

	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		

R E S U M E

Date March 3, 1975

Name James L. Hawkins

Mr. Hawkins was forced to jump out the second floor apartment in the building at 7 N. Russell due to a fire. The fire damaged the apartments so badly that Mr. Hawkins became blocked off from the hall and stairs. Mr. Hawkins was hospitalized after he jumped from his burning apartment, but has recovered very well and is enjoying life. I have enjoyed conversations with him, and he seems very alert for a man of 74.

2/14/75 - Delivered check to Mr. Hawkins. This was his fourth and final TACO payment.

File closed.

SCD

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME HAWKINS, James L. RELOCATION ADVISOR A Gordon
 ADDRESS 7 N. Russell PHONE _____ PROJECT NAME Emanuel ORE. R-20
 SEX M ETHN black VETERAN _____ AGE 70 PARCEL NO. RS-4-9
 MARITAL STATUS _____ TENURE tenant 24yrs.
 DISABILITY _____ INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT X OTHER _____
 INITIAL INTERVIEW August 19, 1971 DATE INFO PAMPHLET DELIVERED 8/19/71
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY Mrs. Katie Mays 4918 N. E. 27th

DATE ON SITE: <u>April 1947</u>
INITIATION OF NEGOTIATIONS: <u>May 27, 1971</u>
DATE OF ACQUISITION: <u>July 22, 1971</u>

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW _____
 Social Security _____ 125.10
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 125.10

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

Subsidized Sales		Single Family	S	SS	Age of Structure <u>1894</u> No. Rooms <u>D</u> No. Bedrooms <u>0</u> Furn. <u>X</u> Unfurn _____ Utilities \$ _____ Monthly Payments (Rent) \$ <u>45.60</u> Acquisition Price \$ _____ Taxes \$ _____ Equity \$ _____ Liens \$ _____
Subsidized Rental		Multiple Family		X	
Public Housing		Duplex			
Private Rental	X	Mobile Home			
Private Sales					

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms
<u>606 N.E. Sacramento Apt #7</u>	
<u>HAP</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	<input type="checkbox"/>
Outside Project	<input type="checkbox"/>

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____
 Address 5210 N. 1300 606 N.E. Sacramento Apt #7 Phone _____ Date of Move January 26, 1972

WHERE RELOCATED:				S	SS
Same City	<input checked="" type="checkbox"/>	Subsidized Sales		<input checked="" type="checkbox"/>	
Outside City		Subsidized Rental	<input checked="" type="checkbox"/>		
Out of State		Public Housing			
		Private Rental			
		Private Sales			
		Single Family			
		Multiple Family			
		Duplex			
		Mobile Home			

Furnished Unfurnished _____ Number of Rooms 3 Number of Bedrooms _____ Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ 45.62 Purchase Price \$ _____

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

TOTAL RHP: \$1,704.48

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	304 EH	2/24/72	\$ 426.12
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	28837 G	1/25/72	\$ 215.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 1009 EH

DATE February 12, 19 75

PAY TO **James L. Hawkins**

\$ 426.12

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 7 N. Russell (Parcel RS-4-9). Total approved \$1,704.48 4th and final payment	\$426.12
<i>James Hawkins</i> <i>Feb 12 75</i>			

Account Distribution

NO. TITLE AMOUNT

RESIDENTIAL RELOCATION RECORD

Project Name EMAN Parcel No. RS-4-9 Advisor AG
 Client's Name HAWKINS, JAMES L Phone _____
 Address 7 N. RUSSELL Ethn B Age 70

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

Family Composition

Total Number in Family 1
wife, husband

Other: Relation Age Relation Age

Economic Data

Employer \$ _____
 Address _____
 Other Source of Income \$ _____
SS \$ 125.10
 Total Monthly Income \$ (_____)

- Eligible for Public Housing YES NO Presently Receiving Welfare YES NO
 Eligible for Welfare YES NO Other Assistance _____
 Eligible for (Other) YES NO

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

- YES NO

Date of initial interview 8-19-71 Date of Info pamphlet delivery 8-19-71
 Date Notice to Move given NO Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

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

Date of initiation of negotiations for purchase of property 4-'47
 Date of Acquisition 5-27-71
6-17-71
7-22-71
 Date of letter of intent _____
 Date of move 1-26-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1894

