	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			
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 ε INA 312 N. COOK			

RESUME

DATE June 3, 1971

NAME VANZILE, Hazel

Took Mrs. VanZile to Multi-Service Center Welfare office to Mr. Harrari. Mrs. VanZile didn't have enough money to make down payment on HAP apt. HAP insisted that she have it all today or they wouldn't hold the apt. So, I went to Welfare and they advanced enough money for her to sign up for the apt. Mrs. VanZile has the key and will move. Getting into HAP will be financially difficult in that we used most of her welfare income for deposits-down payment.

We allowed her three rooms on the fixed moving scale. (1) sent for relocation payment; (2) Mrs. VanZile will take additional payment under new act when available.

File Closed.

2/3/75 - Mrs. Van Zile has received her fourth and final TACO payment on 12/23/74. She still lives at 1432 N.E. Liberty in HAP housing. Very happy with way she was treated.

File closed.

(signed)

RESIDENTIAL RELOCATION RECORD

OLIENTIC NAME MAN 7	115	Hazel		REL	OCATION ADVISOR	CD	
CLIENT'S NAME VAN Z				923	DJECT NAME Emanue	ORF R-20	
ADDRESS 2640 N. Kei		PHONE 2	82-804	PRO			
SEX_F_ETHN_white		VETERAN AG	E_43	PAI	RCEL NO. <u>E-3-8</u>		
MARITAL STATUS		TENUREtenar	nt	- 1	DATE ON SITE:	6/63	_
DISABILITY	_	INDIV FAMILY	<u> </u>	_	INITIATION OF NEGOTIATIONS:		11
ELIGIBLE FOR: PUBL							
		PLEMENTOTHER			ACQUISITION:		
INITIAL INTERVIEW_	5	(3-7)		DA	TE INFO PAMPHLET	ELIVERED	
NOTICE TO MOVE		DATES EFFEC	TIVE		EXPIRATION DATE		
NOTICE TO MOVE		UATES EFFEC		906 5		ash. 695-857	12
NOTIFY IN CASE OF E	MERG	ENCY_Ruth R. Be	nson	000 E	. 145 Valicodver, we		
						COMPOSITION	
ECOI	10MI	DATA					Ace
Employer			5		1101110	Relation	I 10
Address					Jeffery	son	10
Address MCWJohn Harrari	- c	aseworker	148.	00		-	1
Social Security							-
Pension							
Other							
				00			
TOTAL MON	THLY	INCOME	\$ 148.	00	-		
		DWELLING	UNIT F	ROM WH	ICH RELOCATED		
				SS			
a taidined Color		Single Family	1	X	Age of Structur	e 1910 No. Ro	oms_5_
Subsidized Sales Subsidized Rental		Multiple Family	/		No. Bedrooms 2	Furnu	Turn
Public Housing		Duplex			.Utilities \$ \$	23.00	00
Private Rental	X	Mobile Home			Monthly Payment	s (Kent) 3_5	,,,,,
Private Sales					Acquisition Pri	Foulty \$	
		0.00			Taxes \$		
Size of Habitable	Are	a 956 sq. ft.			- TICIIS Y		
					ACENCY	REFERRALS	
HC	USIN	G REFERRALS			AGENCY	NET ENWIES	
			Bedro	oms	Name of Ag	gency	Date
Address		Ct	I	, J	Multnomah Cour	nty Welfare	
HAP Housing or	Dek	dum Ct.	1-		Food Stamp Pro	ogram	
2651 N. E. Sa	rate)ya	1		Housing Autho	rity	
					Legal Aid		
					FISH		
					Health Dept.		
			1				

Appeals								
victed	KI	-						
Refused Assistance		 						
Address Unknown		 						
Other (death, etc		+						
other (death, etc								
		TEMPO	DRARY RE	LOCATI	<u>ON</u>			
Within Project	ct		Dat	e Move	d In			
			Add	ress_				
Outside Proje	ect		Rea					
		REPLACEM	MENT DWE		UNIT			
lient Referred_				LPA R	eferred			
4ddress 2651 N.	E Saraton		Phone		Date of	Move		
LINEDE DELO	CATED.						•	SS
WHERE RELO	LATED:	heidized C	alas		Single Family	, —	Y	33
Same City	1 X 1 3 C	bsidized Sa	ares	-	Multiple Fam	114	^	_
Outside City	1 30	ubsidized Re	entai		Our law	1 I Y		_
Out of State					Duplex			
		rivate Renta			Mobile Home			
FurnishedUnf								
Utilities \$	Month	nly Payment	s (Rent)	\$ 29	.00 Purchase	Price \$		
Utilities \$	Month	nly Payment	s (Rent)	\$ 29	.00 Purchase	Price \$		
Utilities \$	Month	axes \$	s (Rent)	\$ <u>29</u>	.00 Purchase	Price \$	oved Aw	ray_
Age of Structure	Month	axes \$	s (Rent)	\$ <u>29</u>	.00 Purchase	Price \$	oved Aw	ray_
Age of Structure	Month	axes \$	s (Rent)	\$ <u>29</u>	.00 Purchase	Price \$	oved Aw	ray_
Age of Structure	Month	axes \$	s (Rent)	\$ 29 quity \$.00 Purchase Distance of Realtor	Price \$	oved Aw	ray_
Age of Structure Name of Moving C	Month	ECEIVED Date	s (Rent)	\$ 29 quity \$.00 Purchase	Price \$	oved Aw	ray_
Age of Structure Name of Moving C	Month : Ta ompany BENEFITS RI Ck #	exes \$ECEIVED	Amour	\$ 29	.00 Purchase Distance of Realtor	Price \$	oved Aw	ray_
Age of Structure Name of Moving C Type RHP TACO (Rental)	Month : Ta ompany BENEFITS RI Ck #	ECEIVED Date	Amour \$ 1,000	\$ 29	.00 Purchase Distance of Realtor	Price \$	oved Aw	ray_
Age of Structure Name of Moving C Type RHP TACO (Rental) TACO (Rental)	Month : Ta ompany BENEFITS RI Ck #	exes \$ECEIVED	Amour \$ 1,000 \$ 1,000	\$ 29	.00 Purchase Distance of Realtor Purchase Price Down Payment	Price \$	oved Aw	ray_
Type RHP TACO (Rental) TACO (Rental)	Month : Ta ompany BENEFITS RI Ck #	ECEIVED Date	Amour \$ 1,000 \$ 1,000 \$	\$ 29	.00 Purchase Distance of Realtor	Price \$	oved Aw	ray_
Type RHP TACO (Rental) TACO (Rental) TACO (Rental) TACO (Rental)	Month : Ta ompany BENEFITS RI Ck #	ECEIVED Date	Amour \$ 1,000 \$ 1,266 \$ 1,000 \$ 1	\$ 29	.00 Purchase Distance of Realtor Purchase Price Down Payment RHP	Price \$	oved Aw	ray_
Type RHP TACO (Rental) TACO (Rental) TACO (Rental) TACO (Rental) TACO (Sales)	Month :Ta ompany BENEFITS RI Ck # 195 EH GUYEH	ECEIVED Date 12/15/71 1-3-72	Amour \$ 1,000 \$ 1,000 \$ 5,000 \$ 5,000	\$ 29 quity \$.00 Purchase Distance of Realtor Purchase Price Down Payment	Price \$	oved Aw	ray_
Type RHP TACO (Rental) TACO (Rental) TACO (Rental) TACO (Sales) Fixed Moving	Month :Ta ompany BENEFITS RI Ck # 195 EH G44EH	ECEIVED Date 12/15/71 1-3-72	Amour \$ 1,000 \$ 1,000 \$ 1,000 \$ 5 \$ 71	\$ 29 quity \$ N	.00 Purchase Distance of Realtor Purchase Pric Down Payment RHP Total Down	Price \$e \$	oved Aw	ray_
Type RHP TACO (Rental) TACO (Rental) TACO (Rental) TACO (Sales) Fixed Moving Actual Move	Month :Ta ompany BENEFITS RI Ck # 195 EH GUYEH	ECEIVED Date 12/15/71 1-3-72	Amour \$ 1,000 \$ 1,260 \$ 7,000 \$ \$ 71 \$ 269	\$ 29 quity \$.00 Purchase Distance of Realtor Purchase Price Down Payment RHP	Price \$e \$	oved Aw	ray_
Type RHP TACO (Rental) TACO (Rental) TACO (Rental) TACO (Rental) TACO (Sales) Fixed Moving Actual Move Storage	Month :Ta ompany BENEFITS RI Ck # 195 EH G44EH	ECEIVED Date 12/15/71 1-3-72	Amour \$ 1,000 \$ 1,260 \$ 5,000 \$ 5,000 \$ 5,000 \$ 5,000 \$ 5,000 \$ 7,000 \$ 7,000 \$ 7,000 \$ 7,000	\$ 29 quity \$ N	.00 Purchase Distance of Realtor Purchase Pric Down Payment RHP Total Down	Price \$e \$	oved Aw	ray_
Type RHP TACO (Rental) TACO (Rental) TACO (Rental) TACO (Sales) Fixed Moving Actual Move Storage Incidental	Month :Ta ompany BENEFITS RI Ck # 195 EH G44EH	ECEIVED Date 12/15/71 1-3-72	Amour \$ 1,000 \$ 1,266 \$ 7,000 \$ \$ 7,000 \$ \$ 269 \$	\$ 29 quity \$ N	.00 Purchase Distance of Realtor Purchase Pric Down Payment RHP Total Down	Price \$e \$	oved Aw	ray_
Type RHP TACO (Rental) TACO (Rental) TACO (Rental) TACO (Rental) TACO (Sales) Fixed Moving Actual Move Storage	Month :Ta ompany BENEFITS RI Ck # 195 EH G44EH	ECEIVED Date 12/15/71 1-3-72	Amour \$ 1,000 \$ 1,260 \$ 5,000 \$ 5,000 \$ 5,000 \$ 5,000 \$ 5,000 \$ 7,000 \$ 7,000 \$ 7,000 \$ 7,000	\$ 29 quity \$ N	.00 Purchase Distance of Realtor Purchase Pric Down Payment RHP Total Down	Price \$e \$	oved Aw	ray_
Type RHP TACO (Rental) TACO (Rental) TACO (Rental) TACO (Sales) Fixed Moving Actual Move Storage Incidental Interest	Month :Ta ompany BENEFITS RI Ck # 195 EH GUYEH 25831 G 195 EH	ECEIVED Date 12/15/71 1-3-72 6/16/71	Amour \$ 1,000 \$ 1,266 \$ 7,000 \$ \$ 7,000 \$ \$ 269 \$	\$ 29 quity \$ N	.00 Purchase Distance of Realtor Purchase Pric Down Payment RHP Total Down	Price \$e \$	oved Aw	ray_
Type RHP TACO (Rental) TACO (Rental) TACO (Rental) TACO (Sales) Fixed Moving Actual Move Storage Incidental	Month :Ta ompany BENEFITS RI Ck # 195 EH GUYEH 25831 G 195 EH	ECEIVED Date 12/15/71 1-3-72 6/16/71	Amour \$ 1,000 \$ 1,266 \$ 7,000 \$ \$ 7,000 \$ \$ 269 \$	\$ 29 quity \$ N	.00 Purchase Distance of Realtor Purchase Pric Down Payment RHP Total Down	Price \$e \$	oved Aw	ray_
Type RHP TACO (Rental) TACO (Rental) TACO (Rental) TACO (Sales) Fixed Moving Actual Move Storage Incidental Interest	Month :Ta ompany BENEFITS RI Ck # 195 EH GUYEH 25831 G 195 EH	ECEIVED Date 12/15/71 1-3-72 6/16/71	Amour \$ 1,000 \$ 1,266 \$ 7,000 \$ \$ 7,000 \$ \$ 269 \$	\$ 29 quity \$ N	.00 Purchase Distance of Realtor Purchase Pric Down Payment RHP Total Down	Price \$e \$	oved Aw	ray_
Type RHP TACO (Rental) TACO (Rental) TACO (Rental) TACO (Sales) Fixed Moving Actual Move Storage Incidental Interest	Month :Ta ompany BENEFITS RI Ck # 195 EH GYYEH 25831 G 195 EH	ECEIVED Date 12/15/71 1-3-72 6/16/71 12-73-7/	Amour \$ 1,000 \$ 1,266 \$ 7,000 \$ \$ 7,000 \$ \$ 269 \$	\$ 29 quity \$	Distance of Realton Purchase Price Down Payment RHP Total Down Total Mortgag	Price \$e \$	oved Aw	ray_

INTERVIEW REGISTER

Relocation Worker Date FLYER: delivered by JC. Is member of EDPA. Very receptive. Would 1/15/7 like meeting. Mrs. VanZile was in the office as a result of the contact in distribut-1/19 ion of the flyers. She is a member of EDPA but says she "wants out as soon as possible" from her present home she rents. She receives \$148.00 from MCW. Has one boy, age 10. Would like to buy a house if at all possible in Humboldt School District. Explained relocation benefits available when project begins. SURVEY: See above 2/18 Mrs. Van Zile was in the office. She wanted to know if the project 3/26 had begun yet, and if not, would it ever start? Wants to move to a three bedroom house. Can get rent supplement on 5/13 two bedroom or public housing (lease). Needs refrigerator and stove. Has dog. Called HAP for housing for Mrs. VanZile. They directed her to 2651 5/18 N. E. Saratoga - Dekum Court. Took Mrs. VanZile to Multi Service Cetner Welfare Office to see Mr. 6/3/71 Harrari. Mrs. Van Zile didn't have enough money to make down payment on HAP apartment. HAP insisted that she have it all today or they wouldn't hold the house. So, I went to Welfare and they advanced enough money for her to sign up for the apartment. Mrs. VanZi'le has the key and will move. Getting into HAP will be financially difficult in that we used most of her welfare income for deposits and down payment. We allowed her three rooms on the fixed moving scale. (1) Sent for relocation payment; (2) Mrs. VanZile will take additional payment under new act when available. File Closed. Called Mrs. VanZile and informed her that she was entitled to receive 10/11/71 additional benefits. Asked if she would come into our office, so we could discuss the matter. She said she would come in after the 15th. Called Mrs. VanZile to see if she could come in today (offered trans-11/17 portation) she said she would be in by 12:00. We revised her claim for rental assistance based on a two bedroom needed by she and her son. Also she moved from a two bedroom although she had very little furniture she needed two bedrooms. Mr. Barnes of legal Aid was not in. 11/18 Was in contact with Mr. Barnes. He indicated that he would talk with 11/23 Mrs. VanZile and have her come in and sign the papers for additional moving and rent assistance. Call HAP concerning Mrs. VanZile. She pays \$29.00 per month with utilities included. She has made no effort to contact HAP about moving to another location. HAP doesn't have a date for building or tearing down existing property.

Went out to Mrs. VanZile to get her signature.

12/6

Relocation Worker

В

URBAN REDEVELOPMENT FUND-PROJECT EXPENDITURES-EMANUEL HOSPITAL, ORE. R-20



Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

Nº

995

EH

DATE December 11

. 19 74

PAY TO

Hazel Van Zile

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE CITY OF PORTLAND, OREGON 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 from 2649 N. Kerby (Percel E-3-8).	Tenents filed. Hove	
		Total approved 4th and final payment	\$4,000.00	\$1,000.00
		Hozel D. Vanzile De	w 23-14	

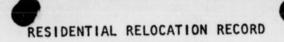
Account Distribution

TI

AMOUNT

NOTICE OF RHP-TACO YEARLY PAYMENT

ro: Chet Dan	iels	DA	ATE November 20	, 1974
	on Advisor)			
FROM: Benjamin	C. Webb, Chie	of Relocation &	Property Managemen	
er. Hazel Van	Zile (Emanue	1)	1432 N.E. Liber	ty
	splacee)	_	(Addres	
un 4th &	final	\$ 1,000.00	Decembe	r, 1974
No. 4th &	payment)	(amount)	(dat	e due)
Please contact the duplicate co a copy of the i	opy of this fo	placee and inspect orm together with a	his present dwelli copy of the origi	ng unit. Return nal claim form and
Present Address	:_ 1432	N.E. Liberty		
Date Inspected:		Conditio	n:Standard	Substandard
If substandard:	(1) Date r	einspected and foun	d standard	
		cee notified of ine	1	yes
Comments:	4th & Fi	na paymen	1	
1/20	Hen	10/		
HAP	Afece	n		
SIGNED: Hosel	001/:	1.	IGNED: Somue	la Danis
SIGNED: NOS	Displacee)		(Relocat	ion Advisor)
Λ.		N.	ATE: 12/6/74	
DATE: Nec D -	/7		190/11	
- 011	2		DATE: 12/6/74	
TO: B.6 1	1		10/6/11	
FROM: Chet	Daniels			
The above subject with P.L. 91-6	ect property h	nas been inspected as	and found standard s follows:	. In compliance
		el Vanzile		
		/ 1	. /	
	PROJECT:_	Emanuel Pro	ject -	_
1		/ - /	Payment	
116	FOR: 4/	A spinal lace	7-9	
	AMOUNT:	1,000.00		
			1	11 1
		S	IGNED: Somu	Kel anul S
0	600 X10 901			



Project Name Emanuel - ORE. R-20 Parcel No. E-3-8	Advisor CD
Client's Name VAN ZILE, Hazel	285 - 8923 Phone -282-8041
Address 2640 N. Kerby Ethn Whi	ite Age 43
	er/Occupant .
Gremale Individual Single Owner Semale Head of House h	
0	nomic Data
Total Number in Family 2 Employer	\$
1 wife, husband Address	
	\$ 148.00
Total Mo	onthly Income \$ (148.00)
Eligible for (Other) YES NO	area on or after date of per-
tinent contract for Federal assistance and/or date of nob app	loval of badget for project
YES NO	[문] 강마는 화장 (100 개) 가입하다 아니아 (100 기) (100 기) (100 기) (100 기) (100 기) (100 기)
Date of initial interview 5/17/71 Date of Info	pamphlet delivery 5/14/71
Date Notice to Move given Date Effective	eExpires
CLAIMANT'S INITIAL DATE OF OCCUPANCY	June 1963
(a) for owner-occupants - indicate initial date of occupancy and ownership	
Date of initiation of negotiations for purchase of property	5/17/71
Date of Acquisition	4/24/72
Date of letter of Intent	
Date of move	5/18/71

DWELLING UNIT FROM WHICH RELOCATED

Size of Habitable Area 956 sq. ft.	Private Sales		Single Family	X Age of Housing Unit
Total Number of Rooms _ 5	Private Rental	Х	Duplex	Size of Habitable Area 956 sq. ft.
Number of Bedrooms 2 Monthly Housing Payments \$ Taxes Liens \$ (please explain) Acquisition Price \$ Amenities Address 2651 N. E. Saratoga LPA Referred Self Referred Private Sales Single Family Outside city Outside state Private Rental Duplex Age of Housing Unit	Other		Multiple Family	Furnished with claimant's furniture /X/ YES / NO
Number of Bedrooms 2 Monthly Housing Payments \$ Taxes Liens \$ (please explain) Acquisition Price \$ Amenities Address 2651 N. E. Saratoga LPA Referred Self Referred Private Sales Single Family Outside city Outside state Private Rental Duplex Age of Housing Unit	Total Number of R	ooms	55	Rent Paid \$50.00 Utilities \$23.00
Acquisition Price \$ Amenities	Number of Bedroom	s _	2	Monthly Housing Payments \$ Taxes
Address 2651 N. E. Saratoga LPA Referred Self Referred Private Sales Single Family Outside city Outside state Private Rental Duplex Age of Housing Unit 30-70-700 Sq. St. No. of Rooms No.				
Address 2651 N. E. Saratoga LPA Referred Self Referred Private Sales Single Family Outside city Outside state Private Rental Duplex Age of Housing Unit 30-40 yrs Other Public Multiple Family Size of Habitable Area 700-900 59 St No. of Rooms No. of Bedrooms 2 For Claimants Who Purchased For Claimants Who Rented Purchase Price of Replacement Dwelling Rent 29.00 Taxes Utilities Total Rent Assistance 4,000 Amount of Annual Payment 1,000 No. of Housing Referrals to: Agency Referrals: 2				
Private Sales Single Family Outside city Outside State	143.	2 1	(E Liberty	MENT DWELLING UNIT
Private Rental Duplex	Address 2651 N.	Ε.	Saratoga	LPA Referred Seri instance
Other Public Multiple Family Size of Habitable Area	Private Sales	L	Single Family	
No. of Rooms No. of Bedrooms 2 No. of Bedrooms 2		1		
No. of Rooms No. of Bedrooms 2 No. of Bedrooms 2	Other Public Housing	X	Multiple Family	
Purchase Price of Replacement Dwelling \$ Rent \$ 29.00 Taxes \$ Utilities \$	HAP			No. of Rooms 4 No. of Bedrooms 2
Purchase Price of Replacement Dwelling \$	For Cl	a ima	ents Who Purchased	For Claimants Who Rented
No. of Housing Referrals to: Agency Referrals: Agency Referrals:	and the second of the second	11/201		강경하기에 강경 시민들은 사람이 있는 아이지 않는데 그렇게 살아 있어요? 아이지 않는데 하라를 살아 있다.
No. of Housing Referrals to: Agency Referrals:		2 (34)		Utilities \$
No. of Housing Referrals to: Agency Referrals:				
Standard Sales				
Standard Sales			en e	Assess Pafarrals:
Standard Sales				OTUE /
Benefits Received 6/16/71				
Date 12/15/71 Ck # 25831G Type M/C Amount \$ 69.00 12/15/71 Ck # 195 EH Type D/A Amount \$ 200.00 1/3/73 TACO-2nd TACO-2nd	Stand	dard	Rent	Food StampLegal AldUtile! (
Date 12/15/71 Ck # 195 EH Type TACO-1st 1,000.00 12/15/71 Ck # Type D/A Amount \$ 200.00 1/3/73 TACO-2nd 1,000.00	Benefits Receive	ed		71.00
Date 12/15/71 Ck # Type D/A Amount \$ 200.00 1/3/73 TACO-2nd TACO-2nd	Date 12/15/71		Ck #	Type
1/3/73	12/15/71			Type D/A Amount \$ 200.00
Date Ck # Type	1/3/73		Ck #	TypeAmount \$

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Samuel (Relocation A	2. Daniels dvisor)	2_0	ATENove	mber 27, 1972	2
FROM: Benjamin C.	Webb, Chief of R	Relocation &	Property Ma	nagement	
RE: Hazel Van 2	7116		2651 N.E.	Saratoga	
(Displa			2031 N.L.	(Address)	
(,	/		(1.00.000)	
No. 2	\$_	1,000.00		12/6/72	
(annual payr	ment)	(amount)		(date due	
Please contact the a the duplicate copy a copy of the inspe	of this form tog ction.	gether with a	copy of th		
Present Address:	1432 N	E Liber	ty		
Date Inspected:			/	andard	Substandard
If substandard: (1) Date reinspec	cted and foun	d standard_		
) Displacee not				no
Comments: Mrs.	/		/	Apt. at L	Dekum Court
to ahour a	+ 1432 NE	5 hiberty			
				1	
SIGNED: y Hazel	D. Van Zil	<u>le</u> si	GNED:	elocation Ad	visor)
DATE: 12/26/7	2	DA	TE: /2	2/0//20	
1924				704/12	
TO: Bob Do	nglar	D	ATE: /	2/26/72	
FROM: SCD					
The above subject p with P.L. 91-646 pl				andard. In	compliance
T	o: Hazel	Van Zil	'e		new
	ROJECT: Emer	1	0		0
	OR:	and Ami	nual		(08)
A	MOUNT: \$ 1000,			1	
		SI	GNED:	mull	Daniel

'URBAN REDEVELOPMENT FUND-PROJECT EMPENDITURES-EMANUEL HOSPITAL, ORE. R-20

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

Nº

195

EH

DATE December 15

_, 19.71

PAY TO Hezel Van Zile

\$ 1,269.00

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. From 2649 N. Kerby (E-3-8). Total approved \$4,000.00 ist Annual Payment \$1,000.00 Dislocation Allowance \$200.00 Fixed payment - own furn. 140.00	
		Subtotal 340.00 Less previously paid, 6/16/71, Ck.#258316 -71.00 Total 269.00	
		Balance due claimant	\$1.269.00

Account Distribution

TITLE

AMOUNT

E 1501

Relocation Payments (Relocation Housing Payments \$1,000.00) (Fixed payment - Family) 269.00) \$1,269.00

Hazel D. Van zile 12-14-71

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

Itali	e of ClaimantVAN ZILE, Hazel			
Nam	e of Local Agency Portland Develop	ment Commission		
1.	Did the claimant rent or own the diacquisition? _X _YesNo	welling at the tim	e of	
	Tenant's initial date of rental: _			
		Month-Day-Year		
	Date of Acquisition:			
	Month-Day-			
	Owner-Occupant's initial date of O		-Day-Year	
2.	Did the claimant rent or own the dinitiation of negotiations?	welling at least 9		the
	Date of Rental or Purchase: 6/	63 th-Day-Year		
	Date of Initiation of Negotiations	: May 17, 19 Month-Day-Yea	71	
3.	Has the replacement housing been i			Attach
•	a copy of dwelling inspection reco locality, attach the report obtain Date previously substandard dwelli	rd or, if the claimed from the claima	mant moved outs	
	to be standard:	ng mas imposted a	1470	
	Month-Day-Year			
4.	This is to certify that, where req has been inspected. I further cer found it to be in accord with the regulations issued by the Department thereto. Therefore, this claim is of \$4,000.00 is authorized.	tify that I have e applicable provisi nt of Housing and	xamined this cla ons of Federal Urban Developmen	aim and have Law and the nt pursuant
	12 13 71	1 - 11	11	1
	Date	How Authori	zed Signature	7
5.	RECORD OF PAYMENTS	Date of Payment	Check Number	Amount
	a. Claimant moved to rental unit			
	(1) Lump-sum payment			\$
	(2) Annual payment Ist Year = 1,000,00	12/15/71	195 EH	\$ 1000.00
	1st Year \$1,000.00	1/2/73	CHYEH	# 1000.00
	3rd Year	14/5/73	858 EN	1000.00
	4th Year	12-11-74	995 EH	1000.00
	 Claimant moved to unit he purchased 			\$
			•	
	 displaced 			\$
		The state of the s		

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS

FOR TEMANTO AND OTHER	
AME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:	PROJECT NAME (if applicable)
Portland Development Commission	Emanuel Project
1700 S. W. Fourth Avenue	PROJECT NUMBER: ORE R-20
Portland, Oregon 97201	Con-
NSTRUCTIONS: Complete all applicable items and so ult the displacing agency as to whether you need a f Replacement Dwelling to complete and submit with ave moved into a rental unit. Omit Block 3 if you welling unit. Complete only Blocks 1 and 5 if you laced because of code enforcement or voluntary reENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C.	h this claim. Omit Block 4 if you u have purchased and occupied a u are a homeowner temporarily dishabilitation. Title 18. Sec. 1001, provides:
	I duda i cite sede
fined not more than \$10,000 or imprisoned not more	than five years, or both.
I. FULL NAME OF CLAIMANT	× Family Individual
VAN ZILE, Hazel	RCEL NO. <u>E3-8</u>
	d. Monthly rental: \$ 50.00
a. Address: 2649 N. Kerby Portland, Oregon 97227	e. Date you moved out of this
	dwelling: 5/18/71
b. Apartment or room number: c. Number of bedrooms:2	Month-Day-Year
3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)	29.00
Address (include 71P Code):	d. Monthly rental: \$ 29.00
2651 N. E. Saratoga, Portland, Oregon MA	e. Date you moved into this
b. Apartment or room number:	dwelling.
c. Number of bedrooms: 2	Month-Day-Year
4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE) a. Address (include ZIP Code):	d. Incidental expenses (total fro
	table on next page, v
b. Number of bedrooms:	e. Date you purchased this
c. Downpayment: \$	dwelling:
5. INFORMATION IN SUPPORT OF CLAIM OF HOMEOWNER TENFORCEMENT OR VOLUNTARY REHABILITATION a. Address of dwelling unit from which you	d. Monthly rental for temporary
b. Address of dwelling unit to which you moved (include ZIP code):	e. Will you require temporary housing for more than 3 month Yes No
c. Date of move:	If "Yes", total number of months you will require tempo

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.

Deu 6-1971

Date

Signature of Claimant (s)

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

COSTS INCURRED BY CLAIMANT						
Item (a)	Charged to Claim- ant on Closing Statement (b)	Statement Claimant (Col. (b) + (c)				
	\$	\$	\$	\$		
AL			1/			

^{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

	ME AND ADDRESS OF CLAIMANT:	COMPUTATION PREPARED BY:
-2	Hazel VanZile 2651 N. E. Saratoga Portland, Oregon	Name
_		Date
c.	COMPUTATION OF RENTAL ASSISTANCE PAYMENT	FOR CLAIMANT MOVED TO RENTAL UNIT
	Required Information	
	1. Monthly gross rental for comparable (cost based on: Schedule Comparative Other	e unit \$_128.35
	Base monthly rental for claimant's 25% of adjusted monthly income, wh	
	Computation	
	3. Line 1 minus Line 2, multiplied by	48
	Line 1 \$ 128.	35
	Line 2 _ \$	00- 32.93
	\$ _99.	35 95.42 4,580.16
	x	48 \$ <u>4,768.80</u>
	4. Base amount (if amount on Line 3 is enter \$4,000. If amount on Line 3 \$4,000, enter amount on Line 3.)	s \$4,000 or more, is less than \$4,000.00
	5. Minus adjustments (Attach full exp	lanation) - \$
	6. Amount of rental assistance payment (Line 4 minus Line 5)	
	7. Annual Payment	\$1,000.00
	(Enter this amount in the space propage one of Replacement Housing Parant' Certain Others)	ovided in Block 3 on
	NOTE: If the amount on Line 6 is less made. If the amount on Line 6 is The resultant amount is the total made; enter on Line 7.	than \$500, a lump-sum payment is to be is more than \$500, divide the payment by 4. of each of four annual payments to be

WORKSHEET FOR ALL TCO CLAIMS

E AND ADDRESS OF DISPLACING AGENCY	PROJECT NAME Emanuel
	PROJECT NO. ORE R-20
Full name of claimant:	_xFamilyIndividual
VAN ZILE, Hazel	
Dwelling unit from which you moved:	Parcel No. E-3-8
261-2 11 11 1	c. Number of bedrooms 2
Portland, Oregon 97227	c. Number of bedrooms 2 d. Monthly rental \$ 50.00
b. Apartment or room number	e. Date displaced 5/18/71
Dwelling unit to which you moved (RENT	TAL)
a. Address 2651 N. E. Saratoga	c. Number of bedrooms 2
a. Address 2651 N. E. Saratoga Portland, Oregon	d. Monthly rental \$ 29.00
b. Apartment or room number	c. Number of bedrooms 2 d. Monthly rental \$ 29.00 e. Date moved in 5/18/71
Dwelling unit to which you moved (PUR	CHASE)
a. Address	c. Downpayment \$
	c. Downpayment \$ d. Incidental expenses \$
b. Number of bedrooms	e. Date of purchase
For Code Enforcement or Voluntary Reha	abilitation (include ZIP)
a. Address from which you moved	
b. Address to which you moved	
c. Date of move	
d. Monthly rental for temporary unit:	•
Beauty tenear for temporary unit:	than 2 months? Yes No
e. Require temporary housing for more	than 5 months:
If yes, total number of months in	temporary nousingmonths
Incidental expenses.	
	nt Paid by Claimant Claimed Approv
	s s s
	· · · · · · · · · · · · · · · · · · ·
List of documents submitted (attached) in support of above:
ermination	
Did claimant rent or own at time of a	
Did claimant rent or own at time of a Tenant's initial date of rental	6/63
Did claimant rent or own at time of a Tenant's initial date of rental Date of acquisition	6/63
Did claimant rent or own at time of a Tenant's initial date of rental Date of acquisition Owner-occupant's initial date of o	6/63 ownership
Did claimant rent or own at time of a Tenant's initial date of rental Date of acquisition Owner-occupant's initial date of o	6/63 ownership
Did claimant rent or own at time of a Tenant's initial date of rental Date of acquisition Owner-occupant's initial date of o	6/63 whershipYesYes
Did claimant rent or own at time of a Tenant's initial date of rental Date of acquisition Owner-occupant's initial date of o Did claimant own or rent 90 days prior Date of rental or purchase6/	wnershipYesYes
Did claimant rent or own at time of a Tenant's initial date of rental Date of acquisition Owner-occupant's initial date of o Did claimant own or rent 90 days prior Date of rental or purchase6 Date of initiation of negotiations	whershipYes
Did claimant rent or own at time of a Tenant's initial date of rental Date of acquisition Owner-occupant's initial date of o Did claimant own or rent 90 days prior Date of rental or purchase6/ Date of initiation of negotiations Is replacement housing standard? HAP	whership
Did claimant rent or own at time of a Tenant's initial date of rental Date of acquisition Owner-occupant's initial date of o Did claimant own or rent 90 days prior Date of rental or purchase6/ Date of initiation of negotiations Is replacement housing standard? HAP If previously substandard, date found	whership
Did claimant rent or own at time of a Tenant's initial date of rental Date of acquisition Owner-occupant's initial date of o Did claimant own or rent 90 days prior Date of rental or purchase6 Date of initiation of negotiations Is replacement housing standard? HAP If previously substandard, date found Certification:	whership
Date of acquisition Owner-occupant's initial date of o Did claimant own or rent 90 days prior Date of rental or purchase Date of initiation of negotiations Is replacement housing standard? HAP	whershipYesYes

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	PROJECT NAME (if applicable) Emanuel Hospital Project
Portland, Oregon 97201	Project Number: ORE. R-20
PENALTY FOR FALSE OR FRAUDULENT STATEMENT. Use Mhoever, in any matter within the jurisdiction United States knowingly and willfully falsific or fraudulent statements or representations, document knowing the same to contain any false entry, shall be fined not more than \$10,000 or both."	on of any department or agency of the es or makes any false, fictitious or makes or uses any false writing or e, fictitious or fraudulent statment or
1. FULL NAME OF CLAIMANT Hazel Van Zile	
2. DATE(S) OF MOVE May 18, 1971	
	ARCEL NO. E-3-8
a. Address 2640 N. Kerby,	d. Number of rooms occupied (ex-
Portland, Oregon	_ cluding bathrooms, hallways, and closets: 5
 b. Apartment, Floor, or Room Number c. Was it furnished with your own furnitum 	
Partially X YesNo	address: June 1963
4. DWELLING UNIT TO WHICH YOU MOVED	
a. Address (include ZIP Code) 2651 N.E.	Saratogac. Were household goods moved to
Portland, Oregon 97217	or from storage?
b. Apartment, Floor, or Room Number	Yes X No
	If "Yes", complete table, "Statement of Claim for Storage
	Costs'
5. TOTAL CLAIM (if 5 b. marked above)	
Dislocation Allowance \$200.00	
	esed on 3 rooms of furniture)
(Consult local agency) \$340.00 Less amount previously pd.6/16/71 71.00 Ch	Total \$ 269.00
6. I CERTIFY under the penalties and provision	ons 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 of	complete, and that I understand that, apart C. Title 18, Sec. 1001, and any other appli-
cable law falsification of any item in the	nis claim or submitted herewith may result
	ther certify that I have not submitted any
other claim for, or received, reimbursemen	nt or compensation from any other source
for any item of loss or expense paid pursu receipts submitted herewith accurately ref	uant to this claim, and that any bills or
and/or storage costs actually incurred.	ricce moving services accuarry periormed
Dec 6-1971	V Hazel Van Zile
Date	Signature of Claimant

(For Local Agency Use Only)
DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT
FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)

Ha 26	ME AND ADDRESS OF CLAIMANT: zel Van Zile 51 N.E. Saratoga rtland, Oregon 97217		LOCAL AGENO	CY:
ins	STRUCTIONS: Attach this form to the pertinent c explanation of any difference between amounts c	laim form fill	led by claim nounts appro	ant. Attach
1.	Does claimant meet basic eligibility requirement of "NO", explain:	nts? X	Yes	_No
2.	Complete if claim if for a fixed payment included located in household storage space: Date items inspected: Month-Day-Year	ding an amour	nt for movin	g articles
3.	If claim is for a self-move, does approved amount plishing the move through services of a commerce. YesNo.	unt exceed es	timated cos contractor	trof accom-
	If "Yes," explain basis for approved amount:			
4.	CERTIFICATION			
	I CERTIFY that I have examined the claim, and thave found it to be in accord with the applicable regulations issued by the Department of Housing thereto. Therefore, the claim is hereby approved follows:	ole provision and Urban D	s of Federa	l law and the
	(form continued on next page)			

(For Local Agency Use Only)

(Complete either A or B:) Item Amount 1/ Authorized Signature Date \$ 340.00 Fixed Payment and Dislocation - 71.00 Less previously pd. 6/16/71, Ch. #25831-G Allowance 1. Fixed payment (Based on 3 rooms) \$ 140.00 Dislocation allowance \$ 200.00 \$ 269.00 Total \$ 340.00 B. Actual Moving and Related \$ Expenses Initial payment including, if applicable, storage and related costs in the amount of \$_ Supplementary payment (s) for storage costs: Final payment for moving expenses covering storage

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

and related costs

Date	Check Number	Amount	Date	Check Number	Amount
12/15/71	195EH	\$ 269.00			\$

WORKSHEET FOR ALL MOVING CLAIMS

1.	Name Yan Zile, Hazel Project R-20 ZMANN	iax
2.	Date(s) of move 5/18/7/ Parcel No. 6-3-8	
3.	Dwelling unit from which you moved: Address 2640 77. Kerby No. of rooms 5 - X Furnished Unfurnished Date you moved into this unit 6/1963	
4.	Dwelling unit to which you moved: Address 2651 7.6. Saratoga No. 2651 7.6. Saratoga	Quek = 30
5.	Total claim \$ 269	CEIVE ON
FIX	XED PAYMENT: \$200 + \$ 140 00 = \$ 340.00 (Baseb on 3 1 Ms of for	ncture
ACT	TUAL MOVING COSTS	
7.	Name of moving company (or person)	_
	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 \$	
STO	ORAGE COSTS Name, address and ZIP code of storage company	
Α.	Type of claiminitialsupplementaryfinal	
В.	Storage period 1. Total period:months. Check one:ActualEstimated 2. Date property moved to storage: 3. Date property moved from storage:	
c.	Storage Costs 1. Monthly rate 2. Total costs actually incurred 3. Amount previously received 4. Amount claimed (line 2 minus 3) Storage Costs \$	
D.	Description of Property Stored: please list on back of this sheet.	
E.	Method of Paymentreimburse client (attach receipt or paid bill)pay storage company directly (attach bill)	

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349 Portland, Oregon 97207

Housing Authority of Portland 1605 N. E. 45th Portland, Oregon 97213

Gentlemen:

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

ittai	and will be used only for the purpose for which it is provided.
1.	Resident of the Housing Authority Ves
2.	Applicant for housing
3.	Name Vanzile, Hazel D.
	Address 2651 N.E. Saratoga
	Number of persons in family
6.	Total monthly assistance 165
7.	Date assistance began 10-20-66
8.	Date assistance to terminate ONGOING
	AH COUNTY PUBLIC WELFARE COMMISSION Gilbertson, Administrator
700	and Hoorera MC
	2-10-71 (Date)

URBAN REDEVELOPMENT FUND-PROJECT EXPENDITURES-EMANUEL HOSPITAL, ORE. R-20

•

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201 Nº

858

EH

DATE

December 5

19 73

PAY TO Hazel Van Zile

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE CITY OF PORTLAND, OREGON NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission

224-4800

DETACH BEFORE DEPOSITING CHECK

INVOICE OR CONTRACT NOS.	DESCRIPTION		AMOUNT
	Reimbursement per Claim for RHP for Ten from 2649 N. Kerby (Parcel E-3-8).	ents filed. Hove	
	Total approved 3rd annual payment	\$4,000.00	\$1,000.00
	Received Dec 7-73	,	
	Hazel D. Um 3il		-
		Reimbursement per Claim for RHP for Ten from 2649 N. Kerby (Parcel E-3-8). Total approved 3rd annual payment Received Dev7-73	Reimbursement per Claim for RHP for Tenants filed. Hove from 2649 H. Kerby (Parcel E-3-8). Total approved \$4,000.00

Account Distribution

NO. TITLE

AMOUNT

UREAN REDEVELOPMENT FUND-PROJECT EXPENDITURES-EMANUEL HOSPITAL, ORE. R-20

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201 Nº

644

EH

DATE

January 3

, 19_73

DAIL

3011001

\$ 1,000.00

PAY TO Hezel Van Zile

DOLLARS

TO THE TREASURER OF THE CITY OF PORTLAND, OREGON 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. Hove from 2649 N. Kerby (Percel E-3-8). Total approved \$4,000.00 2nd ennual payment	\$1.000.00
		Hazel D. Van zile Received Jan 8-1973	

RELOCATION PAYMENT

PROJECT: Emanuel	P	ARCEL:	=-3-8	
PAYABLE TO: Hozel Van Zile				
For:RHP for Homeowners	roved	\$4000,00 Ani	iual amount	\$ 1000,00
RHP - Tenants & Certain Others - Downpayment				2
Settlement Costs (on acquisition by LPA only)				-
Interest Expense				\$
Fixed Moving Payment				-
Dislocation Allowance				-
Actual Moving Costs				-
Storage Costs				?
Business: Moving Expenses				2
Business: In Lieu Payment				?
Business: Storage Costs				>
Business: Loss of Property				3
Business: Searching Expenses				\$
Name of Client Hazel Vanzile	W	Family	Less -	\$
Move from 2649 N. Kerby	\Box	Individual	Total	\$1,000.00
Accounting: Indicate symbol and Accounting No. Relocation Payment;Pro	oject (Cost *(

0600 EGO 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels			DATE	November 23, 1973
(Relocation A	dvisor)			
FROM: Benjamin C.	Webb, Chief	of Relocation	& Property	Management
RE: Hazel Van Z	ile		143	2 N. E. Liberty
(Displa				(Address)
No. 3rd		\$ 1,000		12/6/73 (date due)
No. 3rd (annual pay	ment)	\$ 1,000 (amount)		(date due)
the duplicate copy a copy of the inspe	of this for ection.	m together wit	h a copy of	sent dwelling unit. Return f the original claim form and
Present Address:	1432 N	E Libert		p1 :-
Date Inspected:_/	2/2//12	Condi	tion: HA	StandardSubstandard
If substandard: (1				
or (2) Displace	e notified of	ineligibil	ity:yesno
Comments. Ct./	1 1:	in H.A	P. hous	ing
Commencs. Strip	21745	10.11.	a de la constantina della cons	7
				0
11 0	011	,		100 - 1
SIGNED: X Harel	L. Van ze	le	S IGNED	(Relocation Advisor)
10/27/73 (Disp	lacee)			
DATE: X Hazel &	Van Zu	le	DATE:	11/27/23
TO: B. 6 D.	-/		DATE:	11/27/79
FROM: GCS	7			
The above subject with P.L. 91-646 p	lease make a	check payable	e as follow	d standard. In compliance s:
	ro: <u>Ho</u>	zel Van	Zile	
	PROJECT:	Emanue		
	FOR:	aco - 3	rd Ann	val
(X)	AMOUNT: 2/	000.		0
100				1 (1)
0			SIGNED:	Damuet & Jane

0600 E60 901

RELOCATION PAYMENT

Projec	et: Emanuel Parcel: E-3-8	
Payable	le to: Hazel Van Bile	ount
	RHP for Homeowners	
-	RHP for Tenants & Certain Others: 2nd Rental: Total approved \$4,000.00; Annual amount \$ 1/2	000.00
	or Purchase:	
-	Dislocation Allowance	
	Actual Moving Costs	
_	Storage Costs (if separate claim)	
-	Business: In Lieu Payment	
-	Business: Storage Costs	
-	Rusiness: Loss of Property	
	Pusiness: Searching Expenses	
Name o	of Client Hazel Van Zile Less - \$ Total \$ /	
Move	from 2649 n. Kerby Total \$ 1	000.00
Accou	Inting: Indicate symbol & Acct. No. Relocation Payment: Project Cost *(_

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE PORTLAND, OREGON 97201

25831 Nº

DATE -

PAY TO THE ORDER OF

Hazel VanZile

224-4800

\$71.00

June 16 1971

DOLLARS

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

NON-NEGOTIABLE

DETACH BEFORE DEPOSITING CHECK

Portland Development Commission AMDUNT INVOICE OR DESCRIPTION DATE Fixed relocation payment per claim filed. Move from 2640 N. Kerby - own furn. - (Percel E-3-8) to 2651 NE \$71.00 Saratoga

Account Distribution

E1 501

Relocation Payment (Fixed - family)

EH

\$71.00

Recived June 14-1971 Hazel Vanzile

PORTLAND DEVELOPMENT COMMISSION SITE OFFICE EMANUEL HOSPITAL PROJECT 235 N. MONROE ST. EYLAND, OREGON STEET PHONE 250-5160 May 17, 1971 Mrs Hazel VanZile 2640 N. Kerby Portland, Oregon Dear Mrs. VanZile: As you may know, you are situated in the Emanuel Hospital Project which is being carried out with assistance from the U. S. Department of Housing and Urban Development (HUD). The property which you presently occupy will be acquired some time in the future by the Portland Development Commission as part of the approved project plans for this area. If you are in occupancy on the date the Portland Development Commission acquires the property in which you reside, or are in occupancy at the time of receipt of this letter, you may be eligible for relocation assistance. We strongly advise you to contact us before moving in ordet to determine your eligibility for benefits. A summary of the types of relocation payments for which you may be eligible is contained in the attached brochure. We urge you not to form advance opinions as to the benefits and amount to which you may be entitled. Certain conditions must be met before aligibility can be established and before the amount of benefits, if any, can be determined. Please check with us before making any move. If you are unable to conducting our regular office hours - 8:30 a.m. to 5:00 p.m., Hondey throught lay atternate appointment can be arranged by celling 288-8:50.

Our office is located at 235 N. Honroe 51. He look forward to seeing you soon. very truly yours, Menjamin G. Webb Thief, Relocation a Property Menagem BCW: ch Enclosure



U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and Individuals) NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Hazel VanZile 2651 N.E. Saratoga Portland, Oregon 97211

NAME OF LOCAL AGENCY

Portland Development Commission

INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

CERTIFICAT				
	ble provisions of Per	teral law and the Regulation	g documentation, and have found it	ing and orban
Development purs	suant thereto. There	fore, the claim is hereby ag	pproved and payment is authorized a	
	ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim	n, moving expenses and			
a. Reimburser including storage a	ment for moving expens, if applicable, and related the amount of \$	ses. s 71.00	28.10	6-11-
h . n. / - h	ment for actual direc		BEW	,
of proper		-		
of proper	ty	-		
of proper 2. Supplementar	ty	e costs:		
of proper 2. Supplementar 3. Final claim, expenses covcosts	y claim(s) for storage reimbursement for movering storage and rei	e costs: Dving lated \$ (Total payments may not)		AMOUNT
of proper 2. Supplementar 3. Final claim, expenses covcosts	y claim(s) for storage reimbursement for movering storage and rel	e costs: Dying lated \$ (Total payments may not amount	ot exceed \$200) DATE CHECK NUMBER	AMOUNT
3. Final claim, expenses corcosts	y claim(s) for storage reimbursement for movering storage and rei	e costs: Dving lated \$ (Total payments may not)		AMOUNT \$

HUD-6140.1 (4-66)

(Families and Individuals) NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code)

PROJECT NAME (If applicable)

Portland Development Commission 1700 S. W. Fourth Avenue	Emanuel Hospital Project
Portland, Oregon 97201	Oregon R-20
for actual moving expenses (including storage costs, if applicab- item does not apply, write "None" in the space. If a Relocation Claim for Relocation Adjustment Payment, and attach it to this the PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C jurisdiction of any department or agency of the United States know	ete Items 1 through 6 and Item 12. If this claim is for reimbursement e) and/or direct loss of property, complete Items 1 through 12. If an Adjustment Payment will also be claimed, complete Form HUD-6141.1, orm. Title 18, Sec. 1001, provides: "Whoever, in any matter within the wingly and willfully falsifies or makes any false, fictitious or fraudriting or document knowing the same to contain any false, fictitious or
1. FULL NAME OF CLAIMANT	(F) 2. DATE(S) OF MOVE
Hazel VanZile	June 3, 1971
3. ADDRESS FROM WHICH YOU HAVE MOVED	4. ADDRESS TO WHICH YOU HAVE MOVED
a. Address	a. Address (include ZIP code)
2640 N. Kerby	2651 N. E. Saratoga
	Portland, Oregon 97211
b. Apt., Floor, or Room No (partially)	b. Apt., Floor, or Room No.
	No c. Were household goods moved to or from storage?
d. Number of rooms occupied (excluding	☐ Yes 💢 No
bathrooms, hallways, and closets):5	If "Yes," complete Block B on reverse side of
e. Date you moved into this address:June_1963	this form.
applicable)and/or direct loss of property b. Fixed Payment (May not be made if storage costs are involved) 6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency of actual moving expenses, direct loss of property, and/or storage and 11c below.)	. If claim is for reimbursement
DO NOT COMPLETE ITEMS 7 THROUGH	11 IF THIS IS A CLAIM FOR FIXED PAYMENT
7. NAME OF MOVING COMPANY (OR PERSON) 8. MOVE NO.	R'S TELEPHONE 9. ADDRESS OF MOVING COMPANY (OR PERSON)
reimbursement.	itemized receipt or paid bill from the mover, and I therefore request at the attached itemized moving bill be paid directly to the mover, in consent, between the local agency and the mover.
11. AMOUNT OF ACTUAL COSTS AND/OR LOSS	
a. MOVING COST (Must be supported by attached receipt(s) or unp is to pay mover directly.)	old voucher from mover if local agency
b. STORAGE COST (Must be supported by attached receipt(s) or un local agency is to pay storage company directly.)	paid voucher from storage company if
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made side of this form must be completed.)	here, the Statement of Claim on reverse
provisions of U.S.C. Title 18, Sec. 1001, and any other applicable sult in forfeiture of the entire claim. I further certify that I have no	and complete, and that I understand that, apart from the penalties and aw, falsification of any item in this claim or submitted herewith may resubmitted any other claim for, or received, reimbursement or compensation to this claim, and that any bills or receipts submitted herewith

CLAIM FOR RELOCATION PAYMENT

1.	Hazel Vanzile 2. DATE OF MOVE
3.	ADDRESS FROM WHICH YOU HAVE MOVED 4. NEW ADDRESS a. Address Parcel No. <u>E 3-8</u> 2640 N Kerby 2651 N.E. Saratogo
	b. Apartment No
5.	TYPE OF PAYMENT a. Moving expenses and/or loss of property. b. Fixed paymentc. Storage costs.
6.	TOTAL CLAIM \$ 71.00 3rms of familiar
7.	NAME OF MOVING CO. 8. TELEPHONE NUMBER 9. ADDRESS
10.	METHOD OF PAYMENT - MOVING BILL ATTACHED: yes no a. Reimburse claimantb. Direct payment to movers.
11.	AMOUNT OF ACTUAL COSTS AND/OR LOSS a. Moving costs \$ b. Storage costs c. Direct loss of property \$
	6/3/7/ DATE

Notice to: Portland Development Commission

I (we) have read your letter describing the relocation benefits that may be available under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, to those displaced on or after January 2, 1971. I (we)

(check one)

X	Request that you process my (our) claim for an	interim relocation payment.
-	I (we) understand that you will advise me (us)	promptly when and if a
	revised claim may be submitted for adjustments	on the basis of the new
	Act and in accordance with the implementing reg	gulations.

Will defer filing	a claim until you are able to make the full pay	ments
 authorized by the	new Act. I understand that you will advise me	(us)
promptly when you	are authorized to make full payments authorized	d by
such Act.		

3/18/2/ Date Hazel Van zile
Signature of Claimant

(If more than one claimant, each should sign)

(Keep this copy for your record)

On January 2, 1971, the President signed the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. This Act makes significant changes in the relocation payments and assistance that may be provided to persons and business concerns displaced by activities assisted in whole or in part with Federal funds. As you know, the Emanuel Hospital Project is being carried out with assistance from the U.S. Department of Housing and Urban Development (HUD).

In general, the new Act improves and increases relocation payments and assistance that may be made to persons and business concerns displaced on or after January 2, 1971.

Displaced families and individuals may be eligible for either (1) a payment to cover actual reasonable moving expenses or (2) a fixed moving expense allowance not to exceed \$300 plus a dislocation allowance of \$200. In addition, a payment not to exceed \$15,000 is available to assist displaced homeowners in the purchase of a replacement dwelling unit and a payment not to exceed \$4,000 is available to displaced tenants and certain homeowners to assist in the rental of a replacement dwelling unit or, in some cases, for use as a downpayment on the purchase of a replacement dwelling unit. Your special attention is called to the fact that the amounts of payments described above are maximum. The actual amount which you will receive will depend upon your individual circumstances.

Displaced business concerns may be eligible for either (1) a payment to cover actual reasonable moving expenses, direct loss of tangible personal property, and reasonable expenses in searching for a replacement business; or (2) in certain cases, a fixed payment equal to the business concern's average annual net earnings, but not less than \$2,500 nor more than \$10,000.

2 In addition to these relocation payments, the Act provides for relocation assistance to be provided for those displaced. The objective is to minimize hardships to persons required to relocate and to assure that suitable relocation resources will be available before displacement takes place. Before any payments may be made under the new Act, HUD must issue the necessary regulations and procedures for making payments. We will continue to make relocation payments and provide relocation assistance in accordance with laws and regulations existing prior to January 2, 1971, until such time as the new regulations and procedures are received. in the meantime, we have been authorized to make certain payments on an interim basis. Therefore you have the option of either: 1. Accepting an interim relocation payment and filing a revised claim later for any additional amount to which you may be entitled; or 2. Deferring the filing of your claim until the regulations are received which will permit payments to be made. Please let us know, by checking the appropriate box on the form provided and returning the form to us, the action you wish us to take. We have furnished you with two copies of this form so that you may keep one for your records. We will be in touch with you again as soon as we have more information regarding our ability to make payment under the new Act. If you have any questions regarding this matter, please get in touch with our Relocation Office. The telephone number is 288-8169 Sincerely, Chief of Relocation and Property Management

Previous Edition Obsolete) APPLICATION FOR	RTENA		BILITY F	OR REN	TSUPPL	EMEN	T		pproved Bureau No	. 63-R
Project Name and Location	EST OF	A	1.	ALT DEST	Rent Supp.	Contrac	t No.	FHA Pro	oject No.	
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PART A - APPLICANT'S STATEMENT:	79.95				10777			•		
1. Name (Head of Family or Household)		sent Addr			12.77	Roca		3.50	971. 7	
3. EMPLOYMENT: (1) Occupation (2) Social :	Security	263	Years	. Ke	rby	LE m	ent is	Sec.		
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Wife House wife	A STATE OF	-	1 = 1		1./.	10				
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(9) No. in Household (12) No. of Dependents (Excl.		1	5. ASSE	TS: (All I	Househol	d Mem	bers Com	bined)		
10) No. of Eligible Minors 4 (13) No. of Handicapped 4 (14) No. of other Minors 4	bue	52953000000	(1) Cash o						gol- N	
the the same of the second sec	FH A	A	(2) Checkin (3) Saving				Orig. Price Unpaid Bal			
(4) Total Expected Income (4-(8)(c)) \$ 147 (\$		(4) Bonds				(a minus			
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15) Less: No. of Elig. Minors (4-(10) / X 300) 3 0 0 16) Adjusted Annual Income			-	Self and	Marie Committee	- (See Instr. 5)	\$	
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Dwelling Unit Inventory

QUANTITY	QUANTITY
2 Beds & Springs	Night Stand
Bedroom Chair	Occasional Chair
Breakfast Table	Overstuffed Chair
Breakfast Table Chairs	Overstuffed Rocker
Bridge Lamp & Shade	Range
Buffet	Refrigerator: Brand
Chest of Drawers	Rocker
Coffee Table	Rug & Pad: Size
Couch	Stool
Davenport	Table Lamp & Shade
Desk	Table, small
Dining Table	Vanity & Bench
Dining Chairs	Suitcases
Dresser	Trunks
End Table	Cartons, Boxes, Etc.
Floor Lamp & Shade	Clothes
Mirror	Bedding & Linens
Miscellaneous (List	Items)
I.V (2)	
washing machine	
COMMENTS: Base on three room	os of Formiture
although tenent has 5 Room	ms CD

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)

1. 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. Mon Zile Nozel Head of household 42 F 2. JEFFREY 3. 4. 5. 6. 7. 8. 9. 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 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 1. Monthly income from this household income per month In month before this survey month during 1970 1. Characteristics Of Replacement Housing Needs Expected To Be Sought: 1. Location (indicate approximate cross streets) 1. Location (indicate approximate cross streets) 1. Will rent house y, apartment , expect to pay rent, including utilities, at \$ property in the payment of \$ month by thouse in price range \$ month or payment of \$ month payment of \$ mon	analyst A Date	e of survey	Tabula	tor	Date tab	ulated
A. Status Of Relocation Assistance Needs At This Dwelling Unit: 1. Assistance may be needed, yes, no	Owelling Unit No. 13 Structu	re No. 9 Census Bl	ock No.	Cens	sus Tract No. 22 a	
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PDC-HRS-3 1-15-71 date on site: 2-10-12-	C. Family Income And Exten 1. Jobholders in this house Names of jobholders 2. Monthly income from johns in this household who have income any source Hozel Jan Zile Total family or househ D. Characteristics Of Repla 1. Location (indicate approximate app	note of Travel To Location schold, employers and Names of employers sobs and from all other me from mold income per month accement Housing Needs roximate cross streets er of autos owned apartment, expect yes, no, stove e range \$, do se, how much are payment, number of bedroom the of bathrooms,	sources Amount In month this surv \$	received of income he before vey to the inclusion of the	d by persons in this home per month In an average month during 1970 \$ 148.00 \$ suding utilities, at \$ rowned, yes, no, monthly paymor mortgage monthly, dining room,	per mo

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

Street Address 2640 N		
NAME OF OCCUPANT:	NAME & ADDRESS OF	F OWNER NAME & ADDRESS OF PROP. MGR:
Hazel Van Zile	David Nance & go	alla M. yonnson
2640 N Kerby	TELEPHONE:	TELEPHONE:
TELEPHONE: 282- 8041 INTERVIEWED? (V) Yes () No		
DESCRIPTION OF STRUCTUR	E	C. Market value data for dwelling unit in a
	o. of units in bldg.	multiple-family structure or commercial bldg.
One-family house		Market value Computed value
Apt. in a house		for entire per sq. ft. for
Apt. in apt. bldg. or ple	ex <u>4</u>	structure this dw. unit
Apt. in comm. bldg.		Land \$ 4050 \$
Mobile home or trailer		Improvements 2960
This structure has 2 stories	s (do not	Total 7010
count basement)		3824 Sq. ft. of all d. u. in this structure
I. OCCUPANCY STATUS OF DV	WELLING UNIT	Sq. ft. of commercial space and value
Owner occupied	- LLLLING UNII	of commercial space: Land \$,
		improvements \$, total \$
Renter occupied Vacant		
		V. RENTAL RATE FOR THIS RENTED UNIT
III. SIZE OF DWELLING UNIT		Monthly Cash Utilities Total paid
824 Sq. ft. in first floor (cot	unty figure)	average rent by renter
956 Sq. ft. in dwelling unit (if more than 1 floor	Rent \$ 50.00 \$
5 Total no. of rooms (incl	ude kitchen, dining,	Gas 20.00
living and bedrooms, ex	delude pathrooms)	Water w/rent
No. of bathrooms No. of bedrooms (rooms	ugod mainly	Heat (oil, or other) GAS
No. of bedrooms (rooms	deci manny	Total \$ 50.00 \$ 23.00 \$ 73.00
for sleeping)		
IV. ASSESSOR'S MARKET VALUE A. Dates or period of time		Deposits required of renter Advance rent \$ 50.00, other \$
197 Period market value		Rental information obtained from
5367 Date of last appraisa	1	Tenant, owner, manager, or
Date structure was o	riginally built	estimated from assessor's data
		VI. FOR SALE INFORMATION FOR THIS HOUSE
	mily dwelling	THAT IS OCCUPIED BY OWNER OR RENTE
B. Market value data for one-fa		The state of the s
B. Market value data for one-fa	Computed value	Listed with broker, ves no
	Computed value per sq. ft.	Listed with broker, yes, no Advertised by owner, yes , no
Market	Computed value	Listed with broker, yes, no Advertised by owner, yes, no Cash asking price \$
Market value	Computed value	Advertised by owner, yes, no
Market value Land \$	Computed value	Advertised by owner, yes, no Cash asking price \$ Period house has been for sale, months
Land \$ Improvements	Computed value	Advertised by owner, yes, no Cash asking price \$
Land \$ Improvements	Computed value	Advertised by owner, yes, no Cash asking price \$ Period house has been for sale, months
Land \$ Improvements	Computed value	Advertised by owner, yes, no Cash asking price \$ Period house has been for sale, months

apartment house files

RECELPI

I hereby acknowledge receipt of a copy of the Portland Development Commission's RELOCATION SERVICES FOR FAMILIES AND INDIVIDUALS.

Hazel Vanzile

May 14, 1971

RESIDENTIAL RELOCATION RECORD

RELOCATION MORKER	CD	PROJECT NO. R-20 PARC	EL <u>E-3-8</u>
NAME VAN ZILE, Haze	1 ADD	RESS 2640 N. Kerby AF	T NO
		/19/71 SEXF_W_X_NWA	
U.S. CITIZEN X ALIEN	VETERAN	SERVICEMAN DATE ON SITE	
FAMILY COMPOS		5 1 Name	•
Name Relatio		Employer: Name	4
Jeffery So	n 10	Address MCW_X CaseworkerJohn Harrari	148.00
		Social Security	
		VAFedMult Co	
		Pension: Name	
		Other: Name	
		TOTAL MONTHLY INCOME	148.00
		(Dantially funcia	had)
Rent 50.00 . Inc. He	atgas Water X Gas	20_GarElec_3_00 UnfurnFurn	No. Rms_5
ELICIPILITY EOD DURLIC	HOUSING. (Ves	or no)	
Over 62 Disabled	(Soc.Sec.def.)	Income below limitsX_Assets below	limits_x_
221 CERTIFICATE OF ELL	GIBILITY: Date	delivered by	
Name Ruth R. Renso	n Add	ress 806 East 149(Vancouver, Wash.) P	hone <u>695-857</u>
Information Statement	given to	on by by	
Notice to move given t	°	on by	self (or
	1		
REMOVED FROM CASELOAD:	(Date)	REMAINING ON CASELOAD:	
Refused assistance		Address unknown, tracing	
Kelocated in:			
Low-rent public ho			
Other perm. public Standard priv. rer			
Sub-standard priv.			
hsg. with refusal		Address	
further aid		outside project:	
Standard sales hou		Address	
Sub-standard sales	s hsg.		
Out-of-town Address unknown, al	andoned		
Evicted, no furth	er	FAMILY REFUSED ADDITIONAL ASSIS	STANCE.
assistance		Date Worker	
Other (explain)			
RELOCATION REFERRALS:			
A	ddress	Inspection Certified By	Date
HAP Housing on Dek		HAP C.D.	5/18/71
265 N.E. Saratoga			
NEW ADDRESS: Sa	et e	(HAR) POC (referrel)	
NEW ADDRESS:	me,	Žip	Phone

DATE	NOTES	CN
1/15/71	Flyer delivered by JC. Member of EDPA. Very receptive. Would like Meeting.	JC
1/19/71	Mrs. Van Zile was in the office as a result of the contact in distribution of flyers. She is member of EDPA, but says "wants out as soon as possible" from her present home she rents." She receives \$148.00 from MCW. Has one boy, age 10. Would like to buy a house if at all possible in Humboldt School District. Explained relocation benefits available when project begins.	WSJ
2/18/71	Survey: See above	JC
3/26/71	Mrs. Van Zile was in the office. Wanted to know if project had begin yet, and if not would it ever start?	SLC
5/13/71	Wants to move to a 3 bd. rm. house. Can get rent supplement on 2 bd. rm. or public housing (lease). Needs refrigerator and stove. Has dog.	
5/18/71	Called HAP for housing from Mrs. Van Zile. They directed her to 2651 N.E. Saratoga - Dekum Court.	
6/3/71	Took Mrs. VanZile to Multi Service Center Welfare office to Mr. Harrari. Mrs. VanZile didn't have enough money to make down payment on HAP apt. HAP insisted that she have it all today or they wouldn't hold the house. So, I went to Welfare and they advanced enough money for her to sign up for the apt. Mrs. VanZile has the key and will move. Getting into HAP will be financially difficult in that we used most of her welfare income for deposits-down payment. We allowed her three rooms on the fixed moving scale. (1) Sent for relocation payment; (2) Mrs. VanZile will take additional payment under new act when available.	
1/0	File Closed.	CD

M/11/11 - Called mes. Van zile and informed her Man She was en titles to receive actalitional Genefits asked if she accused come into our Office, sociece e accused advocins the matter. She waid she wasted come in after the 15th.

VILLE

11/17/71 Ralled Mrs VanZ, e to see if

she could come in today (offered transpertation) she said the would be in

by 12:00 A.M. - We revised her

claim for rental assistance based

on 2 Bdr. need by to she and her son.

Also she moved from to a 2 Bdr. although

she had very little furniture she needed

2 Bdr.

11/18/71 Mr. Barnes of legal did was not in
11/23/71 Was in confact with Mn Barner he indicated
that he would talk with Mrs Van Zila and here
her come in and sign the papers for additional
moving a vent assistance.

Dee c. Went out to Mrs. Van Zila to gel the
her signature on