

| | 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 | | |
| | | | |
| | | | |

0600 E60 901

RELOCATION PAYMENT

Project: Emanuel Hospital Parcel: E-3-12

Payable to: Cora Hale

| | <u>Amount</u> |
|---|--------------------------|
| 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>4,000</u> ^{2nd} ; Annual amount. | \$ <u>1,000.00</u> |
| or Purchase: | \$ _____ |
| <input type="checkbox"/> Fixed Moving Payment | \$ _____ |
| <input type="checkbox"/> Dislocation Allowance. | \$ _____ |
| <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 <u>Cora Hale</u> | Less - \$ _____ * |
| Move from <u>535 N. Russell</u> | Total \$ <u>1,000.00</u> |

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

SAB

RESIDENTIAL RELOCATION RECORD

Project Name EMAN Parcel No. E-3-12 Advisor AG
Client's Name HALE CORA LEE Phone 288-0084
Address 535 N. RUSSELL Ethn B Age 49

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

Family Composition

Total Number in Family 1
1 wife, husband

Other: Relation Age Relation Age

| Relation | Age | Relation | Age |
|----------|-----|----------|-----|
| | | | |
| | | | |
| | | | |
| | | | |

Economic Data

Employer Mult. Co. wage
Address _____
Other Source of Income \$ _____
MCW \$ 133-
Total Monthly Income \$ (_____)

- 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 12-20-71 Date of info pamphlet delivery 12/20/71
Date Notice to Move given NO Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

1966

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

Date of initiation of negotiations for purchase of property 5-13-71

Date of Acquisition 10-22-71
12-16-71

Date of letter of intent _____

Date of move 1-4-72

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 1899

Size of Habitable Area 966

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 5 Rent Paid \$ 45- Utilities 20-

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 315 N ALBERTA LPA Referred Self Referred _____

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

Outside city Outside state

Age of Housing Unit 10

Size of Habitable Area 550

No. of Rooms 4 No. of Bedrooms 1

For Claimants Who Purchased

For Claimants Who Rented

Purchase Price of Replacement Dwelling \$ _____

Rent \$ 35-

Taxes \$ _____

Utilities \$ 0

RHP or TACO (including incidental costs) \$ _____

Total Rent Assistance \$ 4000-

Amount of Annual Payment \$ 1000-

No. of Housing Referrals to:

Agency Referrals:

_____ Standard Sales

MCW

HAP

_____ OTHER (_____)

1 Standard Rent

Food Stamp

_____ Legal Aid

_____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME HALE, Cora Lee RELOCATION ADVISOR A Gordon
 ADDRESS 535 N. Russell PHONE 288-9~~722~~⁰⁰⁸⁴ PROJECT NAME Emanuel ORE.R-20
 SEX F ETHN black VETERAN _____ AGE 49 PARCEL NO. E-3-12
 MARITAL STATUS _____ TENURE tenant (5 yrs)
 DISABILITY _____ INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT X OTHER _____
 INITIAL INTERVIEW December 20, 1971 DATE INFO PAMPHLET DELIVERED 12/20/71
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY Mrs. Flora Moore 2024 N. E. 8th Ave. 284-0268

| | |
|-----------------------------|--------------------------|
| DATE ON SITE: | <u>1966</u> |
| INITIATION OF NEGOTIATIONS: | <u>May 13, 1971</u> |
| DATE OF ACQUISITION: | <u>December 16, 1971</u> |

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW _____ 133.00
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 133.00

FAMILY COMPOSITION

| Name | Relation | Age |
|------|----------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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 | | | |

Age of Structure 1899 No. Rooms 5
 No. Bedrooms 2 Furn. Unfurn X
 Utilities \$ 20.00
 Monthly Payments (Rent) \$ 45.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 966 sq. ft.

HOUSING REFERRALS

| Address | Bedrooms |
|-------------------------------|----------|
| <u>315 N. Alberta Apt #16</u> | <u>1</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> | |

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 315 N. Alberta #16 Phone _____ Date of Move 1/4/72

WHERE RELOCATED:

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

Furnished _____ Unfurnished X Number of Rooms 4 Number of Bedrooms 1 Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ 35.00 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) | 263 EH | 1/26/72 | \$ 1,000.00 |
| TACO (Rental) | 652EH | 1-9-73 | \$ 1,000.00 |
| TACO (Rental) | | | \$ |
| TACO (Rental) | | | \$ |
| TACO (Sales) | | | \$ |
| Fixed Moving | | | \$ 420.00 |
| Actual Move | | | \$ |
| Storage | | | \$ |
| Incidental | | | \$ |
| Interest | | | \$ |

