

	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		

R E S U M E

DATE _____

NAME Neb Woodward

Mr. Woodward is a very spry 71 year old man. He gets about very well and is enjoying his relocation benefits. He lives in supplement housing with other senior citizens. He has indicated that he is very happy with his new home and the relocation. He has received his first and second TACO payments.

(signed)

Chet D. Daniels
worker

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. A-3-3 Advisor JCC

Client's Name Woodward, Ne6 Phone _____

Address 3227 N. Lantgenbein Ethn B Age 71

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

Family Composition

Economic Data

Total Number in Family 1

Employer \$

 wife, husband

Address

Other: Relation Age Relation Age

Other Source of Income

_____ \$

S.S. \$ 170
 Total Monthly Income \$ (170)

Eligible for Public Housing YES NO

Presently Receiving Welfare YES NO

Eligible for Welfare YES NO

Other Assistance _____

Eligible for (Other) YES NO

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

YES NO

Date of initial interview 5-17-71 Date of Info pamphlet delivery _____

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 1952

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

Date of initiation of negotiations for purchase of property 5-17-71

Date of Acquisition 9-8-71

Date of letter of intent _____

Date of move 3-27-72
10-26-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1900

Size of Habitable Area 1019

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 7 Rent Paid \$ _____ Utilities _____

Number of Bedrooms 3 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ 6,500 Amenities _____

REPLACEMENT DWELLING UNIT

Address 207 N Fremont # 27 LPA Referred Self Referred _____

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

Outside city Outside state

- ✓ Age of Housing Unit 4 yrs old
- ✓ Size of Habitable Area 680 sq ft
- ✓ No. of Rooms 3 No. of Bedrooms 1

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____

Taxes \$ _____

RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ 46.25

Utilities \$ _____

Total Rent Assistance \$ 4000

Amount of Annual Payment \$ 1000

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 WOODWARD, Neb RELOCATION ADVISOR ACD
 ADDRESS 3227 N. Vancouver PHONE 282-2062 PROJECT NAME Emanuel ORE. R-20
 SEX M ETHN black VETERAN _____ AGE 71 PARCEL NO. A-3-3
 MARITAL STATUS widower TENURE owner
 DISABILITY _____ INDIV x FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING x FHA 235 _____
 RENT SUPPLEMENT x OTHER _____
 INITIAL INTERVIEW 5/12/71 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY George H. Woodward 7420 Alabama Drive, Vancouver 693-3771

DATE ON SITE:	<u>1952</u>
INITIATION OF NEGOTIATIONS:	<u>May 17, 1971</u>
DATE OF ACQUISITION:	<u>September 8, 1971</u>

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW _____
 Social Security _____ 170.00
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 170.00

FAMILY COMPOSITION

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		
Private Sales		X	

Age of Structure 1900 No. Rooms 7
 No. Bedrooms 3 Furn. _____ Unfurn. x
 Utilities \$ _____
 Monthly Payments (Rent) \$ _____
 Acquisition Price \$ 6,500.00
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 1019 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 207 N. Fremont #27 Phone _____ Date of Move October 26, 1972

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	X	Mobile Home	
		Private Sales			

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

Utilities \$ ___ Monthly Payments (Rent) \$ 46.25 Purchase Price \$ ___

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	355 EH	3/27/72	\$ 1,000.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	27727 G	11/12/71	\$ 420.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL RHP: \$4,000.00

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
1/15/71	FLYER: delivered by Ted Parker. Very receptive. Would like meeting.	
2/10	SURVEY: Will buy comparable housing, 1 or 2 bedrooms, near present site, on busline (no car). Says he "won't stand in way if he receives enough money to buy another house."	WSJ
2/13	Talked with Woodward. He asked for an appointment for negotiating sale of his house. Made appointment for 4:30 Monday, 5/17/71	
3-20-71	Delivered Mr. Woodard's check for 3rd TACO to him today.	CD

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 907 EH

DATE March 19, 19 74

PAY TO **Nebbie Woodard**

\$ 1,000.00

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
		Reimbursement per Claim for RHP for Tenants filed. Move from 3227 N. Vancouver (Parcel A-3-3). Total approved \$4,000.00 3rd annual payment \$1,000.00 <i>Nebbie Woodard</i> Rec: 3/20/74	

