

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

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. E-3-6 Advisor CD
 Client's Name Parrish, Beverly Phone 285-7970
 Address 2653 N. Commercial Ethn Black Age 22

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

Female Head of Household

Family Composition

Economic Data

Total Number in Family 3
 _____ wife, husband

Employer \$ _____
 Address _____

Other: Relation Age Relation Age

<u>DR</u>	<u>7</u>		
<u>DR</u>	<u>1/11/10</u>		

Other Source of Income \$ _____
welfare \$ 16200
 Total Monthly Income \$ (16200)

- 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 6-28-71 Date of Info pamphlet delivery 7/1/71
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 4-1-71

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

Date of initiation of negotiations for purchase of property 4-1-71
 Date of Acquisition 6-14-71
 Date of letter of intent _____
 Date of move 7-71

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	
Private Rental		Duplex	
Other		Multiple Family	

Age of Housing Unit OVER 60

Size of Habitable Area 200-300sq ft

Furnished with claimant's furniture
 YES NO

✓ Total Number of Rooms 2 Rent Paid \$ 27.50 Utilities 1/2 of HAP
 ✓ Number of Bedrooms 2 Monthly Housing Payments \$ _____ Taxes _____
 Liens \$ _____ (please explain) _____
 Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 1116 SB 190th LPA Referred HAP Self Referred _____

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

Outside city Outside state

Age of Housing Unit 2 YRS

Size of Habitable Area 800-900

No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

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

For Claimants Who Rented

Rent \$ _____
 Utilities \$ 26.00
 Total Rent Assistance \$ _____
 Amount of Annual Payment \$ _____

Moving benefits only

No. of Housing Referrals to:

_____ Standard Sales
X Standard Rent

Agency Referrals:

_____ MCW X 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 Beverly Parrish RELOCATION ADVISOR CD
 ADDRESS 2653 N. Commercial PHONE 285-7980 PROJECT NAME Emanuel ORE. R-20
 SEX F ETHN black VETERAN _____ AGE 22 PARCEL NO. E3-6
 MARITAL STATUS _____ TENURE tenant
 DISABILITY _____ INDIV _____ FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 6-28-71 DATE INFO PAMPHLET DELIVERED 6/28/71
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>April 1, 1971</u>
INITIATION OF NEGOTIATIONS: <u>7/6/71</u>
DATE OF ACQUISITION: <u>10/8/71</u>

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW Mr. Herrera-Caseworker 162.00
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 162.00

FAMILY COMPOSITION

Name	Relation	Age
<u>Carmen</u>	<u>daughter</u>	<u>4</u>
<u>Ronnie</u>	<u>daughter</u>	<u>1 mon.</u>

DWELLING UNIT FROM WHICH RELOCATED

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

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

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms
<u>1116 S. E. 190th and Yamhill</u>	

AGENCY REFERRALS

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

AGENCY ACTION:	REASONS:
Appeals	
Evicted	
Refused Assistance	
Address Unknown (tracing)	
Other (death, etc.)	

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____
 Address 1116 S. E. 190th Phone _____ Date of Move July, 1971

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

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms ___ Habitable Area ___
 Utilities \$ _____ Monthly Payments (Rent) \$ 26.00 Purchase Price \$ _____
 Age of Structure: _____ 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			\$ 300.00		
Actual Move			\$		
Storage			\$		
Incidental			\$		
Interest			\$		
TOTAL BENEFITS RECEIVED			\$ _____		

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
6/28/71	Mrs. Parrish called to find out what the benefits would be -- she stated that she has lived there (2653 N. Commercial) since April 1, 1971	CD
6/30/71	Took Mrs. Parrish to HAP to get housing, they took her application and assigned her an apartment at 1116 S. E. 190th, which she accepted. She was given until 10:00 a.m. 7/2/71 to sign the lease.	
7/1/71	Mrs. Parrish is having problems getting the \$50.00 to pay the deposit and the first month rent. She agrees to repay the \$50.00 from benefits she would get from PDC. to whoever will loan her the money. We got the money from welfare to pay the rent and deposit. She moved in and pays \$26.00 for new apartment. It is a new apartment with wall to wall carpets and a tile bath.	
11/19/71	Reopened this file to see if there were more benefits due Mrs. Parrish, and found that she had a rent assistance payment coming.	CD
11/20/71	<p>After going through the file further, it appears that Mrs. Parrish does <u>not</u> get a rent assistance payment because she did not live at 2653 N. Commercial at least 90 days before the start of the project.</p> <p>However, she is happy with her new apartment and living conditions. This is a case where a minority found safe, decent, standard housing outside the ghetto.</p>	

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.