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

TOTAL RHP: \$4,000.00

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

| Date | Relocation Worker |
|----------|---|
| 2/17/71 | Survey was made by Jim Crolley. Mrs. Hale would like to rent an apartment in the north or northeast area. |
| 12/17/71 | Called on Mrs. Hale today but no one was home. |
| 12/20/71 | Interviewed Mrs. Hale. I explained to her the benefits available to her as a tenant. I left a pamphlet with her. Also took dwelling unit inventory. Mrs. Hale desires rent supplement housing in the north or northeast area. |
| 12/21/71 | Received verification of income from welfare. |
| 12/22/71 | Chet Daniels and I stopped at Park Terrace apartments to talk to Mrs. Gardner, the manager, about the relocation of the client, Mrs. Cora Hale, who we explained was being displaced by a government project. She stated at first that she had nothing for a single person, but after Mr. Daniels explained that she was a displacee and was entitled to first priority, she found one vacancy. We set up an appointment for 12/22/71 to take Mrs. Hale to see the apartment. |
| 12/22/71 | Returned on 12/22 with Mrs. Hale and we were shown the apartment and were given a grand tour of the building. Upon our return to her office, the forms were signed by Mrs. Hale. She was to call in her Social Security and give to Mrs. Gardner. Mrs. Gardner then requested a doctors certification of her disability. The caseworker was able to state (verbally) what she had. I took Mrs. Hale up to the County Hospital to see a doctor and have him sign a disability certification. But, since it was a holiday, we were unable to find a doctor in, who had recently seen Mrs. Hale. |
| 12/23/71 | Mrs. Gardner called and said the apartment could not be held longer than Monday (12/27/71) and a disability statement was a must. Therefore, she would have to rent the apartment since the statement had not been signed. I talked with Stan Jones and we could find nothing stating a disability statement was needed in that event. Took forms to HUD. Chet Daniels and I went by to talk with the manager, Mrs. Gardner. We stated our interest in the client was that she was being displaced by Government Action. The Housing and Urban Development requirements for Mrs. Hale's eligibility were pointed out to Mrs. Gardner in FHA Part A 4475.6 Item 7. Left forms with Mrs. Gardner. |
| 12/24/71 | Mrs. Gardner called and stated that she had misunderstood that the client was a displacee. She had also misplaced the forms left with her. A second form was signed and taken to her that morning. She stated there would be an apartment ready between the first and third of January. |
| 12/28/71 | Mrs. Hale was taken to Park Terrace to sign the necessary forms. |
| 12/30/71 | Filed claim for \$200 dislocation allowance only. |
| 12/31/71 | Mr. Dorsey from Ever Ready Moving and transfer called today.. He had been by to see Mrs. Hale and arrangements for moving 1/4/72 were made. The amount of \$35 for moving costs was paid by Mrs. Hale. |
| 1/3/72 | Mrs. Hale called and requested me to come while she moves. |
| 1/4/72 | A relocation check (28344 G) was issued to Mrs. Cora Hale who moved to |

INTERVIEW REGISTER

Relocation
Worker

Date

| | | |
|----------|--|----|
| | Park terrace at 315 N. Alberta. Moving was done by Dorsey Moving and Transfer (\$35). Everything was in good condition after moving. | AG |
| 1/20/72 | Reimbursement per claim for fixed payment on own furniture from 535 N. Russell (E-3-12) to 315 N. Alberta Street issued 1/18/72. Check No. 28761 G. in the amount of \$220. | |
| 1/25/72 | Mrs. Cora Hale was in the office today. She picked up the check and signed for it. | |
| 1/28/72 | Reimbursement per claim for RHP for tenants, Mrs. Hale, move from 535 N. Russell, parcel E-3-12. Total approved 1st annual payment, Check No. 263 EH. Amount of \$1000 issued 1/26/72, received today. | |
| 2/10/72 | Check picked up at our office by Mrs. Hale for 1st annual payment of \$1000. Signature by Mrs. Cora Hale. | AG |
| 1-8-73 | Reimbursement per claim for RHP for Tenants filed for Mrs. Cora Hale for move from 535 N. Russell Parcel E-3-12. Approved Second Annual Payment of \$1000. | |
| 1-9-73 | Received check for \$1000 payable to Cora Hale Warrant No 652EH. Mrs. Hale came in our office and picked up her check. Signed receipt of check 1-9-73 | AG |
| 12-28-73 | <i>Claim form signed by client.</i> | |
| 12-31-73 | <i>Claim filed.</i> | |
| 1/4/74 | <i>Delivered check 3rd Annual TACO payment for Cora Hale, Warrant NO. 875 EH. for \$1000 for move from 535 N. Russell St. Signed by Displace on receipt of check.</i> | |
| 12/30/74 | <i>Filed form for 4th and final TACO yearly payment for Mrs. Cora Hale who has received the full amount of \$4,000, \$1000 annually for the 4th year.</i> | |
| 1/8/75 | <i>Received check warrant NO. 1000 EH for move from 535 N. Russell (parcel E 3-12). The 4th and final payment for rent assistance.</i> | |
| 1/9/75 | <i>Check picked up in our office by Mrs. Hale signed warrant on receipt of check. This case may be closed.</i> | |

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 1000 EH

DATE January 8, 1975

\$ 1,000.00

PAY TO **Cora Hale**

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 535 N. Russell (Parcel E-3-12). Total approved \$4,000.00 4th and final payment | \$1,000.00 |

x *Cora Lee Hale*
Jan. 12, 1975

Account Distribution

NO.

TITLE

AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: E_3-2

PAYABLE TO: CORA HALE

| | | | |
|--|-------|----|-------|
| For: RHP for Homeowners | ..... | \$ | _____ |
| Incidental Expenses for Homeowners or Tenants | ..... | \$ | _____ |
| <i>96</i> X RHP - Tenants & Certain Others - Rental: Total approved \$4000.00 Annual amount <i>4th</i> | ..... | \$ | 1000. |
| RHP - Tenants & Certain Others - Downpayment | ..... | \$ | _____ |
| <i>1000</i> 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 Cora Hale Family Less - \$ _____ *

Move from 535 N. Russel Individual Total \$ 1000.

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

0600 x 10 901

C.M. PLEASE NOTE ON COVER LETTER THAT THIS IS FINAL PAYMENT

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon (Relocation Advisor) DATE December 19, 1974

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

RE: Cora Hale (Emanuel) 315 N. Alberta
(Displacee) (Address)

No. 4th & final \$ 1,000.00 1/3/75
(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: 315 N. Alberta Apt. # 116

Date Inspected: _____ Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Condition of this apartment unit is an
FHA Rent Supplement Complete and meets
City regulations

SIGNED: Cora Lee Hale (Displacee) SIGNED: Alma Gordon (Relocation Advisor)

DATE: 12/27/74 DATE: 12/27/74

TO: Bob Douglas DATE: 12/30/74

FROM: Alma Gordon

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: Cora Hale

PROJECT: Emanuel

FOR: 4th and Final TACO Payment

AMOUNT: \$1,000.

96

BCW

SIGNED: Alma Gordon

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

POST OFFICE BOX 349
PORTLAND OREGON 97207

Portland Development
235 N. Monroe
~~Housing Authority of Portland~~
~~8920 N. Woodway~~
Portland, Oregon 97203

Gentlemen:

In accordance with the procedure adopted for adjusting rentals for persons receiving public assistance, this letter is to certify that the persons named below have been accepted for assistance by the Multnomah County Welfare Commission. This is not to be construed as a guarantee of the payment of rental for any period by the Multnomah County Public Welfare Commission. It is understood that this information is confidential and will be used only for the purpose for which it is provided.

1. Name *Hale, Vera*
2. Address *535 N. Russell St.*
3. No. of persons in family *one*
4. Total monthly assistance *\$133.⁰⁰* *10.56 included for special diet*
5. Date assistance to begin _____
6. Date assistance to terminate *No Further Medical*

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

Rita Abel
(Caseworker)

M.C.
(Dept.)

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:

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

PROJECT NAME (if applicable)

Emanuel Hospital Project

PROJECT NUMBER: ORE R-20

INSTRUCTIONS: Complete all applicable items and sign certification in Blank 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

HALE, Cora Lee

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. E-3-12

a. Address: 535 N. Russell, Portland, Oregon 97227
b. Apartment or room number: ---
c. Number of bedrooms: 2

d. Monthly rental: \$ 47.00
e. Date you moved out of this dwelling: January 4, 1972
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): 315 N. Alberta, Portland, Oregon 97227
b. Apartment or room number: #16 ---
c. Number of bedrooms: 1

d. Monthly rental: \$ 35.00
e. Date you moved into this dwelling: January 4, 1972
Month-Day-Year

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

a. Address (include ZIP Code): _____
b. Number of bedrooms: _____
c. Downpayment: \$ _____

d. Incidental expenses (total from table on next page): \$ _____
e. Date you purchased this dwelling: _____

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

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.

1/3/71

Date

Cora Lee Hale

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:

Cora Hale
535 N. Russell

COMPUTATION PREPARED BY:

Alma Gordon
Name
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 \$ 30.48
25% of adjusted monthly income, whichever is less.

Computation

3. Line 1 minus Line 2, multiplied by 48

| | | | |
|--------|----|---------------|-------------------|
| Line 1 | \$ | <u>128.35</u> | |
| Line 2 | - | <u>30.48</u> | |
| | | <u>97.87</u> | |
| | x | <u>48</u> | \$ <u>4697.76</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.) \$ 4000.00
 5. Minus adjustments (Attach full explanation) - \$ _____
 6. Amount of rental assistance payment \$ 4000.00
(Line 4 minus Line 5)
 7. Annual Payment \$ 1000.00
- (Enter this amount in the space provided in Block 3 on page one of Replacement Housing Payment for Tenants and Certain Others)

NOTE: If the amount on Line 6 is less than \$500, a lump-sum payment is to be made. If the amount on Line 6 is more than \$500, divide the payment by 4. The resultant amount is the total of each of four annual payments to be made; enter on Line 7.

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

NAME OF CLAIMANT Cora Hale

Parcel No. E-3-12

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: 1966

Date of Acquisition: December 16, 1971

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: 1966

Date of Initiation of Negotiations: October 18, 1971

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:

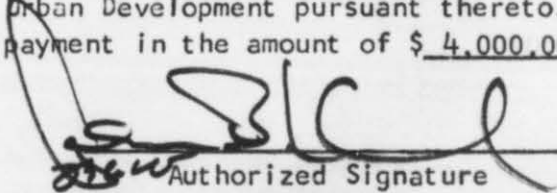
Month-Day-Year Fed. Rent Supplement
Park Terrace

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 \$ 4,000.00 is authorized.

1009

1-25-72
Date


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 | <u>1/26/72</u> | <u>263EH</u> | <u>\$ 1000.00</u> |
| 2nd Year | <u>1-8-73</u> | <u>652EH</u> | <u>\$ 1000.00</u> |
| 3rd Year | <u>1-2-74</u> | <u>875EH</u> | <u>\$ 1000.00</u> |
| 4th Year | <u>1-8-75</u> | <u>1000EH</u> | <u>\$ 1000.00</u> |
| b. Claimant moved to unit he purchased | | | \$ _____ |
| c. Homeowner temporarily displaced | | | \$ _____ |

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emanuel

PROJECT NO. CRF R 20

1. Full name of claimant:

Family Individual

Cora Hale

2. Dwelling unit from which you moved:

Parcel No. E. 3-12

a. Address 5.35 N. Russell

c. Number of bedrooms 2

Portland, Oregon 97211

d. Monthly rental \$ 547 plus utilities

b. Apartment or room number 5

e. Date displaced _____

3. Dwelling unit to which you moved (RENTAL)

a. Address _____

c. Number of bedrooms 1

315 N. Alberta

d. Monthly rental \$ 35.00

b. Apartment or room number #16

e. Date moved in Jan. 4, 1972

4. Dwelling unit to which you moved (PURCHASE)

a. Address _____

c. Downpayment \$ _____

b. Number of bedrooms 1

d. Incidental expenses \$ _____

e. Date of purchase _____

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 Jan. 4, 1972

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 1966

Date of acquisition Dec. 16, 1971

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 _____

Date of initiation of negotiations May 13, 1971

3. Is replacement housing standard? Yes No

If previously substandard, date found standard _____

4. Certification:

(Amount of this claim \$ 4,000.)

RELOCATION PAYMENT

PROJECT: Emanuel ORE R-20

PARCEL: E 3-12

PAYABLE TO: Cora Hale

| | | | |
|-------------------------------------|--|----|-------|
| 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>\$1000.</u> ; Annual amount <u>3rd</u> <u>1000.</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 Cora Hale

Less - \$ _____*

Move from 535 N. Russell

Total \$ 1000.00

Accounting: Indicate symbol and Accounting No.

_____ Relocation Payment; _____ Project Cost *(_____)

*ok.
me*

0600 E60 901

INSPECTED BY Alma Gordon DATE 12/28/73 MET NOT MET

NAME 315 N. Alberta #16 PHONE _____

ADDRESS Cera Hall

HOUSE _____ DUPLEX _____ APT # 16 SR _____ HK _____

NO. OF ROOMS 3 COMP FURN _____ PART FURN _____ UNFURN

NO. OF ROOMS ACCESSIBLE BY STAIRS _____ BY ELEVATOR _____

MANAGER _____ OWNER JHA

RENT \$3500, INCL HEAT WATER GAS GAR ELEC _____

NO. BRS. 1 SIZE #1 avg #2 _____ #3 _____ #4 _____

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

GENERAL REQUIREMENTS:

1. House must be weatherproof (29.24.020)
2. Floors, porches, walls, ceilings and stairs must be in sound and good repair. (29.28.010)
3. Doors and hatchways must be in good repair. (29.28.010 (13))
4. Multiple dwellings with more than 50 occupants must have two means of exit. (24.66.020(c))
5. Exits must have direct access to outside or public corridor. (24.66.030 (G))
6. Hallways must be lighted adequately --- at least 2' candle power. (29.20.040(d))
7. Hallway ventilation must be by windows, doors, outside skylights, ventilation ducts, or mechanical ventilation 5x/hr. (29.20.040(d))
8. Premises must be free of vermin, rodents, filth, debris, garbage. (29.28.010 - 29.28.020)
9. Heating equipment must be able to maintain 70° at 3' above floor. (29.24.030)
10. There may be no unvented or open flame gas heaters. (29.24.030)

| | MET | NOT MET |
|---|-----|---------|
| 11. Habitable rooms must have window area of 12 sq. ft. or 1/8 of floor area. (29.20.040 (a)) | ✓ | |
| 12. Every habitable room must have openable area of not less than 1/2 the required glass area OR mechanical ventilation changing air, 4x/hr. (29.20.040) | ✓ | |
| 13. Dwelling unit must have at least two habitable rooms, one of which is at least 150 sq. ft. cf. "Efficiency units" (29.20.030) | ✓ | |
| 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. (29.24.040) | ✓ | |
| 15. Water must be heated to not less than 120°F. (29.08.260) | ✓ | |
| 16. Ceiling height in hotels and apartments must be 8'; in dwelling and service rooms 7½'. (29.20.030) | ✓ | |
| 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. (29.20.030(c)) | ✓ | |

EFFICIENCY UNITS:

| | | |
|--|--|--|
| 18. Foyer must open from public area. (29.20.030(b)(2)) | | |
| 19. There must be 220 sq. ft., plus 100 sq. ft. for each person in excess of two. (29.20.030(b)(1)) | | |
| 20. A kitchenette must be 3x5 or more with doors and fan or window. (29.20.030(b)(4)) | | |
| 21. A dressing closet must have adequate circulation and storage. (29.20.030(b)(3)) | | |
| 22. There must be a separate bathroom accessible from foyer or dressing closet only. (29.20.030(b)(5)) | | |

LIVING AREA:

| | | |
|---|---|--|
| 23. There must be two rooms, one of which must be at least 150 sq. ft. (29.20.030) | ✓ | |
| 24. Rooms for cooking and living, or for living and sleeping, must have at least 150 sq. ft. (29.20.030(b)) | ✓ | |

BEDROOMS:

| | | |
|---|---|--|
| 25. Bedrooms must be at least 90 sq. ft. (29.20.030(b)) | ✓ | |
|---|---|--|

| | MET | NOT MET |
|--|-----|---------|
| 26. There must be 50 sq. ft. additional for each occupant in excess of two. (29.20.030(b) No. Brs. _____ Size: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ | ✓ | |

KITCHEN:

| | | |
|--|---|--|
| 27. Plumbing fixtures, including sink, must be of nonabsorbent material with hot and cold running water, properly installed, and in good working condition. (29.20.050(d)) | ✓ | |
| 28. A kitchen must have not less than 35 sq. ft. (29.20.030) | ✓ | |

BATHROOM:

| | | |
|---|---|--|
| 29. Bathrooms must have at least one electric light fixture. (29.24.040) | ✓ | |
| 30. Bathrooms must not open directly off the kitchen. (29.20.050(f)) | ✓ | |
| 31. Bathrooms and toilet rooms must afford privacy. (29.20.050(g)) | ✓ | |
| 32. Dwelling unit must contain at least one bathroom with sink, toilet, wash basin, tub or shower properly connected to both hot and cold water lines with air change once every 5 minutes. (29.20.050) | | |
| 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. (29.20.050(b)) | | |
| 34. Plumbing fixtures must be of nonabsorbent material, properly installed, and in good working condition. (29.20.050) | ✓ | |
| 35. Water closet compartments must be of approved nonabsorbent material. (29.20.050(e)) | ✓ | |

BASEMENT:

| | | |
|---|---|--|
| 36. Basement areas more than 50% below grade cannot be used for habitation. (29.20.040 & 29.08 "Definitions") | ✓ | |
| 37. Basement areas must be dry and well drained. (29.20.040) | ✓ | |

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 | | |
|----------------------|------------------------|-------------|------------------------|----------------------|-------------|
| <u>No. of Bdrms.</u> | <u>No. of Persons:</u> | | <u>No. of Persons:</u> | <u>No. of Bdrms:</u> | |
| | <u>Min.</u> | <u>Max.</u> | | <u>Min.</u> | <u>Max.</u> |
| 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:

PORTLAND DEVELOPMENT COMMISSION

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

December 20, 1971

Housing Authority of Portland
4400 N. E. Broadway
Portland, Oregon 97213

Gentlemen:

This is to inform you that Cora Hale
of 535 N. Russell, Portland, Oregon 97227,
who wishes to file an application with your office will be displaced
as a result of the acquisition of the property, in which he (or she)
resides, by the Portland Development Commission in the urban renewal
project, ORE R-20.

