

	DESCRIPTION	ROLL NO	ODOMETER
PARCEL NO. E-4-7	PAYTON, FRANK 423 N. RUSSELL		
PARCEL NO. R-14-2	PENDERGRAPH, INELL 536 N. MONROE		
PARCEL NO. A-2-4	PENHARLOW, CHERYL N. 3102 N. GANTENBEIN		
PARCEL NO. A-3-8	PEOPLES, RUTH 252 N. COOK		
PARCEL NO. A-2-3	PERKINS, MARY 3126 N. GANTENBEIN		
PARCEL NO. R-10-14	PETERSON, FRED 501 N. MONROE		
PARCEL NO. RS-4-9	POWELL, LUSHTIE 7 N. RUSSELL		
PARCEL NO. A-3-12	PRUITT, LAVERNE 248 N. IVY		
PARCEL NO. R-9-11	RADEL, ANNA 3127 N. GANTENBEIN		
PARCEL NO. RS-4-9	ROBERTS, BETTY (DECEASED) 7 N. RUSSELL		
PARCEL NO. RS-3-3	ROBINSON, JAKE 122 N. GRAHAM		
PARCEL NO. A-2-7	SKIPPER, GENERAL S. 3103 N. VANCOUVER		
PARCEL NO. A-3-14	SKOKO, LUCY (DECEASED) 241 N. FARGO		
PARCEL NO. A-3-4	SMITH, AARON J. 222 N. COOK		
PARCEL NO. A-4-3	SMITH, RICHARD DENNIS 232 N. IVY		
PARCEL NO. A-4-3	SMITH, WILLIAM 232 N. IVY		
PARCEL NO. RS 8-3	STEWART, MARY (ESTATE OF) 203 N. STANTON		
PARCEL NO. A-2-2	STITT, WILLIAM D. 3138 N. GANTENBEIN		

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. E-4-7 Advisor JCC
 Client's Name Payton, Frank Phone _____
 Address 423 N. Russell Ethn B Age 34
 Male Family Married Renter/Occupant
 Female Individual Single Owner/Occupant

Family Composition

Total Number in Family _____
 _____ wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Economic Data

Employer Portland State U. \$ 479 -
 Address Maintenance

Other Source of Income _____ \$ _____

Total Monthly Income \$ (479 -)

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 2-20-71 Date of info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 5/69

(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
6-71

Date of letter of intent _____

Date of move 1-17-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1900

Size of Habitable Area 490

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 3 Rent Paid \$ 60- Utilities 23-

Number of Bedrooms 1 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 4307 N. Commercial LPA Referred _____ Self Referred

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

Outside city Outside state

Age of Housing Unit 1905

Size of Habitable Area 912

No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 8,000

Taxes \$ _____

RHP or TACO (including incidental costs) \$ 0

For Claimants Who Rented

Rent \$ 75.00

Utilities \$ _____

Total Rent Assistance \$ 0

Amount of Annual Payment \$ _____

No. of Housing Referrals to:

_____ Standard Sales
 _____ Standard Rent

Agency Referrals:

_____ HCV _____ 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 PAYTON, Frank RELOCATION ADVISOR J Crolley
 ADDRESS 423 N. Russell PHONE _____ PROJECT NAME Emanuel ORE-R-20
 SEX M ETHN black VETERAN _____ AGE 34 PARCEL NO. E-4-7
 MARITAL STATUS _____ TENURE tenant
 DISABILITY _____ INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW _____ DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>May 1969</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: <u>June 1971</u>

ECONOMIC DATA

Employer Portland State Univ. \$ 479.00
 Address (maintenance) _____
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 479.00

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 1900 No. Rooms 3
 No. Bedrooms 1 Furn. Unfurn
 Utilities \$ 23.00
 Monthly Payments (Rent) \$ 60.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 490 sq. ft.

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 4307 N. Commercial Phone _____ Date of Move 1-17-72

WHERE RELOCATED:

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

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

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

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	28822 G	1/25/72	\$ 245.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 28822 G

DATE January 25, 19 72

PAY TO THE
ORDER OF

Franklin D. Payton

\$ 245.00

DOLLARS

NON-NEGOTIABLE

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

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claims for Relocation Payment filed. Have from 423 N. Russell (Parcel E-4-7). Dislocation allowance \$200.00 Fixed payment - not own furniture <u>45.00</u> <i>Moved to</i> <i>4307 N. Commercial</i> <i>Blk 4, LOT 5 - Central Alhambra</i>	\$245.00

Account Distribution

NO	TITLE	AMOUNT
E 1501	Relocation Payment (EH) (Fixed Payment - Individual)	\$245.00

AC

received by _____
Franklin D. Payton

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY	PROJECT NAME (if applicable)
Portland Development Commission 1700 SW Fourth Avenue Portland, Oregon 97201	Emanuel Hopital 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 PAYTON, Franklin D.

2. DATE(S) OF MOVE 1-17-72

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

a. Address <u>423 N. Russell, #2</u>	d. Number of rooms occupied (excluding bathrooms, hallways, and closes: <u>3</u>)
b. Apartment, Floor, or Room Number <u>--- #2</u>	e. Date you moved into this address: <u>May, 1969</u>
c. Was it furnished with your own furniture? <u> </u> Yes <u> </u> <input checked="" type="checkbox"/> No	

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) <u>4307 N. Commercial, Portland, Oregon</u>	c. Were household goods moved to or from storage? <u> </u> Yes <u> </u> <input checked="" type="checkbox"/> No
b. Apartment, Floor, or Room Number <u>---</u>	If "Yes", complete table, "Statement of Claim for Storage Costs"

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

Dislocation Allowance <u>\$200.00</u>	
Fixed Moving Payment <u>45.00</u>	
(consult local agency)	Total \$ <u>245.00</u>

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

January 19, 1972
Date

Franklin D. Payton
Signature of Claimant

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

NAME AND ADDRESS OF CLAIMANT

Franklin D. Payton
4307 N. Commercial
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:

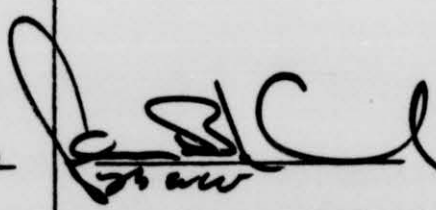
4. CERTIFICATION

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:

(form continued on next page)

(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>45.00</u>			<u>1-25-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>245.00</u>	<u>245.00</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
<u>1/25/72</u>	<u>28822 G</u>	<u>\$ 245.00</u>			\$

708 of
FDN-640

WORKSHEET FOR ALL MOVING CLAIMS

- 1. Name Franklin D. Payton Project Emanuel R-20
- 2. Date(s) of move 1-17-72 Parcel No. E-4-7
- 3. Dwelling unit from which you moved: Apt 2
 Address 423 N. Russell No. of rooms 3
 Furnished Unfurnished Date you moved into this unit May, 1969
- 4. Dwelling unit to which you moved:
 Address 4307 N. Commercial
 Were goods moved to or from storage? Yes No

5. Total claim \$ 4500

FIXED PAYMENT: \$200 + \$ 4500 = \$ 24500

ACTUAL MOVING COSTS

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

STORAGE COSTS

- Name, address and ZIP code of storage company _____
- A. Type of claim
 initial supplementary final
 - B. Storage period
 1. Total period: _____ months. Check one: Actual Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____
 - C. Storage Costs

		<u>Approved</u>
1. Monthly rate	\$ _____	\$ _____
2. Total costs actually incurred	\$ _____	\$ _____
3. Amount previously received	\$ _____	\$ _____
4. Amount claimed (line 2 minus 3)	\$ _____	\$ _____
 - D. Description of Property Stored: please list on back of this sheet.
 - E. Method of Payment
 reimburse client (attach receipt or paid bill)
 pay storage company directly (attach bill)

**CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS**

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY: _____ PROJECT NAME (if applicable) _____

PROJECT NUMBER: _____

INSTRUCTIONS: Complete all applicable items and sign certification in Blank 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

_____ Family _____ Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. _____

- a. Address: _____
- b. Apartment or room number: _____
- c. Number of bedrooms: _____

- d. Monthly rental: \$ _____
- e. Date you moved out of this dwelling: _____
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

- a. Address (include ZIP Code): _____
- b. Apartment or room number: _____
- c. Number of bedrooms: _____

- d. Monthly rental: \$ _____
- e. Date you moved into this dwelling: _____
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: _____

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.

