

	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		

NAME OF CLAIMANT Nailen, Emma G.
PROJECT Comenuel
RELOCATION ADVISOR A.G.

CHECKLIST FOR RELOCATION FILES - INDIVIDUALS

Copy of Notice to Acquire/Vacate
 Copy of Real Estate Option (for owner/occupant only)
 Signed RECEIPT from displacee for information statement or brochure
 INTERVIEW SHEET - filled out
 Recorded personal interviews
 Copies of all correspondence with displacee

Verification of Income
 Request for HAP assistance
 FHA displacee qualifying form - rent supplement
 City inspection letter on replacement housing
 Copy of earnest money offer on replacement housing
 Letter of Assignment (when claim payable to other than claimant)
 Other:

Moving authorization letters
 Dwelling unit inventory sheet No furniture
 Log sheet for day of move (for professional move)
 Release of personal property
 DATE OF MOVE 11/14/72
 Keys turned into: _____
 Utilities shut off
 Escrow releases, grants and amounts withheld
 Verify no rent outstanding
 Other:

Settlement Costs
 Incidental Expenses
 Interest Expense (owner/occupant only)

4/14/75 DATE FILE CLOSED

R E S U M E

April 14, 1975

Client was found eligible for dislocation allowance and moving cost allowance (based on occupancy of **one** room).

CASE CLOSED.

RESIDENTIAL RELOCATION RECORD

Project Name Emanuel Parcel No. 9.2.4 Advisor 09.
 Client's Name Nadom, Erma Phone _____
 Address 3100 N. Gantembrix Ethn white Age 25

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

Family Composition

Total Number in Family 3
1 wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age
<u>Dr.</u>	<u>9</u>		
<u>SON</u>	<u>7</u>		

Economic Data

Employer M.C.W \$ 204
 Address _____
 Other Source of Income Spouse's Salary \$ 204.00
 _____ \$ _____
 Total Monthly Income \$ (204.00)

- 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 9-15-72 Date of Info pamphlet delivery 9/15/72
 Date Notice to Move given 9/14/72 Date Effective _____ Expires 12/31/72

CLAIMANT'S INITIAL DATE OF OCCUPANCY _____

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

Date of initiation of negotiations for purchase of property 5-20-71
 Date of Acquisition 9-14-72
 Date of letter of Intent _____
 Date of move 10-1-72

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	
Private Rental	X	Duplex	
Other		Multiple Family	X

✓ Age of Housing Unit 70
 ✓ Size of Habitable Area 950
 Furnished with claimant's furniture
 YES NO

Total Number of Rooms 4 Rent Paid \$ 65⁰⁰ Utilities 10⁰⁰
 Number of Bedrooms 2 Monthly Housing Payments \$ _____ Taxes _____
 Liens \$ _____ (please explain) _____
 Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 208 N. Monroe LPA Referred Self Referred _____

Private Sales		Single Family	
Private Rental	X	Duplex	X
Other		Multiple Family	

Outside city Outside state
 Age of Housing Unit 70
 Size of Habitable Area 900
 No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

For Claimants Who Rented

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

Rent \$ 65⁰⁰
 Utilities \$ _____
 Total Rent Assistance \$ -0-
 Amount of Annual Payment \$ -0-

Moving benefits only

No. of Housing Referrals to:

Agency Referrals:

_____ Standard Sales
3 Standard Rent

MCW HAP _____ OTHER (_____)
 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 Erma E. Nailen RELOCATION ADVISOR Alma Gordon
 ADDRESS 3100 N. Gantenbein PHONE _____ PROJECT NAME Emanuel
 SEX F ETHN W VETERAN _____ AGE 25 PARCEL NO. A-2-4
 MARITAL STATUS separated TENURE tenant
 DISABILITY _____ INDIV _____ FAMILY x
 ELIGIBLE FOR: PUBLIC HOUSING x FHA 235 _____
 RENT SUPPLEMENT x OTHER _____
 INITIAL INTERVIEW 9-15-72 DATE INFO PAMPHLET DELIVERED 9-15-72
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>June 1972</u>
INITIATION OF NEGOTIATIONS: <u>May 20, 1971</u>
DATE OF ACQUISITION: <u>Sept. 14, 1972</u>

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW Case worker Gina Sisk 204.00
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 204.00

FAMILY COMPOSITION

Name	Relation	Age
<u>Cynthia Nailen</u>	<u>Daughter</u>	<u>9</u>
<u>Michael Nailen</u>	<u>Son</u>	<u>7</u>

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure _____ No. Rooms 4
 No. Bedrooms 2 Furn. x Unfurn _____
 Utilities \$ 10.00
 Monthly Payments (Rent) \$ 65.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms
<u>215 N. E. Going</u>	<u>2½</u>
<u>3915 N. E. 12th</u>	<u>2</u>
<u>208 N. E. Monroe</u>	<u>2</u>

AGENCY REFERRALS

Name of Agency	Date
<u>Multnomah County Welfare</u>	<u>10-21-71</u>
<u>Food Stamp Program</u> <u>x</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 208 N. Monroe Phone _____ Date of Move 11-4-72

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

Furnished x Unfurnished _____ Number of Rooms 5 Number of Bedrooms 2 Habitable Area 900
 Utilities \$ _____ Monthly Payments (Rent) \$ 65.00 Purchase Price \$ _____
 Age of Structure: 70 yrs. Taxes \$ _____ Equity \$ _____ Distance Moved Away _____
 Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount	Purchase Price	\$
RHP			\$		
TACO (Rental)			\$	Down Payment	\$ _____
TACO (Rental)			\$	RHP	\$ _____
TACO (Rental)			\$	Total Down	- \$ _____
TACO (Rental)			\$	Total Mortgage	\$ _____
TACO (Sales)			\$		
Fixed Moving	605 EH	11-22-72	\$ 60.00		
Actual Move	596 EH	11-8-72	\$ 200.00		
Storage	Dislocation Allowance		\$		
Incidental			\$		
Interest			\$		

TOTAL BENEFITS RECEIVED \$ 260.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Relocation
Worker

Date	
9-15-72	I interviewed Erma Elaine Nailen, in our office, outlined our services and explained what her benefits as a tenant that she would be eligible for. She rented a furnished apt., therefore, there was no inventory to be taken. Assistance was offered her in any way that we could be helpful.
9-18	Miss Nailen was in to check on places for relocating, also to sign authorization form for obtaining information from welfare of her income.
9-20	Have tried to contact the client each day as both of us would be trying to relocate her into suitable housing.
9-22	Several referrals were given Miss Nailen to go and check the locations. Efforts are still being made to find adequate housing to relocate this family.
9-25	Verification of income received from MCW on going services. Total Monthly gross is \$204 for 3 people.
9-29	A 90 day written notice was sent to the occupant Erma E. Nailen at 3100 N. Gantenbein to vacate the premises not later than Dec. 31, 1972.
10-6-	the client was in our office and stated that she could not rent a house or apt unless it is furnished. No effort has been made to communicate with our office to help find an apt.
11-2	Claim was filed for Dislocation allowance for \$200 as a hardship. Through new paper ads we were able to locate a dwelling at 208 N.E. Monroe an appointment was set up with land lady Mrs. Simms to see the Apt.
11-3	Mrs. Nailen and Mrs. Simms were in today. Rent was paid for month of Nov. Keys given to tenant. The client will make a self move 11-4-72.
11-8	Reimbursement per claim for Dislocation allowance for move from 3100 N. Gantenbein Parcel A 2-6. Warrant No. 596 EH in the amount of \$200 was issued to Mrs. Nailen. Signature on receipt of check.
11-13	Claim filed for moving expense in amount of \$60 for 4 furnished rooms.
11-22	Reimbursement per claim for fixed moving expense of \$60 Warrant No 605 EH (no furniture) for move from 3100 N. Gantenbein Parcel A 2-4 to 308 N. E. Monroe Street.
11-22	A Fixed Moving Expense - no furniture. Warrant No. 605 EH received payable to Erma Nailen from 3100 N. Gantenbein to 208 N. E. Monroe. Therefore, the client may be removed from case load as all claims and/or benefits have been paid in full.
11-27	Check Warrant No. 605 EH reimbursement per claim for relocation payment for move from 3100 N. Gantenbein. Parcel A-2-4 for fixed moving payment picked up by Mrs. Nailen with signature of client and date 11-27-72.

AG

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 605 EH

DATE November 22, 1972

PAY TO **Erma Elaine Nailen**

\$ 60.00

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 Relocation Payment filed. Move from 3100 N. Gantenbein (Parcel A-2-4). Fixed moving payment - no furniture	\$60.00

Account Distribution

NO.	TITLE	AMOUNT
0600	E60 901 00605 11-22-72 Nailen, Erma E.	60.00
(Fixed - family)		

By Erma Nailen
11-27-72

JWA

0600 E60 901

RELOCATION PAYMENT

Project: Emanuel Parcel: A 2-4

Payable to: Erma Elaine Nailen

	Amount
For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners (if separate claim)	\$ <u> </u>
<u> </u> RHP for Tenants & Certain Others:	
Rental: Total approved \$ <u> </u> ; Annual amount.	\$ <u> </u>
or Purchase:	\$ <u> </u>
<input checked="" type="checkbox"/> Fixed Moving Payment	\$ <u>60.00</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 Erma Elaine Nailen

Less - \$ *

Move from 3100 N. Hartenstein

Total \$ 60.00

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

WSPY

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Erma Elaine Nailen Project Emanuel
 2. Date(s) of move Nov. 8, 1972 Parcel No. A 2-4
 3. Dwelling unit from which you moved:
 Address 3100 N. Spantenham No. of rooms 4
 Furnished Unfurnished Date you moved into this unit June, 1972
 4. Dwelling unit to which you moved:
 Address 208 N.E. Monroe
 Were goods moved to or from storage? Yes No
 5. Total claim \$ 60.00

 FIXED PAYMENT: ~~\$000~~ + \$ 60.00 = \$ _____

ACTUAL MOVING COSTS

6. Name of moving company (or person) _____
 7. Mover's telephone _____ 8. Mover's address _____
 9. Method of payment
 a. reimburse client (show paid bill)
 b. pay mover directly (show bill)
 c. let local agency contract with mover
 10. Amount actual costs
 a. Moving costs (attach receipt or voucher) \$ _____
 b. Cost of insurance (attach invoice) \$ _____
 c. Storage cost (attach receipt or voucher) \$ _____

 STORAGE COSTS

Name, address and ZIP code of storage company

- A. Type of claim initial supplementary final
 B. Storage period
 1. Total period: _____ months. Check one: Actual Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____
 C. Storage Costs
- | | | <u>Approved</u> |
|------------------------------------|----------|-----------------|
| 1. Monthly rate | \$ _____ | \$ _____ |
| 2. Total costs actually incurred | \$ _____ | \$ _____ |
| 3. Amount previously received | \$ _____ | \$ _____ |
| 4. Amount claimed (line 2 minus 3) | \$ _____ | \$ _____ |
- D. Description of Property Stored: please list on back of this sheet.
 E. Method of Payment
 reimburse client (attach receipt or paid bill)
 pay storage company directly (attach bill)

CLAIM FOR RELOCATION PAYMENT FOR FIXED
PAYMENT (FAMILIES AND INDIVIDUALS)

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY
Portland Development Commission
1700 S. W. Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)
Emanuel Hospital

Project Number: A 2-4

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 Family Individual
~~ERMA~~ Elaine Nailen

2. DATE(S) OF MOVE
November 8, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A 2-4

a. Address <u>3100 N. Gantenbein</u> <u>Portland, Oregon 97227</u>	d. Number of rooms occupied (excluding bathrooms, hallways, and closets: <u>4</u>)
b. Apartment, Floor, or Room Number _____	e. Date you moved into this address: <u>June 1972</u>
c. Was it furnished with your own furniture? _____ Yes <input checked="" type="checkbox"/> No	

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) <u>208 N. E. Monroe, Portland, Oregon 97212</u>	c. Were household goods moved to or from storage? _____ Yes <input checked="" type="checkbox"/> No
b. Apartment, Floor, or Room Number _____	If "Yes", complete table, "Statement of Claim for Storage Costs"

5. TOTAL CLAIM (if 5 b. marked above)

Dislocation Allowance <u>\$200,000</u>	
Fixed Moving Payment <u>60.00</u>	
(Consult local agency)	Total <u>\$60.00</u>

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

11-13-72
Date

Elaine Nailen
Signature of Claimant

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Ms. Erma Elaine Nailen
208 N. E. Monroe
Portland, Oregon 97212

NAME OF LOCAL AGENCY:

Portland Development Commission

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

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

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

Yes No


If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>60.00</u>		 B. C. W.	<u>11-16-72</u>
2. Dislocation allowance \$ <u>PAID</u>			
3. Total <u>60.00</u> \$ <u>60.00</u>	\$ 60.00		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____			
2. Supplementary payment (s) for storage costs:			
3. Final payment for moving expenses covering storage and related costs			

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
11/22/72	605EH	\$ 60.00			\$

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 596 EH

DATE November 8, 1972

PAY TO **Erna Elaine Mallen**

\$ 200.00

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 Dislocation Allowance filed. Move from 3100 N. Gantenbein (Parcel A-2-4).	\$200.00

Account Distribution

NO. TITLE AMOUNT

0600 E60 901

RELOCATION PAYMENT

Project: Emanuel Parcel: A 2-4

Payable to: Erma Elaine Nailen

	<u>Amount</u>
For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners (if separate claim)	\$ <u> </u>
<u> </u> RHP for Tenants & Certain Others:	
Rental: Total approved \$ <u> </u> ; Annual amount.	\$ <u> </u>
or Purchase:	\$ <u> </u>
<u> </u> Fixed Moving Payment	\$ <u>500.00</u>
<u> </u> Dislocation Allowance.	\$ <u>200.00</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 Erma Elaine Nailen Less - \$ *

Move from 3100 N. Stanton Total \$ 200.00 waf

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

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Erma Elaine Nailen Project Emanuel B-20
 2. Date(s) of move _____ Parcel No. A-2-4
 3. Dwelling unit from which you moved:
 Address 3100 77th Bantam No. of rooms 4
 Furnished Unfurnished Date you moved into this unit June 1972

4. Dwelling unit to which you moved:
 Address _____
 Were goods moved to or from storage? Yes No

5. Total claim \$ 200.

 FIXED PAYMENT: \$200 + \$ _____ = \$ _____

ACTUAL MOVING COSTS

6. Name of moving company (or person) _____
 7. Mover's telephone _____ 8. Mover's address _____
 9. Method of payment
 a. reimburse client (show paid bill)
 b. pay mover directly (show bill)
 c. let local agency contract with mover
 10. Amount actual costs
 a. Moving costs (attach receipt or voucher) \$ _____
 b. Cost of insurance (attach invoice) \$ _____
 c. Storage cost (attach receipt or voucher) \$ _____

STORAGE COSTS

Name, address and ZIP code of storage company _____

A. Type of claim initial supplementary final

B. Storage period
 1. Total period: _____ months. Check one: Actual Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____

C. Storage Costs		<u>Approved</u>
1. Monthly rate	\$ _____	\$ _____
2. Total costs actually incurred	\$ _____	\$ _____
3. Amount previously received	\$ _____	\$ _____
4. Amount claimed (line 2 minus 3)	\$ _____	\$ _____

