

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 _____ Parcel No. A-3-18 Advisor _____Client's Name Williams, P. C. Phone _____Address 203 N. Fargo Ethn B Age 70

☒ Male ☒ Family ☒ Married ☐ Renter/Occupant
☐ Female ☐ Individual ☐ Single ☒ Owner/Occupant

Family CompositionTotal Number in Family 2 wife, husband

Other: Relation Age Relation Age

wife	70		

Economic Data

Employer \$

Address

Other Source of Income

S.S. \$ 150 -

Total Monthly Income \$ (150 -)

Eligible for Public Housing ☒ YES ☐ NOEligible for Welfare ☐ YES ☒ NOEligible for (Other) ☐ YES ☐ NOPresently 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 ☐ NODate of initial interview 7-20-71 Date of info pamphlet delivery _____

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

1947

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

"Date of initiation of negotiations for purchase of property 5-19-71Date of Acquisition 7-14-71

Date of letter of intent _____

Date of move 7-28-71

DWELLING UNIT FROM WHICH RELOCATED

Private Sales	<input checked="" type="checkbox"/>	Single Family	<input checked="" 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 1320

Furnished with claimant's furniture
☒ YES ☐ NO

Total Number of Rooms 6 Rent Paid \$ Utilities

Number of Bedrooms 3 Monthly Housing Payments \$ Taxes

Liens \$ (please explain)

Acquisition Price \$ 7,500 Amenities

REPLACEMENT DWELLING UNIT

Address 235 N Holland LPA Referred Self Referred ☒

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"/>

Outside city ☐ Outside state ☐

Age of Housing Unit 1937

Size of Habitable Area 915

No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 15,500

Taxes \$

RHP or TACO (including incidental costs) \$ 8,000

For Claimants Who Rented

Rent \$

Utilities \$

Total Rent Assistance \$

Amount of Annual Payment \$

No. of Housing Referrals to:

 Standard Sales

 Standard Rent

Agency Referrals:

 MCW HAP OTHER ()

 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 WILLIAMS, T. C. RELOCATION ADVISOR _____
 ADDRESS 203 N. Fargo PHONE 237-4801 PROJECT NAME Emanuel ORE. R-20
 SEX M ETHN black VETERAN _____ AGE 70 PARCEL NO. A-3-18
 MARITAL STATUS married TENURE owner
 DISABILITY _____ INDIV _____ FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 7-20-71 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>1947</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: <u>July 14, 1971</u>

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW _____
 Social Security estimated 150.00
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 150.00

FAMILY COMPOSITION

Name	Relation	Age
Mandy	wife	70

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1910 No. Rooms 6
 No. Bedrooms 3 Furn. Unfurn
 Utilities \$ _____
 Monthly Payments (Rent) \$ _____
 Acquisition Price \$ 7,500.00
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 1320 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 235 N Holland Phone 289-6111 Date of Move 7-28-71

WHERE RELOCATED:

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

Furnished _____ Unfurnished _____ Number of Rooms _____ Number of Bedrooms 2 Habitable Area 915

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ 15,500.00

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP	886 G	6/30/71	\$ 8,000.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving			\$ 500.00
Actual Move			\$
Storage			\$
Incidental	975 G	8/16/71	\$ 15.75
Interest			\$

Purchase Price \$ 15,500.00

Down Payment \$ _____

RHP \$ 8,000.00

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ 8,515.75

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date	Relocation Worker
10/20/71	Is member of EDPA. Appeared at the city council meeting 10/21/70. Stated his land is valuable. Afraid he will have to move and suffer financial loss. Feels he has been mistreated. PDC will only pay assessed value for land. Receives only government pension.
1/15/71	FLYER: delivered by Ted Parker. would like meeting. Personal contact desired. Members of EDPA.
2/10/71	SURVEY: will buy comparable housing, two or three bedrooms, all on one floor, NE. Schuyler, near Mt. Olivet Church and near shopping. No car. Doesn't want to have to pay even one cent when they move.
7/20/71	Talked to Mr. Williams about the alternative of getting another house that is more to his liking. I informed him that we could increase the amount that he could purchase another house if that is what he wants, if it was done before he moved into the other house but not afterwards. He wanted to do this and so informed his Real Estate Dealer, who stated that the seller would not go along peacefully about this, that they would take legal action to enforce a binding contract. Mr. and Mrs. Williams were reluctant to proceed with this course, if it means a legal fuss. I advised them to talk with legal aid for an option. We set up an appointment for 2p.m. Wednesday, July 21, 1971 with Mr. Barnes I talked to Ben Webb and Stan Jones and gave them a run down on what transpired.
7/21	Talked to Mr. Williams and Mr. Barnes about Mr. Williams transfer to another house. Barnes could not adequately give an option because he did not know enough about Real Estate Law. He asked that PDC attorney review it and see what their option is.

OFFICIAL EARNST MONEY AGREEMENT

Received of T.C. AND MANDY WILLIAMS, HUSBAND AND WIFE, Oregon, 28 JUNE, 1971
 hereinafter called "purchaser," in the form of (check, cash, note) \$ 200,000 as earnest money and part payment for the purchase of the following
 described real estate situated in the City of PORTLAND, County of MULTNOMAH
 and State of Oregon, to-wit: EAST 10' OF LT. N. WEST 45' OF LOT 19 BLOCK 2
LOVEWOOD OTHERWISE KNOWN AS 235 N. HOLLAND

together with the following described personal property: DRAPES

which we have this day sold to the said purchaser, subject to the approval of the seller,
 for the sum of FIFTEEN THOUSAND, FIVE HUNDRED Dollars (\$ 15,500.00)
 on the following terms, to wit: The sum, hereinabove receipted for, of TWO HUNDRED Dollars (\$ 200,000)
 } on _____, 19____ as additional earnest money, the sum of _____ Dollars (\$ _____)
 } on Owner's acceptance
 Upon acceptance of title and delivery of deed or contract, the sum of _____ Dollars (\$ _____)
 The balance of FIFTEEN THOUSAND, THREE HUNDRED Dollars (\$ 15,300.00)
 payable as follows: PURCHASERS TO IMMEDIATELY APPLY TO PORTLAND
DEVELOPMENT COMMISSION FOR FUNDS TO COVER ENTIRE PRICE
OF PROPERTY. SELLERS TO REMOVE FENCES AND DRYER OUTLET
AND VENT FROM WEST REARDOOR AND REPAIR.

