

PARCEL NO.	DESCRIPTION	ROLL NO.	ODOMETER
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		

RESUME'

Client was very cooperative, not only in regard to his own displacement, but helpful between PDC personnel and his neighbors. All justified claims paid to Mr. Parashos. Case Closed.

Betty R. Burns

No. 2 _____ 1975
Received from Mr. George W. Parashos JR
Eighty 100 Dollars
For Rent of att #4785 NE 14 PL
from Feb to March 1975
\$ 80⁰⁰ Lucilly Johnson

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME PARASHOS, George RELOCATION ADVISOR J Crolley
 ADDRESS 423 N. Russell #4 PHONE _____ PROJECT NAME Emanuel ORE, R-20
 SEX M ETHN white VETERAN _____ AGE 27 PARCEL NO. F-4-7
 MARITAL STATUS single TENURE tenant
 DISABILITY _____ X INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 5-29-71 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>January 1971</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: _____

ECONOMIC DATA

Employer NOT EMPLOYER \$ _____
 Address _____
 MCW _____
 Social Security _____
 Pension _____
 Other Savings -- (\$500) _____
 TOTAL MONTHLY INCOME \$ _____

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure _____ No. Rooms _____
 No. Bedrooms _____ Furn. _____ Unfurn _____
 Utilities \$ _____
 Monthly Payments (Rent) \$ 45.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	
Food Stamp Program	
Housing Authority	
Legal Aid	
FISH	
Health Dept.	

AGENCY ACTION:

REASONS:

Appeals		
Evicted		
Refused Assistance		
Address Unknown (tracing)		
Other (death, etc.)		

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____
 Address 4733 N. E. 14th Place Phone 284-301 Date of Move July 24, 1972

WHERE RELOCATED:

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

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms 1 Habitable Area 190

Utilities \$ _____ Monthly Payments (Rent) \$ 50.00 Purchase Price \$ _____

Age of Structure: 1952 Taxes \$ _____ Equity \$ _____ Distance Moved Away _____

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	482 EH	7/27/72	\$ 1,000.00
TACO (Rental)	992 EH	8/8/73	\$ 1,000.00
TACO (Rental)	1011 EH	2/12/75	\$ 1,000.00
TACO (Rental)	1037 EH	5/12/75	\$ 1,000.00
TACO (Sales)			\$
Fixed Moving	28868 G	1/31/72	\$ 230.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

TOTAL BENEFITS RECEIVED \$ 4230.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Relocation
Worker

Date

5/14/
75

Fourth and final rental assistance payment Warrant #1037 EH in the amount of \$1,000. delivered to client. Case closed.

BRB

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. R-4-7 Advisor JCC
 Client's Name Parashos, George Phone _____
 Address 423 N Russell St Ethn W Age 27
 Male Family Married Renter/Occupant
 Female Individual Single Owner/Occupant

Family Composition

Economic Data

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

Employer \$ _____
 Address _____
 Other Source of Income \$ _____
 Total Monthly Income \$ (_____)

Eligible for Public Housing YES NO Presently Receiving Welfare YES NO
 Eligible for Welfare YES NO Other Assistance _____
 Eligible for (Other) YES NO _____

Claimant was displaced from real property within the project area on or after date of pertinent contract for Federal assistance and/or date of HUD approval of budget for project:
 YES NO

✓ Date of initial interview 5-27-71 Date of info pamphlet delivery 5-27-71
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 1- '71
 (a) for owner-occupants - indicate initial date of occupancy and ownership

Date of initiation of negotiations for purchase of property 5-18-71
 Date of Acquisition 5-19-71
6-11-71
 Date of letter of intent _____
 Date of move 7-24-72

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 1900

Size of Habitable Area 400

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 3 Rent Paid \$ 4500 Utilities _____

Number of Bedrooms 2 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 4733 NE 14th PL LPA Referred _____ Self Referred

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

Outside city Outside state

Age of Housing Unit 1952

Size of Habitable Area 1900

No. of Rooms 1 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 \$ 500

Utilities \$ _____

Total Rent Assistance \$ 4000

Amount of Annual Payment \$ 1000

No. of Housing Referrals to:

Standard Sales

12 Standard Rent

Agency Referrals:

MCV HAP OTHER (_____)

Food Stamp Legal Aid Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 1037 EH

DATE May 12, 1975

PAY TO **George W. Parashos, Jr.**

\$ 1,000.00

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 BMP for Tenants filed. Move from 423 N. Russell (Parcel R-4-7).	
		Total approved \$4,000.00 4th & FINAL PAYMENT	\$1,000.00
		<i>Geo. W. Parashos, Jr.</i> <i>Rec'd. 5/1/75</i>	

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: R-4-7

PAYABLE TO: George Parashos, Jr.

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 \$ <u>4000⁰⁰</u> ; Annual amount \$ <u>1000⁰⁰</u>	\$ _____
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment	\$ _____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only).	\$ _____
<input type="checkbox"/>	Interest Expense	\$ _____
<input type="checkbox"/>	Fixed Moving Payment	\$ _____
<input type="checkbox"/>	Dislocation Allowance.	\$ _____
<input type="checkbox"/>	Actual Moving Costs.	\$ _____
<input type="checkbox"/>	Storage Costs.	\$ _____
<input type="checkbox"/>	Business: Moving Expenses.	\$ _____
<input type="checkbox"/>	Business: In Lieu Payment.	\$ _____
<input type="checkbox"/>	Business: Storage Costs.	\$ _____
<input type="checkbox"/>	Business: Loss of Property	\$ _____
<input type="checkbox"/>	Business: Searching Expenses	\$ _____

Name of Client George H. Parashos, Jr. Family Less - \$ _____ *

Move from 423 N. Russell Individual Total \$ _____

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

0600 X10 901

Handwritten initials/signature

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley
(Relocation Advisor)

DATE 5-1-75

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

RE: George Parashos
(Displacee)

4735 N. E. 14th Pls
(Address)

No. 4th & Final
(annual payment)

\$ 1,000
(amount)

7-1-75
(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: 4735 N.E. 14th Place

Date Inspected: 6/19/72 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Dwelling still standard condition.

SIGNED: George W. Parashos, Jr.
(Displacee)

SIGNED: Betty R. Burns
(Relocation Advisor)

DATE: 5/6/75

DATE: 5/6/75

TO: Acctg.

DATE: 5/6/75

FROM: Relocation

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: George Parashos, Jr.

PROJECT: Emanuel

FOR: 4th TACO

AMOUNT: 1000⁰⁰

SIGNED: Betty R. Burns

J6

J6CW

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY: Portland Development Commission 1700 S. W. Fourth Ave. Portland, Oregon	PROJECT NAME (if applicable) Emanuel 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
George W. Parashos, Jr. _____ Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. E-4-7
 a. Address: 423 N. Russell

 b. Apartment or room number: _____
 c. Number of bedrooms: 1
 d. Monthly rental: \$ 45.00
 e. Date you moved out of this dwelling: Jan. 27, 1972
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)
 a. Address (include ZIP Code): 4733 N. E. 14th Place

 b. Apartment or room number: _____
 c. Number of bedrooms: 1
 d. Monthly rental: \$ _____
 e. Date you moved into this dwelling: July 24, 1972
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: _____
Month-Day-Year

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.

24 July 1972
Date

George W. Peresha, Jr.
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:

Parashas, Geo. W.
43 N. Russell

COMPUTATION PREPARED BY:

James Russell
Name
1-27-72
Date

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

Required Information

1. Monthly gross rental for comparable unit \$ 97.75
(cost based on: Schedule
 Comparative
 Other)

2. Base monthly rental for claimant's former dwelling, or
25% of adjusted monthly income, whichever is less. \$ 00.00

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>97.75</u>	
Line 2	\$ <u>00.00</u>	
	\$ <u>97.75</u>	
	X <u>48</u>	\$ <u>4692.00</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.) \$ 4000.00

5. Minus adjustments (Attach full explanation) - \$

6. Amount of rental assistance payment
(Line 4 minus Line 5) \$ 4000.00

7. Annual Payment \$ 1000.00

(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.

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

NAME OF CLAIMANT George W. Parashos, Jr.

Parcel No. E-4-7

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

Date of Acquisition: June 11, 1971

Owner-Occupant's initial date of ownership: _____

2. Did the claimant rent or own the dwelling at least 90 days prior to the initiation of negotiations? Yes No

Date of Rental or Purchase: January 1, 1971

Date of Initiation of Negotiations: May 18, 1971

3. Has the replacement housing been inspected and found to be standard? (Attach a copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.) Yes No

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

Month-Day-Year

4. CERTIFICATION OF LOCAL AGENCY

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$4,000.00 is authorized.

7-26-72
Date

[Signature]
Authorized Signature

5. RECORD OF PAYMENTS

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year

2nd Year

3rd Year

4th Year

	<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
	_____	_____	\$ _____
	<u>7/27/72</u>	<u>482EH</u>	<u>\$ 1000.00</u>
	<u>8/8/73</u>	<u>792EH</u>	<u>\$ 1,000.00</u>
	<u>9/12/74</u>	<u>1011EH</u>	<u>\$ 1,000.00</u>
	<u>5-12/75</u>	<u>1037EH</u>	<u>\$ 1,000.00</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 EMANOEL

PROJECT NO. R. 20

1. Full name of claimant: _____

Family Individual

PARASHOS, GEORGE W. JR.

2. Dwelling unit from which you moved: _____

Parcel No. E-4-7

a. Address 473 N. Russell

c. Number of bedrooms 1

b. Apartment or room number _____

d. Monthly rental \$ 45.00

e. Date displaced X 1-27-72

3. Dwelling unit to which you moved (RENTAL)

a. Address 4733 N. E. 14 Place

c. Number of bedrooms 1

b. Apartment or room number _____

d. Monthly rental \$ _____

e. Date moved in 7-24-72

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 1-1-71

Date of acquisition X

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 1-1-71

Date of initiation of negotiations X

3. Is replacement housing standard? Yes No

If previously substandard, date found standard _____

4. Certification:

(Amount of this claim \$ _____)

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

June 19, 1972

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director
Building Division
C. C. Crank, Chief
Electrical Division
R. A. Niedermeyer, Chief
Plumbing Division
George W. Wallace, Chief
Permit Division
Albert Clerc, Chief
Housing Division
S. J. Chegwiddden, Chief

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

Attn: Jim Crolley:

Re: 4733/35 N. E. 14 Place

Gentlemen:

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

Our inspector reports the two-bedroom unit, designated as 4733 N. E. 14 Place, 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

CHF:vm

cc: Arden Peters
4735 N. E. 14 Place

July 26, 1972

Portland Development Commission
235 N. Monroe
Portland, Oregon

Dear Sirs:

This is to certify that I presently have no income from any source other than my own savings account and have not had since 1969. My present situation is expected to continue for some months until my physical condition improves to the point that I am able to be employed again. I have existed during this time by drawing from my savings account which at present is rapidly being depleted.

George Parashos, Jr.
GEORGE PARASHOS, JR.

SUBSCRIBED and SWORN to before me this 26th day of
July, 1972.

Rita V. Horowitz
Notary Public for Oregon
My Commission Expires: 5/14/73



PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 1011 EH

DATE February 12, 1975

PAY TO **George Paraschos, Jr.**

\$ 1,000.00

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 423 N. Russell (Parcel E-4-7). Total approved \$4,000.00 3rd annual payment <i>Received 2/14/75</i> <i>Geo. W. Paraschos, Jr.</i>	\$1,000.00

Account Distribution

NO. TITLE AMOUNT

RELOCATION PAYMENT

PROJECT: Campanil

PARCEL: E-4-7

PAYABLE TO: George Parashos Jr.

For: RHP for Homeowners	.....	\$	_____
Incidental Expenses for Homeowners or Tenants	.....	\$	_____
RHP - Tenants & Certain Others - Rental: Total approved	..... ^{3rd} \$4000 ⁰⁰ ; Annual amount	\$	1000 ⁰⁰
RHP - Tenants & Certain Others - Downpayment	.....	\$	_____
Settlement Costs (on acquisition by LPA only)	.....	\$	_____
Interest Expense	.....	\$	_____
Fixed Moving Payment	.....	\$	_____
Dislocation Allowance	.....	\$	_____
Actual Moving Costs	.....	\$	_____
Storage Costs	.....	\$	_____
Business: Moving Expenses	.....	\$	_____
Business: In Lieu Payment	.....	\$	_____
Business: Storage Costs	.....	\$	_____
Business: Loss of Property	.....	\$	_____
Business: Searching Expenses	.....	\$	_____

Name of Client George Parashos Jr. Family Less - \$ _____ *

Move from 423 N. Russell Individual Total \$ 1000⁰⁰

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

0600 X 10 - 901

How

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley DATE June 24, 1974
(Relocation Advisor)

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

RE: George Parashos, Jr. 4735 NE 14th Pl.
(Displacee) (Address)

No. 3rd \$ 1,000.00 July, 1974
(annual payment) (amount) (date due)

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

Present Address: 4735 N.E. 14th

Date Inspected: 2-6-75 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Same address as last time.
Dwelling is still standard.

SIGNED: Geo. W. Parashos, Jr. SIGNED: Hershey
(Displacee) (Relocation Advisor)

DATE: 2-6-75 DATE: 2-6-75

TO: Bob Douglas DATE: 2-6-75

FROM: Jim Crolley

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

TO: George Parashos, Jr

PROJECT: EMANUEL

FOR: TACO

AMOUNT: 1000.00

JCW

SIGNED: Hershey

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 792 EH

DATE August 8, 1973

PAY TO George Parashos, Jr.

\$ 1,000.00

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 423 N. Russell (Parcel E-4-7). Total approved \$4,000.00 2nd annual payment	\$1,000.00

George W. Parashos, Jr. Aug 10, 1973

Account Distribution

NO. TITLE AMOUNT

0600 E60 901

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: E-4-7

PAYABLE TO: George Parashos, Jr.

For: <u> </u> RHP for Homeowners	\$	_____
<u> </u> Incidental Expenses for Homeowners or Tenants.	\$	_____
<u> X </u> RHP - Tenants & Certain Others - Rental: Total approved \$ _____; Annual amount	\$	<u>1,000</u>
<u> </u> RHP - Tenants & Certain Others - Downpayment	\$	_____
<u> </u> Settlement Costs (on acquisition by LPA only).	\$	_____
<u> </u> Interest Expense	\$	_____
<u> </u> Fixed Moving Payment	\$	_____
<u> </u> Dislocation Allowance.	\$	_____
<u> </u> Actual Moving Costs.	\$	_____
<u> </u> Storage Costs.	\$	_____
<u> </u> Business: Moving Expenses.	\$	_____
<u> </u> Business: In Lieu Payment.	\$	_____
<u> </u> Business: Storage Costs.	\$	_____
<u> </u> Business: Loss of Property	\$	_____
<u> </u> Business: Searching Expenses	\$	_____

Name of Client George Parashos, Jr. Family Less - \$ _____ *

Move from 423 N. Russell Individual Total \$ 1,000

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

OK III

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: *JL* (Relocation Advisor) DATE July 3, 1973

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

RE: George Parashos, Jr. 4735 N.E. 14th Pl.
(Displacee) (Address)

No. 2nd \$ 1,000.00 7/27/73
(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: 4735 N.E. 14th Place (same as last time)

Date Inspected: 7/27/73 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: This is the same house inspected a year ago & is still in standard condition

SIGNED: *George Parashos, Jr.* (Displacee) SIGNED: *James B. Curreley* (Relocation Advisor)

DATE: 7/27/73 DATE: 7/27/73

TO: *Bob Douglas* DATE: _____

FROM: *Emanuel*

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: *George Parashos, Jr.*

PROJECT: *Emanuel*

FOR: *Relocation - TACO*

AMOUNT: *1000.00*

W.S.J.

SIGNED: *James B. Curreley*

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 482 EH

DATE July 27, 1972

PAY TO George W. Parashos, Jr.

\$ 1,000.00

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 423 N. Russell (Parcel E-4-7). Total approved \$4,000.00 1st annual payment	\$1,000.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP) (EH)	\$1,000.00

George Parashos, Jr.

JMA

INTERVIEW REGISTER

Relocation
Worker

Date

2/20/71

SURVEY: Will rent apartment. Doesn't care what area.

5/27/71

Informed him that the property had been sold. He received a notice to pay his rent in advance which he paid today to Frank McGuire, \$40.00, paid by money order.

6/17/71

Presently has no income. He was injured and is waiting to have an operation. He is living off savings from working last summer. Welfare has refused him any assistance because of the Oregon relative law that relatives must repay welfare. Mr. Parashos is 27 years old. His sister has been in and out of Damasch Hospital which has been rather expensive and he does not want to ask for assistance from his parents. He would move any place and will be going to work after he recovers from surgery. Plans to go to Seattle for the rest of this month with his parents to visit relatives and will report back to us as soon as he returns. His rent is paid up to August 1, 1971 (\$40.00). He has no furniture other than a T.V. We have not determined rent for him at this time.

JC

9/20/71

Mr. Parashos came into this office, and we reviewed his case. He has not had his operation as anticipated. It seems as though his doctor at Kaiser Hospital suggested that he (Mr. Parashos), due to the delicate nature of his operation, obtain consultation from a second doctor regarding the necessity of the operation. He is currently waiting for the second doctor's response. Since Mr. Parashos is not working, we are still having difficulty in establishing rent due us by him. He stopped at the Emanuel Site office and tried to pay his rent, but Stan Jones replied that it was not necessary at this time, since we have no way of determining the appropriate amount necessary.

Mr. Parashos is continuing to live off his savings and can only afford \$40 to \$50 a month rent. He wants to stay in the Albina Area because he goes to Kaiser Hospital for treatment once or twice a week. He will look for a rental unit on his own. However, if necessary, he will rely on me for transportation. I will also seek available rental units in the desired area. I asked Mr. Parashos to contact me every two days concerning progress in locating a place to live.

J. MC.

7/25/72

Tried to encourage Mr. Parashos to apply for benefits at the Social Security office. He had been discouraged from seeking benefits due to the situation with welfare.

WSJ

RELOCATION PAYMENT

Project: Emanuel ORE R-20 Parcel: E-4-7

Payable to: George W. Parashos, Jr. Amount

For: <input type="checkbox"/>	RHP for Homeowners	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners (if separate claim)	\$	_____
<input checked="" type="checkbox"/>	RHP for Tenants & Certain Others:		
	Rental: Total approved \$ <u>4000</u> ; Annual amount.	\$	<u>1000.00</u>
	or Purchase:	\$	_____
<input type="checkbox"/>	Fixed Moving Payment	\$	_____
<input type="checkbox"/>	Dislocation Allowance.	\$	_____
<input type="checkbox"/>	Actual Moving Costs.	\$	_____
<input type="checkbox"/>	Storage Costs (if separate claim).	\$	_____
<input type="checkbox"/>	Business: Moving Expenses.	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment.	\$	_____
<input type="checkbox"/>	Business: Storage Costs.	\$	_____
<input type="checkbox"/>	Business: Loss of Property	\$	_____
<input type="checkbox"/>	Business: Searching Expenses	\$	_____

Name of Client George W. Parashos, Jr. Less - \$ _____*

Move from 423 N. Russell Total \$ 1000.00

Accounting: Indicate symbol & Acct. No.
E1501 Relocation Payment; _____ Project Cost *(_____)

dc

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

No 28868 G

DATE January 31, 1972

PAY TO THE
ORDER OF

George W. Parashos, Jr.

\$ 230.00

_____ DOLLARS

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

NON-NEGOTIABLE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement for Relocation Payment per claim filed for tenants. Move from 423 N. Russell (Parcel E-4-7).	
		Dislocation allowance	\$200.00
		Fixed payment - net own furniture	<u>30.00</u>
			<u>\$230.00</u>

Account Distribution

NO	TITLE		AMOUNT
E 1501	Relocation Payment (Fixed Payment - Ind.)	(EH)	\$230.00

Geo. W. Parashos Jr.

JMA

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

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

PROJECT NAME (if applicable)
Emanuel Hospital Project
Project Number: ORE 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 _____ Family Individual

PARASHOS, George W., Jr.

2. DATE(S) OF MOVE

1/27/72

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. E-4-7

a. Address _____
423 N. Russell, Portland, Oregon 97227

b. Apartment, Floor, or Room Number 4

c. Was it furnished with your own furniture?
_____ Yes No

d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 2

e. Date you moved into this address: 1/1/71

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) _____

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	30.00	
(Consult local agency)		Total \$ 230.00

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.

1/28/72

Date

George W. Parashos, Jr.
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:

George W. Parashos, Jr.

Portland, Oregon 97227

NAME OF LOCAL AGENCY:

Portland Development Commission

1700 SW Fourth Avenue

Portland, Oregon 97201

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

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

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

Yes No

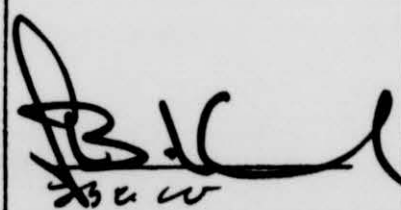
If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(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>30.00</u>			<u>1-31-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>230.00</u>	<u>230.00</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
		\$			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Parashov, George W, Jr Project _____

2. Date(s) of move 1-27-72 Parcel No. E-47

3. Dwelling unit from which you moved:
 Address 423 N. Russell apt 4 No. of rooms 2
 Furnished Unfurnished Date you moved into this unit 1-1-71

4. Dwelling unit to which you moved:
 Address 4733 N. E. 14th Place
 Were goods moved to or from storage? Yes No

5. Total claim \$ _____

 FIXED PAYMENT: \$200 + \$30.00 = \$230.00

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)

Notice to: Portland Development Commission

I (we) have read your letter describing the relocation benefits that may be available under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, to those displaced on or after January 2, 1971. I (we)

(check one)

- Request that you process my (our) claim for an interim relocation payment. I (we) understand that you will advise me (us) promptly when and if a revised claim may be submitted for adjustments on the basis of the new Act and in accordance with the implementing regulations.
- Will defer filing a claim until you are able to make the full payments authorized by the new Act. I understand that you will advise me (us) promptly when you are authorized to make full payments authorized by such Act.

23 June 71
Date

Geo. W. Parachos
Signature of Claimant
(If more than one claimant, each should sign)

(Return this form to PDC)

On January 2, 1971, the President signed the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. This Act makes significant changes in the relocation payments and assistance that may be provided to persons and business concerns displaced by activities assisted in whole or in part with Federal funds. As you know, the Emanuel Hospital Project is being carried out with assistance from the U. S. Department of Housing and Urban Development (HUD).

In general, the new Act improves and increases relocation payments and assistance that may be made to persons and business concerns displaced on or after January 2, 1971.

Displaced families and individuals may be eligible for either (1) a payment to cover actual reasonable moving expenses or (2) a fixed moving expense allowance not to exceed \$300 plus a dislocation allowance of \$200. In addition, a payment not to exceed \$15,000 is available to assist displaced homeowners in the purchase of a replacement dwelling unit and a payment not to exceed \$4,000 is available to displaced tenants and certain homeowners to assist in the rental of a replacement dwelling unit or, in some cases, for use as a downpayment on the purchase of a replacement dwelling unit. Your special attention is called to the fact that the amounts of payments described above are maximum. The actual amount which you will receive will depend upon your individual circumstances.

Displaced business concerns may be eligible for either (1) a payment to cover actual reasonable moving expenses, direct loss of tangible personal property, and reasonable expenses in searching for a replacement business; or (2) in certain cases, a fixed payment equal to the business concern's average annual net earnings, but not less than \$2,500 nor more than \$10,000.

In addition to these relocation payments, the Act provides for relocation assistance to be provided for those displaced. The objective is to minimize hardships to persons required to relocate and to assure that suitable relocation resources will be available before displacement takes place.

Before any payments may be made under the new Act, HUD must issue the necessary regulations and procedures for making payments. We will continue to make relocation payments and provide relocation assistance in accordance with laws and regulations existing prior to January 2, 1971, until such time as the new regulations and procedures are received.

In the meantime, we have been authorized to make certain payments on an interim basis. Therefore you have the option of either:

1. Accepting an interim relocation payment and filing a revised claim later for any additional amount to which you may be entitled; or
2. Deferring the filing of your claim until the regulations are received which will permit payments to be made.

Please let us know, by checking the appropriate box on the form provided and returning the form to us, the action you wish us to take. We have furnished you with two copies of this form so that you may keep one for your records.

We will be in touch with you again as soon as we have more information regarding our ability to make payment under the new Act. If you have any questions regarding this matter, please get in touch with our Relocation Office. The telephone number is 288-8169.

Sincerely,

Chief of Relocation and
Property Management

December 14, 1971

Mr. George Paroshos
423 N. Russell, #4
Portland, Oregon 97227

Mr. Paroshos:

We wish to inform you that the Portland Development Commission does not intend to maintain the building which you occupy at 423 N. Russell after January 15, 1972. You have received a notice dated June 21, 1971, which requested that you vacate your building by September 30, 1971. Because preparations are now being formulated to demolish the above structure, we must require that you have no later than January 15, 1972.

Please contact your relocation advisor, Mr. Jim Croley, who is located at 1111 NE Oregon Street, Portland, Oregon 97232, for further information. You may contact him at 423 N. Russell, telephone 253-2211.

Parashos

- 1 bedroom, partly furnished \$55 month
3930 N.E. Garfield 284-5031.
- 1 bedroom, range, refrig. \$70 760-2316
- Bachelor apt \$75
4338 N.E. Emerson - 289-3449
- Studio, furnished arms w/d bath
w/c carpet \$75 includes electricity, water & garbage.
5532 N. Haight 946-0045
- Bachelor apt. furnished. \$62.50
932 N. Fremont. 284-9339.
- Bachelor apt. \$75.00
1232 N. Fremont 771-7673
- One bedroom apt \$65
furnished 284-4116.
- One bedroom apt \$70. } on corner of N.E. 57th and Alberta
Bachelor apt \$60 } 760-2316.
- Studio \$50
281-6215.
- One bedroom \$65
furnished 1920 80 26th 228-9757
- One bedroom \$90
4039 N. Gardenway. gantenbein

Dwelling Unit Inventory

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)

TELEVISION.

COMMENTS:

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER J. McIntosh & J.C. ORIGIN OF CASE EMANUEL PARCEL F-4-7
ORE. R-20

NAME PARASHOS, George ADDRESS 423 N. Russell APT NO. #4

PHONE _____ INITIAL INTERVIEW 2/20/71 SEX Male MINORITY GROUP White

AGE 27 U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE Jan. 1971

FAMILY COMPOSITION

Name	Relation	Age	Employer: Name	Address	\$

MCW Caseworker
 Social Security _____
 Va. _____ Fed. _____ Mult. Co. _____
 Pension: Name _____
 Other: Name _____
 Savings (\$500) _____

TOTAL MONTHLY INCOME

Own: _____ Power Co. _____ Type Fuel Gas Garbage Co. _____
 Rent: X Inc. Heat _____ Water X Gas _____ Gar X Elec _____ Unfurn _____ Furn X No. Rms 2

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 emergency:
 Name Chris Wheeler Address San Raefel Phone _____

Information Statement given to George Parashos on 2/20/71 by J.C.

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)	REMAINING ON CASELOAD:
Refused assistance _____	_____	Address unknown, tracing _____
Relocated in:	_____	Evicted, further assistance _____
Low-rent public housing _____	_____	contemplated _____
Other perm. public housing _____	_____	Temporarily relocated by _____
Standard priv. rent. hsg. _____	_____	LPA _____
Sub-standard priv. rent _____	_____	within project: _____
hgs. with refusal of _____	_____	address _____
further aid _____	_____	outside project: _____
Standard sales housing _____	_____	address _____
Sub-standard sales hgs. _____	_____	_____
Out-of-town _____	_____	_____
Address unknown, abandoned _____	_____	_____
Evicted, no further _____	_____	_____
assistance _____	_____	_____
Other (explain) _____	_____	_____

FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: _____ Zip _____ Phone _____

New rent or purchase price: _____ No. of rooms _____ S _____ SS _____

INTERVIEW REGISTER

Reloc
Work...
J.C.

2/20/71 Survey - will rent apt. - doesn't care what area.

5/27/71 Informed him that the property had been sold. He received a notice to pay his rent in advance which he paid today to Frank McGuire, \$40.00, paid by money order.

J.C.

6/17/71 Presently has no income. He was injured and is waiting to have an operation. He is living off savings from working last summer. Welfare has refused him any assistance because of the Oregon relative law that relatives must repay welfare. Mr. Parashos is 27 years old. His sister has been in and out of Damasch Hospital which has been rather expensive, and he does not want to ask for assistance from his parents. He would move anyplace and will be going to work after he recovers from surgery. Plans to go to Seattle for the rest of this month with his parents to visit relatives and will report back to us as soon as he returns. His rent is paid up to August 1, 1971 (\$40.00). He has no furniture other than a T.V. We have not determined rent for him at this time.

J.C.

9/20/71 Mr. Parashos came into this office, and we reviewed his case. He has not had his operation as anticipated. It seems as though his doctor at Kaiser Hospital suggested that he (Mr. Parashos), due to the delicate nature of his operation, obtain consultation from a second doctor regarding necessity of the operation. He is currently waiting for the second doctor's response. Since Mr. Parashos is not working, we are still having difficulty in establishing rent due us by him. He stopped by the Emanuel Site Office and tried to pay his rent, but Stan Jones replied that it was not necessary at this time, since we have no way of determining the appropriate amount necessary.

Mr. Parashos is continuing to live off his savings and can only afford \$40 to \$50 a month rent. He wants to stay in the Albina Area because he goes to Kaiser Hospital for treatment once or twice a week. He will look for a rental unit on his own. However, if necessary, he will rely on me for transportation. I will also seek available rental units in the desired area. I asked Mr. Parashos to contact me every two days concerning progress in locating a place to live.

J. Mc

INTERVIEW REGISTER

Date

Relocation
Worker

The second doctors response. Since Mr. Parashos is not working, we are still having difficulty in establishing rent due us by him. He stopped by the Emanuel site office and tried to pay his rent but, Stan Jones replied that it was not necessary, at this time, since we have no way of determining the appropriate amount necessary.

