PROJECT RELOCATION EMANUEL BUSINESS AND INDIVIDUAL FILES (CONT.)

PAGE 2 OF 6

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ARCEL NO.	MARSHALL, LaVERNE	·	ROLL NO	ODOMETER
S-3-4	2740 N. VANCOUVER		•	
_	· · · ·		·	
PARCEL NO.	MARSHALL, LOUIS			
4-3-13	247 N. FARGO	-	•	
PARCEL NO.	MERCER, EMILIE	· · · · · · · · · · · · · · · · · · ·		
8-14-8	511 N. MORRIS		and the second second	in the second second
ARCEL NO.	MINNEWEATHER, STEWART			
R-10-15	3117 N. COMMERCIAL		Contract Col	
PARCEL NO.	MITCHELL, JAMES HENRY			
4-3-17	217 N. FARGO			
ARCEL NO.	MONTAGUE, CHARLES		· · · ·	
4-8-10	319 N. FARGO			1000000
ARCEL NO.	MORGAN, EUGENE			
-3-19 -	3213 N. VANCOUVER		•	
ARCEL NO.	MORGAN, RONNIE	-	· · · · · · · · · · · · · · · · · · ·	
-3-19	3213 N. VANCOUVER			
ARCEL NO.	NAILEN, ERMA ELAINE		1	
1-2-4	3100 N. GANTENBEIN			
ARCEL NO.	NICHOLS, RENA ELISESE			
8-14-7	527 N. MORRIS	C	Station Links	and the
ARCEL NO.	NOLAND, FRANK & ETHEL			
-4-10	241 N. COOK			1.
ARCEL NO.	OVERHOLTS, ANNA	•		-
-2-11	3129 N. VANCOUVER			a se seites
ARCEL NO.	PACE, THEODORE P.		and a second	-
-3-20	3217 N. VANCQUVER			
ARCEL NO.	PARASHOS, GEORGE			
-4-7	423 N. RUSSELL #4		and the second	
ARCEL NO.	PARKS, DORINA			
- 1-4-7	.527 N. MORRIS		Store Store	
ARCEL NO.	PARRISH, BEVERLY			
-3-6	2653 N. COMMERCIAL			
ARCEL NO.	PATTERSON, BILLY			
-2-5	227 N. MONROE			
ARCEL NO.	LEWIS, MATTIE (PATTERSON)			
-3-12	531 N. RUSSELL			



Mrs. Parks was self-relocated to Sacramento, California in October of 1971. She received a fixed moving benefit but failed to qualify for further assistance or benefits.

JM:ch

(signed)

worker

• RESIDENTIAL RELO	DCATION RECORD
Project NameParce	el No. R.14.7 Advisor Me
client's Name Parks, Doinido	2 Phone
Address 527 77. Morris	Ethn Black Age adult
🖬 Male 🖪 Family 🔲 Marrie	ed 🛛 Renter/Occupant
Female Individual Single Female He	ad of House hold
Family Composition	Economic Data
Total Number in Family	Employer \$
wife, husband	Address
Other: Relation Age Relation Age	Other Source of Income ADC \$ 280°
	Total Monthly Income \$ ()
Eligible for Public HousingXYESNOEligible for WelfareXYESNOEligible for (Other)YESNO	Presently Receiving Welfare X YES
Claimant was displaced from real property with tinent contract for Federal assistance and/or YES Date of initial interview 2-17-72	date of HUD approval of budget for project: NO
Date Notice to Move given	Date Effective Expires
Date Notice to Move given	Date EffectiveExpires
	11-70
CLAIMANT'S INITIAL DATE OF OCCUPANCY (a) for owner-occupants - indicate init occupancy and ownership	ial date of
CLAIMANT'S INITIAL DATE OF OCCUPANCY (a) for owner-occupants - indicate init occupancy and ownership	Ial date of
CLAIMANT'S INITIAL DATE OF OCCUPANCY (a) for owner-occupants - indicate init occupancy and ownership Date of initiation of negotiations for purcha	<u>11-70</u> ial date of <u>5-20-71</u>

DWELLING UNIT FROM WHICH RELOCATED

Private Sales	Single Famil	y ✓ Age of Housing Unit
Private Rental	× Duplex	
Other	Multiple Fam	
Total Number of Ro	oms 3	Rent Paid \$_100 Utilities
		Monthly Housing Payments \$ Taxes
		e explain)
		Amenities
	REP	LACEMENT DWELLING UNIT
Address		LPA Referred Self Referred
Private Sales	Single Famil	y Outside city D Outside state D
Private Rental	Duplex	Age of Housing Unit
Other .	Multiple Fam	ily . Size of Habitable Area
		No. of Rooms No. of Bedrooms
For Claim	mants Who Purcha	sed For Claimants Who Rented
Purchase Price of I	Replacement Dwel	ling \$ Rent \$
Taxes \$	and the three been	Utilities \$
RHP or TACO (includ	ing incidental	costs) \$ Total Rent Assistance \$
antico.	Fai	Amount of Annual Payment \$
No. of Housing Refe		Agency Referrals:
Standard		MCWHAPOTHER ()
Standard	Rent	Food StampLegal AidOther ()
Benefits Received		
Date	Ck #	TypeAmount \$
Date	Ck #	TypeAmount \$
Date	Ck #	Type + Amount \$

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RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME PA	RKS	Dorinda			RELOCATION ADVISOR	J. McIntos	h
ADDRESS 527 N. Morris PHONE				PROJECT NAME Emanuel - R-20			
SEX_FETHN_Whi	te	VETERAN AG	GE_2	.7	PARCEL NO		
MARITAL STATUS SI DISABILITY ELIGIBLE FOR: PUB REN INITIAL INTERVIEW NOTICE TO MOVE NOTIFY IN CASE OF	LIC T S	_ INDIV FAMIL HOUSING_X_ FHA 2 UPPLEMENTOTHER DATES EFFEC	YX 35 TIVE_		EXPIRATION DA	5/20/71 /4/73 DELIVERED_2/	
Eco Employer Address MCW <u>ADC (Sacramen</u> Social Security Pension Other	to.	Calif.)	28	80.00	Name Jeff	COMPOSITION Relation Son '' Dtr.	Age 8 7 4
TOTAL MON	THL	Y INCOME \$	28	80.00			
		DWELLING U	NIT F	ROM WH	ICH RELOCATED		
Subsidized Sales Subsidized Rental Public Housing Private Rental Private Sales Size of Habitable	X	Single Family Multiple Family Duplex Mobile Home	S X	SS	Age of Structur No. Bedrooms Utilities \$ Monthly Payment Acquisition Pri Taxes \$ Liens \$	Furn. X Ur (Rent) \$ 10 (ce \$ 16,000	ofurn
HOU	SIN	S REFERRALS			AGENCY	REFERRALS	

AGENCY REFERRALS

Address	Bedrooms

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

April 3	AGENCY ACTIC			REASONS:		
Interd Artistance fread Artistance Artistance Date Moved In Address Contailde Project Date Moved In Address Reason Mithin Project Date Moved In Address Reason Mithin Project Date Artistance Reason Artistance Reason Bate Artistance Artistance Mithit Date Artistance Artistance Mithit Date Artistance Structure: Total Northity Payments (Rent) Parchase Price Artistance Mithit Date Artistanc </th <th>penls</th> <th></th> <th></th> <th></th> <th></th> <th></th>	penls					
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Image: Alternative of the second s	fused Assister	103				
Image:						
TEMPORARY RELOCATION Within Project Date Moved In					while which is defined that the state of	
Address_Reason			TEM	PORARY RELO	OCAT ION	
Address_Reason	1	<u>_</u>	-1			
Address	Within Proje	ct		Date	Moved In	
REPLACEMENT DVELLING UNIT LPA Referred Idress 3401 Alvarado Phone Date of Hove_October 1971 Sarramento, Calif. (Self-relocated too far away - can't inspect) S SS VHERE RELOCATED: S SS Single Family S Juttide City Subsidized Sales Single Family S Juttide City Subsidized Rentol Multiple Family D Juttide City Subsidized Rentol Purchase Price S Structure: Taxes \$ Equity \$ Distance Moved Away me of Hoving Company Name of Realtor S Down Payment \$ Mod Bental \$ S Down Payment \$ S	Cutside Proj	iest		Addre	.55	
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INTERVIEW REGISTER

Relocation Worker

2/24/71 Survey: Occupies half of house (duplex). Husband in jail. (See Richard Brent file).

2/17/72 Mrs. Brent came into our Emanuel Site Office and informed us that she and her husband were going down to California to visit Mrs. Parks. Mrs. Brent wanted to know what claim forms Mrs. Parks might need in order that she might receive the relocation benefits due her. I gave Mrs. Brent the necessary claim forms, plus a form letter that Mrs. Parks should submit to the local welfare agency, asking for a verification of income. I told Mrs. Brent that Mrs. Parks was eligible to receive her moving benefits upon our receipt of her signed claim form. However, I told her to tell Mrs. Parks that before we could issue payment of her rental assistance benefit, we must have a verification of income received by her, plus some proof that she is currently occupying standard housing.

2/24 Received signed claim forms today.

- 3/10 Prepared moving claim and submitted it for approval. Mrs. Parks is eligible to receive a moving benefit in the amount of \$245. Said amount is based upon a dislocation allowance of \$200 and her occupancy of three unfurnished rooms. JMc
- 3/17 Received approved claim form, along with Warrant No. 340 EH in the amount of \$245. Mailed warrant to Mrs. Dorinda Parks.
- 3/20 Prepared memo to file substantiating Mrs. Parks' occupancy of the dwelling unit at 527 N. Morris for required length of time.
- 4/24 Received letter from Joyce Schofield, eligibility worker for the Sacramento Department of Social Welfare. Said letter verified that Mrs. Parks presently receives monthly Welfare benefits of \$280. It was also indicated that Mrs. Parks has decided to purchase instead of rent.
- 4/24 Prepared and mailed letter to Dorinda Parks. In said letter I outlined the benefits and requirements for eligibility for a downpayment assistance. (See file) Requested that she contact our office before signing an earnest money agreement and/or promissory note on a house, to avoid any problems that might arise in a confusion or misunderstanding of the benefits she is eligible to receive.
- 4/26 Mailed to Joyce Schofield, caseworker for Dorinda Parks, a copy of letter mailed to Mrs. Parks on 4/24/72.
- 6/28 In reviewing Mrs. Parks' file, I noticed that six months had passed since her move from 527 N. Morris. Under the Act, a displacee must file for a relocation payment within a six month period following the date of move. Ben Webb, Chief of Relocation, felt that we had neglected to inform Mrs. Parks of this requirement and should allow her a ten-day grace period beginning June 28 and ending on July 7, 1972. I prepared and mailed a letter to Mrs. Parks, explaining the above matter. Additionally, I reexplained the benefits available to her and the requirement that all replacement housing must be found to be standard.

JMC

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JMC

Date

Date	INTERVIEW REGISTER	Relocation
/10/ 72	Received letter from Dorinda Parks today. In said letter, Mrs. Parks indi- cated that she would prefer to rent rather than buy. She has been trying to get into public housing, but to no avail. She wants to rent because she need the money to buy bedroom furniture for her children. Secondly, she has no financial resource to repay the loan if she should purchase. She will con- tact us soon as she finds a rental unit and has it inspected. She enclosed signed claim form.	Worker
7/13	Called Sacramento Housing Authority concerning Mrs. Parks. I talked with a Judy Avery. Ms. Avery indicated that California does put displaced individ- uals on a priority waiting list; however, they have been helping recent flood victims and the vacancy rate of available units is almost nil. Ms. Avery said that Ms. Parks may still have a six months waiting period; however, she requested that we send verification of Ms. Parks' displacement.	JM
0/10/ 72	Received letter from Dorinda Parks today. Mrs. Parks indicated that she has rented a house for \$100 per month, plus gas and electricity. The house is owned by a real estate company and Mrs. Parks said that she has made arrange- ments to have said house inspected. Result of inspection will be sent to our office. Mrs. Parks' new address is 928 Los Robles Blvd., Sacramento, Calif. 95838.	JM
1/28	Letter was mailed to Dorinda Parks indicating that the six month eligibility period under which we are now operating will expire on 12/29/72. We requeste that Mrs. Parks submit to our office on or before 12/29/72, certification that she had occupied standard housing. It was further indicated that should she fail to comply with this requirement she would be ineligible for further relocation benefits.	
/5/ 73	Mrs. Parks did not respond to our letter dated 11/28/72 requiring submission of certified documentation of her occupancy of standard housing. Thus, Mrs. Parks is ineligible for further relocation benefits and her file is ready to close.	JM

November 28, 1972

Mrs. Dorinda Parks 928 Los Robles Boulevard Sacramento, California

Dear Mrs. Parks:

In a latter to you, dated Jule 29, 1972, our office indicated that under the provisions of the Uniform Relocation Act a claim for a relocation payment shall be submitted to the local spancy within a period of six months after displacement of claiment. However, in your particular case a determination was made that extenuating circumstances prevented you from filing a claim within the prescribed six month perlod. We are still awaiting a decision from HUD on your eligibility to receive further relocation benefits.

It is important to note that we must have in dur office, on or before December 29, 1972, certification that you have occupied a standard housing unit. Jumm 29, 1972 to becamber 29, 1972 is the six month period under which we are now operating. I would strongly suggest that you contact your local housing outhority or bureau of buildings and have them perform the required inspection. Once this has been completed, you should send; or have the leapecter send, a capy of thes inspection to our office, which is inspected at 1700 5: 9. Fourth Avenue Pertiand, Oregon 37201.

While we are not in a position to state whether or not you are aligible to reasive the there enlaces in benefits, or each how of the incomption of your reasonable contiling is not stilled prior to the second

29; 1972: Sharit your fail to empiry the this requirement and a corr of the inepastion has not reached our office by that date, your claim for relatention benefits will be denied, reporties of the decision rendered by the

In your latter of October 10, 1972 you stated you had found a replacement housing unit and had had it inspected. To date we have not received a copy of that inspection. Thus, I strangly urge your prompt attention to this matter.

Very truly yours,

James V. Ac Intoch Relocation Specialist

RECEIVED Macer Siz, PORTLAND DEVELOPMENT COMMISSION the mared to a rental which is a hause and in very good condition. It's owned by a Real Estate. I am having it checked now an they will send you a report on the condition of the house. The sent is \$100 a month an I pay electricity an goo. Sincerely Parks P.S. It's been hard finding a rendal because most everything is for sale. In for truping a house it was one set back after another. If the house was the right size the price was to high

an when the price was regit the house was wrong. Plus it don't have any transportantion to he able to get out an really look. It couple of Real Estate men where going to show me some houses but as usually they never showed up. So it has been one set back after another. The house I have now a woman just moved and an As only 3 blocks from my old place so it was just good luck that spinally came my way. I really ful in still insixed to my money an In sure you can understand my cucumstances.

old adduss 3401 Cloarado Blad. Soe, Calip. 95838 my New address 928 Los Robles Blud. Dae, Ealig. 95338

July 13, 1972

Hs. Judy Avery Secremento Housing Authority 2020 "J" Street Secremento, California

Dear Hs. Avery:

This is to varify that Mrs. Dorinda Parks, formarly of 527 M. Morels Street, Portland, Gregon, was displaced by governmental action. Mrs. Parks now resides at 3401 Alverado Blvd., Sacramento, California.

We would appreciate to say applatance you may be sale to give this displaces.

Very gruly yours,

James W. Actintosh Belesation Advisor

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENO Portland Development Commission 1700 S. W. Fourth Avenue	CY: PROJECT NAME (if applicable) Emanuel Hospital Project PROJECT NUMBER: ORE, R-20
Portland, Oregon 97201	PROJECT NUMBER: ORE. R-20
INSTRUCTIONS: Complete all applicable items are sult the displacing agency as to whether you ne of Replacement Dwelling to complete and submit have moved into a rental unit. Omit Block 3 if dwelling unit. Complete only Blocks 1 and 5 if blaced because of code enforcement or voluntary	eed a Claimant's Report of Self-Inspection with this claim. Omit Block 4 if you f you have purchased and occupied a f you are a homeowner temporarily dis-
PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S	
Whoever, in any matter within the jurisdiction	
states knowingly and willfully falsifies	
ent statements or representations, or makes or	r uses any false writing or document know-
ing the same to contain any false, fictitious of	or fraudulent statement or entry, shall be
fined not more than \$10,000 or imprisoned not m	nore than five years, or both."
I. FULL NAME OF CLAIMANT	
PARKS, Dorinda	
2. DWELLING UNIT FROM WHICH YOU MOVED	PARCEL NO. R-14-7
a. Address: 527 N. Morris, Portland	d. Monthly rental: \$ 100,00
	e. Date you moved out of this
b. Apartment or room number:	dwelling: 11/15/71
c. Number of bedrooms: 2	Month-Day-Year
. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)	
a. Address (include ZIP Code): 3401 Alvarado	Blvd., d. Monthly rental: \$ 90.00
Sacramento, Calif. 95838	e. Date you moved into this
b. Apartment or room number:	dwelling: 1/26/72
c. Number of bedrooms: 3	Month-Day-Year
+. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)	d toutdown to survey a family for
a. Address (include ZIP Code):	d. Incidental expenses (total from
b. Number of bedrooms:	table on next page): \$ e. Date you purchased this
c. Downpayment: \$	dwelling:
5. INFORMATION IN SUPPORT OF CLAIM OF HOMEOWNED ENFORCEMENT OR VOLUNTARY REHABILITATION	R TEMPORARILY DISPLACED BECAUSE OF CODE
a. Address of dwelling unit from which you moved:	<pre>d. Monthly rental for temporary unit: \$</pre>
b. Address of dwelling unit to which you	e. Will you require temporary
moved (include ZIP code):	housing for more than 3 months Yes No
c. Date of move:	If "Yes", total number of
Month-Day-Year	months you will require tempor
	ary housing:months

Page 1.

TC0-1

'A' Rent Assistance

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.

July 3, 1972 Date

Signature of Claimant (s

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

	COSTS IN	CURRED BY CLAIM	ANT	FOR LOCAL AGENCY USE	
ltem (a)	Charged to Claim- ant on Closing Statement (b)	Paid Directly by Claimant (c)	Amount Claimed (Col.(b) + (c) (d)	Amount Approved (e)	
	\$	\$	\$	\$	
i. •					
1					
1				1	
OTAL	s	s	s 1/	s	

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.)

RECOED &/ DEAD & JUL 10 1972 Near Sie, PORTLAND DE LUMMANSSION the had a problem finding a place to leavy shat Do it may as well rent. L'ue been looking for a rendal as well as a pouse the problem is fending a place that passes federal inspection in my price lange. I tried to get into Sederal housing leut they fust beep putting line off as they do so many people. I would still like to buy but with my understand ing of your last letter il clorid have the time, The reason it say Lu get another place to rent is because this house in in won't pass federal inspection. house it meed \$200 not

including the \$1632.00 an w giast about have the \$200. Che being on thick with 3 children an no one to borrow the \$200 from is near impossible. Even if I borrowed it its near impossible to repay. Plus it don't have any real furniture and made beds for the beds leadly, I don't understand the 408 for typans because I was dele I would recime \$500 a year for 4 years. of possible I will phone because communicating by letter in a matter such as this is hard. I don't have a phone lend I will do the best as possible. Thank you so much for winding, I didn't realize I had the & month press limit. Of course weather al had to months or not due have problems. So il do appreciate you contacting me very much on letting me know.

I will contact you as soon as I get a rendal that presses fedual inspection which il well ty very hard to do immediatly, Thank you so much .

Sincucly Darks

P.S. What also held me back for awhile was deciding to buy instead of rent. So die deeded to rent become its easier for me to find a rendal Ahan luying.

June 29, 1972

the second second

Mar & The Bar State Place

Hrs. Dorinda Parks 3401 Alvarado Blvd. Sacramento, Cellfornia 95838

2. 2. 2.

Deer Mrs. Perks:

Pursuent to a letter received from Mrs. Schoffeld, welfare worker, in which she indicated that you were interested in purchesing a replace-ment house, we melled you a letter outlining the demperyment assistance available to you under the Relocation Act of 1970. The letter was dated April 25, 1972. To date we have not heard from you.

Under the provisions of the Uniform Relatestion Act. & claim for & rela-cation provisions of the Uniform Relatestion Act. & claim for & rela-of signment shall be duminized to the local agency within a period of signments drive displacement of claiment. Our respires then that you moved from 527 N. Merris on November 15, 1971, and therefore you have consider the siz menths the Shalt for deministen of a releastion is then the size within the test and the distance of a releasting in your make. Therefore, if you will execute the astronation size along with a latter indicating day the claim was and timely filed, we are prepared to all the Standard of deutific and Union Standards contents of the time of the time in white the align content files.

and the second se

Annual Statement of the second of the second arry Start A AHA

2. LOP **STORE** In expecting the Restal Assistance Assofit day you we have subtracted 25 percent of your press asithly income from the monthly rental for a subgrobit replacement desiling. The expectation of your rent benefit

Krs. Dorinds Parks 2 June 29, 1972

energia de la construcción de la co

Nonthly rental for a comparable replacement dualling 25% of displaces's gross monthly income \$97.75 Contraction of the

\$34.00 X 48 - \$1,632.00

r, you call contact up by July 7, 1972.

