

	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, BTRDIE 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 Ward, Billy L.

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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 to Eugene, Oregon and was married. He seems happy about the outcome of his move.

His move to Eugene was caused by his acceptance of a training program job with Bonneville Power. This program caused a change in address about every year of the four-year TACO payment period. He was very appreciative of the TACO payment and the help it gave him during these years of training. His future looks good as far as his job is concerned.

(signed) \_\_\_\_\_

CL

worker

RESIDENTIAL RELOCATION RECORD

282-4185

CLIENT'S NAME Billy L. Ward RELOCATION ADVISOR C. Daniels  
 ADDRESS 2651 N. Gantenbein PHONE 282-1970 PROJECT NAME Emanuel  
 SEX M ETHN B VETERAN \_\_\_\_\_ AGE 25 PARCEL NO. E 4-1  
 MARITAL STATUS yes TENURE 1 1/2 years  
 DISABILITY \_\_\_\_\_ INDIV \_\_\_\_\_ FAMILY \_\_\_\_\_  
 ELIGIBLE FOR: PUBLIC HOUSING \_\_\_\_\_ FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT \_\_\_\_\_ OTHER \_\_\_\_\_  
 INITIAL INTERVIEW 5-5-72 DATE INFO PAMPHLET DELIVERED \_\_\_\_\_  
 NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE 10-1-71 EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY Ella K. Ward 880-539-4924

DATE ON SITE:	<u>2-1-70</u>
INITIATION OF NEGOTIATIONS:	<u>5-12-71</u>
DATE OF ACQUISITION:	<u>10/6/72</u>

ECONOMIC DATA

Employer Pacific N.W. Bell \$ 450.00  
 Address \_\_\_\_\_  
 MCW \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other Portland Public School 400.00  
wife's income  
 TOTAL MONTHLY INCOME \$ 850.00

FAMILY COMPOSITION

Name	Relation	Age
Ella K.	Wife	32
Moy Joyce Hatcher	DAU	16
Shirley	"	15
Patsy	"	14
Crystal	"	10

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure \_\_\_\_\_ No. Rooms 5  
 No. Bedrooms 1 Furn. \_\_\_\_\_ Unfurn X  
 Utilities \$ 60.00  
 Monthly Payments (Rent) \$ 1/2/mo 60.00  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

Size of Habitable Area \_\_\_\_\_

HOUSING REFERRALS

Address	Bedrooms
<u>501 N. Beech</u>	<u>4</u>

AGENCY REFERRALS

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

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

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

REPLACEMENT DWELLING UNIT

Client Referred \_\_\_\_\_ LPA Referred \_\_\_\_\_  
 Address 8416 N.E. 123 Ave. Vancouver Wash Phone 256-3888 Date of Move 9-1-72  
~~4650 Paul # 40 Eugene~~

WHERE RELOCATED:

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

Furnished \_\_\_\_\_ Unfurnished \_\_\_\_\_ Number of Rooms \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Habitable Area \_\_\_\_\_

Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Age of Structure: \_\_\_\_\_ Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_ Distance Moved Away \_\_\_\_\_

Name of Moving Company \_\_\_\_\_ Name of Realtor \_\_\_\_\_

BENEFITS RECEIVED

Type	Ck #	Date	Amount	Purchase Price	\$
RHP			\$		
TACO (Rental)	494EH	8-9-72	\$ 813.00	Down Payment	\$ _____
TACO (Rental)			\$	RHP	\$ _____
TACO (Rental)			\$	Total Down	- \$ _____
TACO (Rental)			\$	Total Mortgage	\$ _____
TACO (Sales)			\$		
Fixed Moving			\$		
Actual Move	494EH	8-9-72	\$ 300.-		
Storage			\$		
Incidental			\$		
Interest			\$		

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

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

RESIDENTIAL RELOCATION RECORD

Project Name R-20 Parcel No. E-4-1 Advisor SCD  
 Client's Name Ward, Billy Phone 232-1972  
 Address 2651 N. Yantenbein Ethn B Age 25

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

Family Composition

Total Number in Family 6  
2 wife, husband

Other:

Relation	Age	Relation	Age
wife	32		
D	16		
D	15		
D	14		
D	12		

Economic Data

Employer P.N.W. Bell \$ 450<sup>00</sup>  
 Address \_\_\_\_\_  
 Other Source of Income  
Wife Portland \$ \_\_\_\_\_  
Public Schools \$ 400-  
 Total Monthly Income \$ (850-)

Married after 1<sup>st</sup> move in project

- 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 5-5-72      Date of Info pamphlet delivery 5-5-72  
 Date Notice to Move given \_\_\_\_\_      Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY 2-1-70

(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 9-1-72

INTERVIEW REGISTER

Date

Relocation  
Worker

NOTE TO FILE - Mr. Billy L. Ward

Mr. Billy L. 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 getting married, Mr. Ward moved in with his wife. She was buying the house at the time.

Mr. Ward was residing there (501 N. Beach) when I contact him which was May 8, 1972. At this time, I advised him of his benefits under the Relocation Act of 1970. He told me that he was not sure what he would like to do.

Later, Mr. Ward came in and said he was going to rent in Eugene, Oregon and needed the rent assistance to help him pay his rent. He plans to sell the house at 501 N. Beach eventually and move to Eugene where he has secured an apartment (1650 Pearl, Apt. #10). An inspection has been made of the apartment in Eugene and it meets the city code. We are preparing his claim for rent assistance and filing it.

In accordance with question 39, on page 16 of the Questions & Answers Seminar on the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 publication, I feel we are justified in paying this claim.

Chet Daniels

8-10-72

Closing - Mr. Ward came in to pick up his check RHP for Tenants - first payment and allowance. He seems very happy with the outcome of his move from hospital project. If he can settle his problem with selling the house on 501 N. Beech he would be in good shape.  
Chet Daniels

7-16-73

Notice of TACO yearly payment - New address 8416 N. E. 123rd, Vancouver Inspected 7-24-73. Filed Claim 7-24-73. Paid 8-3-73. 2nd TACO New address 8005 N. W. 4th., Vancouver 206-695-2769

JC

8-16-74

Mr. Ward received his third annual installment of rental assistance payment. He now lives at 504 W. 10th St., The Dalles, Oregon 97058. Received letter from the Wasco Sherman Public Health Dept. certifying the house to be suitable for occupancy under their code. Mr. I. D. Reiersen, R. S. Signed letter sent to PDC August 9, 1974.

SCD

5/30/  
75

Sent Warrant No. 1052 EH in the amount of \$813.00, representing 4th & final installment, to Billy Ward, 504 W. 10th St., The Dalles, Ore., as a result of displacement from 2651 N. Gantenbein.

SCD

5/16/  
75

Mr. Ward came in to sign for his 4th and final TACO payment. This claim form did not give his updated address from last year. We qualified the address last year.

SCD

CLAIM FOR REPLACEMENT HOUSING PAYMENT  
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:  
Portland Development Commission  
1700 S. W. Fourth Ave.  
Portland, Oregon

PROJECT NAME (if applicable)  
Emanuel Hospital  
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

Billy L. Ward

Family  Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. E 4-1

- a. Address: 2651 N. Gantenbein  
Portland, Oregon
- b. Apartment or room number: \_\_\_\_\_
- c. Number of bedrooms: 1

- d. Monthly rental: \$ 30.00
- e. Date you moved out of this dwelling: 10/1/71  
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

- a. Address (include ZIP Code): 1650 Pearl  
#10 Eugene, Oregon (going to school)
- b. Apartment or room number: \_\_\_\_\_
- c. Number of bedrooms: \_\_\_\_\_

- d. Monthly rental: \$ 175.00 (furnished)
- e. Date you moved into this dwelling: September 1, 1972  
Month-Day-Year

4. DWELLING UNIT TO WHICH YOU MOVED (~~RENTAL~~)

- a. Address (include ZIP Code): 501 N.  
Beach, Portland, Ore. (part of family still here)
- b. Number of bedrooms: \_\_\_\_\_
- c. Downpayment: \$ 0 - married into this ownership

- d. Incidental expenses (total from table on next page): \$ \_\_\_\_\_
- e. Date you purchased this dwelling: May 20, 1972

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.

7/7/72  
Date

Billy L. 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)
	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$ <u>1/</u>	\$

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

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



(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Billy L. Ward  
2651 N. Gantenbein  
Portland, Oregon

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:

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

NAME OF CLAIMANT Billy L. Ward

Parcel No. E-4-1

NAME OF LOCAL AGENCY Portland Development Commission

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

Tenant's initial date of rental: February 1, 1970

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: February 1, 1970

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:

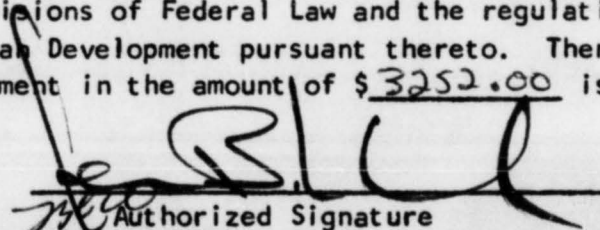
\_\_\_\_\_  
Month-Day-Year

**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 \$ 3252.00 is authorized.

8-8-72

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

	<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
(1) Lump-sum payment	_____	_____	\$ _____
(2) Annual payment			
1st Year	<u>8/9/72</u>	<u>494EH</u>	\$ <u>813.00</u>
2nd Year	<u>8/1/73</u>	<u>791EH</u>	\$ <u>813.00</u>
3rd Year	<u>8/14/74</u>	<u>961EH</u>	\$ <u>813.00</u>
4th Year	<u>5-28-75</u>	<u>1052EH</u>	\$ <u>813.00</u>

b. Claimant moved to unit he purchased

\_\_\_\_\_ \$ \_\_\_\_\_

c. Homeowner temporarily displaced

\_\_\_\_\_ \$ \_\_\_\_\_

May 30, 1975

Mr. Billy Ward  
504 West 10th Street  
The Dalles, Oregon 97058

Dear Mr. Ward:

Enclosed you will find our Warrant No. 1052 EH in the amount of \$813.00, representing the fourth and final installment of the Rental Assistance Payment to which you are entitled as a result of your displacement from 2651 N. Gantenbein.

If the Portland Development Commission can be of further help to you, please contact us.

Very truly yours,

S. Chester Daniels  
Relocation Advisor

SCD:rd  
Enclosure

August 15, 1974

Mr. Billy Ward  
504 West 10th Street  
The Dalles, Oregon 97058

Dear Mr. Ward:

Enclosed you will find our Warrant No. ~~961~~ <sup># 1052 EH</sup> EH in the amount of \$813.00, representing the ~~third annual~~ <sup>4th - Final</sup> installment of the rental assistance payment to which you are entitled as a result of your displacement from 2651 N. Gantenbein.

*If the POC. can be of further help to you please contact us.*  
~~To remain eligible for the next payment you must continue to occupy standard housing.~~

Very truly yours,

S. Chester Daniels  
Relocation Advisor

SCD:b  
Enclosure

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

**Nº 1052 EH**

DATE May 28, 19 75

PAY TO **Billy L. 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 NHP for Tenants filed. Move from 2651 N. Gantenbein (Parcel E-4-1) Total approved <span style="float: right;">\$3,252.00</span> 4TH & FINAL PAYMENT	<b>\$813.00</b>

**Account Distribution**

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

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: E-4-1

PAYABLE TO: Billy L. 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 \$ <del>3252.54</del> 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 Billy L. Ward  Family Less - \$ \_\_\_\_\_ \*

Move from 2651 N. Gantenbein  Individual Total \$ 813

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

0600 x10 901

4th = final payment

*JLW*

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels  
(Relocation Advisor)

DATE May 12, 1975

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

RE: Billy L. Ward  
(Displacee)

1650 Pearl #10 304 West 10th Street,  
(Address) The Dalles, Ore

No. 4th & Final  
(annual payment)

\$ 813.00  
(amount)

7/7/75  
(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: 304 West 10th Street, The Dalles, Ore

Date Inspected: \_\_\_\_\_ Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: This is the 4th and Final TACO Payment  
Mr. Ward's address was the same as last years.

SIGNED: Billy L. Ward  
(Displacee)

SIGNED: Samuel Daniels  
(Relocation Advisor)

DATE: 5/16/75

DATE: 5/19/75

TO: Bob Douglas

DATE: 5/19/75

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: Billy L. Ward

PROJECT: EMANUEL

FOR: 4th & Final TACO Payment

AMOUNT: 813.00

SIGNED: Samuel Daniels

SDW

ELECTION FORM

I, (WE) Billy L. Ward, elect to  
receive the balance of our rent assistance as follows:

In one lump sum payment.

In annual installment payments.

Signed: Billy L. Ward

Tele.#: 296-4854

Date: 5/16/73



July 26, 1974

Mr. Billy L. Ward  
504 W. 10th Street  
The Dalles, Oregon

Dear Mr. Ward:

We have enclosed your notice of the annual TACO payment for your displacement from 2651 N. Gantenbein in the Emanuel Hospital Project. Please sign where indicated by the red X and return to us in the enclosed envelop.

We must also have a statement from a person of authority for housing in your area that your dwelling meets all the codes for The Dalles and that it is "safe, decent and sanitary", before we can issue payment to you. Please enclose the statement with the signed notice as soon as possible.

We hope that you are happy in your new home.

Very truly yours,

S. Chester Daniels  
Relocation Advisor

SCD:b  
Enclosures

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

Warrant Number

# PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

No 961 EH

DATE August 14, 1974

PAY TO Billy L. 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. Santenbein (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: Billy L. Ward

For: RHP for Homeowners	.....	\$	_____
Incidental Expenses for Homeowners or Tenants	.....	\$	_____
x RHP - Tenants & Certain Others - Rental: Total approved	\$ _____; Annual amount	\$	813.00
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 Billy L. Ward  Family Less - \$ \_\_\_\_\_\*

Move from 2651 N. Gantenbein  Individual Total \$ 813.00

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

0600 X10 901

WASCO-SHERMAN  
PUBLIC HEALTH DEPARTMENT

TELEPHONE (503) 296-4636  
400 EAST FIFTH STREET  
COURT HOUSE ANNEX  
THE DALLES, OREGON 97058

August 9, 1974

Mr. Bill Ward  
504 West 10th Street  
The Dalles, Oregon 97058

Dear Mr. Ward:

This department grants full approval for occupancy in the residence that you are renting from Mr. Glenn Alexander, located at 504 West 10th Street, The Dalles, Oregon.

Sincerely,

John M. Campbell, M.D.  
Health Officer



By: I. D. Reiersen, R.S.  
Supervising Sanitarian

IDR/rn

NOTICE OF RHP-TACO YEARLY PAYMENT

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

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

RE: Billy L. Ward (Emanuel) 8416 N.E. 123rd Ave.  
(Displacee) (Address)

No. 3rd \$ 813.00 August  
(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: 504 West 10th Street, The Dalles, Oregon 197058

Date Inspected: Aug. 9, 1974 Condition:  Standard  Substandard

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

Comments: Mr. Ward has a job with the Federal Government  
which moves him from place to place

SIGNED:  Billy L. Ward  
(Displacee)

SIGNED: Samuel Daniels  
(Relocation Advisor)

DATE: August 9 1974

DATE: August 12, 1974

TO: Bob Douglas

DATE: 8/12/74

FROM: Chet Daniels - Emanuel

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

TO: Billy L. Ward

PROJECT: Emanuel

FOR: Relocation - 2nd Annual T.A.C.O.

AMOUNT: \$ 813.00

*WSD*

SIGNED: Samuel Daniels

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 791 EH

DATE August 1, 1973

PAY TO **Billy L. 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 <span style="float: right;">\$3,252.00</span> 2nd annual payment	\$813.00
		8/3/73	
		<i>Billy L. Ward</i>	

**Account Distribution**

NO. TITLE AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel Ave R-20

PARCEL: E-4-1

PAYABLE TO: Billy L. 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 \$3252.00 Annual amount (22nd)	\$	<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 Billy L. Ward  Family Less - \$ \_\_\_\_\_ \*

Move from 2651 N. Gartenheim  Individual Total \$ 813.00

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

OK  
JAW

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels (Relocation Advisor) DATE July 16, 1973

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

RE: Billy L. Ward (Displacee) 1650 Pearl #10, Eugene, Oregon (Address)

No. 2nd (annual payment) \$ 813.00 (amount) 8/9/73 (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: 8416 N.E. 123 Ave

Date Inspected: 7/24/73 Condition:  Standard  Substandard

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

or (2) Displacee notified of ineligibility:  yes  no

Comments: \_\_\_\_\_

SIGNED: Billy L. Ward (Displacee)

SIGNED: James C. Lavelley (Relocation Advisor)

DATE: 7/24/73

DATE: 7/24-73

TO: Bob Douglas

DATE: 7/24/73

FROM: Emanuel - Relocation

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: Billy L. Ward

PROJECT: Emanuel

FOR: Relocation TACA - 2nd Annual

AMOUNT: 813<sup>00</sup>

8/6/73  
New address  
8005 N.W. 4th Ave

SIGNED: James C. Lavelley



INSPECTED BY Morally DATE 7/24/73 MET NOT MET

NAME Billy L. Ward PHONE 256-3888

ADDRESS 8416 N.E. 123rd Ave. Vancouver

HOUSE  DUPLEX  APT  SR  HK

NO. OF ROOMS 6 COMP FURN  PART FURN  UNFURN

NO. OF ROOMS ACCESSIBLE BY STAIRS          BY ELEVATOR         

MANAGER          OWNER         

RENT         , INCL HEAT  WATER  GAS  GAR  ELEC

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

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

*Betsy Leventley*

GENERAL REQUIREMENTS:

- |   |              |  |
|---|--------------|--|
| 1. House must be weatherproof (8-601,6)   | ✓            |  |
| 2. Floors, porches, walls, ceilings and stairs must be in sound and good repair. (8-1001a)  | ✓            |  |
| 3. Doors and hatchways must be in good repair. (18-816)   | <del>✓</del> |  |
| 4. Multiple dwellings with more than 50 occupants must have two means of exit. (7.3302c)  | NA           |  |
| 5. Exits must have direct access to outside or public corridor. (7-3303g)   | ✓            |  |
| 6. Hallways must be lighted adequately --- at least 2' candle power. (8-504d)   | ✓            |  |
| 7. Hallway ventilation must be by windows, doors, outside skylights, ventilation ducts, or mechanical ventilation 5x/hr. (8-504d) | ✓            |  |
| 8. Premises must be free of vermin, rodents, filth, debris, garbage. (8-1001a)  | ✓            |  |
| 9. Heating equipment must be able to maintain 70° at 3' above floor. (8-701a)   | ✓            |  |
| 10. There may be no unvented or open flame gas heaters. (8-701a)  |              |  |

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

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

July 16, 1973

Mr. Billy L. Ward  
8416 N. E. 123rd. Avenue  
Vancouver, Washington 98662

Dear Mr. Ward:

Our records indicate that your Second Annual Payment for Rent assistance will become due around 8 August, 1973.

Please contact this office as soon as possible so that we may complete the preliminary forms for your claim and make the necessary inspection.

Very truly yours,

James C. Crolley  
Relocation Advisor

JCC:b

RELOCATION PAYMENT

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

Payable to: Billy L. Ward

Amount

For: <input type="checkbox"/>	RHP for Homeowners . . . . .	\$	<u>          </u>
<input type="checkbox"/>	Incidental Expenses for Homeowners (if separate claim) . . . . .	\$	<u>          </u>
<input checked="" type="checkbox"/>	RHP for Tenants & Certain Others:		
	Rental: Total approved \$ <u>3050.00</u> ; Annual amount. . . . .	\$	<u>3050.00</u> <i>paid</i>
	or Purchase: . . . . .	\$	<u>          </u>
<input checked="" type="checkbox"/>	Fixed Moving Payment . . . . .	\$	<u>100.00</u>
<input checked="" type="checkbox"/>	Dislocation Allowance. . . . .	\$	<u>200.00</u>
<input type="checkbox"/>	Actual Moving Costs. . . . .	\$	<u>          </u>
<input type="checkbox"/>	Storage Costs (if separate claim). . . . .	\$	<u>          </u>
<input type="checkbox"/>	Business: Moving Expenses. . . . .	\$	<u>          </u>
<input type="checkbox"/>	Business: In Lieu Payment. . . . .	\$	<u>          </u>
<input type="checkbox"/>	Business: Storage Costs. . . . .	\$	<u>          </u>
<input type="checkbox"/>	Business: Loss of Property . . . . .	\$	<u>          </u>
<input type="checkbox"/>	Business: Searching Expenses . . . . .	\$	<u>          </u>

Name of Client Billy L. Ward Less - \$            \*

Move from 2651 N. Gantenbein Total \$ 3552.00 *paid OK*

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

*me*

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

N<sup>o</sup> **494** **EH**

DATE August 9, 19 72

PAY TO **Billy L. Ward**

\$ **1,113.00**

**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 (Parcel E-4-1).  RHP for Tenants - Total Approved \$3,252.00 1st annual payment \$813.00 Fixed moving payment 100.00 Dislocation allowance <u>200.00</u>	    <u>\$1,113.00</u>

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (EH)	\$1,113.00
	(RHP \$813.00)	
	(Fixed payment - Family \$300.00)	

*Billy L. Ward Aug. 10, 1972*

*JML  
 C.H.*

May 23, 1972

Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Attention: Chet Daniels

Gentlemen:

This is to authorize you to make my check for a Replacement Housing Payment for Tenants and Certain Others, in the sum of \$2,000.00, payable to FIRST NATIONAL BANK OF OREGON, and to deposit said check with First National Bank of Oregon, Main Branch, Real Estate Loan Department to be applied toward the purchase of the house at 501 N. Beech, Portland, Oregon.

---

Billy L. Ward



## PORTLAND DEVELOPMENT COMMISSION

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

September 1, 1971

Mr. Billy L. 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

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Billy L. 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 2  
 Furnished  Unfurnished Date you moved into this unit Feb 1 1970

4. Dwelling unit to which you moved:  
 Address 501 N. Beach  
 Were goods moved to or from storage?  Yes  No

5. Total claim \$ 100.00

-----  
 FIXED PAYMENT: \$200 + \$100. = \$300.00  
 -----

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		<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:

Billy L. Ward  
2651 N. Canton Ave

COMPUTATION PREPARED BY:

Chet Daniels  
Name  
7/24/72  
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

3. Line 1 minus Line 2, multiplied by 48
- |        |                           |                   |
|--------|---------------------------|-------------------|
| Line 1 | \$ <u>97.75</u>           |                   |
| Line 2 | <u>  </u> \$ <u>30.00</u> |                   |
|        | \$ <u>67.75</u>           |                   |
|        | X <u>      </u> 48        | \$ <u>3252.00</u> |
4. Base amount (if amount on Line 3 is \$4,000 or more,  
 enter \$4,000. If amount on Line 3 is less than  
 \$4,000, enter amount on Line 3.) \$ 3252.00
5. Minus adjustments (Attach full explanation) - \$   0
6. Amount of rental assistance payment  
 (Line 4 minus Line 5) \$ 3252.00
7. Annual Payment \$ 813.00

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

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.

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

Billy L. Ward

2. Dwelling unit from which you moved: \_\_\_\_\_

Parcel No. E4-1

a. Address 2651 N. Grant Street

c. Number of bedrooms 1

Portland, Oregon

d. Monthly rental \$ 30.00

b. Apartment or room number \_\_\_\_\_

e. Date displaced 10/1/71

3. Dwelling unit to which you moved (RENTAL) \_\_\_\_\_

a. Address 1650 Pearl #10

c. Number of bedrooms 1

Eugene, Oregon

d. Monthly rental \$ 125.00 Furnish

b. Apartment or room number \_\_\_\_\_ (going to school)

e. Date moved in Sept 1 1972

4. Dwelling unit to which you moved (PURCHASE) \_\_\_\_\_

a. Address 501 N. Beav

d. Downpayment \$ None Married 1970 to this ownership

Portland Oregon (part of family still here)

d. Incidental expenses \$ 0

b. Number of bedrooms \_\_\_\_\_

e. Date of purchase May 20, 1972

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, 1970

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, 1970

Date of initiation of negotiations May 12, 1971

3. Is replacement housing standard?  Yes  No

If previously substandard, date found standard Building Inspection Dept, Eugene, Ore

4. Certification: \_\_\_\_\_

(Amount of this claim \$ 3252.00)

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  
Portland, Oregon

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 statment or  
entry, shall be fined not more than \$10,000 or imprisoned not more than five years,  
or both."

1. FULL NAME OF CLAIMANT Billy L. Ward  Family  Individual

2. DATE(S) OF MOVE 10/1/71

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. E-4-1  
a. Address 2651 N. Gantenbein  
Portland, Oregon  
b. Apartment, Floor, or Room Number \_\_\_\_\_  
c. Was it furnished with your own furniture?  
 Yes  No  
d. Number of rooms occupied (ex-  
cluding bathrooms, hallways,  
and closets: 2  
e. Date you moved into this  
address: February 1, 1970

4. DWELLING UNIT TO WHICH YOU MOVED  
a. Address (include ZIP Code) 501 N. Beach  
Portland, Oregon  
b. Apartment, Floor, or Room Number \_\_\_\_\_  
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 100.00  
(Consult local agency) Total \$ 300.00

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 appli-  
cable 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.

7/7/72  
Date

Billy L. Ward  
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:

Billy L. Ward  
2651 N. Gantenbein  
Portland, Oregon

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

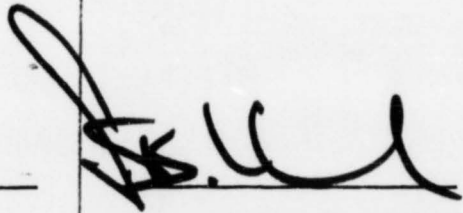
If "Yes," explain basis for approved amount:

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:

(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>100.00</u>			<u>8-9-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>300.00</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
8/9/72	494 EN	\$ <del>113.00</del> 300.00			\$

Dwelling Unit Inventory

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

           Night Stand  
           Occasional Chair  
           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)

T.V. Portable  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

COMMENTS:



CITY OF EUGENE, OREGON  
Department of Public Works  
Building Division

HOUSING CODE  
CERTIFICATE OF COMPLIANCE

This certifies that the building and property located at

1650 Pearl #10

has been inspected and found to comply with the City of Eugene Housing Code  
(Ordinance #14516).

Owner's Name Helen Plum Mgr.

Address 1667 Pearl

City Eugene Oregon

We join with the citizens in your neighborhood in thanking you for your efforts to improve your property and the community. We hope you will continue to maintain your property in a condition which will protect your investment and our community values.

7-10-72  
Date

[Signature]  
Superintendent of Building Inspection

CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

May 18, 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. Chegwidan, Chief

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

Re: 501 N. Beech Street

Attn: Chet Daniels

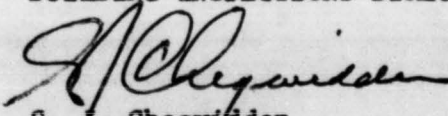
Gentlemen:

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

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

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

  
S. J. Chegwidan  
Chief Housing Inspector

JHM:sp  
cc Billy L. Ward  
501 N. Beech Street  
Portland Dev. Comm.  
5630 N.E. Union Avenue

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. Billy J. Ward

5-5-72  
date