

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

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER JC PROJECT NO. Ore. R-20 PARCEL E-4-7

NAME McALLISTER, Ray ADDRESS 423 N. Russell APT NO. #1

PHONE _____ INITIAL INTERVIEW _____ SEX M W NW B AGE 61

U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE _____

FAMILY COMPOSITION

Name	Relation	Age
<u>Estella</u>	<u>wife</u>	<u>55</u>

Employer: Name (see survey) \$ _____
 Address _____
 MCM Caseworker _____
 Social Security _____
 VA. Fed. Mult Co.
 Pension: Name _____
 Other: Name _____

 TOTAL MONTHLY INCOME _____

Rent 47.00, Inc. Heat Water Gas Gar Elec Unfurn Furn No. Rms 3

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 hsg. with refusal of further aid _____
 Standard sales housing _____
 Sub-standard sales hsg. _____
 Out-of-town _____
 Address unknown, abandoned _____
 Evicted, no further assistance _____
 Other (explain) _____

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

FAMILY REFUSED ADDITIONAL ASSISTANCE.
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: _____ Zip _____ Phone _____

DATE	NOTES	C/W
1/15/71	Flyer delivered by Jim Crolley. Woule like meeting.	
2/20/71	Survey: Would like to rent house (2bedroom) in NE area	JC
5/27/71	McAllister's moved and left no forwarding address. New tenants have moved in.	JC

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER _____ PROJECT NO. 820 PARCEL E 4-7

NAME McAllister, Ray ADDRESS 423 N Russell APT NO. #1

PHONE _____ INITIAL INTERVIEW _____ SEX M W _____ NW B AGE 61

U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 4 yrs

FAMILY COMPOSITION

Name	Relation	Age
<u>Ray</u>	<u>Wife</u>	<u>55</u>

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

TOTAL MONTHLY INCOME _____

Rent 47.00, Inc. Heat 6.45 Water _____ Gas 18.00 Gar _____ Elec 4.00 Unfurn _____ Furn _____ No. Rms 3

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 hsg. with refusal of further aid _____
 Standard sales housing _____
 Sub-standard sales hsg. _____
 Out-of-town _____
 Address unknown, abandoned _____
 Evicted, no further assistance _____
 Other (explain) _____

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

FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: _____ Zip _____ Phone _____

HOUSING RESOURCES SURVEY

RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF
EMANUEL HOSPITAL PROJECT AREA

(To be filled in for each dwelling unit in the Project Area)

Analyst UC Date of survey 2/20/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. B Structure No. 8 Census Block No. 76 Census Tract No. 22A
 Street Address 423 N. Russell Apartment No. #1

A. Status Of Relocation Assistance Needs At This Dwelling Unit:

1. Assistance may be needed, yes , no
2. Why no assistance may be needed
 - a. Vacant
 - b. Will be vacated on the following date _____
 - c. Other reasons _____

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

Name	Family relation	Age	Sex	Occupation
1. <u>Ray McAllister</u>	<u>Head of household</u>	<u>61</u>	<u>M</u>	<u>DISABLED 167</u>
2. <u>Estella</u>	<u>wife</u>	<u>55</u>	<u>F</u>	<u>TEMP. DISABLED</u>
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____

C. Family Income And Extent Of Travel To Locations Of Employment:

1. Jobholders in this household, employers and location of jobs:			Distance
Names of jobholders	Names of employers	Street address where jobs are located to work	
_____	<u>PIRD EYE</u>	<u>HALBORO</u>	<u>2.5</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Monthly income from jobs and from all other sources received by persons in this household:

Names of persons in this household who have income from any source	Amount of income per month	
	In month before this survey	In an average month during 1970
<u>PUBLIC WELFARE</u>	<u>\$ 81.39</u>	<u>\$ 7.30 P HR</u>
_____	_____	_____
<u>Total family or household income per month</u>	<u>\$ 81.39</u>	<u>\$ _____</u>

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

1. Location (indicate approximate cross streets) NE
2. Transportation, number of autos owned NO, use bus , walk _____
3. Will rent house , apartment _____, expect to pay rent, including utilities, at \$ 83 per mo. (Furniture is owned, yes , no _____, stove and refrigerator owned, yes _____, no _____)
4. Will buy house in price range \$ _____, down payment of \$ _____, monthly payment of \$ _____
5. If now buying this house, how much are payments on contract or mortgage monthly \$ _____
6. Size of unit to be sought, number of bedrooms 2, kitchen 1, dining room 1, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit _____
7. Other characteristics W O (B) I M

access records filed in
apartment house file