

	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 3146 N. GANTENBEIN		
PARCEL NO. R-10-14	PETERSON, FRED 501 N. MONROE		
PARCEL NO. RS-4-9	POWELL, LUSHIE 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. A-2-2 Advisor _____

Client's Name Stitt, Wm. D. Phone _____

Address 3138 N. Gantenbein Ethn Black Age 41

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

Family Composition

Total Number in Family 7

2 wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age
WIFE	35	DTC	7
SON	14		
SON	12		
SON	9		
SON	3		

Economic Data

Employer Vanvor-city of Portland \$ 400⁰⁰

Address _____

Other Source of Income _____

State of Ore. (wife) \$ 300⁰⁰
 Total Monthly Income \$ (700⁰⁰)

- Eligible for Public Housing YES NO
 Eligible for Welfare YES NO
 Eligible for (Other) YES NO

Presently Receiving Welfare YES NO

Other Assistance _____

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 8-17-71 Date of Info pamphlet delivery _____

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

1967

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

Date of initiation of negotiations for purchase of property 8-26-71

Date of Acquisition 2-2-72

Date of letter of Intent _____

Date of move 3-26-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1895

Size of Habitable Area 1005

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 5 Rent Paid \$ 50.00 Utilities _____

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 1035 7th St. Skiyon LPA Referred _____ Self Referred _____

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

Outside city Outside state

Age of Housing Unit _____

Size of Habitable Area _____

No. of Rooms _____ No. of Bedrooms 3

FHA 235

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 15,500.00

Taxes \$ _____

RHP or TACO (including incidental costs) \$ 2,550

For Claimants Who Rented

Rent \$ _____

Utilities \$ _____

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

No. of Housing Referrals to:

4 Standard Sales

_____ Standard Rent

Agency Referrals:

_____ MCW _____ HAP _____ OTHER (_____)

_____ Food Stamp _____ Legal Aid _____ Other (FHA)

- 235 - 3 - Repa

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME STITT, William D. RELOCATION ADVISOR CD
 ADDRESS 3138 N. Gantenbein PHONE 288-0654 PROJECT NAME Emanuel ORE, R-20
 SEX M ETHN black VETERAN AGE 41 PARCEL NO. A-2-2
 MARITAL STATUS married TENURE tenant
 DISABILITY INDIV FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING FHA 235
 RENT SUPPLEMENT OTHER

DATE ON SITE: 4 years
 INITIATION OF NEGOTIATIONS:
 DATE OF ACQUISITION: 2/13/72

INITIAL INTERVIEW 8/17/71 DATE INFO PAMPHLET DELIVERED
 NOTICE TO MOVE DATES EFFECTIVE EXPIRATION DATE
 NOTIFY IN CASE OF EMERGENCY

ECONOMIC DATA

Employer City of Portland (Janitor) \$ 400.00
 Address Third and Oak
 MCW
 Social Security
 Pension
 Other Betty: State Of Oregon
(Secretary) 4917 N. E. Union 300.00
 TOTAL MONTHLY INCOME \$ 700.00

FAMILY COMPOSITION

Name	Relation	Age
Betty J.	wife	35
Michael	son	14
Tony	son	12
Jerry	son	9
Terry Linn	daughter	7
William	son	3

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 1895 No. Rooms 5
 No. Bedrooms 2 Furn. Unfurn
 Utilities \$
 Monthly Payments (Rent) \$ 50.00
 Acquisition Price \$
 Taxes \$ Equity \$
 Liens \$

Size of Habitable Area 1005 sq. ft.

HOUSING REFERRALS

Address	Bedrooms
868 N. Morgan	
2822 N. E. 12th	
3307 N. E. 11th	
4816 N. Missouri	

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 1035 N. E. Siskiyou 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	Mobile Home		
		Private Sales			X

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms 3 Habitable Area ___
 Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ 15,500.00
 Age of Structure: _____ Taxes \$ _____ Equity \$ _____ Distance Moved Away _____
 Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP	312 EH	2/29/72	\$ 2,550.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	312EH & 29298 G		\$ 500.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price	\$ <u>15,500.00</u>
Down Payment	\$ _____
RHP	\$ <u>2,550.00</u>
Total Down	- \$ _____
Total Mortgage	\$ _____

TOTAL BENEFITS RECEIVED \$ 3,050.00

REALTOR: _____ ESCROW CO. Peoples OFFICER _____

DATE	NOTES	C/W
1/15/71	<p>FLYER: delivered by Marion Scott. Anxious to have meeting or get information.</p> <p>SURVEY: will rent four bedroom house \$90 - \$115 a month.</p>	
8/17/71	<p>Talked with Mrs. Stitt and she would like to buy a house for their family.</p>	
11/22/71	<p>Mr. and Mrs. Stitt came in with Mr. Leach of Medek, who wanted to sign them up on a conventional loan deal to purchase Mrs. Cage's house of 3307 N. E. 11th. Mrs. Stitt was concerned and wanted to purchase on 235 FHA.</p>	
11/23/71	<p>Mrs. Cage came in and stated that she would not go to FHA under any circumstances.</p>	
12/31/71	<p>Met with Mrs. Stitt and her father and mother, Mr. and Mrs. Cohen, at 4704 N. E. 12th. Talked with them about the possibilities of lease-option for their daughter who lives in the house at 3138 N. Gantenbein. Contacted Mr. Hand and discussed with Stan Jones the possibility of Mrs. Stitt becoming an owner/occupant. Mr. Cohen was agreeable and wanted to know what had to be done to make Mrs. Stitt, his daughter, the owner of the house at 3138 N. Gantenbein.</p>	
1/6/71	<p>Mr. Cohen, after a lawyer, felt that he may be chancing an act of defrauding by pursuing this.</p>	
1/12/71	<p>Called Mrs. Stitt. She was sick and hadn't come to any decision on the houses she has looked at. I have called several times.</p>	
1/27/71	<p>Called Mrs. Stitt. She was sick again and said she would get in touch with me Monday.</p>	
2/2/71	<p>Mrs. Stitt showed me house 1035 N. E. Siskiyou and I called FHA to get it for her. Sent requested papers to Mr. Kretinger, and he indicated that the Stitts had a good chance to get the house.</p> <p>Mrs. Stitt came in with a cashier's check for \$550. which she wanted deposited on the house at 1035 N. E. Siskiyou, Portland. Sent check and letter requesting she be placed on the list under displacee's program so-----she would get preferential treatment and put at the top of the list. The Stitts were displaced by government action.</p> <p>Mr. and Mrs. Stitt got the house from HUD and were approved by Peoples Bank Savings and Loan in Vancouver, Washington. Went with the Stitts to close their deal on this house. All the payments including fixed moving expenses and allowance of \$500 and a \$2000 down payment plus \$550 matching - a total of \$2550.</p> <p>The Stitts have moved to their new house and have indicated that they are very happy. There were a few minor repairs needed. I brought this to the attention of Mr. Marcus, HUD office in Portland.</p>	
	<p>CLOSING FILE</p>	
	<p>Last conversation with Mrs. Stitt indicated she and her family were very happy with their new home. The house had plenty of room for her family. From all indications they plan to put in a Bar-B-Que pit and some landscaping. The Stitts were very pleasant to work with.</p>	

INTERVIEW REGISTER

Date

Relocation
Worker

12-5-78

Mrs. Stitt called our office to talk with Mr. Jones, re: property line or legal description of property at 1035 N. E. Siskiyou St. She was quite concerned about where her property line stopped, as her neighbor has put up a fence which she thinks is on her property. She was advised to have a survey to check this matter. The house which Mrs. Stitt bought was a HUD repossession. A call was ---- made to Mr. Marcus at the HUD office to ask for information but was told that her file was in Seattle. A surveyor was to be employed by Mrs. Stitt. Assistance has been offered her in anyway that we can help. We have had no further contact with Mrs. Stitt. Hopefully her problems have been solved.

AG

DATED this 23 day of Mar. 19 72.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 3138 N. Santenheim
_____, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

(firm name)
by: Betty J. Sudd



DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
 AREA OFFICE
 CASCADE BUILDING, 520 S.W. SIXTH AVENUE, PORTLAND, OREGON 97204

AREA OFFICES
 Portland, Oregon
 Seattle, Washington

February 24, 1972

REGION X
 REGIONAL OFFICE
 SEATTLE, WASHINGTON

PORTLAND DEVELOPMENT COMMISSION

IN REPLY REFER TO:
 10.2HP (Tweten)
 (226-3361 Ext. 2785)

283-2247

PEOPLES MORTGAGE COMPANY
 P. O. BOX 204
 Vancouver, Washington 98660

RECEIVED
 DATE 3-1-72
 FROM Secret Sec HUD

SUBJECT: FHA OWNED PROPERTY - PRIVATELY FINANCED SALE

Old Case No. 431-085688-221 Contract Dated: 11/22/72
 Address: 1035 N. E. Siskiyou Mortgage Amount: \$12,400.00
 Portland, Oregon
 Purchasers: William D. and Betty J. Stitt Terms: 30 year term at 7% interest
 Section: 235
 Discount: 3%

Gentlemen:

We enclose Standard Retail Sales Contract, FHA Form No. 2384, Property Listing, and FHA Forms 755A, 2900-1 and 2004W in connection with the sale of the captioned property.

After you have completed your review and processing, please forward to us executed originals of Forms 2900-1, 2004f, 2004g, and a copy of the credit report, together with the completed Formss 2004W and 755A. No application fee will be required.

If at any time it becomes apparent that the mortgagors will not be acceptable, please advise us immediately.

Instructions relative to closing will be furnished you after our Mortgage Credit analysis and approval of the purchaser.

Sincerely,

Eugene W. Tweten
 Chief
 Loan Management and Property
 Disposition Branch

Enclosures

cc:
 Portland Development Commission
 Attn: Mr. Chet Daniels

March 1, 1972

Peoples Mortgage Company
P. O. Box 204
Vancouver, Washington 98660

Attention: Pam Fry

Re: Escrow No. 50419
STITT, William D. and Betty J.

Dear Sirs:

Enclosed is our warrant no. 312 EN, in the amount of \$2,850.00 to be deposited to the above subject escrow account. Two thousand, five hundred and fifty (\$2,550.00) dollars of this amount represent a Replacement Housing Payment for Tenants and Certain Others, which sum is to be held in escrow until you have received written notice from the Commission that Mr. and Mrs. Stitt have purchased and do occupy standard housing at 2835 N. E. 31st Ave., Portland, Oregon. This sum (\$2,550.00) may be applied to the purchase price of the home in the form of a check or cash to satisfy the following costs:

- (1) Legal, closing and other costs including title search, preparing necessary documents, taxes, survey, preparing plat and plan, and charges with respect to recording.

(2) Escrow agent's fee.

(3) Title insurance fee.

(4) and mortgagee's evidence or assurance of title.

(5) State or transfer taxes.

(6) Lender's fee.

The above listed closing costs should be subtracted from the \$2,850.00 with the balance applied to the deposit. This sum of \$2,550.00 may not be used for any other purposes than those specified above and must be clearly indicated on the closing statement.

The additional \$300.00 represents a Fixed Payment for moving expenses.

The amount is to be applied toward payment of other expenses incident to the purchase of said house, as directed by Mr. and Mrs. Stitt, with any balance to be refunded to them.

Please send us a copy of the closing statement verifying that the sum of \$2,550.00 was applied to the downpayment and above listed incidental expenses, and also verifying that the sum of \$550.00 heretofore deposited by Mr. and Mrs. Stitt was applied on the downpayment and above listed incidental expenses.

We appreciate your cooperation in this matter. Please feel free to contact us if you have any questions regarding allocation of these funds.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

MSJ:slc

enclosure

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 312 EH

DATE February 29, 19 72

PAY TO **Peoples Escrow Company**

\$ **2,850.00**

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Deposit in escrow for William D. Stitt, RHP for Tenants per claim filed. From 3138 N. Gantenbain (Parcel A-2-2). Lump Sum RHP \$2,550.00 Fixed Payment - Own Furniture <u>300.00</u>	\$2,850.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (EH)	\$2,850.00
	(RHP \$2,550.00)	
	(Fixed payment - Family \$300.00)	

AS

JMA

February 25, 1972

Portland Development Commission
235 N. Monroe
Portland, Oregon 97227

Gentlemen:

You are hereby authorized to place in my escrow account at People's Escrow Company, 109 E. 13th Street, P. O. Box 204, Vancouver, Washington the amount of \$2,550.00 representing my Relocation Housing Payment for Tenants, ~~the amount of \$200.00 representing my dislocation allowance payment~~, and the amount of \$300.00 representing my fixed moving payment.

William D. Stitt

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

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:	PROJECT NAME (if applicable)
Portland Development Commission 1700 SW Fourth Avenue Portland, Oregon 97201	Emanuel Hospital Project PROJECT NUMBER: ORE R-20

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

STITT, William D.

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-2-2

a. Address: 3138 N. Gantenbein, Portland, Oregon
 b. Apartment or room number: ---
 c. Number of bedrooms: 4

d. Monthly rental: \$ 50.00
 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): 1035 N. E. Siskiyou, Portland, Oregon
 b. Number of bedrooms: 4
 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.

2/22/72

Date

Betty D. Stein

Signature of Claimant (s)

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

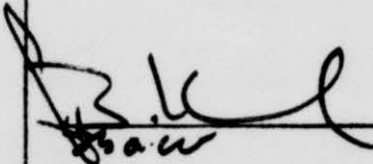
Item (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	Charged to Claimant on Closing Statement (b)	Paid Directly by Claimant (c)	Amount Claimed (Col. (b) + (c)) (d)	Amount Approved (e)
	\$	\$	\$	\$
TOTAL	\$	\$	\$ <u>1/</u>	\$

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.)

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount ^{1/}	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance			
1. Fixed payment	\$ <u>300.00</u>		<u>2-28-72</u>
2. Dislocation allowance	\$ <u>(200.00 paid)</u>		
3. Total	\$ <u>300.00</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>2-29-72</u>	<u>312 EH</u>	<u>\$300.00</u>			\$

AC
SS

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

NAME OF CLAIMANT STITT, William D.

Parcel No. A-2-2

NAME OF LOCAL AGENCY Portland Development Commission

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

Tenant's initial date of rental: August 1, 1967

Date of Acquisition: 2/3/72

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: August 1, 1967

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 \$ 2,550.00 is authorized.

2-28-72
Date

[Signature]
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 <u>\$2555⁰⁰</u>	<u>2-29-72</u>	<u>312 EH</u>	<u>\$2,550.00</u>
c. Homeowner temporarily displaced	_____	_____	\$ _____

MC
JS

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emanuel

PROJECT NO. R-20

1. Full name of claimant: Mr & Mrs. William D. Stitt Family Individual
2. Dwelling unit from which you moved: Parcel No. A2-2
 a. Address 3138 N. Gantenbein c. Number of bedrooms 4
Portland Oregon d. Monthly rental \$ 50.00
 b. Apartment or room number _____ 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 1035 NE. Sickiyau c. Downpayment \$ 2500.00
Portland Oregon d. Incidental expenses \$ _____
 b. Number of bedrooms 4 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 Aug. 1 1967
 Date of acquisition 2-3-72
 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 Aug 1 1967
 Date of initiation of negotiations ?
3. Is replacement housing standard? Yes No
 If previously substandard, date found standard F.H.A. Reps.
4. Certification: Bureau of Buildings
 (Amount of this claim \$ 2500.00)

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)

Emanuel Hospital Project
Project Number: ORE R-20

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides:
"Whoever, in any matter within the jurisdiction of any department or agency of the
United States knowingly and willfully falsifies . . . or makes any false, fictitious
or fraudulent statements or representations, or makes or uses any false writing or
document knowing the same to contain any false, fictitious or fraudulent statment 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

STITT, Wm. D.

2. DATE(S) OF MOVE

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A-2-2

a. Address _____

3138 N. Gantenbein, Portland, Oregon

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

c. Was it furnished with your own furniture?

Yes No

d. Number of rooms occupied (ex-
cluding bathrooms, hallways,
and closets: 7

e. Date you moved into this
address: _____

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) _____

1035 N. E. Siskiyou, Portland, Oregon

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

c. Were household goods moved to
or from storage?

Yes No

If "Yes", complete table,
"Statement of Claim for Storage
Costs"

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

Dislocation Allowance \$200.00 (paid)

Fixed Moving Payment 300.00

(Consult local agency)

Total \$ 300.00

6. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any
other applicable law, that this claim and information submitted herewith have been
examined by me and are true, correct and complete, and that I understand that, apart
from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other appli-
cable 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.

2/16/72

Date

Betty Stitt
Signature of Claimant

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

NAME AND ADDRESS OF CLAIMANT:

Wm. D. Stitt
1035 N. E. Siskiyou
Portland, Oregon

NAME OF LOCAL AGENCY:

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon

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:

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Stitt, Wm. D. Project Emmanuel, R-20
 2. Date(s) of move _____ Parcel No. A-2-2
 3. Dwelling unit from which you moved:
 Address 3138 N. Gantenbein No. of rooms 7
 _____Furnished Unfurnished Date you moved into this unit 1967

4. Dwelling unit to which you moved:
 Address 1035 NE Siskiyaw
 Were goods moved to or from storage? Yes _____ No

5. Total claim \$ 300.00

FIXED PAYMENT: \$200 PAID + \$ 300.00 = \$ 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)

CASHIER'S CHECK

WALNUT PARK BRANCH PORTLAND, OREGON

No 45458

24-104
1230

DATE February 22, 1972

PAY TO THE ORDER OF - - - - - Federal Housing Administration - - - - - \$550.00 - - - - -

FNB 550dol's 00cts

DOLLARS



FIRST NATIONAL BANK OF OREGON

J. P. Betanoff
AUTHORIZED SIGNATURE

⑆1230⑉0104⑆ 0 83210 3⑈



REGION X
REGIONAL OFFICE
SEATTLE, WASHINGTON

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
AREA OFFICE
CASCADE BUILDING, 520 S.W. SIXTH AVENUE, PORTLAND, OREGON 97204

AREA OFFICES
Portland, Oregon
Seattle, Washington

February 4, 1972

IN REPLY REFER TO:
10.2HL (Marcus)
(221-2671)

Portland Development Commission
Attn: Stanley Jones, Relocation Supervisor
235 N. Monroe Street
Portland, Oregon 97227

Gentlemen:

Subject: FHA 431-085688-221, 1035 N. E. Siskiyou Street, Portland, Oregon

Thank you for your letter regarding the possibility of purchasing the captioned property by Mr. and Mrs. Stitt under our Displacee Program.

Please complete the attached Certification Form and return it to this office. After it has been received, we shall list the property under our displacee program when repairs are complete; your office shall receive a copy of this listing. At that time you may show the property to Mr. and Mrs. Stitt and if they are interested in purchase, a completed FHA Form 2384 should be tendered to this office together with a certified check for the amount of the earnest money deposit shown on the listing.

If you have any further question, please do not hesitate to contact us.

Sincerely,

Eugene W. Tweten
Chief
Loan Management and Property
Disposition Branch

Enclosure

EMANUEL

RECEIVED

BW

FEB 18 1972

PORTLAND DEVELOPMENT COMMISSION



U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
 PORTLAND AREA OFFICE
 520 Southwest Sixth Avenue
 Portland, Oregon 97204

DISPLACEE LISTING

In reply please refer to: Property Disposition Branch

(Open to Persons Displaced
by Governmental Actions)

Phone: 221-2671 - 221-2674

HOUSE KEY IS AVAILABLE IN LOCK
BOX ON THE FRONT DOOR

Date: February 17, 1972
10 WORKING DAY PERIOD ENDS 2/27/72 - 4:30 P.M.

FHA Case No. 431-085688-221

PLEASE LEAVE THE LOCK BOX AND DOOR KEY AT THE FRONT DOOR UNTIL A SALE IS CLOSED.

The property described below was acquired by the Secretary of Housing and Urban Development and is offered for sale. Priority is given to displaced persons through February 27, 1972, for submission of offers to purchase on a first come first serve basis.

Address: 1035 N. E. Siskiyou, Portland, Oregon

Legal Description: Lot 10, Block 97, Irvington

Sales Price: \$15,500.00

Minimum Down Payment: \$500.00 plus reserves for taxes and insurance
Minimum Earnest Money Deposit: \$50.00

Maximum Mortgage: \$15,000.00 - 30 year term at 7% interest plus
1/2% FHA mortgage insurance premium

Approximate Monthly Payment: \$138.00 including principal, interest, taxes,
and insurance

Approximate Lot Size: 50' x 100' Approximate Dwelling
Square Feet: 1759

Improvements: 6 rooms, 3 bedrooms, 1 bath, 2-car detached garage,
fireplace, finished attic, basement, oil forced
warm air heat

Approximate Age of Dwelling: 36 years Taxes: \$329.83

10 Mo. of this -

Instructions and information on preparing and submitting offers are available and can be obtained from this office. Offers must consist of a properly completed FHA Form 2384, Certified check for deposit made out to FHA; and if FHA financing is requested, a completed FHA Form 2900.

HUD PROPERTIES ARE OFFERED FOR SALE TO QUALIFIED PURCHASERS WITHOUT REGARD TO PROSPECTIVE PURCHASER'S RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN. OFFERS TO PURCHASE ARE TO BE SUBMITTED DIRECT TO THE PORTLAND AREA OFFICE BY THE DISPLACING AGENCY. THE PORTLAND AREA OFFICE IS LOCATED AT 520 SOUTHWEST SIXTH AVENUE, PORTLAND, OREGON 97204.

OFFERS UNDER SECTION 235 OF THE HOUSING ACT WILL BE ACCEPTED ON THIS PROPERTY. ON SECTION 235 TRANSACTIONS, THE PREPAYABLE EXPENSES WILL BE THE MINIMUM EQUITY REQUIREMENT. MINIMUM INVESTMENT CAN BE NO LESS THAN \$200

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwiddden, Chief

February 24, 1972

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

Re: 1035 N.E. Siskiyou Street

Attn: Chet Daniels

Gentlemen:

As the result of a displaced person and at your request, an inspection was made by the Housing Division of the vacant two-story, wood frame, three bedroom, single-family dwelling and detached garage at the above address.

Our inspector reports the structures are in standard condition and comply with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
S. J. Chegwiddden
Chief Housing Inspector

CMC:mfm
cc: Portland Dev. Comm.
5630 N.E. Union Ave.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 29298 G

DATE February 23, 1972

PAY TO THE
ORDER OF

William D. Seitt

\$ 200.00

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
		<p>Reimbursement for relocation payment for tenant per claim filed. From 3138 N. Gantenbein (A-2-2).</p> <p>Dislocation allowance</p>	<p>\$200.00</p>

Account Distribution

NO	TITLE	AMOUNT
E 1501	Relocation Payment (EH) (Fixed payment - Family)	\$200.00

AC

Betty J. Stott

3/21/72

MS

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

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

PROJECT NAME (if applicable)
Emanuel Hospital Project
Project Number: 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 statment or
entry, shall be fined not more than \$10,000 or imprisoned not more than five years,
or both."

1. FULL NAME OF CLAIMANT STITT, William D. Family Individual

2. DATE(S) OF MOVE

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A-2-2

a. Address 3138 N. Gantenbein, Portland, Oregon

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

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

d. Number of rooms occupied (ex-
cluding bathrooms, hallways,
and closets: 7

e. Date you moved into this
address: 8/1/67

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) 1035 N. E. Siskiyou, Portland, Oregon

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

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

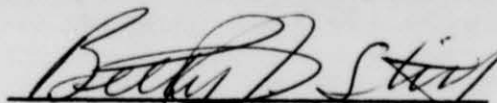
5. TOTAL CLAIM (if 5 b. marked above)

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

2/10/72

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:

Mr. and Mrs. William D. Stitt
1035 N. E. Siskiyou
Portland, Oregon 97212

NAME OF LOCAL AGENCY:

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

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

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

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

Yes No


If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ _____		 B. E. W.	<u>2-22-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ _____	<u>200.00</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>2/23/72</u>	<u>29298</u>	<u>\$200.00</u>			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Mr. & Mrs. William D. Stitt Project Emanuel
 2. Date(s) of move unt Parcel No. R-20
 3. Dwelling unit from which you moved:
 Address 3138 N. Gantenbergs No. of rooms 7
Furnished Unfurnished Date you moved into this unit 8/1/67
 4. Dwelling unit to which you moved:
 Address 1035 N.E. Siskiyau
 Were goods moved to or from storage? Yes No

5. Total claim \$ 300.00

 FIXED PAYMENT: \$200 + ~~\$300.00~~ = ~~\$500.00~~ 200.00

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)

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 288-8169

February 17th, 1972

Mr. and Mrs. William Stitt
3138 North Gantenbein
Portland, Oregon 97227

Dear Mr. and Mrs. Stitt:

The premises you are now occupying at the above subject address are within the boundaries of the Emanuel Hospital Urban Renewal Project. The project is designed to accomplish the removal of structurally substandard buildings, to eliminate blighting influences, to modify the street system and to make land available to Emanuel Hospital, a non-profit organization, for the development of necessary facilities for a medical and hospital complex.

Ownership (possession) of this property was vested in (granted) the Portland Development Commission on February 3rd, 19 72. Present plans of the Portland Development Commission call for demolition of the structure which you occupy at the earliest possible date. The most recent regulations of the Department of Housing and Urban Development governing this project stipulate that lawful occupants shall not be required to surrender possession without at least 90 days written notice from the local commission. This letter therefore is to advise you that we require you to surrender possession of the above subject premises not later than May 20th, 19 72. Any extension of this date must have the written approval of the commission.

Those persons or families displaced by urban renewal activity, who qualify for low-cost public housing, are entitled to a priority for any vacancy which may exist in public housing or housing leased by the Housing Authority of Portland. If you have any questions or wish more information please call on us at 235 N. Monroe Street, 288-8169. We want to cooperate with you to the fullest extent possible in finding a new location, assisting you in your move, and obtaining for you those benefits to which you are entitled under the regulations. We will appreciate your keeping us advised of your moving plans.

Yours very truly,

PORTLAND DEVELOPMENT COMMISSION

By: W. Stanley Jones

WSJ:slc

February 1, 1972

Housing Services & Property Management Division
U. S. Department of Housing and Urban Development
Portland Area Office
520 S. W. Sixth Avenue
Portland, Oregon 97204

Attention: Mr. R. L. Krattiger
Realty Specialist

Gentlemen:

Mr. and Mrs. William D. Stitt of 3138 N. Gantenbein, Portland, Oregon will be displaced as a result of the acquisition of the property in which they reside by the Portland Development Commission in the Emanuel Hospital Urban Renewal Project, ORE R-20.

It is our understanding that Mr. and Mrs. Stitt are interested in purchasing the property at 1935 N. E. Skelton, which is an F. R. A. Repossessed by the Portland Area Office as a result of Federal Government action.

Thank you for any help that you may render Mr. and Mrs. Stitt in their efforts to obtain this home.

Very truly yours,

W. D. Stitt

W. D. Stitt

February 1, 1972

Mr. R. L. Krattiger
Realty Specialist
Housing Services & Property Management Division
U. S. Department of Housing & Urban Development
Portland Area Office
520 SW 6th Avenue
Portland, Oregon 97204

RE: House at 1035 N. E. Siskiyou

Dear Mr. Krattiger:

My husband and I have seen the house at 1035 N. E. Siskiyou and want very much to purchase this house. We understand that this is a F. H. A. repossession and will soon be put back on the market; however, as a displaced family from the Emanuel Hospital Urban Renewal Project we would have a chance to purchase it before this happens.

We would appreciate any help you could give us in acquiring this house.

Very truly yours,

Mrs. William D. Stitt
3138 N. Gantenbel n
Portland, Oregon 97227

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

January 3, 1972

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegvidden, Chief

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

Re: 3623 N.E. 17 Avenue

Attn: Chet Daniels

Gentlemen:

As the result of a displaced person and at your request, an inspection was made of the two-story, wood frame, four bedroom, single-family dwelling and detached garage at the above address.

Our inspector reports the following conditions are in noncompliance with City regulations:

1. A window pane is broken in the second story bedroom.
2. The gutters are leaking between the gutter and the fascia board.
3. The mortar joints in the fireplace chimney brickwork are deteriorating in the cap.

Please notify the Housing Division of the Bureau of Buildings, 2200 N.E. 24 Avenue, Telephone 288-6077, when the corrections have been completed, under proper permit where required, and a reinspection can be made.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegvidden
S. J. Chegvidden
Chief Housing Inspector

JHM:mfm

cc: Mr. & Mrs. Moreland
Stassens Realty (Attn: Mr. Earl)

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.

Betty L. Scott

1-31-72
date

Dwelling Unit Inventory

5 Beds & Springs
3 Bedroom Chair
1 Breakfast Table
5 Breakfast Table Chairs
5 Bridge Lamp & Shade
1 Buffet
6 Chest of Drawers
2 Coffee Table
3pc. Couch
 Davenport
2 Desk
1 Dining Table
6 Dining Chairs
4 Dresser
2 End Table
2 Floor Lamp & Shade
3 Mirror

4 Night Stand
3 Occasional Chair
 Overstuffed Chair
1 Overstuffed Rocker
2 Range
2 Refrigerator: Brand Westinghouse
 Rocker
2 Rug & Pad: Size 12x20
12x15
2 Stool
2 Table Lamp & Shade
1 Table, small
1 Vanity & Bench
3 Suitcases
1 Trunks
yes Cartons, Boxes, Etc.
yes Clothes
yes Bedding & Linens

Miscellaneous (List Items)

T.V.'s 3
Freezers (2)
Washer
Dryer
Dog house
Fish acc.

COMMENTS:

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
FEDERAL HOUSING ADMINISTRATION

CLOSING INSTRUCTIONS - SALE OF SECRETARY-OWNED PROPERTY

IN REPLY PLEASE REFER TO:

TO: PEOPLES MORTGAGE COMPANY

(Closing Agent)

Post Office Box 204
Vancouver, Washington 98660

(Address)

431-085688-221

(Old FHA Case No.)

(Mortgagee)

431-115416-203

(New FHA Case No.)

STITT, William D. & Betty J., 1035 N. E. Siskiyou Street, Portland, Oregon

In compliance with the request of the mortgagee we enclose the following for your use in closing the loan: (1) title evidence; (2) deed (executed) and one copy (unexecuted); (3) Form 755, Status of Taxes; (4) Form 2385, Broker's Tender of Sales Contract; and (5) Form 2651P, Closing Statement., **Financing and Closing Costs, Six-Month Warranty, Property Listing, & House Keys.**

CLOSING PROCEDURE. Local custom will be followed except as modified herein.

TITLE EVIDENCE. The FHA review of the enclosed title evidence indicates this is in order showing good marketable title in the Secretary. If you determine that errors or omissions in title require corrective measures, all title evidence is to be returned to FHA for institution of procedures necessary to perfect title. The closing agent is not authorized to undertake remedial action which will result in additional costs to FHA unless prior approval has been given by FHA. If this sale is closed, the title evidence forwarded herewith should not be returned to FHA but should be given to the purchaser or retained by the mortgagee for further use by FHA should subsequent assignment of the security instruments or transfer of title to the Secretary become necessary. If, however, the sale is financed by means of a Secretary-held mortgage, the enclosed title evidence must be returned to FHA with the closing documents.

TAXES - CERTIFICATION. The Form 755 data is the latest available to FHA. The FHA certifies that remittance has been transmitted as to each tax item shown as paid and hereby agrees to remit immediately in the event of failure to accomplish the indicated payment due to error, oversight, loss in transit, misapplication or other fault. In reliance upon this certification and agreement, proration will be based upon acceptance by you of this representation even though a reported payment may not be recorded on the public tax records as paid. Proration of taxes will be made in the manner customary in the area, i.e., as of the closing date or the nearest month-end.

COMMISSION PAYMENT. Closing will include payment for the account of FHA in accordance with the enclosed Broker's Tender of Sales Contract, Form 2385.

TRANSMITTAL. Upon closing please give the purchaser a copy of the Form 2651P, Closing Statement, signed by the closing agent. Transmit the original and one copy of Form 2651P signed by the purchaser(s) and closing agent, together with the net proceeds, to this office within 5 working days after closing. It is the responsibility of the closing agent to ascertain that the deed and mortgage are not recorded until the closing agent has received the funds due FHA. If closing cannot be accomplished on the date scheduled, you must immediately advise this office of the new closing date. If closing cannot be accomplished on the new closing date, the enclosures must be returned to this office immediately with an explanation as to why closing could not be accomplished.

Please sign the attached copy of this letter indicating your acceptance of the provisions incorporated in the above paragraph concerning "Transmittal" and return the copy to this office.

Very truly yours,

cc: **Portland Dev. Comm,**

I hereby accept the above provisions.

Eugene W. Tweten
Chief
Loan Management and Property
Disposition Branch

By: _____

Date: _____

Demant

*235
95.00
18,000*

(5)

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER *C. Daniels*

PROJECT NO. *R 20* PARCEL *A 2-2*

NAME *Stitt Wm D.* ADDRESS *3122 N Gantenbein* APT NO. *-*

PHONE *184-1705* INITIAL INTERVIEW *8/17/71* SEX *M* W *-* NW *B* AGE *41*

U.S. CITIZEN ALIEN VETERAN SERVICEMAN DATE ON SITE *4 yrs.*

FAMILY COMPOSITION

Name	Relation	Age
<i>Betty G.</i>	<i>wife</i>	<i>35</i>
<i>Michael</i>	<i>son</i>	<i>14</i>
<i>Tanya</i>	<i>son</i>	<i>12</i>
<i>David</i>	<i>son</i>	<i>9</i>
<i>William</i>	<i>son</i>	<i>3</i>
<i>Ferry Lynn</i>	<i>daug.</i>	<i>7</i>

Employer: Name *City of Portland (Govt)* \$ *40000*
 Address *3rd & Oak*
 MCW Caseworker
 Social Security
 Va. Fed. Mult Co.
 Pension: Name
 Other: Name *Betty G. State of Oregon (Govt)* *300*
4917 NE Union TOTAL MONTHLY INCOME *685.00*

Rent *50.00*, Inc. Heat *Pay all Utilities* 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

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 hgs. 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
<i>868 N. Morgan</i>		
<i>2822 NE 17</i>		
<i>3307 NE 11th</i>		
<i>4816 N. Missouri</i>	<i>Bureau of Building</i>	<i>12/20/71</i>

NEW ADDRESS: *1035 NE Siskiyou FIAA Repo.*
3623 NE 17th. Zip _____ Phone _____

11/15/71 flyers delivered by Marion Scott. Anxious to
have meeting or get information.

summary: mail sent. 4 bdrm house 90-115 sq ft

8/19/71 Talked with Mrs. Stitt and she would like
to buy a home for her family.

11/22/71 Mr. & Mrs. Stitt came in with Mr. Leach of Medek
who wanted to sign them up on a Conventional
Loan deal to purchase Mrs. Cage's house at
3307 N.E. 11th. Mrs. Stitt was concerned and
wanted to purchase on 235 FHA.

11/23/71 Mrs. Cage came in and stated that she
would not go FHA under any circumstances

1

12/31/71 Met with Mrs. Stitt and her father & Mother
Mr & Mrs Cohen at 4704 NE 12th - I talk
with them about the possibilities of Lease-option
for there daughter who lives in a house at
3138 N. Gantenbein - Contacted Mr. Hand
and discussed with Stan Jones the possibility
of Mrs. Stitt Becoming a Owner/occupant.
Mr. Cohen was agreeable and to let him
know what had to be done to make
Mrs Stitt his daughter the owner of the
house at 3138 N. Gantenbein.

1/6/71 Mr. Cohen after contacting a lawyer
felt that he may be chancing a act
of defrauding by persueing this.

1/12/71 Call Mrs Stitt she was sick and
hadn't come to any decision on the
houses she has look at.
I have colled several

1/27/71 Call Mrs Stitt she was sick again said
she would get in touch Monday

2/2/72 Mrs. Stitt showed me house 1035 NE Criskeyou
and I called F.H.A. to get it for her - Sent
Requested papers to Mr Bretzinger and
he indicated that the Stitts had a good chance
to get house

HOUSING RESOURCES SURVEY

RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF EMANUEL HOSPITAL PROJECT AREA

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

Analyst _____ Date of survey _____ Tabulator _____ Date tabulated _____
 Dwelling Unit No. 14 Structure No. 9 Census Block No. 28 Census Tract No. 22A
 Street Address 3152 N. Gantenbein Apartment No. -

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

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

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

	Name	Family relation	Age	Sex	Occupation
1	Stitt Wm D	Head of household	41	M	Janitor
2	Betty J.		35	F	State of Ore. Secretary
3	Michael		14	M	
4	Terry		12	M	
5	Jerry		9	M	
6	William		3	M	
7	Terry Lynn		7	F	
8					
9					

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

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

Names of jobholders	Names of employers	Street address where jobs are located to work	Distance
William Stitt	City of Portland	3rd & Oak	3
Betty J Stitt	State of Oregon	4917 N.E Union	1

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
William Stitt	\$ 400.00	\$ 375.00
Betty J. Stitt	285.00	276.00
Total family or household income per month	\$ 685.00	\$

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

1. Location (indicate approximate cross streets) _____
2. Transportation, number of autos owned , use bus _____, walk _____ 90. 115 ft.
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 4, kitchen , dining room , living room , number of bathrooms 2, 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

Date _____

Analyst _____ Surveyed _____ Tabulator _____ Date _____
 Dwelling Unit No. 14 Structure No. 9 Census Block No. 28 Census Tract No. 22 A
 Street Address 3132 N Gantzenbein Apartment No. -
 Legal Description _____

NAME OF OCCUPANT: Wm. Stitt NAME & ADDRESS OF OWNER: James & Erma Cohen NAME & ADDRESS OF PROP. MGR: _____
3132 N. Gantzenbein 4904 NE 12th
 TELEPHONE: 284-7751 TELEPHONE: 287-2015 TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

Kind of dwelling unit	No. of units in bldg.
<input checked="" type="checkbox"/> One-family house	_____
<input type="checkbox"/> Apt. in a house	_____
<input type="checkbox"/> Apt. in apt. bldg. or plex	_____
<input type="checkbox"/> Apt. in comm. bldg.	_____
<input type="checkbox"/> Mobile home or trailer	_____

This structure has 1 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

Owner occupied
 Renter occupied
 Vacant

III. SIZE OF DWELLING UNIT

1005 Sq. ft. in first floor (county figure)
1005 Sq. ft. in dwelling unit (if more than 1 floor)
5 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
2 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
5/8/67 Date of last appraisal
1895 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>9360</u>	\$ _____
Improvements	<u>100</u>	_____
Total	<u>9460</u>	_____

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	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

_____ 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>90.</u>	_____	\$ _____
Electricity	_____	\$ _____	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Heat (oil, or other)	_____	_____	_____
Total	\$ <u>90</u>	\$ <u>25</u>	\$ <u>115</u>

Deposits required of renter
 Advance rent \$ _____, 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

1 1-00990-0260

COHEN, JAMES M & ERMA R

14

MAP: 2730

BY BENJ FRANKLIN SAV & LOAN

ZONE: A25

RATIO: 1401

517 SW STARK ST

LVY C: 001

PORTLAND OREGON 97204

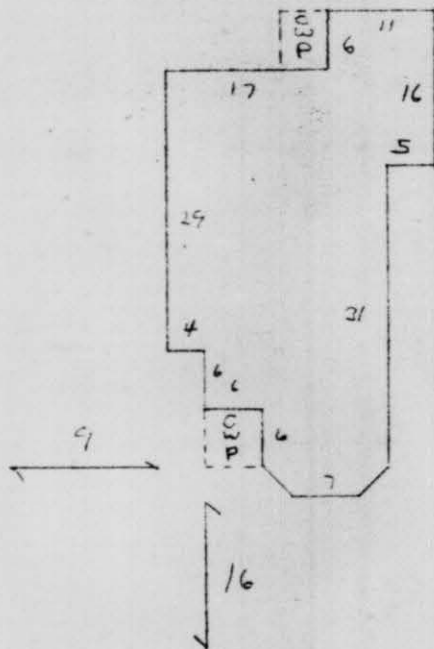
ALBINA ADD

LOT BLOCK

6 87 2

PROPERTY ADDRESS: 3138 N GANTENBEIN AVE
PORTLAND

APPEALS:



AVE. OR ST.

1"=20'

3138 N Gantenbein AVE OR ST
FRONT OF BUILDING

SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS. YEAR	MIN. RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN. DATE
1968			9000	100	9100	
1971			9,360	100	9460	UD

FUNCT G y p

REASON

Not best land use

CODE G y p

REMARKS

OUTSIDE

DATE 2 13 68

SIGN Ken Polman

DEPUTY

CHECKED

REVIEWED

BDDG. COUNT

INDEX

RE-CHECKED

NOTIFIED

DATE FEB 23 '68

BOS 68

BY ANDREWS

Lisher

JAN 12 '67 KUBLI

FORM 67 REV 3-66

