

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

R E S U M E /

DATE 12-20-71

NAME Morgan, Eugene

He was very happy with the way things turned out - even though he was having medical problems. The financial assistance came at a time when he needed it. PDC's help may have changed his life style for the better.

9-12-74 Mr. Morgan is serving a life sentence for murder at Oregon State Penitentiary. He has hopes of being paroled.

(signed) Chet Daniels
worker

9-25-73

Woman slain; man charged

A 32-year-old woman was shot and killed Monday night following an argument in her apartment, Portland police detectives said.

Vernesteen Sweet, 315 N. Sumner St., was shot in her apartment and ran to the porch of a next-door apartment where she was shot several more times, police said.

She was pronounced dead on arrival at Emanuel Hospital. The state medical examiner's office said she was shot four times in the chest and back with a .38-caliber pistol. The shooting took place at 6:30 p.m.

Police arrested Eugene Ernest Morgan, 47, 3820 NE Mallory St., and charged him with murder.

He is being held without bail in Rocky Butte Jail.

Killing suspect pleads innocent

Eugene Ernest Morgan, 47, of 3820 NE Mallory Ave., Tuesday pleaded not guilty to a murder charge in the Sept. 24 gunshot slaying of Vernesteen Sweet, 32, of 315 N. Sumner St.

Defense attorney Carl Mautz notified the court that he will rely on a defense of lack of responsibility. Trial is scheduled for Nov. 5.

Multnomah County Circuit Judge Clifford B. Olsen granted motions by Mautz and the state and appointed two psychiatrists to examine the defendant.

The victim, according to police, was shot during an argument at her apartment, then shot again after she ran to the porch of a neighbor's apartment. The state medical examiner's office said she was shot four times in the chest and back with a .38-caliber pistol.

0
10-3-73

To
Mr. Chet Daniels

July 3, 1974

Eugene Morgan

O.S.P. number 36059

2605 State Street

Salem Oregon

Portland Development Commission

In Care of Mr. Chet Daniels

Dear Sir I called your office today
and talked to you about the rest
of my Retention money. I got \$495.00
last year on August the 21st 1973

and I would like very much to get
my other payment which is due next
month in August I think this is the
last payment I understand that I am
supposed to be sentenced for 3 or 4
years, a temp sum. and a year

I use to live at 3820 N.E. Mallory
apt 19, Portland Oregon. I am now
at the Oregon State Prison and I will
be there for 3 or 4 years

I would appreciate if you would take
care of this matter for me right away

Thank you

Mr. Eugene Morgan

36059

2605 State Street

Salem Oregon

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. A-3-19 Advisor SCW
 Client's Name Morgan, Eugene Phone _____
 Address 3213 N VANCOUVER Ethn B Age 42
 Male Family Married Renter/Occupant
 Female Individual Single Owner/Occupant

Family Composition

Total Number in Family 1
 _____ wife, husband
 Other: Relation Age Relation Age

Economic Data

Employer \$ _____
 Address _____
 Other Source of Income \$ _____
MCW \$ 87.85
 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 5-17-71 Date of Info pamphlet delivery 5-19-71
 Date Notice to Move given _____ Date Effective _____ Expires _____
 CLAIMANT'S INITIAL DATE OF OCCUPANCY 1-1-71
 (a) for owner-occupants - indicate initial date of occupancy and ownership
 Date of initiation of negotiations for purchase of property 7-27-71
5-17-71
 Date of Acquisition 9-10-71
1-17-72
 Date of letter of intent _____
 Date of move 9-30-71

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 OVER 60
 ✓ Size of Habitable Area 100-150 sq ft
 ✓ Furnished with claimant's furniture
 YES NO

Total Number of Rooms 1 Rent Paid \$ 25⁰⁰ Utilities _____
 Number of Bedrooms 0 Monthly Housing Payments \$ _____ Taxes _____
 Liens \$ _____ (please explain) _____
 Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 3820 NE Mallory LPA Referred Self Referred _____

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

Outside city Outside state
 ✓ Age of Housing Unit 30 YR
 ✓ Size of Habitable Area 600-800 sq ft
 ✓ No. of Rooms 3 No. of Bedrooms 1

For Claimants Who Purchased

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

For Claimants Who Rented

Rent \$ 19.⁰⁰
 Utilities \$ _____
 Total Rent Assistance \$ 6,992.⁻
 Amount of Annual Payment \$ 498.⁰⁰

✓ No. of Housing Referrals to:

Agency Referrals: ✓

_____ Standard Sales _____ HCV _____ HAP _____ OTHER (_____)
 _____ Standard Rent _____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____
 Date _____ Ck # _____ Type _____ Amount \$ _____
 Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME MORGAN, Eugene RELOCATION ADVISOR C. Daniels
 ADDRESS 3213 N. Vancouver PHONE 284-2414 PROJECT NAME Emanuel ORE. R-20
 SEX M ETHN black VETERAN _____ AGE 42 PARCEL NO. A-3-19
 MARITAL STATUS _____ TENURE roomer
 DISABILITY _____ INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW _____ DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE:	<u>1/1/71</u>
INITIATION OF NEGOTIATIONS:	<u>5/17/71</u> <u>7-27-71</u>
DATE OF ACQUISITION:	<u>1/1/72</u> <u>9-10-71</u> <u>1-17-72</u>

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW Unemployed 87.85
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 87.85

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure _____ No. Rooms _____
 No. Bedrooms _____ Furn. _____ Unfurn _____
 Utilities \$ _____
 Monthly Payments (Rent) \$ 25.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms
<u>3820 N. E. Mallory Apt. 17</u>	

AGENCY REFERRALS

Name of Agency	Date
<u>Multnomah County Welfare</u>	
<u>Food Stamp Program</u>	<u>5/18</u>
<u>Housing Authority</u>	
<u>Legal Aid</u>	
<u>FISH</u>	
<u>Health Dept.</u>	

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 3820 N. E. Mallory Phone _____ Date of Move 9/30/71

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

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms 1 Habitable Area ___
 Utilities \$ _____ Monthly Payments (Rent) \$ 19.00 ^{HAP} Purchase Price \$ _____
 Age of Structure: _____ Taxes \$ _____ Equity \$ _____ Distance Moved Away _____
 Name of Moving Company _____ Name of Realtor _____

TOTAL: \$1,992.00

BENEFITS RECEIVED				Purchase Price	\$
Type	Ck #	Date	Amount		
RHP			\$		
TACO (Rental)	202 EH	12/20/71	\$ 498.00	Down Payment	\$ _____
TACO (Rental)	606 EH	11-22-72	\$ 498.00	RHP	\$ 1,992.00
TACO (Rental)			\$	Total Down	- \$ _____
TACO (Rental)			\$	Total Mortgage	\$ _____
TACO (Sales)			\$		
Fixed Moving	27053 G	9/29/71	\$ 215.00		
Actual Move			\$		
Storage			\$		
Incidental			\$		
Interest			\$		

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Relocation
Worker

Date	
2/10/71	<u>SURVEY:</u> See George Lee file.
5/17/71	Mr. Morgan is presently not working. When he works he earns \$2.70 per hour as a janitor. Will take any jobs.
5/18/71	Sent Morgan to Mrs. Betty Thompson Multi-Service Center for help in getting Food Stamps.
9/13/71	Sent Eugene Morgan up to Welfare Department for Financial help. He has lost the use of his arm and he needs income to qualify for housing.
9/20/71	Took Mr. Morgan to HAP where he found an apartment at 3820 N. E. Mallory. Apt. #19. He accepted the apartment after seeing it and the painter and workmen said the apartment was completed and they were finished. We are waiting for HAP office to get the okay that it was ready.
9/29/71	Paid Mr. Morgan his moving allowance and moving expenses. He has paid for his apartment but was waiting to get this money to buy furniture to move into the new apartment.
9/30/71	Mr. Morgan moved out of 3213 N. Vancouver. He was last of the roomers to move and was happy with the way things turned out. He had suffered with some type of muscular control (or lack of it) and would have to go into the hospital.
12/20/ 71	Delivered Mr. Morgan's rent assistance check to him at Emanuel Hospital (Room 360) He thought that he might have to be operated on to regain the use of his arm - He had his rent paid up and could have a place to live when he got out.
	He was very happy with they way things turned out - even though he was having medical problems. The financial assistance came at a time when he needed it. PDC's help may have changed his life style for the better.
	Chet Daniels
9-12-74	Sent Mr. Morgan his 4th and final TACO payment in care of Mr. H. C. Cupp Warden, Oregon State Penitentiary, 2605 State Street, Salem Oregon. His # is 36059. He is serving a life sentence for murder. He has hopes of being paroled.
	CASE CLOSED

SCD

September 11, 1974

H. C. Cupp, Warden
Oregon State Penitentiary
2605 State Street
Salem, Oregon 97310

Dear Warden Cupp:

We are enclosing the fourth and final rent assistance payment, Warrant #36921 in the amount of \$458.00 for Mr. Eugene Morgan, #36059 as authorized under the Relocation Act of 1970.

All other funds that [unclear] will be placed into a savings account for Eugene Morgan. Thank you for your attention to this matter.

Very truly yours,

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

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

No. 965 EH

DATE September 9, 19 74

PAY TO **Eugene Morgan**

\$ **498.00**

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 3213 N. Vancouver (Parcel A-3-19).	
		Total approved \$1,992.00 4th and final installment	<u>\$498.00</u>

Account Distribution

NO. _____ TITLE _____

AMOUNT _____

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels
(Relocation Advisor)

DATE August 21, 1974

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

RE: Eugene Morgan (Emanuel)
(Displacee)

3820 NE Mallory
(Address)

No. 4th
(annual payment)

\$ 498.00
(amount)

9/74
(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: Oregon State Penitentiary, 2605 State Street
36059 Salem, Oregon

Date Inspected: _____ Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Morgan is serving a life sentence for murder

SIGNED: Eugene Morgan
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: 9/4/74

DATE: 9/5/74

TO: Bob Douglas

DATE: 9/5/74

FROM: Chet Daniels

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: Eugene Morgan

PROJECT: Emanuel

FOR: 4th Taco payment

AMOUNT: 498.00

WRJ

9-3-74.

RECEIVED AT OREGON STATE
PENITENTIARY 11-29-74 TO SERVE
A LIFE SENTENCE. PAR. H.W. DATE
JUNE 1978.

SIGNED: Samuel Daniels

James C. Udolin, Guidance Sup.

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

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

INSTRUCTIONS: Complete all applicable items and sign certification in Blank 6. Consult the displacing agency as to whether you need a Claimant's Report of Self-Inspection of Replacement Dwelling to complete and submit with this claim. Omit Block 4 if you have moved into a rental unit. Omit Block 3 if you have purchased and occupied a dwelling unit. Complete only Blocks 1 and 5 if you are a homeowner temporarily displaced because of code enforcement or voluntary rehabilitation.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies. . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT

MORGAN, Eugene _____ Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-3-19

a. Address: 3213 N. Vancouver, Portland, Oregon 97227
 b. Apartment or room number: (roomer)
 c. Number of bedrooms: -0-

d. Monthly rental: \$ 25.00
 e. Date you moved out of this dwelling: September 29, 1971
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): 3820 N.E. Mallory, Portland, Oregon 97212
 b. Apartment or room number: (roomer)
 c. Number of bedrooms: 1

d. Monthly rental: \$ 19.00
 e. Date you moved into this dwelling: September 29, 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.

12/2/71
Date

[Signature]
Signature of Claimant (s)

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

Item (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	Charged to Claimant on Closing Statement (b)	Paid Directly by Claimant (c)	Amount Claimed (Col. (b) + (c)) (d)	Amount Approved (e)
	\$	\$	\$	\$
TOTAL	\$	\$	\$ <u>1/</u>	\$

1/ Enter this amount in Block 4, Line d.

Listing of enclosed documents in support of amounts entered in Column (d) above:
(Documentation must be provided to support any claim for incurred costs.)

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

Name of Claimant MORGAN, Eugene Parcel No. A-3-19

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: January 1, 1971
Month-Day-Year

Date of Acquisition: _____
Month-Day-Year

Owner-Occupant's initial date of Ownership: _____
Month-Day-Year

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: January 1, 1971
Month-Day-Year

Date of Initiation of Negotiations: May 17, 1971
Month-Day-Year

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: HAR
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 \$ 1,992.00 is authorized.

12-15-71
Date

[Signature]
Authorized Signature

5. **RECORD OF PAYMENTS**

	Date of Payment	Check Number	Amount
a. Claimant moved to rental unit			
(1) Lump-sum payment			\$ _____
(2) Annual payment			
1st Year	<u>12/20/71</u>	<u>202 EH</u>	<u>\$ 498.00</u>
2nd Year	<u>11/22/72</u>	<u>606 EH</u>	<u>498.00</u>
3rd Year	<u>7/5/73</u>	<u>815 EH</u>	<u>498.00</u>
4th Year	<u>7/9/74</u>	<u>765 EH</u>	<u>498.00</u>
b. Claimant moved to unit he purchased			\$ _____
c. Homeowner temporarily displaced			\$ _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emanuel Project
PROJECT NO. R-20

1. Full name of claimant: Eugene Morgan Family Individual
2. Dwelling unit from which you moved: Parcel No. A-3-19
 a. Address 3213 N. Vancouver Ave c. Number of bedrooms 0
Portland, Oregon d. Monthly rental \$ 25.00
 b. Apartment or room number e. Date displaced Sept. 29 1971
3. Dwelling unit to which you moved (RENTAL)
 a. Address 3820 N.E. Mallory c. Number of bedrooms 1
Portland, Oregon d. Monthly rental \$
 b. Apartment or room number e. Date moved in Sept 29 1971
4. Dwelling unit to which you moved (PURCHASE)
 a. Address c. Downpayment \$
 d. Incidental expenses \$
 b. Number of bedrooms 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>
<u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </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 Jan 1, 1971
 Date of acquisition
 Owner-occupant's initial date of ownership
2. Did claimant own or rent 90 days prior to initiation of negotiations? Yes No
 Date of rental or purchase Jan 1, 1971
 Date of initiation of negotiations 5/17/71
3. Is replacement housing standard? HAP Yes No
 If previously substandard, date found standard
4. Certification: HAP
 (Amount of this claim \$ 1990.56)

Dion Finley
280-6045

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

NAME AND ADDRESS OF CLAIMANT:
Eugene Morgan
32123 N. Vancouver

COMPUTATION PREPARED BY:
[Signature]
Name
11/24/71
Date

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

Required Information

1. Monthly gross rental for comparable unit
(cost based on: Schedule
 Comparative
 Other)

Reason 62.40 ¹⁹⁶⁷
~~62.33~~ \$ ~~97.75~~

2. Base monthly rental for claimant's former dwelling, or
25% of adjusted monthly income, whichever is less.

\$ 20.86
20.90 *1967*

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1 \$ 62.40
Line 2 - 20.90
 \$ 41.50
 X 48

1992.00
\$ 1983.84

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.)

1992.00
\$ 1983.84

5. Minus adjustments (Attach full explanation)

- \$ _____

6. Amount of rental assistance payment
(Line 4 minus Line 5)

1992.00
\$ 1983.84

7. Annual Payment

\$ 495.96
498.00

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

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

MR. CHET DANIELS

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

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

Gentlemen:

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

- 1. Resident of the Housing Authority _____
- 2. Applicant for housing EUGENE MORGAN 45 YRS
- 3. Name ✓
- 4. Address 3820 NE MALLORY #19
- 5. Number of persons in family 1
- 6. Total monthly assistance 88.00
- 7. Date assistance began 9-13-71
- 8. Date assistance to terminate ?

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

Fancy mc
(Caseworker) (Dept.)
12-13-71
(Date)

August 28, 1974

Mr. Eugene Morgan
Oregon State Parliamentary #36000
2005 Lake Street
Salem, Oregon

Dear Mr. Morgan:

Under the Salutation Act of 1970 you are eligible for your fourth and final year assistance payment. We are enclosing the notice for your fourth payment. Please sign this form where indicated by the check marks and return to us.

A letter will be sent to you in the near future certifying that you have the right to receive your fourth year payment for your fourth year.

Very truly yours,

Enclosure (1)

0600 EGO 901

RELOCATION PAYMENT

Project: Emanuel Parcel: A-3-19

Payable to: Eugene Morgan

	<u>Amount</u>
For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners (if separate claim)	\$ <u> </u>
<input checked="" type="checkbox"/> RHP for Tenants & Certain Others:	
Rental: Total approved <u>\$1,992.00</u> ; Annual amount.	\$ <u>498.00</u>
or Purchase:	\$ <u> </u>
<u> </u> Fixed Moving Payment	\$ <u> </u>
<u> </u> Dislocation Allowance.	\$ <u> </u>
<u> </u> Actual Moving Costs.	\$ <u> </u>
<u> </u> Storage Costs (if separate claim).	\$ <u> </u>
<u> </u> Business: Moving Expenses.	\$ <u> </u>
<u> </u> Business: In Lieu Payment.	\$ <u> </u>
<u> </u> Business: Storage Costs.	\$ <u> </u>
<u> </u> Business: Loss of Property	\$ <u> </u>
<u> </u> Business: Searching Expenses	\$ <u> </u>

Name of Client Eugene Morgan Less - \$ *

Move from 3213 N Vancouver Total \$ 498.00

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

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE August 14, 1972
(Relocation Advisor)

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

RE: Eugene Morgan 3820 N. E. Mallory, Portland
(Displacee) (Address)

No. 2 (Second) \$ 498.00 Sept. 15, 1972
(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: 3820 N.E. Mallory, Portland, Oregon
Date Inspected: H.A.P. 11/13/72 Condition: Standard Substandard
If substandard: (1) Date reinspected and found standard 11/13/72
or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Morgan moved into HAP owned property and does have possession at this time. Property is standard.

SIGNED: Eugene Morgan SIGNED: Samuel Daniels
(Displacee) (Relocation Advisor)
DATE: 10/18/72 DATE: 11/13/72

TO: Bob Douglas DATE: 11/14/72
FROM: Chet Daniels

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: Eugene Morgan
PROJECT: Emanuel ORE R-20
FOR: 2nd Annual TACO Payment
AMOUNT: 498.00

SIGNED: Samuel Daniels

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 606 EH

DATE November 22, 19 72

PAY TO **Eugene Morgan**

\$ 498.00

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NO.	DESCRIPTION	AMOUNT
		Reimbursement per claim for RHP for Tenants. Move from 3213 N. Vancouver (Parcel A-3-19).	
		Total approved	\$1,992.00
		2nd annual payment	<u>\$498.00</u>

Account Distribution

NO.	TITLE	AMOUNT
0600	E60 901 00606 11-22-72 Morgan, Eugene	498.00

(RHP)

Eugene Morgan
 Received 12/8/72

JMS

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 202 EH

DATE December 20, 1971

PAY TO **Eugene Morgan**

\$ 498.00

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission - 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants. 3213 N. Vancouver (A-3-19). Total Approved \$1,992.00 1st Annual Payment	<u>\$498.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH)	\$498.00

Room 360 Eugene Morgan

AC

JMS

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 815 EH

DATE September 5, 19 73

PAY TO **Eugene Morgan**

\$ **498.00**

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants. Move from 3213 N. Vancouver (Parcel A-3-19). Total approved \$1,992.00 Third annual payment	<u>\$498.00</u>
<i>Eugene Morgan 9/5/73</i>			

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

0600 E60 901

9/5 EH

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels (Relocation Advisor) DATE August 23, 1973

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

RE: Eugene Morgan (Displacee) 3820 N.E. Mallory (HAP) (Address)

No. 3rd (annual payment) \$ 498.00 (amount) 9/15/73 (date due)

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

Present Address: 3820 NE. Mallory (HAP) Same as above

Date Inspected: _____ Condition: _____ Standard _____ Substandard

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

or (2) Displacee notified of ineligibility: _____ yes _____ no

Comments: still lives in H.A.P. Housing

SIGNED: Eugene Morgan (Displacee) SIGNED: Samuel Daniels (Relocation Advisor)

DATE: 8/30/73 DATE: 8/30/73

TO: _____ DATE: _____

FROM: _____

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

Handwritten initials and scribbles on the left side of the page.

TO: Eugene Morgan

PROJECT: Emanuel Ore. R.-20

FOR: 3rd Annual Taco Payment

AMOUNT: \$498.00

SIGNED: Samuel Daniels

PORTLAND DEVELOPMENT COMMISSION

RETS OFFICE
TREASURY, HOSPITAL BUILDING
200 N. BROAD ST.
PORTLAND, OREGON 97207
Phone 255-0100

September 1, 1971

Mr. Eugene Morgan
3213 N. Vancouver
Portland, Oregon

Dear Mr. Morgan:

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 number of the types of relocation payments for which you may be eligible is described in the attached brochure.

We urge you not to form adverse opinions as to the benefits available to which you may be entitled. Certain conditions of your present eligibility can be established and taken care of before you move, if any, can be determined.

If you have any questions, please contact the Portland Development Commission, RETS Office, located at 200 N. Broad Street, Portland, Oregon 97207.

We look forward to seeing you soon.

BCJ:ch
Enclosure

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: (The Relocation Advisor) DATE August 14, 1972

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

RE: Eugene (Displacee) 3820 NE Mallery, Portland

No. (2nd) (Second) ment \$ 498.00 (Amount) Sept 15 due 1972

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: 3820 NE Mallery, Portland, Oregon

Date Inspected: ^{H.A.P.} 11/13/72 Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard 11/13/72

or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Morgan moved into H.A.P. owned property and does have possession at this time. Property is standard

SIGNED: _____ SIGNED: Samuel B. Smith
(Displacee) (Relocation Advisor)

DATE: _____ DATE: 11/13/72

TO: _____ DATE: _____

FROM: _____

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: _____

PROJECT: _____

FOR: _____

AMOUNT: _____

SIGNED: _____

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 27053 G

DATE September 29, 19 71

PAY TO THE ORDER OF **Eugene Morgan**

\$215.00

DOLLARS

NON-NEGOTIABLE

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

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per claim for relocation - move from 3213 N Vancouver (4-3-19) to 3820 NE Hallory... Dislocation allowance \$200.00 Fixed payment - manufacture furn. <u>15.00</u> <i>ac</i>	\$215.00

Account Distribution

NO.	TITLE	AMOUNT
E1501	Relo Payment (Fixed - xxxx furn. - Ind.)	\$215.00

ac

BD

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

MORGAN, Eugene
3820 N. E. Mallory, #19
Portland, Oregon 97212

NAME OF LOCAL AGENCY

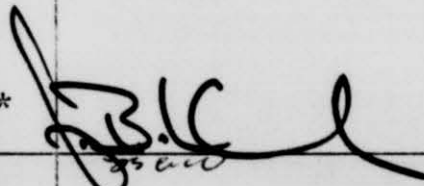
Portland Development Commission

INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

A. Does claimant meet all timing requirements for eligibility? YES NO
If "No," explain:

B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property			
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00 **		9-28-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
9/29/71	270536	\$ 200.00			\$

D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED

** Relocation Allowance

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR RELOCATION PAYMENT
 (Families and Individuals)

HUD-6140.1
 (4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) EMANUEL PROJECT <hr/> PROJECT NUMBER ORE R-20
--	---

INSTRUCTIONS: If this claim is for a **FIXED PAYMENT**, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

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 (i) MORGAN, Eugene	2. DATE(S) OF MOVE 9/22/71
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address A 3-19 3213 N. Vancouver, Portland, Oregon b. Apt., Floor, or Room No. -- c. Was it furnished with your own furniture? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 1 e. Date you moved into this address: January, 1971	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 3820 NE Mallory, Portland, Oregon b. Apt., Floor, or Room No. 19 97212 c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency: <input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property <input type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved)	Check c if applicable: <input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs <input checked="" type="checkbox"/> X Dislocation Allowance
--	---

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)	\$ 200.00
---	-----------

DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT

7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NO.	9. ADDRESS OF MOVING COMPANY (OR PERSON)
---------------------------------------	--------------------------	--

10. METHOD OF PAYMENT, MOVING BILL (Check one)

a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.

b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)	\$

12. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

9/15/71
 Date

Eugene Morgan
 Signature of claimant

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

MORGAN, Eugene
3820 N. E. Mallory, #19
Portland, Oregon 97212

NAME OF LOCAL AGENCY


Portland Development Commission

INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

A. Does claimant meet all timing requirements for eligibility? YES NO
If "No," explain:

B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 15.00 **		9-28-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
9/29/71	270536	\$ 15.00			\$

D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED

** Fixed payment

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR RELOCATION PAYMENT
 (Families and Individuals)

HUD-6140.1
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) EMANUEL PROJECT <hr/> PROJECT NUMBER ORE R-20
--	--

INSTRUCTIONS: If this claim is for a FIXED PAYMENT, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

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 (i) MORGAN, Eugene	2. DATE(S) OF MOVE 9/22/71
3. ADDRESS FROM WHICH YOU HAVE MOVED A 3-19 a. Address 3213 N. Vancouver, Portland, Oregon b. Apt., Floor, or Room No. --- c. Was it furnished with your own furniture? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 1 e. Date you moved into this address: Jan. 1971	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 3820 NE Mallory, Portland, Oregon 97212 b. Apt., Floor, or Room No. 19 c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED Check a or b after consulting local agency: <input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property <input checked="" type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved) 1 room - furnished	Check c if applicable: <input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs
--	--

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)	\$ 15.00
---	----------

DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT

7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NO.	9. ADDRESS OF MOVING COMPANY (OR PERSON)
---------------------------------------	--------------------------	--

10. METHOD OF PAYMENT, MOVING BILL (Check one)

a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.

b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS	
a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)	\$

12. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

9/15/71
Date
Eugene Morgan
Signature of claimant

Eugene Morgan:

you have a doctor's appt.

DR. MARTIN JOHNSON
2800 N. Vancouver

Dec. 17, 1971 1:30 PM

Failure to keep this appt means
no welfare next month.

Diane Finley

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

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

Gentlemen:

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

1. Resident of the Housing Authority _____
2. Applicant for housing Eugene Morgan
3. Name _____
4. Address 3820 NE Mallery #17
5. Number of persons in family 1
6. Total monthly assistance 88.00
7. Date assistance began 9-13-71
8. Date assistance to terminate ?

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

Jenly Mc
(Caseworker) (Dept.)
12-10-71
(Date)

DETERMINATION OF PAYMENTS FOR OCCUPANTS OF
GEORGE LEE, ROOMING HOUSE, 3213 N. VANCOUVER

GEORGE LEE: operator of business, rented rooms in building he leased.
\$340 He himself occupied one bedroom, kitchen, and back porch
storage area along with storage in basement making him
eligible on an individual move basis for a fixed payment
of 3 rooms.

Mr. George Lee also owned all of furniture in the rest of
the rooms in the building which were occupied by his tenants.
He may be eligible for business relocation benefits.

ROBERT BIELIN: roomer, occupied one bedroom, furnished.
\$215

ROBERT LEE: roomer, occupied one bedroom, furnished.
\$215

EBENE MORGAN: roomer, occupied one room, furnished. The room occupied
\$215 would normally be considered living room.

ROBERT MORGAN: roomer, occupied one room, furnished. The room occupied
\$215 would normally be considered living room.

VSJ:slc

PORTLAND DEVELOPMENT COMMISSION

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

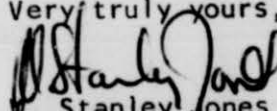
September 15, 1971

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

Gentlemen:

This is to inform you that Eugene Morgan,
of 3213 N. Vancouver, Portland, Oregon 97227
who wishes to file an application with your office will be displaced
as a result of the acquisition of the property, in which he (or she)
resides, by the Portland Development Commission in the urban renewal
project, ORE R-20.

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

Very truly yours,

W. Stanley Jones

WSJ:slc

Mr. Morgan must vacate property by September 15th.

RECEIVED OF APPLICATION FOR HOUSING ASSISTANCE BY:
HOUSING AUTHORITY OF PORTLAND, OREGON

NAME Eugene Morgan

ADDRESS 3213 N. Vancouver

DATE OF APPLICATION 9-20-71

TIME 11:35 BEDROOM SIZE 1

ADDRESS & PHONE CHANGE _____

INTERVIEWER'S NAME Suey Kastuch

Reamer

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER MORGAN, Gene PROJECT NO. Ore.R-20 PARCEL A-3-19

NAME MORGAN, Gene ADDRESS 3213 N. Vancouver APT NO.

PHONE 284-2414 INITIAL INTERVIEW 5/17/71 SEX M W NW B AGE 42

U.S. CITIZEN ALIEN VETERAN X SERVICEMAN DATE ON SITE Jan. 1971

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name 280-6045 \$
 Address
 MCI: Caseworker
 Social Security Dian Finley
 VA. Fed. Mult Co.
 Pension: Name Unemployed
 Other: Name
 TOTAL MONTHLY INCOME

Rent 25.00, Inc. Heat Water Gas Gar Elec Unfurn X 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: Zip Phone

DATE	NOTES	C/W
2/10/71	Survey - See George Lee File	WSJ
5/17/71	Mr. Morgan is presently not working. When he works he earns \$2.70/hr as jan janitor. Will take odd jobs.	
5/18/71	Sent Morgan to Mrs. Betty Thompson, Multi Service Center for help to get food stamps.	

2/10/71 survey: see "George Lee" file. WJG

5/17/71 Mr. Morgan is presently not working. When he works he
Earns 2.70 per hr as Janitor. Will take any jobs

5/18/70 Sent Morgan to Mrs Betty Thompson Mult. Service Center
for help to get Food stamp.

9/13/71 Sent Eugene Morgan up to Welfare dept.
for Financial help. He has lost the use of his
arm. He needs income to qualify for housing

9/20/71 Took Mr. Morgan to HAP. where he found a Apt.
at 3820 NE Mallory. Apt. 19. - He accepted the apt. after seeing it
and painters & work men said Apt was completed
and they were finished. We are waiting for HAP Assoc
to get the OK and that it was ready

9/29/71 Paid Mr. Morgan his Moving allowance & Moving expence
Has paid for his apt. but was waiting to get this
money to buy furniture to move to new apt.

DEPT. OF SOCIAL SERVICES
Housing Assistance Program
1000 ...
...
...

DATE
TIME
BY
...

R E C E I P T

I hereby acknowledge receipt of a copy of the Portland Development
Commission's RELOCATION SERVICES FOR FAMILIES AND INDIVIDUALS.

Royal Morgan

date