971

PAY TO

Pioneer National Title Insurance Co.

\$5,000.00

DOLLARS

TO THE TREASURER OF THE CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission

224-4800

DETACH BEFORE DEPOSITING CHECK DATE INVOICE DR DESCRIPTION AMOUNT Deposit inmescrow for Roscoe & Ruby Lee Ellis, replacement housing payment per claim filed. Parcel A-4-11 - From 233 N. Gook to 3826 NE 6th Avenue \$5,000.00

Account Distribution

E1501

Relo Payment (Rep. Housing)

\$5,000.00

WI & O.

## FOR DISPLACING AGENCY USE ONLY

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

NAME OF CLAIMANT

# DETERMINATION OF ELIGIBILITY AND COMPUTATION OF REPLACEMENT HOUSING PAYMENT

Roscoe & Ruby Lee Ellis

Portland Development Commission

STRUCTIONS: Attach completed Form HUD-6154 Form HUD-6141.2.	to claimant's copy of Form HUD-6153 and, if appl	icable,
ETERMINATION OF ELIGIBILITY. (Attach an ex orm HUD-6153.)	eplanation of any entries which differ from claiman	t's entries on
Did the claimant own the single- or two-family d	welling at the time of acquisition?	YES NO
Initial Date of Ownership:	Date of Acquisition:	x
May 1950 Month-Day-Year	Month-Day-Year	
Did the claimant own and occupy the single- or prior to the initiation of negotiations?	two-family dwelling at least one year	x
Initial Date of Ownership:	Date of Initiation of Negotiations	
May 1950 Month-Day-Year	Month-Day-Year	-
	he claimant own and occupy the single- or two-fam roval of the project and own the property on the dat	
Initial Date of Ownership:	Date of HUD Approval of the	Project:
Month-Day-Year	Month-Day-Year	
. Did the claimant purchase and occupy the replace	cement housing within one year from the date of dis	splacement?
Date of Displacement: Date of Purchas	se of Replacement Housing: Date of Occupa	ncy of Replacement Housing:
Month-Day-Year	Month-Day-Year	Month-Day-Year
. Has the replacement housing been inspected and (Attach copy of Dwelling Inspection Record or, the locality, attach the report obtained from the	if the claimant moved outside	X
Date previously substandard dwelling	was inspected and found to be standard:	

	ATION OF REPLACEMENT HOUSIN	G PAYMENT
Average sales price for a standard dwell	ling suitable for the claimant.	
(From approved Form HUD-6155)		\$ 14,639
. Acquisition payment received by the cla	imant for his single- or two-tamily dwelli	ng.
		\$ 6,500 4
		· · · · · · · · · · · · · · · · · · ·
. Line 1 minus line 2.		0 100
		\$_8,139
. Amount of Replacement Housing Paymen		
enter \$5,000; if amount on Line 3 is les	s than \$5,000, enter amount on Line 3.)	
		\$ 5,000
Annual of any Addising I Palacetics Pa	*llld	
<ul> <li>Amount of any Additional Relocation Pa *Include Relocation Adjustment Payment</li> </ul>		
with interim instructions (See Circular I	370.3, paragraph 8).	\$
		-
. Amount of any payment received under S		
have the same purpose and effect as the	Replacement Housing Payment.	
		\$
. Total (line 5 and 6)		\$
. Amount of Replacement Housing Paymer	nt.	
(Line 4 minus line 7)		\$ 5,000
	CERTIFICATION OF THE DISPLACING AGE	
within one year following his displacement.		d the property was occupied by the claimant
Date of Displacement:	Date O	ccupancy Established:
Aug. 2, 1971	A	19, 2,1971
Month-Day-Year		Nonth-Day-Year
further certify that I have examined this c the regulations issued by the Department of approved and payment of the amount shown	f Housing and Urban Development pursuan	th the applicable provisions of Federal Law nt thereto. Therefore, this claim is hereby
7-7-71	0	316
Date	Seco	Authorized Signature
	DATE SHECK	NO. AMOUNT
RECORD OF PAYMENT	7/12/21 9	066 5,000
	7/15/71 9	

#### U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

### CLAIM FOR REPLACEMENT HOUSING PAYMENT

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY

Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201

PROJECT NAME (If Applicable)

Emanue! Project

PROJECT NUMBER

Oregon R-20

INSTRUCTIONS: Complete all applicable items and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of Condition of Dwelling (Form HUD-6141.2) to complete and submit with this claim.

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

1. FULL NAME OF OWNER-OCCUPANT CLAIMANT.

(as shown in deed to displacing agency or in condemnation proceeding) Roscoe & Ruby Lee Ellis

3. DATE OF DISPLACEMENT

2. Family X

Individual \_\_\_

4. DWELLING UNIT FROM WHICH YOU MOVED A -4-11

a. Address: 233 N. Cook

b. Date you first occupied this dwelling unit as the owner:

> May 1950 Month-Day-Year

c. Check one:

Single-family dwelling unit

Two-family dwelling unit

d. Did you occupy this dwelling for at least one year prior to initiation of negotiations?

Yes

No

5. DWELLING UNIT TO WHICH YOU MOVED

a. Address (Include ZIP Code): 3826 N.E. 6th

Portland, Oregon 97212

b. Number of bedrooms:

c. Purchase price:

\$ 8,000

d. If you have purchased and occupied this dwelling

(1) Date you signed purchase contract:

Month-Day-Year

(2) Date you moved into this dwelling:

Aug 2 1971 Month-Day-Year

e. If you have purchased but not occupied this dwelling:

(1) Date you signed purchase contract:

Month-Day-Year

(2) Date of settlement:

Month-Day-Year

(3) Date you expect to occupy:

Osar E

Month-Day-Year

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 114(c) (3) of the Housing Act of 1949, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 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, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

7/6/7/

Signature of Owner-Occupant

### PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

Nº 26597

PAY TO THE ORDER OF

Mrs. Roscoe Ellis

August 18 DATE

1971

\$ 420.00

**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

romana be	veropment Commission	* *************************************	DETACH BEFORE DEFOSI	THE STREET
DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION		AMOUNT
		Reimbursement per Claim for Relocation Payme from 233 N. Cook, own furn. (Parcel A-4-11) 6th Ave. Fixed Payment Dislocation Allowance	\$220.00 \$420.00	\$420.00

### **Account Distribution**

TITLE

AMOUNT

E1501

Relo. Pmts. (EH) (Fixed - Family)

\$420.00

Koscor Ellis

# U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

. (	Families and Individual	s)	
NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code	•)	PROJECT NAME (If applicable	)
Portland Development Commission		Emanuel Project	
1700 S.W. Fourth Avenue Portland, Oregon 97201		PROJECT NUMBER Ore.	R-20
INSTRUCTIONS: If this claim is for a FIXED PAYMEN for actual moving expenses (including storage costs, if item does not apply, write "None" in the space. If a R Claim for Relocation Adjustment Payment, and attach it PENALTY FOR FALSE OR FRAUDULENT STATEMENT Unisdiction of any department or agency of the United S wient statements or representations, or makes or uses a fraudulent statement or entry, shall be fined not more than	applicable) and/or direct to elocation Adjustment Paym to this form. NT. U.S.C. Title 18, Sec. 1 itates knowingly and willfu ny false writing or documen	oss of property, complete Items on the solution of the solutio	matter within the lise, fictitious or fraud- ny false, fictitious or fraud-
1. FULL NAME OF CLAIMANT	(F)	2. DATE(S) OF MOVE 8/2/71	
Roscoe Ellis			
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address	A-4-11	<ol> <li>ADDRESS TO WHICH YOU HAVE</li> <li>Address (include ZIP code)</li> </ol>	MOVED
233 N. Cook		3826 N.E. 6th Av	renue
b. Apt., Floor, or Room No. house  c. Was it furnished with your own furniture?  d. Number of rooms occupied (excluding  bathrooms, hallways, and closets):  5	□ No	b. Apt., Floor, or Room No. ho	to or from storage?
e. Date you moved into this address: May 1950		this form.	
a. Reimbursement for actual moving expenses (including applicable) and/or direct loss of property  b. Fixed Payment (May not be made if storage costs at 6. TOTAL CLAIM (If claim is for Fixed Payment, consult lost of actual moving expenses, direct loss of property, and/or and 11c below.)	re involved) ocal agency. If claim is for re or storage costs, enter sum of	Lines 11a, 11b,	
DO NOT COMPLETE ITEMS 7	THROUGH 11 IF THIS IS A	CLAIM FOR FIXED PAYMENT	
7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NO.	9. ADDRESS OF MOVING COMPA	NY (OR PERSON)
10. METHOD OF PAYMENT, MOVING BILL (Check one)  a. I have paid the moving charges, as evidenced by the reimbursement.  b. I have not paid the moving charges, and I therefore accordance with arrangements made in advance, and 11. AMOUNT OF ACTUAL COSTS AND/OR LOSS	e request that the attached ite nd with my consent, between t	mized moving bill be paid directly to he local agency and the mover.	
a. MOVING COST (Must be supported by attached receip is to pay mover directly.)	t(s) or unpoid voucher from mo	over if local agency	s
b. STORAGE COST (Must be supported by attached rece local agency is to pay storage company directly.)	ipt(s) or unpaid voucher from	storage company If	s
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claims side of this form must be completed.)	im is made here, the Statemen	t of Claim on reverse	5
12. I CERTIFY under the penalties and provisions of U.S.C. submitted herewith have been examined by me and are true provisions of U.S.C. Title 18, Sec. 1001, and any other a sult in forfeiture of the entire claim. I further certify that tion from any other source for any item of loss or expensions accurately reflect moving services actually performed an	ue, correct, and complete, and applicable law, falsification of at I have not submitted any oth e paid pursuant to this claim, d/or storage costs actually in	that I understand that, apart from the any item in this claim or submitted are claim for, or received, reimbursen and that any bills or receipts submit curred.	e penalties and herewith may re- nent or compensa-
8-2-7/ Date	Die 1	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)

Roscoe Ellis 3826 N.E. 6th Avenue 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.

			completed	Form(s) HUD-6140.1 fil	ed by claimant.
If "No," ex	nt meet all tim	ing requiremen	ts for eligibil	ity? [X] YES [	] NO
3. CERTIFICATI	ON				
I CERTIFY that I	have examined the cl	aim, and the substa	intiating documental	ion, and have found it	to be in accord
with the applicab	le provisions of Fed	eral law and the Re	gulations issued by	the Department of Hous	sing and Urban
Development pursua	ant thereto. Theref	ore, the claim is h	ereby approved and	payment is authorized a	s follows:
	- Comment of the Comm				T
	ITEM	AMOUNT	AUTH	IORIZED SIGNATURE	DATE
1. Initial claim, direct loss of	moving expenses and property				
	nt for moving expens if applicable,	es,	//		
storage and	related	\$ 200.00	1 3 **	$C \cap D$	
costs in the	e amount of \$		1.27		8-18-71
b. Reimburseme of property	nt for actual direct	loss \$	Sew		
2. Supplementary	claim(s) for storage	costs:			
	eimbursement for mov ing storage and rela				
RECORD OF P	AYMENTS MADE (T	otal payments	may not exceed	\$200)	
DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
48/18/1/	265976	\$ 200,00	18		\$
		1	11		
D. EXPLANATION	OF ANY DIFFERE	ENCE BETWEEN AN	OUNTS CLAIMED	AND AMOUNTS APPROV	ED

\*\* DISLOCATION ALLOWANCE

# CLAIM FOR RELOCATION PAYMENT

(4-55)

(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 Portland, Oregon 97201 PROJECT NUMBER 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 jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both." 1. FULL NAME OF CLAIMANT 2. DATE(S) OF MOVE 8/2/71 ELLIS, Roscoe 3. ADDRESS FROM WHICH YOU HAVE MOVED 4. ADDRESS TO WHICH YOU HAVE MOVED A-4-11 a. Address (include ZIP code) 233 N. Cook 3826 N.E. 6th b. Apt., Floor, or Room No. house b. Apt., Floor, or Room No. house c. Was it furnished with your own furniture? X Yes c. Were household goods moved to or from storage? d. Number of rooms occupied (excluding X No bathrooms, hallways, and closets): \_ If "Yes," complete Black B on reverse side of e. Date you moved into this address: \_\_\_\_May 1950 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 X 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, 220.00 and 11c below.) DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT 7. NAME OF MOVING COMPANY (OR PERSON) 8. MOVER'S TELEPHONE 9. ADDRESS OF MOVING COMPANY (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.) 2 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.

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 CLASMANT (Include ZIP code)

Roscoe Ellis 3826 N.E. 6th Avenue 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 me	et all	timing	requirements	for	eligibility?	X YES	NO
	If "No," explain	:						

#### B. 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 \$	\$ 220.00	12.KC	8-18-71
b. Reimbursement for actual direct los of property	\$ \$	The co	
2. Supplementary claim(s) for storage cost	s:		
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		
C. RECORD OF PAYMENTS MADE (Tota	al payments may i	not exceed \$200)	
			MOUNT

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/18/71	P65976	\$ 220.00	10		s

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

### CLAIM FOR RELOCATION PAYMENT

NAME OF CLAIMANT	2.	DATI	E OF MOVE
ADDRESS FROM WHICH YOU HAVE MOVED  a. Address Parcel No. A-4-11	4.		ADDRESS Address
b. Apartment No. According to the Control of the Co		C.	Apartment No
TYPE OF PAYMENT a. Moving expenses and/or loss of paymentc. Storage costs.	rope	rty.	
TOTAL CLAIM \$ 2 20.00			
NAME OF MOVING CO. 8. TELEPHON	NE NU	MBER	9. ADDRESS
METHOD OF PAYMENT - MOVING BILL ATTACH a. Reimburse claimantb. Direct payment to movers.	ED:	yes_	no
AMOUNT OF ACTUAL COSTS AND/OR LOSS  a. Moving costs \$  b. Storage costs  c. Direct loss of property \$			
DATE			

xx Distantion allerone & #200.

DATED this 19 day of Quegust 1971.

	The undersigned does hereby consent and agree that all
personal	property left by me in the premises at
233	N. Cook , Portland, Oregon may be considered
and treat	ted by the PORTLAND DEVELOPMENT COMMISSION as abandoned
property	and disposed of without incurring any obligation or
liability	to account to me therefore.
	Joseph Ellis (firm name)
	bv·

# ALBINA TRANSFER

714 NORTH FREMONT STREET - PORTLAND, OREGON 97227

PRO. NO.

DATE

8-18-71

ROUTING Mrs. Ellis

C/L REF.

CONSIGNEE

Portland Development Com.

235 N. Monroe

Portland, Oregon 97227

SHIPPER

DESCRIPTION	WEIGHT	RATE	REVENUE
Attn: Chester Daniels: Local Move of Mrs. Ellis - 233 N. Cook to	3826 N.E	. 6th.	Ave. on 8-2-71:
Cartage: V/2 men	5 hrs.	22.20	\$ 111.00
Cartage is due and payable within 7 16 Days.	days and	this	has been
		0 = 1 = 1	
REL'd 11			

At for Cland	ifications and tariffs in sect on the date of th	e issue of this fill of Lading,	10 7/	0)
- 233 77	Coals	Date		-
the property described below to	apparent good order which said Carrier (the wo	3 100 1 21 1		-
to another carrier on the route t	rees to transport and deliver to consignee at his us a said destination. It is mutually agreed that the transport and respect to the transport and feeling the said destination. It is mutually agreed that the transport and the respective transport and the respective transport and the respective transport and the respective transport and	ansportation services hereunder are	subject to all term	erwise to deliver
Consigned to	Elles the		If charges are write or stamp "To be Prepaid.	here.
Destination 2826			To be Prepaid.	+
Via Carrier ALBIN	A TRANSFER CO.	Miles Run	Collac	Λ
Number of Packages	DESCRIPTION OF ARTICLES AND MARK	S Weight	Rate	Charges
Egg.	HAND SEVERISHE	AL TS MAILE	4	
MILEAGE CHARGES - Loaded	Miles Ellis	-/1	200	7,
LOADING AND UNLOADING		2 hrs	22,20	111,00
OTHER CHARGES	310010		_	
Note: Where the rate is depende or declared value of the p	nt on value, shippers are required to state specifica roperty.	lly in writing the agreed	TAL CHARGES	11000
The agreed or declared value the property is hereby specifica stated by the shipper to be a exceeding	ly Received the above weight in apparent	Carrier ALBINA TRA		The second secon
Shipper	Consigned Treated Treated	4		
Per	Per	Received Payment	BENNETT BUSIN	ESS FORMS, INC.

August 11, 1971 Pioneer National Title Insurance Company 421 S.W. Stark Street Portland, Oregon 97204 Attention: Jean Egberg Escrow Officer Re: Escrow No. 383485 Parcel No. A-4-11 ELLIS, Roscoe Gentlemen: You have in the above identified escrow account the sum of \$5,000 representing a replacement housing payment to be held in accordance with our written instructions of July 19, 1971. This is to certify that Mr. and Mrs. Ellis have acquired and moved into a standard structure located at 3826 N.E. 6th Avenue. You are hereby authorized to release said replacement housing payment and disburse it in such manner as directed by Mr. and Mrs. Ellis. Very truly yours, Ben C. Webb Chief of Relocation & Property Management BCW: 1b

CONNIE McCREADY COMMISSIONER DEPARTMENT OF PUBLIC UTILITIES



## CITY OF PORTLAND OREGON

July 6, 1971

#### 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

Re: 3826 N.E. 6 Avenue

Attn: Mr. Crowley

Gentlemen:

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

Our inspector reports the structures comply with City Housing regulations at this time except for obvious deficiencies in the plumbing installation. It will be necessary that you request an inspection from the plumbing division for this certification.

Please notify the Housing Division of the Bureau of Buildings, 2200 N.E. 24 Avenue, Telephone 288-6077, when the corrections have been completed under proper permit, so that a letter of certification may be issued.

Yours truly,

C. N. CHRISTIANSEN BUILDING INSPECTIONS DIRECTOR

BUREAU OF BUILDINGS PLUMBING DIVISION

CERTIFICATE OF INSPECTION

Permit No 172849 THIS IS TO CERTIFY, That the plumping work done under the above permit at 3626 718 6.1h

Owned by Sattleif Kraus has been inspected by the Plumbing Division of the Bureau of Buildings and found to comply with the Ordinances of the City of Portland.

Contractor Dales Pelly Co- By Sept

# Dwelling Unit Inventory

QUANTITY	QUANTITY
Beds & Springs	// Night Stand
Bedroom Chair	Occasional Chair
Breakfast Table	// Overstuffed Chair
Breakfast Table Chairs	Noverstuffed Rocker
Bridge Lamp & Shade	Range
Buffet	Refrigerator: Brand / 6/9-6
Chest of Drawers	Rocker
Coffee Table	2 Rug & Pad: Size 9x12
Couch	// Stool
Davenport	1/1/ Table Lamp & Shade
Desk	Table, small
Dining Table	Vanity & Bench
Dining Chairs	Suitcases
Dresser	Trunks
End Table	Cartons, Boxes, Etc.
Floor Lamp & Shade	Clothes
1/1 Mirror	Bedding & Linens
Miscellaneous (List	t Items)
Treezes in Darage	Utitles Take.
T.Vº	portable Bar.
I fan Ele	Washing machine
Combination	Ping Pong Table
1 Lamper.	
Sten -	
CONTENTS	

COMMENTS:

5 room sterge

# U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

		PAYMENT	
HAE, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY		PROJECT NAME (If App.	licas).
		PROJECT NUMBER	
NSTRUCTIONS: Complete all applicable items and sign on need a Claimant's Report of Condition of Dwelling (I	n certification in Block 6. C Form HUD-6141.2) to comple	Consult the displacing te and submit with thi	agency is to whether is claim.
ALTY REFALSE OR FRAUDULENT STATEMENT. U.S. of department or agency of the United States knowingly and without one, or makes or uses any false writing or decument know fined not more than \$10,000 or imprisoned not more than five	illfully falsifies or makes a wing the same to contain any fa	ny false firtitious or fre	undulant tat man or a
FULL NAME OF OWNER-OCCUPANT CLAIMANT. (as shown in deed to displacing agency or in condemnation p	proceeding) .	3. DATE OF DISPL	LACEMENT
Family   Individual		- 8.2	7/
DWELLING UNIT FROM WHICH YOU MOVED	5. DWELLING UNIT TO W	HICH YOU MOVED	
a. Adiress:	1	2 Code):	0 66L.
b. Date you first occupied this dwelling unit as the owner;	b. Number of bedrooms:		2-
Month-Day-Year	c. Purchase price:		s 8000
	d. If you have purchase	d and occupied this dwe	lling
c. Check one;  Sirple-family dwelling unit	(1) Date you signed	purchase contract:	
Two-family dwelling unit	(2) Date you moved	into this dwelling:	Month-Day-Year Month-Day-Year
	e. If you have purchase	d but not not able	Month-Day-1ear
d. Did you occupy this dwelling for at least one year prior to initiation of negotiations?	dwelling:	a bor nor occopies inis	
Yes No	(1) Date you signed	purchase contract:	Month-Day-Year
	(2) Date of settleme	ent:	Month-Day-Year
	(3) Date you expect	to occupy:	Month-Day-Year
I submit this information in support of a claim for a Replace amended, and I certify under the penalties and provisions of tion submitted herewith has been examined by me and is true and provisions of U.S.C. Title 18, Sec. 1001, and any other teclarace of the entire claim.	U.S.C. Title 18, Sec. 1001, and e, correct, and complete, and th	d any other applicable to at I understand that, apa	w, that the informa-

Самритат	TOM OF REPLACEMENT	HOUSING PAYMENT	12-07)
1. Average sales price for a standard dwelling			
(From approach Form HUD-6155)			. / / 20
			s 14,639.
Adquisition payment received by the claims	nt for his single- or Iwo-fa	mil, gweling.	
			1 -21
			s 0.500,
1. Line Yminus line 2.			
			s_8.139
			3
enter \$5,000; if amount on Line 3 is less th			
			5 50000
			¥
5. Amount of any Additional Relocation Payme	ent,* previously paid.	· · · · · · · · · · · · · · · · · · ·	
*Include Relection Adjustment Payment ma	de in accordance		
with in crim instructions (See Circular 1370	1.3, paragraph 8).		5
Amount of any payment received under State     Nave the same purpose and affect as the Re			
	processes rousing raymen		
7. This floor Standy			5
3. Amount of explanation Housing Payment.			
(Little of mental line 7)			\$ 5000.00
DEMARKS: (If the claimant was unable to occ.	upy the replacement housing	within the required one year	r period use this space to
relies explanation.)			
	TIFICATION OF THE DISPLA		
This is to satisfy that the property purchased be within one year following his displacement.	y the claimant has been ins	pocted and the property was	occupied by the claiment
and the first to the stage in a displacement.			
Date of Displacement:		Date Occupancy Establis	had a
		Dere decepancy Landons	
Month-Day-Year		Month-Day-Year	
I Lighter certify that I have examined this claim			
the regulations laused by the Department of He			ore, this cigim is hereby
The state of the s			
Date		Authorized Co.	
Date		Authorized Signati	ur e
	DATE	CHECK NO.	AMOUNT
	tamperine and		
RECORD OF PAYMENT			
	4		

FOR DISPLACING AGENCY USE ONLY

HUD-6154

NAME OF CLAIMANT U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT DETERMINATION OF ELIGIBILITY AND COMPUTATION OF NAME OF DISPLACING AGENCY REPLACEMENT HOUSING PAYMENT INSTRUCTIONS: Attach completed Form HUD-6154 to claimant's copy of Form HUD-6153 and, if applicable, Form HUD-6141.2. DETERMINATION OF ELICIBILITY. (Attach an explanation of any entries which differ from claimant's entries on YES NO 1. Did the claimant own the single- or two-family dwelling at the time of acquisition? Date of Acquisition: Initial Date of Ownership: Month-Day-Year Month-Day-Year 2. Did the claimont own and occupy the single- or two-family dwelling at least one year prior to the initiation of negotiations? Initial Date of Ownership: Date of Initiation of Negotiations: Math-Day-Year Month-Day-Year 3. If the claiment moved prior to acquisition, did the claimant own and occupy the single- or two-family-dwelling at least 18 months prior to the date of HUD approval of the project and own the property on the date of initiation of negotiations? Initial Date of Ownership: Date of HUD Approval of the Project: Month-Day-Year Month-Day-Year 4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement? Date of Displacement: Date of Purchase of Replacement Housing: Date of Occupancy of Replacement Housing: Month-Day-Year Month-Day-Year Month-Day-Year 5. Has the replacement housing been inspected and found to be standard? (Attach copy of Dwelling Inspection Record or if the claimant moved outside the locality, attach the report obtained from the claimant (Form HUD-6141.2).) Date previously substandard dwelling was inspected and found to be standard: Month-Day-Year NOTE: The claimant who purchases and occupies a substandard dwelling may become vilible for the payment if, within one year following displacement, he brings the substandard dwelling into conformance with the applicable codes or purchases and occupies a standard dwelling.

ALAN W. AMES, M.D.
PHYBICIAN
2455 N.W. MARSHALL STREET
PORTLAND, OREGON 97210

May 21, 1971

Portland Development Commission 223 North Monroe Portland, Oregon 97227

Attn: Mr. Stan Jones

Dear Mr. Jones:

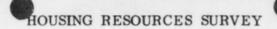
Mrs. Ruby Ellis has been a patient of mine for 6 years. She has severe heart disease and high blood pressure and needs much rest. I think that it is important for her health that she have a bedroom separate from that of her husband.

Sincerely yours

Alan W. Ames, M. D.

AWA: 1v

cc: Mrs. Ruby Ellis 233 N. Cook St. Portland, Oregon



# RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF EMANUEL HOSPITAL PROJECT AREA

(To be filled in for each dwelling unit in the Project Area)

Analyst	Structure No Census B	Tabulator Cen	Date tab	oulated
	33 // Cook ST			
A. Status Of Relocatio  1. Assistance may  2. Why no assistance  a Vacant  b Will be	on Assistance Needs At This I be needed, yes, no ce may be needed vacated on the following date_	Owelling Unit:		
	Pasons		anac.	
	Dwelling Unit Who May Need			
Name	Family relation		Occupation	
1. ELLIS, KOSTO	Head of household	55 M	Ketely No	
	wife		House wife	
6				
8				
Names of jobholder	is household, employers and Names of employers	Street addre	ss where jobs are loca	ated to wor
	Names of employers	Street addre	ss where jobs are loc	Distan
Names of jobholder  Concore  2. Monthly income	from jobs and from all other	Street addre	by persons in this ho	ated to wor
Names of jobholder  Concore.  2. Monthly income Names of persons i	from jobs and from all other in this	Street addre	by persons in this ho	ated to wor
Names of jobholder  2. Monthly income Names of persons i household who have	from jobs and from all other in this	Street addre	by persons in this how e per month In an average	ated to wor
Names of jobholder  Concol  2. Monthly income Names of persons i	from jobs and from all other in this income from	sources received Amount of incom In month before this survey	by persons in this ho	ated to wor
Names of jobholder  2. Monthly income Names of persons i household who have	from jobs and from all other in this income from	Street addre	by persons in this how e per month In an average	ated to wor
Names of jobholder  Concod  2. Monthly income  Names of persons i household who have any source	from jobs and from all other in this income from	sources received Amount of incom In month before this survey	by persons in this how e per month In an average	ated to wor
Names of jobholder  2. Monthly income Names of persons i household who have any source  Total family or  Characteristics Of	from jobs and from all other in this income from	sources received Amount of incom In month before this survey  \$	by persons in this hole per month In an average month during 1970  \$	ated to wor
Names of jobholder  2. Monthly income Names of persons is household who have any source  Total family or  1. Location (indicated any source)  Transportation,  Will rent house (Furniture is ow	from jobs and from all other in this income from  household income per month  Replacement Housing Needs te approximate cross streets number of autos owned	sources received Amount of incom In month before this survey  \$	by persons in this hole per month In an average month during 1970  \$	usehold:
Names of jobholder  2. Monthly income Names of persons is household who have any source  Total family or  1. Location (indicated as a control of the control	from jobs and from all other in this income from household income per month Replacement Housing Needs te approximate cross streets number of autos owned, apartment, expect	sources received Amount of incom In month before this survey  \$	by persons in this hole per month In an average month during 1970  \$	usehold:
Names of jobholder  2. Monthly income Names of persons is household who have any source  Total family or  1. Location (indicated as a contract of the contract	from jobs and from all other in this income from  household income per month Replacement Housing Needs te approximate cross streets number of autos owned	sources received Amount of incom In month before this survey  \$	by persons in this howe per month In an average month during 1970  \$	usehold:
Names of jobholder  2. Monthly income Names of persons i household who have any source  Total family or  Characteristics Of Location (indica 2. Transportation, Will rent house (Furniture is ow 4. Will buy house i 5. If now buying thi 6. Size of unit to be	from jobs and from all other in this income from  household income per month Replacement Housing Needs te approximate cross streets number of autos owned	sources received Amount of incom In month before this survey  \$	by persons in this hole per month In an average month during 1970  \$	usehold:
Names of jobholder  2. Monthly income Names of persons i household who have any source  Total family or  2. Characteristics Of 1. Location (indica 2. Transportation, 3. Will rent house (Furniture is ow 4. Will buy house i 5. If now buying thi 6. Size of unit to be living room	from jobs and from all other in this income from  household income per month Replacement Housing Needs te approximate cross streets number of autos owned	sources received Amount of incom In month before this survey  \$	by persons in this hole per month In an average month during 1970  \$	usehold:

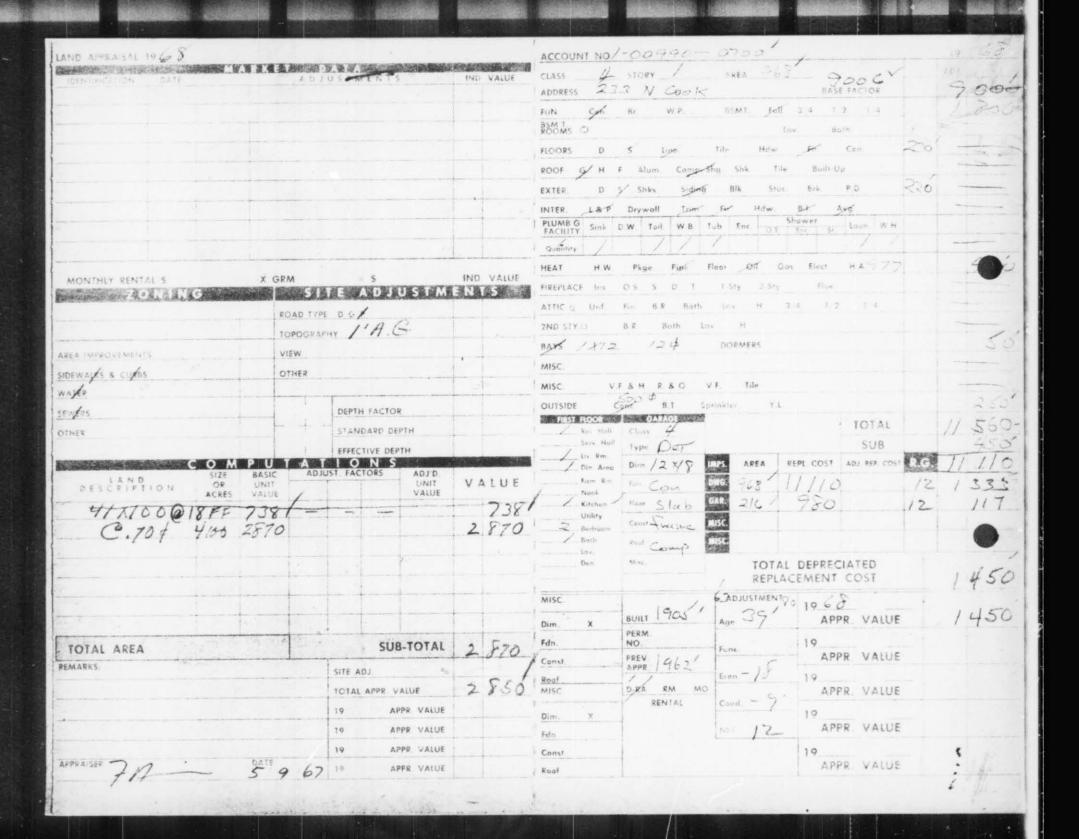
# HOUSING RESOURCES SURVEY To be Filled in For Each Dwelling Unit in All Survey Areas

Dwelling Unit No Structu	ure No. 9 Census Block N	O. 22 Census Tract No. 22/A Apartment No.
NAME OF OCCUPANT:	NAME & ADDRESS OF OWNER	NAME & ADDRESS OF PROP. MGR:
		TELEPHONE: INTERVIEWED? ( ) Yes ( ) No
I. DESCRIPTION OF STRUCTURE  Kind of dwelling unit No. o  One-family house Apt. in a house Apt. in apt. bldg. or plex Apt. in comm. bldg. Mobile home or trailer  This structure has / stories (do count basement)	Land Improver Total	
II. OCCUPANCY STATUS OF DWEI  Owner occupied Renter occupied Vacant	of comma improve	Sq. ft. of commercial space and value mercial space: Land \$, ements \$, total \$
III. SIZE OF DWELLING UNIT    568	Monthly average Rent kitchen, dining, de bathrooms) Gas Water ed mainly Monthly average Rent Electricity Gas Water	Cash Utilities Total paid by renter  \$ 60 \$ \$
IV. ASSESSOR'S MARKET VALUAT  A. Dates or period of time  /671 Period market value data  /667 Date of last appraisal  1905 Date structure was origin	TION DATA Deposit Advance a applicable Rental i Tenant	s required of renter e rent \$, other \$ information obtained from, owner, manager, or ed from assessor's data ×.
B. Market value data for one-famil  Market Co  value pe  Land \$	vI. FOR S  THAT  Listed v  Advertic	SALE INFORMATION FOR THIS HOUSE IS OCCUPIED BY OWNER OR RENTER with broker, yes, no sed by owner, yes, no king price \$ house has been for sale, months
Total	VII. REMA	ARKS

MAP: 2730 BY CAFFALL R G & R C ZONE: A25 5931 N LAGOON AVE RATIO: 1401 97217 PORTLAND OREGON LVY C:001 LOT BLOCK ALBINA ADD 11 103P PROPERTY ADDRESS: 233 N COOK ST PORTLAND APPEALS: 50 SUMMARY - ASSESSED VALUATION - REAL PROPERTY 04 SIGN DATE ASSESS MIN YEAR RIGHTS TIMBER IXIZ 1968 2850 1450 4300 10 10 10 1968 2,960 1,500 4,460 1971 13 133 N. COOK AVE OR ST. Pour Os Come 8/20/68 DATE 2 28 68 SIGN FEEL TO THE THE THE CHECKED

1 1-00990-0700 DIXON, RUBY L

TERRETT



### RECEIPT

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

Joseon Ellis

5-14/71

Notice to: Portland Development Commission

I (we) have read your letter describing the relocation benefits that may be available under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, to those displaced on or after January 2, 1971. I (we)

(check one)

X	Request that you process my (our) claim for an interim relocation payment.
-	I (we) understand that you will advise me (us) promptly when and if a
	revised claim may be submitted for adjustments on the basis of the new
	Act and in accordance with the implementing regulations.

Will defer filing a claim until you are able to make the full payments authorized by the new Act. I understand that you will advise me (us) promptly when you are authorized to make full payments authorized by such Act.

5-14-71 Date

Signature of Claimant

(If more than one claimant, each should sign)

(Return this form to PDC)

*	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		0.4.11	Advisor
Client's Name 8/1/13, ROSCOC			Phone
Address 233 71. @OOK	,	Ethn Block	4 Age 55
■ Male ■ Family	Married	☐ Renter/	Occupant
☐ Female ☐ Individual ☐	Single	■ Owner/O	ccupant
Family Composition		Economi	c Data
Total Number in Family		Employer Jago	enal Abtil \$ 360.00
2 Wife, husband		Address	on Werp.
Other: Relation Age Relation Age		Other Source	of Income \$
		Total Month	1y Income \$ (360.00)
Eligible for Public Housing YES	NO NO	Presently Rec	eiving Welfare YES MO
Eligible for Welfare YES	₩ NO	Other Assista	nce
Eligible for (Other) YES	□ NO		
Claimant was displaced from real prope tinent contract for Federal assistance			
Date of initial interview 5-21-71		e of Info pamp	hlet delivery /-/5-7/
Date Notice to Move given			Expires
CLAIMANT'S INITIAL DATE OF OCCUPANCY			5-1950
(a) for owner-occupants - indica occupancy and ownership	te initial da	ite of	
Date of initiation of negotiations for	purchase of	property	5-13-71
Date of Acquisition			7-30-11
Date of letter of Intent			
Date of move		<u>-</u>	8-2-71

# DWELLING UNIT FROM WHICH RELOCATED

Private Sales	X	Single Family	X A	ge of Housing Unit	1905
Private Rental		Duplex	s	ize of Habitable Area	968
Other		Multiple Family	F	rnished with claiman	
Total Number of	Rooms	5	Rent Paid \$	Utilitie	s
Number of Bedroom	ms	2	Monthly Housing	Payments \$	Taxes
Liens \$		(please ex	plain)		
Acquisition Price	e \$ _	6,500	Amenities		
		REPLACE	MENT DWELLING UN	<u>IT</u>	
Address 3820	071	E 6th	LPA Refe	erredSe	If Referred X
Private Sales	X	Single Family	X Outside	city Outsid	e state
Private Rental		Duplex	Age of I	Housing Unit 1911	
Other		Multiple Family	Size of	Habitable Area 100	8
			No. of F	Rooms 5 No. of	Bedrooms 2
For Cl	aiman	ts Who Purchased		For Claimants Who R	ented
Purchase Price o	f Rep	lacement Dwelling	\$ 8000.00.	Rent \$	
Taxes \$				Utilities \$	
		g incidental cost	s) \$ 5000 -		
				Amount of Annual Pa	yment \$
No. of Housing R	eferr	als to:	Agency Referrals:	NONE	
No. of Housing Re					THER (
	ard S	ales	MCW	HAP 0 Legal Aid 0	
Standa	ard S	ales	MCW	HAP0	
Standa Standa Benefits Received	ard Sard Ro	ales	MCW Food Stamp	HAP0	ther ()
Standa Standa Benefits Received	ard R	ales ent Ck #	MCWFood Stamp	HAP0	ther (

#### RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME ELLIS, Roscoe	RELOCATION ADVISORJC
ADDRESS 233 N. Cook PHONE 288-3170	PROJECT NAME Emanuel ORE R-20
SEX_M_ETHN_B_VETERANAGE_55	PARCEL NO. A 4-11
MARITAL STATUS Married TENURE Tenant  DISABILITY INDIV FAMILY X  ELIGIBLE FOR: PUBLIC HOUSING FHA 235  RENT SUPPLEMENT OTHER  INITIAL INTERVIEW 5-21-71  NOTICE TO MOVE No DATES EFFECTIVE	DATE ON SITE: May, 1950 INITIATION OF NEGOTIATIONS: DATE OF ACQUISITION: July 30, 1971  DATE INFO PAMPHLET DELIVERED
NOTIFY IN CASE OF EMERGENCY	
THE THE STORE OF EMERGENCE	
ECONOMIC DATA	FAMILY COMPOSITION
Employer Imperial Hotel (Kitchen Help) \$ 2.15/hr Address MCW Social Security Pension Other TOTAL MONTHLY INCOME \$	Ruby Wife 47
DWELLING UNIT FROM W	HICH RELOCATED
Subsidized Sales Single Family X Subsidized Rental Multiple Family Public Housing Duplex Private Rental Mobile Home Private Sales X  Size of Habitable Area 968	Age of Structure 1905 No. Rooms 5 No. Bedrooms 2 Furn. X Unfurn Utilities \$ 20 Monthly Payments (Rent) \$ 60.00 Acquisition Price \$ 60.00 Taxes \$ Equity \$ Liens \$
HOUSING REFERRALS	AGENCY REFERRALS
Address Bedrooms	Name of Agency Date Multnomah County Welfare Food Stamp Program Housing Authority

AGENCY ACTION			REASONS	:					
Appeals									
Evicted									
Refused Assistance	e								
Address Unknown	(tracing)								
Other (death, etc									
		TEM	PORARY RE	LOCAT I	<u>ON</u>				
Within Projec			Add	ress_	d In				
Outside Project Reason									
		REPLAC	EMENT DWE	LLING	UNIT				
Client Referred_				I DA D	oforrad				
Address 3826 NE				LFA N	ererreu		au	gust	
Address 3826 NE	6th		Phone		Dat	e of Mo	ove Ap	<del>4</del> 1 2,	1971
WHERE RELOC								S	SS
Same City		ubsidized			Single F			X	
Outside City		ubsidized	Rental		Multiple	Family	/		
Out of State	F	Public Hous	ing		Duplex				
		rivate Ren	tal		Mobile H	lome			
		riyate Sal	es	X					
Age of Structure:	1	Taxes \$	Eq	uity \$		_ Dista	ance Mov	red Aw	ау
Type RHP	BENEFITS F		Amoun	t	Purchase	Price		\$.	8,000.00
TACO (Rental)		<u> </u>	\$		Down Payr	nent :	\$		
TACO (Rental)			\$				DELEGAL		
TACO (Rental)			\$		RHP		\$ 5.000.	00	
TACO (Rental)			\$						
TACO (Sales)	906 G	7/15/71	\$5,000.	00	Total Dov	vn		- \$	
Fixed Moving	26597 G		\$ 420						
Actual Move			\$		Total Mon	rtgage		\$	
Storage			\$						
Incidental			\$						
Interest			15						
TOTAL BENEF	ITS RECEI	/ED	\$ <u>5,420</u>	.00					
REFALTOR .		ESC	POW CO			OF	FICED		

N 80

# RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER		PROJECT	NO. R. 20	PARCEL A 4-11
NAME Ellis, ROSCOE				
PHONE 288-310 INITIAL INTERVIE				
U.S. CITIZEN ALIEN VET	TERAN SER	RVICEMAN	DATE ON SI	TE 21 44 19
FAMILY COMPOSITION				
Name Relation Age Ruby Wife 4	MCW_ Soci Va Pens	Address (Caseworker al SecurityFed ion: Name	Mult Co	per) \$ 215 per?
	Othe	er: Name		
		TOTAL	MONTHLY INCO	ME
Rent Name  Rent Nater Garage  Rent Nater Garage  Rent Nater Garage  Rent Name  Rent Name  Inc. Heat Water Garage  Water Garage  Water Garage  Garage  Rouse Garage  Water Garage  Garage  Rouse Garage	(yes or no) ef.)Inco Date delivere	ome below limi	ts Asset	s below limits
Name		on	by	
Payments: Amount \$ Check	No	Date delivere	d by Moved	by self(o
Refused assistance Relocated in: Low-rent public housing Other perm. public housing Standard priv. rent. hsg. Sub-standard priv. rent hgs. with refusal of further aid Standard sales housing Sub-standard sales hsg. Out-of-town	(Date)	REMAINING ON Address un Evicted, f contempl Temporaril LPA within p outside	CASELOAD: known, tracing urther assist ated y relocated b roject: project:	address
Address		Inspection	Certified By	Date
				80.71
NEW ADDRESS:				108 3/70
			Zip	Phone

2/18/17	Durue	y: 9c		
2.00		1 ( ) ( )		: : : : : : : : : : : : : : : : : :
5/21/7	etile	na that d	we to	In from Dr. alan W. ames Mrs. Ellis Shealth condition
she.	Day	· Requires	c_sea	rate in love 2000m.
			100 mm 1	. a. olv
	He state	· · · · · · · · · · · · · · · · · · ·	Control (Management and Control (Control (Contro	r.b.
		ont pro-		
			(50%)	Ved the CRUCKE
		1111 at	- K 1/6*	bate duli de la
		100 AL		
		es or escipe	inderes	11/10-10-1
	1216.	92 % 11 82 91 12 11 02 (\$1	· · · · · · · )	co)
		•u [afec]	and the second	
				Ocher: ' ne TOTAL DEOM:
	ALANA SANTA A			Man. Fed. Mane
	***		on the common that the state of	MODE SOFT WAS A STREET OF THE
	:	oly I	446	Lepleyer: 15 m
	/ : iv	V	. a., 1891	A CENVA
			ETALEA	16.X
	V/a		Abiton	
			C - SERVICE RANGES SECTION TO THE TAXABLE PROPERTY OF THE PARTY OF THE	7/AF 17.*

August 11, 1971 Pioneer National Title Insurance Company 421 S.W. Stark Street Portland, Oregon 97204 Attention: Jean Egberg Escrow Officer Re: Escrow No. 383485 Parcel No. A-4-11 ELLIS, Roscoe Gentlemen: You have in the above identified escrow account the sum of \$5,000 representing a replacement housing payment to be held In accordance with our written instructions of July 19, 1971. This is to certify that Mr. and Mrs. Ellis have acquired and moved into a standard structure located at 3826 N.E. 6th Avenue. You are hereby authorized to release said replacement housing payment and disburse it in such manner as directed by Mr. and Mrs. Ellis. Very truly yours, Ben C. Webb Chief of Relocation & Property Management BCW: 16

July 19, 1971 Pioneer National Title Insurance Co. 421 S. W. Stark Street Portland, Oregon 97204 ATTENTION: Jean Egberg Escrow Officer Re: Parcel No. A-4-11 (Ellis) Escrow No. 383485 Gentlemen: Enclosed is Warrant No. 906 G in the amount of \$5,000.00 representing a replacement housing payment, to be deposited to subject escrow for disbursement to the Seller upon written authorization by the Commission that the Seller has purchased and does occupy standard housing. Yours very truly, John B. Kenward Executive Director JBK:dl Enclosure

# PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201 No

906

G

DATE

July 15 , 1971

PAY TO

Pioneer National Title Insurance Co.

\$5,000.00

**DOLLARS** 

TO THE TREASURER OF THE CITY OF PORTLAND, OREGON

AUTHORIZED BIGNATURE NON-NEGOTIABLE

**Portland Development Commission** 

224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Deposit immescrow for Roscoe & Ruby Lee Ellis, replacement housing payment per claim filed. Parcel A-4-11 - From 233 N. Gook to 3826 NE 6th Avenue	\$5,000.00

# Account Distribution

E1501

Relo Payment (Rep. Housing)

\$5,000.00

## FOR DISPLACING AGENCY USE ONLY

•

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

# DETERMINATION OF ELIGIBILITY AND COMPUTATION OF REPLACEMENT HOUSING PAYMENT

NAME OF CLAIMANT

Roscoe & Ruby Lee Ellis

NAME OF DISPLACING AGENCY

Portland Development Commission

		Portrand Development Co	,,,,,,,	
INSTRUCTIONS: Attach completed Form HUD-6141.2	I Form HUD-6154 to claimant's copy of Form 2.	HUD-6153 and, if applicable,		
DETERMINATION OF ELIGIBILIT Form HUD-6153.)	Y. (Attach an explanation of any entries wh	ich differ from claimant's entries on		
1. Did the claimant own the single	- or two-family dwelling at the time of acqui	sition?	YES	NO
Initial Date of Ownershi	ip: Date o	of Acquisition:	X	
May 1950 Month-Day-Year	Mon	ath-Day-Year		
Did the claimant own and occup prior to the initiation of negotic	by the single- or two-family dwelling at leas ations?	t one year	x	
Initial Date of Ownersh	nip: Date of Ini	tiation of Negotiations:		
May 1950				
Month-Day-Year	Mor	ath-Day-Year		
	ecquisition, did the claimant own and occupy date of HUD approval of the project and own			
Initial Date of Owners	hip: Date	of HUD Approval of the Project:		
Month-Day-Year		Month-Day-Year		
4. Did the claimant purchase and	occupy the replacement housing within one y	ear from the date of displacement?	x	
Date of Displacement:	Date of Purchase of Replacement Housing:	Date of Occupancy of Replacemen	nt Housing	g:
Month-Day-Year	Month-Day-Year	Month-Day-Year		
	een inspected and found to be standard? action Record or, if the claimant moved outsi- obtained from the claimant (Form HUD-6141.	de 2).)	x	
Date previously subs	standard dwelling was inspected and found to	be standard:		
	Month-Day-Year			

NOTE: The claimant who purchases and occupies a substandard dwelling may become eligible for the payment if, within one year following displacement, he brings the substandard dwelling into conformance with the applicable codes or purchases and occupies a standard dwelling.

COMPU	TATION OF REPLACEME	NT HOUSING PAYMENT	
1. Average sales price for a standard dwe	Iling suitable for the claiman	t.	
(From approved Form HUD-6155)			
			\$_14,639
2. Acquisition payment received by the cl	aimant for his single- or two	-family dwelling.	
			6 500
			\$ 6,500
3. Line 1 minus line 2.			
			\$ 8,139
4. Amount of Replacement Housing Payme	ent (If amount on Line 3 is \$5	.000 or more.	
enter \$5,000; if amount on Line 3 is les			
			\$ 5,000
5. Amount of any Additional Relocation P			
*Include Relocation Adjustment Paymen with interim instructions (See Circular			
with interim manderions (see director)	1010.0, paragrapir o).		\$
6. Amount of any payment received under	State law of eminent domain	determined to	
have the same purpose and effect as th			
			\$
7. Total (line 5 and 6)			\$
8. Amount of Replacement Housing Payme (Line 4 minus line 7)	ent.		\$ 5,000
(Line 4 minus tine 1)			\$
provide explanation.)	CERTIFICATION OF THE DISF	PLACING AGENCY	
This is to certify that the property purchas	sed by the claimant has been		occupied by the claimant
within one year following his displacement			
Date of Displacement:		Date Occupancy Establish	-d.
		^	eu:
Aug. 2, 1971		Month-Day-Year	
Month-Day-Year		Month-Day-Year	
I further certify that I have examined this of the regulations issued by the Department of approved and payment of the amount shown	of Housing and Urban Develop	oment pursuant thereto. Therefor	
Date  RECORD OF PAYMENT	DATE	Authorized Signatur  WARRANT CHECK NO.	AMOUNT
	1/15/71	9066	1,000.

#### U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR REPLACEMENT HOUSING PAYMENT NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY PROJECT NAME (If Applicable) Portland Development Commission Emanuel Project 1700 S. W. Fourth Avenue PROJECT NUMBER Portland, Oregon 97201 Oregon R-20 INSTRUCTIONS: Complete all applicable items and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of Condition of Dwelling (Form HUD-6141.2) to complete and submit with this claim. PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both." 1. FULL NAME OF OWNER-OCCUPANT CLAIMANT. 3. DATE OF DISPLACEMENT (as shown in deed to displacing agency or in condemnation proceeding) Roscoe & Ruby Lee Ellis Individual 4. DWELLING UNIT FROM WHICH YOU MOVED A -4-11 5. DWELLING UNIT TO WHICH YOU MOVED a. Address (Include ZIP Code): 3826 N.E. 6th a. Address: 233 N. Cook Portland, Oregon 97212 b. Date you first occupied this dwelling unit as b. Number of bedrooms: the owner: May 1950 \$ 8,000 c. Purchase price: Month-Day-Year d. If you have purchased and occupied this dwelling c. Check one: (1) Date you signed purchase contract: Single-family dwelling unit Month-Day-Year Two-family dwelling unit Aug 2 1971 V (2) Date you moved into this dwelling: Month-Day-Year e. If you have purchased but not occupied this d. Did you occupy this dwelling for at least one dwelling: year prior to initiation of negotiations? Yes No (1) Date you signed purchase contract: Month-Day-Year (2) Date of settlement: Month-Day-Year (3) Date you expect to occupy: Month-Day-Year 6. I submit this information in support of a claim for a Replacement Housing Payment under Section 114(c)(3) of the Housing Act of 1949, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 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, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in

forfeiture of the entire claim.

Signature of Owner-Occupant

## PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201 Nº 26597

G

PAY TO THE ORDER OF

Mrs. Roscoe Ellis

DATE August 18

1971

DOLLARS

NON-NEGOTIABLE

\$ 420.00

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

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

INVOICE OR CONTRACT NOS.

DESCRIPTION

AMO

Reimbursement per Claim for Relocation Payment. Hove from 233 N. Cook, own furn. (Parcel A-4-11) to 3826 N.E.

6th Ave.
Fixed Payment
Dislocation Allowance

\$220.00 200.00 \$420.00

\$420.00

AMOUNT

**Account Distribution** 

NO. TITLE

AMOUNT

E1501

Relo. Pmts. (EH) (Fixed - Family) \$420.00

fosor Ellis

BY

ORN

# U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 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 Portland, Oregon 97201	PROJECT NUMBER Ore. R-20
INSTRUCTIONS: If this claim is for a FIXED PAYMENT, complete Items 1 the for actual moving expenses (including storage costs, if applicable) and/or directive does not apply, write "None" in the space. If a Relocation Adjustment Payment, and attach it to this form.  PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Securisdiction of any department or agency of the United States knowingly and will usent statements or representations, or makes or uses any false writing or document dulent statement or entry, shall be fined not more than \$10,000 or imprisoned.	rect loss of property, complete Items 1 through 12. If an Payment will also be claimed, complete Form HUD-6141.1 Sec. 1001, provides: "Whoever, in any matter within the willfully falsifies or makes any false, fictitious or fraud cument knowing the same to contain any false, fictitious or
1. FULL NAME OF CLAIMANT	2. DATE(S) OF MOVE
Roscoe Ellis	8/2/71
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address A-4-11	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code)
233 N. Cook	3826 N.E. 6th Avenue
b. Apt., Floor, or Room No. house  c. Was it furnished with your own furniture? X Yes No  d. Number of rooms occupied (excluding  bathrooms, hallways, and closets): 5  e. Date you moved into this address: May 1950	b. Apt., Floor, or Room No. house  c. Were household goods moved to or from storage?  Yes No  If "Yes," complete Block B on reverse side of this form.
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  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 of actual moving expenses, direct loss of property, and/or storage costs, enter sum	
and 11c below.)  DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS	IS A CLAIM FOR FIXED PAYMENT
7. NAME OF MOVING COMPANY (OR PERSON)  8. MOVER'S TELEPHON NO.	
O. METHOD OF PAYMENT, MOVING BILL (Check one)  a. I have paid the moving charges, as evidenced by the attached itemized receip reimbursement.  b. I have not paid the moving charges, and I therefore request that the attached accordance with arrangements made in advance, and with my consent, between	d itemized moving bill be paid directly to the mover, in
11. AMOUNT OF ACTUAL COSTS AND/OR LOSS	
<ul> <li>a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from is to pay mover directly.)</li> </ul>	om mover if local agency
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from local agency is to pay storage company directly.)	from storage company If
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement side of this form must be completed.)	ement of Claim on reverse
12. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and an submitted herewith have been examined by me and are true, correct, and complete, as provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification sult in forfeiture of the entire claim. I further certify that I have not submitted any of tion from any other source for any item of loss or expense paid pursuant to this claim accurately reflect moving services actually performed and/or storage costs actually	, and that I understand that, apart from the penalties and on of any item in this claim or submitted herewith may re- y other claim for, or received, reimbursement or compensa- aim, and that any bills or receipts submitted herewith

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)

Roscoe Ellis 3826 N.E. 6th Avenue 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 r  If "No," explain:	equirements for	r eligibility?	[X] YES []	NO
B. CERTIFICATION  I CERTIFY that I have examined the claim, an with the applicable provisions of Federal la Development pursuant thereto. Therefore, the	w and the Regulation	ons issued by the D	epartment of Housi	ng and Urban
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 **	Bill	-	8-18-71
<ol> <li>Final claim, reimbursement for moving expenses covering storage and related costs</li> </ol>	\$			
C. RECORD OF PAYMENTS MADE (Total	payments may n	ot exceed \$200	)	
DATE CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
#8/18/1/ 265976 5	200,00 1	9		\$
D. EXPLANATION OF ANY DIFFERENCE B	SETWEEN AMOUNTS	CLAIMED AND A	MOUNTS APPROVE	D

\*\* DISLOCATION ALLOWANCE

#### LAIM FOR RELOCATION PAYMENT (Families and Individuals)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code)

Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201

PROJECT NAME (If applicable) Emanuel Project

PROJECT NUMBER

Ore. R-20

HUD-6140.1

(4-66)

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

jurisdiction of any department or agency of the United States knowingly and willfulent statements or representations, or makes or uses any false writing or document fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned	ully falsifies or makes any false, fictitious or fraudent knowing the same to contain any false, fictitious or
1. FULL NAME OF CLAIMANT (F)	2. DATE(S) OF MOVE
ELLIS, Roscoe	8/2/71
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address  A-4-11	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code)
233 N. Cook	3826 N.E. 6th
b. Apt., Floor, or Room No. house  c. Was it furnished with your own furniture? X Yes No  d. Number of rooms occupied (excluding  bathrooms, hallways, and closets): 5  e. Date you moved into this address: May 1950	b. Apt., Floor, or Room No. house  c. Were household goods moved to or from storage?  Yes X No  If "Yes," complete Block B on reverse side of this form.
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
<ol> <li>TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for r of actual moving expenses, direct loss of property, and/or storage costs, enter sum of and 11c below.)</li> </ol>	
DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A	CLAIM FOR FIXED PAYMENT
7. NAME OF MOVING COMPANY (OR PERSON)  8. MOVER'S TELEPHONE NO.	9. ADDRESS OF MOVING COMPANY (OR PERSON)
10. METHOD OF PAYMENT, MOVING BILL (Check one)  a. I have paid the moving charges, as evidenced by the attached itemized receipt of reimbursement.  b. I have not paid the moving charges, and I therefore request that the attached itemized receipt of accordance with arrangements made in advance, and with my consent, between the secondance of the seconda	emized moving bill be paid directly to the mover, in
11. AMOUNT OF ACTUAL COSTS AND/OR LOSS	
a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from me is to pay mover directly.)	over if local agency
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from local agency is to pay storage company directly.)	storage company if
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement side of this form must be completed.)	t of Claim on reverse
12. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any submitted herewith have been examined by me and are true, correct, and complete, and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of sult in forfeiture of the entire claim. I further certify that I have not submitted any other from any other source for any item of loss or expense paid pursuant to this claim,	that I understand that, apart from the penalties and fany item in this claim or submitted herewith may re- ner claim for, or received, reimbursement or compensa-

Date

Signature of claimant

## 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)

Roscoe Ellis 3826 N.E. 6th Avenue 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?	X YES	ON
	If "No," explain:							

#### B. 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
<ol> <li>Initial claim, moving expenses and direct loss of property</li> <li>Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$</li> </ol>	\$ 220.00	AR.ICI	8-18-7
b. Reimbursement for actual direct loss of property	\$	State Co.	
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	8		

#### C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/18/71	P65976	\$ 220.00	<b>10</b>		\$
, , ,					

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

### CLAIM FOR RELOCATION PAYMENT

b.  irents Furniture?  c.  Fraction of partially  The pa	Apartment No
rents Furniture? c.  s no partially mber of rooms te in/950  F PAYMENT Moving expenses and/or loss of property. Fixed payment. Storage costs.	Apartment NoGoods moved from storage
rents Furniture? c.  s no partially mber of rooms te in/950  F PAYMENT Moving expenses and/or loss of property. Fixed payment. Storage costs.	Goods moved from storage
partially	_
PAYMENT Moving expenses and/or loss of property. Fixed payment. Storage costs.	
PAYMENT Moving expenses and/or loss of property. Fixed payment. Storage costs.	
Moving expenses and/or loss of property. Fixed payment. Storage costs.	
Fixed payment. Storage costs.	
Storage costs.	
\$ 2 20	
MOVING CO. 8. TELEPHONE NUMBER	9. ADDRESS
OF PAYMENT - MOVING BILL ATTACHED: yes_	no
Reimburse claimant.	
Direct payment to movers.	
OF ACTUAL COSTS AND/OR LOSS	
ving costs \$	
orage costs	
rect loss of property \$	

x\*Dislocation allewane of \$200.