

	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, LUCTLE 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 Marshall
PROJECT W. Manuel
RELOCATION ADVISOR DCW

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 6/1/92
- 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)

6/14/75 DATE FILE CLOSED

R E S U M E

April 14, 1975

Client rented from her parents (one room) in a dwelling acquired by ADC - She relocated to an apartment and was eligible for RHP-TACO and moving and dislocation allowances.

CASE CLOSED

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME JOYCE M. MARSHALL RELOCATION ADVISOR 248 CV
 ADDRESS 247 N. FARGO PHONE _____ PROJECT NAME Emanuel
 SEX F ETHN B VETERAN _____ AGE 22 PARCEL NO. A-3-13
 MARITAL STATUS S TENURE _____
 DISABILITY _____ INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW APRIL 17, 1972 DATE INFO PAMPHLET DELIVERED 4/17/72
 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 PORTLAND PUB. SCHOOLS \$ 7450
 Address PORTLAND, OREGON
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 7450

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

		S	SS
Subsidized Sales	Single Family	<u>X</u>	
Subsidized Rental	Multiple Family		
Public Housing	Duplex		
Private Rental	Mobile Home	<u>X</u>	
Private Sales			

Age of Structure _____ No. Rooms _____
 No. Bedrooms _____ Furn. _____ Unfurn X
 Utilities \$ 20
 Monthly Payments (Rent) \$ 20
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	
Food Stamp Program	
Housing Authority	
Legal Aid	
FISH	<u>NA</u>
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 2809 N.E. 10 AVE Phone 284-1694 Date of Move JUNE 6, 1974

WHERE RELOCATED:

				S	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	<input checked="" type="checkbox"/>	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)	464EH	7-5-72	\$ 933.00
TACO (Rental)	803-EH	7-22-73	\$ 933.00
TACO (Rental)	952EH	7-17-74	\$ 933.00
TACO (Rental)	1069EH	6-11-75	\$ 933.00
TACO (Sales)			\$
Fixed Moving	519EH	8/30/72	\$ 260.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ 3992.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date

Relocation
Worker

4/17/72 AT CLIENT'S REQUEST, MET WITH HER AT C-CAP, 106 N.E. MORRIS TO DISCUSS HER RELO BENEFITS. CLIENT IS A SINGLE WOMAN WHO LIVES WITH HER PARENTS. SHE PAYS \$70 PER MONTH. AT ONE TIME SHE HAD HAD HER OWN APARTMENT. SHE HAS HER OWN FURNITURE WHICH SHE USES IN HER ROOM. CLIENT NOW WANTS TO MOVE INTO HER OWN APT AGAIN.

4/24/72 This room rent seem in line with Economic Rent for area based appraisal of house (\$500.0)

6/5/72 CLIENT REPORTED TO SIGN CLAIM FORMS

6/23/72 Copy of Inspection come in

6/16/75 all claims have been paid to client.

Case closed.

BCLW

JSCW

CR

BLB

June 13, 1975

Miss Joyce Marshall
1026 N. E. 107th Place
Portland, Oregon 97220

Dear Miss Marshall:

^s
Enclosed you will find Varrant No. 1069 EH in the amount of \$933.00, which represents a fourth and final Rental Assistance Payment due you as a result of your displacement from 247 N. Fargo Street.

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

Very truly yours,

Betty R. Burns
Relocation Advisor

BRB:rgd
Enc.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 1069 EH

DATE June 11, 19 75

PAY TO **Joyce 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 RS-4-7)... Total approved \$3,732.00 4TH & FINAL PAYMENT	\$933.00

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: LS 4-7

PAYABLE TO: Joyce Marshall

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 \$ <u>372.00</u> ; Annual amount \$ <u>933.00</u>	\$	_____
<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 Joyce 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

JSCW

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley DATE May 1, 1975
(Relocation Advisor)

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

RE: Joyce Marshall 2809 N. E. 10th
(Displacee) (Address)

No. 4th & Final \$ 933.00 6-5-75
(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: 1026 NE 107th Place, Portland, Oregon

Date Inspected: _____ Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Present address (Miss Marshall's parents) is standard dwelling.

SIGNED: Joyce Marshall
(Displacee)

SIGNED: Betty L. Burns
(Relocation Advisor)

DATE: May 30, 1975

DATE: 6/2/75

TO: Accounting

DATE: 6/2/75

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: Joyce Marshall

PROJECT: Essexwood

FOR: 4th and final RHP-TACO

AMOUNT: 933.00

SIGNED: Betty L. Burns

J.C.W.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 952 EH

DATE July 17, 1974

PAY TO **Joyce 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 - 2809 NE 10th 3RD YR ANNUAL PAINT. <i>Joyce Marshall</i> <i>July 25, 1974</i>	\$933.00

Account Distribution

NO. TITLE AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: A 3-13

PAYABLE TO: Joyce Marshall

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 \$ <u>3732</u> ; Annual amount \$ <u>933.00</u>	\$ <u>933.00</u>
<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 Joyce Marshall Family Less - \$ _____ *

Move from 247 N. Fargo Individual Total \$ 933.00

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

Jmc
Law

0600 X10 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon DATE June 24, 1974
(Relocation Advisor)

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

RE: Joyce Marshall 2809 NE 10th Ave.
(Displacee) (Address)

No. 3rd \$ 933.00 July, 1974
(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: 2809 N.E. 10th Ave.

Date Inspected: 7/9/74 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Displacee still occupies same dwelling
as of last payment. Appears to be in standard
condition at this time.

SIGNED: Joyce Marshall
(Displacee)

SIGNED: Alma Gordon
(Relocation Advisor)

DATE: July 8, 1974

DATE: 7/9/74

TO: Bob Douglas

DATE: 7/9/74

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: Joyce Marshall

PROJECT: Emanuel

FOR: 3rd Annual TACO Payment

AMOUNT: \$933.00

WJ

SIGNED: Alma Gordon

Shaw

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

Joyce Marshall

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-3-13

- a. Address: 247 N. Fargo, Portland, Oregon
b. Apartment or room number: _____
c. Number of bedrooms: 1 (roomer)

- 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): 2809 N.E. 10th Ave., Portland, Oregon 97212
b. Apartment or room number: _____
c. Number of bedrooms: 1 (roomer)

- d. Monthly rental: \$ 100.00
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

Joyce Marshall
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.)

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

NAME OF CLAIMANT Joyce Marshall

Parcel No. A-3-13

NAME OF LOCAL AGENCY Portland, Deveopment 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: 3/14/72

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:

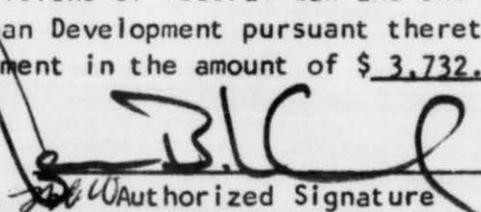
Month-Day-Year

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.

7-11-72

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>7-5-72</u>	<u>464EH</u>	\$ <u>933.00</u>
2nd Year	<u>7-22-73</u>	<u>803EH</u>	\$ <u>933.00</u>
3rd Year	<u>7-17-74</u>	<u>952EH</u>	\$ <u>933.00</u>
4th Year	<u>6-11-75</u>	<u>1069EH</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

June 23, 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. Chegwidden, Chief

Portland Development Commission
5630 N. E. Union Avenue
Portland, Oregon 97211

Attn: Ben Webb

Re: 2809 N. E. 10 Avenue

Gentlemen:

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

Miss Joice Marshall is renting one bedroom in this dwelling which is in standard condition and complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidden

S. J. Chegwidden
Chief Housing Inspector

CMC:vm

MEMORANDUM

Date JUNE 17, 1972

TO: Rehab
FROM: Relocation
SUBJECT: Relocation Housing Inspection

Joyce Marshall has come on our caseload by being displaced from his/her residence at 247 N. Fargo by THE EMANUEL HOSPITAL PROJECT

MISS MARSHALL has found a replacement dwelling at 2509 N.E. 10 AVE. 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 754-1691
DANIELS

DBW
(Initials)

Elec Shop 4/13/72 } no code violations
P/bq 4/22 }
This house was rehabbed 3/12/115R - off work load 3/21/72
All inspections were made at that time &
the has certified to code/ptals Recertified 4/23/72

RESIDENTIAL RELOCATION RECORD

Project Name EMANUEL Parcel No. A.3.13 Advisor BCW
 Client's Name Marshall Joyce Phone
 Address 247 N. Fargo Ethn B Age 22
 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 Portland Public Schools \$ 7450-
 Address
 Other Source of Income \$
 Total Monthly Income \$ (7450-)

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	
Private Rental		Duplex	
Other		Multiple Family	

Age of Housing Unit 1910

Size of Habitable Area 1152

Furnished with claimant's furniture
 YES NO

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 2809 NE 16th LPA Referred _____ Self Referred

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

Outside city Outside state

Age of Housing Unit _____

Size of Habitable Area _____

No. of Rooms _____ No. of Bedrooms _____

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____

Taxes \$ _____

RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ _____

Utilities \$ _____

Total Rent Assistance \$ 3732 -

Amount of Annual Payment \$ 933 -

No. of Housing Referrals to:

_____ Standard Sales

_____ Standard Rent

Agency Referrals:

_____ MCI/ _____ HAP _____ OTHER (_____)

_____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

May 9, 1975

Miss Joyce Marshall
2809 N. E. 10th Avenue
Portland, Oregon 97212

Dear Miss Marshall:

A fourth and final rental assistance payment will be due you on June 5, 1975.

In order to make this payment to you on a timely basis, it will be appreciated if you will notify the Portland Development Commission of your continued occupancy in a standard dwelling.

Thank you for your cooperation.

Very truly yours,

Betty R. Burns
Relocation Advisor

BRB:rd

August 23, 1973

Miss Joyce Marshall
2809 N. E. 10th Avenue
Portland, Oregon 97212

Dear Miss Marshall:

Enclosed you will find our Warrant No. 803 EH in the amount of \$933.

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

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

BCV:ch
Enclosure

July 13, 1973

Miss Joyce Marshall
2809 N. E. 10th Avenue
Portland, Oregon 97212

Dear Miss Marshall:

You may now be eligible to receive your second annual rent assistance payment. However, before we can process the payment it will be necessary that we inspect your present dwelling to determine that it meets local building codes.

Will you, therefore, telephone the undersigned to arrange a time for the inspection.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emanuel

PROJECT NO. ORE R-20

1. Full name of claimant: Joyce Marshall Family Individual
2. Dwelling unit from which you moved: Parcel No. A-3-13
 a. Address 247 N Fargo c. Number of bedrooms 1 (roomer)
 b. Apartment or room number — d. Monthly rental \$ 20.00
 e. Date displaced 6-1-72
3. Dwelling unit to which you moved (RENTAL)
 a. Address 2809 NE 10th c. Number of bedrooms 1 (roomer)
Portland, Oregon d. Monthly rental \$ 100.00
 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 1 (roomer) 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 3-14-72
3. Is replacement housing standard? Yes No
 If previously substandard, date found standard _____
4. Certification:
 (Amount of this claim \$ ~~3,732.00~~ 3,732.00)

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:

Joyce Marshall - 247 N Jargo
97227

PROJECT NAME (if applicable)

PROJECT NUMBER:

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

Joyce Marshall

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. _____

a. Address: 247 N Jargo

d. Monthly rental: \$ 20.⁰⁰

Portland, Ore

e. Date you moved out of this dwelling: June 1, 1972

b. Apartment or room number: 247 N Jargo

Month-Day-Year

c. Number of bedrooms: _____

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): 2809 NE 10th

d. Monthly rental: \$ 100.⁰⁰

Portland, Ore

e. Date you moved into this dwelling: June 1, 1972

b. Apartment or room number: _____

Month-Day-Year

c. Number of bedrooms: _____

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

a. Address (include ZIP Code): _____

d. Incidental expenses (total from table on next page): \$ _____

b. Number of bedrooms: _____

e. Date you purchased this dwelling: _____

c. Downpayment: \$ _____

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: _____

d. Monthly rental for temporary unit: \$ _____

b. Address of dwelling unit to which you moved (include ZIP code): _____

e. Will you require temporary housing for more than 3 months?
Yes _____ No _____

c. Date of move: _____

Month-Day-Year

If "Yes", total number of months you will require temporary housing: _____ months

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

NAME AND ADDRESS OF CLAIMANT:

Joyce Marshall

COMPUTATION PREPARED BY:

BW

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.

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Ben Webb
(Relocation Advisor)

DATE July 3, 1973

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

RE: Joyce Marshall
(Displacee)

2809 N.E. 10th
(Address)

No. 2nd
(annual payment)

\$ 933.00
(amount)

7/12/73
(date due)

8/22/73 # 903EH \$ 933.00 39

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: 2809 N.E. 10 AVE

Date Inspected: AUG 19, 1973 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: no

Comments: NO CHANGE. SEE BUREAU OF BUILDINGS LETTER OF JUNE 23, 1972

SIGNED: Joyce Marshall
(Displacee)

SIGNED: B.C. Webb
(Relocation Advisor)

DATE: AUG 19, 1973

DATE: AUG 19, 1973

TO: BOB DOUGLAS

DATE: AUG 20, 1973

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: JOYCE MARSHALL

PROJECT: EMANUEL HOSPITAL

FOR: 2ND ANNUAL TACO

AMOUNT: 933.00

SIGNED: B.C. Webb

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Joyce Marshall Project EMANUEL HOSPITAL
 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 1
 Furnished Unfurnished Date you moved into this unit 1951

4. Dwelling unit to which you moved:
 Address 2809 NE 10th
 Were goods moved to or from storage? Yes No

5. Total claim \$ 260.00

FIXED PAYMENT: \$200 + \$ 60 = \$ 260

ACTUAL MOVING COSTS

6. Name of moving company (or person) Samuel Lee Bryant
 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

1. Monthly rate	\$ _____	<u>Approved</u> \$ _____
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

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 519 EH

DATE August 30, 1972

PAY TO **Joyce Marshall**

\$ 260.00

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
		<p>Reimbursement per Claim for Relocation Payment filed. Move from 247 N. Fargo (Parcel A-3-13).</p> <p>Dislocation allowance \$200.00 Fixed moving payment - Individual <u>60.00</u></p>	<p><u>\$260.00</u></p>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - Individual)	\$260.00

August 30, 1972

Miss Joyce Marshall
2809 N. E. 10th Avenue
Portland, Oregon 97212

Dear Miss Marshall:

Enclosed you will find our Warrant No. 519 EH in the amount of \$260.

This represents a fixed payment for moving costs of \$60, plus a dislocation allowance of \$200.

It has been a pleasure to be of assistance to you in your relocation.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure

RELOCATION PAYMENT

Project: Emanuel R-20 Parcel: A-3-13

Payable to: Voyce Marshall

Amount

For: <input type="checkbox"/>	RHP for Homeowners	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners (if separate claim)	\$	_____
<input type="checkbox"/>	RHP for Tenants & Certain Others:		
	Rental: Total approved \$ _____; Annual amount.	\$	_____
	or Purchase:	\$	_____
<input checked="" type="checkbox"/>	Fixed Moving Payment	\$	<u>600.00</u>
<input checked="" type="checkbox"/>	Dislocation Allowance.	\$	<u>200.00</u>
<input type="checkbox"/>	Actual Moving Costs.	\$	_____
<input type="checkbox"/>	Storage Costs (if separate claim).	\$	_____
<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 Voyce Marshall

Less - \$ _____*

Move from 247 N. Fargo Port. Ore.

Total \$ 260.00

Net

Accounting: Indicate symbol & Acct. No.

E1501

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

1. FULL NAME OF CLAIMANT _____ Family Individual

Joyce Marshall

2. DATE(S) OF MOVE
 6/1/72

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

a. Address _____ d. Number of rooms occupied (ex-
247 N. Fargo, Portland, Oregon cluding bathrooms, hallways,
 b. Apartment, Floor, or Room Number _____ and closets: 1
 c. Was it furnished with your own furniture? e. Date you moved into this
X Yes _____ No address: 1951

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) _____ c. Were household goods moved to
2809 N.E. 10th Ave., Portland 97212 or from storage?
 b. Apartment, Floor, or Room Number _____ 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>	
Fixed Moving Payment	<u>60.00</u>	
(Consult local agency)		Total \$ <u>260.00</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.

Aug 24, 1972
 Date

Joyce 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:

Joyce Marshall
2809 N. E. 10th Ave.
Portland, Oregon 97212

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 <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>60.00</u>			<u>8-24-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>260.00</u>	\$ 260.00		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>8/30/72</u>	<u>519EH</u>	<u>\$ 260.00</u>			\$

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 464 EH

DATE July 12, 19 72

PAY TO **Joyce 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
E 1501	Relocation Payment (RHP) (EH)	\$933.00

JMS

July 13, 1972

Miss Joyce Marshall
2809 N. E. 10th Avenue
Portland, Oregon 97212

Dear Miss Marshall:

Enclosed you will find our Warrant No. 464 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

RELOCATION PAYMENT

Project: Emanuel R-20 Parcel: A-3-13

Payable to: Joyce 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> </u> Fixed Moving Payment	\$	<u> </u>
<u> </u> Dislocation Allowance.	\$	<u> </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>

Name of Client Joyce Marshall Less - \$ *

Move from 247 N. Fargo Total \$ 933.00

Accounting: Indicate symbol & Acct. No.
E1501 Relocation Payment; Project Cost * ()

COPY

MEMORANDUM

Date JUNE 12, 1972

TO: Rehab
FROM: Relocation
SUBJECT: Relocation Housing Inspection

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

MISS MARSHALL has found a replacement dwelling
at 2509 N.E. 10 AVE. 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 284-1694.

Jew
(Initials)

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

March 20, 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

Mr. & Mrs. Clifford E. Daniels
2809 N. E. 10 Avenue
Portland, Oregon 97212

Re: 2809 N. E. 10 Avenue

Dear Mr. & Mrs. Daniels:

A reinspection was made by the Housing Division of your one-story, wood frame, single-family dwelling with unfinished attic and attached garage at the above address.

Our inspector reports the substandard conditions have been corrected and the structure complies with City of Portland Housing Regulations and Property Rehabilitation Standards at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CMC:vm
cc: Portland Development Comm.

C O P Y

284-1694

YVSS

PLEASE SEE THE ATTACHED AND OPEN FILES IF WE DO NOT ALREADY HAVE FILES OPEN FOR THEM. I WAS TOLD BY THE CLIENTS AND MR. & MRS. MARSHALL THAT GERRY LIVES IN A 3 ROOM APT IN THE BASEMENT. IF THIS IS SO THEN IT WOULD APPEAR TO ME THAT THE THE LIMITATIONS OF CHAPTER 6, SEC 4, PARAGRAPH 54, PAGE 27 WOULD NOT APPLY. JOYCE LIVES WITH HER PARENTS. HOWEVER, SHE ARGUES THAT SINCE SHE IS 23 YEARS OLD, WITH HER OWN INCOME SHE SHOULD BE CONSIDERED AS A TENANT AND NOT HAVE HER

(7)

BENEFITS COMPARED WITH THE PARENTS
BENEFITS. I DO NOT SEE ANY PROBLEM
THIS. DO YOU?

J. C. W.