

	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 10-26-71

NAME Mrs. B. Yarborough

---

---

Took Mrs. Yarborough her relocation housing payment for tenants. First Year payment \$1,000. She was very happy and stated over and over how good we had been to her. I got to see her new home again and it is very nice. She was able to take every piece of furniture and she has a very large bedroom downstairs for herself. She was very happy with the way the operation went from start to finish. Of course, she was real nice to work with and I found it enjoyable working with her. Once Mrs. Yarborough found that she really would have to move, she started right in and we got the job done.

The house was brought to standard condition and certified by the Bureau of Buildings. The daughter made repairs and finished off the attic. There is a fireplace. The one thing that took the most time was waiting for her daughter to buy the house so she could move in.

NOTE TO THE FILE: Mrs. Yarborough died July 20, 1972.

(signed) \_\_\_\_\_

worker

**RESIDENTIAL RELOCATION RECORD**

Project Name \_\_\_\_\_ Parcel No. A-4-4 Advisor \_\_\_\_\_

Client's Name Gartorough, Debbie Phone \_\_\_\_\_

Address 252 N. Ivy Ethn B Age 79

- 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 \_\_\_\_\_ \$

Relation	Age	Relation	Age

MCW \$ 122<sup>00</sup>  
 Total Monthly Income \$ ( \_\_\_\_\_ )

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 \_\_\_\_\_ Date of Info pamphlet delivery \_\_\_\_\_

Date Notice to Move given \_\_\_\_\_ Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY

12-1-58

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

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

Date of Acquisition 6-17-71

Date of letter of intent \_\_\_\_\_

Date of move 9-22-71

DWELLING UNIT FROM WHICH RELOCATED

- 2 -

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

Age of Housing Unit 1909

Size of Habitable Area 1440

Furnished with claimant's furniture  
 YES     NO

Total Number of Rooms 7    Rent Paid \$ 47.50    Utilities 39.35

Number of Bedrooms 4    Monthly Housing Payments \$ \_\_\_\_\_    Taxes \_\_\_\_\_

Liens \$ \_\_\_\_\_ (please explain) \_\_\_\_\_

Acquisition Price \$ \_\_\_\_\_    Amenities \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Address 4207 N. Albina    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 over 50

Size of Habitable Area 1200 sq ft

No. of Rooms 6    No. of Bedrooms 3

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ \_\_\_\_\_

Taxes \$ \_\_\_\_\_

RHP or TACO (including incidental costs) \$ \_\_\_\_\_

For Claimants Who Rented

Rent \$ 110

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 YARBOROUGH, Bobbie M. RELOCATION ADVISOR \_\_\_\_\_  
 ADDRESS 252 N. Ivy PHONE 284-4713 PROJECT NAME Emanuel ORE. R-20  
 SEX F ETHN black VETERAN \_\_\_\_\_ AGE 79 PARCEL NO. A 4-4  
 MARITAL STATUS widow TENURE tenant  
 DISABILITY \_\_\_\_\_ INDIV X FAMILY \_\_\_\_\_  
 ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT \_\_\_\_\_ OTHER \_\_\_\_\_  
 INITIAL INTERVIEW 6-21-71 DATE INFO PAMPHLET DELIVERED \_\_\_\_\_  
 NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY Mrs. Moore (daughter) 282-6723

DATE ON SITE: <u>December 1, 1958</u>
INITIATION OF NEGOTIATIONS: <u>1/15/71</u>
DATE OF ACQUISITION: <u>6/16/71</u>

ECONOMIC DATA

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW Terry Dion - caseworker 122.00  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ 122.00

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1909 No. Rooms 7  
 No. Bedrooms 4 Furn. \_\_\_\_\_ Unfurn X  
 Utilities \$ 39.35  
 Monthly Payments (Rent) \$ 47.50  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

Size of Habitable Area 1440 sq.ft.

HOUSING REFERRALS

Address	Bedrooms
<u>3925 N. Kerby Avenue</u>	
<u>4207 N. Albina</u>	

AGENCY REFERRALS

Name of Agency	Date
<u>Multnomah County Welfare</u>	
<u>Food Stamp Program</u>	
<u>Housing Authority</u>	<u>9/8/71</u>
<u>Legal Aid</u>	
<u>FISH</u>	
<u>Health Dept.</u>	

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 4207 N. Albina Phone 284-4713 Date of Move 9/22/71

WHERE RELOCATED:

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

Furnished \_\_\_ Unfurnished X Number of Rooms \_\_\_ Number of Bedrooms 3 Habitable Area \_\_\_

Utilities \$ \_\_\_ Monthly Payments (Rent) \$ 110.00 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)	108 EH	10/21/71	\$ 1,000.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving			\$ 500.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_

RHP \$ 4,000.00

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 Mrs. Shelton. Talked to daughter at 4905 N. E. Garfield.

2/24/71

SURVEY: will rent a two bedroom house, on busline. - Or a two bedroom apartment.

6/21/71

Mrs. Yarborough would not talk in past about moving because she would not believe that the landlord would sell. She is a very old lady with lots of spirit. She would like a house ( two bedrooms) I told her it would be very hard to find such a place at or near the rent she is paying now. For the first time, I believe she was really listening when I told her about Public Housing and Rent Supplements.

She agreed to my taking her out to HAP and showing her what was available in rent supplement.

9/8/71

Took Mrs. Yarborough to HAP for housing. They didn't have anything at this time. She maintains she needs a house to put all her furniture in and that she doesn't want to be too far from her church. She wants a place she can have her flowers and a garden like she has now.

