

	DESCRIPTION	ROLL NO	ODOMETER
	EMANUEL BUSINESS CONCERNS AND NON-PROFIT ORGANIZATIONS		
PARCEL NO. R-15-3	LEHL, HENRY 3000 N. COMMERCIAL	C.R. ROBBINS INN	
PARCEL NO. RS-5-4	ALBINA PIPE BENDING CO. INC. 225 N. RUSSELL OWNER: JOHN F. SMITH		
PARCEL NO. R-10-9 R-10-4	BRINK RENTAL 535 N. MONROE 3127 N. COMMERCIAL		
PARCEL NO. R-14-3	CRINER APARTMENTS 554-544 N. MONROE OWNER: LLOYD CRINER		
PARCEL NO. RS-5-6	CARLOS BODY & FENDER SHOP 2609 N. VANCOUVER OWNER: CHARLES MONTOYA		
PARCEL NO. RS-4-9	CATHAY FOOD MARKET 2619 N. WILLIAMS OWNER: RICHARD LOW		
PARCEL NO. RS-4-6	DEMME BROTHERS, INC. 35 N. RUSSELL OWNER: JOHN & ALICE BOLZELL		
PARCEL NO. A-4-7	DENSON ROOMING HOUSE 3316 N. GANTENBEIN OWNER: JEWEL BENSON		
PARCEL NO. R-9-7	FIELD-SENSI THREADER MACHINE CO. 417 N. MONROE OWNER: HERBERT FIELD		
PARCEL NO. RS-5-5	GETHSEMANE CHURCH OF GOD IN CHRIST 237 N. RUSSELL		
PARCEL NO. R-8-7	GOOD SAMARITAN CHURCH OF GOD 3204 N. COMMERCIAL		
PARCEL NO. RS-4-7	GRESS APARTMENTS 109 N. RUSSELL		
PARCEL NO. RS-2-1	INGLE SERVICE STATION 2847 N. WILLIAMS OWNER: RONALD INGLE	C.R. MANNING BROS GARAGE	
PARCEL NO. RS-4-2	JEWELL ALL STAR DAIRY 20 N. KNOTT OWNER: IRVING ERICKSON		
PARCEL NO. RS-5-6	JEWELL GLASS COMPANY 2607 N. VANCOUVER OWNER: SEYMOUR R. DANISH		
PARCEL NO. E-4-8	JOHNSON (JULIA MAE) APARTMENTS 2640 N. KERBY		
PARCEL NO. E-4-8	JOHNSON (LUCILLE) APARTMENTS 321 N. RUSSELL		

Date _____

Name Gress Apartments Operation Apartments Tel _____

Address 109 N. Russell Opr/Mgr Lewis J. Gress R/Tel 246-7175

Owner Lewis J. Gress Address 6403 S. W. Dover Street Tel _____

Attorney _____ Address _____ Tel _____

Other _____ Tel _____

Moved into project _____ Moved to above address _____

Lease _____ Sub-lease _____ Owns Equip. _____ Rental _____ Exp _____

Gas by _____ Elec by _____ Garbage by _____

Water _____ Heat by _____

No. Dwlg. Units _____ Aver. Ten. _____ Rent Range _____

Future Plans _____

Space Requirements _____ Zone _____

Date	Notes	by
4-4-73	Filed claim for moving costs.	WSJ
4-5-73	Mailed check to Lou Gress.	BJK

April 5, 1973

Mr. Lewis J. Gress
6403 S. W. Dover Street
Portland, Oregon 97225

Dear Mr. Gress:

Enclosed is our Warrant # 731 EH in the amount of \$106.60 representing reimbursement per claim for Business Moving Expenses filed for your move from 109 N. Russell.

If we can be of any further assistance to you, do not hesitate to call.