Size of Habitable Area SMALL

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 1 Rent Paid \$ 4560 Utilities _____

Number of Bedrooms 0 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 5314 N. E 13th
~~606 NE SACRAMENTO~~ LPA Referred Self Referred _____

Private Sales		Single Family	
Private Rental	X	Duplex	
Other <i>Subsidized FHA</i>	X	Multiple Family	X

Outside city Outside state

Age of Housing Unit 5 yrs

Size of Habitable Area 500

✓ No. of Rooms 2 No. of Bedrooms 0

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____

Taxes \$ _____

RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ 45.62

Utilities \$ Included in Rent

Total Rent Assistance \$ 1,704.48

Amount of Annual Payment \$ 426.12

No. of Housing Referrals to:

_____ Standard Sales

2 Standard Rent

Agency Referrals: ✓

MCW

HAP

_____ OTHER (_____)

Food Stamp

_____ Legal Aid

Other (Community Care Center)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

INTERVIEW REGISTER

Date		Relocation Worker
1/15/71	FLYER: Delivered by Ted Parker.	JC
2/10/71	SURVEY: Manager (Charley Thomas) refused to let us talk to tenants.	
8/19/71	Mr. Hawkins was in to look for a place to live. He wants to move into HAP Housing at Lloyd Center. Need income verification, will take him to HAP to sign up.	
8/23/71	Did not show up to go to HAP. Went to see him. He will let me know when he is ready to go.	
9/18/71	Tried to see Mr. Hawkins today but he was not at home.	
1/14/72	Interview with Mr. James Hawkins in Emanuel Hospital, who was injured during a fire at 7 N. Russell by jumping out of a window. Claim benefits papers were explained and signed by client.	AG
1/17/72	Letter of verification of income mailed to Social Security Administration with signature of Mr. Hawkins.	
1/24/72	Emergency application made to Beta Housing. Application started being processed for displacee.	
1/25/72	Discharged from Emanuel Hospital today. Mr. Hawkins was taken to 606 N.E. Sacramento to Apt. #7.	
1/26/72	Moved into rent supplement housing Beta project I. - 606 N. E. Sacramento Relocation allowance and fixed payment issued to James Hawkins \$215.00 Check No. 28837G Delivered by Alma Gordon and James Crolley. Community Care Center donated food and bedding for emergency client whose belongings were destroyed by the fire.	
1/27/72	James Hawkins called today trying to locate the following items he stated he had after jumping out of the building at 7 N. Russell, January 14, 72. Small T. V., Oceanic Radio locked in the pouch of a Navy Bag suit case containing other clothing. He was told by friends that the landlord had locked them up.	
2/15/72	Check mailed to James Hawkins in the amount of \$71.00 for reimbursement of rent for month of January during his time at Emanuel Hospital.	
2/24/72	RHP for tenant, James Hawkins, Check No. 304 EH for first annual payment in the sum of \$426.12. Received in our office.	
2/28/72	Check delivered to James Hawkins. First annual RHP Relocation payment for check No. 304 EH in the sum of \$426.12. Signed by Mr. Hawkins; delivered by Alma Gordon.	
<u>2-8-73</u>	Second yearly RHP TACO filed for James L Hawkins in the amount of \$426.12. He still occupies standard dwelling. Signature of Displacee.	
2-12-73	Reimbursement per claim for NDP for Tenant James L. Hawkins, 2nd Annual TACO for move from 7 N. Russell Parcel RS-4-9. Amount approved \$426.12 Warrant No 680 EH.	
2-13-73	Delivered to client at 606 N.E. Sacramento Apt 7. Signed by Mr. Hawkins on receipt of check for \$426.12.	AG

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: RS-4-9

PAYABLE TO: James L. Hawkins

For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners or Tenants.	\$ <u> </u>
<u> X </u> RHP - Tenants & Certain Others - Rental: Total approved \$1704.48 Annual amount \$426.12	\$ <u>426.12</u>
<u> </u> RHP - Tenants & Certain Others - Downpayment	\$ <u> </u>
<u> </u> Settlement Costs (on acquisition by LPA only).	\$ <u> </u>
<u> </u> Interest Expense	\$ <u> </u>
<u> </u> Fixed Moving Payment	\$ <u> </u>
<u> </u> Dislocation Allowance.	\$ <u> </u>
<u> </u> Actual Moving Costs.	\$ <u> </u>
<u> </u> Storage Costs.	\$ <u> </u>
<u> </u> Business: Moving Expenses.	\$ <u> </u>
<u> </u> Business: In Lieu Payment.	\$ <u> </u>
<u> </u> Business: Storage Costs.	\$ <u> </u>
<u> </u> Business: Loss of Property	\$ <u> </u>
<u> </u> Business: Searching Expenses	\$ <u> </u>

Name of Client James L. Hawkins Family Less - \$ *

Move from 7 N. Russell Individual Total \$ 426.12

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

0600 X10 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon (Relocation Advisor) DATE January 14, 1975
FROM: Benjamin C. Webb, Chief of Relocation & Property Management
RE: James L. Hawkins (Emanuel) 5314 N.E. 13th
(Displacee) (Address)
No. 4th & final \$ 426.12 February 1975
(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: 5314 N.E. 13th

Date Inspected: FHA Rent Sup. Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Hawkins still lives at the above address
and seem very happy with it

SIGNED: James L. Hawkins
(Displacee)

SIGNED: Samuel W. Daniel
(Relocation Advisor)

DATE: 2/3/75

DATE: 2/3/75

TO: Bob Douglas

DATE: 2/4/75

FROM: Chet Daniels

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: James L. Hawkins

PROJECT: Emanuel R-20-TACO

FOR: 4th and last Annual Payment

AMOUNT: 426.12

SIGNED: Samuel W. Daniel

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY: PROJECT NAME (if applicable)
Portland Development Commission Emanuel Hospital Project
1700 S. W. Fourth Avenue
Portland, Oregon 97201 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

James Hawkins

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. RS-4-9

- a. Address: 7 North Russell, Portland, Oregon 97227
b. Apartment or room number: # 1
c. Number of bedrooms: 1

- d. Monthly rental: \$ 22.58
e. Date you moved out of this dwelling: 1-14-72
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

- a. Address (include ZIP Code): 606 N. E. Sacramento, Portland, Oregon 97227
b. Apartment or room number: # 7
c. Number of bedrooms: 0

- d. Monthly rental: \$ 45.62
e. Date you moved into this dwelling: 1-26-72
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.

February 14, 1972

Date

James E. Hawkins

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:

Hawkins, James L.
7 N. Russell

COMPUTATION PREPARED BY:

A. Gordon
Name
8/15/72
Date

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

Required Information

1. Monthly gross rental for comparable unit \$ 62.40
(cost based on: Schedule
 Comparative
 Other)
2. Base monthly rental for claimant's former dwelling, or
25% of adjusted monthly income, whichever is less. \$ 26.89

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>62.40</u>	
Line 2	- \$ <u>26.89</u>	
	\$ <u>35.51</u>	
	X <u>48</u>	\$ <u>1704.48</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.) \$ 1704.48
5. Minus adjustments (Attach full explanation) - \$
6. Amount of rental assistance payment
(Line 4 minus Line 5) \$ 1704.48
7. Annual Payment \$ 426.12

(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 James L. Hawkins

Parcel No. RS-4-9

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: April, 1947

Date of Acquisition: July 22, 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: April, 1947

Date of Initiation of Negotiations: May 27, 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 Rent Supplement - FHA
Date previously substandard dwelling was inspected and found to be standard:

Month-Day-Year

4. CERTIFICATION OF LOCAL AGENCY

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ 1,704.48 is authorized.

WSD

2-23-72
Date

[Signature]
Authorized Signature

5. RECORD OF PAYMENTS

	Date of Payment	Check Number	Amount
a. Claimant moved to rental unit			
(1) Lump-sum payment	_____	_____	\$ _____
(2) Annual payment			
1st Year <u>\$426.12</u>	<u>2/24/72</u>	<u>304EH</u>	<u>\$ 426.12</u>
2nd Year	<u>2/12/73</u>	<u>680EH</u>	<u>\$ 426.12</u>
3rd Year	<u>5-15-74</u>	<u>933EH</u>	<u>\$ 426.12</u>
4th Year	<u>2-12-75</u>	<u>1009EH</u>	<u>\$ 426.12</u>
b. Claimant moved to unit he purchased	_____	_____	\$ _____
c. Homeowner temporarily displaced	_____	_____	\$ _____

J.S.

THE CITY OF
PORTLAND



OREGON

DEPARTMENT OF
FINANCE AND
ADMINISTRATION

NEIL GOLDSCHMIDT
MAYOR

BUREAU OF
BUILDINGS

C.N. CHRISTIANSEN
DIRECTOR

July 18, 1974

Portland Development Commission
235 N. Monroe Street
Portland, Oregon 97227

Re: 633 N. E. Graham Street

Gentlemen:

An inspection was made by the Housing Division of the two-story, wood frame, three-bedroom, single-family dwelling and detached garage at the above address.

Our inspector reports the substandard conditions have been corrected and the structures comply with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

DDM:vm

cc: Mr. N. L. Willis
633 N. E. Graham Street

Supplemental Security Income Payment Decision

916

From: Department of Health, Education, and Welfare
Social Security Administration

Date 12-22-73

Claim Number

JAMES L HAWKINS
NEW CENTRAL HOTEL
657 S WELLS #20
SEATTLE WA

98104

431-34-4888 A

Monthly Payment Amount

YOUR CHECK IS \$43.10
THIS INCLUDES \$36.50 FROM
THE STATE OF WASHINGTON

Type of Payment

Payment Begins

INDIVIDUAL - 65 OR OVER

JANUARY 1974

THIS IS NOT SOCIAL SECURITY

This is a notice that you are eligible (or the individual named above, on whose behalf you applied, is eligible) to receive the Supplemental Security Income payment shown above, as provided in Title XVI of the Social Security Act.

IF YOU ARE NOW GETTING MONTHLY SOCIAL SECURITY CHECKS YOU WILL CONTINUE TO GET THEM AS USUAL.

YOU DO NOT NEED TO FILE AN APPLICATION TO GET SUPPLEMENTAL SECURITY INCOME. A GOLD-COLORED U. S. GOVERNMENT CHECK FOR THE AMOUNT SHOWN ABOVE WILL COME TO YOU AUTOMATICALLY ABOUT THE FIRST DAY OF EACH MONTH. THIS CHECK WILL TAKE THE PLACE OF THE CHECKS YOU NOW GET FROM YOUR STATE OR LOCAL PUBLIC ASSISTANCE OFFICE.

Mr. James Hawkins
9355 E. 57th
Seattle, WA



REPORT OF CONFIDENTIAL SOCIAL SECURITY BENEFIT INFORMATION

Information about a person's Social Security benefits is confidential by law. Except under certain circumstances specified by law and regulations, the Social Security Administration does not reveal such information to any person except the beneficiary involved, or his or her authorized representative.

SOCIAL SECURITY CLAIM NUMBER 4, 2, 1, 3, 4, 4, 8, 8, 8	BIC A
---	----------

Beneficiary's name and address

*James L. Hawkins
633rd Graham
Portland OR 97212*

1. Name of person or agency from whom a request for benefit information was received.

- Beneficiary
- Other (Show name and address)

The person or agency named in item (1) above has requested information about your benefits. The information requested has been provided in the items checked (✓) below, and is being sent to you for your convenience. If you want the requesting agency (other than yourself) to have this information, you may show or send them this official report.

- 2. The gross amount of your monthly benefit is\$ 153.50
 The amount deducted for Medicare is\$ -
 The net amount of your social security check each month is\$ 153.50
- 3. The above amount became effective March 1974
(Month) (Year)
- 4. Your monthly benefit (before deduction for Medicare) from
Mo. Yr. to Mo. Yr. was\$ _____
- 5. According to our records your date of birth is _____.
- 6. We are unable, at this time, to tell you whether benefits may be payable in your case, because the processing of your claim for disability benefits has not been completed. If it is determined that benefits are payable, you will receive notification of the exact amount and effective date.
- 7. Other

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL <i>James Pizzo</i>	
DISTRICT OFFICE ADDRESS <i>see</i>	
Dept. of Health, Education and Welfare Social Security Administration 1221 S. W. 12th Ave. Portland, Oregon 97205	
TELEPHONE NO. <i>221-3381</i>	DATE <i>5/3/74</i>

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

933 EH

DATE May 15, 1974

PAY TO **James L. Hawkins**

\$ 426.12

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 7 N. Russell (Parcel RS 4-9). Total approved \$1,704.48 3rd annual payment	\$426.12
<i>Received by</i> <i>Date 5/23/74</i>			
<i>James Hawkins</i>			

Account Distribution

NO. TITLE AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: RS 4-9

PAYABLE TO: James L. Hawkins

For: RHP for Homeowners	\$	_____
Incidental Expenses for Homeowners or Tenants	\$	_____
RHP - Tenants & Certain Others - Rental: Total approved \$170448 Annual amount	\$	<u>426.12</u>
RHP - Tenants & Certain Others - Downpayment	\$	_____
Settlement Costs (on acquisition by LPA only)	\$	_____
Interest Expense	\$	_____
Fixed Moving Payment	\$	_____
Dislocation Allowance	\$	_____
Actual Moving Costs	\$	_____
Storage Costs	\$	_____
Business: Moving Expenses	\$	_____
Business: In Lieu Payment	\$	_____
Business: Storage Costs	\$	_____
Business: Loss of Property	\$	_____
Business: Searching Expenses	\$	_____

Name of Client James L. Hawkins Family Less - \$ _____ *

Move from T. N. Russell Individual Total \$426.12

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

OK Sme
0600 260 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon DATE January 28, 1974
(Relocation Advisor)

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

RE: James L. Hawkins 606 N.E. Sacramento
(Displacee) (Address)

No. 3rd \$ 426.12 2/14/74
(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: 5314 N.E. 13th Emerson Apts.

Date Inspected: FHA Rent supplement Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Hawkins moved from 606 NE Sacramento to another rent supplement unit at above address which is standard.

SIGNED: James Hawkins
(Displacee)

SIGNED: Alma Gordon
(Relocation Advisor)

DATE: Jan. 30, 1974

DATE: 1-30-74

TO: Bob Douglas

DATE: 1/31/74

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: James L. Hawkins

PROJECT: Emanuel R-20

FOR: 3rd Annual TACO Payment

AMOUNT: 426.12

SIGNED: Alma Gordon

[Handwritten initials]

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Commanal Hospital

PROJECT NO. R20

1. Full name of claimant: James Hawkins Family Individual
2. Dwelling unit from which you moved: Parcel No. RS 4-9
 a. Address 7 N. Russell c. Number of bedrooms 1
 b. Apartment or room number 1 d. Monthly rental \$ 22.58
 e. Date displaced _____
3. Dwelling unit to which you moved (RENTAL)
 a. Address 606 N. E Sacramento Portland, Oregon c. Number of bedrooms 0
 b. Apartment or room number # 7 d. Monthly rental \$ 45.62
 e. Date moved in 1-26-72
4. Dwelling unit to which you moved (PURCHASE)
 a. Address _____ c. Downpayment \$ _____
 b. Number of bedrooms _____ d. Incidental expenses \$ _____
 e. Date of purchase _____
5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)
 a. Address from which you moved 7 N. Russell
 b. Address to which you moved 606 N. E Sacramento ST. Apt # 7
 c. Date of move _____
 d. Monthly rental for temporary unit: \$ _____
 e. Require temporary housing for more than 3 months? Yes No
 If yes, total number of months in temporary housing _____ months

Incidental expenses.

Item	Charged to claimant	Paid by Claimant	Claimed	Approved
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 April 1947
 Date of acquisition July 22, 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 April 1947
 Date of initiation of negotiations May 27, 1971
3. Is replacement housing standard? Yes No
 If previously substandard, date found standard _____
4. Certification:

(Amount of this claim \$ 1704.48)

February 5, 1974

Mr. James Hawkins
506 N. W. Fifth Avenue
Portland, Oregon 97209

Dear Mr. Hawkins:

Your third annual Replacement Housing Payment for Tenants is now due. In order for us to make that payment to you we must verify that you are living in safe, decent, sanitary housing. Preliminary indications from the Bureau of Buildings show that your present housing is not standard. Before we can make payment to you, you must move to standard housing.

If we can be of any assistance to you, or if you have any questions, please call.

Very truly yours,

Alma Gordon
Relocation Advisor

AG:b

THE CITY OF
PORTLAND



OREGON

DEPARTMENT OF
FINANCE AND
ADMINISTRATION

NEIL GOLDSCHMIDT
MAYOR

BUREAU OF
BUILDINGS

C.N. CHRISTIANSEN
DIRECTOR

April 8, 1974

Portland Development Commission
235 N. Monroe Street
Portland, Oregon 97227

Re: 633 N. E. Graham Street

Gentlemen:

As the result of a displaced person and at your request, an inspection was made by the Housing Division of the two-story, wood frame, single-family dwelling and detached garage at the above address. Our inspector reports the following conditions are in noncompliance with City regulations:

1. Cellar stairway lacks the required 6'8" headroom. (existing is 5'9") It also has winder treads that have 0" width on the inside corner.
2. Second-story stairway has winder treads that have 0" width on the inside corner.
3. Front exterior steps lack handrails and intermediate railing, such that no object 9" in diameter may pass through.
4. A party room has been installed on the east side of the cellar without the required permits. This room lacks the required 7'6" ceiling height. (existing is 7'2") It also lacks the required window area and lacks a window or door for use of emergency rescue.

Please notify the Housing Division of the Bureau of Buildings, 2200 N. E. 24 Avenue, Telephone 288-6077, when the corrections have been completed, under proper permit where required, and a reinspection may be made.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidder
Chief Housing Inspector

DDM:rz

cc: Mr. N. L. Willis

THE CITY OF
PORTLAND



OREGON

DEPARTMENT OF
FINANCE AND
ADMINISTRATION

NEIL GOLDSCHMIDT
MAYOR

BUREAU OF
BUILDINGS

C.N. CHRISTIANSEN
DIRECTOR

March 12, 1974

Portland Development Commission
235 N. Monroe Street
Portland, Oregon 97227

Re: 219 N. E. Cook Street

James Hawkins

Gentlemen:

As the result of a displaced person and at your request, a partial inspection was made by the Housing Division of the two-story, wood frame, four-bedroom, single-family dwelling with attached cellar garage and rented bedroom at the above address.

Our inspector reports the following conditions are in noncompliance with City regulations:

1. Bathroom floor covering is deteriorated.
2. A portion of the second-story stairway, the cellar stairway, the front and rear porch stairways, and the front approach stairway lack safety handrails.
3. Front porch and garage roof sun deck lack the required guardrails.
4. Cellar drainpipe clean-out hub lacks a cover.
5. Garage-to-cellar service door lacks the required fire-resistive construction.
6. Rear porch stairway is dilapidated and hazardous.

Please notify the Housing Division of the Bureau of Buildings, 2200 N. E. 24 Avenue, Telephone 288-6077, when the corrections have been completed, under proper permit where required, and a reinspection may be made.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chagwidden

S. J. Chagwidden
Chief Housing Inspector

CHF:vm

cc: Mr. Preston Simon
219 N. E. Cook Street
Plumbing Division

0600 E60 901

RELOCATION PAYMENT

PROJECT: Emanuel - R-20

PARCEL: RS-4-9

PAYABLE TO: James L. Hawkins

For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners or Tenants.	\$ <u> </u>
<input checked="" type="checkbox"/> RHP - Tenants & Certain Others - Rental: Total approved <u>\$1704.48</u> Annual amount <u>\$426.12</u> ^{2 mo.}	\$ <u>426.12</u>
<u> </u> RHP - Tenants & Certain Others - Downpayment	\$ <u> </u>
<u> </u> Settlement Costs (on acquisition by LPA only).	\$ <u> </u>
<u> </u> Interest Expense	\$ <u> </u>
<u> </u> Fixed Moving Payment	\$ <u> </u>
<u> </u> Dislocation Allowance.	\$ <u> </u>
<u> </u> Actual Moving Costs.	\$ <u> </u>
<u> </u> Storage Costs.	\$ <u> </u>
<u> </u> Business: Moving Expenses.	\$ <u> </u>
<u> </u> Business: In Lieu Payment.	\$ <u> </u>
<u> </u> Business: Storage Costs.	\$ <u> </u>
<u> </u> Business: Loss of Property	\$ <u> </u>
<u> </u> Business: Searching Expenses	\$ <u> </u>

Name of Client James L. Hawkins Less - \$ *

Move from 7 N. Russell Total \$426.12

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

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 680 EH

DATE February 12, 1973

PAY TO James L. Hawkins

\$ 426.12

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 E N. Russell (Parcel RS-4-9).	
		Total approved \$1,704.48 2nd annual payment	<u>\$426.12</u>
<p><i>Received by James L. Hawkins</i> <i>Feb. 13, 1973</i></p>			

Account Distribution

NO.

TITLE

AMOUNT

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 304 EH

DATE February 24, 1972

PAY TO James L. Hawkins

\$426.12

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 for RHP for Tenants per claim filed. From 7 N. Russell (Parcel RS-4-9).	
		Total approved \$1,704.48 1st annual payment	<u>\$426.12</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP)	(EH) \$426.12

Date 2/28/72
By [Signature]

James L. Hawkins
[Signature]

da

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon
(Relocation Advisor) DATE February 7, 1973

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

RE: James L. Hawkins 606 N.E. Sacramento
(Displacee) (Address)

No. 2 \$ 426.12 2/24/73
(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: 606 N.E. Sacramento

Date Inspected: Feb. 8, 1973 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Hawkins remains in standard housing.
Rent Supplement. I.H.A

SIGNED: James Hawkins SIGNED: Alma Gordon
(Displacee) (Relocation Advisor)

DATE: Feb 8, 1973 DATE: Feb 8, 1973

TO: Bob Douglas DATE: 2/9/73

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: James Hawkins

PROJECT: Beta II Emanuel

FOR: 2nd yearly RHP-TACO payment

AMOUNT: 426.12

SIGNED: Alma Gordon

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 28837 **G**

DATE January 25, 1972

PAY TO THE ORDER OF **James Hawkins**

\$ 215.00

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 NO.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Relocation Payment filed. From 70 North Russell (Parcel RS-4-9).	
		Fixed payment - not own furniture	\$ 15.00
		Dislocation allowance	<u>200.00</u>
			<u>\$215.00</u>

Account Distribution

NO	TITLE	AMOUNT
E 1501	Relocation Payment (EH) (Fixed payment - Individual)	\$215.00

X James Hawkins

AC

AD

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 SW 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 statment or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT HAWKINS, James Family x Individual

2. DATE(S) OF MOVE 1/14/72

3. DWELLING UNIT FROM WHICH YOU MOVED	PARCEL NO. <u>RS-4-9</u>
a. Address <u>7 North Russell, Portland, Oregon 97227</u>	d. Number of rooms occupied (excluding bathrooms, hallways, and closets: <u>1</u>)
b. Apartment, Floor, or Room Number <u>#1</u>	e. Date you moved into this address: <u> </u>
c. Was it furnished with your own furniture? <u> </u> Yes <u> x </u> No	

4. DWELLING UNIT TO WHICH YOU MOVED	c. Were household goods moved to or from storage?
a. Address (include ZIP Code) <u>606 N. E. Sacramento, Portland, Oregon 97212</u>	<u> </u> Yes <u> x </u> No
b. Apartment, Floor, or Room Number <u>---</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>	
Fixed Moving Payment	<u>15 00</u>	
(Consult local agency)		Total \$ <u>215.00</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.

1/25/72
Date

x James Hawkins
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:

James Hawkins
606 N. E. Sacramento
Portland, Oregon 97212

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>15.00</u>		<i>Thomas E. J. [Signature]</i> B. W.	<u>1-25-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>215.00</u>	<u>215.00</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>1/25/72</u>	<u>288376</u>	<u>\$ 215.00</u>	<u>10</u>		\$

PORTLAND DEVELOPMENT COMMISSION

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

Social Security Administration
1221 S. W. 12th Avenue
Portland, Oregon 97201

Gentlemen:

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

My social security number is: _____

My birth date is: August 28, 1902

My place of birth is: Saxton, Missouri (Scott County)

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

Thank you.

Sincerely, James H. Hawkins
James Hawkins
(name)
7 North Russell Apt. #1
(address)
Portland, Oregon 97227

9/9/71
(date)

TO: Portland Development Commission

The records of this office indicate that James Hawkins, is entitled to receive monthly benefits in the amount of \$ 90.30; and that adequate documentation has been provided to verify this person's birth date as stated above, or, if different from the date above, as 01/71

SOCIAL SECURITY ADMINISTRATION
by Linda DeRye

Mr Hawkes
Dwelling Unit Inventory

T. N. Russell

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

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

Miscellaneous (List Items)

1. Whist. watch Longines taken to
wallet hospital

5 Suits Clothes

1 P. Shoes

1 Zenith Radio

1 Bond Long. 11/4/72

All belonging received
from T. N. Russell ST.

COMMENTS:

PORTLAND DEVELOPMENT COMMISSION

STATE OFFICE
EMANUEL HOSPITAL PROJECT
225 N. MONROE ST.
PORTLAND, OREGON 97201
PHONE 255-9150

September 1, 1971

Mr. James L. Hawkins
7 N. Russell
Portland, Oregon

Dear Mr. Hawkins:

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

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

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

Please check with us before making any move. If you are unable to call during our regular office hours - 9:30 a.m. to 5:00 p.m., Monday through Friday, an alternate appointment can be arranged by calling 255-9150. Our office is located at 225 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin S. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure

I hereby acknowledge receipt of the Portland
Development Commission INFORMATIONAL STATEMENT.

James H. ...

Signature

1/14/72

Date

PDC-R27
9/8/66

USING RESOURCES SURVE

RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF
EMANUEL HOSPITAL PROJECT AREA

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

Analyst J.C. Date of survey 2/15/71 Tabulator _____ Date tabulated _____
Dwelling Unit No. 6 Structure No. 3 Census Block No. 78 Census Tract No. 22A
Street Address 7 N Russell Apartment No. 1

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

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

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

Name	Family relation	Age	Sex	Occupation
1. <u>Hawkins James</u>	Head of household	<u>40</u>	<u>M</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

Names of jobholders	Names of employers	Street address where jobs are located	to work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Names of persons in this household who have income from any source	Amount of income per month	
	In month before this survey	In an average month during 1970
<u>1 job. est</u>	\$ _____	\$ <u>150.00</u>
<u>Total family or household income per month</u>	\$ _____	\$ <u>150.00 est</u>

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

1. Location (indicate approximate cross streets) _____
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 _____, kitchen _____, dining room _____, living room _____, number of bathrooms _____, 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

Date _____

Analyst _____ Surveyed _____ Tabulator _____ Date _____
 Dwelling Unit No. 6 Structure No. 3 Census Block No. 72 Census Tract No. 22 A
 Street Address 7 N Russell Apartment No. 1
 Legal Description _____

NAME OF OCCUPANT: James Hawkins NAME & ADDRESS OF OWNER: Steven Mathieu NAME & ADDRESS OF PROP. MGR: _____
7 N Russell #1 302 Pacific Pkwy. _____
 TELEPHONE: _____ TELEPHONE: 228-5219 TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

<u> </u> One-family house	<u> </u> No. of units in bldg.
<u> </u> Apt. in a house	<u> </u>
<u> </u> Apt. in apt. bldg.	<u> </u>
<input checked="" type="checkbox"/> Apt. in comm. bldg.	<u>9</u>
<u> </u> Mobile home or trailer	<u> </u>

This structure has stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

 Owner occupied
 Renter occupied
 Vacant

III. SIZE OF DWELLING UNIT

 Sq. ft. in first floor (county figure)
13130 Sq. ft. in dwelling unit (if more than 1 floor)
1 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
0 No. of bathrooms
0 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
3/30/67 Date of last appraisal
1894 Date structure was originally built
 Date of any major alterations

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>10,400</u>	\$ _____
Improvements	<u>14,560</u>	_____
Total	<u>24,960</u>	_____

6565 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	\$ _____	_____	\$ _____
Electricity	_____	\$ _____	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Heat (oil, or other)	_____	_____	_____
Total	\$ _____	\$ _____	\$ <u>54.00</u>

Deposits required of renter
 Advance rent \$ _____, other \$ _____
 Rental information obtained from
 Tenant _____, owner _____, manager _____, or
 estimated from assessor's data X.

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

apartment house file

apartment house file