The seller shall furnish to the purchaser in due course a title insurance policy in the amount of the purchase price of the real estate from a title insurance company showing good and marketable title. Prior to closing the transaction, the seller, upon request, will furnish to the purchaser a preliminary report made by a title insurance company showing the condition of the title to said property. It is agreed that if the seller does not approve the above sale within the period allowed Realtor below in which to secure seller's acceptance, or if the title to the said premises is not marketable, or cannot be made so within thirty days after notice containing a written statement of defects is delivered to seller, or if the seller, having approved said sale fails to consummate the same, the earnest money herein receipted for shall be refunded, but the acceptance by the purchaser of the refund does not constitute a waiver of other remedies available to him.

But if the above sale is approved by the seller and the title to the said premises is marketable, and the purchaser neglects or refuses to comply with any of the conditions of this sale within ten days from the furnishing of a preliminary title report and to make payments promptly, as hereinabove set forth, the earnest money herein receipted for shall be forfeited to the undersigned Realtor to the extent of his agreed upon commission, and the residue, if any, shall be retained by the seller as liquidated damages and this contract thereupon shall be of no further binding effect. The property is to be conveyed free and clear of all liens and encumbrances to date except zoning ordinances, building and use restrictions, reservations in Federal patents, and NONE

All light fixtures and bulbs, fluorescent lamps, Venetian blinds, window and door screens, storm windows and doors, linoleum, attached television antennas, curtain, towel and drapery rods, shrubs and trees, and irrigation, plumbing and heating equipment, except fireplace equipment that is not attached in any manner to the structure, and all fixtures except NO EXCEPTIONS

are to be left upon the premises as part of the property purchased.

Seller and purchaser agree to prorate the taxes for the current tax year, rents, interest, and other matters as of the date of delivery of possession, unless otherwise stated. Premiums for existing insurance may be prorated or a new policy issued at purchaser's option. Purchaser agrees to pay the seller for fuel, if any, in storage tank at date of possession. Encumbrances to be discharged by Seller may be paid at his option out of purchase money at date of closing. The purchaser shall reimburse the seller for sums held in the reserve account on any indebtedness assumed in this transaction.

SELLER AND PURCHASER AGREE THAT SUBJECT SALE } will } be closed in escrow, the cost of which shall be shared equally between seller and purchaser.
 Possession of the above described premises is to be delivered to the purchaser UPON days from the delivery of deed or contract above mentioned, or as soon thereafter as existing laws and regulations will permit removal of tenants, if any. Time is of the essence of this contract.

Realtor's Address: PAUL DARGATREY 4413 N.E. SPAIN Realtor's Phone: 288-6436
60 PAUL DARGATREY AND CO. JUSTICE Realtor By: Thomas G. Gums

AGREEMENT TO PURCHASE

Date 28 JUNE, 1971

I hereby agree to purchase the above described property in its present condition at the price and on the terms and conditions set forth above, and grant said Realtor a period of 5 days hereafter to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Deed or contract is to be prepared in the name of T.C. AND MANDY WILLIAMS

I acknowledge receipt of a copy of the foregoing offer to buy and earnest money receipt bearing my signature and that of the Realtor.

Address 203 N. FARGO PURCHASER: T.C. Williams
 Phone 287-4695 PURCHASER: Mandy Williams

AGREEMENT TO SELL

Date June 27, 1971

I hereby approve and accept the sale of the above described property and the price and conditions as set forth in above agreement and agree to furnish a title insurance policy continued to date as aforesaid showing good and marketable title, also the said deed or contract, and agree to pay the above named Realtor for services a commission of \$ 7,500.00 50-50 between C.G. Justice, Realtor and Paul Dargatrey

I authorize said Realtor to order title insurance and, if sale not completed, to pay any cost thereof and to pay out of the cash proceeds of sale the expenses of furnishing title insurance, recording fees and revenue stamps, if any, as well as any encumbrances on said premises payable by me at or before closing. I instruct Realtor to place in his Clients Trust Account the above described earnest money deposit until needed in the closing of the transaction. I acknowledge receipt of a copy of this contract bearing my signature and that of the purchaser named above, and of Realtor.

Address _____ SELLER: H. J. T. Lamy
 Phone _____ SELLER: H. J. T. Lamy

PURCHASER'S COPY WITH SELLER'S ACCEPTANCE

THIS IS A LEGALLY BINDING CONTRACT. IF NOT UNDERSTOOD, SEEK COMPETENT ADVICE.

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR RELOCATION PAYMENT
(Families and Individuals)

HUD-6140.1
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code)

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

PROJECT NAME (If applicable)

Emanuel Project

PROJECT NUMBER

ORE R-20

INSTRUCTIONS: If this claim is for a **FIXED PAYMENT**, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

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

WILLIAMS, T. C.

(f)

2. DATE(S) OF MOVE

7/28/71

3. ADDRESS FROM WHICH YOU HAVE MOVED

a. Address

203 N. Fargo, Portland, Oregon 97227

b. Apt., Floor, or Room No. --

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

d. Number of rooms occupied (excluding

bathrooms, hallways, and closets): 8

e. Date you moved into this address: 1947

A 3-18

4. ADDRESS TO WHICH YOU HAVE MOVED

a. Address (include ZIP code)

235 N. Holland, Portland, Oregon 97217

b. Apt., Floor, or Room No. --

c. Were household goods moved to or from storage?

☐ Yes ☒ No

If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

☐ a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property

☒ b. Fixed Payment (May not be made if storage costs are involved) (balance due under new schedule)

Check c if applicable:

☐ c. Supplementary claim for reimbursement of storage costs

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)

\$ 121.00

DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT

7. NAME OF MOVING COMPANY (OR PERSON)

8. MOVER'S TELEPHONE NO.

9. ADDRESS OF MOVING COMPANY (OR PERSON)

10. METHOD OF PAYMENT, MOVING BILL (Check one)

☐ a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.

☐ b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)

\$

b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)

\$

c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)

\$

12. 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.