Account Distribution

NO. TITLE AMOUNT

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 1016 EH

DATE February 26, 19 75

PAY TO **Nebbie Woodward**

\$ 1,000.00

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
		Reimbursement per Claim for RHP for Tenants filed. Move from 3227 N. Gantenbein (Parcel A-3-3). Total approved \$4,000.00 4th & final payment	\$1,000.00
<i>C. Woodward</i> Nebbie Woodward 2/28/75 Witness by <i>[Signature]</i>			

Account Distribution

NO. TITLE AMOUNT

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE February 18, 1975
(Relocation Advisor)

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

RE: Nebbie Woodard (Emanuel) 221 N. Fremont
(Displacee) (Address)

No. 4th & final \$ 1,000.00 March 1975
(annual payment) (amount) (date due)

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

Present Address: Same as above

Date Inspected: _____ Condition: Standard Substandard

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

Comments: Mr. Woodard still lives at same address

SIGNED: Nebbie Woodard
(Displacee)

DATE: 2/19/75

SIGNED: Samuel Ch Daniels
(Relocation Advisor)

DATE: 2/19/75

TO: ~~Mr. Woodard~~

FROM: Bob Douglas
Chet Daniels

DATE: 2/19/75

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

TO: Nebbie Woodard (Woodward)

PROJECT: Emanuel

FOR: 4th & Final TACO payment

AMOUNT: 1,000.00



SIGNED: B.C. Webb

**CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS**

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

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

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

1. FULL NAME OF CLAIMANT
 WOODWARD, Nebbie _____ Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A-3-3
 a. Address: 3227 N. Vancouver, Portland, Oregon 97227
 b. Apartment or room number: ---
 c. Number of bedrooms: 2
 d. Monthly rental: \$ -0-
 e. Date you moved out of this dwelling: 10-26-71
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)
 a. Address (include ZIP Code): 207 N. Freemont, Portland, Oregon 97227
 b. Apartment or room number: # 27
 c. Number of bedrooms: 1
 d. Monthly rental: \$ 46.25
 e. Date you moved into this dwelling: 10-26-72
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.

3/13/72
Date

Nebbie Woodward
[Signature]
Signature of Claimant (s)

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

COSTS INCURRED BY CLAIMANT				FOR LOCAL AGENCY USE
Item (a)	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:

Neb. Woodward
3227 N. Vancouver

COMPUTATION PREPARED BY:

C. Daniels
Name
3/10/72
Date

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

Required Information

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

2. Base monthly rental for claimant's former dwelling, or 25% of adjusted monthly income, whichever is less. \$ 44.80
Computation $25\% = 39.60$
Economic Rent = \$48.75
3. Line 1 minus Line 2, multiplied by 48 (39.60)

Line 1		\$ <u>128.35</u>			
Line 2	-	\$ <u>44.80</u>	39.60		
		\$ <u>86.45</u>	88.75		
	X	<u>48</u>			4,260.00
					\$ <u>444.60</u>

4. Base amount (if amount on Line 3 is \$4,000 or more, enter \$4,000. If amount on Line 3 is less than \$4,000, enter amount on Line 3.) \$ 4000.00
5. Minus adjustments (Attach full explanation) - \$
6. Amount of rental assistance payment (Line 4 minus Line 5) \$ 4000.00
7. Annual Payment \$ 1000.00
(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.

TCO-5

Purchase Price = \$6500
 $\frac{3}{4} \text{ of } 1\% \times 6500 = 48.75$

14,639
6500
8,139 Max RHP for Homeless

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

NAME OF CLAIMANT WOODWARD, Nebbie

Parcel No. A-3-3

NAME OF LOCAL AGENCY PDC

1. Did the claimant rent or own the dwelling at the time of acquisition? Yes No

Tenant's initial date of rental: ~~January 1, 1952~~

Date of Acquisition: September 8, 1971

Owner-Occupant's initial date of ownership: January 1, 1952

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: January 1, 1952

Date of Initiation of Negotiations: May 17, 1971

3. Has the replacement housing been inspected and found to be standard? (Attach a copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.) Yes No

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

Month-Day-Year

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 \$ 4,000.00 is authorized.

