

	DESCRIPTION	ROLL NO	ODOMETER
PARCEL NO. AB-3-8	STOKES, SAMUEL 2931 N. GANTENBEIN		
PARCEL NO. E-3-5	STUART, JERRY A. JR. 2648 N. COMMERCIAL CT.		
PARCEL NO. R-8-12	TAYLOR, BIRDIE LEE 3229 N. GANTENBEIN		
PARCEL NO. R-8-1	THOMAS, AUGUSTINE (MRS.) 302 N. COOK (DECEASED)		
PARCEL NO. RS-4-9	THOMAS, CHARLES 7 N. RUSSELL #8		
PARCEL NO. R-8-1	THOMAS, WILLIE 300-302 N. COOK		
PARCEL NO. E-4-3	THOMPSON, FRED 322 N. KNOTT		
PARCEL NO. A-3-6	THOMPSON, HEWEY 242 N. COOK		
PARCEL NO. E-3-2	TURNER, REV. BRADY 508 N. KNOTT		
PARCEL NO. E-2-2	TURNER, FLORENCE 532 N. GRAHAM		
PARCEL NO. A-4-4	TURNER, QUEEN E. 260 N. IVY		
PARCEL NO. E-3-8	VAN ZILE, HAZEL 2640 N. KERBY		
PARCEL NO. A-4-2	VERNON, CECIL L. 222 N. IVY		
PARCEL NO. AB 3-5	WALLIN, JACOB E. 413 N. STANTON		
PARCEL NO. RS-4-4	WALTON, LLOYD & WILLIE MAE .102-06 N. KNOTT		
PARCEL NO. E-4-1	WARD, ARTHUR B. 2651 N. GANTENBEIN		
PARCEL NO. E-4-1	WARD, BILLY L. 2651 N. GANTENBEIN		
PARCEL NO. R-8-2	WARREN, LEO & INA 312 N. COOK		

RESIDENTIAL RELOCATION RECORD

Project Name \_\_\_\_\_ Parcel No. RS4-9 Advisor JC  
 Client's Name Thomas Charles Phone \_\_\_\_\_  
 Address 777 Russell #8 Ethn white Age 79

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

Family Composition

Total Number in Family 2  
2 wife, husband

Other:    Relation    Age    Relation    Age

	<u>Wife</u>	<u>65</u>		

Economic Data

Employer Self-Emp.      \$ 300<sup>00</sup>  
 Address \_\_\_\_\_  
 Other Source of Income \_\_\_\_\_ \$ \_\_\_\_\_  
 Total Monthly Income \$ (300<sup>00</sup>)

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

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

- YES       NO

Date of initial interview 6-18-71      Date of Info pamphlet delivery \_\_\_\_\_  
 Date Notice to Move given \_\_\_\_\_      Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY

1957

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

19-

Date of initiation of negotiations for purchase of property 10-71

Date of Acquisition 11-1-71

Date of letter of intent \_\_\_\_\_

Date of move 2-20-72

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 1894

Size of Habitable Area 250 #

Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 4 *apartment manager* Rent Paid \$ 75.00 Utilities \_\_\_\_\_

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

Liens \$ \_\_\_\_\_ (please explain) \_\_\_\_\_

Acquisition Price \$ \_\_\_\_\_ Amenities \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Address 6643 SE. Woodstock LPA Referred \_\_\_\_\_ 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 50 yrs

Size of Habitable Area 360

No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

For Claimants Who Rented

Purchase Price of Replacement Dwelling \$ \_\_\_\_\_

Rent \$ 130<sup>00</sup>

Taxes \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

RHP or TACO (including incidental costs) \$ \_\_\_\_\_

Total Rent Assistance \$ 4000<sup>-</sup>

Amount of Annual Payment \$ 1000<sup>-</sup>

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 THOMAS, Charles W. RELOCATION ADVISOR JC  
 ADDRESS 7 N. Russell #8 PHONE 287-0248 PROJECT NAME Emmanuel ORE. R-20  
 SEX M ETHN white VETERAN        AGE 65 est. PARCEL NO. RS 4-9  
 MARITAL STATUS married TENURE tenant  
 DISABILITY        INDIV        FAMILY         
 ELIGIBLE FOR: PUBLIC HOUSING        FHA 235         
 RENT SUPPLEMENT        OTHER         
 INITIAL INTERVIEW 6-18-71 DATE INFO PAMPHLET DELIVERED         
 NOTICE TO MOVE        DATES EFFECTIVE        EXPIRATION DATE         
 NOTIFY IN CASE OF EMERGENCY       

DATE ON SITE:	<u>1957</u>
INITIATION OF NEGOTIATIONS:	<u>10-71</u>
DATE OF ACQUISITION:	<u>11-1-71</u>

ECONOMIC DATA

Employer self-employed \$ 300. est.  
 Address         
 MCW         
 Social Security         
 Pension         
 Other         
 TOTAL MONTHLY INCOME \$       

FAMILY COMPOSITION

Name	Relation	Age
<u>Ola O.</u>	<u>wife</u>	<u>65</u>

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1894 No. Rooms 4  
 No. Bedrooms 2 Furn.        Unfurn         
 Utilities \$         
 Monthly Payments (Rent) \$ 0  
 Acquisition Price \$         
 Taxes \$        Equity \$         
 Liens \$       

Size of Habitable Area       

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

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

REPLACEMENT DWELLING UNIT

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

Address 7506 S.E. 66th  
6643 S. E. Woodstock Phone 761-3479 Date of Move 2/20/72  
7771 A S.E. BRAD

WHERE RELOCATED: 2250 S E 141ST AVE

				\$	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 2 Habitable Area \_\_\_

Utilities \$ \_\_\_ Monthly Payments (Rent) \$ 130.00 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)	337 EH	3/15/72	\$ 1,000.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving			\$
Actual Move			\$
Storage			\$ 729.00
Incidental			\$
Interest			\$

TOTAL RHP: \$4,000.00

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

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

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



May 5, 1975

DEPARTMENT OF  
DEVELOPMENT AND  
CIVIC PROMOTION

To Whom It May Concern

PORTLAND  
DEVELOPMENT COMMISSION

Bob Walsh, Chr.  
Elaine Cogan  
Robert Ames  
Dennis Lindsay

This letter is to confirm that as a result of their displacement from their former dwelling at 7 N. Russell, Portland, Oregon, by the Emanuel Hospital Urban Renewal Project, the Charles Thomas family is eligible to receive a replacement housing payment of \$4,000 under Section 204(1) of the Uniform Relocation Assistance and Property Acquisition Policies Act of 1970, Public Law 91-646. To date they have received \$2,000 which has been paid in \$1,000 annual installments.

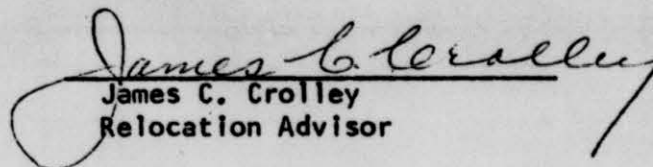
John B. Kenward  
Executive Director

Section 216 of the above mentioned act provides that,

1700 S.W. Fourth Avenue  
Portland, Oregon 97201  
503-224-4800

"No payment received under this title shall be considered as income for the purposes of the Internal Revenue Code of 1954; or for the purposes of determining the eligibility or the extent of eligibility of any person for assistance under the Social Security Act or any other Federal law."

Very truly yours,

  
James C. Crolley  
Relocation Advisor

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

**Nº 1021 EH**

DATE March 5, 1975

PAY TO **Charles W. Thomas**

**\$ 1,000.00**

**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
		Reimbursement per Claim for RHP for Tenants filed. Move from 7 W. Russell (Parcel RS-4-9).  Total approved <span style="float: right;">\$4,000.00</span> 4th and final payment <span style="float: right;"><b>\$1,000.00</b></span>	
		Rec'd 3-10-75  X <i>Charles W Thomas.</i>	

**Account Distribution**

NO.      TITLE      AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: RS-4-9

PAYABLE TO: Charles W. Thomas

For: <input type="checkbox"/>	RHP for Homeowners	.....	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants	.....	\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$ <u>4000</u> ; Annual amount \$ <u>1000 00</u>	.....	\$	_____
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment	.....	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only)	.....	\$	_____
<input type="checkbox"/>	Interest Expense	.....	\$	_____
<input type="checkbox"/>	Fixed Moving Payment	.....	\$	_____
<input type="checkbox"/>	Dislocation Allowance	.....	\$	_____
<input type="checkbox"/>	Actual Moving Costs	.....	\$	_____
<input type="checkbox"/>	Storage Costs	.....	\$	_____
<input type="checkbox"/>	Business: Moving Expenses	.....	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment	.....	\$	_____
<input type="checkbox"/>	Business: Storage Costs	.....	\$	_____
<input type="checkbox"/>	Business: Loss of Property	.....	\$	_____
<input type="checkbox"/>	Business: Searching Expenses	.....	\$	_____

Name of Client Charles W. Thomas  Family Less - \$ \_\_\_\_\_ \*

Move from 7 N. Russell  Individual Total \$ 1000 00

Accounting: Indicate symbol and Accounting No.  
0600 X10 901 Relocation Payment; 4,000.00 Project Cost \*( \_\_\_\_\_ )  
BBB  
BD

761-3479



**NOTICE OF RHP-TACO YEARLY PAYMENT**

TO: Jim Crolley DATE February 18, 1975  
(Relocation Advisor)

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Charles W. Thomas (Emanuel) 2250 S.E. 141st Ave.  
(Displacee) (Address)

No. 4th & final \$ 1,000.00 March 1975  
(annual payment) (amount) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 2250 S.E. 141st Ave 97233

Date Inspected: 2-25-75 Condition:  Standard  Substandard

If substandard: (1) Date reinspected and found standard \_\_\_\_\_  
or (2) Displacee notified of ineligibility:  yes  no

Comments: Same as last year

SIGNED: Charles W. Thomas SIGNED: [Signature]  
(Displacee) (Relocation Advisor)

DATE: 2-27-75 DATE: 2-27-75

TO: Bob Douglas DATE: 2-27-75

FROM: Emanuel

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Charles W. Thomas

PROJECT: Emanuel

FOR: TACO

AMOUNT: 1000<sup>00</sup>

SIGNED: [Signature]

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

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

**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**

THOMAS, Charles  Family  Individual

**2. DWELLING UNIT FROM WHICH YOU MOVED**

**PARCEL NO.** RS-4-9

a. Address: 7 North Russell, Portland, Oregon 97227  
b. Apartment or room number: mgr. #8  
c. Number of bedrooms: 2

d. Monthly rental: \$ 75.00  
e. Date you moved out of this dwelling: 1-20-72  
Month-Day-Year

**3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)**

a. Address (include ZIP Code): 6643 S. E. Woodstock, Portland, Oregon 97206  
b. Apartment or room number: ---  
c. Number of bedrooms: 2

d. Monthly rental: \$ 130.00  
e. Date you moved into this dwelling: 2-20-72  
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.

3/14/72

Date

*Charles W. Thomas*

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)
	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$ <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.)

**WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING  
PAYMENT FOR TENANTS AND CERTAIN OTHERS**

NAME AND ADDRESS OF CLAIMANT:

Charles Thomas  
J. W. Russell

COMPUTATION PREPARED BY:

Wally Jones  
Name  
3-6-72  
Date

**C. COMPUTATION OF RENTAL ASSISTANCE PAYMENT FOR CLAIMANT MOVED TO RENTAL UNIT**

Required Information

1. Monthly gross rental for comparable unit \$ 128.35  
 (cost based on:  Schedule  
                            Comparative  
                            Other)
2. Base monthly rental for claimant's former dwelling, or  
 25% of adjusted monthly income, whichever is less. \$ 28.60  
*income on back side*

Computation

3. Line 1 minus Line 2, multiplied by 48
- |        |                  |  |                   |
|--------|------------------|--|-------------------|
| Line 1 | \$ <u>128.35</u> |  |                   |
| Line 2 | \$ <u>28.60</u>  |  |                   |
|        | \$ <u>99.75</u>  |  |                   |
|        | X <u>48</u>      |  | \$ <u>4788.00</u> |
4. Base amount (if amount on Line 3 is \$4,000 or more,  
 enter \$4,000. If amount on Line 3 is less than  
 \$4,000, enter amount on Line 3.) \$ 4000.00
5. Minus adjustments (Attach full explanation) - \$
6. Amount of rental assistance payment  
 (Line 4 minus Line 5) \$ 4000.00
7. Annual Payment \$ 1000.00

(Enter this amount in the space provided in Block 3 on  
 page one of Replacement Housing Payment for Tenants  
 and Certain Others)

NOTE: If the amount on Line 6 is less than \$500, a lump-sum payment is to be  
 made. If the amount on Line 6 is more than \$500, divide the payment by 4.  
 The resultant amount is the total of each of four annual payments to be  
 made; enter on Line 7.

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

NAME OF CLAIMANT THOMAS, Charles

Parcel No. RS-4-9

NAME OF LOCAL AGENCY PDC

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

Tenant's initial date of rental: 1957

Date of Acquisition: 7-22-71

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: 1957

Date of Initiation of Negotiations: 5-27-71

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 \$ 4,000.00 is authorized.

3-14-72

Date

*[Handwritten 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 <u>\$1,000.00</u>	<u>3-15-72</u>	<u>337 EH</u>	<u>\$ 1000.00</u>
2nd Year	<u>3-7-73</u>	<u>706 EH</u>	<u>\$ 1000.00</u>
3rd Year	<u>3-27-74</u>	<u>911 EH</u>	<u>\$ 1000.00</u>
4th Year	<u>3-5-72</u>	<u>1021 EH</u>	<u>\$ 1000.00</u>
b. Claimant moved to unit he purchased			\$ _____
c. Homeowner temporarily displaced			\$ _____

WORKSHEET FOR ALL TCO CLAIMS

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

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

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

1. Full name of claimant: Charles Thomas  Family  Individual
2. Dwelling unit from which you moved: Parcel No. \_\_\_\_\_  
 a. Address 2 N Russell c. Number of bedrooms 2  
Apt #2 d. Monthly rental \$ 75.00  
 b. Apartment or room number 2 e. Date displaced 1-20-72
3. Dwelling unit to which you moved (RENTAL)  
 a. Address 6643 S.E c. Number of bedrooms 2  
Woodstock d. Monthly rental \$ 130.00  
 b. Apartment or room number \_\_\_\_\_ e. Date moved in 2-20-72
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 1957  
 Date of acquisition 7-22-71  
 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 1957  
 Date of initiation of negotiations \_\_\_\_\_
3. Is replacement housing standard?  Yes  No  
 If previously substandard, date found standard \_\_\_\_\_
4. Certification:  
 (Amount of this claim \$ \_\_\_\_\_)

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE  
EMANUEL HOSPITAL PROJECT  
235 N. MONROE ST.  
PORTLAND, OREGON 97227  
PHONE 288-8189

Social Security Administration  
1221 S. W. 12th Avenue  
Portland, Oregon 97201

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an urban renewal area and, in order to determine my eligibility for further compensation, would like you to give them the amount of my monthly social security benefits and verify my birthdate.

My social security number is: [REDACTED]

My birth date is: Sep 22, 1895

My place of birth is: St. Paul, Minn.

This will authorize you to give the Development Commission the information requested below. Please return one copy of the completed form directly to the Commission in the envelope provided.

Thank you.

Sincerely,

Charles W. Thomas.

(name)

711 Russell.

(address)

2/4/72

(date)

TO: Portland Development Commission

The records of this office indicate that Charles W. Thomas is entitled to receive monthly benefits in the amount of \$ 90.60; and that adequate documentation has been provided to verify this person's birth date as stated above, or, if different from the date above, as \_\_\_\_\_

SOCIAL SECURITY ADMINISTRATION

by B. L. Lyday

CONFIDENTIAL

**PORTLAND DEVELOPMENT COMMISSION**

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

Social Security Administration  
1221 S. W. 12th Avenue  
Portland, Oregon 97201

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an urban renewal area and, in order to determine my eligibility for further compensation, would like you to give them the amount of my monthly social security benefits and verify my birthdate.

My social security number is: [REDACTED]

My birth date is: July 2, 1906

My place of birth is: Spartanburg, S. Carolina

This will authorize you to give the Development Commission the information requested below. Please return one copy of the completed form directly to the Commission in the envelope provided.

Thank you.

Sincerely,

Ala O Thomas  
(name)  
7 N. Russell  
(address)

2/4/72  
(date)

TO: Portland Development Commission

The records of this office indicate that Ala O. Thomas is entitled to receive monthly benefits in the amount of \$ 36.50; 30.90 and that adequate documentation has been provided to verify this person's birth date as stated above, or, if different from the date above, as \_\_\_\_\_

SOCIAL SECURITY ADMINISTRATION  
by B. L. Lyday

CONFIDENTIAL



CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

March 2, 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. Chegwiddden, Chief

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

Attn: Jim Crolley

Gentlemen:

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

Our inspector reports the structure is in standard condition and complies with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden  
Chief Housing Inspector

JHM:mfn  
cc: Joe Foggia  
6643 S.E. Woodstock Blvd.

*Charlie Thomas*  
Re: 6643 S.E. Woodstock Boulevard

INSPECTED BY Hershey DATE \_\_\_\_\_ MET \_\_\_\_\_ NOT MET \_\_\_\_\_  
 NAME Charles W. Thomas PHONE 761-3479  
 ADDRESS 2250 S.E. 141st Ave  
 HOUSE  DUPLEX \_\_\_\_\_ APT \_\_\_\_\_ SR \_\_\_\_\_ HK \_\_\_\_\_  
 NO. OF ROOMS 4 COMP FURN \_\_\_\_\_ PART FURN \_\_\_\_\_ UNFURN   
 NO. OF ROOMS ACCESSIBLE BY STAIRS \_\_\_\_\_ BY ELEVATOR \_\_\_\_\_  
 MANAGER \_\_\_\_\_ OWNER \_\_\_\_\_  
 RENT \_\_\_\_\_, INCL HEAT \_\_\_\_\_ WATER \_\_\_\_\_ GAS \_\_\_\_\_ GAR \_\_\_\_\_ ELEC \_\_\_\_\_  
 NO. BRS. 2 SIZE #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

DWELLING UNIT INSPECTION SHEET, PDC R-6, 9/68

GENERAL REQUIREMENTS:

- |  |    |
|--|----|
| 1. House must be weatherproof (29.24.020)  | OK |
| 2. Floors, porches, walls, ceilings and stairs must be in sound and good repair. (29.28.010)   | OK |
| 3. Doors and hatchways must be in good repair. (29.28.010 (13))  | OK |
| 4. Multiple dwellings with more than 50 occupants must have two means of exit. (24.66.020(c))  | NA |
| 5. Exits must have direct access to outside or public corridor. (24.66.030 (G) )   | NA |
| 6. Hallways must be lighted adequately --- at least 2' candle power. (29.20.040(d) )   | NA |
| 7. Hallway ventilation must be by windows, doors, outside skylights, ventilation ducts, or mechanical ventilation 5x/hr. (29.20.040(d) ) | NA |
| 8. Premises must be free of vermin, rodents, filth, debris, garbage. (29.28.010 - 29.28.020)   | OK |
| 9. Heating equipment must be able to maintain 70° at 3' above floor. (29.24.030)   | OK |
| 10. There may be no unvented or open flame gas heaters. (29.24.030)  | OK |

	MET	NOT MET
11. Habitable rooms must have window area of 12 sq. ft. or 1/8 of floor area. (29.20.040 (a) )	01	
12. Every habitable room must have openable area of not less than 1/2 the required glass area OR mechanical ventilation changing air, 4x/hr. (29.20.040)	01	
13. Dwelling unit must have at least two habitable rooms, one of which is at least 150 sq. ft. cf. "Efficiency units" (29.20.030)	01	
14. Electrical equipment, wiring and appliances must be installed and maintained in a safe manner, with two outlets or one light fixture and one outlet per room. (29.24.040)	01	
15. Water must be heated to not less than 120°F. (29.08.260)	01	
16. Ceiling height in hotels and apartments must be 8'; in dwelling and service rooms 7½'. (29.20.030)	NA	
17. Habitable rooms must have width of 7' in any dimension; water closets 30" in width and at least 2½' in front of the water closet. (29.20.030(c) )	01	

EFFICIENCY UNITS:

18. Foyer must open from public area. (29.20.030(b)(2)		
19. There must be 220 sq. ft., plus 100 sq. ft. for each person in excess of two. (29.20.030(b)(1)		
20. A kitchenette must be 3x5 or more with doors and fan or window. (29.20.030(b)(4)		
21. A dressing closet must have adequate circulation and storage. (29.20.030(b)(3)		
22. There must be a separate bathroom accessible from foyer or dressing closet only. (29.20.030(b)(5)		

LIVING AREA:

23. There must be two rooms, one of which must be at least 150 sq. ft. (29.20.030)		
24. Rooms for cooking and living, or for living and sleeping, must have at least 150 sq. ft. (29.20.030(b)		

BEDROOMS:

25. Bedrooms must be at least 90 sq. ft. (29.20.030(b)	01	
--	----	--

	MET	NOT MET
26. There must be 50 sq. ft. additional for each occupant in excess of two. (29.20.030(b)) No. Brs. <u>2</u> Size: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____		

KITCHEN:

27. Plumbing fixtures, including sink, must be of nonabsorbent material with hot and cold running water, properly installed, and in good working condition. (29.20.050(d))	OK	
28. A kitchen must have not less than 35 sq. ft. (29.20.030)	OK	

BATHROOM:

29. Bathrooms must have at least one electric light fixture. (29.24.040)	OK	
30. Bathrooms must not open directly off the kitchen. (29.20.050(f))	OK	
31. Bathrooms and toilet rooms must afford privacy. (29.20.050(g))	OK	
32. Dwelling unit must contain at least one bathroom with sink, toilet, wash basin, tub or shower properly connected to both hot and cold water lines with air change once every 5 minutes. (29.20.050)	OK	
33. In buildings with sleeping rooms there must be toilet facilities or one toilet, lavatory, tub or shower for every 10 of each sex, accessible from a public hall. (29.20.050(b))	NA	
34. Plumbing fixtures must be of nonabsorbent material, properly installed, and in good working condition. (29.20.050)	OK	
35. Water closet compartments must be of approved nonabsorbent material. (29.20.050(e))	OK	

BASEMENT:

36. Basement areas more than 50% below grade cannot be used for habitation. (29.20.040 & 29.08 "Definitions")		
37. Basement areas must be dry and well drained. (29.20.040)		

SPACE REQUIREMENTS FOR STANDARD HOUSING

1. Opposite sex children may not share a bedroom with a child over six (6) years of age.		
2. Husband and wife should not share a bedroom with a child over three (3) years of age.		

3. \* Chart of bedrooms needed:

By Bedroom			By Number of Persons		
<u>No. of Bdrms.</u>	<u>No. of Persons:</u>		<u>No. of Persons:</u>	<u>No. of Bdrms:</u>	
	<u>Min.</u>	<u>Max.</u>		<u>Min.</u>	<u>Max.</u>
0	1	2	1	1	1
1	1	3	2	1	2
2	2	4	3	1	2
3	4	6	4	2	3
4	6	8	5	3	3
5	8	10	6	3	4
			7	4	4
			8	4	5
			9	5	5
			10	5	6

\* Indicates exceptions regarding efficiency units.

COMMENTS:

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 911 EH

DATE March 27, 1974

PAY TO **Charles W. Thomas**

\$ **1,000.00**

**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
		Reimbursement per Claim for RHP for Tenants filed. Move from 7 N. Russell (RS-4-9).  Total approved <span style="float: right;">\$4,000.00</span> 3rd annual payment <span style="float: right;">\$1,000.00</span>  <i>Charles W Thomas</i> <i>Recd 3-28-74</i>	

**Account Distribution**

NO. \_\_\_\_\_ TITLE \_\_\_\_\_ AMOUNT \_\_\_\_\_

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: RS-4-9

PAYABLE TO: Charles W. Thomas

For: RHP for Homeowners . . . . .	\$	_____
Incidental Expenses for Homeowners or Tenants . . . . .	\$	_____
<input checked="" type="checkbox"/> RHP - Tenants & Certain Others - Rental: Total approved \$4000.00 Annual amount	\$	<u>1,000</u>
RHP - Tenants & Certain Others - Downpayment . . . . .	\$	_____
Settlement Costs (on acquisition by LPA only) . . . . .	\$	_____
Interest Expense . . . . .	\$	_____
Fixed Moving Payment . . . . .	\$	_____
Dislocation Allowance . . . . .	\$	_____
Actual Moving Costs . . . . .	\$	_____
Storage Costs . . . . .	\$	_____
Business: Moving Expenses . . . . .	\$	_____
Business: In Lieu Payment . . . . .	\$	_____
Business: Storage Costs . . . . .	\$	_____
Business: Loss of Property . . . . .	\$	_____
Business: Searching Expenses . . . . .	\$	_____

Name of Client Charles W. Thomas Less - \$ \_\_\_\_\_ \*

Move from 7 N. Russell, Apt #8 Total \$ 1,000

Accounting: Indicate symbol and Accounting No.  
 Relocation Payment; 6600 EGO 901 Project Cost \*( 1,000.00 )  
3RD ANNUAL AD BJ

OK VNR

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley (Relocation Advisor) DATE February 26, 1974

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Charles W. Thomas (Emanuel) 11711A S.E. Harold  
(Displacee) (Address)

No. 3rd \$ 1,000 March 1974  
(annual payment) (amount) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 2250 S.E. 141<sup>st</sup> Ave 97233<sup>33</sup>

Date Inspected: 3-5-74 Condition:  Standard  Substandard

If substandard: (1) Date reinspected and found standard \_\_\_\_\_

or (2) Displacee notified of ineligibility:  yes  no

Comments: Outside city limits - I inspected house.

SIGNED: Charles W. Thomas (Displacee) SIGNED: Jim Crolley (Relocation Advisor)

DATE: 3-6-74 DATE: 3-6-74

TO: Bob Douglas DATE: 3-6-74

FROM: Relocation - Emanuel

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Charles W. Thomas

PROJECT: Emanuel

FOR: TACO

AMOUNT: \_\_\_\_\_

*WJ*

SIGNED: [Signature]



INSPECTED BY <u>James Lavalley</u>	DATE <u>3-1-73</u>	MET	NOT MET
NAME <u>Charlie Thomas</u>	PHONE <u>761-3479</u>		
ADDRESS <u>11711A S.E. HAROLD</u>			
HOUSE <input checked="" type="checkbox"/> DUPLEX <input type="checkbox"/> APT <input type="checkbox"/> SR <input type="checkbox"/> HK <input type="checkbox"/>			
NO. OF ROOMS <u>4</u> COMP FURN <input checked="" type="checkbox"/> PART FURN <input type="checkbox"/> UNFURN <input type="checkbox"/>			
NO. OF ROOMS ACCESSIBLE BY STAIRS <u>—</u> BY ELEVATOR <u>—</u>			
MANAGER <u>11711-</u> OWNER <u>George W. Shidden</u>			
RENT <u>85.00</u> , INCL HEAT <input type="checkbox"/> WATER <input checked="" type="checkbox"/> GAS <input type="checkbox"/> GAR <input checked="" type="checkbox"/> ELEC <input type="checkbox"/>			
NO. BRS. <u>—</u> SIZE #1 <u>—</u> #2 <u>—</u> #3 <u>—</u> #4 <u>—</u>			

DWELLING UNIT INSPECTION SHEET, PDC R-6, 9/68

GENERAL REQUIREMENTS:

- |   |   |   |
|---|---|---|
| 1. House must be weatherproof (8-601.6)   | ✓ |   |
| 2. Floors, porches, walls, ceilings and stairs must be in sound and good repair. (8-1001a)  | ✓ |   |
| 3. Doors and hatchways must be in good repair. (18-816)   | ✓ |   |
| 4. Multiple dwellings with more than 50 occupants must have two means of exit. (7.3302c)  |   | — |
| 5. Exits must have direct access to outside or public corridor. (7-3303g)   | — |   |
| 6. Hallways must be lighted adequately --- at least 2' candle power. (8-504d)   | — |   |
| 7. Hallway ventilation must be by windows, doors, outside skylights, ventilation ducts, or mechanical ventilation 5x/hr. (8-504d) | — |   |
| 8. Premises must be free of vermin, rodents, filth, debris, garbage. (8-1001a)  | ✓ |   |
| 9. Heating equipment must be able to maintain 70° at 3' above floor. (8-701a) <u>Gas circulator heater</u>                        | ✓ |   |
| 10. There may be no unvented or open flame gas heaters. (8-701a)  | — |   |

	MET	NOT MET
11. Habitable rooms must have window area of 12 sq. ft. or 1/8 of floor area. (8-504a)	✓	
12. Every Habitable room must have openable area of 6 sq. ft. or 1/16 of floor area OR mechanical ventilation changing air, 4x/hr. (8-504e)	✓	
13. Dwelling unit must have at least 220 sq. ft. (8-503b)	✓	
14. Electrical equipment, wiring and appliances must be installed and maintained in a safe manner, with two outlets or one light fixture and one outlet per room. (8-701b)	✓	
15. Water must be heated to not less than 120°F. (8-401y)	✓	
16. Ceiling height in hotels and apartments must be 8'; in dwelling and service rooms 7½'. (8-503a)	✓	
17. Habitable rooms must have width of 7' in any dimension; water closets 30" in width and at least 2½' in front of the water closet. (8-503c)	✓	
<b>EFFICIENCY UNITS:</b>		
18. Foyer must open from public area. (8-503b.2)		
19. There must be 220 sq. ', plus 100 sq. ' for each person in excess of two. (8-503b.5)		
20. A kitchenette must be 3x5 or more with doors and fan or window. (8-503b.4)		
21. A dressing closet must afford privacy with adequate circulation and storage. (8-503b.3)		
22. There must be a separate bathroom accessible from foyer or dressing closet only. (8-503b.5)		
<b>LIVING AREA:</b>		
23. There must be two rooms, one of which must be at least 150 sq. '. (8-503b)*	✓	
24. Rooms for cooking and living, or for living and sleeping, must have at least 150 sq. '. (8-503b)*	✓	
<b>BEDROOMS:</b>		
25. Bedrooms must be at least 90 sq. '. (8-503b)*	X	

	MET	NOT MET
26. There must be 50 sq. ' additional for each occupant in excess of two. (8-503b)* No. Brs. <u>1</u> Size: #1 <u>Sm</u> #2 <u>    </u> #3 <u>    </u> #4 <u>    </u> #5 <u>    </u>		
<b>KITCHEN:</b>		
27. Plumbing fixtures, including sink, must be of nonabsorbent material with hot and cold running water, properly installed, and in good working condition. (8-505d,c)	✓	
28. A kitchen must have not less than 35 sq. '. (8-503b)	✓	
<b>BATHROOM:</b>		
29. Bathrooms must have at least one electric light fixture. (8-701b)	X	
30. Bathrooms must not open directly off the kitchen. (8-505f)	X	
31. Bathrooms and toilet rooms must afford privacy. (8-505g)	X	
32. Dwelling unit must contain at least one bathroom with sink, toilet wash basin, tub or shower properly connected to both hot and cold waterlines with air change once every 5 minutes (8-505a) OR	X	
33. In buildings with sleeping rooms there must be toilet facilities or one toilet, lavatory, tub or shower for every 10 of each sex, accessible from a public hall.	40	
34. Plumbing fixtures must be of nonabsorbent material, properly installed, and in good working condition. (8-505d,c)	✓	
35. Water closet compartments must be of approved nonabsorbent material (8-505e)	✓	
<b>BASEMENT:</b>		
36. Basement areas more than 50% below grade cannot be used for habitation. (8-401,L) & (8-504a)	20	
37. Basement areas must be dry and well drained.	40	
<b>SPACE REQUIREMENTS FOR STANDARD HOUSING</b>		
1. Opposite sex children may not share a bedroom with a child over six (6) years of age.	20	
2. Husband and wife should not share a bedroom with a child over three (3) years of age.	20	

3.\* Chart of bedrooms needed:

By Bedroom			By Number of Persons		
<u>No. of Bdrms.</u>	No. of Persons:		<u>No. of Persons:</u>	No. of Bdrms:	
	<u>Min.</u>	<u>Max.</u>		<u>Min.</u>	<u>Max.</u>
0	1	2	1	1	1
1	1	3	2	1	2
2	2	4	3	1	2
3	4	6	4	2	3
4	6	8	5	3	3
5	8	10	6	3	4
			7	4	4
			8	4	5
			9	5	5
			10	5	6

\* Indicates exceptions regarding efficiency units.

COMMENTS:

CLAIMANT'S REPORT OF SELF-INSPECTION  
OF REPLACEMENT DWELLING

NAME OF CLAIMANT:

*Charlie Thomas*

PRESENT ADDRESS:

*11711 A S.E. HAROLD*

NAME AND NUMBER OF PROJECT FROM  
WHICH CLAIMANT WAS DISPLACED:

DATE DISPLACED: *3-15-72*

Parcel No. \_\_\_\_\_

INSTRUCTIONS: Fill in your name and address above. Complete Block A if you are occupying a housekeeping unit. Complete Block B if you are occupying a nonhousekeeping unit. Sign certification in Block C. Consult local agency if you have any questions regarding this form.

A. CLAIMANT OCCUPYING HOUSEKEEPING UNIT

1. Claimant is (check one):

a. 2 Member of a family living together, or one of two or more individuals living together. If individuals, how many occupy the unit? \_\_\_\_\_

b. \_\_\_\_\_ Individual living alone

2. If you checked Item 1 a. above, complete the following:

a. Number of rooms in dwelling unit (excluding bathroom): 5

b. Number of bedrooms: 1

c. If you are a member of a family living together:

(1) Number of persons in family: 2

(2) Number of adults: Male 1 Female 1

(3) Number of minors: Male \_\_\_\_\_ Female \_\_\_\_\_

3. Answer the following questions by checking either "Yes" or "No":

a. Is the building in good condition and repair?  Yes \_\_\_\_\_ No

b. Does the unit have a private bath and toilet for your exclusive use?

Yes \_\_\_\_\_ No

c. Does the unit have a kitchen with a sink and stove for your exclusive use?

Yes \_\_\_\_\_ No

d. Are the kitchen and bath provided with hot and cold running water?

Yes \_\_\_\_\_ No

e. Does the unit have electricity?  Yes \_\_\_\_\_ No

f. Does the unit have facilities for adequate heating?  Yes \_\_\_\_\_ No

If the answer to any of the above items is "No", enter explanation in Block D.

(form continued on next page)

B. CLAIMANT OCCUPYING NONHOUSEKEEPING UNIT

Answer the following questions by checking either "Yes" or "No":

1. Is the building in good condition and repair?  Yes  No
2. Is electricity provided?  Yes  No
3. Is heat provided?  Yes  No
4. Are ventilation and light adequate?  Yes  No
5. Are the bathroom facilities reasonably accessible and complete?  Yes  No

If the answer to any of the above questions is "No", enter an explanation in Block D.

- C. I submit this information in support of a claim for a Replacement Housing Payment under P.L. 91-646, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 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, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

\_\_\_\_\_

Date

*Charles W Thomas*  
Signature

- D. COMMENTS (Identify item from Block A or Block B:)

(Blocks E and F for Local Agency Use Only)

- E. TO BE COMPLETED IF THE DWELLING WAS INSPECTED BY THE LOCAL AGENCY:

1. Date unit was last inspected: \_\_\_\_\_  
Month-Day-Year
2. Condition of structure (check one):  Standard  Substandard
3. If unit is substandard, has the local agency notified the claimant?  Yes  No
4. Has the local code enforcement agency been notified of the deficiencies?  
 Yes  No
5. Has the local agency provided relocation assistance to aid the family or individual to relocate to standard housing?  Yes  No (Explain actions taken by local agency in Block F.)

- F. COMMENTS BY LOCAL AGENCY:

Approved by:

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 706 EH

DATE March 7, 1973

PAY TO **Charles W. Thomas**

**\$1,000.00**

**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
		Reimbursement per Claim for RHP for Tenants filed. Move from 7 N. Russell (Parcel RS-4-9).  Total approved <span style="float: right;">\$4,000.00</span> 2nd Annual Payment <span style="float: right;"><u>\$1,000.00</u></span>  <i>X Charles W Thomas</i>	

**Account Distribution**

PROJECT: Emanuel

PARCEL: RS-4-9

PAYABLE TO: Charles W. Thomas

For: <input type="checkbox"/>	RHP for Homeowners . . . . .	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants. . . . .	\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$4000.; Annual amount \$1000.00	\$	1000.00
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment . . . . .	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only). . . . .	\$	_____
<input type="checkbox"/>	Interest Expense . . . . .	\$	_____
<input type="checkbox"/>	Fixed Moving Payment . . . . .	\$	_____
<input type="checkbox"/>	Dislocation Allowance. . . . .	\$	_____
<input type="checkbox"/>	Actual Moving Costs. . . . .	\$	_____
<input type="checkbox"/>	Storage Costs. . . . .	\$	_____
<input type="checkbox"/>	Business: Moving Expenses. . . . .	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment. . . . .	\$	_____
<input type="checkbox"/>	Business: Storage Costs. . . . .	\$	_____
<input type="checkbox"/>	Business: Loss of Property . . . . .	\$	_____
<input type="checkbox"/>	Business: Searching Expenses . . . . .	\$	_____

Name of Client Charles W. Thomas

Less - \$ \_\_\_\_\_\*

Move from 7 N. Russell, apt #8

Total \$ 1000.00

Accounting: Indicate symbol and Accounting No.  
X Relocation Payment; \_\_\_\_\_ Project Cost \*( \_\_\_\_\_ )

2nd Annual TACO



NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Croalley DATE February 26, 1973  
(Relocation Advisor)

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Charles W. Thomas 6643 S. E. Woodstock  
(Displacee) (Address)

No. 2nd \$1,000.00 3/15/73  
(annual payment) (amount) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 11711A S.E. HAROLD

Date Inspected: 3-1-73 Condition:  Standard  Substandard

If substandard: (1) Date reinspected and found standard \_\_\_\_\_

or (2) Displacee notified of ineligibility:  yes  no

Comments: outside City Limits - I inspected house

SIGNED: Charles W. Thomas SIGNED: James C. Croalley  
(Displacee) (Relocation Advisor)

DATE: 3-1-73 DATE: 3-1-73

TO: Bob Douglas DATE: 3-2-73

FROM: B.C. Webb

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Charlie W. Thomas

PROJECT: Emanuel

FOR: Relocation TACO

AMOUNT: 1000.00

SIGNED: James C. Croalley  
B.C.W.

**PORTLAND DEVELOPMENT COMMISSION**  
 1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

Nº **337 EH**

DATE March 15, 19 72

PAY TO **Charles W. & Ola O. Thomas**

**\$1,000.00**

**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
		Reimbursement for relocation per claim filed from 7 N Russell (R-4-9) to 6643 SE Woodstock... 1st of annual payment on \$4,000.00 rental assistance	\$1,000.00

**Account Distribution**

NO.	TITLE	AMOUNT
E1501/01	Relo Payment Replacement Housing - Rental Assist. Family	EH \$1,000.00

*3-17-72*

*Ala O Thomas*

*mwa*

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

**Nº 29841 G**

DATE March 31, 1972

PAY TO THE  
ORDER OF

**Charles W. Thomas**

**\$35.00**

**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 for storage costs paid to Norma Barnes, per Claim for Relocation Payment filed. Move from 7 North Russell (RS-4-9) to storage at 2035 S. E. Belmont.	\$35.00

**Account Distribution**

NO	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Moving - Family)	\$35.00

*Charles Thomas*

*4-07-72*

*AC*

*BD*

April 5, 1972

SWARTZ Fine Moving and Storage  
2335 North Randolph  
Portland, Oregon 97227

Gentlemen:

Enclosed is our check, number 2000-8, in the sum of \$32.13,  
which represents balance of your account for the month of  
for the name of Charles Thomas Y. [unclear] account to  
6643 S. E. [unclear]

Very truly yours,

E. L. [unclear]

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

**Nº 29843 G**

DATE March 31, 1972

PAY TO THE  
ORDER OF

**Swartz Fine Moving and Storage**

**\$333.13**

**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
	4688 & 4690	Move household goods for Charles W. Thomas family (Parcel RS-4-9) from storage, 2035 S.E. Belmont, to 6643 S.E. Woodstock. For claim for Relocation Payment filed.	\$333.13

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (Moving - Family) (EH)	\$333.13

*AC*

*BD*

April 5, 1972

General Moving and Storage  
2936 N. E. 12th Avenue  
Portland, Oregon 97212

Gentlemen:

Enclosed is our check number 22942 \$, in the sum of \$361.80,  
which represents payment of your invoice number 2749 for the  
cost of the furnishing of Charles Jones from 7 North Russell  
to 2936 N. E. 12th Avenue.

Very truly yours,

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

Nº 29842 G

DATE March 31, 1972

PAY TO THE  
ORDER OF

**Stroud Moving and Storage**

\$ 361.80

DOLLARS

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

**NON-NEGOTIABLE**

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
	3749	Move household furnishings for Charles W. Thomas family. Move from 7 N. Russell (RS-4-9) to storage at 2035 S.E. Belmont. For Claim for Relocation Payment filed.	\$361.80

**Account Distribution**

NO	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Moving - Family)	\$361.80

AC

BJ





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

- a. I have paid the moving charges, as evidenced by the attached itemized or paid bill from the mover, and/or other contractors, and I therefore request reimbursement.
- b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, and/or other contractors, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.
- c. I hereby request and authorize that the moving charges, to be incurred by me, be paid directly to the mover and/or other contractors, in accordance with the arrangements made at this time, and with my consent, between the local agency and/or other contractors.

March 3, 1972

Date

Charles W. Thomas  
Signature of Claimant

10. AMOUNT OF ACTUAL COSTS

- a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.) \$ 694.93
- b. COST OF INSURANCE COVERING MOVE AND/OR STORAGE (Must be supported by invoice, receipt, or similar evidence of payment.) \$ \_\_\_\_\_
- c. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.) \$ 35.00

11. 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.

March 3, 1972

Date

Charles W. Thomas  
Signature of Claimant

STATEMENT OF CLAIM FOR STORAGE COSTS

NAME, ADDRESS, AND ZIP CODE OF STORAGE COMPANY:

---

A. TYPE OF CLAIM

1. Check one:  Initial claim  Supplementary claim

2. Check if applicable:  Final claim

---

B. STORAGE PERIOD

1. Total period: 1 months Check one:  Actual  Estimated

2. Date property moved to storage: January 20th, 1972

3. Date property moved from storage: February 20th, 1972

---

C. STORAGE COSTS

	AMOUNT	FOR LOCAL AGENCY USE
1. Monthly rate	\$ <u>(35.00)</u>	AMOUNT APPROVED \$ _____
2. Total costs actually incurred	\$ <u>35.00</u>	\$ _____
3. Amount previously received	\$ _____	\$ _____
4. Amount claimed herewith (Line 2 minus Line 3)	\$ <u>35.00</u>	\$ <u>35.00</u>

---

D. DESCRIPTION OF PROPERTY STORED (List each major item separately. If this is a supplementary claim for storage costs and there has been no change in the number of items stored, reference may be made to description previously submitted. Attach additional sheets as necessary.)

(see attached inventory)

E. METHOD OF PAYMENT (Check one)

I have paid the storage charges, as evidenced by the attached itemized receipt or paid bill, and I therefore request reimbursement.

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

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

---

NAME AND ADDRESS OF CLAIMANT:

Charles W. Thomas  
6643 S. E. Woodstock  
Portland, Oregon 97206

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 \$ _____			
2. Dislocation allowance \$ _____			
3. Total \$ _____	_____	_____	_____
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	729.93	<i>[Signature]</i>	3/31/72

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
3/31/72	298416	\$ 35.00			\$
3/31/72	298426	361.80			
3/31/72	298436	333.13			

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Charlie Thomas Project \_\_\_\_\_  
 2. Date(s) of move 1-16-72 Parcel No. RS-49  
 3. Dwelling unit from which you moved:  
 Address 7 N. Russell No. of rooms 4  
 \_\_\_\_\_ Furnished \_\_\_\_\_ Unfurnished Date you moved into this unit 1957  
 4. Dwelling unit to which you moved:  
 Address 6643 S.E. Woodstock St  
 Were goods moved to or from storage?  Yes \_\_\_\_\_ No

5. Total claim \$ \_\_\_\_\_  
 -----  
 FIXED PAYMENT: \$200 + \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 -----

ACTUAL MOVING COSTS

6. Name of moving company (or person) Swarty Storage Moving & Storage  
 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) \$ 694.93  
 b. Cost of insurance (attach invoice) \$ \_\_\_\_\_  
 c. Storage cost (attach receipt or voucher) \$ 35.00

361.20  
 333.13  
 694.93

STORAGE COSTS

- Name, address and ZIP code of storage company \_\_\_\_\_  
 A. Type of claim \_\_\_\_\_ initial \_\_\_\_\_ supplementary  final  
 B. Storage period  
 1. Total period: 1 months. Check one:  Actual \_\_\_\_\_ Estimated  
 2. Date property moved to storage: 1-20-72  
 3. Date property moved from storage: 2-20-72  
 C. Storage Costs  

1. Monthly rate	\$ _____	Approved \$ _____
2. Total costs actually incurred	\$ <u>35.00</u>	\$ _____
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)

1-20-72

Due from  
Charles Thomas  
and Portland  
Developments  
Com. \$35.00 dollars  
for storage of  
property, from  
1-20-72 - 2-20-72

Norma Barnes  
2035 S.E. Belmont

Paid in full  
2-29-72

**Swartz**  
"of course"

STATEMENT

**FINE MOVING AND STORAGE**

2336 NORTH RANDOLPH AVE. ★ PHONE 288-6565

PORTLAND, OREGON 97227 February 16, 1972

Charles Thomas  
6643 S.E. Woodstock St  
Portland, Oregon

4688 & 4690

BY ORDER OF THE INTERSTATE COMMERCE COMMISSION ALL INVOICES MUST BE PAID WITHIN SEVEN (7) DAYS FROM DATE OF THE INVOICE.

Moving household goods from 7 N.E. Russell Street ~~to~~ <sup>5043</sup> S.E. Belmont St to 6643 S. E. Woodstock St.

2/11/72	Van & 2 Men - 8 Hours @ \$ 26.65 per hour	\$ 213 20
2/14/72	Van & 2 Men - 4½ Hours 26.65 per hour	119 93
		\$ 333 13

AGENT FOR



UNITED VAN LINES

# STROUD MOVING & STORAGE

EXPERT PIANO MOVING

2936 N. E. 12th Avenue

Portland, Oregon 97212

Phone: 287-5687

Invoice No 3749

Benefactor Portland Development Commission

Address 235 N. Monroe

Portland, Ore.

Date	Services Performed	Charge
1-21-72	Moving: Furnishings Equipment & miscellaneous merchandise From: Charles Thomas Apt. Bldg., 7-N. Russell To: 2035 S.E. Belmont 2-men to Van - 3-hours @ 23 <sup>40</sup> per hour 3-men to Van - 9-hours @ 32 <sup>40</sup> per hour 120	70 20 291 60

Signed

Kelley D. Stroud

DRIVER Owner

Total Amount This Invoice \$

361 80

We are deeply grateful to you, our benefactor, for helping us to remain in business for these many years.



LOG SHEET  
Relocation Move

Claimant: \_\_\_\_\_  
Pickup Address: \_\_\_\_\_  
Delivery Address: \_\_\_\_\_  
Date: \_\_\_\_\_

Carrier: \_\_\_\_\_  
Type of equipment & number of men: \_\_\_\_\_

Scheduled Time: \_\_\_\_\_  
Arrival Time: \_\_\_\_\_, Departure Time: \_\_\_\_\_

Additional pickups or deliveries: \_\_\_\_\_  
Arrival Time: \_\_\_\_\_, Departure Time: \_\_\_\_\_  
Address: \_\_\_\_\_

Arrival Time: \_\_\_\_\_, Departure Time: \_\_\_\_\_  
Address: \_\_\_\_\_

Delivery Address: \_\_\_\_\_  
Arrival Time: \_\_\_\_\_, Departure Time: \_\_\_\_\_

(Signed) \_\_\_\_\_  
Worker

Charlie Thomas  
7 N. Russell

Dwelling Unit Inventory

<u>QUANTITY</u>	
<u>2</u>	Beds & Springs
<u>5</u>	Bedroom Chair
<u>1</u>	Breakfast Table
<u>6</u>	Breakfast Table Chairs
	Bridge Lamp & Shade
<u>1</u>	Buffet
<u>3</u>	Chest of Drawers
<u>1</u>	Coffee Table
	Couch
	Davenport
<u>1</u>	Desk
	Dining Table
	Dining Chairs
<u>2</u>	Dresser
<u>1</u>	End Table
	Floor Lamp & Shade
<u>3</u>	Mirror

<u>QUANTITY</u>	
<u>1</u>	Night Stand
	Occasional Chair
<u>2</u>	Overstuffed Chair
	Overstuffed Rocker
<u>1</u>	Range
<u>2</u>	Refrigerator: Brand _____
	Rocker
<u>2</u>	Rug & Pad: Size <u>12 x 15</u> <u>9 x 12</u>
<u>1</u>	Stool
<u>2</u>	Table Lamp & Shade
<u>4</u>	Table, small
<u>1</u>	Vanity & Bench
<u>5</u>	Suitcases
<u>3</u>	Trunks
<u>50</u>	Cartons, Boxes, Etc.
<u>2</u>	Clothes
<u>6</u>	Bedding & Linens

Miscellaneous (List Items)

<u>2</u>	Freezer
<u>3</u>	T.V. & Stand
<u>1</u>	Gas Heater
<u>1</u>	Washer
<u>1</u>	Dryer
<u>2</u>	Vacuum

<u>1</u>	Lawnmower
<u>1</u>	Bicycle
<u>1</u>	Bird Cage + bird
<u>1</u>	Bookcase
<u>2</u>	Record players
<u>1</u>	Sewing machine

COMMENTS:

Dwelling Unit Inventory

2 Beds & Springs  
 \_\_\_\_\_ Bedroom Chair  
 \_\_\_\_\_ Breakfast Table  
 \_\_\_\_\_ Breakfast Table Chairs  
 \_\_\_\_\_ Bridge Lamp & Shade  
 \_\_\_\_\_ Buffet  
 \_\_\_\_\_ Chest of Drawers  
 \_\_\_\_\_ Coffee Table  
 \_\_\_\_\_ Couch  
 \_\_\_\_\_ Davenport  
 \_\_\_\_\_ Desk  
 \_\_\_\_\_ Dining Table  
 \_\_\_\_\_ Dining Chairs  
11 Dresser  
 \_\_\_\_\_ End Table  
 \_\_\_\_\_ Floor Lamp & Shade  
3 Mirror

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

Miscellaneous (List Items)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Toolchest*  
*Camping equipments*  
*Fishing equipment*  
*Books*  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMENTS:



(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Charles W. Thomas

NAME OF LOCAL AGENCY:

Portland Development Commission  
1700 S. W. 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 \$ _____			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ _____	<u>200.00</u>	<i>Paul J. Tapp</i> <i>SAW</i>	<u>1-14-72</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			

Check NO. 286296  
4200.00  
**VOIDED**  
4-12-72  
*dk*

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
		\$			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Thomas, Charles Project R-20  
 2. Date(s) of move 6-14-72 Parcel No. RS-4-9  
 3. Dwelling unit from which you moved:  
 Address 7 N. Russell No. of rooms 4  
 Furnished  Unfurnished Date you moved into this unit \_\_\_\_\_

4. Dwelling unit to which you moved:  
 Address \_\_\_\_\_  
 Were goods moved to or from storage?  Yes  No

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

FIXED PAYMENT: \$200 + \$ \_\_\_\_\_ = \$ 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: \_\_\_\_\_

		<u>Approved</u>
C. Storage Costs		
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)

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

- a. I have paid the moving charges, as evidenced by the attached itemized or paid bill from the mover, and/or other contractors, and I therefore request reimbursement.
- b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, and/or other contractors, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.
- c. I hereby request and authorize that the moving charges, to be incurred by me, be paid directly to the mover and/or other contractors, in accordance with the arrangements made at this time, and with my consent, between the local agency and/or other contractors.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Claimant

10. AMOUNT OF ACTUAL COSTS

- a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.) \$ \_\_\_\_\_
- b. COST OF INSURANCE COVERING MOVE AND/OR STORAGE (Must be supported by invoice, receipt, or similar evidence of payment.) \$ \_\_\_\_\_
- c. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.) \$ \_\_\_\_\_

11. 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.

\_\_\_\_\_ Date

*Charles W. Thomas*  
\_\_\_\_\_ Signature of Claimant



DATED this 19 day of June 19 72.

The undersigned does hereby consent and agree that all personal property left by me in the premises at X  
7 N. Russell, 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.

Thomas Apartments  
(firm name)

by: Charles W Thomas

**PORTLAND DEVELOPMENT COMMISSION**

**SITE OFFICE  
EMANUEL HOSPITAL PROJECT  
235 N. MONROE ST.  
PORTLAND, OREGON 97227  
PHONE 288-8168**

Social Security Administration  
1221 S. W. 12th Avenue  
Portland, Oregon 97201

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an urban renewal area and, in order to determine my eligibility for further compensation, would like you to give them the amount of my monthly social security benefits and verify my birthdate.

My social security number is: \_\_\_\_\_

My birth date is: July 7, 1906

My place of birth is: Spartanburg, S. Carolina

This will authorize you to give the Development Commission the information requested below. Please return one copy of the completed form directly to the Commission in the envelope provided.

Thank you.

Sincerely,

Ala O Thomas  
(name)  
7 N. Russell  
(address)

\_\_\_\_\_  
(date)

TO: Portland Development Commission

The records of this office indicate that \_\_\_\_\_  
is entitled to receive monthly benefits in the amount of \$ \_\_\_\_\_;  
and that adequate documentation has been provided to verify this person's birth  
date as stated above, or, if different from the date above, as \_\_\_\_\_

SOCIAL SECURITY ADMINISTRATION

by \_\_\_\_\_

CONFIDENTIAL



*Donant*

(f)

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER \_\_\_\_\_ PROJECT NO. R-20 PARCEL RS 4-9  
 NAME Thomas, Charles ADDRESS 7 N Russell APT NO. 2  
 PHONE 287-0248 INITIAL INTERVIEW \_\_\_\_\_ SEX M W X NW AGE \_\_\_\_\_  
 U.S. CITIZEN \_\_\_\_\_ ALIEN \_\_\_\_\_ VETERAN \_\_\_\_\_ SERVICEMAN \_\_\_\_\_ DATE ON SITE \_\_\_\_\_

FAMILY COMPOSITION

Name	Relation	Age
	<u>wife</u>	

Employer: Name \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW Caseworker \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Va. Fed. Mult Co. \_\_\_\_\_  
 Pension: Name \_\_\_\_\_  
 Other: Name \_\_\_\_\_  
 TOTAL MONTHLY INCOME \_\_\_\_\_

Rent \_\_\_\_\_, Inc.Heat \_\_\_\_\_ Water \_\_\_\_\_ Gas \_\_\_\_\_ Gar \_\_\_\_\_ Elec \_\_\_\_\_ Unfurn \_\_\_\_\_ Furn \_\_\_\_\_ No.Rms 4

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered \_\_\_\_\_ by \_\_\_\_\_  
 Notify in case of 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

*771-2606*

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



**HOUSING RESOURCES SURVEY**  
**To be Filled in For Each Dwelling Unit in All Survey Areas**

Date \_\_\_\_\_

Analyst \_\_\_\_\_ Surveyed \_\_\_\_\_ Tabulator \_\_\_\_\_ Date \_\_\_\_\_

Dwelling Unit No. 13 Structure No. 3 Census Block No. 78 Census Tract No. 22A

Street Address 7 N Russell Apartment No. 8

Legal Description \_\_\_\_\_

NAME OF OCCUPANT: Charles Thomas NAME & ADDRESS OF OWNER: Steven Matthews NAME & ADDRESS OF PROP. MGR: \_\_\_\_\_

7 N Russell #8 208 Pacific Blvd \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TELEPHONE: 228-5219 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	___
___ Apt. in apt. bldg.	___
<input checked="" type="checkbox"/> Apt. in comm. bldg.	<u>9</u>
___ Mobile home or trailer	___

This structure has 2 stories (do not count basement)

**II. OCCUPANCY STATUS OF DWELLING UNIT**

\_\_\_ Owner occupied

Renter occupied

\_\_\_ Vacant

**III. SIZE OF DWELLING UNIT**

6565 Sq. ft. in first floor (county figure)

13150 Sq. ft. in dwelling unit (if more than 1 floor)

4 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)

0 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

3/30/67 Date of last appraisal

1894 Date structure was originally built

\_\_\_\_\_ Date of any major alterations

**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>10,400</u>	\$ _____
Improvements	<u>14,560</u>	_____
Total	<u>24,960</u>	_____

6565 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	\$ _____	_____	\$ _____
Electricity	_____	\$ _____	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Heat (oil, or other)	_____	_____	_____
Total	\$ _____	\$ _____	\$ <u>0</u>

Deposits required of renter \_\_\_\_\_

Advance rent \$ \_\_\_\_\_, other \$ \_\_\_\_\_

Rental information obtained from Tenant \_\_\_\_\_, owner \_\_\_\_\_, manager X, 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