

	DESCRIPTION	ROLL NO	ODOMETER
AB 3-3	GLOVER, CEPHAS 2928 N. COMMERCIAL		
R 10-4	GODON, WOODROW 3127 N. COMMERCIAL		
E 3-6	GRANVILLE, VERTA 2653 N. COMMERCIAL COURT		
AB 3-8	GRONER, JAMES H. 2931 N. GANTENBEIN		
E 3-12	HALE, CORA LEE (MRS.) 535 N. RUSSELL		
A 4-2	ESTATE OF ZENOBIA HARRIS 222 N. IVY		
R 9-2	HART, JOHN & ROSENA 3141 N. GANTENBEIN		
A 2-6	HARVEY, KATHIE 217 N. MONROE		
A 2-6	HAWKINS, ERNESTINE 217 N. MONROE		
RS 4-9	HAWKINS, JAMES L. 7 N. RUSSELL		
RS 4-9	HENDERSON, SANTEE 7 N. RUSSELL		
E 4-5	HEPBURN, ELIZABETH 410-412 N. KNOTT		
R 14-4	HINES, WALTER 3036 N. KERBY		
A 3-8	HOGGANS, COTTRELL 250-52 N. COOK		
A 4-13	HORSMAN, CHERRY ALICE 3303 N. VANCOUVER		
R 15-3	HULL, LYNN 3006 N. COMMERCIAL		

RESIDENTIAL RELOCATION RECORD

Project Name Emanuel Parcel No. E-3-6 Advisor AD
 Client's Name Granville, Kerta Phone _____
 Address 2653 N. Commercial St. Ethn Black Age 21

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

Family Composition

Total Number in Family 4

2 wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age
wife			
son	4		
son	1		

Economic Data

Employer \$ _____

Address _____

Other Source of Income

welfare \$ 165⁰⁰

Total Monthly Income \$ (165⁰⁰)

- Eligible for Public Housing YES NO
 Eligible for Welfare YES NO
 Eligible for (Other) YES NO

- Presently Receiving Welfare YES NO
 Other Assistance _____

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

- YES NO

Date of initial interview 6-17-71 Date of Info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 3-71

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

Date of initiation of negotiations for purchase of property 5-12-71
 Date of Acquisition 6-14-71
 Date of letter of Intent _____
 Date of move 7-14-71

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 over 64 yrs old
 ✓ Size of Habitable Area 1200 sq ft
 Furnished with claimant's furniture
 YES NO

Total Number of Rooms 4 Rent Paid \$ 5900 Utilities 31
 Number of Bedrooms 2 Monthly Housing Payments \$ _____ Taxes _____
 Liens \$ _____ (please explain) _____
 Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 3734 SE 15 LPA Referred Self Referred _____

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

HAP

Outside city Outside state
 Age of Housing Unit 3 yrs
 ✓ Size of Habitable Area 700-800 sq ft
 No. of Rooms 2 No. of Bedrooms 5

For Claimants Who Purchased

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

For Claimants Who Rented

Rent \$ 7.75⁰⁰
 Utilities \$ _____
 Total Rent Assistance \$ _____
 Amount of Annual Payment \$ _____

No. of Housing Referrals to:

_____ Standard Sales
4 Standard Rent

Agency Referrals:

_____ MCW HAP OTHER (CENTER)
 _____ Food Stamp _____ Legal Aid _____ Other (_____)

MULTI-SERVICE

Benefits Received

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

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Granville, Verta RELOCATION ADVISOR cd
 ADDRESS 2653 N. Commercial Ct. PHONE 281-4566 PROJECT NAME Emanuel ORE R-20
 SEX F ETHN black VETERAN AGE 21 PARCEL NO. E-3-6
 MARITAL STATUS TENURE tenant
 DISABILITY INDIV FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING X FHA 235
 RENT SUPPLEMENT X OTHER
 INITIAL INTERVIEW 6/17/71 DATE INFO PAMPHLET DELIVERED
 NOTICE TO MOVE DATES EFFECTIVE EXPIRATION DATE
 NOTIFY IN CASE OF EMERGENCY

DATE ON SITE: <u>3/71</u>
INITIATION OF NEGOTIATIONS: <u>4/71</u>
DATE OF ACQUISITION: <u>June 14, 1971</u>

ECONOMIC DATA

Employer \$
 Address
 MCW X Caseworker Mrs. June Flemming 165.00
 Social Security
 Pension
 Other
 TOTAL MONTHLY INCOME \$ 165.00

FAMILY COMPOSITION

Name	Relation	Age
Monteral	Son	4
Rashid	Son	1
Expecting soon (5 months)		

DWELLING UNIT FROM WHICH RELOCATED

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

Size of Habitable Area

Age of Structure No. Rooms 4
 No. Bedrooms Furn. Unfurn X partial
 Utilities \$
 Monthly Payments (Rent) \$ 59.00
 Acquisition Price \$
 Taxes \$ Equity \$
 Liens \$

HOUSING REFERRALS

Address	Bedrooms
4800 N. Garfield	
1409 S. E. Mall Apt 4	
3600 N. Gantenbein Apt 9	
Albina Real Estate	

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	
Food Stamp Program	
Housing Authority	7/12/71
Legal Aid	
FISH	
Health Dept.	

AGENCY ACTION:

REASONS:

Appeals		LOCATED INTO HAP
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 3734 S. E. 15th Apt 3 Phone 232-6484 Date of Move 7/14/71

WHERE RELOCATED:

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

Furnished ___ Unfurnished ___ Number of Rooms 5 Number of Bedrooms 2 Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ 7.75 Purchase Price \$ _____

Age of Structure: 3 yrs Taxes \$ _____ Equity \$ _____ Distance Moved Away _____

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount	Purchase Price	\$
RHP			\$		
TACO (Rental)			\$	Down Payment	\$ _____
TACO (Rental)			\$	RHP	\$ _____
TACO (Rental)			\$	Total Down	- \$ _____
TACO (Rental)			\$	Total Mortgage	\$ _____
TACO (Sales)			\$		
Fixed Moving			\$ 127.20	NET	
Actual Move			\$	TOTAL \$300-	
Storage			\$		
Incidental			\$		
Interest			\$		

TOTAL BENEFITS RECEIVED \$ 127.20

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date

Relocation
Worker

1/27/71

Mrs. Granville has 2 children; Monteral 4, and Rashid 1. They live in a four room apartment with bath. She is expecting another baby soon. She is on welfare and receives \$165. month. Wants to move to HAP housing.

6/17/71

Talked with Mrs. Granville and she said she had no idea where she could move. I told her PDC would help her find a place.

6/18/71

Went to Multi-S.C. to get verification of Mrs. Granville's income. Took Mrs. Granville to Albina Real Estate to get her registered for rent supplement.

6/23/71

Got papers ready for her to go to HAP. Went to show Mrs. Granville Apt. HAP offered her and she didn't like them. I took her to a rent supplement housing unit and she liked it. She said she would take it if she could qualify. I hand carried her application through HAP and got it approved. She pays \$58 per month for rent which includes everything. She can move as soon as she can pay her first months rent as deposit.

6/28/71

Mrs. Granville called and left message that she would take apartment on 4800 block of N. E. Garfield offered by HAP. Later she called and said HAP didn't have the apartment ready to move in and that she wanted to go to one at Fremont and Vancouver. I told her she could choose either one and she said she would come by the office 6/29/71

7/12/71

Mrs. Granville called and said Mrs. Leach had found her a place at 1409 S.E. Mall Apt. 4. She can move tomorrow.

7/14/71

Mrs. Granville came by with her Welfare case worker. She was placed by HAP into leased housing at 3734 S. E. 15th Apt 3. The apartment is apprx. 3years old and has stove and refrigerator, tile bath, draps, two bedrooms, good storage, near busline. Has carpet, near Grade school. She will pay \$7.75 month for rent plus utilities and \$5.00 water and garbage. She really likes the place and looks forward to moving.

7/21/71

Mrs. Granville's phone is 232-6484. AMount she owes for rent: \$38.46

7/27/71

Took Mrs. Granville her check and inspect her apartment. Apartment is two years old and in good shape. HAP leased housing.

DATED this _____ day of _____ 19 71.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 2653 N. Commercial Ct, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

Verta Granville
(firm name)

by: _____

September 13, 1971

Verta Granville
3734 S. E. 15th
Portland, Oregon 97202

Dear Mrs. Granville:

Our enclosed check in the sum of \$127.50 is the additional sum due you under the New Uniform Relocation Act. This sum represents final payment for moving expenses for your move ~~from~~ 3734 S. E. 15th ^{to} 2653 N. Commercial, Portland, Oregon.

^{from}
Very truly yours,

S. L. Cannucci

SLC:ms
enclosure

09

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N? 26820 G

DATE September 8, 19 71

PAY TO THE
ORDER OF

Verta Granville

\$127.20

DOLLARS

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

NON-NEGOTIABLE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per claims for relocation filed. Move from 2653 N Commercial (Parcel E-3-6) to 3734 SE 15th -- Dislocation allowance \$200.00 LESS pd 7/23/71 - #26255-6 <u>(120.00)</u> 80.00 Fixed payment - own furn. 100.00 LESS pd 7/23/71 - #26255-6 <u>(52.80)</u> (\$52.80 less rent due \$38.46 - net \$14.34)	\$ 80.00 47.20 <u>\$127.20</u>

Account Distribution

NO.	TITLE	AMOUNT
E1501	Relo Payments (Fixed - own furn - family)	EH \$127.20

AC

BD

Granville Family

On 3 room Basis :

Fixed Payment =	\$100.00
Previously Paid =	52.80
Balance	<u>\$ 47.20</u>

Dislocation Allowance	\$ 200.00
Previously Paid	120.00
Balance	<u>\$ 80.00</u>

Total Due	47.20
	80.00

\$ 127.20

PAYABLE TO:

VERTA GRANVILLE

RULES AND REGULATIONS - 42.80

"Limitations - joint occupants of single-family dwellings.

If individuals (not a family) who are joint occupants of a single-family dwelling submit more than one claim, an eligible claimant for a payment under paragraph (a) of this section may be paid only his reasonable prorated share (as determined by the State agency) of the total payment applicable to a single individual, and the total of alternate payments made to all such claimants moving from such dwelling shall not exceed the total fixed payment applicable to a single individual."

This claimant is a family and this provision would therefore seem not to apply.

BSJ

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)

Verta Granville
3734 S.E. 15th
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission

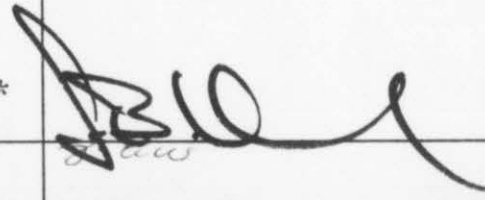
INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

A. Does claimant meet all timing requirements for eligibility? 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			8-31-71
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 80.00 **		
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

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

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
9/8/71	268206	\$ 80.00			\$

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

** DISLOCATION ALLOWANCE

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR RELOCATION PAYMENT
 (Families and Individuals)

HUD-6140.1
(4-66)

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 <hr/> 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 (F) Verta Granville	2. DATE(S) OF MOVE July 14, 1971
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address E-3-6 2653 N. Commercial Ct. b. Apt., Floor, or Room No. <u>1</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>2</u> e. Date you moved into this address: <u>March 1971</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 3734 S.E. 15th b. Apt., Floor, or Room No. <u>3</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

b. Fixed Payment (May not be made if storage costs are involved)

Check c if applicable:

c. Supplementary claim for reimbursement -- of storage costs

7X7 DISLOCATION ALLOWANCE

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, and 11c below.)

\$ 80.00

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 or paid bill from the mover, and I therefore request reimbursement.

b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

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

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

8/27/71
Date

Verta Granville
Signature of claimant

(Over)

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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)

Verta Granville
3734 S.E. 15th
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission


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

A. Does claimant meet all timing requirements for eligibility? 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 \$ _____	\$ 47.20 **		
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

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

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
9/8/71	268206	\$ 47.20	9/8		\$

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

** BALANCE OF FIXED MOVING EXPENSE

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR RELOCATION PAYMENT
 (Families and Individuals)

HUD-6140.1
 (4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) Emaneul Project
	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 (F) Verta Granville	2. DATE(S) OF MOVE 7/14/71
---	-------------------------------

3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 2653 N. Commercial Ct. b. Apt., Floor, or Room No. <u>1</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>2</u> e. Date you moved into this address: <u>March 1971</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 3734 S.E. 15th b. Apt., Floor, or Room No. <u>3</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property <input checked="" type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved) (2 rooms)	Check c if applicable: <input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs
---	--

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, and 11c below.)	\$ 47.20
---	----------

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) <input type="checkbox"/> 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. <input type="checkbox"/> b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.
--

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

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

8/27/71
 Date

Verta Granville
 Signature of claimant

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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)

Verta Granville
3734 S. E. 15th
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission


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

A. Does claimant meet all timing requirements for eligibility? 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			7-20-71
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 120.00		
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

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

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
7/23/71	262556	\$ 120.00	AD		\$

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

\$120.00 is 60% of \$200.00 dislocation allowance.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 26255 G

DATE July 23, 1971

PAY TO THE
 ORDER OF

Verta Granville

\$134.34

DOLLARS

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

NON-NEGOTIABLE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Per claim for relocation filed - move from 2653 N. Commercial Ct. (E-3-6) to 3734 SE 15th ... Moving allowance - 60% of \$88.00 \$ 52.80 LESS June & 7/1-14 rent due PDC <u>(38.46)</u> 14.34 Dislocation Allowance - 60% of \$200.00 <u>120.00</u>	\$134.34

Account Distribution

NO.	TITLE		AMOUNT
E1122	A/R - Tenants	EH	\$ (38.46) Cr.
E1501	Relo Payments	EH	172.80
			<u>\$134.34</u>

*Received 7/27/71
 Verta R. Granville*

PD

base

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR RELOCATION PAYMENT
 (Families and Individuals)

HUD-6140.1
 (4-66)

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

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 (F) Verta Granville	2. DATE(S) OF MOVE July 14, 1971
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 2653 N. Commercial Ct. b. Apt., Floor, or Room No. <u>1</u> (partially) c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>4</u> e. Date you moved into this address: <u>March 1, 1971</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 3734 S.E. 15th b. Apt., Floor, or Room No. <u>3</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: Check c if applicable:

<input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property	<input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs
<input checked="" type="checkbox"/> 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, and 11c below.) \$ 120.00

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

a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.

b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
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.

7/15/71
Date
Verta Granville
Signature of claimant

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR RELOCATION PAYMENT
 (Families and Individuals)

HUD-6140.1
(4-66)

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 <hr/> PROJECT NUMBER ORE. R-20
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1. FULL NAME OF CLAIMANT (F) Verta Granville	2. DATE(S) OF MOVE July 14, 1971
3. ADDRESS FROM WHICH YOU HAVE MOVED E-3-6 a. Address 2653 N. Commercial Ct. b. Apt., Floor, or Room No. <u>1</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (partially) d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>4</u> e. Date you moved into this address: <u>March 1971</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 3734 S.E. 15th b. Apt., Floor, or Room No. <u>3</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

b. Fixed Payment (May not be made if storage costs are involved)

Check c if applicable:

c. Supplementary claim for reimbursement of storage costs

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, and 11c below.)

\$ 52.80

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

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7/15/71 Date
Verta Granville Signature of claimant

Dwelling Unit Inventory

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

Miscellaneous (List Items)

<u>2</u> Play pen	_____
Baby High Chair	_____
Potty Chair	_____
Baby walker	_____
Baby Bed	_____
T.V.	_____

COMMENTS:

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.

Verta Aramull

7/14/71
date

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)

- 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.

7/14/71
Date

Vivian R. Gronmille
Signature of Claimant
(If more than one claimant, each should sign)

(Keep this copy for your record)

GRANVILLE

MEMORANDUM

May 27, 1971

TO: CET & BW

FROM: WSJ

SUBJECT: Emanuel Hospital Project - Summary of Relocation
Situation in Each Parcel With Signed Option to Date

VACANT PARCELS

RS-4-1 2629-39 N. Williams Avenue
A-3-14 241 N. Fargo

BUSINESSES

Wallace Building Wreckers
Parcel # RS-3-9
(Tenant)

This company, a demolition contractor, maintains an office outside the project area and uses the building in the project as a warehouse and retail outlet for material salvaged from its wrecking operations. The owner of the business, Mr. D. E. Wallace, has indicated that this operation in the project is not of major concern to him and seems unworried about the prospects of moving. This company has low requirements for a replacement building, being interested mainly in just a place to keep used materials and should present no real difficulty in relocating.

Wallace Building Wreckers is currently on PDC's bid mailing list for demolition jobs.

Western Food Equipment Company
Parcel # A-4-1
(Tenant)

This company is a warehousing wholesale distributor and manufacturer's representative for food and dairy equipment. WSJ has been in close contact with this business since January 1970. The company recently purchased land at 181st and N.E. San Rafael in the Rockwood Industrial area across the street from the present John Deere Tractor plant.

Western Food Equipment Co. (continued)

A new building, of possibly twice the size of present facilities, will be constructed on this site. The company has been placed in contact with Mr. Clyde Sanders of SBA and will most likely be receiving assistance through a displaced business loan. The relocation of this company will mainly be dependent on the construction schedule of the new building.

HOUSEHOLDS - (Assigned to Jim Crolley)

HART, John H.
3141 N. Gantenbein
Parcel # R-9-2

Mr. and Mrs. John Hart, black, is retired and on disability. They have lived in this house for three years. Mr. Hart is 59 and Mrs. Hart is 51. They have six children, ages 17 - 6. Their income includes Social Security, Disability, Social Security for minor dependents and Welfare.

The Hart's have purchased a home at 3318 N. Missouri, part of the family lives there and part lives in the other house. The house they purchased has not been inspected by the City. If it does not pass inspection there is a possibility they will purchase another house. They are to receive \$5,500.00 for their home plus RHP. Relocation benefits will cover their moving expense in full. It appears that all details can be worked out as soon as they are ready to proceed

PACE, Theodore P.
3217 N. Vancouver Avenue
Parcel # A-3-20

Mr. and Mrs. Pace are black and have lived in this house for nineteen years. Mr. Pace is 71, Mrs. Pace around 68. He is retired and receives Social Security and she does occasional domestic work. They are foster parents for two teenage boys, Alfred Anthony 18 and Robert E. Lee 16, both white and attend public school.

Mr. and Mrs. Pace plan to purchase a house at 3416 N.E. 14th. An inspection by the City has been made. There are three minor sub-standard conditions to be corrected. They are; safety handrail to second story, approved pressure relief valve and drainpipe, and heating facilities to fourth bedroom on second story. They are receiving \$6,500.00 for their home plus have applied for an additional \$600.00 because of reappraisal due to some improvements. Relocation benefits will cover their moving expense in full and they will be able to pay cash for their new home, which is \$9,500.00, as he will receive \$5,000.00 on RHP.

HOUSEHOLDS - Assigned to Jim Crolley (continued)

MALONE, Cherry A.
3303 N. Vancouver
Parcel #A-4-13

Cherry Malone is single, 40 years old, black, mother of two children. She does sewing and odd jobs and states her income is approximately \$200.00 per month. She has about \$3,000.00 equity in her home in the project.

Mrs. Malone is presently in the hospital and will be unable to move immediately. She has signed an earnest money agreement for a \$16,300 house at N.E. 12th and Failing. Under the old regulations Mrs. Malone would receive a \$5,000 Replacement Housing Payment, however, by the time she is ready to move we should be operating under the new regulations and that payment could be increased to \$9,171.00. She may be able to use the balance of the purchase price on a FHA 235 Loan. Mrs. Malone's moving costs will be covered by the relocation benefits for moving expenses.

MONTAGUE, Charles
319 N. Fargo
Parcel #R-8-10

Mr. Montague is a single, white, 75 year old home owner. He moved into his home in the project area 10 years ago after being displaced from the South Auditorium Urban Renewal Project. He receives \$171.40 per month from Social Security.

Mr. Montague is purchasing a home at N.E. 10th and Shaver which appears to be standard. (A City inspection has been ordered but not completed). He is receiving \$6,500.00 for his house in the project, and is paying \$6,750.00 for his new home. Relocation benefits will cover his moving costs in full and he will be able to pay cash for his new home as he will receive a \$9,046.00 RHP. There appears to be no problems with this case. Mr. Montague is satisfied with his new home and will suffer no financial loss because of his displacement.

HOUSEHOLDS - (Assigned to Chet Daniels)

TURNER, Queen E.
260 N. Ivy
Parcel #A-4-4

Mrs. Turner, age 45, black, is a tenant. She has lived at this address for two years. She would like to buy if possible. Has a roomer, one man, 56 years old. Mrs. Turner has an income of about \$300.00, the roomer earns about \$500.00. They are both friendly and receptive.

HOUSEHOLDS - (Assigned to Chet Daniels) - continued

PRUITT, Laverne
248 N. Ivy
Parcel #A-4-4

We have very little information on Mrs. Pruitt. She was a member of EDPA and refused to give information during the survey. A hostile person.

YARBOROUGH, Bobbie M.
252 N. Ivy
Parcel #A-4-4

Mrs. Yarborough is a tenant and has lived on site for 12 years. Income consists of old age pension, \$105.00 per month. She would like to get a two bedroom house. Her present rent is \$47.50 per month. Very much against small apartment, wants to keep her furniture. She has been brainwashed by landlord into believing nothing will happen and that no sale is forthcoming. She has consented to go out and look for new place.

FISCHMAN, Steven
553 N. Knott
Parcel #E-2-7

Mr. and Mrs. Fischman are tenants at this address. He is a student and she works for Bonneville. She earns about \$500.00 per month. They would like to buy a house if possible.

BATES, Billy
3320 N. Gantenbein
Parcel #A-4-6

Mr. Bates a 36 year old black man with two teenage sons. He would like to buy a house if possible, but would take a two bedroom apartment. He has lived in the area less than one year and when relocated would prefer to move closer to Pendleton Woolen Mills, his place of employment.

YOUNG, Dave
248 N. Cook
Parcel #A-3-7

Mr. Young, a single 62 year old black man, is presently employed earning \$640.00 per month. He plans to retire after his home is purchased by PDC and move into an apartment. He is presently making application for a one bedroom "rent supplement" apartment. This will enable him to pay rent based on 25% of his income when he retires and to retain the \$5,000.00 price paid for his home in the project. His moving costs will be covered by relocation payments.

HOUSEHOLDS - (Assigned to Chet Daniels) - continued

CLARK, Ray E.
2649 N. Commercial Ct.
Parcel #E-3-6

Mr. Clark is 22 years old. Moved on site April 24th. He is working and earning about \$85.00 per week from Bob Pederson of Pick-Up Parts on N.E. Cully. The living condition and housekeeping of their present apartment is very bad. Need two bedroom apartment. Will qualify for public housing or low income rental.

GRANVILLE, Verta
2653 N. Commercial Ct.

Has lived on site since March 1971. Mrs. Granville has two children. They live in four room apartment with bath. She is expecting another baby soon. She is on Welfare and receives \$165.00 per month. Wants to move to HAP housing.

SURVEY INTERVIEW FORM

Address: 2653 N. Commercial Ct Phone _____

Name: (H/H) Yenta Granville Age 21 Wife: _____ Age _____

Owns _____ Rents If rents, amount \$ 59.00 Utilities \$ included in Rent

Dependent children:

Name Monteral Age 4

Name Rashid Age 1

Name _____ Age _____

Others in household:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Number of years at this location 2 Mo. Neighborhood preference unk

Income (H/H) \$165. /mo. Other income (identify who receives) _____

HAP eligible: yes Public Assistance: yes yes no _____

Identify: _____

Identify any apparent:

(1) physical handicaps: With 3rd child (5 Mo)

(2) chronic/temporary illness: _____

(3) financial difficulties: yes

(4) family stability problems: _____

(5) language difficulties: _____

(6) housekeeping difficulties: Bad

Comments on any relocation difficulties anticipated: _____

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER CD PROJECT NO. Ore. R-20 PARCEL F-3-6
 NAME GRANVILLE, Verta ADDRESS 2653 N. Commercial Ct. APT NO.
 PHONE 281-4566 INITIAL INTERVIEW 6/15/71 SEX F W NW B AGE 21
 U.S. CITIZEN ALIEN VETERAN SERVICEMAN DATE ON SITE March 1971

FAMILY COMPOSITION

Name	Relation	Age
Monteral		4
Rashid		1

Employer: Name \$
 Address
 MCM X Caseworker Mrs June Fleming \$165/mo.
 Social Security
 VA. Fed. Mult Co.
 Pension: Name
 Other: Name
 TOTAL MONTHLY INCOME

(expecting soon-5 mos)
 Rent 57.00, Inc. Heat Water Gas N.W. Gar Elec PL+L Unfurn Furn No. Rms 4

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 hsg. 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>4600 N. Garfield</u>	<u>H.F.P.</u>	<u>6-28-71</u>
<u>1409 SE Mall Apt 4</u>	<u>H.F.P.</u>	<u>7-19-71</u>
<u>2600+ N Garfield Apt 9</u>	<u>Ken Supplement</u>	<u>6-23-71</u>
<u>Albina Real Estate</u>	<u>" "</u>	<u>6-18-71</u>

NEW ADDRESS: 9427 S.E. 15th Apt 3 Zip 3734 Phone 232-64084

DATE	NOTES	C/W
1/27/71	Mrs. Granville has 2 children; Monteral 4, and Rashid 1. They live in four room apartment with bath. She is expecting another baby soon. She is on Welfare and receives \$165/mo. Wants to move to HAP housing.	CD

6/17/71 Talked with Mrs Granville and she said she had no idea where she could move. I told her P.D.C. would help her find a place.

6/18/71 Went Multi-S.C. to get verification of Mrs Granville - income. Took Mrs Granville to ~~Albion~~ ^{Albion} Real Estate to get her registered for Rent Supplement

6/23 Got papers Ready for her to go to H.A.P. Went ^{to} Show Mrs Granville apt. H.A.P. offered her and ~~she~~ she didn't like them. I took her to a rent Supplement housing unit and she like it. She said she would take it if she could qualify. I hand carried her application through H.A.P. and got it approved. She pays \$58. per Mo. includes every thing. She can move as soon as she can pay her First Mo. Rent & Deposit. - ~~H.A.P.~~

6/25/71 Mrs Granville called and left message that she would take apt on ^{4300 Block} N.E. Garfield offered by H.A.P. - Letter she called and said H.A.P. didn't have the Apt ready to move in and that she wanted to go into the one at Fremont - Vancouver. I told her she could choose either one and she said she would come by the office ~~by~~ 6/29/71

7/12/71 Mrs. Granville called and said "Mrs. Leach had found her a place at 1409 - SE Mall Apt. 4 - She can move tomorrow." -

7/14/71 Mrs. Granville came by with her Welfare case worker - ~~She was~~ She was placed by H.A.P. into leased housing at ~~3797~~ ³⁷⁹⁷ SE, 15th Apt 3 - Tile the apt approx 3 yrs old and has stove & Ref. - Tile bath, Drap's, two bed rooms, good storage, near bus line. See Page 2.

has carpet on the floor, Near Grade school.
 She will ^{pay} 7.75 for rent plus utilities + 5. water
 & Garbage. She really likes the place and
 looks forward to moving.

7/21/71

Mrs Granvilles PH# 232 64084
 amount she ^{owes} 38.46 for Rent.

7/27/71

Took Mrs. Granville her check and inspected
 her apt. — Apt. is 3 yrs old and in good
 shape. H.F.P. leased housing.