9/22/71

Date

T.C. Williams

Signature of claimant

(Over)

A. STATEMENT OF CLAIM FOR ACTUAL DIRECT LOSS OF PROPERTY

List each item of property for which an actual direct loss is claimed, and for which reimbursement or compensation is not otherwise provided, and state the indicated information with respect to each item. Attach any appraisals, estimates, statements of value, or other evidence of estimated value or actual price received for property sold. Attach additional sheets as necessary.

DESCRIPTION OF PROPERTY <i>(List each major item separately)</i>	BASIS FOR AMOUNT CLAIMED <i>(Explain fully, referring to any attached statements)</i>	NAME AND ADDRESS OF PURCHASER	FAIR MARKET VALUE FOR CONTINUED USE AT PRESENT LOCATION	NET PROCEEDS FROM SALE	AMOUNT CLAIMED	FOR LOCAL AGENCY USE <div style="border: 1px solid black; padding: 2px;">AMOUNT APPROVED</div>
COMPUTATION OF PAYMENT:						
Previously paid: Check No. 26387 G, 8/3/71						
	Dislocation Allowance	\$200.00				
	Fixed Moving Costs	<u>179.00</u>				
		\$379.00				
Total Amount Due Claimant:		\$500.00				
	Less previous payment	<u>+379.00</u>				
	Now due claimant	<u><u>\$121.00</u></u>				

B. STATEMENT OF CLAIM FOR STORAGE COSTS

DESCRIPTION OF PROPERTY STORED <i>(List each major item separately. If this is a supplementary claim for storage costs and there has been no change in the number of items stored, reference may be made to description previously submitted. Attach additional sheets as necessary.)</i>	NAME AND ADDRESS OF STORAGE COMPANY	TYPE OF CLAIM	
		1. Check one: <input type="checkbox"/> Initial claim <input type="checkbox"/> Supplementary claim	2. Check if applicable: <input type="checkbox"/> Final claim
	STORAGE PERIOD 1. Total period: _____ months Check one: <input type="checkbox"/> Actual <input type="checkbox"/> Estimated 2. Date property moved to storage: _____, 19____ 3. Date property moved from storage: _____, 19____	STORAGE COSTS	AMOUNT
			FOR LOCAL AGENCY USE <div style="border: 1px solid black; padding: 2px;">AMT. APPROVED</div>
		1. Monthly rate	\$ _____
		2. Total costs actually incurred (cumulative)	\$ _____
		3. Amount previously received as relocation payment	\$ _____
		4. Amount claimed herewith (Line 2 minus Line 3)	\$ _____

METHOD OF PAYMENT (Check one)

☐ I have paid the storage charges, as evidenced by the attached itemized receipt or paid bill, and I therefore request reimbursement.

☐ I have not paid the storage charges, and I therefore request that the attached itemized bill be paid directly to the storage company, in accordance with arrangements made in advance, and with my consent, between the local agency and the storage company.

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

T. C. Williams
235 N. Holland
Portland, Oregon

NAME OF LOCAL AGENCY

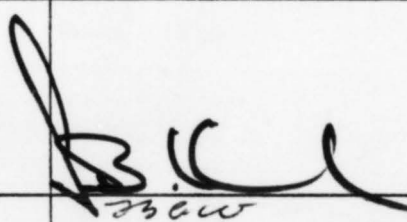
Portland Development Commission

INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

- A. Does claimant meet all timing requirements for eligibility? ☒ YES ☐ NO
If "No," explain:

B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property			
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 121.00		9-30-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
9/30/71	270786	\$ 121.00			\$

D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR RELOCATION PAYMENT
 (Families and Individuals)

HUD-6140.1
 (4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) Emanuel Project
	PROJECT NUMBER Ore. R-20

INSTRUCTIONS: If this claim is for a **FIXED PAYMENT**, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

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1. FULL NAME OF CLAIMANT T. C. Williams	(F)	2. DATE(S) OF MOVE 7/28/71
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 203 N. Fargo b. Apt., Floor, or Room No. <u>house</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>8</u> e. Date you moved into this address: <u>1947</u>	A-3-18	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 235 N. Holland b. Apt., Floor, or Room No. <u>house</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED Check a or b after consulting local agency: <input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property <input checked="" type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved) (8 rooms) Check c if applicable: <input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs	
6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)	\$ 179.00

DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT

7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NO.	9. ADDRESS OF MOVING COMPANY (OR PERSON)
---------------------------------------	--------------------------	--

10. METHOD OF PAYMENT, MOVING BILL (Check one) <input type="checkbox"/> a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement. <input type="checkbox"/> b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.
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11. AMOUNT OF ACTUAL COSTS AND/OR LOSS	
a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)	\$

12. 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.

8-2-71

Date

T.C. Williams

Signature of claimant

(Over)

WSJ

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

T. C. Williams
235 N. Holland
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission


INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

A. Does claimant meet all timing requirements for eligibility? ☒ YES ☐ NO

If "No," explain:

B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property			
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 179.00		8-3-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$ 121.00		

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/3/71	263876	\$ 179.00			\$

D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 26387 G

DATE August 3, 1971PAY TO THE
ORDER OF**T. C. Williams****\$379.00**

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
		Relocation payment per claims filed. Move from 203 N. Fargo, own furn. (Parcel A-3-18) to 235 N. Holland Dislocation Allowance Fixed Payment	<u>\$200.00</u> <u>179.00</u> <u>\$379.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (Fixed - Family)	(EH) \$379.00

Received 8-3-71

T. C. Williams

AD

OPM.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR RELOCATION PAYMENT
(Families and Individuals)

HUD-6140.1
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code)

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

PROJECT NAME (If applicable)

Emanuel Project

PROJECT NUMBER

Ore. R-20

INSTRUCTIONS: If this claim is for a **FIXED PAYMENT**, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

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

T. C. Williams

(F)

2. DATE(S) OF MOVE

7/28/71

3. ADDRESS FROM WHICH YOU HAVE MOVED

a. Address

203 N. Fargo

A-3-18

b. Apt., Floor, or Room No. house

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

d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 8

e. Date you moved into this address: 1947

4. ADDRESS TO WHICH YOU HAVE MOVED

a. Address (Include ZIP code)

235 N. Holland

b. Apt., Floor, or Room No. house

c. Were household goods moved to or from storage? ☐ Yes ☒ No

If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

☐ a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property

☐ b. Fixed Payment (May not be made if storage costs are involved)

Check c if applicable:

☐ c. Supplementary claim for reimbursement of storage costs

☒ **DISLOCATION ALLOWANCE**

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)

\$ 200.00

DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT

7. NAME OF MOVING COMPANY (OR PERSON)

8. MOVER'S TELEPHONE NO.

9. ADDRESS OF MOVING COMPANY (OR PERSON)

10. METHOD OF PAYMENT, MOVING BILL (Check one)

☐ a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.

