

| | DESCRIPTION | ROLL NO | ODOMETER |
|----------------------|---|---------|----------|
| PARCEL NO. A-3-20 | WASHINGTON, CLEO 3217 N. VANCOUVER | | |
| PARCEL NO. E-3-8 | WASHINGTON, KATHRYN 2648 N. KERBY | | |
| PARCEL NO. A-3-6 | WEDGE, RAYMOND D. 242 N. COOK | | |
| PARCEL NO. R-10-9 | WESLEY, ROOSEVELT 535 N. MORRIS | | |
| PARCEL NO. R-10-9 | WHITCOMB, SCOTT 535 N. MONROE | | |
| PARCEL NO. A-3-12 | WHITE, CARMEN 253 N. FARGO | | |
| PARCEL NO. A-2-4 | WHITE, DOUGLAS & EVELYN (HAUGHT, EVELYN) 3100 N. GANTENBEIN | | |
| PARCEL NO. A-3-2 | WHITE, LOUISE 216 N. COOK | | |
| PARCEL NO. RS-4-9 | WILLIAMS, ALONZO 7 N. RUSSELL | | |
| PARCEL NO. E-4-1 | WILLIAMS, ALTON & BENNIE 2653 N. GANTENBEIN | | |
| PARCEL NO. A-3-18 | WILLIAMS, T.C. 203 N. FARGO | | |
| PARCEL NO. RS-4-9 | WILLIAMS, THEO 7 N. RUSSELL | | |
| PARCEL NO. E-4-8 | WOODS, E. JAMESSETTA 323 N. RUSSELL | | |
| PARCEL NO. A-2-9 | WOODS, WILLIAM H. JR. 3117 N. VANCOUVER | | |
| PARCEL NO. A-3-3 | WOODWARD, NEBBIE 3227 N. GANTENBEIN | | |
| PARCEL NO. A-3-8 | WRIGHT, WILLIAM R. 30 N. KNOTT | | |
| PARCEL NO. A-4-4 | YARBOROUGH, MRS. BOBBIE 252 N. IVY | | |
| PARCEL NO. A-3-7 | YOUNG, DAVE 248 N. COOK | | |

RESUME

DATE 2/20/73

NAME Katheryn Washington

Kathryn Washington, a single 38 year old displacee and tenant, was relocated from the Emanuel Project at 2658 N. Kerby Street. to 8832 N. Syracuse - Shrunk Riverview Towers on January 20, 1972. She received all monitary benefits to which she was entitled to under the Uniform Relocation Act of 1970. Her first annual TACO payment of \$922.20 was made January 14, 1972. On January 4, 1973 Mrs. Washington signed for her second TACO payment, she still occupied standard housing. Of course, she was then in Mt. Tabor Care Center, transferred from Emanuel Hospital where she had been hospitalized since late December 1972. On January 8, 1973 the check for \$922.20 was delivered to the client at the Mt. Tabor Care Center - Warrant # 651 EH for the above amount was signed by the displacee. Due to what appeared to be an acute stage of her illness, Mrs. Washington was not able to cash her check. She re-entered Emanuel Hospital from Mt. Tabor Center where she expired January 22, 1973. The check was turned over to her family after her death with other personal belongings.

CASE CLOSED

(signed) Alma Gordon
worker

Beyond Life's Gateway



HERE'S an open gate
At the end of the road

Through which each must go alone
And there in a light we cannot see
Our Father claims His own
Beyond the gate your loved one
Finds happiness and rest
And there is comfort
In the thought
That a loving God knows best.

In Memory of
Kathryn Washington
Born

January 31, 1934 in Eudora, Arkansas
Passed Away

January 22, 1973 in Portland, Oregon
Services At

Vann's Mortuary

Friday, January 26, 1973, 2:00 p.m.
Reverend A. Lee Henderson, Officiating
Recorded Selections

"I Believe"

"Bridge Over Troubled Waters"

Final Resting Place

Rose City Cemetery

Pallbearers

- | | |
|----------------|----------------|
| Paul Taylor | William Brown |
| Silas Davis | Ernest Johnson |
| Elisha Jackson | Henry Clay |
| John Carter | |

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. E-3-8 Advisor AG
 Client's Name Washington, Kathryn Phone _____
 Address 2648 N. Kerby Ethn B Age 28
 Male Family Married Renter/Occupant
 Female Individual Single Owner/Occupant

Family Composition

Total Number in Family 1
 _____ wife, husband
 Other: Relation Age Relation Age

| Relation | Age | Relation | Age |
|----------|-----|----------|-----|
| | | | |
| | | | |
| | | | |
| | | | |

Economic Data

Employer _____ \$ _____
 Address _____
 Other Source of Income _____ \$ _____
MCW \$ 88⁰⁰
 Total Monthly Income \$ (88⁰⁰)

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 12-10-71 Date of Info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 7-'59

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

Date of initiation of negotiations for purchase of property 5-17-71
11-23-71
 Date of Acquisition 4-4-72
 Date of letter of Intent _____
 Date of move 1-12-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1910

Size of Habitable Area 1912

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 5 Rent Paid \$ 50⁻ Utilities 20⁻

Number of Bedrooms 1 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 8823 N. Syracuse LPA Referred Yes Self Referred _____

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

Outside city Outside state

Age of Housing Unit New 1971 or 72

Size of Habitable Area 500 sq ft

No. of Rooms 3 No. of Bedrooms 1

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____

Taxes \$ _____

RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ 20⁰⁰

Utilities \$ _____

Total Rent Assistance \$ 3,688.80

Amount of Annual Payment \$ 922.20

alied 1-22-73

No. of Housing Referrals to:

_____ Standard Sales

3 Standard Rent

Agency Referrals:

