

	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. JAMESETTA 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

CLIENT'S NAME WHITE, Douglas & Evelyn RELOCATION ADVISOR JC
 ADDRESS 3100 N. Gantenbein PHONE _____ PROJECT NAME Emanuel ORE. R-20
 SEX M ETHN white VETERAN _____ AGE 31 PARCEL NO. A-2-4
 MARITAL STATUS married TENURE tenant
 DISABILITY _____ INDIV _____ FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 5-6-71 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>June 1970</u>
INITIATION OF NEGOTIATIONS: <u>May 20, 1971</u>
DATE OF ACQUISITION: <u>Sept 14, 1972</u>

ECONOMIC DATA

married 12/6/71

FAMILY COMPOSITION

Employer Nicolic Door \$ 3.70 hr.
 Address _____
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ _____

Name	Relation	Age
Evelyn	wife	31
Edward Haught	son	6
Douglas Jr.	son	4

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1906 No. Rooms 4
 No. Bedrooms 2 Furn. Unfurn
 Utilities \$ 19.00
 Monthly Payments (Rent) \$ 50.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 1840 sq.ft.

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 3704 H. Street, Vancouver, Wash Phone _____ Date of Move Jan 31, 1972 (SS)
NEW 1520 B Bryant Rd. Vancouver, Wash DATE of Second Move SEP 4, 1972 (S)
 S SS

WHERE RELOCATED:

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

Furnished _____ Unfurnished X Number of Rooms 5 Number of Bedrooms 2 Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ 120.00 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)	563-E4	9/25/72	\$ 940.20
TACO (Rental)	826EH	10/1/73	\$ 940.20
TACO (Rental)	977EH	10/17/74	\$ 940.20
TACO (Rental)	1074EH	6/18/75	\$ 940.20
TACO (Sales)			\$
Fixed Moving	28865 G	1/31/72	\$ 260.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

TOTAL BENEFITS RECEIVED \$ 4020.80

REALTOR: _____ ESCROW CO. _____ OFFICER _____

R E S U M E /

DATE 6/20/75

NAME WHITE, Douglas & Evelyn

Client was very cooperative during relocation and they have been paid benefits due them.

JCC
by BRB

(signed) _____
worker

June 20, 1975

Mr. and Mrs. Douglas White
4626 Patterson Road, Apt. #1
Oakdale, California 95361

Dear Mr. and Mrs. White:

You will find enclosed Warrant No. 1074 EH in the amount of \$940.20 which represents a fourth and final Rental Assistance Payment.

It has been a pleasure to assist you in the relocation process.

Very truly yours,

Betty R. Burns
Relocation Advisor

BRR:rd
EAB

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 1074 EH

DATE June 18, 19 75

PAY TO **Douglas and Evelyn White**

\$ 940.20

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. Move from 3100 N. Gantenbein (Parcel A-2-4). Total approved \$3,760.80 4th and final payment	\$940.20

Account Distribution

NO. TITLE AMOUNT

RELOCATION PAYMENT

PROJECT: Esmeralda

PARCEL: A-2-4

PAYABLE TO: Douglas & Evelyn White

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 \$3760.00, Annual amount	(47)	\$	<u>940.20</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 Douglas & Evelyn White Family Less - \$ _____ *

Move from 3100 N. Gantebien Individual Total \$ 940.20

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

0500 X10 250

Jew

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Betty Burns
(Relocation Advisor)

DATE May 19, 1975

FROM: Benjamin C. Webb, Chief of Relocation & Property Management
4626 Patterson Rd., Apt. #1
Oakdale, California 95361
RE: Douglas & Evelyn White
(Displacee) (Address)

No. 4th & Final \$ 940.20 9/25/75
(annual payment) (amount) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 4626 Patterson Rd., Apt. #1, Oakdale, Calif. 95361

Date Inspected: 9/25/74 Condition: X Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Client continues to occupy standard housing.

SIGNED: Evelyn & Douglas White
(Displacee)

SIGNED: Betty L. Burns
(Relocation Advisor)

DATE: 6/5/75

DATE: 6/2/75

TO: Acctg.

DATE: 6/9/75

FROM: 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: Douglas and Evelyn White

PROJECT: eman.

FOR: 4th and final TACO

AMOUNT: 940.20

SIGNED: Betty L. Burns

BCCW

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:
Portland Development Commission
1700 S.W. 4th
Portland, Oregon 97204

PROJECT NAME (if applicable)
Emanuel
PROJECT NUMBER: 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

Douglas & Evelyn White

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-2-4

a. Address: 3100 N. Gantenbein
b. Apartment or room number: _____
c. Number of bedrooms: 2

d. Monthly rental: \$ 50.00
e. Date you moved out of this dwelling: January 31, 1972
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): _____
1520B Bryant Rd.
b. Apartment or room number: _____
c. Number of bedrooms: 2

d. Monthly rental: \$ 120.
e. Date you moved into this dwelling: Sept. 4, 1972
Month-Day-Year

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

a. Address (include ZIP Code): _____
b. Number of bedrooms: _____
c. Downpayment: \$ _____

d. Incidental expenses (total from table on next page): \$ _____
e. Date you purchased this dwelling: _____

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

a. Address of dwelling unit from which you moved: 1520B Bryant Rd.
b. Address of dwelling unit to which you moved (include ZIP code): _____
1520B Bryant Rd.
c. Date of move: _____
Month-Day-Year

d. Monthly rental for temporary unit: \$ 100
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.

Sept 18, 1972
Date

Evelyn White
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:

White, Douglas & Evelyn
3100 N. Gantenbein

COMPUTATION PREPARED BY:

Corally James
Name
12-8-71
Date

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

Required Information

1. Monthly gross rental for comparable unit *2 bdrms* \$ 128.35 ~~150~~
 (cost based on: 2 Schedule
 Comparative
 Other)

2. Base monthly rental for claimant's former dwelling, or
 25% of adjusted monthly income, whichever is less. \$ 50.00

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>128.35</u>	
Line 2	- \$ <u>50.00</u>	
	\$ <u>78.35</u>	
	X <u>48</u>	\$ <u>3760.80</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.) \$ 3760.80

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

6. Amount of rental assistance payment
 (Line 4 minus Line 5) \$ 3760.80

7. Annual Payment \$ 940.20

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

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

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

NAME OF CLAIMANT Douglas & Evelyn White

Parcel No. A-2-4
~~B-20~~

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: June, 1970

Date of Acquisition: Sept. 14, 1972

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: June, 1970

Date of Initiation of Negotiations: May 20, 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

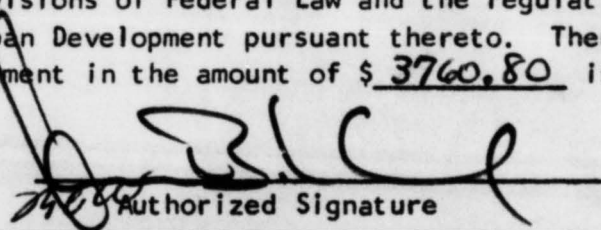
Date previously substandard dwelling was inspected and found to be standard:

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 \$ 3760.80 is authorized. *WSD*

9-22-72
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	_____	_____	\$ _____
<input checked="" type="checkbox"/> (2) Annual payment			
1st Year	<u>9/25/72</u>	<u>563 EH</u>	<u>\$ 940.20</u>
2nd Year	<u>10/1/73</u>	<u>826 EH</u>	<u>\$ 940.20</u>
3rd Year	<u>10/17/74</u>	<u>977 EH</u>	<u>\$ 940.20</u> <i>BD</i>
4th Year	<u>6-18-75</u>	<u>1074 EN</u>	<u>\$ 940.20</u>
b. Claimant moved to unit he purchased	_____	_____	\$ _____
c. Homeowner temporarily displaced	_____	_____	\$ _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Emanuel

PROJECT NO. R-20

1. Full name of claimant: White, Douglas + Evelyn Family Individual
2. Dwelling unit from which you moved: Parcel No. A-2-4
 a. Address 3100 N. Gantenbein c. Number of bedrooms 2
 b. Apartment or room number _____ d. Monthly rental \$ 50.00
 e. Date displaced 1-31-72
3. Dwelling unit to which you moved (RENTAL)
 a. Address 1520A Bryant Rd c. Number of bedrooms 2
 b. Apartment or room number _____ d. Monthly rental \$ 120.00
 e. Date moved in Sept 1, 1972
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 _____
 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 June 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 June 1970
 Date of initiation of negotiations _____
3. Is replacement housing standard? Yes No
 If previously substandard, date found standard _____
4. Certification:
 (Amount of this claim \$ _____)

MEMO

TO: Ben Webb

FROM: Jim Crolley

Douglas & Evelyn White moved from the Emanuel project area January 31, 1972, to Vancouver, Washington with the knowledge that they would have to have standard housing in order to qualify for Rent Assistance. The house, located at 3704 H. Street, Vancouver, Washington, was inspected by the Building Department of Vancouver, and found to have substandard conditions that violated its city codes. The owner was apprised of these findings and indicated cost to correct these was not in his financial capability to comply. The White's were informed by letter June 31, 1972 of the disapproval of their claim, until such time as it could be corrected or to move to another dwelling unit that would meet the requirements and the time limitations. On September 4, 1972 they moved to 1520B Bryant Road where on September 12, 1972 the City of Vancouver Department of Building certified that the unit was in standard condition and does not violate any codes. Approval of claim is therefore recommended.

JC:kw



CITY OF VANCOUVER, WASHINGTON

City Hall, 210 East 13th St. Vancouver, Washington 98660

September 12, 1972

Mr. James C. Crolley
Relocation Supervisor
Portland Development Commission
235 N. Monroe Street
Portland, Oregon 97227

Dear Mr. Crolley:

This letter will confirm our telephone conversation of today regarding the relocation of the Douglas White family.

The structure at 1520 Bryant Road was just recently completed and meets all requirements of the Uniform Building Code.

Should you have any further questions concerning this matter, please feel free to contact this office.

Very truly yours,

D. C. CHRISTIANSEN
Building Inspector

DCC:bm

June 31, 1972

M & H Douglas White
3704 H. Street
Vancouver, Washington

Dear M & H White:

Your claim for Replacement Housing payment cannot be approved because the inspection made March 20, 1972 at 3704 H. Street, Vancouver, Washington contained substandard conditions.

Recent contacts with the owner indicates he has insufficient funds to correct problems.

You have ninety (90) days from the date of this letter to move to a suitable standard dwelling unit or through some other means other than the owner bring this unit up to standard. Unless evidence is provided that you are living in standard housing within 90 days your claim for payment will be denied.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

June 2, 1975

Mr. and Mrs. Douglas White
4626 Patterson Road, Apt. #1
Oakdale, California 95361

Dear Mr. and Mrs. White:

Thank you for your prompt answer to our previous correspondence.

An inspection of your dwelling will not be required prior to payment of your fourth and final Rental Assistance Payment, since you are occupying the dwelling previously certified.

Please sign the enclosed form where marked by a red "X" and return same in the enclosed, stamped envelope.

Thank you for your cooperation.

Very truly yours,

Betty R. Burns
Relocation Advisor

BBB:rd
Encl.

