

|                       | DESCRIPTION                                 | ROLL NO | ODOMETER |
|-----------------------|---|---------|----------|
| PARCEL NO.<br>RS-3-4  | MARSHALL, Laverne<br>2740 N. VANCOUVER      |         |          |
| PARCEL NO.<br>A-3-13  | MARSHALL, LOUIS<br>247 N. FARGO             |         |          |
| PARCEL NO.<br>R-14-8  | MERCER, EMILIE<br>511 N. MORRIS             |         |          |
| PARCEL NO.<br>R-10-15 | MINNEWEATHER, STEWART<br>3117 N. COMMERCIAL |         |          |
| PARCEL NO.<br>A-3-17  | MITCHELL, JAMES HENRY<br>217 N. FARGO       |         |          |
| PARCEL NO.<br>A-8-10  | MONTAGUE, CHARLES<br>319 N. FARGO           |         |          |
| PARCEL NO.<br>A-3-19  | MORGAN, EUGENE<br>3213 N. VANCOUVER         |         |          |
| PARCEL NO.<br>A-3-19  | MORGAN, RONNIE<br>3213 N. VANCOUVER         |         |          |
| PARCEL NO.<br>A-2-4   | NAILEN, ERMA ELAINE<br>3100 N. GANTENBEIN   |         |          |
| PARCEL NO.<br>R-14-7  | NICHOLS, RENA ELISESE<br>527 N. MORRIS      |         |          |
| PARCEL NO.<br>A-4-10  | NOLAND, FRANK & ETHEL<br>241 N. COOK        |         |          |
| PARCEL NO.<br>A-2-11  | OVERHOLTS, ANNA<br>3129 N. VANCOUVER        |         |          |
| PARCEL NO.<br>A-3-20  | PACE, THEODORE P.<br>3217 N. VANCOUVER      |         |          |
| PARCEL NO.<br>R-4-7   | PARASHOS, GEORGE<br>423 N. RUSSELL #4       |         |          |
| PARCEL NO.<br>R-14-7  | PARKS, DORINA<br>527 N. MORRIS              |         |          |
| PARCEL NO.<br>E-3-6   | PARRISH, BEVERLY<br>2653 N. COMMERCIAL      |         |          |
| PARCEL NO.<br>A-2-5   | PATTERSON, BILLY<br>227 N. MONROE           |         |          |
| PARCEL NO.<br>E-3-12  | LEWIS, MATTIE (PATTERSON)<br>531 N. RUSSELL |         |          |

**RESIDENTIAL RELOCATION RECORD**

CLIENT'S NAME Marshall, LaVerne RELOCATION ADVISOR J Crolley  
 ADDRESS 2740 N. Vancouver PHONE 284-5787 PROJECT NAME Emanuel ORE, R-20  
 SEX F ETHN black VETERAN \_\_\_\_\_ AGE 22 PARCEL NO. RS 3-4  
 MARITAL STATUS single TENURE tenant  
 DISABILITY \_\_\_\_\_ INDIV \_\_\_\_\_ FAMILY X  
 ELIGIBLE FOR: PUBLIC HOUSING \_\_\_\_\_ FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT \_\_\_\_\_ OTHER \_\_\_\_\_  
 INITIAL INTERVIEW 5-11-71 DATE INFO PAMPHLET DELIVERED \_\_\_\_\_  
 NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_

|   |
|---|
| DATE ON SITE: <u>February 1970</u>              |
| INITIATION OF NEGOTIATIONS: <u>June 4, 1971</u> |
| DATE OF ACQUISITION: <u>October 12, 1971</u>    |

ECONOMIC DATA

Employer \_\_\_\_\_ \$ 264.00  
 Address \_\_\_\_\_  
 MCW \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ \_\_\_\_\_

FAMILY COMPOSITION

| Name     | Relation | Age  |
|----------|----------|------|
| Randy    | son      | 4    |
| Brenda   | sister   | 17   |
| Shawntie | nephew   | 1    |
| Gabriel  | son      | 4 mo |
|          |          |      |
|          |          |      |

**DWELLING UNIT FROM WHICH RELOCATED**

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

Age of Structure \_\_\_\_\_ No. Rooms \_\_\_\_\_  
 No. Bedrooms 1 Furn. \_\_\_\_\_ Unfurn \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Monthly Payments (Rent) \$ 50.00  
 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                     |      |
| 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 5026 N. E. MALLORY (DSE 1972) 5609 N. E. 16th Phone 282-3705 (H) 281-9092 (a) Date of Move October 17, 1971

**WHERE RELOCATED:**

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

Furnished \_\_\_ Unfurnished \_\_\_ Number of Rooms \_\_\_ Number of Bedrooms 2 Habitable Area \_\_\_

Utilities \$ \_\_\_ Monthly Payments (Rent) \$ 125.00 Purchase Price \$ \_\_\_

Age of Structure: \_\_\_ Taxes \$ \_\_\_ Equity \$ \_\_\_ Distance Moved Away \_\_\_

Name of Moving Company \_\_\_\_\_ Name of Realtor \_\_\_\_\_

**BENEFITS RECEIVED**

| Type          | Ck #    | Date     | Amount    |
|---------------|---------|----------|-----------|
| RHP           |         |          | \$        |
| TACO (Rental) | 403 EH  | 5/5/72   | \$ 940.20 |
| TACO (Rental) | 468 EH  | 1-30-73  | \$ 940.20 |
| TACO (Rental) |         |          | \$        |
| TACO (Rental) |         |          | \$        |
| TACO (Sales)  |         |          | \$        |
| Fixed Moving  | 28157 G | 12/13/71 | \$ 260.00 |
| Actual Move   |         |          | \$        |
| Storage       |         |          | \$        |
| Incidental    |         |          | \$        |
| Interest      |         |          | \$        |

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

TOTAL BENEFITS RECEIVED \$ \_\_\_\_\_

TOTAL RHP: \$3,760.80

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

INTERVIEW REGISTER

Relocation  
Worker

| Date     |   | Relocation<br>Worker |
|----------|---|----------------------|
| 4/3/71   | Received call from LaVerne Marshall, age 22, granddaughter of Mr. and Mrs. Ralph Eaton. Legal guardian of sister Brenda (17 years). Could not get into public housing. She was working for Portland Public Schools as a Teacher Aide, but was laid off when funds expired. Needs a three bedroom house, northeast area preferred. |                      |
| 5/11/71  | She wants a new house in the northeast area. Set up an appointment for 2:00 today with Dick Perkins - 235 Housing. Lives with grandparents temporarily until she can find a house for her self.   |                      |
| 5/12/71  | Applied for HAP housing temporarily. Still wants 235. Will get letter from Principal, of employment in September.   |                      |
|          | Must have housing now - expecting in six weeks and there is no room in her grandparents house for all the family.   |                      |
| 5-5-72   | <i>Paid 1st Annual Payment - NOTE in file with claim<br/>made Oct 17, 1971 - Filed Claim Dec 16, 1971<br/>inspected + declared Standard Apr 24, 1972</i>  |                      |
| 1-3-73   | <i>Paid 2nd Annual Payment - New Address 5026 NE 72nd Ave<br/>inspected + declared Standard Jan 19, 1973</i>  |                      |
| 1/29/73  | <i>Claim filed for 3rd Annual TACO payment.</i>   |                      |
| 12/6/73  | <i>Received reimbursement per claim for RHP for move from<br/>2740 N. Vancouver, parcel RS 3-4. Warrant NO. 862 EH<br/>Amount of \$940.20 payable to Laverne Marshall Springer.</i>   |                      |
| 12/7/73  | <i>Check delivered to Mrs. Springer. Signed on receipt<br/>of check.</i>  |                      |
| 1/22/74  | <i>Claim for 4th and final TACO payment filed for Claimant<br/>Laverne Springer.</i>  |                      |
| 11-27-74 | <i>Received reimbursement for claim for TACO for Tenant<br/>for move from 2740 N. Vancouver (parcel RS 3-4)<br/>Warrant NO. 987 EH for the amount of \$940.20<br/>payable to Laverne Springer.</i>  |                      |
| 11/28/74 | <i>Check delivered to client. Signed on receipt of check.</i>   |                      |



URBAN REDEVELOPMENT FUND-PROJECT EXPENDITURES-EMANUEL HOSPITAL, ORE. R-20

Warrant Number

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

N<sup>o</sup> 987 EH

DATE November 27, 1974

PAY TO **LqVerne Marshall Springer**

\$ 940.20

**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<br>CONTRACT NOS. | DESCRIPTION  | AMOUNT                 |
|------|-----------------------------|--|------------------------|
|      |                             | Reimbursement per Claim for RHP for Tenants filed. Move<br>from 2740 N. Vancouver (Parcel RS 3-4). |                        |
|      |                             | Total approved<br>4th and final payment  | \$3,760.80<br>\$940.20 |

**Account Distribution**

*LqVerne Springer 11/29/74*

NO.

TITLE

AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: 89 3-4

PAYABLE TO: Larkine Marshall Springer

|   |                        |    |               |
|---|------------------------|----|---------------|
| For: RHP for Homeowners                                   | .....                  | \$ | _____         |
| Incidental Expenses for Homeowners or Tenants             | .....                  | \$ | _____         |
| X RHP - Tenants & Certain Others - Rental: Total approved | \$316.80 Annual amount | \$ | <u>940.20</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                              | .....                  | \$ | _____         |

76  
 Name of Client Larkine Marshall Springer  Family Less - \$ \_\_\_\_\_\*  
 Move from 2740 N. Vancouver  Individual Total \$ 940.20

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

OK Jme

0600 X10 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley DATE November 20, 1974  
(Relocation Advisor)

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

RE: Laverne Marshall Springer 5026 N.E. Mallory  
(Displacee) (Address)

No. 4th & final \$ 940.20 December 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: 5026 N.E. Mallory

Date Inspected: 11/28/73 Condition:  Standard  Substandard

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

or (2) Displacee notified of ineligibility:  yes  no

Comments: Displacee remains in same location as  
of last payment.

SIGNED: Laverne Springer SIGNED: Alma Gordon  
(Displacee) (Relocation Advisor)

DATE: 11/22/74 DATE: 11/22/74

TO: Bob Douglas DATE: 11-23-74

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:

96

TO: Laverne Marshall Springer  
PROJECT: Emanuel R-20  
FOR: 4th Annual TACO payment  
AMOUNT: \$940.20

SIGNED: Alma Gordon

**CLAIM FOR REPLACEMENT HOUSING PAYMENT  
FOR TENANTS AND CERTAIN OTHERS**

|   |  |
|---|--|
| <b>NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:</b><br>Portland Development Commission<br>1700 S. W. Fourth Avenue<br>Portland, Oregon 97201 | <b>PROJECT NAME (if applicable)</b><br>Emanuel Hospital Project<br><br><b>PROJECT NUMBER:</b> 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 MARSHALL, LaVerne  Family  Individual

2. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. RS-3-4  
 a. Address: 2740 N. Vancouver, Portland, Oregon  
 b. Apartment or room number: ---  
 c. Number of bedrooms: 1  
 d. Monthly rental: \$ 50.00  
 e. Date you moved out of this dwelling: October 15, 1971  
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)  
 a. Address (include ZIP Code): 5609 N. E. 16th, Portland, Oregon  
 b. Apartment or room number: ---  
 c. Number of bedrooms: 2  
 d. Monthly rental: \$ 125.00  
 e. Date you moved into this dwelling: October 17, 1971  
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.

December 6th, 1971  
Date

Salerno 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<br>(a)  | COSTS INCURRED BY CLAIMANT                      |                                  |   | FOR LOCAL<br>AGENCY USE |
|--------------|---|----------------------------------|---|-------------------------|
|              | Charged to Claimant on Closing Statement<br>(b) | Paid Directly by Claimant<br>(c) | Amount Claimed<br>(Col. (b) + (c))<br>(d) | Amount Approved<br>(e)  |
|              | \$  | \$                               | \$  | \$                      |
|              |   |                                  |   |                         |
|              |   |                                  |   |                         |
|              |   |                                  |   |                         |
|              |   |                                  |   |                         |
|              |   |                                  |   |                         |
|              |   |                                  |   |                         |
|              |   |                                  |   |                         |
|              |   |                                  |   |                         |
| <b>TOTAL</b> | \$  | \$                               | \$ <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.)

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

LaVerne Marshall  
5609 N. E. 16th  
Portland, Oregon

NAME OF LOCAL AGENCY:

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

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

1. Does claimant meet basic eligibility requirements?  Yes  No

If "No," explain:

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

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

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

Yes  No

If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

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

NAME AND ADDRESS OF CLAIMANT:

1445 S. LAMAR  
5608 N. S. 1676

COMPUTATION PREPARED BY:

T. J. JAMES  
Name  
12-1-71  
Date

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

Required Information

1. Monthly gross rental for comparable unit 2 bedrooms \$ 178.35  
(cost based on:  Schedule based on need  
 Comparative  
 Other
2. Base monthly rental for claimant's former dwelling, or \$ 50.00  
25% of adjusted monthly income, whichever is less. →

Computation

3. Line 1 minus Line 2, multiplied by 48  

|        |                   |                   |
|--------|-------------------|-------------------|
| Line 1 | \$ <u>178.35</u>  |                   |
| Line 2 | - \$ <u>50.00</u> |                   |
|        | \$ <u>128.35</u>  |                   |
|        | X <u>48</u>       | \$ <u>3760.80</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.) \$ 3760.80
5. Minus adjustments (Attach full explanation) - \$
6. Amount of rental assistance payment (Line 4 minus Line 5) \$ 3760.80
7. Annual Payment \$ 940.20

(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.

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

NAME OF CLAIMANT MARSHALL, LaVerne

Parcel No. RS3-4

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: February, 1970

Date of Acquisition: October 12, 1971

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: February, 1970

Date of Initiation of Negotiations: June 4, 1971

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:

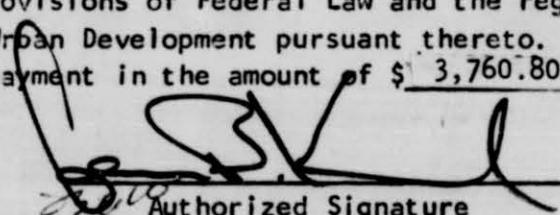
\_\_\_\_\_  
Month-Day-Year

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 \$ 3,760.80 is authorized.

5-4-72

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

\_\_\_\_\_

\_\_\_\_\_

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

5/6/72

403 EN

\$ 740.20

1/25/73

\_\_\_\_\_

\$ 740.20

12/5/73

862 EN

\$ 740.20

11-27-74

787 EN

\$ 740.20

b. Claimant moved to unit he purchased

\_\_\_\_\_

\_\_\_\_\_

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

c. Homeowner temporarily displaced

\_\_\_\_\_

\_\_\_\_\_

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



WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY \_\_\_\_\_

PROJECT NAME \_\_\_\_\_

PROJECT NO. \_\_\_\_\_

1. Full name of claimant: Marshall Laveave  Family  Individual
2. Dwelling unit from which you moved: Parcel No. RS-3-d  
 a. Address 2740 N. VANCOUVER c. Number of bedrooms 1  
 b. Apartment or room number \_\_\_\_\_ d. Monthly rental \$ 50.00  
 e. Date displaced OCT 15, 1971
3. Dwelling unit to which you moved (RENTAL)  
 a. Address 5009 N.E. 16th c. Number of bedrooms 2  
 b. Apartment or room number \_\_\_\_\_ d. Monthly rental \$ 125.00  
 e. Date moved in OCT 17, 1971
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 Feb 1970  
 Date of acquisition OCT 12, 1971  
 Owner-occupant's initial date of ownership 10 48
2. Did claimant own or rent 90 days prior to initiation of negotiations?  Yes  No  
 Date of rental or purchase Feb 1970  
 Date of initiation of negotiations JUN 4, 1971
3. Is replacement housing standard?  Yes  No  
 If previously substandard, date found standard \_\_\_\_\_

4. Certification:

(Amount of this claim \$ 4000.00)

CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

January 19, 1973

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: 5026 N. E. Mallory Avenue

Gentlemen:

A partial reinspection was made by the Housing Division of the two-story, wood frame, two-family dwelling at the above address.

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

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden  
Chief Housing Inspector

CMC:vm

cc: Tom Bohan & Earl W. Stapleton  
8720 S. W. White Pine Lane

0600 E60 901  
RELOCATION PAYMENT

PROJECT: Emanuel ORE R-20

PARCEL: RS 3-4

PAYABLE TO: Laverne Marshall Springer

|                                     |  |    |       |
|-------------------------------------|--|----|-------|
| 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 \$3760.80 Annual amount \$940.20 | \$ | _____ |
| <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 Laverne Marshall Springer Less - \$ \_\_\_\_\_\*

Move from 2740 N. Vancouver Total \$ 940.20

Accounting: Indicate symbol and Accounting No.  
\_\_\_\_\_ Relocation Payment; \_\_\_\_\_ Project Cost \*( \_\_\_\_\_ )  
0500 E60 901

OK VME

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley (Relocation Advisor) DATE November 23, 1973  
FROM: Benjamin C. Webb, Chief of Relocation & Property Management  
RE: Laverne Marshall Springer (Emanuel) 5026 N.E. Mallory  
(Displacee) (Address)  
No. 3rd \$940.20 12/6/73  
(annual payment) (amount) (date due)

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

Present Address: 5026 N.E. Mallory

Date Inspected: 11-28-73 Condition:  Standard  Substandard

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

or (2) Displacee notified of ineligibility:  yes  no

Comments: The client remains in the same location as of Jan. 19, 1973 inspection showing standard conditions at that time.

SIGNED: Laverne A. Springer  
(Displacee)

SIGNED: James C. Crolley  
(Relocation Advisor)

DATE: 11-28-73

DATE: 11-28-73

TO: Bob Douglas

DATE: 11/29/73

FROM: James Crolley

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: Laverne Marshall Springer

PROJECT: Emanuel R-20

FOR: 3rd Annual RHP TACO Payment

AMOUNT: \$940.20

SIGNED: Alma Gordon



INSPECTED BY Alma Gordon DATE 11/28/73 MET  NOT MET

NAME Laverne Marshall Springer PHONE 282-3705

ADDRESS 5026 N.E. Mallory

HOUSE  DUPLEX  APT  SR  HK

NO. OF ROOMS 6 COMP FURN  PART FURN  UNFURN

NO. OF ROOMS ACCESSIBLE BY STAIRS \_\_\_\_\_ BY ELEVATOR \_\_\_\_\_

MANAGER \_\_\_\_\_ OWNER \_\_\_\_\_

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

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

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

GENERAL REQUIREMENTS:

- |   |                                     |  |
|---|-------------------------------------|--|
| 1. House must be weatherproof (8-601.6)   | <input checked="" type="checkbox"/> |  |
| 2. Floors, porches, walls, ceilings and stairs must be in sound and good repair. (8-1001a)  | <input checked="" type="checkbox"/> |  |
| 3. Doors and hatchways must be in good repair. (18-816)   | <input checked="" type="checkbox"/> |  |
| 4. Multiple dwellings with more than 50 occupants must have two means of exit. (7.3302c)  | <input type="checkbox"/>            |  |
| 5. Exits must have direct access to outside or public corridor. (7-3303g)   | <input checked="" type="checkbox"/> |  |
| 6. Hallways must be lighted adequately --- at least 2' candle power. (8-504d)   | <input checked="" type="checkbox"/> |  |
| 7. Hallway ventilation must be by windows, doors, outside skylights, ventilation ducts, or mechanical ventilation 5x/hr. (8-504d) | <input checked="" type="checkbox"/> |  |
| 8. Premises must be free of vermin, rodents, filth, debris, garbage. (8-1001a)  | <input checked="" type="checkbox"/> |  |
| 9. Heating equipment must be able to maintain 70° at 3' above floor. (8-701a)   | <input checked="" type="checkbox"/> |  |
| 10. There may be no unvented or open flame gas heaters. (8-701a)  | <input checked="" type="checkbox"/> |  |

|  | MET | NOT MET |
|--|-----|---------|
| 11. Habitable rooms must have window area of 12 sq. ft. or 1/8 of floor area. (8-504a)   |     |         |
| 12. Every Habitable room must have openable area of 6 sq. ft. or 1/16 of floor area OR mechanical ventilation changing air, 4x/hr. (8-504e)                                | ✓   |         |
| 13. Dwelling unit must have at least 220 sq. ft. (8-503b)  | ✓   |         |
| 14. Electrical equipment, wiring and appliances must be installed and maintained in a safe manner, with two outlets or one light fixture and one outlet per room. (8-701b) | ✓   |         |
| 15. Water must be heated to not less than 120°F. (8-401y)  | ✓   |         |
| 16. Ceiling height in hotels and apartments must be 8'; in dwelling and service rooms 7½'. (8-503a)  |     |         |
| 17. Habitable rooms must have width of 7' in any dimension; water closets 30" in width and at least 2½' in front of the water closet. (8-503c)                             | ✓   |         |
| <b>EFFICIENCY UNITS:</b>   |     |         |
| 18. Foyer must open from public area. (8-503b.2)   |     |         |
| 19. There must be 220 sq. ', plus 100 sq. ' for each person in excess of two. (8-503b.5)   |     |         |
| 20. A kitchenette must be 3x5 or more with doors and fan or window. (8-503b.4)   |     |         |
| 21. A dressing closet must afford privacy with adequate circulation and storage. (8-503b.3)  |     |         |
| 22. There must be a separate bathroom accessible from foyer or dressing closet only. (8-503b.5)  |     |         |
| <b>LIVING AREA:</b>  |     |         |
| 23. There must be two rooms, one of which must be at least 150 sq. '. (8-503b)*  | ✓   |         |
| 24. Rooms for cooking and living, or for living and sleeping, must have at least 150 sq. '. (8-503b)*  | ✓   |         |
| <b>BEDROOMS:</b>   |     |         |
| 25. Bedrooms must be at least 90 sq. '. (8-503b)*  | ✓   |         |

|  | MET | NOT MET |
|--|-----|---------|
| 26. There must be 50 sq. ' additional for each occupant in excess of two. (8-503b)*<br>No. Brs. <u>3</u> Size: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____  |     |         |
| <b>KITCHEN:</b>  |     |         |
| 27. Plumbing fixtures, including sink, must be of nonabsorbent material with hot and cold running water, properly installed, and in good working condition. (8-505d,c)                               | ✓   |         |
| 28. A kitchen must have not less than 35 sq. '. (8-503b)   | ✓   |         |
| <b>BATHROOM:</b>   |     |         |
| 29. Bathrooms must have at least one electric light fixture. (8-701b)  | ✓   |         |
| 30. Bathrooms must not open directly off the kitchen. (8-505f)   | ✓   |         |
| 31. Bathrooms and toilet rooms must afford privacy. (8-505g)   | ✓   |         |
| 32. Dwelling unit must contain at least one bathroom with sink, toilet wash basin, tub or shower properly connected to both hot and cold waterlines with air change once every 5 minutes (8-505a) OR | ✓   |         |
| 33. In buildings with sleeping rooms there must be toilet facilities or one toilet, lavatory, tub or shower for every 10 of each sex, accessible from a public hall.                                 | ✓   |         |
| 34. Plumbing fixtures must be of nonabsorbent material, properly installed, and in good working condition. (8-505d,c)  | ✓   |         |
| 35. Water closet compartments must be of approved nonabsorbent material (8-505e)   | ✓   |         |
| <b>BASEMENT:</b>   |     |         |
| 36. Basement areas more than 50% below grade cannot be used for habitation. (8-401,L) & (8-504a)   | ✓   |         |
| 37. Basement areas must be dry and well drained.   | ✓   |         |
| <b>SPACE REQUIREMENTS FOR STANDARD HOUSING</b>   |     |         |
| 1. Opposite sex children may not share a bedroom with a child over six (6) years of age.   | ✓   |         |
| 2. Husband and wife should not share a bedroom with a child over three (3) years of age.   | ✓   |         |

3.\* Chart of bedrooms needed:

| By Bedroom           |                        |             | By Number of Persons   |                      |             |
|----------------------|------------------------|-------------|------------------------|----------------------|-------------|
| <u>No. of Bdrms.</u> | <u>No. of Persons:</u> |             | <u>No. of Persons:</u> | <u>No. of Bdrms:</u> |             |
|                      | <u>Min.</u>            | <u>Max.</u> |                        | <u>Min.</u>          | <u>Max.</u> |
| 0                    | 1                      | 2           | 1                      | 1                    | 1           |
| 1                    | 1                      | 3           | 2                      | 1                    | 2           |
| 2                    | 2                      | 4           | 3                      | 1                    | 2           |
| 3                    | 4                      | 6           | 4                      | 2                    | 3           |
| 4                    | 6                      | 8           | 5                      | 3                    | 3           |
| 5                    | 8                      | 10          | 6                      | 3                    | 4           |
|                      |                        |             | 7                      | 4                    | 4           |
|                      |                        |             | 8                      | 4                    | 5           |
|                      |                        |             | 9                      | 5                    | 5           |
|                      |                        |             | 10                     | 5                    | 6           |

\* Indicates exceptions regarding efficiency units.

COMMENTS:



0600 \$600 901

RELOCATION PAYMENT

Project: Emanuel ORE R-20 Parcel: RS-3-4

Payable to: Laverne Marshall Springer

Amount

|                                     |   |    |               |
|-------------------------------------|---|----|---------------|
| For: <input type="checkbox"/>       | RHP for Homeowners . . . . .                                      | \$ | _____         |
| <input type="checkbox"/>            | Incidental Expenses for Homeowners (if separate claim) . . . . .  | \$ | _____         |
| <input checked="" type="checkbox"/> | RHP for Tenants & Certain Others:                                 |    |               |
|                                     | Rental: Total approved \$ <u>3760.80</u> ; Annual amount. . . . . | \$ | <u>940.20</u> |
|                                     | or Purchase: . . . . .  | \$ | _____         |
| <input type="checkbox"/>            | Fixed Moving Payment . . . . .                                    | \$ | _____         |
| <input type="checkbox"/>            | Dislocation Allowance. . . . .                                    | \$ | _____         |
| <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 Laverne Marshall

Less - \$ \_\_\_\_\_\*

Move from 2740 N. Vancouver

Total \$ 940.20

Accounting: Indicate symbol & Acct. No.  
1521 Relocation Payment; \_\_\_\_\_ Project Cost \*( \_\_\_\_\_ )

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 862 EH

DATE December 5, 1973

PAY TO **Laverne Marshall Springer**

\$ **940.20**

**DOLLARS**

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON

**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE  | INVOICE OR<br>CONTRACT NOS. | DESCRIPTION   | AMOUNT   |
|---|-----------------------------|---|----------|
|   |                             | Reimbursement per Claim for RHP for Tenants filed. Move from 2740 N. Vancouver (Parcel RS 3-4). |          |
|   |                             | Total approved <span style="float: right;">\$3,760.80</span><br>3rd annual payment              | \$940.20 |
| <p><i>Laverne A. Springer</i></p> <p><i>Received</i><br/><i>12/7/73</i></p> |                             |   |          |

**Account Distribution**

NO. \_\_\_\_\_ TITLE \_\_\_\_\_ AMOUNT \_\_\_\_\_

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 668 EH

DATE January 30, 19 73

PAY TO **LaVerne Marshall Springer**

\$ **940.20**

**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 2740 N. Vancouver (Parcel RS-3-4).<br><br>Total approved \$3,760.80<br>2nd annual payment<br><br><i>Received 1-31-73</i><br><i>LaVerne Springer</i> | <u>\$940.20</u> |

**Account Distribution**

NO. TITLE AMOUNT

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 403 EH

DATE May 5, 19 72

PAY TO **LaVerne Marshall Springer**

\$ **940.20**

**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 2740 N. Vancouver (Parcel RS-3-4). |                 |
|      |                          | Total approved<br>1st annual payment  | \$3,760.80      |
|      |                          |   | <u>\$940.20</u> |

**Account Distribution**

| NO.    | TITLE                    | AMOUNT   |
|--------|--------------------------|----------|
| E 1501 | Relocation Payment (RHP) | (EH)     |
|        |                          | \$940.20 |

*AC*

*LaVerne Springer*

*5-5-72*  
*CS*

*JM*



CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

April 24, 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

*LaVonne Marshall*  
Re: 5609 N. E. 16 Avenue

Dear Sirs:

A reinspection was made by the Housing Division of the two-story, wood frame, two bedroom, single-family dwelling and detached garage at the above address.

Our inspector reports the substandard conditions have been corrected and the structures comply with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

*S. J. Chegwiddden*  
S. J. Chegwiddden  
Chief Housing Inspector

CHF:vm

cc: Mr. Gerald Dindia  
7436 S. E. 118 Drive  
Portland Development Comm.

## MEMORANDUM

Date: May 2, 1972

TO: LaVerne Marshall (Springer) file  
FROM: JC  
RE: Family Composition

At the time of relocation LaVerne Marshall Springer was unmarried and her name was legally LaVerne Marshall. The family was composed of LaVerne, her two children, and LaVerne's sister (who was a ward of the court, LaVerne being her legal guardian) and her sister's child.

Since that time her sister has reached a majority and has moved out of the house. LaVerne has married and the present family composition is as follows: Mr. Springer, LaVerne Marshall Springer, Randy age 4, and Gabriel, age 4 months. Thus, at the time of filing the claim the bedroom size of the house meets the city code in relation to the size of the family.

The check should be made payable to LaVerne Marshall Springer.

MEMO TO FILE - LA VERNE MARSHALL

April 26, 1972

FROM: J. CROLLEY

LaVerne Marshall moved from the Emanuel Project at 5609 N. E. 16th, Portland, Oregon, on October 17, 1971. At that time this house was sub-standard, but the landlord agreed to bring it up to City Code. Some corrections were made, but before they were completed the landlord sold the house and did not inform the new owner of the agreement to do the necessary repairs. We then had to get the new owner to do the work necessary to bring the house up to Code. We had one heck of a time getting plumbing inspectors to move on this - consequently the delay.

The income that LaVerne Marshall has was not adequate to meet her monthly rent; she, therefore, has become extremely delinquent in her rent, because we could not file her claim for rental assistance until the structure had been reinspected by the City and reported to be in a decent, safe, and sanitary condition as demanded by our regulations. A letter was finally received from the Bureau of Buildings on April 24, 1972 stating that the substandard conditions has been corrected.

JC:slc

The first inspection was never sent from the Bureau of Buildings. The first report that we were able to get out of their office was the report dated February 14, 1972. It, therefore, appears that there is no timing problem on this claim in that the claim was filed on December 6, 1971 within six months of the moving date of October 15, 1971. The substandard conditions were corrected within 90 days after notification. Notified the Bureau of Buildings Letter February 14, 1972 - Inspection completed April 24, 1972. (Chapter 6 Sec. 1)

WSJ:sb

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: James Crowley (Relocation Advisor) DATE November 27, 1972  
FROM: Benjamin C. Webb, Chief of Relocation & Property Management  
RE: Laverne Marshall Springer (Displacee) 5609 N. E. 16th (Address)  
No. 2 (annual payment) \$ 940.20 (amount) 12/6/72 (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: 5026 N. E. Mallory 782-9237

Date Inspected: 12/12/72 Condition:  Standard  Substandard

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

or (2) Displacee notified of ineligibility:  yes  no

Comments: This is a different house from the one they originally moved too.

SIGNED: Laverne Springer (Displacee)

SIGNED: James Crowley (Relocation Advisor)

DATE: 12/12/72

DATE: 1-23-73

TO: Bob Douglas

DATE: 1-23-73

FROM: James Crowley

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: LAVERNE SPRINGER

PROJECT: EMANUEL

FOR: RELOCATION

AMOUNT: 940.20

SIGNED: James Crowley

*Handwritten initials and notes:*  
108  
711  
3300



CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

87204

February 14, 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. Chegwidan, Chief

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

Attn: Jim Crolley

Re: *La Verne Marshall*  
5609 N. E. 16 Avenue

Dear Sirs:

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

Our inspector reports the following conditions are in noncompliance with City regulations:

1. Broken windowpanes in the dining room, cellar, and garage.
2. Nonabsorbent kitchen counter covering is deteriorated. ✓
3. Cellar stairway lacks a safety handrail.
4. Several electrical convenience outlet and switch box coverplates are missing.
5. Metal gutters are rusted through and there are indications the rain drain outfall lines are partially obstructed causing overflowing.

Due to obvious deficiencies in the plumbing installation, it will be necessary that you request an inspection from the Plumbing Division for their certification.

Please notify the Housing Division of the Bureau of Buildings, 2200 N. E. 24 Avenue, Telephone 288-6077, when the corrections have been completed, under proper permit where required, and a reinspection can be made.

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

*S. J. Chegwidan*  
S. J. Chegwidan  
Chief Housing Inspector

CHF:vm

cc: Mr. Gerald Dindia  
7436 S. E. 118 Drive  
Portland Development Comm.  
Plumbing Div.

*MRS CRANK*

**RESIDENTIAL RELOCATION RECORD**

Project Name \_\_\_\_\_ Parcel No. RS3-4 Advisor JC  
 Client's Name Marshall, Lawrence Phone \_\_\_\_\_  
 Address 2740 N. Uncommon Ethn Black Age 22

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

Family Composition

Total Number in Family 5  
1 wife, husband

| Other: | Relation | Age    | Relation | Age |
|--------|----------|--------|----------|-----|
|        | SON      | 4      |          |     |
|        | SISTER   | 17     |          |     |
|        | WIFE     | 1      |          |     |
|        | SOR      | 4/1/75 |          |     |

Economic Data

Employer \$ 264<sup>00</sup>  
 Address \_\_\_\_\_  
 Other Source of Income \$ \_\_\_\_\_  
 Total Monthly Income \$ ( \_\_\_\_\_ )

- 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 5-11-71      Date of Info pamphlet delivery \_\_\_\_\_  
 Date Notice to Move given \_\_\_\_\_      Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY Feb-1970

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

Date of initiation of negotiations for purchase of property 6-4-71  
 Date of Acquisition 10-12-71  
 Date of letter of Intent \_\_\_\_\_  
 Date of move 10-17-71

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 1905  
 ✓ Size of Habitable Area 240  
 ✓ Furnished with claimant's furniture  
 YES  NO

✓ Total Number of Rooms 2 Rent Paid \$ 50<sup>00</sup> Utilities \_\_\_\_\_  
 Number of Bedrooms 1 Monthly Housing Payments \$ \_\_\_\_\_ Taxes \_\_\_\_\_  
 Liens \$ \_\_\_\_\_ (please explain) \_\_\_\_\_  
 Acquisition Price \$ \_\_\_\_\_ Amenities \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Address 5026 N E Mallory LPA Referred \_\_\_\_\_ Self Referred \_\_\_\_\_  
5609 7th St

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

Outside city  Outside state   
 ✓ Age of Housing Unit 70 Plus  
 ✓ Size of Habitable Area 1500  
 ✓ No. of Rooms 2 No. of Bedrooms 2

For Claimants Who Purchased

For Claimants Who Rented

Purchase Price of Replacement Dwelling \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_  
 RHP or TACO (including incidental costs) \$ \_\_\_\_\_

Rent \$ 125<sup>00</sup>  
 Utilities \$ \_\_\_\_\_  
 Total Rent Assistance \$ 3,760.80  
 Amount of Annual Payment \$ 940.20

No. of Housing Referrals to:

✓ Agency Referrals:

\_\_\_\_\_ Standard Sales      0 MCW      0 HAP      0 OTHER ( \_\_\_\_\_ )  
2 Standard Rent      0 Food Stamp      0 Legal Aid      0 Other ( \_\_\_\_\_ )

Benefits Received

Date \_\_\_\_\_ Ck # \_\_\_\_\_ Type \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Ck # \_\_\_\_\_ Type \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Ck # \_\_\_\_\_ Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

Apr 28-72  
(Date)

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an urban renewal area, and in order to determine my eligibility for further compensation, would like you to give them the amount of my income from my employment.

This will authorize you to give them the information requested below. Please return one copy of the completed form directly to the Portland Development Commission in the envelope provided.

Thank you.

Sincerely,

380.00 - Mo. Gross income  
100 - Fed (4)  
280.00  
1780 - 570 ded  
238.70 (59.55 = 25% of  
mo. income)  
4) 20  
38  
36  
20  
20

Laverne Springer  
(Name)  
5609 NE 16th Ave  
(Address)

Apr 28. 1972  
(Date)

TO: Portland Development Commission

The following information on income from employment is submitted, as requested above:

Employee's name: Laverne Springer  
Total earnings for 1972: ~~5429~~ 1424  
Estimated earnings for current year: \$ 4272

Lella Burch, Director  
(Authorized signature)

CONFIDENTIAL



CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

December 12, 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. Chegwidan, Chief

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

Attn: Jim Crolley

Re: 5026 N. E. Mallory Avenue

Gentlemen:

As the result of a displaced person and at your request, a partial inspection was made by the Housing Division of the two-story, wood frame, two-family dwelling at the above address.

Our inspector reports the lower unit is in standard condition at this time. However, the following conditions exist in the cellar which are in noncompliance with City regulations:

1. Cellar stairway lacks a required safety handrail.
2. Pressure relief valve on the gas hot water tank is unapproved and lacks a drainpipe.
3. Electric hot water tank lacks an approved A.S.M.E. pressure relief valve and drainpipe.

Please notify the Housing Division of the Bureau of Buildings, 2200 N. E. 24 Avenue, Telephone 288-6077, when the corrections have been completed, under proper permit where required, and a reinspection can be made.

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidan  
Chief Housing Inspector

CMC:vm

cc: Tom Bohan & Earl W. Stapleton  
8720 S. W. White Pine Lane  
Plumbing Division

## PORTLAND DEVELOPMENT COMMISSION

**SITH OFFICE  
EMANUEL HOSPITAL PROJECT  
235 N. MONROE ST.  
PORTLAND, OREGON 97207  
PHONE 266-8169**

September 1, 1971

Miss LaVerne Marshall  
2740 N. Vancouver  
Portland, Oregon

Dear Miss Marshall:

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

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

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

Please check with us before making any move. If you are unable to reach us during our regular office hours - 8:30 a.m. to 5:00 p.m., Monday through Friday, an alternate appointment can be arranged by calling 266-8169. Our office is located at 235 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin C. Wabb  
Chief, Relocation and  
Property Management

BCW:ch  
Enclosure

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

N<sup>o</sup> 28157 G

DATE December 13, 1971

PAY TO THE ORDER OF **La Verne Marshall**

\$ 260.00

DOLLARS

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

**NON-NEGOTIABLE**

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION  | AMOUNT          |
|------|--------------------------|--|-----------------|
|      |                          | Reimbursement per Claim for Relocation Payment filed.<br>Move from 2740 N. Vancouver (RS-3-4) to 5609 N.E. 16th.<br>Dislocation Allowance \$200.00<br>Fixed Payment - Own furniture <u>60.00</u> | <u>\$260.00</u> |

**Account Distribution**

| NO.   | TITLE  | AMOUNT   |
|-------|--|----------|
| E1501 | Relocation Payments (EH)<br>(Fixed - Own Furniture - Family) | \$260.00 |

*AL*  
*Received*  
*12-18-71*  
*To LaVerne Marshall*

*BT*







(For Local Agency Use Only)

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

---

NAME AND ADDRESS OF CLAIMANT:

LaVerne Marshall  
5609 N.E. 16th,  
Portland, Oregon

NAME OF LOCAL AGENCY:

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

---

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

---

1. Does claimant meet basic eligibility requirements?  Yes  No

If "No," explain:

---

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

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

---

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

Yes  No

If "Yes," explain basis for approved amount:


---

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

| Item   | Amount <u>1/</u> | Authorized Signature   | Date            |
|--|------------------|--|-----------------|
| A. Fixed Payment and Dislocation Allowance   | \$               |  |                 |
| 1. Fixed payment \$ <u>60.00</u>   |                  | <br>[Signature] | <u>12-13-71</u> |
| 2. Dislocation allowance \$ <u>200.00</u>  |                  |  |                 |
| 3. Total \$ <u>260.00</u>  | <u>260.00</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 |
|----------|--------------|-----------|------|--------------|--------|
| 12/13/71 | 281576       | \$ 260.00 |      |              | \$     |
|          |              |           |      |              |        |
|          |              |           |      |              |        |

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Marshall, LaRue Project \_\_\_\_\_
2. Date(s) of move 10-15-71 Parcel No. 05-2-4
3. Dwelling unit from which you moved:  
 Address 2240 N. 1st St. W. No. of rooms 1  
 Furnished  Unfurnished Date you moved into this unit 3-1-71
4. Dwelling unit to which you moved:  
 Address 2209 N. E. 16th  
 Were goods moved to or from storage?  Yes  No
5. Total claim \$ 60.00

-----  
 FIXED PAYMENT: \$200 + \$ 60.00 = \$ 260.00  
 -----

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)

CLAIMANT'S REPORT OF SELF-INSPECTION  
OF REPLACEMENT DWELLING

NAME OF CLAIMANT:

MARSHALL, LAURENCE

NAME AND NUMBER OF PROJECT FROM  
WHICH CLAIMANT WAS DISPLACED:

PRESENT ADDRESS:

5607 N. S. 165

DATE DISPLACED: 10-15-71

Parcel No. 11-3-4

INSTRUCTIONS: Fill in your name and address above. Complete Block A if you are occupying a housekeeping unit. Complete Block B if you are occupying a nonhousekeeping unit. Sign certification in Block C. Consult local agency if you have any questions regarding this form.

A. CLAIMANT OCCUPYING HOUSEKEEPING UNIT

1. Claimant is (check one):

- a. 5 Member of a family living together, or one of two or more individuals living together. If individuals, how many occupy the unit? \_\_\_\_\_
- b. \_\_\_\_\_ Individual living alone

2. If you checked Item 1 a. above, complete the following:

- a. Number of rooms in dwelling unit (excluding bathroom): 5
- b. Number of bedrooms: 2
- c. If you are a member of a family living together:
- (1) Number of persons in family: 5
- (2) Number of adults: Male \_\_\_\_\_ Female 2
- (3) Number of minors: Male 3 Female \_\_\_\_\_

3. Answer the following questions by checking either "Yes" or "No":

- a. Is the building in good condition and repair?  Yes \_\_\_\_\_ No
- b. Does the unit have a private bath and toilet for your exclusive use?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- c. Does the unit have a kitchen with a sink and stove for your exclusive use?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- d. Are the kitchen and bath provided with hot and cold running water?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- e. Does the unit have electricity?  Yes \_\_\_\_\_ No
- f. Does the unit have facilities for adequate heating?  Yes \_\_\_\_\_ No

If the answer to any of the above items is "No", enter explanation in Block D.

(form continued on next page)



B. CLAIMANT OCCUPYING NONHOUSEKEEPING UNIT

Answer the following questions by checking either "Yes" or "No":

1. Is the building in good condition and repair?  Yes  No
2. Is electricity provided?  Yes  No
3. Is heat provided?  Yes  No
4. Are ventilation and light adequate?  Yes  No
5. Are the bathroom facilities reasonably accessible and complete?  Yes  No

If the answer to any of the above questions is "No", enter an explanation in Block D.

C. I submit this information in support of a claim for a Replacement Housing Payment under P.L. 91-646, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 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, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

\_\_\_\_\_ Date

LaDene Marshall  
Signature

D. COMMENTS (Identify item from Block A or Block B:)

\_\_\_\_\_

(Blocks E and F for Local Agency Use Only)

E. TO BE COMPLETED IF THE DWELLING WAS INSPECTED BY THE LOCAL AGENCY:

1. Date unit was last inspected: \_\_\_\_\_  
Month-Day-Year
2. Condition of structure (check one):  Standard  Substandard
3. If unit is substandard, has the local agency notified the claimant?  Yes  No
4. Has the local code enforcement agency been notified of the deficiencies?  
 Yes  No
5. Has the local agency provided relocation assistance to aid the family or individual to relocate to standard housing?  Yes  No (Explain actions taken by local agency in Block F.)

F. COMMENTS BY LOCAL AGENCY:

Approved by:

\_\_\_\_\_

Location.....**5609 N. E. 16 Avenue**.....Date **March 21,**.....19 **72**  
 Agent }  
 Owner }.....**Jerald Dindia**.....Address.....**7436 S. E. 118 Drive**.....

### NOTICE OF DEFECTS IN PLUMBING SYSTEM

Your attention is called to the following defects in the plumbing system at the above address. Please have these defects corrected to comply with the Plumbing Code, Ordinance No. 77482. If you desire further explanation as to the corrections required, please call 228-6141, Ext. 427 between the hours of 8:00 and 9:30 a.m. and ask for Mr. .... **Scheffield** ..... of the Plumbing Division, who will arrange to meet you on the premises.

**A recent plumbing inspection at the above address revealed the following violations:**

**The closet tank cover is broken and needs to be replaced.  
 Remove trap and coupling on laundry tray waste.  
 The pressure relief valve was installed without a permit.  
 Permit required for pressure relief valve and tray waste correction.**

**If further information is desired, please contact this office.**

230-130  
 GW:DH

cc: Housing Division  
 Portland Dev. Com.  
 Att: ~~Chat Daniels~~ *Jim Cholley*

CHIEF PLUMBING INSPECTOR

BY *George J. Hallock*.....

*Received  
 3-22-72*



# CREDIT BUREAU REPORTS, INC.

a nationwide service



FHA Standard Factual Data Report No. 891

### CORRECT NAME AND ADDRESS

Name..... **MARSHALL, LA VERNE DIV BOND**  
 Street Address..... **2746 N. WASHINGTON**  
 City and State..... **PORTLAND OREGON** Zip Code

Case Number.....  
 Property Address.....  
 Date on Order Ticket..... **5/12/71**  
 Date Received..... **5/12/71**  
 Date Report Mailed..... **5/25/71**

(No reference shall be made in this report to race, creed, color, or national origin) **FILE SINCE 7/29/69**

|   |   |
|---|---|
| 1-A. Do name and address agree with information shown on request for report? If not, explain below. | 1-A. <b>YES</b>   |
| B. Date of Birth -  | B. <b>??</b>  |
| 2-A. Marital status - number of dependents including self   | 2-A. <b>DIVORCED</b> Dependents: <b>ONE CHILD OF CM</b> |
| B. Length of time married -   | B. <b>---</b> <b>ALSO ONE NIECE &amp; 1 NEPHEW</b>      |
| C. Did you learn of any separation or divorce?  | C. <b>DIVORCED</b>                                      |
| 3-A. Name of present employer -   | 3-A. <b>WELFARE</b> Years:                              |
| B. Position held - length of present connection -   | B. <b>---</b>   |
| C. Has employment status changed within the past two years?   | C. <b>---</b>   |
| 4-A. If spouse is presently employed, give name of employer -                                       | 4-A. <b>---</b> Years:                                  |
| B. Position held - length of present connection -   | B. <b>---</b>   |
| C. Approximate income -   | C. <b>\$ <u>        </u></b>                            |

REMARKS: 1. Amplify his employment history. (This report shall contain information as to the subject's previous employment status, location and salary, if there has been a change in employment status within the past two years.)  
 2. The reporting bureau certifies that: (a)  public records have been checked for suits, judgments, foreclosures, garnishments, bankruptcies, and other legal actions involving the subject with the results indicated below; or, (b)  equivalent information has been obtained through the use of a qualified public records reporting service with the results indicated below. (Give details). (The records of real estate transfers which do not involve foreclosure may be excluded).  
 3. The reporting bureau certifies that the subject's credit record in the payment of bills and other obligations has been checked: (a)  through the credit accounts extended by a combined minimum of 75% of the larger department stores and larger consumer and unsecured credit granters of the community in which the subject resides, with the results indicated below; or, (b)  through accumulated credit records of such credit granters of the community in which the subject resides, with the results indicated below.

**NAME OF TRAD 5/13/71:**

| Trade Line          | How Long Selling | Date of Last Sale | Highest Credit | Amount Owing  | Amount Past Due | Terms of Sale and Usual Manner of Payment |
|---------------------|------------------|-------------------|----------------|---------------|-----------------|---|
| <b>RECENT</b>       | <b>RECENT</b>    | <b>RECENT</b>     | <b>RECENT</b>  | <b>RECENT</b> | <b>RECENT</b>   | <b>RECENT</b>                             |
| <b>L CLO</b>        | <b>10/69</b>     | <b>10/69</b>      | <b>450</b>     | <b>0</b>      | <b>0</b>        | <b>1-9</b>                                |
| <b>FINE</b>         | <b>10/69</b>     | <b>10/69</b>      | <b>450</b>     | <b>0</b>      | <b>0</b>        | <b>1-9</b>                                |
| <b>SHOE</b>         | <b>3/70</b>      | <b>3/70</b>       | <b>200</b>     | <b>0</b>      | <b>0</b>        | <b>1-9</b>                                |
| <b>FINE</b>         | <b>3/70</b>      | <b>3/70</b>       | <b>200</b>     | <b>0</b>      | <b>0</b>        | <b>1-9</b>                                |
| <b>CR IN</b>        | <b>3/70</b>      | <b>3/70</b>       | <b>200</b>     | <b>0</b>      | <b>0</b>        | <b>1-9</b>                                |
| <b>SHOE</b>         | <b>3/70</b>      | <b>3/70</b>       | <b>200</b>     | <b>0</b>      | <b>0</b>        | <b>1-9</b>                                |
| <b>TIME SAVED</b>   | <b>8/12/70</b>   | <b>8/12/70</b>    | <b>200</b>     | <b>0</b>      | <b>0</b>        | <b>1-9</b>                                |
| <b>SHOE</b>         | <b>8/12/70</b>   | <b>8/12/70</b>    | <b>200</b>     | <b>0</b>      | <b>0</b>        | <b>1-9</b>                                |
| <b>SHOE</b>         | <b>8/12/70</b>   | <b>8/12/70</b>    | <b>200</b>     | <b>0</b>      | <b>0</b>        | <b>1-9</b>                                |
| <b>ONE CITY ONE</b> | <b>8/12/70</b>   | <b>8/12/70</b>    | <b>200</b>     | <b>0</b>      | <b>0</b>        | <b>1-9</b>                                |
| <b>TIME SAVED</b>   | <b>7/15/70</b>   | <b>7/15/70</b>    | <b>400</b>     | <b>300</b>    | <b>0</b>        | <b>1-9</b>                                |
| <b>FINE</b>         | <b>7/15/70</b>   | <b>7/15/70</b>    | <b>400</b>     | <b>300</b>    | <b>0</b>        | <b>1-9</b>                                |
| <b>TIME SAVED</b>   | <b>5/12/71</b>   | <b>5/12/71</b>    | <b>100</b>     | <b>0</b>      | <b>0</b>        | <b>1-1</b>                                |
| <b>SHOE</b>         | <b>5/12/71</b>   | <b>5/12/71</b>    | <b>100</b>     | <b>0</b>      | <b>0</b>        | <b>1-1</b>                                |
| <b>SHOE</b>         | <b>5/12/71</b>   | <b>5/12/71</b>    | <b>100</b>     | <b>0</b>      | <b>0</b>        | <b>1-1</b>                                |
| <b>SHOE</b>         | <b>5/12/71</b>   | <b>5/12/71</b>    | <b>100</b>     | <b>0</b>      | <b>0</b>        | <b>1-1</b>                                |

Report for: **FRANK M. MARSHALL, JR. PORTLAND OREGON**  
 Prepared by: **WELFARE** City: **PORTLAND** State: **OREGON**

The information in this report is provided under contract between the Federal Housing Administration and Credit Bureau Reports, Inc. Information furnished on FHA Standard Factual Data Report No. 891, together with related antecedent reports, is furnished upon the express condition that the FHA Approved Mortgagee and/or its authorized agent or FHA Contract Broker and/or its authorized agent or the V.A. Lender and/or its authorized agent agrees to hold such information in strict confidence for its own exclusive use, never to be communicated except to the FHA, or VA (or bonafide purchasers in the secondary mortgage market), and to save Credit Bureau Reports, Inc., and the reporting credit bureaus, their officers, agents and employees harmless from any and all damages which may arise from the violation of the agreement by such FHA Approved Mortgagee or such FHA Contract Broker, or such VA Lender.



**MARSHALL, LA VERNE**

(2)

**ALL DEPT ACCT'S:**

SAVING  
CREDIT

1/18/71  
3/71

\$31.00  
\$50.00

STILL OWING 5/71  
STILL OWING 5/71

**FINANCIAL RECORD, PARTY SAME NAME:**

7/10/70 SUIT: UNITED ADJ. VS LA VERNE MARSHALL, \$146. NO SATIS 5/71

7/20/70 SUIT: OLD AMER.CO. VS LA VERNE ANNE MARSHALL, \$1111. NO SATIS 5/71

**COMMON LANGUAGE FOR CONSUMER CREDIT**

**TERMS OF SALE**

|                                       |   |
|---------------------------------------|---|
| Open Account (30 days or 90 days)     | O |
| Revolving or Option (Open-end a/c)    | R |
| Instalment (fixed number of payments) | I |

\*Where the monthly payment is known, it should be shown as in the following examples: R\$50 1\$75

**USUAL MANNER OF PAYMENT**

**TYPE ACCOUNT**

|   | O | R | I |
|---|---|---|---|
| Too new to rate; approved but not used  | 0 | 0 | 0 |
| Pays (or paid) within 30 days of billing; pays accounts as agreed                                     | 1 | 1 | 1 |
| Pays (or paid) in more than 30 days, but not more than 60 days, or not more than one payment past due | 2 | 2 | 2 |
| Pays (or paid) in more than 60 days, but not more than 90 days, or two payments past due              | 3 | 3 | 3 |
| Pays (or paid) in more than 90 days, but not more than 120 days, or three or more payments past due   | 4 | 4 | 4 |
| Pays (or paid) in 120 days or more  | 5 |   |   |
| Repossession  |   |   | 8 |
| Bad debt; placed for collection; suit; judgment; bankrupt; skip                                       | 9 | 9 | 9 |

**KIND OF BUSINESS CLASSIFICATION**

| Code | Kind of Business                       |
|------|--|
| A    | Automotive                             |
| B    | Banks                                  |
| C    | Clothing                               |
| D    | Department and Variety                 |
| F    | Finance                                |
| G    | Groceries                              |
| H    | Home Furnishings                       |
| I    | Insurance                              |
| J    | Jewelry and Cameras                    |
| K    | Contractors                            |
| L    | Lumber, Building Material, Hardware    |
| M    | Medical and Related Health             |
| O    | Oil and National Credit Card Companies |
| P    | Personal Services Other Than Medical   |
| R    | Real Estate and Public Accommodations  |
| S    | Sporting Goods                         |
| T    | Farm and Garden Supplies               |
| U    | Utilities and Fuel                     |
| V    | Government                             |
| W    | Wholesale                              |
| X    | Advertising                            |
| Y    | Collection Services                    |
| Z    | Miscellaneous                          |



RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER JC PROJECT NO. Ore. R-20 PARCEL RS-3-4  
 NAME MARSHALL, LaVerne ADDRESS 2740 N. Vancouver APT NO. \_\_\_\_\_  
 PHONE 284-5787 INITIAL INTERVIEW 4/4/71 SEX F W NW B AGE 22  
 U.S. CITIZEN \_\_\_\_\_ ALIEN \_\_\_\_\_ VETERAN \_\_\_\_\_ SERVICEMAN \_\_\_\_\_ DATE ON SITE 1 year

FAMILY COMPOSITION

| Name                | Relation | Age |
|---------------------|----------|-----|
| Randy               | Son      | 3   |
| Brenda              | Sister   | 17  |
| Shawntie            | Nephew   | 1   |
|                     |          |     |
|                     |          |     |
| (Expecting in June) |          |     |

Employer: Name \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCH x Caseworker \_\_\_\_\_ 194.00  
 Social Security \_\_\_\_\_  
 VA. \_\_\_\_\_ Fed. \_\_\_\_\_ Mult Co. \_\_\_\_\_  
 Pension: Name \_\_\_\_\_  
 Other: Name \_\_\_\_\_  
 TOTAL MONTHLY INCOME \_\_\_\_\_

Rent 50.00, Inc. Heat \_\_\_\_\_ Water \_\_\_\_\_ Gas \_\_\_\_\_ Gar \_\_\_\_\_ Elec \_\_\_\_\_ Unfurn \_\_\_\_\_ Furn \_\_\_\_\_ No. Rms \_\_\_\_\_

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: 5609 N.E. 16th Zip 97211 Phone \_\_\_\_\_

work 281-5277

| DATE    | NOTES   | C/W |
|---------|---|-----|
| 4/3/71  | Received call from LaVerne Marshall, age 22, granddaughter of Mr. and Mrs. Ralph Eaton. Legal guardian of sister Brenda (17 yrs) Could not get in public housing. She has worked for Portland Public Schools as a Teacher Aide, but was laid off when funds expired. Needs 3 bedroom house, NE area preferred |     |
| 5/11/71 | She wants a new house in the NE area. Set up an appointment for 2:00 today with Dick Perkins - 235 housing. Lives with grandparents temporarily until she can find a house for her self.  | JC  |
| 5/12/71 | Applied for HAP housing temporarily. Still wants 235. Will get letter from Principal, of employment in September.   |     |
|         | Must have housing now - expecting in 6 weeks and there is no room in her grandparents house for all the family. <del>The house is a 3 bedroom house and not adequate.</del>   | JC  |

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349  
Portland, Oregon 97207

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

Gentlemen:

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

1. Resident of the Housing Authority La Mune Marshall
2. Applicant for housing La Mune Marshall
3. Name \_\_\_\_\_
4. Address 2740 N. Harrison Ave
5. Number of persons in family Two
6. Total monthly assistance 149.00
7. Date assistance began 1-1-70
8. Date assistance to terminate Continued

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION  
Gordon Gilbertson, Administrator

Maria Gordon (Caseworker) M.C. (Dept.)

5-13-71  
(Date)

CLAIM FOR RELOCATION PAYMENT

1. NAME OF CLAIMANT (I) \_\_\_\_\_ (F) \_\_\_\_\_  
\_\_\_\_\_
2. DATE OF MOVE \_\_\_\_\_
3. ADDRESS FROM WHICH YOU HAVE MOVED  
a. Address \_\_\_\_\_ Parcel No. \_\_\_\_\_  
b. Apartment No. \_\_\_\_\_  
c. Client's Furniture? yes \_\_\_ no \_\_\_ partially \_\_\_  
d. Number of rooms 2  
e. Date in \_\_\_\_\_
4. NEW ADDRESS  
a. Address \_\_\_\_\_  
b. Apartment No. \_\_\_\_\_  
c. Goods moved from storage yes \_\_\_ no \_\_\_
5. TYPE OF PAYMENT  
 a. Moving expenses and/or loss of property.  
 b. Fixed payment.  
 c. Storage costs.
6. TOTAL CLAIM \$ 55
7. NAME OF MOVING CO. \_\_\_\_\_ 8. TELEPHONE NUMBER \_\_\_\_\_ 9. ADDRESS \_\_\_\_\_
10. METHOD OF PAYMENT - MOVING BILL ATTACHED: yes \_\_\_ no \_\_\_  
 a. Reimburse claimant.  
 b. Direct payment to movers.
11. AMOUNT OF ACTUAL COSTS AND/OR LOSS  
a. Moving costs \$ \_\_\_\_\_  
b. Storage costs \_\_\_\_\_  
c. Direct loss of property \$ \_\_\_\_\_

\_\_\_\_\_  
DATE



2

Dwelling Unit Inventory

2 Beds & Springs  
 \_\_\_\_\_ Bedroom Chair  
 \_\_\_\_\_ Breakfast Table  
 \_\_\_\_\_ Breakfast Table Chairs  
 \_\_\_\_\_ Bridge Lamp & Shade  
 \_\_\_\_\_ Buffet  
2 Chest of Drawers  
1 Coffee Table  
1 Couch  
 \_\_\_\_\_ Davenport  
 \_\_\_\_\_ Desk  
 \_\_\_\_\_ Dining Table  
 \_\_\_\_\_ Dining Chairs  
 \_\_\_\_\_ Dresser  
1 End Table  
 \_\_\_\_\_ Floor Lamp & Shade  
1 Mirror

1 Night Stand  
1 Occasional Chair  
 \_\_\_\_\_ Overstuffed Chair  
 \_\_\_\_\_ Overstuffed Rocker  
 \_\_\_\_\_ Range  
 \_\_\_\_\_ Refrigerator: Brand \_\_\_\_\_  
 \_\_\_\_\_ Rocker  
 \_\_\_\_\_ Rug & Pad: Size \_\_\_\_\_  
 \_\_\_\_\_ Stool  
2 Table Lamp & Shade  
 \_\_\_\_\_ Table, small  
 \_\_\_\_\_ Vanity & Bench  
3 Suitcases  
 \_\_\_\_\_ Trunks  
 \_\_\_\_\_ Cartons, Boxes, Etc.  
3 Clothes  
 \_\_\_\_\_ Bedding & Linens

Miscellaneous (List Items)

Curt  
Dishes  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

COMMENTS:

May 12, 1971  
(date)

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an urban renewal area, and in order to determine my eligibility for further compensation, would like you to give them the amount of my income from my employment.

This will authorize you to give them the information requested below. Please return one copy of the completed form directly to the Portland Development Commission in the envelope provided.

Thank you.

Sincerely,

Laverne Marshall

(name)

2740 N. Vancouver Ave

(address)

5-12-71

(date)

TO: Portland Development Commission

The following information on income from employment is submitted, as requested above:

Employee's name: Laverne Marshall

Total earnings for 19 <sup>70</sup> ~~1971~~: \$ \$1,751.00  
1,191.76 thru April 30, 1971

Estimated earnings for current year: \$ cannot estimate., miscellaneous payroll

E. Furnish

(authorized signature)

Payroll Clerk

CONFIDENTIAL

5-12-71  
(date)

Multnomah County Public Welfare Department  
508 S. W. Mill Street  
Portland, Oregon 97201

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an Urban Renewal area and, in order to determine my eligibility for further compensation, would like you to give them the amount of my monthly compensation from Welfare.

This will authorize you to give the Development Commission the information requested below. Please return one copy of the completed form directly to the Commission in the envelope provided.

Thank you.

Sincerely,

LaVerne Marshall

(name)

2740 N. Vancouver Ave

(address)

97227

2-26-MXX 650-7  
(caseload code number)

5-12-71  
(date)

To: Portland Development Commission

The records of this office indicate that LaVerne Marshall is receiving monthly benefits in the amount of \$ 190.00 from the Multnomah County Public Welfare Department.

MULTNOMAH COUNTY PUBLIC WELFARE DEPARTMENT

by Mavis A. Gordon

CONFIDENTIAL

**PORTLAND DEVELOPMENT COMMISSION**

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

13 May, 1971

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

Gentlemen:

This is to inform you that \_\_\_\_\_,  
of \_\_\_\_\_ ~~Laverne Marshall~~ Portland, Oregon 97227,  
who wishes ~~2740 N. Vancouver Avenue~~ with your office will be displaced  
as a result of the acquisition of the property, in which he (or she)  
resides, by the Portland Development Commission in the urban renewal  
project, ORE R-20.

Thank you for any help that you may render \_\_\_\_\_  
in his (her) efforts to obtain ~~Laverne~~ suitable housing.  
**Marshall**

Very truly yours,

W. Stanley Jones

WSJ:slc