Mr. Parashos is continuing to live off his savings and can only afford \$40 to \$50 a month rent. He wants to stay in the arborea area because he goes to Kaiser Hospital for treatment once or twice a week.

We will look for a rental unit on his own. However, if necessary he will rely on me for transportation. I will also seek available rental units in the desired area. I asked Mr.

Parashos to contact me every two days concerning progress in locating a place to live.

J. 711

HOUSING RESOURCES SURVEY

**RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF
EMANUEL HOSPITAL PROJECT AREA**

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

Analyst Date of survey Tabulator Date tabulated
 Dwelling Unit No. 16 Structure No. 8 Census Block No. 76 Census Tract No. 22A
 Street Address 423 N. Russell Apartment No. #4

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

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

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

	<u>Name</u>	<u>Family relation</u>	<u>Age</u>	<u>Sex</u>	<u>Occupation</u>
1.	<u>Geo. Parashel</u>	<u>Head of household</u>	<u>27</u>	<u>M</u>	<u>unemployed</u>
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

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

1. Jobholders in this household, employers and location of jobs:

<u>Names of jobholders</u>	<u>Names of employers</u>	<u>Street address where jobs are located</u>	<u>Distance to work</u>
	<u>disabled</u>		

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

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

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

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

HOUSING RESOURCES SURVEY
To be Filled in For Each Dwelling Unit in All Survey Areas

Analyst OC Date _____ Surveyed 2/2/71 Tabulator _____ Date _____
 Dwelling Unit No. 16 Structure No. 8 Census Block No. 76 Census Tract No. 22A
 Street Address 423 N. Russell Apartment No. 4
 Legal Description _____

NAME OF OCCUPANT: <u>Leo Pasasch</u> <u>423 N. Russell</u>	NAME & ADDRESS OF OWNER <u>Realty Finance Co.</u> <u>308 SW Washington</u>	NAME & ADDRESS OF PROP. MGR: _____ _____
TELEPHONE: _____	TELEPHONE: _____	TELEPHONE: _____
INTERVIEWED? (✓) Yes () No	INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

<u>Kind of dwelling unit</u>	<u>No. of units in bldg.</u>
_____ One-family house	
_____ Apt. in a house	
<input checked="" type="checkbox"/> Apt. in apt. bldg. or plex	<u>4</u>
_____ Apt. in comm. bldg.	
_____ Mobile home or trailer	
This structure has _____ stories (do not count basement)	

II. OCCUPANCY STATUS OF DWELLING UNIT

_____ Owner occupied
 Renter occupied
 _____ Vacant

III. SIZE OF DWELLING UNIT

_____ Sq. ft. in first floor (county figure)
490 Sq. ft. in dwelling unit (if more than 1 floor)
2 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms Share
1 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
1971 Period market value data applicable
1967 Date of last appraisal
1900 Date structure was originally built

B. Market value data for one-family dwelling

	<u>Market value</u>	<u>Computed value per sq. ft.</u>
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

C. Market value data for dwelling unit in a multiple-family structure or commercial bldg.

	<u>Market value for entire structure</u>	<u>Computed value per sq. ft. for this dw. unit</u>
Land	\$ <u>3640</u>	\$ _____
Improvements	<u>4680</u>	_____
Total	<u>8320</u>	_____

1960 Sq. ft. of all d. u. in this structure
 _____ Sq. ft. of commercial space and value of commercial space: Land \$ _____, improvements \$ _____, total \$ _____.

V. RENTAL RATE FOR THIS RENTED UNIT

<u>Monthly average</u>	<u>Cash rent</u>	<u>Utilities</u>	<u>Total paid by renter</u>
Rent	\$ <u>45.00</u>	\$ _____	\$ _____
Electricity		\$ _____	_____
Gas		_____	_____
Water <u>w/rent</u>		_____	_____
Heat (oil, or other) <u>gas</u>		_____	_____
Total	\$ <u>45.00</u>	\$ <u>15.00</u>	\$ <u>60.00</u>

Deposits required of renter
 Advance rent \$ 45.00, other \$ 100 Key
 Rental information obtained from
 Tenant , owner _____, manager _____, or estimated from assessor's data _____.

VI. FOR SALE INFORMATION FOR THIS HOUSE THAT IS OCCUPIED BY OWNER OR RENTER

Listed with broker, yes _____, no _____
 Advertised by owner, yes _____, no _____
 Cash asking price \$ _____
 Period house has been for sale, months _____

VII. REMARKS

assessor's records filed in
apartment house file.