May 28, 1965

Portland Development Commission
2416 N. Williams Avenue
Portland, Oregon 97227

Dear Betty R. Burns, Relocation Advisor:

In reply to letter received
concerning fourth and final
assistance payment in amount of \$94020.
We are still living at 4626 Patterson
Road, Apt. #1, Oakdale, California
95361. Thank you.

Sincerely yours,
Evelyn & Douglas
White

May 22, 1975

Mr. and Mrs. Douglas White
4626 Patterson Road, Apt. #1
Oakdale, California 95361

Dear Mr. and Mrs. White:

The Portland Development Commission is preparing to disburse your fourth and final rental assistance payment in the amount of \$940.20.

It will be appreciated if you will contact the undersigned as to your current address.

Thank you for your cooperation.

Very truly yours,

Betty R. Burns
Relocation Advisor

BEB:rd

October 18, 1974

Mr. & Mrs. Douglas White
4626 Patterson Road - /
Riverside, California 95367
Oakdale

Dear Mr. & Mrs. White:

Enclosed is your third annual rental assistance payment in the amount of \$940.20 (Warrant # 977 EH). To remain eligible for the fourth and final payment you must continue to occupy standard housing.

Very truly yours,

James C. Crolley
Relocation Advisor

JCC:b

Enclosure

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 977 EH

DATE October 17, 19 74

PAY TO **Douglas and Evelyn White**

\$ 940.20

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
		<p>Reimbursement per Claim for EHP for Tenants filed. Move from 3100 N. Santenbein (Parcel A-2-4).</p>	
		<p>Total approved \$3,760.80 3rd annual payment</p>	<p>\$940.20</p>

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

September 17, 1974

Mr. and Mrs. Douglas White
4626 Patterson Rd. Apt. #1
Oakdale, California 95361

Dear Mr. and Mrs. White:

We received your letter dated September 11, 1974, informing us of your new address. To recertify you for your next payment we must go through the same procedures as before. We need an inspection and certification from the City of Oakdale that the unit which you occupy meets the local Code Requirement for safe, decent and sanitary housing.

We are asking the City of Oakdale to conduct an inspection of the property you now occupy to meet this qualification.

Very truly yours,

James C. Crofley
Relocation Advisor

JCC:b
Enclosure

September 23, 1974

County of Stanislaus
Office of the Administrator
Modesto, California 95361

Subject: WHITE, Douglas and Evelyn
4626 Patterson Rd. Apt. #1
Oakdale, California 95361

Dear Sir:

We are an Urban Renewal Agency for the City of Portland and Mr. and Mrs. Douglas White were relocated from the Emanuel Hospital Project. As required by Federal Regulations they must occupy safe, decent and sanitary housing to qualify for relocation assistance under the Uniform Relocation Act of 1970.

To meet this requirement we request that the local Code Enforcement Agency of your City make an inspection for us and supply us with a letter certifying that the subject property meets the local code.

Thank you for your cooperation in this matter.

Very truly yours,

James C. Crolley
Relocation Advisor

JCC:b

City of Oakdale

PHONE 847-3031

248 NORTH THIRD AVE.
P. O. BOX 305
OAKDALE, CALIF. 95361

September 20, 1974

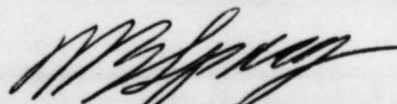
Mr. James C. Crolley
Relocation Advisor
Portland Development Commission
235 North Monroe Street
Portland, Oregon 97227

Dear Sir:

We are in receipt of your September 17, 1974 correspondence in reference to Douglas and Evelyn White of 4626 Patterson Road, Apt. No. 1.

We suggest that you contact county officials in Stanislaus County as this address is not within the City of Oakdale.

Regards,


WARREN B. SPACY
City Administrator

WBS:ca

September 17, 1974

City of Oakdale
Office of the City Manager
Oakdale, California 95361

Subject: WHITE, Douglas and Evelyn
4626 Patterson Rd. Apt. #1
Oakdale, California 95361

Dear Sir:

We are an Urban Renewal Agency for the City of Portland and Mr. and Mrs. Douglas White were relocated from the Emanuel Hospital Project. As required by Federal Regulations they must occupy safe, decent and sanitary housing to qualify for relocation assistance under the Uniform Relocation Act of 1970.

To meet this requirement we request that the local Code Enforcement Agency of your City make an inspection for us and supply us with a letter certifying that the subject property meets the local codes.

Thank you for your cooperation in this matter.

Very truly yours,

James C. Crolley
Relocation Advisor

JCC:b

Sept. 11, 1974

Portland Development Com.
1700 S.W. Fourth Ave.
Portland, Oregon 97201

Dear Sir:

This is to give you
our new place of residence
as of August 24, 1974.
address 4626 Patterson
Rd. Apt. #1, Oakdale, Ca.

RECEIVED

SEP 18 1974

PORTLAND DEVELOPMENT COMMISSION

Sincerely,
Evelyn & Douglas
White

RELOCATION PAYMENT

PROJECT: EMANUEL

PARCEL: A-2-4

PAYABLE TO: Douglas & Evelyn White

For: RHP for Homeowners\$	_____
Incidental Expenses for Homeowners or Tenants.\$	_____
xx RHP - Tenants & Certain Others - Rental: Total approved <u>\$3760.80</u> Annual amount <u>\$940.20</u>	..\$	_____
RHP - Tenants & Certain Others - Downpayment\$	_____
Settlement Costs (on acquisition by LPA only).\$	_____
Interest Expense\$	_____
Fixed Moving Payment\$	_____
Dislocation Allowance.\$	_____
Actual Moving Costs.\$	_____
Storage Costs.\$	_____
Business: Moving Expenses.\$	_____
Business: In Lieu Payment.\$	_____
Business: Storage Costs.\$	_____
Business: Loss of Property\$	_____
Business: Searching Expenses\$	_____

Name of Client Douglas & Evelyn White Family Less - \$ _____ *

Move from 3100 N. Gantenbein Individual Total \$ 940.20

Accounting: Indicate symbol and Accounting No.
0600 X 10 Relocation Payment; ^{3rd} 940.20 Project Cost *(_____)

OK YMC

901

BJ

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Crolley, James
(Relocation Advisor)

DATE August 21, 1974

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

RE: Douglas & Evelyn White
(Displacee)

1929 Sunny Vista Ave., Modesto, Calif.
(Address)

No. 3rd
(annual payment)

\$ 940.20
(amount)

9/74
(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: 4626 PATTERSON Rd., OAKDALE

Date Inspected: 9-25-74 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: _____

SIGNED: Evelyn + Douglas White
(Displacee)

SIGNED: _____
(Relocation Advisor)

DATE: 9/23/74

DATE: _____

TO: BOB DOUGLAS
FROM: JIM CROLLEY

DATE: 9-25-74

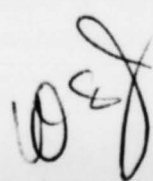
The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Douglas + Evelyn White

PROJECT: Emmanuel

FOR: Relocation - TACO

AMOUNT: 940.20



SIGNED: _____



DEPARTMENT OF PUBLIC WORKS

1716 MORGAN ROAD

MODESTO, CALIFORNIA 95351

October 1, 1974

ADMINISTRATIVE DIVISION 526-6550
BUILDING DIVISION 526-6557
ENGINEERING DIVISION 526-6552
ROAD DIVISION 526-6560
EQUIPMENT DIVISION 526-6561
SANITARY LANDFILL 522-5691

Mr. Douglas White
4626 Patterson Road
Riverbank, California 95367

Dear Mr. White:

The inspection of your living quarters, made by Mr. Moon of this Department on September 23, 1974, determined that your living facilities are in reasonable compliance with the Uniform Housing Code and that there are no apparent hazards to your health and safety.

If we can be of any further service to you, please contact this office.

Very truly yours,

RICHARD G. BARHITE, Director

Michael Hood

Michael Hood, Chief Building
Inspector

By Elvin Rash, Building Inspector

ER:tt

cc: ✓ Mr. James C. Crolley, Portland Development Commission

October 2, 1973

Mr & Mrs. Douglas White
1929 Sunny Vista Avenue
Modesto, California 95350

Dear Mr. & Mrs. White:

Enclosed you will find our Warrant # 826 EH in the amount of \$940.20, representing the second annual installment of the rental assistance payment to which you are entitled as a result of your displacement from 3100 N. Gentenbein.

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

Very truly yours,

James C. Crolley
Relocation Advisor

JCC:b
Encl.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 826 EH

DATE October 1, 19 73

PAY TO **Douglas and Evelyn White**

\$ 940.20

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. Move from 3100 N. Gantenbein (Parcel A-2-4). Total approved \$3,760.80 2nd annual payment <u>\$940.20</u>	

Account Distribution

NO. TITLE AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-2-4

PAYABLE TO: Douglas and Evelyn White

For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners or Tenants.	\$ <u> </u>
<u> x </u> RHP - Tenants & Certain Others - Rental: Total approved \$ <u>3760.80</u> Annual amount \$ <u>940.20</u>	
<u> </u> RHP - Tenants & Certain Others - Downpayment	\$ <u> </u>
<u> </u> Settlement Costs (on acquisition by LPA only).	\$ <u> </u>
<u> </u> Interest Expense	\$ <u> </u>
<u> </u> Fixed Moving Payment	\$ <u> </u>
<u> </u> Dislocation Allowance.	\$ <u> </u>
<u> </u> Actual Moving Costs.	\$ <u> </u>
<u> </u> Storage Costs.	\$ <u> </u>
<u> </u> Business: Moving Expenses.	\$ <u> </u>
<u> </u> Business: In Lieu Payment.	\$ <u> </u>
<u> </u> Business: Storage Costs.	\$ <u> </u>
<u> </u> Business: Loss of Property	\$ <u> </u>
<u> </u> Business: Searching Expenses	\$ <u> </u>

(Second TACO)

Name of Client Douglas and Evelyn White Family Less - \$ *

Move from 3100 N. Gantenbein Individual Total \$ 940.20

Accounting: Indicate symbol and Accounting No.

 Relocation Payment; Project Cost *()

0600 E60 901

OK JMC

NOTICE OF RHP-TACO YEARLY PAYMENT

Rec'd 9/26/73 Q6.

TO: J.C. (Relocation Advisor) DATE September 4, 1973

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

RE: Douglas & Evelyn White 1520-B Bryant Rd., Vancouver, Wn.
(Displacee) (Address)

No. 2nd \$ 940.20 9/25/73
(annual payment) (amount) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 1929 Sunny Vista Avenue, Modesto Calif
Date Inspected: 9/18/73 Condition: Standard Substandard 95350

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

Comments: Mr + Mrs White moved to Modesto Calif. since their last payment. Their new residence has been inspected by this City + found to be in Standard Condition + meet the local Codes.

SIGNED: Evelyn White Douglas White (Displacee) SIGNED: James L. Terolley (Relocation Advisor)

DATE: 9/26/73 DATE: 9/26-73

TO: Bob Douglas DATE: 9/26/73
FROM: 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: Douglas + Evelyn White
PROJECT: Emanuel
FOR: Relocation - TACO
AMOUNT: 940.20

WSX

SIGNED: B.C. Webb



CITY OF MODESTO
CALIFORNIA

City Hall, 801 Eleventh
P. O. Box 642, 95353
(209) 524-4011

BUILDING INSPECTION DIVISION
PUBLIC WORKS DEPARTMENT

September 18, 1973

Portland Development Commission
Site Office
Emanuel Hospital Project
235 N. Monroe Street
Portland, Oregon 97227

Attention: W. Stanley Jones

Subject: WHITE, Douglas and Evelyn
1929 Sunny Vista Avenue
Modesto, California 95350

Gentlemen:

The subject premises were inspected on September 18, 1973. The premises were found to meet the requirements of all applicable codes.

Sincerely yours,

Alfred Kaufman
Chief Building Official

AK:mn

cc: Mr. and Mrs. Douglas White



Rec'd 9/20/73

0600 E60 901

RELOCATION PAYMENT

Project: Emanuel ORE R-20 Parcel: A-2-4

Payable to: Douglas and Evelyn White

Amount

For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners (if separate claim)	\$ <u> </u>
<u> X </u> RHP for Tenants & Certain Others:	
Rental: Total approved \$ <u>3760.80</u> ; Annual amount.	\$ <u>940.20</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 Douglas and Evelyn White

Less - \$ *

ml Total \$ 940.20

Move from 3100 N. Gantenbein

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

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. A-2-4 Advisor JC

Client's Name White Douglas & Evelyn Phone _____

Address 3100 N. Gardenbein Ethn white Age 31

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

Family Composition

Total Number in Family 4

2 wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age
wife	31		
SON	6		
SON	4		

Economic Data

Employer Nicolic Dook \$ 592⁰⁰

Address _____

Other Source of Income _____

_____ \$

Total Monthly Income \$ (592⁰⁰)

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 5-6-71 Date of Info pamphlet delivery _____

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 6-1970

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

Date of initiation of negotiations for purchase of property 5-20-71

Date of Acquisition 9-14-72

Date of letter of intent _____

Date of move 9-4-72

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 1906

Size of Habitable Area 1840

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 4 Rent Paid \$ 50.00 Utilities 1900

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 1520 B Bryant Rd. Vancouver. LPA Referred _____ Self Referred

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

Outside city Outside state

Age of Housing Unit _____

Size of Habitable Area _____

No. of Rooms 5 No. of Bedrooms 2

Not available

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____

Taxes \$ _____

RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ 12000

Utilities \$ _____

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

No. of Housing Referrals to:

_____ Standard Sales

0 Standard Rent

Agency Referrals: 0

_____ MCW _____ HAP _____ OTHER (_____)

_____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

September 12, 1973

Mr. and Mrs. Douglas White
1929 Sunny Vista Avenue
Modesto, California 95350

Dear Mr. and Mrs. White:

We received your letter dated April 12, 1973, informing us of your new address. To recertify you for your next payment we must go through the same procedures as before. We need an inspection and certification from the City of Modesto that the unit which you occupy meets the local Code Requirement for safe, decent and sanitary housing.

We are asking the City of Modesto to conduct an inspection of the property you now occupy to meet this qualification.

Very truly yours,

James C. Crolley
Relocation Advisor

JCC:b
Encl.

September 12, 1973

City of Modesto
Office of the City Manager
Modesto, California 95350

Subject: WHITE, Douglas and Evelyn
1929 Sunny Vista Avenue
Modesto, California 95350

Dear Sir:

We are an Urban Renewal Agency for the City of Portland and Mr. and Mrs. Douglas White were relocated from the Emanuel Hospital Project. As required by Federal regulations they must occupy safe, decent and sanitary housing to qualify for relocation assistance under the Uniform Relocation Act of 1970.

To meet this requirement we request that the local Code Enforcement Agency of your City make an inspection for us and supply us with a letter certifying that the subject property meets the local codes.

Thank you for your cooperation in this matter.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ:b

cc: Mr. and Mrs. Douglas White

Received
4-16-73

April 12, 1973

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

Dear Mr. Jones, Relocation Supervisor

This is to let you know
that we have moved from
1520B Bryant Rd., Vancouver
to 1929 Sunny Vista Ave., Modesto.
It is a two bedroom house.
Mr. Crowley of your office
said to be sure to notific
the office if we moved before
August or September of this
year.

Sincerely,
Douglas + Evelyn White
1929 Sunny Vista Ave.
Modesto, Calif. 95350

INTERVIEW REGISTER

Date

Relocation
Worker

1/15/71

FLYER: delivered by Hazel Polk. Would like meeting to inform about project but would need baby sitter.

2/24/71

SURVEY: Would like house (buy if possible) near Sauvies Islands (appears that a man and a small boy also live in apartment.)

5/6/71

Mrs. Haught in office, presently employed at Court House on trainee program. would like us to help find a two bedroom house, \$60/mo, S. E. area to rent. Would like to move by June 1, 1971. Told her we would start looking - but explained that she should not move before the project begins. Turned over to JC.

4-10-72

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 563 EH

DATE September 25, 1972

PAY TO **Douglas and Evelyn White**

\$ 940.20

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 3100 N. Gantenbein (Parcel A-2-4).	
		Total approved \$3,760.80 1st annual payment	\$940.20
		<i>x Evelyn White</i> <i>9-26-72</i>	

Account Distribution

NO. TITLE AMOUNT

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

No 28865 G

DATE January 31, 19 72

PAY TO THE ORDER OF **Douglas and Evelyn White**

\$ 260.00

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 3100 N. Gantenbein (Parcel No. A-2-4). Dislocation allowance \$200.00 Fixed payment - Not own furniture <u>60.00</u>	\$260.00

Account Distribution

NO	TITLE	AMOUNT
E 1501	Relocation Payment (EH) (Fixed payment - Family)	\$260.00

2-1-72

Evelyn E. Haught
Miss

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)

Emanuel Hospital Project
Project Number: ORE R-20

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

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

1. FULL NAME OF CLAIMANT Family Individual

WHITE, Douglas and Evelyn

2. DATE(S) OF MOVE

1-31-72

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A-2-4

a. Address 3100 N. Gantenbein, Portland, Oregon 97227

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

c. Was it furnished with your own furniture?
 Yes No

d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 4

e. Date you moved into this address: June, 1970

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) _____

3704 H. St., Vancouver, Washington

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 60.00 4rms - no furniture

(Consult local agency)

Total \$ 260.00

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.

1/31/72

Date

Evelyn White

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:

Douglas and Evelyn White
3704 H. Street
Vancouver, Washington

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

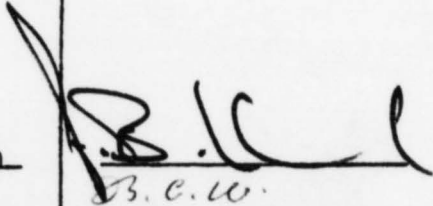
If "Yes," explain basis for approved amount:

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 <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>60.00</u>		 B. C. W.	<u>1-31-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>260.00</u>	<u>260.00</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>1/31/72</u>	<u>28865</u>	<u>\$ 260.00</u>			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name White Douglas + Evelyn Project _____
 2. Date(s) of move 1-31-72 (?) Parcel No. A-2-4
 3. Dwelling unit from which you moved: _____
 Address 3100N Hawthorn No. of rooms 4
 Furnished Unfurnished Date you moved into this unit June 1970
 4. Dwelling unit to which you moved: _____
 Address 3704 H. ST. (Vanc. com)
 Were goods moved to or from storage? Yes No

5. Total claim \$ 6000

 FIXED PAYMENT: \$200 + \$ 6000 = \$ 26000

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	\$ _____	\$ _____
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)

PORTLAND DEVELOPMENT COMMISSION

OFFICE
EMANUEL HOSPITAL PROJECT
225 N. MONROE ST.
PORTLAND, OREGON 97207
PHONE 259-2100

September 1, 1971

Mr. and Mrs. Douglas White
3100 N. Gantenbein
Portland, Oregon

Dear Mr. and Mrs. White:

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 plans. If you are unable to visit 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 259-2100. 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

BCM:ch
Enclosure

LHR
DAS

June 31, 1972

To: White

States their claim for RHP cannot be approved because lease M 20 72 at residence contains sub sd cond.

The recent contact w/ owner indicates he has insufficient funds to resolve problems.

You have ninety day from the date of this ltr to move to a suitable land dwelling unit or show some other means other than the owner buying the unit up to state. When evidence is provided that you have in state within 90 day your claim for payment will be denied.



EMERALD TERRACE

Convalescent Center

1015 GARRISON ROAD • TELEPHONE 694-7501
VANCOUVER, WASHINGTON 98664

9-18-72

To whom it may concern:

Evelyn White is an employ at Emerald Terrace
and makes, at this time, \$1.75 an hour.

Mrs. Horsch
Secretary

40 hrs wk

Rec'd Pa
9-18-72

NIEGLAY

09/13/72

244123

DISABILITY INCOME

09/11/72 09/17/72

60.00

60.00

INTERNATIONAL HEALTH AND LIFE INSURANCE CO.

Claim Payment Report - Notice: All Payments Made According to the Terms of Policy

8



CITY OF VANCOUVER, WASHINGTON

City Hall, 210 East 13th St. Vancouver, Washington 98660

September 6, 1972

James C. Crolley
Relocation Supervisor of Portland
Development Commission
235 N. Monroe Street
Portland, Oregon 97227

Dear Mr. Crolley:

We are in receipt of your letter of August 31, 1972, requesting an inspection to be made at 1520 Brandt Road.

The Division of Buildings requests a letter from the owner of this property granting us permission to make this inspection. After we receive a letter from the owner, the Division of Buildings will make the requested inspection.

Very truly yours,

A. L. THOMAS
Superintendent of Buildings

ALT:bm

August 31, 1972

Mr. D. C. Christiansen
Building Inspector
210 East 13th Street
Vancouver, Washington

Dear Mr. Christiansen:

This letter is to request an inspection of a dwelling located at 1520 Bryant Rd., Vancouver, Washington.

The tenants to reside in this structure are Mr. and Mrs. Douglas White, who were displaced by government action and must occupy a decent, safe and sanitary dwelling to qualify for certain benefits.

We are in need of a letter as soon as possible, stating any substandard conditions existing at this address, to be followed by a written certification from your office when any substandard conditions have been corrected.

The owners name and address is Percy and Jeri Williams, 305 N.E. 92nd Avenue.

Your cooperation in this matter will be appreciated.

Very truly yours,

James C. Crolley
Relocation Supervisor, Actg.

JCC:me

mon
Sept 4, 1972

MEMO

TO: Ben Webb

FROM: Jim Crowley

Douglas & Evelyn White moved from the Emanuel project area January 31, 1972, to Vancouver, Washington with the knowledge that they would have to have standard housing in order to qualify for Rent Assistance. The house, located at 3704 N. Street, Vancouver, Washington, was inspected by the Building Department of Vancouver, and found to have substandard conditions that violated its city codes. The owner was apprised of these findings and indicated cost to correct these was not in his financial capability to comply. The White's were informed by letter June 31, 1972 of the disapproval of their claim. Until such time as it could be corrected or to move to another dwelling unit that would meet the requirements and the time limitations. On September 4, 1972 they moved to 1500B Bryant Road where on September 12, 1972 the City of Vancouver Department of Building certified that the unit was in standard condition and does not violate any codes. Approval of claim is therefore recommended.

JC:kw

June 31, 1972

H & H Douglas Millie
3704 N. Street
Vancouver, Washington

Dear H & H Millie:

Your claim for backlogged housing payment cannot be approved because the inspection made March 20, 1972 at 3704 N. Street, Vancouver, Washington contained substandard conditions.

Records reviewed with the owner indicated he has insufficient funds to correct problem.

You have ninety (90) days from the date of this letter to move to a suitable standard dwelling unit or through some other means other than the owner bring this unit up to standard. Unless evidence is provided that you are living in standard housing within 90 days your claim for housing will be denied.

Very truly yours,

L. Stanley Jones
Housing Supervisor

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.

Feb 29, 1972
Date

Evelyn White
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.)

~~VOID~~
Substandard unit



CITY OF VANCOUVER

WASHINGTON

CITY HALL 210 EAST 13TH ST.

BUILDING DIVISION - PHONE: 696-8180

Mr. James Crolley, Relocation Advisor
Portland Development Commission
235 North Monroe
Portland, Oregon

RE: 3704 "H" Street

Dear Mr. Crolley:

Per your request of February 29, 1972 an inspection was made on March 20, 1972 of the residence at 3704 "H" Street.

Condition of Lot: The concrete driveway is cracked with sections missing. The curb has been broken and not properly cut.

Exterior of Building: The composition roof has deteriorated and needs replacing. On the north side of the house, the concrete porch is broken and uneven.

Living Area: The kitchen sink does not have a sanitary rim. This has allowed water to leak onto the cabinet top and cause dry rot.

The tile around the tub has come loose and allowed water to soak behind it causing a sponge effect.

Numerous windows are painted shut throughout the house.

Basement: There is no hand rail on the basement stairs. Most of the basement ceiling is covered with egg cartons. The cement laundry tray does not have a trap and is not vented.

Electrical Service: The electrical service has been worked on without permits. Wires have been added without proper clamps to the box and the garage has been connected improperly.

Should you have questions or require more information, please contact this office at 696-8180.

Very truly yours,

D. C. CHRISTIANSEN
Building Inspector

DCC:bm

would not bring up to Standack

OUT of TOWN UNTIL
Friday 9-3-71

8/27/71 Jim - MESSAGE FROM HELEN BENJAMIN
4:00 PM

LONGVIEW - KELSO PUBLIC HOUSING:

236 PROJECT - NOT PUBLIC HOUSING - FHA SUBSIDIZED
UNDER CONSTRUCTION SHOULD BE READY WITHIN ONE MONTH
CAN DRIVE BY AND SEE AT: 3101 MARILYN STREET

LONGVIEW, WASH.

APPLY TO: WM. GARRETT (OWNER-SPONSOR)
5515 - 15th AVENUE N.E.
SEATTLE, WASHINGTON

INCOME LIMITATIONS AS FOLLOWS:

FAMILY of 2 = \$6210 PER YEAR
FAMILY of 4 = \$7020 PER YEAR

KELSO - HOUSING AUTHORITY - PUBLIC HOUSING

CONTACT: ETHEL GUSLONO, EXEC. DIRECTOR
(206) 423-3490
1415 SOUTH 10th STREET
P.O. BOX 599
KELSO, WASH 98626

INCOME LIMITATIONS: = 236 LIMITATIONS OR 135% of PUBLIC HOUSING LIMITS (?)
(FIGURE THAT ONE OUT!)

tenant

(9)

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER _____

PROJECT NO. R 20 PARCEL A 2-4

NAME Haight Evelyn ADDRESS 3100 N Gardenheim APT NO. ✓

PHONE none INITIAL INTERVIEW _____ SEX F W x NW AGE 31

U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 6 mos.

FAMILY COMPOSITION

Name	Relation	Age
<u>Edward</u>	<u>son</u>	<u>6</u>

(attends Soc Bus College) = finished

Employer: Name Hull Co Court House \$ _____
 Address _____
 MCW x Caseworker _____ 138.00
 Social Security _____
 Va. _____ Fed. _____ Mult Co. _____
 Pension: Name _____
 Other: Name _____

TOTAL MONTHLY INCOME 138.00

Rent \$60.00, Inc. Heat gas Water inc. Gas 15.00 Gar _____ Elec 4.00 Unfurn _____ Furn _____ No. Rms _____

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of accident:
 Name _____ Address _____ Phone _____

Information Statement given to _____ on _____ by _____
 Notice to move given to _____ on _____ by _____

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

REMOVED FROM CASELOAD: (Date) _____

Refused assistance _____

Relocated in: _____

Low-rent public housing _____

Other perm. public housing _____

Standard priv. rent. hsg. _____

Sub-standard priv. rent hgs. with refusal of further aid _____

Standard sales housing _____

Sub-standard sales hsg. _____

Out-of-town _____

Address unknown, abandoned _____

Evicted, no further assistance _____

Other (explain) _____

REMAINING ON CASELOAD: _____

Address unknown, tracing _____

Evicted, further assistance contemplated _____

Temporarily relocated by LPA _____

within project: _____ address _____

outside project: _____ address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: _____ Zip _____ Phone _____

1/15/71 flyer delivered by Hazel Polk. Would like meeting to inform about project but would need baby sitter.

2/24/71 survey: would like house (buy if possible) near Sawies Island. (Appears that a man & a small boy also live in apt) DC

5/6/71 Mrs Knight in office, ^{presently employed at Court House on training program.} Would like us to help find 2 bdrm. house, \$60 month, SE area to rent. Would like to move by June 1, 1971. Told her we would start looking - but explained that she should not move before project begins. Turned over to DC. sic

Tenant

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER JC PROJECT NO. Ore. R-20 PARCEL A-2-4
 NAME WHITE, Douglas + (HAUGHT) Evelyn ADDRESS 3100 N. Gantenbein APT NO.
 PHONE none INITIAL INTERVIEW SEX F W X NW AGE 31
 U.S. CITIZEN ALIEN VETERAN SERVICEMAN DATE ON SITE June 1970

FAMILY COMPOSITION

Name	Relation	Age
Edward	Son	6
WHITE, Douglas		31
		4

Employer: Name Mult. County Court \$
 Address House
 MCH X Caseworker +38.00
 Social Security
 VA. Fed. Mult Co.
 Pension: Name
 Other: Name
married - NOV 6 - 1971
 TOTAL MONTHLY INCOME 138.00

Rent 60.00, Inc. Heat Water Gas Gar Elec Unfurn Furn No. Rms

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered by

Notify in case of accident:
 Name Address Phone

Information Statement given to on by
 Notice to move given to on by

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

REMOVED FROM CASELOAD: (Date)
 Refused assistance
 Relocated in:
 Low-rent public housing
 Other perm. public housing
 Standard priv. rent hsg.
 Sub-standard priv. rent hsg. with refusal of further aid
 Standard sales housing
 Sub-standard sales hsg.
 Out-of-town
 Address unknown, abandoned
 Evicted, no further assistance
 Other (explain)

REMAINING ON CASELOAD:
 Address unknown, tracing
 Evicted, further assistance contemplated
 Temporarily relocated by LPA within project:
 Address
 outside project:
 Address

FAMILY REFUSED ADDITIONAL ASSISTANCE.
 Date Worker

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: Zip Phone

DATE	NOTES	C/W
1/15/71	Flyer delivered by Hazel Polk. Would like meeting to inform about project but would need baby sitter.	
2/24/71	Survey: Would like house (buy if possible) near Sauvies Island (appears that a man and a small boy also live in apt.)	JC
5/6/71	Mrs. Haught in office, presently employed at Court House on trainee program, would like us to help find 2 bedroom house, \$60/mo, S.E. area to rent. Would like to move by June 1, 1971. Told her we would start looking - but explained that she should not move before project begins. Turned over to JC.	SLC

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 2/24/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 8 Structure No. 8 Census Block No. 28 Census Tract No. 22A
 Street Address 3100 N Gardenheim 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:

	<u>Name</u>	<u>Family relation</u>	<u>Age</u>	<u>Sex</u>	<u>Occupation</u>
1.	<u>Naught, Evelyn</u>	<u>Head of household</u>	<u>31</u>	<u>F</u>	<u>unemployed</u>
2.	<u>Edward</u>	<u>-</u>	<u>6</u>	<u>M</u>	<u>Student</u>
3.					
4.					
5.					
6.					
7.					
8.					
9.					

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

1. Jobholders in this household, employers and location of jobs: Distance

<u>Names of jobholders</u>	<u>Names of employers</u>	<u>Street address where jobs are located</u>	<u>to work</u>
	<u>attend Pac. Bus. Col.</u>	<u>Student</u>	<u>4</u>

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

<u>Names of persons in this household who have income from any source</u>	<u>Amount of income per month</u>	
	<u>In month before this survey</u>	<u>In an average month during 1970</u>
<u>MCPW</u>	<u>\$ 138.00</u>	<u>\$ 138.00</u>
<u>Total family or household income per month</u>	<u>\$ 138.00</u>	<u>\$ 138.00</u>

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

1. Location (indicate approximate cross streets) Sauvies Island
2. Transportation, number of autos owned _____, use bus , walk
3. Will rent house _____, apartment _____, expect to pay rent, including utilities, at \$ _____ per mo. (Furniture is owned, yes , no _____, stove and refrigerator owned, yes _____, no)
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 2, kitchen 1, dining room 1, living room 1, number of bathrooms 1, 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 AC Surveyed 2/24/71 Tabulator _____ Date _____
 Dwelling Unit No. 8 Structure No. 8 Census Block No. 28 Census Tract No. 22A
 Street Address 3100 N Gantenbein Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: Evelyn Hauhaht NAME & ADDRESS OF OWNER: Sanford O. + Evelyn Spratlan NAME & ADDRESS OF PROP. MGR: _____
3100 N Gantenbein 2625 SW Ravensview Dr. _____
 TELEPHONE: none TELEPHONE: 223-3249 TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

Kind of dwelling unit	No. of units in bldg.
_____ One-family house	_____
_____ Apt. in a house	_____
<input checked="" type="checkbox"/> Apt. in apt. bldg. or plex	<u>4</u>
_____ Apt. in comm. bldg.	_____
_____ Mobile home or trailer	_____

This structure has 2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

_____ Owner occupied
 Renter occupied
 _____ Vacant

III. SIZE OF DWELLING UNIT

1680 Sq. ft. in first floor (county figure)
840 Sq. ft. in dwelling unit (if more than 1 floor)
4 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
2 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
1971 Period market value data applicable
5/8/67 Date of last appraisal
1906 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>4260</u>	\$ _____
Improvements	<u>2960</u>	_____
Total	<u>7220</u>	_____

3360 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	_____	\$ <u>4.00</u>	_____
Gas	_____	_____	_____
Water	<u>w/rent</u>	_____	_____
Heat (oil, or other)	<u>GAS</u>	<u>15.00</u>	_____
Total	\$ <u>50.00</u>	\$ <u>19.00</u>	\$ <u>69.00</u>

Deposits required of renter
 Advance rent \$ 50.00, 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

Assessor's records filed in
apartment house file