

| | 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 | | |

NAME OF CLAIMANT Joyce H. Marshall
PROJECT Financial
RELOCATION ADVISOR BCW

CHECKLIST FOR RELOCATION FILES - INDIVIDUALS

Copy of Notice to Acquire/Vacate
 Copy of Real Estate Option (for owner/occupant only)
 Signed RECEIPT from displacee for information statement or brochure
 INTERVIEW SHEET - filled out
 Recorded personal interviews
 Copies of all correspondence with displacee

Verification of Income
 Request for HAP assistance
 FHA displacee qualifying form - rent supplement
 City inspection letter on replacement housing
 Copy of earnest money offer on replacement housing
 Letter of Assignment (when claim payable to other than claimant)
 Other:

Moving authorization letters
 Dwelling unit inventory sheet
 Log sheet for day of move (for professional move)
 Release of personal property
 DATE OF MOVE 6/1/72
 Keys turned into: _____
 Utilities shut off
 Escrow releases, grants and amounts withheld
 Verify no rent outstanding
 Other:

Settlement Costs
 Incidental Expenses
 Interest Expense (owner/occupant only)

6/10/75 DATE FILE CLOSED

R E S U M E

April 10, 1975

CLIENT RELOCATED INTO A STANDARD DWELLING.

Qualified for RHP-TACO. (No problems)

CASE CLOSED

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME MARSHALL JERRY W. RELOCATION ADVISOR JBCW
 ADDRESS 247 N. FARGO PHONE _____ PROJECT NAME EMMANUEL
 SEX M ETHN B. VETERAN _____ AGE 20 PARCEL NO. A-3-13
 MARITAL STATUS S TENURE RENT
 DISABILITY _____ INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW APRIL 17, 1972 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

| | |
|-----------------------------|-------------|
| DATE ON SITE: | <u>1951</u> |
| INITIATION OF NEGOTIATIONS: | _____ |
| DATE OF ACQUISITION: | _____ |

ECONOMIC DATA

Employer BEREAN 4-C \$ 5312
 Address _____
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 5312

FAMILY COMPOSITION

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

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure _____ No. Rooms _____
 No. Bedrooms 1 Furn. _____ Unfurn X
 Utilities \$
 Monthly Payments (Rent) \$ 2000
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____
BASEMENT APT. IN PARENT'S HOME

HOUSING REFERRALS

| Address | Bedrooms |
|---------|----------|
| | |
| | |
| | |
| | |
| | |
| | |

AGENCY REFERRALS

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

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

TEMPORARY RELOCATION

| | |
|-----------------|--|
| Within Project | |
| Outside Project | |

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 1722 N.E. SARATOGA Phone 311-9-0385 Date of Move JUN 16, 1972

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

Furnished ___ Unfurnished Number of Rooms 1 Number of Bedrooms 1 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) | <u>522EH</u> | <u>7/6/72</u> | <u>\$ 933.00</u> |
| TACO (Rental) | <u>822EH</u> | <u>7/26/73</u> | <u>\$ 933.00</u> |
| TACO (Rental) | <u>967EH</u> | <u>9/19/74</u> | <u>\$ 933.00</u> |
| TACO (Rental) | | | \$ |
| TACO (Sales) | | | \$ |
| Fixed Moving | <u>3135G</u> | <u>7/24/72</u> | <u>\$ 300.00</u> |
| Actual Move | | | \$ |
| Storage | | | \$ |
| Incidental | | | \$ |
| Interest | | | \$ |

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

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date

Relocation
Worker

4/17/72

AT CLIENT'S REQUEST, MET WITH HIM AT C-CAP OFFICE AT 106 N.E. MORRIS TO DISCUSS HIS RELO BENEFITS. CLIENT IS A SINGLE MAN WHO LIVES IN A 2 ROOM APT. IN THE BASEMENT OF HIS PARENTS HOME. HIS PARENTS SAY THAT THEY CONSIDER HIM TO BE A SEPERATE HOUSEHOLD. HOWEVER, WE MUST ADJUST THE \$70 ACTUAL RENT TO ECONOMIC RENT FOR THE AREA. CLIENT SAID THAT HE DID HIS OWN COOKING ETC.

JBC CV

4/24/72

Based on latest appraisal of \$8500. the Econ. Rent for a 3 room apt. would be ^{Using} $\frac{1}{3}$ of total No of Rooms in the house as a base (6 Room house + 3 Room Apt in basement) Total Econ. Rent would be \$63.75 for total House - $\frac{1}{3}$ of this would 21.25 Econ. Rent for bmt. Apt. rent. - the Actual Rent seems in line with Economic Rent.

6/5/72

CLIENT REPORTED TO SIGN CLAIM FORMS

JBCW

7/12/72

CLIENT REPORTED TO SIGN THE MOVING EXPENSE CLAIM. HE SAID THAT THE BASEMENT APT DOES NOT HAVE A PRIVATE BATH BUT THAT HE DOES HAVE A COOKING STOVE AND A REFRIGERATOR BOTH OF WHICH HE USES AND THAT HE CONSIDERS THIS TO BE A HOUSE KEEPING UNIT.

9/5/72

CALLED. JERRY NOT AT HOME. LEFT CARD

JBCW

6/12/75

Fourth and final TACO paid client on this date. Case closed.

BRB

June 13, 1975

Mr. Jerry W. Marshall
5555 N. E. 18th
Portland, Oregon

Dear Mr. Marshall:

Enclosed you will find Warrant No. 1067 EH in the amount of \$933.00.

This represents the fourth and final Rental Assistance Payment due you as a result of your displacement from 247 N. Fargo St.

It has been a pleasure to assist you in your relocation process.

Very truly yours,

Betty R. Burns
Relocation Advisor

BRB:rd
Encl.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 1067 EH

DATE June 11, 19 75

PAY TO **Jerry W. Marshall**

\$ 933.00

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| | | Reimbursement per Claim for RHP for Tenants filed. Move from 247 N. Fargo (Parcel A-3-13)... Total approved \$3,732.00 4TH & FINAL PAYMENT | \$933.00 |

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-3-13

PAYABLE TO: Jerry H. Marshall

| | | |
|--------------------------------------------------------------------------------------------------------------|----|-------|
| For: RHP for Homeowners | \$ | _____ |
| Incidental Expenses for Homeowners or Tenants. | \$ | _____ |
| ✓ RHP - Tenants & Certain Others - Rental: Total approved \$ <u>3732.00</u> ; Annual amount \$ <u>933.00</u> | \$ | _____ |
| RHP - Tenants & Certain Others - Downpayment | \$ | _____ |
| Settlement Costs (on acquisition by LPA only). | \$ | _____ |
| Interest Expense | \$ | _____ |
| Fixed Moving Payment | \$ | _____ |
| Dislocation Allowance. | \$ | _____ |
| Actual Moving Costs. | \$ | _____ |
| Storage Costs. | \$ | _____ |
| Business: Moving Expenses. | \$ | _____ |
| Business: In Lieu Payment. | \$ | _____ |
| Business: Storage Costs. | \$ | _____ |
| Business: Loss of Property | \$ | _____ |
| Business: Searching Expenses | \$ | _____ |

Name of Client Jerry H. Marshall Family Less - \$ _____ *

Move from 247 N. Fargo Individual Total \$ 933.00

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

0600 - X10 901

JHGW

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Betty Burns DATE May 19, 1975
(Relocation Advisor)

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

RE: Jerry W. Marshall 5220 S. W. 42nd, San Francisco Square
(Displacee) (Address)

No. 4th & Final \$ 933.00 9/6/75
(annual payment) (amount) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 5555 N.E. 18th

Date Inspected: 6/4/75 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Unit occupies standard dwelling.
(Inspected by PDC staff)

SIGNED: Jerry W. Marshall
(Displacee)

SIGNED: Betty L. Burns
(Relocation Advisor)

DATE: _____

DATE: 6/4/75

TO: Acctg.

DATE: 6/4/75

FROM: Relocation

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: Jerry W. Marshall

PROJECT: Manual

FOR: 4th & final TACO

AMOUNT: 933.00

SIGNED: Betty L. Burns
BCW

September 26, 1973

Mr. Jerry W. Marshall
2815 N. E. Dekum
Portland, Oregon 97211

Dear Mr. Marshall:

Enclosed you will find our Warrant No. 822 EH in the amount of \$933.00.

This represents the second annual installment of the rental assistance payment to which you are entitled as a result of your displacement from 247 N. Fargo Street.

To remain eligible for the next two payments, you must continue to occupy standard housing.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Encl.

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 822 EHDATE September 26, 19 73PAY TO **Jerry W. Marshall**

\$ 933.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| | | Reimbursement per Claim for RHP for Tenants filed. Move from 247 N. Fargo (Parcel A-3-13). Total approved \$3,732.00 2nd annual payment | <u>\$933.00</u> |

Account Distribution

NO.

TITLE

AMOUNT

CALLED SEPT 8, 73 NOT WORKING
LEFT CARD

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Ben Webb (Relocation Advisor) DATE August 23, 1973

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

RE: Jerry W. Marshall (Displacee) 2815 N. E. Dekum (Address)

No. 2nd (annual payment) \$ 933.00 (amount) 9/6/73 (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: 2815 N.E. DEKUM

Date Inspected: SEPT 22, 73 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: SEE INSPECTION OF 8/25/73. THERE HAVE BEEN NO CHANGES.

SIGNED: Jerry W. Marshall (Displacee)

SIGNED: B. C. Webb (Relocation Advisor)

DATE: 9/22/73

DATE: 9/22/73

TO: R. DOUGLAS

DATE: _____

FROM: B. C. WEBB

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: JERRY W. MARSHALL

PROJECT: EMANUEL HOSPITAL

FOR: RENT ASSISTANCE

AMOUNT: 933.00

SIGNED: B. C. Webb

September 7, 1972

Mr. Jerry Marshall
1722 N. E. Saratoga
Portland, Oregon 97211

Dear Mr. Marshall:

Enclosed you will find our Warrant No. 522 EH in the amount of \$933. This represents the first annual installment of the Rental Assistance Payment due you as a result of your displacement from 247 N. Fargo Street.

To remain eligible for the Rental Assistance Payment over the next three years, you must continue to occupy standard housing.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 522 EH

DATE September 6, 1972

PAY TO **Jerry W. Marshall**

\$933.00

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| | | Reimbursement per Claim for RHP for Tenants. Move from 247 N. Fargo (Parcel A-3-13). Total approved \$3,732.00 1st annual payment | <u>\$933.00</u> |

Account Distribution

NO. TITLE AMOUNT

0600 279 901

RELOCATION PAYMENT

Project: Emanuel Parcel: A-3-13

Payable to: Jerry W. Marshall

Amount

| | | |
|------------------------------------------------------------------------------|----|-------------------|
| For: <u> </u> RHP for Homeowners | \$ | <u> </u> |
| <u> </u> Incidental Expenses for Homeowners (if separate claim) | \$ | <u> </u> |
| <u>X</u> RHP for Tenants & Certain Others: | | |
| Rental: Total approved \$ <u>3,732.00</u> ; Annual amount. | \$ | <u>933.00</u> |
| or Purchase: | \$ | <u> </u> |
| <u>X</u> Fixed Moving Payment | \$ | <u>100.00</u> |
| <u>X</u> Dislocation Allowance. | \$ | <u>200.00</u> |
| <u> </u> Actual Moving Costs. | \$ | <u> </u> |
| <u> </u> Storage Costs (if separate claim). | \$ | <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> |

new

Name of Client Jerry W. Marshall

Less - \$ *

Move from 247 N. Fargo

Total \$ 1233.00

7560

Accounting: Indicate symbol & Acct. No.

E1501 Relocation Payment; Project Cost *()

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

| | |
|---------------------------------------------------|------------------------------|
| NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY: | PROJECT NAME (if applicable) |
| Portland Development Commission | Emanuel Hospital Project |
| 1700 S. W. Fourth Avenue | PROJECT NUMBER: ORE. R-20 |
| Portland, Oregon 97201 | |

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

Jerry W. Marshall

_____ Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-3-13

a. Address: FARGO
247 N. Marshall, Portland, Oregon

b. Apartment or room number: 2

c. Number of bedrooms: 1

d. Monthly rental: \$ 20.00

e. Date you moved out of this dwelling: 6-1-72
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code):
2915 N. E. DEKLEVI
1722 N. E. Saratoga, Portland, Ore. 97211

b. Apartment or room number: _____

c. Number of bedrooms: 2

d. Monthly rental: \$ 85.00

e. Date you moved into this dwelling: 6-1-72
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.

June 5, 1972
Date

Jerry W Marshall
Signature of Claimant (s)

Complete the following table if you have incurred incidental expenses in connection with the purchase of your replacement dwelling:

| COSTS INCURRED BY CLAIMANT | | | | FOR LOCAL AGENCY USE |
|----------------------------|----------------------------------------------|-------------------------------|------------------------------------|----------------------|
| Item (a) | 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.)

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

NAME OF CLAIMANT Jerry W. Marshall

Parcel No. A-3-13

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: 1951

Date of Acquisition: N/A

Owner-Occupant's initial date of ownership: _____

2. Did the claimant rent or own the dwelling at least 90 days prior to the initiation of negotiations? Yes No

Date of Rental or Purchase: 1951

Date of Initiation of Negotiations: 3-17-72

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:

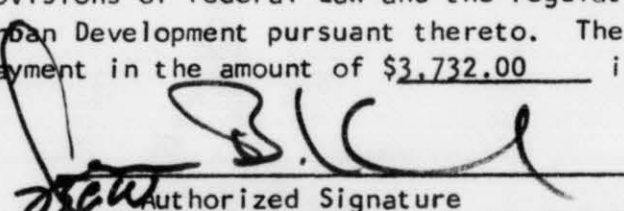
Month-Day-Year

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 \$3,732.00 is authorized.

8-30-72

Date


Authorized Signature

5. RECORD OF PAYMENTS

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year

2nd Year

3rd Year

4th Year

Date of Payment

Check Number

Amount

| | <u>Date of Payment</u> | <u>Check Number</u> | <u>Amount</u> |
|----------------------|------------------------|---------------------|------------------|
| (1) Lump-sum payment | _____ | _____ | \$ _____ |
| (2) Annual payment | _____ | _____ | \$ _____ |
| 1st Year | <u>1/6/72</u> | <u>522EH</u> | \$ <u>933.00</u> |
| 2nd Year | <u>9/26/73</u> | <u>822EH</u> | \$ <u>933.00</u> |
| 3rd Year | <u>9/9/74</u> | <u>767EH</u> | \$ <u>733.00</u> |
| 4th Year | <u>6-11-75</u> | <u>1067EH</u> | \$ <u>933.00</u> |

b. Claimant moved to unit he purchased

_____ \$ _____

c. Homeowner temporarily displaced

_____ \$ _____

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

August 25, 1972

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwiddden, Chief

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

Attn: Jim Crolley

Re: 2815 N. E. Dekum Street
M. M. Wall

Dear Sirs:

As the result of a displaced person and at your request, an inspection was made by the Housing Division of the one-story with attic, wood frame, two-bedroom, single-family dwelling and detached garage at the above address.

Our inspector reports the structures comply with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CHF:vm

cc: Mrs. Nell Colbert
2815 N. E. Dekum Street

September 9, 1974

Mr. Jerry W. Marshall
5220 S. W. 42nd
Portland, Oregon 97221

Dear Mr. Marshall:

Enclosed you will find our Warrant No. 967EH in the amount of \$933.

This represents the third annual instalment of the rental assistance payment to which you are entitled as a result of your displacement from 247 N. Fargo Street.

To remain eligible for the fourth and final payment, you must continue to occupy standard housing.

Very truly yours,

Benjamin C. Webb
Chief, Relocation

BCW:ch
Encl.

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 967 EHDATE September 9, 19 74PAY TO **Jerry W. Marshall**

\$ 933.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|-----------------------------|-----------------------------------------------------------------------------------------------|------------------------|
| | | Reimbursement per Claim for RHP for Tenants filed. Move from 247 N. Fargo (Parcel A-3-13). | |
| | | Total approved 3rd annual payment | \$3,732.00 \$933.00 |

Account Distribution

NO.