3-24-72
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>3/27/72</u>	<u>355 EH</u>	\$ <u>1,000.00</u> <i>BD</i>
2nd Year	<u>3/12/73</u>	<u>711 EH</u>	\$ <u>1,000.00</u> <i>BD</i>
3rd Year	<u>3/19/74</u>	<u>907 EH</u>	\$ <u>1,000.00</u> <i>BD</i>
4th Year	<u>2/26/75</u>	<u>1616 EH</u>	\$ <u>1,000.00</u> <i>BD</i>
b. Claimant moved to unit he purchased			\$ _____
c. Homeowner temporarily displaced			\$ _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emanuel

PROJECT NO. R-20

1. Full name of claimant: Neb Woodward Family Individual
2. Dwelling unit from which you moved: Parcel No. A-3-3
 a. Address 3227 N. Vancouver c. Number of bedrooms 2
Portland Oregon d. Monthly rental \$ Nine
 b. Apartment or room number _____ e. Date displaced 10/26/71
3. Dwelling unit to which you moved (RENTAL)
 a. Address 207 N. Freemont c. Number of bedrooms 1
Portland, Oregon d. Monthly rental \$ 46.25
 b. Apartment or room number _____ e. Date moved in 10/26/71
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 1/1/1952
 Date of acquisition 9/8/71
 Owner-occupant's initial date of ownership 1/1/1952
2. Did claimant own or rent 90 days prior to initiation of negotiations? Yes No
 Date of rental or purchase 1/1/1952
 Date of initiation of negotiations May 17, 1971
3. Is replacement housing standard? Yes No
 If previously substandard, date found standard Nov. 11 1971
4. Certification: Bureau of Buildings
 (Amount of this claim \$ 4000.00)



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

1221 S.W. Twelfth
Portland, Oregon 97205

REFER TO:

March 7, 1972

Portland Housing Authority
C/o Chet Daniels
235 N. Monroe
Portland, Oregon 97227

Dear Mr. Daniels,

RE: Nen Woodward

Records in the social security office have established
your date of birth as 5/10/98,
your monthly benefit rate as \$176.00 for A ~~XXX~~.

Your first month of entitlement was 6/64.

Sincerely yours,

Mrs. Boyce
Mrs. Boyce,
Service Representative

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

November 11, 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: 207 N. Fremont Street

Attn: Mr. McIntosh

Gentlemen:

As the result of a displaced person and at your request, a partial inspection was made by the Housing Division of the two-story apartment complex at the above address.

Our inspector reports the one-bedroom unit inspected, designated as Apartment #27, is in standard condition and complies with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
S. J. Chegwiddden
Chief Housing Inspector

CHF:mfm
cc: Altha Dev. & Inv. Co.
233 N. Fremont Street

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-3-3

PAYABLE TO: Nobbie Woodard

For: <input type="checkbox"/>	RHP for Homeowners	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants	\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$ <u>4000</u> ; Annual amount \$ <u>1000</u>	\$	_____
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only)	\$	_____
<input type="checkbox"/>	Interest Expense	\$	_____
<input type="checkbox"/>	Fixed Moving Payment	\$	_____
<input type="checkbox"/>	Dislocation Allowance	\$	_____
<input type="checkbox"/>	Actual Moving Costs	\$	_____
<input type="checkbox"/>	Storage Costs	\$	_____
<input type="checkbox"/>	Business: Moving Expenses	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment	\$	_____
<input type="checkbox"/>	Business: Storage Costs	\$	_____
<input type="checkbox"/>	Business: Loss of Property	\$	_____
<input type="checkbox"/>	Business: Searching Expenses	\$	_____

Name of Client Nobbie Woodard Less - \$ _____ *

Move from 3227 N. Vancouver Total \$ 1000

Accounting: Indicate symbol and Accounting No.
0600 Relocation Payment; EGO 901 Project Cost *(1000.00)

ok

TRD

BD

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE February 26, 1974
(Relocation Advisor)

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

RE: Nebbie Woodard (Emanuel) 221 N. Fremont
(Displacee) (Address)

No. 3rd \$ 1,000 March 1974
(annual payment) (amount) (date due)

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

Present Address: Same

Date Inspected: _____ Condition: Standard _____ Substandard

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

or (2) Displacee notified of ineligibility: _____yes _____no

Comments: Mr. Woodard still live at some address

SIGNED: X ~~Samuel Daniels~~
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: 2/28/74

DATE: 3/1/74

TO: Bob Douglas

DATE: 3/1/74

FROM: Chet Daniels

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

TO: Nebbie Woodard

PROJECT: Emanuel

FOR: 3rd T.A.C.O.

AMOUNT: \$1000.00

SIGNED: Samuel Daniels

WSP

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-3-3

PAYABLE TO: Nebbie Woodward

For: <input type="checkbox"/>	RHP for Homeowners	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants.	\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$4000; Annual amount \$1,000.00 ^{2nd}	\$	<u>1,000.00</u>
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only).	\$	_____
<input type="checkbox"/>	Interest Expense	\$	_____
<input type="checkbox"/>	Fixed Moving Payment	\$	_____
<input type="checkbox"/>	Dislocation Allowance.	\$	_____
<input type="checkbox"/>	Actual Moving Costs.	\$	_____
<input type="checkbox"/>	Storage Costs.	\$	_____
<input type="checkbox"/>	Business: Moving Expenses.	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment.	\$	_____
<input type="checkbox"/>	Business: Storage Costs.	\$	_____
<input type="checkbox"/>	Business: Loss of Property	\$	_____
<input type="checkbox"/>	Business: Searching Expenses	\$	_____

Name of Client Nebbie Woodward Less - \$ _____ *

Move from 3227 N. Vancouver Total \$ 1,000.00

Accounting: Indicate symbol and Accounting No.
0600 E60 901 Relocation Payment; 1,000.00 Project Cost *()
RHP - 2ND ANNUAL

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels
(Relocation Advisor)

DATE February 9, 1973

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

RE: Nebbie Woodard^w
(Displacee)

221 N. Fremont Apt 27
(Address)

No. 2
(annual payment)

\$ 1,000
(amount)

3/27/73
(date due)

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

Present Address: Same as above - 221 N. Fremont Apt 27

Date Inspected: Nov. 11, 1971 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Woodard still lives in the apartment at 221 N. Fremont.

SIGNED: X New Woodard
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: 3/6/73

DATE: 3/6/73

TO: _____

DATE: _____

FROM: _____

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

TO: Neb. Woodard

PROJECT: Emmanuel Hospital Project

FOR: TACO

AMOUNT: \$1,000.

SIGNED: Samuel Daniels
New

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 711 EH

DATE March 12, 1973

PAY TO **Nebbie Woodward**

\$ 1,000.00

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
		Reimbursement per Claim for RHP for Tenants filed. Move from 3227 N. Vancouver (Parcel A-3-3). Total approved \$4,000.00 2nd annual payment <u>\$1,000.00</u>	
		Rec. <i>Nebbie Woodward</i> 3/13/73 (C)	

Account Distribution

NO. TITLE AMOUNT

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 355 EH

DATE March 27, 19 72

PAY TO **Nebbie Woodward**

\$ 1,000.00

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
		Reimbursement per claim filed for RHP for Tenants. From 3227 N. Vancouver (Parcel A-3-3).	
		Total approved \$4,000.00 1st Annual Payment	<u>\$1,000.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP)	\$1,000.00

[Handwritten signature]
 For Nebbie Woodward
[Handwritten signature] 3/28/72

RC

FMS

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 27727 G

DATE November 12, 1971

PAY TO THE ORDER OF **Neb Woodard**

\$ 420.00

DOLLARS

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

NON-NEGOTIABLE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Relocation Payment filed. Move from 3227 N. Vancouver (A-3-3) to 207 N. Fremont. Dislocation Allowance \$200.00 Fixed payment - own furniture <u>220.00</u>	<u>\$420.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (Fixed - Ind.)	\$420.00

Rec. 11/15/71

AL

BO

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

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

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

1. FULL NAME OF CLAIMANT (i)
WOODARD, Neb

2. DATE(S) OF MOVE
10-26-71

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

a. Address <u>3227 N. Vancouver, Portland, Oregon 97227</u>	d. Number of rooms occupied (excluding bathrooms, hallways, and closes: <u>5</u>)
b. Apartment, Floor, or Room Number <u>---</u>	e. Date you moved into this address: <u>1952</u>
c. Was it furnished with your own furniture? <u>x</u> Yes <u> </u> No	

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) <u>207 N. Fremont, Portland, Oregon 97227</u>	c. Were household goods moved to or from storage? <u> </u> Yes <u> x </u> No
b. Apartment, Floor, or Room Number <u>27</u>	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 (consult local agency)	<u>220.00</u>	Total	\$ <u>420.00</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.

10/30/71
Date

W. W. O'Wall
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:

Neb Woodard
207 N. Fremont #27
Portland, Oregon 97227

NAME OF LOCAL AGENCY:

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

INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved.

1. Does claimant meet basic eligibility requirements? Yes No

If "NO", explain:

2. Complete if claim is for a fixed payment including an amount for moving articles located in household storage space:

Date items inspected: 9/13/71
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:

(form continued on next page)

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
<p><i>AS</i></p> <p>A. Fixed Payment and Dislocation Allowance</p> <p>1. Fixed payment \$ <u>220.00</u></p> <p>2. Dislocation allowance \$ <u>200.00</u></p> <p>3. Total \$ <u>420.00</u></p>	<p>\$</p> <p><u>420.00</u></p>	<p><i>B. V. l</i> <i>SCW</i></p>	<p><u>11-11-71</u></p>
<p>B. Actual Moving and Related Expenses</p> <p>1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____</p> <p>2. Supplementary payment (s) for storage costs:</p> <p>3. Final payment for moving expenses covering storage and related costs</p>	<p>\$</p>		

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
<i>11/12/71</i>	<i>277276</i>	<i>\$ 420.50</i>			<i>50</i>

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 288-8169

September 3, 1971

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

Gentlemen:

This is to inform you that Mr. Neb Woodard,
of 3227 N. Vancouver, Portland, Oregon 97227
who wishes to file an application with your office will be displaced
as a result of the acquisition of the property, in which he (or she)
resides, by the Portland Development Commission in the urban renewal
project, ORE R-20.

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

Very truly yours,

W. Stanley Jones

WSJ:slc

Over/Over 288-2126

May 17, 71

(Tooches)

f

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER _____ PROJECT NO. R-20 PARCEL A 3-3

NAME Woodard, Nebbie ADDRESS 3227 N Vancouver APT NO. _____

PHONE 282-2062 INITIAL INTERVIEW 8/23/71 SEX M W NW B AGE 71

U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 1952

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name _____ \$ _____
 Address _____
 MCW Caseworker _____
 Social Security _____ 170.40
 Va. Fed. Mult Co. _____
 Pension: Name _____
 Other: Name _____

TOTAL MONTHLY INCOME 170.40

Rent _____, Inc.Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn _____ Furn _____ No.Rms 5

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

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

Information Statement given to _____ on _____ by _____

Notice to move given to _____ on _____ by _____

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

REMOVED FROM CASELOAD: (Date) _____

Refused assistance _____

Relocated in: _____

Low-rent public housing _____

Other perm. public housing _____

Standard priv. rent. hsg. _____

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

Standard sales housing _____

Sub-standard sales hsg. _____

Out-of-town _____

Address unknown, abandoned _____

Evicted, no further assistance _____

Other (explain) _____

REMAINING ON CASELOAD: _____

Address unknown, tracing _____

Evicted, further assistance contemplated _____

Temporarily relocated by LPA _____

within project: _____ address _____

outside project: _____ address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE: Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: 207 N Fremont #27 Moved 10/26/71

Zip _____ Phone _____

1/15/71 flyer delivered by Seth Parker. Very receptive - would like meeting.

2/10/71 Survey will buy comparable hsq., 1 or 2 bdrms, near present site, on busline (no car). Says he "won't stand in way if he receives enough money to buy another house" WSD

2/18/71 Talk with Mr. Woodward - ~~He~~ He asked for an appointment for negotiating sale of his house - Made appointment for 4:30 Monday 5/19/71

8/23/71 Mr. Neb Woodward came in to settle his mind about his benefits. Said he was ready to sign Option and wanted a 1 Bdr. ^{rent} supplement.

9/7/71 Took Mr Woodward out to see a Rent Supplement apt. - He liked the apt. and said not to Took any further and made arrangement with P.D.C. real Estate to sign Option papers.

9/18/71 Mr. Woodward came in and Sign his option his son was here while I explained his benefits to him. - Carried him to Pioneer National.

10/26/71 Mr. Woodward Moved to new Apt. and

10/28/71 sent for Moving money

1/4/71 - arranged with Housing Division to show unit inspected on 11/5/71 at 11:00 a.m.
called Mr. Woodward & informed him of tomorrow's inspection.

INTERVIEW REGISTER

Date

Relocation
Worker

11/15/71 Took Neb Woodward his moving Expense
and Allowance Money. He seemed very
happy in new apt.

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER JC PROJECT NO. R-20 PARCEL A-3-3

NAME Woodward Neb
WOODARDS, Nebbie ADDRESS 3227 N. Vancouver APT NO. _____

PHONE 282-2462 INITIAL INTERVIEW 8/23/71 SEX M W NW B AGE 71

U.S. CITIZEN ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 1952

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name _____ \$ _____
Address _____
MCW Caseworker _____
Social Security _____ 154.50
VA. Fed. Mult Co. _____
Pension: Name _____
Other: Name _____
TOTAL MONTHLY INCOME 154.50

Rent Owned Occ., Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn _____ Furn No. Rms 7

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of accident:
Name George H Woodards Address 2420 Alabama Drive Vancouver Wash Phone 693-3771

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

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

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

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

FAMILY REFUSED ADDITIONAL ASSISTANCE.
Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: _____ Zip _____ Phone _____

~~come back 12-1-71~~
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 WJG Date of survey 2/10/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 9 Structure No. 8 Census Block No. 23 Census Tract No. 22A
 Street Address 3227 N. Vancouver 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 _____

Want stand in way if he receives enough money to buy another house

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

	Name	Family relation	Age	Sex	Occupation
1.	<u>Nebbie Woodards</u>	<u>Head of household</u>	<u>71</u>	<u>M</u>	<u>retired</u>
2.					
3.	<u>(wife deceased)</u>				
4.					
5.					
6.					
7.					
8.					
9.					

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

Names of jobholders	Names of employers	Street address where jobs are located	Distance 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>Doc. Sec.</u>	<u>\$ 154.70</u>	<u>\$ 154.70</u>
_____	_____	_____
Total family or household income per month	\$ _____	\$ <u>154.70</u>

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

1. Location (indicate approximate cross streets) near project area
2. Transportation, number of autos owned none, 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 \$ comparable, down payment of \$ _____, monthly payment of \$ none
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 1 or 2, 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

Analyst WSP Date 2/10/71 Surveyed 2/10/71 Tabulator _____ Date _____
 Dwelling Unit No. 9 Structure No. 8 Census Block No. 23 Census Tract No. 22A
 Street Address 3227 N. Vancouver Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: (same) NAME & ADDRESS OF OWNER: Woodards, Nebbie & Carrie NAME & ADDRESS OF PROP. MGR: _____
3227 N. Vancouver
 TELEPHONE: 282-2062 TELEPHONE: _____ TELEPHONE: _____
 INTERVIEWED? (X) Yes () No INTERVIEWED? (X) Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

<u>X</u> One-family house	_____
_____ Apt. in a house	_____
_____ Apt. in apt. bldg. or plex	_____
_____ Apt. in comm. bldg.	_____
_____ Mobile home or trailer	_____

This structure has 1 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

X Owner occupied
 _____ Renter occupied
 _____ Vacant

III. SIZE OF DWELLING UNIT

1019 Sq. ft. in first floor (county figure)
1019 Sq. ft. in dwelling unit (if more than 1 floor)
7 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 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
1900 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>3120</u>	\$ _____
Improvements	<u>2080</u>	_____
Total	<u>5200</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	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

_____ 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	\$ _____	\$ _____	\$ _____

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

1 1-00990-0400 WOODARDS, NEBBIE & CARRIE

MAP: 2730
 ZONE: M3
 RATIO: 1301
 LVY C: 001

3227 N VANCOUVER AVE
 PORTLAND, OREGON

97227

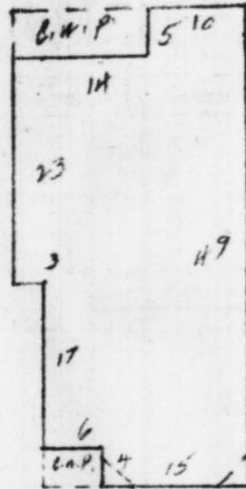
ALBINA ADD

LIT BLOCK

2 3

PROPERTY ADDRESS: 3227 N VANCOUVER AVE
 PORTLAND

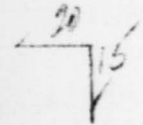
APPEALS:



AVE. OR ST.

