

	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

Bill Wright first attempted to lease a trailer and move to Eagle Creek with high hopes of working with horses. His foot became frost bitten and gangrene set in, causing eventually the amputation of his leg. He had to give up the idea of living out in the country because of treatment and care needed to get him on his feet.

I am happy to say that Mr. Wright gets around well and is enjoying life. He has a newly remodeled apartment and all modern kitchen and bath. He gets about very well with artificial foot and leg.

Seems happy with his apartment and has optimistic outlook for the future.

Mr. Wright received his fourth and final TACO payment on 11-29-74.

File closed.

SCD



RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. _____ Advisor cd

Client's Name Wright, W^m R. Phone 281-5227

Address 30 N Knott Ethn B Age 68

- 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

Relation	Age	Relation	Age

Other Source of Income

MCCU \$ 90⁰⁰

SS \$ 60.70

Total Monthly Income \$ (150.70)

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 6-21-71 Date of Info pamphlet delivery _____

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

1-1-68

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

Date of initiation of negotiations for purchase of property 8-13-71

Date of Acquisition 11-15-71

Date of letter of Intent _____

Date of move 9-22-71

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 1900

Size of Habitable Area 1019^{-?}

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 6 Rent Paid \$ 45⁰⁰ Utilities _____

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

315 N. Alberta Apt 54
Trailer Court REPLACEMENT DWELLING UNIT

Address Rt 1, Box 1045, Estacada, Ore. LPA Referred _____ Self Referred

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

Outside city Outside state

✓ Age of Housing Unit 20-30 yrs

✓ Size of Habitable Area 600-700

✓ No. of Rooms 4 No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____

Taxes \$ _____

RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ 100⁻

Utilities \$ _____

Total Rent Assistance \$ 4,000⁻

Amount of Annual Payment \$ 1,000

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 WRIGHT, William R. RELOCATION ADVISOR _____
 ADDRESS 30 N. Knott PHONE 281-5227 PROJECT NAME Emanuel ORE. R-20
 SEX M ETHN black VETERAN _____ AGE 68 PARCEL NO. _____
 MARITAL STATUS _____ TENURE tenant
 DISABILITY diabetic INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 _____
 RENT SUPPLEMENT X OTHER _____
 INITIAL INTERVIEW 11-10-71 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE 1/6/72 DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>January 1, 1968</u>
INITIATION OF NEGOTIATIONS: <u>11/19/71</u>
DATE OF ACQUISITION: _____

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW _____ 90.00
 Social Security _____ 60.70
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 150.70

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

Subsidized Sales	Single Family	S	SS	Age of Structure <u>1900</u>	No. Rooms <u>6</u>
Subsidized Rental	Multiple Family		X	No. Bedrooms <u>3</u>	Furn. <u> </u> Unfurn. <u> </u>
Public Housing	Duplex			Utilities \$ <u> </u>	
Private Rental	X Mobile Home			Monthly Payments (Rent) \$ <u>45.00</u>	
Private Sales				Acquisition Price \$ <u> </u>	
Size of Habitable Area <u>1019 sq. ft.</u>				Taxes \$ <u> </u>	Equity \$ <u> </u>
				Liens \$ <u> </u>	

HOUSING REFERRALS

Address	Bedrooms
<u>Bayle Creek</u>	
<u>315 N. Alhambra Apt. 534 282-6111</u>	

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 315 N Alberta # 54
RT. 1, Box 1045, Estacada, Ore. Phone _____ Date of Move _____
 (trailer court)

WHERE RELOCATED:

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

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

Utilities \$ _____ Monthly Payments (Rent) \$ 100.00 Purchase Price \$ _____

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	233 EH	12/31/71	\$ 1,200.00
TACO (Rental)	619 EH	12-6-72	\$ 1,000.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	222 EH	12/31/71	\$ 260.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ _____

TOTAL RHP: \$4,000.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date

Relocation
Worker

1/5	Went with Bill Wright to see trailer set-up out in Eagle Creek.	
6/23/72	<p>Talked with Bill Wrights Welfare Worker - Marge Spindle - Clackamas County 656-0811 to try to work out his problem with his check. I believe I can work out the problem and get Bill Wright back in Portland where he can get medical care.</p> <p>It seems Mr. Wright gave Mrs. Spindle, or the Clackamas County Welfare people the understanding that he was thw owner of the trailer. At this time, however, he is not and won't be until he takes his option at the end of his third year. I explained this to Mrs. Spindle and she raised his benefits. I believe however, that they are still lower than Portland or Multnomah County.</p> <p>Mr. Wright has been moved from Holiday Park Hospital to a Nursing home on the west side. Park Royal Health care - 2430 N. W. Marshall. 227-3791</p>	
9-6-72	<p>Call Bill Wright 8-31-72 about 1 bdr. apt with HAP - It was ready and he can move in, but would have to pay \$52 per month plus \$20 deposit. He felt this was toomuch said he could due better elsewhere - Bill seems to be getting advise from someone else. I have explained that he must move in standard-decent-safe-housing.</p>	CD
10-24-72	<p>Mr. Wright called and was mad saying that when we demolished his old dwelling, we destroyed 2 refrigeratore, a bed and some tools and wanted to know what we will do about it. Explained to him that this was not the case, that he had moved or abandoned all things in the dwelling. He maintaines now that he did not. Bill has apparently forgotten about what happened almost a year ago. He hung up unsatisfied with the answers I could provide.</p> <p>315 N. Alberta New address for Bill apt 57 Bill Wright was in to sign claim for TACO Payment - Has a new apartment and is very happy with it.</p>	WSJ
12-6	Second TACO payment came in and I have notified Bill Wright.	CD
12-8-72	Picked up check.	
12-7-73	Claim filed and payment made for 3rd. Annual TACO Warrant # 859EH	B