The \$1,632 is an amount you may be eligible to receive should you decide to rent. The amount exceeds \$500 and would therefore be made payable in four equal ennual installments of \$400 each.

I as enclosing two claims forms, one marked "A" and the other "B". Should you decide to rant instead of purchase, plasts sign and return claim form "A". However, 17 you decide to purchase instead of rant, plasts the and return claim form "B". It should be reted that decider you de-side to rant of purchase, "B". It should be reted that decider you de-side to rant of purchase, your replement house by soit, such be standard. Once you have found a repletement house, you alght want to contact the latel tousing Authority and have then import sold houte to determine if it is in standard condition. Once this has been completed, you should have the bestify our office of their findings. Sofere as for mole powerd of future bestifts, sur file mait they that your replement house is in standard condition.

if you have don't such than constanting the dama destart, plasse with a or all an analytic the part of any start that the start of the a la training provide

A State of the

MAS.

25 April, 1972

2.5 度让我

Mrs. Dorinda Perks 3401 Alvarado Boulevard Sacramento, California 95838

Dear Mrs. Parks:

Our office received a letter yesterday from Joyce Schofield, Eligibility worker with the Sacramento Department of Social Welfare, Indicating that you receive a monthly grant under the Aid to Families with Depandent Chilldren program in the amount of \$280.00. Mrs. Schofield also mentioned that you were now interested in purchabing a replacement dwelling instead of renting.

Under normal circumstances, a renter who decides to purchase is aligible to receive a downphyment benefit in an amount not to extend 20% of the purchase price of a comparable replacement dwelling. However, the amount you might receive sannot exceed \$4,000.00. An explanation of your downpeyment benefit is as follows:-

the strategies of the second second

11,000; Or 11 more than \$2,000

The second of the domperature shall be determined by our office as the empunt sequired as a dompeyment If such purchase wet financed with a conventional form. Upon purchase and occupancy of a depunt, safe, and senicary dwelling you may be relabursed for the:

> The full compared for the downgayment aust be applied to the purchase price and such downanyment and inclidental costs chalmed must be shawn in the closing statement.

Mrs. Dorinda Parks

25 April, 1972 Page 2

Example 1:

Selling price Conventional loan Dow	n Payment	\$12,000 2,400
Closing costs Total	and the second	200 2,600
100% participation 50% participation	\$ 2,000 300	7. 44

Down Payment Benefit \$ 2,300

Amount to be contributed by displacee \$ 300

Example 11:

Selling price	\$30,000
Conventional loan Down Payme	6,000
Closing costs	State of the state
Total	6,500
The second second	Same an Andrew The
100% perticipation \$ 2.4	000
	000
	and the second second

Bown Payment Benefit \$ 4,000

Amount to be paid by displaces

\$ 2,500

It was noted above that you must occupy decent, safe, and sanitary howsing before you will be eligible to receive a downpayment benefit. Thus, it will be necessary, once you have found a house you are interested in purchasing, to have sold house inspected by an inspector from your local in purchasing, to have sold house inspected by an inspector from your local success of bestdings and have him verify in writing that the house is decent, safe, and sanitary.

It would also be to your advantage to contact us before signing an earnest money agreement and/or a promissory note on a house that you are interested in purchasing. This procedure would allow us to fully inform you of the exact amount of essistance that we can provide.

If you have any questions, please write our office.

Very truly yours,

Benjamin C. Webb Chief, Relocation and Property Menagement

BCW/JWNc:bf



County of Sacramento DEPARTMENT OF SOCIAL WELFARE

3017 J STREET SACRAMENTO, CALIFORNIA 95816 Tolophono 454-2796 RE

April 19, 1972

James McIntosh Portland Development Commission 1700 SW Fourth Avenue Portland, Oregon 97201

Dear Sir:

Dorinda Parks, residing at 3401 Alvarado Boulevard, Sacramento, California, 95838, receives \$280.00 monthly grant under the Aid to Families with Dependent Children program from the Sacramento County Department of Social Welfare.

When Mrs. Parks first relocated in the Sacramento area she had apparently stated to you that she desired to continue renting. At this writing, she has changed her mind, and decided that it would be more beneficial for her children and herself if she were to buy a home with the remainder of the relocation money to which she is entitled.

Enclosed please find a release of personal information signed by Mrs. Parks.