_____ Date

Dumplin D Payton
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.

A. COMPUTATION OF DOWNPAYMENT ASSISTANCE FOR CLAIMANT MOVED TO UNIT PURCHASED

Required Information

1. Amount necessary for downpayment (20%) \$ 1,600.00
2. Costs incidental to purchase (Total amount approved by agency, from table on claim form, Column (e)) \$ _____

Computation

3. Base amount (Sum of Lines 1 and 2) \$ _____

NOTE: If Line 3 is \$2,000 or less, skip Lines 4, 5, and 6 and enter the amount of Line 3 on Line 8a.

4. Amount on Line 3 in excess of \$2,000
- | | | |
|--------|----------------------|----------|
| Line 3 | \$ _____ | |
| | - \$ <u>2,000.00</u> | \$ _____ |

5. Amount on Line 4 divided by 2
- | | | |
|--------|----------|----------|
| Line 4 | \$ _____ | |
| | 2 | \$ _____ |

6. Matching amount (If amount on Line 5 exceeds \$2,000, enter \$2,000. Otherwise, enter the amount on Line 5.) \$ _____

7. Base amount (Sum of amount on Line 6 and \$2,000)
- | | | |
|--------|----------------------|----------|
| Line 6 | \$ _____ | |
| | + \$ <u>2,000.00</u> | \$ _____ |

8. Amount of downpayment assistance
- a. Amount on Line 3 or Line 7 \$ _____
- b. Minus adjustments (Attach explanation; e.g., amount previously received for rental assistance payment) - \$ _____
- \$ _____

(Enter this amount in the space provided in Block 4 on page one of this form).

Computation prepared by:

Date

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

NAME OF CLAIMANT _____

Parcel No. _____

NAME OF LOCAL AGENCY _____

1. Did the claimant rent or own the dwelling at the time of acquisition? Yes No

Tenant's initial date of rental: May 1969

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: May 1969

Date of Initiation of Negotiations: _____

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 \$ _____ is authorized.

Date Authorized Signature

5. RECORD OF PAYMENTS

	<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
a. Claimant moved to rental unit			
(1) Lump-sum payment	_____	_____	\$ _____
(2) Annual payment			
1st Year	_____	_____	\$ _____
2nd Year	_____	_____	\$ _____
3rd Year	_____	_____	\$ _____
4th Year	_____	_____	\$ _____
b. Claimant moved to unit he purchased	_____	_____	\$ _____
c. Homeowner temporarily displaced	_____	_____	\$ _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Emmanuel

PROJECT NO. R-20

1. Full name of claimant: _____ Family Individual

Payton, Franklin S.

2. Dwelling unit from which you moved: Parcel No. _____

a. Address _____ c. Number of bedrooms 1

b. Apartment or room number #2 d. Monthly rental \$ 60.00

e. Date displaced _____

3. Dwelling unit to which you moved (RENTAL)

a. Address _____ c. Number of bedrooms _____

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

e. Date moved in _____

4. Dwelling unit to which you moved (PURCHASE)

a. Address _____ c. Downpayment \$ 1600.00 (8000.00)

b. Number of bedrooms 2 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 _____

Date of acquisition _____

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 _____

Date of initiation of negotiations _____

3. Is replacement housing standard? Yes No

If previously substandard, date found standard _____

4. Certification:

(Amount of this claim \$ 1600.00)

