

	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		

ORDER OF CONTENTS - RESIDENTIAL FILES

- RELOCATION RECORD
- RECORD OF PERSONAL INTERVIEW, ETC.
- CLAIMS - HOUSING
CLAIM FORMS
- SUPPORTING DOCUMENTS FOR CLAIM
- INSPECTION LETTERS
- VERIFICATION OF INCOME, ETC.
- AUTHORIZATION LETTERS
- COPY OF WARRANT
- RELEASE LETTER
- CLAIMS - MOVING
CLAIM FORMS
- INVENTORY
- RELEASE OF PERSONAL PROPERTY *See Brothers File Billy Ward*
- COPY OF WARRANT
- MEMO TO FILE
- MISC. CORRESPONDENCE
- ADDITIONAL INFORMATION
- TAX AND/OR TITLE PRINT OUTS, ETC.
- ORIGINAL SURVEY FORM
- LETTER OF INTENT
- RECEIPT OF INFORMATION STATEMENT OR BROCHURE

R E S U M E /

DATE _____

NAME Ward, Arthur B.

Mr. Ward is one of two brothers who lived at 2651 N. Gantenbein. They shared equally the rent and utilities and upon moving decided to go their separate ways. He moved into an apt. on 10 N. E. Fargo.

(signed) _____



worker

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME WARD, Arthur B. RELOCATION ADVISOR C. Daniels

ADDRESS 2651 N. Gantenbein PHONE 281-3921 PROJECT NAME Emanuel ORE R-20
Apt. # (Down)

SEX M ETHN B VETERAN AGE 23 PARCEL NO. E 4-1

MARITAL STATUS Single TENURE Tenant

DISABILITY INDIV X FAMILY

ELIGIBLE FOR: PUBLIC HOUSING FHA 235

RENT SUPPLEMENT OTHER X

DATE ON SITE: January 15, 1968
 INITIATION OF
 NEGOTIATIONS: May 12, 1971
 DATE OF
 ACQUISITION: 10-6-72

INITIAL INTERVIEW May 9, 1972 DATE INFO PAMPHLET DELIVERED 5/9/72

NOTICE TO MOVE Yes DATES EFFECTIVE EXPIRATION DATE

NOTIFY IN CASE OF EMERGENCY

ECONOMIC DATA

Employer Reiman & KcKenney \$ 525.00
 Address 3300 NW. St. Helens Rd.
 MCW
 Social Security
 Pension
 Other
TOTAL MONTHLY INCOME \$ 525.00

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1907 No. Rooms 5
 No. Bedrooms 2 Furn. Unfurn. X
 Utilities \$ 52.00
 Monthly Payments (Rent) \$ 60.00
 Acquisition Price \$
 Taxes \$ Equity \$
 Liens \$

Size of Habitable Area

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

AGENCY ACTION:

REASONS:

Appeals		
Evicted		
Refused Assistance		
Address Unknown (tracing)		
Other (death, etc.)		

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred X LPA Referred _____

Address 10 N.E. Fargo #1 Phone _____ Date of Move October 1, 1971

WHERE RELOCATED:

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

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

Utilities \$ _____ Monthly Payments (Rent) \$ 100.00 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)	435 EH	6/14/72	\$ 813.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	435 EH	6/14/72	\$ 340.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

Total
\$3,252.00

TOTAL BENEFITS RECEIVED \$ 1,153.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. E-4-1 Advisor JCD

Client's Name Ward, Arthur B Phone 281-3921

Address 2651 N Gautenbein^(down) Ethn B Age 23

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

Family Composition

Economic Data

Total Number in Family 1
 _____ wife, husband

Employer Reinman & Mc Kenney \$ 525.-
 Address _____

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Other Source of Income _____ \$
 _____ \$
 Total Monthly Income \$ (525.-)

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

Presently Receiving Welfare YES NO
 Other Assistance _____

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

- YES NO

Date of initial interview 5-9-72 Date of Info pamphlet delivery 5/9/72
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

1-15-68

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

Date of initiation of negotiations for purchase of property 5-12-71
 Date of Acquisition 10-6-72
 Date of letter of Intent _____
 Date of move 10-1-71

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	
Private Rental		Duplex	
Other		Multiple Family	

Age of Housing Unit 1907

✓ Size of Habitable Area 1058

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 5 Rent Paid \$ 60- Utilities 52-

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

3024 N.E. 14th Place REPLACEMENT DWELLING UNIT

Address 10 NE Fargo #1 LPA Referred _____ Self Referred

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

LPA Referred _____ Self Referred

Outside city Outside state

Age of Housing Unit over 60

Size of Habitable Area 400-600 sq. ft

No. of Rooms 3 No. of Bedrooms 1

For Claimants Who Purchased

For Claimants Who Rented

Purchase Price of Replacement Dwelling \$ _____

Rent \$ 100-

Taxes \$ _____

Utilities \$ _____

RHP or TACO (including incidental costs) \$ _____

Total Rent Assistance \$ 3252-

Amount of Annual Payment \$ 813-

No. of Housing Referrals to: ✓

Agency Referrals: ✓

_____ Standard Sales

_____ MCW _____ HAP _____ OTHER (_____)

✓ _____ Standard Rent

_____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

DATE	NOTES	C/W
1/15/71	Flyer delivered by James Crolley. Planning on leaving for Detroit. Survey: will rent house, \$100.00 month gross - North or N.E. area 2 bedroom.	JC CD XX
4/7/72	Mr. & Mrs. Clark moved in to this location 4/1/72 - Mr. George Clark works for coast Janitorial - Pay \$45.00	CD
6/12/72	Talked with Mr. Arthur Ward to find out what part Kathy Ward played - She was not related to Mr. Ward and although their last names are the same She was merely a house guest at the time of the survey.	CD
6/15/72	Mr. Wards check came in today and I notified him in the usual manners. He could pick it up. Mr. Ward is very happy about the apartment.	CD
6/16/72	Mr. Ward came in and got his first rent assistance check, also his moving money. He was very happy with the way everything turned out for him. Mr. Ward is now in a reconditioned apartment and has bettered his living habit and standard.	CD
6/8/72	Note to File - Arthur B. Ward June 8, 1972	CD
	Mr. Arthur B. Ward's claim is being filed late because Mr. Ward was not properly informed of his benefits during the time period allocated for filing of claims. Mr. Ward was contacted prior to PDC having ability to make a definite determination as to his benefits under the Relocation Act of 1970. However, after waiting several months he decided to move to 10 N.E. Fargo (moved October 1, 1971), where he has been residing in an apartment. We did not have contact with Mr. Ward at the time of his relocation and were able to trace him only thru very unusual circumstances	
	On may 9, 1972 I was able to see Mr. Ward and advise him of his benefits. A claim was promptly filed and an inspection of the premises obtained.	
6-8-73	In accordance with question 39, on page 16 of the Questions & Answers Seminar on the Uniform Relocation Assistance and Real Property Acquisition Politics Act of 1970 publication, I feel we are justified in paying this claim.	CD
	Chet Daniels	
6-8-73	Mr. Arthur Ward came in and picked up his 2nd TACO check. He still lives in this same apt. at 10 N. E. Fargo.	CD
6-13-74	Claim filed and payment made for third TACO. Warrant # 941EH.	CD
5/15/75	Filed claim for 4th and final TACO payment. Mr. Ward moved to 5024 N.E. 14th Place. The house has five rooms, 2 bedrooms, with basement. This house was recently remodeled and modernized under City Code and Model Cities P.R.S. standards.	
	Mr. Ward was very congenial to work with and is married now. He has set up housekeeping and seems very happy.	CD

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 1051 EHDATE May 21, 19 75PAY TO **Arthur B. Ward****\$ 813.00****DOLLARS**TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

Portland Development Commission . 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RMP for Tenants filed. Move from 2651 N. Santenbein (Parcel E-4-1) - Total approved \$3,252.00 4TH & FINAL PAYMENT	\$813.00
		<i>Arthur B. Ward</i> <i>5024 N.E. 14th Pl</i> <i>6-3-75</i>	

Account Distribution

NO.

TITLE

AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: E-4-1

PAYABLE TO: Arthur B. Ward

For: <input type="checkbox"/> RHP for Homeowners	\$ _____
<input type="checkbox"/> Incidental Expenses for Homeowners or Tenants.	\$ _____
<input checked="" type="checkbox"/> RHP - Tenants & Certain Others - Rental: Total approved \$ _____; Annual amount \$ <u>813.⁰⁰</u>	\$ _____
<input type="checkbox"/> RHP - Tenants & Certain Others - Downpayment	\$ _____
<input type="checkbox"/> Settlement Costs (on acquisition by LPA only).	\$ _____
<input type="checkbox"/> Interest Expense	\$ _____
<input type="checkbox"/> Fixed Moving Payment	\$ _____
<input type="checkbox"/> Dislocation Allowance.	\$ _____
<input type="checkbox"/> Actual Moving Costs.	\$ _____
<input type="checkbox"/> Storage Costs.	\$ _____
<input type="checkbox"/> Business: Moving Expenses.	\$ _____
<input type="checkbox"/> Business: In Lieu Payment.	\$ _____
<input type="checkbox"/> Business: Storage Costs.	\$ _____
<input type="checkbox"/> Business: Loss of Property	\$ _____
<input type="checkbox"/> Business: Searching Expenses	\$ _____

Name of Client Arthur B. Ward Family Less - \$ _____ *

Move from 2651 N. Gartenbein Individual Total \$ 813.⁰⁰

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

0600 X10 901

4th ~~to~~ Final Payment
 JAW

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: S. C. Daniels DATE 5-1-75
(Relocation Advisor)

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

RE: Arthur B. Ward 10 N. E. Fargo
(Displacee) (Address)

No. 4th & Final \$ 813 6-7-75
(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: 5024 N.E. 14th Place

Date Inspected: 5/14/75 Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard _____

or (2) Displacee notified of ineligibility: yes no

Comments: This home was recently remodel-

SIGNED: Arthur B. Ward
(Displacee)

SIGNED: Samuel H. Daniels
(Relocation Advisor)

DATE: 5-12-75

DATE: 5/14/75

TO: Bob Douglas

DATE: 5/15/75

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: Arthur B. Ward

PROJECT: Emanuel

JM

FOR: 4th & Final TACO Payment

AMOUNT: 813

BCW

SIGNED: Samuel H. Daniels

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

NAME OF CLAIMANT Arthur B. Ward

Parcel No. E-4-1

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: January 15, 1968

Date of Acquisition: n/a

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: January 15, 1968

Date of Initiation of Negotiations: May 12, 1971

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 \$ ~~3,250.00~~ 3,352.00 is authorized.

6-12-72

Date


Authorized Signature

5. RECORD OF PAYMENTS

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year

2nd Year

3rd Year

4th Year

Date of Payment

Check Number

Amount

_____ \$ _____

6/14/72 435EH \$ 813.00

6/6/73 766EH \$ 813.00

6/12/77 941EH \$ 813.00 ^{AD}

5-19-75 1051EH \$ 813.00

b. Claimant moved to unit he purchased

_____ \$ _____

c. Homeowner temporarily displaced

_____ \$ _____

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.

June 7, 1972
Date

Arthur B. Ward
Signature of Claimant (s)

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

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

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

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

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Arthur B. Ward
10 N. E. Fargo, Apt. #1
Portland, Oregon 97227

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:

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:

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

Portland Development Commission
1400 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

WARD, Arthur B.

2. DATE(S) OF MOVE

10/1/71

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. F-4-1

a. Address 2651 N. Gantenbein, 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: 3)

e. Date you moved into this address: January 15, 1968

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) 10 N. E. Fargo, Portland, Oregon 97227

b. Apartment, Floor, or Room Number --- #1

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 140.00

(Consult local agency)

Total \$ 340.00

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.

6/7/72

Date

Arthur B Ward
Signature of Claimant

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>140.00</u>			<u>6-12-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>340.00</u>	<u>340.00</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>6/14/72</u>	<u>435EN</u>	<u>\$ 340.00</u>			<u>\$</u>

INSPECTED BY Chet Daniels DATE 5/14/75 MET NOT MET

NAME Arthur B. Ward PHONE 281-3921

ADDRESS 3024 N.E. 14th Place

HOUSE DUPLEX APT SR HK

NO. OF ROOMS 5 COMP FURN PART FURN UNFURN

NO. OF ROOMS ACCESSIBLE BY STAIRS 1 BY ELEVATOR

MANAGER OWNER Jim Errin

RENT 160., INCL HEAT WATER GAS GAR ELEC

NO. BRS. 2 SIZE #1 #2 #3 #4

Pls Attic

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

GENERAL REQUIREMENTS:

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

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

EFFICIENCY UNITS:

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

LIVING AREA:

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

BEDROOMS:

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

	MET	NOT MET
26. There must be 50 sq. ft. additional for each occupant in excess of two. (29.20.030(b)) No. Brs. <u>2</u> Size: #1 <u>10' x 10'</u> #2 <u>12' x 14'</u> #3 _____ #4 _____ #5 _____	✓	
KITCHEN:		
27. Plumbing fixtures, including sink, must be of nonabsorbent material with hot and cold running water, properly installed, and in good working condition. (29.20.050(d))	✓	
28. A kitchen must have not less than 35 sq. ft. (29.20.030)	✓	
BATHROOM:		
29. Bathrooms must have at least one electric light fixture. (29.24.040)	✓	
30. Bathrooms must not open directly off the kitchen. (29.20.050(f))	✓	
31. Bathrooms and toilet rooms must afford privacy. (29.20.050(g))	✓	
32. Dwelling unit must contain at least one bathroom with sink, toilet, wash basin, tub or shower properly connected to both hot and cold water lines with air change once every 5 minutes. (29.20.050)	✓	
33. In buildings with sleeping rooms there must be toilet facilities or one toilet, lavatory, tub or shower for every 10 of each sex, accessible from a public hall. (29.20.050(b))	✓	
34. Plumbing fixtures must be of nonabsorbent material, properly installed, and in good working condition. (29.20.050)	✓	
35. Water closet compartments must be of approved nonabsorbent material. (29.20.050(e))	✓	
BASEMENT:		
36. Basement areas more than 50% below grade cannot be used for habitation. (29.20.040 & 29.08 "Definitions")	✓	
37. Basement areas must be dry and well drained. (29.20.040)	✓	
SPACE REQUIREMENTS FOR STANDARD HOUSING		
1. Opposite sex children may not share a bedroom with a child over six (6) years of age.	✓	
2. Husband and wife should not share a bedroom with a child over three (3) years of age.	✓	

3. * Chart of bedrooms needed:

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

* Indicates exceptions regarding efficiency units.

COMMENTS:

This house was recently remodel under Model Cities R.R.S. Program. and city @ode requirement,

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

June 6, 1972

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwiddden, Chief

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

Attn: Chet Daniels

Re: 10 N. E. Fargo Street

Dear Sirs:

As the result of a displaced person and at your request, a partial inspection was made by the Housing Division of the two-story, wood frame, four-unit apartment house at the above address.

Our inspector reports the one bedroom unit, designated as Apartment #1, is in standard condition and complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CMC:vm

cc: Mr. McDonald of Albina Real Estate

June 13, 1974

Mr. Arthur B. Ward
10 N. E. Fargo
Portland, Oregon 97212

Dear Mr. Ward:

Enclosed you will find our Warrant No. 941 EH in the amount of \$813.00, representing the third annual installment of the rental assistance payment to which you are entitled as a result of your displacement from 2651 N. Gantenbein.

To remain eligible for the next payment you must continue to occupy standard housing.

Very truly yours,

S. Chester Daniels
Relocation Advisor

Enclosure

WILLIAM
MAMMAM

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

941 EH

DATE June 12, 1974

PAY TO **Arthur B. Ward**

\$ 813.00

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 2651 N. Gantenbein (Parcel E-4-1)	
		Total approved \$3,252.00 3rd annual payment	\$813.00

Account Distribution

NO.

TITLE

AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: E-4-1

PAYABLE TO: Arthur B. Ward

For: <input type="checkbox"/>	RHP for Homeowners	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants.	\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$3252 ⁻ ; Annual amount	\$	<u>813⁰⁰</u>
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only).	\$	_____
<input type="checkbox"/>	Interest Expense	\$	_____
<input type="checkbox"/>	Fixed Moving Payment	\$	_____
<input type="checkbox"/>	Dislocation Allowance.	\$	_____
<input type="checkbox"/>	Actual Moving Costs.	\$	_____
<input type="checkbox"/>	Storage Costs.	\$	_____
<input type="checkbox"/>	Business: Moving Expenses.	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment.	\$	_____
<input type="checkbox"/>	Business: Storage Costs.	\$	_____
<input type="checkbox"/>	Business: Loss of Property	\$	_____
<input type="checkbox"/>	Business: Searching Expenses	\$	_____

Name of Client Arthur B Ward Family Less - \$ _____ *

Move from 2651 N. Gantenbein Individual Total \$ 813⁰⁰

Accounting: Indicate symbol and Accounting No.
0600 E60 901 Relocation Payment; 813.00 Project Cost *(_____)
110

OK VMP

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE May 24, 1974
(Relocation Advisor)

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

RE: Arthur B. Ward (Emanuel) 10 N. E. Fargo
(Displacee) (Address)

No. 3rd \$ 813.00 June, 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 as above

Date Inspected: _____ Condition: _____ Standard _____ Substandard

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

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

Comments: Seem to enjoy the Apt. he lives in.

SIGNED: Arthur B. Ward
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: 6/6/74

DATE: 6/7/74

TO: Bob Douglas

DATE: 6/7/74

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: Arthur B. Ward

PROJECT: Emanuel

FOR: 3rd TACO

AMOUNT: 813.00

wsf

SIGNED: Samuel Daniels

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 766 EH

DATE June 6, 19 73

PAY TO **Arthur B. Ward**

\$ 813.00

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
		<p>Reimbursement per Claim for RHP for Tenants filed. Move from 2651 N. Gantenbein (Parcel E-4-1)</p> <p>Total approved \$3,252.00 2nd annual payment</p> <p><i>Rec'd June 8, 1973 + Arthur B. Ward</i></p>	<p><u>\$813.00</u></p>

Account Distribution

NO. TITLE AMOUNT

0600 E60 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels (Relocation Advisor) DATE May 23, 1973

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

RE: Arthur B. Ward (Displacee) 10 N.E. Fargo (Address)

No. 2 (annual payment) \$ 813 (amount) 6/14/73 (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: 10 NE Fargo

Date Inspected: June 6, 1972 Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard _____

or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Ward still lives in the same place

SIGNED: Arthur B. Ward (Displacee)

SIGNED: Samuel C. Daniels (Relocation Advisor)

DATE: 5/30/73

DATE: 5/31/73

TO: Bob Douglas

DATE: _____

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: Arthur B. Ward

PROJECT: Emanuel

FOR: Taco

AMOUNT: \$813.00

WSD

SIGNED: Samuel C. Daniels

BCW

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 435 EH

DATE June 14, 19 72

PAY TO **Arthur B. Ward**

\$1,153.00

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 Relocation Payment filed. Move from 2651 N. Gantenbein (E-4-1). RHP for Tenants - total approved \$3,252.00 1st annual payment \$813.00 Fixed moving payment-own furniture 140.00 Dislocation allowance <u>200.00</u>	<u>\$1,153.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (EH)	\$1,153.00
	(RHP \$813.00)	
	(Fixed payment - individual \$340.00)	

Arthur B. Ward
 Rec. 6-16-72

JMS

RELOCATION PAYMENT

Project: Emanuel ORE R-20 Parcel: E-4-1

Payable to: Arthur B. Ward

Amount

For: <u> </u> RHP for Homeowners	\$	<u> </u>
<u> </u> Incidental Expenses for Homeowners (if separate claim)	\$	<u> </u>
<u> X </u> RHP for Tenants & Certain Others:		
Rental: Total approved \$ <u>3252.00</u> ; Annual amount.	\$	<u>813.00</u>
or Purchase:	\$	<u> </u>
<u> X </u> Fixed Moving Payment	\$	<u>140.00</u>
<u> X </u> Dislocation Allowance.	\$	<u>200.00</u>
<u> </u> Actual Moving Costs.	\$	<u> </u>
<u> </u> Storage Costs (if separate claim).	\$	<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 Arthur B. Ward Less - \$ *

Move from 2651 N. Gantenbein Total \$ 1153.00

Accounting: Indicate symbol & Acct. No.
E1501 Relocation Payment; Project Cost * ()

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Arthur Ward Project Emanuel
 2. Date(s) of move 10/1/71 Parcel No. E4-1
 3. Dwelling unit from which you moved:
 Address 2651 N. Gantenbein No. of rooms 3
 ___ Furnished Unfurnished Date you moved into this unit Jan 15, 1968

4. Dwelling unit to which you moved:
 Address 10 NE Fargo Apt. #1
 Were goods moved to or from storage? ___ Yes No

5. Total claim \$ 140.00

 FIXED PAYMENT: \$200 + \$140. = \$340.00

*3 Rooms Only
5 rm Dwelling Unit*

ACTUAL MOVING COSTS

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

STORAGE COSTS

Name, address and ZIP code of storage company _____

A. Type of claim

___ initial ___ supplementary ___ final

B. Storage period

1. Total period: ___ months. Check one: ___ Actual ___ Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____

C. Storage Costs

		<u>Approved</u>
1. Monthly rate	\$ _____	\$ _____
2. Total costs actually incurred	\$ _____	\$ _____
3. Amount previously received	\$ _____	\$ _____
4. Amount claimed (line 2 minus 3)	\$ _____	\$ _____

D. Description of Property Stored: please list on back of this sheet.

E. Method of Payment

___ reimburse client (attach receipt or paid bill)
 ___ pay storage company directly (attach bill)

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

NAME AND ADDRESS OF CLAIMANT:

Arthur Ward
2651 N. Cantonberry

COMPUTATION PREPARED BY:

C Daniels
Name
6/1/72
Date

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

Required Information

1. Monthly gross rental for comparable unit \$ 97.75
(cost based on: Schedule
 Comparative
 Other)

2. Base monthly rental for claimant's former dwelling, or 25% of adjusted monthly income, whichever is less. \$ 30.00
Computation *Total rent \$60, shared equally by Each had one Separate Bedroom - shared Arthur & Billy Ward*

3. Line 1 minus Line 2, multiplied by 48 mt. & Bath.

Line 1	\$ <u>97.75</u>	
Line 2	\$ <u>30.00</u>	
	\$ <u>67.75</u>	
	X <u>48</u>	3252.00
		\$ <u>3249.60</u>

4. Base amount (if amount on Line 3 is \$4,000 or more, enter \$4,000. If amount on Line 3 is less than \$4,000, enter amount on Line 3.) 3252.00
\$ ~~3249.60~~

5. Minus adjustments (Attach full explanation) - \$ 0-

6. Amount of rental assistance payment (Line 4 minus Line 5) 3252.00
\$ ~~3249.60~~

7. Annual Payment \$ ~~812.40~~
813.00
(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.

TCO-5 Page 5.
This particular parcel contains up & down duplex. POC offered \$7500 on May 12, 1971. On basis of economic rent, $\frac{3}{4}$ of 1% of purchase price, rent would be \$56 for whole bldg or \$28 for each unit

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

Arthur Ward

2. Dwelling unit from which you moved: Parcel No. E4-1

a. Address 2651 N. Gantenbein
Portland, Oregon

c. Number of bedrooms 1

d. Monthly rental \$ 30. (his share)

b. Apartment or room number _____

e. Date displaced 10/1/71

3. Dwelling unit to which you moved (RENTAL)

a. Address 10 NE. Fargo Apt 1
Portland, Oregon

c. Number of bedrooms 1

d. Monthly rental \$ 100.00

b. Apartment or room number _____

e. Date moved in _____

4. Dwelling unit to which you moved (PURCHASE)

a. Address _____

c. Downpayment \$ _____

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 Jan 15 1968

Date of acquisition Not acquired

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 Jan 15, 1968

Date of initiation of negotiations May 12, 1971

3. Is replacement housing standard? Yes No

If previously substandard, date found standard 6/2/72

4. Certification: Bureau of Buildings

(Amount of this claim \$ 3249.60)

Dwelling Unit Inventory

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

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

Miscellaneous (List Items)

Stereo
T.V.

COMMENTS:

PORTLAND DEVELOPMENT COMMISSION

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

September 1, 1971

Mr. Arthur B. Ward
2651 N. Gantenbein
Portland, Oregon

Dear Mr. Ward:

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 come during our regular office hours - 8:30 a.m. to 5:00 p.m., Monday through Friday, an alternate appointment can be arranged by calling 288-8169. Our office is located at 235 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure

HOUSING RESOURCES SURVEY

RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF EMANUEL HOSPITAL PROJECT AREA

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

Analyst _____ Date of survey _____ Tabulator _____ Date tabulated _____
Dwelling Unit No. 6 Structure No. 5 Census Block No. 76 Census Tract No. 22A
Street Address 2651 N. Gantenbein Apartment No. down

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

- 1. Assistance may be needed, yes X, no
2. Why no assistance may be needed
a. Vacant
b. Will be vacated on the following date could Move in 90 day after close
c. Other reasons

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

Table with columns: Name, Family relation, Age, Sex, Occupation. Rows include Arthur B. Ward (Head of household, 27, M, Laborer), Kathy Ward (22, F), Billy H. Ward (Brother, 24, M, Laborer).

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

Table for jobholders: Names of jobholders, Names of employers, Street address where jobs are located, Distance to work. Includes Arthur B. Ward (Timber Structures, 3400 NW Yeon, 5 MI) and Billy H. Ward (Pacific NW Bell, SW 4th Ave, 5 MI).

2. Monthly income from jobs and from all other sources received by persons in this household:

Table for monthly income: Names of persons in this household, Amount of income per month (In month before this survey, In an average month during 1970). Includes Arthur B. Ward (\$549.00) and Billy H. Ward (\$513.00). Total family or household income per month \$1,062.00.

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

- 1. Location (indicate approximate cross streets) North or NE
2. Transportation, number of autos owned, use bus, walk
3. Will rent house, apartment, expect to pay rent, including utilities, at \$100 per mo.
4. Will buy house in price range \$100.00, down payment of \$, monthly payment of \$
5. If now buying this house, how much are payments on contract or mortgage monthly \$
6. Size of unit to be sought, number of bedrooms 2, kitchen, dining room, living room, number of bathrooms, total sq. ft. in dwelling unit
7. Other characteristics W O I M

date on Site 3 yrs

after 5 PM E 4

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

Analyst _____ Date _____ Surveyed _____ Tabulator _____ Date _____
 Dwelling Unit No. 6 Structure No. 5 Census Block No. 76 Census Tract No. 22A
 Street Address 2651 N. Gantenbein Apartment No. down
 Legal Description _____

NAME OF OCCUPANT: _____ NAME & ADDRESS OF OWNER: Brooks, Blance E. NAME & ADDRESS OF PROP. MGR: _____
 TELEPHONE: _____ TELEPHONE: _____ TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

Kind of dwelling unit	No. of units in bldg.
_____ One-family house	_____
_____ Apt. in a house	_____
<u>X</u> Apt. in apt. bldg. or plex	<u>2</u>
_____ Apt. in comm. bldg.	_____
_____ Mobile home or trailer	_____

This structure has 2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

_____ Owner occupied
X Renter occupied
 _____ Vacant

III. SIZE OF DWELLING UNIT

1058 Sq. ft. in first floor (county figure)
1058 Sq. ft. in dwelling unit (if more than 1 floor)
5 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
2 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
1971 Period market value data applicable
1967 Date of last appraisal
1907 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

C. Market value data for dwelling unit in a multiple-family structure or commercial bldg.

	Market value for entire structure	Computed value per sq. ft. for this dw. unit
Land	\$ <u>2230</u>	\$ _____
Improvements	<u>4570</u>	_____
Total	<u>6800</u>	_____

2116 Sq. ft. of all d. u. in this structure
 _____ Sq. ft. of commercial space and value of commercial space: Land \$ _____, improvements \$ _____, total \$ _____.

V. RENTAL RATE FOR THIS RENTED UNIT

Monthly average	Cash rent	Utilities	Total paid by renter
Rent	\$ <u>55</u>	_____	\$ _____
Electricity	_____	\$ <u>10.00</u>	_____
Gas	_____	_____	_____
Water	_____	<u>7.00</u>	_____
Heat (oil, or other)	_____	<u>35.00</u>	_____
Total	\$ <u>55</u>	\$ <u>52.00</u>	\$ <u>107.00</u>

Deposits required of renter
 Advance rent \$ _____, other \$ _____

Rental information obtained from
 Tenant X, owner _____, manager _____, or estimated from assessor's data _____.

VI. FOR SALE INFORMATION FOR THIS HOUSE THAT IS OCCUPIED BY OWNER OR RENTER

Listed with broker, yes _____, no _____
 Advertised by owner, yes _____, no _____
 Cash asking price \$ _____
 Period house has been for sale, months _____

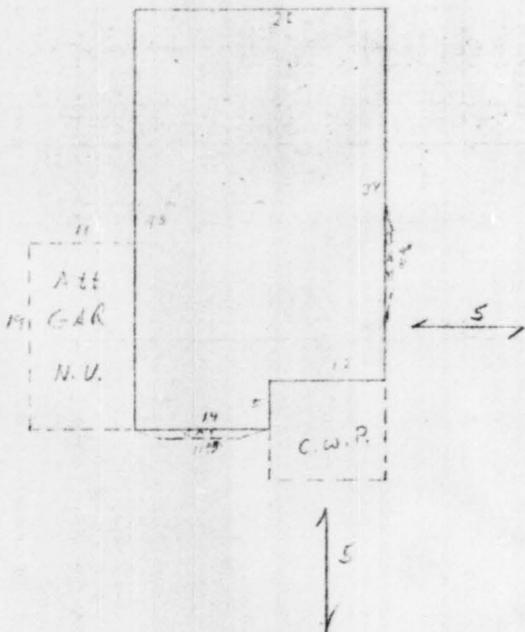
VII. REMARKS

1 1-25950-0840 BROOKS, BLANCHE E
 MAP: 2730 BY WILLIAMS PAUL & CLYDE
 ZONE: A25
 RATIO: 1401 4214 N VANCOUVER
 LVY C: 001 PORTLAND, OREGON 97217

EVANS ADD LOT BLOCK
 E 54' OF 18 4

PROPERTY ADDRESS: 2651 N GANTENBEIN AVE
 PORTLAND

APPEALS:



AVE OR ST.

SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN DATE
1968			2150	4400	6550	213 a 10' 08
1971			2230	4570	6800	UJ



FINCT. G A P

FCOM. G A P Not best land use

COND. G A P badly in need of maintenance

REMARKS 1968 Dist RIA

INSP OUTSIDE	DATE 2-2-68	SIGN R. Fisher	DEPUTY
CHECKED	REVIEWED	BLDG COUNT	INDEX
DATE 110 21 68	MAY 29 1968	RE-CHECKED	NOTIFIED
BY H. B. ...	ELEANOR		

FORM 67 REV. 3-60

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 Arthur B. Ward

5/9/72

date