INTERVIEW REGISTER

Date		Relocation Worker
2/25/71	SURVEY: will rent house - similar to present one. Mr. Wright is a diabetic; therefore, he needs a special diet.	
11/10/71	Tried to contact Mr. Wright but he was not home.	
11/11	Called but was not at home.	
11/19	Called on Mr. Wright and he wants to move into a trailer. So we went out and looked at several that would fit his needs. We went by McCuen trailer Sales at 5737 N. E. Union Ave. Mr. Wright liked one - the Kenskill priced at \$3500.00	
11/23	Went out on 82nd to look at Trailer for sale. Found one at Caranough Trailers Sales, Inc. 1213 S. E. 82nd Ave. (254-7737) Mr. Wright found one that he likes which will cost \$4895, new. This is a 30' trailer and would be moved and set up at Eagle Creek.	
12/2	Stan felt that we could treat this as a house and that FHA recognizes trailers as the same as a home. I have an appointment with Caranough and the bank.	
12/7	Bill Wright came in and said that the place he plans to put the trailer on is already set up as a trailer court and that a cesspool and electric hookups were ready.	
12/10	Mr. Wright and I went to see his location for the trailer out on Eagle Creek. The location was in a non-restrictive area and requires no permit. Mr. C. A. Snyder, Rt. 1, Box 1045, Estacade, Oregon said that he would get a letter from the Clackamas City giving permission to him to have a trailer park on this location.	
	Mr. Wright felt that 49.00 per month was too much for him to pay each month and have anything to live on. We stopped at Caranough trailers and told him what the problem was and how the bank had computed the monthly payments for Mr. Wright. He and Mr. Wright looked at some more trailers that would be less money overall. Mr. Wright found one he liked and it cost only \$3995.00, or about \$1000. less than the first one. This brought Mr. Wright's monthly payment down to \$17-\$18 per month. PDC will assist his monthly payment \$83.34 per month. Mr. Wright will lease this trailer and it will be put in place and in operation by Mr. Caranough. He will also be given option to buy at some future date.	
12/22	Due to changes from non-restricted to restricted area by Clackamas County and that Mr. Snyder, the owner of the property on which Mr. Wright is moving his trailer, did not have county inspection before installing electric, sewer, cesspool, etc. There is already a large trailer hookup on this site. The owner, Mr. Snyder has agreed to take responsibility for making any adjustments if at some future date the Clackamas County Code requires any changes in installation of the utility hook up and waste removal.	
1/4/72	Mr. Barnes finished lease option finally and I went with Bill Wright to pick up the option. Also took him out to Caranaughs Trailer Sales, Inc. on 82nd Ave. and then to U. S. National Bank, East Port Branch where lease was agreed upon and notarized. Wright gave them \$1200 check.	

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 989 EH

DATE November 27, 1974

PAY TO **William Wright**

\$ 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 30 N. Knott (Parcel A 3-8). Total approved \$4,000.00 4th and final payment	\$1,000.00
<i>William R Wright</i> 11-29-74			

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A 3-8

PAYABLE TO: William Wright

For: <u> </u> RHP for Homeowners	\$	<u> </u>
<u> </u> Incidental Expenses for Homeowners or Tenants.	\$	<u> </u>
<u> X</u> RHP - Tenants & Certain Others - Rental: Total approved \$ <u>4,000</u> ; Annual amount \$ <u>1,000.00</u>	\$	<u> </u>
<u> </u> RHP - Tenants & Certain Others - Downpayment	\$	<u> </u>
<u> </u> Settlement Costs (on acquisition by LPA only).	\$	<u> </u>
<u> </u> Interest Expense	\$	<u> </u>
<u> </u> Fixed Moving Payment	\$	<u> </u>
<u> </u> Dislocation Allowance.	\$	<u> </u>
<u> </u> Actual Moving Costs.	\$	<u> </u>
<u> </u> Storage Costs.	\$	<u> </u>
<u> </u> Business: Moving Expenses.	\$	<u> </u>
<u> </u> Business: In Lieu Payment.	\$	<u> </u>
<u> </u> Business: Storage Costs.	\$	<u> </u>
<u> </u> Business: Loss of Property	\$	<u> </u>
<u> </u> Business: Searching Expenses	\$	<u> </u>

Name of Client William Wright Family Less - \$ *

Move from 30 N. Knott Individual Total \$ 1,000.00

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

Wm

OK SMC

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels
(Relocation Advisor)

DATE November 20, 1974

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

RE: William Wright (Emanuel)
(Displacee)

315 N. Alberta, Apt. #54
(Address)

No. 4th & final
(annual payment)

\$1,000.00
(amount)

December 1974
(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 re-inspected and found standard _____

or (2) Displacee notified of ineligibility: yes no

Comments: The relocation of Mr. Wright has been very successful.
He has recuperated from his operation and dairy line

SIGNED: William R. Wright
(Displacee)

SIGNED: Samuel C. Daniels
(Relocation Advisor)

DATE: 11/25/74

DATE: 11/25/74

TO: Bob Douglas

DATE: 11/25/74

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: William R. Wright

PROJECT: Emanuel

FOR: 4th & final base payment

AMOUNT: 1,000.00

So

SIGNED: Samuel C. Daniels

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE November 23, 1973
(Relocation Advisor)

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

RE: William Wright (Emanuel) 315 N. Alberta, Apt. 54
(Displacee) (Address)

No. 3rd \$ 1,000 12/10/73
(annual payment) (amount) (date due)

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

Present Address: 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: _____

SIGNED: William R Wright
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: 11/28/73

DATE: 11/28/73

TO: Bob Douglas

DATE: _____

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: William R Wright

PROJECT: Emanuel

FOR: 3rd Taco payment

AMOUNT: 1000.00

WSD

SIGNED: Samuel Daniels

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: C Daniels (Relocation Advisor) DATE November 27, 1972

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

RE: William Wright (Displacee) Eagle Creek, Oregon (Address)

No. 2 (annual payment) \$ 1,000.00 (amount) 12/10/72 (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: 315 N. Alberta Apt 54

Date Inspected: Dec. 1, 1972 Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard Dec 1, 1972

or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Wright has moved to standard housing from Eagle Creek, Oregon - Rent Supplement - H.H.D.

SIGNED: William B. Wright II (Displacee) SIGNED: Samuel Th Daniels (Relocation Advisor)

DATE: 11/29/72 DATE: 11/29/72

TO: Bob Douglas DATE: 12/4/72

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: William Wright

PROJECT: Emanuel

FOR: TACO Payment No. 2

AMOUNT: \$ 1000.00

SIGNED: Samuel Th Daniels *WBJ*

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 S. W. Fourth Avenue
Portland, Oregon 97201 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

WRIGHT, William R.

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. RS-4-3

- a. Address: 30 N. Knott, Portland, Oregon
b. Apartment or room number: ---
c. Number of bedrooms: 3

- d. Monthly rental: \$45.00
e. Date you moved out of this dwelling: X
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

- a. Address (include ZIP Code): (trailer court)
Rt. 1, Box 1045, Estacada, Oregon
b. Apartment or room number: ---
c. Number of bedrooms: 2

- d. Monthly rental: \$100.00
e. Date you moved into this dwelling: X
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.

12-10-71
Date

William A. Wright
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:

William R. Wright
30 N. Knott

COMPUTATION PREPARED BY:

A Daniels
Name
12/22/71
Date

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

Required Information

1. Monthly gross rental for comparable unit 3 Bd - \$ 162.70
(cost based on: Schedule
 Comparative
 Other)
2. Base monthly rental for claimant's former dwelling, or
25% of adjusted monthly income, whichever is less. \$ 35.79

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>162.70</u>		
Line 2	- \$ <u>35.36</u>	<u>35.79</u>	
	\$ <u>127.34</u>	<u>126.91</u>	
	X <u>48</u>		\$ <u>6120.00</u>

6091.68
~~6112.32~~

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.

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

NAME OF CLAIMANT William R. Wright

Parcel No. RS-4-3

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: January 1, 1968

Date of Acquisition: November 15, 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: January 1, 1968

Date of Initiation of Negotiations: X

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

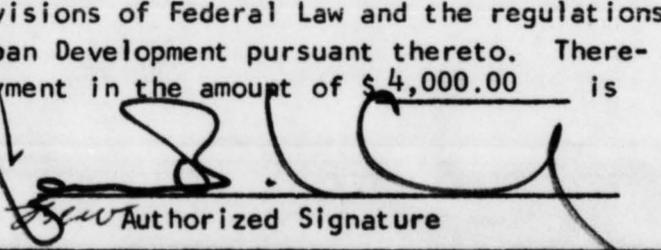
Date previously substandard dwelling was inspected and found to be standard:

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.

12-29-71
Date


Authorized Signature

5. RECORD OF PAYMENTS

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year

2nd Year

3rd Year

4th Year

Date of Payment	Check Number	Amount
_____	_____	\$ _____
<u>12/31/71</u>	_____	<u>\$ 1,000.00</u>
<u>12/6/72</u>	<u>619EN</u>	<u>\$ 1,000.00</u>
<u>12/5/73</u>	<u>859EN</u>	<u>\$ 1,000.00</u>
<u>11-27-74</u>	<u>789EN</u>	<u>\$ 1,000.00</u>

b. Claimant moved to unit he purchased

_____ \$ _____

c. Homeowner temporarily displaced

_____ \$ _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emanuel

PROJECT NO. R-20

1. Full name of claimant: William R Wright Family Individual
2. Dwelling unit from which you moved: Parcel No. RS4-3
 a. Address 30 N. Knott c. Number of bedrooms 3
Portland Oregon d. Monthly rental \$ 45.00
 b. Apartment or room number _____ e. Date displaced ?
3. Dwelling unit to which you moved (RENTAL)
 a. Address Trailer Court Rt 1 - Box 1045 c. Number of bedrooms 2
Estacada Or. d. Monthly rental \$ 100.00
 b. Apartment or room number _____ e. Date moved in _____
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 Jan 1, 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 Jan 1, 1968
 Date of initiation of negotiations 11/19/71
3. Is replacement housing standard? Yes No
 If previously substandard, date found standard _____

4. Certification: From Property owner and Trailer owner that
 (Amount of this claim \$ 4000.00) Trailer & hook up at Trailer
Court are up to Clackamas County
Code or will be made so at
expense of Owner - See documents

Rt. 1 Box 1045

Rt. 1 Box 1045
Estacada, Oregon.
December 20, 1971

Portland Development Commission
235 N. Monroe
Portland Oregon 97227

Gentlemen.
Attention Mr. Chester Daniels.

Regarding trailer site, Mr. Bill Right wishes to move on .

I guarantee that the sites facilities for trailer hook
up, (water, sewer, and electric) are installed to Clackamas
County code , if not I will make them so.

Yours Truly.

Clair A. Snyder
Owner.

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

POST OFFICE BOX 349
PORTLAND, OREGON 97207

*Portland Development
235 N. Monroe*

~~Housing Authority of Portland~~

~~8900 N. Mississippi~~

~~Portland, Oregon 97203~~

Portland, Oregon
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. Name *William Wright*
2. Address *30 N. Knott*
3. No. of persons in family *1*
4. Total monthly assistance *60⁷⁰ Social Security 90⁰⁰ welfare*
5. Date assistance to begin *old age*
6. Date assistance to terminate *on going*

Birthdate 5-1903 - Page 68
MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

Ginta Abel (Caseworker) *M.C.* (Dept.)

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

No 859 EH

DATE December 5, 19 73

PAY TO **William Wright**

\$ 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 30 N. Knott (Parcel RS-4-3).	
		Total approved \$4,000.00 3rd annual payment	\$1,000.00
<p>* 12-4-73</p> <p><i>William R Wright</i></p>			

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: RS-4-3

PAYABLE TO: William Wright

For: <input type="checkbox"/>	RHP for Homeowners	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants.	\$	_____
<input type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$ <u>4,000</u> ; Annual amount	\$	<u>1,000</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 William Wright ^{3rd TACO} Family Less - \$ _____ *

Move from 30 N. Knott Individual Total \$ 1,000-

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

0600 E60 901

MOBILE HOME LEASE OPTION AGREEMENT

This lease option witnesseth that Fred Cavanaugh as Lessor, hereby lease to William D. Wright as Lessee, for a term of thirty-six months, commencing on the fifteenth day of January, 1972, and expiring on the sixteenth day of January, 1975, for a total rental of \$4,170.00, to be paid in thirty-six monthly installments for the following described mobile home unit:

MAKE: 1972 28 ft. Road Ranger Mobile Home

SERIAL NUMBER: C6ERR 2800 SC 88009

In consideration whereof, the Lessee covenants to pay as rent in monthly installments, without demand and in advance by the tenth of each month from the beginning of that term, the sum of \$20.50, and, in addition, the sum of \$1,200.00 to be paid as relocation benefits under Uniform Relocation and Real Property Acquisition Policies Act of 1970 through Portland Development Commission to the Lessee, said down payment to be paid by January 15th, 1972, and in two additional payments of \$1,000.00 each payable by the sixteenth of January, 1973, and the sixteenth of January, 1974, with a final payment to be paid by January 16th, 1975, in the amount of \$1,004.25.

That the said Lessee does covenant with the Lessor:

1. To use said unit solely for lawful purposes.
2. Not to permit the leased unit, and its furnishings if any, to be damaged or depreciated in any manner save fair wear and tear, and to pay for any loss, damage or breakage thereof, except normal wear and tear.
3. To notify the Lessor within thirty days prior to the moving of said mobile home and to give in writing the location to which said home will be taken.
4. The Lessor does covenant with the Lessee to maintain fire, theft and comprehensive insurance on said property for the term of said lease, and to pay initial licensing and title fee of \$39.00 to the State of Oregon, said licensing fee to be paid by the Lessee following the first year of said lease.

As a further consideration and upon the condition that the Lessee pay to the Lessor the additional sum of \$1.00 prior to January 16th, 1974, the Lessor here upon grants to the Lessee the sole, exclusive and irrevocable right and privilege of purchasing the said mobile

LEGAL AID SERVICE
ALBINA OFFICE
217 N. E. KILLINGSWORTH
PORTLAND, OREGON 97211
TELEPHONE 338-4741

Silverton, Oregon

June 25. 1972

Dear Mr Daniels

Last Thursday I made a trip to Eagle Creek and checked the trailer. It is in good condition but does need heat. A few mice had been there ahead of me.

Down there I visited Bill he seems in good spirits, but is worried about the trailer.

I wrote Mr Cavanaugh asking his help in disposing of it.

I also stopped at the Postoffice in Eagle Creek. I don't know just how to say this for I don't know where Bills mail should be forwarded to, But I did say you would write.

Until they hear from you his mail will be held.

Bill called this morning he

had received a letter from
the Housing in Lygod Center.
Saying he perhaps wouldnt be
strong enough to open and
close the doors and would he
be financially able? Bill
is determined to keep the little
Dog and he dont want some
High Rise Apt.

I doubt if Bill will be able
to care for himself alone, and
this will put him right back
where he is -

This week I plan another
trip to Eagle Creek.

Sincerely,
Mary Sturgett.

P.S. also write the Electric Co
The Hospital ask if I knew
any one who ^{would} give blood for Bill?
Do you know of any one?

0600 EGO 701

RELOCATION PAYMENT

Project: Emanuel Parcel: RS-4-3

Payable to: William Wright

Amount

For: <u> </u> RHP for Homeowners	\$	<u> </u>
<u> </u> Incidental Expenses for Homeowners (if separate claim)	\$	<u> </u>
<u> ✓ </u> RHP for Tenants & Certain Others:		
Rental: Total approved \$ <u>4,000.00</u> ; Annual amount.	\$	<u>1,000.00</u>
or Purchase:	\$	<u> </u>
<u> </u> Fixed Moving Payment	\$	<u> </u>
<u> </u> Dislocation Allowance.	\$	<u> </u>
<u> </u> Actual Moving Costs.	\$	<u> </u>
<u> </u> Storage Costs (if separate claim).	\$	<u> </u>
<u> </u> Business: Moving Expenses.	\$	<u> </u>
<u> </u> Business: In Lieu Payment.	\$	<u> </u>
<u> </u> Business: Storage Costs.	\$	<u> </u>
<u> </u> Business: Loss of Property	\$	<u> </u>
<u> </u> Business: Searching Expenses	\$	<u> </u>

Name of Client William Wright

Less - \$ *

Move from 30 N. Knott

WR Total \$ 1,000.00

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

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 619 EH

DATE December 6, 1972

PAY TO **William Wright**

\$ 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
		<p>Reimbursement per Claim for RHP for Tenants filed. Move from 30 N. Knott (Parcel RS-4-3).</p> <p>Total approved \$4,000.00 2nd annual payment</p> <p><i>Received by William R Wright Dec 8, 1972</i></p>	<p><u>\$1,000.00</u></p>

Account Distribution

NO. TITLE AMOUNT

Silverton Oregon
July 20. 1972

Dear Mr Daniels:

This last Monday I
drove in to Portland, as Bill
needed his shoes so he could
be fitted for a foot. My he
is so terribly thin. He is in
a very nice Nursing home.

About a week ago I made a
trip up to the trailer to get
his little dog.

Bill tells me he should be
leaving the home before long
and wanted to know if you
have found any thing?

I wrote Mr Cavanaugh about
the trailer, but never had an
answer from him. Its a shame
he can't do something with it.

Had Bill had consulted me
he would never have had it.

Bill is in Park Royal
23rd & Marshall Maybe
you can find time to call
him

Sincerely
Mrs Hurgett.

9

1



**PUBLIC WELFARE DIVISION
CLACKAMAS BRANCH OFFICE**

DEPARTMENT OF HUMAN RESOURCES

320 WARNER-MILNE ROAD • • OREGON CITY, OREGON • • 97045

June 27, 1972

TOM McCALL
GOVERNOR

ANDREW F. JURAS
Administrator

DIVISIONS
Children's Services
Corrections
Employment
Health
Mental Health
Vocational Rehabilitation
Welfare

SPECIAL PROGRAMS
Aging
Camps
Economic Opportunity
Multi-Service Centers

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

RE: **WRIGHT, William R.
1-3-MXD958-8**

To Whom This May Concern:

This letter will verify that Mr. William Roosevelt Wright receives an Old Age Assistance grant of \$69.30 and our records indicate that he is receiving \$60.70 from the Social Security Administration. To my knowledge, Mr. Wright has no other income.

Very truly yours,

CLACKAMAS DISTRICT PUBLIC WELFARE

Eugene Pugh, District Manager

Marjorie Spendal
**(Mrs.) Marjorie Spendal
Assistance Worker**

MS:ja

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 222 EH

DATE December 31, _____, 1971

PAY TO **William R. Wright**

\$ 260.00

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 for claim for relocation payment filed. Move from 30 N. Knott (RS-4-3) Fixed payment - own furniture	\$260.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (Fixed payment - Ind.)	\$260.00

William R. Wright

JMS

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 223 EH

DATE December 31, 1971

PAY TO **U.S. National Bank and
 William R. Wright**

\$ 1,200.00

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. 30 N. Knott (RS-4-3) Total approved \$4,000.00 1st Annual Payment \$1,000.00 Dislocation Allowance <u>200.00</u>	\$1,200.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments	\$1,200.00
	(Replacement Housing Payment \$1,000.00)	
	(Fixed Payment \$ 200.00)	

William R Wright

McL

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

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

PROJECT NAME (if applicable)

EMANUEL 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
WRIGHT, William R.

2. DATE(S) OF MOVE Jan 6, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. RS-4-3
a. Address 30 N. Knott, Portland, Oregon
b. Apartment, Floor, or Room Number ---
c. Was it furnished with your own furniture?
 Yes No
d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 6
e. Date you moved into this address: January 1, 1968

4. DWELLING UNIT TO WHICH YOU MOVED
a. Address (include ZIP Code) Rt. 1, Box 1045, Estacada, Oregon
b. Apartment, Floor, or Room Number ---
c. Were household goods moved to or from storage?
 Yes No
If "Yes", complete table, "Statement of Claim for Storage Costs"

5. TOTAL CLAIM (if 5 b. marked above)
Dislocation Allowance \$200.00
Fixed Moving Payment 260.00
(Consult local agency) 360.00 Total \$ 460.00

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

December 23, 1971

Date

William R Wright
Signature of Claimant

(For Use by Families and Individuals)

DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT
FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)

NAME AND ADDRESS OF CLAIMANT:

William R. Wright
Rt 1. Box 1045
Estacada, Oregon

NAME OF LOCAL AGENCY:

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

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>260.00</u>		 [Signature]	<u>12-29-71</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>460.00</u>	<u>460.00</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

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

WORKSHEET FOR ALL MOVING CLAIMS

1. Name William R. Wright Project Emanuel Project
 2. Date(s) of move upon close Parcel No. RS4-3
 3. Dwelling unit from which you moved:
 Address 30 N. Knott No. of rooms 6
 ___ Furnished Unfurnished Date you moved into this unit Jan 1968

4. Dwelling unit to which you moved: Estacada
 Address RT 1 Box 1045, Eagle Creek, Oregon
 Were goods moved to or from storage? ___ Yes No

5. Total claim \$ 260.00 6 Rooms of Furniture and other Equipment and

 FIXED PAYMENT: \$200 + \$ 260.00 = \$ 460.00

ACTUAL MOVING COSTS *ROOMS ARE LR=1, BR=3, KITCHEN CLOSED IN PORCH USED FOR STORAGE GARAGE ALSO USED FOR STORAGE. UNDER THE PROVISION OF CIRCULAR 1571, CHL, SEC. 3, P 23 b VYE HAVE ALLOWED ONE EXTRA ROOM FOR STORAGE TOTAL = 6 ROOMS. 730W*

6. Name of moving company (or person) _____
 7. Mover's telephone _____ 8. Mover's address _____

9. Method of payment
 ___ a. reimburse client (show paid bill)
 ___ b. pay mover directly (show bill)
 ___ c. let local agency contract with mover

10. Amount actual costs
 a. Moving costs (attach receipt or voucher) \$ _____
 b. Cost of insurance (attach invoice) \$ _____
 c. Storage cost (attach receipt or voucher) \$ _____

 STORAGE COSTS
 Name, address and ZIP code of storage company _____

A. Type of claim
 ___ initial ___ supplementary ___ final

B. Storage period
 1. Total period: ___ months. Check one: ___ Actual ___ Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____

C. Storage Costs

		Approved
1. Monthly rate	\$ _____	\$ _____
2. Total costs actually incurred	\$ _____	\$ _____
3. Amount previously received	\$ _____	\$ _____
4. Amount claimed (line 2 minus 3)	\$ _____	\$ _____

D. Description of Property Stored: please list on back of this sheet.

E. Method of Payment
 ___ reimburse client (attach receipt or paid bill)
 ___ pay storage company directly (attach bill)

STATEMENT

FROM Timberline Electric Co.

P.O. Box 481, Sandy, Oregon, 97055

March 4

19 72

TO Portland Development Commission

STREET 235 N. Monroe

CITY Portland ZONE 97227 STATE Oregon

TERMS Past Due ---- Legal Action to be taken.

ATTENTION: Chester Daniels

Trailer outlet for Bill Wright.

As we were attained by the Portland Development Commission for the above Electrical work, you are being sent this statement because of non-payment.

Electrical Outlet

\$35.00

TOTAL DUE

\$35.00

Selmeron, Oregon
May 25. 1972

Dear Mr Daniels

In Mrs Hurgett and perhaps you remember me coming to your office and talking about William (Bill) Wright and his Trailer House at Eagle Creek, Oregon. Im sure you know of Bills sickness, as he spent almost 3mo in the Holiday Park Hospital where they removed four toes and some skin grafting. Well Bill is back in the hospital and they have removed the remaining big toe because of gangrene. Talking to Bill on the phone and hearing his condition Im wonder if you would have time to go and see him or call as he can be reached by phone and see if something can be worked out so he might get back to Portland

Where he can have Medical Care.
I did speak to Bill about this
as we had talked about it in
your office. All Bill said
to me was he was thinking
about making a change.

So I'm coming to you for
some kind of help for a person
who is totally alone and
needs your help.

I trust you will do what
ever you can.

Sincerely

Mary Hurgett
440 Monte Vista Dr.
Seaside, Oregon
97381

Cost 3995.
Ins Comp 136.
Licenses Title 39. 1 yr only
4170.00

Dn Paym't 1200.00
To be Financed 2970.00
772.20
3742.20

Int Length Contract

Annual Percentage Rate .1243

Paym't Schedule each Mo.

starting Feb. 5 1972 36 Payment 20.50
Jan 16, 1973 1000.00
" 1974 1000.00
" 1970. 1004.20

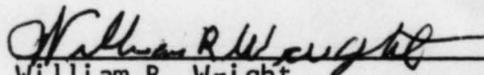
December 28, 1971

Portland Development Commission
235 N. Monroe
Portland, Oregon 97227

ATTN: Chet Daniels

Gentlemen:

This is to authorize you to make my check for Replacement Housing Payment for Tenants and Certain Others, in the sum of \$1,000.00 (representing first annual payment) and may check for a dislocation allowance, in the sum of \$200.00, payable to the U. S. National Bank (Eastport Plaza Branch) and myself, (William R. Wright).



William R. Wright

PORTLAND DEVELOPMENT COMMISSION

DETR OFFICE
EMANUEL HOSPITAL PROJECT
222 N. HOWARD ST.
PORTLAND, OREGON 97227
PHONE 522-0100

24 November, 1971

Mr. William Wright
30 N. Knott
Portland, Oregon 97227

Dear Mr. Wright:

The premises you are now occupying at the above subject address are within the boundaries of the Emanuel Hospital Urban Renewal Project. The project is designed to accomplish the removal of structurally substandard buildings, to eliminate blighting influences, to modify the street system and to make land available to Emanuel Hospital, a non-profit organization, for the development of necessary facilities for a medical and hospital complex.

Ownership (possession) of this property was vested in (granted) the Portland Development Commission on November 15th, 1971. Present plans of the Portland Development Commission call for demolition of the structure which you occupy at the earliest possible date. The most recent regulations of the Department of Housing and Urban Development governing this project stipulate that lawful occupants shall not be required to surrender possession without at least 90 days written notice from the local commission. This letter therefore is to advise you that we require you to surrender possession of the above subject premises not later than February 30th 29th, 1972. Any extension of this date must have the written approval of the commission.

Those persons or families displaced by urban renewal activity, who qualify for low-cost public housing, are entitled to a priority for any vacancy which may exist in public housing or housing owned by the Housing Authority of Portland. If you have any questions or wish more information, please call on us at 235 N. Howard Street, 522-0100. We want to cooperate with you to the fullest extent possible in finding a new location, assisting you in your move, and obtaining for you those benefits to which you are entitled under the regulations. We will appreciate your keeping us advised of your moving plans.

Yours very truly,

PORTLAND DEVELOPMENT COMMISSION

By: W. Stanley Jones

WSJ:slc

Dwelling Unit Inventory

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

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

Miscellaneous (List Items)

Washing Machine
T.V. 3 sets
Hassie
Electric Heaters
Many Misc. objects
and Tack

COMMENTS:

DATED this 29 day of Dec 1971.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 30 N.
Knett, 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.

William R Wright
(firm name)

by: _____

12/10/71

Mr. Wright and I went to see his location for the trailer out on Eagle Creek. The location was in a non-restrictive area and require ~~no~~ ^(?) permit. Mr. C. A. Snyder Rt. 1 Box 1045 Estacada, Oregon - said that he would get a letter from the Clackamas City giving permission to him to have a trailer park on this location.

Mr. Wright felt that 49.00 per month was too much for him to pay each month and have anything to live on. We stopped at Caranough trailer and told him what the problem was and how the bank had computed the monthly payments ~~by~~ for Mr. Wright. He and Mr. Wright look at some more trailer that would be less money over all. Mr. Wright found one he liked and it cost only \$3995.00 or about \$1000. less than the first one. This brought Mr. Wright's monthly payment down to \$17-18. per month. PDC will assist his monthly payment \$3.34 per month. Mr. Wright will lease this trailer and it will be put in place and in operation by Mr. Caranough. He will also be given option to buy at some future date.

~~12/10/71~~
12/22/71

Due to changes from Non-Restricted to Restricted area by Clackamas County and that Mr Snyder, the owner of the property on which Mr. Wright is moving his trailer, did not have County inspection before

installing Electric, sewer, seeps pool etc.
● there is already a large trailer hook up on this site. the owner, Mr Snyder has agreed to take responsibility for making any adjustments if at some future date the Clackamas County code requires any changes in installation of the utility hook up and waste removal.

1/5/77 Went with Bill Wright to see trailer set-up. out in Eagle Creek

Loyd Patten - This case has taken longer than any other ~~that~~ I have work on because of a lot of unbelievable circumstances. My first contact with Mr. Patten was in March, 1971. He was not working because he had hurt his hand. He was getting a guaranteed income from the

6/23/77 Talk With Bill Wright's welfare worker Marge Spindle - Clackamas County - 656-0801 to try to work out his problem with his check. I believe I can work out the problem and get Bill Wright back in Portland where he can get medical care.

I seem Mr. Wright gave Mrs. Spindle or the Clackamas County Welfare people the understanding that he was the owner of the trailer. At this time, however, he is not and won't be until he takes his option at the end of his 3rd year. - I explain this to Mrs. Spindle and she raised his benefits. I believe, however, they are still lower than Portland or Multnomah County.

Mr. Wright has been moved from Holiday park Hospital to a Nursing home on the west side. - Park Royal Healthcare
2430 NW Marshall - 227-3791

Servant

233 4567

"BIG DOG"

RESIDENTIAL RELOCATION RECORD

*60.
90.*

1

RELOCATION WORKER C. Daniels PROJECT NO. R-20 PARCEL RS 4-3

NAME Wright, Wm R (Bill) ADDRESS 30 N Knott APT NO. _____

PHONE 282-3476 INITIAL INTERVIEW 2/25/71 SEX M W _____ NW B AGE 68

U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 3 1/2 yrs

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name 280 6057 \$ _____
 Address _____
 MCW Caseworker _____
 Social Security Anita Able #46 64.00
 Va. Fed. Mult Co. _____
 Pension: Name _____ 99.00
 Other: Name _____
 TOTAL MONTHLY INCOME 142.00

Rent 45.00, Inc. Heat 39.00 Water 1.25 Gas _____ Gar _____ Elec 7.82 Unfurn _____ Furn _____ 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 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
<u>Eagle Creek</u>		

NEW ADDRESS: _____ Zip _____ Phone _____

2/25/71 Survey: will rent house - similar to present one. Tho Wright is a diabetic - needs a special diet. \$500

- 11/10/71 - Tried to contact Mr. Wright but he was not home.
- 11/11/71 - called but was not home.
- 11/19/71 - Call on Mr. Wright and he wants to move into a trailer. So we went out and looked at several that would fit his needs. We went by McCuen Trailer Sales 5737 NE Union Ave. Mr. Wright liked one - the Henkill priced at \$3500.00 -
- 11/23/71 - Went out on 82 to look out Trailer for Sales. Found ~~one~~ one at Caranagh Trailers Sales Inc 1213 S.E. 82nd Ave. (254-7737). Mr. Wright found one that he likes which will cost \$4895. New. This is a 30' trailer and would be move and set-up at Eagle Creek.
- Dec 2/71 - Stan felt that we could treat this as a house and that F.H.A. recognizes Trailers as the same as a home. I have a appoint with Caranagh & the Bank.
- Dec. 7 - Bill Wright Cam in in and said that the place that he plans to put the trailer is already set-up as a trailer court and that a cesspool and Electric hook-ups were ready.
- 12/10/71
- Jan. 4 - Mr. Barnes finish lease option finally and I went with Bill Wright to pick it up. Also took him out to Caranagh's Trailer Sales Inc on 82nd Ave and then to U.S. National Bank East Port Branch where lease was agreed upon and Notorized. Wright Gave them \$1200. check.

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 SCD Date of survey 2/25/71 Tabulator _____ Date tabulated _____ Dwelling Unit No. 5 Structure No. 2 Census Block No. 78 Census Tract No. 22A Street Address 30 N Knott Apartment No. -

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

- 1. Assistance may be needed, yes , no
- 2. Why no assistance may be needed
 - a. Vacant
 - b. Will be vacated on the following date 30 days after settlement
 - c. Other reasons _____

BIG DOG

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

Name	Family relation	Age	Sex	Occupation
<u>WRIGHT Wm R.</u>	<u>Head of household</u>	<u>61</u>	<u>M</u>	
<u>Diabetic (Need Special Diet)</u>		<u>Probably one</u>		

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
<u>Wright, William (Bill)</u>	<u>Not working</u>	<u>None</u>	

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>Wright, William (Bill)</u>	\$ <u>54.00</u>	\$ <u>40.00</u>
<u>Social Security</u>	<u>88.00</u>	<u>100.00</u>
<u>Old Pensions</u>		
Total family or household income per month	\$ <u>142.00</u>	\$ <u>140.00</u>

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

- 1. Location (indicate approximate cross streets) Any Place
- 2. Transportation, number of autos owned , use bus , walk
- 3. Will rent house , apartment , expect to pay rent, including utilities, at \$ 45.00 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

date on site: 3 1/2 yrs

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

Analyst SCD Date 2/25/71 Surveyed 2/25/71 Tabulator _____ Date _____
 Dwelling Unit No. 5 Structure No. 2 Census Block No. 78 Census Tract No. 22 A
 Street Address 30 N Knott Apartment No. -
 Legal Description _____

NAME OF OCCUPANT: <u>Mr. R. Wright</u>	NAME & ADDRESS OF OWNER <u>Hedwig Doehler</u>	NAME & ADDRESS OF PROP. MGR: _____
<u>30 N Knott</u>	<u>711 N Buffalo</u>	_____
TELEPHONE: <u>282-3476</u>	TELEPHONE: <u>285-1253</u>	TELEPHONE: _____
INTERVIEWED? <input checked="" type="checkbox"/> Yes () No	INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

<u>✓</u> One-family house	<u> </u> No. of units in bldg.
<u> </u> Apt. in a house	<u> </u>
<u> </u> Apt. in apt. bldg.	<u> </u>
<u> </u> Apt. in comm. bldg.	<u> </u>
<u> </u> Mobile home or trailer	<u> </u>

This structure has 1 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

 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)
6 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
2 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
1971 Period market value data applicable
4/7/67 Date of last appraisal
1900 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	\$ <u>2910</u>	\$ _____
Improvements	<u>1970</u>	_____
Total	<u>4880</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	\$ <u>45.00</u>	_____	\$ _____
Electricity	_____	\$ <u>7.82</u>	_____
Gas	_____	_____	_____
Water	_____	Mo <u>1.25</u>	_____
Heat (oil, or other)	_____	<u>39.00</u>	_____
Total	\$ <u>45.00</u>	\$ <u>48.07</u>	\$ <u>93.07</u>

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

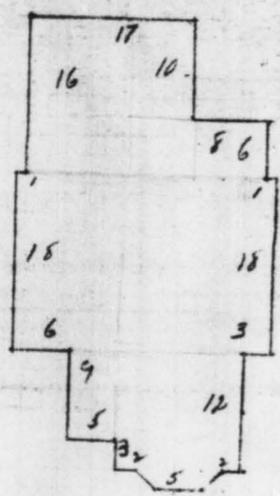
Rental information obtained from
 Tenant , owner _____, manager _____, or estimated from assessor's data _____.

VI. FOR SALE INFORMATION FOR THIS HOUSE THAT IS OCCUPIED BY OWNER OR RENTER

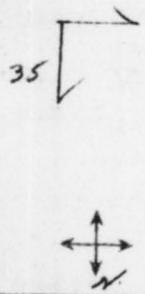
Listed with broker, yes _____, no _____
 Advertised by owner, yes _____, no _____
 Cash asking price \$ _____
 Period house has been for sale, months _____

VII. REMARKS Rent waiting to move

GAR
15



AVE. OR ST.



100' N KNOTT

FRONT OF BUILDING

AVE. OR ST.



PURCT G → ODD ARRANGEMENT

CON G & X CROSS ON 35' SIDE INDUSTRIAL LAND

COND G & Y SEEDS MAINT.

REMARKS 1967 - DIST 2 - 1A.
NO RESPONSE LC - R.I.E. 7-11-67

DATE	CHECKED	REVIEWED	BLDG COUNT	INDEX	RE-CHECKED	NOTIFIED
MAY 22 '67		AUG 2 '67			AUG 2 '67	
	BASTIN	BASTIN			GREEN	

FORM 67 REV 3 66

1 1-68430-1350 DOEHLER, HEDWIG

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

(285-1253)
711 N Buffalo
6424 N WILBUR AVE
PORTLAND, OREGON

1+1R

97217

RAILROAD SHOPS ADD LOT BLOCK

15 4

PROPERTY ADDRESS: 30 N KNOTT ST
PORTLAND

APPEALS:

SUMMARY - ASSESSED VALUATION - REAL PROPERTY						
ASSESS YEAR	AIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN DATE
67			250	480	730	
68			2,800	1900	4,700	01/6
71			2910	1970	4880	UD

MARKET DATA

PURCHASE PRICE TYPE DATA BK. & PAGE REMARKS

ZONING

M-3

SITE ADJUSTMENTS

ROAD TYPE D G P

TOPOGRAPHY Level

AREA IMPROVEMENTS

VIEW

SIDEWALKS & CURBS

OTHER

WATER

SEWERS

OTHER

DEPTH FACTOR

STANDARD DEPTH

EFFECTIVE DEPTH

COMPUTATIONS

LAND DESCRIPTION	SIZE OR ACRES	BASIC UNIT VALUE	ADJUST FACTORS	ADJ'D UNIT VALUE	VALUE
40.8 x 125	49.8	60 ⁰⁰	EE + 13% DEPTH = 68 ⁰⁰		2800

TOTAL AREA

SUB-TOTAL 2800

REMARKS

SITE ADJ
TOTAL APPR. VALUE 2800

APPRaiser Miller

DATE 4/7/67

19 APPR. VALUE
19 APPR. VALUE
19 APPR. VALUE
19 APPR. VALUE

ACCOUNT NO. 67430-1350

CLASS 3(-) STORY AREA 1019

ADDRESS 30 N. KNOTT ST BASE FACTOR 7650

FRONT Lot Br. W.P. ESMY Full 3/4 1/2 1/4

BSMT ROOMS Lev Bath

FLOORS D S Liner Tile Hdwr. Eir Con. 18 180

ROOF H F Alum. Comp Shd Shk Tile Built-Up

EXTER D S Shks. Siding Blk Stuc. Brk P.D. 19 190

INTER L&P Drywall Tann Br Hdwr. BL Ang

PLUMB G FACILITY Sink D.W. Toilet W.B. Toile Enc Shower O.Y. Enc St Loon W.H.

Quantity 1 1 1 1 1 1 1 1 1 1

HEAD H.W. Pkge. Pipe Floor Oil Gas Elect H.A.

FIREPLACE Ins. O.S. S D T 1-Stry 2-Stry

ATTN Unf Fin BR. Bath Lev H 3/4 1/2 1/4

2ND STY. BR. Bath Lev H

BAY DORMER

MISC

MISC V.F. & H. R & O V.F. 1/4 File 80

OUTSIDE 100 ft B.T. Sprinkler Y.L.

FIRST FLOOR	GARAGE	TOTAL
Rec Hall Class 3		770
Serv Hall Type D		SUB 370
Liv. Rm Dim 20 X 12	IMPS. AREA 1019	7330
Din. Area Fdn C	DWG. 140	25
Fam. Rm Floor C	GAR. 390	25
Nook Const S-S	MISC.	
Kitchen Utility Bath	MISC.	
Bedroom Roof G-MTL	MISC.	
Bath Lev Misc H-D		
Din		
TOTAL DEPRECIATED REPLACEMENT COST		1920

MISC.

Dim. O

Fdn. O

Const. O

Roof

MISC.

Dim. O

Fdn. O

Const.

Roof

BUILT 1900

PERM. NO.

PREV. APPR.

APPR.

D-RA RM MO

RENTAL

ADJUSTMENT 19 68 APPR. VALUE

Age 36 19 APPR. VALUE

Func 19 APPR. VALUE

Econ. 11 19 APPR. VALUE

Cond. 19 APPR. VALUE

NRT 25 19 APPR. VALUE