

	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		

R E S U M E /

DATE 5/30/75

NAME FRAHS, THEODORE

Client has been cooperative in the relocation process. All services have been offered and benefits have been paid. Case closed.

(signed) _____
worker

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Frahs, Theodore RELOCATION ADVISOR A Gordon
 ADDRESS 3111 N. Vancouver PHONE _____ PROJECT NAME Emanuel Hospital ORE. R-20
 SEX M ETHN white VETERAN _____ AGE 33 PARCEL NO. A-2-8
 MARITAL STATUS married TENURE tenant
 DISABILITY _____ INDIV _____ FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW _____ DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: December 20, 1970
 INITIATION OF NEGOTIATIONS: November 1, 1970
 DATE OF ACQUISITION: 8/17/72

ECONOMIC DATA

FAMILY COMPOSITION

Employer <u>Frontier Plating Co.</u>	\$ <u>8,840</u> per year	Name	Relation	Age
Address <u>Vancouver</u>		Kather n	wife	44
MCW _____		Yancey	son	9
Social Security _____		Vermillion	daughter	6
Pension _____		Elizabeth (husbands mother)		64
Other (Kather n) - Chase Bag Co.	<u>5,500</u> per yr.			
TOTAL MONTHLY INCOME	\$ <u>14,340.00</u> year			

DWELLING UNIT FROM WHICH RELOCATED

Subsidized Sales		Single Family	S	SS	Age of Structure <u>82</u> No. Rooms <u>5</u> No. Bedrooms <u>2</u> Furn. <u>Unfurn</u> <u>X</u> Utilities \$ <u>33.00</u> Monthly Payments (Rent) \$ <u>60.00</u> Acquisition Price \$ _____ Taxes \$ _____ Equity \$ _____ Liens \$ _____
Subsidized Rental		Multiple Family		X	
Public Housing		Duplex			
Private Rental	X	Mobile Home			
Private Sales					

Size of Habitable Area 774 sq. ft.

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms
<u>10100 N.E. 3rd Ave</u>	
<u>Vancouver Wash.</u>	
<u>10117 N.E. 3rd Ave.</u>	

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 1012 N. E. Third Phone 206-892-1409 Date of Move December 1, 1971
 Vancouver, Washington

WHERE RELOCATED:

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

Furnished ___ Unfurnished X Number of Rooms 6 Number of Bedrooms 3 Habitable Area 1400 ft²

Utilities \$ _____ Monthly Payments (Rent) \$ 110.00 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)	500 EH	8/16/72	\$820.20
TACO (Rental)	810EH	8/28/72	\$820.20
TACO (Rental)	956EH	8/7/74	\$820.20
TACO (Rental)	1013EH	5/22/75	\$820.20
TACO (Sales)			\$
Fixed Moving	500 EH	8/18/72	\$420.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

TOTAL RHP: \$ 3,280.80

TOTAL BENEFITS RECEIVED \$270.80

REALTOR: _____ ESCROW CO. _____ OFFICER _____

SM B

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. A-2-8 Advisor A9

Client's Name Frans. Theodore Phone _____

Address 3111 N. VANCOUVER Ethn WHITE Age 33

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

Family Composition

Total Number in Family 5

2 wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age
WIFE	24		
SON	9		
DAUGHTER	6		
DAUGHTER	2		

Economic Data

Employer Frontier Plating Co. \$ 737.00
Address _____

Other Source of Income
CHASE B&G CO. \$ 458.00

(WIFE) 228-4366 \$ _____
Total Monthly Income \$ (1195.00)

Eligible for Public Housing YES NO

Presently Receiving Welfare YES NO

Eligible for Welfare YES NO

Other Assistance _____

Eligible for (Other) YES NO

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

YES NO

Date of initial interview 1-28-72 Date of Info pamphlet delivery _____

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 10-20-70

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

Date of initiation of negotiations for purchase of property 11-1-70

Date of Acquisition 8-17-72

Date of letter of Intent _____

Date of move 12-1-72

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	<input checked="" type="checkbox"/>
Private Rental	<input checked="" type="checkbox"/>	Duplex	
Other		Multiple Family	

Age of Housing Unit 82 yrs old.

Size of Habitable Area 774

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 5 Rent Paid \$ 60⁰⁰ Utilities 33⁰⁰

Number of Bedrooms 2 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 10100 N.E. Third Vano. Washington LPA Referred _____ Self Referred

Private Sales		Single Family	<input checked="" type="checkbox"/>
Private Rental	<input checked="" type="checkbox"/>	Duplex	
Other		Multiple Family	

Outside city Outside state

✓ Age of Housing Unit 24R

✓ Size of Habitable Area 1400

✓ 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 \$ 110.00

Utilities \$ _____

Total Rent Assistance \$ 3,280.80

Amount of Annual Payment \$ 820.20

No. of Housing Referrals to:

_____ Standard Sales

2 Standard Rent

✓ Agency Referrals:

_____ MCW _____ HAP _____ OTHER (_____)

_____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

INTERVIEW REGISTER

Date		Relocation Worker
1/15/72	FLYER: Delivered by Marion Scott to Mrs. Frahs. They both work nights. They are only renting while husband attends school. Their home is in Underwood, Washington.	
2/20/72	SURVEY: Would like to rent a three bedroom house inside the city limits.	JC
1/28/72	Contacted Mrs. Frahs by telephone (at work) and asked her to come in as there were certain benefits for Relocation and/or other options that might be available to them. Made an appointment for Monday, January 31, 1972.	
1/31/72	Mrs. Frahs was in the office today, and she brought in a letter of verification on income.	
2/14/72	Letter of verification of income received from Mr. and Mrs. Frahs. Options were given on their benefits. They plan to buy a house in Vancouver, Washington. They plan to look at properties and one address they plan to check out is from a listing here in our office.	
3/23/72	Mrs. Frahs came into the office and talked with Chet Daniels. She stated that she and her husband had been looking for a house to buy on their own but they had not been successful. Therefore, she requested referrals from Real Estate Agents in Vancouver.	
4/6/72	Received a call from Mrs. Frahs asking that a realtor be contacted through our office to show homes in Vancouver.	
4/12/72	Sent Paul Daughtery to see them and outline the kind of benefits they were entitled to under the Relocation Act as tenants.	
6/20/72	Mr. and Mrs. Frahs were in today. They stated they were unable, at this time, to find a house to purchase. Therefore, they filed claim for rent assistance and relocation and moving expense. They were advised to find a standard dwelling and have it inspected and have a letter from the City stating the dwelling is standard, and have it sent to our office.	
7/17/72	Mr. Frahs called our office and stated that they had found a place but were unable to get an inspection on it. He gave the location as 10117 N. E. Third Street, Vancouver, as rental.	
7/19	On July 19, 1972 a letter was sent to Mr. Christiansen, building inspector, requesting an inspection on the above address.	
7/21	A letter from Mr. Christiansen from the City Buildings Inspector, stated that this address was in the County. Therefore, a letter was mailed to the County Building in Vancouver.	
7/24	Mrs. Frahs called and asked about the inspection. I told her that this was in the county and a letter was being mailed to the County Inspectors. She stated that the house would be vacant this week and they hope to move in soon.	
8/4/72	Inspection on house at 10117 N. E. Third Street, and it was found to be in compliance with all city codes. Inspection by JC Crolley, all conditions standard.	

INTERVIEW REGISTER

Date

Relocation
Worker

8/17/72

Received reimbursement per claim for relocation payment filed for Theodore Frahs for move from 3111 N. Vancouver Ave, parcel A-2-8. RHP for tenants total approved \$3,280.00, first annual payment \$820.00. Dislocation allowance \$200.00 fixed payment- own furniture, \$220.00. Total amount of check warrant no. 500 EH, \$1,240.20 issued 8/16/72.

8/18/72

Called Mrs. Frahs in Vancouver, Washington, 206-892-1409, and told her her check was here and that she could come by at anytime to pick it up. Mr. and Mrs. Frahs came into the office this 18th day of August, 1972. Signed in evidence of receipt.

8/29/73

Check NO. 810 EH for 2nd Annual TACO payment was picked up in our office by Kathryn C Frahs.

7/31/74

Claim filed for Theodore Frahs for 3rd Annual TACO payment.

8/7/74

Received check warrant No. 956 EH for RHP for tenants in the amount of \$820. for move from 3111 N. Vancouver parcel A 2-8 payable to Theodore Frahs.

8/12/74

Mrs Kathryn Frahs was in to pick up the check. Signed on receipt of check.

5/30/75

Warrant N. 1053EH in the amount of \$820.00 representing fourth and final TACO payment mailed to client by request. Case closed.

BRB

May 30, 1975

Mr. Theodore Frahs
10117 N. E. Third
Vancouver, Washington

Dear Mr. Frahs:

You will find enclosed Warrant Number 1053 EH in the amount of \$820.20 which represents the fourth and final Rental Assistance Payment due you.

It has been a pleasure to assist you during the relocation process.

Very truly yours,

Betty R. Burns
Relocation Advisor

BRB
Enc.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 1053 EH

DATE May 28, 19 75

PAY TO **Theodore Frahs**

\$ **820.20**

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 NOB.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 3111 N. Vancouver (Parcel A-2-8) - Total approved \$3,280.00 4TH & FINAL PAYMENT	\$820.20

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-2-8

PAYABLE TO: Theodore Trabs

For: <input type="checkbox"/>	RHP for Homeowners	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants.	\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$ <u>3280</u> ; Annual amount \$	\$	<u>820.20</u>
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only).	\$	_____
<input type="checkbox"/>	Interest Expense	\$	_____
<input type="checkbox"/>	Fixed Moving Payment	\$	_____
<input type="checkbox"/>	Dislocation Allowance.	\$	_____
<input type="checkbox"/>	Actual Moving Costs.	\$	_____
<input type="checkbox"/>	Storage Costs.	\$	_____
<input type="checkbox"/>	Business: Moving Expenses.	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment.	\$	_____
<input type="checkbox"/>	Business: Storage Costs.	\$	_____
<input type="checkbox"/>	Business: Loss of Property	\$	_____
<input type="checkbox"/>	Business: Searching Expenses	\$	_____

Name of Client Theodore Trabs Family Less - \$ _____ *

Move from 3111 N Vancouver Individual Total \$ 820.20

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

0600 x10 901

Jew

Date of move ~~7/12~~ 10/11/71

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley DATE May 12, 1975
(Relocation Advisor)

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

RE: Theodore Frahs 10117 N. E. 3rd, Vancouver, Wn.
(Displacee) (Address)

No. 4th & Final \$ \$820.20 8/16/75
(annual payment) (amount) (date due)

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

Present Address: 10117 N.E. 3rd Vancouver, Wn.

Date Inspected: _____ Condition: Standard Substandard

If substandard: (1) Date re-inspected and found standard _____

or (2) Displacee notified of ineligibility: yes no

Comments: Client continues to occupy standard

dwelling.

SIGNED: _____
(Displacee)

SIGNED: Betty R. Burns
(Relocation Advisor)

DATE: _____

DATE: 5/20/75

TO: Key - Betty

DATE: 5/20/75

FROM: Relocation

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

TO: Theodore Frahs

PROJECT: Manual

FOR: 4th & Final RHP-TACO

AMOUNT: 820.20

SIGNED: Betty R. Burns

BCW

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.

6-20-72
Date

Walter C. Fraps
Signature of Claimant (s)

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

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

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

NAME AND ADDRESS OF CLAIMANT:

Theodore Frake
10117 N.E. 3rd Vancouver, Wash.

COMPUTATION PREPARED BY:

A. Gordon
Name
6-30-1972
Date

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

Required Information

1. Monthly gross rental for comparable unit \$ 128.35
(cost based on: Schedule
 Comparative
 Other)
2. Base monthly rental for claimant's former dwelling, or
25% of adjusted monthly income, whichever is less. \$ 60.00

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>128.35</u>	
Line 2	- \$ <u>60.00</u>	
	\$ <u>68.35</u>	
	X <u>48</u>	\$ <u>3280.80</u>
4. Base amount (if amount on Line 3 is \$4,000 or more,
enter \$4,000. If amount on Line 3 is less than
\$4,000, enter amount on Line 3.) \$ 3280.80
5. Minus adjustments (Attach full explanation) - \$ -0-
6. Amount of rental assistance payment
(Line 4 minus Line 5) \$ 3280.80
7. Annual Payment \$ 820.20
(Enter this amount in the space provided in Block 3 on
page one of Replacement Housing Payment for Tenants
and Certain Others) *nie*

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

NAME OF CLAIMANT Theodore Frahs

Parcel No. A-2-8

NAME OF LOCAL AGENCY Portland Development Commission

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

Tenant's initial date of rental: December 20, 1970

Date of Acquisition: _____

Owner-Occupant's initial date of ownership: _____

2. Did the claimant rent or own the dwelling at least 90 days prior to the initiation of negotiations? Yes No

Date of Rental or Purchase: December 20, 1970

Date of Initiation of Negotiations: _____

3. Has the replacement housing been inspected and found to be standard? (Attach a copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.) Yes No

Date previously substandard dwelling was inspected and found to be standard:

Month-Day-Year

4. CERTIFICATION OF LOCAL AGENCY

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ 3280.80 is authorized.

8-15-72

Date

[Signature]
Authorized Signature

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 - TACO	<u>8/16/72</u>	<u>500EH</u>	<u>\$ 820.20</u>
2nd Year - TACO	<u>8/29/73</u>	<u>810EH</u>	<u>\$ 820.20</u>
3rd Year	<u>8/7/74</u>	<u>956EH</u>	<u>\$ 820.20</u>
4th Year	<u>5-28-75</u>	<u>1053EH</u>	<u>\$ 820.20</u>
b. Claimant moved to unit he purchased	_____	_____	\$ _____
c. Homeowner temporarily displaced	_____	_____	\$ _____

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 956 EH

DATE August 7, 19 74

PAY TO **Theodore Frahs**

\$ 820.20

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		<p>Reimbursement per Claim for RHP for Tenants filed. Move from 3111 N. Vancouver (Parcel A-2-8).</p> <p>Total approved \$3,280.80 3rd annual payment</p> <p style="text-align: center;"><i>Kathern C. Frahs</i> 8/12/74</p>	<p>\$820.20</p>

Account Distribution

NO. _____ TITLE _____

AMOUNT _____

N/A - DR	CODE	PRS	INCP	LOT CONDITION
OK				10.0 YARD
OK				10.1 DRAINAGE
OK				10.2 FENCE
OK				10.3 SIDE WALKS/DRIVEWAY
OK				10.4 STEPS (APPROACH)
OK				10.5 RETAINING WALL
OK				10.6 GARBAGE/NUISANCE
OK				10.7 SHRUBS
OK				10.8 RODENTS & PESTS
OK				10.9 ALLEY
				GARAGE/OUT BUILDINGS
OK				40.0 FOUNDATION
OK				40.9 WOOD-SOIL CONTACT
OK				40.1 SIDING
OK				40.2 EAVES & CORNICE
OK				40.3 ROOF
OK				40.4 GUTTER & DOWNSPOUTS
OK				40.6 DOORS
OK				40.7 WINDOWS
OK				40.8 FLOOR
OK				41.0 STEPS
				EXTERIOR OF BUILDING
OK				40.0 FOUNDATION
OK				40.9 WOOD-SOIL CONTACT
OK				40.1 SIDING
OK				40.2 EAVES & CORNICE
OK				40.3 ROOF
OK				40.4 GUTTER & DOWNSPOUTS
OK				41.0 STEPS EXT. F R
OK				41.1 PORCHES F R
OK				40.6 DOOR & FRAMES F R
OK				40.7 WINDOWS & FRAMES SCREENS
OK				41.2 FIREPLACE & CHIMNEYS

N/A - DR	CODE	PRS	INCP	NON-EXCAVATED AREAS
				41.3 SILLS
				41.4 BEAMS
				41.5 POSTS/FOOTING
				41.6 JOIST/CLEARANCE
				BASEMENT AREA
				40.8 FLOOR
				41.7 WALLS
				41.8 CEILING
				40.6 DOORS
				40.7 WINDOWS
				42.5 PLATES
				41.4 BEAMS
				41.5 POSTS/FOOTING
				41.6 JOISTS
				42.2 FURNACE
				41.0 STEPS
				41.9 SANITATION
				41.2 FIREPLACE & CHIMNEYS
				KITCHEN
				40.8 FLOOR
				41.7 WALLS
				41.8 CEILING
				40.6 DOORS
				40.7 WINDOWS
				42.3 CABINETS
				41.2 CHIMNEY
				42.0 HEAT
				41.9 SANITATION

N/A - DR	CODE	PRS	INCP	BATH	B 1 2 3 A
OK				40.8 FLOOR	
OK				41.7 WALLS	
OK				41.8 CEILING	
OK				40.6 DOORS	
OK				40.7 WINDOWS	
OK				42.4 WATER CLOSET CLEARANCE	
OK				42.0 HEAT	
OK				41.9 SANITATION	
				BATH	B 1 2 3 A
				40.8 FLOOR	
				41.7 WALLS	
				41.8 CEILING	
				40.6 DOORS	
				40.7 WINDOWS	
				42.4 WATER CLOSET CLEARANCE	
				42.0 HEAT	
				41.9 SANITATION	
				NESW	B 1 2 3 A
				BR LR DR HALL UTILITY STAIRS	
				40.8 FLOOR	
				41.7 WALLS	
				41.8 CEILING	
				40.6 DOORS	
				40.7 WINDOWS & VENTILATION	
				42.0 HEAT	
				41.9 SANITATION	
				41.0 STEPS	

2

N/A - DK	CODE	PRS	INCR	NESW		B123A		
				BR	LR	DR	HALL	UTILITY STAIRS
✓				40.8			FLOORS	
✓				41.7			WALLS	
✓				41.8			CEILING	
✓				40.6			DOORS	
✓				40.7			WINDOWS & VENTILATION	
				42.0			HEAT	
				41.9			SANITATION	
				41.0			STEPS	

3

				NESW		B123A		
				BR	LR	DR	HALL	UTILITY STAIRS
✓				40.8			FLOORS	
✓				41.7			WALLS	
✓				41.8			CEILING	
✓				40.6			DOORS	
✓				40.7			WINDOWS & VENTILATION	
✓				42.0			HEAT	
				41.9			SANITATION	
				41.0			STEPS	

				NESW		B123A		
				BR	LR	DR	HALL	UTILITY STAIRS
				40.8			FLOORS	
				41.7			WALLS	
				41.8			CEILING	
				40.6			DOORS	
				40.7			WINDOWS & VENTILATION	
				42.0			HEAT	
				41.9			SANITATION	
				41.0			STEPS	

				NESW		B123A		
				BR	LR	DR	HALL	UTILITY STAIRS
				40.8			FLOORS	
				41.7			WALLS	
				41.8			CEILING	
				40.6			DOORS	
				40.7			WINDOWS & VENTILATION	
				42.0			HEAT	
				41.9			SANITATION	
				41.0			STEPS	

N/A - DK	CODE	PRS	INCR	NESW		B123A		
				BR	LR	DR	HALL	UTILITY STAIRS
				40.8			FLOORS	
				41.7			WALLS	
				41.8			CEILING	
				40.6			DOORS	
				40.7			WINDOWS & VENTILATION	
				42.0			HEAT	
				41.9			SANITATION	
				41.0			STEPS	

				NESW		B123A		
				BR	LR	DR	HALL	UTILITY STAIRS
				40.8			FLOORS	
				41.7			WALLS	
				41.8			CEILING	
				40.6			DOORS	
				40.7			WINDOWS & VENTILATION	
				42.0			HEAT	
				41.9			SANITATION	
				41.0			STEPS	

				MISCELLANEOUS	
				#	ITEM
				41.2	FIREPLACE CHIMNEYS

NO. ROOMS 6 SQUARE FOOTAGE _____

NO. BEDROOMS 3 STORIES 1

BASEMENT: NO 1/2 FULL AGE 24RS

HOUSING SURVEY INSPECTION

I certify that I have made a comprehensive housing inspection of this structure and the findings recorded are in accordance with the housing code of the City of Portland and the property rehabilitation standards designated for this area.

Hershey
INSPECTING OFFICER

8-4-72
DATE

EXTERIOR	
20.1	HOSE BIBBS
20.2	SEWER LINES
20.3	STORM SEWERS
20.3	GAS METER
20.4	WATER SERVICE
UTILITIES	
20.4	WATER PRESSURE
20.5	LAUNDRY TRAYS T F V
20.6	AUTOMATIC WASHER FAC. FAUCET, DRAIN, VENT
20.7	WATER HEATER CONDITION ASME VALVE
NON-BASEMENT AREAS	
20.0	DRAIN PIPE
20.0	WATER PIPE
20.0	GAS PIPE
BASEMENT AREAS	
20.8	PLUMBING FIXTURES T F V
20.0	DRAIN PIPE
20.0	WATER PIPE
20.0	GAS PIPE
20.9	FLOOR DRAIN
KITCHEN	
21.0	SINK T F
21.1	HOT AND COLD WATER
21.2	GAS OUTLET
<i>Range - Electrical Outlet</i>	

N/A - DK	CODE	PRS	INCLIP			
				BATH	NESW	B123A
				21.3	WATER CLOSET/VENT	
				21.4	TUB <i>FO</i>	
				21.5	SHOWER <i>FO</i>	
				21.6	LAVATORY T F V	
				BATH	NESW	B123A
				21.3	WATER CLOSET/VENT	
				21.4	TUB F V	
				21.5	SHOWER F V	
				21.6	LAVATORY T F V	
MISCELLANEOUS						

I certify that I have made a comprehensive plumbing inspection of this structure and the findings as noted are in accordance with the plumbing code of the City of Portland and the property rehabilitation standards designated for this area.

Devalley
 INSPECTING OFFICER
 8-4-72
 DATE

53097

INSPECTED BY James C. Crowley DATE 8-4-72
 NAME Theodore Frohs PHONE 206-892-1409
 ADDRESS 10117 N.E. 3rd.
 HOUSE HOUSE DUPLEX APT SR HK
 NO. OF ROOMS 6 COMP FURN PART FURN UNFURN
 NO. OF ROOMS ACCESSIBLE BY STAIRS — BY ELEVATOR —
 MANAGER — OWNER Joseph Morrison
 RENT \$110.00, INCL HEAT WATER GAS GAR ELEC
 NO. BRS. 3 SIZE #1 Reg #2 Reg #3 Reg #4

	MET	NOT MET
1. House must be weatherproof (8-601,6)	✓	
2. Floors, porches, walls, ceilings and stairs must be in sound and good repair. (8-1001a)	✓	
3. Doors and hatchways must be in good repair. (18-816)	✓	
4. Multiple dwellings with more than 50 occupants must have two means of exit. (7.3302c)	X	
5. Exits must have direct access to outside or public corridor. (7-3303g)	✓	
6. Hallways must be lighted adequately --- at least 2' candle power. (8-504d)	✓	
7. Hallway ventilation must be by windows, doors, outside skylights, ventilation ducts, or mechanical ventilation 5x/hr. (8-504d)		
8. Premises must be free of vermin, rodents, filth, debris, garbage. (8-1001a)	✓	
9. Heating equipment must be able to maintain 70° at 3' above floor. (8-701a)		
10. There may be no unvented or open flame gas heaters. (8-701a)	✓	

DWELLING UNIT INSPECTION SHEET, PDC R-6, 9/68

GENERAL REQUIREMENTS:

1. House must be weatherproof (8-601,6)
2. Floors, porches, walls, ceilings and stairs must be in sound and good repair. (8-1001a)
3. Doors and hatchways must be in good repair. (18-816)
4. Multiple dwellings with more than 50 occupants must have two means of exit. (7.3302c)
5. Exits must have direct access to outside or public corridor. (7-3303g)
6. Hallways must be lighted adequately --- at least 2' candle power. (8-504d)
7. Hallway ventilation must be by windows, doors, outside skylights, ventilation ducts, or mechanical ventilation 5x/hr. (8-504d)
8. Premises must be free of vermin, rodents, filth, debris, garbage. (8-1001a)
9. Heating equipment must be able to maintain 70° at 3' above floor. (8-701a)
10. There may be no unvented or open flame gas heaters. (8-701a)

	MET	NOT MET
11. Habitable rooms must have window area of 12 sq. ft. or 1/8 of floor area. (8-504a)	✓	
12. Every Habitable room must have openable area of 6 sq. ft. or 1/16 of floor area OR mechanical ventilation changing air, 4x/hr. (8-504e)	✓	
13. Dwelling unit must have at least 220 sq. ft. (8-503b)	✓	
14. Electrical equipment, wiring and appliances must be installed and maintained in a safe manner, with two outlets or one light fixture and one outlet per room. (8-701b)	✓	
15. Water must be heated to not less than 120°F. (8-401y)	✓	
16. Ceiling height in hotels and apartments must be 8'; in dwelling and service rooms 7½'. (8-503a)		
17. Habitable rooms must have width of 7' in any dimension; water closets 30" in width and at least 2½' in front of the water closet. (8-503c)	✓	

EFFICIENCY UNITS:

18. Foyer must open from public area. (8-503b.2)		
19. There must be 220 sq. ', plus 100 sq. ' for each person in excess of two. (8-503b.5)		
20. A kitchenette must be 3x5 or more with doors and fan or window. (8-503b.4)		
21. A dressing closet must afford privacy with adequate circulation and storage. (8-503b.3)		
22. There must be a separate bathroom accessible from foyer or dressing closet only. (8-503b.5)		

LIVING AREA:

23. There must be two rooms, one of which must be at least 150 sq. '. (8-503b)*	✓	
24. Rooms for cooking and living, or for living and sleeping, must have at least 150 sq. '. (8-503b)*	✓	

BEDROOMS:

25. Bedrooms must be at least 90 sq. '. (8-503b)*	✓	
---	---	--

	MET	NOT MET
26. There must be 50 sq. ' additional for each occupant in excess of two. (8-503b)* No. Brs. <u>3</u> Size: #1 <u>Reg</u> #2 <u>Reg</u> #3 <u>Reg</u> #4 <u> </u> #5 <u> </u>		
KITCHEN:		
27. Plumbing fixtures, including sink, must be of nonabsorbent material with hot and cold running water, properly installed, and in good working condition. (8-505d,c)	✓	
28. A kitchen must have not less than 35 sq. '. (8-503b)		
BATHROOM:		
29. Bathrooms must have at least one electric light fixture. (8-701b)	✓	
30. Bathrooms must not open directly off the kitchen. (8-505f)	✓	
31. Bathrooms and toilet rooms must afford privacy. (8-505g)	✓	
32. Dwelling unit must contain at least one bathroom with sink, toilet wash basin, tub or shower properly connected to both hot and cold waterlines with air change once every 5 minutes (8-505a) OR	✓	
33. In buildings with sleeping rooms there must be toilet facilities or one toilet, lavatory, tub or shower for every 10 of each sex, accessible from a public hall.		
34. Plumbing fixtures must be of nonabsorbent material, properly installed, and in good working condition. (8-505d,c)	✓	
35. Water closet compartments must be of approved nonabsorbent material (8-505e)	✓	
BASEMENT:		
36. Basement areas more than 50% below grade cannot be used for habitation. (8-401,L) & (8-504a)	X	
37. Basement areas must be dry and well drained.	X	
SPACE REQUIREMENTS FOR STANDARD HOUSING		
1. Opposite sex children may not share a bedroom with a child over six (6) years of age.	✓	
2. Husband and wife should not share a bedroom with a child over three (3) years of age.	✓	

3.* Chart of bedrooms needed:

By Bedroom			By Number of Persons		
No. of Bdrms.	No. of Persons:		No. of Persons:	No. of Bdrms:	
	Min.	Max.		Min.	Max.
0	1	2	1	1	1
1	1	3	2	1	2
2	2	4	3	1	2
3	4	6	4	2	3
4	6	8	5	3	3
5	8	10	6	3	4
			7	4	4
			8	4	5
			9	5	5
			10	5	6

* Indicates exceptions regarding efficiency units.

COMMENTS:

3 bedrooms - 2 reg
1 lg

1 Living Room

1 Dining area

1 Kitchen

1 Bath

Single car Garage

House built 2 yrs ago by
Robert E. Harris, Constr. Co.
Vancouver, Washington

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-2-8

PAYABLE TO: Theodore Frahs

For: RHP for Homeowners	.....	\$	_____
Incidental Expenses for Homeowners or Tenants	.....	\$	_____
x RHP - Tenants & Certain Others - Rental: Total approved	\$_____ ; Annual amount	\$	820.20
RHP - Tenants & Certain Others - Downpayment	.....	\$	_____
Settlement Costs (on acquisition by LPA only)	.....	\$	_____
Interest Expense	.....	\$	_____
Fixed Moving Payment	.....	\$	_____
Dislocation Allowance	.....	\$	_____
Actual Moving Costs	.....	\$	_____
Storage Costs	.....	\$	_____
Business: Moving Expenses	.....	\$	_____
Business: In Lieu Payment	.....	\$	_____
Business: Storage Costs	.....	\$	_____
Business: Loss of Property	.....	\$	_____
Business: Searching Expenses	.....	\$	_____

Name of Client Theodore Frahs Family Less - \$ _____ *

Move from 3111 N. Vancouver Individual Total \$ 820.20

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

OK SMC

0600 X10 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: _____ DATE July 26, 1974
(Relocation Advisor)

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

RE: Theodore Frahs (Emanuel) 10117 NE Third, Vancouver, Wn.
(Displacee) (Address)

No. 3rd \$ 820.20 August
(annual payment) (amount) (date due)

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

Present Address: 10117 N.E. Third Vancouver, Wn.

Date Inspected: _____ Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard _____

or (2) Displacee notified of ineligibility: yes no

Comments: Same address as last payment or last year. Dwelling is still in standard condition.

SIGNED: Kathern C. Frahs SIGNED: Alma Gordon
(Displacee) (Relocation Advisor)

DATE: July 30, 1974 DATE: 7/30/74

TO: Bob Douglas DATE: 7/31/74

FROM: Emanuel

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

TO: Theodore and Kathern Frahs

PROJECT: Emanuel

FOR: 3rd Annual TACO Payment

AMOUNT: \$820.20

06

SIGNED: Alma Gordon

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:	PROJECT NAME (if applicable)
Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon	Emanuel Hospital PROJECT NUMBER: ORE. 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 Self-Inspection of Replacement Dwelling to complete and submit with this claim. Omit Block 4 if you have moved into a rental unit. Omit Block 3 if you have purchased and occupied a dwelling unit. Complete only Blocks 1 and 5 if you are a homeowner temporarily displaced because of code enforcement or voluntary rehabilitation.

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

1. FULL NAME OF CLAIMANT
Theodore Frahs Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A-2-8
 a. Address: 3111 N. Vancouver Ave. d. Monthly rental: \$ 60.00
 _____ e. Date you moved out of this dwelling: August 1, 1971
 b. Apartment or room number: _____ Month-Day-Year
 c. Number of bedrooms: 2

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)
 a. Address (include ZIP Code): _____ d. Monthly rental: \$ 70.00
4307 N. Commercial, Portland e. Date you moved into this dwelling: August 1, 1971
 b. Apartment or room number: _____ Month-Day-Year
 c. Number of bedrooms: 3

4. DWELLING UNIT TO WHICH YOU MOVED (~~PURCHASE~~) (Rental)
 a. Address (include ZIP Code): 10100 N. E. 3rd d. Incidental expenses (total from table on next page): \$ _____
Vancouver, Washington e. Date you ~~purchased~~ ^{rented} this dwelling: December 1, 1971
 b. Number of bedrooms: 3 Month-Day-Year
 c. ~~Down payment~~ ^{RENT}: \$ 110.00

5. INFORMATION IN SUPPORT OF CLAIM OF HOMEOWNER TEMPORARILY DISPLACED BECAUSE OF CODE ENFORCEMENT OR VOLUNTARY REHABILITATION
 a. Address of dwelling unit from which you moved: _____

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

 c. Date of move: _____
Month-Day-Year
 d. Monthly rental for temporary unit: \$ _____
 e. Will you require temporary housing for more than 3 months?
Yes _____ No _____
 If "Yes," total number of months you will require temporary housing: _____ months

MEMORANDUM

TO: File

FROM: Alma Gordon

Mr. and Mrs. Theodore Frahs, tenants, occupied a dwelling at 3111 N. Vancouver Avenue in the Emanuel Project Area during the survey made on February 2, 1971. However, at that time we were unable to determine what their benefits would be under the Relocation Act of 1970. They were not informed at that time what their benefits were to be. During this interim period, Mr. and Mrs. Frahs moved from the project area and moved out of the state, to Vancouver, Washington, in August of 1971, about the time the confirmation of the Relocation Act became effective.

2-14-72 As Relocation Advisor, I was unable to trace them from telephone listings. In January 1972, through much effort and contacts, I was able to find the owner of their last known address. Through information from the landlord, contact was made with Mrs. Frahs at her work address. I called her place of employment, Chase Bag Co. and left a message and asked her to contact our office. Thus, we made an appointment to meet with Mr. and Mrs. Frahs to discuss benefits under the Relocation Act of 1970, which they were entitled to under Question and Answers pertaining to the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, Paragraph 39 which seemed to confirm the extension under P. L. 91-646.

The Frahs are now relocated in Vancouver, Washington in standard housing and are receiving all monetary benefits.

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Emanuel

PROJECT NO. R-20

1. Full name of claimant: _____ Family _____ Individual

Theodore Jaaks

2. Dwelling unit from which you moved: Parcel No. _____

a. Address 3111 N. Vancouver Ave c. Number of bedrooms 2

b. Apartment or room number _____ d. Monthly rental \$ 60.00

e. Date displaced Aug 1 1971

3. Dwelling unit to which you moved (RENTAL)

a. Address 4307 Commercial c. Number of bedrooms 3

Portland Ore d. Monthly rental \$ 70

b. Apartment or room number _____ e. Date moved in Aug 4 1971

4. Dwelling unit to which you moved (PURCHASE)

a. Address 10109 N.E 3rd St c. Downpayment \$ 110.00

Vancouver, WA d. Incidental expenses \$ _____

b. Number of bedrooms 3 e. Date of purchase Dec 1 1971

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

a. Address from which you moved _____

b. Address to which you moved _____

c. Date of move _____

d. Monthly rental for temporary unit: \$ _____

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

If yes, total number of months in temporary housing _____ months

Incidental expenses.

<u>Item</u>	<u>Charged to claimant</u>	<u>Paid by Claimant</u>	<u>Claimed</u>	<u>Approved</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Determination

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

Tenant's initial date of rental Dec 20, 1970

Date of acquisition ?

Owner-occupant's initial date of ownership _____

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

Date of rental or purchase Dec 20, 1970

Date of initiation of negotiations ?

3. Is replacement housing standard? Yes No

If previously substandard, date found standard ?

4. Certification:

(Amount of this claim \$ 3280.80)

RELOCATION PAYMENT

Project: ORE R-20 Emanuel Hospital Project Parcel: A-2-8

Payable to: Theodore Frabs

Amount

For: <input type="checkbox"/>	RHP for Homeowners	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners (if separate claim)	\$	_____
<input checked="" type="checkbox"/>	RHP for Tenants & Certain Others:		
	Rental: Total approved \$ <u>3280.00</u> ; Annual amount.	\$	<u>820.20</u>
	or Purchase:	\$	_____
<input checked="" type="checkbox"/>	Fixed Moving Payment	\$	<u>220.00</u>
<input checked="" type="checkbox"/>	Dislocation Allowance.	\$	<u>300.00</u>
<input type="checkbox"/>	Actual Moving Costs.	\$	_____
<input type="checkbox"/>	Storage Costs (if separate claim).	\$	_____
<input type="checkbox"/>	Business: Moving Expenses.	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment.	\$	_____
<input type="checkbox"/>	Business: Storage Costs.	\$	_____
<input type="checkbox"/>	Business: Loss of Property	\$	_____
<input type="checkbox"/>	Business: Searching Expenses	\$	_____

Name of Client Theodore Frabs

Less - \$ _____*

Move from 3111 N. Vancouver

Total \$ 1240.20

Accounting: Indicate symbol & Acct. No.
E1501 Relocation Payment; _____ Project Cost *(_____)

11/8

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

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

PROJECT NAME (if applicable)

Emanuel Hospital
Project Number: ORE. R-20

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

1. FULL NAME OF CLAIMANT

Theodore Frahs

Family Individual

2. DATE(S) OF MOVE

August 1, 1971

3. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-2-8

a. Address 3111 N. Vancouver

d. Number of rooms occupied (ex-
cluding bathrooms, hallways,
and closets: _____

b. Apartment, Floor, or Room Number _____

c. Was it furnished with your own furniture?

Yes No

e. Date you moved into this
address: December 20, 1970

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) _____

10100 N. E. 3rd St. Vancouver, Wash.

b. Apartment, Floor, or Room Number _____

c. Were household goods moved to
or from storage?

Yes No

If "Yes", complete table,
"Statement of Claim for Storage
Costs"

5. TOTAL CLAIM (if 5 b. marked above)

Dislocation Allowance \$200.00

Fixed Moving Payment 220.00

(Consult local agency)

Total \$ 420.00

6. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any
other applicable law, that this claim and information submitted herewith have been
examined by me and are true, correct and complete, and that I understand that, apart
from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other appli-
cable 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.

6/20/72

Date

x Theodore C. Frahs

Signature of Claimant

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Theodore Frahs
10100 N. E. 3rd St.
Vancouver, Washington

NAME OF LOCAL AGENCY:

Portland Development Commission

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

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

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

Yes No

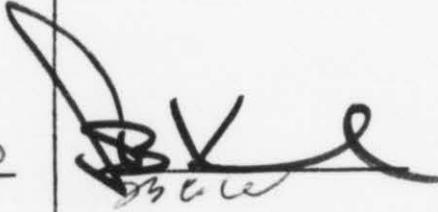
If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ 220.00			8-15-72
2. Dislocation allowance \$ 200.00			
3. Total \$ 420.00	420.00		
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	_____	_____	_____

WSD

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
8/16/72	500 FH	\$ 1240.20			\$

Dwelling Unit Inventory

<u>QUANTITY</u>		<u>QUANTITY</u>	
<u>5</u>	Beds & Springs	<u>1</u>	Night Stand
<u>6</u>	Bedroom Chair	<u>2</u>	Occasional Chair
_____	Breakfast Table	_____	Overstuffed Chair
_____	Breakfast Table Chairs	<u>1</u>	Overstuffed Rocker
_____	Bridge Lamp & Shade	<u>1</u>	Range
_____	Buffet	<u>1</u>	Refrigerator: Brand _____
_____	Chest of Drawers	_____	Rocker
<u>1</u>	Coffee Table	<u>3</u>	Rug & Pad: Size <u>4x6</u>
_____	Couch	_____	Stool
<u>1</u>	Davenport	<u>3</u>	Table Lamp & Shade
_____	Desk	_____	Table, small
<u>1</u>	Dining Table	<u>1</u>	Vanity & Bench
<u>6</u>	Dining Chairs	<u>3</u>	Suitcases
<u>3</u>	Dresser	_____	Trunks
<u>2</u>	End Table	<input checked="" type="checkbox"/>	Cartons, Boxes, Etc.
<u>1</u>	Floor Lamp & Shade	<input checked="" type="checkbox"/>	Clothes
<u>2</u>	Mirror	<input checked="" type="checkbox"/>	Bedding & Linens

Miscellaneous (List Items)

T.V. 3
Freezer 1
Washer & Dryer
Stereo

COMMENTS:

WORKSHEET FOR ALL MOVING CLAIMS

Phase
892-1409

1. Name Theodore Frahs Project OR 20
 2. Date(s) of move Aug 1 1971 Parcel No. A 2-8
 3. Dwelling unit from which you moved:
 Address 3111 N. Vancouver No. of rooms 5
 Furnished Unfurnished Date you moved into this unit _____
 4. Dwelling unit to which you moved:
 Address 10100 N.E 3rd Vancouver Wash. (Made Interwar Move to 21307 W. Commercial)
 Were goods moved to or from storage? Yes No
 5. Total claim \$ 220.00

 FIXED PAYMENT: \$200 + \$ 220 = \$ 420

ACTUAL MOVING COSTS

6. Name of moving company (or person) _____
 7. Mover's telephone _____ 8. Mover's address _____
 9. Method of payment
 a. reimburse client (show paid bill)
 b. pay mover directly (show bill)
 c. let local agency contract with mover
 10. Amount actual costs
 a. Moving costs (attach receipt or voucher) \$ _____
 b. Cost of insurance (attach invoice) \$ _____
 c. Storage cost (attach receipt or voucher) \$ _____

 STORAGE COSTS

Name, address and ZIP code of storage company

- A. Type of claim
 initial supplementary final
 B. Storage period
 1. Total period: _____ months. Check one: Actual Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____
 C. Storage Costs

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

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

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 810 EH

DATE August 28, 1973

PAY TO Theodore Frahs
Kathern C. Frahs

\$ 820.20

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission - 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 3111 N. Vancouver (Parcel A-2-8).	
		Total approved	\$3,280.80
		2nd annual payment	<u>\$820.20</u>
		<i>Kathern C. Frahs</i>	
		<i>8/29/73 Jc</i>	

Account Distribution

NO.

TITLE

AMOUNT

OK SMLR

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: 96.
(Relocation Advisor)

DATE August 13, 1973

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

RE: Theodore Frahs
(Displacee)

10117 N.E. Third, Vancouver, Wash.
(Address)

No. 2nd
(annual payment)

\$ 820.20
(amount)

8/16/73
(date due)

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

Present Address: 10117 N.E. THIRD, VANCOUVER, WASH

Date Inspected: 8/21/73 Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard _____

or (2) Displacee notified of ineligibility: yes no

Comments: Same address as last year -
It is still standard.

SIGNED: Theodore Frahs
(Displacee)

SIGNED: James C. Lersley
(Relocation Advisor)

DATE: 8/21/73

DATE: 8/21/73

TO: Bob Douglas

DATE: 8/21/73

FROM: Emanuel

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

TO: Theodore Frahs

PROJECT: Emanuel

FOR: Relocation - TACO

AMOUNT: 820²⁰

SIGNED: Lersley

1987

0600 E60 901
118 # 81024 8/28/73, 820.20, 118

July 24, 1972

County Building Department
1200 Franklin
Vancouver, Washington 98600

Dear Sirs:

This letter is to request an inspection of a dwelling located at 10117 N. E. 3rd Street, Vancouver.

The tenants desiring this service, Mr. and Mrs. Frahs, were displaced by Government action and must occupy a decent, safe, and sanitary dwelling to qualify for certain benefits.

We are in need of a letter, as soon as possible, stating any substandard conditions existing at this address, to be followed by written certification from your office when any substandard conditions have been corrected.

The owners name and address may be acquired from Mr. and Mrs. Frahs by calling 892-1409.

Your cooperation in this matter will be appreciated.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ: sb

DEPARTMENT OF PUBLIC WORKS
COUNTY OF CLARK, STATE OF WASHINGTON

1200 Franklin Street
Vancouver, Washington 98660

July 28, 1972

Mr. W. Stanley Jones
Relocation Supervisor
Portland Development Commission
Site Office - Emanuel Hospital Project
235 N. Monroe Street
Portland, Oregon 97227

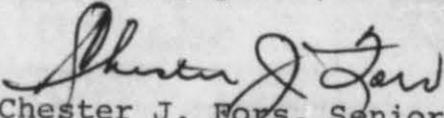
Dear Sir:

This is in reference to your letter of July 14, 1972 requesting an inspection of a residence located at 10117 N.E. Third Street. I am sorry to say that Clark County has never adopted a housing code. Therefore, we are not prepared to make the type of inspection you are asking.

In case sanitary conditions are involved, I suggest you contact the Southwest Washington Health District at 2000 Ft. Vancouver Way, Vancouver, Washington 98663.

I am sure there are private agencies that do the type of inspections you are desiring.

Very truly yours,


Chester J. Fors, Senior Inspector
Department of Public Works
Building Department

CJF:slp



CITY OF VANCOUVER, WASHINGTON

City Hall, 210 East 13th St. Vancouver, Washington 98660

July 20, 1972

Mr. W. Stanley Jones
Relocation Supervisor
Portland Development Commission
235 N. Monroe Street
Portland, Oregon

RE: 10117 N.E. 3rd Street

Dear Mr. Jones:

I am in receipt of your letter dated July 18, 1972, regarding the above residence. However, this address is in the county and I suggest that you contact the County Building Department, 1200 Franklin, Vancouver, Washington, 98660. They would handle this inspection.

If we can be of further assistance, please do not hesitate to contact us.

Very truly yours,

D. C. CHRISTIANSEN
Building Inspector

DCC:bm

July 18, 1972

Mr. D. C. Christiansen
Building Inspector
210 East 13th Street
Vancouver, Washington

Dear Mr. Christiansen:

This letter is to request an inspection of a dwelling located at 10117 N. E. 3rd Street, Vancouver.

The tenants to reside in this structure are Mr. and Mrs. Theodore Frahs, who were displaced by government action and must occupy a decent, safe, and sanitary dwelling to qualify for certain benefits.

We are in need of a letter as soon as possible, stating any substandard conditions existing at this address, to be followed by a written certification from your office when any substandard conditions have been corrected.

The owners name and address may be acquired from Mr. and Mrs. Frahs, by calling 892-1409.

Your cooperation in this matter will be appreciated.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ: sb

July 11, 1972

Mr. and Mrs. Theodore Frahs
10100 N. E. Third Street
Vancouver, Washington 98664

Dear Mr. and Mrs. Frahs:

On June 20, 1972, you were in our office. At that time, you indicated that you did not feel you were financially able to purchase a home. Therefore, you were to look for a standard house, or apartment, have the unit inspected, obtain a letter from the Bureau of Buildings, and have a copy sent to our office. As of yet, we have received no such letter.

Our first initial interview with you was on January 15, 1971. Since that date, there have been two interim moves. Your time for filing a claim will soon expire.

Please contact our office as soon as some effort has been made towards relocation.

Very truly yours,

Alma Gordon
Relocation Advisor

AG: sb

(date)

Gentlemen:

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

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

Thank you.

Sincerely,

(name)

(address)

2/11/72
(date)

TO: Portland Development Commission

The following information on income from employment is submitted, as requested above:

Employee's name: T.C. Frabs.

Total earnings for 1971: \$ 1989.69

Estimated earnings for current year: \$ 8,840.00

Kurt Z. [Signature]
(authorized signature)

CONFIDENTIAL

February 1, 1972
(Date)

Gentlemen:

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

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

Thank you.

Sincerely,

Kathern C. Frahs
(Name)

10100 NE 3rd Street
(Address)

Vancouver, Washington 98661

February 1, 1972
(Date)

TO: Portland Development Commission

The following information on income from employment is submitted, as requested above:

Employee's name: KATHERN FRAHS

Total earnings for 19 71: \$ 5,240.00

Estimated earnings for current year: \$ 5,500.00

CONFIDENTIAL

Wm Barrett
(Authorized signature)

WM. BARRETT, Personnel Mgr.

February 1, 1972
(Date)

Gentlemen:

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

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

Thank you.

Sincerely,

Kathern C. Frahs
(Name)

10100 NE 3rd Street
(Address)

Vancouver, Washington 98661

February 1, 1972
(Date)

TO: Portland Development Commission

The following information on income from employment is submitted, as requested above:

Employee's name: KATHERN FRAHS

Total earnings for 1971: \$ 5,240.00

Estimated earnings for current year: \$ 5,500.00

William Barrett
(Authorized signature)

WM. BARRETT, Personnel Mgr.

CONFIDENTIAL

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.

Walter C. Franks

1/30/72
date

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 500 EH

DATE August 16, 1972

PAY TO **Theodore Frahs**

\$1,240.20

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 Relocation Payment filed. Move from 3111 N. Vancouver (Parcel A-2-8).	
		RHP for Tenants - Total approved \$3,280.00 1st annual payment	\$820.20
		Dislocation allowance	200.00
		Fixed payment - own furniture	<u>220.00</u>
			<u>\$1,240.20</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH)	\$1,240.20
	(RHP \$ 820.20)	
	(Fixed payment - family \$ 420.00)	

*Received - Nathaniel C. Frahs
 Date - 8-18-72
 Theodore C. Frahs*

THC

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Theodore Fraks RELOCATION ADVISOR A Gordon
 ADDRESS 10100 N.E 3rd Vancouver, Wash. PHONE 892-1409 PROJECT NAME Emanuel
 SEX M ETHN W VETERAN _____ AGE 33 PARCEL NO. A 2-8
 MARITAL STATUS Married TENURE _____
 DISABILITY _____ INDIV _____ FAMILY
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER
 INITIAL INTERVIEW 1/11/71 DATE INFO PAMPHLET DELIVERED 1/11/71
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>Dec. 30, 1970</u>
INITIATION OF NEGOTIATIONS: <u>Nov. 1971</u>
DATE OF ACQUISITION: <u>8-17-72</u>

ECONOMIC DATA

(Made interim move to 4307 N. Commercial)

FAMILY COMPOSITION

Employer Frontier Plating Co. \$ 8,800 per yr.
 Address Vancouver, Wash.
 MCW _____
 Social Security _____
 Pension _____
 Other Katherine (House Bay Co.) \$ 5,500 per yr.
 TOTAL MONTHLY INCOME \$ _____

Name	Relation	Age
<u>Katherine Fraks</u>	<u>Wife</u>	<u>44</u>
<u>Yancy</u>	<u>SON</u>	<u>9</u>
<u>Verdellon</u>	<u>Daughter</u>	<u>6</u>
<u>Elizabeth</u>	<u>Hus. mother</u>	<u>64</u>

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 82 No. Rooms 5
 No. Bedrooms 2 Furn. Unfurn
 Utilities \$ _____
 Monthly Payments (Rent) \$ 60⁰⁰
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms
<u>Boyer & Co. Real Estate -</u>	
<u>Relocation - 695-9236</u>	
<u>Bill Harker</u>	

AGENCY REFERRALS

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

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER A Gordon

PROJECT NO. R 20

PARCEL A 2-8

NAME FRABS Theodore

ADDRESS 10100 N.F 3rd St

APT NO. House

PHONE 892-1409

INITIAL INTERVIEW 1-12-73

SEX M

W

NW Spanish

AGE 34

U.S. CITIZEN

ALIEN

VETERAN

SERVICEMAN

DATE ON SITE Dec 20, 1970

FAMILY COMPOSITION

Name	Relation	Age
<u>Kathleen</u>	<u>Wife</u>	<u>44</u>
<u>LANCEY</u>	<u>SON</u>	<u>10</u>
<u>VERMILION</u>	<u>DAUGHTER</u>	<u>7</u>
<u>Elizabeth</u>	<u>Hus. Mother</u>	<u>64</u>
	<u>Relative</u>	

Needs 4 Bedrooms

Employer: Name Frontier Plating Co. \$ 8,840.00 per yr
 Address 2000 1st St.
 MCW Caseworker _____
 Social Security _____
 Va. Fed. Mult Co. _____
 Pension: Name _____
 Other: Name Chase B B Co. 230.00

TOTAL MONTHLY INCOME _____

Rent 110.00, *Utilities included* Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn _____ Furn No. Rms 5

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)

Over 62 _____ Disabled (Soc. Sec. def.) _____ Income below limits _____ Assets below limits _____

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of accident:

Name _____ Address _____ Phone _____

Information Statement given to _____ on _____ by _____

Notice to move given to _____ on _____ by _____

Payments: Amount \$ _____ Check No. _____ Date delivered _____ Moved by self _____ (or) moved by moving company _____ (Phone) _____

REMOVED FROM CASELOAD: (Date) _____
 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 _____
 Address unknown, abandoned _____
 Evicted, no further assistance _____
 Other (explain) _____

REMAINING ON CASELOAD: _____
 Address unknown, tracing _____
 Evicted, further assistance contemplated _____
 Temporarily relocated by LPA _____
 within project: _____ address _____
 outside project: _____ address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE: _____
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date
<u>Boyer & Cox Real Estate - ALL Reichsfield 695 9236-</u>		
<u>Gill Parker -</u>		

NEW ADDRESS: _____

Zip _____

Phone _____

- 11/30/72 Mrs Fraks was in the office today. Letter of verification for income were brought in by Mrs Fraks.
- 2/14/72 Letter of verification of income received from Mrs & Mrs Fraks. Options given on their benefits. They plan to buy a house in Vancouver Washington. plan to look at properties and the address which they plan to check out from a listing here in our office.
- 3/23/72 Mrs Fraks came into office and talked with Mr. Chet Tomule stated that she and her husband had been looking for a house to buy on their own but had not been successful therefore she requested referrals from Real Estate agents in Vancouver Washington.
- 4/6/72 A call from Mrs Fraks asking that a Realtor be contacted through our office to show homes in Vancouver Washington.
- 4/12/72 Sent Paul Daughtrey a Realtor to see them outlined kind of benefits they were entitled to under the Relocation Act. as tenants.
- 6/20/72 Mr & Mrs Fraks were in today. Stated that they were unable at this time to find a house to purchase. Therefore they filed claim for rent assistance and relocation and moving expense. They were advised to find a standard dwelling and have it inspected and a letter from the City stating the dwelling is standard and mailed to this office.
- 7/11/72 A letter was sent to the Fraks reminding them of the time limit of their claim and asking for some immediate contact with our office.
- 7/17/72 Mr. Fraks called our office and stated that they had found a place but was unable to get an inspection on it, the goal the location as 10117 N.E 3rd St. Vancouver Wash for rental.
- 7/19 On July 19, 1972 a letter was sent to Mr. Christensen, Bldg. inspector requesting an inspection on above dwelling.
- 7/21/72 A letter from Mr Christensen from City Bldg. inspector, stating that this 10117 N.E 3rd St. was in the County. Therefore a letter was mailed to the County Bldg Dept. in Vancouver WA.
- 7/24 Mrs Fraks called and asked about the inspection. I told her that this was in the County and a letter was being mailed to County Inspectors. She stated that the house would be vacant this week and they hope to move soon.
- 8/4/72 Inspection on house at 10117 N.E 3rd St. and found in compliance with all City Code. Inspection by J.C. Crilly, all conditions were standard.

RESIDENTIAL RELOCATION RECORD

(F)

RELOCATION WORKER _____

PROJECT NO. R 20 PARCEL R 2-8

NAME Frabs, Theodore ADDRESS 3111 N Vancouver APT NO. House

PHONE 892-1409 INITIAL INTERVIEW _____ SEX F W NW AGE 33

U.S. CITIZEN ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE Dec 20, 1970

FAMILY COMPOSITION

Name	Relation	Age
<u>Katherine</u>	<u>wife</u>	<u>44</u>
<u>Yancey</u>	<u>son</u>	<u>9</u>
<u>Vermillion</u>	<u>daug.</u>	<u>6</u>
<u>Elizabeth</u>	<u>hus. mother</u>	<u>64</u>

(4 Bedm - need)

Student at Cascade College

Employer: Name _____ \$ _____
 Address _____
 MCV Caseworker _____
 Social Security _____
 Va. Fed. Mult Co. _____
 Pension: Name _____
 Other: Name (Katherine) Chase Bag Co 280.00
 TOTAL MONTHLY INCOME _____

Rent 60.00, Inc. Heat 9.00 Water _____ Gas 28.00 Gar _____ Elec 5.00 Unfurn _____ Furn X No. Rms 5

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)
 Over 62 _____ Disabled (Soc. Sec. def.) _____ Income below limits _____ Assets below limits _____

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of accident:
 Name _____ Address _____ Phone _____

Information Statement given to _____ on _____ by _____
 Notice to move given to _____ on _____ by _____

Payments: Amount \$ _____ Check No. _____ Date delivered _____ Moved by self _____ (or)
 moved by moving company _____ (Phone) _____

REMOVED FROM CASELOAD: (Date) _____
 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 _____
 Address unknown, abandoned _____
 Evicted, no further assistance _____
 Other (explain) _____

REMAINING ON CASELOAD:
 Address unknown, tracing _____
 Evicted, further assistance contemplated _____
 Temporarily relocated by LPA _____
 within project: _____ address _____
 outside project: _____ address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: _____ Zip _____ Phone _____

1-15-71 flux: delivered by Margaret Scott ^{to Mrs. Frost}. They both work nights. Only rent while husband attends school - home in Underwood, Washington.

2/20/71 survey: Would like to rent house, 3 bdrm., inside city limits. JC ^{at work}

11/28/72 Contacted Mrs. Frake by telephone and asked her to come in as there were certain benefits for Relaxation and for other options that may be available for them. Made appointment for Monday 1-31-73.

2/14/73 Mr + Mrs Frake were in the office. Their benefits and options ^{is plain} statements on verification of income were brought in. They plan to buy in Washington and will be checking properties and will come in or contact us.

[Faint, mostly illegible text and lines, possibly a ledger or form, with some numbers and words like 'EXHIBIT' visible.]

INTERVIEW REGISTER

Date

Relocation
Worker

Theodore Frahs Cont.

8/17

Received
 Reimbursement per Claim for relocation payment
 filed for Theodore Frahs for move from
 3111 N. Vancouver Ave. Parcel (A 2-8)

RHP for tenants. Total approved, 3,280.00
 1st Annual payment \$820.00. Relocation
 Allowance 200.00 fixed payment - own furniture
 220.00 Total amount of check warrant NO.
 500 EH. 1240.20. issued 8/16/72.

Area Code 206

8/18/72

Called Mrs Frahs in Vancouver, Wn. 892-1409
 and told her of her check and that she could
 come by at any time to pick it up.

Mr & Mrs Frahs came in our office this
 18 day of Aug. 1972, signed in evidence of
 receipt.

HOUSING RESOURCES SURVEY

**RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF
EMANUEL HOSPITAL PROJECT AREA**

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

Analyst DC Date of survey 2-20-71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 4 Structure No. 4 Census Block No. 28 Census Tract No. 22A
 Street Address 3111 N Vancouver Apartment No. ---

A. Status Of Relocation Assistance Needs At This Dwelling Unit:

1. Assistance may be needed, yes , no
2. Why no assistance may be needed
 - a. Vacant
 - b. Will be vacated on the following date _____
 - c. Other reasons _____

B. Residents Of This Dwelling Unit Who May Need Relocation Assistance:

Name	Family relation	Age	Sex	Occupation
1. <u>Jrads, THEODORE</u>	Head of household	33	M	PLATEX
2. " <u>Katherine</u>	wife	37	F	CREELOR WEAVER
3. <u>FRANS, ELIZABETH</u>	HUSBAND'S Mother	53	F	
4. <u>YANCEY</u>		9	M	
5. <u>VERMILLION</u>		6	F	
6. _____				
7. _____				
8. _____				
9. _____				

C. Family Income And Extent Of Travel To Locations Of Employment:

1. Jobholders in this household, employers and location of jobs: Distance

Names of jobholders	Names of employers	Street address where jobs are located	to work
<u>K. FRANS</u>	<u>UNEMPLOYER</u> <u>CHASE BAG CO.</u>	_____	<u>5</u>

2. Monthly income from jobs and from all other sources received by persons in this household:

Names of persons in this household who have income from any source	Amount of income per month	
	In month before this survey	In an average month during 1970
<u>THEODORE</u>	\$ <u>72.00</u>	\$ <u>400.00</u>
_____	<u>280.00</u>	_____
Total family or household income per month	\$ <u>352</u>	\$ _____

D. Characteristics Of Replacement Housing Needs Expected To Be Sought:

1. Location (indicate approximate cross streets) INSIDE CITY LIMITS
2. Transportation, number of autos owned 2, use bus _____, walk _____
3. Will rent house , apartment _____, expect to pay rent, including utilities, at \$ 83.00 per mo. (Furniture is owned, yes , no _____, stove and refrigerator owned, yes _____, no _____)
4. Will buy house in price range \$ _____, down payment of \$ _____, monthly payment of \$ _____
5. If now buying this house, how much are payments on contract or mortgage monthly \$ _____
6. Size of unit to be sought, number of bedrooms 3, kitchen 1, dining room 1, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit _____
7. Other characteristics W O B I M

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

Analyst OC Date 2/20/71 Surveyed 2/20/71 Tabulator _____ Date _____
 Dwelling Unit No. 4 Structure No. 4 Census Block No. 28 Census Tract No. 22A
 Street Address 3111 N Vancouver Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: <u>TICOPAKE Frahs</u> <u>3111 N Vancouver</u>	NAME & ADDRESS OF OWNER <u>Mary Lee Jackson (Smith)</u> <u>3832 NE 67th</u>	NAME & ADDRESS OF PROP. MGR: _____
TELEPHONE: _____	TELEPHONE: _____	TELEPHONE: _____
INTERVIEWED? (X) Yes () No	INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

Kind of dwelling unit	No. of units in bldg.
<input checked="" type="checkbox"/> One-family house	_____
<input type="checkbox"/> Apt. in a house	_____
<input type="checkbox"/> Apt. in apt. bldg. or plex	_____
<input type="checkbox"/> Apt. in comm. bldg.	_____
<input type="checkbox"/> Mobile home or trailer	_____

This structure has 1 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

Owner occupied
 Renter occupied
 Vacant

III. SIZE OF DWELLING UNIT

774 Sq. ft. in first floor (county figure)
774 Sq. ft. in dwelling unit (if more than 1 floor)
5 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
2 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
1971 Period market value data applicable
5/8/67 Date of last appraisal
1890 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>2130</u>	\$ _____
Improvements	<u>1190</u>	_____
Total	<u>3320</u>	_____

C. Market value data for dwelling unit in a multiple-family structure or commercial bldg.

	Market value for entire structure	Computed value per sq. ft. for this dw. unit
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

_____ Sq. ft. of all d. u. in this structure
 _____ Sq. ft. of commercial space and value of commercial space: Land \$ _____, improvements \$ _____, total \$ _____.

V. RENTAL RATE FOR THIS RENTED UNIT

Monthly average	Cash rent	Utilities	Total paid by renter
Rent	\$ <u>60.00</u>	_____	\$ _____
Electricity	_____	\$ <u>5.00</u>	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Heat (oil, or other)	_____	_____	_____
Total	\$ <u>60.00</u>	\$ <u>23.00</u>	\$ <u>83.00</u>

Deposits required of renter
 Advance rent \$ 60.00, other \$ _____

Rental information obtained from
 Tenant , owner _____, manager _____, or estimated from assessor's data _____.

VI. FOR SALE INFORMATION FOR THIS HOUSE THAT IS OCCUPIED BY OWNER OR RENTER

Listed with broker, yes _____, no _____
 Advertised by owner, yes _____, no _____
 Cash asking price \$ _____
 Period house has been for sale, months _____

VII. REMARKS

1 1-00990-0360 JACKSON, MARY L

MAP: 2730

BY SMITH, MARY L

ZONE: A25

RATIO: 1401

217 N MONROE ST

LVY C:001

PORTLAND, OREGON

97227

ALBINA ADD

LOT BLOCK

N 16 2/3' OF E 70' OF

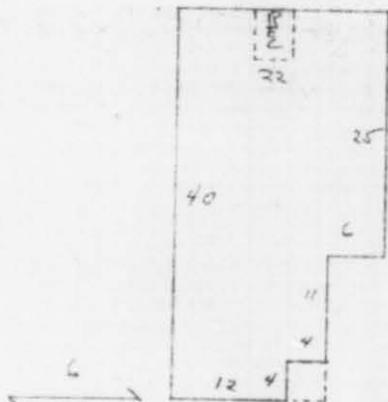
13 2

S 16 2/3' OF E 70' OF

14 2

PROPERTY ADDRESS: 3111 N VANCOUVER AVE
PORTLAND

APPEALS:

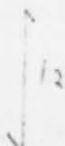


AVE OR ST

SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS YEAR	AIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN. DATE
1968			2050	1150	3200	13 C
1971			2,130	1,190	3320	UD

AVE OR ST



1 1/2 20'

3111 N Vancouver AVE OR ST
FRONT OF BUILDING



REMARKS
 1/0
 2/0 Not best land use
 1/0

DATE 2/13/68

DATE 2 20 68 SIGN *Kenn Polman* DEPUTY

DATE	CHECKED	REVIEWED	BLDG COUNT	INDEX	RE-CHECKED	NOTIFIED
FEB 29 '68		2-28-68				
		Jisker				

JR 1 2 '67 KUSLI

LAND APPRAISAL 1968

ACCOUNT NO 1-00990-0360

CLASS STORY AREA 774
 ADDRESS 3111 N. Vermont Ave
 PDN Cont Br WP
 BSM T ROOMS

19 68

ADJ 8150
 BASE FACTOR 1600

FLOORS	D	8	Info	Tile	Hdw	HC	Car
ROOF	H	F	Alum	Comp	Shk	Tile	Build-Up
EXTER.	D	8	Shks	Siding	Blk	Shuc	Bk P.D
INTER	L & P	Drywall	Trim	Br	Hdw	Br	Avr
PLUMB G FACILITY	Sink	DW	Tub	Enc	OT	Shower	Laun W H
Quantity	7	7	7	7	7	7	7
HEAT	HW	Plge	Pipe	Floor	Oil	Gas	Elect H A
FIREPLACE	Ins	O.S	D	I	1-Sty	2-Sty	3
ATTIC	Unf	Fin	RP	Bath	Ins	H	3 4 1 2 1 3
2ND STY.	BR	Bath	Laun	H			
BAYS							
MISC							
MISC	V.F. & H.R. & O.	V.F.	Tile				
OUTSIDE	Count	BT	Sprinkler	YL			

9 870

TOTAL	9 870
SUB	850
REPL COST	8990
ADJ. REPL COST	13 7168

1168

TOTAL DEPRECIATED REPLACEMENT COST	1168
ADJUSTMENT	19 68
Age	31
PERM. NO.	1890
PREV APPR	1462
RM MO	13
RENTAL	

1150

APPR. VALUE	1150
APPR. VALUE	19

MONTHLY RENTAL \$ X GRM S

MARKER DATA

ROAD TYPE	D G P
TOPOGRAPHY	2 A.G.
VIEW	
OTHER	
DEPTH FACTOR	
STANDARD DEPTH	
EFFECTIVE DEPTH	

COMPUTATIONS

LAND DESCRIPTION	33 x 70 @ 18Fx	594-90-50	454
SIZE OF ACRES	0.924	2210 2079	2079
BASIC UNIT VALUE	5100		
ADJUST FACTORS			
ADJ'D UNIT VALUE			

TOTAL AREA

SUB-TOTAL	2079
TOTAL APPR VALUE	2050
APPR. VALUE	19

APPRISER DATE

7.12.68 5 8 67