Thank you for any help that you may render Cora Hale
in his (her) efforts to obtain suitable housing.

Very truly yours,

W. Stanley Jones

WSJ:slc

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon DATE December 26, 1973
(Relocation Advisor)

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

RE: Cora Hale 315 N. Alberta
(Displacee) (Address)

No. 3rd \$1,000.00 1/3/74
(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: 315 N. Alberta Apt #16

Date Inspected: _____ Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Mrs Hale remains in JHA Housing
which is standard and meets City regulations
at this time.

SIGNED: Cora Lee Hale
(Displacee)

SIGNED: Alma Gordon
(Relocation Advisor)

DATE: December 28, 1973

DATE: 12/28/73

TO: Accounting Dept.

DATE: Jan. 1974

FROM: _____

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: Cora Hale

PROJECT: Emanuel

FOR: 3rd Annual Rent Assistance Payment

AMOUNT: \$1,000.00

SIGNED: _____

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 263 EH

DATE January 26, 1972

PAY TO **Cora Hale**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|--------------------------|--|-------------------|
| | | Reimbursement per Claim for RHP for Tenants. Move from 535 N. Russell (Parcel E-3-12). | |
| | | Total Approved | \$4,000.00 |
| | | 1st Annual Payment | <u>\$1,000.00</u> |

Account Distribution

| NO. | TITLE | AMOUNT |
|------|-------------------------------|------------|
| 1501 | Relocation Payment (RHP) (EH) | \$1,000.00 |

Cora Lee Hale

AC

Date 2/10/71

JMS

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

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 652 EH

DATE January 8, 19 73

PAY TO **Cora Hale**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|-----------------------------|---|-------------------|
| | | Reimbursement per Claim for RHP for Tenants filed. Move from 535 N. Russell (Parcel E-3-12). | |
| | | Total approved \$4,000.00 | |
| | | 2nd annual payment | <u>\$1,000.00</u> |

Received by Cora Lee Hale

Date Jan. 9, 1973

Account Distribution

NO. TITLE

AMOUNT

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o

875

EH

DATE January 2, 19 74

PAY TO **Cora Hale**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|--------------------------|--|--------------------------|
| | | Reimbursement per Claim for RHP for Tenants filed. Move from 535 N. Russell (Parcel E-3-12). | |
| | | Total approved 3rd annual payment | \$4,000.00 \$1,000.00 |

Received by: *Cora Hale* 1/4/74
 X *Cora Hale*

Account Distribution

NO. _____ TITLE _____

AMOUNT _____

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon
(Relocation Advisor) DATE January 2, 1973

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

RE: Cora Hale 315 N. Alberta
(Displacee) (Address)

No. 2 \$ 1,000.00 1/26/73
(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: 315 N. Alberta Apt. #16

Date Inspected: 1/3/73 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Same location as of 1972. Rent supplement housing. Standard Conditions met.

SIGNED: Cora Lee Hale
(Displacee)

SIGNED: Alma Gordon
(Relocation Advisor)

DATE: Jan 3 1973

DATE: Jan 3, 1973

TO: Bob Douglas

DATE: Jan. 4, 1973

FROM: Alma Gordon

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: Cora Hale

PROJECT: Emanuel ORE R-20

FOR: 2nd RHP-TACO Payment

AMOUNT: 1000.

WJ

SIGNED: Alma Gordon

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 28761 G

DATE January 18, 1972

PAY TO THE
ORDER OF

Cora Lee Hale

\$ 220.00

DOLLARS

NON-NEGOTIABLE

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

Portland Development Commission - 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|-----------------------------|--|----------|
| | | Reimbursement per Claim for Relocation payment filed. Move from 535 N. Russell (E-3-12) to 315 N. Alberta. Fixed payment - own furniture <i>Cora Lee Hale</i> | \$220.00 |

Account Distribution

| NO | TITLE | AMOUNT |
|--------|---|----------|
| E 1501 | Relocation Payment (EH) (Fixed - own furn. - Individual) | \$220.00 |

RC

BO

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

| | |
|---|--|
| NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY | PROJECT NAME (if applicable) |
| Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201 | Emanuel Hospital Project 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 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 _____ Family Individual
HALE, Cora Lee

2. DATE(S) OF MOVE _____

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. E-3-12

| | |
|---|--|
| a. Address <u>535 N. Russell, Portland, Oregon 97227</u> | d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>5</u> |
| b. Apartment, Floor, or Room Number <u>5</u> | |
| c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | e. Date you moved into this address: <u>1966</u> |

4. DWELLING UNIT TO WHICH YOU MOVED

| | |
|---|--|
| a. Address (include ZIP Code) <u>315 N. Alberta, Portland, Oregon 97227</u> | c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Apartment, Floor, or Room Number <u>#16</u> | If "Yes", complete table, "Statement of Claim for Storage Costs" |

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

| | | |
|------------------------|-----------------------------------|------------------------|
| Dislocation Allowance | <u>\$200.00</u> (paid) | |
| Fixed Moving Payment | <u>220.00</u> | |
| (Consult local agency) | | Total \$ <u>220.00</u> |

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 applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

| | |
|---------------------------------|---|
| <u>January 12, 1972</u> Date | <u>Cora Lee Hale</u> 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:

Cora Lee Hale
315 N. Alberta
Portland, Oregon 97227

NAME OF LOCAL AGENCY:

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

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

-
1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

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

Yes No


If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

| Item | Amount <u>1/</u> | Authorized Signature | Date |
|--|------------------|---|----------------|
| A. Fixed Payment and Dislocation Allowance | \$ | | |
| 1. Fixed payment \$ <u>220.00</u> | |  | <u>1-18-72</u> |
| 2. Dislocation allowance \$ <u>(paid)</u> | | | |
| 3. Total \$ <u>220.00</u> | <u>220.00</u> | | |
| B. Actual Moving and Related Expenses | \$ | | |
| 1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____ | _____ | _____ | _____ |
| 2. Supplementary payment (s) for storage costs: | _____ | _____ | _____ |
| 3. Final payment for moving expenses covering storage and related costs | _____ | _____ | _____ |

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

5. RECORD OF PAYMENTS MADE

| Date | Check Number | Amount | Date | Check Number | Amount |
|----------------|---------------|------------------|-------------|--------------|--------|
| <u>1/18/72</u> | <u>287616</u> | <u>\$ 220.00</u> | <u>1/18</u> | | \$ |
| | | | | | |
| | | | | | |

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Mrs Vera Hale Project ORE R 20
 2. Date(s) of move Jan 4 1972 Parcel No. E 3-12
 3. Dwelling unit from which you moved:
 Address 535 N Russell No. of rooms 5
 Furnished Unfurnished Date you moved into this unit 1966
 4. Dwelling unit to which you moved:
 Address 315 N. Clute
 Were goods moved to or from storage? Yes No
 5. Total claim \$ 220.00

FIXED PAYMENT: ~~220.00~~ + \$ 220.00 = \$ 220.00

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 COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N? 28344 G

DATE December 30, 19 71

PAY TO THE
ORDER OF

Cora Lee Hale

\$ 200.00

DOLLARS

NON-NEGOTIABLE

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

DETACH BEFORE DEPOSITING CHECK

Portland Development Commission · 224-4800

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|-----------------------------|--|-----------------|
| | | Reimbursement per Claim for Relocation. Move from 535 N. Russell (E-3-12) to 315 N. Alberta Dislocation Allowance | \$200.00 |

Account Distribution

| NO. | TITLE | (EH) | AMOUNT |
|--------|-----------------------------|------|----------|
| E 1501 | Relo Pmts (Fixed - Ind.) | | \$200.00 |

AC

received by

Cora Lee Hale

date

1/4/72

AD

TENANT'S COPY

No

57

PORTLAND DEVELOPMENT
COMMISSION

Date Jan. 18, 1972

Received of

Cora Hale

Apt. No.

—

Address

535 N Russell

RENT FROM

Jan 1-, 1972 TO Jan 4, 1972

\$

6.27

GARAGE RENT FROM

TO

\$

ELECTRICITY

\$

GAS

\$

MISC.

\$

TOTAL \$

6.27

1. All rents must be paid monthly in advance.
2. Apartments are rented by the month only.

PORTLAND DEVELOPMENT COMMISSION

By

S L Cannucci

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 97201

PROJECT NAME (if applicable)

Emanuel Hospital Project
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 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

Cora Lee Hale

1 Family Individual

2. DATE(S) OF MOVE

3. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. E 3-12

a. Address 535 N. Russell

d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 5

b. Apartment, Floor, or Room Number ---

c. Was it furnished with your own furniture?
 Yes No

e. Date you moved into this address: 1966

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) _____

315 N. Alberta, Portland, Oregon

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 _____

(Consult local agency)

Total \$ 200.00

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 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.

12-22-91

Date

x Cora Lee Hale

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:

Cora Lee Hale
315 N. Alberta
Portland, Oregon

NAME OF LOCAL AGENCY:

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

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

-
1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

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

_____ Yes _____ No


If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

| Item | Amount <u>1/</u> | Authorized Signature | Date |
|--|------------------|---|-----------------|
| A. Fixed Payment and Dislocation Allowance | \$ | | |
| 1. Fixed payment \$ _____ | |  | <u>12-30-71</u> |
| 2. Dislocation allowance \$ <u>200.00</u> | | | |
| 3. Total \$ _____ | <u>200.00</u> | | |
| B. Actual Moving and Related Expenses | \$ | | |
| 1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____ | _____ | _____ | _____ |
| 2. Supplementary payment (s) for storage costs: | _____ | _____ | _____ |
| 3. Final payment for moving expenses covering storage and related costs | _____ | _____ | _____ |

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

5. RECORD OF PAYMENTS MADE

| Date | Check Number | Amount | Date | Check Number | Amount |
|-----------------|--------------|------------------|-----------|--------------|-----------|
| <u>12/30/71</u> | <u>28346</u> | <u>\$ 200.00</u> | <u>SD</u> | | <u>\$</u> |
| | | | | | |
| | | | | | |

Cora Hall #17, 1971

Dwelling Unit Inventory

5 Rooms

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

Miscellaneous (List Items)

| | |
|------------------------|-------------|
| <u>Ottoman (Stool)</u> | <u> </u> |
| <u>Knick-Knacks</u> | <u> </u> |
| <u>2 T.V. Stands</u> | <u> </u> |
| <u>Throw Rugs</u> | <u> </u> |
| <u>2 Small Radios</u> | <u> </u> |
| <u> </u> | <u> </u> |
| <u> </u> | <u> </u> |

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.

x Caro Lee Hok

12-20-71
date

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 OP Date of survey 2/17/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 11 Structure No. 7 Census Block No. 75 Census Tract No. 22A
 Street Address 535 N RUSSELL 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:

| | <u>Name</u> | <u>Family relation</u> | <u>Age</u> | <u>Sex</u> | <u>Occupation</u> |
|----|-------------------------|--------------------------|------------|------------|-------------------|
| 1. | <u>JOE, CAROL (Mrs)</u> | <u>Head of household</u> | <u>49</u> | <u>F</u> | <u>Housewife</u> |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |
| 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

| <u>Names of jobholders</u> | <u>Names of employers</u> | <u>Street address where jobs are located</u> | <u>to work</u> |
|----------------------------|---------------------------|--|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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

| <u>Names of persons in this household who have income from any source</u> | <u>Amount of income per month</u> | |
|---|------------------------------------|--|
| | <u>In month before this survey</u> | <u>In an average month during 1970</u> |
| <u>MCWF</u> | <u>\$ 124.00</u> | <u>\$ 125.00</u> |
| _____ | _____ | _____ |
| <u>Total family or household income per month</u> | <u>\$ _____</u> | <u>\$ _____</u> |

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

1. Location (indicate approximate cross streets) NE 11th N. OF FREMONT
2. Transportation, number of autos owned -, use bus , walk
3. Will rent house , apartment , expect to pay rent, including utilities, at \$ _____ 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 2, 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 OK Date 2/17/74 Surveyed 2/17/74 Tabulator _____ Date _____
 Dwelling Unit No. 12 Structure No. 9 Census Block No. 75 Census Tract No. 22A
 Street Address 535 N Russell Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: HALE, USA LPE NAME & ADDRESS OF OWNER: EVA SAVOJA NAME & ADDRESS OF PROP. MGR: _____
535 N. Russell 214 NE Roseland
 TELEPHONE: _____ TELEPHONE: _____ TELEPHONE: _____
 INTERVIEWED? (✓) Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

| Kind of dwelling unit | No. of units in bldg. |
|--|-----------------------|
| _____ One-family house | _____ |
| _____ Apt. in a house | _____ |
| <input checked="" type="checkbox"/> Apt. in apt. bldg. or plex | <u>2</u> |
| _____ Apt. in comm. bldg. | _____ |
| _____ Mobile home or trailer | _____ |

This structure has 2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

_____ Owner occupied
 Renter occupied
 _____ Vacant

III. SIZE OF DWELLING UNIT

966 Sq. ft. in first floor (county figure)
966 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
4/4/67 Date of last appraisal
1899 Date structure was originally built

B. Market value data for one-family dwelling

| | Market value | Computed value per sq. ft. |
|--------------|--------------|----------------------------|
| Land | \$ _____ | \$ _____ |
| Improvements | _____ | _____ |
| Total | _____ | _____ |

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 | \$ <u>3120</u> | \$ _____ |
| Improvements | <u>520</u> | _____ |
| Total | <u>3640</u> | _____ |

1932 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>45.00</u> | _____ | \$ _____ |
| Electricity | _____ | \$ <u>20.00</u> | _____ |
| Gas | _____ | _____ | _____ |
| Water | <u>w/rent</u> | _____ | _____ |
| Heat (oil, or other) | _____ | _____ | _____ |
| Total | \$ <u>65.00</u> | \$ <u>20.00</u> | \$ <u>65.00</u> |

Deposits required of renter
 Advance rent \$ 400, 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

Assessor's records filed in
Seymour Patterson file