ASSESS YEAR	MIN RIGHTS	SUMMARY ASSESSED VALUATION - FEET			SIGN DATE	
		TIMBER	LAND	IMPR		
67			300	460	760	660 2
68			3,000	2,000	5,000	12 15 '08
1971			3,123	2,080	5,200	6 D

AVE. OR ST.

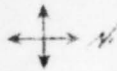


1 1/2 20'

N. VANCOUVER

FRONT OF BUILDING

AVE OR ST.



PRINC

Old type.

COND

VERY HEAVY TRAFFIC + NOISE.
 INDUSTRIAL LAND.

COND

NEEDS MAINT. + PAINT.

REMARKS

1968 Dist. R.I.A.

No. 17-000488 - R.15 - 7-11-67

12 5 1967

DATE	CHECKED	REVIEWED	BLDG. COUN.	INDEX	RE-CHECKED	NOTIFIED
	JUN 8 '67	JUL 31 '67			23167	
BY	BASTIN	BASTIN			GREEN	

FORM 7-65 1-66

MARKET DATA

PURCHASE PRICE	DATE	BK & PAGE	REMARKS

TOPOG. SITE ADJUSTMENTS

AREA IMPROVEMENTS	VIEW	DEPTH FACTOR
SIDEWALKS & CURBS	OTHER	STANDARD DEPTH
WATER		EFFECTIVE DEPTH
SEWERS		
OTHER		

M-3 ROAD TYPE D C 2
TOPOGRAPHY Level - 4 ft above street

COMPUTATIONS

LAND DESCRIPTION	SIZE IN ACRES	BASIC UNIT VALUE	ADJUST FACTORS	ADJ D UNIT VALUE	VALUE
5,000 #	4.60				3,000

TOTAL AREA	SUB-TOTAL
REMARKS	SITE ADJ
	TOTAL APPR VALUE 3,000
	19 APPR VALUE
	19 APPR VALUE
	19 APPR VALUE
	19 APPR VALUE

APPRAISES M. H. DATE 4 15 67

212 E. ... ACCOUNT NO 31900-0100

CLASS 323	STORY 1	AREA 1019	7700	ADJ 7300
ADDRESS 3227 N VAN ... PR.	BASE FACTOR			
FDM Cor. Br. ...	Full 3 4	1 2	1 4 5	150
BSM F ROOMS				
FLOORS D 5	Tile Hdw			150
ROOF H F Alum. Comp Shg Shk	Tile Built-Up			
EXTER Shk + Siding	Blk Stuc Brk			10 100
INTER L & P Driveway	Trm Ew Hdw			
PLUMBING FACILITY	Sink DW Tot W.B. Tub Enc			
Quantity				
HEAD H.W. Pkge	Pipe Floor Oil Gas Elect			
FIREPLACE Ins.	O.S. S D T 1-Stry 2-Stry			
ATTIC Inf. Fin. BR	Bath Lav H 3 4 1 2 1 4			
2ND STY	BR Bath Lav H			
BAY	DORMERS			
MISC				
MISC V F & H R & O V F	Tile			
OUTSIDE 200	1000 B.T. Sprinkler YL			

FIRST FLOOR	GARAGE	IMPS.	AREA	REPL COST	ADJ REP COST	TOTAL SUB
Rec Hall	Class					7550
Serv Hall	Type					430
Liv Rm.	Dim					7120
Den Area	Dim					28
Fant Rm	Fdn	1019	7120			1994
Nook	Fdn					
Kitchen	Floor					
Utility	Const					
Bedroom	Const					
Bath	Roof					
Lav.	Misc					
Den	Misc					

TOTAL DEPRECIATED REPLACEMENT COST 1994

MISC.	BUILT 1900	ADJUSTMENT	19 68
Dim. X	PERM NO	Age 36	1 APPR VALUE 2000
Fdn. O	PREV APPR	Func.	19 APPR VALUE
Const.	Roof	Econ 8	19 APPR VALUE
Roof	MISC. DRA RM MO	Cond.	19 APPR VALUE
MISC.	RENTAL		
Dim. X			
Fdn. O			
Const.			
Roof			