9/13/71

Mrs. Y. said that she wants a house so she can put her furniture in. Said she has found one and can move on the 15th of September.

Mrs. Yarborough wanted a house and her daughter bought a house and rented it to her. We provided the maximum rent assistance for Mrs. Yarborough. The feeling was that she deserved to have a house that would accomodate her furniture. In talking with her daughter, I found that her daughter was very interested and offered to purchase a house that her mother could rent. I explained the subsidy we had which would lower her monthly payment and give her \$4,000. over a four year period - paid in \$1,000 per year payments. I cautioned her daughter that after four years there wouldn't be any more help. She said that she realized that other arrangements would have to be made at that time.

10/26

*USE  
for  
Resume*

Took Mrs. Yarborough her relocation housing payment for tenants. First year payment - \$1,000.00. She was very happy and stated over and over how good we had been to her. I got to see her new home again and it is very nice. She was able to take every piece of furniture and she has a very large bedroom downstairs for herself. She was very happy with the way the operation went from start to finish. Of course she was real nice to work with and I found it enjoyable working with her. Once Mrs. Yarborough found that she really would have to move, she started right in and we got the job done.

The house was brought to standard condition and certified by the Bureau of Buildings. The daughter made repairs and finished off the attic. There is a fireplace. The one thing that took the most time was waiting for her daughter to buy the house so she could move in.

NOTE TO THE FILE: Mrs. Yarborough died July 20, 1972.



October 22, 1971

Bobbie Yarborough  
4207 N. Albina  
Portland, Oregon 97227

Dear Mrs. Yarborough:

Enclosed is our warrant, number 108 EH, in the sum of One Thousand and no/100 dollars, which represents the first annual payment per your claim filed for a Replacement Housing Payment for Tenants on your move from 252 N. Ivy to your present location.

The balance of \$3,000 will be paid in three annual installments of \$1,000 each, providing that verification can be obtained that you are maintaining residence in decent safe and sanitary housing at the time of each annual installment.

Please feel free to contact us if you have any questions.

Very truly yours,

M. Stanley Jones  
Relocation Supervisor

MSJ:slc  
enc.



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 108 EH

DATE October 21, 1971

PAY TO **Bobbie Yarborough**

\$ 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 Replacement Housing Payment for Tenants. Move from 252 N. Ivy (Parcel A-4-4). Total rental assistance \$4,000.00 First Annual Payment	<u>\$1,000.00</u>

**Account Distribution**

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

*AL*

*AD*

1371.1

APPENDIX 12. GUIDEFORM DETERMINATION OF ELIGIBILITY FOR REPLACEMENT HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS

(For Local Agency Use Only)

DETERMINATION OF ELIGIBILITY FOR REPLACEMENT HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS	NAME OF CLAIMANT <b>Bobbie Yarborough</b> <i>Parcel A4-4</i>
	NAME OF LOCAL AGENCY <b>Portland Development Commission</b>

INSTRUCTIONS: Complete this form to determine eligibility of claimant for Replacement Housing Payment for Tenants and Certain Others. Attach the completed form to the pertinent claim form filed by claimant. Attach an explanation of any entries which differ from claimant's entries on claim form. Complete only Block 4 if payment is claimed by homeowner temporarily displaced because of code enforcement or voluntary rehabilitation. Complete Blocks 1, 2, and 3 for all others. Note that the determination of the amount of payment to cover costs incidental to purchase of a replacement dwelling is made on the applicable claim form.

1. Did the claimant rent or own the dwelling at the time of acquisition?  Yes  No  
 Tenant's Initial Date of Rental: 12/1/58 Date of Acquisition: \_\_\_\_\_  
Month-Day-Year Month-Day-Year

Owner-Occupant's Initial Date of Ownership: \_\_\_\_\_  
Month-Day-Year

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: 12/1/58 Date of Initiation of Negotiations: 1/15/71  
Month-Day-Year Month-Day-Year

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: 9/16/71  
Month-Day-Year

4. (For homeowner temporarily displaced because of code enforcement or voluntary rehabilitation)  
 Did the claimant own and occupy the dwelling at least 90 days prior to the time of vacation?  
 Yes  No

5. 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.  
10-18-71 Date *[Signature]* Authorized Signature

6. RECORD OF PAYMENTS	Date of Payment	Check Number	Amount
a. Claimant Moved to Rental Unit			
(1) Lump-sum Payment			\$ _____
(2) Annual Payment			
1st Year	<u>10/21/71</u>	<u>109EH</u>	<u>\$1,000.00</u> <i>nd</i>
2nd Year	_____	_____	_____
3rd Year	_____	_____	_____
4th Year	_____	_____	_____
b. Claimant Moved to Unit He Purchased	_____	_____	\$ _____
c. Homeowner Temporarily Displaced	_____	_____	\$ _____

1371.1

APPENDIX 11. GUIDEFORM CLAIM FOR REPLACEMENT HOUSING  
PAYMENT FOR TENANTS AND CERTAIN OTHERS

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS		PROJECT NAME (if applicable) Emanuel Project
NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY Portland Development Commission 1700 S. W. 4th Portland, Oregon 97201		PROJECT NUMBER ORE R-20
INSTRUCTIONS: Complete all applicable items and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of 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		(i)
YARBOROUGH, Robbie		
2. DWELLING UNIT FROM WHICH YOU MOVED (A-4-4)		
a. Address: 252 N. Ivy Portland, Oregon 97227	b. Apartment or room number: ----	c. Number of bedrooms: 3
d. Monthly rental: \$ 47.50	e. Date you moved out of this dwelling: 9/22/71 Month-Day-Year	
3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)		
a. Address (include ZIP Code): 4207 N. Albina Portland, Oregon 97227	b. Apartment or room number: ---	c. Number of bedrooms: 3
d. Monthly rental: \$ 110.00	e. Date you moved into this dwelling: 9/22/71 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: _____ Month-Day-Year	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.		
9/29/71 Date		x Robbie Yarbrough Signature of claimant(s)

[Form continued on next page]



CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

September 24, 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: 4207 N. Albina Avenue

Attn: Chet Daniels

Gentlemen:

A reinspection was made by the Housing Division of the two-story, wood frame, three bedroom, single-family dwelling at the above address.