1 July 1971
Date

Bucary L. Parrish
Signature of Claimant
(If more than one claimant, each should sign)

(Return this form to PDC)

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

HUD-6140.1
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code)

Portland Development Commission
 1700 S.W. Fourth Avenue
 Portland, Oregon 97201

PROJECT NAME (If applicable)

Emanuel

PROJECT NUMBER

Ore. R-20

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

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

1. FULL NAME OF CLAIMANT

PARRISH, Beverly L. (F)

2. DATE(S) OF MOVE

July 2, 1971

3. ADDRESS FROM WHICH YOU HAVE MOVED

a. Address
 2653 N. Commercial Ct. Parcel E-3-6
 Portland, Oregon

b. Apt., Floor, or Room No. 1

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

d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 4

e. Date you moved into this address: April 1, 1971

4. ADDRESS TO WHICH YOU HAVE MOVED

a. Address (include ZIP code)
 1116 S.E. 190th
 Portland, Oregon

b. Apt., Floor, or Room No. _____

c. Were household goods moved to or from storage?
 Yes No
 If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

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

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

Check c if applicable:

c. Supplementary claim for reimbursement of storage costs

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

See D. \$ 80.00
 * Dislocation allowance

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

7. NAME OF MOVING COMPANY (OR PERSON)

8. MOVER'S TELEPHONE NO.

9. ADDRESS OF MOVING COMPANY (OR PERSON)

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

- a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.
- b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

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

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

1 July 1971
 Date

Beverly L. Parrish
 Signature of claimant

(Over)

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)

 Baby Bed
 " Clothes Chest
 T.V.

COMMENTS:

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 26667 G

DATE August 31, 19 71

PAY TO THE
 ORDER OF

Beverly L. Parrish

\$ 184.80

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 Claims for Relocation Payment. Move from 2653 N. Commercial Ct. (E-3-6) to 1116 S.E. 190th. Dislocation Allowance \$200.00 ✓ Less paid 7/1/71, Ck. #260339 <u>(80.00)</u> \$120.00 Fixed Payment - own furn. 100.00 ✓ Less paid 7/23/71, Ck. #262546 <u>(35.20)</u> <u>64.80</u>	<u>\$184.80</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - own furn. - family)	\$184.80

ac

*Rec. Beverly Parrish
 Sep 1 - 1971*

B9

Parrish Family

On a room Basis:

Fixed Payment =	\$ 100.00
Previously Paid =	<u>35.20</u>
	\$ 64.80

Dislocation Allowance =	\$ 200.00
Previously Paid	<u>80.00</u>
	120.00

Total Due	120.00
	64.80
	<u>\$ 184.80</u>

Payable to:

Beverly L. Parrish

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

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

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Beverly L. Parrish
1116 S.E. 190th
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission

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

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

B. CERTIFICATION

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

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property		<i>[Signature]</i>	8-31-71
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 120.00 **		
b. Reimbursement for actual direct loss of property	\$	<i>[Signature]</i>	
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

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

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/31/71	266676	\$ 120.00	8/31/71		\$

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

** Balance of dislocation allowance under new relocation act of 1970
We have paid her \$80.00 to date.

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

HUD-6140.1
 (4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) Emanuel Project
	PROJECT NUMBER Ore. R-20

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

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1. FULL NAME OF CLAIMANT Beverly L. Parrish (F)	2. DATE(S) OF MOVE July 2, 1971
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 2653 N. Commercial Ct. b. Apt., Floor, or Room No. 1 c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 4 e. Date you moved into this address: April 1, 1971	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 1116 S.E. 190th b. Apt., Floor, or Room No. _____ c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED
 Check a or b after consulting local agency:
 a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property
 b. Fixed Payment (May not be made if storage costs are involved)

Check c if applicable:
 c. Supplementary claim for reimbursement of storage costs
/X/ DISLOCATION ALLOWANCE

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.) \$ 120.00

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

7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NO.	9. ADDRESS OF MOVING COMPANY (OR PERSON)
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10. METHOD OF PAYMENT, MOVING BILL (Check one)

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

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

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

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

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

8/23/71
 Date

X Beverly L. Parrish
 Signature of claimant

(Over)

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

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

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Beverly L. Parrish
1116 S.E. 190th
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission

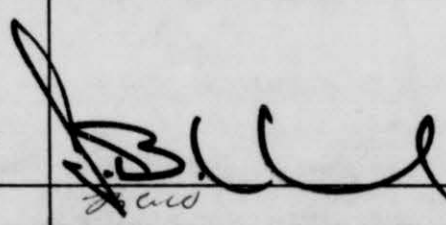
INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

A. Does claimant meet all timing requirements for eligibility? YES NO

If "No," explain:

B. CERTIFICATION

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

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property			8-31-71
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 64.80 **		
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

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

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/31/71	266676	\$ 64.80 **			\$

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

** This is a revised claim under the new fixed schedule based on 2 rooms of furniture. Also, we took into consideration that we paid her \$35.20.

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

HUD-6140.1
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) Emanuel Project
	PROJECT NUMBER Ore. R-20

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

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

1. FULL NAME OF CLAIMANT (F) Beverly L. Parrish	2. DATE(S) OF MOVE July 2, 1971
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address E-3-6 2653 N. Commercial Ct. b. Apt., Floor, or Room No. <u>1</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>2</u> e. Date you moved into this address: <u>April 1, 1971</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 1116 S.E. 190th b. Apt., Floor, or Room No. <u>--</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency: Check c if applicable:

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

b. Fixed Payment (May not be made if storage costs are involved) (2 rooms)

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.) \$ 64.80

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

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

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

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

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

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

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

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

8/23/71 x Beverly L Parrish
 Date Signature of claimant

887

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

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

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Beverly L. Parrish
1116 S.E. 190th
Portland, Oregon

NAME OF LOCAL AGENCY


Portland Development Commission

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

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

B. CERTIFICATION

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

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 35.20		7-22-71
b. Reimbursement for actual direct loss of property	\$	<i>B. C. L.</i>	
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

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

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
7/23/71	262546	\$ 35.20	AD	NOTE - 80 PD 7/1/71 FIXED RELO PMT.	\$ CK # 260336

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

\$35.20 is 40% of moving allowance. Joint occupant of single family dwelling Occupants have agreed to this pro-rated share in accordance with regulation.

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

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

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

PARRISH, Beverly L.
1116 S.E. 190th
Portland, Oregon 97233

NAME OF LOCAL AGENCY

Portland Development Commission

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

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

B. CERTIFICATION

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

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 80.00	<i>[Signature]</i>	7-1-71
b. Reimbursement for actual direct loss of property	\$	<i>[Signature]</i>	
2. Supplementary claim(s) for storage costs:	<i>received \$80 dollar. has paid payment for relocation July 17, 1971</i>		
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

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

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
7/1/71	260336	\$ 80.00			\$

D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED
* 40% of \$200 dislocation allowance.
Joint occupant of single-family dwelling; occupants have agreed to this pro-rated share in accordance with regulations.

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

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

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Verta Granville
3734 S.E. 15th
Portland, Oregon

NAME OF LOCAL AGENCY


Portland Development Commission

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

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

B. CERTIFICATION

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

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 14.34 ***		7-20-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

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

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
7/23/71	262556	\$ 14.34	50		\$

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

\$52.80 is 60% of moving allowances. Joint occupant of single family dwelling. Occupants have agreed to this pro-rated share in accordance with regulations.

*** BALANCE OWING ON JUNE RENT \$17.84
RENT FROM 7/1 - 7/14 \$20.62 TOTAL OWING 38.46

RULES AND REGULATIONS - 42.80

"Limitations - joint occupants of single-family dwellings.

If individuals (not a family) who are joint occupants of a single-family dwelling submit more than one claim, an eligible claimant for a payment under paragraph (a) of this section may be paid only his reasonable prorated share (as determined by the State agency) of the total payment applicable to a single individual, and the total of alternate payments made to all such claimants moving from such dwelling shall not exceed the total fixed payment applicable to a single individual."

This claimant is a family and this provision would therefore seem not to apply.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 26254 G

DATE July 23, 19 71

PAY TO THE
ORDER OF

Beverly L. Parrish

\$ **35.20**

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
		<p style="text-align: right;">claim</p> <p>40% of moving allowance per relocation/filed - move from 2653 N. Commercial St. (E-3-6) to 1116 SE 190th</p>	\$35.20

Account Distribution

NO.	TITLE		AMOUNT
E1501	Relocation Payment (Move Allow . - F)	EH	\$35.20

*Mailed
7-28-71
WB*

BD

ORDC

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

HUD-6140.1
(4-66)

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

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

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

1. FULL NAME OF CLAIMANT (F) Beverly L. Parrish	2. DATE(S) OF MOVE July 2, 1971
--	------------------------------------

3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address E-3-6 2653 N. Commercial Ct. b. Apt., Floor, or Room No. <u>1</u> (partially) c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>4</u> e. Date you moved into this address: <u>April 1, 1971</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 1116 S.E. 190th b. Apt., Floor, or Room No. _____ c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.
---	---

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

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)	\$ 35.20
---	----------

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

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

10. METHOD OF PAYMENT, MOVING BILL (Check one) <input type="checkbox"/> a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement. <input type="checkbox"/> b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.
--

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

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

7/30/71 Date
Beverly L. Parrish Signature of claimant

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 26033 G

DATE July 1, 1971

PAY TO THE
ORDER OF

Beverly L. Parrish

\$ 80.00

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
		Partial fixed Relocation Payment per Claim filed. Move 2653 N. Commercial Ct. (Parcel E-3-6) to 1116 SW 190th.	\$80.00

Account Distribution

NO.	TITLE	AMOUNT
E1501	Relocation Payment (E.H.) (Fixed - Family)	\$80.00

BD

BRM

July 1, 1971

To Whom It May Concern:

Mrs. Beverly Parrish is being displaced by the acquisition of property by The Portland Development Commission. She has located housing through the Housing Authority of Portland and could move if she had the first months rent and deposit.

Under federal regulations Portland Development Commission cannot make payment of moving expenses until after she moves.

Mrs. Parrish agrees to repay the fifty dollars (\$50.00) from her next welfare check if she could borrow this amount. Also, she has authorized Portland Development Commission to withhold \$50.00 from any benefits or moving expenses she would have coming under the 1970 Relocation Act and to pay this amount to the party that loans her the money.

Beverly L. Parrish
Beverly L. Parrish

Date Signed: *July 1, 1971*

R E C E I P T

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

Beverly J. Parrish

1 July 1971
date

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER CA ORIGIN OF CASE R-20 Commercial PARCEL _____
 NAME Beverly Parish ADDRESS 2653 W. Commercial APT NO. _____
 PHONE 285-7986 INITIAL INTERVIEW 6/17/71 SEX F MINORITY GROUP Black
 AGE 22 U.S. CITIZEN ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE Apr. 1, 1971

FAMILY COMPOSITION

Name	Relation	Age
<u>Carmen</u>	<u>D</u>	<u>4</u>
<u>Ronnie</u>	<u>D</u>	<u>1 Mo</u>

Employer: Name _____ \$ _____
 Address _____
 MCW Caseworker Mr Herrera 162.00
 Social Security _____
 Va. Fed. Mult. Co. _____
 Pension: Name _____
 Other: Name _____

TOTAL MONTHLY INCOME

Own: _____ Power Co. Paid all Utilities Type Fuel _____ Garbage Co. _____
 Rent: 59.00 Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn _____ Furn No. Rms 4
 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 _____ Address _____ Phone _____
 Information Statement given to _____ on _____ by _____
 Notice to move given to _____ on _____ by _____

Payments: Amount \$ _____ Check No. _____ Date delivered _____ Moved by self _____ (or) _____
 moved by moving company _____ (Phone) _____

REMOVED FROM CASELOAD: (Date) _____ 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: _____ address _____
 hgs. with refusal of _____ outside project: _____ address _____
 further aid _____
 Standard sales housing _____
 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
<u>1116 SE. 190th + Yamhill</u>	<u>H.A.P.</u>	<u>7/1/71</u>

NEW ADDRESS: _____ Zip _____ Phone _____
 New rent or purchase price: _____ No. of rooms _____ \$ _____ SS _____

INTERVIEW REGISTER

Date

Relocation
Worker

6/28/71

Mrs. Parrish called to find out what the benefit would be - She state that she has lived there (2653 N Commercial) since Apr 1, 1971

C.D.

6/30/71

Took Mrs Parrish to H.A.P. to get housing they took her application and assigned her a Apt. 1116 S.E. 190th which she accepted. She was given till 10:00 A.M. 7/2/71 to sign the lease

C.D.

7/1/71

Mrs. Parrish is having problem getting \$30.00 to pay deposit & 1st month rent. She agrees to repay the \$30. from benefits she would get from P.P.C. to whom ever loan her the money. - Got Money from Welfare to pay Rent & Deposit - She moved in Pays 26.00 For New apt. - Its a ment Apt w. th Wall + wall carpets tile both

C.D.

11/19/71

Reopen this file to see if there were more benefits due Mrs Parrish and found that she had a Rent assistance payment coming. -

11/20/71

After going through files further it appears that Mrs Parrish does NOT get a rent assistance payment because she did not live at 2653 N Commercial at least 90 day before start of project.

However, she is happy with Her new apt. and living condition. This is a case where a minority found safe, decent, standard house out side Ghetto -

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 288-6169

June 30, 1971

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

Gentlemen:

This is to inform you that Beverly Parrish,
of 2653 N. Commercial, Portland, Oregon 97227,
who wishes to file an application with your office will be displaced
as a result of the acquisition of the property, in which he (or she)
resides, by the Portland Development Commission in the urban renewal
project, ORE R-20.

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

Very truly yours,

W. Stanley Jones

WSJ:slc