

	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 _____

NAME Ronnie Morgan

Mr. Morgan moved from 3213 N. Vancouver Ave. on July 28, 1971, and was living with a girl friend in substandard housing. I advised him that we could not pay any rent assistance payment until he found standard housing. This move was another case where a minority moved out of the so-called gheto. Hopefully, he will make new friends and develop new habits. He has a tendency to carrouse around with wine drinking friends, etc.

2/3/75 - Mr. Morgan has been hard to work with because he has been in a different residence every year. He has no visible means of support except for welfare. He seems in good physical condition, but it would appear that steady work is not his strong suit.

Mr. Morgan received his fourth and final TACO payment on 12/13/74. We have paid him early due to his claim of hardship almost every year.

(signed)

C. Daniels

worker

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME MORGAN, RONNIE RELOCATION ADVISOR _____
 ADDRESS 3213 N. Vancouver PHONE 287-4448 PROJECT NAME Emanuel ORE. R-20
 SEX M. ETHN black VETERAN _____ AGE _____ PARCEL NO. A3-19
 MARITAL STATUS _____ TENURE roomer
 DISABILITY _____ INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW _____ 9-27-71 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>January 1969</u>
INITIATION OF NEGOTIATIONS: <u>5/17/71</u>
DATE OF ACQUISITION: <u>1/1/72</u>

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW Bob Weaver - Caseworker 122.00
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 122.00

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

	S	SS	Age of Structure	No. Rooms
Subsidized Sales				
Subsidized Rental				
Public Housing				
Private Rental				
Private Sales				
			No. Bedrooms	Furn. Unfurn
			Utilities \$	
			Monthly Payments (Rent) \$	
			Acquisition Price \$	
			Taxes \$	Equity \$
			Liens \$	

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms
<u>3670 SE Harrison</u>	<u>1</u>
<u>2322 N Williams</u>	

AGENCY REFERRALS

Name of Agency	Date
<u>Multnomah County Welfare</u>	
<u>Food Stamp Program</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 3610 S. E. Harrison Phone _____ Date of Move 7/28/71

WHERE RELOCATED:

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

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms ___ Habitable Area ___

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ _____

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	289 EH	2/16/72	\$ 448.80
TACO (Rental)	693 EH	2-21-73	\$ 448.80
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	27056 G	9/29/71	\$ 215.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

TOTAL: \$1,795.20

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
2/10/71	<u>SURVEY:</u> See George Lee file	
9/27/71	Claim filed. . . \$15.00 fixed payment and \$200.00 dislocation allowance.	slc
9/29/71	Mr. Morgan received his moving allowance and cost 9/29/71	
1/20/71	Mr. Morgan had his housing location 2428 N. E. Rodney Ave. inspected but it was found to be substandard, so, he didn't get his rent assistance.	
1/31/72	Got in touch with Mr. Morgan and made an appointment for 2/3/72 to go to HAP.	
2/3/72	Registered Mr. Morgan with HAP and they gave him a place (one bedroom apartment) 3610 S. E. Harrison Apt. #1. He accepted the place and got an advance on his welfare.	
	<p>Mr. Morgan moved from 3213 N. Vancouver Ave. on July 28, 1971 and was living with a girl friend in substandard housing. I advised him that we could not pay any rent assistance payment until he found standard housing. This move was another case where a minority moved out of the so called ghetto. Hopefully, he will make new friends and develop new habits. He has a tendency to exaggerate and likes to carrouse around with wine drinkers, etc.</p>	
2-16-72	<p style="text-align: center;">Chet Daniels</p> Mr. Margan has received his first TACO payment.	CD
2-14-73	Mr. Morgan has moved from last known address to 2322 N. Williams. This address was inspected bt Bureau of Buildings and found to be standard. Sent in claim for second TACO payment.	CD
2-21-73	Received second TACO payment.	CD
12-20-71	Mr. McIntosh promised a TACO payment to Mr. Morgan because Mr. Morgan expressed his living conditions had reached the hardship stage and that he needed his money before Christmas if anyway possible. Mac got a warrant drawn but I had to contact the Commissioners to get their signatures. Was able to contact Mrs. Cogan and Dr. Jenkins. Got signatures and was able to get warrant to Mr. Morgan. He was very happy and went right to the bank. I had to take him there. He got \$48 and the bank held his check as it was after closing and no funds were available in the amount of the check. Mr. Morgan could go get the balance the next day. This is his 3rd TACO.	SCD

No. 4116 216 1973

Received from Ronnie Morgan

100 Dollars

For Rent of 2322 N Williams

from 2/1/73 to 3/1/73 1973

\$ 2352

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

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 993 EH

DATE December 11, 1974

PAY TO **Ronnie Morgan**

\$ 448.80

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 \$1,795.20 4th and final payment	\$448.80
<i>Ronnie W. Morgan 12/13/74</i>			

Account Distribution

NO.

TITLE

AMOUNT

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels
(Relocation Advisor)

DATE November 29, 1974

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

RE: Ronnie Morgan (Emanuel)
(Displacee)

3826 N.E. 6th Ave.
(Address)

No. 4th & final
(annual payment)

\$ 448.80
(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: 3826 N.E. 6th Ave.

Date Inspected: _____ Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Now living with Rescoe Ellis. P.D.C. move Mr Ellis into Standard Housing from The Emanuel Project

SIGNED: Ronnie Morgan
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: 12/5/74

DATE: 12/6/74

TO: Bob Douglas

DATE: 12/6/74

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: Ronnie Morgan

PROJECT: Emanuel Project

FOR: 4th and Final Tacc Payment

AMOUNT: 448.80

26

SIGNED: Samuel Daniels

RESIDENTIAL RELOCATION RECORD

Project Name R-20 Parcel No. A-3-19 Advisor SCD
Client's Name Morgan, Bonnie Phone _____
Address 3213 N Vancouver Ethn B Age _____

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

Family Composition

Total Number in Family _____

_____ wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Economic Data

Employer _____ \$ _____

Address _____

Other Source of Income

MCW \$ 122.-

Total Monthly Income \$ (122.-)

- Eligible for Public Housing YES NO
- Eligible for Welfare YES NO
- Eligible for (Other) YES NO

Presently Receiving Welfare YES NO

Other Assistance _____

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 9-27-71 Date of info pamphlet delivery _____

Date Notice to Move given 9- Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 1-'69

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

Date of initiation of negotiations for purchase of property 7-27-71

Date of Acquisition 9-10-71

Date of letter of intent 1-17-72

Date of move 7-28-71

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
 ✓ Furnished with claimant's furniture
 YES NO

Total Number of Rooms 1 Rent Paid \$ 25 Utilities _____
 ✓ Number of Bedrooms 1 Monthly Housing Payments \$ _____ Taxes _____
 Liens \$ _____ (please explain) _____
 Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 2322 N. Williams LPA Referred 2 Self Referred _____

Private Sales		Single Family	
Private Rental		Duplex	
Other		Multiple Family	

Outside city Outside state
 ✓ Age of Housing Unit OVER 40
 ✓ Size of Habitable Area 600-70
 No. of Rooms 1 No. of Bedrooms 0

For Claimants Who Purchased

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

For Claimants Who Rented

Rent \$ 22.00
 Utilities \$ _____
 Total Rent Assistance \$ 1,795.20
 Amount of Annual Payment \$ 448.80

No. of Housing Referrals to: ✓

Agency Referrals:

_____ Standard Sales

_____ HCV

HAP

_____ OTHER (_____)

1 Standard Rent

_____ Food Stamp

_____ Legal Aid

_____ Other (_____)

Benefits Received

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

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels (Relocation Advisor) DATE December 18, 1973

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

RE: Ronnie Morgan (Displacee) 2322 N. Williams (Address)

No. 3rd (annual payment) \$ 448.80 (amount) 2/8/73 (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: 3823 NE 6th

Date Inspected: _____ Condition: _____ Standard _____ Substandard

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

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

Comments: Mr. Morgan moved to 3823 NE. 6th Ave
into a house that was a F.H.A. Repo. and was
brought to code by them about a year ago.

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

DATE: 12/20/1973 DATE: Dec. 20, 1973

TO: Accounting Dept. DATE: _____

FROM: Samuel 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: Ronnie Morgan

PROJECT: Emanuel

FOR: 3rd Annual Rent Assistance Payment

AMOUNT: \$448.80

SIGNED: Samuel Daniels

wpf

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE January 24, 1973
(Relocation Advisor)

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

RE: Ronnie Morgan 3610 S. E. Harrison
(Displacee) (Address)

No. 2 \$ 448.80 2/16/73
(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: 2322 N. Williams Ave

Date Inspected: Feb. 13, 1973 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Ronnie Morgan has moved to 2322 N. Williams Ave.

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

DATE: 2/14/73 DATE: 2/14/73

TO: Bob Douglas DATE: 2/14/73
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: Ronnie Morgan
PROJECT: Emanuel
FOR: TACO
AMOUNT: \$ 448.80

SIGNED: Samuel Daniels

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

February 13, 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: Chet Daniels

Re: 2322 N. Williams 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, brick, apartment house at the above address.

Our inspector reports the south second story efficiency living unit is in standard condition and 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: Mrs. Spratling
2625 S. W. Ravensview Drive

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 1700 S. W. Fourth Avenue Portland, Oregon 97201	Emanuel Hospital Project
	PROJECT NUMBER: ORE R-20

INSTRUCTIONS: Complete all applicable items and sign certification in Block 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, Ronnie W. Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-3-19

a. Address: <u>3213 N. Vancouver, Portland, Oregon</u>	d. Monthly rental: \$ <u>25.00</u>
b. Apartment or room number: <u>(roomer)</u>	e. Date you moved out of this dwelling: <u>7/28/71</u> Month-Day-Year
c. Number of bedrooms: <u>-0-</u>	

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): <u>3610 SE Harrison, Portland, Oregon</u>	d. Monthly rental: \$ <u>22.00</u>
b. Apartment or room number: <u>---</u>	e. Date you moved into this dwelling: <u>X</u> Month-Day-Year
c. Number of bedrooms: <u>1</u>	

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

a. Address (include ZIP Code): _____	d. Incidental expenses (total from table on next page): \$ _____
b. Number of bedrooms: _____	e. Date you purchased this dwelling: _____ Month-Day-Year
c. Downpayment: \$ _____	

5. INFORMATION IN SUPPORT OF CLAIM OF HOMEOWNER TEMPORARILY DISPLACED BECAUSE OF CODE ENFORCEMENT OR VOLUNTARY REHABILITATION

a. Address of dwelling unit from which you moved: _____	d. Monthly rental for temporary unit: \$ _____
b. Address of dwelling unit to which you moved (include ZIP Code): _____	e. Will you require temporary housing for more than 3 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Date of move: _____ Month-Day-Year	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.

February 8, 1972

Date

Ronnie W. Morgan
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.

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

NAME AND ADDRESS OF CLAIMANT:

Ronnie Morgan
3213 N. Vancouver

COMPUTATION PREPARED BY:

A. Gordon
Name
2-2-72
Date

~~INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved. Complete Block A, B or C, as applicable.~~

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

Required Information

1. Monthly gross rental for comparable unit \$ 62.40
(Cost based on: Schedule
 Comparative
 Other)
2. Base monthly rental for claimant's former dwelling \$ 25.00

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>62.40</u>	
Line 2	- \$ <u>25.00</u>	
	\$ <u>37.40</u>	
	X <u>48</u>	\$ <u>1795.20</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.) \$ 1795.20
5. Minus adjustments (Attach full explanation) - \$ -0-
6. Amount of rental assistance payment (Line 4 minus Line 5) \$ 1795.20
7. Annual Payment \$ 448.80
(Enter this amount in the space provided in Block 3 on the ~~Outside Form Determination of Eligibility~~ for page one 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 MORGAN, Ronnie W.

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, 1969

Date of Acquisition: January 17, 1972

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: January 17, 1972

Date of Initiation of Negotiations: July 27, 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 **HAP HOUSING**

Date previously substandard dwelling was inspected and found to be standard:

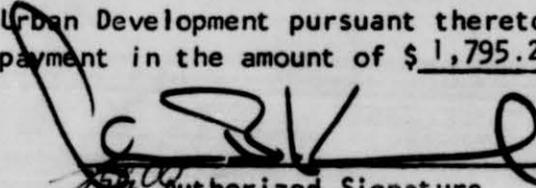
Month-Day-Year

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 \$ 1,795.20 is authorized.

2-9-72

Date


Authorized Signature

5. RECORD OF PAYMENTS

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year ~~\$448.80~~

2nd Year

3rd Year

4th Year

Date of Payment

Check Number

Amount

_____ \$ _____

2/16/72 289EH \$ 448.80

2/21/72 693EH \$ 448.80

_____ \$ _____

12-11-74 993EN \$ 448.80

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 NO. URE 20

1. Full name of claimant: _____ Family Individual

Ronnie Morgan

2. Dwelling unit from which you moved: Parcel No. A-2-19

a. Address 3213 N. Vancouver c. Number of bedrooms 0

b. Apartment or room number _____ d. Monthly rental \$ 25.00

e. Date displaced 7-28-71

3. Dwelling unit to which you moved (RENTAL)

a. Address 3610 SE Harrison c. Number of bedrooms 1

b. Apartment or room number 1 d. Monthly rental \$ 22.00

e. Date moved in X

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 Jan. 1969

Date of acquisition 1-17-72

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 1-17-72

Date of initiation of negotiations July 27, 1971

3. Is replacement housing standard? Yes No HAP Housing

If previously substandard, date found standard _____

4. Certification:

(Amount of this claim \$ _____)

INSPECTED BY Chet Daniels DATE 12-4-74 MET NOT MET

NAME Bennie Morgan PHONE _____

ADDRESS 3826 NE 6th Ave

HOUSE DUPLEX _____ APT _____ SR _____ HK _____

NO. OF ROOMS 1 COMP FURN _____ PART FURN _____ UNFURN _____

NO. OF ROOMS ACCESSIBLE BY STAIRS 0 BY ELEVATOR 0

MANAGER n/a OWNER Roscoe Ellis

RENT _____, INCL HEAT _____ WATER _____ GAS _____ GAR _____ ELEC _____

NO. BRS. 1 SIZE #1 11x11 #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) | | |
| 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) | | |
| 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)		
EFFICIENCY UNITS:		
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)		
LIVING AREA:		
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)*		
BEDROOMS:		
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)* No. Brs. _____ Size: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____	✓	
KITCHEN:		
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)		
BATHROOM:		
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)		
BASEMENT:		
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.		
SPACE REQUIREMENTS FOR STANDARD HOUSING		
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>Min.</u> <u>Max.</u>		<u>No. of Persons:</u>	<u>No. of Bdrms:</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: This is a house that Mr. Roscoe Ellis, purchased through our program. The under the relocation program the house was inspected and found to be within City code requirements. Mr. Ellis has rented a room to Mr. Ronnie Morgan and this room appears to be in standard condition at this time.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 872 EH

DATE December 20, 19 73

PAY TO **Ronnie Morgan**

\$ 448.80

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 \$1,795.20 3rd annual payment	\$448.80

Account Distribution

NO.	TITLE	AMOUNT
0600	E60 901 00872 12-20-73 Morgan, Ronnie	448.80

Ronnie Morgan

Received 12/20/73

JMS

RELOCATION PAYMENT

PARCEL: A-3-19

PROJECT: Emanuel

PAYABLE TO: Ronnie Morgan

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	\$1,795.29	Annual amount	\$ 448.80
<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	.....	\$	_____

Less - \$ _____*
Total \$ 448.80

Name of Client Ronnie Morgan

Move from 3213 N. Vancouver

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

OK JME

0600 - ELO 901

0600 E60 901

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-3-19

PAYABLE TO: Ronnie Morgan

For: <u> </u> RHP for Homeowners	\$	<u> </u>
<u> </u> Incidental Expenses for Homeowners or Tenants	\$	<u> </u>
<input checked="" type="checkbox"/> RHP - Tenants & Certain Others - Rental: Total approved \$1795.20; Annual ^{2nd} amount	\$	<u>448.80</u>
<u> </u> RHP - Tenants & Certain Others - Downpayment	\$	<u> </u>
<u> </u> Settlement Costs (on acquisition by LPA only)	\$	<u> </u>
<u> </u> Interest Expense	\$	<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	\$	<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 Ronnie Morgan

Less - \$ *

Move from 3213 N. Vancouver

Total \$448.80

Accounting: Indicate symbol and Accounting No.

 Relocation Payment; Project Cost *()

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

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 693 EH

DATE February 21, 19 73

PAY TO **Ronnie Morgan**

\$ 448.80

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		<p>Reimbursement per Claim for RHP for Tenants filed. Move from 3213 N. Vancouver (Parcel A-3-19).</p> <p>Total approved \$1,795.20</p> <p>2nd annual installment \$448.80</p> <p><i>Ronnie Morgan</i> 2/21/73</p>	

Account Distribution

NO. TITLE AMOUNT

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 289 EH

DATE February 16, 1972

\$448.80

PAY TO **Ronnie W. Morgan**

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

DETACH BEFORE DEPOSITING CHECK

Portland Development Commission 224-4800

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per claim filed for RHP for Tenants. From 3233 N. Vancouver. (Parcel A-3-19) Total approved \$1,795.20 1st Annual Payment	\$448.80

Account Distribution

NO.	TITLE	AMOUNT
E 150.1	Relocation Payment (RHP)	\$448.80

(EH)

Ronnie Morgan
2/17/72

AC

[Signature]

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 27056 G

DATE September 29, 19 71

PAY TO THE
ORDER OF

Rennie 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 St (A-3-19) to 2428 NE Rodney - Dislocation allowance \$200.00 Fixed payment - unfurnished <u>15.00</u> <div style="text-align: center;"><i>AL</i></div>	\$215.00

Account Distribution

NO.	TITLE		AMOUNT
E1501	Relo Payment (Fixed - Unfurn. - Ind.)	EH	\$215.00

AL

BA

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)

Ronnie Morgan
2428 N. E. Rodney
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	270566	\$ 200.00	9/29		\$

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

** Dislocation 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
	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 7 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, Ronnie	2. DATE(S) OF MOVE July 28th, 1971
--	---------------------------------------

3. ADDRESS FROM WHICH YOU HAVE MOVED A 3-19 a. Address 3213 N. Vancouver, Portland, Oregon 97227 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 1969	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (Include ZIP code) 2428 N. E. Rodney, Portland, Oregon 97212 b. Apt., Floor, or Room No. --- 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.

September 27, 1971 x Ronnie Morgan
 Date Signature of claimant

1059

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)

Ronnie Morgan
2428 N. E. Rodney
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			9-28-71
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 15.00 **		
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	270566	\$ 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 Hospital
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, Ronnie	2. DATE(S) OF MOVE July 28th, 1971
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 3213 N. Vancouver, Portland, Oregon 97227 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): <u>1</u> e. Date you moved into this address: <u>January, 1969</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 2428 N. E. Rodney, Portland, Oregon 97212 b. Apt., Floor, or Room No. -- 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:

a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property

b. Fixed Payment (May not be made if storage costs are involved) 1 Room Furnished

Check c if applicable:

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.

september 27, 1971
 Date

Ronnie Morgan
 Signature of claimant

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

January 21, 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

Re: 2428 N. E. Rodney Avenue

Attn: Chet Daniels

Dear Sirs:

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

Our inspection indicates the following condition is in noncompliance with City regulations:

1. There is a broken window pane in the kitchen.

Due to obvious deficiencies in the plumbing and electrical installation, it will be necessary that you request an inspection from the respective divisions.

