

	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		

LAURA JONES

JONES — Laura  
VANNS MORTUARY  
5211 N Williams 781-2836

THE OREGONIAN, MONDAY, JULY 29, 1974

RESIDENTIAL RELOCATION RECORD

Project Name Emanuel Parcel No. R-9-1 Advisor AC  
 Client's Name JONES, LAURA E Phone \_\_\_\_\_  
 Address 3151 N GANTENBEIN Ethn B Age 68

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

Family Composition

Total Number in Family 1  
 \_\_\_\_\_ wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Economic Data

Employer \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 Other Source of Income  
SS \$ 89.-  
VA \$ 63.30  
 Total Monthly Income \$ (152.30)

- 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 12-21-71 Date of Info pamphlet delivery 12/21/71  
 Date Notice to Move given \_\_\_\_\_ 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 15 yrs  
11-25-71  
1-26-72  
 Date of Acquisition 2-11-72  
 Date of letter of intent \_\_\_\_\_  
 Date of move 3-20-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1900

Size of Habitable Area 803

Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 4 Rent Paid \$ 40 Utilities \_\_\_\_\_

Number of Bedrooms 1 Monthly Housing Payments \$ 4 Taxes \_\_\_\_\_

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

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

REPLACEMENT DWELLING UNIT

Address 315 N. Alberta #76 LPA Referred  Self Referred \_\_\_\_\_

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

Outside city  Outside state

Age of Housing Unit 15 yrs

Size of Habitable Area 500

No. of Rooms 3 No. of Bedrooms 1

For Claimants Who Purchased

For Claimants Who Rented

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

Rent \$ 40.00

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

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

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

Total Rent Assistance \$ 2,907.84

Amount of Annual Payment \$ 726.96

No. of Housing Referrals to:

Agency Referrals:

RENT

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

\_\_\_\_\_ MCW

HAP

OTHER ( SUP. )

\_\_\_\_\_ 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 Jones, Laura Elizabeth RELOCATION ADVISOR Anne Cathcart  
 ADDRESS 3151 N. Gantenbein PHONE 288-3255 PROJECT NAME Emanuel R-20  
 SEX F ETHN black VETERAN \_\_\_\_\_ AGE 68 PARCEL NO. R-9-1  
 MARITAL STATUS widow TENURE tenant  
 DISABILITY \_\_\_\_\_ INDIV  FAMILY \_\_\_\_\_  
 ELIGIBLE FOR: PUBLIC HOUSING \_\_\_\_\_ FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT  OTHER \_\_\_\_\_  
 INITIAL INTERVIEW 12/21/71 DATE INFO PAMPHLET DELIVERED \_\_\_\_\_  
 NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY Mrs. Warren 36 N. Cook 287-9063

DATE ON SITE: <u>15 years</u>
INITIATION OF NEGOTIATIONS: <u>11-23-71</u>
DATE OF ACQUISITION: <u>1-26-72</u>

ECONOMIC DATA

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW \_\_\_\_\_  
 Social Security \_\_\_\_\_ 89.00  
 Pension \_\_\_\_\_  
 Other V. A. 63.30  
 TOTAL MONTHLY INCOME \$ 152.30

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1900 No. Rooms 4  
 No. Bedrooms 1 Furn. \_\_\_\_\_ Unfurn. \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Monthly Payments (Rent) \$ 40.00  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

Size of Habitable Area 400 sq. ft.

HOUSING REFERRALS

Address	Bedrooms
HAP	
Rent supplement, 236; sent current list of available housing	

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 315 N. Alberta Apt. 76 Phone 288-3255 Date of Move 3-20-72

WHERE RELOCATED:

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

Furnished \_\_\_ Unfurnished \_\_\_ Number of Rooms 3 Number of Bedrooms 1 Habitable Area \_\_\_\_\_

Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ 40.00 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)	351 EH	3/22/72	\$ 708.27
TACO (Rental)	707 EH	3-7-73	\$ 726.96
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	339EH & 316 EH		\$ 420.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_

RHP \$ \_\_\_\_\_

Total Down - \$ \_\_\_\_\_

Total Mortgage \$ \_\_\_\_\_

TOTAL BENEFITS RECEIVED \$ 1128.27

TOTAL: \$2,907.84

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

INTERVIEW REGISTER

Date

Relocation  
Worker

Assistance TACO payment is being processed.

AC

3/28

TACO payment delivered. Warent #351 EH \$726.96 less \$18.69 rent. Mrs. Jones seemed really weak today. She had to stop several times to and from the bank. We stopped to buy her a hot sandwich. Her apartment is all settled now. It looks neat and clean and comfortable. Her granddaughter brings her hot dinners.

File Closed.

AC

3-2-73

Inspection on Mrs. Laura Jones' apt. FHA rent supplement unit at 315 N Alberta (Park - Terrace) Apartments. Mrs. Jones is temporarily in a Rehabilitation Center for the time being, however, she still occupies standard housing. Mr. Issiac Payne guardian for Mrs. Jones accompanied me to see the client at 607 N. Cook St. to witness her signature.

AG

3-9-73

Mr. Payne (Guardian for Mrs. Jones) and I delivered second annual TACO payment of \$726.96. Warrant No 707 EH for move from 3151 N. Gantenbein Parcel R-9-1 to 607 N. Cook. Signature of client on receipt of check.

AG

2/26/74

*Claim filed for 3rd Annual TACO payment signed by Mrs Jones in the presence of Issiac Payne her guardian.*

3/19/74

*Received check warrant NO. 909 EH. payable to Laura Jones for the 3rd Annual TACO payment.*

3/21/74

*Delivered check NO. 909 EH. to Mrs Jones. Signature on receipt of check.*

## INTERVIEW REGISTER

Date

Relocation  
Worker

will give us a call as soon as possible.

Mrs. Warren has told Mrs. Jones to begin getting her things together. They both understand that the unit is not committed to Mrs. Jones, though.

3/16/72

On February 23, I was informed by Mrs. Gardener that Mrs. Jones could have the unit at Park Terrace. I proceeded to gather together Mrs. Jones' income verifications and letters and FHA 2501 form to submit to Mrs. Gardener. On Friday, February 25, Mrs. Jones and I went to Park Terrace intending to see the unit. Mrs. Gardener was sick, and we were told that the unit was not yet ready to be shown.

Mrs. Jones has a granddaughter living in the project. She is delighted also to be on the same busline as she would have been on had she lived at Alpha. The Vancouver bus goes right by her church (Vancouver Avenue Baptist Church.) We ended the day by getting Mrs. Jones a hot lunch from the Speck. As we came back to the house, Mr. Gordan arrived on his bi-weekly visit. He keeps Mrs. Jones' savings passbook and other papers which she is afraid to keep in her apartment. He also takes her down for her pills and to cash her checks.

We received FHA approval for Mrs. Jones to live at Park Terrace at \$40 per month, which includes utilities.

Mrs. Jones does not want to move until her March checks have come, because she is afraid of vandalism. She made arrangements to move at 1:00 p.m. on March 20. She had received a \$200 dislocation allowance check to make her security deposit (\$25) on her new apartment. I shall take her to the bank Monday and to Park Terrace to get her key. She will arrange to cut off the utilities that day and to have the gas company pick up their rental unit.

When Mrs. Jones has to verify her income again, she should use the following identification numbers for her grandson's verteran's insurance check:

X-C 4877-479: V. A. Claim number  
V-1491-4079 - Insurance number

Grandson: Walter Leslie Portlock.- Mail to local V. A. contact office.

3/20

Took Mrs. Jones to bank to deposit her moving check and to cash her dislocation allowance check. Went to Park Terrace to pick up her key and to pay rent for remainder of March. Bought a hot lunch for her to take home to eat while waiting for the movers to come.

Mrs. Ella Gordon (289-1010) is Mrs. Jones' daughter. She supervised the moving and got her mother settled in the new apartment. I was worried that Mrs. Jones would tire herself out. She is so weak. However, she's fine. Signed release of property.

3/21

Checked with Mrs. Jones to make sure her phone had been connected. It had. She now has a green phone to match her green rug! The apartment is fairly spacious and she seems to enjoy it. It is clean and light, too. Mrs. Jones' granddaughter lives in the apartment directly over-head. The granddaughter will now bring her hot meals at night. Mrs. Jones is just delighted with the arrangement. She owns the mail box at 3151 N. Gantenbein. She has a key to it and will watch for the next week or so until she is sure that all her mail is forwarded. Rental



INTERVIEW REGISTER

Date		Relocation Worker
1/16/71	Flyer delivered by Marian Scott. Devout EDPA member. Has to consult Mrs. Warren on everything. Not hostile.	
2/17/71	Survey: refused to talk to PDC. Contact owner and got information he could supply.	JC
12/21/71	Received call from Mrs. Warren, President of the Emanuel Displaced Persons Association, asking me if I would talk with Mrs. Jones about replacement housing. We set up an appointment for Tuesday, December 28. Note to enter through back door.	
12/28	<p>Mrs. Warren was at Mrs. Jones' house when I called. She lives in a downstairs duplex; one bedroom with a total of four rooms with storage in the basement. Mrs. Jones in 68 and while still very capable, she has some trouble moving about (arthritis?). She cannot handle stairs very well at all, and there fore wishes to live on the first floor near a bus line.</p> <p>We went over the relocation benefits due her several times. I explained to Mrs. Warren that Mrs. Jones would not get the full \$4,000 TCO payment. Mrs. Warren understood the formula. I will compute benefits and sent out a form letter with a copy to Mrs. Warren.</p> <p>Mrs. Jones sings in the choir at Vancouver Avenue Baptist Church where Mrs. Warren is the pianist. The two have known each other more than 10 years. Mrs. Jones relies upon Mrs. Warren completely in this relocation matter. Both are easy to work with.</p> <p>Mrs. Jones would like to move to Alpha King Terrace, a 236 Project on Fremont and Vancouver. It is on a busline, near the church, and she knows a tenant there. I will see what can be done. I also suggested sending in an application to BETA II.</p>	
2/16	Will send both women a list of 236 and 221-d-3 projects in the Portland area.	AC
2/16	Social Security Number: [REDACTED]. She was born: 9/20/04 in Mobile, Alabama. He was born 9/5/27 Mobile Alabama. Died 1952. Son: deceased Walter Leslie Portlock; US 56-085-038 Private E/AFS check sent from Philadelphia--may be insurance; veter'n's ins.	
2/16	<p>Have met with Mrs. Jones and Mrs. Warren several times about different housing projects. Mrs. Jones soon settled on either Park Terrace at 315 N. Alberta or Alpha Development at 233 N. Fremont. She has friends in both of these projects.</p> <p>The managers were notified of this but could not say when a unit would be ready. The turnover rate is very low for both of these projects.</p> <p>I began working on Mrs. Jones' income verification, which I knew she would need when she gets a unit. She thought she would wait until her February checks came, to get me her deceased son's pension identification number. Well, she forgot! Mrs. Warren helped her search her papers and found the number. I mailed in the requests for verification today.</p> <p>Mrs. Helen Gardner, the manager of Park Terrace, reported that she thinks there is a <u>very</u> good chance that she'll have a unit ready for Mrs. Jones on March 1st. Mrs. Gardner can be reached at 282-6111. She</p>	

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 909 EH

DATE March 19, 19 74

PAY TO **Laura Jones**

\$ **726.96**

**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 3151 N. Gantenbein (Parcel R-9-1).  Total approved <span style="float: right;">\$2,907.84</span> Third annual payment	\$726.96
<i>Laura E. Jones</i> 3-21-74			

**Account Distribution**

NO. TITLE AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: R-9-1

PAYABLE TO: Laura Jones

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 \$2,907.84 Annual amount	\$ 726.96
<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 Laura Jones Less - \$ \_\_\_\_\_\*

Move from 3157 N. Lantier Total \$ 726.96

Accounting: Indicate symbol and Accounting No.  
0600 Relocation Payment; EGO 901 Project Cost \*( 726.96 )  
18

*ok/me*

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon  
(Relocation Advisor)

DATE February 26, 1974

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

RE: Laura Jones (Emanuel)  
(Displacee)

315 N. Alberta  
(Address)

No. 3rd  
(annual payment)

\$ 726.96  
(amount)

March, 1974  
(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. #76

Date Inspected: \_\_\_\_\_ Condition:  Standard  Substandard

If substandard: (1) Date reinspected and found standard \_\_\_\_\_

or (2) Displacee notified of ineligibility:  yes  no

Comments: Mrs Jones still remains in FHA  
Rent supplement housing and is in standard  
Condition.

SIGNED: X Laura E. Jones  
(Displacee)

SIGNED: Alma Gordon  
(Relocation Advisor)

DATE: 2/28/74

DATE: Feb. 28, 1974

TO: Bob Douglas

DATE: 3 - - 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: Laura Jones

PROJECT: Emanuel R-20

FOR: 2nd Annual TACO Payment

AMOUNT: \$726.96

SIGNED: \_\_\_\_\_

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

Name of Claimant Laura Elizabeth Jones

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: 1957  
Month-Day-Year

Date of Acquisition: 2-11-72  
Month-Day-Year

Owner-Occupant's initial date of Ownership: N/A  
Month-Day-Year

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: 1957  
Month-Day-Year

Date of Initiation of Negotiations: 1970  
Month-Day-Year

3. Has the replacement housing been inspected and found to be standard? (Attach a copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.)  Yes  No  
Date previously substandard dwelling was inspected and found to be standard: \_\_\_\_\_  
Month-Day-Year

4. **CERTIFICATION OF LOCAL AGENCY**

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ 2,907.84 is authorized.

3-21-74  
Date

[Signature]  
Authorized Signature

5. **RECORD OF PAYMENTS**

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

① 1st Year \$726.96

2nd Year

3rd Year

4th Year

Date of Payment

Check Number

Amount

3/22/72

351 EH

\$ \_\_\_\_\_

\$ 726.96 LESS 18.69 RENT DUES 709.27

3/7/73

207 EH

726.96

3/19/74

909 EH

726.96 18

b. Claimant moved to unit he purchased

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

c. Homeowner temporarily displaced

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

① RENT ASSISTANCE PAYMENT \$ 726.96

LESS RENT DUE LPA

18.69

AMOUNT OF CHECK

\$709.27

INSPECTED BY Anno Cathcart DATE 2-20-72 MET NOT MET  
 NAME Laura Elizabeth Jones PHONE 288-3255  
 ADDRESS 315 N. Alberta #76  
 HOUSE \_\_\_\_\_ DUPLEX \_\_\_\_\_ APT X SR \_\_\_\_\_ HK \_\_\_\_\_  
 NO. OF ROOMS 3 COMP FURN \_\_\_\_\_ PART FURN \_\_\_\_\_ UNFURN X  
 NO. OF ROOMS ACCESSIBLE BY STAIRS 0 BY ELEVATOR 0  
 MANAGER Mrs. Helen Gardener OWNER (Park Terrace)  
 RENT 40, INCL HEAT X WATER X GAS \_\_\_\_\_ GAR \_\_\_\_\_ ELEC X  
 NO. BRS. 1 SIZE #1 15x20 #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

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. _____ Size: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____	✓	
<b>KITCHEN:</b>		
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)	✓	
<b>BATHROOM:</b>		
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)	✓	
<b>BASEMENT:</b>		
36. Basement areas more than 50% below grade cannot be used for habitation. (8-401,L) & (8-504a)	n/a	
37. Basement areas must be dry and well drained.	n/a	
<b>SPACE REQUIREMENTS FOR STANDARD HOUSING</b>		
1. Opposite sex children may not share a bedroom with a child over six (6) years of age.	n/a	
2. Husband and wife should not share a bedroom with a child over three (3) years of age.	n/a	



3.\* Chart of bedrooms needed:

By Bedroom

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

By Number of Persons

No. of Persons:	No. of Bdrms:	
	Min.	Max.
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:

FHA 236 rehab or 221-d-3 rehab.  
Rent supplement unit.

**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**

JONES, Laura Elizabeth

\_\_\_\_\_ Family  Individual

**2. DWELLING UNIT FROM WHICH YOU MOVED**

PARCEL NO. R-9-1

a. Address: 3151 N Gantenbein  
Portland 97227

b. Apartment or room number: Downstairs

c. Number of bedrooms: 1

d. Monthly rental: \$ 40 (plus  
e. Date you moved out of this utilities)  
dwelling: 3/20/72  
Month-Day-Year

**3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)**

a. Address (include ZIP Code):  
315 N. Alberta, Portland 97217

b. Apartment or room number: 76

c. Number of bedrooms: 1

d. Monthly rental: \$ 40 (includes  
e. Date you moved into this utilities)  
dwelling: 3/20/72  
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.

March 13 1972  
Date

Laura E. Jones  
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:

Laura Elizabeth Jones  
3157 N. Cantonbein

COMPUTATION PREPARED BY:

Anne Cathcart  
Name  
1-3-71  
Date

INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved. Complete Block A, B or C, as applicable.

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

Required Information

1. Monthly gross rental for comparable unit \$ 97.75  
(Cost based on:  Schedule for 1-bedroom  
 Comparative  
 Other
2. Base monthly rental for claimant's former dwelling \$ 40.00  
*25% of claimant income = 36.17*

Computation

3. Line 1 minus Line 2, multiplied by 48
 

Line 1	\$ <u>97.75</u>	
Line 2	- \$ <u>40.00</u>	36.17
	\$ <u>57.75</u>	60.58
	x <u>48</u>	
		= 907.84
		\$ <u>277.2</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.) \$ 277.2
5. Minus adjustments (Attach full explanation) - \$ 110.00
6. Amount of rental assistance payment *annually*  
(Line 4 minus Line 5) \$ 726.96  
\$ 693.00

(Enter this amount in the space provided in Block 5 on the Guideform Determination of Eligibility for 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.

INSPECTED BY A Gordon DATE \_\_\_\_\_ MET  NOT MET

NAME Laura Jones PHONE \_\_\_\_\_

ADDRESS 315 N. Alberta Apt #76

HOUSE \_\_\_\_\_ DUPLEX \_\_\_\_\_ APT  SR \_\_\_\_\_ HK \_\_\_\_\_

NO. OF ROOMS 3 COMP FURN \_\_\_\_\_ PART FURN \_\_\_\_\_ UNFURN

NO. OF ROOMS ACCESSIBLE BY STAIRS 0 BY ELEVATOR 0

MANAGER Mrs Shombs OWNER (Park Terrace) FHA

RENT \_\_\_\_\_, INCL HEAT \_\_\_\_\_ WATER \_\_\_\_\_ GAS \_\_\_\_\_ GAR \_\_\_\_\_ ELEC \_\_\_\_\_

NO. BRS. 1 SIZE #1 Large #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

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

GENERAL REQUIREMENTS:

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

	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:

*These apartment are rent supplement units.*



March 23, 1972

Mrs. Laura Elizabeth Jones  
315 N. Alberta  
Portland, Oregon 97217

Dear Mrs. Jones:

Enclosed you will find our Warrant No. 351 EH in the amount of \$708.27.

This represents the first of four annual installments of the Rental Assistance Payment to which you are entitled as a result of your displacement from 3151 N. Gantenbein.

To remain eligible for this payment over the next three years, you must continue to occupy standard housing.

Very truly yours,

Benjamin C. Webb  
Chief of Relocation and  
Property Management

BCW/AC:ch  
Enclosure

NOTICE OF RHP-TACO YEARLY PAYMENT

TO:   DATE February 26, 1973  
                    (Relocation Advisor)

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

RE: Laura Jones                    315 N. Alberta, #6 #76  
                    (Displacee)                    (Address)

No. 2nd                    \$ 726.96                    3/13/73  
                    (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 Park Terrace Apt

Date Inspected:                      Condition:  Standard  Substandard

If substandard: (1) Date reinspected and found standard FHA Rent supplement  
or (2) Displacee notified of ineligibility:  yes  no

Comments: Mrs Laura Jones still occupies standard  
FHA Rent supplement housing

SIGNED: Laura E. Jones                    SIGNED: Alma Gordon  
                    (Displacee)                    (Relocation Advisor)

DATE: 3-2-73                    DATE: 3-2-73

-----

TO: Bob Douglas                    DATE:                     

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: Bob Douglas

PROJECT: Emanuel

FOR: Laura Jones

AMOUNT: 726.96

SIGNED: Alma Gordon  
                    

*WAG*

0600 E60 901

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: R-9-1

PAYABLE TO: Laura Jones

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 <del>\$2907.84</del> Annual amount <sup>2.46</sup> \$ <u>726.96</u>	\$ <u>726.96</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 Laura Jones

Move from 3151 N. Gartenbein

*ME*

Less - \$                      \*

Total \$ 726.96

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

2nd Annual TACO

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 707 EH

DATE March 7, 1973

PAY TO **Laura Jones**

\$ 726.96

DOLLARS

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**  
 AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		<p>Reimbursement per Claim for RHP for Tenants filed. Move from 3151 N. Gantenbein (Parcel R-9-1).</p> <p>Total approved <span style="float: right;">\$2,907.84</span></p> <p>2nd annual payment <span style="float: right;"><u>\$726.96</u></span></p> <p style="text-align: right;"><i>Received by Laura E. Jones Date 3/9/73</i></p>	

**Account Distribution**

March 21, 1972

Sandi Cannucci

Anne Cathcart

3151 N. Gantenbein

Enclosed please find two pass keys to the back door of 3151 N. Gantenbein and one gray key (#562) to the front door.

The locked mail box on the front porch belongs to Mrs. Jones. She will check the box for the next week or so in case some of her mail is not forwarded to 315 N. Alberta, #76.

Mrs. Jones has "signed off" on the property. She states that the stove and gas heater belong to the former owner.

AC:ch  
Enclosure

DATED this 20 day of March 19 72.

The undersigned does hereby consent and agree that all personal property left by me in the premises at \_\_\_\_\_  
3151 N. Bantersheim, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

Lama E. Jones  
(firm name)

<sup>BY</sup>  
Witness: Ann Cathcart

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 351 EH

DATE March 22, 19 72

PAY TO **Laura Elizabeth Jones**

**\$708.27**

**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 relocation per claim filed. From 3151 N. Gantenbein (R-9-1) to 315 N. Alberta.  1st annual payment on \$2,907.84 rental assistance <span style="float: right;">\$726.96</span> Less rent due PDC <span style="float: right;"><u>(18.69)</u></span>	<span style="font-size: 1.2em;"><b><u>\$708.27</u></b></span>

**Account Distribution**

NO.	TITLE	AMOUNT
E 1122	A/C Rec. - Tenants	(\$ 18.69)
E 1501/01	Relo. Pmt. (RHP)	726.96

*AL*

*BJ*

March 16, 1972

Mrs. Laura Elizabeth Jones  
3151 N. Gantenbein  
Portland, Oregon 97227

Dear Mrs. Jones:

Enclosed you will find our Warrant No. 339 EH in the amount of \$220.00.

This represents a fixed payment to cover the cost of moving your household goods from your present address to 315 N. Alberta.

Very truly yours,

Benjamin C. Webb  
Chief of Relocation and  
Property Management

BCW/AC:ch  
Enclosure



**PORTLAND DEVELOPMENT COMMISSION**  
 1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 339 EH

DATE March 15, 19 72

PAY TO **Laura Elizabeth Jones**

\$ **220.00**

**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 for relocation per claim filed from 3151 NE Gantenbein (Par R9-1) to 315 N Alberta - Fixed payment	\$220.00

**Account Distribution**

NO.	TITLE		AMOUNT
E1501/01	Relo Payment Fixed - Ind.	EH	\$220.00

AC

*Am WA*

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 \_\_\_\_\_ Family  Individual  
Laura Elizabeth Jones

2. DATE(S) OF MOVE  
March 20, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. R-9-1

a. Address 3151 N. Gantenbein,  
Portland, Oregon

b. Apartment, Floor, or Room Number \_\_\_\_\_

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

d. Number of rooms occupied (ex-  
cluding bathrooms, hallways,  
and closets): 5

e. Date you moved into this  
address: 1957

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) \_\_\_\_\_  
315 N. Alberta, Portland 97217

b. Apartment, Floor, or Room Number 76

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	<u>\$200.00</u>	<u>pd</u> 2/29/72 Warrant #316 EH
Fixed Moving Payment (Consult local agency)	<u>220.00</u>	
		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.

March 13 1972  
Date

Laura E Jones  
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:

Laura Elizabeth Jones  
3151 N. Gantenbein  
Portland, Oregon 97227

NAME OF LOCAL AGENCY:

Portland Development Commission

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

1. Does claimant meet basic eligibility requirements?  Yes  No

If "No," explain:

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

Date items inspected: 12-28-71  
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>		 #316 EH 750W	
2. Dislocation allowance \$ <u>200.00</u> Pd. 2/29/72 Warrant			
3. Total \$ <u>220.00</u>	<u>220</u>		<u>3-13-72</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
		\$			\$

March 1, 1972

Mrs. Laura Elizabeth Jones  
3151 N. Gantenbein  
Portland, Oregon 97227

Dear Mrs. Jones:

Enclosed you will find our Warrant No. 316 EH in the amount of \$200.00.

This represents a dislocation allowance under a hardship situation.

Very truly yours,

Benjamin C. Webb  
Chief of Relocation and  
Property Management

BCW/AC:ch  
Enclosure

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 316 EH

DATE February 29, 1972

PAY TO Laura Elizabeth Jones

\$ 200.00

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 for relocation payment for tenants per claim filed. From 3151 N. Gantenbein (Parcel R-9-1).  Dislocation allowance	\$200.00

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (EH) (Fixed payment - Family)	\$200.00

*AC*

*Plus*

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 \_\_\_\_\_ Family  Individual   
 Laura Elizabeth Jones

2. DATE(S) OF MOVE \_\_\_\_\_

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. R-9-1  
 a. Address \_\_\_\_\_ d. Number of rooms occupied (excluding bathrooms, hallways, and closets: 5  
3151 N. Gantenbein, Portland  
 b. Apartment, Floor, or Room Number \_\_\_\_\_  
 c. Was it furnished with your own furniture? e. Date you moved into this address: 15 years ago  
 Yes  No

4. DWELLING UNIT TO WHICH YOU MOVED  
 a. Address (include ZIP Code) \_\_\_\_\_ c. Were household goods moved to or from storage?  
315 N. Alberta, Portland 97217  Yes  No  
 b. Apartment, Floor, or Room Number \_\_\_\_\_  
 If "Yes", complete table, "Statement of Claim for Storage Costs"

5. TOTAL CLAIM (if 5 b. marked above)  
 Dislocation Allowance \$200.00 (Hardship)  
 Fixed Moving Payment -0-  
 (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.

X 2/24/72  
 Date

X Laura E. Jones  
 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:

Laura Elizabeth Jones  
315 N. Alberta  
Portland, Oregon 97217

NAME OF LOCAL AGENCY:

Portland Development Commission

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

1. Does claimant meet basic eligibility requirements?  Yes  No

If "No," explain:

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

Date items inspected: 2-25-72  
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:

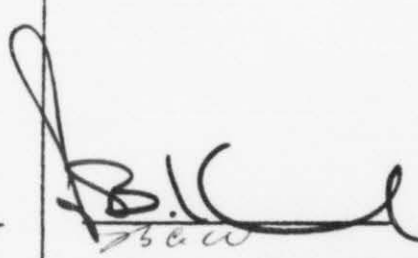
4. CERTIFICATION

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 <sup>1/</sup>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment      \$ <u>-0-</u>			<u>2-29-72</u>
2. Dislocation allowance      \$ <u>200.00</u> (Hardship)			
3. Total                      \$ <u>200.00</u>	\$ <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	_____	_____	_____

<sup>1/</sup> 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
<i>AC</i> <i>55</i> 2-29-72	316 EH	\$ 200.00			\$

**EMANUEL HOSPITAL URBAN RENEWAL PROJECT**  
**RELOCATION SITE OFFICE**  
**235 N. MONROE**  
**288-8169**

Date March 13th 1972

To Laura Elizabeth Jones

Address 3151 N. Gantenbein

City Portland, Oregon 97227

<i>RENT</i>	March 1, 1972 through March 20, 1972	\$ 26.67
	less: credit on account	7.98
	Balance due through March 20, 1972	\$ 18.69

*Deduct from  
 Replacement Housing  
 Payment for Tenants  
 and Certain Others  
 L. E. Jones*

NOTICE OF ACQUISITION OF PROPERTY

TO: Site Manager

Date February 14, 1972

FROM: Real Estate Supervisor

EMANUEL HOSPITAL PROJECT

Parcel No. R-9-1 Date Acquired By Deed: February 11, 1972

Type(s) of Unit 1½-story Duplex ( ) Vacant (X) Occupied

Property Address 3151 N. Gantenbein Avenue

Seller's Name and Address PHILLIPS, Clester F. and Dorothy L.  
3704 N. Gantenbein Avenue

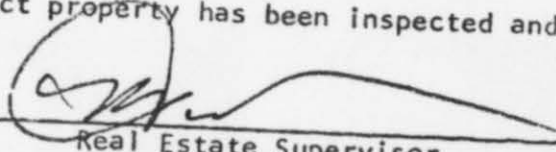
Seller's Agent and Address \_\_\_\_\_

Amount still held in escrow \$ None ( ) Seller's Rental Statement attached

Please sign and return duplicate copy when subject property has been inspected and accepted.

cc: Executive Director  
Project Engineer

Signed

  
Real Estate Supervisor

PDC-RE-8  
4/15/68

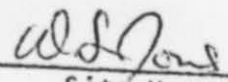
TO: Real Estate Supervisor

Date 2/15/72

FROM: Site Manager

The subject property has been inspected and accepted by the Relocation and Property Management Section. Additional charges, if any, to be collected from final funds due Seller are as follows: (Keys, additional prepaid rents, damages, etc.)

Signed

  
Site Manager

PDC-RE-8  
7/1/70

February 14, 1972

Mrs. Gardner, Manager  
Park Terrace  
315 N. Alberta  
Portland, Oregon 97217

Dear Mrs. Gardner:

This is to verify that Mrs. Laura E. Jones of 3151 N. Gantenbein Street, Portland, Oregon, is being displaced by governmental action and must vacate on/or before May 11, 1972.

We would appreciate any assistance you would be able to give this displacee.

Very truly yours,

Benjamin C. Webb  
Chief of Relocation and  
Property Management

BCW:AC/ch  
Enclosure

RECEIVED

FEB 24 1972

FEB 15 1972  
(Date)

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

Gentlemen:

The Portland Development Commission (has relocated) (will relocate) me from an urban renewal area and, in order to determine my eligibility for certain benefits, would like you to give them the amount of my monthly Social Security benefits.

My Social Security number is [REDACTED].

My birth date is 9/20/1934.

My place of birth is Mobile Alabama.

This will authorize you to give them the information, and to verify my birth date for them as well.

Please send the information directly to the Portland Development Commission, 1700 S. W. Fourth Avenue, Portland, Oregon, 97201.

Sincerely,

Laura E. Jones

To the Portland Development Commission

Gentlemen:

The records of this office indicate that Laura E. Jones (Name) is entitled to receive monthly benefits in the (Social Security Number) [REDACTED] amount of \$ 89.00; and that adequate documentation has been provided to verify this person's birth date as stated above, or, if different from the above date, as 9/20/04.

D. Crowell Service  
(Authorized Signature) Representative

PDC R-34 (9/24/69)  
ERW

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
FEDERAL HOUSING ADMINISTRATION

CERTIFICATE OF ELIGIBILITY  
Under Section 221 of the National Housing Act

FHA FORM NO. 3476  
Rev. 2/65

PART I - STATEMENT OF APPLICANT

INSTRUCTIONS: This Certificate should be shown to a lender in making application for mortgage insurance under Section 221, or submitted to the owner or managing agent of a property in applying for occupancy in a rental unit built or rehabilitated with the aid of such insurance. It is to be understood that in the case of an application for commitment to insure property under Section 221, the applicant must meet other terms and conditions prescribed by the Commissioner, FHA.

Applicant - Last Name - First - Middle (Print or Type)

JONES, Laura Elizabeth

Present Address (Number, Street, City, County and State)

(Multnomah County)

3151 N. Gantenbein, Portland, Oregon 97227

I hereby Certify to the Federal Housing Administration that the foregoing information is correct, that I am (1) the head of a family or household, or (2) a single person 62 years of age or older, or (3) a handicapped person, and that I have not been previously issued a Certificate of Eligibility under Section 221 of the National Housing Act.

2/24/72  
(Date)

Laura E. Jones  
(Signature of Applicant)

Section 1001 of Title 18 of the United States Code makes it a Criminal Offense to make a wilfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

PART II - STATEMENT OF CERTIFYING OFFICIAL

NOTE: This Certificate makes the holder eligible for consideration to receive the benefits of FHA mortgage insurance under Section 221 of the National Housing Act and is issued to assist in financing the purchase or construction of a dwelling or the renting of a dwelling unit constructed under Section 221, provided all such dwelling units are available under the Section 221 Relocation Housing Program being carried out by the issuing community. This Certificate has no reference or relationship to an applicant's financial qualifications for mortgage insurance. The Certificate is valid for a one-year period beginning with the date of issuance.

I hereby Certify to the Federal Housing Administration, based on information available to me, that the applicant has been or is subject to displacement due to the following Governmental Action. (See supplement to FHA Form No. 3476 for types ((2a, 2b, etc.)) of Governmental action.)

Emanuel Hospital Urban Renewal Project, ORE. R-20. Must move on or before

May 11, 1972.

  
(Signature of Certifying Official)

24 February 1972  
(Day) (Month) (Year)

Executive Director  
(Title of Certifying Official)

24 February 1972  
(Day) (Month) (Year)

Portland Development Commission  
(Name of Local Agency, Department, Bureau, Organization, Etc.)

(CERTIFICATE EXTENSION, IF ANY, ON REVERSE SIDE)

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
FEDERAL HOUSING ADMINISTRATION

CERTIFICATE OF ELIGIBILITY  
Under Section 221 of the National Housing Act

FHA FORM NO. 3476  
Rev. 2/65

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JONES, Laura Elizabeth

Present Address (Number, Street, City, County and State)

(Multnomah County)

3151 N. Gantenbein, Portland, Oregon 97227

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(Date)

(Signature of Applicant)

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Emanuel Hospital Urban Renewal Project, ORE. R-20. Must move on or before  
May 11, 1972.

(Signature of Certifying Official)

(Day) (Month) (Year)

(Title of Certifying Official)

(Day) (Month) (Year)

(Name of Local Agency, Department,  
Bureau, Organization, Etc.)

(CERTIFICATE EXTENSION, IF ANY, ON REVERSE SIDE)

FHA FORM NO. 2501  
Rev. 3/71

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
FEDERAL HOUSING ADMINISTRATION  
**APPLICATION FOR TENANT ELIGIBILITY FOR RENT SUPPLEMENT**

Form Approved  
OMB No. 63-R1098

Project Name and Location: **Park Terrace**  
**315 N. Alberta, Portland, Oregon**

1.  Tenant  
2.  Co-op Member  
3.  Lease/Option

Rent Supp. Contract No. \_\_\_\_\_

FHA Project No. **126-44009-LD**

**PART A - APPLICANT'S STATEMENT:**

1. Name (Head of Family or Household): **Laura Elizabeth Jones**

2. Present Address: **3151 N. Gantenbein**  
**Portland, Oregon 97227**

▲ (Check One)  
 White (Non-minority)  American Indian  Spanish American  
 Negro/Black  Oriental  Other Minority

3. EMPLOYMENT: (1) Occupation-▲ **XXXXXXXXX Head Widow** (2) Social Security Number **[REDACTED]** (3) Years Employed- **Retired now** (4) Employer- \_\_\_\_\_

Spouse \_\_\_\_\_

**4 HOUSEHOLD COMPOSITION AND ANNUAL INCOME:**

NAME	Age	Sex	Relationship	INCOME LAST 12 MONTHS							Total Last 12 Months (Sum of all Entries)	Current Income <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Annual	Income Expected Next 12 Months	FHA Review
				Wages or Salary	▲ RETIREMENT		▲ BENEFIT PAYMENTS							
					1 Social Security	2 Other	1 Disability	2 Unemployment	4 Welfare					
(1) Laura E. Jones	68	F	Husband or Head		1068					760	1828			
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8) TOTAL ▲					1068					760	1828	152	same	

(9) No. in Household ▲ **1** (12) No. of Dependents (Excl. spouse) ▲ **0**

(10) No. of Eligible Minors ▲ **0** (13) No. of Handicapped ▲ **0**

(11) No. of other Minors ▲ **0**

	Income	FHA Review
(14) Total Annual Income (4-(8) (c))	\$ 1828	\$
a. Less: Earnings of Eligible Minors	-0-	
b. Net Annual Income	\$ 1828	\$
(15) Less: No. of Elg. Minors (4-(10) X 300)	-0-	
(16) Adjusted Annual Income	\$ 1828	\$

5. ASSETS: (All Household Members Combined)

(1) Cash on Hand \$ \_\_\_\_\_ (6) Real Estate  
a. Orig. Price \$ \_\_\_\_\_  
b. Unpaid Bal. \_\_\_\_\_  
Equity (a minus b) \_\_\_\_\_ \$ \_\_\_\_\_

(2) Checking Acct. \_\_\_\_\_  
(3) Savings Acct. \_\_\_\_\_  
(4) Bonds or Stocks \_\_\_\_\_  
(5) Other (List) \_\_\_\_\_

(7) Subtotal (All Assets) \_\_\_\_\_ \$ \_\_\_\_\_  
(8) Less: Unpaid Bills (See Instr. 5) \_\_\_\_\_ \$ \_\_\_\_\_  
(9) Total Assets \_\_\_\_\_ \$ \_\_\_\_\_

6. ANNUAL EXPENSE FOR: (a) Disability or Continuing Illness \_\_\_\_\_ \$ \_\_\_\_\_  
(b) Care of Children \_\_\_\_\_ \$ \_\_\_\_\_  
(c) TOTAL UNUSUAL EXPENSE \$ \_\_\_\_\_

7. ELIGIBILITY REQUIREMENTS: (Check Appropriate Box(es)) ▲

1. Physically Handicapped (Either Household Head or Spouse has a physical impairment which (a) is expected to be of long-continued and indefinite duration, (b) substantially impedes his ability to live independently and (c) is of such a nature that such ability could be improved by more suitable living conditions.) Submit letter from Doctor, Clinic, or VA.

2. Sixty-two or Older (Either Household Head or Spouse) Submit Birth Certificate or other evidence

3. Displaced by Government Action Submit Certificate of Eligibility, FHA Form No. 3476

4. Present Housing Substandard -  
1.  Dilapidated Condition 3.  No Private usable Flush Toilet  
2.  No Hot Running Water 4.  No Private Tub or Shower

5. Disaster Victim (Dwelling destroyed or extensively damaged by natural disaster)

6. Military on Active Duty

I hereby certify that the foregoing information is true and complete to the best of my knowledge and inquiries may be made to verify the statements made herein.

Date 2/24/72 Signature of Applicant Laura E. Jones

**WARNING** Section 1001 of Title 18 of the United States Code makes it a Criminal Offense to make a wilfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

**PART B - ELIGIBILITY FOR RENT SUPPLEMENT:**

1. Number of Bedrooms Needed \_\_\_\_\_

2. Area Income Ceiling \_\_\_\_\_ ▲ \$ \_\_\_\_\_

3. Adjusted Annual Income (Part A Item 4(16)) \_\_\_\_\_ \$ \_\_\_\_\_

4. LESS: Unusual Expenses (Part A Item 6(c)) \_\_\_\_\_ \$ \_\_\_\_\_

5. Income for Supplement Payment (3 - 4) \_\_\_\_\_ \$ \_\_\_\_\_

6. Average Monthly Income (Item 5 +12) \_\_\_\_\_ ▲ \$ \_\_\_\_\_

7. Unit Rent Per Month \_\_\_\_\_ ▲ \$ \_\_\_\_\_

8. Applicant's Share (25% of Item 6 or Welfare Rent Allowance if larger) \_\_\_\_\_ ▲ \$ \_\_\_\_\_

9. Amount of Rent Supplement (7 - 8) \_\_\_\_\_ ▲ \$ \_\_\_\_\_

**RECOMMENDED FOR APPROVAL**

Date \_\_\_\_\_ Signature \_\_\_\_\_ (Housing Owner or Manager)

10. Applicant occupied unit No. ▲ \_\_\_\_\_ on ▲ \_\_\_\_\_ (Date)

Address \_\_\_\_\_

▲ Type of Structure: ▲ Size of Unit:

1.  Elevator 1.  One Bedroom 4.  Four Bedrooms or more  
2.  Walk-up or Garden 2.  Two Bedrooms 5.  Efficiency  
3.  Single Family 3.  Three Bedrooms 6.  Other \_\_\_\_\_

11.  Applicant did not move in and Application is Cancelled. (Check Box and Sent to FHA)

12. CERTIFICATE OF ELIGIBILITY:  
The above information has been reviewed and the applicant is  is not  eligible for rent supplement payments in an amount of \$ \_\_\_\_\_ per month.  
 ENTRIES IN PART B CORRECTED AS SHOWN  
The housing owner shall include in the lease a requirement that the tenant shall report immediately to the housing owner when his total gross income (before deductions) reaches \$ \_\_\_\_\_; and also that the tenant shall recertify his current income one year from the date shown in Item 10. FEDERAL HOUSING ADMINISTRATION



SELLER'S RENTAL INFORMATION SHEET

PDC PARCEL NO. R-9-1

ESCROW NO. 390334

TENANT'S NAME	ADDRESS OR UNIT NO.	DAY OR MONTH OR WEEK RENT DUE	RENT RATE	PER	DATE PAID TO	RENTS PRORATED AS OF <u>2-10-72</u>		COMMISSION	
						SELLER DAYS	AMOUNT	DAYS	AMOUNT
Laura Jones	315/ N. Gantenbein	Sixth	\$40.00	month	3-6	4	\$5.42	26	\$34.58

I hereby certify that the above rental information is true and correct to the best of my knowledge. I agree that the Portland Development Commission may verify this information; and adjustments, if any, found necessary are to be made upon my written approval from the funds to be withheld in accordance with the terms of the Option until after possession of the property is delivered to the Commission and such verification can be made. I further agree not to collect future rents which become due after the proration date indicated above.

Date \_\_\_\_\_ Clester P Phillips Dorothy L Phillips  
 Seller or Authorized Representative

January 19, 1972

Department of Veterans Affairs  
426 S. W. Stark Street  
Portland, Oregon 97204

Gentlemen:

The Portland Development Commission will relocate me from an urban renewal area and, in order to determine my eligibility for certain benefits, would like you to give them the amount of my monthly pension check:

My veteran's identification number is \_\_\_\_\_

Husband's name \_\_\_\_\_

My birth date is \_\_\_\_\_

My place of birth is \_\_\_\_\_

This will authorize you to give them the information, and to verify my birth date for them as well.

Please send the information directly to the Portland Development Commission, 1700 S. W. Fourth Avenue, Portland, Oregon, 97201.

Very truly yours,

To the Portland Development Commission

Attention: Anne Cathcart,  
Relocation Specialist

Gentlemen:

The records of this office indicate that \_\_\_\_\_

(Name)

is entitled to receive monthly benefits in the amount of \$ \_\_\_\_\_;  
and that adequate documentation has been provided to verify this person's  
birth date as stated above, or, if different from the above date, as  
\_\_\_\_\_.

\_\_\_\_\_  
(Authorized Signature)

SECTION 236 PROJECTS COMPLETED AND OCCUPIED  
PAGE 2

Project No. 126-44008-LD  
Oregon City Terrace  
Oregon City, Oregon  
48 Units  
Mortgagor : Mr. Kenneth Kadow, 2041 S. W. 58th Avenue,  
Portland, Oregon 97201

Project No. 126-44009-LD  
Park Terrace  
315 North Alberta Street  
Portland, Oregon  
88 Units - 18 Units Rent Supplement  
Mortgagor : Mr. Bruce Kamhoot, Post Office Box 222, Lake  
Oswego, Oregon 97034

*262-6111*  
*Gardener*

Project No. 126-44010-LD  
Riviera Parkside  
North Side of 24th Street, Near Jackson Street  
Albany, Oregon  
40 Units - 8 Units Rent Supplement  
Mortgagor : Woodtek, Inc., Post Office Box 578, Albany,  
Oregon 97321

Project No. 126-44011-LDC  
St. John's Wood  
North Swift Boulevard  
Portland, Oregon  
124 Units - 25 Units Rent Supplement  
Mortgagor : United Homes Corporation, Marquam Plaza II, 2611  
S. W. Third Avenue, Portland, Oregon 97201

*X*

Project No. 126-44012-LD  
Colonial Court  
34th Avenue  
Albany, Oregon  
40 Units - 8 Units Rent Supplement  
Mortgagor : D.B., and B., Inc., Messrs. Carl W. Doty and William  
Benson, 3926 Clarence Circle, Corvallis, Oregon 97330

Project No. 126-44013-LD  
Sunnyside Village  
Sunnyside Road  
Salem, Oregon  
50 Units - 10 Units Rent Supplement  
Mortgagors: Messrs. Bernard Yenne and Will Stice, Post Office  
Box 3125, Salem, Oregon 97308

W. C. Keller  
Chairman

Harold Halvorsen  
Secretary

Vincent Raschio  
Edward H. Look  
John S. Griffith

## PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE • PORTLAND, OREGON 97201 • 224-4800

January 3, 1972

John B. Kenward  
Executive Director

Mrs. Laura E. Jones  
3151 N. Gantenbein  
Portland, Oregon 97227

Dear Mrs. Jones:

Under the Uniform Relocation Assistance and Real Properties Acquisition Act of 1970, you are entitled to a "Replacement Housing Payment for Tenants and Certain Others" on the purchase or rental of a replacement dwelling.

If you were previously a homeowner and elect to rent replacement housing, the amount of rental assistance payment may not exceed the amount of Replacement Housing for Homeowners payment to which you would have been entitled.

The amount of rental assistance payment is intended to compensate you for the higher cost of renting a comparable unit. This payment may not exceed \$4,000 over a four-year period. The amount of rental assistance may be computed by any one of the following three methods:

1. Schedule Method. By this method the payment is determined by reference to a schedule of average housing rentals.

Schedule cost of a <u>1</u> -bedroom rental unit	\$ <u>97.75</u>
Less rental cost of former dwelling, or 25% of adjusted monthly income, whichever is <u>less</u> .	- \$ <u>40.00</u>
	<u>57.75</u>
	<u>X 48</u>
Base amount	\$ <u>2,772</u>
(If above is \$4,000 or more, rental assistance is \$4,000.)	
Rental assistance payment over four-year period	\$ <u>693</u>

2. Comparative Method. By this method the payment is determined by reference to the reasonable rental cost of a unit comparable to the former residence. An example of when this method is desirable is when the former dwelling is not typical of those in the area on which the schedule is based. If you feel this method is more applicable to your situation, please call your relocation advisor.
3. Alternate Method. If neither the Schedule nor Comparative method is feasible, the case may be submitted to the Department of Housing and Urban Development for a final decision.

A former tenant who elects to purchase is eligible for a replacement housing payment, also. The amount of downpayment assistance for former tenants cannot exceed the amount of downpayment actually necessary, plus certain costs incidental to purchase. The amount of assistance cannot exceed \$4,000.

When you have determined the method by which you will claim a replacement housing payment, please consult with your relocation advisor who will provide you with a claim form. Should you have any questions, please feel free to call our office. You may contact your relocation advisor by calling Mrs. Anne Cathcart, telephone number 224-4800.

Very truly yours,

*W. Stanley Jones*

W. Stanley Jones  
Relocation Supervisor  
Emanuel Hospital Project Site Office

*by Anne Cathcart*

ESJ/AC:ch

PORTLAND (cont.)

Powell Plaza II  
 13320 S.E. Powell Blvd.  
 Portland, Oregon  
 Manager: Mrs. Witt  
 13320 S.E. Powell Blvd.  
 Portland, Oregon 97236  
 761-7650  
 8 - 0 Bedrooms  
 12 - 1 Bedrooms

Rollins House  
 2002 N.E. 46th  
 Portland, Oregon  
 Manager: Mrs. Rice  
 1907 N.E. 45th  
 P.O. Box 13301  
 Portland, Oregon  
 282-0965  
 9 - 1 Bedrooms  
 1 - 2 Bedrooms

Westmoreland's Union Manor  
 6404 S.E. 23rd Avenue  
 Portland, Oregon 97202  
 Manager: ~~Mr. James Overgaard~~  
 6404 S.E. 23rd Avenue  
 Portland, Oregon 97202  
 233-5671  
 204 - 0 Bedrooms  
 96 - 1 Bedrooms

PORTLAND

Albina Plaza  
 5955 N. Albina  
 Portland, Oregon  
 Manager: Lowell Garrison  
 2401 S.W. 4th Avenue Suite 61  
 Portland, Oregon 97202  
 Office: 224-1058  
 Residence: 694-8710  
 4 - 0 Bedrooms  
 4 - 1 Bedrooms

Burlwood  
 14992 S.E. Division  
 Portland, Oregon 97236  
 Manager: Mr. Halverson  
 14992 S.E. Division  
 Portland, Oregon 97236  
 760-3830  
 8 - 1 Bedrooms  
 18 - 2 Bedrooms  
 9 - 3 Bedrooms

PORTLAND (cont.)

Alpha King Terrace I  
233 N. Fremont Street  
Portland, Oregon  
Manager: Mrs. Pennington  
3534 N. Gantenbein Apt. 8  
Portland, Oregon 97211  
281-0725  
25 - 1 Bedrooms  
16 - 2 Bedrooms  
5 - 3 Bedrooms

Alpha King Terrace II  
scattered sites in Portland  
Manager: Mrs. Pennington  
3534 N. Gantenbein Apt. 8  
Portland, Oregon  
281-0725  
7 - 1 Bedrooms  
7 - 2 Bedrooms  
4 - 3 Bedrooms

Avenue Plaza  
5025 N.E. 8th Avenue  
Portland, Oregon  
Manager: Walter Johnson  
1969 N.W. Johnson  
Portland, Oregon 97209  
227-5386  
4 - 0 Bedrooms  
18 - 1 Bedrooms

Beacon Manor  
3211 S.E. 8th Avenue  
Portland, Oregon  
Manager: Mrs. Dietz  
12107 S.E. Ridgecrest Road  
Portland, Oregon 97266  
235-7748  
12 - 0 Bedrooms  
8 - 1 Bedrooms

Beta  
606 N.E. Sacramento  
Portland, Oregon 97227  
Manager: Mrs. Pennington  
3534 N. Gantenbein Apt. 8  
Portland, Oregon  
281-0725  
8 - 0 Bedrooms  
10 - 1 Bedrooms

Candalaria Villa  
1009 S.E. 162nd  
Portland, Oregon  
Manager: Dale Neilson  
8502 S.E. Stark Street  
Portland, Oregon 97216  
255-2735  
8 - 1 Bedrooms  
16 - 2 Bedrooms  
8 - 3 Bedrooms

Country Squire Garden Apartments  
72nd & Cooper (under construction)  
Portland, Oregon  
Sponsor: Country Squire Garden  
848 S.E. 181st  
Portland, Oregon  
8 - 1 Bedrooms  
16 - 2 Bedrooms  
8 - 3 Bedrooms

Holgate Plaza (under construction)  
S.E. 104th & Boise  
Portland, Oregon  
Sponsor: David E. Mazzocco  
2401 S.W. 4th Avenue  
Portland, Oregon  
224-1058  
8 - 0 Bedrooms  
40 - 1 Bedrooms

19th & Alberta  
5010 N.E. 19th  
Portland, Oregon 97211  
Manager: Tom Walsh  
2839 S.W. 2nd  
Portland, Oregon  
222-4375  
8 - 0 Bedrooms  
16 - 1 Bedrooms

Park Terrace Apartments  
315 N. Alberta  
Portland, Oregon  
Manager: Mrs. Helen Gardener  
315 N. Alberta  
Portland, Oregon 97227  
282-6111  
88 - 1 Bedrooms

PORTLAND (cont.)

Bridgeview Apartments  
6816 N. Turnbull Avenue  
Portland, Oregon 97203  
Manager: Mrs. Herzog  
6816 N. Turnbull Ave. Apt. 5  
Portland, Oregon  
286-1151  
14 - 1 Bedrooms

Emerson Apartments  
5314 N.E. 13th Avenue  
Portland, Oregon 97211  
Manager: Charles Sanders  
234-3361 Ext. 5037  
Home Phone: 287-2345  
8 - 0 Bedrooms  
8 - 1 Bedrooms

Estate Apartments Court  
5421 N.E. 14th Place  
Portland, Oregon 97211  
Manager: Curtis McDonald  
3120 N. Williams Avenue  
Portland, Oregon 97227  
282-5571  
2 - 0 Bedrooms  
5 - 1 Bedrooms  
2 - 2 Bedrooms

Going Estates  
1923 N. Going Street  
Portland, Oregon  
Manager: Miss Lucy Crossett  
3120 N. Williams Avenue  
Portland, Oregon  
282-5571  
4 - 1 Bedrooms  
8 - 2 Bedrooms  
2 - 3 Bedrooms

Marla Manor  
644 S.E. 148th Avenue  
Portland, Oregon 97223  
Manager: Mrs. Dobrovolny  
644 S.E. 148th Avenue  
Portland, Oregon 97223  
252-9895  
19 - 1 Bedrooms  
6 - 2 Bedrooms

Pine Apartments  
S.E. 188th & N. Burnside  
Portland, Oregon  
Manager: Mrs. Lovatt  
140 S.E. 188th Apt. 21  
Portland, Oregon 97232  
666-5310  
4 - 1 Bedrooms  
50 - 2 Bedrooms  
12 - 3 Bedrooms

St. Johns Woods  
8652 N. Swift Blvd.  
Portland, Oregon 97203  
Manager: Miss Ellen McNiff  
8652 N. Swift Blvd.  
Portland, Oregon 97203  
286-8652  
26 - 1 Bedrooms  
52 - 2 Bedrooms  
46 - 3 Bedrooms

2026 S.E. Marion Street  
Manager: Sandy Steele  
2028 S.E. Marion St. Apt. 11  
Portland, Oregon 97202  
Sponsor: Tom Walsh  
222-4375  
16 - 1 Bedrooms  
8 - 0 Bedrooms

Villa North  
18005 S.E. Powell Blvd.  
Portland, Oregon  
Manager: Mr. Roy Murphy  
18005 S.E. Powell Blvd.  
Portland, Oregon 97236  
665-3137  
28 - 1 Bedrooms  
8 - 0 Bedrooms

Washington Hotel (under construction)  
S.W. Washington & 12th  
Portland, Oregon  
Sponsor: Jühr & Sons, Oregon Ltd.  
1339 S.E. Gideon  
Portland, Oregon  
48 - 0 Bedrooms  
24 - 1 Bedrooms



PORTLAND (cont.)

Marwood Plaza  
 7200 S.E. Woodstock  
 Portland, Oregon  
 Manager: Walter Johnson  
 1969 N.W. Johnson  
 Portland, Oregon 97209  
 227-5386  
 8 - 0 Bedrooms  
 32 - 1 Bedrooms

Minerva Plaza  
 6633 N. Oberlin  
 Portland, Oregon  
 Manager: Walter Johnson  
 1969 N.W. Johnson Street  
 Portland, Oregon 97209  
 227-5386  
 2 - 0 Bedrooms  
 13 - 1 Bedrooms

Pinewood Apartments  
 Manager: ~~Mable Hill~~ *Francis Schelling*  
 18503 E. Burnside  
 Portland, Oregon 97230  
 665-9055

Applications: Lehtie & Son  
 5705 S.E. Powell Blvd.  
 Portland, Oregon 97206  
 774-8848  
 12 - 0 Bedrooms  
 14 - 1 Bedrooms

Powell Court Villa  
 12540 S.E. Powell Blvd.  
 Portland, Oregon  
 Manager: Dale Neilson  
 8502 S.E. Stark Street  
 Portland, Oregon 97216  
 255-2735  
 37 - 1 Bedrooms  
 3 - 2 Bedrooms

Powell Plaza I  
 13320 S.E. Powell Blvd.  
 Portland, Oregon 97236  
 Manager: Mrs. Witt  
 13320 S.E. Powell Blvd.  
 Portland, Oregon 97236  
 761-7650  
 24 - 0 Bedrooms  
 22 - 1 Bedrooms

Scott Crest  
 13223 S.E. Powell Blvd.  
 Portland, Oregon 97236  
 Manager: Katherine Bybee  
 13223 S.E. Powell Blvd. Apt. 10  
 Portland, Oregon 97236  
 760-2840  
 3 - 1 Bedrooms  
 32 - 2 Bedrooms  
 6 - 3 Bedrooms

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER Anne Cathcart ORIGIN OF CASE EMANUEL - R-20 PARCEL R-9-1

NAME JONES, Laura Elizabeth ADDRESS 3151 N. Gantenbein APT NO. Downstairs Duplex  
 (Please enter through back door)

PHONE 288-3255 INITIAL INTERVIEW 12-28-71 SEX F MINORITY GROUP Black

AGE 68 U.S. CITIZEN  ALIEN  VETERAN  SERVICEMAN  DATE ON SITE 15 years

FAMILY COMPOSITION

Name	Relation	Age
/	/	/
/	/	/
/	/	/
/	/	/
/	/	/
/	/	/
/	/	/
/	/	/
/	/	/

Employer: Name \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW  Caseworker \_\_\_\_\_  
 Social Security \_\_\_\_\_ 80.00  
 Va.  Fed. \_\_\_\_\_ Mult. Co. \_\_\_\_\_ 63.30  
 Pension: Name \_\_\_\_\_  
 Other: Name \_\_\_\_\_

TOTAL MONTHLY INCOME \$ 143.30

Own: \_\_\_\_\_ Power Co. \_\_\_\_\_ Type Fuel \_\_\_\_\_ Garbage Co. \_\_\_\_\_  
 Rent: \$40 Inc. Heat \_\_\_\_\_ Water  Gas \_\_\_\_\_ Gar \_\_\_\_\_ Elec \_\_\_\_\_ Unfurn  Furn \_\_\_\_\_ No. Rms 4

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered \_\_\_\_\_ by \_\_\_\_\_

Notify in case of emergency:  
 Name Mrs. Warren Address 36 N. Cook Phone 277-4063

Information Statement given to Mrs. Jones on 12-28-71 by AC  
 Notice to move given to \_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_

*\$200-36EH-2/29/72 relocation allowance - mailed*  
*\$200-339EH-3/15/72 moving costs - Fixed - mailed*

Payments: Amount \$726.96 Check No. 351EH Date delivered 3/28/72 Moved by self  (or)  
 moved by moving company \_\_\_\_\_ (Phone) \_\_\_\_\_

REMOVED FROM CASELOAD:	(Date)	REMAINING ON CASELOAD:
Refused assistance _____		Address unknown, tracing _____
Relocated in:		Evicted, further assistance _____
Low-rent public housing _____		contemplated _____
Other perm. public housing _____		Temporarily relocated by _____
Standard priv. rent. hsg. <input checked="" type="checkbox"/> <i>Rent Supplement</i>		LPA _____
Sub-standard priv. rent _____		within project: _____ address _____
hgs. with refusal of _____		outside project: _____ address _____
further aid _____		
Standard sales housing _____		
Sub-standard sales hgs. _____		
Out-of-town _____		
Address unknown, abandoned _____		
Evicted, no further _____		
assistance _____		
Other (explain) _____		

FAMILY REFUSED ADDITIONAL ASSISTANCE:  
 Date \_\_\_\_\_ Worker \_\_\_\_\_

RELOCATION REFERRALS:

Address	Inspection Certified By	Date
<i>HAP Rent Supplement, 236 sent current list of available housing</i>		

NEW ADDRESS: 315 N. Alberta #76 Portland 97217 288-3255  
 Zip \_\_\_\_\_ Phone (same)  
Mag 282-6111

New rent or purchase price: \$40.00 No. of rooms 3 S  SS

INTERVIEW REGISTER

Date		Relocation Worker
1/16/71	Flyer delivered by Marian Scott. Devout EDPA member. Has to consult Mrs. Warren on everything. Not hostile.	
2/17/71	Survey: refused to talk to PDC. Contacted owner and got information he could supply.	JC
12/21/71	Received call from Mrs. Warren, President of the Emanuel Displaced Persons Association, asking me if I would talk with Mrs. Jones about replacement housing. We set up an appointment for Tuesday, Dec. 28th. Note to enter through back door.	AC
12/28/71	<p>Mrs. Warren was at Mrs. Jones' house when I called. She lives in a down-stairs duplex; one bedroom with a total of four rooms. Mrs. Jones is 68 and while still very capable, she has some trouble moving about (arthritis?) She cannot handle stairs very well at all and therefore wishes to live on the first floor and near a bus line.</p> <p>We went over the relocation benefits due her several times. I explained to Mrs. Warren that Mrs. Jones would not get the full \$4,000 TCO payment. Mrs. Warren understood the formula. I will compute benefits and send out a form letter with a copy to Mrs. Warren.</p> <p>Mrs. Jones sings in the choir at Vancouver Avenue Baptist Church where Mrs. Warren is the pianist. The two have known each other more than 10 years. Mrs. Jones relies upon Mrs. W. completely in this relocation matter. Both are easy to work with.</p> <p>Mrs. Jones would like to move to Alpha King Terrace, a 236 Project on Fremont and Vancouver. It is on a busline, near the church, and she knows a tenant there. I will see what can be done. I also suggested sending in an application to BETA II.</p> <p>Will send both women a list of 236 and 221-d-3 projects in the Portland area.</p>	AC
2/16	<p>Social Security Number: [REDACTED] - Coast Guard</p> <p>born: 9/20/04 in Mobile, Alabama; he born 9/5/27 Mobile, Ala. Died 1952</p> <p>Son: (deceased) Walter Leslie Portlock; US 56-085-038 Private E/AFS</p> <p>check comes from Philadelphia - may be insurance, veteran's m.s.</p>	
2/16	<p>Have met with Mrs. Jones and Mrs. Warren several times about different housing projects. Mrs. Jones soon settled on either Park Terrace at 315 N. Alberta or Alpha Development at 233 N. Fremont. She has friends in both of these projects.</p> <p>The managers were notified of this but could not say when a unit would be ready. The turnover rate is very low for both of these projects.</p> <p>I began working on Mrs. Jones' income verification, which I knew she would need when she gets a unit. She thought she would wait until her February checks came, to get me her deceased son's pension identification number. Well, she forgot! Mrs. Warren helped her search her papers and found the number. I mailed in the requests for verification today.</p> <p>Mrs. Helen Gardner, the manager of Park Terrace, reported that she thinks there is a <u>very</u> good chance that she'll have a unit ready for Mrs. Jones on March 1st. Mrs. Gardner can be reached at 282-6111. She will give us a call as soon as possible.</p> <p>Mrs. Warren has told Mrs. Jones to begin getting her things together. They both understand that the unit is not committed to Mrs. Jones, though.</p>	AC

INTERVIEW REGISTER

Relocation  
Worker

Date

3/16/  
72

On February 23, I was informed by Mrs. Gardener that Mrs. Jones could have the unit at Park Terrace. I proceeded to gather together Mrs. Jones' income verifications and letters and FHA 2501 form to submit to Mrs. Gardener. On Friday, February 25, Mrs. Jones and I went to Park Terrace intending to see the unit. Mrs. Gardener was sick, and we were told that the unit was not yet ready to be shown.

Mrs. Jones has a granddaughter living in the project. She is delighted, also, to be on the same busline as she would have been on had she lived at Alpha. The Vancouver bus goes right by her church (Vancouver Avenue Baptist Church). We ended the day by getting Mrs. Jones a hot lunch from The Speck. As we came back to the house, Mr. Gordan arrived on his bi-weekly visit. He keeps Mrs. Jones' savings passbook and other papers which she is afraid to keep in her apartment. He also takes her down for her pills and to cash her checks.

We received FHA approval for Mrs. Jones to live at Park Terrace at \$40 per month, which includes utilities.

Mrs. Jones does not want to move until her March checks have come, because she is afraid of vandalism. She made arrangements to move at 1:00 p.m. on March 20. She had received a \$200 dislocation allowance check to make her security deposit (\$25) on her new apartment. I shall take her to the bank Monday and to Park Terrace to get her key. She will arrange to cut off the utilities that day and to have the gas company pick up their rental unit.

When Mrs. Jones has to verify her income again, she should use the following identification numbers for her grandson's veteran's insurance check:

X-C 4877-479: V.A. claim number  
V-1491-4079 - Insurance number

Grandson: Walter Leslie Portlock.  
Mail to the local V.A. contact office.

AC

3/20

Took Mrs. Jones to bank to deposit her moving check and to cash her dislocation allowance check. Went to Park Terrace to pick up her key and to pay rent for remainder of March. Bought a hot lunch for her to take home to eat while waiting for the movers to come.

Mrs. Ella Gordon (BU. 9-1010) is Mrs. Jones' daughter. She supervised the moving and got her mother settled in the new apartment. I was worried that Mrs. Jones would tire herself out. She is so weak. However - she's fine. Signed release of property.

3/21

Checked with Mrs. Jones to make sure her phone had been connected. It had. She now has a green phone to match her green rug! The apartment is fairly spacious and she seems to enjoy it. It is clean and light, too. Mrs. Jones' granddaughter lives in the apartment directly overhead. The granddaughter will now bring her hot meals at night. Mrs. Jones is just delighted with the arrangement. Mrs. Jones owns the mail box at 3151 N. Gantenbein. She has a key to it and will watch it for the next week or so until she is sure that all her mail is forwarded. Rental Assistance TACO payment is being processed.

AC

3/28

TACO payment delivered. Warrant # 351EH #726.96 less \$18.69 rent. Mrs. Jones seemed really weak today. She had to stop several times to rest from the bank. We stopped to buy her a hot sandwich. Her apartment is all settled now. It looks neat and clean and comfortable. Her granddaughter brings her hot dinners. File closed.

AC

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.

Alma G Jones

12-28-71

date

Witness: Anne Cathcart

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 JAC Date of survey 2/17/71 Tabulator \_\_\_\_\_ Date tabulated \_\_\_\_\_  
 Dwelling Unit No. 2 Structure No. 2 Census Block No. 29 Census Tract No. 22A  
 Street Address 3151 N. Gantenbein 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 \_\_\_\_\_

*Refused to talk to POC*

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

	Name	Family relation	Age	Sex	Occupation
1.	<u>Ellie Jones</u>	<u>Head of household</u>	<u>(elderly)</u>	<u>F</u>	<u>—</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>100.00</u>	\$ <u>estimated</u>
_____	_____	_____
_____	_____	_____
<b>Total family or household income per month</b>	\$ _____	\$ _____

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

date on site: \_\_\_\_\_

Call 5 PM

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

Analyst Cannucci Date 2/24/71 Surveyed 2/24/71 Tabulator \_\_\_\_\_ Date \_\_\_\_\_  
 Dwelling Unit No. 2 Structure No. 2 Census Block No. 29 Census Tract No. 22A  
 Street Address 3151 N. Gantenbergn Apartment No. 1  
 Legal Description \_\_\_\_\_

NAME OF OCCUPANT: Ellie Jones NAME & ADDRESS OF OWNER: Clester D. Phillips NAME & ADDRESS OF PROP. MGR: \_\_\_\_\_  
 \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ TELEPHONE: 228-3750 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 1+1/2 stories (do not count basement)

**II. OCCUPANCY STATUS OF DWELLING UNIT**

\_\_\_ Owner occupied  
 Renter occupied  
 \_\_\_ Vacant

**III. SIZE OF DWELLING UNIT**

803 Sq. ft. in first floor (county figure)  
400 Sq. ft. in dwelling unit (if more than 1 floor)  
7 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)  
1 No. of bathrooms  
1 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  
1967 Date of last appraisal  
1900 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>3740</u>	\$ _____
Improvements	<u>930</u>	_____
Total	<u>4670</u>	_____

1403 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>50</u>	_____	\$ _____
Electricity	_____	\$ _____	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Heat (oil, or other)	_____	_____	_____
Total	\$ _____	\$ <u>20</u>	\$ <u>70.00</u>

Deposits required of renter  
 Advance rent \$ \_\_\_\_\_, 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**

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

**HOUSING RESOURCES SURVEY**  
**CHARACTERISTICS OF VACANT DWELLING UNITS**  
 To be Filled in for Each Dwelling Unit Classified as "Vacant"

Date \_\_\_\_\_

Analyst Cannucca Surveyed 2/24/71 Tabulator \_\_\_\_\_ Date \_\_\_\_\_  
 Dwelling Unit No. 3 Structure No. 2 Census Block No. 29 Census Tract No. 22A  
 Street Address 3151 N. Gantenbein Apartment No. \_\_\_\_\_  
 Legal Description \_\_\_\_\_

NAME OF OCCUPANT: vacant NAME & ADDRESS OF OWNER: Clester D. Phillips NAME & ADDRESS OF PROP. MGR: \_\_\_\_\_  
 \_\_\_\_\_ 3704 N. Gantenbein \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ TELEPHONE: 288-3750 TELEPHONE: \_\_\_\_\_  
 INTERVIEWED? ( ) Yes ( ) No INTERVIEWED?  Yes ( ) No INTERVIEWED? ( ) Yes ( ) No

**I. VACANCY STATUS AT DATE OF SURVEY**

- \_\_\_ Available for rent
  - \_\_\_ Available for rent or sale
  - \_\_\_ Available for sale only
  - \_\_\_ Rented or sold awaiting occupancy
  - \_\_\_ Temporarily not available, \_\_\_\_\_
  - \_\_\_ Held for occasional use
  - Substandard condition
  - Not available for other reasons (explain)  
owner does not wish to rent
- Period vacant, months \_\_\_\_\_

**II. RENTAL RATE ASKED FOR THIS D. UNIT**

Monthly average	Cash rent	Utilities	Total expected from renter
Rent	\$ _____	_____	\$ _____
Electricity	_____	\$ _____	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Heat (oil, or other)	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____

Deposits expected from renter  
 Advance rent \$ \_\_\_\_\_, other \$ \_\_\_\_\_

This d. u. listed for rent with broker, yes \_\_\_\_, no \_\_\_\_

This d. u. advertised for rent, yes \_\_\_\_, no \_\_\_\_

Rental data obtained from

Name, \_\_\_\_\_

**III. SALES PRICE ASKED FOR THIS HOUSE**

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

**IV. OTHER FACTORS ON CONDITION OF THIS DWELLING UNIT**

- A. Entrance to this dwelling unit
  - \_\_\_ Enter directly from outside
  - \_\_\_ Enter from common hall
  - \_\_\_ Enter through another dwelling unit
- B. Kitchen
  - \_\_\_ Complete kitchen for this d. u. only
  - \_\_\_ Kitchen is for more than one d. u.
  - \_\_\_ Kitchen is not complete
- C. Water available to this dwelling unit
  - \_\_\_ Hot and cold piped water
  - \_\_\_ Outlets are for more than one d. u.
  - \_\_\_ No piped water in this dwelling unit
- D. Toilet facilities
  - \_\_\_ Toilet for this dwelling unit only
  - \_\_\_ Toilet is for more than one d. u.
  - \_\_\_ No flush toilet in this dwelling unit
- E. Bath and shower facilities
  - \_\_\_ Bath or shower for this d. u. only
  - \_\_\_ Facilities are for more than one d. u.
  - \_\_\_ No bath or shower facilities in this d. u.
- F. Kind of foundation or basement
  - \_\_\_ Full, or partial, concrete basement
  - \_\_\_ No basement, but built on poured concrete foundation
  - \_\_\_ No basement, foundation not poured concrete, but built another way (explain) \_\_\_\_\_
- G. In the opinion of the Analyst, this dwelling unit is decent, safe and sanitary. Yes \_\_\_\_, No \_\_\_\_  
 (If opinion is "NO", explain below.) \_\_\_\_\_

**V. REMARKS**

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



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

Date \_\_\_\_\_

Analyst Cannucco Surveyed 3/21/71 Tabulator \_\_\_\_\_ Date \_\_\_\_\_  
 Dwelling Unit No. 3 Structure No. 2 Census Block No. 29 Census Tract No. 22A  
 Street Address 3151 N. Gantenbein Apartment No. 2  
 Legal Description \_\_\_\_\_

NAME OF OCCUPANT: Vacant NAME & ADDRESS OF OWNER: Clester D. Phillips NAME & ADDRESS OF PROP. MGR: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ TELEPHONE: 288-3750 TELEPHONE: \_\_\_\_\_  
 INTERVIEWED? ( ) Yes ( ) No INTERVIEWED? (X) 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	
<u>X</u> Apt. in apt. bldg. or plex	<u>2</u>
___ Apt. in comm. bldg.	
___ Mobile home or trailer	

This structure has 1+A stories (do not count basement)

**II. OCCUPANCY STATUS OF DWELLING UNIT**

\_\_\_ Owner occupied  
 \_\_\_ Renter occupied  
X Vacant

**III. SIZE OF DWELLING UNIT**

803 Sq. ft. in first floor (county figure)  
400 Sq. ft. in dwelling unit (if more than 1 floor)  
4 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)  
1 No. of bathrooms  
1 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  
1967 Date of last appraisal  
1900 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>3740</u>	\$ _____
Improvements	<u>930</u>	_____
Total	<u>4670</u>	_____

1403 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	\$ _____	\$ _____	\$ _____

Deposits required of renter  
 Advance rent \$ \_\_\_\_\_, 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**

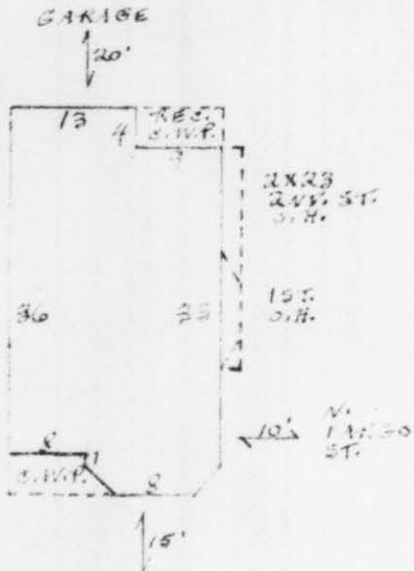
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1-71080-2370 / CAPON, ALICE B  
 MAP: 2730 BY PHILLIPS, CLESTER D  
 ZONE: A25  
 RATIO: 1401 338 N MASON ST  
 LVY C:001 PORTLAND, OREGON 97227

RIVERVIEW SUB LOT BLOCK  
 N 50' OF 1 82 9

PROPERTY ADDRESS: 1 DUREX 3151 N GANTENBEIN AVE  
 PORTLAND

APPEALS:



SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS. YEAR	MIN RIGHTS	TIMBER	LAND	TWPS	TOTAL	SIGN DATE
1967			150	890	1040	
1968			3600	900	4500	2.50
1971			3740	930	4670	2.10

1458 N. GANTENBEIN AVE  
 1458 N. GANTENBEIN AVE. VACANT UP. WOODS RELATIVE  
 + CHIMNEYS. LOOK TO GAR. BLOCKED BY RANCE  
 2.50 1.85.  
 OUTSIDE  
 SIGNED HANBETT  
 NOV 27 1967 MAY 14 1968  
 BY E. KELLER S. MILLER