Very truly yours,

Beverly J. Keenan
Relocation Account Clerk

/k

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 731 EH

DATE April 4, 19 73

PAY TO **L. J. Gress**

\$ 100.60

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 Business Moving Expenses filed. Move from 109 N. Russell (Parcel RS-4-7).	\$106.60

Account Distribution

NO. _____ TITLE _____

AMOUNT _____

0600 EGO 901

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: RS-4-7

PAYABLE TO: L. J. Gress

For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners or Tenants.	\$ <u> </u>
<u> </u> RHP - Tenants & Certain Others - Rental: Total approved \$ <u> </u> ; Annual amount \$ <u> </u>	\$ <u> </u>
<u> </u> RHP - Tenants & Certain Others - Downpayment	\$ <u> </u>
<u> </u> Settlement Costs (on acquisition by LPA only).	\$ <u> </u>
<u> </u> Interest Expense	\$ <u> </u>
<u> </u> Fixed Moving Payment	\$ <u> </u>
<u> </u> Dislocation Allowance.	\$ <u> </u>
<u> </u> Actual Moving Costs.	\$ <u> </u>
<u> </u> Storage Costs.	\$ <u> </u>
<u> X</u> Business: Moving Expenses.	\$ <u>106.60</u>
<u> </u> Business: In Lieu Payment.	\$ <u> </u>
<u> </u> Business: Storage Costs.	\$ <u> </u>
<u> </u> Business: Loss of Property	\$ <u> </u>
<u> </u> Business: Searching Expenses	\$ <u> </u>

Name of Client L. J. Gress Less - \$ *

Move from 109 N. Russell Total \$ 106.60

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

DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT - BUSINESS
(this page for Local Agency use only)

Commission

NAME OF CONCERN: Gress Apartments

NAME OF LOCAL AGENCY: Portland Development

PROJECT OR PROGRAM IDENTIFICATION: Emanuel Ore R-20

PARCEL NO. RS-4-7

INSTRUCTIONS: Complete Block A, D, and E for all payments. Complete Block B if claim is for a payment in lieu of actual moving and related expenses. Complete Block C if claim is for a payment for actual moving and related expenses. Attach the completed form to the claim form(s) filed by the claimant. Attach an explanation of any difference in the amount claimed and the amount approved. NOTE: No claim for a relocation payment in excess of \$10,000 shall be paid without the prior concurrence of HUD.

- A. BASIC INFORMATION: Business Nonprofit Farm
 1. Claimant is (check one): Concern Organization Operator
 2. Date of HUD approval of project or program 4-28-71
 3. Direct cause of displacement: Notice of intent to acquire (date) _____
 Acquisition of Real Property (date) 12-2-71
 Other, explain _____
 4. Date move started 3-29-73 5. Date property vacated 3-29-73
 6. Date claim filed 4-2-73 7. Date storage authorized _____

- B. PAYMENT IN LIEU OF ACTUAL MOVING AND RELATED EXPENSES:
 1. Is the business part of a commercial enterprise having another establishment in the same or similar business which is not being acquired: Yes No
 2. Can the business be relocated without substantial loss of its existing patronage: State basis for Agency determination: Yes No
 3. Average annual net income:
 As reported by claimant: \$ _____ As verified by Agency: \$ _____
 (Enter verified income amount on Line 4, if less than \$2,500, enter \$2,500; if more than \$10,000, enter \$10,000.)
 State basis for Agency verification of income: _____

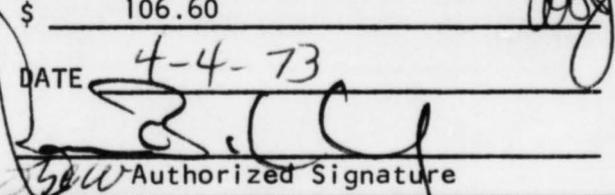
4. AMOUNT OF IN LIEU PAYMENT: \$ _____

APPROVED: \$ _____

C. PAYMENT FOR ACTUAL MOVING AND RELATED EXPENSES

D. CERTIFICATION

Item	Amount Claimed	Amount Approved
1. Moving expenses, including \$ _____ covering storage.	\$ 106.60	\$ 106.60
2. Direct loss of property	\$ _____	\$ _____
3. Searching expenses	\$ _____	\$ _____
4. Total (sum of lines 1, 2, and 3)	\$ 106.60	\$ 106.60

I certify that I have examined this claim and have found it to be in accord with all applicable provisions of Federal Law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is approved and payment is authorized in the amount of \$ 106.60
 DATE 4-4-73

 Authorized Signature

E. RECORD OF PAYMENTS MADE:

DATE	CHECK NO.	AMOUNT
<u>4/4/73</u>	<u>731EH</u>	\$ <u>106.60</u>
		\$ _____
		\$ _____
		\$ _____
		\$ _____

CLAIM FOR RELOCATION PAYMENT- BUSINESS

INSTRUCTIONS: Complete all items on this page except: If claim is for moving and related expenses as documented on Schedules A, B, and/or C, omit Block 9; if claim is for a payment in lieu of moving and related expenses as documented on Schedule D, omit Block 8. As used on this form the term "concern" includes business concerns, nonprofit organizations, and farm operations.

NOTE: If claim exceeds \$10,000, the Local Agency must obtain HUD concurrence prior to making payment.

1. NAME OF CONCERN: Gress Apartments

2. ADDRESSES IN PROJECT OR PROGRAM AREA OCCUPIED BY CONCERN PRIOR TO SUBMISSION OF THIS CLAIM	ADDRESS(ES)	DATES OCCUPIED	
	109 N. Russell	FROM	TO
		4/56	3-29-73

3. ADDRESS PRESENTLY OCCUPIED BY CONCERN 6403 S W. Dover
Date move to this address started 3-29-73

4. STATE TYPE OF BUSINESS OR PRINCIPAL BUSINESS ACTIVITY
Apartment rentals

5. FORM OF OPERATION (check one)
 Sole Proprietorship
 Partnership
 Corporation
 Nonprofit Organization
 Other (identify) _____

6. DID CONCERN DISCONTINUE BUSINESS? Yes
 IF YES, STATE REASON FOR DISCONTINUING BUSINESS not feasible to relocate

DOES CONCERN PLAN TO REESTABLISH? Yes _____ No

7. TYPE OF CLAIM: THIS CLAIM FOR REIMBURSEMENT IS: INITIAL _____ SUPPLEMENTARY _____ FINAL

8. AMOUNT OF BUSINESS RELOCATION CLAIM FOR MOVING AND RELATED EXPENSES:	AMOUNT
a. Reimbursement for actual reasonable moving expenses (Attach completed Schedule A). Includes storage costs.	\$106.60
b. Reimbursement for actual direct loss of tangible personal property (Attach completed Schedule B)	
c. Reimbursement for actual reasonable searching expenses (Attach completed Schedule C)	
TOTAL AMOUNT CLAIMED	TOTAL \$106.60

9. PAYMENT IN LIEU OF MOVING AND RELATED EXPENSES. I certify that this business is not part of a commercial enterprise having another establishment not being acquired which is engaged in the same or similar business, that displacement will cause a substantial loss of existing patronage, and claim payment in the amount of \$ _____.

Signature of Agent or Owner

10. 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 willingly falsifies...or makes any false, fictitious or fraudulent statement or entry shall be fined \$10,000 or imprisoned not more than five years, or both." I certify under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and the Schedules and information submitted herewith and made a part hereof have been examined and approved 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 (and, to the best of my knowledge, the concern indicated in Block 1) have not submitted any other claim for, or received, reimbursement or compensation for any item of loss or expense in this claim, that I (and to the best of my knowledge, the concern indicated in Block 1) will not accept 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.

4/12/73
DATE

[Signature]
Signature of Owner or Authorized Agent

Title

**SCHEDULE A-2
SUPPORTING DATA - STORAGE COSTS**

STORAGE PERIOD		
1. Total period (if this is not the final claim, enter estimate)		MONTHS
2. Period covered by this claim		MONTHS
3. Date property moved to storage		
4. Date property moved from storage		
STORAGE COSTS	AMOUNT	AMOUNT APPROVED
1. Monthly rate	\$	\$
2. Total costs actually incurred (cumulative)	\$	\$
3. Amount previously received as relocation payment	\$	\$
4. Amount claimed herewith (line 2 minus line 3) enter this amount in Block A-1 on line marked "storage".	\$	\$

DESCRIPTION OF PROPERTY STORED

List each major item separately. Attach additional sheets as necessary to provide a complete listing, if a detailed storage manifest or warehouse receipt cannot be provided. (Storage costs compensable as moving expense, must be reduced accordingly when items are removed from storage):

**SCHEDULE A-3
METHOD OF PAYMENT**

I HAVE NOT paid the costs of the following services:

Cartage _____ Mechanical _____ Bids/Estimates _____
Storage _____ Electrical _____ Other _____

The unpaid itemized invoices or bills are attached. In accordance with arrangements made (check one): () in advance, () at this time, and with my consent, between the Local Agency and the mover and/or other contractors, I hereby request that the amounts due be paid directly to the appropriate contractor(s).

Initials

I HAVE PAID the costs of the following services:

Cartage Mechanical _____ Bids/Estimates _____
Storage _____ Electrical _____ Other _____

Itemized receipts or paid bills in the proper amounts are attached. I hereby request reimbursement.

[Signature]

Initials

This concern has conducted a SELF-MOVE and has incurred costs as evidenced by the attached itemized invoices, payroll sheets and other documentation. I hereby request reimbursement.

Initials

Signature constitutes certification of this Schedule and its attachments in accordance with and subject to the provisions of Item 10 on the "Claim for Relocation Payment - Business" to which this Schedule is an attachment.

[Signature]

Signature of Owner or Authorized Agent

Date

SCHEDULE A - STATEMENT OF CLAIM FOR ACTUAL MOVING EXPENSES

A-1 SUPPORTING DATA - MOVING EXPENSES

WORK AND/OR SERVICE PERFORMED	IDENTIFICATION OF MOVER, STORAGE COMPANY, AND/OR OTHER CONTRACTORS			AMOUNT CLAIMED	FOR LOCAL AGENCY USE
	NAME	ADDRESS	TELEPHONE		AMOUNT APPROVED
MOVING	Reliable Transfer Company	1132 N. W. Flisan St.	227-0555	\$106.60	\$106.60
ELECTRICAL					
MECHANICAL					
PREPARATION OF BIDS/ESTIMATES					
SUBSTITUTE EQUIPMENT*					
OTHER (List)					
STORAGE					
TOTAL				\$ 106.60	\$ 106.60

*COMPUTATION - Substitute Equipment	
a. Actual cost of substitute equipment installed	\$ _____
b. Less proceeds from sale, trade-in, or market value	\$ _____
c. Unrecovered cost (a. minus b.)	\$ _____
d. Estimated cost to move old equipment	\$ _____
e. AMOUNT CLAIMED (lesser of c. or d.)	\$ _____

227-0555

STATEMENT



MOVING - PACKING - WAREHOUSING - DISTRIBUTION
1132 N. W. GLISAN STREET
PORTLAND, OREGON 97209 Mar 30-73

Mr. Lou Gress

6403 S. W. Dover St

Portland, Oregon

Local Cartage \$106.60

Inv # 87776



Phone: 503/227-0555

RELIABLE TRANSFER COMPANY

80M

CARRIERS NO.

87776

SHIPPERS NO.

CARRIER

1132 N. W. GLISAN STREET PORTLAND, OREGON 97209

COMBINATION TRANSPORTATION RECEIPT AND FREIGHT BILL

RECEIVED AT

109 N Russell St
(Point of Origin)

DATE

Mar 29, 73

FROM

Lou Gress
(Shipper) (Car Number) (Dock)

If charges are to be prepaid; write or stamp here, "To be Prepaid."

The property described below, in apparent good order which said Transportation Company (the word "company" being understood as including any person or corporation in possession of the property) agrees to transport and deliver to consignee at his usual place of delivery (if on its own line or route), otherwise to deliver to another carrier on the route to said destination. It is mutually agreed that the transportation services hereunder are subject to all printed terms and conditions not prohibited by law, of the Transportation Company's Uniform Bill of Lading, "Contract" or "Anywhere-for-hire" services will be subject to the terms and conditions of the contract, service order or other agreement executed or agreed to between parties hereto when not in contravention of any existing law.

CONSIGNEE TO

6403 SW Dover St

DRIVER

Kon-Don

ADDRESS

CITY & STATE

TRUCK NO.

28

TLR. NO.

NO. PKG.	DESCRIPTION OF ARTICLES	WEIGHT	RATE PER CWT. OR TON	RATE PER MILE	MILES HAULED	RATE PER HOUR	LOADING TIME	UNLOADING TIME	CHARGE
	Appliances					266			106.60

DRIVERS TIME - START

8

FINISH

12

TOTAL HOURS

4

HELPER'S (✓) - START

✓

FINISH

✓

TOTAL HOURS

✓

NOTE— Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

SHIPPER

CONSIGNEE

Mark J. Smith

CARRIER

RELIABLE TRANSFER COMPANY

PER

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

PER

RECEIVED THE ABOVE FREIGHT IN APPARENT GOOD ORDER.

PER

RECEIVED PAYMENT

DATED this 29th day of March 19 73.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 104 to 113 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.

[Signature]
(firm name)
by: [Signature]

Dear Stan:

Also attached hereto find
to upstairs 111 - N. Russell St
Thanks for the use
Lew