

PARCEL NO.	DESCRIPTION	ROLL NO	ODOMETER
E-4-7	PAYTON, FRANK 423 N. RUSSELL		
R-14-2	PENDERGRAPH, INELL 536 N. MONROE		
A-2-4	PENHARLOW, CHERYL N. 3102 N. GANTENBEIN		
A-3-8	PEOPLES, RUTH 252 N. COOK		
A-2-3	PERKINS, MARY 3146 N. GANTENBEIN		
R-10-14	PETERSON, FRED 501 N. MONROE		
RS-4-9	POWELL, LUSHTIE 7 N. RUSSELL		
A-3-12	PRUITT, LAVERNE 248 N. IVY		
R-9-11	RADEL, ANNA 3127 N. GANTENBEIN		
RS-4-9	ROBERTS, BETTY (DECEASED) 7 N. RUSSELL		
RS-3-3	ROBINSON, JAKE 122 N. GRAHAM		
A-2-7	SKIPPER, GENERAL S. 3103 N. VANCOUVER		
A-3-14	SKOKO, LUCY (DECEASED) 241 N. FARGO		
A-3-4	SMITH, AARON J. 222 N. COOK		
A-4-3	SMITH, RICHARD DENNIS 232 N. IVY		
A-4-3	SMITH, WILLIAM 232 N. IVY		
RS 8-3	STEWART, MARY (ESTATE OF) 203 N. STANTON		
A-2-2	STITT, WILLIAM D. 3138 N. GANTENBEIN		

**RESIDENTIAL RELOCATION RECORD**

Project Name \_\_\_\_\_ Parcel No. RS-4-9 Advisor JCC  
 Client's Name Roberts, Betty Phone \_\_\_\_\_  
 Address 7 N Russell Ethn \_\_\_\_\_ Age 57  
 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 \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 Other Source of Income \_\_\_\_\_ \$ \_\_\_\_\_  
MCW \$ 122 -  
 Total Monthly Income \$ ( \_\_\_\_\_ )

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

Claimant was displaced from real property within the project area on or after date of pertinent contract for Federal assistance and/or date of HUD approval of budget for project:

YES  NO

Date of initial interview 10-18-72 Date of info pamphlet delivery \_\_\_\_\_  
 Date Notice to Move given \_\_\_\_\_ Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

**CLAIMANT'S INITIAL DATE OF OCCUPANCY**

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

Date of initiation of negotiations for purchase of property 6-'70  
 Date of Acquisition 5-27-71  
6-17-71  
7-22-71  
 Date of letter of Intent \_\_\_\_\_  
 Date of move  1-3-72

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 100 YRS  
 ✓ Size of Habitable Area 130 #  
 Furnished with claimant's furniture  
 YES  NO

✓ Total Number of Rooms 2 Rent Paid \$ 50. Utilities \_\_\_\_\_  
 ✓ Number of Bedrooms 1 Monthly Housing Payments \$ \_\_\_\_\_ Taxes \_\_\_\_\_  
 Liens \$ \_\_\_\_\_ (please explain) \_\_\_\_\_  
 Acquisition Price \$ \_\_\_\_\_ Amenities \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Address 3958 N. Mississippi #14 LPA Referred 0 Self Referred \_\_\_\_\_

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

Outside city  Outside state   
 ✓ Age of Housing Unit 75 YRS  
 ✓ Size of Habitable Area 100  
 ✓ No. of Rooms 2 No. of Bedrooms 1

For Claimants Who Purchased

For Claimants Who Rented

Purchase Price of Replacement Dwelling \$ \_\_\_\_\_ Rent \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Utilities \$ 45 -  
 RHP or TACO (including incidental costs) \$ \_\_\_\_\_ Total Rent Assistance \$ \_\_\_\_\_  
 Amount of Annual Payment \$ \_\_\_\_\_

*Moving costs only*

No. of Housing Referrals to: \_\_\_\_\_ Agency Referrals: \_\_\_\_\_  
 \_\_\_\_\_ Standard Sales \_\_\_\_\_ MCW \_\_\_\_\_ HAP \_\_\_\_\_ OTHER ( \_\_\_\_\_ )  
 \_\_\_\_\_ Standard Rent \_\_\_\_\_ 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 ROBERTS, Betty RELOCATION ADVISOR J Crolley

ADDRESS 7 North Russell PHONE 281-9855 PROJECT NAME Emanuel ORE, R-20

SEX F ETHN black VETERAN \_\_\_\_\_ AGE 57 PARCEL NO. RS 4-9

MARITAL STATUS \_\_\_\_\_ TENURE tenant

DISABILITY \_\_\_\_\_ INDIV X FAMILY \_\_\_\_\_

ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 \_\_\_\_\_

RENT SUPPLEMENT X OTHER \_\_\_\_\_

DATE ON SITE:	<u>June 1970</u>
INITIATION OF NEGOTIATIONS:	<u>5-27-71</u>
DATE OF ACQUISITION:	<u>6-17-71</u>
	<u>7-22-71</u>

INITIAL INTERVIEW October 18, 1972 DATE INFO PAMPHLET DELIVERED \_\_\_\_\_

NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NOTIFY IN CASE OF EMERGENCY Charley Thomas 7 N. Russell

ECONOMIC DATA

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW Anita Able - caseworker 122.00  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ 122.00

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure \_\_\_\_\_ No. Rooms \_\_\_\_\_  
 No. Bedrooms \_\_\_\_\_ Furn. \_\_\_\_\_ Unfurn \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Monthly Payments (Rent) \$ 50.00  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

Size of Habitable Area \_\_\_\_\_

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

**AGENCY ACTION:**

**REASONS:**

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

**TEMPORARY RELOCATION**

Within Project	
Outside Project	

Date Moved In \_\_\_\_\_  
 Address \_\_\_\_\_  
 Reason \_\_\_\_\_

**REPLACEMENT DWELLING UNIT**

Client Referred \_\_\_\_\_ LPA Referred \_\_\_\_\_

Address 3958 N. Mississippi Apt. #14 Phone \_\_\_\_\_ Date of Move \_\_\_\_\_

**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	X	Mobile Home	
		Private Sales			

Furnished \_\_\_ Unfurnished \_\_\_ Number of Rooms \_\_\_ Number of Bedrooms \_\_\_ Habitable Area \_\_\_

Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ 45.00 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	28760 G	1/18/72	\$ 300.00
Actual Move			\$ _____
Storage			\$ _____
Incidental			\$ _____
Interest			\$ _____

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

TOTAL BENEFITS RECEIVED \$ \_\_\_\_\_

REALTOR: \_\_\_\_\_ ESCROW CO. \_\_\_\_\_ OFFICER \_\_\_\_\_

INTERVIEW REGISTER

Date

Relocation  
Worker

10/15/

Mrs. Roberts has been in and out of Emanuel Hospital for various reasons. I called her attending doctor, Dr. Bouwers, and he informed me that Mrs. Roberts is suffering from a liver disease. He mentioned that her disease is terminal; however, the length of time involved may range from two months to two years.

10/18

I talked to Mrs. Roberts today, and she requested that I try and relocate her in Columbia Villa. She is on Welfare, so I will call and request a verification of income.

10/19

Contacted Mrs. Roberts caseworker, Anita Able, and asked her to send verification of income.

10/20

I received letter from the Multnomah County Welfare Commission verifying the assistance benefits received by Mrs. Roberts.

10/26

Contacted Betty Roberts today and asked when she would like to go to the Public Housing office. She replied that she wasn't sure when she could be physically able to go. Charley Thomas, apartment manager, replied that Betty would go where he moved. He and his wife want to care for Mrs. Roberts, who requires frequent attention.

1-37v

*Moved today -*

*Deceased*

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

Nº 28760 G

DATE January 18, 19 72

PAY TO THE  
ORDER OF

*Betty Roberts*

\$ 300.00

DOLLARS

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

**NON-NEGOTIABLE**

Portland Development Commission - 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Relocation payment filed. Move from 7 N. Russell (RS-4-9) to 3958 N. Mississippi.	
		Dislocation allowance	\$200.00
		Fixed payment - own furniture	<u>100.00</u>
			<u>\$300.00</u>

**Account Distribution**

NO	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - own furn. - Individual)	\$300.00

*Betty J Roberts*

*AC*

*BJ*

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

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

PROJECT NAME (if applicable)  
Emanuel Hospital Project  
Project Number: ORE R-20

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

1. FULL NAME OF CLAIMANT \_\_\_\_\_ Family  Individual   
ROBERTS, Betty

2. DATE(S) OF MOVE January 3, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. Rs-4-9

a. Address 7 N. Russell, Portland, Oregon 97227

b. Apartment, Floor, or Room Number ---

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

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

e. Date you moved into this address: June, 1970

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) 3958 N. Mississippi, Portland, Oregon 97227

b. Apartment, Floor, or Room Number ---Apt.#14

c. Were household goods moved to or from storage?  
 Yes  No  
If "Yes", complete table, "Statement of Claim for Storage Costs"

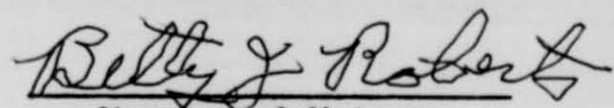
5. TOTAL CLAIM (if 5 b. marked above)

Dislocation Allowance	<u>\$200.00</u>	
Fixed Moving Payment (Consult local agency)	<u>100.00</u>	
		Total \$ <u>300.00</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.

1/10/72

Date

  
Signature of Claimant



(For Local Agency Use Only)

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

---

NAME AND ADDRESS OF CLAIMANT:

Betty Roberts  
3958 N. Mississippi, Apt. #14  
Portland, Oregon 97227

NAME OF LOCAL AGENCY:

Portland Development Commission  
1700 SW 4th  
Portland, Oregon 97201

---

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

---

1. Does claimant meet basic eligibility requirements?  Yes  No

If "No," explain:

---

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

Date items inspected: \_\_\_\_\_  
Month-Day-Year

---

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

Yes  No

If "Yes," explain basis for approved amount:


---

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
<b>A. Fixed Payment and Dislocation Allowance</b>	\$		
1. Fixed payment \$ <u>100.00</u>			<u>1-18-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>300.00</u>	<u>300.00</u>		
<b>B. Actual Moving and Related Expenses</b>	\$		
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>1/18/72</u>	<u>297606</u>	<u>\$ 300.00</u>	<u>AD</u>		\$

Dwelling Unit Inventory

<u>QUANTITY</u>		<u>QUANTITY</u>	
<u>10</u> ✓	Beds & Springs	_____	Night Stand
<u>1</u> ✓	Bedroom Chair	_____	Occasional Chair
<u>1</u>	Breakfast Table	_____	Overstuffed Chair
<u>4</u>	Breakfast Table Chairs	_____	Overstuffed Rocker
_____	Bridge Lamp & Shade	_____	Range
_____	Buffet	_____	Refrigerator: Brand _____
<u>1</u> ✓	Chest of Drawers <i>4 drawers</i>	_____	Rocker
_____	Coffee Table	_____	Rug & Pad: Size _____
_____	Couch	_____	Stool
_____	Davenport	_____	Table Lamp & Shade
_____	Desk	_____	Table, small
_____	Dining Table	_____	Vanity & Bench
_____	Dining Chairs	_____	Suitcases
_____	Dresser	_____	Trunks
<u>1</u> ✓	End Table	_____	Cartons, Boxes, Etc.
_____	Floor Lamp & Shade	_____	Clothes
_____	Mirror	_____	Bedding & Linens

Miscellaneous (List Items)

<u>Television</u>	<u>Kitchen Table</u>
<u>Chair</u>	_____
<u>Stool</u>	_____
<u>Wren Rock</u>	_____
_____	_____
_____	_____

COMMENTS:

**WORKSHEET FOR ALL MOVING CLAIMS**

1. Name Betty Roberts Project Emanuel  
 2. Date(s) of move 1-3-72 Parcel No. RS-4-9  
 3. Dwelling unit from which you moved:  
 Address 7 N. Russell apt 3 No. of rooms 2  
 \_\_\_ Furnished  Unfurnished Date you moved into this unit June 1970  
 4. Dwelling unit to which you moved:  
 Address 3957 N. Mississippi apt 14 97227  
 Were goods moved to or from storage? \_\_\_ Yes \_\_\_ No

5. Total claim \$ \_\_\_\_\_

FIXED PAYMENT: \$200 + \$100.00 = \$300.00

**ACTUAL MOVING COSTS**

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

**STORAGE COSTS**

Name, address and ZIP code of storage company \_\_\_\_\_

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

**WORKSHEET FOR ALL TCO CLAIMS**

NAME AND ADDRESS OF DISPLACING AGENCY \_\_\_\_\_

PROJECT NAME \_\_\_\_\_

PROJECT NO. \_\_\_\_\_

1. Full name of claimant: \_\_\_\_\_ Family \_\_\_\_\_ Individual \_\_\_\_\_
2. Dwelling unit from which you moved: Parcel No. \_\_\_\_\_
- a. Address \_\_\_\_\_ c. Number of bedrooms 1
- b. Apartment or room number \_\_\_\_\_ d. Monthly rental \$ 52.00
- e. Date displaced \_\_\_\_\_
3. Dwelling unit to which you moved (RENTAL)
- a. Address \_\_\_\_\_ c. Number of bedrooms 1
- b. Apartment or room number \_\_\_\_\_ d. Monthly rental \$ 45.00
- e. Date moved in \_\_\_\_\_
4. Dwelling unit to which you moved (PURCHASE)
- a. Address \_\_\_\_\_ c. Downpayment \$ \_\_\_\_\_
- b. Number of bedrooms \_\_\_\_\_ d. Incidental expenses \$ \_\_\_\_\_
- e. Date of purchase \_\_\_\_\_
5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)
- a. Address from which you moved \_\_\_\_\_
- b. Address to which you moved \_\_\_\_\_
- c. Date of move \_\_\_\_\_
- d. Monthly rental for temporary unit: \$ \_\_\_\_\_
- e. Require temporary housing for more than 3 months? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If yes, total number of months in temporary housing \_\_\_\_\_ months

Incidental expenses.

<u>Item</u>	<u>Charged to claimant</u>	<u>Paid by Claimant</u>	<u>Claimed</u>	<u>Approved</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List of documents submitted (attached) in support of above:

Determination

1. Did claimant rent or own at time of acquisition?  Yes \_\_\_\_\_ No \_\_\_\_\_
- Tenant's initial date of rental Jan 1970
- 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 June 1970
- Date of initiation of negotiations \_\_\_\_\_
3. Is replacement housing standard? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
- If previously substandard, date found standard \_\_\_\_\_
4. Certification:
- (Amount of this claim \$ \_\_\_\_\_)

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

*Betty J. Roberts*  
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.



MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

POST OFFICE BOX 349  
PORTLAND, OREGON 97207

Housing Authority of Portland  
8920 N. Woolsey  
Portland, Oregon 97203

Gentlemen:

In accordance with the procedure adopted for adjusting rentals for persons receiving public assistance, this letter is to certify that the persons named below have been accepted for assistance by the Multnomah County Welfare Commission. This is not to be construed as a guarantee of the payment of rental for any period by the Multnomah County Public Welfare Commission. It is understood that this information is confidential and will be used only for the purpose for which it is provided.

1. Name Roberts Betty
2. Address 7 N. Russell
3. No. of persons in family 1
4. Total monthly assistance 122.<sup>00</sup>
5. Date assistance to begin \_\_\_\_\_
6. Date assistance to terminate On going

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION  
Gordon Gilbertson, Administrator

Heita Abel M.C.  
(Caseworker) (Dept.)



1:00  
12-31-71

Jim,

Charlie Thomas says Betty Roberts  
wants to move Monday to  
3958 N. MISSISSIPPI #14  
ap/4

Please check out first thing Monday

hereby acknowledge receipt of the Portland  
Development Commission INFORMATIONAL STATEMENT.

Betty J. Roberts  
Signature

10/26/71  
Date

PDC-R27  
9/8/66

**RESIDENTIAL RELOCATION RECORD**

RELOCATION WORKER J. W. McIntosh ORIGIN OF CASE R-20 PARCEL RS 4-9

NAME Betty Roberts ADDRESS 7 N. Russell APT NO. 3

PHONE 925-4411 INITIAL INTERVIEW 10-18-71 SEX F MINORITY GROUP \_\_\_\_\_

AGE 57 U.S. CITIZEN  ALIEN \_\_\_\_\_ VETERAN \_\_\_\_\_ SERVICEMAN \_\_\_\_\_ DATE ON SITE July, 1971

**FAMILY COMPOSITION**

Name	Relation	Age

Employer: Name \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW Caseworker Unita Hale 122.00  
 Social Security \_\_\_\_\_  
 Va. Fed. Mult. Co. \_\_\_\_\_  
 Pension: Name \_\_\_\_\_  
 Other: Name \_\_\_\_\_

TOTAL MONTHLY INCOME 122.00

Own: \_\_\_\_\_ Power Co. \_\_\_\_\_ Type Fuel \_\_\_\_\_ Garbage Co. \_\_\_\_\_  
 Rent: \$50. Inc. Heat \_\_\_\_\_ Water \_\_\_\_\_ Gas \_\_\_\_\_ Gar \_\_\_\_\_ Elec \_\_\_\_\_ Unfurn  Furn \_\_\_\_\_ No. Rms 2

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

2211 CERTIFICATE OF ELIGIBILITY: Date delivered \_\_\_\_\_ by \_\_\_\_\_

Notify in case of emergency:  
 Name Charley Thomas Address 7 N. RUSSELL 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: _____
hgs. with refusal of _____		address _____
further aid _____		outside project: _____
Standard sales housing _____		address _____
Sub-standard sales hgs. _____		
Out-of-town _____		
Address unknown, abandoned _____		
Evicted, no further _____		
assistance _____		
Other (explain) _____		

FAMILY REFUSED ADDITIONAL ASSISTANCE:  
 Date \_\_\_\_\_ Worker \_\_\_\_\_

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

New rent or purchase price: \_\_\_\_\_ No. of rooms \_\_\_\_\_ \$ \_\_\_\_\_ SS \_\_\_\_\_

INTERVIEW REGISTER

Relocation  
Worker

Date

10/15

Mrs. Roberts has been in and out of Emanuel Hospital for various reasons. I called her attending doctor, Dr. Bowers, and he informed me that Mrs. Roberts is [REDACTED]

10/18

I talked to Mrs. Roberts today and she requested that I try and re-locate her in Columbia Villa. She is on welfare, so I will call and request a verification of income.

10/19

Contacted Mrs. Roberts case worker, Anita Able, and asked her to send verification of income.

10/20

I received a letter from the Multnomah County Welfare Commission verifying the assistance benefits received by Mrs. Roberts.

10/26

Contacted Betty Roberts today and asked when she would like to go to the public housing office. She replied that she wasn't sure when she could be physically able to go. Charley Thomas, apartment manager, replied that Betty would go where he moved. He and his wife want to care for Mrs. Roberts who requires frequent attention.