MCW

Food Stamp

HAP

Legal Aid

OTHER (unemploy - ment)

Other (Multi Service Center)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME WASHINGTON, Kathryn RELOCATION ADVISOR A Gordon
 ADDRESS 2648 N. Kerby PHONE 286-3864 PROJECT NAME Emanuel ORE, R-20
 SEX F ETHN black VETERAN _____ AGE 28 PARCEL NO. E-3-8
 MARITAL STATUS Single TENURE tenant
 DISABILITY _____ INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT X OTHER _____
 INITIAL INTERVIEW 12/10/71 DATE INFO PAMPHLET DELIVERED 12/10/71
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY Oly Adams 4707 N. E. 16th 287-6083

| | |
|-----------------------------|-----------------------|
| DATE ON SITE: | <u>July 1959</u> |
| INITIATION OF NEGOTIATIONS: | <u>May 17, 1971</u> |
| DATE OF ACQUISITION: | <u>April 24, 1972</u> |

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW X _____ 88.00
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 88.00

FAMILY COMPOSITION

| Name | Relation | Age |
|------|----------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

DWELLING UNIT FROM WHICH RELOCATED

| | | | | |
|---|-----------------|---|----|--|
| Subsidized Sales | Single Family | S | SS | Age of Structure <u>1910</u> No. Rooms <u>5</u> No. Bedrooms <u>1</u> Furn. <u>X</u> Unfurn. _____ Utilities \$ <u>20.00</u> Monthly Payments (Rent) \$ <u>50.00</u> Acquisition Price \$ <u>10,000.00</u> Taxes \$ _____ Equity \$ _____ Liens \$ _____ |
| Subsidized Rental | Multiple Family | | X | |
| Public Housing | Duplex | | | |
| Private Rental | X Mobile Home | | | |
| Private Sales | | | | |
| Size of Habitable Area <u>1912 sq.ft.</u> | | | | |

HOUSING REFERRALS

| Address | Bedrooms |
|----------------------------------|----------|
| <u>8833 N Syracuse Apt # 713</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 8823 N. Syracuse Phone _____ Date of Move 1/12/72

WHERE RELOCATED:

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

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

Utilities \$ _____ Monthly Payments (Rent) \$ 20.00 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) | 251 EH | 1/14/72 | \$ 922.20 |
| TACO (Rental) | 651EH | 1-8-72 | \$ 922.20 |
| TACO (Rental) | | | \$ |
| TACO (Rental) | | | \$ |
| TACO (Sales) | | | \$ |
| Fixed Moving | 28620 G | 1/12/72 | \$ 245.00 |
| Actual Move | | | \$ |
| Storage | | | \$ |
| Incidental | | | \$ |
| Interest | | | \$ |

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

TOTAL BENEFITS RECEIVED \$ _____

TOTAL RHP: \$3,688.80

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date

Relocation
Worker

1/28/71

Information obtained from owner.

JC

2/18/71

SURVEY: Will rent comparabe apartment.

12/10

Interviewed Kathryn Washington today. Gave her information brochure and obtained receipt. Miss Washington has been undergoing radiation treatment for a number of months now and will enter the hospital in another month for additional treatment. Thus, due to her illness, she is unable to work and has been unemployed for a number of months. She has no source of income, but plans to apply for unemployment insurance. Miss Washington expects to be moving sometime next week into a comparable one bedroom apartment. She will be moving into an apartment owned by Mrs. Johnson, her current landlady. I outlined the benefits due her. Miss Washington presently occupies a furnished three room apartment. The only furniture owned by her is a television, wooden bar, and various nick nacks. Thus on the basis of her occupany of three furnished rooms she is only eligible to receive \$45 moving benefit, plus a \$200 dislocation allowance. She has elected to receive a rental assistance benefit. The computation of said benefit is below:

| | | |
|--|----------------|------------|
| Monthly gross rental for comparable unit | \$97.75 | |
| 25% of adjusted monthly income | -0- | |
| | <u>\$97.75</u> | \$4,692.00 |

Since the rental assistance payment exceeds \$4,000, it must be reduced to \$4,000 and made payable in four equal annual installments of \$1000 each.

During the interview with Miss Washington, I suggested that she apply for welfare, unemployment compensation, or Food Stamps. She did not seem too receptive to my suggestions. I am not certain how she meets her daily expenses since she claims to have no income. Possibly she had a large amount of money in the bank. On the basis of information obtained from her, I computed her rental assistance benefit using zero income. Thus as indicated above, she is entitled to receive the maximum amount due a claimant.

12/14/71

Called Mrs. Washington to inquire about her moving progress and offered assistance. Will call 12/15/71 and we will go and look at apartment after redecorating is finished.

12/29/71

Interviewed Kathryn Washington who still resides at 2648 N. Kerby in furnished, three room apartment being in ill health. Desires public housing in rent supplement. Client states that she is under the care of a doctor and is unemployed and will not be working for an indefinite time. Therefore, she is now receiving welfare benefits of \$88 per month as indicated by her caseworker Dianne Finley.

1/4/72

Called Kathryn Washington and made an appointment to take her out to the Housing Authorities, Thursday January 5, 1972.

1/6/72

Kathryn Washington was taken to Housing Authority for application for rent supplement housing. Miss Leach indicated that there were other papers necessary. However, it was explained that the client was a displaced person. A form to verify disability was left at Dr. Reynolds office to be filled in.

INTERVIEW REGISTER

| Date | | Relocation Worker |
|---------|---|----------------------|
| 1-11-72 | Call from Betty Eden, Housing Authority for apartment at Shrunk Riverview Towers at 8832 N. Syracuse Street. | |
| 1-12-72 | Miss Kathryn Washington issued Relocation and Fixed payment in the amount of \$245.00 check no 28620 G. Contract lease signed with Mrs. Cook, manager of Shrunk Riverview Tower. A \$20.00 deposit for cleaning. \$12.00 plus some few cents for rent from 1-12-72 for month of January. | |
| 1-14-72 | Mrs. Washington was paid her first Annual RHP for tenants check No 251 EH amount approved yearly payment \$922.20 payable to Kathryn Washington. Signed by client on receipt of check and date. | |
| 1-18-72 | Mrs. Washington was taken to Broadway Furniture Store to purchase some furniture. A list of the following items were selected: couch, complete bedroom furniture, dining room table, and two chairs, and a coffee table. | |
| 1-20-72 | Furniture picked up at Broadway Furniture Store by moving van, Dorsey Transfer, check no 251 EH signed and cashed for paid receipt on furniture. | |
| 1-21-72 | Moved to Shrunk Riverview Terrace. Furniture in good condition. Key to apartment at 2648 N. Kerby turned in to our office. | |
| 3-17-72 | Kathryn Washington, a disabled lady was placed in low rent housing and on welfare at that time in the amount of \$88 per month. Her case was closed due to some mistake. She was taken to Multi-Service Center and talked with the intake welfare worker and received medical certification from her doctor. Case will be reopened and medical help will be included in the next check. | |
| 3-20-72 | Food stamp requisition was mailed to client Kathryn Washington. Continued assistance from Welfare will be started again. | |
| 4-24-72 | Call from Mrs. Washington. She is concerned about not receiving her grant check from Welfare. Mrs. Washington is disabled and according to her doctors certification, it is indicated that she will be disabled for an indefinite period of time. The months of January and February 1972, she received a check for the month of March after having had a talk with intake worker stating the case was reopened and an additional amount will be given for medical help. Through much routine, we were able to get a lead on the file, which had been transferred to N. E. An appointment was set up with Mrs. Douglas at the S.W. Mills address. | |
| 4-26-72 | Mr. Thornton, Supervisor of N. E. Division of Mult. Co. Welfare called. As information is being followed up on the disability of Mrs. Kathryn Washington, who has been disabled and according to reports, will be disabled for a long duration or permanently and assistance should be on going. Due to some lack of medical information that had been reported by Mrs. Washington, and lack of contact, her case was closed which caused her a hardship. Miss Mary Douglas and Mr. Thornton have been very cooperative in trying to help the client to receive the January and February grant and ongoing or continuous aid. | |
| 1-9-73 | Reimbursement per claim for RHP for Tenants for move from 2648 N. Kerby Parcel E-3-8 issued to Mrs. Washington 1-8-73 Warrant no. 651 EH. Approved second Annual payment in the amount of \$922.20. Check delivered to Ms. Washington in Mt. Tabor Care Center 7100 S. E. Division. Signed by client on receipt of check. Dated 1-9-73 | |

INTERVIEW REGISTER

Date

Relocation
Worker

1-25-73

Mrs. Cochran a cousin of Kathryn Washington, and a sister Dorothy Balsom, and a nephew, were in our office today seeking information about the uncashed RHP second Annual TACO payment for Kathryn Washington after her death of 1-22-73. Mrs. Cochran was advised to seek Legal advice as there were legal questions that should be cleared through an attorney.

Mrs. Washington had received her 2nd Annual TACO payment for the amount of \$922.20 which she had been physically unable to cash before her death.

AG

EMMANUEL - LAY IN FILE

WILLIAMS, MONTAGUE, STARK, HIEFIELD & NORVILLE, P. C.

ATTORNEYS AND COUNSELORS AT LAW

DAVID R. WILLIAMS
MALCOLM J. MONTAGUE
DONALD R. STARK
PRESTON C. HIEFIELD, JR.
OLIVER I. NORVILLE
JAMES E. GRIFFIN
LARRY C. HAMMACK
RICHARD E. ALEXANDER

BOISE CASCADE BUILDING
PORTLAND, OREGON 97201

TELEPHONE 222-9966

February 14, 1973

RECEIVED

FEB 15 1973

PORTLAND DEVELOPMENT COMMISSION

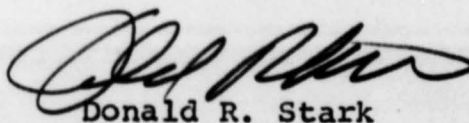
Ms. Judith D. Kobbervig
Staff Attorney
Legal Aid Service
517 N. E. Killingsworth
Portland, Oregon 97211

Dear Ms. Kobbervig:

In response to your letter of January 30, 1973, I am enclosing a PDC check for the amount of \$922.20 payable to Dorothy Balsom and Vann's Mortuary. This check will represent a reissuance of the claim for a rental housing payment for Kathryn Washington.

Very truly yours,

WILLIAMS, MONTAGUE, STARK,
HIEFIELD & NORVILLE, P. C.



Donald R. Stark

DRS:avh
Encl.
bcc - Ben Webb

1 STATE OF OREGON)
2 County of Multnomah) ss AFFIDAVIT

3 I, Dorothy Balsom being first duly sworn, depose
4 and say:

5 I am the sister of Katheryn Washington, who died in
6 Portland, Oregon January 22, 1973.

7 At the time of her death her heirs were:

8 Charles Edward Scott, Son
9 1131 Vincent Avenue
10 North Minneapolis, Minnesota
11 Birthdate: February 10, 1954,

12 Lessie Washington, Mother
13 1131 Vincent Avenue
14 North Minneapolis, Minnesota,

15 Jessie Washington, Father
16 1131 Vincent Avenue
17 North Minneapolis, Minnesota,

18 none of the heirs were able to attend the funeral here in Portland.

19 At the time of her death she had received a check
20 from the Portland Development Commission in the amount of \$922.20
21 which she had not had an opportunity to cash due to her illness.

22 Aside from some personal property, she had no other
23 assets and she left no Will.

24 The total cost of her burial came to \$1176.00, and was
25 handled by Vann's Mortuary at 5211 North Williams Avenue, Portland,
26 Oregon.

27 The amount of \$255.00 is to be paid to Vann's Funeral
28 Home by the Social Security Administration leaving a balance of
29 \$951.00.

30 That if the Portland Development Commission agrees to
31 issue a new check in my name for the estate of Katheryn Washington,
32 I will pay this money over to Vann's funeral Director to pay off
the balance on the cost of the funeral.

To the best of my knowledge she had no other debts

LEGAL AID SERVICE
ALBINA OFFICE
517 N. E. KILLINGSWORTH
PORTLAND, OREGON 97211
TELEPHONE 286-0740

1 and as soon as the funeral cost can be paid this will clear
2 the only remaining indebtedness.

3
4 Dorothy Balsom
5 Dorothy Balsom

6 SUBSCRIBED AND SWORN to before me this 30th day of
7 January, 1973.

8 Rose Marie Martin
9 NOTARY PUBLIC FOR OREGON
10 My Commission Expires: 9-29-74

February 8, 1973

Mr. Donald R. Stark
Attorney at Law
Boise Cascade Building
1600 S. W. Fourth Avenue
Portland, Oregon 97201

Dear Don:

Re: Kathryn Washington (Deceased)

As requested in your letter of February 2, 1973, we are enclosing our Warrant No. 674 EH in the amount of \$922.20, payable to Dorothy Balsom and Vann's Mortuary.

Our file will be documented to show that the warrant is being forwarded by you to the Legal Aid attorney who handled this matter for Mrs. Washington's sister, Dorothy Balsom.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

ch
Enclosure

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 674 EH

DATE February 7, 1973

PAY TO Dorothy Balsom and Vann's Mortuary

\$ 922.20

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. Move of Kathryn Washington from 2648 N. Kerby (Parcel E-3-8). Total approved \$3,688.80 2nd annual payment | <u>\$922.20</u> |

Account Distribution

NO. TITLE AMOUNT

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

WRITE NEW WARRANT No 651
DATE January 8, 1973

EH

PAY TO Kathryn Washington

Voil 2-5-73

\$922.20

11
\$922.20

DOLLARS

TO THE TREASURER OF THE CITY OF PORTLAND, OREGON

2/5/73
① 1230 000 130 67144 4

Portland Development Commission

224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|--------------------------|--|-----------------|
| | | Reimbursement per Claim for RHP for Tenants. Move from 2648 N. Kerby (Parcel E-3-8). | |
| | | Total approved 2nd annual payment | \$3,688.80 |
| | | <i>Voil 2-5-73</i> | <u>\$922.20</u> |

Account Distribution

| NO. | TITLE | AMOUNT |
|------|---|---------------|
| 0600 | E60 901 00651 1-8-73 Washington, Kathryn (RHP) | <u>922.20</u> |

Voil 2-5-73

JWA

WILLIAMS, MONTAGUE, STARK, HIEFIELD & NORVILLE, P. C.

ATTORNEYS AND COUNSELORS AT LAW

DAVID R. WILLIAMS
MALCOLM I. MONTAGUE
DONALD R. STARK
PRESTON C. HIEFIELD, JR.
OLIVER I. NORVILLE
JAMES E. GRIFFIN
LARRY C. HAMMACK
RICHARD E. ALEXANDER

BOISE CASCADE BUILDING

PORTLAND, OREGON 97201

February 2, 1973

TELEPHONE 222-9966

RECEIVED

FEB 5 1973

PORTLAND DEVELOPMENT COMMISSION

Mr. Robert Douglas
Portland Development Commission
1700 S. W. 4th
Portland, Oregon 97201

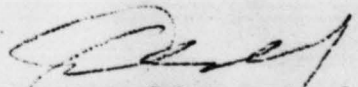
Dear Doug:

Enclosed is a rent supplement check payable to Kathryn Washington. It is dated January 8, 1973. Kathryn Washington died on January 22nd before cashing the check. I now have an affidavit from one of her heirs (her sister) and have advised her that we will void this check and will reissue a check payable to Dorothy Balsom and Vann's Mortuary. I felt we could do this without a probate since all of the proceeds are going to pay for her funeral expense.

Please forward the check to me so that I may in turn forward it to the Legal Aid attorney who handled this matter for Dorothy Balsom.

Very truly yours,

WILLIAMS, MONTAGUE, STARK,
HIEFIELD & NORVILLE, P. C.


Donald R. Stark

DRS:avh
Encl

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 651 EH

DATE January 8, 19 73

PAY TO **Kathryn Washington**

\$922.20

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. Move from 2648 N. Karby (Parcel E-3-8). Total approved \$3,688.80 2nd annual payment <u>\$922.20</u> <i>Received by Kathryn Washington</i> <i>Date - 1-9-73</i> | |

Account Distribution

NO. TITLE AMOUNT

0600 EGO 901

RELOCATION PAYMENT

Project: Emanuel Hospital Parcel: E-3-8

Payable to: Kathryn Washington Amount

| | |
|--|----------------------|
| For: <u> </u> RHP for Homeowners | \$ <u> </u> |
| <u> </u> Incidental Expenses for Homeowners (if separate claim) | \$ <u> </u> |
| <u> ✓ </u> RHP for Tenants & Certain Others: | |
| Rental: Total approved \$ <u>3688.80</u> ; Annual amount. | \$ <u>922.20</u> |
| or Purchase: | \$ <u> </u> |
| <u> </u> Fixed Moving Payment | \$ <u> </u> |
| <u> </u> Dislocation Allowance. | \$ <u> </u> |
| <u> </u> Actual Moving Costs. | \$ <u> </u> |
| <u> </u> Storage Costs (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 Kathryn Washington Less - \$ *

Move from 2648 N. Kerby Total \$ 922.20

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

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon (Relocation Advisor) DATE January 2, 1973

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

RE: Kathryn Washington (Displacee) 8832 N. Syracuse (Address)

No. 2 (annual payment) \$ 922.20 (amount) 1/14/73 (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: 8832 N. Syracuse Apt # 713

Date Inspected: 1/4/73 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Still remains in standard housing
about Riverview Tower, HAP housing.

SIGNED: Kathryn Washington (Displacee)

SIGNED: Alma Gordon (Relocation Advisor)

DATE: Jan 4 - 1973

DATE: Jan. 4, 1973

TO: Alma Gordon

DATE: _____

FROM: Bob Douglas

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: Kathryn Washington

PROJECT: Emanuel ORE R-20

FOR: 2nd RHP-TACO yearly payment

AMOUNT: \$922.20

SIGNED: Alma Gordon

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 251 EH

DATE January 14, 1972

PAY TO **Kathryn Washington**

\$ **922.20**

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

| DATE | INVOICE OR CONTRACT NOS. | DESCRIPTION | AMOUNT |
|------|-----------------------------|---|-----------------|
| | | Reimbursement per Claim for RHP for Tenants filed. From 2648 N. Kerby (E-3-8). | |
| | | Total approved \$3,688.80 1st Annual Payment | <u>\$922.20</u> |

Account Distribution

| NO. | TITLE | AMOUNT |
|--------|-----------------------------|----------|
| E 1501 | Relocation Payment (RHP) | \$922.20 |

*Rec'd by Kathryn Washington
 Date 1/16/72*

KE

JMS

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 Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)

Emanuel Hospital Project

PROJECT NUMBER: ORE R-20

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

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides:

"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies. . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT

WASHINGTON, Kathryn

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. E-3-8

a. Address:

2648 N. Kerby, Portland, Oregon 97227

d. Monthly rental: \$50.00

e. Date you moved out of this

dwelling: January 12, 1972

b. Apartment or room number: ---

Month-Day-Year

c. Number of bedrooms: 1

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code):

8823 N. Syracuse, Portland, Oregon 97203

d. Monthly rental: \$ 20.00

e. Date you moved into this

dwelling: January 12, 1972

b. Apartment or room number: ---

Month-Day-Year

c. Number of bedrooms: 1

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

a. Address (include ZIP Code):

d. Incidental expenses (total from table on next page): \$

b. Number of bedrooms:

e. Date you purchased this

c. Downpayment: \$

dwelling:

5. INFORMATION IN SUPPORT OF CLAIM OF HOMEOWNER TEMPORARILY DISPLACED BECAUSE OF CODE ENFORCEMENT OR VOLUNTARY REHABILITATION

a. Address of dwelling unit from which you moved:

d. Monthly rental for temporary unit: \$

b. Address of dwelling unit to which you moved (include ZIP code):

e. Will you require temporary housing for more than 3 months?

c. Date of move: Month-Day-Year

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.

January 11, 1972
Date

X Kathryn Washington
Signature of Claimant(s)

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

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

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

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

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

NAME AND ADDRESS OF CLAIMANT:

Kathryn Washington
2648 N. Kerby

COMPUTATION PREPARED BY:

R. Gordon
Name
1/18/72
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 20.90
25% of adjusted monthly income, whichever is less. \$ _____

Computation

3. Line 1 minus Line 2, multiplied by 48

| | | | |
|--------|----|--------------|----------|
| Line 1 | \$ | <u>97.75</u> | |
| Line 2 | \$ | <u>20.90</u> | 20.90 |
| | \$ | <u>76.85</u> | 76.85 |
| | X | <u>48</u> | |
| | | | 3688.80 |
| | | | \$ _____ |

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.) 3688.80
\$ 3688.80

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

6. Amount of rental assistance payment 3688.80
(Line 4 minus Line 5) \$ 3688.80

7. Annual Payment \$ 922.20
(Enter this amount in the space provided in Block 3 on page one of Replacement Housing Payment for Tenants and Certain Others) 922.20 *WJ*

NOTE: If the amount on Line 6 is less than \$500, a lump-sum payment is to be made. If the amount on Line 6 is more than \$500, divide the payment by 4. The resultant amount is the total of each of four annual payments to be made; enter on Line 7.

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

NAME OF CLAIMANT Kathryn Washington

Parcel No. E-3-8

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: July, 1959

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: July, 1959

Date of Initiation of Negotiations: May 17, 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

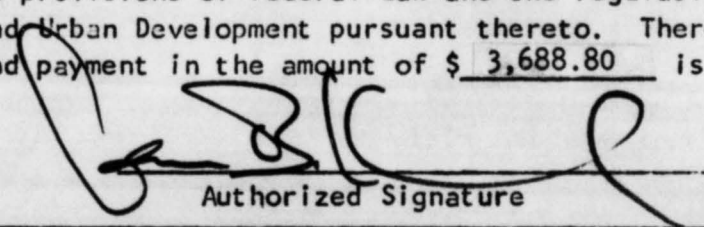
Date previously substandard dwelling was inspected and found to be standard:

Month-Day-Year * HAP
Schrumle Riverview Tower

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 \$ 3,688.80 is authorized.

Date


Authorized Signature

5. RECORD OF PAYMENTS

| | <u>Date of Payment</u> | <u>Check Number</u> | <u>Amount</u> |
|--|------------------------|--------------------------------|------------------|
| a. Claimant moved to rental unit | | | |
| (1) Lump-sum payment | | | \$ _____ |
| (2) Annual payment | | | |
| 1st Year | <u>1/14/72</u> | <u>251 EH</u> <u>922.20</u> | \$ <u>922.20</u> |
| 2nd Year | <u>1-8-73</u> | <u>651 EH</u> | \$ <u>922.20</u> |
| 3rd Year | _____ | _____ | \$ _____ |
| 4th Year | _____ | _____ | \$ _____ |
| b. Claimant moved to unit he purchased | _____ | _____ | \$ _____ |
| c. Homeowner temporarily displaced | _____ | _____ | \$ _____ |

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Emanuel

PROJECT NO. _____

1. Full name of claimant: Kathryn Washington Family Individual
2. Dwelling unit from which you moved: Parcel No. _____
 a. Address 2648 N. Kerby c. Number of bedrooms 1
Portland, Oregon d. Monthly rental \$ 50.00
 b. Apartment or room number _____ e. Date displaced _____
3. Dwelling unit to which you moved (RENTAL)
 a. Address 8832 N. Syracuse St. c. Number of bedrooms 1
 b. Apartment or room number _____ d. Monthly rental \$ 20.00
 e. Date moved in 1/12/72
4. Dwelling unit to which you moved (PURCHASE)
 a. Address _____ c. Downpayment \$ _____
 b. Number of bedrooms _____ d. Incidental expenses \$ _____
 e. Date of purchase _____
5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)
 a. Address from which you moved 2648 N. Kerby
 b. Address to which you moved 8832 N. Syracuse
 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 _____
 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 _____
 Date of initiation of negotiations _____
3. Is replacement housing standard? Yes No
 If previously substandard, date found standard _____
4. Certification:

(Amount of this claim \$ _____)

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

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

Gentlemen:

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

1. Resident of the Housing Authority _____
2. Applicant for housing CATHERINE WASHINGTON
3. Name _____
4. Address 2648 N. KERBY
5. Number of persons in family 1
6. Total monthly assistance 88.00
7. Date assistance began _____
8. Date assistance to terminate _____

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

J. J. J. mc
(Caseworker) (Dept.)
12-29-71
(Date)

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

No 28620 G

DATE January 12, 1972

PAY TO THE ORDER OF **Kathryn Washington**

\$ 245.00

DOLLARS

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

NON-NEGOTIABLE

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 2648 N. Karby (Parcel E-3-8). Dislocation Allowance \$200.00 Fixed Payment <u>45.00</u> | <u>\$245.00</u> |

Account Distribution

| NO | TITLE | AMOUNT |
|--------|---|----------|
| E 1501 | Relocation Payment (EH) (Fixed payment - Individual) | \$245.00 |

AC

Received by Kathryn Washington
Date 1/12/72

[Signature]

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

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

PROJECT NAME (if applicable)
Emanuel Hospital Project
Project Number: ORE R-20

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

1. FULL NAME OF CLAIMANT
WASHINGTON, Kathryn

_____ Family Individual

2. DATE(S) OF MOVE
January 12, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. E-3-8

a. Address 2648 N. Kerby, 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: July, 1959

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) 8832 N. Syracuse, Portland, Oregon 97203

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 | <u>\$200.00</u> | |
| Fixed Moving Payment | <u>45.00</u> | |
| (Consult local agency) | | Total \$ <u>245.00</u> |

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.

January 11, 1972
Date

X Kathryn Washington
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:

Kathryn Washington
8832 N. Syracuse
Portland, Oregon 97203

NAME OF LOCAL AGENCY:

Portland Development Commission
1700 S. W. Fourth Avenue
Portland, Oregon 97201

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

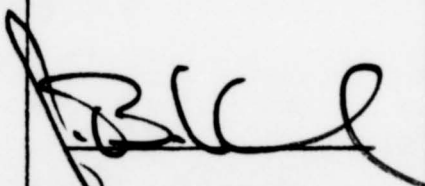
If "Yes," explain basis for approved amount:

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 ^{1/} | Authorized Signature | Date |
|--|----------------------|---|----------------|
| A. Fixed Payment and Dislocation Allowance | \$ | | |
| 1. Fixed payment \$ <u>45.00</u> | |  | <u>1/12/72</u> |
| 2. Dislocation allowance \$ <u>200.00</u> | | | |
| 3. Total \$ <u>245.00</u> | <u>245.00</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 |
|------|--------------|--------|------|--------------|--------|
| | | \$ | | | \$ |
| | | | | | |
| | | | | | |

Dwelling Unit Inventory

QUANTITY

_____ Beds & Springs

_____ Bedroom Chair

_____ Breakfast Table

_____ Breakfast Table Chairs

_____ Bridge Lamp & Shade

_____ Buffet

_____ Chest of Drawers

_____ Coffee Table

_____ Couch

_____ Davenport

_____ Desk

_____ Dining Table

_____ Dining Chairs

_____ Dresser

_____ End Table

_____ Floor Lamp & Shade

_____ Mirror

QUANTITY

_____ Night Stand

_____ Occasional Chair

_____ Overstuffed Chair

_____ Overstuffed Rocker

_____ Range

_____ Refrigerator: Brand _____

_____ Rocker

_____ Rug & Pad: Size _____

_____ Stool

_____ Table Lamp & Shade

_____ Table, small

_____ Vanity & Bench

Suitcases

_____ Trunks

Cartons, Boxes, Etc.

Clothes

Bedding & Linens

Miscellaneous (List Items)

Television (Portable Color)

Portable Bat.

COMMENTS:

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Kathryn Washington Project Emanuel
 2. Date(s) of move Jan 12, 1972 Parcel No. E 3-8
 3. Dwelling unit from which you moved:
 Address 2648 N. Berkeley No. of rooms 3
 Furnished Unfurnished Date you moved into this unit July 1959

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

5. Total claim \$ 4500

 FIXED PAYMENT: \$200 + \$ _____ = \$ 24500

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

| | | |
|------------------------------------|----------|-----------------|
| 1. Monthly rate | \$ _____ | <u>Approved</u> |
| 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)

HOUSING AUTHORITY OF PORTLAND, OREGON

4400 N. E. BROADWAY • PORTLAND, OREGON 97213 • TELEPHONE 288-7111

PHYSICIAN'S CERTIFICATION OF DISABILITY

Name _____ Tenant of Housing Authority _____
Address _____ Applicant for Housing _____

The above named has a disability which can be defined as inability to engage in any substantial, gainful activity by reason of a serious medically determinable physical or mental impairment, which can be expected to be permanent or of a long continued and indefinite duration, or is unable to earn a sufficient amount to maintain a normal standard of living because of physical, mental or emotional disability.

It is understood that this information will be kept strictly confidential.

Sincerely,

Gene W. Rossmen, Executive Director

Ruth K. Drurey
Ruth K. Drurey
Director Rental Division

MEDICAL CERTIFICATION

In my opinion, Katherine Washington (does, ~~not~~) have a disability as defined above. She will be disabled for an indefinite period of time.

Signed _____
(Name)

Walter C. Reynolds, MD
(Professional Title)

5315 N. Vancouver Ave
(Address)

Date Jan 6, 1972

Fred M. Rosenbaum, Chairman
Lydon B. Marshall
Richard J. Brownstein, Legal Counsel
COMMISSIONERS
Leonard L. Gilman
Walter C. Reynolds
James O. Brock
Mrs. Rosine M. Dahlke, Vice-Chairman
Gene W. Rossmen, Executive Director

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
238 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 288-8188

Housing Authority of Portland
4400 N. E. Broadway
Portland, Oregon 97213

Gentlemen:

This is to inform you that Catherine Washington
of 2648 N. Kerby, Portland, Oregon 97227
who wishes to file an application with your office will be displaced
as a result of the acquisition of the property, in which he (or she)
resides, by the Portland Development Commission in the urban renewal
project, ORE R-20.

Thank you for any help that you may render Catherine
Washington in his (her) efforts to obtain suitable housing.

Very truly yours,

W. Stanley Jones

WSJ:slc

*Displaced 1/18/72 To Street Renewal
Service*

PORTLAND DEVELOPMENT COMMISSION

OFFICE OF THE
MANAGER, HOUSING AND URBAN DEVELOPMENT
200 N. COMMERCE ST.
PORTLAND, OREGON 97201
PHONE 222-2100

September 1, 1971

Miss Kathryn Washington
2648 N. Kerby
Portland, Oregon

Dear Miss Washington:

As you may know, you are situated in the General Municipal 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 plan for this area.

If you are in occupancy on the date the Portland Development Commission acquires the property in which you reside, or are to acquire, at the time of receipt of this letter, you may be eligible for relocation assistance. We strongly advise you to contact us before making any decision to determine your eligibility for benefits. A copy of the relocation payments for which you may be eligible is attached in the attached brochure.

We urge you not to form advance opinions as to the benefits and payments to which you may be entitled. Certain conditions must be met before eligibility can be established and before the amount of benefits payable, if any, can be determined.

Please check with us before making any decision. Our office hours are during our regular office hours, Monday through Friday, 9:00 a.m. to 5:00 p.m. Our office is located at 200 N. Commerce Street.

We look forward to seeing you soon.

SOI: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 DC Date of survey 2/15/71 Tabulator _____ Date tabulated _____ Dwelling Unit No. 16 Structure No. 9 Census Block No. 75 Census Tract No. 22A Street Address 2648 N Kerby Apartment No. -

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

- 1. Assistance may be needed, yes , no _____
2. Why no assistance may be needed
a. _____ Vacant
b. _____ Will be vacated on the following date _____
c. _____ Other reasons _____

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

Table with columns: Name, Family relation, Age, Sex, Occupation. Row 1: Washington, Katherine, Head of household, 28, F, Nurse Aide.

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

Table with columns: Names of jobholders, Names of employers, Street address where jobs are located, Distance to work. Row 1: Emanuel.

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

Table with columns: Names of persons in this household who have income from any source, Amount of income per month (In month before this survey, In an average month during 1970). Total family or household income per month \$400.00 Estimated.

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

- 1. Location (indicate approximate cross streets) _____
2. Transportation, number of autos owned _____, use bus _____, walk _____
3. Will rent house _____, apartment , expect to pay rent, including utilities, at \$ _____ per mo.
4. Will buy house in price range \$ _____, 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 1, kitchen _____, dining room _____, living room _____, number of bathrooms _____, total sq. ft. in dwelling unit _____
7. Other characteristics W O B I M

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

Date _____

Analyst J.C. Surveyed 2/19/71 Tabulator _____ Date _____
 Dwelling Unit No. 16 Structure No. 9 Census Block No. 75 Census Tract No. 22A
 Street Address 2648 N Kerby Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: Catherine Washington NAME & ADDRESS OF OWNER: David Narce + Julia M. Johnson NAME & ADDRESS OF PROP. MGR: _____
2648 N Kerby 46 NE Thompson
 TELEPHONE: 282-0405 TELEPHONE: _____ TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? (✓) Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

| | |
|--------------------------------------|-------------------------------------|
| <u> </u> Kind of dwelling unit | <u> </u> No. of units in bldg. |
| <u> </u> One-family house | |
| <u> </u> Apt. in a house | |
| <u>✓</u> Apt. in apt. bldg. or plex | <u>4</u> |
| <u> </u> Apt. in comm. bldg. | |
| <u> </u> Mobile home or trailer | |

This structure has 2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

 Owner occupied
✓ Renter occupied
 Vacant

III. SIZE OF DWELLING UNIT

1912 Sq. ft. in first floor (county figure)
956 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
1 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
5/31/67 Date of last appraisal
1910 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>4050</u> | \$ _____ |
| Improvements | <u>2960</u> | _____ |
| Total | <u>7010</u> | _____ |

3824 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>50.00</u> | _____ | \$ _____ |
| Electricity | _____ | \$ _____ | _____ |
| Gas | _____ | _____ | _____ |
| Water | _____ | _____ | _____ |
| Heat (oil, or other) | _____ | _____ | _____ |
| Total | \$ <u>50.00</u> | \$ <u>20.00</u> | \$ <u>70.00</u> |

Deposits required of renter
 Advance rent \$ _____, other \$ _____
 Rental information obtained from
 Tenant _____, 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

286-3864

286-1038

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER Gordon McIntosh ORIGIN OF CASE Emanuel PARCEL E-3-8

NAME Kathryn Washington ADDRESS 2648 N. Kerby APT NO. _____

PHONE 286-3864 INITIAL INTERVIEW 12/10/71 SEX F MINORITY GROUP B

AGE 28 U.S. CITIZEN ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 1959

FAMILY COMPOSITION

| Name | Relation | Age |
|------|----------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Employer: Name Unemployed \$ 88.00
 Address 286-6045
 MCW Caseworker James Finley
 Social Security _____
 Va. _____ Fed. _____ Mult. Co. _____
 Pension: Name _____
 Other: Name _____

TOTAL MONTHLY INCOME

Own: _____ Power Co. _____ Type Fuel _____ Garbage Co. _____
 Rent: \$50 Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn _____ Furn No. Rms 3

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)
 Over 62 _____ Disabled (Soc.Sec.def.) _____ Income below limits _____ Assets below limits _____

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of emergency:
 Name Oly Adams Address 4707 N.E. 16th Phone 287-6083

Information Statement given to Kathryn Washington on 12/10/71 by McIntosh
 Notice to move given to _____ on _____ by _____

Payments: Amount \$ _____ Check No. _____ Date delivered _____ Moved by self _____ (or) _____
 moved by moving company _____ (Phone) _____

REMOVED FROM CASELOAD: (Date) _____ REMAINING ON CASELOAD:
 Refused assistance _____ Address unknown, tracing _____
 Relocated in: _____ Evicted, further assistance _____
 Low-rent public housing _____ contemplated _____
 Other perm. public housing _____ Temporarily relocated by _____
 Standard priv. rent. hsg. _____ LPA _____
 Sub-standard priv. rent _____ within project: _____ address _____
 hgs. with refusal of _____ outside project: _____ address _____
 further aid _____
 Standard sales housing _____
 Sub-standard sales hgs. _____
 Out-of-town _____
 Address unknown, abandoned _____
 Evicted, no further _____
 assistance _____
 Other (explain) _____

FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

| Address | Inspection Certified By | Date |
|---------|-------------------------|------|
| | | |
| | | |
| | | |
| | | |

NEW ADDRESS: 2832 N. Syracuse 97203 1/12/72
 Zip Phone

New rent or purchase price: _____ No. of rooms _____ S _____ SS _____

INTERVIEW REGISTER

| Date | | Relocation |
|----------|---|--------------|
| 1/28/71 | Information obtained from owner. | Worker JC |
| 2/18/71 | <u>Survey:</u> Will rent comparable apartment | JC |
| 12/10/71 | <p>Interviewed Kathryn Washington today. Gave her information brochure and obtained receipt. Miss Washington has been undergoing radiation treatment for a number of months now and will enter the hospital in another month for additional treatment. Thus, due to her illness she is unable to work and has been unemployed for a number of months. She has no source of income but has plans to apply for unemployment insurance. Miss Washington expects to be moving sometime next week into an comparable one bedroom apartment. She will be moving into apartments owned by Mrs. Johnson, her current landlady. I outlined the benefits due her. Miss Washington presently occupies a furnished 3 room apartment. The only furniture owner by her is a television, wooden bar and various nick nacks. Thus on the basis of her occupancy of 3 furnished rooms she is only eligible to receive \$45 moving benefit, plus a \$200 dislocation allowance. She has elected to receive a rental assistance benefit. The computation of said benefit is below:</p> $ \begin{array}{r} \text{Monthly gross rental for comparable unit} = \$97.75 \\ \text{25\% of adjusted monthly income} = \quad \quad \quad -0- \\ 48 \times \quad \quad \quad \underline{\$97.75} = \underline{\underline{\$ 4,692.00}} \end{array} $ <p>Since the rental assistance payment exceeds \$4,000, it must be reduced to \$4,000 and made payable in four equal annual installments of \$1,000.00 each.</p> <p>During the interview with Miss Washington I suggested that she apply for Welfare, unemployment compensation, or Food Stamps. She did not seem to receptive to my suggestions. I'm not to certain how she meets her daily expenses since she claims to have no source of income. Possibly she had a large amount of money in the bank. On the basis of information obtained from her, I computed her rental assistance benefit using zero income. Thus, as indicated above she is entitled to receive the maximum amount due a claimant.</p> | |

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.

Kathryn Washington

date