

	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		

R E S U M E

DATE _____

NAME Cecil Vernon

Mrs. Vernon was very nice to work with and when she finally understood her benefits, she went about moving and processing her claim. Her complaint was that it took so long to get her check, but the timing was about the same as most of the people displaced. She caused most of the confusion by changing her mind and having to wait for another apartment.

She seems happy in this apartment and we have paid her all her benefits for this year.

(signed)

Charles Daniels
worker

RESIDENTIAL RELOCATION RECORD

Project Name R-20 Parcel No. A-4-2 Advisor PD
 Client's Name Vernon, Cecil S. Phone _____
 Address 222 N. Hwy Ethn B Age 57

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

Family Composition

Total Number in Family 1
 _____ wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Economic Data

Employer _____ \$ _____
 Address _____
 Other Source of Income MCW \$ 122.-
 _____ \$ _____
 Total Monthly Income \$ (122.-)

- 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 1-31-72 Date of Info pamphlet delivery 1-31-72
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

Jan. 27, 1971

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

Date of initiation of negotiations for purchase of property 6-30-71
 Date of Acquisition 6-2-72
 Date of letter of intent _____
 Date of move 3-23-72

DWELLING UNIT FROM WHICH RELOCATED

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

✓ Age of Housing Unit over 50 yrs.
 ✓ Size of Habitable Area 1000-1200 sq. ft.
 Furnished with claimant's furniture
 YES NO

Total Number of Rooms 5 Rent Paid \$ 55 Utilities _____
 Number of Bedrooms 2 Monthly Housing Payments \$ _____ Taxes _____
 Liens \$ _____ (please explain) _____
 Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 5530 NE 7th #6 LPA Referred _____ ✓ Self Referred _____

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

Outside city Outside state
 ✓ Age of Housing Unit over 40 yrs.
 ✓ Size of Habitable Area 700-800 sq. ft.
 ✓ No. of Rooms 3 No. of Bedrooms 1

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____
 Taxes \$ _____
 RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ _____
 Utilities \$ _____
 Total Rent Assistance \$ 4,000
 Amount of Annual Payment \$ 1,000

No. of Housing Referrals to:

_____ Standard Sales
3 Standard Rent

Agency Referrals:

X MCW X HAP _____ OTHER (_____)
 _____ 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 VERNON, Cecil L. RELOCATION ADVISOR CD
 ADDRESS 222 N. Ivy PHONE 287-3546 PROJECT NAME Emanuel ORE. R-20
 SEX F ETHN black VETERAN _____ AGE 57 PARCEL NO. A 4-2
 MARITAL STATUS _____ TENURE tenant
 DISABILITY _____ INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 _____
 RENT SUPPLEMENT X OTHER _____
 INITIAL INTERVIEW 1-31-72 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>January 27, 1971</u>
INITIATION OF NEGOTIATIONS: <u>June 30, 1971</u>
DATE OF ACQUISITION: _____

ECONOMIC DATA

FAMILY COMPOSITION

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

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure _____ No. Rooms 5
 No. Bedrooms 2 Furn. _____ Unfurn X
 Utilities \$ _____
 Monthly Payments (Rent) \$ 55.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms
<u>3820 N. E. Mallory</u>	
<u>Dalke Manor Apt. 208</u>	

Name of Agency	Date
<u>Multnomah County Welfare</u>	
<u>Food Stamp Program</u>	
<u>Housing Authority</u>	<u>2/25/72</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 5530 N. E. 7th Apt 6. Phone _____ Date of Move March 23, 1972

WHERE RELOCATED:

				S	SS
Same City	X	Subsidized Sales		Single Family	X
Outside City		Subsidized Rental		Multiple Family	
Out of State		Public Housing	X	Duplex	
		Private Rental		Mobile Home	
		Private Sales			

Furnished ___ Unfurnished ___ Number of Rooms 3 Number of Bedrooms 1 Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ 25.00 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)	359 EH	3/31/72	\$ 1,000.00
TACO (Rental)	713 EH	3-12-73	\$ 1000.00
TACO (Rental)	908 EH	3-19-73	\$ 1000.00
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	360 EH	3/31/72	\$ 420.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

TOTAL RHP: \$4,000.00

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

Mrs. Cecil L. Vernon - a tenant at 222 N. Ivy, moved into HAP leased property and received rent assistance payments plus moving expenses and allowances. She had her choice of several HAP apartments, but settled on one at 5530 N. E. 7th, Apt. 6. She was shown one at 3820 N. E. Mallory and one at Dalke Manor. Here is another case where people find it difficult to relate to new housing and seek a surrounding they can relate to. Sometimes because they fear they cannot practice the life style they are accustomed to and other times assuming or feeling that they would not have enough space or their furniture would not fit the property. These are excuses sometimes used, but like water, people seek their own level.

1 Reason { Mrs. Vernon was very nice to work with and when she finally understood her benefits, she went about moving and processing her claim. Her complaint was that it took so long to get her check, but the timing was about the same as most of the people displaced. She caused most of the confusion by changing her mind and having to wait for another apartment.

{ She seems happy in this apartment and we have paid her all her benefits for this year.

BATON
CORRASABLE
BOND
USA
SANKSH
CUSTOMER SERVICE

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 1014 EH

DATE February 26, 1975

PAY TO **Cecil L. Vernon**

\$ 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 222 N. Ivy (Parcel A-4-2). Total approved \$4,000.00 4th and final payment	\$1,000.00
<i>Cecil L. Vernon</i> 2-28-75			

Account Distribution

NO. TITLE AMOUNT

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE February 18, 1975
(Relocation Advisor)

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

RE: Cecil L. Vernon (Emanuel) 5530 N.E. 7th
(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: Same as above

Date Inspected: _____ Condition: Standard _____ Substandard

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

Comments: Mrs Vernon still lives at same address
HAP

SIGNED: Cecil L. Vernon SIGNED: Samuel Daniels
(Displacee) (Relocation Advisor)

DATE: 2/19/75 DATE: 2/19/75

TO: Bob Douglas DATE: 2/19/75

FROM: Chet Daniels

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: Cecil L. Vernon

PROJECT: Emanuel

FOR: 4th and Final Taco Payment

AMOUNT: 1000.00

Jb

SIGNED: Samuel Daniels

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

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

PROJECT NAME (if applicable) Emanuel Hospital Project

PROJECT NUMBER: ORE R-20

INSTRUCTIONS: Complete all applicable items and sign certification in Blank 6. Consult the displacing agency as to whether you need a Claimant's Report of Self-Inspection of Replacement Dwelling to complete and submit with this claim. Omit Block 4 if you have moved into a rental unit. Omit Block 3 if you have purchased and occupied a dwelling unit. Complete only Blocks 1 and 5 if you are a homeowner temporarily displaced because of code enforcement or voluntary rehabilitation.

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

1. FULL NAME OF CLAIMANT

VERNON, Cecil L.

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. _____

a. Address: 222 N. Ivy, Portland, Oregon 97227
b. Apartment or room number: ---
c. Number of bedrooms: 2

d. Monthly rental: \$ 55.00
e. Date you moved out of this dwelling: _____
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): 5530 N. E. 7th, Portland, Oregon 97211
b. Apartment or room number: #6
c. Number of bedrooms: 1

d. Monthly rental: \$ 25.00
e. Date you moved into this dwelling: _____
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.

3-28-72

Date

Mrs. Cecily L. Vernon
Signature of Claimant (s)

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

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

1/ Enter this amount in Block 4, Line d.

Listing of enclosed documents in support of amounts entered in Column (d) above:
(Documentation must be provided to support any claim for incurred costs.)

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

NAME AND ADDRESS OF CLAIMANT:

Cecil L. Vernon
222 N Ivy

COMPUTATION PREPARED BY:

C Daniels
Name
3/7/72
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. \$ 28.97

Computation

25% of adjusted income

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>128.35</u>
Line 2	- \$ <u>28.97</u>
	\$ <u>99.38</u>
	X <u>48</u>

\$ 4770.24

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 VERNON, Cecil L.

Parcel No. A-4-2

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: Feb. 1, 1971

Date of Acquisition: _____

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: Feb. 1, 1971

Date of Initiation of Negotiations: _____

3. Has the replacement housing been inspected and found to be standard? (Attach a copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.) Yes No

Date previously substandard dwelling was inspected and found to be standard:

Month-Day-Year

4. CERTIFICATION OF LOCAL AGENCY

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ 4,000.00 is authorized.

3-29-72

Date

[Signature]
Authorized Signature

5. RECORD OF PAYMENTS

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year \$1,000.00

2nd Year

3rd Year

4th Year

Date of Payment

Check Number

Amount

3/31/72

359EH

\$ 1,000.00

BD

3/12/73

713EH

\$ 1,000.00

BD

3/19/74

908EH

\$ 1,000.00

BD

2/26/75

1014EH

\$ 1,000.00

BD

b. Claimant moved to unit he purchased

\$ _____

c. Homeowner temporarily displaced

\$ _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Emanuel

PROJECT NO. R-20

1. Full name of claimant: _____ Family Individual

Cecil L. Vernon

2. Dwelling unit from which you moved: Parcel No. A-4-2

a. Address 222 N. Ivy c. Number of bedrooms 2

Portland, Oregon d. Monthly rental \$ 55.00

b. Apartment or room number _____ e. Date displaced ?

3. Dwelling unit to which you moved (RENTAL) c. Number of bedrooms 1

a. Address 5330 N.E. 7 Apt. 6 d. Monthly rental \$ 25.00

Portland, Oregon e. Date moved in Jan 1, 1971

b. Apartment or room number _____

4. Dwelling unit to which you moved (PURCHASE) c. Downpayment \$ _____

a. Address _____ d. Incidental expenses \$ _____

b. Number of bedrooms _____ 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 Feb 1, 1971

Date of acquisition _____

Owner-occupant's initial date of ownership _____

2. Did claimant own or rent 90 days prior to initiation of negotiations? Yes No

Date of rental or purchase Feb 1 1971

Date of initiation of negotiations _____

3. Is replacement housing standard? Yes No

If previously substandard, date found standard None

4. Certification: H.A.P.

(Amount of this claim \$ 4000.00)

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

POST OFFICE BOX 349
PORTLAND, OREGON 97207

Portland Development
235 Monroe

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

Gentlemen:

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

1. Name *Cecil Vernon*
2. Address *222 N. Irving*
3. No. of persons in family *one*
4. Total monthly assistance *\$ 12.00*
5. Date assistance to begin *3/16/1966*
6. Date assistance to terminate *No further medical*

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

*On going & need no further
Medical examination*

Quita Abel *MC*
(Caseworker) (Dept.)
3/23/72

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 908 EH

DATE March 19, 1974

PAY TO **Cecil Vernon**

\$ 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 222 N. Ivy (Parcel A-4-2).	
		Total approved \$4,000.00 Third annual payment	\$1,000.00
<i>Cecil Vernon</i>			

Account Distribution

NO.

TITLE

AMOUNT

September 11, 1974

Mrs. Cecil Vernon
5530 N. E. 7th Avenue, Apt. #6
Portland, Oregon 97211

Dear Mrs. Vernon:

It is the desire of the Portland Development Commission to contact former residents of the Emanuel area who were displaced as a result of government action, to learn various aspects of relocating to new environments. Previous attempts to contact you have been unsuccessful; therefore, we would appreciate the opportunity of meeting with you at a convenient time.

Please contact Mrs. Betty Burns, 224-4800, for any information relative to the above.

Thank you for your cooperation.

Very truly yours,

Betty R. Burns
Relocation Advisor

BRB:ch

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-12

PAYABLE TO: Cecil Vernon

For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners or Tenants	\$ <u> </u>
<u>X</u> RHP - Tenants & Certain Others - Rental: Total approved \$ <u>4,000</u> ; Annual amount \$ <u>1,000</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> </u> Business: Moving Expenses	\$ <u> </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 Cecil Vernon Less - \$ *

Move from 222 N. Hwy Total \$ 1,000

Accounting: Indicate symbol and Accounting No.
0600 Relocation Payment; EGO 901 Project Cost *(1,000.00)
3RD

OK VMA

AD

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels (Relocation Advisor) DATE February 26, 1974

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

RE: Cecil L. Vernon (Emanuel) 5530 N.E. 7th
(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: Same

Date Inspected: _____ Condition: _____ Standard _____ Substandard

If substandard: (1) Date re-inspected and found standard _____

or (2) Displacee notified of ineligibility: _____ yes _____ no

Comments: Mrs. Vernon still lives in the above address

SIGNED: Cecil L. Vernon
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: 2/27/74

DATE: 2/27/74

TO: Bob Douglas

DATE: 3/1/74

FROM: Chet Daniels

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: Cecil L. Vernon

PROJECT: Emanuel

FOR: 3rd T.A.C.O.

AMOUNT: \$ 1,000.00

WSJ

SIGNED: Samuel Daniels

INTERVIEW REGISTER

Date		Relocation Worker
1/31/72	Mrs. Vernon came in and expressed a desire to move, and wanted to get into rent supplement, but there were none available at the present time.	
2/12/72	Got necessary papers to gether to go out to the Housing Administration. HAP.	
2/25	Went with Mrs. Vernon to HAP so she could apply for housing.	
3/1	Was offered an apartment at 3820 N. E. Mallory #20, but was later called and told she could not have it because it had been given to someone else.	
3/2	She was then offered an Apartment #208 Dalke Manor which she was assigned and accepted. She will move in as soon as it is painted.	
3/21	Went to HAP to pick up keys.	
3/23	Had to take Mrs. Vernon to various places including HAP, Walnut Park, and new apartment.	
3-7-73	Filed Claim for second TACO.	
3-15-73	Mrs. Vernon came in today to pick up her second TACO payment.	
3-20-74	Mrs. Vernon came in today to pick up her Third TACO payment.	CD

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 713 EH

DATE March 12, 1973

PAY TO **Cecil L. Vernon**

\$ 1,000.00

DOLLARS

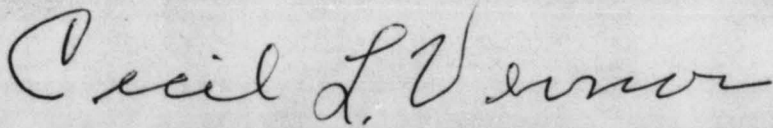
TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



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 222 N. Ivg (Parcel A-4-2). Total approved \$4,000.00 2nd annual payment <u>\$1,000.00</u>	
			

3-15-73

Account Distribution

NO. TITLE AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-4-2

PAYABLE TO: Cecil L. Vernon

For: RHP for Homeowners	\$	_____
Incidental Expenses for Homeowners or Tenants.	\$	_____
<input checked="" type="checkbox"/> RHP - Tenants & Certain Others - Rental: Total approved <u>\$4000</u> ; Annual amount <u>\$1,000.00</u> ^{2nd}	\$	<u>1,000.00</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 Cecil L. Vernon

Less - \$ _____ *

Move from 222 N. Ivy

Total \$1,000.00

Accounting: Indicate symbol and Accounting No.

0600 E60 901 Relocation Payment; 1,000.00 Project Cost *(_____)
RHP-2ND ANNUAL

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: C.D. DATE March 7, 1973
(Relocation Advisor)

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

RE: Cecil L. Vernon 5530 N. E. 7th
(Displacee) (Address)

No. 2nd \$ 1,000.00 3/31/73
(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: 3530 NE 7th Apt. 7

Date Inspected: H.A.P. Condition: Standard Substandard

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

Comments: Apartment belongs to H.A.P. and was standard when she moved in on

SIGNED: Cecil L. Vernon
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: 3-7-73

DATE: 3/7/73

TO:
FROM:

DATE:

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: Cecil L. Vernon
PROJECT: Emmal Hospital Project
FOR: Taco
AMOUNT: \$1000.

WDR

SIGNED: Samuel Daniels
Brew

DATED this 2 day of May 19 72.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 222
N Ivy, 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.

X Mrs. Cecil L. Thorne
(firm name)

by: _____

Dwelling Unit Inventory

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

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

Miscellaneous (List Items)

TV
Radio 2
Washing Machine

COMMENTS:

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 359 EH

DATE March 31, 19 72

PAY TO **Cecil L. Vernon**

\$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 filed for RHP for Tenants. 222 N. Ivy (Parcel A-4-2). Total approved \$4,000.00 1st annual payment	\$1,000.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (RHP) (EH)	\$1,000.00

Cecil L. Vernon

AC

MM

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 360 EH

DATE March 31, 1972

PAY TO **Cecil L. Vernon**

\$ 420.00

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 Payment for Tenants per claim filed. From 222 N. Ivy (Parcel A-4-2).	
		Dislocation allowance \$200.00	
		Fixed payment - own furniture <u>220.00</u>	<u>\$420.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (EH) (Fixed payment - Individual)	\$420.00

Cecil L. Vernon

CC

JMS

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)

Emanuel Hospital Project
Project Number: ORE R-20

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

1. FULL NAME OF CLAIMANT _____ Family Individual

VERNON, Cecil L.

2. DATE(S) OF MOVE _____

3. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-4-2

a. Address _____

222 N. Ivy, Portland, Oregon 97227

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

c. Was it furnished with your own furniture?

Yes No

d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 5

e. Date you moved into this address: Feb. 1, 1971

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) _____

5530 N. E. 7th, Portland, Oregon 97211

b. Apartment, Floor, or Room Number #6

c. Were household goods moved to or from storage?

Yes No

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

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

Dislocation Allowance \$200.00

Fixed Moving Payment 220.00

(Consult local agency)

Total \$ 420.00

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

Cecil L. Vernon
Signature of Claimant

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Cecil L. Vernon
5530 N. E. 7th, Apt. #6
Portland, Oregon 97211

NAME OF LOCAL AGENCY:

Portland Development Commission

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: *Initiation of Negotiations 3/23/71*

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

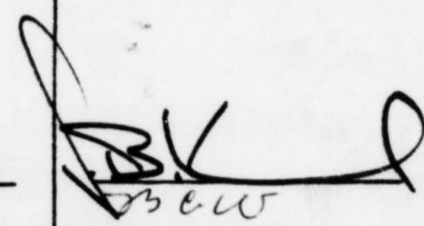
If "Yes," explain basis for approved amount:

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 ^{1/}	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment 220.00 200.00			<u>3-29-72</u>
2. Dislocation allowance 200.00 200.00			
3. Total \$ 420.00	<u>420.00</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

^{1/} Attach full explanation of any adjustments made; e.g., amount set off against claim or amount of dislocation allowance made as an advance payment.

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
		\$			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Cecil L. Vernon Project Emergency
 2. Date(s) of move ? Parcel No. R-20
 3. Dwelling unit from which you moved:
 Address 222 N Ivy No. of rooms 5
 Furnished Unfurnished Date you moved into this unit Feb 1, 1971
 4. Dwelling unit to which you moved:
 Address 5530 N.E. 7th Apt 6
 Were goods moved to or from storage? Yes No

5. Total claim \$ 220.00

 FIXED PAYMENT: \$200 + \$220 = \$420.00

ACTUAL MOVING COSTS

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

 STORAGE COSTS

Name, address and ZIP code of storage company _____

- A. Type of claim
 initial supplementary final
 B. Storage period
 1. Total period: _____ months. Check one: Actual Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____

- C. Storage Costs Approved
- | | | |
|------------------------------------|----------|----------|
| 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)

R E C E I P T

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

X Cecil Vernon

1/31/72
date

Date Initiation Neg.
June 30, 1971

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER C. Daniels PROJECT NO. R-20 PARCEL A4-2

NAME Vernon, Cecil L. ADDRESS 222 N Ivy APT NO. _____

PHONE 2873546 INITIAL INTERVIEW 1/31/72 SEX F W _____ NW B AGE 57

U.S. CITIZEN ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE Jan 27, 1971

FAMILY COMPOSITION

Name	Relation	Age
 	 	
 	 	
 	 	
 	 	
 	 	
 	 	
 	 	

Employer: Name _____ \$ _____
Address _____
MCW Caseworker Anita Able 122.00
Social Security _____
Va. Fed. Mult Co. _____
Pension: Name _____
Other: Name _____

TOTAL MONTHLY INCOME 122.00

Rent 55.09 ^{Pay all Utilities} Inc. Heat Water Gas Gar Elec _____ Unfurn Furn _____ No. Rms 5

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
<u>3820 N.E. Mallory</u>	<u>H.A.P.</u>	<u>2/29/72</u>
<u>Dalkre Manor Apt 208</u>	<u>H.A.P.</u>	<u>3/2/72</u>

NEW ADDRESS: 5530 N.E. 7th Apt. 6 Hap (Rent 35.00) 3/23/72
Zip _____ Phone _____

1/31/72 Mrs. Vernon came in and expressed a desire to move
and wanted to get into rent supplement
but there were none available at present
Got necessary papers together to go out to
2/10/72 The Housing Administration H.A.P.

2/25/72 Went with Mrs. Vernon to H.A.P. so she could ~~make~~
apply for housing.

3/1/72 Was offered a Apt. at 3820 N.E. Mallory #20
but was latter called and told she could not have
it because it had been given to someone else.
3/2/72 She was then offered apt 208 Dalkey Manor
which she was assigned to she accepted.
Will move in as soon as its painted.

3/21/72 Went to H.A.P. to pick-up Keys

3/23/72 Had to take Mrs. Vernon to various
places including H.A.P., Walnut park
New apartment.

Mrs. Cecil L. Vernon - a tenant of 222 N. Ivy moved into H.A.P. leased property and who received Rent assistance payments plus moving expenses and allowances. She had her choice of several H.A.P. apt. but settled on one at 3530 NE 7th Apt 6. She was shown one at 3820 NE Mallory and one at Dalke Manor. Here is another case where people find it difficult to relate to new housing and seek a surrounding they can relate to. Sometimes because ^{they} fear they can not practise the life style they are accustomed to and other times, assuming or feeling that they would not have enough space or their furniture would not fit the property. These are excuses sometimes use but like water, people seek their own level.

Mrs. Vernon was very nice to work with and when she finally understood her benefits she went about moving and processing her claim. Her complaint was that it took so long to get her check, but the timing was about the same as most of the people displaced. She caused the most of the confusion by changing her mind and having to wait on another apt.

She seems happy in this apt and we have paid her all her benefit for this year.

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
222 N. MONROE ST.
PORTLAND, OREGON 97207
PHONE 288-6100

September 1, 1971

Mr. Cecil L. Vernon
222 N. Ivy
Portland, Oregon

Dear Mr. Vernon:

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 order 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 amounts to which you may be entitled. Certain conditions must be met before eligibility 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 do so during our regular office hours - 9:00 a.m. to 5:00 p.m., Monday through Friday, an alternate appointment can be arranged by calling our office. Our office is located at 222 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCV:ch
Enclosure