Our inspector reports the substandard conditions have been corrected and the structure complies with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden  
Chief Housing Inspector

CHF:mfm

WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING  
PAYMENT FOR TENANTS AND CERTAIN OTHERS

NAME AND ADDRESS OF CLAIMANT:

Bobbie Yarborough  
4207 N. Albina  
Portland, Oregon 97227

COMPUTATION PREPARED BY:

C. Daniels  
Name  
10/14/71  
Date

**INSTRUCTIONS:** Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved. Complete Block A, B or C, as applicable.

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

Required Information

1. Monthly gross rental for comparable unit \$ 162.70  
(Cost based on:   x   Schedule  
       Comparative  
       Other)
2. Base monthly rental for claimant's former dwelling \$ 28.97

Computation

3. Line 1 minus Line 2, multiplied by 48
- |        |                   |                    |
|--------|-------------------|--------------------|
| Line 1 | \$ <u>162.70</u>  |                    |
| Line 2 | - \$ <u>28.97</u> |                    |
|        | \$ <u>133.73</u>  |                    |
|        | X <u>48</u>       | \$ <u>6,419.04</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.) \$ 4,000.00
5. Minus adjustments (Attach full explanation) - \$
6. Amount of rental assistance payment (Line 4 minus Line 5) \$ 4,000.00
7. *Annual payment* \$ 1,000.00  
(Enter this amount in the space provided in Block 5 on the Guideform Determination of Eligibility for 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.

MEMO: To File

RE: Computation of RHP for Tenants who Rent  
Base Monthly Rental

Relocation Handbook 1371.1, Chapter 6, Section 4, 55 d.a., p. 23:

"The base monthly rental may not exceed 25 percent of  
one-tenth of the person's adjusted annual income."

Definition of Adjusted Gross Income:  
(Chapter 1, Appendix 2, page 2)

Following applicable deduction is allowable from Gross Income:  
"(1) deduction of 5 percent of Gross Income"  
(although elderly, claimant is not a family)

Has no dependents

COMPUTATION:

Gross Income	\$ 1,464.00
less: 5% (\$73.20)	1,390.80
Adjusted Gross Income	1,390.80
1/12 of Adjusted Gross Income	\$ 115.90
25% of Adjusted Gross Income	28.97
To line #2 - <u>Base Monthly Rental</u>	\$ 28.97

Mrs. Yarborough previously occupied a 3-bedroom unit. Monthly gross rental for a comparable unit based on schedule method is \$162.70.



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

N<sup>o</sup> 27020 G

DATE September 17, 19 71

PAY TO THE ORDER OF **Bobbie H. Yarborough**

\$ 200.00

DOLLARS

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

**NON-NEGOTIABLE**

Portland Development Commission · 224-4600

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Relocation Payment. Move from 252 N. Ivy (A-4-4) to 4207 N. Albina. Dislocation allowance	\$200.00

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - own furn. Ind.)	\$200.00

AC

BO

108

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

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

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Bobbie H. Yarborough  
4207 N. Albina  
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission

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

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

B. CERTIFICATION

I CERTIFY that I have examined the claim, and the substantiating documentation, and have found it to be in accord with the applicable provisions of Federal law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, the claim is hereby approved and payment is authorized as follows:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00 **	<i>Phyllis E. Jupp</i> Acting Exec. Director	9-17-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

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

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
9/17/71	270206	\$ 200.00			\$

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

\*\* Dislocation Allowance

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

HUD-6140.1  
 (4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) Emanuel Project <hr/> PROJECT NUMBER ORE R-20
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**INSTRUCTIONS:** If this claim is for a **FIXED PAYMENT**, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

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

1. FULL NAME OF CLAIMANT (i) YARBOROUGH, Bobbie H.	2. DATE(S) OF MOVE September 18, 1971
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 252 N. Ivy, Portland, Oregon b. Apt., Floor, or Room No. -- c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>7</u> e. Date you moved into this address: <u>December 1, 1958</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 4207 N. Albina, Portland, Oregon b. Apt., Floor, or Room No. -- c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency: <input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property <input type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved)	Check c if applicable: <input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs <input checked="" type="checkbox"/> X Dislocation Allowance
--	---

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

	\$ 200.00
--	-----------

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

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

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

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

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

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)	\$

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

Sept 14 1971  
 Date

Miss Bobbie Yarborough  
 Signature of claimant



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

N? 27058 G

DATE September 29, 19 71

PAY TO THE  
ORDER OF

**Bobbie H. Yarborough**

\$ **300.00**

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 - move from 252 N Ivy (A-4-4) to 4207 N. Albina ... Fixed payment - own furn.	\$300.00

**Account Distribution**

NO.	TITLE	EH	AMOUNT
E1501	Relo Payment (Fixed - own furn. - Ind.)	EH	\$300.00

*Mrs Bobbie Yarborough  
Rec. received Oct 02 1971*

*PO*

*SL*

**FOR LOCAL AGENCY USE ONLY**

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

**CLAIM FOR RELOCATION PAYMENT**

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

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Bobbie H. Yarborough  
4207 N. Albina  
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission


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

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

If "No," explain:

**B. CERTIFICATION**

I CERTIFY that I have examined the claim, and the substantiating documentation, and have found it to be in accord with the applicable provisions of Federal law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, the claim is hereby approved and payment is authorized as follows:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property			9-28-71
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 300.00 **		
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

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

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
9/29/71	270586	\$ 300.00	58		\$

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

\*\* Fixed payment - 7 rms.

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

HUD-6140.1  
(4-66)

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

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

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1. FULL NAME OF CLAIMANT (i) YARBOROUGH, Bobbie H.	2. DATE(S) OF MOVE September 23, 1971
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 252 N. Ivy, Portland, Oregon b. Apt., Floor, or Room No. -- c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>7</u> e. Date you moved into this address: <u>December 1, 1958</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 4207 N. Albina, Portland, Oregon b. Apt., Floor, or Room No. -- c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED Check a or b after consulting local agency: <input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property <input checked="" type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved) (7 rms.)	Check c if applicable: <input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs
--	--

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)	\$ 300.00
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**DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT**

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

10. METHOD OF PAYMENT, MOVING BILL (Check one) <input type="checkbox"/> a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement. <input type="checkbox"/> b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.
--

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS	
a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)	\$

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

Sept 16, 1971  
Date

Mrs Bobbie Yarborough  
Signature of claimant



Dwelling Unit Inventory

<u>QUANTITY</u>		<u>QUANTITY</u>	
<u>3</u>	Beds & Springs	<u>1</u>	Night Stand
<del>5</del>	Bedroom Chair	<u>1</u>	Occasional Chair
<u>1</u>	Breakfast Table	<u>1</u>	Overstuffed Chair
<u>4</u>	Breakfast Table Chairs	<u>2</u>	Overstuffed Rocker
<u>1</u>	Bridge Lamp & Shade	<u>1</u>	Range
<u>1</u>	Buffet	<u>2</u>	Refrigerator: Brand <u>Gen Frig</u>
<u>2</u>	Chest of Drawers	<u>1</u>	Rocker
<u>1</u>	Coffee Table	<u>6</u>	Rug & Pad: Size _____
<u>1</u>	Couch	<u>6</u>	Stool
_____	Davenport	<u>2</u>	Table Lamp & Shade
_____	Desk	_____	Table, small
<u>1</u>	Dining Table	<u>1</u>	Vanity & Bench
<u>6</u>	Dining Chairs	<u>3</u>	Suitcases
<u>3</u>	Dresser	<u>1</u>	Trunks
<u>3</u>	End Table	<input checked="" type="checkbox"/>	Cartons, Boxes, Etc.
<u>1</u>	Floor Lamp & Shade	<input checked="" type="checkbox"/>	Clothes
<u>2</u>	Mirror	<input checked="" type="checkbox"/>	Bedding & Linens

Miscellaneous (List Items)

<u>Bedroom hamper</u>	<u>4</u>	<u>utility table</u>
<u>Flowers pots</u>		<u>Lawn mower</u>
<u>T.V.</u>	<u>2</u>	<u>quilting Frames</u>
<u>Radios</u>	<u>2</u>	_____
<u>Piano</u>	<u>1</u>	_____
<u>Sewing Mach</u>	<u>1</u>	_____

COMMENTS:

Few people have as many things as are in this house hold and which can't list

Location 3925 North Kerby

Date September 27, 1971

Agent } Fred Allen  
Owner }

Address c/o Portland Dev. Com.

**NOTICE OF DEFECTS IN PLUMBING SYSTEM**

Your attention is called to the following defects in the plumbing system at the above address. Please have these defects corrected to comply with the Plumbing Code, Ordinance No. 77482. If you desire further explanation as to the corrections required, please call 325-6141, Ext. 427 between the hours of 8:00 and 9:30 a.m. and ask for Mr. Angell of the Plumbing Division, who will arrange to meet you on the premises.

A recent plumbing inspection at the above address revealed the following violations:

- Illegal trap waste connection on kitchen sink also connections to trap in disrepair.
- Vitrous wash basin cracked and unsanitary.
- Water heater lacks pressure relief valve and drain.
- Laundry tray in basement has illegal vent.
- Primer line to floor drain disconnected.

If further information is desired, please contact this office.

GWV:DH

cc: Housing Division  
Mr. Crolley -Portland Development Commission  
235 N. Monroe

CHIEF PLUMBING INSPECTOR

By

*George B. Wallace*

RECEIPT OF APPLICATION FOR HOUSING ASSISTANCE BY:  
HOUSING AUTHORITY OF PORTLAND, OREGON

NAME Bibbie Yarbrough

ADDRESS 252 N. Du

DATE OF APPLICATION 9-8-71

TIME 11:50 BEDROOM SIZE 1

ADDRESS & PHONE CHANGE \_\_\_\_\_

INTERVIEWER'S NAME Petty Rodin

288-7111

CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

September 16, 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: 4207 N. Albina Avenue

Attn: Chet Daniels

Gentlemen:

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

Our inspector reports the structure complies with City Housing regulations at this time except for obvious deficiencies in the plumbing installation. It will be necessary that you request an inspection from the plumbing division.