☐ b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)

\$

b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)

\$

c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)

\$

12. 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.

8-2-71

Date

T. C. Williams

Signature of claimant

(Over)

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of
Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

T. C. Williams
235 N. Holland
Portland, Oregon

NAME OF LOCAL AGENCY

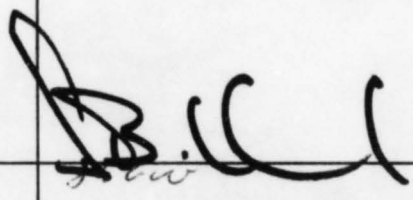
Portland Development Commission

INSTRUCTIONS: Attach completed Form HUD-6140.2 to
completed Form(s) HUD-6140.1 filed by claimant.

A. Does claimant meet all timing requirements for eligibility? ☒ YES ☐ NO
If "No," explain:

B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00**		8-3-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/3/71	26387 G	\$ 200.00 377.00			\$

D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED

** DISLOCATION ALLOWANCE

August 3, 1971

Pioneer National Title Insurance Company
421 S. W. Stark Street
Portland, Oregon 97204

ATTENTION: Jean Egberg
Escrow Officer

Re: Escrow No. 384385
Parcel No. A-3-18
WILLIAMS, T.C. and Mandy

Gentlemen:

You have in the above-identified escrow account the sum of \$8,000 representing a replacement housing payment to be held in accordance with our written instructions of July 1, 1971.

This is to certify that Mr. and Mrs. Williams have acquired and moved into a standard structure located at 235 N. Holland Street. You are hereby authorized to release said replacement housing payment and disburse it in such manner as directed by Mr. and Mrs. Williams.

Yours very truly,

/s/ E.R. WILBY

FOR

Ben C. Webb
Chief of Relocation &
Property Management

BCW:dl

8-3-71 OK PER PHONE CALL TO JIM CROWLEY.

Pioneer National Title
Insurance Company
421 SW Stark St.
Portland, Oregon

Gentlemen:

In connection with your escrow No. 344385, you are hereby instructed to hold our net proceeds check for application to the future purchase of another house. An escrow will be set up with you when this purchase has been arranged.

If another escrow has not been set up or another house purchased within 30 days, you are hereby instructed to forward our check by mail to 203 N. Fargo, or as instructed at that time.

July 13, 1971

T. C. Williams

Bandy Williams

DATED this 28 day of July 1971.

The undersigned does hereby consent and agree that all personal property left by me in the premises at _____
203 N. Fargo, 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.

TC Williams
(~~print~~ name)

by: _____

Ira C. Keller
Chairman

Harold Halvorsen
Secretary

Vincent Raschio
Edward H. Look
John S. Griffith

PORTLAND DEVELOPMENT COMMISSION
1700 S. W. FOURTH AVENUE • PORTLAND, OREGON 97201 • 224-4800

July 1, 1971

John D. Kenward
Executive Director

Pioneer National Title Insurance Company
421 S. W. Stark Street
Portland, Oregon 97204

Jean Egberg
ATTENTION: Escrow Department

Re: Parcel No. A-3-18
Emanuel Hospital Project

Gentlemen:

The following documents are enclosed:

1. Conformed copy of Real Estate Option.
2. Warrant No. 892 G in the amount of \$ 7,500.00.
3. Copy of Preliminary Title Report No. 384385
prepared by Pioneer National Title Insurance Company

Please open an escrow and deposit the enclosed warrant for the purpose of closing a transaction whereby the Portland Development Commission will acquire title to the property described in the enclosed copy of preliminary title report in accordance with the terms of the enclosed Option and the instructions contained in the Master Escrow Instructions previously delivered to you.

You are hereby instructed and authorized to distribute the funds made available by the enclosed warrant when the title company which prepared the preliminary title report is prepared to issue an Owner's Title Insurance Policy in accordance with the Master Escrow Instructions. In this connection your attention is called to the provision in the Master Escrow Instructions for the Portland Development Commission to make an inspection of the property just prior to closing and advise you in writing to proceed with the recordation of the deed.

Parcel No. A-3-18

Page 2

Distribution of the enclosed warrant shall be made to the Seller upon recordation of a Warranty Deed.

You are to pay from the amount due the Seller upon recordation all sums of money necessary to clear title and pay other charges prescribed by the Master Escrow Instructions. The only charges to be paid by the Portland Development Commission in connection with this transaction are the fee for recording warranty deed, if any; the prorated unearned current real property taxes at time of closing; and the amount of the premium of the Owner's Title Insurance Policy. These charges are to be billed to the Portland Development Commission as provided in the Master Escrow Instructions.

Additional or amended instructions:

Grantor shall deposit to subject escrow the sum of \$200 until the Commission authorizes in writing the release of said deposit.

Enclosed is Warrant No. 886 G in the amount of \$8,000 representing a replacement housing payment, to be deposited to subject escrow for disbursement to the Grantor upon written authorization by the Commission that the Grantor has purchased and does occupy standard housing.

Please receipt for the enclosed documents and indicate your escrow number on the duplicate copy of these instructions and return to the Portland Development Commission.

Yours very truly,

John B. Kenward
Executive Director

RECEIPT OF DOCUMENTS TRANSMITTED
HEREWITH IS ACKNOWLEDGED AND
ESCROW NO. 384385
IS HEREBY ASSIGNED.

By _____
Title _____
Date _____

PDC-RE-5
5/1/71

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 27078 GPAY TO THE
ORDER OF

T. C. Williams

DATE September 30, 1971

\$121.00

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
		Relocation payment per claim filed - move from 203 N. Fargo - own furn. - (Parcel A-3-18) to 235 N. Holland .. Total available \$500.00 LESS pd 8/3/71 - Check 263876 (379.00) Balance due for add'l fixed payment - - - - - \$121.00	

Account Distribution

NO.	TITLE	AMOUNT
E1501	Relo Payments EH (Fixed - own furn. - family)	\$121.00

T.C. Williams

AC

B8

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

June 30, 1971

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwiddden, Chief

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

Re: 235 N. Holland Street

Attn: Mr. Crowley

Gentlemen:

As the result of a displaced person and your request, an inspection was made of the one-story, wood frame, two bedroom, single family dwelling and attached garage at the above address.

Our inspector noted existing electrical and plumbing deficiencies. We are requesting their complete inspection and you will be notified of their findings.

Please notify the Housing Division of the Bureau of Buildings, 2200 N.E. 24 Avenue, Telephone 288-6077, when the corrections have been completed, under proper permit where required, and a reinspection can be scheduled.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CHF:mfm
cc: Plg. & Elec. Divisions

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 886 GDATE June 30, 1971PAY TO **Pioneer National Title Insurance Co.**

\$ 8,000.00

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
		Deposit in escrow for T. C. and Mandy Williams replacement housing payment per claim filed. Parcel A-3-18. From 203 N. Fargo to 235 N. Holland	\$8,000.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relo Payment (Rep. Housing)	\$8,000.00

138

CPM

T.C. Williams spoke at the City Council meeting in Oct. of 1970 and is a member of the board of EDPA. I feel this is a very crucial case and that time would be of the essence in putting this one together. The house they wish to move to is now vacant & they can move immediately. A 4 to 6 week delay would only cause frustration and dissatisfaction for these elderly people & a foothold for ~~biased~~ legal aid & EDPA to move in with their influence.

WJ

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

**DETERMINATION OF ELIGIBILITY AND COMPUTATION OF
REPLACEMENT HOUSING PAYMENT**

NAME OF CLAIMANT

T. C. and Mandy Williams

NAME OF DISPLACING AGENCY

Portland Development Commission

INSTRUCTIONS: Attach completed Form HUD-6154 to claimant's copy of Form HUD-6153 and, if applicable,
Form HUD-6141.2.

DETERMINATION OF ELIGIBILITY. (Attach an explanation of any entries which differ from claimant's entries on
Form HUD-6153.)

1. Did the claimant own the single- or two-family dwelling at the time of acquisition?

YES	NO
X	

Initial Date of Ownership:

Date of Acquisition:

November 1947

Month-Day-Year

Month-Day-Year

2. Did the claimant own and occupy the single- or two-family dwelling at least one year
-
- prior to the initiation of negotiations?

X	
---	--

Initial Date of Ownership:

Date of Initiation of Negotiations:

November 1947

Month-Day-Year

Month-Day-Year

3. If the claimant moved prior to acquisition, did the claimant own and occupy the single- or two-family dwelling
-
- at least 18 months prior to the date of HUD approval of the project and own the property on the date of
-
- initiation of negotiations?

	X
--	---

Initial Date of Ownership:

Date of HUD Approval of the Project:

Month-Day-YearMonth-Day-Year

4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement?

X	
---	--

Date of Displacement:

Date of Purchase of Replacement Housing:

Date of Occupancy of Replacement Housing:

Month-Day-YearMonth-Day-YearMonth-Day-Year

5. Has the replacement housing been inspected and found to be standard?
-
- (Attach copy of Dwelling Inspection Record or, if the claimant moved outside
-
- the locality, attach the report obtained from the claimant (Form HUD-6141.2).)

X	
---	--

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

Month-Day-Year

NOTE: The claimant who purchases and occupies a substandard dwelling may become eligible for the payment if, within one year following displacement, he brings the substandard dwelling into conformance with the applicable codes or purchases and occupies a standard dwelling.

COMPUTATION OF REPLACEMENT HOUSING PAYMENT

1. Average sales price for a standard dwelling suitable for the claimant. (From approved Form HUD-6155)	\$ _____
2. Acquisition payment received by the claimant for his single- or two-family dwelling.	\$ <u>7,500.</u>
3. Line 1 minus line 2.	\$ _____
4. Amount of Replacement Housing Payment (If amount on Line 3 is \$5,000 or more, enter \$5,000; if amount on Line 3 is less than \$5,000, enter amount on Line 3.)	\$ <u>8,000</u>
5. Amount of any Additional Relocation Payment,* previously paid. *Include Relocation Adjustment Payment made in accordance with interim instructions (See Circular 1370.3, paragraph 8).	\$ _____
6. Amount of any payment received under State law of eminent domain, determined to have the same purpose and effect as the Replacement Housing Payment.	\$ _____
7. Total (line 5 and 6)	\$ _____
8. Amount of Replacement Housing Payment. (Line 4 minus line 7)	\$ <u>8,000</u>

REMARKS: (If the claimant was unable to occupy the replacement housing within the required one year period, use this space to provide explanation.)

CERTIFICATION OF THE DISPLACING AGENCY

This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement.

Date of Displacement:

Date Occupancy Established:

Month-Day-Year

Month-Day-Year

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 of the amount shown on Line 8 above is authorized.

6-29-71

Date



Authorized Signature

RECORD OF PAYMENT	DATE <u>6/30/71</u>	WARRANT CHECK NO. <u>8866</u>	AMOUNT <u>\$ 8,000.00</u>
-------------------	----------------------------	---	----------------------------------

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR REPLACEMENT HOUSING PAYMENT

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If Applicable) Emanuel Project
	PROJECT NUMBER Oregon R-20

INSTRUCTIONS: Complete all applicable items and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of Condition of Dwelling (Form HUD-6141.2) to complete and submit with this claim.

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."

MAKE WARRANT PAYABLE TO PROVIDER NATIONAL TITLE INS., SPAL

1. FULL NAME OF OWNER-OCCUPANT CLAIMANT. (as shown in deed to displacing agency or in condemnation proceeding) T. C. and Mandy Williams	3. DATE OF DISPLACEMENT
2. Family <input checked="" type="checkbox"/> Individual <input type="checkbox"/>	

4. DWELLING UNIT FROM WHICH YOU MOVED <u>A-3-18</u> a. Address: <u>203 N. Fargo</u> <u>Portland, Oregon 97227</u> b. Date you first occupied this dwelling unit as the owner: <u>November 1952</u> <u>Month-Day-Year</u> c. Check one: <input checked="" type="checkbox"/> Single-family dwelling unit <input type="checkbox"/> Two-family dwelling unit d. Did you occupy this dwelling for at least one year prior to initiation of negotiations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5. DWELLING UNIT TO WHICH YOU MOVED a. Address (Include ZIP Code): <u>235 N. Holland</u> <u>Portland, Oregon 97217</u> b. Number of bedrooms: <u>2</u> c. Purchase price: <u>\$ 15,500.</u> d. If you have purchased and occupied this dwelling (1) Date you signed purchase contract: <u>Month-Day-Year</u> (2) Date you moved into this dwelling: <u>Month-Day-Year</u> e. If you have purchased but not occupied this dwelling: (1) Date you signed purchase contract: <u>Month-Day-Year</u> (2) Date of settlement: <u>Month-Day-Year</u> (3) Date you expect to occupy: <u>Month-Day-Year</u>
---	---

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 114(c)(3) of the Housing Act of 1949, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 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, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

6-28-71

Date

T.C. Williams

Signature of Owner-Occupant

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

No 975 G

DATE August 16, 1971

PAY TO T. C. Williams

\$15.75

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 for settlement costs per claim for relocation filed. Parcel A-3-18, 203 N. Fargo	\$15.75

Account Distribution

NO.	TITLE	AMOUNT
E1501	Relocation Payments (settlement costs)	EH \$15.75

8-18-71

T.C. Williams

B.D.

C.R.D.

MEMORANDUM

August 13, 1971

TO: Bob Douglas
FROM: Stan Jones
SUBJECT: Warrant No. 967 G - \$15.75

By the time this check reached the escrow company the escrow account had been closed. The escrow company would not then accept the check. Can it please be redrawn in the name of the claimant - T. C. Williams.

CLAIM FOR RELOCATION PAYMENT

HUD-6147

(4-66)

(Settlement Costs Incurred by Owner)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code)

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

PROJECT NAME (If applicable)

Emanuel Project

PROJECT NUMBER

Ore. R-20

INSTRUCTIONS: Complete all applicable items and sign certification in Block 5. Consult the local agency as to documents to be submitted with this claim.

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. IDENTIFICATION OF CLAIMANT

Name (as shown in deed to local agency or in condemnation proceeding)

(F)

T. C. Williams

Address (Include ZIP code)

A-3-18

203 N. Fargo

2. IDENTIFICATION OF PROPERTY

a. Address or Legal Description

235 N. Holland (new house)

c. Did you occupy this property either as a resident or for the purpose of carrying out business operations?

☒ Yes

☐ No

b. Parcel Number(s)

3. SETTLEMENT COSTS INCURRED BY CLAIMANT

ITEM (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	CHARGED TO CLAIMANT ON SETTLEMENT STATEMENT (b)	PAID DIRECTLY BY CLAIMANT (c)	AMOUNT CLAIMED (Col. (b) + (c)) (d)	AMOUNT APPROVED (e)
Share of Escrow Fee - half	\$ 14.25	\$	\$ 14.25	\$
Recording Deed	1.50		1.50	
TOTAL	\$ 15.75	\$	\$ 15.75	\$

4. LISTING OF DOCUMENTS SUBMITTED HERewith IN SUPPORT OF AMOUNTS ENTERED IN ITEM 3, COLUMN (c)

5. 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 this claim, and that any receipts submitted herewith accurately reflect costs actually incurred.

8-3-71

Date

T.C. Williams

Signature of claimant

(Over)

FOR LOCAL AGENCY USE ONLY

A. DOES CLAIMANT MEET ALL TIMING REQUIREMENTS FOR ELIGIBILITY?

☐ Yes ☐ No

If "No," explain:

B. DETAIL OF COSTS COVERING MORTGAGE PREPAYMENT PENALTY AND COSTS ALLOCABLE TO PERIOD SUBSEQUENT TO TRANSFER OF TITLE (Show basis for, and amount of, reimbursement due claimant for (1) any mortgage prepayment penalty, or (2) any taxes or public service charges paid by, or charged to, claimant for any period subsequent to vesting title or possession in the local agency, if the amount claimed was paid directly by claimant or if the computation is not shown on the settlement statement.)

C. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNT OF REIMBURSEMENT CLAIMED AND AMOUNT APPROVED FOR PAYMENT

D. CERTIFICATION

I CERTIFY that I have examined this 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, this

claim is hereby approved and payment is authorized in the total amount of \$ 15.75.

8-4-71

Date

[Signature]
Authorized signature

E. RECORD OF PAYMENT

Claim paid: \$ 15.75 by check No. 9676 dated 8/5/71 AD VOIDED 8/16/71
T.C. WILLIAMS 15.75 WARRANT 9676 7756 8/16/71 AD

RESIDENTIAL ADDITIVE DETERMINATION

File No. _____

☐ Sale ☐ Rental

Owner WILLIAM T. C.

Address 203 N. FARGO

☒ Occupant

Tenant _____

Address _____

☐ Occupant

ITEM	SUBJECT	OFFERING #1	OFFERING #2	OFFERING #3
Address	203 N FARGO	235 N HOLLAND		
No. of Rooms	BR Bath Total Rooms 3 1 6 +1 in Basement +1 on Sun Porch	BR Bath Total Rooms 2 1 5	BR Bath Total Rooms	BR Bath Total Rooms
Inv.	2 sty	1 flr.		
State of Int. Repair	Good	EXCELLENT		
Type of Neighborhood	Blended	Good		
Street Improvements	YES	YES		
Availability of Public Services	EXCELLENT	EXCELLENT		
Lot Size	50 X 50	55 X 100		
Year Bldg.	1910	1937		
Materials	NO	YES		
Heating System	OIL	GAS		
Parapet	FCB	FCB		
Garage	NO	SINGLE		
Habitable Area	1320	915		
Total Area				
Furnished or Unfurnished				
Extraordinary Features		Covered Patio		
Taxes		365.00 hard wood fl. under carpet		

(Continue on Part 2)

Notice to: Portland Development Commission

I (we) have read your letter describing the relocation benefits that may be available under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, to those displaced on or after January 2, 1971. I (we)

(check one)

☐ Request that you process my (our) claim for an interim relocation payment. I (we) understand that you will advise me (us) promptly when and if a revised claim may be submitted for adjustments on the basis of the new Act and in accordance with the implementing regulations.

☐ Will defer filing a claim until you are able to make the full payments authorized by the new Act. I understand that you will advise me (us) promptly when you are authorized to make full payments authorized by such Act.

June 28, 1971
Date

T. P. Williams
Signature of Claimant
(If more than one claimant, each should sign)

(Return this form to PDC)

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.

TC. Williams

June 28 -71
date

On January 2, 1971, the President signed the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. This Act makes significant changes in the relocation payments and assistance that may be provided to persons and business concerns displaced by activities assisted in whole or in part with Federal funds. As you know, the Emanuel Hospital Project is being carried out with assistance from the U. S. Department of Housing and Urban Development (HUD).

In general, the new Act improves and increases relocation payments and assistance that may be made to persons and business concerns displaced on or after January 2, 1971.

Displaced families and individuals may be eligible for either (1) a payment to cover actual reasonable moving expenses or (2) a fixed moving expense allowance not to exceed \$300 plus a displacement allowance of \$200. In addition, a payment not to exceed \$15,000 is available to assist displaced homeowners in the purchase of a replacement dwelling unit and a payment not to exceed \$4,000 is available to displaced tenants and certain homeowners to assist in the rental of a replacement dwelling unit or, in some cases, for use as a downpayment on the purchase of a replacement dwelling unit. Your special attention is called to the fact that the amounts of payments described above are maximum. The actual amount which you will receive will depend upon your individual circumstances.

Displaced business concerns may be eligible for either (1) a payment to cover actual reasonable moving expenses, direct loss of tangible personal property, and reasonable expenses in searching for a replacement business; or (2) in certain cases, a fixed payment equal to the business concern's average annual net earnings, but not less than \$2,500 nor more than \$10,000.

In addition to these relocation payments, the Act provides for relocation assistance to be provided for those displaced. The objective is to minimize hardships to persons required to relocate and to assure that suitable relocation resources will be available before displacement takes place.

Before any payments may be made under the new Act, HUD must issue the necessary regulations and procedures for making payments. We will continue to make relocation payments and provide relocation assistance in accordance with laws and regulations existing prior to January 2, 1971, until such time as the new regulations and procedures are received.

In the meantime, we have been authorized to make certain payments on an interim basis. Therefore you have the option of either:

1. Accepting an interim relocation payment and filing a revised claim later for any additional amount to which you may be entitled; or
2. Deferring the filing of your claim until the regulations are received which will permit payments to be made.

Please let us know, by checking the appropriate box on the form provided and returning the form to us, the action you wish us to take. We have furnished you with two copies of this form so that you may keep one for your records.

We will be in touch with you again as soon as we have more information regarding our ability to make payment under the new Act. If you have any questions regarding this matter, please get in touch with our Relocation Office. The telephone number is 288-8169.

Sincerely,

Chief of Relocation and
Property Management

CLAIM FOR RELOCATION PAYMENT

1. NAME OF CLAIMANT (I) WILLIAMS, T. C. (F) ☒
2. DATE OF MOVE 7-28-74
3. ADDRESS FROM WHICH YOU HAVE MOVED
 - a. Address 203 N. Fargo Parcel No.
 - b. Apartment No. House
 - c. Clients Furniture? yes ☒ no ☐ partially ☐
 - d. Number of rooms 8
 - e. Date in 1947
4. NEW ADDRESS
 - a. Address 235 N. Holladay
 - b. Apartment No. House
 - c. Goods moved from storage yes ☐ no ☒
5. TYPE OF PAYMENT
 - ☐ a. Moving expenses and/or loss of property.
 - ☒ b. Fixed payment.
 - ☐ c. Storage costs.
6. TOTAL CLAIM \$ 179.00 8 Rooms (121.00) under new schedule of 300.
7. NAME OF MOVING CO. X
8. TELEPHONE NUMBER
9. ADDRESS
10. METHOD OF PAYMENT - MOVING BILL ATTACHED: yes ☐ no ☐
 - ☐ a. Reimburse claimant.
 - ☐ b. Direct payment to movers.
11. AMOUNT OF ACTUAL COSTS AND/OR LOSS
 - a. Moving costs \$
 - b. Storage costs
 - c. Direct loss of property \$

DATE

Under Uniform Relocation Act 1970

Plus 2nd copy for 20000

Dwelling Unit Inventory

QUANTITY	
<u>5</u>	Beds & Springs
	Bedroom Chair
<u>1</u>	Breakfast Table
<u>4</u>	Breakfast Table Chairs
	Bridge Lamp & Shade
<u>1</u>	Buffet
	Chest of Drawers
	Coffee Table
<u>1</u>	Couch - 3 piece
	Davenport
<u>2</u>	Desk <i>Small Chairs</i>
<u>1</u>	Dining Table
<u>6</u>	Dining Chairs
<u>4</u>	Dresser
<u>2</u>	End Table
	Floor Lamp & Shade
<u>2</u>	Mirror

QUANTITY	
<u>2</u>	Night Stand
<u>1</u>	Occasional Chair
<u>1</u>	Overstuffed Chair
	Overstuffed Rocker
<u>1</u>	Range
<u>1</u>	Refrigerator: Brand <i>Signature</i>
<u>1</u>	Rocker
<u>2</u>	Rug & Pad: Size <i>12x10</i> <u>12x10</u>
<u>3</u>	Stool
<u>2</u>	Table Lamp & Shade
<u>1</u>	Table, small
<u>2</u>	Vanity & Bench
<u>2</u>	Suitcases
<u>2</u>	Trunks
<u>30</u>	Cartons, Boxes, Etc. <i>60</i>
<u>4</u>	Clothes
<u>6 bxs</u>	Bedding & Linens

Miscellaneous (List Items)

<u>1</u>	TV
<u>1</u>	Radio
<u>1</u>	Washing Machine
<u>2</u>	Vacuum Cleaner
<u>1</u>	Dresser - Desk
<u>1</u>	Lawn Mower

<u>1</u>	Freezer - upright
	Tools
<u>3</u>	Outdoor Chairs

COMMENTS:

New oil Furnace -
8 yrs old

Upstairs	4 Bedrooms
Basement	1 Bedroom
Lv. Rm	1
Dining Rm	1
Kit.	1
8 rooms Furniture	

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER J.C.

PROJECT NO. R-20 PARCEL A 3-18

NAME Williams, T.C. ADDRESS 203 N. Jackson APT NO. —

PHONE 217-4695 INITIAL INTERVIEW — SEX M W — NW — AGE 70

U.S. CITIZEN — ALIEN — VETERAN — SERVICEMAN — DATE ON SITE 1947

FAMILY COMPOSITION

Name	Relation	Age
<u>Thelma</u>	<u>Wife</u>	<u>70 abt.</u>

Employer: Name — \$ —
 Address —
 MCW Caseworker —
 Social Security X 152.50
 Va. — Fed. — Mult Co. unpl 78.00
 Pension: Name —
 Other: Name —
 TOTAL MONTHLY INCOME 235.50

Rent —, Inc. Heat — Water — Gas — Gar — Elec — Unfurn — Furn X No. Rms 6

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: 235 N. HOLLAND Zip — Phone 289-6118

1/15/71 flyer delivered Jay led Parker would like meeting
Personal contact desired. Members EDPA.

2/10/71 survey: will buy comparable hsg, 2 or 3 bedrooms,
all on 1 floor, NE Schuyler near Mt Olivet Church
and near shopping. (no car) Don't want to
have to pay even one cent when they move.

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 WJD Date of survey 2/10/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 12 Structure No. 11 Census Block No. 23 Census Tract No. 22A
 Street Address 203 N. Fargo Apartment No. _____

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

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

*don't want to have
to pay any when
they move - not
even 50¢*

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

	Name	Family relation	Age	Sex	Occupation
1.	<u>T.C. Williams</u>	<u>Head of household</u>	<u>70</u>	<u>M</u>	<u>retired</u>
2.	<u>Mandy</u>	<u>wife</u>	<u>70±</u>	<u>F</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
- | Names of jobholders | Names of employers | Street address where jobs are located | to work |
|---------------------|--------------------|---------------------------------------|---------|
| | | | |
| | | | |
| | | | |

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

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
<u>Soc. Sec.</u>	<u>\$ didn't want to say</u>	<u>\$</u>
Total family or household income per month	<u>estimated 150</u>	<u>\$</u>

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

1. Location (indicate approximate cross streets) near Mt. Olivet Church & near shopping
2. Transportation, number of autos owned no, use bus X, walk X
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 \$ completely down payment of \$ _____, monthly payment of \$ _____
5. If now buying this house, how much are payments on contract or mortgage monthly \$ none
6. Size of unit to be sought, number of bedrooms 2 or 3, kitchen 1, dining room 1,
 living room ✓, number of bathrooms 1, total sq. ft. in dwelling unit all on one floor
7. Other characteristics W O (B) I M

NE Schuyler Northeastly direction

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

Analyst WJH Date 2/10/71 Surveyed 2/10/71 Tabulator Date
 Dwelling Unit No. 12 Structure No. 11 Census Block No. 23 Census Tract No. 224
 Street Address 203 N. Fargo Apartment No.
 Legal Description

NAME OF OCCUPANT: (Name) NAME & ADDRESS OF OWNER Williams, T.C. & Mandy NAME & ADDRESS OF PROP. MGR:
203 N. Fargo
 TELEPHONE: 287-4695 TELEPHONE: TELEPHONE:
 INTERVIEWED? ☒ Yes ☐ No INTERVIEWED? ☐ Yes ☐ No INTERVIEWED? ☐ Yes ☐ No

I. DESCRIPTION OF STRUCTURE

Kind of dwelling unit No. of units in bldg.
☒ One-family house
☐ Apt. in a house
☐ Apt. in apt. bldg. or plex
☐ 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

660 Sq. ft. in first floor (county figure)
1320 Sq. ft. in dwelling unit (if more than 1 floor)
6 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 1/2 No. of bathrooms
3 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
1971 Period market value data applicable
1967 Date of last appraisal
1910 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>2340</u>	\$ <u> </u>
Improvements	<u>4420</u>	<u> </u>
Total	<u>6760</u>	<u> </u>

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> </u>	\$ <u> </u>
Improvements	<u> </u>	<u> </u>
Total	<u> </u>	<u> </u>

 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> </u>	<u> </u>	\$ <u> </u>
Electricity	<u> </u>	\$ <u> </u>	<u> </u>
Gas	<u> </u>	<u> </u>	<u> </u>
Water	<u> </u>	<u> </u>	<u> </u>
Heat (oil, or other)	<u> </u>	<u> </u>	<u> </u>
Total	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>

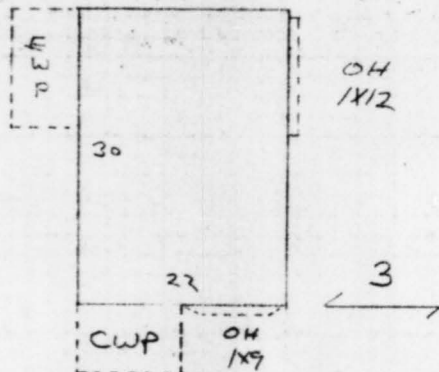
Deposits required of renter
 Advance rent \$, other \$

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



AVE. OR ST.

1 1-00990-0550 WILLIAMS, T C & MANDY

MAP: 2730
ZONE: A25
RATIO: 1401
LVY C: 001

203 N FARGO ST
PORTLAND OREGON

97227

ALBINA ADD

LOT BLOCK

E 1/2 OF

13

3

PROPERTY ADDRESS: 203 N FARGO ST
PORTLAND

APPEALS:

SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN. DATE
1968			2250	4250	6500	21300
1971			2,340	4420	6,760	UD

AVE. OR ST.

FUNCT G P
 ECON G A Not best land use
 COND G P
 REMARKS
 2/8/68
 68
 DATE 2 15 68 SIGN *Ken Redman* DEPUTY
 CHECKED REVIEWED BLDG COUNT INDEX RE-CHECKED NOTIFIED
 DATE FEB 23 68 32568
 BY ANDREWS *Andrew*
 12 67 KUBLI

FORM 47 REV 1-60