TITLE

AMOUNT

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Ben Webb (Relocation Advisor) DATE August 21, 1974

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

RE: Jerry W. Marshall (Emanuel) 2815 N.E. Dekum
(Displacee) (Address)

No. 3rd \$ 933.00 9/74
(annual payment) (amount) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 5220 S. W. 42nd, San Francisco Square, Phone 245-4290

Date Inspected: _____ Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: _____

SIGNED: Jerry W. Marshall
(Displacee)

SIGNED: _____
(Relocation Advisor)

DATE: Sept 3, 1974

DATE: _____

TO: Bob Douglas, Accounting Dept.

DATE: 9/9/74

FROM: Ben Webb

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: Jerry W. Marshall

PROJECT: Emanuel

FOR: 3rd annual TACO payment

AMOUNT: \$933.00

SIGNED: Benjamin C. Webb

Ben:

97221

C.H. DO WE
HAVE THE FILE?

Made an appointment and went
out to see the property at
5220 S.W 42nd occupied
by Jerry Marshall and
Lawrence Anderson, owner,
who verified that Jerry
does share this Condominium.

These places are fairly new
and appear to be in standard
condition at this time.

His file is there with
interview files so I am
sending this to you.

A.G.

RESIDENTIAL RELOCATION RECORD

Project Name EMANUEL Parcel No. A-3-13 Advisor BCW
 Client's Name Marshall Jury Phone 221-7990
 Address 247 N. Fargo Ethn B Age 20
 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 4C Bureau \$ 5312 -
 Address _____
 Other Source of Income _____ \$ _____
 Total Monthly Income \$ (5312 -)

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 4-17-72 Date of info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 1951

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

Date of initiation of negotiations for purchase of property 2-3-72

Date of Acquisition _____

Date of letter of Intent _____

Date of move 6-1-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1910

Size of Habitable Area 1152

Furnished with claimant's furniture
 YES NO

Basement Apt of parents home

Total Number of Rooms 7 Rent Paid \$ 20⁰⁰ Utilities _____

Number of Bedrooms 1 Monthly Housing Payments \$ _____ Taxes 158.78

Liens \$ _____ (please explain) _____

Acquisition Price \$ 8,500 Amenities _____

REPLACEMENT DWELLING UNIT

Address 28137 E. DeSoto LPA Referred _____ Self Referred
1722 NE Santa Ana

| | | | |
|----------------|--|-----------------|--|
| Private Sales | | Single Family | |
| Private Rental | | Duplex | |
| Other | | Multiple Family | |

Outside city Outside state

Age of Housing Unit _____

Size of Habitable Area _____

No. of Rooms 1 No. of Bedrooms 1

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 \$ 3732

Amount of Annual Payment \$ 933

No. of Housing Referrals to:

Agency Referrals:

_____ Standard Sales

_____ MCV

_____ HAP

_____ OTHER (_____)

_____ Standard Rent

_____ Food Stamp

_____ Legal Aid

_____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

July 24, 1972

Mr. Jerry Marshall
1722 N. E. Saratoga
Portland, Oregon 97211

Dear Mr. Marshall:

Enclosed you will find our check No. 31735 G in the amount of \$300. This represents a dislocation allowance of \$200 and a fixed moving payment of \$100, to which you are entitled as a result of your displacement from 247 N. Fargo Street.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 31735 G

DATE July 21, 19 72

PAY TO THE ORDER OF **Jerry Marshall**

\$300.00

DOLLARS

NON-NEGOTIABLE

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

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|--------------------------|-------------------------------------------------------------------------------------------------|-----------------|
| | | Reimbursement per Claim for Relocation Payment filed. Move from 247 N. Fargo (Parcel A3-13). | |
| | | Dislocation allowance | \$200.00 |
| | | Fixed moving payment - own furn. | <u>100.00</u> |
| | | | <u>\$300.00</u> |

Account Distribution

| NO | TITLE | AMOUNT |
|--------|-----------------------------------------------|----------|
| E 1501 | Relocation Payments (Fixed - Individual) (EH) | \$300.00 |

JMS

RELOCATION PAYMENT

Project: Emanuel Parcel: A3-13

Payable to: Jerry Marshall Amount

| | | |
|-------------------------------------|------------------------------------------------------------------|------------------|
| For: _____ | RHP for Homeowners | \$ _____ |
| _____ | Incidental Expenses for Homeowners (if separate claim) | \$ _____ |
| _____ | RHP for Tenants & Certain Others: | |
| | Rental: Total approved \$ _____; Annual amount. | \$ _____ |
| | or Purchase: | \$ _____ |
| <input checked="" type="checkbox"/> | Fixed Moving Payment | \$ <u>100.00</u> |
| <input checked="" type="checkbox"/> | Dislocation Allowance. | \$ <u>200.00</u> |
| _____ | Actual Moving Costs. | \$ _____ |
| _____ | Storage Costs (if separate claim). | \$ _____ |
| _____ | Business: Moving Expenses. | \$ _____ |
| _____ | Business: In Lieu Payment. | \$ _____ |
| _____ | Business: Storage Costs. | \$ _____ |
| _____ | Business: Loss of Property | \$ _____ |
| _____ | Business: Searching Expenses | \$ _____ |

Name of Client Jerry Marshall Less - \$ _____ *

Move from 247 N. Fargo Total \$ 300.00

Accounting: Indicate symbol & Acct. No.
E1561 Relocation Payment; _____ Project Cost *(_____)

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

Jerry Marshall

2. DATE(S) OF MOVE

June 1, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A3-13

a. Address _____

247 N. Fargo, Portland, Oregon

b. Apartment, Floor, or Room Number 2

c. Was it furnished with your own furniture?

Yes No

d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 2

e. Date you moved into this address: Aug. 1951

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) _____

1722 N. E. Saratoga, Portland, Ore. 97211

b. Apartment, Floor, or Room Number _____

c. Were household goods moved to or from storage?

Yes No

If "Yes", complete table, "Statement of Claim for Storage Costs"

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

Dislocation Allowance \$200.00

Fixed Moving Payment +20.00 100

(Consult local agency)

Total \$ 320.00 300

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.

7/14/72
Date

Jerry Marshall
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:

Jerry Marshall
1722 N E. Saratoga Street
Portland, Oregon 97211

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: _____
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 ^{1/} | Authorized Signature | Date |
|--------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------|----------------|
| A. Fixed Payment and Dislocation Allowance | \$ | | |
| 1. Fixed payment \$ <u>100.00</u> | |  | <u>7-20-72</u> |
| 2. Dislocation allowance \$ <u>200.00</u> | | | |
| 3. Total \$ <u>300.00</u> | \$ <u>300.00</u> | | |
| B. Actual Moving and Related Expenses | \$ | | |
| 1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____ | _____ | _____ | _____ |
| 2. Supplementary payment (s) for storage costs: | _____ | _____ | _____ |
| 3. Final payment for moving expenses covering storage and related costs | _____ | _____ | _____ |

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

5. RECORD OF PAYMENTS MADE

| Date | Check Number | Amount | Date | Check Number | Amount |
|------|--------------|--------|------|--------------|--------|
| | | \$ | | | \$ |
| | | | | | |
| | | | | | |

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Jenny Marshall Project Emerald, R-20
 2. Date(s) of move June 1, 1972 Parcel No. A-3-13
 3. Dwelling unit from which you moved:
 Address 247 N Fargo No. of rooms 6
 ___ Furnished Unfurnished Date you moved into this unit Aug 1951

4. Dwelling unit to which you moved:
 Address 1727 NE Sarasota ST
 Were goods moved to or from storage? ___ Yes No

5. Total claim \$ 120.00

 FIXED PAYMENT: \$200 + \$ 120.00 = \$ 320.00

ACTUAL MOVING COSTS

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

 STORAGE COSTS

Name, address and ZIP code of storage company _____

A. Type of claim
 ___ initial ___ supplementary ___ final

B. Storage period
 1. Total period: ___ months. Check one: ___ Actual ___ Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____

C. Storage Costs

| | | |
|------------------------------------|----------|-----------------|
| | | <u>Approved</u> |
| 1. Monthly rate | \$ _____ | \$ _____ |
| 2. Total costs actually incurred | \$ _____ | \$ _____ |
| 3. Amount previously received | \$ _____ | \$ _____ |
| 4. Amount claimed (line 2 minus 3) | \$ _____ | \$ _____ |

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

WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING
PAYMENT FOR TENANTS AND CERTAIN OTHERS

NAME AND ADDRESS OF CLAIMANT:

Jerry W. Marshall
1722 NE Saratogo

COMPUTATION PREPARED BY:

B.W.
Name

Date

C. 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
 Comparative
 Other)
- 2. Base monthly rental for claimant's former dwelling, or
25% of adjusted monthly income, whichever is less. \$ 20.00

Computation

- 3. Line 1 minus Line 2, multiplied by 48

| | | |
|--------|-------------------|-----------------|
| Line 1 | \$ <u>97.75</u> | |
| Line 2 | - \$ <u>20.00</u> | |
| | \$ <u>77.75</u> | |
| X | <u>48</u> | \$ <u>3732.</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.) \$ 3732.-
- 5. Minus adjustments (Attach full explanation) - \$ 0
- 6. Amount of rental assistance payment
(Line 4 minus Line 5) \$ 3732
- 7. Annual Payment \$ 933.00

(Enter this amount in the space provided in Block 3 on
page one of Replacement Housing Payment for Tenants
and Certain Others)

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

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Emanuel

PROJECT NO. R.20

1. Full name of claimant: _____ Family Individual

Jerry W Marshall

2. Dwelling unit from which you moved: Parcel No. A-3-13

a. Address _____ c. Number of bedrooms 1

247 N Marshall d. Monthly rental \$ 20.00

b. Apartment or room number 2 e. Date displaced 6-1-72

3. Dwelling unit to which you moved (RENTAL)

a. Address _____ c. Number of bedrooms 2

1722 NE Saratoga d. Monthly rental \$ 85.00

b. Apartment or room number - e. Date moved in 6-1-72

4. Dwelling unit to which you moved (PURCHASE)

a. Address _____ c. Downpayment \$ _____

b. Number of bedrooms _____ d. Incidental expenses \$ _____

e. Date of purchase _____

5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)

a. Address from which you moved _____

b. Address to which you moved _____

c. Date of move _____

d. Monthly rental for temporary unit: \$ _____

e. Require temporary housing for more than 3 months? Yes No

If yes, total number of months in temporary housing _____ months

Incidental expenses.

| <u>Item</u> | <u>Charged to claimant</u> | <u>Paid by Claimant</u> | <u>Claimed</u> | <u>Approved</u> |
|-------------|----------------------------|-------------------------|----------------|-----------------|
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

List of documents submitted (attached) in support of above:

Determination

1. Did claimant rent or own at time of acquisition? Yes No

Tenant's initial date of rental 1951

Date of acquisition n/a

Owner-occupant's initial date of ownership _____

2. Did claimant own or rent 90 days prior to initiation of negotiations? Yes No

Date of rental or purchase 1951

Date of initiation of negotiations 3-17-72

3. Is replacement housing standard? Yes No

If previously substandard, date found standard _____

4. Certification:

(Amount of this claim \$ X 3732.00)

copy

MEMORANDUM

Date ~~JUNE 12, 1972~~

TO: Rehab
FROM: Relocation
SUBJECT: Relocation Housing Inspection

~~JERRY W. MARSHALL~~ has come on our caseload by being displaced from his/her residence at ~~247 N. FARGO~~ by ~~THE EMANUEL HOSPITAL PROJECT~~

~~MR. MARSHALL~~ has found a replacement dwelling at ~~1722 N. SARATOGA~~. Will you please have the property inspected to insure that it meets relocation standards and a copy of the inspection report sent to me.

An appointment to inspect the property may be made by calling ~~349-0385~~

~~JKL~~
(Initials)

7/17/72 TELEPHONED JOYCE PETERS ON THIS. PLUMBING AND ELECTRICAL INSPECTIONS HAVE BEEN MADE BUT NOT BUILDING INSPECT. JOYCE SAID THAT SHE WOULD CALL IT IN RIGHT AWAY