*Verbal O'K by Angell*

Please notify the Housing Division of the Bureau of Buildings, 2200 N.E. 24 Avenue, Telephone 288-6077, when the corrections have been completed under proper permit, so that a letter of certification may be issued.

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

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

CHF :mfm  
cc: Plumbing Division





# 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 Mrs. Bobbie H. Yarborough,  
of 252 North Ivy, 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 Mrs. Yarborough  
in his (her) efforts to obtain suitable housing.

Very truly yours,

W. Stanley Jones

WSJ:slc

YARBOROUGH 9/14

MEMORANDUM

May 27, 1971

TO: CET & BW  
FROM: WSJ  
SUBJECT: Emanuel Hospital Project - Summary of Relocation  
Situation in Each Parcel With Signed Option to Date

VACANT PARCELS

RS-4-1 2629-39 N. Williams Avenue  
A-3-14 241 N. Fargo

BUSINESSES

Wallace Building Wreckers  
Parcel # RS-3-9  
(Tenant)

This company, a demolition contractor, maintains an office outside the project area and uses the building in the project as a warehouse and retail outlet for material salvaged from its wrecking operations. The owner of the business, Mr. D. E. Wallace, has indicated that this operation in the project is not of major concern to him and seems unworried about the prospects of moving. This company has low requirements for a replacement building, being interested mainly in just a place to keep used materials and should present no real difficulty in relocating.

Wallace Building Wreckers is currently on PDC's bid mailing list for demolition jobs.

Western Food Equipment Company  
Parcel # A-4-1  
(Tenant)

This company is a warehousing wholesale distributor and manufacturer's representative for food and dairy equipment. WSJ has been in close contact with this business since January 1970. The company recently purchased land at 181st and N.E. San Rafael in the Rockwood Industrial area across the street from the present John Deere Tractor plant.



HOUSEHOLDS - (Assigned to Chet Daniels) - continued

CLARK, Ray E.  
2649 N. Commercial Ct.  
Parcel #E-3-6

Mr. Clark is 22 years old. Moved on site April 24th. He is working and earning about \$85.00 per week from Bob Pederson of Pick-Up Parts on N.E. Cully. The living condition and housekeeping of their present apartment is very bad. Need two bedroom apartment. Will qualify for public housing or low income rental.

GRANVILLE, Verta  
2653 N. Commercial Ct.

Has lived on site since March 1971. Mrs. Granville has two children. They live in four room apartment with bath. She is expecting another baby soon. She is on Welfare and receives \$165.00 per month. Wants to move to HAP housing.

HOUSEHOLDS - (Assigned to Chet Daniels) - continued

PRUITT, Laverne  
248 N. Ivy  
Parcel #A-4-4

We have very little information on Mrs. Pruitt. She was a member of EDPA and refused to give information during the survey. A hostile person.

YARBOROUGH, Bobbie M.  
252 N. Ivy  
Parcel #A-4-4

Mrs. Yarborough is a tenant and has lived on site for 12 years. Income consists of old age pension, \$105.00 per month. She would like to get a two bedroom house. Her present rent is \$47.50 per month. Very much against small apartment, wants to keep her furniture. She has been brainwashed by landlord into believing nothing will happen and that no sale is forthcoming. She has consented to go out and look for new place.

FISCHMAN, Steven  
553 N. Knott  
Parcel #E-2-7

Mr. and Mrs. Fischman are tenants at this address. He is a student and she works for Bonnevillie. She earns about \$500.00 per month. They would like to buy a house if possible.

BATES, Billy  
3320 N. Gantenbein  
Parcel #A-4-6

Mr. Bates a 36 year old black man with two teenage sons. He would like to buy a house if possible, but would take a two bedroom apartment. He has lived in the area less than one year and when relocated would prefer to move closer to Pendleton Woolen Mills, his place of employment.

YOUNG, Dave  
248 N. Cook  
Parcel #A-3-7

Mr. Young, a single 62 year old black man, is presently employed earning \$640.00 per month. He plans to retire after his home is purchased by PDC and move into an apartment. He is presently making application for a one bedroom "rent supplement" apartment. This will enable him to pay rent based on 25% of his income when he retires and to retain the \$5,000.00 price paid for his home in the project. His moving costs will be covered by relocation payments.

HOUSEHOLDS - Assigned to Jim Crolley (continued)

MALONE, Cherry A.  
3303 N. Vancouver  
Parcel #A-4-13

Cherry Malone is single, 40 years old, black, mother of two children. She does sewing and odd jobs and states her income is approximately \$200.00 per month. She has about \$3,000.00 equity in her home in the project.

Mrs. Malone is presently in the hospital and will be unable to move immediately. She has signed an earnest money agreement for a \$16,300 house at N.E. 12th and Falling. Under the old regulations Mrs. Malone would receive a \$5,000 Replacement Housing Payment, however, by the time she is ready to move we should be operating under the new regulations and that payment could be increased to \$9,171.00. She may be able to use the balance of the purchase price on a FHA 235 Loan. Mrs. Malone's moving costs will be covered by the relocation benefits for moving expenses.

MONTAGUE, Charles  
319 N. Fargo  
Parcel #R-8-10

Mr. Montague is a single, white, 75 year old home owner. He moved into his home in the project area 10 years ago after being displaced from the South Auditorium Urban Renewal Project. He receives \$171.40 per month from Social Security.

Mr. Montague is purchasing a home at N.E. 10th and Shaver which appears to be standard. (A City inspection has been ordered but not completed). He is receiving \$6,500.00 for his house in the project, and is paying \$6,750.00 for his new home. Relocation benefits will cover his moving costs in full and he will be able to pay cash for his new home as he will receive a \$9,046.00 RHP. There appears to be no problems with this case. Mr. Montague is satisfied with his new home and will suffer no financial loss because of his displacement.

HOUSEHOLDS - (Assigned to Chet Daniels)

TURNER, Queen E.  
260 N. Ivy  
Parcel #A-4-4

Mrs. Turner, age 45, black, is a tenant. She has lived at this address for two years. She would like to buy if possible. Has a roomer, one man, 56 years old. Mrs. Turner has an income of about \$300.00, the roomer earns about \$500.00. They are both friendly and receptive.



## Western Food Equipment Co. (continued)

A new building, of possibly twice the size of present facilities, will be constructed on this site. The company has been placed in contact with Mr. Clyde Sanders of SBA and will most likely be receiving assistance through a displaced business loan. The relocation of this company will mainly be dependent on the construction schedule of the new building.

HOUSEHOLDS - (Assigned to Jim Crolley)

HART, John H.  
3141 N. Gantenbein  
Parcel # R-9-2

Mr. and Mrs. John Hart, black, is retired and on disability. They have lived in this house for three years. Mr. Hart is 59 and Mrs. Hart is 51. They have six children, ages 17 - 6. Their income includes Social Security, Disability, Social Security for minor dependents and Welfare.

The Hart's have purchased a home at 3318 N. Missouri, part of the family lives there and part lives in the other house. The house they purchased has not been inspected by the City. If it does not pass inspection there is a possibility they will purchase another house. They are to receive \$5,500.00 for their home plus RHP. Relocation benefits will cover their moving expense in full. It appears that all details can be worked out as soon as they are ready to proceed

PACE, Theodore P.  
3217 N. Vancouver Avenue  
Parcel # A-3-20

Mr. and Mrs. Pace are black and have lived in this house for nineteen years. Mr. Pace is 71, Mrs. Pace around 68. He is retired and receives Social Security and she does occasional domestic work. They are foster parents for two teenage boys, Alfred Anthony 18 and Robert E. Lee 16, both white and attend public school.

Mr. and Mrs. Pace plan to purchase a house at 3416 N.E. 14th. An inspection by the City has been made. There are three minor sub-standard conditions to be corrected. They are; safety handrail to second story, approved pressure relief valve and drainpipe, and heating facilities to fourth bedroom on second story. They are receiving \$6,500.00 for their home plus have applied for an additional \$600.00 because of reappraisal due to some improvements. Relocation benefits will cover their moving expense in full and they will be able to pay cash for their new home, which is \$9,500.00, as he will receive \$5,000.00 on RHP.

THIS CERTIFICATE MUST BE PREPARED AND APPROVED AS REQUIRED BY THE LAW PRINTED ON THE REVERSE SIDE

BUREAU OF VITAL STATISTICS

1. PLACE OF BIRTH  
STATE OF TEXAS  
COUNTY OF Shelby  
CITY OR PRECINCT NO Timpson, Home Route No. 2

2. FULL NAME OF CHILD Bobbie McEmore  
3. SEX Female 4. TYPE Female 5. NUMBER 1 6. DATE OF BIRTH May 15, 1890

7. FULL NAME <u>Robert McEmore</u>	12. FULL MAIDEN NAME <u>Bealie Hooper</u>
8. RESIDENCE AT TIME OF THIS BIRTH <u>Timpson, Texas</u>	13. RESIDENCE AT TIME OF THIS BIRTH <u>Timpson, Texas</u>
10. COLOR OR RACE <u>Negro</u>	11. AGE AT TIME OF THIS BIRTH <u>51</u> YEARS
14. BIRTHPLACE (STATE OR COUNTRY) <u>Timpson, Shelby Co Texas</u>	15. BIRTHPLACE (STATE OR COUNTRY) <u>Timpson, Shelby Co Texas</u>
16. TRADE, PROFESSION OR KIND OF WORK DONE <u>Farming</u>	17. TRADE, PROFESSION OR KIND OF WORK DONE <u>Farming-Housewife</u>
18. INDUSTRY OR BUSINESS IN WHICH ENGAGED <u>Farming</u>	19. INDUSTRY OR BUSINESS IN WHICH ENGAGED <u>Farming</u>
20. NUMBER OF CHILDREN BORN TO THIS MOTHER, INCLUDING THIS BIRTH <u>7</u>	21. NUMBER OF CHILDREN BORN TO THIS MOTHER, INCLUDING THIS BIRTH <u>7</u>

I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD WHO WAS BORN AT Timpson, Shelby Co Texas ON THE 15 DAY OF May 1890.  
22. SIGNATURE Matt Hooper ADDRESS Houston, Texas

STATE OF TEXAS  
COUNTY OF Harris  
BEFORE ME ON THIS DAY APPEARED Matt Hooper  
KNOWN TO ME TO BE THE PERSON WHOSE SIGNATURE AND SEAL ARE HEREON SET TO THE BIRTH CERTIFICATE OF Bobbie McEmore  
AND SAYS THAT THE FACTS STATED IN THE FOREGOING BIRTH CERTIFICATE ARE TRUE AND CORRECT  
I, Matt Hooper, a Notary Public in and for the State of Texas, was acquainted with the person of Matt Hooper  
SWORN TO AND SUBSCRIBED BEFORE ME THIS 25 DAY OF May 1920  
(SEAL) NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS Harris

STATE OF OREGON  
COUNTY OF Washington  
BEFORE ME ON THIS DAY APPEARED Bealie Hooper  
KNOWN TO ME TO BE THE PERSON WHOSE SIGNATURE AND SEAL ARE HEREON SET TO THE BIRTH CERTIFICATE OF Bobbie McEmore  
AND SAYS THAT THE FACTS STATED IN THE FOREGOING BIRTH CERTIFICATE ARE TRUE AND CORRECT  
I, Bealie Hooper, a Notary Public in and for the State of Oregon, was acquainted with the person of Bealie Hooper  
SWORN TO AND SUBSCRIBED BEFORE ME THIS 25 DAY OF May 1920  
(SEAL) NOTARY PUBLIC IN AND FOR THE STATE OF OREGON Washington

STATE OF TEXAS  
COUNTY OF Shelby  
THE BIRTH CERTIFICATE OF Bobbie McEmore  
ATTACHED HERETO, WAS REGISTERED TO THIS COUNTY AS PROVIDED FOR IN SECTION 100 OF THE VITAL STATUTES OF THE STATE OF TEXAS.  
IT IS THE DUTY OF THIS COUNTY CLERK TO RECORD THE SAME IN THE BUREAU OF VITAL STATISTICS.  
DATE June 8, 1920 56 Shelby





CERTIFIED

COPY

COUNTY OF DELAWARE

Declarant or County Clerk, Secretary, Auditor of the Court, or any other Officer of the Court

GRANTING

By HELEN YARBRO  
and under the name of the Court of the County of Delaware

(Date)

I intend to transfer the  
the contents above named  
witnesses my hand and  
seal this 1st day of

Received and paid for  
and recorded at

By Secretary  
County of Delaware

5-2-19



RESIDENTIAL RELOCATION RECORD

(1)

RELOCATION WORKER \_\_\_\_\_ PROJECT NO. R-20 PARCEL A 4.4  
 NAME Warborough Bobbie M ADDRESS 252 N. July APT NO. \_\_\_\_\_  
 PHONE 284-4713 INITIAL INTERVIEW 1/15/71 SEX F W \_\_\_\_\_ NW X AGE 79  
 U.S. CITIZEN \_\_\_\_\_ ALIEN \_\_\_\_\_ VETERAN \_\_\_\_\_ SERVICEMAN \_\_\_\_\_ DATE ON SITE Dec 1 1958

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name 280-6043 \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCH Caseworker Terry Dien 113.00  
 Social Security \_\_\_\_\_ 122.00  
 Va. Fed. Mult Co. \_\_\_\_\_  
 Pension: Name \_\_\_\_\_  
 Other: Name old age pension 105.00  
 TOTAL MONTHLY INCOME 15.00

Rent 47.50, Inc. Heat \_\_\_\_\_ Water 5.35 Gas 29.00 Gar \_\_\_\_\_ Elec 5.00 Unfurn \_\_\_\_\_ Furn \_\_\_\_\_ No. Rms 7

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 Mrs. Moore (daughter) Address \_\_\_\_\_ Phone 282-6723  
 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>3925 N. Kerby Avenue</u>	<u>Dept. of Bldg</u>	<u>7/2/71</u>
<u>4207 N. Albing</u>		

NEW ADDRESS: 4207 N. Albing Zip \_\_\_\_\_ Phone Same

1/15/71 flyers delivered by Mrs Shelton. Talk to daughter  
at 4900 NE Corbett

2/24/71 survey, will rent a 2 bedroom house, on busline.  
(or 2 bedroom apt) SD

6/21/71 Mrs. Yarborough would not talk in past about moving  
Because she would not believe that landlord would  
sell. She is a very old lady with lots spirit. She would  
like a house (2 Bdr.). I told her it would be very  
hard to find such a place at or near the rent she  
is paying now. For the first time I believe she was  
really listening when I told her about public  
Housing & Rent Supplement.

She agree to my taking her out to H.A.P.  
and showing her what was available in rent  
supplement.

9/8/71 Took Mrs Yarborough to H.A.P. for housing. they  
didn't have anything at this time. She  
maintains she needs a house to put all her  
furniture in and that she don't want to be to  
far from her church. She want's a place  
she can have her flowers and a garden like  
she has now.

9/13/71 Mrs. Yarborough said that she wants a house  
so she can put her furniture in. Said, she  
has found one and can move on the 15th of Sept.



10/26/77

Took Mrs. Yarbrough her Relocation Housing Payment for Tyrents. (<sup>1st</sup> First year payment 1000.00) She was very happy and stated over and over how good we had been to her. I got to see her new home again and it is very nice. she was able to take every piece of furniture and she has a very large bedroom down stairs for herself. She was very happy with the way the operation went from start to finish. Of course she was real nice to work with and I found it enjoyable working with her. Once Mrs. Yarbrough found that she really would have to move she started right in and we got the job done when she rec<sup>d</sup> her Moving money (500.00)

Mrs. Yarbrough wanted a house and her daughter bought a house & rented it to her. We provided the <sup>Max.</sup> rent assistance for Mrs. Yarbrough. The feeling was that she deserved to have a house that would accommodate her furniture. In talking with her daughter I found that her daughter was very interested and offered to purchase a house that her mother could rent. I explained the subsidy we had which would lower her monthly payment and give her \$4000. over a 4 yr. period - paid in \$1000. per year payments. I cautioned the daughter that after 4 years there wouldn't be any more help. She said that she realized that other arrangements would have to be made at that time.

Over

The house was brought to standard condition and certified by Bureau of Building. The daughter made repairs and finish off attic. There is a fireplace. The one thing that took the most time was waiting for Her daughter to buy the house so she could move in.

DATE	NOTES	C/W
1/15/71	F yer delivered by Mrs. Shelton. Talked to daughter at 4905 N.E. Garfield	
2/24/71	Survey: Will rent 2 bedroom house on busline or 2 bedroom apt.	CD
6/21/71	Mrs. Yarborough would not talk in past about moving because she would not believe that landlord would sell. She is a very old lady with lots of spirit. She would like a house (2 bedroom). I told her it would be very hard to find such a place at or near the rent she is paying now. For the first time I believe she was really listening when I told her about public housing and rent supplement. She agreed to my taking her out to HAP and showing her what was available in rent supplement.	CD



CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

July 2, 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: 3925 N. Kerby Avenue

Attn: Mr. Crowley

Gentlemen:

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

Our inspector reports the following conditions are in noncompliance with City regulations:

1. Nonabsorbent floor covering in the bathroom is worn and cracked.
2. Cellar stairway lacks the required 30 inch minimum width and the treads of the winder portion lack the 6 inch minimum run at any point.
3. Treads of the winder portion of the attic stairway lack the required 6 inch minimum run at any point.
4. A cellar window pane and sash are broken and there is an uncapped chimney thimble in the cellar.

The above conditions may not constitute all of the corrections required for certification. We have referred this structure to the plumbing and electrical divisions for their report and you will be notified of their findings.

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

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

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

CHF:mfm  
cc: Plg. & Elec. Div.

Rec'd  
7-7-71

**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 SCD Date of survey 2/24/71 Tabulator \_\_\_\_\_ Date tabulated \_\_\_\_\_  
 Dwelling Unit No. 2 Structure No. 2 Census Block No. 21 Census Tract No. 22A  
 Street Address 252 N. IVY Apartment No. \_\_\_\_\_

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

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

*Handwritten notes:*  
~~2002 to~~  
~~change~~  
~~2002 to 2004~~

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

	Name	Family relation	Age	Sex	Occupation
1.	<u>YARBOROUGH, MRS B</u>	<u>Head of household</u>	<u>(elderly)</u>	<u>F</u>	<u>retired</u>
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____

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

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

Names of jobholders	Names of employers	Street address where jobs are located to work	Distance
<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>Yarborough, Bobbie M</u>	\$ _____	\$ _____
<u>Old Age Pension</u>	_____	_____
<b>Total family or household income per month</b>	\$ <u>105</u>	\$ <u>105</u>

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

1. Location (indicate approximate cross streets) \_\_\_\_\_
2. Transportation, number of autos owned \_\_\_\_\_, use bus , walk \_\_\_\_\_
3. Will rent house , apartment , expect to pay rent, including utilities, at \$ \_\_\_\_\_ per mo. (Furniture is owned, yes \_\_\_\_\_, no \_\_\_\_\_, stove and refrigerator owned, yes \_\_\_\_\_, no \_\_\_\_\_)
4. Will buy house in price range \$ \_\_\_\_\_, down payment of \$ \_\_\_\_\_, monthly payment of \$ \_\_\_\_\_
5. If now buying this house, how much are payments on contract or mortgage monthly \$ \_\_\_\_\_
6. Size of unit to be sought, number of bedrooms 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 SCD Date \_\_\_\_\_ Surveyed 2/24/71 Tabulator \_\_\_\_\_ Date \_\_\_\_\_  
 Dwelling Unit No. 2 Structure No. 2 Census Block No. 24 Census Tract No. 22A  
 Street Address 252 N. Ivy Apartment No. \_\_\_\_\_  
 Legal Description \_\_\_\_\_

NAME OF OCCUPANT: Mrs. B. Yarborough NAME & ADDRESS OF OWNER: C.W. Pallet Jr. NAME & ADDRESS OF PROP. MGR: \_\_\_\_\_  
 TELEPHONE: 284-4713 TELEPHONE: 222-1986 TELEPHONE: \_\_\_\_\_  
 INTERVIEWED? ( ) Yes ( ) No INTERVIEWED? ( ) Yes ( ) No INTERVIEWED? ( ) Yes ( ) No

**I. DESCRIPTION OF STRUCTURE**

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

This structure has 1 1/2 stories (do not count basement)

**II. OCCUPANCY STATUS OF DWELLING UNIT**

Owner occupied  
 Renter occupied  
 Vacant

**III. SIZE OF DWELLING UNIT**

792 Sq. ft. in first floor (county figure)  
1440 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  
4 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  
1909 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	<u>4,000</u>	_____

1/3 total

C. Market value data for dwelling unit in a multiple-family structure or commercial bldg.

	Market value for entire structure	Computed value per sq. ft. for this dw. unit
Land	\$ <u>2600</u>	\$ _____
Improvements	<u>9360</u>	_____
Total	<u>11960</u>	_____

4320 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>42.50</u>	_____	\$ _____
Electricity	_____	\$ <u>5.00</u>	_____
Gas	_____	<u>29.00</u>	_____
Water	_____	<u>5.35</u>	_____
Heat (oil, or other)	_____	_____	_____
Total	\$ <u>47.50</u>	\$ <u>29.35</u>	\$ <u>86.85</u>

Deposits required of renter  
 Advance rent \$ 10.00, other \$ \_\_\_\_\_

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

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

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

**VII. REMARKS**



R E C E I P T

I hereby acknowledge receipt of a copy of the Portland Development  
Commission's RELOCATION SERVICES FOR FAMILIES AND INDIVIDUALS.

Miss Bobbie Jarborough

6/30/71  
date