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. Chegwiddden
S. J. Chegwiddden
Chief Housing Inspector

CHF:ms

cc: Namon Scarborough

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 X _____
3. Name Ronnie Morgan _____
4. Address 2428 NE Rodney Av., Portland _____
5. Number of persons in family 1 _____
6. Total monthly assistance 122⁰⁰ _____
7. Date assistance began 9-1971 _____
8. Date assistance to terminate unknown _____

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

R. Weaver Model Cities

(Caseworker)

(Dept.)

1-31-72

(Date)

Kramer

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER _____ PROJECT NO. Ore R-20 PARCEL A-3-19

NAME MORGAN, Ronnie ADDRESS 3213 N. Vancouver APT NO. _____

PHONE 284-2414 INITIAL INTERVIEW 1/19/72 SEX M W NW B AGE 52

U.S. CITIZEN ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE Jan. 1969

FAMILY COMPOSITION

Name	Relation	Age
<u>Rosanna</u>	<u>D</u>	<u>10</u>
<u>Ronnie M</u>	<u>D</u>	<u>9</u>
<u>Diana</u>	<u>D</u>	<u>5</u>

Employer: Name Self-employed \$ _____
 Address Superior Rebuilt Co 2.00 per hr.
 MCH: Caseworker Rob Weaver
 Social Security _____ 122.00
 VA. _____ Fed. _____ Mult Co. _____
 Pension: Name _____
 Other: Name _____
 TOTAL MONTHLY INCOME 2.00 per hr.

Rent 25.00, Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn _____ Furn No. Rms 1

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
Moved to Apt. between Page & Russell on Vancouver		4/1/71
<u>3610 SE Harrison</u>	<u>H.A.P.</u>	<u>2/3/72</u>
<u>July</u>		

NEW ADDRESS: 2428 NE Rodney Zip 97212 Phone _____

moved July 28, 1971

DATE	NOTES	C/W
2/10/71	Survey: See George Lee file	
9/27/71	Claim filed.....\$15.00 fixed payment & \$200.00 dislocation allowance.	slc

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

9/29/71 Mr. Morgan Received his Moving allowance and cost
9/29/71

1/20/71 Mr. Morgan had his ^{Housing} location 2428 N.E. Rodney Ave
inspected but it was found to be sub-standard
So, he didn't get his Rent Assistance -

1/31/72 Got In touch with Mr. Morgan Made appoint
ment for 2/3/72 to get H.A.P. -

1/3/72 Registered Mr. Morgan with H.A.P. and
they gave him a place (1bd Apt) 3610
S.E. Harrison Apt. 1 He accepted the place
and got a advance on his Welfare

PORTLAND DEVELOPMENT COMMISSION

1075 OFFICE
REARVIEW BUILDING, BUILDING
200 N. HAWK ST.
PORTLAND, OREGON 97201
PHONE 255-0123

May 17, 1971

Mr. Ronnie Morgan
3213 N. Vancouver
Portland, Oregon

Dear Mr. Morgan:

As you may know, you are situated in the General 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 a HUD representative to determine your eligibility for benefits. A copy of the relocation payments for which you may be eligible is enclosed in the attached brochure.

We urge you not to file a notice of intent to leave the property to which you may be entitled. Certain conditions must be met before eligibility can be established and before the amount of relocation benefits can be determined.

Please check with us before you file a notice of intent to leave the property to which you may be entitled. We will be glad to assist you in this process.

We look forward to hearing from you.

SCJ:ch
Enclosure

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

GEORGE LEE: operator of business, rented rooms in building he leased. 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.
\$340

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

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

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

Wesley

RECEIPT

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

Rennie Morgan

Date