

| | DESCRIPTION | ROLL NO | ODOMETER |
|---|--|---------|----------|
| COUNTY HEALTH | CODE ENFORCEMENT CASELOAD VACANT DWELLING 1124 N.E. FAILING | | |
| COUNTY HEALTH | CODE ENFORCEMENT CASELOAD VACANT DWELLING 4036 N. KERBY | | |
| COUNTY HEALTH | CODE ENFORCEMENT CASELOAD VACANT DWELLING 5313 N. MICHIGAN | | |
| COUNTY HEALTH | CODE ENFORCEMENT CASELOAD VACANT DWELLING 3613 N. MICHIGAN | | |
| COUNTY HEALTH | CODE ENFORCEMENT CASELOAD VACANT DWELLING 4521 N. E. 14TH PLACE | | |
| COUNTY HEALTH | CODE ENFORCEMENT CASELOAD VACANT DWELLING 2517 S.E. PINE | | |
| | EMANUEL HOSPITAL PROJECT MODEL CITIES ACTION CLIPPINGS & CORRESPONDENCE. | | |
| MODEL CITIES EMANUEL AB 2-2 | BILLINGS, WILLIAM O. 528 N. MORRIS 1972 | | |
| MODEL CITIES EMANUEL RS 8-2 | GREEN, CLEO 219 N. STANTON 1972 | | |
| MODEL CITIES EMANUEL R 8-11 | HALSETH, ANNA 3217 N. GANTENBEIN 1972 | | |
| MODEL CITIES EMANUEL RS 8-2 | McPHERSON, DONALD 219 N. STANTON 1972 | | |
| MODEL CITIES EMANUEL R-10-12 | MASON, FLORENCE JACK 513 N. MONROE 1972 | | |
| MODEL CITIES BETA II HOUSING PROJ. | CONE, ELVIN 545 N. E. SACRAMENTO 1972 | | |
| MODEL CITIES CODE ENFORCE MENT AH-15-15 | CURRY, ROBERT 114 N. E. BEECH & 16 1973 | | |
| MODEL CITIES BETA II HOUSING PROJ. | DYER, MATTIE (MRS.) 515 N.E. SACRAMENTO 1972 | | |
| MODEL CITIES BETA II HOUSING PROJ. | ELLETT, MATHA (MRS.) 622 N. E. BRAZEE 1972 | | |
| MODEL CITIES BETA II HOUSING PROJ. | FRISON, CLAUDE E. 527 N. E. SACRAMENTO 1972 | | |
| MODEL CITIES BETA II HOUSING PROJ. | McDONALD, WILLIAM (DECEASED) 533 N. E. SACRAMENTO 1972 | | |

NAME OF CLAIMANT Donald McPherson
PROJECT Emanuel - MC
RELOCATION ADVISOR CD

CHECKLIST FOR RELOCATION FILES - INDIVIDUALS

- Copy of Notice to Acquire/Vacate
- Copy of Real Estate Option (for owner/occupant only)
- Signed RECEIPT from displacee for information statement or brochure
- INTERVIEW SHEET - filled out
- Recorded personal interviews
- Copies of all correspondence with displacee

- Verification of Income
- Request for HAP assistance
- FHA displacee qualifying form - rent supplement
- City inspection letter on replacement housing
- Copy of earnest money offer on replacement housing
- Letter of Assignment (when claim payable to other than claimant)
- Other:

- Moving authorization letters
- Dwelling unit inventory sheet
- Log sheet for day of move (for professional move)
- Release of personal property
- DATE OF MOVE 11/13/72
- Keys turned into: _____
- Utilities shut off
- Escrow releases, grants and amounts withheld
- Verify no rent outstanding
- Other:

- Settlement Costs
- Incidental Expenses
- Interest Expense (owner/occupant only)

11/72 DATE FILE CLOSED

284-4593

R E S U M E

DATE 11-1-72

NAME MCPHERSON, Donald

Mr. McPherson has moved into a standard apt at 5718 N.E. 12th Ave. He was unable to get apt at 6056 N. Fessenden because of credit difficulties (he has had problems). This new apt has lots of space and is new, also it is close to their babysitter and transportation. Mrs. McPherson has expressed happiness in the fact that they were able to get a nice place to live. The first TACO payment was made today and all moving expense and allowance paid at time of move.

(signed)

CD.

worker

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME MCPHERSON, DONALD & LORRAINE RELOCATION ADVISOR CD

ADDRESS 219 N. Stanton PHONE 232-2801 PROJECT NAME Emanuel

SEX M & FETHN B VETERAN AGE 21 PARCEL NO. RS-8-2

MARITAL STATUS married TENURE t/o

DISABILITY INDIV FAMILY x

ELIGIBLE FOR: PUBLIC HOUSING FHA 235

RENT SUPPLEMENT x OTHER

| | |
|-----------------------------|----------------|
| DATE ON SITE: | <u>1-1-70</u> |
| INITIATION OF NEGOTIATIONS: | <u>2-15-71</u> |
| DATE OF ACQUISITION: | <u>3-15-71</u> |

INITIAL INTERVIEW 5-9-72 DATE INFO PAMPHLET DELIVERED 5-9-72

NOTICE TO MOVE 2-15-70 DATES EFFECTIVE 3-1-71 EXPIRATION DATE

NOTIFY IN CASE OF EMERGENCY Emma Lee James 287-3297

ECONOMIC DATA

| | |
|-----------------------------------|-------------------------|
| Employer <u>Grant High School</u> | \$ <u>270.00</u> |
| Address <u> </u> | <u> </u> |
| MCW <u> </u> | <u> </u> |
| Social Security <u> </u> | <u> </u> |
| Pension <u> </u> | <u> </u> |
| Other <u>Emanuel Hospital</u> | <u>411.24</u> |
| TOTAL MONTHLY INCOME | \$ <u>681.24</u> |

FAMILY COMPOSITION

| Name | Relation | Age |
|-----------|----------|-----|
| Leonida F | wife | 19 |
| Tania L. | d | 2 |
| | | |
| | | |
| | | |
| | | |

DWELLING UNIT FROM WHICH RELOCATED

| | | S | SS |
|-------------------|-----------------|---|----|
| Subsidized Sales | Single Family | | |
| Subsidized Rental | Multiple Family | | |
| Public Housing | Duplex | x | |
| Private Rental | Mobile Home | | |
| Private Sales | | | |

Age of Structure No. Rooms 3
 No. Bedrooms 1 Furn. Unfurn x
 Utilities \$
 Monthly Payments (Rent) \$ 41.50
 Acquisition Price \$
 Taxes \$ Equity \$
 Liens \$

Size of Habitable Area

HOUSING REFERRALS

| Address | Bedrooms |
|--------------------------|---------------|
| <u>4051 N.E. Grand</u> | <u>2 bdr.</u> |
| <u>Hancock & 17</u> | <u>"</u> |
| <u>Schylar & 11</u> | <u>"</u> |
| <u>6059 N. Fessenden</u> | <u>"</u> |
| | |
| | |

AGENCY REFERRALS

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

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 x

Address 5718 N.E. 12th Phone _____ Date of Move 11-1-72

WHERE RELOCATED:

| | | | | S | SS |
|--------------|----------|-------------------|----------|----------|----|
| Same City | <u>x</u> | Subsidized Sales | | | |
| Outside City | | Subsidized Rental | | | |
| Out of State | | Public Housing | | | |
| | | Private Rental | <u>x</u> | | |
| | | Private Sales | | | |
| | | Single Family | | | |
| | | Multiple Family | | <u>x</u> | |
| | | Duplex | | | |
| | | Mobile Home | | | |

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

Utilities \$ _____ Monthly Payments (Rent) \$ _____ 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) | 28721 | 11-29-72 | \$ 1000.00 |
| TACO (Rental) | 839EH | 11-6-73 | \$ 1000.00 |
| TACO (Rental) | 81911 | 10-17/74 | \$ 1000.00 |
| TACO (Rental) | | | \$ _____ |
| TACO (Sales) | | | \$ _____ |
| Fixed Moving | 27256 | 11-14-72 | \$ 340.00 |
| Actual Move | | | \$ _____ |
| Storage | | | \$ _____ |
| Incidental | | | \$ _____ |
| Interest | | | \$ _____ |

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

| Date | | Relocation Worker |
|----------|---|-------------------|
| 5-9-72 | Mr. McPherson came in and I explained the benefits due him. | |
| 6-13-72 | Called Mr. McPherson and left word for him to call me. Need to get his claim worked up. | |
| 7-10-72 | I find it difficult to contact the McPhersons they have no phone. I have left word with Mr. McPhersons Mother. This seems most satisfactory and gets the best results. | |
| 8-10-72 | Tried to have apartment inspected at 4051 N.E. Grand - no one there to let the inspector in. | |
| 8-23-72 | Apt. was inspected and found to be substandard | |
| 9-15-72 | Owner decided not to fix the deficiencies and informed the McPhersons that they would have to move to standard housing to get rent assistance payment. | |
| 10-20-72 | Took Mrs. McPherson to see Apt at N.E. Hancock & 17th | |
| 10-20 | Carried Mrs. McPherson out to see apartments near Lloyd Center - Landlord don't want children - I told Mrs. McPherson about Apt in North Portland She talked it over with husband and he agreed to let her choose any one she wanted. | |
| 11-3-72 | Went to see apt at 6059 N. Fessenden. Mrs. McPherson liked the apt and is making arrangements to move. | |
| 11-2-73 | Claim filed for 2nd TACO. Client remains in standard housing. | AG |
| 11-6-73 | Received warrant. Client was in our office today and signed for check on receipt. Warrant #839 EH - \$1,000. | |
| 10/17/74 | Mr. McPherson received his rent assistance check #81911 today. | SCD |
| 5/30/75 | Mr. McPherson received his rent assistance check #100188 today. This was the 4th and final TACO payment. | |
| | File closed. | SCD |

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels
(Relocation Advisor)

DATE May 8, 1975

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

RE: Donald L. McPherson
(Displacee)

5718 N. E. 12th
(Address)

No. 4th
(annual payment)

\$1,000.00
(amount)

November 1975
(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: 4th and final payment

SIGNED: Donald L. McPherson
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: 5/12/75

DATE: 5/12/75

TO: Bob Douglas

DATE: 5/12/75

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: Donald L. McPherson

PROJECT: Emanuel

FOR: 4th and Final Taco Payment

AMOUNT: 1,000.

Handwritten initials and signature: "K" and "Jew"

SIGNED: Samuel Daniels

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

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:
Portland Development Commission
1700 S. W. Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)
Emanuel - Model Cities

PROJECT NUMBER:

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

Donald L. McPherson

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. RS 8-2

a. Address: 219 N. Stanton
Portland, Oregon 97227
b. Apartment or room number: _____
c. Number of bedrooms: 1

d. Monthly rental: \$41.50
e. Date you moved out of this dwelling: March 1, 1971
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

Interim
Move

a. Address (include ZIP Code): 4051 N. E. Grand Ave.
Portland, Oregon 97212
b. Apartment or room number: _____
c. Number of bedrooms: 2

d. Monthly rental: \$ 90.00
e. Date you moved into this dwelling: March 1, 1971
Month-Day-Year

4. DWELLING UNIT TO WHICH YOU MOVED (~~RENTAL~~) Rental

a. Address (include ZIP Code): 6059 N.
Fessenden, Portland, Oregon 97203
b. Number of bedrooms: 2
c. ~~XXXXXXXXXX~~ \$ 150.00 Monthly Rent

d. Incidental expenses (total from table on next page): \$ _____
e. Date you ~~purchased~~ ^{RENTED} this dwelling: November 13, 1972

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.

7/7/72
Date

Alan L. McPherson
Signature of Claimant (s)

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

| COSTS INCURRED BY CLAIMANT | | | | FOR LOCAL AGENCY USE |
|----------------------------|---|----------------------------------|---|------------------------|
| Item (a) | Charged to Claimant on Closing Statement (b) | Paid Directly by Claimant (c) | Amount Claimed (Col. (b) + (c)) (d) | Amount Approved (e) |
| | \$ | \$ | \$ | \$ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL | \$ | \$ | \$ <u>1/</u> | \$ |

1/ Enter this amount in Block 4, Line d.

Listing of enclosed documents in support of amounts entered in Column (d) above:
(Documentation must be provided to support any claim for incurred costs.)

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

NAME AND ADDRESS OF CLAIMANT:

Donald L. McPherson
4051 N. E. Grand Avenue

COMPUTATION PREPARED BY:

C. Daniels 11-6-72
(Name) (Date)

COMPUTATION CHECKED BY:

Adjusted Base Yearly Income \$ 4,387.25
(Show computation on back)

(Name) (Date)

25% of adjusted monthly income \$ 91.40

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

Required Information

- | | | |
|--|---|------------------|
| 1. Actual monthly rental for claimant's replacement dwelling = \$150 + \$31 Rent + Utilities | | <u>\$ 181.00</u> |
| 2. Monthly rental for comparable dwelling unit, or Monthly rental for dwelling unit based on HUD-approved schedule <i>2 Bedrm. based on need</i> | <input type="checkbox"/> <input checked="" type="checkbox"/> | <u>\$ 156.00</u> |
| 3. Base monthly rental for claimant's previous dwelling or <i>41.50 + 15.00 = 56.50</i> | <input checked="" type="checkbox"/> | <u>56.50</u> |
| 25% of adjusted monthly income, whichever is less 41.50 + 15.00 | <input type="checkbox"/> | <u>41.50</u> |

Computation

- | | | | |
|---|------|------------------|-----------------------|
| 4. Line 1 or Line 2, whichever is less | | <u>\$ 156.00</u> | |
| 5. Minus Line 3 | | <u>56.50</u> | |
| | | <u>- 41.50</u> | |
| 6. Multiplied by 48 | 48 X | <u>99.50</u> | = <u>4,776.00</u> |
| | | <u>114.50</u> | = 5,496.00 |
| 7. Base amount (if amount on Line 6 is \$4,000 or more, enter \$4,000 on Line 7. If amount on Line 6 is less than \$4,000, enter amount on Line 7.) | | | <u>\$4,000.00</u> |
| 8. Minus adjustments (attach full explanation). | | | - \$ _____ |
| 9. Amount of rental assistance payment (Line 7 minus Line 8) | | | <u>\$4,000.00</u> |
| 10. Annual payment (Enter this amount in the space provided in Block 3 on page one of Replacement Housing Payment for Tenants and Certain Others). | | | <u>\$1,000.00</u> |

NOTE: If the amount on Line 9 is less than \$500, a lump-sum payment is to be made. If the amount on Line 9 is more than \$500, divide the payment by four. The resultant amount is the total of each of four annual payments to be made. Enter on Line 10.

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

NAME OF CLAIMANT Dona H. L. McPherson

Parcel No. RS 8-2

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, 1970

Date of Acquisition: March 1, 1971 by Emanuel Hospital

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, 1970

Date of Initiation of Negotiations: February 15, 1971

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

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

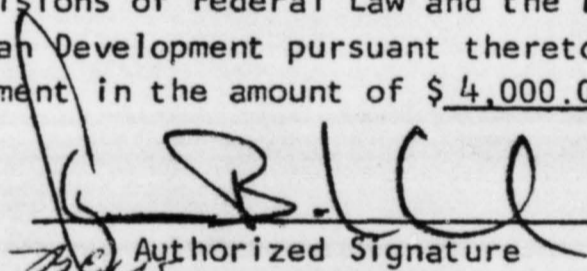
Month-Day-Year

4. CERTIFICATION OF LOCAL AGENCY

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ 4,000.00 is authorized.

11-8-72

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

Nov. 29, 1972

28921

\$ 1000.

Nov. 5, 1973

839 EH

\$ 1000.

Oct. 15, 1974

81911

\$ 1000.

May 27, 1975

100188

\$ 1000.

b. Claimant moved to unit he purchased

\$ _____

c. Homeowner temporarily displaced

\$ _____

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

November 16, 1972

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

Attn: Chet Daniels

Re: 5718 N. E. 12 Avenue

Gentlemen:

As the result of a displaced person and at your request, an inspection was made by the Housing Division of the two-bedroom unit at the above address.

Our inspector reports the unit is in standard condition and complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

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

CHF:vm
cc: Mr. Davis
c/o Portland Development Comm.

PAYABLE THROUGH



OR ANY PORTLAND BANK

PORTLAND, OREGON

The City of Roses

100188⁸

24-166
1230

The Treasurer of the City of Portland

PAY TO THE ORDER OF

FUND NO.

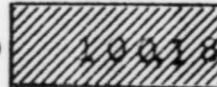
DATE

WARRANT NO.

PAY THIS AMOUNT

DONALD MCPHERSON
C/O PORTLAND DEVELOPMENT COMM
1700 S W 4TH AVE
PORTLAND ORE 97201

MAY 27 75



100188

\$1,000.00



George McPherson
MAYOR
George McPherson
ADULTICE

⑈ 100188 ⑈ ⑈ 230 ⑈ 0166 ⑈ ⑈ 90008 ⑈ ⑈

Alan L McPherson

5/30/75

5718 N.E. 12th

REMITTANCE ADVICE

PLEASE DETACH BEFORE DEPOSITING →

| PURCHASE ORDER | | YOUR INVOICE NO. | GROSS AMOUNT OR CREDIT MEMO ◊ | DISCOUNT | NET AMOUNT | ACCOUNT DISTRIBUTION | | |
|----------------|--------|------------------|-------------------------------|----------|-------------|----------------------|-------------------|-----|
| DATE | NUMBER | | | | | FUND | NAME, UNIT, CLERK | G/L |
| CONTRACT 13487 | | PP#3 | FINAL PAYMENT-RENT | | ASSI STANCE | | | |
| 527.75 | | | | | | | | |
| 1,113.72 | 49,688 | | 1,000.00 | | 1,000.00 | | 49,102,195 | |

RECEIVED

CITY OF PORTLAND, OREGON

MAY 29 1975

PORTLAND DEVELOPMENT COMMISSION

GEORGE YERKOVICH
AUDITOR OF THE CITY OF PORTLAND

May 22, 1975

Mr. George Yerkovich
Auditor of the City of Portland
City Hall
Portland, Oregon 97204

Attention: Dorothy Shields

Dear Mr. Yerkovich:

Re: Donald McPherson - Model Cities Displacee

In accordance with the agreement reached between the City of Portland, Model Cities, and the Portland Development Commission, relative to the method of making Model Cities relocation payments under Contract No. 13487, we submit herein the appropriate notice of the fourth annual rent assistance payment due Mr. McPherson.

Please have a warrant drawn payable to Donald McPherson in the amount of \$1,000. The warrant should be sent to us for delivery to the client and for noting of our records.

Thank you for your attention in this matter.

Very truly yours,

Benjamin C. Webb
Chief, Relocation

BCW:njs
Encl.

Memo to the File
November 3, 1972

Mrs. Donald L. McPherson lived in the Emanuel Hospital Urban Renewal area. However the building they lived in was bought by the Hospital before the Relocation Program began and they moved. Normally this would make them ineligible for benefits, but through the Model Cities Program and the insistence of Emanuel Hospital they are being processed along with other displacees from this area.

When we first interviewed Mr. McPherson they were living at 4051 N. E. Grand Avenue. This building was found to be substandard and the owner has not made the improvement at this time. To get the Rent Assistance, Mr. McPherson will have to move to a standard apartment or house. This would entitle Mr. McPherson to a 90 day period to accomplish a move to standard housing.

November 6, 1972

I carried Mrs. McPherson to 6059 N. Fessenden where she found a two bedroom apartment. She would like to get moved as soon as possible. The rent will be \$150.00 per month and they are filing a claim for maximum rent assistance of \$4,000.00 over four years period or \$1,000.00 per year.

The McPherson's have a three years old daughter and need a two bedroom apartment. Mrs. McPherson is a student at Portland State University with a football scholarship. Mrs. McPherson is working at Emanuel Hospital and is the sole support. She earns \$411.24 per month.

This apartment at 6059 N. Fessenden is new and built this year, therefore, after going through it, I can certify that it is standard--C. Daniels.

PAYABLE THROUGH



OR ANY PORTLAND BANK

PORTLAND, OREGON

The City of Roses

81911 8

24-166
1230

The Treasurer of the City of Portland

PAY TO THE ORDER OF

FUND NO.

DATE

WARRANT NO.

PAY THIS AMOUNT

DONALD L. MCPHERSON
C/O PORTLAND DEVELOPMENT COMM
1700 S W 4TH AVE
PORTLAND ORE 97201

OCT 15 74

81911

\$1,000.00

George Yerkovich
MAYOR
George Yerkovich
AUDITOR

⑈0081911⑈ ⑆1230⑈0166⑆ 1 90008 3⑈

AUD 10-825-300 6-71

REMITTANCE ADVICE

81911

PLEASE DETACH BEFORE DEPOSITING

| PURCHASE ORDER | | YOUR INVOICE NO. | GROSS AMOUNT OR CREDIT MEMO | DISCOUNT | NET AMOUNT | ACCOUNT DISTRIBUTION | |
|----------------|------------------------------|------------------|-----------------------------|----------|------------|----------------------|-----------------|
| DATE | NUMBER | | | | | FUND | BASIC UNIT CODE |
| | CONTRACT 13487 | | | | | | |
| | PP#2 1974 RELOCATION PAYMENT | | | | | | |
| | 109.74 | | | | | | |
| 1,113.72 | 49,688 | | 1,000.00 | | 1,000.00 | 49,100,911 | |

CITY OF PORTLAND, OREGON

GEORGE YERKOVICH
AUDITOR OF THE CITY OF PORTLAND

10/17/74

Warrant No. 81911 received:

Donald L. McPherson
Donald L. McPherson

October 4, 1974

Mr. George Yerkovich
Auditor of the City of Portland
City Hall
Portland, Oregon 97204

Attention: Dorothy Shields

Dear Mr. Yerkovich:

Re: Donald McPherson - Model Cities Displacee

In accordance with the agreement reached between the City of Portland, Model Cities, and the Portland Development Commission, relative to the method of making Model Cities relocation payments under Contract No. 13487, we submit herein the appropriate notice of the third annual rent assistance payment due Mr. McPherson.

Please have a warrant drawn payable to Donald McPherson in the amount of \$1,000. The warrant should be sent to us for delivery to the client and for noting of our records.

Thank you for your attention in this matter.

Very truly yours,

Benjamin C. Webb
Chief, Relocation

BCW:ch
Encl.

RELOCATION PAYMENT

PROJECT: Model Cities Emanuel

PARCEL: _____

PAYABLE TO: Donald McPherson

| | |
|--|----------|
| For: <u> </u> RHP for Homeowners | \$ _____ |
| <u> </u> Incidental Expenses for Homeowners or Tenants. | \$ _____ |
| <u>xx</u> RHP - Tenants & Certain Others - Rental: Total approved <u>\$4,000</u> ; Annual amount <u>3rd</u> \$ 1,000 | \$ 1,000 |
| <u> </u> RHP - Tenants & Certain Others - Downpayment | \$ _____ |
| <u> </u> Settlement Costs (on acquisition by LPA only). | \$ _____ |
| <u> </u> Interest Expense | \$ _____ |
| <u> </u> Fixed Moving Payment | \$ _____ |
| <u> </u> Dislocation Allowance. | \$ _____ |
| <u> </u> Actual Moving Costs. | \$ _____ |
| <u> </u> Storage Costs. | \$ _____ |
| <u> </u> Business: Moving Expenses. | \$ _____ |
| <u> </u> Business: In Lieu Payment. | \$ _____ |
| <u> </u> Business: Storage Costs. | \$ _____ |
| <u> </u> Business: Loss of Property | \$ _____ |
| <u> </u> Business: Searching Expenses | \$ _____ |

Name of Client Donald McPherson Family Less - \$ _____ *

Move from 219 N. Stanton Individual Total \$ 1,000

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

OK JMC

NOTICE OF PHP-TACO YEARLY PAYMENT

TO: Chet Daniels
(Relocation Advisor)

DATE October 2, 1974

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

RE: Donald L. McPherson
(Displacee)

5718 N. E. 12th Ave.
(Address)

No. 3rd
(annual payment)

\$ 1,000.00
(amount)

November 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 reinspected and found standard _____

or (2) Displacee notified of ineligibility: _____ yes _____ no

Comments: Mr. McPherson indicated that his family still lived at the above address.

SIGNED: Donald L. McPherson
(Displacee)

SIGNED: Chet Daniels
(Relocation Advisor)

DATE: 10/3/74

DATE: 10/2/74

George Yerkovich, Auditor
TO: City of Portland

DATE: 10/3/74

FROM: Chet Daniels - P.D.C.

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: Donald L. McPherson

PROJECT: Evacuation - P.D.C.

FOR: 2nd Annual TACO Payment

AMOUNT: 1000.00

SIGNED: Chet Daniels

RELOCATION PAYMENT

Project: Model Cities - Emanuel Parcel: RS, 8-2

Payable to: Donald L. McPherson

Amount

| | | | |
|--------------------|---|----|-------------------|
| For: <u> </u> | RHP for Homeowners | \$ | <u> </u> |
| <u> </u> | Incidental Expenses for Homeowners (if separate claim) | \$ | <u> </u> |
| <u> X </u> | RHP for Tenants & Certain Others: <u>TACO - Rent Assst.</u> | | |
| | Rental: Total approved \$ <u>4000.00</u> ; Annual amount. | \$ | <u>1000.00</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 Donald L. McPherson Less - \$ *

Move from 219 N. Stanton Total \$ 1000.00

Accounting: Indicate symbol & Acct. No.

 X Relocation Payment; Project Cost * ()

me *lost*

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 FORTLAND, OREGON 97201

N^o 839 EH

DATE November 5, 1973

PAY TO **Donald L. McPherson**

\$ 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 NOB. | DESCRIPTION | AMOUNT |
|------|--------------------------|---|-------------------|
| | | <p>Reimbursement per Claim for RHP for Tenants filed. Move from 219 N. Stanton (Parcel RS 8-2).</p> | |
| | | <p>Total approved \$4,000.00 2nd annual payment</p> | <p>\$1,000.00</p> |
| | | <p><i>Received for Donald L. McPherson nov 6, 1973</i></p> | |

Account Distribution

NO. TITLE AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: RS 8-2

PAYABLE TO: Donald L. McPherson

| | | | |
|-------------------------------------|--|----|----------------|
| For: <input type="checkbox"/> | RHP for Homeowners | \$ | _____ |
| <input type="checkbox"/> | Incidental Expenses for Homeowners or Tenants. | \$ | _____ |
| <input checked="" type="checkbox"/> | RHP - Tenants & Certain Others - Rental: Total approved <u>\$4000.00</u> Annual amount | \$ | <u>1000.00</u> |
| <input type="checkbox"/> | RHP - Tenants & Certain Others - Downpayment | \$ | _____ |
| <input type="checkbox"/> | Settlement Costs (on acquisition by LPA only). | \$ | _____ |
| <input type="checkbox"/> | Interest Expense | \$ | _____ |
| <input type="checkbox"/> | Fixed Moving Payment | \$ | _____ |
| <input type="checkbox"/> | Dislocation Allowance. | \$ | _____ |
| <input type="checkbox"/> | Actual Moving Costs. | \$ | _____ |
| <input type="checkbox"/> | Storage Costs. | \$ | _____ |
| <input type="checkbox"/> | Business: Moving Expenses. | \$ | _____ |
| <input type="checkbox"/> | Business: In Lieu Payment. | \$ | _____ |
| <input type="checkbox"/> | Business: Storage Costs. | \$ | _____ |
| <input type="checkbox"/> | Business: Loss of Property | \$ | _____ |
| <input type="checkbox"/> | Business: Searching Expenses | \$ | _____ |

Name of Client Donald L. McPherson Family Less - \$ _____ *

Move from 219 N. Stanton Individual Total \$1000.00

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

0600 EGO 901

Jnic

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE October 30, 1973
(Relocation Advisor)

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

RE: Donald L. McPherson 5718 N.E. 12th
(Displacee) (Address)

No. 2nd \$1,000.00 11/29/73
(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: 5718 N.E. 12th

Date Inspected: 11/16/73 Condition: Good Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Mr. McPherson remains in the same location which met City standards at the time of inspection.

SIGNED: Donald L. McPherson
(Displacee)

SIGNED: Alma Gordon
(Relocation Advisor)

DATE: Nov 1, 1973

DATE: 11-1-73

TO: Bob Douglas

DATE: 11-2-73

FROM: Alma Gordon

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: Donald L. McPherson

PROJECT: Emanuel R-20

FOR: 2nd Annual RHP, TACO Payment

AMOUNT: \$1000.00

SIGNED: Alma Gordon

November 9, 1972

Mr. George Yerkovich
Auditor of the City of Portland
City Hall
Portland, Oregon 97204

Attention: Mr. Robert Jones

Dear Mr. Yerkovich:

Re: Donald L. McPherson
Model Cities - Emanuel Displacee

In accordance with the agreement reached between the City of Portland, Model Cities, and the Portland Development Commission, relative to the method for making Model Cities relocation payments under Contract No. 13487, we submit herein the appropriate completed claim forms for Mr. Donald L. McPherson.

This claim is for a Rental Assistance Benefit of \$4,000, to be paid in four annual payments of \$1,000 each.

Please have a check drawn payable to Mr. McPherson in the amount of \$1,000 and send to our office for delivery to the client and for noting of our records.

Thank you for your attention in this matter.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCM:ch
Enclosure

Memo to the File
November 3, 1972

Mrs. Donald L. McPherson lived in the Emanuel Hospital Urban Renewal area. However the building they lived in was bought by the Hospital before the Relocation Program began and they moved. Normally this would make them ineligible for benefits, but through the Model Cities Program and the insistence of Emanuel Hospital they are being processed along with other displacees from this area.

When we first interviewed Mr. McPherson they were living at 4051 N. E. Grand Avenue. This building was found to be substandard and the owner has not made the improvement at this time. To get the Rent Assistance, Mr. McPherson will have to move to a standard apartment or house. This would entitle Mr. McPherson to a 90 day period to accomplish a move to standard housing.

November 6, 1972

I carried Mrs. McPherson to 6059 N. Fessenden where she found a two bedroom apartment. She would like to get moved as soon as possible. The rent will be \$150.00 per month and they are filing a claim for maximum rent assistance of \$4,000.00 over four years period or \$1,000.00 per year.

The McPherson's have a three years old daughter and need a two bedroom apartment. Mr. McPherson is a student at Portland State University with a football scholarship. Mrs. McPherson is working at Emanuel Hospital and is the sole support. She earns \$411.24 per month.

This apartment at 6059 N. Fessenden is new and built this year, therefore, after going through it, I can certify that it is standard--C. Daniels.

Date September 20, 1972

TO: W. Stanley Jones
FROM: Benjamin Webb
SUBJECT: Computation of RHP for Cleo Green

Mrs. Cleo Green was displaced from her former residence in the Emanuel Project Area in early 1971 before April 23, 1971, our contract date, and therefore cannot qualify for relocation payments under urban renewal. See Chapter 6, Sec. 1, 3a.(1). However, she does qualify under the provision of Chapter 6, Sec. 1, 3a.(4), and Model Cities has chosen to provide the coverage by specifically identifying the project in its CDDP under the provisions of Chapter 6, Sec. 1, 3b(1). Mrs. Green moved before HUD had approved our August 11, 1972 schedule of average housing cost.

I asked Mr. Rick Young, HUD Area Counsel, whether we should compute Mrs. Green's RHP under the old or new schedule. He said that the August 11 schedule was the one approved for P.L. 91-646 and should be used.

SDM:ch

Mr. McPherson lived in a penthouse Apt. in same building as Mrs. Green, therefore should be process under same provisions as Mrs. Green. See above.

PAYABLE THROUGH



GREAT WESTERN NATIONAL BANK OR ANY PORTLAND BANK

PORTLAND, OREGON

The City of Roses

28721 8

24-168
1230

The Treasurer of the City of Portland

PAY TO THE ORDER OF

FUND NO.

DATE

WARRANT NO.

PAY THIS AMOUNT

101

NOV 29 72

28721

\$ 1,000.00

DONALD L MC PHERSON
C/O PORTLAND DEVELOPMENT COMMISSION
1700 SW 4TH AVENUE
PORTLAND OREGON 97201

George Yerkovich
MAYOR
George Yerkovich
AUDITOR

⑈028721⑈ ⑆1230⑈0166⑆ 1 90008 3⑈

AUD 10-825-300 6-71

REMITTANCE ADVICE

28721

PLEASE DETACH BEFORE DEPOSITING →

| PURCHASE ORDER | | YOUR INVOICE NO. | GROSS AMOUNT OR CREDIT MEMO ○ | DISCOUNT | NET AMOUNT | ACCOUNT DISTRIBUTION | | | |
|----------------|--------|------------------|-------------------------------|----------|------------|----------------------|----------|--------|-----|
| DATE | NUMBER | | | | | FUND | FUNCTION | OBJECT | G/L |
| CONTRACT | 13487 | PP#1 | | | | | | | |
| 925.72 | 47,294 | | 1,000.00 | | 1,000.00 | 101 | 332385 | | 351 |

CITY OF PORTLAND, OREGON

GEORGE YERKOVICH
AUDITOR OF THE CITY OF PORTLAND

Leonida J. McPherson
Received check. no. 28721
November 30, 1972

PAYABLE THROUGH



OR ANY PORTLAND BANK

PORTLAND, OREGON

The City of Roses

7256⁸

24-166
1230

The Treasurer of the City of Portland

PAY TO THE ORDER OF

FUND NO.

DATE

WARRANT NO.

PAY THIS AMOUNT

DONALD L MC PHERSON
C/O PORTLAND DEVELOPMENT COMMISSION
ATTENTION BEN C WEBB
1700 SW 4TH AVENUE
PORTLAND OREGON 97201

513 NOV 14 72

27256

\$ 340.00

George Yerkovich
MAYOR
George Yerkovich
AUDITOR

⑈027256⑈ ⑆1230⑆⑆0166⑆ ⑆90008 3⑈

AUD 10-825-300 6-71

27256

REMITTANCE ADVICE

PLEASE DETACH BEFORE DEPOSITING →

| DATE | YOUR INVOICE NO. | GROSS AMOUNT OR CREDIT MEMO | DISCOUNT | NET AMOUNT | ACCOUNT DISTRIBUTION | | | G/L |
|----------------|--------------------|-----------------------------|----------|------------|----------------------|-----------|--------|-----|
| | | | | | FUND | FUNCTION | OBJECT | |
| CONTRACT 13487 | RELOCATION PAYMENT | | | | | | | |
| 118.72 | | 340.00 | | 340.00 | 513 | 66 87,399 | | 319 |

CITY OF PORTLAND, OREGON

GEORGE YERKOVICH
AUDITOR OF THE CITY OF PORTLAND

Lionida S. McPherson 11/17/72
Received check number 27256

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

August 23, 1972

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

Attn: Chet Daniels

Re: 4051 N. E. Grand Avenue

Dear Sirs:

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

Our inspector reports the following condition does not comply with City Housing Regulations:

1. Cellar stairway lacks a safety handrail.

Due to obvious deficiencies in the plumbing and electrical installation, it will be necessary that you request an inspection from the respective divisions for their certification.

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 made.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CHF:vm

cc: Mr. Keith Dodge
5217 S. E. Hawthorne Blvd.
Plumbing & Electrical Div.

232-0423
Dodge used Appliances
771-4368

Al Harris

PORTLAND DEVELOPMENT COMMISSION

**SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97207
PHONE 238-8169**

February 25, 1971

Mr. Donald L. McPherson
219 N. Stanton
Portland, Oregon

Dear Mr. McPherson:

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

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

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

Please check with us before making any move. If you are unable to come during our regular office hours - 8:30 a.m. to 5:00 p.m., Monday through Friday, an alternate appointment can be arranged by calling 238-8169. Our office is located at 235 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure

September 16, 1972

Mr. Donald L. McPherson
4051 N. E. Grand Avenue
Portland, Oregon 97212

Dear Mr. McPherson:

It appears that the Bureau of Buildings have found conditions in your present apartment which do not comply with City Housing Regulations. From conversation with Mrs. McPherson, it seems the landlord will not bring this apartment within city code in time to conform with the six month allotted you to make application for your rent assistance benefits.

The six month period will end November 9, 1972. There is a 90 day period given to persons who are ineligible solely because they move to substandard housing. This time can be used to fix the substandard condition or move to another location.

Please keep me informed as to what you plan to do. I would advise that you act promptly.

Very truly yours,

C. Daniels
Relocation Advisor

CDL:js

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

November 16, 1972

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

Attn: Chet Daniels

Re: 5718 N. E. 12 Avenue

Gentlemen:

As the result of a displaced person and at your request, an inspection was made by the Housing Division of the two-bedroom unit at the above address.

Our inspector reports the unit is in standard condition and complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

GHF:va
cc: Mr. Davis
c/o Portland Development Comm.

COPY

November 7, 1972

Mr. George Yerkovich
Auditor of the City of Portland
City Hall
Portland, Oregon 97204

Attention: Mr. Robert Jones

Dear Mr. Yerkovich:

Re: Donald L. McPherson
Model Cities - Emanuel Displacee

In accordance with the agreement reached between the City of Portland, Model Cities, and the Portland Development Commission, relative to the method for making Model Cities relocation payments under Contract No. 13487, we submit herein the appropriate completed claim forms for Mr. Donald L. McPherson.

This claim covers a fixed moving payment of \$140 and a dislocation allowance of \$200. Please have a check drawn payable to Donald L. McPherson in the amount of \$340 and send to us for delivery to the client and for noting of our records.

Thank you for your attention in this matter.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure

RELOCATION PAYMENT

Project: Model Cities - Emanuel Parcel: _____

Payable to: Donald L. McPherson

Amount

| | | |
|------------|--|---------------|
| For: _____ | RHP for Homeowners | \$ _____ |
| _____ | Incidental Expenses for Homeowners (if separate claim) | \$ _____ |
| _____ | RHP for Tenants & Certain Others: | |
| | Rental: Total approved \$ _____; Annual amount. | \$ _____ |
| | or Purchase: | \$ _____ |
| <u>X</u> | Fixed Moving Payment | \$ <u>140</u> |
| <u>X</u> | Dislocation Allowance. | \$ <u>200</u> |
| _____ | Actual Moving Costs. | \$ _____ |
| _____ | Storage Costs (if separate claim). | \$ _____ |
| _____ | Business: Moving Expenses. | \$ _____ |
| _____ | Business: In Lieu Payment. | \$ _____ |
| _____ | Business: Storage Costs. | \$ _____ |
| _____ | Business: Loss of Property | \$ _____ |
| _____ | Business: Searching Expenses | \$ _____ |

Name of Client Donald L. McPherson Less - \$ _____ *

Move from 219 N. Stanton Total \$ 340

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

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

Portland Development Commission
1700 S. W. 4th Avenue
Portland, Oregon

PROJECT NAME (if applicable)

Emanuel-Model Cities

Project Number:

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 Donald L. McPherson Family Individual

2. DATE(S) OF MOVE
March 1, 1971

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. Rs-8-2

a. Address 219 N. Stanton
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): 3

e. Date you moved into this address: January 1, 1970

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) 4051 N.E.
Grand Ave. Portland, 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 | <u>\$200.00</u> | |
| Fixed Moving Payment | <u>140.00</u> | |
| (Consult local agency) | | Total \$ <u>340.00</u> |

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

7/7/72
Date

X Donald L. McPherson
Signature of Claimant

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Donald L. McPherson

NAME OF LOCAL AGENCY:

Portland Development Commission

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

i. 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 ^{1/} | Authorized Signature | Date |
|--|----------------------|---|----------------|
| A. Fixed Payment and Dislocation Allowance | \$ | | |
| 1. Fixed payment \$ <u>140.00</u> | |  | <u>11-6-72</u> |
| 2. Dislocation allowance \$ <u>200.00</u> | | | |
| 3. Total \$ <u>340.00</u> | <u>340.00</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 |
|------|--------------|--------|------|--------------|--------|
| | | \$ | | | \$ |
| | | | | | |
| | | | | | |

RECEIVED

JUN 14 1972

PORTLAND DEVELOPMENT COMMISSION

| | |
|-----------|--|
| EX. DIR. | |
| A. DIR. | |
| D. OPER. | |
| SP. ASST. | |

BCW copy to
gh copy to
W&B copy to

June 12, 1972

Mr. George Yerkovich
City Auditor
City Hall
Portland, Oregon 97204

Attention: Charles Spears
Robert Jones

Dear Mr. Yerkovich:

By this letter, you are authorized by the City Demonstration Agency (CDA), to implement a system of payment for relocation benefits for the five (5) Emanuel Hospital displacees at an estimated cost of \$31,025. The CDA is aware of the fact that increased allotment of \$28,005, from the previous budgeted \$28,240 for relocation payments will not have that much of an effect on the budget.

Upon receipt of appropriate documents you may prepare C-4 requisition form and initiate the issuance of warrants. If you have any questions regarding the procedure or its implementation do not hesitate to contact Mr. Michael Henniger, Physical Program Coordinator or Mr. Elvin Roberts, Administrative Management Coordinator.

Sincerely,

Charles Jordan
Executive Director

cc:

~~John Kenward/Portland Development Commission~~
Ben Webb/Portland Development Commission
A. Raubeson/Deputy Director
M. Henniger/Physical Coordinator
E. Warmoth/MC Coordinator

6/12/72

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Official Files

MEMORANDUM

Date June 16, 1972

TO: Rehab
FROM: Relocation
SUBJECT: Relocation Housing Inspection

Donald L. McPherson has come on our caseload by being displaced from his/her residence at 219 N. Stanton (RSB-2) by Emanuel Project (R-20).

Mr. McPherson has found a replacement dwelling at 4051 N. E. Grand. Will you please have the property inspected to insure that it meets relocation standards and a copy of the inspection report sent to me.

An appointment to inspect the property may be made by calling 288-8169.

C. Daniels
(Initials)

Dwelling Unit Inventory

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

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

Miscellaneous (List Items)

Love seat
T.V.
Stereo
Washer & Dryer

COMMENTS: