

	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. RS-4-9 Advisor Jmc
 Client's Name Williams, Theo Phone _____
 Address 7 N. Russell Ethn B Age 47
 Male Family Married Renter/Occupant
 Female Individual Single Owner/Occupant

Family Composition

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

Economic Data

Employer _____ \$
~~Address~~
 Other Source of Income _____ \$
M CW \$ 122⁰⁰
 Total Monthly Income \$ (122⁰⁰)

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 1-14-72 Date of info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 5-16-69
 (a) for owner-occupants - indicate initial date of occupancy and ownership

Date of initiation of negotiations for purchase of property 5-27-71
 Date of Acquisition 7-22-71
 Date of letter of intent _____
 Date of move 2-10-72

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 1894

✓ Size of Habitable Area 400 200

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 2 Rent Paid \$ 54⁰⁰ Utilities _____

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 561 N. Skidmore LPA Referred Self Referred _____

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

Outside city Outside state

Age of Housing Unit 20-30 yrs

Size of Habitable Area 650 #

No. of Rooms 3 No. of Bedrooms 1

For Claimants Who Purchased

For Claimants Who Rented

Purchase Price of Replacement Dwelling \$ _____

Rent \$ 22⁰⁰

Taxes \$ _____

Utilities \$ _____

RHP or TACO (including incidental costs) \$ _____

Total Rent Assistance \$ 1604.64

Amount of Annual Payment \$ 401.16

No. of Housing Referrals to:

Agency Referrals:

_____ Standard Sales

MCW

HAP

OTHER (Health Dept.)

2 Standard Rent

_____ Food Stamp

_____ Legal Aid

_____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME WILLIAMS, Theo RELOCATION ADVISOR McIntosh
 ADDRESS 7 N. Russell PHONE _____ PROJECT NAME Emanuel ORE, R-20
 SEX M ETHN Black VETERAN _____ AGE 47 PARCEL NO. RS 4-9
 MARITAL STATUS _____ TENURE tenant
 DISABILITY _____ INDIV FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING FHA 235 _____
 RENT SUPPLEMENT OTHER _____
 INITIAL INTERVIEW 1/14/72 DATE INFO PAMPHLET DELIVERED 1/14/72
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>May 16, 1969</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: _____

ECONOMIC DATA

FAMILY COMPOSITION

Employer _____ \$ _____
 Address _____
 MCW Pat Lewis - caseworker 280-6044 122.00
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 122.00

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1894 No. Rooms 2
 No. Bedrooms 1 Furn. Unfurn _____
 Utilities \$ _____
 Monthly Payments (Rent) \$ 54.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms
<u>2419 N. Williams Apt 6</u>	
<u>561 N. Skidmore</u>	

Name of Agency	Date
<u>Multnomah County Welfare</u>	
<u>Food Stamp Program</u>	
<u>Housing Authority</u>	
<u>Legal Aid</u>	
<u>FISH</u>	
<u>Health Dept.</u>	<u>10/26/71</u>

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In 1/14/72
 Address 2406 N Williams
 Reason live in old apartment

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 561 N. Skidmore Phone _____ Date of Move 2/10/72

WHERE RELOCATED:

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

Furnished _____ Unfurnished _____ Number of Rooms _____ Number of Bedrooms 1 Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ 22.00 Purchase Price \$ _____

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount	Purchase Price	\$
RHP			\$		
TACO (Rental)	302 EH	2/24/72	\$ 401.16	Down Payment	\$ _____
TACO (Rental)			\$	RHP	\$ _____
TACO (Rental)			\$	Total Down	- \$ _____
TACO (Rental)			\$	Total Mortgage	\$ _____
TACO (Sales)			\$		
Fixed Moving	28627 G	1/14/72	\$ 215.00		
Actual Move			\$		
Storage			\$		
Incidental			\$		
Interest			\$		

TOTAL RHP: \$1,604.64

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date

Relocation
Worker

10/18/
71

Tried to contact Mr. Williams, but he was not at home.

10/26

Mr. Williams was not at home when I tried to contact him today. Charley Thomas, manager of the apartment building, informed me that [REDACTED] seldom stayed at home. He showed me the inside of Mr. Williams' apartment. It was quite filthy and definitely unsanitary. I called the health department and referred his case to them.

1/14/
72

Mr. Williams was burned out of his apartment and we have found emergency temporary housing at 240(5) N. Williams. He has welfare due for his disability. - Apartment 2405 N. Williams is substandard.

1/72

Carried Mr. Williams to HAP where he was given an apartment at 561 N. Skidmore. He accepted the apartment and put up a deposit and the first months rent. Mr. Williams moved in February 10, 1972.

5/1/72

NOTE TO THE FILE ---

Mr. Williams is dead. File closed. He died from a long list of ailments that has plagued his health stemming from his military service duty; [REDACTED].

Chet Daniels

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 302 EH

DATE February 24, 1972

PAY TO Theo Williams

\$401.16

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. From 7 N. Russell (Parcel RS-4-9).	
		Total approved	\$1,604.64
		1st Annual Payment	<u>\$401.16</u>

Account Distribution

NO.	TITLE		AMOUNT
E 1501	Relocation Payment (RHP)	(EH)	\$401.16

Theo Williams

RC

2-24-72

JM

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:	PROJECT NAME (if applicable)
Portland Development Commission	Emanuel Hospital Project
1700 SW Fourth Avenue	PROJECT NUMBER: ORE R-20
Portland, Oregon 97201	

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

WILLIAMS, Theo

_____ Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. RS-4-9

a. Address: 7 North Russell, Portland Oregon
 b. Apartment or room number: 7
 c. Number of bedrooms: 1

d. Monthly rental: \$ 52.00
 e. Date you moved out of this dwelling: 1/14/72
 Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): 561 N. Skidmore, Portland, Oregon
 b. Apartment or room number: _____
 c. Number of bedrooms: 1

d. Monthly rental: \$ 22.00
 e. Date you moved into this dwelling: 2/10/72
 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: _____
 b. Address of dwelling unit to which you moved (include ZIP code): _____
 c. Date of move: _____
 Month-Day-Year

d. Monthly rental for temporary unit: \$ _____
 e. Will you require temporary housing for more than 3 months?
 _____ Yes _____ No
 If "Yes", total number of months you will require temporary housing: _____ months

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 204 of P.L. 91-646, and I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

2/14/72

Date

Sheo William

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:

Theo Williams
7 N. Russel

COMPUTATION PREPARED BY:

C. Daniels
Name
2/14/71
Date

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

Required Information

1. Monthly gross rental for comparable unit \$ 62.40
 (cost based on: Schedule
 Comparative
 Other)
2. Base monthly rental for claimant's former dwelling, or
 25% of adjusted monthly income, whichever is less. \$ 28.97

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1 \$ 62.40
 Line 2 - \$ 28.97
 \$ 33.43
 X 48

*25% of adjusted
Mo. income*

\$ 1604.64

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.)

\$ 1604.64

5. Minus adjustments (Attach full explanation)

- \$ -0-

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

\$ 1604.64

7. Annual Payment

\$ 401.16

(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 Theo Williams

Parcel No. RS-4-9

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: May 16, 1969

Date of Acquisition: July 22, 1971

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: May 16, 1969

Date of Initiation of Negotiations: May 27, 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 \$ 1,604.64 is authorized.

2-17-72
Date

[Signature]
Authorized Signature

5. RECORD OF PAYMENTS

	<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
a. Claimant moved to rental unit			
(1) Lump-sum payment			\$ _____
(2) Annual payment			
1st Year <u>\$401.16</u>	<u>2-24-72</u>	<u>302 EH</u>	<u>\$ 401.16</u> J.S.
2nd Year			\$ _____
3rd Year			\$ _____
4th Year			\$ _____
b. Claimant moved to unit he purchased			\$ _____
c. Homeowner temporarily displaced			\$ _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Emmanuel

PROJECT NO. R-20

1. Full name of claimant: Theo William Family Individual
2. Dwelling unit from which you moved: Parcel No. RS-4-9
 a. Address 7 N. Russell c. Number of bedrooms 1
Portland Oregon d. Monthly rental \$ 52.⁰⁰
 b. Apartment or room number 7 e. Date displaced _____
3. Dwelling unit to which you moved (RENTAL)
 a. Address 561 N. Skidmore c. Number of bedrooms 1
Portland, Oregon d. Monthly rental \$ 22.⁰⁰
 b. Apartment or room number _____ e. Date moved in 2-10-72
4. Dwelling unit to which you moved (PURCHASE)
 a. Address _____ c. Downpayment \$ _____
 b. Number of bedrooms _____ d. Incidental expenses \$ _____
 e. Date of purchase _____
5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)
 a. Address from which you moved _____
 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 May 16, 1968
 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 May 16, 1968
 Date of initiation of negotiations _____
3. Is replacement housing standard? Yes No
 If previously substandard, date found standard _____
4. Certification: H.A.P.
 (Amount of this claim \$ 1604.64)

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

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

Gentlemen:

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

1. Resident of the Housing Authority _____
2. Applicant for housing Ther Williams
3. Name _____
4. Address 561 N. Prescott
5. Number of persons in family one
6. Total monthly assistance \$122⁰⁰
7. Date assistance began 8-1-71
8. Date assistance to terminate unknown

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

P. Lewis by M. Carter
(Caseworker) (Dept.)

2-11-72
(Date)

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

No 28627 G

DATE January 14, 1972

PAY TO THE ORDER OF **Leo Williams**

\$ 215.00

DOLLARS

NON-NEGOTIABLE

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

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 7 N. Russell (RS-4-9). Dislocation allowance \$200.00 Fixed payment - unfurnished <u>15.00</u>	\$215.00

Account Distribution

NO	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - Unf. - Individual)	\$215.00

Leo Williams

AC

[Signature]

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)

Emanuel Hospital Project
Project Number: ORE R-20

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

1. FULL NAME OF CLAIMANT _____ Family Individual

WILLIAMS, Theo.

2. DATE(S) OF MOVE _____
January 14, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. RS-4-9

a. Address _____
7 N. Russell, Portland, Oregon 97227

b. Apartment, Floor, or Room Number 7

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

d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 1

e. Date you moved into this address: May 16, 1969

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) _____

b. Apartment, Floor, or Room Number _____

c. Were household goods moved to or from storage?
 Yes No
If "Yes", complete table, "Statement of Claim for Storage Costs"

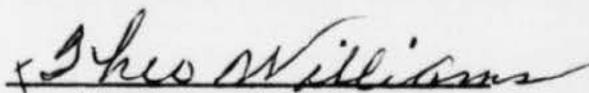
5. TOTAL CLAIM (if 5 b. marked above)

Dislocation Allowance	<u>\$200.00</u>	
Fixed Moving Payment	<u>15.00</u>	
(Consult local agency)		Total \$ <u>215.00</u>

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

January 14, 1972

Date


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:

Theo Williams

NAME OF LOCAL AGENCY:

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97227

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>15.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>215.00</u>	<u>215.00</u>	<i>Shirley E. Tipton</i> S.E.T.	<u>1-14-72</u>
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
		\$			\$

Dwelling Unit Inventory

QUANTITY

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

No
Furnishings

QUANTITY

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

Miscellaneous (List Items)

COMMENTS:

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER McIntosh ORIGIN OF CASE R-20 PARCEL RS 4-9

NAME Williams, Theo ADDRESS 7 N. Russel APT NO. 7

PHONE _____ INITIAL INTERVIEW 1/14/72 SEX M MINORITY GROUP B

AGE 47 U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE May 16 1969

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name _____ \$ _____
 Address _____
 MCW Caseworker 280-6044 Pat Lewis 122.00
 Social Security _____
 Va. _____ Fed. _____ Mult. Co. _____
 Pension: Name _____
 Other: Name _____

TOTAL MONTHLY INCOME 122.00

Own: _____ Power Co. _____ Type Fuel _____ Garbage Co. _____
 Rent: X 52 Inc. Heat Furn Water Furn Gas Furn Gar _____ Elec Furn Unfurn _____ Furn X No. Rms 1

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

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

FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date
561 N. Williams		1/14/72
2419 Apt 6		3/11/72
561 N. Skidmore	H.F.P.	" " "

NEW ADDRESS: _____ Zip _____ Phone _____

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

INTERVIEW REGISTER

Date

Relocation
Worker

10/18 Tried to contact Mr. Williams but he was not at home.

10/26 Mr. Williams was not at home when I tried to contact him today. Charley Thomas, manager of the apartment building, informed me that Mr. Williams was an alcoholic and seldom stayed at home. He showed me the inside of Mr. Williams apartment. It was quite filthy and definitely unsanitary. Mr. Thomas felt that Mr. Williams should be committed to an institution.

I called the health department and referred his case to them.

11/14/72

*Mr. Williams was born out of his apt. and
We have found emergency temporary housing
at 240(5) N. Williams. He gets Welfare due
to his disability.*

I hereby acknowledge receipt of the Portland
Development Commission INFORMATIONAL STATEMENT.

Sheo M. Williams
Signature

1/14/77
Date

PDC-R27
9/8/66

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 _____ Date of survey _____ Tabulator _____ Date tabulated _____
 Dwelling Unit No. 12 Structure No. 3 Census Block No. 78 Census Tract No. 22 A
 Street Address 7 N Russell Apartment No. 7

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:

	Name	Family relation	Age	Sex	Occupation
1.	<u>Williams, Theo</u>	<u>Head of household</u>	<u>40</u>	<u>M</u>	
2.					
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>1 job</u>	\$ _____	\$ _____
Total family or household income per month	\$ _____	\$ <u>150.00 est</u>

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

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

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

Date _____

Analyst _____ Surveyed _____ Tabulator _____ Date _____

Dwelling Unit No. 12 Structure No. 3 Census Block No. 78 Census Tract No. 22 A

Street Address 7 N Russell Apartment No. 7

Legal Description _____

NAME OF OCCUPANT: <u>Jean Williams</u> <u>7 N Russell #7</u>	NAME & ADDRESS OF OWNER <u>Steven Matthew</u> <u>328 Pacific Bldg</u>	NAME & ADDRESS OF PROP. MGR: _____
TELEPHONE: _____	TELEPHONE: <u>222-5219</u>	TELEPHONE: _____
INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

<u> </u> Kind of dwelling unit	<u> </u> No. of units in bldg.
<u> </u> One-family house	
<u> </u> Apt. in a house	<u> </u>
<u> </u> Apt. in apt. bldg.	<u> </u>
<input checked="" type="checkbox"/> Apt. in comm. bldg.	<u>9</u>
<u> </u> Mobile home or trailer	

This structure has 2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

 Owner occupied

Renter occupied

 Vacant

III. SIZE OF DWELLING UNIT

6565 Sq. ft. in first floor (county figure)

13150 Sq. ft. in dwelling unit (if more than 1 floor)

2 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)

 No. of bathrooms

1 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time

1971 Period market value data applicable

3/30/67 Date of last appraisal

1894 Date structure was originally built

 Date of any major alterations

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>10,400</u>	\$ _____
Improvements	<u>14,560</u>	_____
Total	<u>24,960</u>	_____

6565 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	\$ _____	_____	\$ _____
Electricity		\$ _____	_____
Gas		_____	_____
Water		_____	_____
Heat (oil, or other)		_____	_____
Total	\$ _____	\$ _____	\$ <u>5400</u>

Deposits required of renter

Advance rent \$ _____, other \$ _____

Rental information obtained from

Tenant _____, owner _____, manager _____, or estimated from assessor's data X.

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 _____

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 288-8100

September 1, 1971

Mr. Theo Williams
7 N. Russell
Portland, Oregon

Dear Mr. Williams:

As you may know, you are situated in the Emanuel Hospital Project which is being carried out with assistance from the U. S. Department of Housing and Urban Development (HUD). The property which you presently occupy will be acquired some time in the future by the Portland Development Commission as part of the approved project plans for this area.

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

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

Please check with us before making any move. If you are unable to come during our regular office hours - 8:30 a.m. to 5:00 p.m., Monday through Friday, an alternate appointment can be arranged by calling 288-8100. Our office is located at 235 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure