

	DESCRIPTION	ROLL NO	ODOMETER
PARCEL NO. A-4-9	INGRAM, VIRGIE 249 N. COOK		
PARCEL NO. E-3-9	JACKSON, LEWIS 2632 N. KERBY		
PARCEL NO. R-9-1	JONES, LAURA ELIZABETH 3151 N. GANTENBEIN (DECEASED)		
PARCEL NO. A-4-14	JONES, OLLIE 3317 N. VANCOUVER		
PARCEL NO. A-4-7	JONES, ROOSEVELT (VEL) 3316 N. GANTENBEIN		
PARCEL NO. RS 4-9	JOHNSON, CLAUDE E. 7 N. RUSSELL		
PARCEL NO. E-4-8	JOHNSON, LUCILLE 321 N. RUSSELL		
PARCEL NO. A-2-4	JOHNSON, RETTA 3104 N. GANTENBEIN		
PARCEL NO. A-2-4	JOHNSON, SAM 3110 N. GANTENBEIN		
PARCEL NO. A-2-4	LAURENCE, ANN 3110 N. GANTENBEIN		
PARCEL NO. A-2-6	LAWRENCE, EDWARD 217 N. MONROE		
PARCEL NO. A-3-19	LEE, GEORGE 3213 N. VANCOUVER		
PARCEL NO. A-3-19	LEE, ROBERT 3213 N. VANCOUVER		
PARCEL NO. E-4-7	McALLISTER, RAY 423 N. RUSSELL		
PARCEL NO. A-4-4	MACKIE, DAVID C. 260 N. IVY		
PARCEL NO. A-3-13	MARSHALL, JERRY W. 247 N. FARGO		
PARCEL NO. A-3-13	MARSHALL, JOYCE 247 N. FARGO		
PARCEL NO. A-3-13	MARSHALL, L & J BROTHERS BUSINESS 247 N. FARGO		

RESIDENTIAL RELOCATION RECORD

Project Name \_\_\_\_\_ Parcel No. A-2-4 Advisor JCC

Client's Name JOHNSON, SAM Phone \_\_\_\_\_

Address 3110 N GANTENBEIN Ethn W Age 23

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

Family Composition

Economic Data

Total Number in Family 1  
       wife, husband

Employer \$  
Address

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Other Source of Income  
DISABILITY \$ 103 -  
\$ \_\_\_\_\_  
Total Monthly Income \$ (103 - )

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

Presently Receiving Welfare  YES  NO  
Other Assistance \_\_\_\_\_

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

- YES       NO

Date of initial interview 6-16-71 Date of Info pamphlet delivery 6-16-71  
Date Notice to Move given \_\_\_\_\_ 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 5-20-71

Date of Acquisition 9-14-72

Date of letter of intent \_\_\_\_\_

Date of move 5-29-71

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1889

Size of Habitable Area 897

Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 5 Rent Paid \$ 65- Utilities 30-

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

Liens \$ \_\_\_\_\_ (please explain) \_\_\_\_\_

Acquisition Price \$ \_\_\_\_\_ Amenities \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Address 2946 NE 9<sup>th</sup> LPA Referred \_\_\_\_\_ Self Referred

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

Outside city  Outside state

✓ Age of Housing Unit 60 plus

✓ Size of Habitable Area 450

✓ No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ \_\_\_\_\_

Taxes \$ \_\_\_\_\_

RHP or TACO (including incidental costs) \$ \_\_\_\_\_

For Claimants Who Rented

Rent \$ 75<sup>00</sup>

Utilities \$ \_\_\_\_\_

Total Rent Assistance \$ 0

Amount of Annual Payment \$ \_\_\_\_\_

No. of Housing Referrals to: 0

Agency Referrals: 0

\_\_\_\_\_ Standard Sales

\_\_\_\_\_ MCW

\_\_\_\_\_ HAP

\_\_\_\_\_ OTHER ( \_\_\_\_\_ )

\_\_\_\_\_ 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 JOHNSON, Sam Jr. RELOCATION ADVISOR J Crolley  
 ADDRESS 3110 N. Gantenbein PHONE \_\_\_\_\_ PROJECT NAME Emanuel ORE.R-20  
 SEX  M ETHN white VETERAN \_\_\_\_\_ AGE 23 PARCEL NO. A-2-4  
 MARITAL STATUS single TENURE tenant  
 DISABILITY \_\_\_\_\_ X INDIV  FAMILY \_\_\_\_\_  
 ELIGIBLE FOR: PUBLIC HOUSING \_\_\_\_\_ FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT \_\_\_\_\_ OTHER \_\_\_\_\_  
 INITIAL INTERVIEW \_\_\_\_\_ DATE INFO PAMPHLET DELIVERED \_\_\_\_\_  
 NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_

DATE ON SITE: <u>1966</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: _____

ECONOMIC DATA

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other disability \_\_\_\_\_ 103.00  
 TOTAL MONTHLY INCOME \$ \_\_\_\_\_

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	Mobile Home	X	
Private Sales			

Age of Structure 1889 No. Rooms 5  
 No. Bedrooms 2 Furn.   Unfurn    
 Utilities \$ 30.00  
 Monthly Payments (Rent) \$ 65.00  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

Size of Habitable Area 897 sq. ft.

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

AGENCY ACTION:	REASONS:
Appeals	
Evicted	
Refused Assistance	
Address Unknown (tracing)	
Other (death, etc.)	

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In \_\_\_\_\_  
 Address \_\_\_\_\_  
 Reason \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Client Referred \_\_\_\_\_ LPA Referred \_\_\_\_\_  
 Address 2946 N.E. 9th Phone 281-7421 Date of Move May 29, 1971

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

Furnished \_\_\_ Unfurnished \_\_\_ Number of Rooms \_\_\_ Number of Bedrooms 2 Habitable Area \_\_\_  
 Utilities \$ \_\_\_ Monthly Payments (Rent) \$ 75.00 Purchase Price \$ \_\_\_  
 Age of Structure: \_\_\_ Taxes \$ \_\_\_ Equity \$ \_\_\_ Distance Moved Away \_\_\_  
 Name of Moving Company \_\_\_\_\_ Name of Realtor \_\_\_\_\_

BENEFITS RECEIVED

Type	Ck #	Date	Amount	Purchase Price	\$
RHP			\$		
TACO (Rental)			\$	Down Payment	\$
TACO (Rental)			\$	RHP	\$
TACO (Rental)			\$	Total Down	- \$
TACO (Rental)			\$	Total Mortgage	\$
TACO (Sales)			\$		
Fixed Moving	26264 G	7/27/71	\$ 288.00		
Actual Move			\$		
Storage			\$		
Incidental			\$		
Interest			\$		

TOTAL BENEFITS RECEIVED \$ \_\_\_\_\_

REALTOR: \_\_\_\_\_ ESCROW CO. \_\_\_\_\_ OFFICER \_\_\_\_\_

INTERVIEW REGISTER

Date		Relocation Worker
6/16/71	<p>Visited with Sam Johnson to get inventory of his household goods and inspect his new house.</p> <p>He is now married (4/8/71). He works at Barker Manufacturing Corp., N.E. 28th and Oregon at \$2.00 per hour.</p> <p>Rent for the new place is \$75.00 per month (nothing included).</p>	JC
7/23/71	<p>Signed moving expense and dislocation allowance.</p>	
7/29/71	<p>Delivered the check for \$228.00 for moving expense and dislocation allowance. Mr. Johnson was disabled. He has been released by the Doctor and has been accepted by PP &amp; L to take on the job training as a lineman @ \$3.60 an hour.</p>	JC

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

N? 26264 G

DATE July 27, 1971

PAY TO THE  
ORDER OF

Sam Johnson, Jr.

\$288.00

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
		Per claim for relocation payment. Move from 3110 N. Gantenbein - own furniture (A-2-4) to 2946 NE 9th Ave. Fixed payment \$ 88.00 Dislocation allowance <u>200.00</u>	\$288.00

**Account Distribution**

NO.	TITLE	AMOUNT
E1501	Relo Pmts. EH	\$288.00

*Received check Sam Johnson Jr.  
7/29/71*

*BD*

*CRON*

**FOR LOCAL AGENCY USE ONLY**

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

**CLAIM FOR RELOCATION PAYMENT**

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Sam Johnson  
2946 N.E. 9th (upper Apt.)  
Portland, Oregon

NAME OF LOCAL AGENCY


Portland Development Commission

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

A. Does claimant meet all timing requirements for eligibility?  YES  NO  
If "No," explain:

**B. CERTIFICATION**

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

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property			7-27-71
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 88.00		
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

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

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
7/27/71	262646	\$ 88.00			\$

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



**CLAIM FOR RELOCATION PAYMENT**  
 (Families and Individuals)

 HUD-6140.1  
 (4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code)

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

PROJECT NAME (If applicable)

Emanuel Project

PROJECT NUMBER

Ore. R-20

INSTRUCTIONS: If this claim is for a FIXED PAYMENT, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

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

1. FULL NAME OF CLAIMANT

(F)

Sam Johnson

2. DATE(S) OF MOVE

May 29, 1971

3. ADDRESS FROM WHICH YOU HAVE MOVED

(A-2-4)

a. Address

 3110 N. Gantenbein  
 Portland, Oregon

b. Apt., Floor, or Room No. \_\_\_\_\_

c. Was it furnished with your own furniture?

 Yes  No

d. Number of rooms occupied (excluding

bathrooms, hallways, and closets): 5e. Date you moved into this address: 1965

4. ADDRESS TO WHICH YOU HAVE MOVED

a. Address (include ZIP code)

 2946 N.E. 9th (upper Apt.)  
 Portland, Oregon

b. Apt., Floor, or Room No. \_\_\_\_\_

c. Were household goods moved to or from storage?

 Yes  No

 If "Yes," complete Block B on reverse side of  
 this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

 a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property

 b. Fixed Payment (May not be made if storage costs are involved) (4 rooms)

Check c if applicable:

 c. Supplementary claim for reimbursement of storage costs

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)

(4 rooms)

\$ 88.00

## DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT

7. NAME OF MOVING COMPANY (OR PERSON)

8. MOVER'S TELEPHONE NO.

9. ADDRESS AND ZIP CODE OF MOVING COMPANY (OR PERSON)

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

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

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

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

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

\$

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

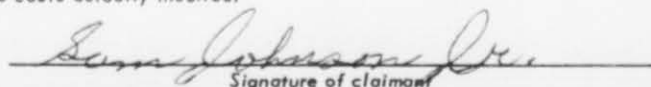
\$

c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)

\$

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

7/23/71  
 Date

  
 Signature of claimant

(Over)

1089

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Sam Johnson  
2946 N.E. 9th (upper apt.)  
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission


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

A. Does claimant meet all timing requirements for eligibility?  YES  NO

If "No," explain:

B. CERTIFICATION

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

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property			7-27-71
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00 **		
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

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

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
7/27/71	262646	\$ 200.00	AD		\$

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

\*\* DISLOCATION ALLOWANCE

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

 HUD-6140.1  
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) <p style="text-align: center;">Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon 97201</p>	PROJECT NAME (If applicable) <p style="text-align: center;">Emanuel Project</p>
	PROJECT NUMBER <p style="text-align: center;">Ore. R-20</p>

**INSTRUCTIONS:** If this claim is for a **FIXED PAYMENT**, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

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1. FULL NAME OF CLAIMANT (F) <p style="text-align: center;">Sam Johnson</p>	2. DATE(S) OF MOVE <p style="text-align: center;">May 29, 1971</p>
3. ADDRESS FROM WHICH YOU HAVE MOVED A-2-4 a. Address <p style="text-align: center;">3110 N. Gantenbein Portland, Oregon</p> b. Apt., Floor, or Room No. <u>House</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>5</u> e. Date you moved into this address: <u>1965</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (Include ZIP code) <p style="text-align: center;">2946 N.E. 9th (upper Apt.) Portland, Oregon</p> b. Apt., Floor, or Room No. _____ c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED Check a or b after consulting local agency: <input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property <input type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved)	Check c if applicable: <input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs <input checked="" type="checkbox"/> <b>DISLOCATION ALLOWANCE</b>
6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)	
	\$ 200.00

**DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT**

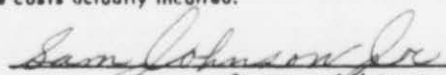
7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NO.	9. ADDRESS OF MOVING COMPANY (OR PERSON)
---------------------------------------	--------------------------	--

10. METHOD OF PAYMENT, MOVING BILL (Check one) <input type="checkbox"/> a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement. <input type="checkbox"/> b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.
--

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

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

7/23/71  
Date

  
Signature of Claimant

(Over)

CLAIM FOR RELOCATION PAYMENT

1. NAME OF CLAIMANT (I) Sam Johnson Jr (F) X
2. DATE OF MOVE MAY 29 1971
3. ADDRESS FROM WHICH YOU HAVE MOVED  
a. Address 3110 N. Gantenbein Parcel No. A-220  
b. Apartment No. \_\_\_\_\_  
c. Client's Furniture? yes ✓ no \_\_\_\_\_ partially \_\_\_\_\_  
d. Number of rooms 5  
e. Date in 1965
4. NEW ADDRESS  
a. Address 2946 N.E. 9th  
b. Apartment No. 4400  
c. Goods moved from storage yes \_\_\_\_\_ no \_\_\_\_\_
5. TYPE OF PAYMENT  
✓ a. Moving expenses and/or loss of property.  
✓ b. Fixed payment.  
\_\_\_\_\_ c. Storage costs.
6. TOTAL CLAIM \$ 88 based on 4 rooms of furniture
7. NAME OF MOVING CO. \_\_\_\_\_ 8. TELEPHONE NUMBER \_\_\_\_\_ 9. ADDRESS \_\_\_\_\_
10. METHOD OF PAYMENT - MOVING BILL ATTACHED: yes \_\_\_\_\_ no \_\_\_\_\_  
\_\_\_\_\_ a. Reimburse claimant.  
\_\_\_\_\_ b. Direct payment to movers.
11. AMOUNT OF ACTUAL COSTS AND/OR LOSS  
a. Moving costs \$ \_\_\_\_\_  
b. Storage costs \_\_\_\_\_  
c. Direct loss of property \$ \_\_\_\_\_

\_\_\_\_\_  
DATE

Dwelling Unit Inventory

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

2 Night Stand  
 Occasional Chair  
2 Overstuffed Chair  
 Overstuffed Rocker  
 Range  
1 Refrigerator: Brand Kelvinator  
 Rocker  
3 Rug & Pad: Size 9x9  
1 Stool  
 Table Lamp & Shade  
 Table, small  
 Vanity & Bench  
4 Suitcases  
1 Trunks  
6 lge Cartons, Boxes, Etc.  
2 boxes Clothes  
4 bx Bedding & Linens

Miscellaneous (List Items)

Typing Table  
T.V. + Stand  
Picture - wall  
Fan  
Book Rack  
Kitchen Stool

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMENTS:

4 rms. furniture  
 1089  
 no dining room furniture

INSPECTED BY <u>J.C.</u>	DATE <u>6-14-78</u>	MET	NOT MET
NAME <u>SAM JOHNSON JR</u>	PHONE <u>281-2421</u>		
ADDRESS <u>7946 N.E. 9th</u>			
HOUSE <u>DUPLEX</u> <input checked="" type="checkbox"/> APT <u>SR</u> <u>HK</u>			
NO. OF ROOMS <u>5</u> COMP FURN <u>      </u> PART FURN <u>      </u> UNFURN <input checked="" type="checkbox"/>			
NO. OF ROOMS ACCESSIBLE BY STAIRS <u>5</u> BY ELEVATOR <u>      </u>			
MANAGER <u>      </u> OWNER <u>      </u>			
RENT <u>200</u> , INCL HEAT <u>      </u> WATER <u>      </u> GAS <u>      </u> GAR <u>      </u> ELEC <u>      </u>			
NO. BRS. <u>2</u> SIZE #1 <u>std</u> #2 <u>std</u> #3 <u>      </u> #4 <u>      </u>			

S  
JC

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

GENERAL REQUIREMENTS:

- |   |   |  |
|---|---|--|
| 1. House must be weatherproof (8-601.6)   | ✓ |  |
| 2. Floors, porches, walls, ceilings and stairs must be in sound and good repair. (8-1001a)  | ✓ |  |
| 3. Doors and hatchways must be in good repair. (18-816)   | ✓ |  |
| 4. Multiple dwellings with more than 50 occupants must have two means of exit. (7.3302c)  | — |  |
| 5. Exits must have direct access to outside or public corridor. (7-3303g)   | ✓ |  |
| 6. Hallways must be lighted adequately --- at least 2' candle power. (8-504d)   | — |  |
| 7. Hallway ventilation must be by windows, doors, outside skylights, ventilation ducts, or mechanical ventilation 5x/hr. (8-504d) |   |  |
| 8. Premises must be free of vermin, rodents, filth, debris, garbage. (8-1001a)  | ✓ |  |
| 9. Heating equipment must be able to maintain 70° at 3' above floor. (8-701a)   | ✓ |  |
| 10. There may be no unvented or open flame gas heaters. (8-701a)  | ✓ |  |

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

EFFICIENCY UNITS:

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

LIVING AREA:

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

BEDROOMS:

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

	MET	NOT MET
26. There must be 50 sq. ' additional for each occupant in excess of two. (8-503b)* No. Brs. <u>2</u> Size: #1 <u>leg</u> #2 <u>leg</u> #3 <u>        </u> #4 <u>        </u> #5 <u>        </u>		

KITCHEN:

27. Plumbing fixtures, including sink, must be of nonabsorbent material with hot and cold running water, properly installed, and in good working condition. (8-505d,c)	✓	
28. A kitchen must have not less than 35 sq. '. (8-503b)	✓	

BATHROOM:

29. Bathrooms must have at least one electric light fixture. (8-701b)	✓	
30. Bathrooms must not open directly off the kitchen. (8-505f)	✓	
31. Bathrooms and toilet rooms must afford privacy. (8-505g)	✓	
32. Dwelling unit must contain at least one bathroom with sink, toilet wash basin, tub or shower properly connected to both hot and cold waterlines with air change once every 5 minutes (8-505a) OR	✓	
33. In buildings with sleeping rooms there must be toilet facilities or one toilet, lavatory, tub or shower for every 10 of each sex, accessible from a public hall.		
34. Plumbing fixtures must be of nonabsorbent material, properly installed, and in good working condition. (8-505d,c)	✓	
35. Water closet compartments must be of approved nonabsorbent material (8-505e)		

BASEMENT:

36. Basement areas more than 50% below grade cannot be used for habitation. (8-401,L) & (8-504a)		
37. Basement areas must be dry and well drained.		

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

<u>No. of Bdrms.</u>	No. of Persons:	
	<u>Min.</u>	<u>Max.</u>
0	1	2
1	1	3
2	2	4
3	4	6
4	6	8
5	8	10

By Number of Persons

<u>No. of Persons:</u>	No. of Bdrms:	
	<u>Min.</u>	<u>Max.</u>
1	1	1
2	1	2
3	1	2
4	2	3
5	3	3
6	3	4
7	4	4
8	4	5
9	5	5
10	5	6

\* Indicates exceptions regarding efficiency units.

COMMENTS:

On January 2, 1971, the President signed the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. This Act makes significant changes in the relocation payments and assistance that may be provided to persons and business concerns displaced by activities assisted in whole or in part with Federal funds. As you know, the Emanuel Hospital Project is being carried out with assistance from the U. S. Department of Housing and Urban Development (HUD).

In general, the new Act improves and increases relocation payments and assistance that may be made to persons and business concerns displaced on or after January 2, 1971.

Displaced families and individuals may be eligible for either (1) a payment to cover actual reasonable moving expenses or (2) a fixed moving expense allowance not to exceed \$300 plus a dislocation allowance of \$200. In addition, a payment not to exceed \$15,000 is available to assist displaced homeowners in the purchase of a replacement dwelling unit and a payment not to exceed \$4,000 is available to displaced tenants and certain homeowners to assist in the rental of a replacement dwelling unit or, in some cases, for use as a downpayment on the purchase of a replacement dwelling unit. Your special attention is called to the fact that the amounts of payments described above are maximum. The actual amount which you will receive will depend upon your individual circumstances.

Displaced business concerns may be eligible for either (1) a payment to cover actual reasonable moving expenses, direct loss of tangible personal property, and reasonable expenses in searching for a replacement business; or (2) in certain cases, a fixed payment equal to the business concern's average annual net earnings, but not less than \$2,500 nor more than \$10,000.

In addition to these relocation payments, the Act provides for relocation assistance to be provided for those displaced. The objective is to minimize hardships to persons required to relocate and to assure that suitable relocation resources will be available before displacement takes place.

Before any payments may be made under the new Act, HUD must issue the necessary regulations and procedures for making payments. We will continue to make relocation payments and provide relocation assistance in accordance with laws and regulations existing prior to January 2, 1971, until such time as the new regulations and procedures are received.

In the meantime, we have been authorized to make certain payments on an interim basis. Therefore you have the option of either:

1. Accepting an interim relocation payment and filing a revised claim later for any additional amount to which you may be entitled; or
2. Deferring the filing of your claim until the regulations are received which will permit payments to be made.

Please let us know, by checking the appropriate box on the form provided and returning the form to us, the action you wish us to take. We have furnished you with two copies of this form so that you may keep one for your records.

We will be in touch with you again as soon as we have more information regarding our ability to make payment under the new Act. If you have any questions regarding this matter, please get in touch with our Relocation Office. The telephone number is 288-8169.

Sincerely,

Chief of Relocation and  
Property Management

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER J.C. PROJECT NO. R-20 PARCEL A 2.4

NAME Johnson, Sam JR ADDRESS 3110 W. Montebello APT NO. ✓

PHONE — INITIAL INTERVIEW — SEX M W x NW AGE 23

U.S. CITIZEN — ALIEN — VETERAN — SERVICEMAN — DATE ON SITE 6 yrs.

FAMILY COMPOSITION

Name	Relation	Age
<u>LESLIE</u>	<u>WIFE</u>	<u>24</u>

Employer: Name PP+L \$ —  
 Address —  
 MCW — Caseworker —  
 Social Security —  
 Va. — Fed. — Mult Co. —  
 Pension: Name —  
 Other: Name —  
Disability 103.00  
 TOTAL MONTHLY INCOME 103.00

Rent 65.00, Inc. Heat 6.25 Water 1.75 Gas 25.00 Gar — Elec 3.00 Unfurn — Furn — No. Rms 5

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered — by —  
 Notify in case of accident:

Name — Address — Phone —  
 Information Statement given to — on — by —  
 Notice to move given to — on — by —  
 Payments: Amount \$ — Check No. — Date delivered — Moved by self — (or)  
 moved by moving company — (Phone) —

REMOVED FROM CASELOAD: (Date) —  
 Refused assistance —  
 Relocated in:  
 Low-rent public housing —  
 Other perm. public housing —  
 Standard priv. rent. hsg. —  
 Sub-standard priv. rent hgs. with refusal of further aid —  
 Standard sales housing —  
 Sub-standard sales hsg. —  
 Out-of-town —  
 Address unknown, abandoned —  
 Evicted, no further assistance —  
 Other (explain) —

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

FAMILY REFUSED ADDITIONAL ASSISTANCE:  
 Date — Worker —

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: 2946 NE 9th 281-7421  
moved May 29, 1971 Zip — Phone —

**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 GC Date of survey 2/25/71 Tabulator \_\_\_\_\_ Date tabulated \_\_\_\_\_  
 Dwelling Unit No. 12 Structure No. 4 Census Block No. 28 Census Tract No. 22A  
 Street Address 3110 N Goodrich 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>Johnson Sam Jr.</u>	<u>Head of household</u>	<u>23</u>	<u>M</u>	<u>unemployed</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>
_____	<u>Disability</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>\$ 103.00</u>	<u>\$ 300</u>
_____	_____	_____
<u>Total family or household income per month</u>	<u>\$ 103.00</u>	<u>\$ 300.00</u>

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

1. Location (indicate approximate cross streets) NE Irvington
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    , number of bathrooms 1, total sq. ft. in dwelling unit \_\_\_\_\_
7. Other characteristics (W O B I M)

date on site: 6 YRS

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

Analyst OR Date 2/21/71 Surveyed 2/21/71 Tabulator \_\_\_\_\_ Date \_\_\_\_\_  
 Dwelling Unit No. 12 Structure No. 9 Census Block No. 28 Census Tract No. 22A  
 Street Address 3110 N Gantenbein Apartment No. \_\_\_\_\_  
 Legal Description \_\_\_\_\_

NAME OF OCCUPANT: \_\_\_\_\_ NAME & ADDRESS OF OWNER: Sanford O. & Evelyn Spratlan  
3110 N Gantenbein 2625 SW Ravenshaw Dr  
 TELEPHONE: \_\_\_\_\_ TELEPHONE: 222-3249 TELEPHONE: \_\_\_\_\_  
 INTERVIEWED? () Yes ( ) No INTERVIEWED? ( ) Yes ( ) No INTERVIEWED? ( ) Yes ( ) No

**I. DESCRIPTION OF STRUCTURE**

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

This structure has 1 stories (do not count basement)

**II. OCCUPANCY STATUS OF DWELLING UNIT**

Owner occupied  
 Renter occupied  
 Vacant

**III. SIZE OF DWELLING UNIT**

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

**IV. ASSESSOR'S MARKET VALUATION DATA**

A. Dates or period of time  
1971 Period market value data applicable  
5/8/67 Date of last appraisal  
1889 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>2490</u>	\$ _____
Improvements	<u>1240</u>	_____
Total	<u>3730</u>	_____

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

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

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

**V. RENTAL RATE FOR THIS RENTED UNIT**

Monthly average	Cash rent	Utilities	Total paid by renter
Rent	\$ <u>65.00</u>	_____	\$ _____
Electricity	_____	\$ <u>3.00</u>	_____
Gas	_____	_____	_____
Water	<u>5.25</u>	<u>1.75</u>	_____
Heat (oil, or other)	<u>6.00</u>	<u>25.00</u>	_____
Total	\$ <u>65.00</u>	\$ <u>29.75</u>	\$ <u>94.75</u>

Deposits required of renter  
 Advance rent \$ 65.00, other \$ \_\_\_\_\_

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

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

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

**VII. REMARKS**

**PORTLAND DEVELOPMENT COMMISSION**

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

May 20, 1971

Mr. Sam Johnson, Jr.  
3110 N. Gantenbein  
Portland, Oregon

Dear Mr. Johnson:

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 come during our regular office hours - 8:30 a.m. to 5:00 p.m., Monday through Friday, an alternate appointment can be arranged by calling 288-8169. Our office is located at 235 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

**Benjamin C. Webb  
Chief, Relocation and  
Property Management**

BCW:ch  
Enclosure

1 1-00990-0290 SPRATLEN, SANFORD O & EVELYN L 12

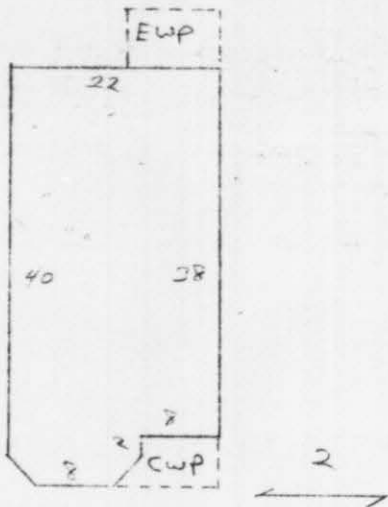
MAP: 2730  
 ZONE: A25  
 RATIO: 1401  
 LVY C: 001

2625 SW RAVENSVIEW DRIVE  
 PORTLAND, OREGON 97201

ALBINA ADD	LOT	BLOCK
S 23' OF	8	2
N 4' OF	9	2

PROPERTY ADDRESS: 3110 N GANTENBEIN AVE  
 PORTLAND

APPEALS:



3110 N. Gantenbein AVE OR ST  
 FRONT OF BUILDING



SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS. YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGHT DATE
1968			2400	1200	3600	
1971			2,490	1240	3,730	UD

PLANT 6/4

NOT BEST LAND USE

CAU 6/1

2/3/27

DATE	CHECKED	REVIEWED	BLDG. COUNT	INDEX	RE-CHECKED	DEPUTY NOTIFIED
2-20-68		325 68				
		Craker				





Assessor's records filed in

apartment house file