Very truly yours,

e schyrield

Loyce Schofield - 8643 Eligibility worker

Enclosure: 1

 Sacramento County Department of Social Welfare

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

R

To : Portland Development Commission

e:	Case	Name:	DORINGA	PARKS
	Case	No.:_	30-31281	•
	Date		4-17-72	-

I hereby authorize the **Council** to release any medical, social and/or financial information pertaining to me; with the understanding that such information will be used only for welfare assistance purposes.

winda Parks

*Parent or Guardian

Parent

*If client is a minor, signatures of both parents or guardian are required. SC 282 GA 12/57 FL-8 MEMORANDUM

Date March 30, 1972

TO: The File

FROM: James W. McIntosh

SUBJECT: Mrs. Dorinda Parks

Mrs. Dorinda Parks occupied and rented from November 1970 until October 1971, three rooms in the upstairs portion of the dwelling unit at 527 N. Morris. The lower portion, including one bedroom upstairs, was rented and occupied by Mr. and Mrs. Richard Brent. Mrs. Dorinda Parks sub-rented from the Brents the remainder of rooms upstairs. She was in need of housing while her husband was in prison.

JWM: ch

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March 16, 1972

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\$245.00

merce M

Hrs. Dorinda Parks 3407 Alverado Blvd. Sacramento, California 95838

Dear Hrs. Parks:

出来してい 男女をうちょうか はんのないの

Enclosed plagse find our Marrant No. 340 EN In the amount of \$245.00.

This represents relocation benefits due you as follows:

Dislocation allowers

Total new due you

Fixed payment for paying chite

A CONTRACTOR OF THE OWNER OWNER OF THE OWNER OWNE		PROJECT EXPENDITURES-EMANUEL		•	Warri	int Number
PO	RTLAND	DEVELOPMENT 1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201	COMMISSION		340	EH
			DATE		North 15	19 72
PAY TO	Dorinda Pa	rks			\$245.00	DOLLARS
TC	O THE TREASURER OF TH Y OF PORTLAND, OREGO	E	N		AUTHORIZED AUTHORIZED	BIGNATURE
Portland Dev	relopment Commission	. 224-4800				AMOUNT
DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION				
		Reimbursement for rei Norris (Par. R14-7) t Catif	ecation per claim (e 3401 Averade Bive Dislocation Fixed payment	allement	n 527 H ento, \$200.00 45.00	\$245.00

Account Distribution

NQ	TITLE		EH
	Reio Payment		19400
	(Disloc. & Fixed	- Family)	

x

\$245.00

guw4

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 Project Number: R-20
PENALTY FOR FALSE OR FRAUDULENT STATEMENT. 'Whoever, in any matter within the jurisdict United States knowingly and willfully falsif or fraudulent statements or representations, document knowing the same to contain any fal entry, shall be fined not more than \$10,000 or both."	ion of any department or agency of the ies or makes any false, fictitious or makes or uses any false writing or se, fictitious or fraudulent statment or or imprisoned not more than five years,
1. FULL NAME OF CLAIMANT PARKS, Dorinda	X Family Individual
2. DATE(S) OF MOVE November 15, 1971	
3. DWELLING UNIT FROM WHICH YOU MOVED a. Address	PARCEL NO. <u>R-14-7</u> d. Number of rooms occupied (ex- cluding bathrooms, hallways, and closets: <u>3</u> ure? e. Date you moved into this address: <u>11/70</u>
 4. DWELLING UNIT TO WHICH YOU MOVED a. Address (include ZIP Code) <u>3401 Alvar</u> <u>Sacramento, Calif.</u> <u>95838</u> b. Apartment, Floor, or Room Number 	rado Blvd.c. Were household goods moved to or from storage? <u>Yes X</u> 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 45.00 (Consult local agency)	

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.

February 21, 1972 Date

Signature of Claimant

Page 1.

M-1

sign only

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT: Dorinda Parks 3401 Alvarado Blvd. Sacramento, Calif. 95838

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? X 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)

	ltem	Amount 1/	Authorized Signature	Date
	Fixed Payment and Dislocation Allowance	\$		
	 Fixed payment \$ 45.00 Dislocation allowance \$ 200.00 			
)	3. Total \$245.00	\$ 245.00	Encus	3-13
	Actual Moving and Related Expenses	\$		
	 Initial payment including, if applicable, storage and related costs in the amount of \$ 			
	2. Supplementary payment (s) for storage costs:			
	 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
		\$			\$

M-7