

	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		

RESIDENTIAL RELOCATION RECORD

Project Name Emanuel Parcel No. R-10-9 Advisor SCD

Client's Name Whitcomb, Scott Phone _____

Address 535 N. Monroe Ethn W Age 20

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

Family Composition

Total Number ^{NON-} Family 3
 _____ wife, husband

Other: Relation Age Relation Age

ERIC REINHEIMER	20		
JAMES CASE	19		

Economic Data

Employer Murray B. Marsh \$ 200-
 Address _____

Other Source of Income _____ \$ _____

Total Monthly Income \$ (200-)

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

Presently Receiving Welfare YES NO

Other Assistance _____

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

- YES NO

Date of initial interview 5-25-72 Date of Info pamphlet delivery 6-5-72

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

4-1-72

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

Date of initiation of negotiations for purchase of property

6-9-71

Date of Acquisition _____

Date of letter of Intent _____

Date of move

7-1-72

DWELLING UNIT FROM WHICH RELOCATED

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

✓ Age of Housing Unit 1905

✓ Size of Habitable Area 1025 #

✓ Furnished with claimant's furniture
 YES NO

Total Number of Rooms 5 Rent Paid \$ 85- Utilities 47-

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT *Not available*

Address _____ LFA Referred _____ Self Referred _____

Private Sales		Single Family	
Private Rental		Duplex	
Other		Multiple Family	

Outside city Outside state

Age of Housing Unit _____

Size of Habitable Area _____

No. of Rooms _____ No. of Bedrooms _____

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____

Taxes \$ _____

RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ _____

Utilities \$ _____

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

Moving Costs only

No. of Housing Referrals to:

Agency Referrals:

_____ Standard Sales

_____ MCW _____ HAP _____ OTHER (_____)

_____ Standard Rent

_____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME WHITCOMB, Scott RELOCATION ADVISOR C. Daniels
 ADDRESS 535 N. Monroe PHONE 288-9797 PROJECT NAME Emanuel ORE. R-20
 SEX M ETHN white VETERAN _____ AGE 20 PARCEL NO. P-10-9
 MARITAL STATUS single TENURE tenant
 DISABILITY _____ INDIV x FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW May 25, 1972 DATE INFO PAMPHLET DELIVERED 6/5/72
 NOTICE TO MOVE 6/5/72 DATES EFFECTIVE 6/1/72 EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY James R. Whitcomb 15645 S.W. Division Beaverton -644-1706

DATE ON SITE: <u>April 1, 1972</u>
INITIATION OF NEGOTIATIONS: <u>6/9/71</u>
DATE OF ACQUISITION: _____

ECONOMIC DATA

Employer Murrey B. Marsh Co. \$ 200.00
 Address 3930 S. W. Macadam
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 200.00

FAMILY COMPOSITION

NON-FAMILY		
Name	Relation	Age
Eric Reinheimer		20
James S. Case		19

DWELLING UNIT FROM WHICH RELOCATED

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

Size of Habitable Area _____

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

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address _____ Phone _____ Date of Move July 1, 1972

WHERE RELOCATED:

				\$	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
RHP			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	456 EH	7/5/72	\$ 380.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ 380.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date

Relocation
Worker

5/25/
72

Mr. Whitcomb came in to have his benefits explained to him. This was made clear and also let him know about the "quick taking" of the property he lives in. He agreed to move by July 1, 1972. Also he stated that two other fellows lived with him and he could get their approval to let him receive all money due them under the Relocation Act. I agreed to have a letter drawn up for all three signatures.

6/13

Mr. Whitcomb was in and picked up the letter.

6/14

Mr. Whitcomb brought in the letter and the claim was sent up to the Main Office. Found the PDC attorney was not able to take possession on July 1. - So PDC extended the time of possession.

7/24

Scott Whitcomb came in and picked up his check (and indicated he was moving.) Move to house owned by Brink, their present landlord, I guess.

7/27

Closed file. This is a case where three young unrelated men moved in to property not knowing there was an Urban Renewal program going on. They were only entitled to moving benefits since they were in the project less than 90 days. I was unable to determine where they moved.

Chet Daniels

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 456 EH

DATE July 5, 19 72

PAY TO **Scott C. Whitcomb**

\$ 380.00

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 535 N. Monroe (Parcel R-10-9).	
		Dislocation allowance \$200.00	
		Fixed moving payment - own furn. <u>180.00</u>	<u>\$380.00</u>

Account Distribution

NO.	TITLE		AMOUNT
E 1501	Relocation Payments (Fixed - Individual)	(EH)	\$380.00

Scott C. Whitcomb
 7/24/72

JMA

RELOCATION PAYMENT

Project: ORER-20 Emanuel Parcel: R-10-9

Payable to: Scott C. Whitcomb

Amount

For: _____	RHP for Homeowners	\$ _____
_____	Incidental Expenses for Homeowners (if separate claim)	\$ _____
_____	RHP for Tenants & Certain Others:	
	Rental: Total approved \$ _____; Annual amount.	\$ _____
	or Purchase:	\$ _____
<u>X</u>	Fixed Moving Payment	\$ <u>180</u>
<u>X</u>	Dislocation Allowance.	\$ <u>200</u>
_____	Actual Moving Costs.	\$ _____
_____	Storage Costs (if separate claim).	\$ _____
_____	Business: Moving Expenses.	\$ _____
_____	Business: In Lieu Payment.	\$ _____
_____	Business: Storage Costs.	\$ _____
_____	Business: Loss of Property	\$ _____
_____	Business: Searching Expenses	\$ _____

Name of Client Scott C. Whitcomb Less - \$ _____ *

Move from 535 N. Monroe Total \$ 380

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

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 97201

PROJECT NAME (if applicable)

Emanuel Project
Project Number: ORE R-20

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

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

1. FULL NAME OF CLAIMANT _____ Family _____ Individual

WHITCOMB, Scott C.

2. DATE(S) OF MOVE

July 1, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. R-10-9

a. Address 535 N. Monroe

Portland, Oregon

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): 4

e. Date you moved into this address: Apr. 1, 1972

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) _____

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 180.00

(Consult local agency)

Total \$ 380.00

6. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

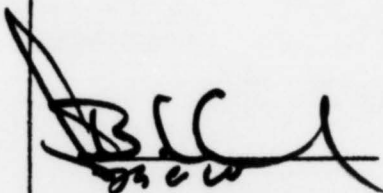
July 1, 1972

Date

Scott C. Whitcomb
Signature of Claimant

(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>200.00</u>			<u>6-30-72</u>
2. Dislocation allowance \$ <u>180.00</u>			
3. Total \$ <u>380.00</u>	<u>380.00</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>4/5/72</u>	<u>456 EN</u>	<u>\$ 380.00</u>			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Scott Whitcomb Project Emanuel
 2. Date(s) of move July 1, 1972 Parcel No. _____
 3. Dwelling unit from which you moved:
 Address 535 N. Monroe No. of rooms 4
 ___ Furnished Unfurnished Date you moved into this unit April 1, 1972
 4. Dwelling unit to which you moved:
 Address ?
 Were goods moved to or from storage? ___ Yes No
 5. Total claim \$ 180.00

 FIXED PAYMENT: \$200 + \$ 180.00 = \$ 380

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)

Dwelling Unit Inventory

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

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

Miscellaneous (List Items)

Stereo
Records
Back pack
Other Misc. household
item

COMMENTS:

June 6, 1972

Portland Development Commission
235 North Monroe
Portland, Oregon 97227

Gentlemen:

Per our conversation of June 5, 1972, we the undersigned agree to move all personal belongings from the premises at 535 North Monroe on or before July 1, 1972.

We hereby give the Portland Development Commission authorization to pay moving expenses and moving allowance, which we estimate to be in the sum of \$380.00, to Mr. Scott Whitcomb (to be divided among the three of us).

x Scott C. Whitcomb
x Eri Reinheimer
x Stephen Case

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.

Just C. Whitcomb

6/5/72
date

DATED this 5 day of June 19 72.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 535 N
Monroe, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

by: Scott C. Whitcomb
(firm name)

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 288-8168

June 1, 1972

Mr. Scott Whitcomb
535 N. Monroe
Portland, Oregon

Dear Mr. Whitcomb:

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 288-8168. 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

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Scott Whitcomb RELOCATION ADVISOR C Daniels
 ADDRESS 535 N. Monroe PHONE 288-9797 PROJECT NAME Emanuel
 SEX M ETHN W VETERAN _____ AGE 20 PARCEL NO. _____
 MARITAL STATUS Single TENURE 2 Mo.
 DISABILITY _____ INDIV FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW May 23, 1972 DATE INFO PAMPHLET DELIVERED June 5, 1972
 NOTICE TO MOVE June 5, 1972 DATES EFFECTIVE July 1972 EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY James R. Whitcomb - 644-1706
15645 SW Division Beaverton Ore

DATE ON SITE: <u>Apr 1 1972</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: _____

ECONOMIC DATA

Employer Murray B. Marsh Co \$ 200.⁰⁰
 Address 13930 SW Macadam
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 200.⁰⁰

FAMILY COMPOSITION

Non-Family

Name	Relation	Age
<u>Eric Reinheimer</u>	<u>M</u>	<u>20</u>
<u>James S. Case</u>	<u>M</u>	<u>19</u>

DWELLING UNIT FROM WHICH RELOCATED

		S	SS
Subsidized Sales	Single Family		<input checked="" type="checkbox"/>
Subsidized Rental	Multiple Family		
Public Housing	Duplex		
Private Rental	Mobile Home	<input checked="" type="checkbox"/>	
Private Sales			

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

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	
Food Stamp Program	<input checked="" type="checkbox"/>
Housing Authority	<input checked="" type="checkbox"/>
Legal Aid	<input checked="" type="checkbox"/>
FISH	<input checked="" type="checkbox"/>
Health Dept.	

5/25

Mr. Whitecomb came in to have his benefits explained to him. This was made clear and also let him know about the "quick taking" of the property he lived in. He agreed to move by July 1, 1972 - Also he stated that 3 other fellows lived with him and he could get their approval to let him receive all money due them under the Relocation act. I agreed to have letter drawn up for all three signature.

6/13/72

Mr Whitecomb was in and picked-up the letter.

6/14/72

" " brought in the letter and the Claim was sent up to M/O. - Found the P.O.C. attorney was not able to take possession on July 1 - so P.O.C. extended time of possession.

7/24/72

Scott ~~White~~ Whitecomb came in a picked up his check (and indicated he was moving.) Move to house owned by Brink, there present ^{I guess} landlord.

7/27/72

Closed File - This is a case were 3 young unrelated men moved into property not knowing there was a U.R. program going on. They were only intitled to moving benefits - in project less than 90 days. - Was unable to determine were they moved. - C. Daniels