July 12 1971

Statement of Rent Account, Frank Payton,
423 N. Howell Street

Moved from apt 20, December 15, 1970, owing - - - - -	120.00
Apartment 20, balance owing to Dec 12, 1970 - - - - -	42.30
Rest of Apartment 20, Dec 13, 1970 to June 15, 1971, \$1.00 per week	210.00
Total - - - - -	372.30

Less Payments Made
December 1970 - - - - -
January 1971 - - - - -
February 1971 - - - - -
March 1971 - - - - -
April 1971 - - - - -
May 1971 - - - - -
June 1971 - - - - -

December 14, 1971

Mr. Frank Payton
423 N. Russell, #2
Portland, Oregon 97227

Dear Mr. Payton:

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 provisions are now being formulated to demolish the above structure, we must require that you move on later than January 15, 1972.

Please advise your relocation plans, etc. If you have any questions or need any information, please contact him at 123 N. 1st, Portland, Oregon 97201.

Sincerely yours,

Dwelling Unit Inventory

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

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

Miscellaneous (List Items)

1 ^{Caleman} Gas Circulator Heater
4 drops
1 Venetian Blinds
3 Shades

COMMENTS:

INTERVIEW REGISTER

Date

Relocation
Worker

1/26/70 Peyton moving expenses ck arrives today. \$245⁰⁰ ch #.

\$ 600.00

PORTLAND, OREGON, MAY 2, 1972

ON DEMAND, I (or if more than one maker) we, jointly and severally, promise to pay to the order of
FRANK L N D. PAYTON

Six Hundred and no/100-----at-----(\$600.00)-----DOLLARS,
with interest thereon at the rate of _____ percent per annum from _____

_____ until paid; interest to be paid
an attorney for collection, I/we promise and agree to pay the holder's reasonable attorney's fees and collection costs, even though no
or action is filed hereon; however, if a suit or an action is filed, the amount of such reasonable attorney's fees shall be fixed by the court,
or courts in which the suit or action, including any appeal therein, is tried, heard or decided.

Franklin D Payton

OWNER'S
EARNEST MONEY RECEIPT

Portland, Oregon

MAY 2, 1972

RECEIVED OF Franklin Demingo Payton

the sum of Six Hundred and no/100----- hereinafter mentioned as the purchaser,
as earnest money and in part payment for the purchase of the following described real estate situated in the
City of Portland, County of Multnomah, State of Oregon
and more particularly described as follows, to-wit:
Block 4, Lot 5, Central Albina Addition aka 4307 N. Commercial

which we have this day sold to the said purchaser
for the sum of Eight Thousand and no/100----- Dollars \$ 8,000.00
on the following terms, to-wit: The earnest money hereinabove received for \$ 600.00 ;
upon acceptance of title and delivery of deed or delivery of contract . . . \$ 1000.00 ; 1,600.00
balance of Six Thousand Four Hundred and no/100----- Dollars \$ 6,400.00 ;
payable as follows to be paid on contract at 6% interest at \$75.00 per month until paid.
Seller and Buyer share 1/2 each for escrow fee; seller to make all repairs necessary
to bring structure up to standard condition per city regulations. Downpayment to
come from Portland Development Commission. Buyer to pay cost of drawing up contract.

A title insurance policy from a reliable company insuring marketable title in the seller is to be furnished the purchaser forthwith
at seller's expense; preliminary to closing, seller may furnish a title insurance company's title report showing its willingness to issue title
insurance, and such report shall be conclusive evidence as to status of seller's title. no exception

It is agreed that if the title to the said premises is not marketable, or cannot be made so within thirty days after notice, with
a written statement of defects, is delivered to seller, the earnest money herein received for shall be refunded. But if the title to the
said premises is marketable, and the purchaser neglects or refuses to comply with any of the conditions of this sale within
days and to make payments promptly, as hereinabove set forth, then the earnest money herein received for shall be forfeited to the
seller as liquidated damages, and this contract shall thereupon be of no further binding effect.

The property is to be conveyed by good and sufficient deed free and clear of all liens and encumbrances to date except Zoning
Ordinances, building restrictions, taxes due and payable for the current fiscal year and no exception

Seller and purchaser agree to pro rate the taxes which become due and payable for the current fiscal year on a fiscal year basis. Rents,
interests and premiums for existing insurance shall be pro rated on a calendar year basis. Adjustments are to be made as of the date of
the consummation of the sale herein or delivery of possession, whichever first occurs. upon closing

Possession of said premises is to be delivered to purchaser on or before _____, 19____. Time is of the essence
hereof. This contract is binding upon the heirs, executors, administrators and assigns of the purchaser and seller. However, the purchaser's
rights herein are not assignable without written consent of seller. In any suit or action brought on this contract, the prevailing party
shall be entitled to recover reasonable attorney's fees to be fixed by the court, and if an appeal is taken from any judgment or decree
entered therein, the prevailing party shall be entitled to recover such sum as the appellate court shall adjudge as reasonable attorney's
fees.

Special conditions: _____

Franklin D. Payton
Franklin D. Payton Owners

I hereby agree to purchase the above property and to pay the price of Eight Thousand and no/100

(\$ 8,000.00) Dollars as specified above.
Address 4307 N Commercial St Purchaser Franklin D Payton
Phone 2878220

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER JC PROJECT NO. Ore. R-20 PARCEL E-4-7
 NAME PAYTON, Frank ADDRESS 423 N. Russell APT NO. #2
 PHONE none INITIAL INTERVIEW _____ SEX M W NW B AGE 34
 U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 2½ yrs. May 1964

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name Ptld. State \$ 479.00
 Address Maintenance
 MCV Caseworker
 Social Security _____
 VA. Fed. Mult Co.
 Pension: Name _____
 Other: Name _____
 TOTAL MONTHLY INCOME _____

Rent 60.00, Inc. Heat Water Gas Gar Elec _____ Unfurn _____ Furn _____ No. Rms 3

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)
 Over 62 _____ Disabled(Soc.Sec.def.) _____ Income below limits _____ Assets below limits _____

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____
 Notify in case of accident:

Name _____ Address _____ Phone _____
 Information Statement given to _____ on _____ by _____

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

REMOVED FROM CASELOAD: (Date) _____
 Refused assistance _____
 Relocated in:
 Low-rent public housing _____
 Other perm. public housing _____
 Standard priv. rent hsg. _____
 Sub-standard priv. rent hsg. with refusal of further aid _____
 Standard sales housing _____
 Sub-standard sales hsg. _____
 Out-of-town _____
 Address unknown, abandoned _____
 Evicted, no further assistance _____
 Other (explain) _____

REMAINING ON CASELOAD:
 Address unknown, tracing _____
 Evicted, further assistance contemplated _____
 Temporarily relocated by LPA within project: _____
 Address _____
 outside project: _____
 Address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE.
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: 4307 N. Commercial Zip 287-8220 Phone _____

(Maral & Gaynes)

DATE	NOTES	C/W
1/15/71	Flyer delivered by Jim Crolley. Very receptive. Would like meeting. Off work Friday and Saturday nights.	
2/20/71	Survey: will rent 1 bedroom apt. St. John's area.	JC
5/27/71	Wasn't home today. I left card for him to call me to let him know the place had been sold.	JC
6/11/71	Client came to office regarding rent - he had paid rent to landlord & had receipt. Assured him that when we receive title to property we will recognize rent he has paid. Told him JC would contact him soon. He works nights.	WBJ
May 2, 1972	Mr. Payton signed an agreement to purchase the house he lives in. The sale never was completed. The house is substandard. It had previously been rehabbed.	
7-17-72	Time limitation expires today	
6-10-74	Mr. Payton was in today to inquire about his benefits. They expired Jul 17, 1972.	

1/15/71

flyer: delivered by James Crowley. Very receptive
would like meeting. Off work Friday & Saturday
nights.

2/20/71

survey: wire sent + bdm apt - St John's area. JC

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 DC Date of survey 2/20/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 14 Structure No. 8 Census Block No. 76 Census Tract No. 22A
 Street Address 423 N. Russell Apartment No. 2

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 _____

*off work Fri & Sat
Nites*

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

	Name	Family relation	Age	Sex	Occupation
1.	<u>Frank Payton</u>	<u>Head of household</u>	<u>34</u>	<u>M</u>	<u>MAINTENANCE</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: Distance

Names of jobholders	Names of employers	Street address where jobs are located	to work
<u>FRANK PAYTON</u>	<u>PART STATE UNIV</u>	<u>MAIN OFFICE</u>	<u>5</u>
_____	_____	_____	_____
_____	_____	_____	_____

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

Names of persons in this household who have income from any source	Amount of income per month	
	In month before this survey	In an average month during 1970
<u>SAME</u>	<u>\$ 479.00</u>	<u>\$ 479.00</u>
_____	_____	_____
_____	_____	_____
Total family or household income per month	\$ <u>479.00</u>	\$ _____

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

1. Location (indicate approximate cross streets) ST JOHN AREA
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 JL Date 2/20/71 Surveyed 2/20/71 Tabulator _____ Date _____
 Dwelling Unit No. 14 Structure No. 8 Census Block No. 76 Census Tract No. 22A
 Street Address 423 N. Russell Apartment No. #12
 Legal Description _____

NAME OF OCCUPANT: Frank Payton NAME & ADDRESS OF OWNER: Realty Finance Co. NAME & ADDRESS OF PROP. MGR.: _____
308 SW Washington
 TELEPHONE: NO Phone TELEPHONE: _____ TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

Kind of dwelling unit	No. of units in bldg.
___ One-family house	___
___ Apt. in a house	___
<u>X</u> Apt. in apt. bldg. or plex	<u>4</u>
___ Apt. in comm. bldg.	___
___ Mobile home or trailer	___

This structure has 2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

___ Owner occupied
X Renter occupied
 ___ Vacant

III. SIZE OF DWELLING UNIT

490 Sq. ft. in first floor (county figure)
3 Sq. ft. in dwelling unit (if more than 1 floor)
3 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
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
1920 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

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

	Market value for entire structure	Computed value per sq. ft. for this dw. unit
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

Monthly average	Cash rent	Utilities	Total paid by renter
Rent	\$ <u>60.00</u>	_____	\$ _____
Electricity	_____	\$ <u>5.00</u>	_____
Gas	_____	<u>18.00</u>	_____
Water <u>w/rent</u>	_____	_____	_____
Heat (oil, or other) <u>Gas</u>	_____	_____	_____
Total	\$ <u>60.00</u>	\$ <u>23.00</u>	\$ <u>83.00</u>

Deposits required of renter
 Advance rent \$ 60.00, other \$ _____

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.

July 12 1971

Statement of Rent Account, Frank Payton,
423 N. Russell Street

Moved from Apt #4, November 15, 1970, owing - - - - -	119.00
Apartment #2, balance owing to Dec 12, 1970 - - - - -	42.30
Rent of Apartment #2, Dec 12, 1970 to \$June 15, 1971, \$47 mo <u>286.70</u>	
Total - - - - -	448.00

Less Payments Made:

December 11th - - - - -	60.00
Jan 13, 1971 - - - - -	40.00
Feb 11th - - - - -	40.00
March 10th - - - - -	47.00
April 16th - - - - -	47.00
May 11th - - - - -	47.00
June 10th - - - - -	47.00
	<u>328.00</u>

Balance owing to Jun 15 \$ 120.00

E 4-7
Rec'd
7-13-71

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.

July 12th 1971
Date

Realty Finance Co Inc
By Frank M. [unclear]
Signature of Claimant
(If more than one claimant, each should sign)

(Return this form to PDC)

Old
faw.

R E C E I P T

I hereby acknowledge receipt of a copy of the Portland Development
Commission's INFORMATIONAL STATEMENT FOR PERSONS AND FIRMS DOING
BUSINESS WITHIN PROJECT BOUNDS and SUPPLEMENTAL SELF-MOVE INSTRUCTIONS .

Realty Finance Co. Inc.
Firm

Frank [Signature]
by

Pres
Title

JUL 12 1971

_____ date