D. Description of Property Stored: please list on back of this sheet.

E. Method of Payment
 reimburse client (attach receipt or paid bill)
 pay storage company directly (attach bill)

**CLAIM FOR RELOCATION PAYMENT FOR FIXED
PAYMENT (FAMILIES AND INDIVIDUALS)**

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY
Portland Development Commission
235 N. Monroe
Portland, Oregon

PROJECT NAME (if applicable)
Emanuel

Project Number: R 20

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides:
"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent 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 Erma Elaine Nailen Family Individual

2. DATE(S) OF MOVE 10/1/72

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A 2-4
 a. Address 3100 N. Gantenbein
 b. Apartment, Floor, or Room Number _____
 c. Was it furnished with your own furniture?
 Yes No
 d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 4
 e. Date you moved into this address: June 1972

4. DWELLING UNIT TO WHICH YOU MOVED
 a. Address (include ZIP Code) 208 N.E. Monroe
 b. Apartment, Floor, or Room Number _____
 c. Were household goods moved to or from storage?
 Yes No
 If "Yes", complete table, "Statement of Claim for Storage Costs"

5. TOTAL CLAIM (if 5 b. marked above)
 Dislocation Allowance \$200.00
 Fixed Moving Payment _____
 (Consult local agency) Total \$ 200.00

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

11-1-72
Date

Erma Nailen
Signature of Claimant

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Erma Elaine Nailen
3100 N. Gantenbein
Portland, Oregon

NAME OF LOCAL AGENCY:

Portland Development Commission

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

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

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

Yes No


If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount ^{1/}	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ _____			
2. Dislocation allowance \$ <u>200</u>			
3. Total \$ <u>200</u>	<u>200.00</u>		<u>11-6-72</u>
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>11/8/72</u>	<u>596 EH</u>	<u>\$ 200.00</u>			\$

DATED this 7 day of November 1972.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 3100 N
Gardner St., Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

(firm name)
by: Erma Nailer

PORTLAND DEVELOPMENT COMMISSION

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

September 29, 1972

Ms. Erma E. Nailen
3100 N. Gantenbein
Portland, Or. 97227

Dear Mrs. Nailen:

The premises you are now occupying at the above subject address are within the boundaries of the Emanuel Hospital Urban Renewal Project. Ownership (possession) of this property was vested in (granted) the Portland Development Commission on September 14, 1972.

Present plans of the Portland Development Commission call for demolition of the structure which you occupy at the earliest possible date. The most recent regulations of the Department of Housing and Urban Development governing this project stipulate that lawful occupants shall not be required to surrender possession without at least 90 days written notice from the local commission. This letter is therefore to advise you that we require you to surrender possession of the above subject premises not later than December 31, 1972. Any extension of this date must have the written approval of the Commission.

If you have any questions or wish more information please call on us at 235 N. Monroe Street, telephone 288-8169. We want to cooperate with you to the fullest extent possible in finding a new location, assisting you in your move, and obtaining for you those benefits to which you are entitled under the regulations.

Very truly yours,

PORTLAND DEVELOPMENT COMMISSION

By: W. Stanley Jones

WSJ:slc

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

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 _____
3. Name Erma E Nailen _____
4. Address 3100 N. Stanton _____
5. Number of persons in family 3 _____
6. Total monthly assistance \$204.00 _____
7. Date assistance began 10-21-71 _____
8. Date assistance to terminate ongoing _____

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

Gina Sisk
(Caseworker)

MC
(Dept.)

9-22-72
(Date)

(date)

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

Gentlemen:

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

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

Thank you.

Sincerely,

Erma E. Nailen
(name)
3100 N. Lombard
(address)

(caseload code number)

(date)

To: Portland Development Commission

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

MULTNOMAH COUNTY PUBLIC WELFARE DEPARTMENT

by _____

CONFIDENTIAL

Dwelling Unit Inventory

Erma E. Nailen
9/15/72

QUANTITY

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

QUANTITY

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

Miscellaneous (List Items)

Erma Nailen

COMMENTS: