

	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, LUCTLLE 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		

R E S U M E /

DATE \_\_\_\_\_

NAME LAURENCE, Ann

---

---

The Housing Authority gave Mrs. Laurance three apartments to choose from. She signed up on two of them but in the end chose to move into an apartment owned by her former landlord. In my opinion, it is substandard, but since PDC was only paying the moving expenses and allowance, she could move where she pleases. [REDACTED]

(signed) Chet Daniels  
worker

RESIDENTIAL RELOCATION RECORD

Project Name \_\_\_\_\_ Parcel No. 9.2.4 Advisor ed

Client's Name Laurence Ann Phone \_\_\_\_\_

Address 3110 N. Gantombain Ethn white Age 23

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

Female Head of Household

Family Composition

Economic Data

Total Number in Family 2

Employer \$ \_\_\_\_\_

1 wife, husband

Address \_\_\_\_\_

Other: Relation Age Relation Age

Relation	Age	Relation	Age
<u>SON</u>	<u>11 mos.</u>		

Other Source of Income

welfare \$ 153.00

Total Monthly Income \$ (153.00)

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 12-20-71 Date of Info pamphlet delivery \_\_\_\_\_

Date Notice to Move given \_\_\_\_\_ Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY

May 1971

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

Date of initiation of negotiations for purchase of property \_\_\_\_\_

Date of Acquisition 9-14-72

Date of letter of Intent \_\_\_\_\_

Date of move 5-8-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit OVER 60

Size of Habitable Area 700-900 sq ft

Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 5 Rent Paid \$ 75.00 Utilities \_\_\_\_\_

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

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

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

REPLACEMENT DWELLING UNIT

Address 837 718 Tailoring LPA Referred \_\_\_\_\_ Self Referred \_\_\_\_\_

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

Outside city  Outside state

Age of Housing Unit \_\_\_\_\_

Size of Habitable Area \_\_\_\_\_

No. of Rooms \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_

For Claimants Who Purchased

For Claimants Who Rented

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

Rent \$ \_\_\_\_\_

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

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

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

Total Rent Assistance \$ \_\_\_\_\_

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

Apt. not standard - Moving benefits only

No. of Housing Referrals to:

Agency Referrals:

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

\_\_\_\_\_ MCW  HAP \_\_\_\_\_ OTHER ( \_\_\_\_\_ )

3 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 Ann Laurence RELOCATION ADVISOR C. Daniels  
 ADDRESS 3110 N. Gantenbein PHONE 284-3034 PROJECT NAME Emanuel ORE. R-20  
 SEX F ETHN white VETERAN \_\_\_\_\_ AGE 23 PARCEL NO. A 2-4  
 MARITAL STATUS \_\_\_\_\_ TENURE tenant  
 DISABILITY \_\_\_\_\_ INDIV \_\_\_\_\_ FAMILY X  
 ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT \_\_\_\_\_ OTHER \_\_\_\_\_  
 INITIAL INTERVIEW 12-20-71 DATE INFO PAMPHLET DELIVERED \_\_\_\_\_  
 NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_

DATE ON SITE:	May 1971
INITIATION OF NEGOTIATIONS:	5/20/71
DATE OF ACQUISITION:	9/15/72

ECONOMIC DATA

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW Anita Woods 153.00  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ 153.00

FAMILY COMPOSITION

Name	Relation	Age
Shawn	son	11 mo

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 607 No. Rooms 5  
 No. Bedrooms 2 Furn. \_\_\_\_\_ Unfurn \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Monthly Payments (Rent) \$ 75.00  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

Size of Habitable Area \_\_\_\_\_

HOUSING REFERRALS

Address	Bedrooms
9311 N. Adriatic	
3723 N. Garfield	

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 837 N. E. Failing Phone \_\_\_\_\_ Date of Move 3/13

WHERE RELOCATED:

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

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

Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ \_\_\_\_\_ 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)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	29537 G	3/8/72	\$ 200.00
Actual Move	344 EL	3/16/72	\$ 75.00
Storage			\$
Incidental			\$
Interest			\$

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

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

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

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

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

TOTAL BENEFITS RECEIVED \$ 275.00

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

INTERVIEW REGISTER

Relocation  
Worker

Date	
12/20/71	Came into the office and I gave her information on her benefits. She did not have furniture.
1/13/72	Took Mrs. Laurence to the Housing Authority for a two bedroom apartment.
1/20	Mrs. Laurence was offered a two bedroom apartment on N. Adriatic but she turned this one down.
1/26	Mrs. Laurence was offered one of two apartments at 3723 N. E. Garfield (Apartment 45-22). She accepted one of these and will move when ready.
3/8	Mrs. Laurence decided not to take house on Garfield, and she has moved to 837 N. E. Failing.
3/20	Mrs. Laurence came in and picked up the check for moving. (I went by the house on March 18, 1972 but no one was home).

Closed file.

The Housing Authority gave Mrs. Laurance three apartments to choose from. She signed up on two of them but in the end chose to move into an apartment owned by her former landlord. In my opinion, it is substandard, but since PDC was only paying the moving expenses and allowance, she could move where she pleases.

*Resume*

Chet Daniels

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 344 EH

DATE March 16, 1972

PAY TO **Ann C. Laurence**

\$ **75.00**

**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 3110 N Gantenbein (Par. A2-4) to 837 N Falling - Fixed payment	\$75.00

**Account Distribution**

NO.	TITLE		AMOUNT
E1501/01	Relo Payment (Fixed - Family)	EH	\$75.00

*Ann C. Laurence*

*AC*

*mwd*





(For Local Agency Use Only)

DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT  
FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)

---

NAME AND ADDRESS OF CLAIMANT:

Ann C. Laurence  
837 N. E. Failing  
Portland, Oregon 97212

NAME OF LOCAL AGENCY:

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

---

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

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

If "No," explain:

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

Date items inspected: \_\_\_\_\_  
Month-Day-Year

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

Yes  No

If "Yes," explain basis for approved amount:

---

4. CERTIFICATION

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

---

OK-Annex

(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>75.00</u>		<i>[Signature]</i> B.C.W.	<u>3-16-72</u>
2. Dislocation allowance \$ <u>(paid)</u>			
3. Total \$ <u>75.00</u>	<u>75.00</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
		\$			\$

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

**Nº 29537 G**

DATE March 8, 19 72

PAY TO THE  
ORDER OF **Ann Laurence**

**\$ 200.00**

**DOLLARS**

**NON-NEGOTIABLE**

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

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		<p>Reimbursement for Relocation Payments for Tenants per claim filed. From 3110 N. Gentenbein (A-2-4),</p> <p>Dislocation Allowance</p>	<p><b>\$200.00</b></p>

**Account Distribution**

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

*Ann C. Laurence*

*3/13/72*

*JMS*

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY  
Portland Development Commission  
1700 SW 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 LAURENCE, Ann C.  Family  Individual

2. DATE(S) OF MOVE 3/14/72

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A-2-4

a. Address 3110 N. Gantenbein, Portland, Oregon d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 5

b. Apartment, Floor, or Room Number --- e. Date you moved into this address: May, 1971

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

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) 837 N. E. Failing Portland, Oregon c. Were household goods moved to or from storage?  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	<u>\$200.00</u>	
Fixed Moving Payment (Consult local agency)	<u>                    </u>	Total \$ <u>200.00</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.

2/10/72  
Date

Ann C. Laurence  
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:

Ann Laurence  
837 N. E. Failing  
Portland, Oregon 97212

NAME OF LOCAL AGENCY:

Portland Development Commission  
1700 SW Fourth Avenue  
Portland, Oregon 97201

---

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

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

If "No," explain:

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

Date items inspected: \_\_\_\_\_  
Month-Day-Year

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

Yes  No

If "Yes," explain basis for approved amount:

---

4. CERTIFICATION

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

---

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <sup>1/</sup>	Authorized Signature	Date		
A. Fixed Payment and Dislocation Allowance	\$				
1. Fixed payment \$ _____					
2. Dislocation allowance \$ <u>200.00</u>		<i>[Signature]</i>	<u>3-8-72</u>		
3. Total \$ <u>(HARDSHIP)</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
		\$			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Ann Lawrence Project Emanuel  
 2. Date(s) of move Vnk Parcel No. A2-4  
 3. Dwelling unit from which you moved:  
 Address 3110 N. Gantenbein No. of rooms 5  
 Furnished  Unfurnished Date you moved into this unit May 1971

4. Dwelling unit to which you moved:  
 Address 3723 NE Garfield Apt #45 837 NE Sailing  
 Were goods moved to or from storage?  Yes  No

5. Total claim \$ 75.00

-----  
 FIXED PAYMENT: \$200 + \$ 75.00 = \$ 275.00  
 -----

ACTUAL MOVING COSTS

6. Name of moving company (or person) \_\_\_\_\_  
 7. Mover's telephone \_\_\_\_\_ 8. Mover's address \_\_\_\_\_  
 9. Method of payment  
 a. reimburse client (show paid bill)  
 b. pay mover directly (show bill)  
 c. let local agency contract with mover  
 10. Amount actual costs  
 a. Moving costs (attach receipt or voucher) \$ \_\_\_\_\_  
 b. Cost of insurance (attach invoice) \$ \_\_\_\_\_  
 c. Storage cost (attach receipt or voucher) \$ \_\_\_\_\_

STORAGE COSTS

Name, address and ZIP code of storage company \_\_\_\_\_  
 A. Type of claim  initial  supplementary  final  
 B. Storage period  
 1. Total period: \_\_\_\_\_ months. Check one:  Actual  Estimated  
 2. Date property moved to storage: \_\_\_\_\_  
 3. Date property moved from storage: \_\_\_\_\_  
 C. Storage Costs Approved  

1. Monthly rate	\$ _____	\$ _____
2. Total costs actually incurred	\$ _____	\$ _____
3. Amount previously received	\$ _____	\$ _____
4. Amount claimed (line 2 minus 3)	\$ _____	\$ _____

 D. Description of Property Stored: please list on back of this sheet.  
 E. Method of Payment  
 reimburse client (attach receipt or paid bill)  
 pay storage company directly (attach bill)



PORTLAND DEVELOPMENT COMMISSION

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

December 22, 1971

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

Gentlemen:

This is to inform you that Ann Laurence  
of 3110 N. Gantenbein, Portland, Oregon 97227  
who wishes to file an application with your office will be displaced  
as a result of the acquisition of the property, in which he (or she)  
resides, by the Portland Development Commission in the urban renewal  
project, ORE R-20.

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

Very truly yours,

W. Stanley Jones

WSJ:slc

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349  
Portland, Oregon 97207

Housing Authority of Portland  
1605 N. E. 45th  
Portland, Oregon 97213

Gentlemen:

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

1. Resident of the Housing Authority \_\_\_\_\_
2. Applicant for housing \_\_\_\_\_
3. Name Anne C. Lawrence
4. Address 3110 N. Gantenbein
5. Number of persons in family 2
6. Total monthly assistance 153
7. Date assistance began 9-1-70
8. Date assistance to terminate continuing

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION  
Gordon Gilbertson, Administrator

P. Halypowski (Caseworker)      MC (Dept.)

12-22-71  
(Date)

May 20th  
 started Negotiation  
 on Purchase of House

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER C. Daniels PROJECT NO. B-20 PARCEL A-2-4

NAME Ann Lawrence ADDRESS 3110 N Gantenbain APT NO. \_\_\_\_\_

PHONE \_\_\_\_\_ INITIAL INTERVIEW 12/20/71 SEX F W  NW AGE 23

U.S. CITIZEN  ALIEN \_\_\_\_\_ VETERAN \_\_\_\_\_ SERVICEMAN \_\_\_\_\_ DATE ON SITE May 1971

FAMILY COMPOSITION

Name	Relation	Age
<u>Shawn</u>	<u>B</u>	<u>11 Mo</u>

Employer: Name \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW Caseworker Anita Woods 153.00  
 Social Security \_\_\_\_\_  
 Va. Fed. Mult Co. \_\_\_\_\_  
 Pension: Name \_\_\_\_\_  
 Other: Name \_\_\_\_\_  
 TOTAL MONTHLY INCOME 153

All Utilities  
 Rent 75.00; Inc. Heat \_\_\_\_\_ Water \_\_\_\_\_ Gas \_\_\_\_\_ Gar \_\_\_\_\_ Elec \_\_\_\_\_  
 Unfurn \_\_\_\_\_ Furn  No. Rms 5

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

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

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Information Statement given to \_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_  
 Notice to move given to \_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_

Payments: Amount \$ \_\_\_\_\_ Check No. \_\_\_\_\_ Date delivered \_\_\_\_\_ Moved by self \_\_\_\_\_ (or)  
 moved by moving company \_\_\_\_\_ (Phone) \_\_\_\_\_

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

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

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

RELOCATION REFERRALS:

Address	Inspection Certified By	Date
<u>9311 N Adriatic</u>	<u>H.V.P.</u>	<u>9/20/72</u>
<u>3723 N. Garfield</u>	<u>H.V.P.</u>	

NEW ADDRESS: 837 NE Failing 3/13/72  
 Zip \_\_\_\_\_ Phone \_\_\_\_\_

- Dec 20 Came in to office and I gave her information on her benefits. She did not have furniture.
- Jan 13 Took Mrs. Lawrence to the Housing Authority for 2 Bdr. Apt. -
- Jan 20 Was offer 2 Bdr apt on N Adriatic. Mrs. Lawrence Turn this one down.
- Jan 26 Mrs. Lawrence was offered 1 of 2 apt at 3723 N.E. Garfield (apt 45-22) She excepte one of these & will move when ready.
- Mar. 8 Mrs. Lawrence decided not to take house on Garfield. and has moved to 837 N.E. Fairling
- Mar. 20 th Mrs. came in and pick-up check for moving. (Went by house 3/18/72 but no one was home)  
Closed file

Dwelling Unit Inventory

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

Miscellaneous (List Items)

<u>T.V. - Record Player</u>	
<u>Dishes</u>	
<u>Bedding</u>	
_____	_____
_____	_____
_____	_____
_____	_____

COMMENTS:

## PORTLAND DEVELOPMENT COMMISSION

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

September 1, 1971

Mrs. Ann Laurence  
3110 N. Gantenbein  
Portland, Oregon

Dear Mrs. Laurence:

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

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

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

Please check with us before making any move. If you are unable to come during our regular office hours - 8:30 a.m. to 5:00 p.m., Monday through Friday, an alternate appointment can be arranged by calling 288-8169. Our office is located at 235 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin C. Webb  
Chief, Relocation and  
Property Management

BCW:ch  
Enclosure