

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 & 16	CURRY, ROBERT 114 N. E. BEECH 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 Conn. Elvin
PROJECT Beta II

CHECKLIST FOR RELOCATION FILES -- INDIVIDUALS

☐ Copy of Notice to Acquire/Vacate
☐ Copy of Real Estate Option (for owner-occupant only)
☐ City inspection letter (for code enforcement displacee)
☒ 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 3476, rent supplement)
☐ City inspection letter on replacement housing
☐ Copy of earnest money offer on replacement housing
☐ Other:

☐ Moving authorization letters
☐ Dwelling unit inventory sheet
☐ Log sheet for day of move (for professional move)
☐ Release of personal property
☒ DATE OF MOVE
☒ Keys turned into 7/13/71
☐ Utilities shut off
☐ Escrow releases, grants and amounts withheld
☐ Verify no rent outstanding
☐ Other:

☒ HUD forms 6140.1 and 6140.2
☒ HUD forms 6153 and 6154
☒ Other: 6147
☐ Other:

3/21/72 DATE FILE CLOSED

Mtge: Loiland Int. S & L - 224-4444 -
Loan # 12-17679 Barnes, loan officer

R E S U M E

NAME CONE, Elvin

Mr. and Mrs. Cone had been displaced as a result of BETA II Housing Project, which is in the Model Cities area. They moved without the knowledge of PDC and were, therefore, not informed of services and benefits due them.

They had purchased a small home which was found to be standard condition, and thereby qualified for RHP, incidental costs, moving and dislocation allowance. RHP was applied toward the outstanding mortgage without penalty.

Case closed 3/20/72.

BRB

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER Betty Burns ORIGIN OF CASE BETA II PARCEL _____
 NAME Elvin Cone ADDRESS 545 N. E. Sacramento APT NO. _____
 PHONE 775-4448 INITIAL INTERVIEW 2/16/72 SEX M MINORITY GROUP White

AGE 70 U.S. CITIZEN X ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 1942

FAMILY COMPOSITION

Name	Relation	Age
<u>Hazel</u>	<u>Wife</u>	<u>76</u>

Employer: Name Retired \$ 260.70
 Address _____
 MCW Caseworker _____
 Social Security _____
 Va. Fed. Mult. Co. _____
 Pension: Name _____
 Other: Name _____

TOTAL MONTHLY INCOME 260.70

Own: X Power Co. _____ Type Fuel _____ Garbage Co. _____
 Rent: _____ Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn X 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 emergency:

Name _____ Address _____ Phone _____
 Information Statement given to Mr. & Mrs. Cone on 2/16/72 by BRB
 Notice to move given to Mr. & Mrs. Cone 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 hgs. _____
 Out-of-town _____
 Address unknown, abandoned _____
 Evicted, no further _____
 assistance _____
 Other (explain) _____

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

FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: 4705 S.E. 87th Zip _____ Phone 775-4448

New rent or purchase price: \$11,500 No. of rooms 5 S X SS _____

Date

INTERVIEW REGISTER

Relocation
Worker

2/16/72	I called on Mr. and Mrs. Cone in their home today, outlined benefits due them, and found them in a standard dwelling. I found them eligible for a RHP in the amount of \$3,000. They paid \$11,500 for their replacement dwelling and received \$8,500 for their former home. They vacated a 7-room home and will be eligible for \$500 moving/dislocation allowance. I obtained copies of their closing statements and computed incurred reimburseable costs in the amount of \$135. Papers will be prepared for their signature. I am requesting a pay-off balance from Portland Federal Savings & Loan.	BRB
2/18	Portland Federal Savings & Loan notified me that pay-off, including penalty and credit for reserves, will be \$3,536.42. I requested a letter showing the breakdown.	BRB
2/28	Penalty for \$3,000 waived by Portland Federal Savings.	BRB
2/28	Claim forms for reimbursement of settlement costs, RHP (\$3,000), moving/dislocation allowance mailed for signature.	BRB
3/6	Claims returned signed.	BRB
3/8	Claims mailed to City today for payment	BRB
3/20	Warrant mailed to Mr. and Mrs. Cone covering closing settlement costs, moving/dislocation allowance (\$644.35).	
	Warrant #8590 in the amount of \$3,000, payable to Mr. and Mrs. Cone and Portland Federal Savings, mailed to Portland Federal to apply toward Cone mortgage.	
	Case closed.	BRB

March 20, 1972

Portland Federal Savings
444 S. W. Fifth Avenue
Portland, Oregon 97204

Attention: Karen West

Gentlemen:

Re: CONE, Elvin L.
Escrow Account

Enclosed you will find City of Portland Warrant No. 8590 in the amount of \$3,000, to be applied to Mr. and Mrs. Cone's mortgage loan #12-17679.

Thank you for your cooperation.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BDI:ch
Enclosure

CLAIM FOR RELOCATION PAYMENT

HUD-6147

(4-66)

(Settlement Costs Incurred by Owner)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code)

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

PROJECT NAME (If applicable)

Beta II

PROJECT NUMBER

INSTRUCTIONS: Complete all applicable items and sign certification in Block 5. Consult the local agency as to documents to be submitted with this claim.

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. IDENTIFICATION OF CLAIMANT

Name (as shown in deed to local agency or in condemnation proceeding)

Elvin L. Cone

Address (Include ZIP code)

4705 S.E. 87th Ave.
Portland, Oregon 97266

2. IDENTIFICATION OF PROPERTY

a. Address or Legal Description

545 N.E. Sacramento
Portland, Oregon

c. Did you occupy this property either as a resident or for the purpose of carrying out business operations?

b. Parcel Number(s)

N/A

☒ Yes ☐ No

3. SETTLEMENT COSTS INCURRED BY CLAIMANT IN TRANSFERRING PROPERTY TO LOCAL AGENCY

ITEM (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	CHARGED TO CLAIMANT ON SETTLEMENT STATEMENT (b)	PAID DIRECTLY BY CLAIMANT (c)	AMOUNT CLAIMED (Col. (b) + (c)) (d)	AMOUNT APPROVED (e)
Title Insurance	\$ 62.50	\$ 62.50	\$ 62.50	\$ 62.50
Escrow Fees	71.00	71.00	71.00	71.00
Transfer Tax	9.35	9.35	9.35	9.35
Recording Fee	1.50	1.50	1.50	1.50
TOTAL	\$ 144.35	\$ 144.35	\$ 144.35	\$ 144.35

4. LISTING OF DOCUMENTS SUBMITTED HERewith IN SUPPORT OF AMOUNTS ENTERED IN ITEM 3, COLUMN (c)

RECEIVED

MAR 9 1972

ADMINISTRATION

5. 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 this claim, and that any receipts submitted herewith accurately reflect costs actually incurred.

Date

Signature of claimant

(Over)

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR
HOMEOWNERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY

PROJECT NAME (if applicable)

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

Beta II

PROJECT NUMBER:

INSTRUCTIONS: Complete all applicable items and sign certification in Block 4. 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.

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 OWNER-OCCUPANT CLAIMANT (as shown in deed to displacing agency or in condemnation proceeding) 2. DATE OF DISPLACEMENT:

☒ Family ☐ Individual

Parcel No. N/A

3. INFORMATION IN SUPPORT OF CLAIM

A. Differential Payment

Part I. Data on dwelling unit from which you moved

1. Address of dwelling unit from which you moved 545 N.E. Sacramento, Portland
2. Date you first occupied this dwelling as the owner 1942
Month-Day-Year
3. Number of bedrooms in the dwelling 4
4. Date of initiation of negotiations for local agency acquisition of dwelling 1971
5. Payment made by local agency for the dwelling \$ 8,500

Part II. Data on dwelling unit to which you moved

6. Address of dwelling unit to which you moved (include ZIP Code)
4705 S.E. 87th Ave., Portland 97266
7. Number of bedrooms in replacement dwelling 2
8. Purchase price of the replacement dwelling \$ 11,500

Page 1.

RHP-1

RECEIVED
MAR 9 1972
ADMINISTRATION

9. Complete either a. or b.:

a. If you have purchased and occupy the replacement dwelling:

Date you signed
purchase agreement 7/13/71 Date of
Settlement 7-13-71
Month-Day-Year Month-Day-Year

b. If you have purchased but do not yet occupy the replacement dwelling:

Date you signed
purchase contract _____ Date of
settlement _____
Month-Day-Year Month-Day-Year

Date you expect
to occupy _____
Month-Day-Year

10. Check method you choose to determine the replacement housing cost that will be used as a basis for computing the amount of the differential payment

X Schedule

_____ Comparative

B. Interest Payment

1. Outstanding balance of mortgage (if any) on dwelling from which you moved \$ -0-
2. Number of monthly payments remaining on the mortgage _____
3. Annual interest rate of mortgage on the dwelling from which you moved _____%
4. Annual interest rate of mortgage on the replacement dwelling _____%
5. Prevailing annual interest rate paid on standard passbook savings accounts by savings banks in the community where the replacement dwelling is located _____%

C. Incidental Expenses (List incidental expenses incurred by you in connection with the purchase of replacement dwelling. If more space is necessary, use additional sheets.)

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

Listing of documents submitted herewith in support of amounts entered in Column (d) above: Documentation for the above claim must be submitted.

I submit this information in support of a claim for a Replacement Housing Payment under Section 203 of P.L. 91-646, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 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, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

Mar. 3 - 72
Date

John L. Bone
Signature of Owner-Occupant(s)

RECEIVED

Page 3.

RHP-3

MAR 9 1972

ADMINISTRATION

(For Local Agency Use Only)
DETERMINATION OF ELIGIBILITY FOR REPLACEMENT
HOUSING PAYMENT FOR HOMEOWNERS

NAME AND ADDRESS OF CLAIMANT:

Elvin L. Cone
4705 S.E. 87th Ave.
Portland, Oregon 97266

NAME OF LOCAL AGENCY:

Portland Development Commission

INSTRUCTIONS: Complete this form to determine eligibility of claimant for Replacement Housing Payment for Homeowners. Attach the completed form to the pertinent claim form filed by claimant. 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. Attach an explanation of any entries which differ from claimant's entries on claim form.

1. Did the claimant own the dwelling at the time of acquisition? ☒ Yes ☐ No

Initial Date of Ownership: 1942 Date of Acquisition: 7-15-71
Month-Day-Year Month-Day-Year

2. Did the claimant own and occupy the dwelling at least 180 days prior to the initiation of negotiations? ☒ Yes ☐ No

Initial Date of Ownership: 1942 Date of Initiation of
Negotiations: 1971

3. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement? ☒ Yes ☐ No

Date of Displacement: 7-13-71 Date of Purchase of Replacement
Housing: 7-13-71

Date of Occupancy of Replacement Housing: 7-13-71
(If the claimant was unable to occupy the replacement housing within the required one-year period, use reverse side of this form to provide explanation.)

4. Did the claimant have a bona fide mortgage on his dwelling for at least 180 days prior to initiation of negotiations? ☐ Yes ☒ No

Issuance Date of Mortgage: _____ Date of Discharge of
Mortgage: _____

Date of Initiation of Negotiations: _____

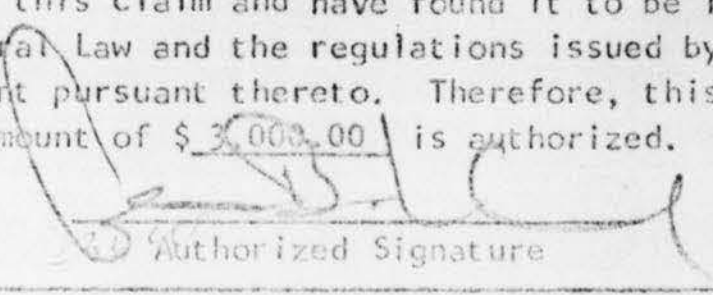
5. Has the replacement housing been inspected and found to be standard? (Attach copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.) ☒ Yes ☐ No

6. CERTIFICATION OF LOCAL AGENCY

This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement. 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 \$ 3,000.00 is authorized.

3-6-72

Date


Authorized Signature

7. RECORD OF PAYMENT

Date of Payment: _____ Check No. _____ Amount: \$ _____

RHP-4

RECEIVED

Page 4.

MAR 9 1972

ADMINISTRATION

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

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

PROJECT NAME (if applicable)
Beta II
Project Number: N/A

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 X Family Individual
Elvin L. Cone

2. DATE(S) OF MOVE
July 13, 1971

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO.
a. Address 545 N.E. Sacramento, Portland
b. Apartment, Floor, or Room Number
c. Was it furnished with your own furniture?
X Yes No
d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 7
e. Date you moved into this address: 1942

4. DWELLING UNIT TO WHICH YOU MOVED
a. Address (include ZIP Code) 4705 S.E. 87th Ave., Portland 97266
b. Apartment, Floor, or Room Number
c. Were household goods moved to or from storage?
 Yes X No
If "Yes", complete table, "Statement of Claim for Storage Costs"

5. TOTAL CLAIM (if 5 b. marked above)
Dislocation Allowance \$200.00
Fixed Moving Payment 300.00
(Consult local agency) Total \$ 500.00

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

Mar 3 - 72
Date

Elvin L. Cone
Signature of Claimant

M-1

RECEIVED

Page 1.

MAR 9 1972

ADMINISTRATION

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

NAME AND ADDRESS OF CLAIMANT

Elvin L. Cone
4705 S.E. 87th Ave.
Portland, Oregon 97266

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.

1. Does claimant meet basic eligibility requirements? ☒ Yes ☐ No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

3. If claim is for a self-move, does approved amount exceed estimated cost of accomplishing the move through services of a commercial mover or contractor?
☐ Yes ☐ No

If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(form continued on next page)

Page 3.

M-6


RECEIVED

MAR 9 1972

ADMINISTRATION

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>300.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>500.00</u>	\$ <u>500.00</u>		<u>3-6-72</u>
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____			
2. Supplementary payment(s) for storage costs:			
3. Final payment for moving expenses covering storage and related costs			

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

5. RECORD OF PAYMENTS MADE

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

MAR 9 1972

Page 4

March 20, 1972

Mr. and Mrs. Elvin L. Cone
4705 N. E. 87th Avenue
Portland, Oregon 97266

Dear Mr. and Mrs. Cone:

We are enclosing City of Portland Warrant No. 8589 in the amount of \$644.35. This represents relocation benefits due you as a result of your displacement from 545 N. E. Sacramento Street, as follows:

Fixed payment for moving costs	\$300.00
Dislocation allowance	200.00
Reimbursement of settlement costs	<u>144.35</u>
Total now due you	\$644.35

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosure

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW/DRB:ch
Enclosures

February 28, 1972

Mr. and Mrs. Elvin L. Cone
4705 N. E. 87th Avenue
Portland, Oregon 97266

Dear Mr. Cone:

Enclosed for your signature are three claim forms covering the following relocation benefits to which you are entitled as a result of your displacement from 545 N. E. Sacramento Street:

Fixed payment for moving costs	\$ 300.00
Dislocation allowance	200.00
Replacement Housing Payment	3,000.00
Reimbursement of Settlement Costs	144.35

Please sign all three forms, in the place indicated by an "X", and return them to our office in the envelope provided.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and

March 8, 1972

Mr. Elvin Roberts
Administrative Management Coordinator
Portland Model Cities
5329 N. E. Union Avenue
Portland, Oregon 97211

Dear Mr. Roberts:

Re: Beta II Relocation Payments (Elvin L. Cone)

We refer to the March 3, 1972 letter from Mr. Raubeson, copy to you, relative to the method for making Beta II relocation payments. In compliance with the provisions of the letter, we submit herein the appropriate completed claim forms for Mr. Elvin Cone as follows:

Settlement Costs	\$ 144.35
Replacement Housing Payment	3,000.00
Moving Cost and Dislocation Allowance	<u>500.00</u>
Total	\$3,644.35

Mr. Cone had purchased his replacement dwelling before he was aware that he was eligible to receive relocation benefits. He therefore financed the purchase through a mortgage with the Portland Federal Savings and Loan Company. The \$3,000 replacement housing payment is to be used to pay off part of the mortgage. Therefore, please have two checks drawn, payable as follows:

Portland Federal Savings & Loan and Elvin Cone	\$3,000.00
Elvin Cone	\$ 644.35

The checks should be sent to us for delivery to the client.

We wish to thank you for your attention in this matter.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosure

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Elvin L. Cone Project Beta II
 2. Date(s) of move 7-13-71 Parcel No. -
 3. Dwelling unit from which you moved:
 Address 545 N.E. Sacramento No. of rooms 7
- Furnished ☒ Unfurnished Date you moved into this unit 1942
 4. Dwelling unit to which you moved:
 Address 4705 S.E. 87th
 Were goods moved to or from storage? - Yes ☒ No

5. Total claim \$500.00

 FIXED PAYMENT: \$200 + \$300.00 = \$500.00

ACTUAL MOVING COSTS

6. Name of moving company (or person) _____
 7. Mover's telephone _____ 8. Mover's address _____
 9. Method of payment
- a. reimburse client (show paid bill)
- b. pay mover directly (show bill)
- c. let local agency contract with mover
 10. Amount actual costs
 a. Moving costs (attach receipt or voucher) \$ _____
 b. Cost of insurance (attach invoice) \$ _____
 c. Storage cost (attach receipt or voucher) \$ _____

STORAGE COSTS

Name, address and ZIP code of storage company

- A. Type of claim - initial - supplementary - final
 B. Storage period
 1. Total period: _____ months. Check one: - Actual - Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____
 C. Storage Costs
- | | | <u>Approved</u> |
|------------------------------------|----------|-----------------|
| 1. Monthly rate | \$ _____ | \$ _____ |
| 2. Total costs actually incurred | \$ _____ | \$ _____ |
| 3. Amount previously received | \$ _____ | \$ _____ |
| 4. Amount claimed (line 2 minus 3) | \$ _____ | \$ _____ |
- D. Description of Property Stored: please list on back of this sheet.
 E. Method of Payment
- reimburse client (attach receipt or paid bill)
- pay storage company directly (attach bill)

(For Local Agency Use Only)
WORKSHEET FOR COMPUTATION OF REPLACEMENT
HOUSING PAYMENT FOR HOMEOWNERS

NAME AND ADDRESS OF CLAIMANT

Clavin L. Cone
4705 S.E. 87th

COMPUTATION PREPARED BY:

Betty R. Burrell *3/28/72*
Name 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 Blocks B and C; then complete Block A.

A. COMPUTATION OF TOTAL REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

1. Amount of differential payment (Block B, Line 6) \$3000.00
2. Plus interest payment (Block C, Step 4, Last line) + \$
3. Plus costs incidental to purchase (Total amount approved by agency, from claim form, Block 3C, Column (e)) + \$
4. Total (Sum of Lines 1, 2, and 3) \$3000.00
5. Minus adjustments (Attach explanation; e.g., amount previously received as Replacement Housing Payment for Tenants and Certain Others) - \$
6. Total Replacement Housing Payment for Homeowner (Line 4 minus Line 5) \$3000.00

(Enter this amount in the space provided in Block 6 on the Guideform Determination of Eligibility for Replacement Housing Payment for Homeowners)

B. COMPUTATION OF DIFFERENTIAL PAYMENT

Required Information

1. Actual purchase price of replacement dwelling \$11,500.00
2. Cost of comparable replacement dwelling (Cost based on: ✓ Schedule Comparative Other) \$21,940.00
3. Acquisition payment made by agency for claimant's former dwelling \$8,500.00

Computation

4. Line 1 or Line 2, whichever is less \$11,500.00
5. Minus Line 3 - \$8,500.00
6. Amount of differential payment \$3,000.00

WORKSHEET FOR RHP CLAIM FOR HOMEOWNERS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Beta II

Full name Elinor L. Connel

PROJECT NO. _____

Date of Displacement 7-13-71

☒ Family ☐ Individual

Parcel No. _____

A. I Address of unit from which you moved 545 N.E. Sacramento
 Date you first occupied as owner-occupant 1942
 Number of bedrooms 4 Date of initiation of negotiations 1971
 Payment made by local agency for this dwelling \$ 8500.00

A. II Address of unit to which you moved 4705 A.E. 87th
 Number of bedrooms 2 Purchase price of replacement dwelling \$ 14,500.00
 Date you signed purchase agreement 7-13-71
 Date of settlement 7-13-71
 Date you expect to occupy 7-13-71
 Compute RHP on ☒ schedule ☐ comparative

B. Interest Payment.

- | | |
|--|----------|
| 1. Outstanding mortgage on original dwelling | \$ _____ |
| 2. Number of monthly payments remaining on mortgage: | _____ |
| 3. Annual interest on mortgage of original dwelling | _____ % |
| 4. Annual interest rate of mortgage on new dwelling | _____ % |
| 5. Prevailing interest rate on passbook savings | _____ % |

C. Incidental expenses.

<u>Item</u>	<u>Charged to Claimant</u>	<u>Paid by Claimant</u>	<u>Claimed</u>	<u>Approved</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List of documents submitted (attached) in support of above:

Determination

- Did client own dwelling at time of acquisition ☒ Yes ☐ No
 Initial date of ownership 1942 Date of acquisition 7-15-71
- Did client own and occupy 180 days prior to negotiations? ☒ Yes ☐ No
- Did client purchase and occupy replacement housing within one year from date of displacement ☒ Yes ☐ No
 Date of displacement 7-13-71
 Date of purchase of replacement housing 7-13-71
 Date of occupancy of replacement housing 7-13-71
- Did claimant have a bona fide mortgage on his dwelling 180 days prior to negotiations? ☐ Yes ☒ No
 Issuance date of mortgage _____
 Date of discharge of mortgage _____
 Date of initiation of negotiations _____
- Is replacement dwelling standard ☒ Yes ☐ No

GUARANTY ESCROWS, INC.

5539 E. BURNSIDE
PORTLAND, OREGON 97215

THIS STATEMENT COVERS MONEY SETTLEMENT ONLY. ANY PAPERS TO WHICH YOU ARE ENTITLED WILL FOLLOW. IT IS SUGGESTED THAT YOU RETAIN THIS STATEMENT FOR INCOME TAX INFORMATION

ESCROW NO. 2400 - 4715

ESCROW STATEMENT

Elvin L. Cone and Hazel B. Cone

July 13, 1971st

Brath transaction

Closed as of _____ 19__

DESCRIPTION	CHARGES		CREDITS	
	\$		\$	
4705 SE 87th Avenue				
Deposit Funds transferred from Escrow #4672			7,838	90
Demand	11,500	00		
Title Insurance Policy No.				
Escrow Fee 1/2	37	00 ✓		
Taxes				
City Liens				
RECORDING:				
Contracts				
Assignments of Contract				
Deeds		1 50 ✓		
Mortgages				
Trust Deed				
Releases of Mortgage				
PRO-RATIONS: July 15				
Interest on \$ from to				
Insurance on \$ 9000 from 7-15 to 3-9-72		16 72		
Taxes on \$ 276.70 from 7-1 to 7-15, credit - using 70-71 base			11 50	
Rents @ \$ per/m from to				
Credit from seller for repairs			100	00
Paid for real estate commission,				
Paid for				
July balance of mortgage assumed			3,806	54
Interest prepaid from 7-15 to 8-1		10 00		
Reserves as of July		248 69		
Balance Due as additional credit from seller, per agreement			106	97
Balance — Our Check Herewith				
TOTAL	11,863	91	11,863	91

Approved & Accepted:

By Elvin L. Cone
Hazel B. Cone

GUARANTY ESCROWS, INC.

By Barbara Asst

GUARANTY ESCROWS, INC.

5539 E. BURNSIDE
PORTLAND, OREGON 97215

THIS STATEMENT COVERS MONEY SETTLEMENT ONLY. ANY PAPERS TO WHICH YOU ARE ENTITLED WILL FOLLOW. IT IS SUGGESTED THAT YOU RETAIN THIS STATEMENT FOR INCOME TAX INFORMATION

ESCROW NO. 10073-4672

ESCROW STATEMENT

Elvin L. Cone & Hazel B. Cone

July 15, 1971

Reynolds transaction

Closed as of _____ 19____

DESCRIPTION	545 N. E. Sacramento	CHARGES		CREDITS	
		\$		\$	
Deposit					
Demand				8,500.00	
Title Insurance Policy No.	owner's	62.50	✓		
Escrow Fee	1/2	34.00	✓		
Taxes					
City Liens					
Multnomah County Tax		9.35	✓		
RECORDING:					
Contracts					
Assignments of Contract					
Deeds					
Mortgages					
Trust Deed					
Releases of Mortgage					
PRO-RATIONS:					
Interest on \$	from to				
Insurance on \$	from to				
Taxes on \$	from 7-1 to 7-15	6.46			
Rents @ \$	per/m from to				
Paid M. McKenney Realty & Mayfair Realty	for real estate commission.	510.00			
Paid	for				
Balance of 1970-71 taxes		38.79			
Balance Due					
Balance — Our Check Herewith	Transfer to Escrow #4715	7,838.90			
TOTAL		8,500.00		8,500.00	

Approved & Accepted:

By _____

GUARANTY ESCROWS, INC.

By Barbara Bassett



LOAN PAYOFF STATEMENT

Portland Federal Savings444 S.W. Fifth Avenue • Portland, Oregon 97204
224-4444Date February 21, 1972Loan No. 12-17679Name Elvin L. ConeProperty Address 470 SE 87th St.Attention: Betty BurnsYour reference: _____ Portland, Oregon

Mail to: _____

Portland Development Commission
1700 SW 4th St.
Portland, Oregon 97201

cc: as above

RECEIVED

FEB 23 1972

PORTLAND DEVELOPMENT COMMISSION

Principal balance as of <u>2/21/72</u>	\$	<u>3,587.84</u>
Prepayment Premium	\$	<u>80.76</u>
PLUS Reconveyance fee	\$	<u>10.00</u>
	\$	<u>90.76</u>
TOTAL		<u>3,678.60</u>
Reserve Account balance	\$	<u>142.18</u>
LESS (includes reserves for current month)		
Loan Cancellation Premium (refund)	\$	<u>148.02</u>
Unearned interest from <u>2/21/72</u>	\$	<u>5.84</u>
Total pay-off on or before <u>2/21/72</u>		<u>3,530.58</u> *
*Thereafter add interest of \$ <u>.73</u> per day and \$ <u>None</u> per month for Loan Cancellation.		

Taxes have been paid in full for 19 71 1972 in the amount of \$ 285.75

PLEASE NOTE:

1. There will be no pre-payment premium, if the loan is refinanced by Portland Federal Savings, EXCEPT in the case of FHA loan pre-payment charge.
2. Fire Insurance premiums Submitted for payment, will be paid unless otherwise instructed.

Prepared by *Lyne West*Checked by *Dana Selzer*

LS-2 10/67

PLEASE VERIFY THE FOLLOWING LEGAL DESCRIPTION BEFORE ISSUING FINAL PAY-OFF:

The South 10 feet of Lot 5, all of Lot 6, in Block 7, SAGINAW HEIGHTS;
in the City of Portland, County of Multnomah and State of Oregon.

February 2, 1972

Mr. Elvin Cone
4705 S. E. 87th Avenue
Portland, Oregon 97266

Dear Mr. Cone:

We have been advised that you were displaced from your former residence at 545 N. E. Sacramento by the Beta II Housing Project. Since the Project is in the Model Cities Area and the Department of Housing and Urban Development has determined the Project was undertaken in connection with the Model Cities Program, it appears that you may be eligible for relocation benefits.

Enclosed is a pamphlet which outlines the benefits. You will soon be contacted by a representative of the Portland Development Commission which is assisting Model Cities in its relocation program.

Should you have any questions relative to benefits before you are contacted, please call me at 224-4800.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosure

R E C E I T

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

Elvin L. Cone

2/16/72
date

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 & 16	CURRY, ROBERT 114 N. E. BEECH 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		

R E S U M E

Client referred to PDC by Model Cities. Dwelling had been posted by the Bureau of Buildings and Bureau of Health as unfit for human habitation; also, the two-bedroom dwelling was underhousing the ten-member Curry family.

PDC advisor met many problems; i.e., tax lien, court judgment, poor credit; however, with excellent cooperation from clients, PDC advisor cleared all obstacles and located a builder to purchase his lot.

Currys were relocated in a five-bedroom, well-maintained home, with a small contract balance owing to seller.

BRB

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME CURRY, Robert RELOCATION ADVISOR BRB
 ADDRESS 114 N. E. Beech PHONE 282-1634 PROJECT NAME Model Cities
 SEX M ETHN Black VETERAN X AGE 43 PARCEL NO. _____
 MARITAL STATUS M TENURE 0/0
 DISABILITY St. Ind. Acc. X INDIV _____ FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 1/31/73 DATE INFO PAMPHLET DELIVERED 1/31/73
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY Wife

DATE ON SITE:	<u>1955</u>
INITIATION OF NEGOTIATIONS:	<u>1/31/73</u>
DATE OF ACQUISITION:	_____

ECONOMIC DATA

Employer Unemployment \$ 508.00
 Address _____
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 508.00

FAMILY COMPOSITION

Name	Relation	Age
Dorothy	Wife	40
Robert	Son	17
Madelyn	Dtr.	16
Kathleen	"	14
Linda	"	13
Calvin	Son	10
Michael	"	12
Anthony	"	8
Victor	"	5

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1920 ^{approx.} No. Rooms 5
 No. Bedrooms 2 Furn. X Unfurn _____
 Utilities \$ 45
 Monthly Payments (Rent) \$ 50.00
 Acquisition Price \$ 800.00
 Taxes \$ 146 Equity \$ F & C
 Liens \$ 696.19

Size of Habitable Area 750⁶

Legal Description: Bl. 15, E. 1/2 of Lots 15 & 16

HOUSING REFERRALS

Address	Bedrooms
<u>1103 N.E. Spaur</u>	<u>5</u>
<u>5701 N. Haight</u>	<u>5</u>
<u>5009 N. Dodge</u>	<u>5</u>
<u>5704 N. Commercial (Bee+)</u>	<u>5</u>
_____	_____
_____	_____

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	_____
Food Stamp Program	_____
Housing Authority	_____
Legal Aid	_____
FISH	_____
Health Dept.	_____

New add: 5704 N. Commercial - 289-0217

AGENCY ACTION:	REASONS:
Appeals	
icted	
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 5704 N. Commercial Phone 289-0217 Date of Move 5/19/73

WHERE RELOCATED:				S	SS
Same City	<u>✓</u>	Subsidized Sales		<u>✓</u>	
Outside City		Subsidized Rental			
Out of State		Public Housing			
		Private Rental			
		Private Sales	<u>✓</u>		
		Single Family			
		Multiple Family			
		Duplex			
		Mobile Home			

Furnished _____ Unfurnished ✓ Number of Rooms 9 Number of Bedrooms 5 Habitable Area 1600 ^{sq}

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ 18,350.00

Age of Structure: 1922 ^(approx.) Taxes \$ 571.00 Equity \$ 15,420.00 Distance Moved Away _____

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED			
Type	Ck #	Date	Amount
RHP	<u>42120</u>	<u>5/17/73</u>	\$ <u>15,000.00</u>
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	<u>42120</u>	<u>5/17/73</u>	\$ <u>420.00</u>
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ 18,350.00

Down Payment \$ 420.00

RHP \$ 15,000.00

Total Down - \$ 15,420.00

Total Mortgage \$ 2930.00

(on trust deed)

TOTAL BENEFITS RECEIVED \$ 15,420.00

REALTOR: James H. H. H. ESCROW CO. Home Title Co. OFFICER: Paul H. H.
Jim Douglas, owner.

INTERVIEW REGISTER

Date		Relocation Worker
1/31/73	<p>At the request of Stan Jones, I called on Mr. Curry and his family. I learned that PDC's Rehab and Finance representative, Mr. Eidem; City of Portland Building Inspector, Chet Collingsworth; City of Portland Electrical Inspector, and Plumbing Inspectors, have been through client's home.</p> <p>This case is being handled by PDC at the request of Model Cities, with Mike Lyons and Mike Henniger having talked to Mr. Curry many times.</p> <p>I have requested of Mr. Collingsworth a copy of his evaluation.</p> <p>There has not as yet been an established procedure in the area of who should request a preliminary title report and which agency (PDC or Model Cities) should be billed. I have requested a ruling from Mike Lyons and Ben Webb in order to proceed.</p>	BRB
2/2	<p>Mike Lyons informed me today that he has requested Chet Collingsworth to withhold his letter evaluating the City inspections until a title report is obtained.</p>	BRB
2/2	<p>I telephoned Mr. Curry today to inform him that I was gathering information. He told me he has received letters from the City Plumbing Division and Electrical Division. Copies have been requested from above divisions.</p>	BRB
2/5	<p>Copies of violation reports received from City (Plumbing & Electrical). I am awaiting authorization from Model Cities to order a Preliminary Title Report.</p>	BRB
2/7	<p>I have requested Roland West, (PDC Finance) with the approval of Don Silvey, to make a preliminary title search on behalf of this client at no cost. Mr. West said he would be glad to do this for me and will report by 2/9/73. I have reported the above to Mr. Curry who this A.M. has complained to Mayor Goldschmidt's office.</p> <p>Information for file: Mult. Co. Tax #010503460 Legal description: Bl. 15, E. 1/2 of Lots 15/16 Albina Addition Mult. Co. Tax contract: #13559 H. L. Holub, Mult. Co. Dept of Finance - 248-3350</p>	BRB
2/13/73	<p>Preliminary title search received from PDC Finance Dept. (Roland West), showing several judgments and liens against Mr. Curry. Mike Lyons of Model Cities instructed me to request of the Housing Division, Bureau of Buildings, a letter showing citations, also requested Mr. Cuda, Bureau of Health, to submit his decision on whether or not to post Curry dwelling.</p>	BRB
2/13	<p>(P.M.) Chet Collingsworth, City of Portland, Housing Division, telephoned that he would be preparing a letter to Mr. Curry, summarizing his findings on Curry dwelling. I requested a letter for file and upon receipt of same will take findings to Mike Lyons, Model Cities.</p>	BRB
2/16	<p>Letter received from Bureau of Buildings reciting deficiencies of dwelling.</p>	BRB
2/20	<p>Letter from Multnomah County Dept. of Medical Services (dated 2/16/73), along with Abatement Notice (dated 2/9/73) received stating dwelling is sub-standard and must be vacated within 30 days. Contact with Mr. Curry reveals Abatement Notice has not been posted on dwelling. Mr. Curry came into office to discuss and review above and is today conferring with an attorney, Bonnie J. Broeder of Legal Aid, regarding judgments and liens against his property in an attempt to correct those that can be removed as a result of his</p>	

INTERVIEW REGISTER

Date		Relocation Worker
2/20/ 73	<p>continued: bankruptcy. Mr. Webb and I assured him that we understand his impatience but that all possible avenues of resolution are being pursued and we will be in close touch with him.</p> <p>I have placed telephone request with Mr. Cuda to inquire regarding the Abatement Notice of 2/9/73.</p>	BRB
2/20	<p>Mr. Webb referred Mr. Curry to Dorothy Hardy, Model Cities Appeals Board, (282-1629) to inquire as to whether a more substantial grant is possible for rehabilitation of dwelling.</p>	BRB
2/21	<p>Mayo Cuda, Dept. of Medical Services, telephoned that the Abatement Notice dated 2/9/73 will be posted on Mr. Curry's dwelling on 3/9/73, allowing at that time thirty (30) days to vacate. I have informed Mr. Curry of above.</p>	BRB
2/26	<p>I contacted Ray Wilson to discuss the feasibility of rehabilitating Mr. Curry's dwelling. He stated it can be brought up to code in electrical and plumbing areas; however, with only \$1,000 grant available, he felt not too much could be done structurally. In view of the fact that Dept. of Medical Services is going to post the dwelling for sub-standard conditions (over-crowding), Ray felt relocating the family the reasonable route to follow. Ray introduced me to Neil Kelly, contractor, who has dwellings which he rents and would be willing to sell and carry a contract. I outlined my concern in regard to relocation for Currys, knowing that a conventional loan or FHA 235 would be unattainable. He has two homes at this time that are 5-bedroom dwellings, selling price approximately \$17,500. I will make an appointment to see interiors after presenting above to Model Cities.</p>	BRB
2/28	<p>Letter mailed to Model Cities (copy to Stan Jones) evaluating client's housing problems. Recommendation submitted to relocate family in standard housing and not consider rehabilitation.</p>	BRB
3/19	<p>Mr. Curry telephoned to report that he has received a letter from Dept. of Medical Services stating he must vacate by April 15, 1973. I contacted Mike Henniger of Model Cities to discuss this case and to inquire as to Model Cities evaluation of our letter recommending relocation. Mike stated Currys are not considered eligible for relocation but perhaps for rehab of dwelling. Mike further requested that I contact Ray Wilson (PDC Rehab), and ask that he give immediate attention to the Curry situation. I relayed the request and notified Mr. Curry. I do not know what Mike plans to do in regard to the vacation notice from Dept. of Medical Services.</p>	BRB
3/23	<p>Copy of memo to Don Silvey from Ray Wilson evaluating rehab estimates showing infeasibility of attempting to bring dwelling up to City code. Chet Collingsworth telephoned me that he would have the dwelling posted on 3/26/73. Ben Webb has told me to proceed on relocation. I will proceed to locate a suitable dwelling for the Currys.</p>	BRB
3/26	<p>Norm Beukelman and I looked at two 5-bedroom dwellings owned by Neil Kelly. Either dwelling would be adequate and Mr. Kelly is willing to carry a contract on balance, if and when Currys are ready. He will let me know sales price.</p>	BRB
3/27	<p>City of Portland Bureau of Buildings has posted clients' dwelling with a thirty-day notice to vacate. I have requested Harold Hand, Real Estate Chief, to make an appraisal of the land and improvements and have asked Norm Beukelman of Real Estate Dept. to assist in locating a developer who would possibly purchase land and dwelling and take responsibility of demolishing the dwelling.</p>	BRB

INTERVIEW REGISTER

Date		Relocation Worker
2/20/73	<p>continued: bankruptcy. Mr. Webb and I assured him that we understand his impatience but that all possible avenues of resolution are being pursued and we will be in close touch with him.</p> <p>I have placed telephone request with Mr. Cuda to inquire regarding the Abatement Notice of 2/9/73.</p>	BRB
2/20	Mr. Webb referred Mr. Curry to Dorothy Hardy, Model Cities Appeals Board, (282-1629) to inquire as to whether a more substantial grant is possible for rehabilitation of dwelling.	BRB
2/21	Mayo Cuda, Dept. of Medical Services, telephoned that the Abatement Notice dated 2/9/73 will be posted on Mr. Curry's dwelling on 3/9/73, allowing at that time thirty (30) days to vacate. I have informed Mr. Curry of above.	BRB
2/26	I contacted Ray Wilson to discuss the feasibility of rehabilitating Mr. Curry's dwelling. He stated it can be brought up to code in electrical and plumbing areas; however, with only \$1,000 grant available, he felt not too much could be done structurally. In view of the fact that Dept. of Medical Services is going to post the dwelling for sub-standard conditions (over-crowding), Ray felt relocating the family the reasonable route to follow. Ray introduced me to Neil Kelly, contractor, who has dwellings which he rents and would be willing to sell and carry a contract. I outlined my concern in regard to relocation for Currys, knowing that a conventional loan or FHA 235 would be unattainable. He has two homes at this time that are 5-bedroom dwellings, selling price approximately \$17,500. I will make an appointment to see interiors after presenting above to Model Cities.	BRB
2/28	Letter mailed to Model Cities (copy to Stan Jones) evaluating client's housing problems. Recommendation submitted to relocate family in standard housing and not consider rehabilitation.	BRB
3/19	Mr. Curry telephoned to report that he has received a letter from Dept. of Medical Services stating he must vacate by April 15, 1973. I contacted Mike Henniger of Model Cities to discuss this case and to inquire as to Model Cities evaluation of our letter recommending relocation. Mike stated Currys are not considered eligible for relocation but perhaps for rehab of dwelling. Mike further requested that I contact Ray Wilson (PDC Rehab), and ask that he give immediate attention to the Curry situation. I relayed the request and notified Mr. Curry. I do not know what Mike plans to do in regard to the vacation notice from Dept. of Medical Services.	BRB
3/23	Copy of memo to Don Silvey from Ray Wilson evaluating rehab estimates showing infeasibility of attempting to bring dwelling up to City code. Chet Collingsworth telephoned me that he would have the dwelling posted on 3/26/73. Ben Webb has told me to proceed on relocation. I will proceed to locate a suitable dwelling for the Currys.	BRB
3/26	Norm Beukelman and I looked at two 5-bedroom dwellings owned by Neil Kelly. Either dwelling would be adequate and Mr. Kelly is willing to carry a contract on balance, if and when Currys are ready. He will let me know sales price.	BRB
3/27	City of Portland Bureau of Buildings has posted clients' dwelling with a thirty-day notice to vacate. I have requested Harold Hand, Real Estate Chief, to make an appraisal of the land and improvements and have asked Norm Beukelman of Real Estate Dept. to assist in locating a developer who would possibly purchase land and dwelling and take responsibility of demolishing the dwelling.	BRB

INTERVIEW REGISTER

Date		Relocation Worker
3/30/73	Copy of letter received from Chet Collingsworth, Bureau of Buildings, notifying Mr. Curry that present dwelling has been posted with a thirty day vacating provision, effective 4/27/73. Harold Hand, PDC Real Estate Chief, will make an appraisal on land and improvements, Norm Beukelman of PDC Real Estate Division is obtaining bids from developers, requesting that purchaser assume demolition responsibility, and Curry will have adequate remaining funds to satisfy back property taxes. I have located several large homes, some with the seller agreeing to carry back a contract, which I feel is the procedure necessary since he does not have employment and has a recent bankruptcy.	BRB
4/2	At my request, Harold Hand, Chief, Real Estate, PDC, made an appraisal of clients' land and improvements, placing value at \$2,000. Copy of appraisal mailed to Model Cities, attention: Mike Lyons. Norm Beukelman, Real Estate Dept., is in process of obtaining bids from developers who will commit themselves to razing the dwelling.	BRB
4/9/	Norm and I called on Tom Hollcraft, builder and redeveloper, who verbally agreed to purchase Curry's property for \$800.00 and assume demolition of the dwelling contingent on the Bureau of Bldgs. and Dept. of Medical Services allowing him ninety (90) days to demolish. Norm and I submitted Hollcraft's offer to Mr. Curry, who accepted.	BRB
4/11	I have shown Mr. and Mrs. Curry three houses today in the \$17,500 to \$18,500 price range, however, none suited the Curry's.	BRB
4/12	Jim Douglas of Saassen's Realty Co and I showed a home (\$18,350, 5 BR) to Mr. and Mrs. Curry this AM. Earnest money offer was written. Telephone Chet Collingsworth of Bur. of Bldgs. and Mayo Cuda, Dept. of Med. Services requesting 90 days extension on abatement notices. Both agreed to request. Mr. Curry discussed with me this A.M. the possibility that he may be able to sell his property to someone he is in contact with at a higher price than Tom Hollcraft has offered. I stressed to Mr. C. that he is at liberty to do this, however, he must not delay since he has submitted an earnest money offer.	BRB
4/16	An earnest money offer has been submitted and a request for a Bureau of Buildings inspection has been made today. I have contacted Mr. Curry regarding the offer from Tom Hollcraft. He instructed me to proceed with the offer. I have requested 90 days to demolish extension letters from Bureau of Buildings (Chet Collingsworth) and Dept. of Medical Services (Mayo Cuda).	BRB
4/17	Tom Hollcraft signed an earnest money offer to purchase land and demolish improvements. Mr. Hollcraft also wrote a written request to PDC (copy mailed to Bureau of Buildings at Collingsworth request) requesting 90 days to demo.	BRB
4/18	Letter of compliance received from Bureau of Buildings on replacement dwelling. Claim forms prepared for signature from displacee. Obtained signature on Hollcraft's earnest money offer and claim forms from Mr. Curry.	BRB
4/19	Requested Bureau of Buildings and Department of Medical Services copies of posting notices to submit to City of Portland when claim is filed. Requested Rehab Chief, Don Silvey, to write letter reciting infeasibility of rehab	

INTERVIEW REGISTER

Date		Relocation Worker
4/19 73	continued: of dwelling to submit to City. Mailed copy of letter from Mayo Cuda, Dept. of Medical Services, allowing 90 days to demolish, to Tom Hollcraft, re-developer.	BRB
4/30	Claim for RHP and moving/dislocation allowance, along with supporting documentation, (approved by Stan Jones, Ben Webb and John Kenward) mailed to City of Portland for payment.	BRB
5/7	Telephoned City Auditor's office regarding RHP, moving/dislocation payment. I was informed the claim forms had been sent to Model Cities for concurrence and had been returned approved.	BRB
5/9	City of Portland Warrant No. 42120 in the amount of \$15,420 received and mailed to Pioneer National Title Insurance Co. with letter of instructions to establish escrow accounts and proceed toward closing.	BRB
5/15	PNTI telephoned stating title search reveals Multnomah County as deed holder, selling on contract to Mr. and Mrs. Curry. I have contacted Harold L. Holub, Multnomah County Property Manager, to be in touch with the escrow officer and submit a pay-off figure in order to pass deed to Curry.	BRB
5/16	PNTI escrow officer, Gail Simons, has notified me today that she is prepared to close clients' purchase this date, and Mr. and Mrs. Curry may occupy their replacement dwelling on Saturday, May 19, 1973.	BRB
5/18	Mr. and Mrs. Curry have started occupancy of their replacement dwelling and will complete move on 5/19/73. Letter mailed to Pioneer National Title Ins. Co. to release funds in escrow.	BRB
5/23	Pictures of vacated dwelling and replacement dwelling taken for file.	BRB
5/25	Pictures above-mentioned submitted by B. Ramsey and placed in file.	BRB
6/5	Copies of closing statements from Pioneer National Title Ins. Co. covering clients' sale of property and purchase of replacement dwelling received for file. Client received maximum RHP, will not be eligible for reimbursement of incurred settlement costs.	BRB

RP 2





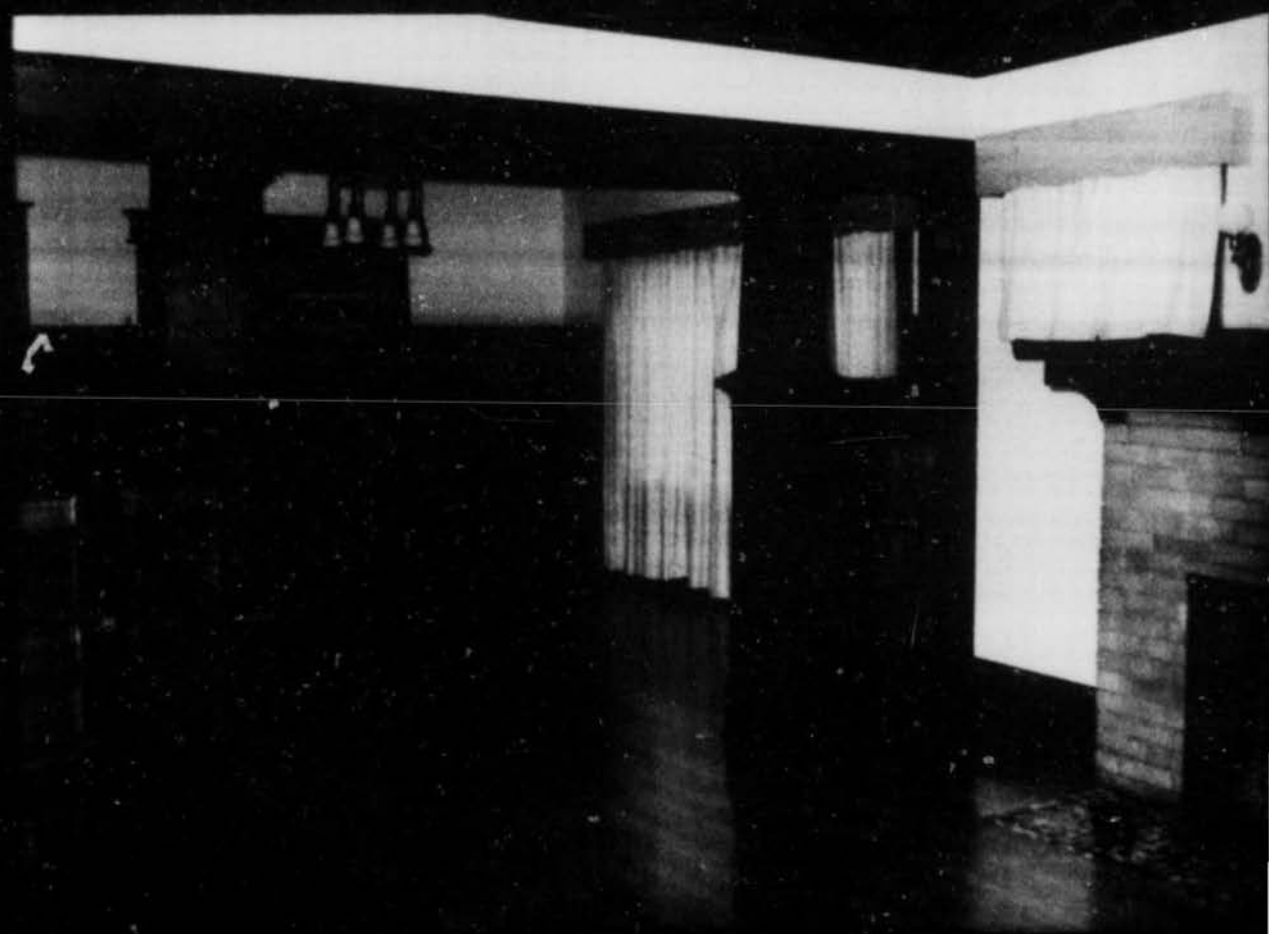


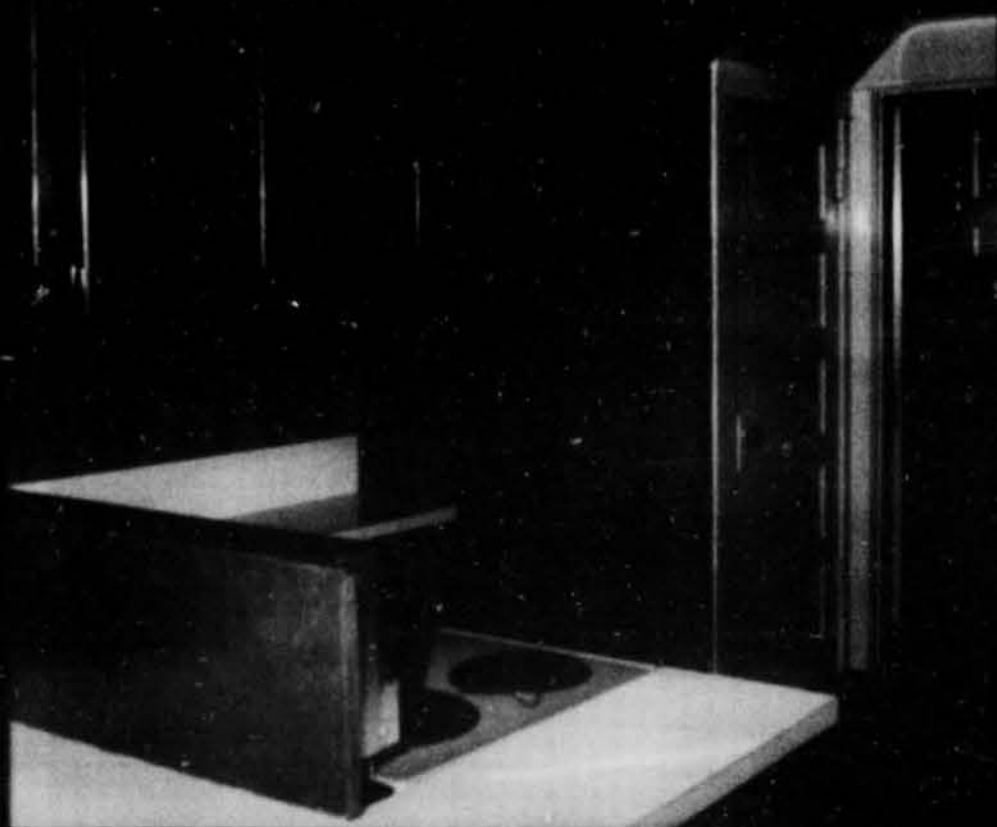
Robert Curry
114 N.E. Birch

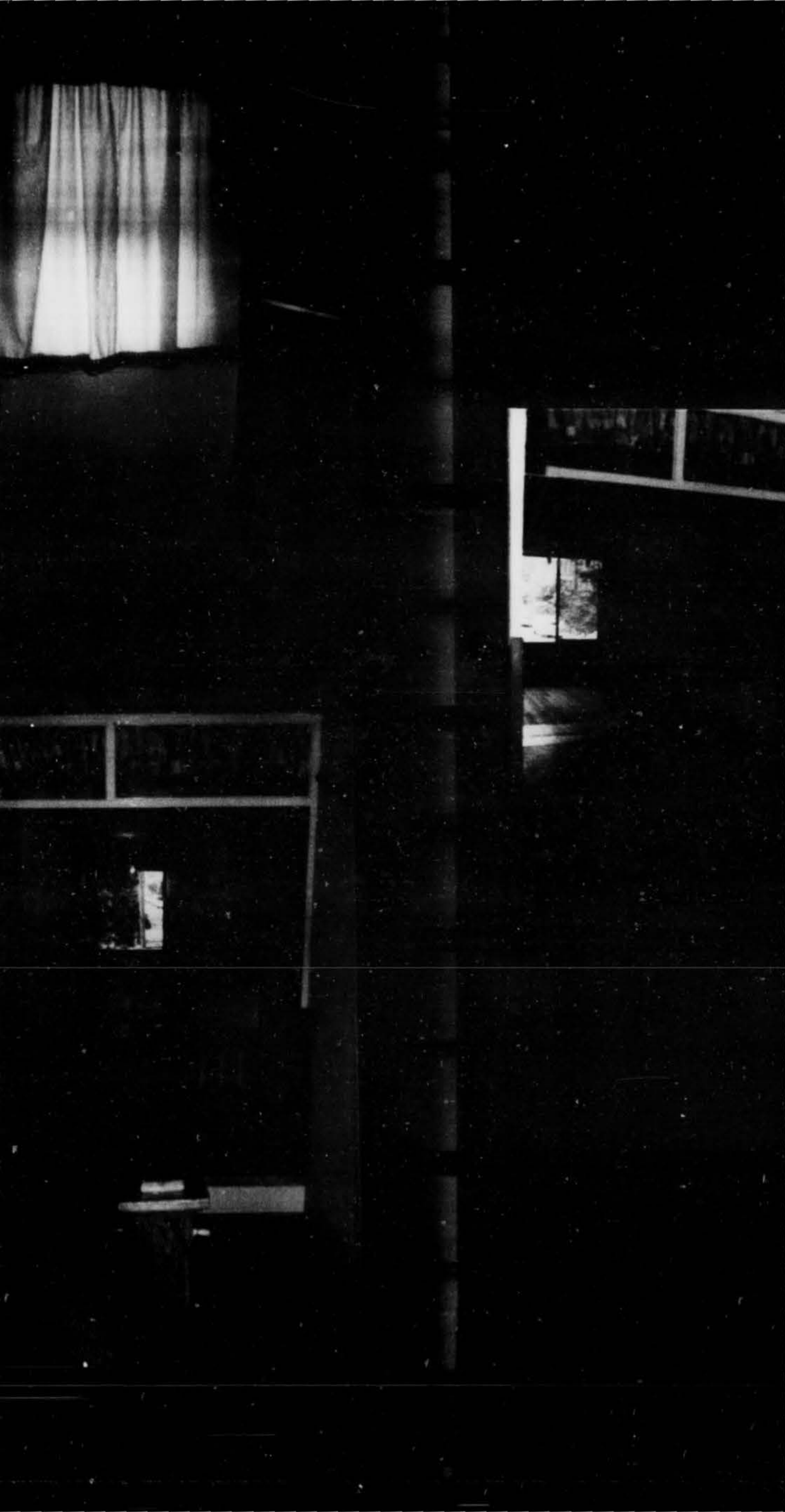
Robert Curry
5704 N. Commercial

Replacement devlg.









NAME Curry, Robert
PROJECT Model Cities

CHECKLIST FOR RELOCATION FILES -- INDIVIDUALS

- ☐ Copy of Notice to Acquire/Vacate
- ☐ Copy of Real Estate Option (for owner-occupant only)
- ☒ City inspection letter (for code enforcement displacee)
- ☒ 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 3476, rent supplement)
- ☒ City inspection letter on replacement housing *Existing dwlg. Eke. & Hunt - being*
- ☒ Copy of earnest money offer on replacement housing *Fin.*
- ☐ Other: *Bar. of Med. Services*

*Replacement dwlg.
5704 N. Commercial
Inspec. rep. 4/16/73
" rec'd 4/18/73*

- ☐ Moving authorization letters
- ☒ Dwelling unit inventory sheet
- ☐ Log sheet for day of move (for professional move)
- ☐ Release of personal property
- 5/19/73 DATE OF MOVE
- 5/19/73 Keys turned into: *Prop. Mgt.*
- ☐ Utilities shut off
- ☒ Escrow releases, grants and amounts withheld
- ☐ Verify no rent outstanding
- ☐ Other:

- ☒ HUD forms 6140.1 and 6140.2
- ☒ HUD forms 6153 and 6154
- ☐ Other:
- ☐ Other:

4/5/73 DATE FILE CLOSED


*Stasone Realty
Jim Douglas, slm. - 285-0551
Rita - Joyce Seough
234-0550*

*Mult. Co. Prop. Mgt.:
Harold L. Holub, 248-3511*

*Closing:
Pioneer Nat. Title Ins. Co.
227 N.E. 122nd
Gail Simmons - rec'd off.
256-2270*

PROPERTY ADDRESS		CITY		CROSS ST.	
5704 North Commercial		Portland			
OWNER'S NAME		PHONE			
Reta M. Olson		285-7524			
OWNER OCCUPIED	<input checked="" type="checkbox"/>	VACANT	<input type="checkbox"/>	POSSESSION DATE:	ROD - 30 days
RENTAL	\$	RENTER:	PHONE		
LISTING BROKER		OFF. PHONE			
Interstate Homes, Realtor		233-2474			
SALESMAN		PHONE			
Jourdan		289-3417			
LEGAL Lot 16, Blk. 12, Piedmont Addition					
FEATURES					
APPROX. SIZE	MAIN FLOOR	UPPER LEVEL	LOWER LEVEL	INCLUDED	
ENTRY	X			W/W CARPET	
LIVING	15x15			DRAPES	
DINING	14x15			SHADES	
FAMILY			21x17	RANGE	
KITCHEN	12x13			OVEN	
BDRMS	8x11	10x14		DW. REF	
	9x12	11x12		WASHER	
	15x16			DRYER	
BATHRM	X	X		CABINETS	
FIREPL	LR			NATURAL	
UTIL			X	PAINTED	
REMARKS					
Clean, warm, well blt. home. A JEWEL TO SHOW! Completely remodeled, lovely new kit. w/eat. bar. Many extra nice features. Lovely FR, Oz'd dbl. gar w/loft & priced at FHA appraisal.					

DISTRICT	N	AREA CODE	11	BDRMS	5	BATHS	2	RES. INCL. LAND	18,350
LOAN #	MLS #		2167-73	BKR	PR	EXCHANGE			RELOCATED
SQ FOOTAGE	1600		STYLE	22		REASON FOR SELLING			RELOCATED
LOT SIZE	50x100		AGE	Older		HOW TO SHOW			BY APPT. ONLY
LOCK BOX	X		WHERE FAUCET So. side of hse.						
INCL. PRIN. INT. TAXES									
WILL SELLER PAY FHA-VA DISCOUNT									
2ND MTG. LIENS EASEMNT									
SCHOOLS BLKS. TO									
Jefferson 1b									
PAPACHIAL									
H. Redeemer									
Oakley									
Tri Met. 2b									
SIG. BRK SHK STUCCO									



April 16, 1975

Mrs. Kay Walker
Relocation Real Estate
Dept. of Housing & Urban Development
Arcade Plaza Building - Room 419
Second and Union
Seattle, Washington 98101

RE: COPIES OF RELOCATION PROCEDURES
FOR CODE ENFORCEMENT FOR MODEL
CITIES.

Dear Mrs. Walker:

Pursuant to your telephone request, we are forwarding to you, under separate cover, abstracts of our operating procedures for the Portland Model Cities Code Enforcement Program.

Please note that the operating procedures are only a supplement to our regular relocation policy. Their purpose was to provide guidance through those circumstances peculiar to the Code Enforcement Program. Beyond these special problems, we followed our usual policies.

The three case abstracts submitted (under separate cover) were selected because they indicate the range and the number of social and legal problems and agencies that the advisors must deal with. Since this was a demonstration project, the advisors were asked to write their impressions, and the success or failure in dealing with particular problems, or problems in general, if they felt that this information would be of benefit. You will find copies of these comments in each file.

The project is almost completed. In anticipation of project close-out, we have started our post relocation survey. We expect to have the survey completed within the next two months, following which time, we will submit a copy to you.

Very truly yours,

Benjamin C. Webb
Chief, Relocation

BCM:s

Encls. under separate cover.

NOTE: THIS IS ONE OF THE ABOVE
MENTIONED FILES E.G.
CURRY ✓
AVERY
NEYLAND

CURRY, Robert and Dorothy
114 N.E. Beech Street

Relocation sequence: Model Cities Assignment

1. 1/23/73 Model Cities request of PDC evaluation as possible relocation.
2. 1/30/73 BCW assigned to Relocation Advisor.
3. 2/9/73 Preliminary Title search.
4. 2/14/73 Notice of violation of City Ordinance:
 - a. housing division
 - b. plumbing division
 - c. electrical division
5. 2/16/73 Bureau of Health abatement notice.
6. 2/28/73 PDC letter of evaluation and recommendation for relocation benefits to Model Cities.
7. 3/13/73 Memo from Model Cities Acting Director to Phys. Prog. Coord. reciting necessary criteria for determination of eligibility.
8. 3/22/73 Memo from Rehab Supervisor to Rehab Chief citing estimates to rehab dwelling.

Recommendation for demolition of structure by Rehab Chief.
9. 3/27/73 Notice from City Bureau of Buildings to vacate.
10. 4/5/73 Real Estate Chief (PDC) appraisal.
11. 4/11/73 Documents showing clients' disposition of judgments by bankruptcy.
12. 4/16/73 Earnest Money Offer to client from redeveloper.
13. 4/16/73 Earnest Money Offer from client on replacement dwelling.
14. 4/16/73 PDC request of Bureau of Buildings and Bureau of Health to concur with redeveloper's request for 90 days to demolish structure at 114 N. E. Beech.
15. 4/16/73 Statement in writing from redeveloper to purchase providing 90 days to demolish and assurance dwelling will not be occupied from date of acquisition until demolition.

16. 4/16/73 Request of Bureau of Buildings to inspect replacement dwelling.
17. 4/17/73 Letter of compliance from Bureau of Buildings citing replacement dwelling standard condition.
18. 4/18/73 Authorization from client to deposit RHP in escrow.
19. 4/20/73 City of Portland, Bureau of Buildings approval of redeveloper's request regarding occupancy and demolition of dwelling at 114 N.E. Beech.
20. 4/25/73 PDC letter to City of Portland Auditor requesting RHP, moving/dislocation allowance, supported by pertinent claim forms and documents.
21. 5/4/73 Model Cities letter to City Auditor approving payment.
22. 5/8/73 Warrant from City Auditor covering RHP, moving/dislocation allowance.
23. 5/9/73 Letter from PDC to Pioneer National Title Insurance Co., requesting RHP, moving/dislocation allowance be deposited in escrow account for client and redeveloper, and another for clients' purchase of replacement dwelling.
24. 5/19/73 Clients purchased and occupied replacement dwelling. Letter of instruction to release RHP mailed to Pioneer National Title Ins. Co.
25. 5/23/73 Pictures of vacated dwelling and replacement dwelling taken by PDC staff for file.
26. 5/25/73 Pictures above-mentioned received for file.
27. 5/25/73 Case closed.

RELOCATION OF THE ROBERT CURRY FAMILY SUMMARY

This assignment has been extremely interesting and rewarding to the relocation advisor.

Following contact by Mr. Curry with Model Cities personnel, and at the request of Model Cities, the Portland Development Commission's rehabilitation advisors conducted inspections of the Curry residence to evaluate the feasibility of honoring a grant to bring the dwelling up to a standard condition.

Inspections were also conducted by the City of Portland, Bureau of Buildings, and Multnomah County Department of Medical Services, which revealed overcrowding (ten people occupying a two-bedroom dwelling), structural, electrical and plumbing deficiencies. Reports and copies of above-mentioned inspections were evaluated by PDC relocation staff, and letter recommending relocation benefits and services was submitted to Model Cities with request for concurrence.

Model Cities submitted necessary criteria for determination of eligibility for relocation benefits. All supporting documents, along with an appraisal from PDC Real Estate Chief, were obtained, along with copies of posting notices from Bureau of Buildings and Bureau of Health.

During the many days necessary to accomplish the above, emphasis was placed on Mr. and Mrs. Curry's financial situation. Currys did not hold deed to their home, but were buying on contract from Multnomah County, resulting from unpaid property taxes. Currys had filed bankruptcy to satisfy judgments against them. On the relocation advisor's investigation, it was learned that Legal Aid had not finalized the bankruptcy and preliminary title search revealed unpaid judgments existing against them. Mr. Curry was advised and guided on following up on above and requesting of Legal Aid that the bankruptcy proceedings be finalized and proper satisfactions of judgments be recorded by the court. With the exception of judgments representing unpaid income taxes to the State of Oregon, satisfactions of judgment were recorded and copies submitted for reference in file. Mr. and Mrs. Curry were extremely cooperative in the above lengthy process.

With the accomplishment of the aforementioned, the relocation advisor was able to evaluate the price range limits in regard to the cost of a replacement dwelling. It appeared necessary to either locate a seller who would be willing to sell on contract (Currys' credit picture would not be attractive to lending institutions), or to place the family in a standard dwelling, with a minimum of five bedrooms, free and clear. Currys would qualify for a maximum RHP of \$15,000 plus moving/dislocation allowance of \$420. In addition, the displacees would be receiving \$800 from a redeveloper who made an earnest money offer to Curry assuming the demolition of the dwelling as required by the City. Mr. and Mrs. Curry had accepted the earnest money offer.

Currys were then shown four homes, three of which could be purchased on contract of sale basis, and one which would not be available without applying for a mortgage. Currys made an offer on one which seller would carry back a trust deed for small balance. Earnest money offer was accepted and claim forms were prepared and sent to the City of Portland and Model Cities for approval and payment.

Summary - Relocation of Robert Curry Family
Page 2

City of Portland mailed RHP, moving/dislocation allowance - \$15,420 - which was deposited in escrow. Correspondingly, the redeveloper deposited his purchase money (\$800) in escrow and closing of both transactions was conducted.

In summary, the Currys were cooperative at all times which was greatly appreciated by the relocation advisor. The positive attitude and prompt replies from all parties involved, including City, County and Model Cities employees, was excellent.

Betty R. Burns
Relocation Advisor
June 18, 1973

BRB:ch

REMITTANCE ADVICE

42120

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		RELOCATION PAYMENT FOR	ROBERT CURRY						
507.73			15,420.00		15,420.00	513	6,687,399	319	
RECEIVED									

JUN 15 1973

42120

ENTERED
VENDOR CLAIM REGISTER

PORTLAND DEVELOPMENT COMMISSION

APPROPRIATION LEDGER

DATE

PURCHASE ORDER, INVOICES AND AUDITED VOUCHER COMPARED
AND PAYMENT ALLOWED.

DATE MAY - 8 1973

DATE

GEORGE YERKOVICH
AUDITOR OF THE CITY OF PORTLAND

BY

Joseph Schulsman
DEPUTY

CITY OF PORTLAND OREGON
AUDITED VOUCHER
NON NEGOTIABLE

42120⁸

PAY TO THE ORDER OF

FUND NO.

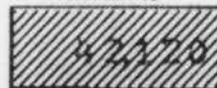
DATE

WARRANT NO.

PAY THIS AMOUNT

513

MAY 8 3



\$15,420.00

PIONEER NATIONAL TITLE INSURANCE CO
C/O PORTLAND DEVELOPMENT COMMISSION
1700 SW 4TH AVE
PORTLAND OREGON 97201

I HEREBY CERTIFY THAT THIS DEMAND IS FOR
VALUE RECEIVED BY THE DEPARTMENT UNDER MY
SUPERVISION AND IS APPROVED.

D

CHARGE TO:

Model Cities

FORM G-4-A

2174

REQUISITION ON PURCHASING AGENT

NO. _____

ORIGINAL REQUISITION

May 7, 1973 196

CITY OF PORTLAND, OREGON

JTHORITY Contract #13487

PURCH. ORDER NO.

The Purchasing Agent will please furnish to Model Cities

To be delivered to

F.O.B.
TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL	BIDS AND BIDDERS								
	Owner-occupant code enforcement displacee relocation pymt.		15,000.00	EXAMINED FOR APPROPRIATION <i>Yelluc</i> QUANTITIES ADDED, APPROVAL AND AUTHORITY VERIFIED, CREDIT MEMOS CHECKED CONTRACT PRICES, EXTENSIONS, FOOT- INGS, DISCOUNTS AND CREDIT MEMOS AUDITED, RECHECKED AUTHORITY FOR PAYMENT AND FUND BALANCE <i>ds</i>								
	Moving dislocation allowance		420.00									
	Total		\$15,420.00									
	For Robert Curry	<table border="1"> <thead> <tr> <th>FUND</th> <th>FUNCTION</th> <th>SUBJECT</th> <th>G. L.</th> </tr> </thead> <tbody> <tr> <td>513</td> <td>6687</td> <td>399</td> <td>319</td> </tr> </tbody> </table>	FUND	FUNCTION	SUBJECT	G. L.	513	6687	399	319		
FUND	FUNCTION	SUBJECT	G. L.									
513	6687	399	319									
	MEMO REQUISITION											
	Make check payable to: Pioneer National Title Ins. Co.			BUREAU OF PURCHASES RECEIVED MAY 7 1973 PM 12:44:59 T MEMO REQUISITION PER <i>Yelluc</i>								
	Deliver check to: Portland Development Commission											
	1700 S. W. 4th Avenue											
	Portland, Oregon #97201											
	DELIVERY PROMISE											

I hereby certify that the work, supplies, material or equipment, above specified
are necessary for this bureau.

©

Approved:

RECEIVED

MAY 8 - 1973

K. M. HAMMON
Finance Officer*Robert F. Jones*

Head of Bureau

Commissioner

K. M. Hammon

Commissioner of Finance

Purchasing Agent

John S. Griffith
Chairman

Edward H. Look
Secretary

Elaine Cogan
Arthur A. Riedel
Dr. W. A. Jenkins

PORTLAND DEVELOPMENT COMMISSION

1700 S. W. FOURTH AVENUE • PORTLAND, OREGON 97201 • 224-4800

April 25, 1973

John B. Kenward
Executive Director

RECEIVED
MAY 1 8 44 AM 1973
GEORGE YERKOVICH, AUDITOR
CITY OF PORTLAND, ORE.
BY *[Signature]*

Mr. George Yerkovich
Auditor of the City of Portland
City Hall
1220 S. W. Fifth Avenue
Portland, Oregon 97204

Dear Mr. Yerkovich:

Re: Model Cities - Code Enforcement
Curry, Robert - 114 N. E. Beech Street

Enclosed you will find two claim forms, one for a Replacement Housing Payment in the amount of \$15,000, the other in the amount of \$420 covering moving and dislocation allowance, payable to Pioneer National Title Insurance Company to be deposited in the above-named displacee's escrow account. The above amounts are to be applied toward the purchase and occupancy of a replacement dwelling.

The following supporting documents relating to the condition of the dwelling occupied by the displacee and his family, located at 114 N. E. Beech, include:

1. Posting notice from Bureau of Health.
2. Posting notice from Bureau of Buildings.
3. Portland Development Commission rehabilitation evaluation.
4. Portland Development Commission appraisal of land and improvements.
5. Model Cities request for evaluation.

You will also find enclosed normal documents relating to the purchase of a replacement dwelling.

Due to the obvious substandard conditions found in the presently-occupied dwelling at 114 N. E. Beech, and the time element established by the Bureau of Buildings and Bureau of Health for vacating, it will be appreciated if your staff would process the enclosed claim at your earliest convenience.

Very truly yours,

[Signature: Benjamin C. Webb]

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosures

RELOCATION PAYMENT

PROJECT: Model Cities - Code Enforcement PARCEL: _____
 PAYABLE TO: Honolulu National Title Ins. Co.

For: ☒ RHP for Homeowners \$ 15,000.00
☐ Incidental Expenses for Homeowners or Tenants \$ _____
☐ RHP - Tenants & Certain Others - Rental: Total approved \$ _____; Annual amount \$ _____
☐ RHP - Tenants & Certain Others - Downpayment \$ _____
☐ Settlement Costs (on acquisition by LPA only) \$ _____
☐ Interest Expense \$ _____
☒ Fixed Moving Payment \$ 220.00
☒ Dislocation Allowance \$ 200.00
☐ Actual Moving Costs \$ _____
☐ Storage Costs \$ _____
☐ Business: Moving Expenses \$ _____
☐ Business: In Lieu Payment \$ _____
☐ Business: Storage Costs \$ _____
☐ Business: Loss of Property \$ _____
☐ Business: Searching Expenses \$ _____

Name of Client Robert Curry Less - \$ _____*
 Move from 114 N.E. Bush Total \$15,420.00

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



RECEIVED OF

APR 20 1973

CITY OF PORTLAND, OREGON

BUREAU OF HEALTH

LAND DEVELOPMENT COMMISSION

Robert Curry

TO THE OWNER, AGENT OR OCCUPANT OF THE PREMISES LOCATED AT
114 N. E. BUCH

YOU ARE HEREBY NOTIFIED THAT AN UNLAWFUL CONDITION EXISTS ON THE ABOVE DESCRIBED PREMISES CONSISTING OF 912 TOWNSEND BOULEVARD AND MATTHEW HEE INVESTMENT

SUB-STANDARD BUILDING AND MAINTENANCE DEFICIENCIES.
INADEQUATE LIVING CONDITIONS. UNFIT FOR OCCUPANCY.

YOU ARE THEREFORE REQUIRED TO CAUSE SAID UNLAWFUL CONDITION TO BE ABATED WITHIN THIRTY (30) DAYS FROM THE DATE HEREON OR CAUSE SAID PREMISES TO BE VACATED, OR REMAIN VACANT, UNTIL SAID UNLAWFUL CONDITION HAS BEEN CORRECTED AND THE PREMISES AGAIN INSPECTED AND FOUND TO BE IN A LAWFUL CONDITION.

IT IS UNLAWFUL FOR ANY PERSON OTHER THAN THE CITY HEALTH OFFICER, OR HIS AGENTS, TO REMOVE, DESTROY, DEFACE, COVER UP, OR CONCEAL THIS NOTICE POSTED IN ACCORDANCE WITH [REDACTED] ORDINANCE NO. [REDACTED] EXCEPT BY WRITTEN PERMISSION OF THE CITY HEALTH OFFICER.

FURTHER INFORMATION MAY BE OBTAINED FROM THE DIVISION OF FOOD AND SANITATION, 104 S.W. 5th AVE.

DATED THIS 13th DAY OF MARCH 19 23

FILE NO. 73-42

SIGNED _____, CHIEF.
DIVISION OF FOOD AND SANITATION

CALDER A. GOSS, M.D.

James J. McAllister, S.S., Chief

cc: TO ALL DIVISIONS

CITY HEALTH OFFICER.

OWNER'S
EARNEST MONEY RECEIPT

Portland, Oregon

April 16

19 73

RECEIVED OF Thomas J. Hollcraft of Hollcraft Homes, Inc.,

hereinafter called purchaser, \$ 0 , as earnest

money and in part payment for the following described real estate situated in the City of Portland
County of Multnomah State of Oregon , described as follows, to-wit: East 1/2 of
Lots 15 and 16, Block 15, ALBINA HOMESTEAD, also known as 114 N. E. Beech

for the sum of Eight Hundred and no/100 - - - - - which we have this day sold to the purchaser
Dollars \$ 800.00 ;
on the following terms, to-wit: The earnest money hereinabove receipted for . . . \$;
upon acceptance of title and delivery of deed or delivery of contract . . . \$ 800.00 ;
balance of Eight Hundred and no/100 - - - - - Dollars \$ 800.00 ;
payable as follows: the purchasers will deposit in an escrow at Pioneer National Title Insurance
Company, 227 N. E. 122nd, the full amount of the purchase price. Seller agrees to furnish
Title Insurance Policy in the amount of the purchase price. 1972 - 73 taxes to be prorated.
Escrow costs to be shared by buyer and seller. Seller agrees to convey by Warranty Deed.

A title insurance policy from a reliable company insuring marketable title in the seller in an amount equal to said purchase price is to be furnished purchaser in due course at seller's expense; preliminary to closing, seller may furnish a title insurance company's title report showing its willingness to issue title insurance, and such report shall be conclusive evidence as to status of seller's record title.

It is agreed that if the title to the said premises is not marketable, or cannot be made so within thirty days after notice, with a written statement of defects, is delivered to seller, the earnest money herein receipted for shall be refunded. But if the title to the said premises is marketable, and the purchaser neglects or refuses to comply with any of the conditions of this sale within three (3) days and to make payments promptly, as hereinabove set forth, then the earnest money herein receipted for shall be forfeited to the seller as liquidated damages, and this contract shall thereupon be of no further binding effect.

The property is to be conveyed by good and sufficient deed free and clear of all liens and encumbrances except zoning ordinances, building restrictions, taxes due and payable for the current tax year, reservations in federal patents and state deeds, easements of record and none

All irrigation, ventilating, cooling, plumbing and heating fixtures and equipment (including stoker and oil tanks but excluding fire place fixtures and equipment), water heaters, electric light and bathroom fixtures, light bulbs and fluorescent lamps, venetian blinds, wall-to-wall carpeting, awnings, window and door screens, storm doors and windows, attached floor coverings, attached television antenna, all plants, shrubs and trees and all fixtures except none are to be left upon the premises as part of the property purchased.

The following personal property is also included as part of the property sold for said price: none

Seller and purchaser agree to pro rate the taxes which become due and payable for the current tax fiscal year on a fiscal year basis. Rents, interest, premiums for existing insurance, and other matters shall be pro rated on a calendar year basis. Purchaser agrees to pay for fuel on hand including oil in tank, if any, and, at closing, shall reimburse seller for sums, if any, held in any reverse account relating to any encumbrances on said property. Adjustments are to be made as of the date of the consummation of the sale herein or delivery of possession, whichever ever first occurs.

Possession of said premises is to be delivered to purchaser on or before May 18 , 19 73 . Time is of the essence hereof. This contract is binding upon the heirs, executors, administrators, successors and assigns of the purchaser and seller. However, the purchaser's rights herein are not assignable without written consent of seller. In any suit or action brought on this contract, the losing party agrees to pay the prevailing party's reasonable attorney's fees to be fixed by the trial court, and on appeal the prevailing party's reasonable attorney's fees to be fixed by the appellate court.

Further conditions: Thomas J. Hollcraft of Hollcraft Homes, Inc. agrees to demolish the structure on this property within ninety (90) days from date of this agreement.

Dorothy Curry
Robert Curry

Owners

I hereby agree to purchase the above property and to pay the price of Eight Hundred and no/100 - - - - -

(\$ 800.00) Dollars as specified above.

Address 3354 S. E. Hawthorne Boulevard
Portland, Oregon 97214
Phone 236-2141

Purchaser

Hollcraft Homes, Inc.
by Thomas J. Hollcraft

PNTI - 122nd
Gail Simons



APR 13 1973

PORTLAND DEVELOPMENT COMMISSION

April 17, 1973

DEPARTMENT OF
FINANCE AND
ADMINISTRATION

NEIL GOLDSCHMIDT
MAYOR

BUREAU OF
BUILDINGS

C.N. CHRISTIANSEN
DIRECTOR

1220 S.W. FIFTH AVE.
PORTLAND, OR. 97204
503/248-4320

Portland Development Commission
1700 S. W. 4 Avenue
Portland, Oregon 97201

Re: 5704 N. Commercial Avenue

Attn: Betty Burns

Gentlemen:

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

Our inspector reports the structure complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

A handwritten signature in cursive script, reading "S. J. Chegvidden", is written over the typed name.

S. J. Chegvidden
Chief Housing Inspector

CMC:vm

cc: Mrs. Reta M. Olson
1220 Webster Road
Gladstone, Oregon
E. G. Stassens, Inc.
5507 N. Lombard Street



OREGON ASSOCIATION OF REALTORS OFFICIAL EARNEST MONEY CONTRACT

1973

Oregon

Portland April 15

1. Received of Mrs. Mrs. Robert Curry in the form of check, cash, or earnest money and part payment for the purchase of the following described real estate

2. The sum of \$1000.00 in the form of check, cash, or earnest money and part payment for the purchase of the following described real estate

3. situated in the City of Portland County of Multnomah and State of Oregon, to wit:

4. East Broadway commonly known as 5704 N Commercial Ave. which we have this day sold to the said purchaser, subject to the approval of the seller.

5. for the sum of One Thousand Dollars \$1000.00

6. on the following terms, to wit: The sum, heretofore received for, of One Thousand Dollars \$1000.00

7. as additional earnest money, the sum of One Thousand Dollars \$1000.00

8. Upon acceptance of title and delivery of deed, the sum of One Thousand Dollars \$1000.00

9. The balance of One Thousand Dollars \$1000.00

10. payable as follows: One Thousand Dollars \$1000.00

11. The seller shall reimburse the seller for sums held in the reserve account on the purchase price of the real estate from a title insurance company

12. The seller shall furnish to the purchaser in due course a title insurance policy in the amount of the purchase price of the real estate from a title insurance company

13. showing good and marketable title. Prior to closing the transaction, the seller, upon request, will furnish to the purchaser a preliminary report made by a title insurance company

14. to ensure title's acceptance, or if the title to the said premises is not marketable, or cannot be made so within thirty days after notice containing a written statement of

15. defects is delivered to seller, or if the seller, having approved said title fails to consummate the same, the earnest money heretofore received for shall be refunded, but the

16. acceptance by the purchaser of the refund does not constitute a waiver of other remedies available to him.

17. But if the above sale is approved by the seller and the title to the said premises is marketable, and the purchaser neglects or refuses to comply with any of the con-

18. ditions of this sale within ten days from the furnishing of a preliminary title report and to make payments promptly, as heretofore set forth, the earnest money and

19. additional earnest money, heretofore received for shall be forfeited to the undersigned Realtor to the extent of his agreed upon fee, and the residue, if any, shall be retained by the

20. seller as liquidated damages and this contract thereupon shall be of no further binding effect. The property is to be conveyed free and clear of all liens and encumbrances to date

21. except zoning ordinances, building and use restrictions, reservations in Federal patents, and

22. All light fixtures and bulbs, fluorescent lamps, Venetian blinds, window and door screens, storm windows and doors, linoleum, attached television antennas, curtain, towel

23. and drapery rods, shrubs and trees, and irrigation, plumbing and heating equipment except fireplaces equipment that is not attached in any manner to the structure, and all

24. fixtures except

25. are to be left upon the premises as part of the property purchased. The following personal property is also included as part of the property purchased for said purchase price:

26. All appliances and fixtures, range, refrigerator, dishwasher, disposal, food burner, freezer, and other items as of date of closing.

27. Seller and purchaser agree to prorate the taxes for the current tax year, rents, interest, and other items as of date of closing.

28. Seller and purchaser agree to prorate the taxes for the current tax year, rents, interest, and other items as of date of closing.

29. Seller and purchaser agree to prorate the taxes for the current tax year, rents, interest, and other items as of date of closing.

30. Seller and purchaser agree to prorate the taxes for the current tax year, rents, interest, and other items as of date of closing.

31. Seller and purchaser agree to prorate the taxes for the current tax year, rents, interest, and other items as of date of closing.

Date 4/18/73

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

Gentlemen:

You are hereby authorized to place in my account at Pioneer National Title Insurance Company, 227 N. E. 122nd Avenue, Portland, Oregon, the amount of \$15,000 representing my replacement housing payment and \$420, representing my moving costs and dislocation allowance payment for my relocation from 114 N. E. Beech.

Robert Curry
(Name of displacee)

portland model cities

CITY DEMONSTRATION AGENCY
5329 N.E. UNION AVENUE
PORTLAND, OREGON 97211
288-8261

January 23, 1973

Mr. Ben Webb, Relocation Officer
Portland Development Commission
1700 S. W. Fifth Avenue
Portland, Oregon

Dear Ben:

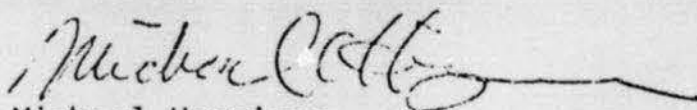
The case of Mr. Kurry of 114 N. E. Beech has come to our attention as a possible Relocation case under the code enforcement budget of the Third Action Year Relocation Plan. This letter will authorize you to determine eligibility and provide benefits as specified in the Third Action Year Relocation Plan.

It is my understanding that Mr. Kurry is a owner-occupant and owes \$700 in back taxes. It appears his home has substantial structural and plumbing deficiencies and has only two bedrooms which presents a crowding situation for Mr. Kurry, his wife and eight children.

As we have discussed, you will need a full-inspection report from the Bureau of Buildings, as well as, a health inspection as part of the documentation for this case; and, until the Relocation Plan Addendum is approved, this letter authorizes your activity only on behalf of Mr. Kurry and does not constitute authorization to determine eligibility of any other case.

If you have any questions or if I may be of any assistance, please contact me.

Sincerely,



Michael Henniger
Physical Program Coordinator

THE CITY OF
PORTLAND



OREGON

DEPARTMENT OF
PUBLIC AFFAIRS

MILDRED SCHWAB
COMMISSIONER

MODEL CITIES
AGENCY

ANDREW RAUBESON
ACTING DIRECTOR

5329 N.E. UNION AVE.
PORTLAND, OR. 97211
503/288-8261

GEORGE YERKOVICH, AUDITOR
CITY OF PORTLAND, ORE.

RECEIVED

BY _____ MAY 4 2 29 PM 1973

GEORGE YERKOVICH, AUDITOR
CITY OF PORTLAND, ORE.

BY

May 4, 1973

George Yerkovich
City Auditor
City Hall Room B8
Portland, Oregon

Attention: Bob Jones

Dear Mr. Yerkovich:

As requested, this letter confirms and concurs with Portland Development Commission findings that Robert Curry is eligible for relocation benefits as enumerated in the Uniform Relocation Act of 1970 and the Model Cities Relocation Plan, Third Action Year.

I have attached for your records correspondence received by this office from Paul R. Timmons, HUD Area Office, outlining the authority for such payments. Included is an August 22, memorandum from Assistant Secretaries Hyde and Jackson.

If this office can be of further assistance please let us know.

Sincerely,

Andrew Raubeson
Acting Director



REGION X
Arcade Plaza Building
1321 Second Avenue
Seattle, Washington 98101

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
PORTLAND AREA OFFICE
CASCADE BUILDING, 520 S.W. SIXTH AVENUE, PORTLAND, OREGON 97204

April 20, 1973

IN REPLY REFER TO:
10.2PP Patterson
221-2608

Mr. Andy Raubeson
Acting Director
Portland Model Cities Program
5329 N. E. Union
Portland, Oregon 97211

Dear Mr. Raubeson:

On April 3, Mr. Duane Patterson, our Relocation Specialist, and Mrs. Kay Walker, Regional Relocation Advisor, met with Mr. Henniger and Mr. Lyon of your staff and Mr. Webb and Mr. Jones of Portland Development Commission. During the discussion, it was discovered that assistance and payments for some non-routine code enforcement displacees were being held up pending your committee's approval of arrangements for activities for the coming year.

While your committee's advice should be sought on how far it wants to extend your responsibility for relocation of those displaced in the model cities area, neither your committee nor your agency can waive your responsibility for assistance and payment of all those who are displaced by intensive non-routine code enforcement within the area pursuant to 24 CFR 42.55(c)(2). Attached is DHUD memorandum dated August 22, 1972 relative thereto.

It is the option of the CDA to include or reject the furnishing of relocation assistance and payments for routine code enforcement programs within the area; however, intensive non-federally assisted but non-routine code enforcement activities within a model neighborhood automatically confer eligibility to displacees if such activity was initiated subsequent to the execution of a contract for carrying out the CCDP. It is the obligation of the CDA to provide assistance and payments in accordance with DHUD requirements; therefore, there can be no curtailment of the rights of such displacees and there should be no delay in offering assistance and payments immediately without awaiting committee concurrence.

Those displacees from whom assistance and payments have been withheld must be visited immediately, their needs assessed and assistance and payments given. If they have moved to other substandard quarters during the delay, they must be offered assistance in finding standard housing. All must be paid the full amount to which the law entitles them.

RECEIVED
APR 21 1973
MODEL CITIES

Sincerely,

Paul J. [Signature]
Area Director

Memorandum

August 22, 1975

TO : ALL REGIONAL ADMINISTRATORS

ATTN : Assistant Regional Administrators for
Community Planning and ManagementAssistant Regional Administrators for
Community DevelopmentFROM : Samuel C. Jackson, Assistant Secretary for
Community Planning and ManagementFloyd H. Hyde, Assistant Secretary for
Community DevelopmentSUBJECT: Eligibility for Relocation Benefits in Model Cities
Programs

Further guidance has been requested with respect to the eligibility for relocation benefits in model cities programs. As you know, our Federal Register regulations provide that persons displaced by code enforcement and voluntary rehabilitation are eligible for relocation benefits "if such activities are undertaken in accordance with the comprehensive city demonstration program which identifies the undertaking as being carried out in connection with such program..." (section 42.55(c)(2)). An identical rule is set forth in section 42.55(b) with respect to displacement by acquisition. The rule is incorporated into the Relocation Handbook 1371.1, chapter 1, paragraph 6.C. There has been some confusion as to how these rules shall be applied in various fact situations and we have been requested to provide clarification.

The following guidelines are intended to clarify our intent with respect to interpretation of the above phrasing:

1. CODE ENFORCEMENT

- (A.) Intensive non-federally assisted, but non-routine, code enforcement activities in geographically defined sub-areas within a model neighborhood or throughout the model neighborhood will automatically confer eligibility to displace if such activity was initiated subsequent to the execution of a contract for carrying out the CCDP.
- B. Any model city may, at its own option, specifically include routine code enforcement throughout the model neighborhood as an activity which is deemed a part of the CCDP. In such instances, there should be a specific reference to

this in the strategy statement or within a project description. In these instances, persons displaced are eligible for relocation benefits. However, it should be noted that this will not entitle the city to additional funding for these relocation expenses on top of its target level for supplemental funds.

II. VOLUNTARY REHABILITATION

- A. Project Rehab displacees in model neighborhoods are eligible for relocation assistance and payments if the city has received formal HUD notification of its designation as a Project Rehab city. Each sponsor must make available to the City Demonstration Agency, prior to receiving a HUD commitment for subsidized housing, an estimate of potential displacement. All CDAs are entitled to refuse signing off on Project Rehab efforts which may result in disproportionate relocation costs even though these projects may otherwise be financially feasible. HUD-EPHC will not issue feasibility letters for projects lacking such sign-offs. It is expected that the city will make an appropriate reference to Project Rehab in its action plan; lack of such reference shall not relieve the city or the CDA of its responsibility for providing relocation benefits to Project Rehab displacees in the model neighborhood.
- B. To establish eligibility for others displaced as a result of voluntary rehabilitation within the model neighborhood, it will be necessary for a model city's action plan (in the strategy statement or in project descriptions) to state the following:
 - 1. the boundaries of the areas within which rehabilitation will be carried out;
 - 2. the standards to be set for the rehabilitation area;
 - 3. the criteria and conditions under which rehabilitation will be used;
 - 4. the applicable ordinances, or citations thereto which will enable the city to enforce the standards throughout the rehabilitation area defined in the action year submission.

III. INSTALLATION OF PUBLIC FACILITIES AND IMPROVEMENTS

If supplemental funds are used to defray costs of site leasing or acquisition, land options, site engineering, architectural fees associated with construction on new or existing property, or if supplemental funds are used for interest payments or contribution to capital costs or principal associated with any of the aforementioned objects of expense, displacees are eligible for relocation assistance and payments.

IV. OTHER

The following illustrations show typical circumstances which should govern the determination of eligibility for relocation benefits in the Model Cities program:

- A. Within or outside of the Model Neighborhood if the displacement-causing activity is implemented with Model Cities supplementary funds, this will automatically trigger eligibility of those displaced for assistance and payments.

Examples

Using model cities supplemental funds, a Housing Development Corporation or Economic Development Corporation buys or leases property for purposes of rehab, demolition, clearance, business development provision of services to residents of area or similar purposes.

Health or social services component of CCDP results in displacement of small businesses or other tenants as a result of leasing space for such services.

- B. The CCDP as approved by HUD clearly recognizes the displacement causing activity as one of its components.

Examples

Housing or physical development component or strategy states code enforcement will be used to upgrade housing conditions in area.

Rehabilitation, using 235, 236, or Rent Supplements, is mentioned in the CCDP although specific projects may not be identified.

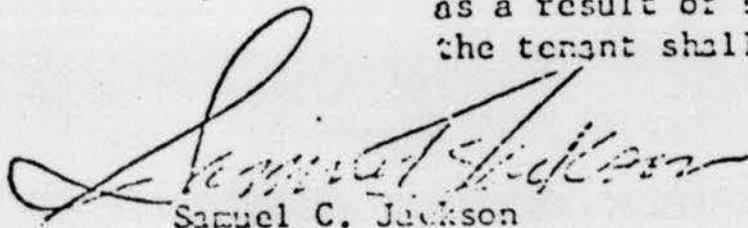
- C. CDA exercises sign-off procedure affirmatively with respect to assisted housing:

Examples

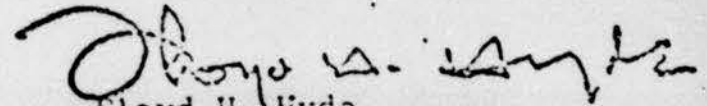
Project Rehab

New construction or rehabilitation using HUD assisted housing programs

- D. Moves resulting from an arm's length transaction between two private parties shall not qualify the displacee for relocation benefits, unless eligibility is conferred under another provision of these guidelines. For example, if a businessman purchases property from the owner/occupant of the property, the latter is not entitled to relocation payments. Further, if portions of the property acquired as a result of such a transaction are occupied by tenants, the tenant shall not be eligible for relocation benefits.



Samuel C. Jackson
Assistant Secretary for
Community Planning and Management



Floyd H. Hyde
Assistant Secretary for
Community Development

DETERMINATION OF ELIGIBILITY FOR RELOCATION BENEFITS
(Families and Individuals)

FULL NAME OF CLAIMANT:

Robert Curry

PROJECT NAME Mobile Cities - Code Enf.

PROJECT NO. _____ PARCEL NO. _____

BASIC ELIGIBILITY REQUIREMENTS:

1. Was claimant displaced from real property within the Mobile Cities project area or did claimant move his personal property from such real property?

☒ yes ☐ no

(a) On or after one of the following dates:

☐ yes ☐ no (1) Date of pertinent contract for Federal assistance. Date: _____

☐ yes ☐ no (2) Date of HUD approval of budget for project. Date: _____

☒ yes ☐ no (3) Other Code Enforcement notice Date: 2/27/73

(b) For one of the following reasons:

☐ yes ☐ no (1) As a result of acquisition of real property.

☐ yes ☐ no (2) As a result of written order of acquiring agency to vacate.

☐ yes ☐ no (3) Receipt of written notice of agency intent to acquire.

☒ yes ☐ no (4) Other Code Enforcement determination

CLAIMANT'S INITIAL DATE OF OCCUPANCY	<u>1955</u>
(a) for owner-occupants - indicate initial date of occupancy and ownership	<u>1955</u>
Date of initiation of negotiations for purchase of property <i>In case of Code Enf. - date of notice</i>	<u>2/27/73</u>
Date of acquisition	<u>na</u>
Date of letter of intent	<u>na</u>
Date of move	<u>upon closing</u>

DWELLING UNIT FROM WHICH RELOCATED

Age of dwelling unit _____ Furnished with claimant's own furniture ☒ yes ☐ no

No. of Bedrooms 2 Total No. of Rooms 5 Sq.Ft. 750 Rent \$ _____ Utilities \$ _____

Monthly housing payments (for owner/occupants) \$ 260 Taxes \$ 146.00 (1971-72)

Liens \$ 141.00 approx. Equity \$ _____ Acquisition Price \$ 800.00

Amenities _____

DETERMINATION OF ELIGIBILITY REQUIREMENTS FOR:

MOVING BENEFIT

Eligible: ☒ yes ☐ no (Yes, claimant meets basic eligibility requirements)

TACO RENT AND DOWNPAYMENT ASSISTANCE

Eligible: ☐ yes ☐ no If yes, eligibility is based on:

- ☐ claimant meets basic eligibility requirements
- ☐ is not eligible to receive an RHP for homeowners
- ☐ in occupancy not less than 90 days prior to the initiation of negotiations
- ☐ claimant rented or purchased and occupies a standard replacement dwelling (certificate attached)
- ☐ other

REPLACEMENT HOUSING PAYMENT FOR OWNER/OCCUPANTS

Eligible: ☒ yes ☐ no If yes, eligibility is based on:

- ☒ claimant meets basic eligibility requirements
- ☒ claimant was displaced from a dwelling acquired and/or demolished for project
- ☒ owned and occupied dwelling not less than 180 days prior to the initiation of negotiations for acquisition of dwelling.
- ☒ claimant purchases and occupies a standard replacement dwelling within one year after the date on which he receives final payment from the local agency for all costs of the acquired dwelling or the date on which he moves from the acquired dwelling, whichever is later.

REPLACEMENT HOUSING UNIT

ADDRESS 5704 N. Commercial

DATE OF OCCUPANCY _____ LPA REFERRED ☒ SELF ☐

AGE OF DWELLING UNIT 1920 approx. NO. BEDROOMS 5 TOTAL NO. ROOMS 9

SQ. FOOTAGE 1600 RENT \$ _____ UTILITIES \$ _____

MONTHLY HOUSING PAYMENTS (for owner/occupants) \$ 100.00 TAXES \$ included in rent

LIENS \$ _____ EQUITY \$ 15,000.00

AMENITIES _____

The replacement unit was inspected and found standard. Betty R. Lorne

Date inspected and found standard 4/17/73 (Relocation Advisor's Signature) (Attach copy of inspection record)

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

MONTH-DAY-YEAR

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

NAME AND ADDRESS OF DISPLACING AGENCY Hortland Development Commission PROJECT NAME Model Cities
1700 S.W. 4th Avenue PROJECT NO. Coleman
 PARCEL NO. _____

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 OWNER-OCCUPANT CLAIMANT (as shown in deed to displacing agency or in condemnation proceeding) 2. DATE OF DISPLACEMENT:

Robert Curry

☒ Family ☐ Individual

Amount of differential payment claimed

\$ 15,000.00

Amount of interest payment claimed

\$ _____

Costs incidental to purchase

\$ _____

TOTAL \$ _____

Minus adjustments

Explanation: _____

-\$ _____

* Total Replacement Housing Payment for Homeowner: \$ 15,000.00

I submit this information in support of a claim for a Replacement Housing Payment under Section 203 of P.L. 91-646, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 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, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

4/18/73
Date

Robert Curry
Signature of Owner-Occupant(s)

CERTIFICATION OF LOCAL AGENCY

This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement. 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 \$ 15,000.00 is authorized.

4-30-73
Date

[Signature]
Authorized Signature

RECORD OF PAYMENT

Date of Payment: _____ Check No. _____ Amount: \$ _____

66

Required Information

1. Actual purchase price of replacement housing: \$ 18,350.00
2. Cost of comparable replacement dwelling (cost based on:
 ✓ Schedule Comparable Other) \$ 22,552
 Sq.Ft. of former dwelling 1848 No. of bedrooms 2
3. Acquisition payment made by agency for claimant's former dwelling
 Ques. 4 Ans #38 Appendix 4 p. 12 \$ 2,000 -

Computation

- | | |
|--|-------------------|
| 4. Line 1 or Line 2, whichever is less | \$ <u>18,350</u> |
| 5. Minus Line 3 | - \$ <u>2,000</u> |
| 6. Amount of differential payment or \$15,000, whichever is less | \$ <u>16,350</u> |
| 7. Total approved | \$ <u>15,000</u> |

B. REQUIRED DOCUMENTATION

1. If claimant purchased and occupies replacement dwellings:
- a) Date purchase agreement signed (earnest money) Date: 4/14/73
- b) Date of settlement (closing) Date: _____
2. If claimant has purchased but does not occupy replacement dwelling:
- a) Purchase contract signed Date: 4/14/73
- b) Date of settlement Date: _____
- c) Date of expected occupancy Date: 5/15/73

C. INCIDENTAL EXPENSES (List incidental expenses incurred by claimant in connection with purchase of 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	\$	\$	\$	\$

Listing of documents submitted herewith in support of amounts entered in Column (d) above:
(Documentation for the above claim must be submitted.)

**CLAIM FOR RELOCATION PAYMENT FOR
MOVING PAYMENT (FAMILIES & INDIVIDUALS)**

NAME & ADDRESS OF LOCAL AGENCY

PROJECT NAME

*Holland Development Commission
1700 S.W. Dutch Avenue*

PROJECT NO.

FULL NAME OF CLAIMANT:

PARCEL NO.

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."

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 of 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.

4/18/73

Date

Robert Curry
Signature of Claimant

(For Local Agency use only)

☒ A. Fixed Payment \$ 220.00 Dislocation Allowance \$ 200.00 Total \$ 420.00

1. Complete if claim is for a fixed payment including an allowance for moving articles stored in attics, cellars, or garages:

Date items inspected 4/18/73

☐ B. Actual Moving and Related Expenses

1. Initial payment and, if applicable, storage and related costs in the amount of

Total \$ _____

2. Supplementary payments for storage costs

Total \$ _____

3. Final payment for moving expenses covering storage and related costs

Total \$ _____

Note: 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, please explain: _____

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 authorized in the total amount of \$ 420.00.

Weg

[Signature]
Authorized Signature

4-30-73

Date

RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount

portland model cities

RECEIVED

JAN 26 1973

PORTLAND DEVELOPMENT COMMISSION

January 23, 1973

CITY DEMONSTRATION AGENCY

5329 N.E. UNION AVENUE

PORTLAND, OREGON 97211

288-8261

EX. DIR.	
DEP. DIR.	
✓ D. OPER.	<i>W. L. B.</i>
D. ADM.	
D. COM. S.	
D. PLAN.	
SP. ASST.	<i>BCW copy</i>
✓ JRD copy	
Master File Copy	<i>X</i>

Mr. Ben Webb, Relocation Officer
Portland Development Commission
1700 S. W. Fifth Avenue
Portland, Oregon

Dear Ben:

The case of Mr. Kurry of 114 N. E. Beech has come to our attention as a possible Relocation case under the code enforcement budget of the Third Action Year Relocation Plan. This letter will authorize you to determine eligibility and provide benefits as specified in the Third Action Year Relocation Plan.

It is my understanding that Mr. Kurry is a owner-occupant and owes \$700 in back taxes. It appears his home has substantial structural and plumbing deficiencies and has only two bedrooms which presents a crowding situation for Mr. Kurry, his wife and eight children.

As we have discussed, you will need a full-inspection report from the Bureau of Buildings, as well as, a health inspection as part of the documentation for this case; and, until the Relocation Plan Addendum is approved, this letter authorizes your activity only on behalf of Mr. Kurry and does not constitute authorization to determine eligibility of any other case.

If you have any questions or if I may be of any assistance, please contact me.

Sincerely,



Michael Henniger
Physical Program Coordinator

Handwritten notes at bottom of page:
JRD copy
W. L. B. copy



DEPARTMENT OF
FINANCE AND
ADMINISTRATION

NEIL GOLDSCHMIDT
MAYOR

BUREAU OF
BUILDINGS

C.N. CHRISTIANSEN
DIRECTOR

1220 S.W. FIFTH AVE.
PORTLAND, OR. 97204
503/248-4320

April 20, 1973

Portland Development Commission
1700 S. W. 4 Avenue
Portland, Oregon 97201

Attn: Betty Burns

Re: 114 N. E. Beech Street

Gentlemen:

We are in receipt of a copy of your letter from Thomas J. Hollcraft of Hollcraft Homes, Inc., assuming liability regarding occupancy and demolition of the dwelling at the above address, and it meets with our approval.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CMC:vm

EX. DIR.	
DEP. DIR.	
ASST. DIR.	
D. C. S.	
D. I.	
SP. ASST.	
JR E.C. [unclear]	
Master File Copy	

RECEIVED

APR 23 1973

PORTLAND DEVELOPMENT COMMISSION



RECEIVED

APR 17 1973

PORTLAND DEVELOPMENT COMMISSION

COUNTY COMMISSIONERS

M. JAMES GLEASON, Chairman

DAN MOSEE

BEN PADROW

DONALD E. CLARK

MEL GORDON

Multnomah County Oregon

248-3400

April 17, 1973

Ms. Betty Burns
Portland Development Commission
1700 S. W. 4th Avenue
Portland, Oregon 97201

Dear Ms. Burns:

This letter is to confirm our telephone conversation of April 16th, regarding the Robert Curry residence, 114 N. E. Beech St.

An extension of ninety (90) days is hereby authorized to negotiate and resolve existing problems related to any required transactions pertinent to the property.

Please contact our department if any additional assistance is required.

Very truly yours,

WALTER A. GOSS, M.D., Director
Division of Medical Services
and County Health Officer

Maya R. Cuda
Maya R. Cuda, R. S.
Environmental Sanitation Section
104 S. W. 5th Avenue
Portland, Oregon 97204

MAC/dl

NOTICE

Bureau of Buildings

Owner: Mr. Robert Curry
114 N. E. Beech Street
Portland, Oregon 97212

Re: 114 N. E. Beech Street

This building is hereby declared to be substandard because of the following conditions which do not comply with the City of Portland Housing regulations:

1. Dwelling unit lacks adequate heating facilities.
2. Both bedrooms lack the required light and ventilation.
3. Floor covering and counter top covering in the kitchen are worn and portions are missing.
4. Floor covering in the bathroom is deteriorated and portions are missing.
5. Hot water tank lacks an approved A.S.M.E. pressure relief valve and drainpipe.
6. Cellar area lacks required exit stairway.
7. Block foundation supporting the southeast bathroom addition lacks adequate footings and settling is apparent.
8. Posts supporting the east kitchen wall are deteriorated and lack support piers, resulting in severe settling.
9. South portion of the roofing is worn and leaking.
10. Gutters and downspouts are deteriorated and leaking.
11. Plumbing violations as listed in the plumbing inspector's report of January 31, 1973.
12. Electrical violations as listed in the electrical inspector's report of January 31, 1973.

The above named owner, or his agent, of this structure is required on or before April 27, 1973 to correct the substandard conditions under proper permits, to vacate the structure, or to show cause to the Bureau of Buildings why this should not be done.

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

By:

C. M. Christensen

Date: March 27, 1973

Warning:

The removal, mutilation, or concealment of this notice by other than authorized persons is a misdemeanor punishable by a fine of not more than \$500.00 and/or six (6) months imprisonment.

PORTLAND DEVELOPMENT COMMISSION

MEMORANDUM

March 22, 1973

TO: Don S. Silvey
FROM: C. R. Wilson
SUBJECT: Robert Curry, 114 N. E. Beech Street

We had a request for assistance from Mr. Curry in early November, 1972.

Due to the extensive work required, different inspections were called for - housing, electrical, plumbing. The Bureau of Health has given the owner 30 days to vacate.

This is a 2 bedroom home, with a family of 10 living in it.

I was notified by Mike Henniger that Model Cities would not relocate the family and for us to repair the house under the Housing Repair Program. We have received three bids to correct the structural deficiencies as follows:

Aaron Mitchell	\$2,200
Gus Young Construction	2,500
George Leggett	2,500


They have all further stated that they do not want to do the job due to possible liability for further damage that could be caused by raising the home and installing new girders and support posts.

George Christian Electric Co. has submitted a bid for \$800 to do the electrical work. Aaron Mitchell has submitted a bid for \$900 for the plumbing.

Total price from the bids would be \$3,900, which would not relieve the basic violation of overcrowding. I see no possible way to repair the home for \$1,000 even if we use an additional \$200 contingency.

Relocation Department has done considerable work toward relocating the family already. I recommend we make every effort to have Mike Henniger reconsider relocation.

RECOMMEND DEMOLITION OF THIS STRUCTURE.


Don S. Silvey, Chief
Housing Rehabilitation and
Development

CERTIFICATE OF APPRAISAL

PARCEL NO. Model Cities Code Enforcement

LEGAL DESCRIPTION: East 1/2 of Lots 15 & 16, Block 15, Albina Homestead

PROPERTY ADDRESS: 114 N. E. Beech, Portland, Oregon

PROPERTY DIMENSIONS: 50 X 100 PROPERTY AREA: 5,000 sq. ft.

OWNER OF RECORD: Robert Curry

ADDRESS: Same TELEPHONE NO. 282-1634

ASSESSOR'S VALUE: (1972 - 73 tax year)

Land	\$ 2,000.00
Improvements	\$ 3,050.00
Total	<u>\$ 5,050.00</u>

Tax Levied: \$146.78



A personal inspection of the property revealed a single family wood frame structure with living room, kitchen, 2 bedrooms and a bath on an enclosed porch. The bath fixtures are physically falling through decayed flooring. There is no central heating system. The electrical system is inadequate and unsafe. There is extensive evidence of dry rot. The roof requires complete replacement. Unsanitary and unsafe conditions prevail throughout. The property has been posted as unsafe for occupancy by the Department of Medical Services and Bureau of Buildings. A cost to cure the deficiencies developed by rehab personnel of P.D.C. demonstrates infeasibility to rehabilitate.

Based upon a review of the market and factors affecting value it is my opinion that the present value of this real property is \$2,000.00 less the cost to raze the structure and prepare the site for redevelopment.

Land	\$2,000.00
Improvements	-0-
Total	<u>\$2,000.00</u>

Harold D. Hand

Harold D. Hand
Chief, Real Estate
Portland Development Commission

Pioneer National Title Insurance Company

Oregon Division • 421 S.W. Stark Street • Telephone 224-0550 • Portland, Oregon 97204

Branch Telephone: _____

Esc. No. 405507

ESCROW STATEMENT

June 5 1973'

Robert and Dorothy Curry

PROPERTY ADDRESS 114 N. E. Beech

DESCRIPTION	Debit		Credit	
	\$		\$	
Demand XXXXXX for Deed			800	00
Transfer of funds from Escrow #404839 for closing costs			222	02
Title Insurance Policy No. Owner's	50	00		
Escrow Fee $\frac{1}{2}$ share	25	50		
Taxes 1972-73 pro rate from 5-18-73 to 6-30-73			17	09
XXXXXX Pay 1971-72 taxes due plus interest	106	29		
XXXXXX Pay 1972-73 taxes due plus interest	148	24		
RECORDING				
Deed to				
Deed Multnomah County to Curry	2	00		
Mortgage to				
Trust Deed to				
Release of Mortgage to				
Reconveyance				
Contract between and				
% Interest Adjustment on \$ from to				
Insurance pro rata on \$ from to				
Paid for real estate commission				
Paid for				
Paid Multnomah County for Contract balance	706	09		
plus interest at 11¢ per diem from 5-15-73 to 5-23-73		99		
Balance -- Our Check Herewith				
Balance -- Debit				
TOTAL	1,039	11	1,039	11

This covers money settlement only.
Any papers to which you are entitled
will follow later.

Pioneer National Title Insurance Company

By Gail J. Simons
Gail J. Simons, ESCROW OFFICER

Pioneer National Title Insurance Company

Oregon Division • 421 S.W. Stark Street • Telephone 224-0550 • Portland, Oregon 97204

Branch Telephone: _____

Esc. No. 405507

ESCROW STATEMENT

June 5 19 73

Hollcraft Homes Inc.

PROPERTY ADDRESS 114 N. E. Beech

DESCRIPTION	Debit		Credit	
	\$		\$	
XXXXX Deposit to Close			844	59
Title Insurance Policy No.				
Escrow Fee $\frac{1}{2}$ share		25 50		
Taxes 1972-73 pro rate from 5-15-73 to 5-23-73		17 09		
City Liens				
Reconveyance				
RECORDING				
Deed Curry to Hollcraft Homes Inc.		2 00		
Deed to				
Mortgage to				
Trust Deed to				
Release of Mortgage to				
Reconveyance				
Contract between and				
% Interest Adjustment on \$ from to				
Insurance pro rata on \$ from to				
Paid for real estate commission				
Paid for				
Paid Curry for Deed		800 00		
Balance - Our Check Herewith				
Balance - Debit				
TOTAL		844 59		844 59

This covers money settlement only.
Any papers to which you are entitled
will follow later.

Pioneer National Title Insurance Company

By Gail J. Simons
Gail J. Simons, ESCROW OFFICER



RECEIVED

JUN 6 1973

Pioneer National Title Insurance Company

PORTLAND DEVELOPMENT COMMISSION

June 5, 1973

OREGON DIVISION

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

ESCROW NO. 404839
RE: Olson to Curry

ATTENTION: Betty R. Burns

Dear Betty:

In connection with the above numbered Escrow, we enclose the following:

(xxx) Statement of Receipts and Disbursements

() Our check # _____ in the sum of \$ _____

() Deed recorded		Book	Page
records of	County,		
() Mortgage recorded		Book	Page
records of	County,		
() Note dated		in the sum of \$ _____	
() Title Insurance Policy No.		in the sum of \$ _____	
() Fire Insurance Policy in the amount \$			

Any other documents to which you are entitled will be forwarded as soon as they are available.

Yours very truly,

Pioneer National Title Insurance Company

By: Gail J. Simons
Gail J. Simons, ESCROW OFFICER

Pioneer National Title Insurance Company

Oregon Division • 421 S.W. Stark Street • Telephone 224-0550 • Portland, Oregon 97204

Branch Telephone: _____

Esc. No. 404839

ESCROW STATEMENT

June 5

1973

Robert and Dorothy Curry

PROPERTY ADDRESS 5704 North Commercial

DESCRIPTION	Debit		Credit	
	\$		\$	
Credit for Trust Deed balance			3,132	31
XXXXXX Deposit by the Treasurer of the City of Portland			15,420	00
Title Insurance Policy No.				
Escrow Fee $\frac{1}{2}$ share		34	00	
Taxes 1972-73 pro rate from 5-23-73 to 6-30-73		31	19	
City Liens				
Reconveyance				
RECORDING				
Deed Olson to Curry		2	00	
Deed to				
Mortgage to				
Trust Deed Curry to Olson		4	00	
Release of Mortgage to				
Reconveyance				
Contract between and				
Pay Allstate for new fire insurance policy		100	00	
% Interest Adjustment on \$ from to				
Insurance pro rata on \$ from to				
Paid for real estate commission				
Paid for				
Paid Olson for Deed		18,000	00	
Transfer of funds to Escrow no: 405507 for closing costs		222	02	
Pay Department of Revenue for State Income Tax Liens plus interest if paid after 7-1-73		159	10	
Balance - Our Check Herewith				
Balance - Debit				
TOTAL		18,552	31	18,552 31

This covers money settlement only.
Any papers to which you are entitled
will follow later.

Pioneer National Title Insurance Company

By Gail J. Simons
Gail J. Simons, ESCROW OFFICER

Pioneer National Title Insurance Company

Oregon Division • 421 S.W. Stark Street • Telephone 224-0550 • Portland, Oregon 97204

Branch Telephone: _____

Esc. No. 404839
Rita M. Olson

ESCROW STATEMENT

June 5 1973

PROPERTY ADDRESS 5704 North Commercial

DESCRIPTION

DESCRIPTION	Debit		Credit	
	\$		\$	
Less credit for Trust Deed balance	3,132	31		
Demand DEMAND for Deed			18,000	00
Title Insurance Policy No. Owner's	110	00		
Escrow Fee $\frac{1}{2}$ share	34	00		
Taxes 1972-73 pro rate from 5-23-73 to 6-30-73			31	19
City Liens				
Reconveyance				
RECORDING				
Deed to				
Deed to				
Mortgage to				
Trust Deed to				
Release of Mortgage to				
Reconveyance				
Contract between and				
% Interest Adjustment on \$ from to				
Insurance pro rata on \$ from to				
Paid E. G. Stassens Realty for real estate commission	555	75		
Paid Interstate Homes for real estate commission	664	25		
Paid Multiple Listing Service for service fee	15	00		
Pay Oregon Multiple Listing Service for service fee	25	00		
Balance - Our Check Herewith to Olson	13,494	88		
Balance - Debit				
TOTAL	18,031	19	18,031	19

This covers money settlement only.
Any papers to which you are entitled
will follow later.

Pioneer National Title Insurance Company

By Gail J. Simons
Gail J. Simons, ESCROW OFFICER

May 9, 1973

Pioneer National Title Insurance Company
227 N. E. 122nd Avenue
Portland, Oregon 97230

Attention: Gail Simons

Gentlemen:

Re: Holcraft-Curry-Olson
Escrow Account

Enclosed you will find the following documents:

1. Earnest money offer: Holcraft to Curry.
2. Earnest money offer: Curry to Olson.
3. City of Portland Warrant No. 42120.

In accordance with our previous conversation, please establish an escrow account on the Holcraft purchase from Curry, and another for the Curry purchase from Olson.

The Replacement Housing Payment is to be applied toward purchase and occupancy of the dwelling located at 5704 N. Commercial Street after outstanding indebtedness against the property located at 114 N. E. Beach is satisfied.

Please send copies of closing statements to the Portland Development Commission. Should you need further information, please feel free to call.

Very truly yours,

Betty R. Burns
Relocation Advisor

BRB:ch
Enclosures

May 18, 1973

Pioneer National Title Insurance Company
227 N. E. 122nd Avenue
Portland, Oregon 97230

Attention: Gail Simons

Gentlemen:

Re: Hollcraft-Curry-Olson
Escrow Account

You have in the above-identified account City of Portland Warrant No. 42120 in the amount of \$15,420, to be held in accordance with our written instructions previously given you.

This is to certify that Mr. and Mrs. Curry have purchased and occupied a standard dwelling, and you are hereby authorized to release said \$15,420 and disburse it as directed by Mr. and Mrs. Curry.

Please send a copy of the closing statement to the Portland Relocation Commission.

Thank you for your cooperation.

Very truly yours,

Betty R. Burns
Relocation Advisor

BRB:ch

THE CITY OF
PORTLAND



OREGON

OFFICE OF
CITY AUDITOR
GEORGE YERKOVICH
CITY AUDITOR

1220 S.W. FIFTH AVE.
PORTLAND, OR. 97204

RECEIVED

MAY 9 1973

PORTLAND DEVELOPMENT COMMISSION

May 8, 1973

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

Gentlemen:

Enclosed is City of Portland Warrant No. 42120 in the amount
of \$15,420.00 payable to Pioneer National Title Insurance
Company as relocation payment per attached Remittance Advice.

Yours truly,

GEORGE YERKOVICH

Auditor of the City of Portland
By:

Charles J. Spear
Chief Deputy

CJS:brs
Encl.
Certified Mail
Return Receipt Requested

AUD 10-825-300 6-71

REMITTANCE ADVICE

42120

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									
RELOCATION PAYMENT FOR ROBERT CURRY									
507.73			15,420.00		15,420.00	513	6,687,399		319

CITY OF PORTLAND, OREGON

GEORGE YERKOVICH
AUDITOR OF THE CITY OF PORTLAND

RECEIVED
MAY 7 1973
PORTLAND DEVELOPMENT COMMISSION

EX. DIR.	
DE. DIR.	
✓ CH. DIR.	
ASST. DIR.	
AD. ASST.	
CLERK	
200 copy	
Master File Copy	

May 4, 1973

George Yerkovich
City Auditor
City Hall Room B8
Portland, Oregon

Attention: Bob Jones

Dear Mr. Yerkovich:

As requested, this letter confirms and concurs with Portland Development Commission findings that Robert Curry is eligible for relocation benefits as enumerated in the Uniform Relocation Act of 1970 and the Model Cities Relocation Plan, Third Action Year.

I have attached for your records correspondence received by this office from Paul R. Timmons, HUD Area Office, outlining the authority for such payments. Included is an August 22, memorandum from Assistant Secretaries Hyde and Jackson.

If this office can be of further assistance please let us know.

Sincerely,

Andrew Raubeson
Acting Director

cc: A. Raubeson
Portland Development Commission
Official files (2)

April 25, 1973

Mr. George Yerkovich
Auditor of the City of Portland
City Hall
1220 S. W. Fifth Avenue
Portland, Oregon 97204

Dear Mr. Yerkovich:

Re: Model Cities - Code Enforcement
Curry, Robert - 114 N. E. Beech Street

Enclosed you will find two claim forms, one for a Replacement Housing Payment in the amount of \$15,000, the other in the amount of \$420 covering moving and dislocation allowance, payable to Pioneer National Title Insurance Company to be deposited in the above-named displacee's escrow account. The above amounts are to be applied toward the purchase and occupancy of a replacement dwelling.

The following supporting documents relating to the condition of the dwelling occupied by the displacee and his family, located at 114 N. E. Beech, include:

1. Posting notice from Bureau of Health.
2. Posting notice from Bureau of Buildings.
3. Portland Development Commission rehabilitation evaluation.
4. Portland Development Commission appraisal of land and improvements.
5. Model Cities request for evaluation.

You will also find enclosed normal documents relating to the purchase of a replacement dwelling.

Due to the obvious substandard conditions found in the presently-occupied dwelling at 114 N. E. Beech, and the time element established by the Bureau of Buildings and Bureau of Health for vacating, it will be appreciated if your staff would process the enclosed claim at your earliest convenience.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCM:ch
Enclosures



DEPARTMENT OF
FINANCE AND
ADMINISTRATION

NEIL GOLDSCHMIDT
MAYOR

BUREAU OF
BUILDINGS

C.N. CHRISTIANSEN
DIRECTOR

1220 S.W. FIFTH AVE.
PORTLAND, OR. 97204
503/248-4320

EX. DIR.	
DEP. DIR.	
D. OPER.	<i>REJ</i>
D. ADM.	
D. COM. S.	
D. PLAN.	
SP. ASST.	
<i>File BRC copy</i> <i>JR</i>	
Master File Copy	

April 20, 1973

Portland Development Commission
1700 S. W. 4 Avenue
Portland, Oregon 97201

Attn: Betty Burns

Re: 114 N. E. Beech Street

Gentlemen:

We are in receipt of a copy of your letter from Thomas J. Hollcraft of Hollcraft Homes, Inc., assuming liability regarding occupancy and demolition of the dwelling at the above address, and it meets with our approval.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chagwidden
Chief Housing Inspector

CMC:vm

88
RECEIVED

APR 23 1973

PORTLAND DEVELOPMENT COMMISSION



RECEIVED

APR 19 1973

PORTLAND DEVELOPMENT COMMISSION

COUNTY COMMISSIONERS

M. JAMES GLEASON, Chairman

DAN MOSEE

BEN PADROW

DONALD E. CLARK

MEL GORDON

Multnomah County Oregon

248-3400

April 17, 1973

Ms. Betty Burns
Portland Development Commission
1700 S. W. 4th Avenue
Portland, Oregon 97201

Dear Ms. Burns:

This letter is to confirm our telephone conversation of April 16th, regarding the Robert Curry residence, 114 N. E. Beech St.

An extension of ninety (90) days is hereby authorized to negotiate and resolve existing problems related to any required transactions pertinent to the property.

Please contact our department if any additional assistance is required.

Very truly yours,

WALTER A. GOSS, M.D., Director
Division of Medical Services
and County Health Officer

Mayo A. Cuda

Mayo A. Cuda, R. S.
Environmental Sanitation Section
104 S. W. 5th Avenue
Portland, Oregon 97204

MAC/dl



RECEIVED

APR 20 1973

PORTLAND DEVELOPMENT COMMISSION

April 19, 1973

DEPARTMENT OF
FINANCE AND
ADMINISTRATION

NEIL GOLDSCHMIDT
MAYOR

BUREAU OF
BUILDINGS

C.N. CHRISTIANSEN
DIRECTOR

1220 S.W. FIFTH AVE.
PORTLAND, OR. 97204
503/248-4320

Portland Development Commission
1700 S. W. 4 Avenue
Portland, Oregon 97201

Attn: Betty Burns

Re: 114 N. E. Beech Street

Gentlemen:

At your request, we are enclosing two copies of our posting
notice regarding the property at the above address.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidder
Chief Housing Inspector

CMC:vm
Enc. (2)

Date 4/18/73

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

Gentlemen:

You are hereby authorized to place in my account at Pioneer National Title Insurance Company, 227 N. E. 122nd Avenue, Portland, Oregon, the amount of \$15,000 representing my replacement housing payment and \$420, representing my moving costs and dislocation allowance payment for my relocation from 114 N. E. Beech.

Robert Curry
(Name of displacee)



P E C C

APR 18 1973

PORTLAND DEVELOPMENT COMMISSION

April 17, 1973

DEPARTMENT OF
FINANCE AND
ADMINISTRATION

NEIL GOLDSCHMIDT
MAYOR

BUREAU OF
BUILDINGS

C.N. CHRISTIANSEN
DIRECTOR

1220 S.W. FIFTH AVE.
PORTLAND, OR. 97204
503/248-4320

Portland Development Commission
1700 S. W. 4 Avenue
Portland, Oregon 97201

Re: 5704 N. Commercial Avenue

Attn: Betty Burns


Gentlemen:

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

Our inspector reports the structure complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR



S. J. Chegwidder
Chief Housing Inspector

CMC:vm

cc: Mrs. Reta M. Olson
1220 Webster Road
Gladstone, Oregon
E. G. Stassens, Inc.
5507 N. Lombard Street

PDC

4/17/73

1700 SW 4th

Attn: Betty Burns

On 114 NE Beech. If
Hollcraft Homes is successful
in purchasing this house and lot,
the corporation will assume the
duty of wrecking the house
providing we have 90 days
from closing to do so. We will
not allow the house to be occupied.

Hollcraft Homes, Inc.

by Thomas J. Hollcraft
president

April 16, 1973

Bureau of Buildings
Housing Division
2200 N. E. 24th Avenue
Portland, Oregon 97212

Attention: Chet Collingsworth

Gentlemen:

Re: Curry, Robert
114 N. E. Beech

The above-mentioned client is in the process of selling his land and improvements to Holcraft Homes, 3354 S.E. Hawthorne. Mr. Tom Holcraft is assuming liability of demolishing the dwelling and requests ninety (90) days to close the purchase transaction and demolish the structure.

A letter granting the ninety day extension to Holcraft Homes will be appreciated.

Very truly yours,

Betty R. Burns
Relocation Advisor

BRB:ch

April 16, 1973

Department of Medical Services
Environmental Sanitation Section
104 S. W. Fifth Avenue
Portland, Oregon 97204

Attention: Mayo A. Cuda, R.S.

Gentlemen:

Re: Curry, Robert
114 N. E. Beech

The above-mentioned client is in the process of selling his land and improvements to Holcraft Homes, 3354 S. E. Hawthorne. Mr. Tom Holcraft is assuming liability of demolishing the dwelling and requests ninety (90) days to close the purchase transaction and demolish the structure.

A letter granting the ninety-day extension to Holcraft Homes will be appreciated.

Very truly yours,

Betty R. Burns
Relocation Advisor

BRB:ch

Shooting in tavern kills Portland man

4/6/73

Daniel Patterson Jr., 22, 19 NE Sacramento St., died in Emanuel Hospital Saturday night an hour after being shot six times at King's Tavern, 3837 N. Williams Ave., according to police.

A second man, Robert Curry, 43, 114 NE Beech St., was hit in the groin by a stray bullet, police said. He was reported in fair condi-

tion at Emanuel Hospital.

Police were seeking a male suspect following the 10:30 p.m. shootings. They said the man used a handgun. His motive was not known.

Earlier reports of a third man suffering a heart attack during the shootings was erroneous, detectives said.

OREGON

NOTICE

Bureau of Buildings

Owner: Mr. Robert Curry
114 N. E. Beech Street
Portland, Oregon 97212

Re: 114 N. E. Beech Street

This building is hereby declared to be substandard because of the following conditions which do not comply with the City of Portland Housing regulations:

1. Dwelling unit lacks adequate heating facilities.
2. Both bedrooms lack the required light and ventilation.
3. Floor covering and counter top covering in the kitchen are worn and portions are missing.
4. Floor covering in the bathroom is deteriorated and portions are missing.
5. Hot water tank lacks an approved A.S.M.E. pressure relief valve and drainpipe.
6. Cellar area lacks required exit stairway.
7. Block foundation supporting the southeast bathroom addition lacks adequate footings and settling is apparent.
8. Posts supporting the east kitchen wall are deteriorated and lack support piers, resulting in severe settling.
9. South portion of the roofing is worn and leaking.
10. Gutters and downspouts are deteriorated and leaking.
11. Plumbing violations as listed in the plumbing inspector's report of January 31, 1973.
12. Electrical violations as listed in the electrical inspector's report of January 31, 1973.

The above named owner, or his agent, of this structure is required on or before April 27, 1973 to correct the substandard conditions under proper permits, to vacate the structure, or to show cause to the Bureau of Buildings why this should not be done.

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

By: C. M. Christensen

Date: March 27, 1973

Warning:

The removal, mutilation, or concealment of this notice by other than authorized persons is a misdemeanor punishable by a fine of not more than \$500.00 and/or six (6) months imprisonment.

LAIRD KIRKPATRICK
DIRECTOR

LEGAL AID SERVICE
MULTNOMAH BAR ASSOCIATION
MAIN OFFICE
FOURTH FLOOR SENATOR BUILDING
732 S. W. THIRD AVENUE - 224-4086 - PORTLAND, OREGON 97204

CHARLES R. WILLIAMSON
DEPUTY DIRECTOR

RECEIVED

April 11, 1973

APR 12 1973

PORTLAND DEVELOPMENT COMMISSION

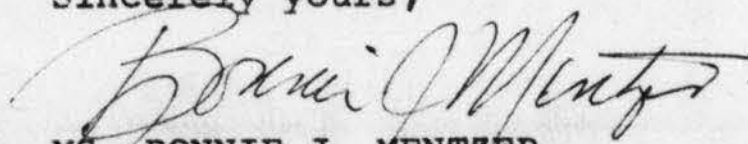
Portland Development Commission
1700 S.W. 4th Avenue
Portland, Oregon

Attention: Betty Burns

Dear Ms. Burns:

Mr. Curry has asked me to send the enclosed copies of the Orders discharging two judgments which were entered against him in the District Court for Multnomah County.

Sincerely yours,


MS. BONNIE J. MENTZER
Attorney at Law

BJM:sw
enclosures
cc: Robert Curry

IN THE DISTRICT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF MULTNOMAH

UNITED ADJUSTERS, INC.,

Plaintiff,

vs.

ROBERT CURRY and
DOROTHY CURRY

Defendants.

No. 69749

ORDER DISCHARGING JUDGMENT

This matter was considered by the Honorable Richard L. Unis on March 29, 1973, upon the motion of Defendant for an order discharging the judgment entered against him herein; Defendant appeared by his attorney, Bonnie J. Mentzer; the Plaintiff did not appear, and the Court finds that the Defendant has been discharged from the payment of this judgment by an Order of Discharge of Bankrupt entered in the United States District Court for the District of Oregon, on February 10, 1970, In The Matter of Robert Curry, Bankrupt, No. B69-4239; therefore, it is hereby Ordered that the judgment entered herein be discharged and the Clerk of this Court is hereby directed to satisfy this judgment of record.

DATED this 30th day of March, 1973.

151 R. L. Unis
JUDGE

I hereby certify that the foregoing is a true copy of the original thereof.

Attorney for Defendant

IN THE DISTRICT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF MULTNOMAH

INVESTIGATORS, INC.,)

Plaintiff,)

vs.)

ROBERT CURRY,)

Defendant.)

No. 518-155

ORDER DISCHARGING JUDGMENT

This matter was considered by the Honorable Richard L. Unis on March 29, 1973, upon the motion of Defendant for an order discharging the judgment entered against him herein; Defendant appeared by his attorney, Bonnie J. Mentzer; the Plaintiff did not appear, and the Court finds that the Defendant has been discharged from the payment of this judgment by an Order of Discharge of Bankrupt entered in the United States District Court for the District of Oregon, on February 10, 1970, In The Matter of Robert Curry, Bankrupt, No. B69-4239; therefore, it is hereby Ordered that the judgment entered herein be discharged and the Clerk of this Court is hereby directed to satisfy this judgment of record.

DATED this 30th day of March, 1973.

/s/ R.L. Unis
JUDGE

I hereby certify that the foregoing is a true copy of the original entered.

Attorney for Defendant

LEGAL AID SERVICE
MAIN OFFICE
4TH FLOOR SENATOR BUILDING-732 S.W. 3RD AVENUE
PORTLAND, OREGON 97204
TELEPHONE 224-4086

April 5, 1973

Portland Model Cities Agency
5329 N. E. Union Avenue
Portland, Oregon 97211

Attention: Mike Lyons

Gentlemen:

Re: Curry, Robert
114 N. E. Beech

Enclosed you will find a copy of appraisal submitted on request from Harold Hand, Chief, Real Estate Section, Portland Development Commission, showing a value based on current market and factors affecting value.

The Portland Development Commission is now in the process of obtaining bids from redevelopers, requesting said bids be submitted on basis of assuming responsibility of razing structure.

You will be furnished further information as it is received. Should you have any questions, please feel free to call.

Very truly yours,

Betty R. Burns
Relocation Advisor

BRB:ch
Enclosure

CERTIFICATE OF APPRAISAL

PARCEL NO. Model Cities Code Enforcement

LEGAL DESCRIPTION: East 1/2 of Lots 15 & 16, Block 15, Albina Homestead

PROPERTY ADDRESS: 114 N. E. Beech, Portland, Oregon

PROPERTY DIMENSIONS: 50 X 100 PROPERTY AREA: 5,000 sq. ft.

OWNER OF RECORD: Robert Curry

ADDRESS: Same TELEPHONE NO. 282-1634

ASSESSOR'S VALUE: (1972 - 73 tax year)

Land	\$ 2,000.00
Improvements	\$ 3,050.00
Total	<u>\$ 5,050.00</u>

Tax Levied: \$146.78



A personal inspection of the property revealed a single family wood frame structure with living room, kitchen, 2 bedrooms and a bath on an enclosed porch. The bath fixtures are physically falling through decayed flooring. There is no central heating system. The electrical system is inadequate and unsafe. There is extensive evidence of dry rot. The roof requires complete replacement. Unsanitary and unsafe conditions prevail throughout. The property has been posted as unsafe for occupancy by the Department of Medical Services and Bureau of Buildings. A cost to cure the deficiencies developed by rehab personnel of P.D.C. demonstrates infeasibility to rehabilitate.

Based upon a review of the market and factors affecting value it is my opinion that the present value of this real property is \$2,000.00 less the cost to raze the structure and prepare the site for redevelopment.

Land	\$2,000.00
Improvements	-0-
Total	<u>\$2,000.00</u>

Harold D. Hand

Harold D. Hand
Chief, Real Estate
Portland Development Commission

RECEIVED

MAR 29 1973

PORTLAND DEVELOPMENT COMMISSION

March 27, 1973

Mr. Robert Curry
114 N. E. Beech Street
Portland, Oregon 97212

Re: 114 N. E. Beech Street

Dear Mr. Curry:

On February 14, 1973, this office notified you by letter of certain substandard conditions pertaining to your one-story, wood frame, two-bedroom, single-family dwelling at the above address.

Recent re-inspections revealed that no effort has been made to correct these conditions.

We are, therefore, posting the structure this date as a sub-standard building (copy enclosed). It will be necessary, within thirty (30) days from the date of this letter, for you to either initiate corrective action, under proper permit where required, to vacate the structure, or to show cause to the Bureau of Buildings why this should not be done.

Should you have any questions concerning this matter, please feel free to call the Bureau of Buildings, Housing Division, 2200 N. E. 24 Avenue, Telephone 288-6077.

Yours truly,

C. E. CHRISTIAN
BUILDING INSPECTIONS DIRECTOR

S. J. Chagwidden
S. J. Chagwidden
Chief Housing Inspector

CNE:vm

Certified Mail

Enc. (1)

cc: Model Cities w/enc. (1)

5329 N. E. Union Avenue

Portland Development Commission w/enc. (1)

1700 S. W. 4 Avenue

Plumbing & Electrical Div.

PORTLAND DEVELOPMENT COMMISSION

MEMORANDUM

March 22, 1973

TO: Don S. Silvey
FROM: C. R. Wilson
SUBJECT: Robert Curry, 114 N. E. Beech Street

We had a request for assistance from Mr. Curry in early November, 1972.

Due to the extensive work required, different inspections were called for - housing, electrical, plumbing. The Bureau of Health has given the owner 30 days to vacate.

This is a 2 bedroom home, with a family of 10 living in it.

I was notified by Mike Henniger that Model Cities would not relocate the family and for us to repair the house under the Housing Repair Program. We have received three bids to correct the structural deficiencies as follows:

Aaron Mitchell	\$2,200
Gus Young Construction	2,500
George Leggett	2,500

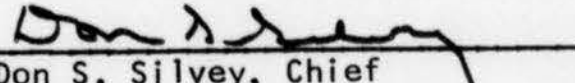
They have all further stated that they do not want to do the job due to possible liability for further damage that could be caused by raising the home and installing new girders and support posts.

George Christian Electric Co. has submitted a bid for \$800 to do the electrical work. Aaron Mitchell has submitted a bid for \$900 for the plumbing.

Total price from the bids would be \$3,900, which would not relieve the basic violation of overcrowding. I see no possible way to repair the home for \$1,000 even if we use an additional \$200 contingency.

Relocation Department has done considerable work toward relocating the family already. I recommend we make every effort to have Mike Henniger reconsider relocation.

RECOMMEND DEMOLITION OF THIS STRUCTURE.


Don S. Silvey, Chief
Housing Rehabilitation and
Development

PORTLAND MODEL CITIES - CITY DEMONSTRATION AGENCY

Interoffice Memorandum

RECEIVED

MAR 26 1973

PORTLAND DEVELOPMENT COMMISSION

March 13, 1973

TO: Andrew Raubeson, Acting Director
FROM: Michael Henniger, Physical Prog. Coord.
RE: Relocation/Curry, 114 N.E. Beech

The CDA has a contract with PDC to perform Relocation services in connection with code enforcement. Our staff and PDC have agreed on the following criteria for determination of eligibility:

- 1) Condemnation by the Bureau of Building, and
- 2) Condemnation by the County Health Department, and
- 3) Economic infeasibility of rehabilitation, and
- ✓4) agreed demolition of the posted structure. *earnest money offer*

Ben Webb's letter of February 28th, only documents condemnation by the County Health Department. Consequently the Curry's case does not meet necessary qualifications for code enforcement as we have established it. Unless the other necessary elements can be obtained and documented the only assistance the CDA may offer is our Housing Repair program which could correct serious building code violations.

MH Michael C Henniger

cc: M. Lyons
Official files (2)
Phy. files

February 28, 1973

Mr. Andrew Raubeson, Acting Director
Portland Model Cities Agency
5329 N. E. Union Avenue
Portland, Oregon 97211

Attention: Mike Lyons

Dear Mr. Raubeson:

Re: Rehab/Relocation Evaluation
Curry, Robert - 114 N. E. Beech

In response to your request of the Portland Development Commission to evaluate the above-named displacee's need for improved housing, the following is submitted:

Inspections were made of the two-bedroom dwelling by the City of Portland Housing, Electrical and Plumbing Divisions; the Rehabilitation Division of the Portland Development Commission; and the Multnomah County Department of Medical Services. A thorough study has been made by the relocation advisor of Mr. Curry's housing needs and financial status, seeking a proper solution.

Mr. Curry does qualify for a housing repair grant under the Model Cities guidelines, which could be used to alleviate some problems; however, it is questionable that the dwelling could be completely corrected to meet standard code enforcement requirements.

Mayo Cuda, Department of Medical Services, issued an abatement notice on February 9, 1973, allowing Mr. Curry thirty (30) days to correct the violations or vacate. Mr. Cuda will post the violation notice on March 9, 1973, and in discussions with the relocation advisor states that overcrowding (ten occupants - two bedrooms) establishes the dwelling as unfit for occupancy.

At this point it appears that the Curry family should be relocated in standard housing and receive relocation services and benefits.

Due to the Federal cutback in FHA 235 financing and liens and judgments against Mr. Curry, his recent bankruptcy creates a problem in a hopeful

Mr. Andrew Raubeson

Page 2

February 28, 1973

attempt to qualify him for a conventional loan.

The Curry family will require a five-bedroom dwelling, and in making contacts on available housing, a source (absentee-owner) has two dwellings in the \$17,000 to \$18,000 price range - both five-bedroom, two-bath homes - which he would be willing to sell and carry the contract and/or mortgage on the balance after applying the Replacement Housing Payment as downpayment. Monthly payments could be arranged to include taxes and insurance and be in line with Mr. Curry's ability to meet monthly payments.

In conclusion, it appears the logical solution to Curry's housing problem would be actual relocation, paying benefits and establishing the family in standard housing, adequate to house his family. The above is the recommendation of the Portland Development Commission Relocation Advisor, Betty Burns.

Please inform PDC of your concurrence or denial in order to proceed toward assisting the Curry family.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch

February 23, 1973

Mr. and Mrs. Robert Curry
114 N. E. Beech
Portland, Oregon

Dear Mr. and Mrs. Curry:

The Portland Development Commission has received notice from the Department of Medical Services that your dwelling will be posted on March 9, 1973, allowing thirty (30) days to vacate.

The Portland Development Commission will cooperate to the fullest to assist you in proceeding toward relocation.

Very truly yours,

Betty R. Burns
Relocation Advisor

BRB:ch



RECEIVED

FEB 20 1973

COUNTY COMMISSIONERS
M. JAMES GLEASON, Chairman
L. W. AYLSWORTH
BEN PADROW
DONALD E. CLARK
MEL GORDON

PORTLAND DEVELOPMENT COMMISSION

Multnomah County Oregon

DEPARTMENT OF MEDICAL SERVICES, Division of Public Health

MAIN OFFICE (503) 254-7301 • 12240 N.E. GLISAN STREET • PORTLAND, OREGON • 97230

FIFTH & ANKENY OFFICE 248-3400 • 104 S.W. 5TH AVENUE • 97204

February 16, 1973

Mrs. Ruth K. Drurey
Director of Tenant & Community Services
Portland Housing Authority
440 N. E. Broadway
Portland, Oregon 97213

Dear Mrs. Drurey:

Re: Robert Curry - Owner/Occupant
114 N. E. Beech

This is to advise that the above occupant must move from his/her address immediately as it has been inspected and found to be unfit for occupancy. Any assistance you can give in finding suitable housing will be appreciated.

If we can be of help, please feel free to contact us.

Very truly yours,
WALTER A. GOSS, M.D.
City Health Officer

Mayo A. Cuda
Mayo A. Cuda, R.S.
Environmental Sanitation Section
Fifth & Ankeny Office

MAC/dl

cc Mr. Don S. Silvey
Supervisor of Housing
Portland Development Comm.
5630 N. E. Union Ave. 97211

cc: Betty Burns ✓
Michael Lyons

MULTNOMAH COUNTY OREGON
PUBLIC HEALTH DIVISION
ENVIRONMENTAL SANITATION SECTION
104 S.W. 5th Avenue, Portland, Oregon

MC
No 3723

ABATEMENT NOTICE

Agent or Owner: Robert Curry

Address: 114 NE. Beech

A condition exists at 114 NE. Beech

consisting of Sub-standard dwelling due to

building & maintenance deficiencies

and insanitary living conditions.

Over-crowding - (10 occupants - 2 bedrooms)

which is in violation of the City of Portland Health and Sanitation Code. You are hereby required to
cause such condition to be abated within 20 days after date shown. Otherwise action will
be instituted in accordance with the requirements of Ordinance No. 77013. 130672

Walter H. Goss

Re - 3/9/73

Feb 9, 1973

Date

JOHN H. DONNELLY, M.D., M.P.H.

City Health Officer

Walter H. Goss

Sanitarian

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



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. Chegwidan, Chief

RECEIVED

FEB 16 1973

PORTLAND DEVELOPMENT COMMISSION

**CITY OF PORTLAND
OREGON**

97204

February 14, 1973

Mr. Robert Curry
114 N. E. Beech Street
Portland, Oregon 97212

Re: 114 N. E. Beech Street

Dear Mr. Curry:

At the request of Portland Development Commission, an inspection was made by the Housing Division of your one-story, wood frame, two-bedroom, single-family dwelling at the above address.

Our inspector reports the following conditions do not comply with City Housing Regulations:

1. Dwelling unit lacks adequate heating facilities. — x
2. Both bedrooms lack the required light and ventilation.
3. Floor covering and counter top covering in the kitchen are worn and portions are missing.
4. Floor covering in the bathroom is deteriorated and portions are missing.
5. Hot water tank lacks an approved A.S.N.E. pressure relief valve and drainpipe. ✓ y
6. Cellar area lacks required exit stairway.
7. Block foundation supporting the southeast bathroom addition lacks adequate footings and settling is apparent.
8. Posts supporting the east kitchen wall are deteriorated and lack support plate, resulting in severe settling.
9. South portion of the roofing is worn and leaking. +
10. Gutters and downspouts are deteriorated and leaking.
11. Plumbing violations as listed in the plumbing inspector's report of January 31, 1973 (copy enclosed).
12. Electrical violations as listed in the electrical inspector's report of January 31, 1973 (copy enclosed).

C O P Y

Mr. Robert Curry

-2-

February 14, 1973

It will be necessary, therefore, for you to initiate corrective action, under proper permit where required, within thirty (30) days from the date of this letter.

Should you have any questions concerning this matter, please feel free to call the Bureau of Buildings, Housing Division, 2200 N. E. 24 Avenue, Telephone 288-6077.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chagwidden
S. J. Chagwidden
Chief Housing Inspector

CNG:ym

cc: Model Cities w/enc. (2)
5329 N. E. Union Avenue
Portland Development Commission w/enc. (2)
5630 N. E. Union Avenue
Portland Development Commission w/enc. (2)
1700 S. W. 4 Avenue
Plumbing & Electrical Divisions
Enc. (2)

CITY OF PORTLAND, OREGON
BUREAU OF BUILDINGS
PLUMBING DIVISIONNOTICE
BOOK

Location 114 N. E. Beech Street Date January 31, 1973
Agent _____
Owner Robert Curry Address _____

NOTICE OF DEFECTS IN PLUMBING DIVISION

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 248-4225 between the hours of 8:00 and 9:30 a.m. and ask for Mr. Snow 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:

Bath tub waste and overflow broken. Provide proper trap, waste and vent.

Toilet loose from flange. Correct loose toilet bowl to floor.

Provide proper waste, trap and vent for automatic clothes washer.

Kitchen sink has open joint between waste and vent.

If further information is desired, please contact this office.

GW:DH

cc: Housing Division

Attention: Mr. Collingsworth

CHIEF PLUMBING INSPECTOR *W. Waller*

By _____

Date Jan 31, 1973

NOTICE OF VIOLATION OF CITY ORDINANCE

Location 114 NE Beech
Owner Robert Curry Address same
Tenant _____ Building occupied as _____

A recent inspection indicates that the electrical wiring and/or equipment at the above location violates the Electrical Ordinance of the City of Portland in the following particulars:

Light fixtures have been buried in lowered ceiling in dining room.

Plug to refrigerator is illegal.

Poor light fixture in back bedroom.

Back porch light illegal.

Drop cord lighting in basement.

BX below joist in basement.

Ground has been disconnected.

Illegal cleat wiring in basement.

Illegal service.

cc: Housing Division.

IMPORTANT - This wiring and/or equipment must be placed in a safe condition not later than

Feb 14, 1973

Before any electrical work may be installed, altered and/or repaired, a permit shall be secured from the Electrical Division, Room 120, City Hall. Have your electrician consult the Electrical Division for complete details of violation.

JR:hg

By Jeff Roberts
Electrical Inspector

TRACT: Albina Hmstd LOT: 15-16 BLOCK: 15 CLIENT: Robert Curry E. 1/2

NALMOD, 1010503460

1-01050-3460 LEGAL 02/07/73 VOCH 100706
MULTNOMAH COUNTY CONT TO CURRY, ROBERT

Courtesy Of
TRANSAMERICA TITLE INSURANCE CO

114 NE REECH ST
PORTLAND, OREGON
ALBINA HMSTD
E 1/2 OF

114 NE REECH
97212 PORTLAND, OREGON
LOT 15816 BLOCK 15

0-600

L2 A25 ACQ 71 69 MAP 2630 BP 06841138 RATIO 7116
VALCUP

ACCT NO. 1-01050-3460

DATE INQUIRED 02-07-73

YR	L/C	DATE	TYPE	LAND VAL	IMP VALUE	TIMBER	MARKET VAL
72	001	02-10-72	M	2,000	3,050		5,050
73	001	01-12-73	T	2,400	3,050		5,490

YR	L/C	DATE	TAX	UNPAID	INT	TOTAL
73	001	02-15-73	146.05	146.05	.73	146.78

DELMOD

1-01050-3460

L/C YR VALUE
001 72 3,320

END

DELINQUENT TAXES			
TAX	UNPAID	INT	TOTAL
97.51	97.51	6.82	104.33

02-07-73

TOTAL DATE
104.33 02/15/73

CONT.	10/20/71	MULTNOMAH COUNTY	Curry	-	819	1021
Bkey	12/10/69	Robert Curry		B-694239	-	-
Several Unsatisfied Judgements and Liens outstanding. See attached.						

TRACT RECORDS SEARCHED THIS DATE: 2/9/73

at Transamerica

R. Reed Swenson

✓

LOCAL PUBLIC AGENCY CERTIFICATE OF OWNERSHIP

We certify that we have searched the Public Land Records for 114 NE Beech Street
and find the following: (Street Address)

341062 > Land herein described as: East 1/2 of Lots 15 and 16, Block 15, ALBINA HOMESTEAD
in the City of Portland, Multnomah County, Oregon.

AND, as of February 8th, 1972 at 8:00 A.M. ~~XXX~~, title was vested in

~~Robert Curry~~ (No middle initial) **MULTNOMAH COUNTY**
(Name or Names)

SUBJECT to the following:

71/72 Taxes due: \$ 104.33
1. Taxes ~~72/73~~ Taxes due 146.78 Account No. 1-01050-3460

2. Encumbrances as follows:

CONTRACT recorded 10/20/71, Book 819, Page 1021. Multnomah County to
Robert Curry.

BANKRUPTCY recorded 12/10/69 - Robert Curry. File # b-694239.

THE FOLLOWING JUDGEMENTS AND TAX LIENS AGAINST A PARTY OF THE SAME
NAME ARE NOT SATISFIED:

May 1963 - Alimony judgement by Dorothy Curry.

January 1964 - judgement. Investigators, Inc. \$ 305.00 plus interest

August 1969 - State Of Oregon Tax Lien. \$ 72.41

September 1969 - United Adjustors, Inc. \$ 481.80 plus interest

October 1972 - State Of Oregon Tax Lien. \$ 68.63

~~NOTE: We find no judgments or United States Internal Revenue Liens against~~

K. Reed Swenson
Financial Advisor

Date Jan 31, 1973

NOTICE OF VIOLATION OF CITY ORDINANCE

Location 114 NE Beech
Owner Robert Curry Address same
Tenant _____ Building occupied as _____

A recent inspection indicates that the electrical wiring and/or equipment at the above location violates the Electrical Ordinance of the City of Portland in the following particulars:

Light fixtures have been buried in lowered ceiling in dining room.
Plug to refrigerator is illegal.
Poor light fixture in back bedroom.
Back porch light illegal.
Drop cord lighting in basement.
BX below joist in basement.
Ground has been disconnected.
Illegal cleat wiring in basement.
Illegal service.

cc: Housing Division.

IMPORTANT - This wiring and/or equipment must be placed in a safe condition not later than
Feb 14, 1973
Before any electrical work may be installed, altered and/or repaired, a permit shall be secured from the
Electrical Division, Room 120, City Hall. Have your electrician consult the Electrical Division for complete
details of violation.

JR:hg

By Jeff Roberts

Electrical Inspector

RECEIVED

FORM W 203

CITY OF PORTLAND, OREGON
BUREAU OF BUILDINGS
PLUMBING DIVISION

FEB 5 1973

NOTICE
BOOK

PORTLAND DEVELOPMENT COMMISSION

Location 114 N. E. Beech Street

Date January 31, 1973

Agent

Owner Robert Curry

Address _____

NOTICE OF DEFECTS IN PLUMBING DIVISION

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 248-4225 between the hours of 8:00 and 9:30 a.m. and ask for Mr. Snow 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:

Bath tub waste and overflow broken. Provide proper trap, waste and vent.
Toilet loose from flange. Correct loose toilet bowl to floor.
Provide proper waste, trap and vent for automatic clothes washer.
Kitchen sink has open joint between waste and vent.

If further information is desired, please contact this office.

GW:DH

cc: Housing Division

Attention: Mr. Collingsworth

CHIEF PLUMBING INSPECTOR

By _____

MEMORANDUM

Date January 30, 1973

TO: WSJ
FROM: BCW
SUBJECT: Model Cities Code Enforcement
Kurry - 114 N. E. Beech

Please see the attached letter from Model Cities relative to their Code Enforcement Program.

Will you please assign the case and ask the advisor to note the following requirements:

1. Because of the possibility that Kurry's title may be so clouded that we cannot clear it, we must ask for a preliminary title report.
2. We must have the following inspections:
 - a. Bureau of Buildings
 - b. Electrical
 - c. Plumbing
 - d. Health Department
3. Since we do not intend to acquire the property, the City must order it demolished.

BCW:ch

portland model cities

RECEIVED

JAN 26 1973

PORTLAND DEVELOPMENT COMMISSION

January 23, 1973

CITY DEMONSTRATION AGENCY
5329 N.E. UNION AVENUE
PORTLAND, OREGON 97211
288-8261

EX. DIR. _____
DEP. DIR. _____
D. OPER. 66-1251
D. ADM. _____
D. COM. S. _____
D. PLAN. _____
SP. ASST. BCW copy
18D copy
Master File Copy X

Mr. Ben Webb, Relocation Officer
Portland Development Commission
1700 S. W. Fifth Avenue
Portland, Oregon

Dear Ben:

The case of Mr. Kurry of 114 N. E. Beech has come to our attention as a possible Relocation case under the code enforcement budget of the Third Action Year Relocation Plan. This letter will authorize you to determine eligibility and provide benefits as specified in the Third Action Year Relocation Plan.

It is my understanding that Mr. Kurry is a owner-occupant and owes \$700 in back taxes. It appears his home has substantial structural and plumbing deficiencies and has only two bedrooms which presents a crowding situation for Mr. Kurry, his wife and eight children.

As we have discussed, you will need a full-inspection report from the Bureau of Buildings, as well as, a health inspection as part of the documentation for this case; and, until the Relocation Plan Addendum is approved, this letter authorizes your activity only on behalf of Mr. Kurry and does not constitute authorization to determine eligibility of any other case.

If you have any questions or if I may be of any assistance, please contact me.

Sincerely,


Michael Henniger
Physical Program Coordinator

Michael Henniger
Physical Program Coordinator

Robert Curry

Dwelling Unit Inventory

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

✓	QUANTITY
✓	Night Stand
✓	Occasional Chair
✓	Overstuffed Chair
✓	Overstuffed Rocker
✓	Range
✓	Refrigerator: Brand <u>Norge</u>
✓	Rocker
✓	Rug & Pad: Size <u>12 x 8</u> <u>12 x 16</u>
✓	Stool
✓	Table Lamp & Shade
✓	Table, small
✓	Vanity & Bench
✓	Suitcases
✓	Trunks
✓	Cartons, Boxes, Etc.
✓	Clothes
✓	Bedding & Linens

Miscellaneous (List Items)

Stereo 1
T.V. 3
Sew Machine 1
Washer machine 1
gas Range 1
gas heater 1

COMMENTS:

chest

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 Syer Mathis
PROJECT Beta II

CHECKLIST FOR RELOCATION FILES -- INDIVIDUALS

 Copy of Notice to Acquire/Vacate
 Copy of Real Estate Option (for owner-occupant only)
 City inspection letter (for code enforcement displacee)
✓ 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 3476, rent supplement)
 City inspection letter on replacement housing
 Copy of earnest money offer on replacement housing
 Other:

 Moving authorization letters
 Dwelling unit inventory sheet
 Log sheet for day of move (for professional move)
 Release of personal property
9/23/71 DATE OF MOVE
 Keys turned into: _____
 Utilities shut off
 Escrow releases, grants and amounts withheld
 Verify no rent outstanding
 Other:

✓ HUD forms 6140.1 and 6140.2
✓ HUD forms 6153 and 6154
 Other:
 Other:

3/20/72 DATE FILE CLOSED

R E S U M E

Client had been displaced by a private group without PDC knowledge. Her home had been located in the Model Cities area; therefore, she was eligible for services and benefits.

Initial interview determined she was not eligible for a Replacement Housing Payment, but she did qualify for moving/dislocation allowance. Replacement dwelling was in standard condition.

BRB

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER Betty Burns ORIGIN OF CASE BETA II (M.C.) PARCEL _____

NAME DYER, Mattie ADDRESS 515 N. E. Sacramento APT NO. _____

PHONE 284-7784 INITIAL INTERVIEW 2/11/72 SEX F MINORITY GROUP Black

AGE 52 U.S. CITIZEN X ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 1957

FAMILY COMPOSITION

Name	Relation	Age
Genora	Dtr.	18
Jeannette	"	17
Norman	Son	13

Employer: Name _____ \$ _____
 Address _____
 MCW Caseworker _____
 Social Security _____ 360.00
 Va. Fed. Mult. Co. _____
 Pension: Name _____
 Other: Name _____
 TOTAL MONTHLY INCOME 360.00

Own: X Power Co. _____ Type Fuel _____ Garbage Co. _____
 Rent: _____ Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn X Furn _____ No. Rms 6

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no) _____ 3 B/R
 Over 62 _____ Disabled (Soc.Sec.def.) _____ Income below limits _____ Assets below limits _____

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

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

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

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

<p>REMOVED FROM CASELOAD: _____ (Date) _____</p> <p>Refused assistance _____</p> <p>Relocated in: _____</p> <p>Low-rent public housing _____</p> <p>Other perm. public housing _____</p> <p>Standard priv. rent. hsg. _____</p> <p>Sub-standard priv. rent _____</p> <p>hgs. with refusal of _____</p> <p>further aid _____</p> <p>Standard sales housing _____</p> <p>Sub-standard sales hgs. _____</p> <p>Out-of-town _____</p> <p>Address unknown, abandoned _____</p> <p>Evicted, no further _____</p> <p>assistance _____</p> <p>Other (explain) _____</p>	<p>REMAINING ON CASELOAD: _____</p> <p>Address unknown, tracing _____</p> <p>Evicted, further assistance _____</p> <p>contemplated _____</p> <p>Temporarily relocated by _____</p> <p>LPA _____</p> <p>within project: _____ address _____</p> <p>outside project: _____ address _____</p> <p>FAMILY REFUSED ADDITIONAL ASSISTANCE: _____</p> <p>Date _____ Worker _____</p>
---	--

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: 807 N. E. Killingsworth 284-7784
 Zip _____ Phone _____

New rent or purchase price: \$10.000 No. of rooms 6 S X SS _____
 3 B/R

INTERVIEW REGISTER

Date		Relocation Worker
2/11/72	I called on Mrs. Dyer today to outline the benefits due her and to ask if there could be some way PDC could assist. She has been displaced by a private group, without HUD benefits. I found her eligible for moving costs and dislocation allowance in the amount of \$460, and obtained copies of her closing statements to verify amounts we can reimburse her for. She does not qualify for a RHP (option price was \$16,000 - she repurchased for \$10,000).	BRB
2/15	Claim forms for incurred costs on closing, moving costs/dislocation allowance, mailed for signature.	BRB
3/8	Claim filed for settlement cost reimbursement, (\$166), moving costs/dislocation allowance filed today with City.	BRB
2/28	Memo to file: This dwelling meets standard conditions on inspection by PDC.	BRB
3/20	Warrant #8591 in the amount of \$626 mailed to client. Case closed.	BRB

CLAIM FOR RELOCATION PAYMENT

RECEIVED HUD-6147
(4-66)

(Settlement Costs Incurred by Owner)

FEB 17 1972

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code)

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

PROJECT NAME (if applicable)

BETA II - Model Cities

PROJECT NUMBER

INSTRUCTIONS: Complete all applicable items and sign certification in Block 5. Consult the local agency as to documents to be submitted with this claim.

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. IDENTIFICATION OF CLAIMANT

Name (as shown in deed to local agency or in condemnation proceeding)

DYER, Mattie

Address (Include ZIP code)

807 N. E. Killingsworth
Portland, Oregon 97211

2. IDENTIFICATION OF PROPERTY

a. Address or Legal Description

515 N. E. Sacramento
Portland, Oregon

c. Did you occupy this property either as a resident or for the purpose of carrying out business operations?

b. Parcel Number(s)

☒ Yes ☐ No

3. SETTLEMENT COSTS INCURRED BY CLAIMANT IN TRANSFERRING PROPERTY TO LOCAL AGENCY

ITEM (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	CHARGED TO CLAIMANT ON SETTLEMENT STATEMENT (b)	PAID DIRECTLY BY CLAIMANT (c)	AMOUNT CLAIMED (Col. (b) + (c)) (d)	AMOUNT APPROVED (e)
Recording fee	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00
Escrow fee	63.00	63.00	63.00	63.00
Title insurance	100.00	100.00	100.00	100.00
TOTAL	\$ 166.00	\$ 166.00	\$ 166.00	\$ 166.00

4. LISTING OF DOCUMENTS SUBMITTED HERewith IN SUPPORT OF AMOUNTS ENTERED IN ITEM 3, COLUMN (c)

RECEIVED
MAR 9 1972
ADMINISTRATION

5. 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 this claim, and that any receipts submitted herewith accurately reflect costs actually incurred.

2-16-72
Datex Mattie Dyer
Signature of claimant

(Over)

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

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

PROJECT NAME (if applicable)

BETA II

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 X Family Individual

DYER, Mattie

2. DATE(S) OF MOVE

9/23/71

3. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO.

a. Address

515 N. E. Sacramento

b. Apartment, Floor, or Room Number

c. Was it furnished with your own furniture?

X Yes No

d. Number of rooms occupied (excluding bathrooms, hallways, and closets: 6

e. Date you moved into this address: 1957

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code)

807 N. E. Killingsworth, Portland 97211

b. Apartment, Floor, or Room Number

c. Were household goods moved to or from storage?

 Yes X No

If "Yes", complete table, "Statement of Claim for Storage Costs"

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

Dislocation Allowance \$200.00

Fixed Moving Payment 260.00

(Consult local agency)

Total \$ 460.00

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

2-16-72
RECEIVED

MAR 9 1972

ADMINISTRATION

Mattie Dyer
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:

James Merritt
27 N. E. Ivy
Portland, Oregon 97212

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.

1. Does claimant meet basic eligibility requirements? ☒ Yes ☐ No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

3. If claim is for a self-move, does approved amount exceed estimated cost of accomplishing the move through services of a commercial mover or contractor?

☐ Yes ☐ No

If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

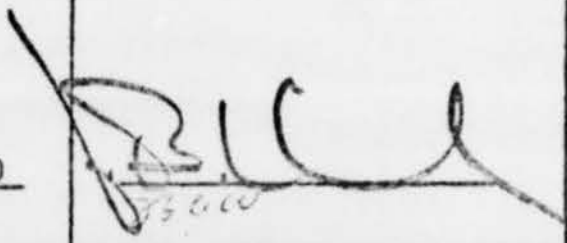
RECEIVED

MAR 9 1972

ADMINISTRATION

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>260.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>460.00</u>	<u>\$ 460.00</u>		<u>3/17/72</u>
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

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

RECEIVED

M-7

MAR 9 1972

ADMINISTRATION

March 8, 1972

Mr. Elvin Roberts
Administrative Management Coordinator
Portland Model Cities
5329 N. E. Union Avenue
Portland, Oregon 97211

Dear Mr. Roberts:

Re: Beta II Relocation Payments (Mattie Dyer)

We refer to the March 3, 1972 letter from Mr. Raubeson, copy to you, relative to the method for making Beta II relocation payments. In compliance with the provisions of the letter, we submit herein the appropriate completed claim forms for Mrs. Mattie Dyer as follows:

Settlement Costs	\$166.00
Moving and Dislocation Allowance	<u>460.00</u>
Total	\$626.00

Please have the check made payable to Mrs. Dyer and sent to us for delivery to Mrs. Dyer.

We wish to thank you for your attention in this matter.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosure

March 20, 1972

Mrs. Mattie Dyer
807 N. E. Killingsworth
Portland, Oregon 97211

Dear Mrs. Dyer:

We are enclosing City of Portland Warrant No. 8591 in the amount of \$626.00. This represents reimbursement of relocation benefits due you as a result of your displacement from 515 N. E. Sacramento, as follows:

Settlement costs	\$166.00
Moving and dislocation allowance	<u>460.00</u>
Total due you	\$626.00

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosure

February 15, 1972

Mrs. Mattie Dyer
807 N. E. Killingsworth
Portland, Oregon 97211

Dear Mrs. Dyer:

Enclosed you will find two claim forms for your signature. One covers reimbursement of settlement costs, and the other is your claim for a dislocation allowance and reimbursement of your moving costs.

Please sign both forms where marked "X", and return them to our office in the envelope provided.

We are returning your copies of the two escrow companies' closing statements.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCM/BRB:ch
Enclosures

Pioneer National Title Insurance Company

Oregon Division • 421 S.W. Stark Street • Telephone 224-0550 • Portland, Oregon 97204

Branch Telephone: _____

Esc. No. 386610

Mattie A. Dyer

ESCROW STATEMENT

September 23 1971

PROPERTY ADDRESS

DESCRIPTION

DESCRIPTION	Debit		Credit	
	\$		\$	
Credit to Dyer for Earnest Money heretofore paid			10,000	00
Demand-Deposit				
Title Insurance Policy No.				
Escrow Fee $\frac{1}{2}$ share	30	00		
Taxes 1971-72 pro rate from 7-1-71 to date of closing (based on 1970-71 taxes)			64	82
City Liens				
Reconveyance				
RECORDING				
Deed Dietrich to Dyer	1	50		
Deed to				
Mortgage to				
Trust Deed to				
Release of Mortgage to				
Reconveyance				
Contract between and				
% Interest Adjustment on \$ from to				
Insurance pro rata on \$ from to				
Paid for real estate commission				
Paid Dietrich for Deed	10,000	00		
Paid for				
Balance - Our Check Herewith to Dyer for return of				
Balance - Debit overdeposit in Escrow	33	32		
TOTAL	10,064	82	10,064	82

This covers money settlement only.
Any papers to which you are entitled
will follow later.

Pioneer National Title Insurance Company

By _____
Dick Reinhart, Escrow Officer

Property:		CHARGES	CREDITS
515 N.E. Sacramento	Portland, Oregon 97212		
Sales Price _____			16,000.00
1971-72 taxes based on 1970-71 tax of: \$113.81 Pro Rata Real Estate Taxes: _____ <div style="margin-left: 150px;">7/1/71 to 9/1/71</div>		18.96	
Pro Rata Fire Insurance: _____			
Real Estate Commission Marvin McKinney & Company		960.00	
Water Billing _____			
Recording Death Certificate		1.50 ✓	
Title Insurance Owners		100.00 ✓	
Escrow Fee 1/2 of \$66.00		33.00 ✓	
Contract/Mortgage Balance _____			
Earnest Money paid outside of Escrow		20.00 ?	
To Balance	PROCEEDS	1,133.46	16,000.00
		14,866.54	

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Mattie Luper Project Gita II
2. Date(s) of move 9-23-71 Parcel No. _____
3. Dwelling unit from which you moved:
 Address 515 N.E. Sacramento No. of rooms 6
☐ Furnished ☒ Unfurnished Date you moved into this unit 1957

4. Dwelling unit to which you moved:
 Address 807 N.E. Killingsworth
 Were goods moved to or from storage? ☐ Yes ☒ No

5. Total claim \$ 460.00

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

ACTUAL MOVING COSTS

6. Name of moving company (or person) _____
7. Mover's telephone _____ 8. Mover's address _____
9. Method of payment
☐ a. reimburse client (show paid bill)
☐ b. pay mover directly (show bill)
☐ c. let local agency contract with mover

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

STORAGE COSTS

Name, address and ZIP code of storage company _____

- A. Type of claim
☐ initial ☐ supplementary ☐ final
- B. Storage period
 1. Total period: _____ months. Check one: ☐ Actual ☐ Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____
- C. Storage Costs

		<u>Approved</u>
1. Monthly rate	\$ _____	\$ _____
2. Total costs actually incurred	\$ _____	\$ _____
3. Amount previously received	\$ _____	\$ _____
4. Amount claimed (line 2 minus 3)	\$ _____	\$ _____
- D. Description of Property Stored: please list on back of this sheet.
- E. Method of Payment
☐ reimburse client (attach receipt or paid bill)
☐ pay storage company directly (attach bill)

February 2, 1972

Mrs. Mattie Dyer
807 N. E. Killingsworth
Portland, Oregon

Dear Mrs. Dyer:

We have been advised that you were displaced from your former residence at 515 N. E. Sacramento by the Beta II Housing Project. Since the Project is in the Model Cities Area and the Department of Housing and Urban Development has determined the Project was undertaken in connection with the Model Cities Program, it appears that you may be eligible for relocation benefits.

Enclosed is a pamphlet which outlines the benefits. You will soon be contacted by a representative of the Portland Development Commission which is assisting Model Cities in its relocation program.

Should you have any questions relative to benefits before you are contacted, please call me at 224-4800.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosure

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 Ellen Maiba
PROJECT Beta II

CHECKLIST FOR RELOCATION FILES -- INDIVIDUALS

☐ Copy of Notice to Acquire/Vacate
☐ Copy of Real Estate Option (for owner-occupant only)
☐ City inspection letter (for code enforcement displacee)
☒ 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 3476, rent supplement)
☒ City inspection letter on replacement housing *Rep. 10/19/72 - Rec'd 10/13/72*
☒ Copy of earnest money offer on replacement housing *OK*
☐ Other:

☐ Moving authorization letters
☐ Dwelling unit inventory sheet
☐ Log sheet for day of move (for professional move)
☐ Release of personal property
11/10/72 DATE OF MOVE
☐ Keys turned into: *HAR-*
☐ Utilities shut off
☐ Escrow releases, grants and amounts withheld
☐ Verify no rent outstanding
☐ Other:

☐ HUD forms 6140.1 and 6140.2
☒ HUD forms 6153 and 6154 *City of Portland (Beta II)*
☐ Other:
☐ Other:

11/16/72 DATE FILE CLOSED

Titus Ins. Co. - Barbara Baker, screwed off.

19525-7 Add 5616 N. Haight, Portland X St Area N. Price \$17,500.

Occ by	Owner	Style	Older	Terms	FHA
To Show	By appt., then use LB: right side fence.			Taxes	\$500.
Legal	Lot 6, Blk. 8, Riedmont	Ext	siding	Sewer	Conn.
Rsn Sell	needs smaller	FR	Sq. Ft.	View	
CR	15x12	Gar	Single	Insl	Water City
DR	14x13	SqFt		Frpl	Yes
Kit	11x16	YrBlt	1904	Roof	Comp, new
Eat	11x12	Floor	hdwd., W/W	Bltns	
BA	12x14	Grade	Ockley Green	JrHi	
BR	12x15, 9x14	Par	Holy Redeemer	Fenced	
F/R	FCB	Hi	Jefferson	Poss	Closing
Encum	F/C				

Remarks Terms: FHA. Will seller pay FHA-VA prev Disc? Yes
New exterior paint, new roof, new gutters. New cpt., new linoleum. Great
large family home. 2 blks. from Portland Community College. Fenced yard.

Owner Mrs. Mary McCormick
Add 5616 N. Haight
List Off Stan Wiley, Inc. San Rafael Br.

Ph 289-0356 (Cascade)
Ph 255-3536 by Pluchos



R E S U M E /

DATE 11/10/72

NAME Ellett, Matha

Mrs. Ellett had been displaced from her dwelling which was located in the Model Cities area, without the knowledge of PDC.

Interview with client found her in public housing; however, she expressed desire to purchase a home for herself and eight children.

Client had poor credit; guidance and assistance were well received, and with the cooperation of FHA, a large 4-bedroom dwelling in standard condition was purchased by Mrs. Ellett through the FHA 235 program. Case closed.

(signed) BRB
worker

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER Betty Burns ORIGIN OF CASE BETA II PARCEL _____
 NAME Matha Ellett ADDRESS 622 N. E. Brazee APT NO. _____
 PHONE 284-3161 INITIAL INTERVIEW 2/17/72 SEX F MINORITY GROUP Black
 AGE 39 U.S. CITIZEN X ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 3 years

FAMILY COMPOSITION

Name	Relation	Age
Rebecca	Dtr.	15
John	Son	13
Matthew	"	12
Savannah	Dtr.	11
Mark	Son	10
Luke	"	7
Anita	Dtr.	4
Timothy	Son	3

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

TOTAL MONTHLY INCOME

Own: _____ Power Co. _____ Type Fuel _____ Garbage Co. _____
 Rent: X \$15.75 Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____
 Unfurn X Furn _____ No. Rms 7
 ELIGIBILITY FOR PUBLIC HOUSING: (yes or no) _____ 4 B/R

Over 62 _____ Disabled (Soc.Sec.def.) _____ Income below limits _____ Assets below limits _____
 221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of emergency:

Name _____ Address _____ Phone _____
 Information Statement given to Mrs. Ellett on 2/17/72 by BRB
 Notice to move given to _____ on _____ by _____

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

REMOVED FROM CASELOAD: _____ (Date) _____

REMAINING ON CASELOAD:

Refused assistance _____
 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 hgs. _____
 Out-of-town _____
 Address unknown, abandoned _____
 Evicted, no further _____
 assistance _____
 Other (explain) _____

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>Stan Wiley Co - (3)</u>		

NEW ADDRESS: 616 N. Beech

Alle Trail - 5124 N.E. Cleveland - 9830000 247235 Zip _____ Phone _____

New rent or purchase price: \$25 No. of rooms 7 S X SS _____

May 6, 1971 - HAP

New add: 5616 N. Haight

Date	INTERVIEW REGISTER	Relocation Worker
2/15/72	I telephoned Mrs. Ellett today, who told me her name was not Martha Atkins. It has been difficult to contact her; however, I have an appointment with her February 17th at which time I will outline benefits.	BRB
2/17	I called on Mrs. Ellett today and discussed benefits due her. She is in public housing now and showed an interest in purchasing a home. I have requested Gary Wolf to pre-qualify her for a FHA 235 loan. Mrs. Ellett will be eligible for moving/dislocation allowance in the amount of \$500. (Gary Wolf stated that client is eligible for FHA 235 on basis of being a displacee and with more than five children.	BRB
2/22	I referred Stan Wiley Co. to contact Mrs. Ellett.	BRB
2/25	Stan Wiley Co. (saleswoman, Lill Roberts) delivered an earnest money offer made by Mrs. Ellett. She appears to qualify for FHA 235.	BRB
2/26	Requested Gary Wolf of Lomas & Nettleton to pre-qualify Mrs. Ellett for FHA 235 and proceed.	BRB
2/28	I have requested a City Bureau of Buildings inspection.	BRB
3/8	Copy of Bureau of Buildings inspection letter received - sub-standard.	BRB
3/15	Lomas & Nettleton have pre-qualified Mrs. Ellett for a FHA 235. Sellers are correcting problems in dwelling.	BRB
4/3	Reinspection by Bureau of Buildings requested.	BRB
4/10	Lill Roberts of Stan Wiley Co. submitted a revised earnest money offer, setting aside \$1,500 (in escrow) of the \$2,000 RHP due Mrs. Ellett to cover cost of improvements required by FHA. Bureau of Buildings re-inspection letter received. Passed O.K. FHA's inspection was much different, necessitating above earnest money.	BRB
4/12	The last earnest money offer submitted for client is not acceptable according to HUD's rules and regulations. Therefore, I have requested of Lill Roberts, real estate saleswoman, that she either locate comparables in an attempt to get FHA to re-evaluate <u>or</u> seek another 5 bedroom dwelling for our client.	BRB
4/17	Stan Wiley saleswoman submitted seven comparables to FHA through Lomas & Nettleton. She will report on result to me.	BRB
5/8	Mrs. Roberts of Stan Wiley Co. reported that Lomas & Nettleton Co. have received notice from FHA that Mrs. Ellett's credit report was poor and her income not sufficient to cover payments. Mrs. Ellett has stated to Lill Roberts that she can clean up her credit with her moving/dislocation allowance which is due her from her previous move out of Beta II Project. Claim filed today with City.	BRB
5/22	Moving/dislocation allowance mailed to Mrs. Ellett - City of Portland Warrant #13532, in the amount of \$500.	BRB
6/9	Gary Wolf of Lomas & Nettleton delivered a current credit report for client and I have this A.M. delivered it to FHA for reconsideration of the loan application. FHA said they would review and notify Lomas & Nettleton in two or three days.	BRB

INTERVIEW REGISTER

Date		Relocation Worker
6/19/ 72	FHA (Mr. Hauger) notified me this A.M. that Mrs. Ellett's application has been denied for lack of adequate income. This has been a disappointment due to the fact that FHA 235 program is supposedly for the low-income with a credit rating that is acceptable. I have placed a call to Mrs. Ellett and will have to place her in public housing.	BRB
6/22	<p>I have discovered that Mrs. Ellett has had an increase in income from MCW and now receives \$405 per month. In addition, she also does domestic work one day a month and receives \$20, making a total of \$425. Due to the fact that FHA refused her on the basis that she would not have adequate income after a mortgage payment to support her family, it is now possible that FHA would entertain a re-submittal of application. Mrs. Ellett has also now revealed that two children are in foster homes, and her hope is to bring them back to her home if she can provide more adequate living area. This would also increase her income from MCW.</p> <p>I have requested of her caseworker, Betty Cutshall, a letter verifying Mrs. Ellett's income and a projection for the future as it pertains to the two children in foster homes. Mrs. Cutshall said she would mail this information within one week.</p> <p>I have requested Mrs. Ellett to furnish PDC with verification of income from her employer.</p>	BRB
6/26	Letter of verification of income received from MCW. Copy sent to Lew Limebock of Lomas & Nettleton.	BRB
7/21	Notification of approval of loan application from FHA received from Lomas & Nettleton. Repairs necessary to meet FHA requirements are to be completed by 8/15/72.	BRB
9/21	Lomas & Nettleton has informed me that Mrs. Ellett will need approximately \$550 to establish reserves at the time of closing. Mrs. Ellett states she will have the necessary funds. Claim for RHP-TACO prepared and mailed for signature to Mrs. Ellett. Inspection of property will be requested when required FHA improvements are completed.	BRB
10/9	Bureau of Buildings inspection requested. FHA final inspection has been made. Claim forms for RHP/TACO filed for payment, to be sent to Title Insurance Company, Barbara Baker, escrow officer.	BRB
10/12	Client's time limit to file claim has elapsed. Letter to Helen Benjamin, HUD, requesting waiver mailed.	BRB
10/24	Letter from HUD granting time-waiver received. Claim for RHP-TACO filed for payment.	BRB
10/25	Claim for RHP-TACO (\$2,000) mailed to the City for payment. Copy of letter of compliance from Bureau of Buildings mailed on request to Lomas & Nettleton Co.	BRB
11/7	City of Portland Check #26555 (\$2,000), representing RHP-TACO payment, mailed to Title Insurance Co., to be applied toward closing.	BRB
11/10/ 72	Client has occupied replacement dwelling. Letter of release mailed to Title Insurance Co. <i>Client occupied this date. Case closed.</i>	BRB



title insurance
escrows

Title Insurance Company of Oregon

425 S. W. Fourth Avenue / Portland, Oregon 97204

Phone 222-3651

WASHINGTON COUNTY OFFICE
12012 S. W. CANYON ROAD
BEAVERTON, OREGON 97005
646-8181

EAST SIDE OFFICE
1350 S. E. 122ND AVENUE
PORTLAND, OREGON 97233
255-9103

CLACKAMAS COUNTY OFFICE
112-11TH STREET
OREGON CITY, OREGON 97045
656-5243

November 14, 1972

ESCROW NO. 504196

RE: Ellett, Matha

5616 N. Haight

Portland Development Commission
1700 S. W. 4th Avenue
Portland, Oregon 97201

Attention: Betty Burns

Gentlemen:

RECEIVED

NOV 16 1972

PORTLAND DEVELOPMENT COMMISSION

In connection with the above numbered Escrow, we enclose the following:

- (x) Statement of Receipts and Disbursements, Buyers and sellers
- () Our check No. in the sum of \$

- | | | | |
|---|---------|------------------|------|
| () Deed recorded | | Book | Page |
| records of | County, | | |
| () Mortgage recorded | | Book | Page |
| records of | County, | | |
| () Note dated | | in the sum of \$ | |
| () Title Insurance Policy No. | | in the sum of \$ | |
| () Fire Insurance Policy in the amount of \$ | | | |
| () Bill of Sale | | | |

If you have any questions, please contact the undersigned.

Yours very truly,
TITLE INSURANCE COMPANY OF OREGON

By: Barbara Baker
ESCROW OFFICER

BB:jd
Encl.



title insurance

escrows

ESCROW NO.504196.....

Ellett, Matha.....

McCormack, Mary A.

Title Insurance Company of Oregon

425 S. W. Fourth Avenue / Portland, Oregon 97204

Phone 222-3651

ESCROW DEPARTMENT STATEMENT

WASHINGTON COUNTY OFFICE

12012 S. W. CANYON ROAD

BEAVERTON, OREGON 97005

646-8181

CLACKAMAS COUNTY OFFICE

112 - 11TH STREET

OREGON CITY, OREGON 97045

656-5243

EAST SIDE OFFICE

1350 S. E. 122nd AVENUE

PORTLAND, OREGON 97233

255-9103

November 14, 1972

DESCRIPTION			DEBITS		CREDITS	
			\$		\$	
DESCRIPTION	5616 N. Haight					
PDC Grant					2,000	00
Loan Proceeds - Lomas & Nettleton					16,450	00
Deposit	Lomas & Nettleton				5	50
Demand			17,850	00		
Title Insurance Policy			50	00		
Broker's Commission						
Escrow Fee	1/2		33	00		
Taxes	1972-73		406	76		
RECORDING						
Deed	McCormack	to Ellett	2	00		
Trust Deed	Ellett	to Lomas & Nettleton	6	00		
Mortgage		to				
Release of		to				
Taxes Prorated	(\$419.34)	7-1-72 to 11-10-72			144	86
Insurance Prorated						
Fuel Prorated						
Rents Prorated						
Paid: Lomas & Nettleton Company						
1% Loan Fee			164	50		
Photos			5	00		
Credit Report			5	50		
Tax Reserves - 2 Months			84	00		
Insurance Reserves - 2 Months			7	24		
FHA M.I.P. - 1 Month			6	82		
FHA Appraisal			40	00		
Interest adjustment 11-13-72 to 12-1-72			57	58		
Paid: Farmers Ins. Exchange - 1 year premium			42	00		
Closing Costs charged seller:					306	00
50.00 - Title Ins. Policy	5.00 - Photos					
33.00 - Escrow Fee 1/2	5.50 - Credit Report					
8.00 - Recordings	40.00 - FHA Appraisal					
164.50 - Loan Fee						
Balance Due						
Balance—Our Check Herewith			145	96		
TOTAL			18,906	36	18,906	36

This covers money settlement only.
Any papers to which you are entitled
will follow later.

Title Insurance Company of Oregon

BY

Barbara Baker



title Insurance

escrows

ESCROW NO.504196.....

Title Insurance Company of Oregon

425 S. W. Fourth Avenue / Portland, Oregon 97204

Phone 222-3651

ESCROW DEPARTMENT STATEMENT

WASHINGTON COUNTY OFFICE

12012 S. W. CANYON ROAD
BEAVERTON, OREGON 97005

646-8181

CLACKAMAS COUNTY OFFICE

112 - 11TH STREET
OREGON CITY, OREGON 97045

656-5243

EAST SIDE OFFICE

1350 S. E. 122nd AVENUE
PORTLAND, OREGON 97233

255-9103

McCormack, Mary A.....

Ellett, Matha.....

November 14, 1972

DESCRIPTION	DEBITS		CREDITS	
	\$		\$	
Deposit				
Demand			17,850	00
Title Insurance Policy		110	00	
Broker's Commission		1,249	50	
Escrow Fee 1/2		33	00	
Taxes				
RECORDING				
Deed to				
Trust Deed to				
Mortgage to				
Release of to				
Taxes Prorated (\$419.34) 7-1-72 to 11-10-72		144	86	
Insurance Prorated				
Fuel Prorated				
Rents Prorated				
Paid: Lomas & Nettleton 4.5% discount		740	25	
Credit Purchasers for Closing Costs		306	00	
50.00 Title Insurance Policy				
33.00 1/2 Escrow Fee				
8.00 Recording				
164.50 Loan Fee				
5.00 Photos				
5.50 Credit Report				
40.00 FHA appraisal				
306.00				
Penna Trailer Sales for purchase of mobile home		14,369	00	
Paid Bureau of Water Works		8	50	
Balance Due				
Balance—Our Check Herewith		888	89	
TOTAL		17,850	00	17,850 00

This covers money settlement only.
Any papers to which you are entitled
will follow later.

Title Insurance Company of Oregon

BY Barbara Baker

November 10, 1972

Title Insurance Company
425 S. W. Fourth Avenue
Portland, Oregon 97204

Attention: Barbara Baker, Escrow Officer

Gentlemen:

Re: ELLETT, Matha
Escrow Account

You have in the above-identified account City of Portland Warrant No. 26555 in the amount of \$2,000, to be held in accordance with our written instructions previously given you.

This is to verify that Mrs. Ellett has purchased and now occupies a standard dwelling. You are hereby authorized to release said \$2,000 and disburse it as directed by Mrs. Ellett.

Please send a copy of the closing statement to the Portland Development Commission.

Thank you for your cooperation.

Very truly yours,

Betty R. Burns
Relocation Advisor

BRB:ch

November 7, 1972

Title Insurance Company
425 S. W. Fourth Avenue
Portland, Oregon 97204

Attention: Barbara Baker, Escrow Officer

Gentlemen:

Re: ELLETT, Matha
Escrow Account

Enclosed you will find City of Portland Warrant No. 26555 in the amount of \$2,000, to be deposited to the above subject escrow account and to be released upon written authorization from the Portland Development Commission that Mrs. Ellett has purchased and occupied a standard dwelling.

This \$2,000 must be applied to the purchase price of the dwelling located at 5616 N. Haight in the form of a downpayment, in accordance with Public Law 91-646, 91st Congress, January 2, 1971.

Please send a copy of the closing statement to the Portland Development Commission.

Thank you for your cooperation.

Very truly yours,

Betty R. Burns
Relocation Advisor

BRB:ch
Enclosure

PAYABLE
THROUGH



OR ANY
PORTLAND BANK

PORTLAND, OREGON

The City of Roses

26555 8

24-166
1230

The Treasurer of the City of Portland

PAY TO THE ORDER OF

FUND NO.

DATE

WARRANT NO.

PAY THIS AMOUNT

TITLE INSURANCE CO
C/O PORTLAND DEVELOPMENT COMMISSION
1700 SW FOURTH AVENUE
PORTLAND OREGON 97201

513 NOV 6 72



\$2000.00

James D. Schunk
MAYOR
George Yerkovich
AUDITOR

⑈026555⑈ ⑆1230⑈0166⑆ 1 90008 3⑈

AUD 10-825-300 6-71

REMITTANCE ADVICE

26555

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 12830 RELOCATION BETTA II EXPENSES FOR SEPTEMBER 1972									
031.72			2000.00		2000.00	513 6,6 87.3 99			319

CITY OF PORTLAND, OREGON

GEORGE YERKOVICH
AUDITOR OF THE CITY OF PORTLAND

CHARGE TO:

MODEL CITIES**6687-31-02****Contr. No.***Walter E. Flett***REQUISITION ON PURCHASING AGENT**

ORIGINAL REQUISITION

CITY OF PORTLAND, OREGON

RECEIVEDNO. **1392****October 31, 1972**

NOV 1 1972

The Purchasing Agent will please furnish to

MODEL CITIES**PORTLAND DEVELOPMENT COMMISSION**

PURCH. ORDER NO.

To be delivered to

SameF.O.B.
TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL	BIDS AND BIDDERS		
	Reimbursement to PORTLAND DEVELOPMENT COMMISSION for					
	Relocation - Betta II, Expenses for the month of					
	September 1972.					
	Relocation	\$2,000.00	\$2,000.00			
	PAYABLE TO: Title Insurance Co.					
	c/o P. D. C.					
	1700 S. W. 4th Ave.					
	Portland, Oregon 97201					
	ATTN: Benjamin Webb					
	DELIVERY PROMISE					

I hereby certify that the work, supplies, material or equipment, above specified are necessary for this bureau.

Approved:

Head of Bureau

Commissioner

Commissioner of Finance

Purchasing Agent

October 25, 1972

Mr. Elvin Roberts
Administrative Management Coordinator
Portland Model Cities
5329 N. E. Union Avenue
Portland, Oregon 97211

Dear Mr. Roberts:

Re: Beta II Relocation Payments
ELLETT, Matha

We refer to the March 3, 1972 letter from Mr. Raubeson, copy to you, relative to the method for making Beta II relocation payments. In compliance with the provisions of the letter, we submit herein the appropriate completed claim form for Mrs. Ellett, for a Replacement Housing Payment of \$2,000.

Please have the check drawn payable to Title Insurance Company and sent to us for delivery and 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

Model Cities RELOCATION PAYMENT

ok wss
if letter from
HUD attached

Project: Beta II Parcel: _____

Payable to: Fitch Insurance Co.

Amount

For: _____	RHP for Homeowners	\$ _____
_____	Incidental Expenses for Homeowners (if separate claim)	\$ _____
<input checked="" type="checkbox"/> _____	RHP for Tenants & Certain Others:	
	Rental: Total approved \$ _____; Annual amount.	\$ _____
	or Purchase:	\$ <u>2000.00</u>
_____	Fixed Moving Payment	\$ _____
_____	Dislocation Allowance.	\$ _____
_____	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 Matha Elliott

Less - \$ _____*

Move from 622 N. E. Brazos

Total \$ 2000.00

Accounting: Indicate symbol & Acct. No.

_____ Relocation Payment; _____ Project Cost *(_____)

[Handwritten initials and marks]

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

NAME OF CLAIMANT Matha Ellett

Parcel No. _____

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: 3 years - 1969

Date of Acquisition: _____

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: ~~9/17/72~~ 1969

Date of Initiation of Negotiations: 2/17/72

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 \$ 2,000.00 is authorized.

10-25-72
Date

Matha Ellett
Authorized Signature

5. RECORD OF PAYMENTS

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

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Beta II

PROJECT NO. None Cities

1. Full name of claimant: John Smith

☒ Family ☐ Individual

2. Dwelling unit from which you moved:

Parcel No.

a. Address 622 N.E. Drayer

c. Number of bedrooms 4

b. Apartment or room number

d. Monthly rental \$ 15.75 (HAP)

e. Date displaced 5/6/71

3. Dwelling unit to which you moved (RENTAL)

a. Address

c. Number of bedrooms

b. Apartment or room number

d. Monthly rental \$

e. Date moved in

4. Dwelling unit to which you moved (PURCHASE)

a. Address 5616 N. High

c. Downpayment \$ 2000.00

b. Number of bedrooms 4

d. Incidental expenses \$ -0-

e. Date of purchase 9/12/72

5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)

a. Address from which you moved

b. Address to which you moved

c. Date of move

d. Monthly rental for temporary unit: \$

e. Require temporary housing for more than 3 months? ☐ Yes ☐ No

If yes, total number of months in temporary housing months

Incidental expenses.

<u>Item</u>	<u>Charged to claimant</u>	<u>Paid by Claimant</u>	<u>Claimed</u>	<u>Approved</u>
<u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

List of documents submitted (attached) in support of above:

Determination

1. Did claimant rent or own at time of acquisition? ☒ Yes ☐ No

Tenant's initial date of rental 3 years - 1969

Date of acquisition

Owner-occupant's initial date of ownership

2. Did claimant own or rent 90 days prior to initiation of negotiations? ☒ Yes ☐ No

Date of rental or purchase

Date of initiation of negotiations 2/1/72

3. Is replacement housing standard? ☒ Yes ☐ No

If previously substandard, date found standard

4. Certification:

(Amount of this claim \$ 2000.00)

NAME & ADDRESS OF CLIENT:

Maria Elliott
C. H. N. Brook

COMPUTATION, PREPARED BY:

B. T. Burns
7/21/72
Date

A. COMPUTATION OF DOWNPAYMENT ASSISTANCE FOR CLAIMANT MOVED TO UNIT PURCHASED

Required Information

purchase price 17,850.00
20% client cannot match

1. Amount necessary for downpayment 3,570.00 \$ 2000.00
2. Costs incidental to purchase (Total amount approved by agency, from table on claim form, Column (e)) \$ 0

Computation

3. Base amount (Sum of Lines 1 and 2) \$ 2000.00

NOTE: If Line 3 is \$2,000 or less, skip Lines 4, 5, and 6 and enter the amount of Line 3 on Line 8 a.

4. Amount on Line 3 in excess of \$2,000

Line 3 \$ 2000.00
- \$ 2,000.00

5. Amount on Line 4 divided by 2

Line 4 \$ 0
2

6. Matching amount (If amount on Line 5 exceeds \$2,000, enter \$2,000. Otherwise, enter the amount on Line 5.) \$ 0

7. Base amount (Sum of amount on Line 6 and \$2,000)

Line 6 \$ 0
+ \$ 2,000.00

8. Amount of downpayment assistance

- a. Amount on Line 3 or Line 7 \$ 2000.00
b. Minus adjustments (attach explanation; e.g., amount previously received for rental assistance payment) - \$ 0

\$ 2000.00

(Enter this amount in the space provided in Block 4 on page one of this form.)

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)

Model Cities - Beta II

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

Matha Ellett

☒ Family ☐ Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. _____

- a. Address: 622 N. E. Brazee
b. Apartment or room number: _____
c. Number of bedrooms: 4

- d. Monthly rental: \$ 15.75 (HAP)
e. Date you moved out of this dwelling: 5-6-71
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

- a. Address (include ZIP Code): _____
b. Apartment or room number: _____
c. Number of bedrooms: _____

- d. Monthly rental: \$ _____
e. Date you moved into this dwelling: _____
Month-Day-Year

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

- a. Address (include ZIP Code): 5616 N. Haight, Portland, Oregon 97217
b. Number of bedrooms: 4
c. Downpayment: \$ 2,000.00

- d. Incidental expenses (total from table on next page): \$ _____
e. Date you purchased this dwelling: 9/14/72 11/14/72

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

9/24/72
Date

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>	\$



REGION X
REGIONAL OFFICE
SEATTLE, WASHINGTON

73 RB
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
AREA OFFICE
CASCADE BUILDING, 520 S.W. SIXTH AVENUE, PORTLAND, OREGON 97204

AREA OFFICES
Portland, Oregon
Seattle, Washington

October 17, 1972
RECEIVED

OCT 19 1972

PORTLAND DEVELOPMENT COMMISSION

Mr. John Kenward
Executive Director
Portland Development Commission
1700 S. W. 4th Avenue
Portland, Oregon 97201

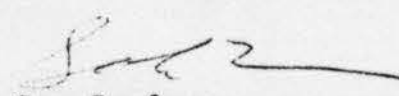
Dear Mr. Kenward:

Subject: Model Cities Relocation
Mrs. Matha Ellett
Request for Waiver of Timing Requirements

This is written in answer to your letter of October 12, requesting an extension of claim filing time for subject displacee.

Based on the reasons given in your letter, concurrence in waiver of the 6-month filing limitation is hereby granted.

Sincerely,


Sam Leshner
Acting Director
Operations Division

IN REPLY REFER TO:

10.2PPR Benjamin

EX. 221-2608
DEP. DIR.
<input checked="" type="checkbox"/> D. OPER. <i>[Signature]</i>
D. ADM.
D. COM. S.
D. PLAN.
SP. ASST.
<i>BCW</i>
Master File Copy

October 12, 1972

Miss Helen Benjamin
Relocation Specialist
Department of Housing and Urban Development
520 S. W. Sixth Avenue
Portland, Oregon 97204

Dear Miss Benjamin:

Subject: Request for Waiver of Time Limit

Mrs. Matha Ellett had been displaced by private developers on May 6, 1971, from a dwelling occupied under the HAP leasing program, without the Portland Development Commission's being informed. She was placed in another HAP-leased dwelling prior to her case being brought to our attention.

On February 17, 1972, Mrs. Ellett came on our caseload from City of Portland (Beta II) Model Cities, was notified of benefits under P.L. 91-646, and was given six months in which to file a claim.

On April 6, 1972, Mrs. Ellett made an earnest money offer toward purchase of a home under the FHA 235 Program; however, this offer ended in a sale fall due to seller's unwillingness to make required FHA improvements. Mrs. Ellett was informed of the sale failure on August 2, 1972.

Another earnest money offer was submitted by the client on September 12, 1972 and is now ready to close. However, the six-month time limit to file has elapsed.

We request a time limit waiver based on the fact that client's inability to purchase and occupy a replacement dwelling within the required six months was not of her volition nor the Portland Development Commission's.

We will appreciate your opinion on the above at your earliest convenience in order to complete the purchase transaction.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW/BRB:ch

Enclosure

I approve the deposit of my Replacement Housing Payment in escrow in my account with the Title Insurance Company.

RECEIVED

OCT 30 1972

PORTLAND DEVELOPMENT COMMISSION

Matha Ellett
Matha Ellett

October 12, 1972

Mrs. Matha Eliett
616 N. Beech Street
Portland, Oregon 97227

Dear Mrs. Eliett:

In order to finalize the closing of your purchase of the replacement dwelling located at 5616 N. Haight Street, the Replacement Housing Payment must be placed in escrow with Title Insurance Company.

Please acknowledge approval for the Portland Development Commission to place the sum of \$2,000 in your escrow account by signing on the line indicated below.

We are enclosing a stamped, addressed envelope for your convenience in returning the signed letter to our office.

Very truly yours,

Betty R. Burns
Relocation Advisor

BRB:ch
Enclosure

I approve the deposit of my Replacement Housing Payment in escrow in my account with the Title Insurance Company.

Matha Eliett

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

October 12, 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

RECEIVED

OCT 12 1972

PORTLAND DEVELOPMENT COMMISSION

Portland Development Commission
1700 S. W. 4 Avenue
Portland, Oregon 97201

Attn: Betty Burns

Re: 5616 N. Haight Avenue

Gentlemen:

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

Our inspector reports the structures comply with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CMC:vm

cc: Mrs. F. E. McCormack
5616 N. Haight Avenue

September 22, 1972

Mrs. Matha Ellett
616 N. Beach Street
Portland, Oregon 97227

Dear Mrs. Ellett:

Enclosed you will find a claim form covering a Downpayment Assistance Benefit in the amount of \$2,000, to be applied toward your purchase of a replacement dwelling at 5616 N. Haight Street.

Please sign the form where indicated by an "X" and return it to our office in the envelope provided.

Very truly yours,

Betty R. Burns
Relocation Advisor

BRB:ch
Enclosure



OFFICIAL CONTRACT

Portland, Oregon, Sept 12 1977

1. Received of Matha Elliott Name 616 N. Beach Address2. Portland City Oregon State 97201 Zip Code hereinafter called "purchaser,"3. the sum of \$ 5700 in the form of check note as earnest money and part payment for the purchase of the following described real estate situated in the City of Portland County of Multnomah and State of Oregon, to wit:5. 5616 N. Haight; Lot 6 Block 8, Piedmont

6. which we have this day sold to the said purchaser, subject to the approval of the seller,

7. for the sum of Seventeen Thousand Eight Hundred Fifty Dollars \$ 17,850.008. on the following terms, to wit: The sum, hereinabove recelpted for, of Paid Down \$ 5700.00;9. { on Owner's acceptance, 19 } as additional earnest money, the sum of \$;10. Upon acceptance of title and delivery of deed or contract, the sum of Paid Down \$ 1522.00;11. The balance of Twelve Thousand Eight Hundred Fifty Dollars \$ 15,850.0012. payable as follows: Purchaser will immediately pay the amount of \$15,850.00 in cash.13. Seller agrees to pay expenses closing including title insurance, recording fees, and other expenses required by FHA.14. Seller will be responsible for any liens or encumbrances on the property at the time of closing.15. This will be used to reduce mortgage and other debts subject to inspection by16. Paid Down \$ 5700.00 at the time of closing.

17. The purchaser shall reimburse the seller for sums held in the reserve account on any indebtedness assumed in this transaction, in addition to the purchase price.

18. price.

19. The seller shall furnish to the purchaser in due course a title insurance policy in the amount of the purchase price of the real estate from a title insurance

20. company showing good and marketable title. Prior to closing the transaction, the seller, upon request, will furnish to the purchaser a preliminary report made

21. by a title insurance company showing the condition of the title to said property. It is agreed that if the seller does not approve the above sale within the

22. period allowed Realtor below in which to secure seller's acceptance, or if the title to the said premises is not marketable, or cannot be made so within thirty

23. days after notice containing a written statement of defects is delivered to seller, or if the seller, having approved said sale fails to consummate the same, the

24. earnest money herein recelpted for shall be refunded, but the acceptance by the purchaser of the refund does not constitute a waiver of other remedies

25. available to him.

26. But if the above sale is approved by the seller and the title to the said premises is marketable, and the purchaser neglects or refuses to comply with any of

27. the conditions of this sale within ten days from the furnishing of a preliminary title report and to make payments promptly, as hereinabove set forth, the

28. earnest money and additional earnest money, herein recelpted for shall be forfeited to the undersigned Realtor to the extent of his agreed upon fee, and the

29. residue, if any, shall be retained by the seller as liquidated damages and this contract thereupon shall be of no further binding effect. The property is to be

30. conveyed free and clear of all liens and encumbrances to date except zoning ordinances, building and use restrictions, reservations in Federal patents,

31. and none

32. All light fixtures and bulbs, fluoresecent lamps, Venetian blinds, window and door screens, storm windows and doors, linoleum, attached television

33. annas, curtain, towel and drapery rods, shrubs and trees,, and irrigation, plumbing and heating equipment, except fireplace equipment that is not attached in

34. any manner to the structure, and all fixtures except none

35. are to be left upon the premises as part of the property purchased. The following personal property is also included as part of the property purchased for said

36. purchase price:

37. Seller and purchaser agree to prorate the taxes for the current tax year, rents, interest, and other items as of date of possession unless otherwise stated.

38. Premiums for existing insurance may be prorated or a new policy issued at purchaser's option. Purchaser agrees to pay the seller for fuel, if any, in storage tank at

39. date of possession. Encumbrances to be discharged by seller may be paid at his option out of purchase money at date of closing.

40. SELLER AND PURCHASER AGREE THAT SUBJECT SALE { will } be closed in escrow, the cost of which shall be shared equally between seller and41. purchaser. Possession of the above described premises is to be delivered to the purchaser on or before November 1, 1977 or as soon

42. thereafter as existing laws and regulations will permit removal of tenants, if any. Time is of the essence of this contract. SPECIAL CONDITIONS:

43. Note to be redeemed at possession

44. CO-OP SALE BETWEEN STAN WILEY, INC., 1600 4th Avenue, Portland, Oregon, AND

45. ON BASIS 146. Lister 1600 S.W. 4th Ave Seller 4th Ave PHONE: 224-5678 BY: Patty P. Parker47. LISTING REALTOR'S ADDRESS 1600 S.W. 4th Ave PHONE: 224-5678 BY: Richard J. Parker48. SELLING REALTOR'S ADDRESS 1600 S.W. 4th Ave PHONE: 224-5678 BY: Richard J. Parker49. AGREEMENT TO PURCHASE Date Sept 12, 1977, 11:40 A.M. P.M.

50. I hereby agree to purchase the above described property in its present condition at the price and on the terms and conditions set forth above, and grant said

51. Realtor a period of 3 days hereafter to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Deed or52. contract is to be prepared in the name of

53. I acknowledge receipt of a copy of the foregoing offer to buy and earnest money receipt bearing my signature and that of the Realtor and/or authorized

54. representative.

55. Address 616 N. Beach PURCHASER: Matha Elliott56. Phone 284-3161 PURCHASER: 57. AGREEMENT TO SELL Date Sept 12, 1977, 11:40 A.M. P.M.

58. I hereby approve and accept the sale of the above described property and the price and conditions as set forth in above agreement and agree to furnish a title

59. insurance policy continued to date as aforesaid showing good and marketable title, also the said deed or contract.

60. Address 5616 N. Haight SELLER: Mary A. McCormack61. Phone 287-0356 SELLER: 62. DELIVERY TO PURCHASER Date Sept 12, 1977

63. The undersigned purchaser acknowledges receipt of the foregoing earnest money receipt bearing his signature and that of the seller showing acceptance.

64. PURCHASER: Matha Elliott65. SELLERS CLOSING INSTRUCTIONS & FEE AGREEMENT Date Sept 12, 197766. I agree to pay forthwith to the above named Realtor a fee amounting to \$1249.50 for services rendered in

67. this transaction.

68. I authorize said Realtor to order title insurance at my expense and further authorize him to pay out of the cash proceeds of sale the expenses of furnishing title

69. insurance, and recording fees, if any, as well as any encumbrances on said premises payable by me at or before closing. I instruct Realtor to place in his Clients

70. Trust Account, or in a neutral escrow depository, the above described earnest money deposit until needed in the closing of the transaction. I acknowledge receipt

71. of a copy of this contract bearing my signature and that of the purchaser named above, and of Realtor.

72. Address 5616 N. Haight SELLER: Mary A. McCormack73. Phone 287-0356 SELLER:

REALTOR'S COPY

THIS IS A LEGALLY BINDING CONTRACT. IF NOT UNDERSTOOD, SEEK COMPETENT ADVICE.

REMITTANCE ADVICE

13532

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 12830 RELOCATION PAYMENT		BETA 11							
512.72			500.00		500.00	513	6687	399	319
CITY OF PORTLAND, OREGON									

GEORGE YERKOVICH
AUDITOR OF THE CITY OF PORTLAND

PAYABLE
THROUGH



OR ANY
PORTLAND BANK

PORTLAND, OREGON

The City of Roses

13532⁸

24-166
1230

The Treasurer of the City of Portland

PAY TO THE ORDER OF

MRS MATHA ELLETT
C/O PORTLAND DEVELOPMENT COMMISSION
1700 SW FOURTH AVENUE
PORTLAND OREGON 97201

FUND NO.

513

DATE

MAY 19 72

WARRANT NO.



PAY THIS AMOUNT

\$ 500.00

James A. Schunk
MAYOR
George Y. Goshorn
AUDITOR

⑈013532⑈ ⑆1230⑈0166⑆ 1 90008 3⑈

May 22, 1972

Mrs. Matha Ellett
616 N. Beech Street
Portland, Oregon 97227

Dear Mrs. Ellett:

Enclosed you will find City of Portland Warrant No. 13532
in the amount of \$500.

This payment covers a dislocation allowance of \$200, plus
a fixed payment for moving costs of \$300.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosure

Return to Relo.

OK-Amo

RELOCATION PAYMENT

Project: Model Cities Parcel: Beta II

Payable to: Matha Ellett

Amount

For: RHP for Homeowners \$
 Incidental Expenses for Homeowners (if separate claim) \$
 RHP for Tenants & Certain Others:
 Rental: Total approved \$; Annual amount. \$
 or Purchase: \$
X Fixed Moving Payment \$ 300
X Dislocation Allowance. \$ 200
 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 SAME Less - \$ *

Move from 622 NE Brazee Total \$ 500

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. Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)

Beta II - 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

☒ Family ☐ Individual

Matha Ellett

2. DATE(S) OF MOVE

November, 1971

3. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO.

a. Address 622 N. E. Brazee,

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: 7)

e. Date you moved into this address: 3 years

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code)

616 N. Beech, Portland 97227

b. Apartment, Floor, or Room Number

c. Were household goods moved to or from storage?

☐ Yes ☒ No

If "Yes", complete table, "Statement of Claim for Storage Costs"

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

Dislocation Allowance

\$200.00

Fixed Moving Payment

300.00

(Consult local agency)

Total \$500.00

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

5/9/72
Date

RECEIVED

MAY 11 1972
FISCAL DEPT.

Matha E. Ellett
Signature of Claimant

RECEIVED

MAY 11 1972

MODEL CITIES

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Matha Ellett
616 N. Beech
Portland, Oregon 97227

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.

1. Does claimant meet basic eligibility requirements? ☒ Yes ☐ No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

3. If claim is for a self-move, does approved amount exceed estimated cost of accomplishing the move through services of a commercial mover or contractor?

☐ Yes ☐ No

If "Yes," explain basis for approved amount:


4. CERTIFICATION

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

RECEIVED
MAY 11 1972
FISCAL DEPT.

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>300.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>500.00</u>	\$ <u>500.00</u>		<u>5-10-72</u>
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

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

RECEIVED

MAY 11 1972

FISCAL DEPT.

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Maisha Elliott Project Data II - Model Cities
2. Date(s) of move Nov. 1971 Parcel No. _____
3. Dwelling unit from which you moved:
 Address 622 N.E. Draper No. of rooms 7
☐ Furnished ☒ Unfurnished Date you moved into this unit 3 years
4. Dwelling unit to which you moved:
 Address 616 N. Beech
 Were goods moved to or from storage? ☐ Yes ☒ No

5. Total claim \$ 500⁰⁰

FIXED PAYMENT: \$ 200 + \$ 300⁰⁰ = \$ 500⁰⁰

ACTUAL MOVING COSTS

6. Name of moving company (or person) _____
7. Mover's telephone _____ 8. Mover's address _____
9. Method of payment
☐ a. reimburse client (show paid bill)
☐ b. pay mover directly (show bill)
☐ c. let local agency contract with mover
10. Amount actual costs
 - a. Moving costs (attach receipt or voucher) \$ _____
 - b. Cost of insurance (attach invoice) \$ _____
 - c. Storage cost (attach receipt or voucher) \$ _____

STORAGE COSTS

Name, address and ZIP code of storage company

- A. Type of claim
☐ initial ☐ supplementary ☐ final
- B. Storage period
 1. Total period: _____ months. Check one: ☐ Actual ☐ Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____
- C. Storage Costs

		<u>Approved</u>
1. Monthly rate	\$ _____	\$ _____
2. Total costs actually incurred	\$ _____	\$ _____
3. Amount previously received	\$ _____	\$ _____
4. Amount claimed (line 2 minus 3)	\$ _____	\$ _____
- D. Description of Property Stored: please list on back of this sheet.
- E. Method of Payment
☐ reimburse client (attach receipt or paid bill)
☐ pay storage company directly (attach bill)

May 9, 1972

Mr. Elvin Roberts
Administrative Management Coordinator
Portland Model Cities
5329 N. E. Union Avenue
Portland, Oregon 97211

Dear Mr. Roberts:

Re: Beta II Relocation Payments (Matha Ellett)

We refer to the March 3, 1972 letter from Mr. Raubeson, copy to you, relative to the method for making Beta II relocation payments. In compliance with the provisions of the letter, we submit herein the appropriate completed claim forms for Mrs. Matha Ellett as follows:

Fixed payment for moving costs	\$300.00
Dislocation allowance	<u>200.00</u>
Total	\$500.00

Please have the check made payable to Mrs. Ellett and sent to us for delivery to Mrs. Ellett.

We wish to thank you for your attention in this matter.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCM/BRB:ch
Enclosure

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

April 7, 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
Alber, Chief

Housing Division
S. J. Chegwiddden, Chief

RECEIVED

APR 10 1972

PORTLAND DEVELOPMENT COMMISSION

Portland Development Commission
1700 S. W. 4 Avenue
Portland, Oregon 97201

Re: 5124 N. E. Cleveland Avenue

Attn: Betty Burns

Gentlemen:

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

Our inspection indicates that the substandard condition has been corrected and the structures comply with City of Portland Housing Regulations.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

JHM:ms

cc: P. B. Frothingham
5124 N.E. Cleveland Ave.
Portland Dev. Comm.
5630 N. E. Union Avenue

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

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

RECEIVED

MAR 7 1972

March 3, 1972

PORTLAND BUILDING DIVISION

Portland Development Commission
1700 S.W. 4 Avenue
Portland, Oregon 97201

Re: 5124 N.E. Cleveland Avenue

Attn: Betty Burns

Gentlemen:

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

The structure appears to be in standard condition except that it will be necessary to remove the kitchen sink in the second story before the dwelling can be certified as complying with City regulations.

Please notify the Housing Division of the Bureau of Buildings, 2200 N.E. 24 Avenue, Telephone 288-6077, when the correction has been completed and a reinspection can be scheduled.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

JHM:mfm

cc: P. B. Frothingham
5124 N.E. Cleveland Ave.
Portland Dev. Comm.
5630 N.E. Union Ave.

BULLIVANT, WRIGHT, JOHNSON, PENDERGRASS & HOFFMAN

(PENDERGRASS, SPACKMAN, BULLIVANT & WRIGHT)

R. R. BULLIVANT
CHARLES E. WRIGHT
DARREL L. JOHNSON
WALTER H. PENDERGRASS
JACK L. HOFFMAN
DOUGLAS G. HOUSER
DONALD H. BURNETT
RONALD E. BAILEY
CLIFFORD E. ZOLLINGER
RONALD G. STEPHENSON
DOUGLASS M. HAMILTON
STANLEY E. MARTINSON
LAWRENCE WM. JORDAN, JR.
JAMES L. KNOLL

ATTORNEYS AT LAW
527 PACIFIC BUILDING
PORTLAND, OREGON 97204
(503) 228-6351

V. V. PENDERGRASS
OF COUNSEL

CHAS. R. SPACKMAN, JR. (1896-1968)

August 2, 1972

Mrs. Martha Ellett
616 N. Beech
Portland, Oregon 97212

Dear Mrs. Ellett:

Mr. and Mrs. Peter Frothingham have consulted us about the proposed sale of their home at 5124 N. E. Cleveland. The earnest money agreement executed by you and by them contemplated substantial improvements required by the FHA and provided that "an additional \$1500 grant for replacement housing will be placed in escrow by Portland Development Commission to aid seller in restoration of above property." For reasons which were not entirely clear to Mr. and Mrs. Frothingham, Portland Development Commission has not placed any funds in escrow to aid in the restoration of the premises. Without the grant, the conditions of the earnest money agreement cannot be performed and the sale will not be consummated.

Yours very truly,

Clifford E. Zollinger
Clifford E. Zollinger

CEZ:ems

cc: Mr. and Mrs. Peter Frothingham
Stan Wiley, Inc.

Frothingham - Elliot

Feb 20th wrote L.M. for F.H.A. 235 \$19,500.00

F.H.A. commitment on home rejected

F.H.A. commitment \$18,200

April

Frothinghams unhappy with F.H.A. appraisal. Told to Betty Burns about using Maitha Elliott's \$1500 grant to help Frothinghams in restoration of property. She had to go to Ben Webb. Ben said he thought it would be O.K. We submitted, April 8 - But HUD would not allow it. Went back to Frothinghams and told them HUD said no dice. They appreciated the fact I had tried.

I still felt they should get more money so I submitted a comparable report to F.H.A. F.H.A. turned it down. Went to the Frothinghams and said F.H.A. would have no part of it. The Frothinghams said at least I had tried and they appreciated that.

Told Frothinghams to not do major repairs until Maitha Elliott had been approved.

May 5th

Maitha Elliott rejected. Told Frothinghams - they were sick. Maitha said some of the bills on the credit report were not here, she would go to Credit Bureau and straighten it out. P.D.C. released moving funds for Maitha. Also submitted additional income

July 5th

Maitha Elliott was approved! Told Frothinghams to get in touch with the contractor to do repairs. They were elated!!

July

Contractor told Fradlingham the repairs would be completed August 15th. Peter wanted to know when to give his tenant in their duplex her 30 day notice. I told him to give her notice anytime - we should be able to close between Sept 1 and Sept 15 because that would give time for an F H A reinspection.

Aug.

Martha Elliott came in to my office to sign for her Title Ins. report. Asked if it would be possible for her to go to the Fradlingham to measure windows for new curtains. I called Pat to ask her for permission of Martha's request. At that time Pat F. told me they were not going to sell the house and their attorney would be contacting Stan Wiley.



PUBLIC WELFARE DIVISION
MULTNOMAH BRANCH OFFICE – MODEL CITIES

DEPARTMENT OF HUMAN RESOURCES

5022 N. VANCOUVER AVENUE • • PORTLAND, OREGON • • 97217

TOM McCALL
GOVERNOR

ANDREW F. JURAS
Administrator

DEPARTMENT OF
HUMAN RESOURCES

JACOB TANZER
Director

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

June 23, 1972

Portland Development Commission
Relocation Department
1700 S.W. 4th Avenue
Portland, Oregon 97201

Attention: Betty Burns

In order to help with the housing problems of our client, Martha Ellett, the grant amount at present is \$405.00. The grant amount, if the two children who are in foster care were to be added to the grant, would be \$465.00.

At this time it may be possible that the children, now in foster care, could be returned to the family if Mrs. Ellett had adequate housing.

Very truly yours,

Betty Cutshall

Betty Cutshall
Assistance Worker

rs

65. 1. Received of Mathe Elliott Name 616 N. Beach Address

2. Portland City Oregon State Zip Code 97201 hereinafter called "purchaser."

3. the sum of \$18,300.00 in the form of (check, money note) as earnest money and part payment for the purchase of the following described real

4. estate situated in the City of Portland County of Multnomah and State of Oregon, to wit: Lot 1 & 2

5. Block 22, Walnut Park Community Association: 5124 N.E.

6. Chapelwood which we have this day sold to the said purchaser, subject to the approval of the seller,

7. for the sum of Eighteen Thousand Three Hundred - 00/100 Dollars \$ 18,300.00

8. on the following terms, to wit: The sum, hereinabove receipted for, of P.D.C. Trust \$ 500.00

9. { on April 6, 19 72 } as additional earnest money, the sum of \$ 18,300.00

10. Upon acceptance of title and delivery of deed or contract, the sum of \$ 18,300.00

11. The balance of Eighteen Thousand Three Hundred - 00/100 Dollars \$ 18,300.00

12. payable as follows: Purchaser will immediately apply for and obtain an FHA 235

13. loan. Seller agrees to pay buyer closing costs and complete title requir

14. received by F.H.A. Purchaser will receive a replacement grant from

15. Portland Development Commission to be used to pay reserve cost in amt of

16. \$500. This offer subject to property being improved by Portland Development Comm

17. The purchaser shall reimburse the seller for sums held in the reserve account on any indebtedness assumed in this transaction, in addition to the purchase

18. price.

19. The seller shall furnish to the purchaser in due course a title insurance policy in the amount of the purchase price of the real estate from a title insurance

20. company showing good and marketable title. Prior to closing the transaction, the seller, upon request, will furnish to the purchaser a preliminary report made

21. by a title insurance company showing the condition of the title to said property. It is agreed that if the seller does not approve the above sale within the

22. period allowed Realtor below in which to secure seller's acceptance, or if the title to the said premises is not marketable, or cannot be made so within thirty

23. days after notice containing a written statement of defects is delivered to seller, or if the seller, having approved said sale fails to consummate the same, the

24. earnest money herein receipted for shall be refunded, but the acceptance by the purchaser of the refund does not constitute a waiver of other remedies

25. available to him.

26. But if the above sale is approved by the seller and the title to the said premises is marketable, and the purchaser neglects or refuses to comply with any of

27. the conditions of this sale within ten days from the furnishing of a preliminary title report and to make payments promptly, as hereinabove set forth, the

28. earnest money and additional earnest money, herein receipted for shall be forfeited to the undersigned Realtor to the extent of his agreed upon fee, and the

29. residue, if any, shall be retained by the seller as liquidated damages and this contract thereupon shall be of no further binding effect. The property is to be

30. conveyed free and clear of all liens and encumbrances to date except zoning ordinances, building and use restrictions, reservations in Federal patents,

31. and none

32. All light fixtures and bulbs, fluorescent lamps, Venetian blinds, window and door screens, storm windows and doors, linoleum, attached television

33. antennas, curtain, towel and drapery rods, shrubs and trees, and irrigation, plumbing and heating equipment, except fireplace equipment that is not attached in

34. any manner to the structure, and all fixtures except partition 2 pm in front, storage rack in front, Payson deck

35. are to be left upon the premises as part of the property purchased. The following personal property is also included as part of the property purchased for said

36. purchase price: none

37. Seller and purchaser agree to prorate the taxes for the current tax year, rents, interest, and other items as of Recording date

38. Premiums for existing insurance may be prorated or a new policy issued at purchaser's option. Purchaser agrees to pay the seller for fuel, if any, in storage tank at

39. date of possession. Encumbrances to be discharged by seller may be paid at his option out of purchase money at date of closing.

40. SELLER AND PURCHASER AGREE THAT SUBJECT SALE { will } be closed in escrow, the cost of which shall be shared equally between seller and

41. purchaser. Possession of the above described premises is to be delivered to the purchaser on or before June 15, 19 72 or as soon

42. thereafter as existing laws and regulations will permit removal of tenants, if any. Time is of the essence of this contract. SPECIAL CONDITIONS:

43. Note to be returned at possession/closing

44. CO-OP SALE BETWEEN Steve Wiley, Inc AND Mathe Elliott ON BASIS 1

45. LISTING REALTOR'S ADDRESS 1600 S.W. 4th Ave PHONE: 224-5678 BY: M. E. Wiley Lister

46. SELLING REALTOR'S ADDRESS 1600 S.W. 4th Ave PHONE: 224-5678 BY: M. E. Wiley Seller

47. AGREEMENT TO PURCHASE Date April 6, 19 72 A.M. 12:00 P.M.

48. I hereby agree to purchase the above described property in its present condition at the price and on the terms and conditions set forth above, and grant said

49. Realtor a period of 30 days hereafter to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Deed or

50. contract is to be prepared in the name of Mathe Elliott

51. I acknowledge receipt of a copy of the foregoing offer to buy and earnest money receipt bearing my signature and that of the Realtor.

52. Address 616 N. Beach PURCHASER: Mathe Elliott

53. Phone 284-3161 PURCHASER:

54. AGREEMENT TO SELL Date April 8, 19 72 A.M. 12:00 P.M.

55. I hereby approve and accept the sale of the above described property and the price and conditions as set forth in above agreement and agree to furnish a title

56. insurance policy continued to date as aforesaid showing good and marketable title, also the said deed or contract.

57. Address 5124 N.E. Chapelwood SELLER: John B. Leathington

58. Phone 281-9989 SELLER: John B. Leathington

59. DELIVERY TO PURCHASER Date April 8, 19 72

60. The undersigned purchaser acknowledges receipt of the foregoing earnest money receipt bearing his signature and that of the seller showing acceptance.

61. PURCHASER: Mathe Elliott PURCHASER: Mathe Elliott

62. SELLERS CLOSING INSTRUCTIONS & FEE AGREEMENT Date April 8, 19 72

63. I agree to pay forthwith to the above named Realtor a fee amounting to \$ 1,281.00 for services rendered in

64. this transaction.

65. I authorize said Realtor to order title insurance at my expense and further authorize him to pay out of the cash proceeds of sale the expenses of furnishing title

66. insurance, and recording fees, if any, as well as any encumbrances on said premises payable by me at or before closing. I instruct Realtor to place in his Clients

67. Trust Account, or in a neutral escrow depository, the above described earnest money deposit until needed in the closing of the transaction. I acknowledge receipt

68. of a copy of this contract bearing my signature and that of the purchaser named above, and of Realtor.

69. Address 5124 N.E. Chapelwood SELLER: John B. Leathington

70. Phone 281-9989 SELLER: John B. Leathington

71. REALTOR'S COPY THIS IS A LEGALLY BINDING CONTRACT. IF NOT UNDERSTOOD, SEEK COMPETENT ADVICE.

April 12, 1972

The Lomas and Nettleton Company
1514 Broadway
Vancouver, Washington

Attention: Lew Limebock

Gentlemen:

Re: Replacement Housing Payment
Hatha Elliott

This will verify that the above-named client is eligible for
a Replacement Housing Payment in the amount of \$2,000, to be
applied toward the purchase and occupancy of a replacement
dwelling.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

February 2, 1972

Martha Estett

Mrs. ~~Martha~~ Atkins
616 N. Beech
Portland, Oregon 97212

Dear Mrs. Atkins:

We have been advised that you were displaced from your former residence at 622 N. E. Brazee by the Beta II Housing Project. Since the Project is in the Model Cities Area and the Department of Housing and Urban Development has determined the Project was undertaken in connection with the Model Cities Program, it appears that you may be eligible for relocation benefits.

Enclosed is a pamphlet which outlines the benefits. You will soon be contacted by a representative of the Portland Development Commission which is assisting Model Cities in its relocation program.

Should you have any questions relative to benefits before you are contacted, please call me at 224-4800.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosure

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.

Mattha Ellett

2/17/72
date

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 _____

PROJECT _____

CHECKLIST FOR RELOCATION FILES -- INDIVIDUALS

____ Copy of Notice to Acquire/Vacate
____ Copy of Real Estate Option (for owner-occupant only)
____ ✓ City inspection letter (for code enforcement displacee)
____ 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 3476, rent supplement)
____ ✓ City inspection letter on replacement housing
____ ✓ Copy of earnest money offer on replacement housing
____ Other:

____ Moving authorization letters
____ ✓ Dwelling unit inventory sheet
____ Log sheet for day of move (for professional move)
____ Release of personal property
____ 4/11/72 DATE OF MOVE
____ Keys turned into: _____
____ ✓ Utilities shut off
____ ✓ Escrow releases, grants and amounts withheld
____ ✓ Verify no rent outstanding
____ ✓ Other:

____ HUD forms 6140.1 and 6140.2
____ HUD forms 6153 and 6154
____ Other:
____ Other:

4/11/72 DATE FILE CLOSED

R E S U M E

Clients had made application to HAP for housing, who referred them to HUD knowing they were eligible for services and assistance.

They purchased a home meeting standard conditions and occupied with a mortgage of \$13,100 after receiving a RHP-TACO in the amount of \$2,000.

BRB

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME FRISON, CLAUD + LORETTA RELOCATION ADVISOR BCEVHAG
 ADDRESS 527 N.E. SACRAMENTO PHONE - PROJECT NAME BETA II FOR
 SEX M ETHN B VETERAN - AGE 34 PARCEL NO. -
 MARITAL STATUS VI TENURE TENANT
 DISABILITY NO INDIV - FAMILY YES
 ELIGIBLE FOR: PUBLIC HOUSING NO FHA 235 NO
 RENT SUPPLEMENT NO OTHER NO
 INITIAL INTERVIEW OCT 26, 1971 DATE INFO PAMPHLET DELIVERED 10/26/71
 NOTICE TO MOVE NOIVE DATES EFFECTIVE NOIVE EXPIRATION DATE -
 NOTIFY IN CASE OF EMERGENCY NOT GIVEN

DATE ON SITE: <u>JAN 1971</u>
INITIATION OF NEGOTIATIONS: <u>-</u>
DATE OF ACQUISITION: <u>-</u>

ECONOMIC DATA

(H) ESCO 300
 Employer W. U. DFO INED. SCHOOL 600 \$ 900 APPROX
 Address -
 MCW -
 Social Security -
 Pension -
 Other -
 TOTAL MONTHLY INCOME \$ 900

FAMILY COMPOSITION

Name	Relation	Age
<u>GOPHIA</u>	<u>DAU</u>	<u>7</u>
<u>WANDA WILLIAMS</u>	<u>II</u>	<u>20</u>
	<u>GRAND</u>	
	<u>II</u>	

DWELLING UNIT FROM WHICH RELOCATED

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

Size of Habitable Area ?

Age of Structure ? No. Rooms 5
 No. Bedrooms 2 Furn. - Unfurn X
 Utilities \$?
 Monthly Payments (Rent) \$ 140.00
 Acquisition Price \$?
 Taxes \$? Equity \$?
 Liens \$?
 @ PLUS STORAGE AREA

HOUSING REFERRALS

Address	Bedrooms
<u>7838 IV. BELKNAP</u>	<u>?</u>

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	
Food Stamp Program	
Housing Authority	
Legal Aid	
FISH	
Health Dept.	

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	X

Date Moved In OCT 26, 1971
 Address 6821 N.E. CLEVELAND
 Reason UTILITIES HAD BEEN CUT. BUILDING WAS BEING DEMOLISHED

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 1326 N.E. FREMONT Phone _____ Date of Move 4/11/72

WHERE RELOCATED:

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

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

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

Age of Structure: _____ Taxes \$ _____ Equity \$ _____ Distance Moved Away 1 MILE

Name of Moving Company _____ Name of Realtor STAN WILEY

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$ 1663.05
Fixed Moving			\$ 460.00
Actual Move			\$ 146.58
Storage			\$ 80.00
Incidental			\$ 336.95
Interest			\$

TOTAL BENEFITS RECEIVED

\$2686.58

PURCHASE PRICE 14,500
 RESERVES + INCIDENTALS 948.07
 Purchase Price TOTAL \$15,448.07
 PAID BY CLIENT
 Down Payment \$ 348.07
 RHP \$ 2000.00
 Total Down - \$ 2348.07
 Total Mortgage \$13,100.00

REALTOR: STAN WILEY ESCROW CO. ST. JAMES OFFICER M.G. BROKENSHIRE

INTERVIEW REGISTER

Date		Relocation Worker
10/26/ 71	<p>This case first came to our attention when client first applied for HAP housing. HAP called HUD. HUD called and said that this project was covered for relocation payments. The water and electricity has been cut off at client's house for about a week and they have had temporary location at various places ever since. We received the O.K. from M.C. today. The demolition at this site also started today. The clients got a truck and moved their furniture, which was very nice, out today. They did have a house that they wanted to rent; however, when it was explained to them that they could buy under Sec. 204 of P.L. 91-646, they said that they would look for a house to buy. On this day I have inspected the house with the clients and made the inventory.</p>	BCW
11/30	<p>Talked to Mrs. Frison today about storage of furniture. Attached is itemized list of items to be stored. Will call us when ready to have furniture picked up.</p>	AG
12/6	<p>Mrs. Frison called. Stated her daughter would call after furniture was picked up by Lease Co. Visit to Mrs. Frison's home to establish arrangements for temporary move to 10 N. Killingsworth with daughter. Call to Maddox Transfer Co. for time of pickup for storage and moving. Northwest Lease will pick up rented furniture on 12-7-71.</p>	AG
12/7	<p>Maddox Storage Co. moved furniture for client, Mrs. Frison, from following locations: 3707 N. E. Grand and 6821 N. E. Cleveland Street to temporary location at 10 N. Killingsworth. Other items are stored. A descriptive inventory of household goods is attached. I accompanied the client and two truck drivers to each location and checked listings. Mrs. Frison states pleasure over getting things stored and being settled for a while. Great relief.</p>	AG
12/9	<p>Received from Maddox Transfer invoice No. 31899 and 31900, lot No. 905, in the amounts as shown for moving of Claude or Loretta Frison's household goods to temporary housing and to storage.</p>	AG
4/11/ 72	<p>Client moved into new home. Final relocation payments made.</p>	BCW

MEMORANDUM

Date October 13, 1972

TO: Ben Webb
FROM: Alma Gordon
SUBJECT: Missing Files??

I am sending Claude E. Frison's file as I do not need it, I am sure.

AG:sh

April 11, 1972

Maddox Transfer & Storage Co., Inc.
1231 N. W. Hoyt Street
Portland, Oregon 97209

Gentlemen:

We refer to our telephone conversation of April 10, 1972.

Enclosed please find our Warrant No. 1353 & in the amount of \$226.58 in payment of the moving and storage cost for Mr. and Mrs. Frison. The Frisons will make their own arrangements for the move from storage to their new home.

We wish to thank you for your attention in this matter.

Very truly yours,

Benjamin C. Webb
Chief of Collection and
Property Management

BCW:ch
Enclosure

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 1359 G

DATE April 10, 19 72PAY TO **Radden Transfer & Storage, Inc.**\$ **226.58**

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
	31899	Per relocation - Claude Frison	
		Move from 3707 NE Grand & 6821 NE Cleveland to	
		10 N Killingsworth	\$ 93.28
	31900	Move from 3707 NE Grand & Cleveland to storage	53.30
		3 mon. storage to 3/7/72	65.00
		1 " " to 4/7/72	15.00
			\$226.58

Account Distribution

NO.	TITLE	AMOUNT
GMC1501	Relo Payment (MC) (BETA II - MC AREA) (TEMPORARY MOVE)	\$226.58

STATEMENT

RECEIVED

DEC 9 1971

PORTLAND DEVELOPMENT CORPORATION

MADDOX TRANSFER & STORAGE, INC.

1231 NORTH WEST HOYT STREET

PORTLAND, OREGON 97209

226-7851

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

DATE: December 8, 1971

ATTENTION: Ben Webb

fold

PLEASE RETURN THIS STUB WITH YOUR CHECK

DATE	REFERENCE	CHARGES	CREDITS	BALANCE
12/7/71	<p>Invoice No. 31900 Lot No. 905 <u>CLAUDE FRISON</u></p> <p>Move household goods from 3707 N.E. Grand and 6821 N.E. Cleveland to Maddox warehouse for storage</p> <p>3 months storage March 7, 1972 (1st month @ \$ 35.00 and thereafter will be @ \$15.00 per month)</p> <p>Do you wish insurance? Our rate is \$.05 per month per \$100.00 valuation.</p> <p>Goods left in storage for any portion of a month will be charged a full month.</p> <p>Payable within 7 days</p>	<p>\$ 53.30</p> <p>65.00</p>		<p>\$ 118.30</p>

STATEMENT

MADDOX TRANSFER & STORAGE, INC.

1231 NORTH WEST HOYT STREET

PORTLAND, OREGON 97209

RECEIVED
226-7851

MAR 10 1972

PORTLAND DEVELOPMENT COMMISSION

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

DATE: March 2, 1972

ATTENTION: Ben Webb

fold

PLEASE RETURN THIS STUB WITH YOUR CHECK

DATE	REFERENCE	CHARGES	CREDITS	BALANCE
	<u>Claude Frison</u> Lot No. 905			
	Balance forward	\$ 118.30		
	3 months storage ending June 7, 1972			
	@ \$15.00 per month	45.00		\$ 163.30

MOVING + STORAGE

TO MARCH 7, 1971 \$93.28✓

118.30✓ \$211.58

STORAGE FOR MARCH
AMOUNT OF CHECK.

15.00
\$ 226.58

REC'D 4/10/72
R D

STATEMENT

MADDOX TRANSFER & STORAGE, INC.

1231 NORTH WEST HOYT STREET
PORTLAND, OREGON 97209

226-7851

RECEIVED

DEC 9 1971

PORTLAND, OREGON

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

DATE: December 8, 1971

Attention: Ben Webb

fold

PLEASE RETURN THIS STUB WITH YOUR CHECK

DATE	REFERENCE	CHARGES	CREDITS	BALANCE
12/7/71	Invoice No. 31899 <u>Claude Frison</u> Move household goods from 3707 N.E. Grand and 6821 N.E. Cleveland to 10 N. Killingsworth	\$ 93.28		\$ 93.28
	Payable within 7 days			

John S. Griffith
Chairman

Edward H. Look
Secretary

Vincent Raschio
Elaine Cogan
Arthur A. Riedel

PORTLAND DEVELOPMENT COMMISSION
1700 S.W. FOURTH AVENUE • PORTLAND, OREGON 97201 • 224-4800

April 10, 1972

John B. Kenward
Executive Director

THIS LETTER NOT SENT BECAUSE M. C.
WAS UNABLE TO PAY AT THIS TIME. PDC
ADVANCED THE MONEY.
CARBON DESTROYED

Mr. Elvin Roberts
Administrative Management Coordinator
Portland Model Cities
5329 N. E. Union Avenue
Portland, Oregon 97211

Dear Mr. Roberts:

Re: Beta II Relocation Payments
FRISON, Claude and Loretta

We refer to the March 3, 1972 letter from Mr. Raubeson, copy to you, relative to the method for making Beta II relocation payments. In compliance with the provisions of the letter, we submit herein the certain unpaid bills from Maddox Transfer and Storage, Inc. These charges were made necessary because the Frisons were required to make a temporary move for purpose of the Project.

Please have a check prepared in the amount of \$226.58, payable to Maddox Transfer.

Very truly yours,



Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosure

April 11, 1972

Mr. and Mrs. Claude Frison
527 N.E. Sacramento Street
Portland, Oregon

Dear Mr. and Mrs. Frison:

Enclosed you will find our Warrant No. 1358 G in the amount of \$450.00.

This represents a fixed payment for moving costs in the amount of \$260, plus a dislocation allowance of \$200.

It has been a pleasure to be of assistance to you in your relocation, and we hope you will be happy in your new home.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosure

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 1358 GDATE April 10, 19 72PAY TO **Claude & Loretta Frison**\$ **460.00**

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 NO.	DESCRIPTION	AMOUNT
		Reimbursement per claim for relocation. From 527 DE Sacramento - Fixed payment \$260.00 Dislocation Allowance 200.00	\$460.00

Account Distribution

NO.	TITLE	AMOUNT
GMC1501	Relo Payment (Beta II - MC area) (Fixed - Family)	\$460.00

B.D.

John S. Griffith
Chairman

Edward H. Look
Secretary

Vincent Raschio
Elaine Cogan
Arthur A. Riedel

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE • PORTLAND, OREGON 97201 • 224-4800

April 10, 1972

John B. Kenward
Executive Director

THIS LETTER NOT SENT BECAUSE M.C.
WAS UNABLE TO PAY AT THIS TIME. PDC ADVANCED
THE MONEY.

CARBON DESTROYED

Mr. Elvin Roberts
Administrative Management Coordinator
Portland Model Cities
5329 N. E. Union Avenue
Portland, Oregon 97211

Dear Mr. Roberts:

Re: Beta II Relocation Payments
FRISON, Claude and Loretta

We refer to the March 3, 1972 letter from Mr. Raubeson, copy to you, relative to the method for making Beta II relocation payments. In compliance with the provisions of the letter, we submit herein the appropriate completed claim form for Mr. and Mrs. Frison, for a Moving Expense Payment.

Please have the check drawn to Claude and Loretta Frison. The check should be sent to us for delivery to the client.

Thank you for your attention in this matter.

Very truly yours,

Ben - C. Webb

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosure

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY PROJECT NAME (If applicable)
~~FRISON, LORETTA~~ PORTLAND DEVELOPMENT MODEL CITIES
~~527 N.E. SACRAMENTO~~ COMMISSION PROJECT BETA II PROJECT
~~PORTLAND, OREGON~~ PORTLAND, OREGON 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

FRISON, LORETTA

2. DATE(S) OF MOVE

OCTOBER 26, 1971

3. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. _____

a. Address 527 N.E. SACRAMENTO

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 closes: 5 6

e. Date you moved into this address: JAN. 1971

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) _____

b. Apartment, Floor, or Room Number _____

c. Were household goods moved to or from storage?

☐ Yes ☐ No

If "Yes", complete table, "Statement of Claim for Storage Costs"

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

Dislocation Allowance \$200.00

Fixed Moving Payment 260

(consult local agency)

Total \$ 460

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.

OCT. 26, 1971
Date

Loretta Frison
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:

FRISON, LORETTA
527 N.E. SACRAMENTO
PORTLAND, OREGON

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.

1. Does claimant meet basic eligibility requirements? ☒ Yes ☐ No

If "No," explain:

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

Date items inspected: OCT 26, 1971
Month-Day-Year

3. If claim is for a self-move, does approved amount exceed estimated cost of accomplishing the move through services of a commercial mover or contractor?

☐ Yes ☒ No

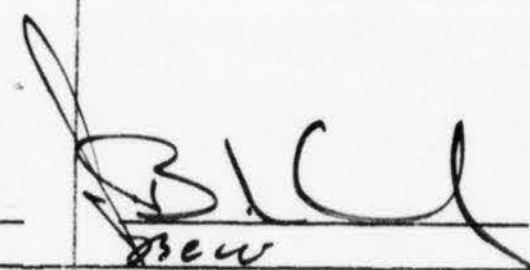
If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>260</u>			
2. Dislocation allowance \$ <u>200</u>			
3. Total \$ <u>460</u>	<u>460</u>	 B. L. C. Brew	<u>10/26/71</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
		\$			\$

FRISON

SCHEDULE TO SHOW APPLICATION OF TACO PAYMENTS

	1	2	3	4	5
PAID BY PDC				\$ 2000	
" " FRISON				30942	
" " SELLER				<u>3865</u>	234807
ASSUMED BY MORTGAGE					13100
AMOUNT PER CLOSING STATEMENT					<u>\$ 1544807</u>
SCHEDULE TO SHOW APPLICATION OF FUNDS & CREDITS FROM SELLER					
INTEREST ADJUSTMENT			\$ 3315		
DEPOSIT @ C.F. CONRY		<u>550</u>	\$ 3865	\$ 3865	
BALANCE OF TACO APPLIED TO PRINCIPAL				26305	
" PAID DIRECTLY BY CLIENT					30942
TOTAL APPLIED TO PRINCIPAL PER STATEMENT				<u>30170</u>	
TOTAL PAID BY SELLER & CLIENT PER WORKSHEET					<u>\$ 34807</u>

PRISON

	1	2	3	4	5
			RHP	SELLER or CLIENT	TOTAL
1					
2	PRORATED TAXES			6408	6408
3					
4	FIRE INSURANCE PREMIUM			82-	82-
5					
6	ESCHROW FEE		3250		3250
7					
8	TITLE INSURANCE		50-		50
9					
10	DEED		2-		2
11					
12	TRUST DEED		6-		6
13					
14	COUNTY TRANSFER TAX		1595		1595
15					
16	SERVICE FEE		131		131
17					
18	CREDIT REPORT		550		550
19					
20	APPRAISAL FEE + EXTENSION		65-		65-
21					
22	TAX SERVICE FEE		1250		1250
23					
24	INTEREST ADJUSTMENT			3315	3315
25					
26	AMORT. SCHEDULE		150		150
27					
28	SURVEY		15-		15-
29					
30	TAXES			14474	14474
31					
32	FIRE INS			1368	1368
33					
34	INTG. INS			542	542
35					
36	C.F. CARRY ON PRINCIPLE		26305		26305
37					
38	DOWN PAYMENT		1400		1400
39	DEPOSIT @ C.F. CARRY			550	550
40					
	TOTALS		20000	34807	234807



Crown Plaza Building
119 S.W. Market
Portland, Oregon 97201

503/224-4924

April 17, 1972

RECEIVED
APR 18 1972
PORTLAND DEVELOPMENT COMMISSION

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

Attention: Benjamin C. Webb, Chief of
Relocation and Property Management

Re: FRISON, Claude E. and Loretta
1326 N. E. Fremont
Portland, Oregon
Escrow No. 1237

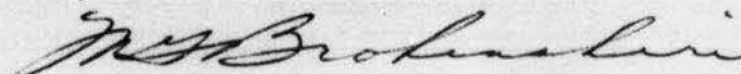
Gentlemen:

We are pleased to enclose for your files a copy of our escrow statement to buyer on the captioned closing.

We appreciate your assistance in closing this transaction.

Sincerely,

ST. JAMES ESCROW COMPANY


M. G. Brokenshire
Manager

mgb
encl.



Boise Cascade Building
1600 S.W. 4th, Portland, Oregon 97201
503/224-4924

AMENDED
ESCROW STATEMENT

Escrow No. 1237

Buyer FRISON, Claude E. and Loretta

Date April 14, 1972

Seller BARRY, John F. and Dorothy A.

Prorate Date April 12, 1972

Property 1326 N. E. Fremont, Portland, Oregon

	CHARGES	CREDITS
Sales Price	\$ 14,500.00	\$
PRO-RATIONS:		
Taxes on \$ 288.42 from 4/12/72 to 7/1/72	64.08	
Insurance on \$ from to		
Interest on \$ from to		
Rent @ \$ per from to		
Fire Insurance Premium	82.00	
Escrow Fee to St. James Escrow Company	32.50	
Preparation of Documents		
Title Insurance ALTA	50.00	
RECORDING:		
Contract		
Assignment of Contract		
Deed	2.00	
Mortgage		
Trust Deed	6.00	
Release of Mortgage/Trust Deed		
Multnomah County Transfer Tax	15.95	
MORTGAGE LOAN COSTS: CHARLES F. CURRY & COMPANY		
Service Fee	131.00	
Credit Report	5.50	
Appraisal Fee and extension	65.00	
Tax Service Fee	12.50	
Interest adjustment from 4/1/72 to 4/14/72		33.15
Amortization Schedule	1.50	
Survey	15.00	
MORTGAGE LOAN RESERVES: CHARLES F. CURRY & COMPANY		
Tax	144.24	
Fire Insurance	13.68	
FHA Mortgage Insurance	5.42	
Contract/Mortgage Balance		
Mortgage Loan CHARLES F. CURRY & COMPANY		13,100.00
CHARLES F. CURRY AND COMPANY (apply on principal)	301.70	
Deposit with Charles F. Curry & Company		5.50
Deposit with St. James Escrow Company		2,000.00
Balance Deposit with St. James Escrow Company		309.42
TOTAL	\$ 15,448.07	\$ 15,448.07

Approved and Accepted:

ST. JAMES ESCROW COMPANY

By

[Signature]

April 10, 1972

St. James Escrow Company
1600 S. W. Fourth Avenue
Portland, Oregon 97201

Attention: M. G. Brockenshire, Escrow Officer

274-5628

Gentlemen:

Re: FRISON, Claude E. & Loretta
Escrow Account

You have in the above identified account City of Portland Warrant No. 8838 in the amount of \$2,000, to be held in accordance with our written instructions previously given you.

This is to certify that Mr. and Mrs. Frison have purchased and now occupy a standard dwelling. You are hereby authorized to release said \$2,000 and disburse it as directed by Mr. and Mrs. Frison.

Thank you for your cooperation.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch

March 23, 1972

St. James Escrow Company
1600 S. W. Fourth Avenue
Portland, Oregon 97201

Gentlemen:

Re: FRISON, Claude E. & Loretta
Escrow Account

We are enclosing City of Portland Warrant No. 8838 in the amount of \$2,000.00, to be deposited to the above-identified escrow account.

This amount is to cover a downpayment and settlement costs, and it is to be released upon written authorization from the Portland Development Commission that Mr. and Mrs. Frison have purchased and occupied a standard dwelling.

If you have any questions concerning this matter, please call us.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosure

cc: Mr. and Mrs. Claude E. Frison

March 14, 1972

Mr. Elvin Roberts
Administrative Management Coordinator
Portland Model Cities
5329 N. E. Union Avenue
Portland, Oregon 97211

Dear Mr. Roberts:

Re: Beta II Relocation Payments
FRISON, Claude and Loretta

We refer to the March 3, 1972 letter from Mr. Raubeson, copy to you, relative to the method for making Beta II relocation payments. In compliance with the provisions of the letter, we submit herein the appropriate completed claim forms for Mr. and Mrs. Frison, for a Replacement Housing Payment of \$2,000.

Please have the check drawn payable to Claude and Loretta Frison and St. James Escrow Company. The check should be sent to us for delivery to the client.

We wish to thank you for your attention in this matter.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosure

EXECUTIVE OFFICE / SUITE 101, BOISE CASCADE BLDG. / 1600 S.W. 4th AVENUE / PORTLAND, OREGON 97201 / 224-5678

BEAVERTON OFFICE / 11970 S.W. BROADWAY / BEAVERTON, OREGON 97005 / 646-6157
COMMERCIAL OFFICE / 1500 S.W. 1st, SUITE 210 / PORTLAND, OREGON 97201 / 223-7151
GRESHAM OFFICE / 655 W. BURNSIDE STREET / GRESHAM, OREGON 97030 / 666-1541
HOLLYWOOD OFFICE / 4411 N.E. SANDY BLVD. / PORTLAND, OREGON 97213 / 288-6161
LAKE OSWEGO OFFICE / 602 "A" STREET / LAKE OSWEGO, OREGON 97034 / 636-8101
MANAGEMENT OFFICE / 1500 S.W. 1st, SUITE 210 / PORTLAND, OREGON 97201 / 223-7151
MILWAUKIE OFFICE / 1120 - 21st AVENUE / MILWAUKIE, OREGON 97222 / 659-8111
MORELAND OFFICE / 6802 S.E. MILWAUKIE / PORTLAND, OREGON 97202 / 234-9693
PORTLAND CENTER OFFICE / SUITE 101, BOISE CASCADE BLDG. / 1600 S.W. 4th AVENUE / PORTLAND, OREGON 97201 / 224-5678
RALEIGH HILLS OFFICE / 7270 S.W. BEAVERTON HILLSDALE HWY / PORTLAND, OREGON 97225 / 292-8875
SAN RAFAEL OFFICE / 1882 N.E. 122nd AVENUE / PORTLAND, OREGON 97230 / 255-3536
TOWER MALL OFFICE / 5411 E. MILL PLAIN BLVD. / VANCOUVER, WASHINGTON / 696-4491 or PORTLAND 285-3679


STAN WILEY
INC., REALTORS
RECEIVED

MAR 14 1972

PORTLAND DEVELOPMENT COMMISSION

March 13, 1972

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

Attn: Ben Webb

Re: Barry to Frison 1326 N. E. Fremont St.

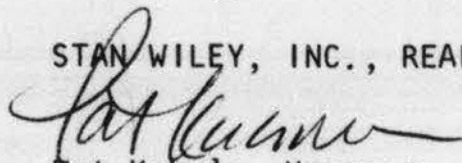
Dear Mr. Webb:

Pursuant to your request, please find a copy of the City of Portland letter stating that the above property complies with the housing regulations and Certificate of Compliance enclosed for your file.

If we may furnish any additional information, please let us know.

Cordially,

STAN WILEY, INC., REALTORS


Pat Kuhnle, Manager
Closing Department

Enc:2
plk

OREGON
M.L.S.



INTER-CITY RELOCATION SERVICE / NATIONAL ASSOCIATION OF REAL ESTATE BOARDS / NATIONAL INSTITUTE OF REAL ESTATE BROKERS / INTERNATIONAL REAL ESTATE FEDERATION / OREGON ASSOCIATION OF REAL ESTATE BOARDS / PORTLAND BOARD OF REALTORS / WASHINGTON COUNTY BOARD OF REALTORS / CLACKAMAS COUNTY BOARD OF REALTORS / PORTLAND EXCHANGE CLUB / OREGON MULTIPLE LISTING SERVICE / INTER-CITY RELOCATION SERVICE / GLOBE LISTING SERVICE, INC. / PORTLAND CHAMBER OF COMMERCE

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

Name of Claimant FRISON

Name of Local Agency PDC MODEL CITIES

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

Tenant's initial date of rental: JAN, 1971
Month-Day-Year

Date of Acquisition: OCT 7, 1971
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: JAN, 1971
Month-Day-Year

Date of Initiation of Negotiations: ?
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: -
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 \$ 2000 is authorized.

WORKSHEET ONLY SIGNED
ADDITIONAL TO CITY
Authorized Signature

Date

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

\$

\$

\$

\$

\$

b. Claimant moved to unit he purchased

\$

c. Homeowner temporarily displaced

\$

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:

INDIAN CITIES

PROJECT NAME (if applicable)

BETA II

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

FRISON, CLAUDE E + LORETTA

☒ Family ☐ Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. _____

a. Address: 527 N.E. SCRANEGATO

d. Monthly rental: \$ 85.00

b. Apartment or room number: _____

e. Date you moved out of this dwelling: DEC 26, 1971
Month-Day-Year

c. Number of bedrooms: 2

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): _____

d. Monthly rental: \$ _____

b. Apartment or room number: _____

e. Date you moved into this dwelling: _____
Month-Day-Year

c. Number of bedrooms: _____

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

a. Address (include ZIP Code): _____

d. Incidental expenses (total from table on next page): \$ _____

1326 N.E. FREMONT

b. Number of bedrooms: _____

e. Date you purchased this dwelling: _____

c. Downpayment: \$ 2000

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: _____

d. Monthly rental for temporary unit: \$ _____

b. Address of dwelling unit to which you moved (include ZIP code): _____

e. Will you require temporary housing for more than 3 months?
Yes ☐ No ☐

c. Date of move: _____

Month-Day-Year

If "Yes", total number of months you will require temporary housing: _____ months

NAME & ADDRESS OF CLIENT:

FRISON

COMPUTATION PREPARED BY:

Date

A. COMPUTATION OF DOWNPAYMENT ASSISTANCE FOR CLAIMANT MOVED TO UNIT PURCHASED

Required Information

1. Amount necessary for downpayment \$ 2900
2. Costs incidental to purchase (Total amount approved by agency, from table on claim form, Column (e)) \$ _____

Computation

3. Base amount (Sum of Lines 1 and 2) \$ 2900

NOTE: If Line 3 is \$2,000 or less, skip Lines 4, 5, and 6 and enter the amount of Line 3 on Line 8 a.

4. Amount on Line 3 in excess of \$2,000

Line 3 \$ 900
- \$ 2,000.00

\$ 2900

5. Amount on Line 4 divided by 2

Line 4 \$ 900
2

\$ 450

6. Matching amount (If amount on Line 5 exceeds \$2,000, enter \$2,000. Otherwise, enter the amount on Line 5.)

\$ 2000

7. Base amount (Sum of amount on Line 6 and \$2,000)

Line 6 \$ 2450
+ \$ 2,000.00

\$ 450

8. Amount of downpayment assistance

a. Amount on Line 3 or Line 7 \$ 2450

b. Minus adjustments (attach explanation; e.g., amount previously received for rental assistance payment)

- \$ 450

CLIENT CANNOT MATCH.

\$ 2000

(Enter this amount in the space provided in Block 4 on page one of this form.)

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

February 14, 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

RECEIVED FEB 16 1972

Stan Wiley, Inc.
1600 S.W. 4 Avenue
Portland, Oregon 97201

Re: 1326 N.E. Fremont Street
FHA #431-111032-221

Gentlemen:

We are enclosing a Certificate of Compliance regarding the one and one-half story, wood frame, single-family dwelling and attached garage at the above address.

Our inspector reports the structure complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

DJM:mfm
Enc. (1)
cc: Chas. F. Curry & Co. w/enc. (1)
John F. Barry w/enc. (1)
Portland Dev. Comm. w/o enc. (1)

Certificate of Compliance



BUREAU OF BUILDINGS

This is to certify that the one and one-half story, wood frame, single-family dwelling and garage
located at 1326 N.E. Fremont Street was found to be in
compliance with the Housing and Building Regulations of the City of Portland
Code on February 14, 1972

Commissioner

CONNIE McCREADY

by

Ronald J. Morris

MOVING + STORAGE

TO MARCH 7, 1971

\$93.28

118.30 \$211.58

STORAGE FOR MARCH

15.00

AMOUNT OF CHECK

\$226.58

STATEMENT

MADDOX TRANSFER & STORAGE, INC.

1231 NORTH WEST HOYT STREET

PORTLAND, OREGON 97209

226-7851

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

DATE: December 8, 1971

Attention: Ben Webb

fold

PLEASE RETURN THIS STUB WITH YOUR CHECK

DATE	REFERENCE	CHARGES	CREDITS	BALANCE
12/7/71	Invoice No. 31899 <u>Claude Frison</u> Move household goods from 3707 N.E. Grand and 6821 N.E. Cleveland to 10 N. Killingsworth	\$ 93.28		\$ 93.28
	Payable within 7 days			

WORLD-WIDE TRANSPORTATION FACILITIES
AGENTS FOR REPUBLIC VAN LINES, INC.

Maddox
TRANSFER & STORAGE, INC.
1231 N.W. HOYT • PORTLAND, OREGON 97209
AREA CODE 503 226-7851

DAY **Tues.**

DATE
12-8-71

PHONE

TIME

TRUCK

SEND BILL TO **Portland Development**
1700 SW 4th
City att. Ben Webb.

Claude Frison

SHIPPER

3707 N E Grand

STREET ADDRESS

6821 N E Cleveland

City

CITY

Claude Frison

CONSIGNEE

10 N. Killingsworth

STREET ADDRESS

City

CITY

DRIVER

Ben Webb-- 224-4800

HELPER

J. M. WATSON

DRAYAGE 2 men 26.65 per hr.

PACKING

STORAGE

HANDLING

ADVANCES

EXTRA CHG.

TOTAL

PICKUP TIME

800

DELIVERY TIME

1250

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

\$.30 per lb

THE ABOVE SERVICES WERE RENDERED AND THE PROPERTY DESCRIBED HAS BEEN RECEIVED AND CAREFULLY EXAMINED. I HEREBY RELEASE AND DISCHARGE CARRIER FROM ANY AND ALL CLAIMS ARISING OUT OF THE TRANSPORTATION SERVICES.

Date

Shipper

X Claude Frison

Consignee

X Claude Frison

Per

Per

No. 31899

Please Make Exceptions On Reverse
CUSTOMER'S COPY

STATEMENT

MADDOX TRANSFER & STORAGE, INC.

1231 NORTH WEST HOYT STREET

PORTLAND, OREGON 97209

226-7651

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

DATE: March 2, 1972

ATTENTION: Ben Webb

fold

PLEASE RETURN THIS STUB WITH YOUR CHECK

DATE	REFERENCE	CHARGES	CREDITS	BALANCE
	<u>Claude Frison</u> Lot No. 905			
	Balance forward	\$ 118.30		
	3 months storage ending June 7, 1972			
	@ \$15.00 per month	45.00		\$ 163.30

STATEMENT

MADDOX TRANSFER & STORAGE, INC.

1231 NORTH WEST HOYT STREET

PORTLAND, OREGON 97209

226-7051

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

DATE: December 8, 1971

ATTENTION: Ben Webb

PLEASE RETURN THIS STUB WITH YOUR CHECK

fold

DATE	REFERENCE	CHARGES	CREDITS	BALANCE
12/7/71	<p>Invoice No. 31900 Lot No. 905 <u>CLAUDE FRISON</u></p> <p>Move household goods from 3707 N.E. Grand and 6821 N.E. Cleveland to Maddox warehouse for storage</p> <p>3 months storage March 7, 1972 (1st month @ \$ 35.00 and thereafter will be @ \$15.00 per month)</p> <p>Do you wish insurance? Our rate is \$.05 per month per \$100.00 valuation.</p> <p>Goods left in storage for any portion of a month will be charged a full month.</p> <p>Payable within 7 days</p>	<p>\$ 53.30</p> <p>65.00</p>		<p>\$ 118.30</p>

WORLD-WIDE TRANSPORTATION FACILITIES
AGENTS FOR REPUBLIC VAN LINES, INC.

DAY **Tues.**

DATE

12-7-71

PHONE

TIME

TRUCK



Maddox

TRANSFER & STORAGE, INC.

1231 N.W. HOYT • PORTLAND, OREGON 97209
AREA CODE 503 226-7851

SEND BILL TO **Portland Development**
1700 SW 4th Ave.
Portland, Oregon att. Ben Webb

Claude Frison

SHIPPER

3707 N E Grand

STREET ADDRESS

6821 N E Cleveland

City

CITY

Portland Development
Claude Frison

CONSIGNEE

Stg. Lot # 905

STREET ADDRESS

City

CITY

DRIVER

Ben Webb 224-4800

HELPER

GET WEIGHT!!!!!!!

1620[#] @ 3000

DRAYAGE

2 men 26.65 per hr. 21

PACKING

STORAGE

HANDLING

ADVANCES

EXTRA CHG.

TOTAL

PICKUP TIME

11:30

DELIVERY TIME

1:30

THE ABOVE SERVICES WERE RENDERED AND THE PROPERTY DESCRIBED HAS BEEN RECEIVED AND CAREFULLY EXAMINED. I HEREBY RELEASE AND DISCHARGE CARRIER FROM ANY AND ALL CLAIMS ARISING OUT OF THE TRANSPORTATION SERVICES.

Date

\$.30

per

lb

Shipper

Consignee

Per

Per

No. 31900

Please Make Exceptions On Reverse
CUSTOMER'S COPY

NON-NEGOTIABLE WAREHOUSE RECEIPT

MADDOX TRANSFER & STORAGE, INC.

PHONE: (503) 226-7851

1231 N.W. HOYT STREET
PORTLAND, OREGON 97209

CONSECUTIVE NO. _____ LOT NO. 905 DATE OF ISSUE December 7, 1971

RECEIVED for the account of Portland Development
(for Claude Frison)

hereinafter called the Depositor, whose mail address, as given by the Depositor or his agent, is
1700 S. W. 4th Avenue, Portland, Oregon

the goods and chattels described in Schedule A below, in the condition therein described, to be stored in the warehouse of MADDOX TRANSFER & STORAGE, INC., hereinafter called the Company, in its warehouse at 1231 N.W. Hoyt Street, Portland, Oregon.

The goods received from the Depositor are received, stored, and held by the Company upon the following terms and conditions:

1. Any part or all of the said goods will be delivered to the Depositor only upon receipt of a written order from the Depositor, or, at the option of the Company, a return of this Warehouse Receipt with appropriate delivery instructions signed by the Depositor.

2. Storage and other charges must be paid before the stored goods will be delivered to the Depositor. The goods described below are accepted by the Company for storage upon the express representation by the Depositor that the Depositor is lawfully authorized to store the same, and that the goods are lawfully in the possession of the Depositor. If any litigation relating to the goods shall ensue, and if the Company shall be made a party to any such litigation, the Depositor agrees to pay all necessary costs and expenses of the Company together with a reasonable attorney's fee. The Company is hereby expressly given an additional lien on said goods for all such costs, expenses and attorney's fees.

3. The Company will use reasonable care and diligence to protect the stored property, but it will not be responsible for ordinary wear and tear in handling, nor for loss or damage to the stored goods by moth, other insects, fire, tornado, flood, rust or depreciation, acts of God, or any other cause beyond its control.

4. The Company shall not be liable for any loss, damage or injury to fragile articles that are not packed, or that have been packed or unpacked by persons other than Company employees, or that are not known or described as fragile articles. Where the contents of any container or parcel are not specifically itemized in this receipt, the Company shall not be liable to account for the particular contents of any such container or parcel.

5. There will be a labor charge for placing goods in storage and for removing them from storage. All labor utilized for access to goods, unpacking, replacing, unpinning and repiling shall be charged at the then current rate for such service.

6. Payments for storage and other charges are due and payable as follows:

7. If the Depositor finds any error in this receipt, the same shall be returned to the Company for correction within 5 days from the date hereof. If this Warehouse Receipt is not returned within 5 days, the Company shall be under no obligation to correct any alleged mistakes herein and may make delivery in accordance herewith.

8. If storage and other charges are not paid when due, the goods deposited may be sold at public auction to pay said charges and expenses of sale after due notice to the Depositor and publication of the time and place of said sale according to law.

9. The entire agreement between the Company and the Depositor is incorporated in this Warehouse Receipt. If any part of this agreement is in conflict with any applicable statutory provision or rule of law, such part will be construed to have been omitted from this Warehouse Receipt and the remainder thereof shall be valid notwithstanding.

10. Nothing herein contained shall be deemed to constitute this instrument a negotiable Warehouse Receipt.

11. The Company claims a lien for all lawful charges for storage and preservation of the goods; also for all lawful claims for moneys advanced, interest, insurance, transportation, labor, weighing, cooperating and other applicable charges and expenses in relation to such goods.

12. Unless otherwise specifically provided herein, the goods covered by this Receipt have not been insured by the Company for the benefit of Depositor against fire or any other casualty.

13. The responsibility of a warehouseman, in the absence of a written agreement to the contrary, is to exercise such reasonable care and diligence in regard to the goods as a reasonably careful owner of similar goods would exercise. The Company is not liable, in the absence of an agreement to the contrary specifically hereinafter set forth, for any loss or injury to the goods which could not have been avoided by the exercise of any such care.

Storage and other charges will be at the following rates:

Advances have been made and liability incurred on such goods as follows:

This receipt \$ 118.30
Cartage \$ 53.30
Freight \$ _____
3 mos. stg. ending 3/7/72 \$ _____
(1st mo. @ \$35.00 & thereafter \$ 65.00
will be @ \$ 15.00 per month)

The goods and chattels described below received from:

Storage: \$ _____ per _____ per month.

Handling: \$ _____ per _____

Minimum: \$ _____

MADDOX TRANSFER & STORAGE, INC.

By L.T.

SCHEDULE A

EXCEPTION SYMBOLS
BE—Bent
BR—Broken
BU—Burned
CH—Chipped
CU—Contents and Condition Unknown
D—Dented
F—Faded
G—Gauged
L—Loose
M—Marred
MI—Mildew
MO—Motheaten
PBC—Packed by Carrier
PBO—Packed by Owner
R—Rubbed
RU—Rusted
SC—Scratched
SH—Short
SO—Soiled
T—Torn
W—Badly Worn
Z—Cracked

LOCATION SYMBOLS
1. Arm
2. Bottom
3. Corner
4. Front
5. Left
6. Legs
7. Rear
8. Right
9. Side
10. Top
11. Veneer

NOTE: The omission of these symbols indicates good condition except for normal wear.

No.	Description of Packages	Stated to be or to Contain	Marks
-----	-------------------------	----------------------------	-------

The attached list is made a part of this warehouse receipt:

Item No. 101 through Item No. 135

ALL RULES AND REGULATIONS ARE APPLICABLE.

HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

PAGE NO. 1	NO. OF PAGES 2
CARRIER'S REFERENCE NO.	
CONTRACT OR GBL. NO.	
GOVT. SERVICE ORDER NO.	
VAN NUMBER 28	
LOCATION SYMBOLS	
1. ARM	6. LEG
2. BOTTOM	7. REAR
3. CORNER	8. RIGHT
4. FRONT	9. SIDE
5. LEFT	10. TOP
11. VENEER	

CONTRACTOR OR CARRIER	AGENT Maddox
OWNER'S GRADE OR RATING AND NAME CLAUDE FRISON	
ORIGIN LOADING ADDRESS	CITY STATE
DESTINATION Maddox Stg lot 905	
EXCEPTION SYMBOLS	
BE-BENT BR-BROKEN BU-BURNED CH-CHIPPED CU-CONTENTS & CONDITION UNKNOWN	D-DENTED F-FADED G-GOUGED L-LOOSE M-MARRED MI-MILDEW
MO-MOTHEATEN CP-CARRIER PACKED PBO-PACKED BY OWNER	R-RUBBED RU-RUSTED SC-SCRATCHED SH-SHORT
SO-SOILED T-TORN W-BADLY WORN Z-CRACKED	

NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR.

ITEM NO.	CR. REF.	ARTICLES	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
10	1	GREEN SOFA & 3 PILLOWS LTHREATHS SO-W		
	2	MIRROR 10" x 12" 5-8-9 ch d e		
	3	{ DRESSER BASE 2 LOOSE CH d e - 10 STAIN at d e 4 EDGES & R ch d e		
	4	{ 5-8-9 m d e R		
	5	4x6 FOOT BOARD 10 ch d e & 4 R d e & 5-8-9 m d e R		
	6	CHILD'S TRIKE ch d e R		
	7	BASKET CHAIR SO-W TON 2-4 SEAT BO. 7 T d e W		
	8	GE WASHER 4 ch d e 5-8-9 ch d e R 10 R d e ch. m e U		
	9	TABLE LAMP SO-W m e U		
11	0	TABLE LAMP SO-W m e U		
	1	{ M.I.F. REF 4 lge on BOOL 5-8-9 ch d e INSIDE BR-7		
	2	{ MILDREW BASE ON INSIDE		
	3	{ GE 4 BURNER STOVE 5-8-9 ch d e 4 ch d e R-10 L-		
	4	{ RU STAINED m e U 4-HAS BEEN REPAIRED		
	5	CHILD'S CHAIRS ON 2 PCS RUCHER A.C.		
	6	CHILD'S TABLE 10-STAINED SO-W ch d e R EDGES SO-W ch d e R		
	7	{ DR TABLE 10 ch d e VERY BAD - 10 EDGES & m ch d e		
	8	{ SIDES & m d e ch 6 m d e R FINISH BO. A.O.		
	9	LAMP SHADES ON 2 PCS BENT SO-W R STAINED		
12	0	COFFEE TABLE 10" x 12" m R EDGES R d e m & LEGS MISSING		
	1	DR CHAIR SEAT SO-W T FRAME R d e R & NO FINISH BO		
	2	DR CHAIR SEAT SO-W T FRAME R d e R & NO FINISH BO		
	3	4x6 BED FRAME NO CASTERS RUDE		
	4	FOOT LOCKER PBO - CO R d e ch ON TRIM L-OPEN		
	5	FOOT LOCKER PBO RU R d e ch ON OPEN		
	6	4x6 BOX SPRINGS NOT IN CN SO-W T STAINED 2T		
	7	4x6 MATT SO-W STAINED - T-SIDES & 2 BU R d e ch 10		
	8	END TABLE 10-30 d e R & STAINED BLISTERED		
	9	EDGES ch d e m & COM d e ch 2 BRASS TIPS MISSING FINISH BO		
13	0	ED TABLE 10" x 12" m & STAINED BLISTERED SIDE ch d e & m		
13	1	6 m d e R - FINISH BO. A.O.		

"We have checked all the items listed and numbered 1 to _____ inclusive and acknowledge that this is a true and complete list of the goods tendered and of the state of the goods received."

AT ORIGIN	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER)	DATE	AT DESTINATION	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER)	DATE
	(SIGNATURE) <i>Arletta Frison</i>	12/7/71		(SIGNATURE)	
	OWNER OR AUTHORIZED AGENT	DATE		OWNER OR AUTHORIZED AGENT	DATE
	(SIGNATURE) <i>Arletta</i>	12/7/71		(SIGNATURE)	

HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

PAGE NO. 2 NO. OF PAGES 2

CONTRACTOR OR CARRIER

AGENT

Maddox

CARRIER'S REFERENCE NO.

OWNER'S GRADE OR RATING AND NAME

Claude Trison

CONTRACT OR GBL. NO.

ORIGIN LOADING ADDRESS

CITY

STATE

GOVT. SERVICE ORDER NO.

DESTINATION

Maddox St lat 905

VAN NUMBER

38

EXCEPTION SYMBOLS

BE-BENT

ED-EDGED

MO-MOTHEATEN

R-RUBBED

SO-SOILED

BR-BROKEN

F-FADED

CP-CARRIER

RU-RUSTED

T-TORN

BU-BURNED

G-GOUGED

PACKED

SC-SCRATCHED

W-BADLY WORN

CH-CHIPPED

L-LOOSE

PBO-PACKED BY

SH-SHORT

Z-CRACKED

CU-CONTENTS &

M-MARRED

OWNER

CONDITION UNKNOWN

MI-MILDEW

NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR.

LOCATION SYMBOLS

1. ARM

6. LEG

2. BOTTOM

7. REAR

3. CORNER

8. RIGHT

4. FRONT

9. SIDE

5. LEFT

10. TOP

11. VENEER

ITEM NO.	CR. REF.	ARTICLES	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
1				
13 2		AIR COOLER MC U 16-1cm 5-8-9 m d c n		
3		D.R. CHAIR 50-W FRAM Ch d 8 ON 10-5-8-9-6-FINISH BO		
4		DR CHAIR 50-W FRAM Ch d 8 ON 10-5-8-9-6-FINISH BO		
5		Box Lce CTX OPEN PBO-CU		
6				
7				
8				
9				
0				
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				

ITEM NO. REMARKS/EXCEPTIONS

"We have checked all the items listed and numbered 1 to the goods tendered and of the state of the goods received."

Inclusive and acknowledge that this is a true and complete list of

AT ORIGIN	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER)	DATE	AT DESTINATION	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER)	DATE
	Angelo	12/7/71			
	OWNER OR AUTHORIZED AGENT	DATE		OWNER OR AUTHORIZED AGENT	DATE
	X Lutha Trison				

LAY IN FRISON FILE

MEMORANDUM

Date November 30, 1971

TO: Ben Webb
FROM: Alma Gordon
SUBJECT: Storage of Furniture for Mrs. Frison

Mrs. Frison, a displacee from the Beta Project, lives temporarily with Wanda Williams. I called on Wanda Williams, at 10 N.E. Killingsworth, to discuss plans for storage of furniture for her mother, Mrs. Frison, who is moving into the apartment with her daughter, temporarily.

Wanda was not at home, but I was accompanied by her mother to 4122 N. Kerby but was unable to find her there. Mrs. Frison made the decision that she would store the following items which were being stored temporarily at 3707 N.E. Grand Avenue and 6821 N.E. Cleveland.

- Range
- Refrigerator
- Washing machine
- Dining room set, consisting of table and 4 chairs
- 2 Lamps
- 2 End tables
- 1 Coffee table
- 1 Queen-size dresser
- 1 Stero

Mrs. Frison will give us a call December 2, as a tentative date.

Wanda Williams and Mrs. Frison are Beta II displacees. We are unclear at this time whether or not Model Cities will recognize Beta II displacement for relocation benefits. PDC has received conflicting rulings on this matter.

Mrs. Frison is Wanda's mother. Before displacement, they lived in the Beta II Project Area.

AG:ch

12-7-71

Portland Development
Commission by

Maddox Transfer
1231 N. W. Hoyt, Portland

RE: Relocation Move

The following relocation move is subject to reimbursement under the Urban Renewal Act. On satisfactory completion of the job, carrier may submit claimant's statement to this office for payment by the Commission. ~~Maximum \$200.00.~~

Claimant: Mrs Loretta Frison

Pickup Address: 3707 N.E. Grand Ave 6821 N.E. Cleveland

Delivery Address: 10 N. Killingsworth

Time and Date: 12/7/71 8:30 AM - 12:10 PM

Rate: \$26.25 per hr.

Description: As per invoice

GENERAL PROVISIONS:

Overtime must be authorized in writing.

Pickup and delivery--above locations only.

All billings must be in claimant's name.

Submit this letter or copy with statement.

Other commitments strictly between carrier and claimant.

Very truly yours,

Ben Webb
~~Spencer H. Benfield~~
Acting Chief of Relocation
and Property Management

SNB:ch

LOG SHEET
Relocation Move

Claimant: Mrs Leatha Frison
Pickup Address: 3707 N.E Grand Ave
Delivery Address: 10 N. Killingsworth
Date: 12-7-71

Carrier: Maddox Transfer & Storage
Type of equipment & number of men: 1 Truck 2 men

Scheduled Time: 8:30 AM at 3707 N.E Grand Ave
Arrival Time: 8:30 AM, Departure Time: 9:10 To

Additional pickups or deliveries: 6821 N.E Cleveland Ave
Arrival Time: 9:20 AM, Departure Time: 9:35 AM

~~Address:~~ To 10 N. Killingsworth 3707 N Grand

Arrival Time: 9:40 AM at 10 N. Killingsworth, Departure Time: 10:50 AM from 6821 N.E Cleveland
Address: 10 N. Killingsworth Apt. 4. To 6821 N.E Cleveland
Returned Arrival - 11 o'clock. Left
11:30 AM. Arriving at Grand
Delivery Address: 10 N. Killingsworth Arr at 11:50 Completed
Loading at
Arrival Time: 9:40 AM, Departure Time: 10:50 12:10 PM.

(Signed) Maddox Transfer & Storage
Dan Angulo
Worker

Ap 14, Killingsworth
Dwelling Unit Inventory

<u>QUANTITY</u>	
<u>2</u>	Beds & Spring s
<u> </u>	Bedroom Chair
<u>1</u>	Breakfast Table
<u>6</u> 4	Breakfast Table Chairs
<u> </u>	Bridge Lamp & Shade
<u> </u>	Buffet
<u>1</u>	Chest of Drawers
<u>1</u>	Coffee Table
<u>0</u>	Couch <i>Sent to storage</i>
<u> </u>	Davenport
<u> </u>	Desk
<u> </u>	Dining Table
<u> </u>	Dining Chairs
<u> </u>	Dresser
<u>1</u>	End Table
<u> </u>	Floor Lamp & Shade
<u> </u>	Mirror

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

Miscellaneous (List Items)

2 Boxes

~~1 guitar amplifier~~

(4 ^{size} twin mattresses)

(2 mattresses) (2 springs)

1 Baby Bed & Mattress

2 I.V. Stands

COMMENTS:

HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

PAGE NO. **2** NO. OF PAGES **2**

CONTRACTOR OR CARRIER		AGENT Maddox		CARRIER'S REFERENCE NO.																															
OWNER'S GRADE OR RATING AND NAME Claude Fuson				CONTRACT OR GBL. NO.																															
ORIGIN LOADING ADDRESS		CITY	STATE	GOVT. SERVICE ORDER NO.																															
DESTINATION Maddox Hq lot 905				VAN NUMBER 28																															
<p>EXCEPTION SYMBOLS</p> <table border="0"> <tr> <td>BE-BENT</td> <td>D-DENTED</td> <td>MO-MOTHEATEN</td> <td>R-RUBBED</td> <td>SO-SOILED</td> </tr> <tr> <td>BR-BROKEN</td> <td>F-FADED</td> <td>CP-CARRIER</td> <td>RU-RUSTED</td> <td>T-TORN</td> </tr> <tr> <td>BU-BURNED</td> <td>G-GOUGED</td> <td>PACKED</td> <td>SC-SCRATCHED</td> <td>W-BADLY WORN</td> </tr> <tr> <td>CH-CHIPPED</td> <td>L-LOOSE</td> <td>PBO-PACKED BY</td> <td>SH-SHORT</td> <td>Z-CRACKED</td> </tr> <tr> <td>CU-CONTENTS & CONDITION UNKNOWN</td> <td>M-MARRED</td> <td>OWNER</td> <td></td> <td></td> </tr> <tr> <td></td> <td>MI-MILDEW</td> <td></td> <td></td> <td></td> </tr> </table>						BE-BENT	D-DENTED	MO-MOTHEATEN	R-RUBBED	SO-SOILED	BR-BROKEN	F-FADED	CP-CARRIER	RU-RUSTED	T-TORN	BU-BURNED	G-GOUGED	PACKED	SC-SCRATCHED	W-BADLY WORN	CH-CHIPPED	L-LOOSE	PBO-PACKED BY	SH-SHORT	Z-CRACKED	CU-CONTENTS & CONDITION UNKNOWN	M-MARRED	OWNER				MI-MILDEW			
BE-BENT	D-DENTED	MO-MOTHEATEN	R-RUBBED	SO-SOILED																															
BR-BROKEN	F-FADED	CP-CARRIER	RU-RUSTED	T-TORN																															
BU-BURNED	G-GOUGED	PACKED	SC-SCRATCHED	W-BADLY WORN																															
CH-CHIPPED	L-LOOSE	PBO-PACKED BY	SH-SHORT	Z-CRACKED																															
CU-CONTENTS & CONDITION UNKNOWN	M-MARRED	OWNER																																	
	MI-MILDEW																																		
<p>LOCATION SYMBOLS</p> <table border="0"> <tr> <td>1. ARM</td> <td>6. LEG</td> </tr> <tr> <td>2. BOTTOM</td> <td>7. REAR</td> </tr> <tr> <td>3. CORNER</td> <td>8. RIGHT</td> </tr> <tr> <td>4. FRONT</td> <td>9. SIDE</td> </tr> <tr> <td>5. LEFT</td> <td>10. TOP</td> </tr> <tr> <td colspan="2">11. VENEER</td> </tr> </table>						1. ARM	6. LEG	2. BOTTOM	7. REAR	3. CORNER	8. RIGHT	4. FRONT	9. SIDE	5. LEFT	10. TOP	11. VENEER																			
1. ARM	6. LEG																																		
2. BOTTOM	7. REAR																																		
3. CORNER	8. RIGHT																																		
4. FRONT	9. SIDE																																		
5. LEFT	10. TOP																																		
11. VENEER																																			

NOTE: THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR.

ITEM NO.	CR. REF.	ARTICLES	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
1				
2		AIR COOLER ON CU 10-5-8-9-6-1		
3		DR CHAIR 50-W FRAME CHAIR 2 ON 10-5-8-9-6-1-11-51-BE		
4		DR CHAIR 50-W FRAME CHAIR 2 ON 10-5-8-9-6-1-11-51-BE		
5		BOX LGE CTIX OPEN PBO-CU		
6				
7				
8				
9				
0				
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				
1				
2				
3				
4				
5				
6				
7				
8				
9				
0				

ITEM NO.	REMARKS/EXCEPTIONS

"We have checked all the items listed and numbered 1 to _____ inclusive and acknowledge that this is a true and complete list of the goods tendered and of the state of the goods received."

AT ORIGIN	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) Angela (SIGNATURE)	DATE 12/7/71	AT DESTINATION	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) (SIGNATURE)	DATE
	OWNER OR AUTHORIZED AGENT X (SIGNATURE)	DATE		OWNER OR AUTHORIZED AGENT (SIGNATURE)	DATE

Mr. C. Keller
Chairman

Harold Halvorsen
Secretary

Vincent Raschio
Edward H. Look
John S. Griffith

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE • PORTLAND, OREGON 97201 • 224-4800

John B. Kenward
Executive Director

January 25, 1972

Mr. John Lindsey
Charles F. Curry & Company
2108 N. E. 41st Avenue
Portland, Oregon 97213

Re: Claude & Loretta Frison

Dear Mr. Lindsey:

Mr. and Mrs. Claude Frison are ~~is~~ eligible, based on their status as ~~(a)~~ tenant(s) in the Beta II Project, to receive certain relocation benefits subject to the provision of the Uniform Relocation Act of 1970. These benefits include a Replacement Housing Payment of up to \$4,000 for a downpayment toward the purchase of a replacement dwelling unit, including the reasonable costs of expenses incurred incidental to the purchase of the replacement dwelling. Incidental expenses are limited to reasonable costs but not prepaid expenses or finance charges, and may include the following:

- (1) Legal, closing and related costs including title search, preparing conveyance contracts, notary fees, surveys, preparing drawings on plats, and charges paid incident to recordation.
- (2) Lender, F.H.A. or V.A. appraisal fees.
- (3) F.H.A. or V.A. application fees.
- (4) Certification of structural soundness.
- (5) Credit Report.
- (6) Owner's and mortgagee's evidence or assurance of title.
- (7) Sales or transfer of taxes.
- (8) Escrow agent's fee.

The Replacement Housing Payment, including incidental expenses, is subject to the following federal provisions:

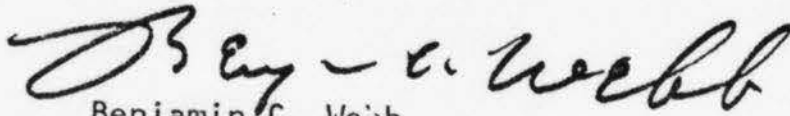
- (1) The amount may not exceed the amount that would be required for a conventional loan; and

- (2) If the claim is for more than \$2,000, the claimant must match dollar-for-dollar the amount in excess of \$2,000 up to a maximum payment of \$4,000.

Thus, in this case the Frisons are eligible to receive a maximum of \$4,000 to be applied towards the downpayment and eligible incidental expenses. The exact amount of the downpayment will depend upon the amount of eligible closing costs incidental to the purchase of said house, and their ability to provide the necessary matching funds for any eligible amount in excess of \$2,000.

We are most anxious to assist the Frisons in any way possible to enable them to be satisfactorily relocated from this urban renewal project. Please feel free to call if you have any questions.

Very truly yours,



Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch

Dwelling Unit Inventory

QUANTITY	
<u>3</u>	Beds & Springs
	Bedroom Chair
<u>1</u>	Breakfast Table
<u>6</u>	Breakfast Table Chairs
	Bridge Lamp & Shade
	Buffet
<u>1</u>	Chest of Drawers
<u>3</u>	Coffee Table
<u>1</u>	Couch
	Davenport
	Desk
<u>1</u>	Dining Table
<u>4</u>	Dining Chairs
<u>1</u>	Dresser
<u>3</u>	End Table
	Floor Lamp & Shade
	Mirror

QUANTITY	
<u>1</u>	Night Stand
<u>1</u>	Occasional Chair
	Overstuffed Chair
	Overstuffed Rocker
<u>1</u>	Range, G.E.
<u>1</u>	Refrigerator: Brand <u>MIF</u>
	Rocker
<u>2</u>	Rug & Pad: Size _____
	Stool
<u>6</u>	Table Lamp & Shade
<u>1</u>	Table, small
	Vanity & Bench
<u>4</u>	Suitcases
<u>2</u>	Trunks
	Cartons, Boxes, Etc.
<u>NISE</u>	Clothes
<u>NISE</u>	Bedding & Linens

Miscellaneous (List Items)

CHAIN LAMPS = 2
STERILIZER CABINET 2
GIT ADDILIER
HONDA 1
WASHING MACHINE
BABY BED

TRUNKS 2
AIR CONDITIONER
FILTER GLOBE VACUUM
VARIOUS PICTURES
2 MIRRORS

COMMENTS:

November 30, 1971

Ben Webb

Alma Gordon

Storage of Furniture for Mrs. Frison

Mrs. Frison, a displacee from the Beta Project, lives temporarily with Wanda Williams. I called on Wanda Williams, at 10 N.E. Killingsworth, to discuss plans for storage of furniture for her mother, Mrs. Frison, who is moving into the apartment with her daughter, temporarily.

Wanda was not at home, but I was accompanied by her mother to 4122 N. Kerby but was unable to find her there. Mrs. Frison made the decision that she would store the following items which were being stored temporarily at 3707 N.E. Grand Avenue and 6821 N.E. Cleveland.

- Range
- Refrigerator
- Washing machine
- Dining room set, consisting of table and 4 chairs
- 2 Lamps
- 2 End tables
- 1 Coffee table
- 1 Queen-size dresser
- 1 Stereo

Mrs. Frison will give us a call December 2, as a tentative date.

Wanda Williams and Mrs. Frison are Beta II displacees. We are unclear at this time whether or not Model Cities will recognize Beta II displacement for relocation benefits. PDC has received conflicting rulings on this matter.

Mrs. Frison is Wanda's mother. Before displacement, they lived in the Beta II Project Area.

AG:ch



OREGON ASSOCIATION OF REALTORS - OFFICIAL EARNEST MONEY CONTRACT

PORTLAND

Oregon, NOVEMBER 25, 1971

1. Received of CLAUDE E. FRISON AND LORETTA FRISON HUSBAND AND WIFE hereinafter called "purchaser,"

2. The sum of \$ 500.00 in the form of (check, cash, note) as earnest money and part payment for the purchase of the following described real estate3. situated in the City of PORTLAND County of MULTNOMAH and State of Oregon, to wit: LOT 19 AND4. 20, BLK. 71 IRVINGTON, REAL PROPERTY COMMONLY KNOWN AS 1326 NE.5. FREMONT which we have this day sold to the said purchaser, subject to the approval of the seller,6. for the sum of FOURTEEN THOUSAND FIVE HUNDRED AND NO/100 Dollars \$ 14,500.007. on the following terms, to wit: The sum, hereinabove receipted for, of \$ 500.008. on 19 as additional earnest money, the sum of \$ 14,000.009. Upon acceptance of title and delivery of deed or contract, the sum of \$ 14,000.00

10. The balance of Dollars \$

11. payable as follows: THIS AGREEMENT IS SUBJECT TO: (1) PURCHASER BEING ABLE TO OBTAIN12. AN FHA LOAN OF \$13,300 (2) PURCHASER RECEIVING RELOCATION PAYMENTS FROM13. PORTLAND DEVELOPMENT COMMISSION. PURCHASER AGREES TO (1) PAY LOAN COST14. AND RESERVES OF APPROX \$800.00 (2) APPLY FOR LOAN WITH IT DELAY. SELLER15. AGREES TO PAY LENDERS DISCOUNT FEE.

16. The purchaser shall reimburse the seller for sums held in the reserve account on any indebtedness assumed in this transaction, in addition to the purchase price.

17. The seller shall furnish to the purchaser in due course a title insurance policy in the amount of the purchase price of the real estate from a title insurance company

18. showing good and marketable title. Prior to closing the transaction, the seller, upon request, will furnish to the purchaser a preliminary report made by a title insurance

19. company showing the condition of the title to said property. It is agreed that if the seller does not approve the above sale within the period allowed Realtor below in which

20. to secure seller's acceptance, or if the title to the said premises is not marketable, or cannot be made so within thirty days after notice containing a written statement of

21. defects is delivered to seller, or if the seller, having approved said sale fails to consummate the same, the earnest money herein receipted for shall be refunded, but the

22. acceptance by the purchaser of the refund does not constitute a waiver of other remedies available to him.

23. But if the above sale is approved by the seller and the title to the said premises is marketable, and the purchaser neglects or refuses to comply with any of the con-

24. ditions of this sale within ten days from the furnishing of a preliminary title report and to make payments promptly, as hereinabove set forth, the earnest money and

25. additional earnest money, herein receipted for shall be forfeited to the undersigned Realtor to the extent of his agreed upon fee, and the residue, if any, shall be retained by the

26. seller as liquidated damages and this contract thereupon shall be of no further binding effect. The property is to be conveyed free and clear of all liens and encumbrances to date

27. except zoning ordinances, building and use restrictions, reservations in Federal patents, and NO OTHER EXCEPTIONS

28. All light fixtures and bulbs, fluorescent lamps, Venetian blinds, window and door screens, storm windows and doors, linoleum, attached television antennas, curtain, towel

29. and drapery rods, shrubs and trees, and irrigation, plumbing and heating equipment, except fireplace equipment that is not attached in any manner to the structure, and all

30. fixtures except CURBOARDS IN BASEMENT AND ANTIQUE HANGING LAMP IN DINING ROOM

31. are to be left upon the premises as part of the property purchased. The following personal property is also included as part of the property purchased for said purchase price:

32. NONE33. Seller and purchaser agree to prorate the taxes for the current tax year, rents, interest, and other items as of DATE OF POSSESSION

34. Premiums for existing insurance may be prorated or a new policy issued at purchaser's option. Purchaser agrees to pay the seller for fuel, if any, in storage tank at date of

35. possession. Encumbrances to be discharged by seller may be paid at his option out of purchase money at date of closing.

36. SELLER AND PURCHASER AGREE THAT SUBJECT SALE (will) be closed in escrow, the cost of which shall be shared equally between seller and purchaser. Possession of37. the above described premises is to be delivered to the purchaser on or before 30 DAYS AFTER CLOSING, or as soon thereafter as existing laws and38. regulations will permit removal of tenants, if any. Time is of the essence of this contract. SPECIAL CONDITIONS: NOTE USED FOR E.M. DEPOSIT TO BE39. REDEEMED WHEN FUNDS ARE AVAILABLE FROM PORTLAND DEVELOPMENT COMMISSION. THE ENTIRE40. AGREEMENT IS VOID UNLESS FUNDS ARE COMMITTED BY PORTLAND DEVELOPMENT COMMISSION BY MAY 1, 197141. Realtor's Address: 1600 S.W. FOURTH AVE STAN VILLEY, INC. Realtor42. Realtor's Phone: 288-8161 By: William J. Smith43. AGREEMENT TO PURCHASE Date: NOVEMBER 25, 1971 A.M./P.M.

44. I hereby agree to purchase the above described property in its present condition at the price and on the terms and conditions set forth above, and grant said Realtor a

45. period of 5 days hereafter to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Deed or contract is to be pre-46. pared in the name of CLAUDE E. FRISON AND LORETTA FRISON HUSBAND AND WIFE

47. I acknowledge receipt of a copy of the foregoing offer to buy and earnest money receipt bearing my signature and that of the Realtor.

48. Address: 10 N. KILLINGSWORTH APT. 4 PURCHASER: Claude E. Frison49. Phone: PURCHASER: Loretta Frison50. AGREEMENT TO SELL Date: NOVEMBER 26, 1971 A.M./P.M.

51. I hereby approve and accept the sale of the above described property and the price and conditions as set forth in above agreement and agree to furnish a title insurance

52. policy continued to date as aforesaid showing good and marketable title, also the said deed or contract.

53. Address: 1326 NE. FREMONT PORTLAND, OR. SELLER: John J. B. Army54. Phone: 288-2156 SELLER: Barthelme G. B. Army55. DELIVERY TO PURCHASER Date: NOVEMBER 29, 1971

56. The undersigned purchaser acknowledges receipt of the foregoing earnest money receipt bearing his signature and that of the seller showing acceptance.

57. PURCHASER: Claude E. Frison58. SELLERS CLOSING INSTRUCTIONS & FEE AGREEMENT Date: NOVEMBER 26, 197159. I agree to pay forthwith to the above named Realtor a fee amounting to \$ 1,015.00 for services rendered in this transaction.

60. I authorize said Realtor to order title insurance at my expense and further authorize him to pay out of the cash proceeds of sale the expenses of furnishing

61. title insurance, and recording fees, if any, as well as any encumbrances on said premises payable by me at or before closing. I instruct Realtor to place in his Client's

62. Trust Account, or in a neutral escrow depository, the above described earnest money deposit until needed in the closing of the transaction. I acknowledge receipt of a copy

63. of this contract bearing my signature and that of the purchaser named above, and of Realtor.

64. Address: 1326 NE. FREMONT PORTLAND, OR. SELLER: John J. B. Army65. Phone: 288-2156 SELLER: Barthelme G. B. Army

\$ 500.00

PORTLAND, OREGON

NOVEMBER 25, 1971

ON DEMAND, I (or if more than one maker) we, jointly and severally, promise to pay to the order of

STAN VILLEY, INC.

at PORTLAND, OREGON

FIVE HUNDRED

DOLLARS.

with interest thereon at the rate of 8 percent per annum from DATE until paid; interest to be paidON DEMAND. All or any portion of the principal hereof may be paid at any time. If this note is placed in the hands of

an attorney for collection, I we promise and agree to pay the holder's reasonable attorney's fees and collection costs, even though no suit

or action is filed hereon, however, if a suit or an action is filed, the amount of such reasonable attorney's fees shall be fixed by the court,

or courts in which the suit or action, including any appeal therein, is tried, heard or decided.

EARNEST MONEY RECEIPT

PROPERTY: 1326 NE. FREMONT

PORTLAND, OREGON

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		

INTERVIEW REGISTER

Date

Relocation
Worker

3/9/
73

In view of the fact that we have received no reply from the deceased client's son regarding a request for information about the person who had lived with the father, and all searching efforts have not produced any information, I have determined to close the file.

Case closed.

BRB

MEMORANDUM

Date January 31, 1973

TO: The File
FROM: Betty Burns
SUBJECT: Lawrence McDonald (Deceased)

Checked with Multnomah County Bureau of Health who referred me to Oregon State Board of Health, Dept. of Vital Statistics (229-5894).

It was learned that displacee's funeral services were handled by a son, Lawrence, through Holman & Son, Funeral Directors. Son's address obtained from Holman's. Letter requesting information mailed to son.

BRB:ch

January 31, 1973

Mr. Lawrence McDonald
Route 1, Box 483
Snohomish, Washington 98290

Dear Mr. McDonald:

It has recently come to our attention that your father, William McDonald, resided in a dwelling located at 533 N. E. Sacramento Street, Portland, Oregon, and would have been entitled to relocation benefits had he not had an untimely death before the Portland Development Commission could contact him.

It has further been learned that another person occupied this dwelling with your father who may or may not be eligible for benefits.

If you can furnish the Portland Development Commission with any information regarding this person, it would be greatly appreciated. You will find enclosed a stamped envelope for your convenience in replying.

Thank you in advance for your cooperation.

Very truly yours,

Betty R. Burns
Relocation Advisor

BRB:ch

MEMORANDUM

Date January 25, 1973

TO: The File
FROM: Betty Burns
SUBJECT: Wm. McDonald (Deceased)

Mr. McDonald occupied the dwelling located at 533 N. E. Sacramento along with a lady friend whose name we do not know. McDonald and the woman were not married.

I have determined from neighbors that Mr. McDonald is deceased, and due to their living arrangement, neighbors found them not social; therefore, the lady's name is not known.

In searching the current City Directory, telephone book, and inquiring of Multnomah County Welfare, (under the name of Mrs. William McDonald) I have been unable to trace the woman.

It is possible she would be eligible for services and benefits; however, at this time I must close the case based on inability to locate displacee.

BRB:ch

DESCRIPTION		ROLL NO	ODOMETER
MODEL CITIES BETA II HOUSING PROJ.	McKINNEY, GEORGIA MAE (MRS.) 537 N. E. SACRAMENTO 1972		
MODEL CITIES BETTA II HOUSING PROJ.	MERRITT, JAMES 445 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	MYERS, JERRY & BLANCH 521 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	WILLIAMS, WANDA 527 N. E. SACRAMENTO 1972		
	BROOKLYN OPEN SPACE PROJECT INITIAL CONTACT RECORDS RESIDENCE S.E. 11TH & MILWAUKEE		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	BIGGS, JACK & DOROTHY 5214 S.E. TAGGERT STREET 1970		
SCHOOL DIST. I WASHINGTON-H.S. EXTENSION	BROWN, JEAN 1242 S. E. ALDER 1970		
SCHOOL DIST I WASHINGTON H.S. EXTENSION	BROWN, JONATHAN 704 S. E. 12TH 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	CADDICK, LAWRENCE 5206 S. E. TAGGART 1970		
SCHOOL DIST I	DAVIDSON, FLORETTA 728 N. SHAVER 1971		
SCHOOL DIST I	GARCIA, DOLORES 1218 S. E. MORRISON 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	GONZALEZ, MARIA 704 S.E. 12TH, APT. I 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	GOOD, DONNA L. (MRS.) 1245 S. E. MORRISON 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	HARRIS, GEORGE 5205 S. E. WOODWARD 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	HERNANDEZ, CELEDONIA 704 S.E. 12TH APT 5 1970		
SCHOOL DIST. I WASHINGTON HS EXTENSION	JUNTUNEN, LEE (MISS) 1247 S. E. MORRISON 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	KOMLOFSKE, LLOYD 704 S.E. MORRISON 1970		
SCHOOL DIST I	LAMORIE, ETHEL (MRS.) 5224 S.E. TAGGART 1970		

NAME McKinney, Georgia
PROJECT Delta II

CHECKLIST FOR RELOCATION FILES -- INDIVIDUALS

☐ Copy of Notice to Acquire/Vacate
☐ Copy of Real Estate Option (for owner-occupant only)
☐ City inspection letter (for code enforcement displacee)
☒ 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 3476, rent supplement)
☐ City inspection letter on replacement housing
☐ Copy of earnest money offer on replacement housing
☐ Other:

☐ Moving authorization letters
☐ Dwelling unit inventory sheet
☐ Log sheet for day of move (for professional move)
☐ Release of personal property
☒ DATE OF MOVE 6/15/92
☐ Keys turned into: _____
☐ Utilities shut off
☐ Escrow releases, grants and amounts withheld
☐ Verify no rent outstanding
☐ Other:

☒ HUD forms 6140.1 and 6140.2
☒ HUD forms 6153 and 6154
☐ Other:
☐ Other:

3/1/95 DATE FILE CLOSED

HAP - Mabel Jackson - 288-7111

R E S U M E

NAME McKINNEY, Georgia Mae

Date March 7, 1975

Mrs. McKinney and her family were displaced by the BETA II Housing Project without the knowledge of PDC; therefore, services and benefits could not be offered prior to her displacement.

During interview, it was determined that Mrs. McKinney was eligible for public housing. Necessary documentation and arrangements were accomplished, and she is still occupying same dwelling.

BRB

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER Betty Burns ORIGIN OF CASE BETA II PARCEL _____

NAME McKinney, Georgia Mae ADDRESS 537 N. E. Sacramento APT NO. _____

PHONE 282-8717 INITIAL INTERVIEW 2/11/72 SEX F MINORITY GROUP Black

AGE 49 U.S. CITIZEN X ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE Jan. 1961

FAMILY COMPOSITION

Name	Relation	Age
William	Son	18
Linda	Dtr.	14

Employer: Name _____ \$ _____
 Address _____
 MCW Caseworker _____
 Social Security _____ 181.60
 Va. Fed. Mult. Co. _____
 Pension: Name _____
 Other: Name _____

TOTAL MONTHLY INCOME

181.60

Own: _____ Power Co. _____ Type Fuel _____ Garbage Co. _____
 Rent: X \$50 Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn _____ Furn _____ No. Rms 5

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no) _____ 3 B/R
 Over 62 _____ Disabled (Soc.Sec.def.) _____ Income below limits _____ Assets below limits _____

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of emergency:

Name _____ Address _____ Phone _____

Information Statement given to Mrs. McKinney on 2/11/72 by B.R.D.

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 hgs. _____

Out-of-town _____

Address unknown, abandoned _____

Evicted, no further _____

assistance _____

Other (explain) _____

REMAINING ON CASELOAD:

Address unknown, tracing _____

Evicted, further assistance _____

contemplated _____

Temporarily relocated by _____

LPA _____

within project: _____

address _____

outside project: _____

address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE:

Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: 5015 N. E. 23rd 3717 21.6.16.14 (H.H.P.) 282-8717
 Zip _____ Phone _____

New rent or purchase price: \$100 No. of rooms 5 S ☒ SS _____

INTERVIEW REGISTER

Date		Relocation Worker
2/11/72	I called on Mrs. McKinney today who had been displaced by private individuals who purchased the property she and her family occupied. Mrs. McKinney is renting a home at \$100, which she realizes is too high a rent on her Social Security income of \$181.40. She has been on a HAP waiting list for two years and I informed her we would now be able to place her on a priority list with HAP and place her in public housing. She was pleased that some help and guidance is available through PDC. I will make an appointment to re-qualify client at HAP. Mrs. McKinney will qualify for moving costs of \$220 and \$200 dislocation allowance.	BRB
2/18	I took Mrs. McKinney to HAP today to register her for public housing as a displacee. She qualifies for a 3-bedroom dwelling and HAP told her they would have a home by 3/30/72. Claim for moving costs and dislocation allowance (\$420) filed today. (To be paid by City)	BRB BRB
2/22	Claim form for RHP-TCO prepared for signature today and mailed to Mrs. McKinney.	BRB
3/8	Claims for RHP-TCO and moving/dislocation allowance mailed to City for payment.	BRB
3/20	I have requested Ben Webb, Chief of Relocation, pursue the payment of client's claim from the City.	BRB
3/29	Warrant from City of Portland in the amount of \$1,420 mailed to Mrs. McKinney.	BRB
4/5	HAP telephoned that a three-bedroom home is available for client. HAP had wrong telephone number. Dwelling available from HAP is in Columbia Villa where Mrs. McKinney does not want to live.	BRB
5/3	I telephoned HAP today as to a dwelling available for Mrs. McKinney. Mabel Jackson stated she had nothing at this time.	BRB
6/6	I telephoned HAP today, asking if anything was available for Mrs. McKinney yet since she was declared a displacee with HAP on 2/18/72. Mabel Jackson has two three-bedroom homes available and said she would contact Mrs. McKinney today.	BRB
6/7	I telephoned Mabel Jackson with HAP today and learned that she had offered Mrs. McKinney a three-bedroom dwelling on N.E. 16th, available around 6/15/72. Mrs. McKinney accepted the house and I have requested that she resubmit verification of income to HAP immediately.	BRB
6/23	Mrs. McKinney telephoned in that she has submitted verification of income to HAP.	BRB
7/14	Mrs. McKinney has occupied her new leased housing.	BRB
3/12/73	I have verified Mrs. McKinney's occupancy and standard condition of dwelling. Claim for second annual payment filed.	BRB
3/14/73	RHP-TACO (second annual) claim form mailed to client for signature.	BRB
3/19/73	Claim for RHP-TACO (second annual payment) mailed to City of Portland, requesting payment.	BRB

INTERVIEW REGISTER

Date		Relocation Worker
3/28/ 73	Mrs. McKinney's RHP-TACO (2nd annual) payment received from City and mailed today in the amount of \$1,000.	BRB
2/25/ 74	Claim for 3rd annual rent assistance payment of \$1,000 sent to City Auditor's office.	BRB
3/8/ 74	Warrant No. 64315 (City) in the amount of \$1,000 mailed to client. (3rd annual rent assistance payment.)	
2/20/ 75	Verified client's continued occupancy of HAP housing at 3717 N.E. 17th. Claim for fourth and final rent assistance payment (\$1,000) mailed to City.	BRB
3/7/ 1975	Warrant #93416 in the amount of \$1,000, representing fourth and final installment of the rental assistance payment due client, mailed to Mrs. McKinney.	
	Case closed.	BRB

March 7, 1975

Mrs. Georgia Mae McKinney
3717 N. E. 16th Avenue
Portland, Oregon 97212

Dear Mrs. McKinney:

Enclosed you will find City of Portland Warrant No. 93416
in the amount of \$1,000. This represents the fourth and
final installment of the rental assistance payment to which
you were entitled as a result of your displacement from 537
N. E. Sacramento.

It has been a genuine pleasure to assist you in your reloca-
tion, and I wish you and your family the best of everything
in the future.

Sincerely,

Betty R. Burns
Relocation Advisor

BSB:ch
Encl.

PAYABLE
THROUGH



GREAT WESTERN
NATIONAL BANK

OR ANY
PORTLAND BANK

PORTLAND, OREGON

The City of Roses

The Treasurer of the City of Portland

93416 8

24-166
1230

PAY TO THE ORDER OF

FUND NO.

DATE

WARRANT NO.

PAY THIS AMOUNT

GEORGIA MCKINNEY
C/O PORTLAND DEVELOPMENT COMMISSION
1700 S W 4TH AVE
PORTLAND ORE 97201

MAR 5 75



\$1,000.00



George Yerkovich
Treasurer

⑈0093416⑈ ⑆1230⑈0166⑆ 1 90008 3⑈

AUD 10-825-300 6-71

REMITTANCE ADVICE

93416

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	G/L
		CONTRACT 13487 PP#4	FINAL RENT ASSISTANCE PAYMENT			GEORGIA MCKINNEY		
224.75			1,000.00		1,000.00	49,101,897		
320.72	41,588							

CITY OF PORTLAND, OREGON

GEORGE YERKOVICH
AUDITOR OF THE CITY OF PORTLAND

February 20, 1975

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

Attention: Dorothy Shields

Dear Mr. Yerkovich:

Re: Georgia McKinney - Rent Assistance Payment
Model Cities - Beta II 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 for Model Cities Relocation Project 31-02, we submit herein the appropriate notice of the fourth and final rent assistance payment due Mrs. McKinney.

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

Thank you for your attention in this matter.

Very truly yours,

Benjamin C. Webb
Chief, Relocation

BCW:ch
Encl.

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Betty Burns
(Relocation Advisor)

DATE February 18, 1975

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

RE: Georgia McKinney (Beta II)
(Displacee)

3717 N.E. 16th (HAP)
(Address)

No. 4th & final
(annual payment)

\$ 1,000.00
(amount)

March 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: 3717 N.E. 16th

Date Inspected: 2/18/75 Condition: ☒ Standard ☐ Substandard

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

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

Comments: Client occupies previously inspected dwelling.

SIGNED: _____
(Displacee)

SIGNED: Betty A. Burns
(Relocation Advisor)

DATE: _____

DATE: 2/20/75

TO: _____

DATE: _____

FROM: Relocation

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: Georgia McKinney

PROJECT: Beta II

FOR: 4th & final RHP-TACO

AMOUNT: \$ 1000.00

SIGNED: Betty A. Burns

March 8, 1974

Mrs. Georgia Mae McKinney
3717 N. E. 16th Avenue
Portland, Oregon 97212

Dear Mrs. McKinney:

Enclosed you will find City of Portland Warrant No. 64315 in the amount of \$1,000. This represents the third annual installment of the rental assistance payment to which you are entitled as a result of your displacement from 537 N. E. Sacramento.

Very truly yours,

Betty R. Burns
Relocation Advisor

AB:ch
Encl.

PAYABLE
THROUGHOR ANY
PORTLAND BANK**PORTLAND, OREGON***The City of Roses*64315⁸24-156
1230**The Treasurer of the City of Portland**

PAY TO THE ORDER OF

FUND NO.

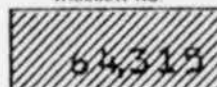
DATE

WARRANT NO.

PAY THIS AMOUNT

GEORGIA MCKINNEY
C/O PORTLAND DEVELOPMENT COMMISSION
1700 S W 4TH AVE ATTN-BEN C WEBB
PORTLAND ORE 97201

MAR 7 74



\$1,000.00

George Yerkovich
MAYOR
George Yerkovich
AUDITOR

⑈064315⑈ ⑆1230⑈0166⑈ 1 90008 3⑈

AUD 10-825-300 6-71

REMITTANCE ADVICE

PLEASE DETACH BEFORE DEPOSITING →

64315

PURCHASE ORDER		YOUR INVOICE NO.	GROSS AMOUNT OR CREDIT MEMO ○	DISCOUNT	NET AMOUNT	ACCOUNT DISTRIBUTION		G/L
DATE	NUMBER					FUND	BASIC UNIT CODE	
34.74	41588	CONTRACT 13487 PP#3 YEAR 1973 RENT ASSISTANCE PAYMENT	1,000.00		1,000.00	49102925		

CITY OF PORTLAND, OREGON

GEORGE YERKOVICH
AUDITOR OF THE CITY OF PORTLAND

February 25, 1974

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

Attention: Dorothy Shields

Dear Mr. Yerkovich:

Re: Georgia McKinney - Rent Assistance Payment
Model Cities, Beta II 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 for Model Cities Relocation Project 31-02, we submit herein the appropriate notice of the third annual rent assistance payment due Mrs. McKinney.

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

Thank you for your attention in this matter.

Very truly yours,

Benjamin C. Webb
Chief, Relocation

BCW:ch
Enc:1.

March 28, 1973

Mrs. Georgia Mae McKinney
3717 N. E. 16th Avenue
Portland, Oregon 97212

Dear Mrs. McKinney:

Enclosed you will find City of Portland Warrant No. 38260 in the amount of \$1,000. This represents the second annual installment of the rental assistance payment to which you are entitled as a result of your displacement from 537 N. E. Sacramento.

Very truly yours,

Betty R. Burns
Relocation Advisor

BRB:ch
Enclosure

GEORGIA MAE MC KINNEY - BETA II - 2nd annual TACO-Rent Assistance Payment
\$1,000

3/27/73

AUD 10-825-300 6-71

38260

REMITTANCE ADVICE

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
PRIOR YEAR CONTRACT		12830	PP#2						
315.73	41,588		1,000.00		1,000.00	513	6,687	399	3,191

CITY OF PORTLAND, OREGON

GEORGE YERKOVICH
AUDITOR OF THE CITY OF PORTLAND

March 14, 1973

Mrs. Georgia Mae McKinney
3717 N. E. 16th Avenue
Portland, Oregon 97212

Dear Mrs. McKinney:

Your second annual rental assistance payment in the amount of \$1,000 will be due you on March 28, 1973. In order to process the claim for this payment we will need your signature on the enclosed form.

Please sign where indicated by a red "X", and return the form to our office in the envelope provided.

Very truly yours,

Betty R. Burns
Relocation Advisor

BRB:ch
Enclosure

March 13, 1973

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

Attention: Mr. Robert Jones

Re: Georgia McKinney - Beta II Displacee

Dear Mr. Yerkovich:

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 for Model Cities Relocation Project 31-02, Contract No. 12830, we submit herein the appropriate completed claim form for Mrs. Georgia McKinney.

This claim is for the second annual installment of the rental assistance payment to which Mrs. McKinney is entitled as a result of her displacement from 537 N. E. Sacramento.

Please have a check drawn payable to Mrs. McKinney in the amount of \$1,000, and send it 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

RECEIVED

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

FEB 28 1972

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:

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

PROJECT NAME (if applicable)

Beta II - 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

Georgia Mae McKinney

☒ Family ☐ Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO.

- a. Address: 537 N. E. Sacramento,
Portland, Oregon
b. Apartment or room number: _____
c. Number of bedrooms: 3

d. Monthly rental: \$ 50.00

e. Date you moved out of this dwelling: 10-23-72
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

- a. Address (include ZIP Code): 5015 N. E. 23rd Ave., Portland 97211
b. Apartment or room number: _____
c. Number of bedrooms: 3

d. Monthly rental: \$ 100.00

e. Date you moved into this dwelling: 12/9/71
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: _____

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

RECEIVED

TCO-1

MAR 9 1972

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.

Feb. 25, 1972
Date

Gracis Mae McKinney
Signature of Claimant(s)

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

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

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

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

RECEIVED

TCO-2

MAR 19 1972

Page 2.

ADMINISTRATION

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

Name of Claimant Georgia Mae McKinney

Name of Local Agency Portland Development Commission

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

Tenant's initial date of rental: Jan. 1961
Month-Day-Year

Date of Acquisition:
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? X Yes No.

Date of Rental or Purchase: Jan. 1961
Month-Day-Year

Date of Initiation of Negotiations: Sept. 1971
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.) X 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.

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

3/9/72

3/26/73

3/7/74

9343

38260

64315

\$

\$ 420.00 moving

\$ 1,000.00

\$ 1,000.00

\$ 1,000.00

\$

b. Claimant moved to unit he purchased

\$

\$

c. Homeowner temporarily displaced

RECEIVED

\$

\$

MAR 9

ADMINISTRATIVE

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

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

PROJECT NAME (if applicable)

BETA II

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

☒ Family ☐ Individual

McKINNEY, Georgia Mae (Mrs.)

2. DATE(S) OF MOVE

3. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. _____

a. Address 537 N. E. Sacramento

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: 5

e. Date you moved into this address: January 1961

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) _____

5015 N. E. 23rd, Portland 97211

b. Apartment, Floor, or Room Number _____

c. Were household goods moved to or from storage?

☐ Yes ☒ No

If "Yes", complete table, "Statement of Claim for Storage Costs"

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

Dislocation Allowance \$200.00

Fixed Moving Payment 220.00

(Consult local agency)

Total \$420.00

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

3/18/72
RECEIVED

Georgia Mae McKinney
Signature of Claimant

M-1

MAR 9 1972

Page 1.

ADMINISTRATION

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Georgia Mae McKinney
5015 N. E. 23rd Ave.
Portland, Oregon 97211

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.

1. Does claimant meet basic eligibility requirements? ☒ Yes ☐ No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

3. If claim is for a self-move, does approved amount exceed estimated cost of accomplishing the move through services of a commercial mover or contractor?

☐ Yes ☐ No

If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

RECEIVED

M-6

MAR 9 1972

ADMINISTRATION

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>220.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>420.00</u>	\$ <u>420.00</u>	<i>Philip E. Tipton</i> BUCW	<u>2/8/72</u>
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

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

RECEIVED

MAR 9 1972

ADMINISTRATION

March 29, 1972

Mrs. Georgia Mae McKinney
5015 N. E. 23rd Avenue
Portland, Oregon 97211

Dear Mrs. McKinney:

Enclosed you will find City of Portland Warrant No. 9343 in the amount of \$1,420.00.

This represents payment of the following relocation benefits:

Fixed payment for moving costs	\$ 220.00
Dislocation allowance	200.00
First annual installment of Rental Assistance Payment	<u>1,000.00</u>
Total	\$1,420.00

To remain eligible for three additional \$1,000 payments over the next three years, you must continue to reside in standard housing.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW/BRB:ch
Enclosure

PURCHASE ORDER

CITY OF PORTLAND, OREGON
DEPARTMENT OF FINANCE

BUREAU OF PURCHASES AND STORES

ROOM 209 CITY HALL

THIS ORDER NUMBER

41588

Must appear on
your invoice in
triplicate,
on packages and
delivery slips.

Mrs. Georgia Mae McKinney
c/o Portland Development Commission
1700 SW 4th Ave.
Portland, Oregon 97201

3-15-72

It is assumed this order will be filled from stock. If there is to be any delay, please advise this office.
Please furnish to Model Cities
Deliver Prepaid to

DESCRIPTION

Payment to Relocation Project - Beta II

Moving \$420.00

Replacement 4,000.00

\$4,420.00

TELEPHONED MR. ELVIN ROBERTS AT MODEL CITIES
ABOUT THIS. HE SAID THAT THE PURCHASE ORDERS
WERE ISSUED BY MISTAKE AND THAT HE HAS
ALREADY TAKEN CARE OF THE MATTER AND THAT
THERE IS NOTHING MORE FOR US TO DO.

IMPORTANT—

In order that prompt payments can be made please expedite billing.

Send invoices in triplicate to Bureau of Purchases, Room 209 City Hall.

The City is exempt from Federal Taxes. Do not include in charges. F. E. T. Certificate No. A-161723.

Delivery must be prepaid to destination indicated.

If necessary to add shipping charges, copy of receipted Transportation Bill must accompany invoice.

CITY OF PORTLAND, OREGON,

By

Purchasing Agent

February 22, 1972

Mrs. Georgia Mae McKinney
5015 N. E. 23rd Avenue
Portland, Oregon 97211

Dear Mrs. McKinney:

Enclosed please find your relocation Rental Assistance claim form for your signature on page 2. A lump sum payment of \$1,000 will be made to you annually for the next four years, providing you remain in standard housing.

Please sign where marked, and return the claim form to our office in the envelope provided.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW/DRB:ch
Enclosures

March 8, 1972

Mr. Elvin Roberts
Administrative Management Coordinator
Portland Model Cities
5329 N. E. Union Avenue
Portland, Oregon 97211

Dear Mr. Roberts:

Re: Beta II Relocation Payments - Georgia Mae McKinney

We refer to the March 3, 1972 letter from Mr. Raubeson, copy to you, relative to the method for making Beta II relocation payments. In compliance with the provisions of the letter, we submit herein the appropriate completed claim forms for Mrs. Georgia Mae McKinney as follows:

Replacement Housing Payment	\$4,000
Moving and Dislocation Allowance	<u>420</u>
Total	\$4,420

Under the provisions of Public Law 91-646, the replacement housing payment is to be paid in four annual installments. Therefore, the payment due Mrs. McKinney at this time is as follows:

Replacement Housing Payment	\$1,000
Moving and Dislocation Allowance	<u>420</u>
Total payment due at this time	\$1,420

Mrs. McKinney will be entitled to receive three additional \$1,000 payments over the next three years, if she continues to reside in standard housing. We will notify you whether or not the qualifications have been met.

Please have the check made payable to Mrs. McKinney and sent to us for delivery.

Mr. Elvin Roberts
Page 2.
March 8, 1972

We wish to thank you for your attention in this matter.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosure

February 2, 1972

Mrs. Georgie Ann McKinney
5015 N. E. 23rd Avenue
Portland, Oregon 97211

Dear Mrs. McKinney:

We have been advised that you were displaced from your former residence at 537 N. E. Sacramento by the Beta II Housing Project. Since the Project is in the Model Cities Area and the Department of Housing and Urban Development has determined the Project was undertaken in connection with the Model Cities Program, it appears that you may be eligible for relocation benefits.

Enclosed is a pamphlet which outlines the benefits. You will soon be contacted by a representative of the Portland Development Commission which is assisting Model Cities in its relocation program.

Should you have any questions relative to benefits before you are contacted, please call me at 224-4800.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosure

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

NAME AND ADDRESS OF CLAIMANT:

Georgia Mae McKinney
5015 N.E. 23rd

COMPUTATION PREPARED BY:

Dwight R. Burns
Name
2/22/72
Date

C. 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: ☒ Schedule
☐ Comparative
☐ Other)
2. Base monthly rental for claimant's former dwelling, or
25% of adjusted monthly income, whichever is less. \$ 47.89

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>162.70</u>
Line 2	- \$ <u>47.89</u>
	\$ <u>114.81</u>
X	<u>48</u>

\$ 5511.88

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

(Enter this amount in the space provided in Block 3 on
page one of Replacement Housing Payment for Tenants
and Certain Others)

NOTE: If the amount on Line 6 is less than \$500, a lump-sum payment is to be
made. If the amount on Line 6 is more than \$500, divide the payment by 4.
The resultant amount is the total of each of four annual payments to be
made; enter on Line 7.

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Georgia Mae McKinney Project Beta II
2. Date(s) of move _____ Parcel No. _____
3. Dwelling unit from which you moved:
 Address 537 N.E. Sacramento No. of rooms 5
☐ Furnished ☒ Unfurnished Date you moved into this unit Jan. 1961
4. Dwelling unit to which you moved:
 Address 5015 N.E. 23rd
 Were goods moved to or from storage? ☐ Yes ☒ No

5. Total claim \$ 420.00

 FIXED PAYMENT: \$200 + \$ 220.00 = \$ 420.00

ACTUAL MOVING COSTS

6. Name of moving company (or person) _____
7. Mover's telephone _____ 8. Mover's address _____
9. Method of payment
☐ a. reimburse client (show paid bill)
☐ b. pay mover directly (show bill)
☐ c. let local agency contract with mover
10. Amount actual costs
 - a. Moving costs (attach receipt or voucher) \$ _____
 - b. Cost of insurance (attach invoice) \$ _____
 - c. Storage cost (attach receipt or voucher) \$ _____

STORAGE COSTS

Name, address and ZIP code of storage company

- A. Type of claim
☐ initial ☐ supplementary ☐ final
- B. Storage period
 1. Total period: _____ months. Check one: ☐ Actual ☐ Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____
- C. Storage Costs

		<u>Approved</u>
1. Monthly rate	\$ _____	\$ _____
2. Total costs actually incurred	\$ _____	\$ _____
3. Amount previously received	\$ _____	\$ _____
4. Amount claimed (line 2 minus 3)	\$ _____	\$ _____
- D. Description of Property Stored: please list on back of this sheet.
- E. Method of Payment
☐ reimburse client (attach receipt or paid bill)
☐ pay storage company directly (attach bill)

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.

Georgia M. McKinney

2/11/72
date

DESCRIPTION		ROLL NO	ODOMETER
MODEL CITIES BETA II HOUSING PROJ.	McKINNEY, GEORGIA MAE (MRS.) 537 N. E. SACRAMENTO 1972		
MODEL CITIES BETTA II HOUSING PROJ.	MERRITT, JAMES 445 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	MYERS, JERRY & BLANCH 521 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	WILLIAMS, WANDA 527 N. E. SACRAMENTO 1972		
	BROOKLYN OPEN SPACE PROJECT INITIAL CONTACT RECORDS RESIDENCE S.E. 11TH & MILWAUKEE		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	BIGGS, JACK & DOROTHY 5214 S.E. TAGGERT STREET 1970		
SCHOOL DIST. I WASHINGTON-H.S. EXTENSION	BROWN, JEAN 1242 S. E. ALDER 1970		
SCHOOL DIST I WASHINGTON H.S. EXTENSION	BROWN, JONATHAN 704 S. E. 12TH 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	CADDICK, LAWRENCE 5206 S. E. TAGGART 1970		
SCHOOL DIST I	DAVIDSON, FLORETTA 728 N. SHAVER 1971		
SCHOOL DIST I	GARCIA, DOLORES 1218 S. E. MORRISON 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	GONZALEZ, MARIA 704 S.E. 12TH, APT. I 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	GOOD, DONNA L. (MRS.) 1245 S. E. MORRISON 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	HARRIS, GEORGE 5205 S. E. WOODWARD 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	HERNANDEZ, CELEDONIA 704 S.E. 12TH APT 5 1970		
SCHOOL DIST. I WASHINGTON HS EXTENSION	JUNTUNEN, LEE (MISS) 1247 S. E. MORRISON 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	KOMLOFSKE, LLOYD 704 S.E. MORRISON 1970		
SCHOOL DIST I	LAMORIE, ETHEL (MRS.) 5224 S.E. TAGGART 1970		

NAME Merritt, James
PROJECT Area II

CHECKLIST FOR RELOCATION FILES -- INDIVIDUALS

☐ Copy of Notice to Acquire/Vacate
☐ Copy of Real Estate Option (for owner-occupant only)
☐ City inspection letter (for code enforcement displacee)
☒ 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 3476, rent supplement)
☒ City inspection letter on replacement housing ASO Inspection
☐ Copy of earnest money offer on replacement housing
☐ Other:

☐ Moving authorization letters
☐ Dwelling unit inventory sheet
☐ Log sheet for day of move (for professional move)
☐ Release of personal property
9/1/91 ☐ DATE OF MOVE
☐ Keys turned into: _____
☐ Utilities shut off
☐ Escrow releases, grants and amounts withheld
☐ Verify no rent outstanding
☐ Other:

☒ HUD forms 6140.1 and 6140.2
☒ HUD forms 6153 and 6154
☐ Other:
☐ Other:

3/7/95 DATE FILE CLOSED

R E S U M E

Name MERRITT, James

The Merritt family was displaced by the BETA II Housing Project without the knowledge of PDC.

It was determined that they had been in the Model Cities Area and were eligible for services and benefits.

Merritts had relocated into a rental home and wished to remain.

An in-house inspection was conducted, the dwelling found to be in standard condition, which qualified clients for RHP-TACO payments.

Clients paid in full on 3/7/75.

BRB

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER Betty Burns ORIGIN OF CASE BETA II PARCEL _____
 NAME MERRITT, James ADDRESS 445 N. E. Sacramento APT NO. _____
 PHONE 282-8656 INITIAL INTERVIEW 2/17/72 SEX M MINORITY GROUP Black

AGE 48 U.S. CITIZEN ALIEN VETERAN SERVICEMAN DATE ON SITE 9/19/70

FAMILY COMPOSITION

Name	Relation	Age
<u>Dorothy</u>	<u>Wife</u>	<u>54</u>

Employer: Name Voit Rubber Co. \$ 100 wk.
 Address _____
 MCW Caseworker _____
 Social Security _____
 Va. Fed. Mult. Co. _____
 Pension: Name _____
 Other: Name _____

TOTAL MONTHLY INCOME \$ 400

Own: _____ Power Co. _____ Type Fuel _____ Garbage Co. _____
 Rent: X \$80 Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn X Furn _____ No. Rms 6

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no) _____ 3 B/R
 Over 62 _____ Disabled (Soc.Sec.def.) _____ Income below limits _____ Assets below limits _____

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

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

Information Statement given to Mrs. Merritt on 2/17/72 by BRB
 Notice to move given to _____ on _____ by _____

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

<p>REMOVED FROM CASELOAD: _____ (Date) _____</p> <p>Refused assistance _____</p> <p>Relocated in: _____</p> <p>Low-rent public housing _____</p> <p>Other perm. public housing _____</p> <p>Standard priv. rent. hsg. _____</p> <p>Sub-standard priv. rent _____</p> <p>hgs. with refusal of _____</p> <p>further aid _____</p> <p>Standard sales housing _____</p> <p>Sub-standard sales hgs. _____</p> <p>Out-of-town _____</p> <p>Address unknown, abandoned _____</p> <p>Evicted, no further _____</p> <p>assistance _____</p> <p>Other (explain) _____</p>	<p>REMAINING ON CASELOAD: _____</p> <p>Address unknown, tracing _____</p> <p>Evicted, further assistance _____</p> <p>contemplated _____</p> <p>Temporarily relocated by _____</p> <p>LPA _____</p> <p>within project: _____ address _____</p> <p>outside project: _____ address _____</p> <p>FAMILY REFUSED ADDITIONAL ASSISTANCE: _____</p> <p>Date _____ Worker _____</p>
---	--

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: 27 N. E. Ivy Zip _____ Phone 282-8656

New rent or purchase price: \$85 No. of rooms 6 S X SS _____

Date	INTERVIEW REGISTER	Relocation Worker
2/17/72	I called on Mrs. Merritt today to discuss benefits due her. She is renting and does not wish to move again. I will prepare moving costs/dislocation allowance claim forms and compute rent supplement.	BRB
2/25	Claim forms for RHP-TCO and moving costs/dislocation allowance mailed today for signature.	BRB
2/25	Memo to file: Please note that I have inspected this dwelling (27 N.E.Ivy) and found it to be in standard condition. It had been rehabbed on City permit basis.	BRB
3/8	Claims for RHP-TCO and moving/dislocation allowance mailed to City today for payment.	BRB
3/20	I have requested that Ben Webb, Chief of Relocation, ascertain the delay in payment of above-mentioned claim.	BRB
3/29	Warrant from City of Portland in the amount of \$1,272.40 mailed to Mr. and Mrs. Merritt.	BRB
3/12/73	I have verified displacee's occupancy and the standard condition of dwelling. Claim for second annual payment filed.	BRB
3/14/73	RHP-TACO (second annual) claim form mailed to client for signature.	BRB
3/16/73	Signed claim form received from displacee. Mailed to City Auditor.	BRB
3/28/73	Second annual RHP-TACO payment in the amount of \$812.40 (Warrant #38261) received from City and mailed to client today.	BRB
2/25/74	Claim for 3rd annual rent assistance payment mailed to City Auditor's office for payment.	BRB
3/8/74	Warrant No. 64316 (City) in amount of \$812.40 mailed to client (3rd annual rent assistance payment.)	BRB
2/20/75	Verified client's continued occupancy of standard dwelling at 27 N.E. Ivy. Claim for fourth and final rent assistance payment (\$812.40) sent to City.	BRB
3/7/75	Warrant No. 93415 (City of Portland) in the amount of \$812.40, representing fourth and final rental assistance payment, mailed to client.	
	File closed.	BRB

March 7, 1975

Mrs. James Merritt
27 N. E. Ivy
Portland, Oregon 97212

Dear Dorothy:

Enclosed you will find City of Portland Warrant No. 93415
in the amount of \$812.40. This represents the fourth and
final installment of the rental assistance payment to which
you were entitled as a result of your displacement from
445 N. E. Sacramento.

It has been a genuine pleasure to assist you in your reloca-
tion, and I wish you and your family the best of everything
in the future.

Sincerely,

Betty R. Burns
Relocation Advisor

BRB:ch
Encl.

PAYABLE
THROUGH



OR ANY
PORTLAND BANK

Portland, Oregon

The City of Roses

The Treasurer of the City of Portland

93415 8

24-166
1230

PAY TO THE ORDER OF

FUND NO.

DATE

WARRANT NO.

PAY THIS AMOUNT

MAR 5 75



\$ 812.40

JAMES MERRITT
C/O PORTLAND DEVELOPMENT COMMISSION
1700 S W 4TH AVE
PORTLAND ORE 97201



W. J. ...
CITY CLERK

⑈0093415⑈ ⑆1230⑈0166⑆ 1 90008 3⑈

AUD 10-825-300 6-71

REMITTANCE ADVICE

93415

PLEASE DETACH BEFORE DEPOSITING →

PURCHASE ORDER		YOUR INVOICE NO.	GROSS AMOUNT OR CREDIT MEMO ○	DISCOUNT	NET AMOUNT	ACCOUNT DISTRIBUTION		G/L
DATE	NUMBER					FUND	BASIC UNIT CODE	
CONTRACT	13487	PP#4	FINAL RENT ASSISTANCE					
224.75			812.40					
320.72	41587				812.40		49101898	

CITY OF PORTLAND, OREGON

GEORGE YERKOVICH
AUDITOR OF THE CITY OF PORTLAND

February 20, 1975

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

Attention: Dorothy Shields

Dear Mr. Yerkovich:

Re: James Merritt - Rent Assistance Payment
Model Cities - Beta II 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 for Model Cities Relocation Project 31-02, we submit herein the appropriate notice of the fourth and final rent assistance payment due Mr. Merritt.

Please have a warrant drawn payable to James Merritt in the amount of \$812.40. The warrant should be sent to us for delivery to Mr. Merritt and noting of our records.

Thank you for your attention in this matter.

Very truly yours,

Benjamin C. Webb
Chief, Relocation

BCW:ch
Encl.

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Betty Burns
(Relocation Advisor)

DATE February 18, 1975

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

RE: James Merritt (Beta II)
(Displacee)

27 N. E. Ivy
(Address)

No. 4th & final
(annual payment)

\$ 812.40
(amount)

March, 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: 27 N.E. Ivy

Date Inspected: 2/25/75 Condition: ☒ Standard ☐ Substandard

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

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

Comments: Client still occupies previously inspected dwelling.

SIGNED: _____
(Displacee)

SIGNED: Betty K. Burns
(Relocation Advisor)

DATE: _____

DATE: 2/20/75

TO: _____

DATE: 2/20/75

FROM: Relocation

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: James Merritt

PROJECT: Beta II

FOR: 4th final RHP-TACO

AMOUNT: 812.40

SIGNED: Betty K. Burns

INTERVIEW REGISTER

Date	Rel Work
5/7/72	Wanda Williams called, relating some unfortunate situation in buying some furniture that was poorly constructed from B & L Furniture store. She had the furniture picked up and they (B & L) refused to give her any replacement. Therefore, she was purchasing another bedroom suite from Cohn Brothers. Now she needs money to pay her furniture bill and rent. I explained to her that her benefits had been paid to her in full. I advised her to talk to Legal Aid for further instruction. Stated she had been trying to reach Mr. Webb, but could not reach him at the office.
7/11/72	Call from Ben Webb who asked me if I would go by to see Wanda Williams and offer assistance in her locating a place and explain that we had relocated her in the Beta II project and payed her full benefits for relocation, moving expense and her 1st annual check for RHP Check No. 1263G. Jan. 19, 1972 in the amount of \$1005.00. Our only assistance would be to try to help in finding an apartment which she can afford on her income.
7/11/72	Miss Wanda Williams who was relocated in the Beta II project and known as Pru-Rey Garden Apartment on May 17, 1972. Miss Williams called Ben Webb Chief of Relocation that the Manager of the apts. had warned her of being noisy and disturbing other tenants and threatening to evict her if complaints continued. According to statements from the manager and complaints in her file the conditions were still existing. A tenant downstairs as stated by Mr. McFarland Manager had gone up to talk with Wanda. (Mrs. Hall)
7/14/72	Went by Wanda Williams Apt. to talk to her about some type of training that she may be interested in or refer her to some agency that could be pursant in helping her adjust to a desirable way of utilizing her spare time.
11-20	Miss Williams was contacted for her 2nd annual TACO payment. The client was relocated in the Beta II project in May 17, 1972. 507 NE Sacramento Apt #9. Through sourced of information, Miss Williams moved from BETA apts in 8-72 to HAP address 3721 NE Garfield Apt #42. She presently occupies standard housing. Claim will be filed for 2nd TACO payment.
11-21	2nd TACO payment filed to treasurer of the City of Portland Model Cities BETA II project.
1-5-72	Received check for TACO payment for Miss Williams contract no. 12830 invoice no PP # 1 Second Annual payment Warrant No 31433. Amount of this check \$1000 payable to Wanda Williams only.
1-8-73	Wanda Williams was in our office to pick up her check for 2nd Annual TACO payment RHP payment. Signature and date by client.
7/20/73	Claim for 3rd TACO payment filed for Wanda Williams to Auditor of the City of Portland Beta II project.
1/25/74	Check received. Contract 13487 3rd Annual rent assistance payment Beta 2 Displace. Warrant NO. 61015. Client signed on receipt of check.
2/26/74	Filed Claim for 4th and final TACO payment for rent assistance for Wanda Williams Model Cities Beta #2.

INTERVIEW REGISTER

Date		Relocation Worker
12-26-74	<p>Claim filed for fourth and final payment for rent assistance for Wanda Williams for move from 527 N.E. Sacramento to Model Cities Beta II Project.</p> <p>Miss Williams who is temporarily out of the city requested that check be mailed to her at this address: P.O. Box 921, Lovington, N.M. 88260. She resides in Portland, but due to an emergency she will remain there for a few weeks and needs the money; therefore, I have authorized to do so.</p> <p>Received the check January 2, 1975. Contract 13487, Warrant No. 88415, in the amount of \$1,000, payable to Wanda Williams only.</p>	AG
1/17/75	<p>Warrant No. 88415 in amount of \$1,000 was not mailed to Mrs. Williams, but was picked up at PDC Relocation Office by her mother, Mrs. Loretta Frison, this date.</p>	CH

January 17, 1975

Mrs. Wanda Williams
3721 N. E. Garfield, Apt. #42
Portland, Oregon 97212

Dear Mrs. Williams:

Enclosed you will find City of Portland Warrant No. 88415 in the amount of \$1,000.

This represents the fourth and final installment of the Rental Assistance Payment due you as a result of your displacement from 527 N. E. Sacramento Street, Portland.

Very truly yours,

Benjamin C. Webb
Chief, Relocation

BCW:ch
Encl.

PAYABLE
THROUGH



OR ANY
PORTLAND BANK

PORTLAND, OREGON

The City of Roses

88415 8

24-165
1230

The Treasurer of the City of Portland

PAY TO THE ORDER OF

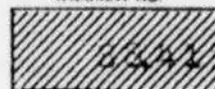
FUND NO.

DATE

WARRANT NO.

PAY THIS AMOUNT

JAN 25



\$1,000.00

WANDA WILLIAMS

C/O PORTLAND DEVELOPMENT COMMISSION

George Yerko
George Yerko
Auditor

⑈0088415⑈ ⑆1230⑈0166⑆ 1 90008 3⑈

AUD 10-825-300 6-71

REMITTANCE ADVICE

88415

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	G/L
CONTRACT 13487 4TH AND FINAL RENTAL ASSISTANCE PAYMENT								
102.75			1,000.00		1,000.00	49,101,440		
1,219.72	50,842							

CITY OF PORTLAND, OREGON

GEORGE YERKOVICH
AUDITOR OF THE CITY OF PORTLAND

Warrant No. 88415, in the amount of \$1,000, received by:

Loretta Mason

1-17-75

Date

December 30, 1974

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

Attention: Dorothy Shields

Dear Mr. Yerkovich:

Re: Wanda Williams - Rent Assistance Payment
Model Cities, Beta II 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 for Model Cities Relocation Project 31-02, we submit herein the appropriate notice of the fourth and final rent assistance payment due Mrs. Williams.

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

Thank you for your attention in this matter.

Very truly yours,

Benjamin C. Webb
Chief, Relocation

BCM:cb
Encl.

RELOCATION PAYMENT

PROJECT: Model Cities Beta 2

PARCEL: _____

PAYABLE TO: Wanda Williams

For:	RHP for Homeowners	.....	\$	_____
	Incidental Expenses for Homeowners or Tenants	.....	\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$4000; Annual amount	.....	\$	<u>1000.00</u>
	RHP - Tenants & Certain Others - Downpayment	.....	\$	_____
	Settlement Costs (on acquisition by LPA only)	.....	\$	_____
	Interest Expense	.....	\$	_____
	Fixed Moving Payment	.....	\$	_____
	Dislocation Allowance	.....	\$	_____
	Actual Moving Costs	.....	\$	_____
	Storage Costs	.....	\$	_____
	Business: Moving Expenses	.....	\$	_____
	Business: In Lieu Payment	.....	\$	_____
	Business: Storage Costs	.....	\$	_____
	Business: Loss of Property	.....	\$	_____
	Business: Searching Expenses	.....	\$	_____

Name of Client Wanda Williams ☒ Family Less - \$ _____ *

Move from 527 N.E. Sacramento St. ☐ Individual Total \$1000.00

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

NOTE E.H. PLEASE NOTE IN COVER LETTER
 THAT THIS IS FINAL PAYMENT

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon
(Relocation Advisor)

DATE December 19, 1974

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

RE: Wanda Williams (Model Cities - Beta II) 507 N.E. Sacramento
(Displacee) (Address)

No. 4th 3rd & final \$ 1,000.00 1/19/75
(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: 3721 N.E. Garfield St. Apt. # 42

Date Inspected: _____ Condition: ☒ Standard ☐ Substandard

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

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

Comments: This Apt. unit is owned by The Housing
Authorities of Portland. Same Address as last
payment and appears in standard Condition at this time.

SIGNED: Wanda Williams
(Displacee)

SIGNED: Alma Gordon
(Relocation Advisor)

DATE: 12/26/74

DATE: 12/27/74

TO: Mr. George Zerkovich

DATE: _____

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: Wanda Williams

PROJECT: Model Cities Beta 2

FOR: 4th & final TACO payment

AMOUNT: \$1000.00

3660

SIGNED: _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME BETA II-MODEL CITIES

PROJECT NO. _____

1. Full name of claimant: _____

☒ Family ☐ Individual

WILLIAMS, WANDA

2. Dwelling unit from which you moved: _____

Parcel No. _____

a. Address 527 N.E. SACRAMENTO

c. Number of bedrooms 1

PORTLAND, OREGON

d. Monthly rental \$ 40

b. Apartment or room number _____

e. Date displaced 10/26/71

3. Dwelling unit to which you moved (RENTAL)

a. Address 10 N.W. KILLINGSWORTH

c. Number of bedrooms _____

PORTLAND, OREGON

d. Monthly rental \$ _____

b. Apartment or room number _____

e. Date moved in _____

4. Dwelling unit to which you moved (PURCHASE)

a. Address _____

c. Downpayment \$ _____

b. Number of bedrooms _____

d. Incidental expenses \$ _____

e. Date of purchase _____

5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)

a. Address from which you moved _____

b. Address to which you moved _____

c. Date of move _____

d. Monthly rental for temporary unit: \$ _____

e. Require temporary housing for more than 3 months? ☐ Yes ☒ No

If yes, total number of months in temporary housing _____ months

Incidental expenses.

<u>Item</u>	<u>Charged to claimant</u>	<u>Paid by Claimant</u>	<u>Claimed</u>	<u>Approved</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List of documents submitted (attached) in support of above: _____

Determination

1. Did claimant rent or own at time of acquisition? ☒ Yes ☐ No

Tenant's initial date of rental JAN, 1971

Date of acquisition _____

Owner-occupant's initial date of ownership _____

2. Did claimant own or rent 90 days prior to initiation of negotiations? ☒ Yes ☐ No

Date of rental or purchase JAN, 1971

Date of initiation of negotiations _____

3. Is replacement housing standard? ☒ Yes ☐ No

If previously substandard, date found standard _____

4. Certification:

(Amount of this claim \$ 1000)

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

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

PROJECT NAME (if applicable)

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

☒ Family ☐ Individual

WILLIAMS, WANDA

2. DATE(S) OF MOVE

OCTOBER 26, 1971

3. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. _____

a. Address 527 N.E. SACRAMENTO

d. Number of rooms occupied (excluding bathrooms, hallways, and closets: 2)

b. Apartment, Floor, or Room Number _____

c. Was it furnished with your own furniture?

☐ Yes ☒ No

e. Date you moved into this address: JAN, 1971

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) _____

c. Were household goods moved to or from storage?

10 N KILLINGSWORTH

b. Apartment, Floor, or Room Number 4

☐ Yes ☒ No

If "Yes", complete table,

"Statement of Claim for Storage Costs"

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

Dislocation Allowance \$200.00

Fixed Moving Payment 30.00

(Consult local agency)

Total \$ 230.00

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

Nov 22, 1971

Date

X Wanda Williams

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:

Wanda Williams
10 N. Killingsworth
Portland, Oregon 97217

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.

1. Does claimant meet basic eligibility requirements? ☒ Yes ☐ No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

3. If claim is for a self-move, does approved amount exceed estimated cost of accomplishing the move through services of a commercial mover or contractor?

☐ Yes ☐ No

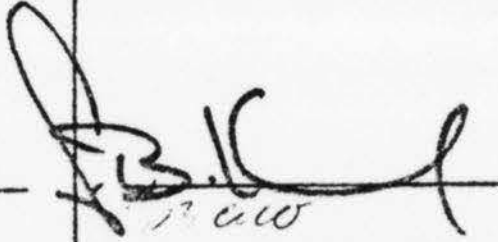
If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>30.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>230.00</u>	\$ <u>230.00</u>		<u>1-19-72</u>
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
11/24/71	11786	\$ 38.00			\$
11/19/72	12635	197.00			
1/24/74	61015				

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:

MODEL CITIES

PROJECT NAME (if applicable)

BETA II

PROJECT NUMBER:

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

WILLIAMS, VYONDA

☒ Family ☐ Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. _____

a. Address: 10 N. KILLINGSWORTH

d. Monthly rental: \$ 140

b. Apartment or room number: _____

e. Date you moved out of this dwelling: OCT 26, 1971
Month-Day-Year

c. Number of bedrooms: 1

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): _____

d. Monthly rental: \$ 85.00

10 N. KILLINGSWORTH

e. Date you moved into this dwelling: OCT 26, 1971
Month-Day-Year

b. Apartment or room number: _____

c. Number of bedrooms: 1

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

a. Address (include ZIP Code): _____

d. Incidental expenses (total from table on next page): \$ _____

b. Number of bedrooms: _____

e. Date you purchased this dwelling: _____
Month-Day-Year

c. Downpayment: \$ _____

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: _____

d. Monthly rental for temporary unit: \$ _____

b. Address of dwelling unit to which you moved (include ZIP Code): _____

e. Will you require temporary housing for more than 3 months?
Yes _____ No _____

c. Date of move: _____
Month-Day-Year

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.

Nov 22, 1971
Date

Orancla Williams
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.

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

Name of Claimant WILLIAMS, WANDA

Parcel No. _____

Name of Local Agency MOORE CITIES

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

Tenant's initial date of rental: JAN 1971
Month-Day-Year

Date of Acquisition: _____
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: JAN 1971
Month-Day-Year

Date of Initiation of Negotiations: _____
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: _____
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 is authorized.

1/14/72
Date

[Signature]
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

11/24/71 11770 12600
1/19/72 12620 12630
1-4-73
1-24-74

11770 12600
12620 12630
31433 (COP)
61015 (COP)

\$ 85.00 85.00
\$ 17.00 313.00
1000.00
1000.00

b. Claimant moved to unit he purchased

\$ _____

c. Homeowner temporarily displaced

\$ _____

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

NAME AND ADDRESS OF CLAIMANT:

William, Wanda
10. N. Kellingworth

COMPUTATION PREPARED BY:

A. Gordon
Name

Date

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

Required Information

1. Monthly gross rental for comparable unit \$ 128.35
(cost based on: Schedule
 Comparative
 X Other
2. Base monthly rental for claimant's former dwelling, or
(25% of adjusted monthly income, whichever is less. \$ 30.24

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>128.35</u>	
Line 2	\$ <u>30.24</u>	
	\$ <u>98.11</u>	
X	<u>48</u>	\$ <u>4709.28</u>
4. Base amount (if amount on Line 3 is \$4,000 or more, enter \$4,000. If amount on Line 3 is less than \$4,000, enter amount on Line 3.) \$ 4000.00
5. Minus adjustments (Attach full explanation) - \$
6. Amount of rental assistance payment
(Line 4 minus Line 5) \$ 4000
7. Annual Payment \$ 11,000.00
(Enter this amount in the space provided in Block 3 on page one of Replacement Housing Payment for Tenants and Certain Others)

NOTE: If the amount on Line 6 is less than \$500, a lump-sum payment is to be made. If the amount on Line 6 is more than \$500, divide the payment by 4. The resultant amount is the total of each of four annual payments to be made; enter on Line 7.

of - [unclear]

December 20, 1973

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

Attention: Dorothy Shields

Dear Mr. Yerkovich:

Re: Wanda Williams - Rent Assistance Payment
Model Cities, Beta II 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 for Model Cities Relocation Project 31-02, we submit herein the appropriate notice of the third annual rent assistance payment due Mrs. Williams.

Please have a warrant drawn payable to Mrs. Wanda Williams in the amount of \$1,000. The warrant should be sent to us for delivery to the client and 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 Beta II

PARCEL: _____

PAYABLE TO: Wanda Williams

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

Name of Client Wanda Williams

Less - \$ _____ *

Move from 527 N.E Sacramento

Total \$1000.

Accounting: Indicate symbol and Accounting No.

_____ Relocation Payment; _____ Project Cost *(_____)

OK JMC

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon DATE December 14, 1973
(Relocation Advisor)

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

RE: Wanda Williams (Model Cities - Beta II) 507 NE Sacramento
(Displacee) (Address)

No. 3rd \$ 1,000.00 1/19/74
(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: 3721 N.E. Garfield Apt. #42

Date Inspected: _____ Condition: ☒ Standard ☐ Substandard

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

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

Comments: This Apartment Unit is owned by the Housing Authorities of Portland and is in standard condition at this time

SIGNED: Wanda Williams
(Displacee)

SIGNED: Alma Gordon
(Relocation Advisor)

DATE: 12-18-73

DATE: 12-18-73

George Yerkovich, Auditor
TO: City of Portland

DATE: 12/18/73

FROM: Benjamin C. Webb, Chief, Relocation,
Portland Development Commission

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: Wanda Williams

PROJECT: Model Cities - Beta II

FOR: 3rd annual Rent Assistance Payment

AMOUNT: \$1,000.00

SIGNED: Benjamin C. Webb

[Handwritten initials]

INSPECTED BY A.G. DATE 12/8/73 MET ☐ NOT MET ☐

NAME Wanda Williams PHONE _____

ADDRESS 3721 N.E. Garfield

HOUSE _____ DUPLEX _____ APT # 42 SR _____ HK _____

NO. OF ROOMS 4 COMP FURN _____ PART FURN _____ UNFURN ☒

NO. OF ROOMS ACCESSIBLE BY STAIRS _____ BY ELEVATOR _____

MANAGER _____ OWNER HAP

RENT \$50, INCL HEAT ☒ WATER ☒ GAS _____ GAR _____ ELEC ☒

NO. BRS. 2 SIZE #1 _____ #2 _____ #3 _____ #4 _____

DWELLING UNIT INSPECTION SHEET, PDC R-6, 9/68

GENERAL REQUIREMENTS:

- | | | |
|---|-------------------------------------|--|
| 1. House must be weatherproof (8-601.6) | <input checked="" type="checkbox"/> | |
| 2. Floors, porches, walls, ceilings and stairs must be in sound and good repair. (8-1001a) | | |
| 3. Doors and hatchways must be in good repair. (18-816) | <input checked="" type="checkbox"/> | |
| 4. Multiple dwellings with more than 50 occupants must have two means of exit. (7.3302c) | <input checked="" type="checkbox"/> | |
| 5. Exits must have direct access to outside or public corridor. (7-3303g) | <input checked="" type="checkbox"/> | |
| 6. Hallways must be lighted adequately --- at least 2' candle power. (8-504d) | <input checked="" type="checkbox"/> | |
| 7. Hallway ventilation must be by windows, doors, outside skylights, ventilation ducts, or mechanical ventilation 5x/hr. (8-504d) | <input checked="" type="checkbox"/> | |
| 8. Premises must be free of vermin, rodents, filth, debris, garbage. (8-1001a) | <input checked="" type="checkbox"/> | |
| 9. Heating equipment must be able to maintain 70° at 3' above floor. (8-701a) | <input checked="" type="checkbox"/> | |
| 10. There may be no unvented or open flame gas heaters. (8-701a) | <input checked="" type="checkbox"/> | |

	MET	NOT MET
11. Habitable rooms must have window area of 12 sq. ft. or 1/8 of floor area. (8-504a)	✓	
12. Every Habitable room must have openable area of 6 sq. ft. or 1/16 of floor area OR mechanical ventilation changing air, 4x/hr. (8-504e)		
13. Dwelling unit must have at least 220 sq. ft. (8-503b)	✓	
14. Electrical equipment, wiring and appliances must be installed and maintained in a safe manner, with two outlets or one light fixture and one outlet per room. (8-701b)		
15. Water must be heated to not less than 120°F. (8-401y)	✓	
16. Ceiling height in hotels and apartments must be 8'; in dwelling and service rooms 7½'. (8-503a)	✓	
17. Habitable rooms must have width of 7' in any dimension; water closets 30" in width and at least 2½' in front of the water closet. (8-503c)		

EFFICIENCY UNITS:

18. Foyer must open from public area. (8-503b.2)		
19. There must be 220 sq. ', plus 100 sq. ' for each person in excess of two. (8-503b.5)		
20. A kitchenette must be 3x5 or more with doors and fan or window. (8-503b.4)		
21. A dressing closet must afford privacy with adequate circulation and storage. (8-503b.3)		
22. There must be a separate bathroom accessible from foyer or dressing closet only. (8-503b.5)		

LIVING AREA:

23. There must be two rooms, one of which must be at least 150 sq. '. (8-503b)*	✓	
24. Rooms for cooking and living, or for living and sleeping, must have at least 150 sq. '. (8-503b)*	✓	

BEDROOMS:

25. Bedrooms must be at least 90 sq. '. (8-503b)*	✓	
---	---	--

	MET	NOT MET
26. There must be 50 sq. ' additional for each occupant in excess of two. (8-503b)* No. Brs. _____ Size: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____		
KITCHEN:		
27. Plumbing fixtures, including sink, must be of nonabsorbent material with hot and cold running water, properly installed, and in good working condition. (8-505d,c)	✓	
28. A kitchen must have not less than 35 sq. '. (8-503b)	✓	
BATHROOM:		
29. Bathrooms must have at least one electric light fixture. (8-701b)	✓	
30. Bathrooms must not open directly off the kitchen. (8-505f)	✓	
31. Bathrooms and toilet rooms must afford privacy. (8-505g)	✓	
32. Dwelling unit must contain at least one bathroom with sink, toilet wash basin, tub or shower properly connected to both hot and cold waterlines with air change once every 5 minutes (8-505a) OR		
33. In buildings with sleeping rooms there must be toilet facilities or one toilet, lavatory, tub or shower for every 10 of each sex, accessible from a public hall.		
34. Plumbing fixtures must be of nonabsorbent material, properly installed, and in good working condition. (8-505d,c)		
35. Water closet compartments must be of approved nonabsorbent material (8-505e)		
BASEMENT:		
36. Basement areas more than 50% below grade cannot be used for habitation. (8-401,L) & (8-504a)		
37. Basement areas must be dry and well drained.		
SPACE REQUIREMENTS FOR STANDARD HOUSING		
1. Opposite sex children may not share a bedroom with a child over six (6) years of age.		
2. Husband and wife should not share a bedroom with a child over three (3) years of age.		

3.* Chart of bedrooms needed:

By Bedroom			By Number of Persons		
<u>No. of Bdrms.</u>	<u>No. of Persons:</u>		<u>No. of Persons:</u>	<u>No. of Bdrms:</u>	
	<u>Min.</u>	<u>Max.</u>		<u>Min.</u>	<u>Max.</u>
0	1	2	1	1	1
1	1	3	2	1	2
2	2	4	3	1	2
3	4	6	4	2	3
4	6	8	5	3	3
5	8	10	6	3	4
			7	4	4
			8	4	5
			9	5	5
			10	5	6

* Indicates exceptions regarding efficiency units.

COMMENTS:

PAYABLE
THROUGH



OR ANY
PORTLAND BANK

PORTLAND, OREGON

The City of Roses

The Treasurer of the City of Portland

61015

24-166
1230

PAY TO THE ORDER OF

FUND NO.

DATE

WARRANT NO.

PAY THIS AMOUNT

JAN 24 74

61015

\$1,000.00

WANDA WILLIAM
C/O PORTLAND DEVELOPMENT COMMISSION
1700 S W FOURTH AVE
PORTLAND ORE 97201

Wanda Williams
MAYOR
George Yerkovich
AUDITOR

⑈061015⑈ ⑆1230⑈0166⑆ 1 90008 3⑈

AUD 10-825-300 6-71

REMITTANCE ADVICE

PLEASE DETACH BEFORE DEPOSITING →

61015

PURCHASE ORDER		YOUR INVOICE NO.	GROSS AMOUNT OR CREDIT MEMO	DISCOUNT	NET AMOUNT	ACCOUNT DISTRIBUTION	
DATE	NUMBER					FUND	BASIC UNIT CODE
CONTRACT 13487		3RD ANNUAL RENT ASSISTANCE PAYMENT BETA II DISPLACE					
4,226.73			1,000.00		1,000.00	49,102,210	
		<i>Wanda Williams</i>					

CITY OF PORTLAND, OREGON

Received 1/25/74

GEORGE YERKOVICH
AUDITOR OF THE CITY OF PORTLAND

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon
(Relocation Advisor)

DATE November 16, 1972

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

RE: Wanda Williams
(Displacee)

507 N. E. Sacramento
(Address)

No. 2
(annual payment)

\$1,000.00
(amount)

11/22/72
(date due)

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

Present Address: 3721 N. E. Garfield

Date Inspected: HAP Condition: ☒ Standard ☐ Substandard

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

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

Comments: Wanda has occupied the dwelling at the above address as of Aug. 14, 1972.

SIGNED: Wanda Williams
(Displacee)

SIGNED: Alma Gordon
(Relocation Advisor)

DATE: 11-20-72

DATE: _____

TO: Bob Douglas

DATE: 12/1/72

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: Wanda Williams

PROJECT: Model Cities Beta II

FOR: Relocation

AMOUNT: \$1000.

SIGNED: Alma Gordon

WSP

STATE OF OREGON
RECEIVED

WANDA WILLIAMS - JANUARY 4, 1973 - 2ND ANNUAL TACO PAYMENT

AUD 10-825-300 6-71

REMITTANCE ADVICE

31433

PLEASE DETACH BEFORE DEPOSITING

PURCHASE ORDER		YOUR INVOICE NO.	GROSS AMOUNT OR CREDIT MEMO	DISCOUNT	NET AMOUNT	PLEASE DETACH BEFORE DEPOSITING → ACCOUNT DISTRIBUTION			
DATE	NUMBER					FUND	FUNCTION	OBJECT	C/L
CONTRACT 12830		PP#1 SECOND ANNUAL PAYMENT							
1,213.72	50,842		1,000.00		1,000.00	513	66 87,399	319	

CITY OF PORTLAND, OREGON

GEORGE YERKOVICH
AUDITOR OF THE CITY OF PORTLAND

JAN 11 1973

Received by Wanda Williams

Date Jan-8-73

January 19, 1972

Mrs. Wanda Williams
10 N. Killingsworth
Portland, Oregon

Dear Mrs. Williams:

Enclosed you will find our Warrant No. 1262 G, payable to you and the Multi-Service Center, in the amount of \$17.00.

This amount is to repay the Center for money it advanced to you on November 10, 1971.

Please endorse the Warrant and forward it to the Center in the enclosed envelope.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosures
cc: Albina Multi-Service Center

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 1262 GDATE January 19, 1972PAY TO **Wanda Williams and Multi-Service Center****\$ 17.00****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 NO.	DESCRIPTION	AMOUNT
		Reimbursement per Claims for RHP for Tenants filed. Move from 527 N.E. Sacramento.	
		Total approved	\$4,000.00
		1st Annual Payment	\$1,000.00
		Less Payments 11/24/71, #11776 and 1/19/72, #1260 G & 1263 G	<u>- 983.00</u>
			\$17.00

Account Distribution

NO.	TITLE	AMOUNT
GMC 1501	Relocation Payment (Beta II Project - Model Cities Area) (RHP)	\$17.00

*AC**Received by Wanda Williams
Date 1/19/72 a.g.*

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
1		Reimbursement per Claims for RHP for Tenants filed. Move from 527 N.E. Sacramento. Total approved \$4,000.00 1st Annual Payment \$1,000.00 Less Payments 11/24/71, #1177G and 1/19/72, #1260 G & 1263 G - <u>983.00</u>	<u>\$17.00</u>

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 1263 GDATE January 19, 1972PAY TO **Wanda Williams****\$1,005.00****DOLLARS**TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NO.	DESCRIPTION	AMOUNT
		Reimbursement per Claims for RHP for Tenants. From 527 M.E. Sacramento.	
		Total RHP approved \$4,000	
		1st Annual Payment \$1,000.00	
		Less Prev. Payment 11/24/71, \$1177.90	- 85.00
		Payment to Multi-Services Center - 17.00	- 17.00
		Payment 1/19/72 from #1260 G - 85.00	- 85.00
		Dislocation Allowance \$200.00	
		Fixed payment - not over 30.00	
		Less: Prev. Payment 11/24/71, \$1178.00	- 38.00
			<u>\$813.00</u>
			<u>192.00</u>

Account Distribution

NO.	TITLE	AMOUNT
GMC 1501	Relocation Payment	\$1,005.00
	(Beta II Project - Model Cities Area)	
	(RHP -	\$813.00)
	(Fixed payment - Family	\$192.00)

AC

11/22/72

Rec'd - Wanda Williams
Date 1/19/72 A.G.

January 19, 1972

Mrs. Wanda Williams
10 N. Killingsworth
Portland, Oregon

Dear Mrs. Williams:

Enclosed you will find our Warrant No. 1260 G, payable to you and Mrs. Evelyn Spratlan, in the amount of \$85.00.

This Warrant is for the rent of your apartment for the period of December 10, 1971 to January 10, 1972.

Please endorse the check and forward it to Mrs. Spratlan in the enclosed envelope.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

SCW:ch
Enclosures

cc: Mrs. Evelyn Spratlan

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 1260 GDATE January 19, 1972PAY TO **Wanda Williams and Evelyn Spratlan**\$**85.00**

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGONAUTHORIZED SIGNATURE
NON-NEGOTIABLE
AUTHORIZED SIGNATURE

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NO.	DESCRIPTION	AMOUNT
		Rent for period 12/10/71 to 1/10/72 - 10 N Killingsworth	\$85.00

Account Distribution

NO.	TITLE	AMOUNT
GMC1501	Relocation (Beta II Project - H.C. area)	\$85.00

*AC**Received by Wanda Williams
1/19/72 A.G.*

RECEIPTDate 11-10 1971

5911

Received From P. D. C.Address PortlandDollars \$ 12.00For Seventeen

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH		
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER		

By Bay - e. webb

RECEIPTDate Jan 20 19 71

8003

Received From Mrs. Wanda WilliamsAddress 10 N. KillingsworthSeventeen and 80/100 Dollars \$17.00For Reimbursement to Welfare Suppl.
Loan Fund (P.N.C. # 1262)

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH		
AMT. PAID			CHECK		
BALANCE DUE			MONEY ORDER		

By



Ira C. Keller
Chairman

Harold Halvorsen
Secretary

Vincent Raschio

Edward H. Look

John S. Griffith

PORTLAND DEVELOPMENT COMMISSION

1700 S. W. FOURTH AVENUE • PORTLAND, OREGON 97201 • 224-4800

John B. Kenward
Executive Director

January 19, 1972

Mrs. Wanda Williams
10 N. Killingsworth
Portland, Oregon

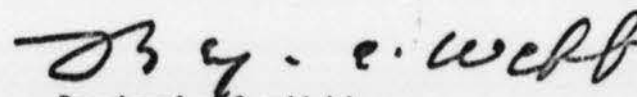
Dear Mrs. Williams:

Enclosed you will find our Warrant No. 1262 G, payable to you and the Multi-Service Center, in the amount of \$17.00.

This amount is to repay the Center for money it advanced to you on November 10, 1971.

Please endorse the Warrant and forward it to the Center in the enclosed envelope.

Very truly yours,



Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosures
cc: Albina Multi-Service Center

URBAN REDEVELOPMENT FUND--GENERAL

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 1262 G

DATE January 19, 1972

PAY TO Wanda Williams and Multi-Service Center

\$ 17.00

P. D. C. \$17 and 00 Cts

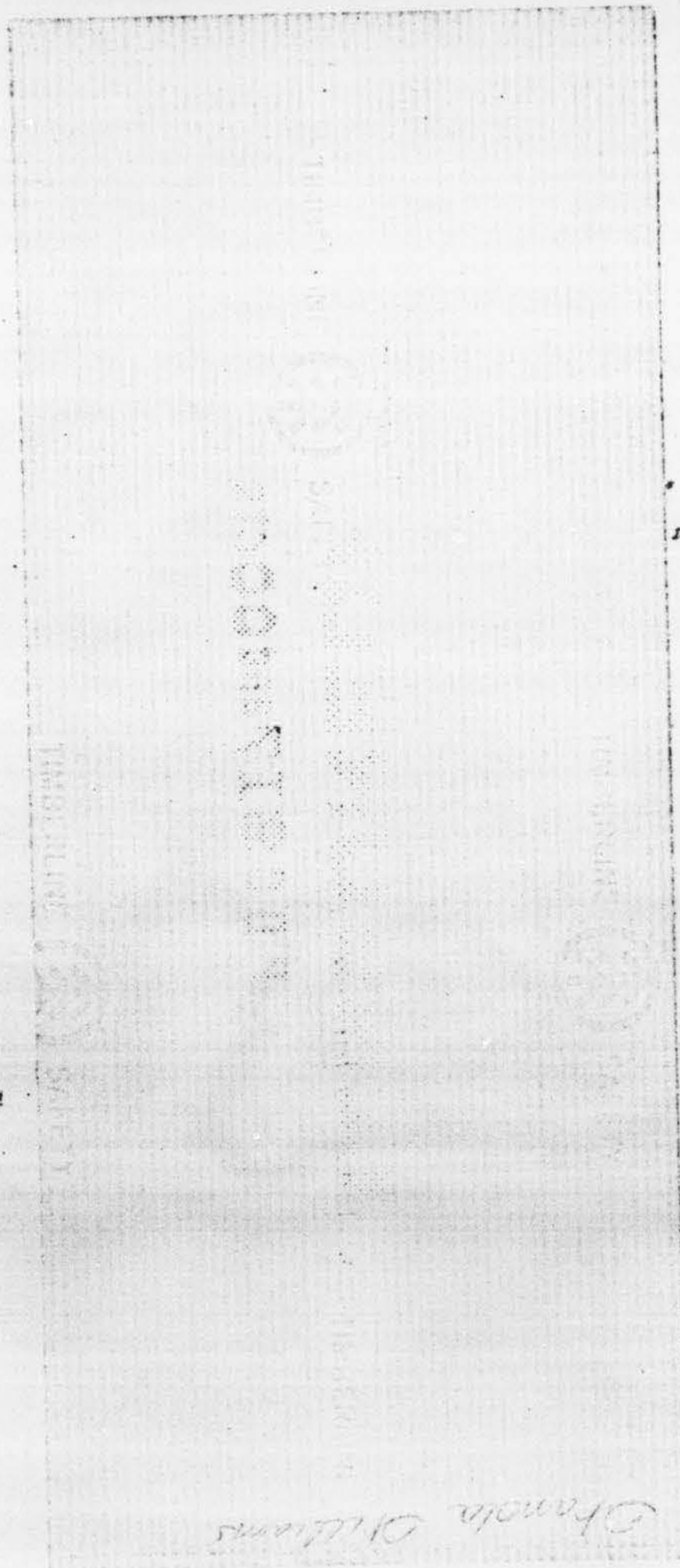
DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON



⑆1230⑈0004⑆ 0 67141 1⑈

John S. Griffith
AUTHORIZED SIGNATURE
[Signature]
AUTHORIZED SIGNATURE



November 30, 1971

Ben Webb

Alma Gordon

Storage of Furniture for Mrs. Frison

Mrs. Frison, a displacee from the Beta Project, lives temporarily with Wanda Williams. I called on Wanda Williams, at 10 N.E. Killingsworth, to discuss plans for storage of furniture for her mother, Mrs. Frison, who is moving into the apartment with her daughter, temporarily.

Wanda was not at home, but I was accompanied by her mother to 4122 N. Kerby but was unable to find her there. Mrs. Frison made the decision that she would store the following items which were being stored temporarily at 3707 N.E. Grand Avenue and 6821 N.E. Cleveland.

- Range
- Refrigerator
- Washing machine
- Dining room set, consisting of table and 4 chairs
- 2 Lamps
- 2 End tables
- 1 Coffee table
- 1 Queen-size dresser
- 1 Stero

Mrs. Frison will give us a call December 2, as a tentative date.

Wanda Williams and Mrs. Frison are Beta II displacees. We are unclear at this time whether or not Model Cities will recognize Beta II displacement for relocation benefits. PDC has received conflicting rulings on this matter.

Mrs. Frison is Wanda's mother. Before displacement, they lived in the Beta II Project Area.

AG:ch

RECEIVED

DEC 7 1972

PORTLAND DEVELOPMENT COMMISSION

12-6-72

Ben:

The original signed claim form is
not in our file. P.D.C. was reimbursed
as per attached. Please submit
amended request or handle on a consist-
ent basis.

Bob Jones

1436

NO. 1319

September 22, 1972

PURCH. ORDER NO.

[Redacted Box]

BIDS AND BIDDERS

TOTAL

EXHIBIT FOR INFORMATION

APPROVAL AND
AUTHORITY VERIFIED
CREDIT MEMO

CONFIRMED FOR
PAYMENT AND FUNDS
AVAILABLE

2,590.61

BUREAU OF PURCHASES

RECEIVED

OCT 4 1972

AM PM

10/11/12/13/14/15/16/17/18/19/20/21/22/23/24/25/26/27/28/29/30/31

A

AUD 10-825-300 (6-71)

REMITTANCE ADVICE

24367

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 12830 RELOCATION BETA II		EXPENSES	MARCH/APRIL/MAY 1972						
922.72		B 2590.61			2590.61	513	6.6	87.3	319
ENTERED: VENDOR'S CLAIM REGISTER		DATE	PURCHASE ORDER, INVOICES AND AUDITED STATEMENTS AND PAYMENT						

24367

PLEASE DETACH BEFORE DEPOSITING →

24367

ENTERED:
VENDOR'S CLAIM REGISTER

APPROPRIATION LEDGER

DATE

PURCHASE ORDER, INVOICES AND AUDITED VOUCHER COMPARED
AND PAYMENT ALLOWED.

DATE

GEORGE YERKOVICH
AUDITOR OF THE CITY OF PORTLAND

BY

[Signature]

DEPUTY

PAY TO THE ORDER OF

PORTLAND DEVELOPMENT COMMISSION
1700 SW 4TH AVENUE
PORTLAND OREGON 97201

I HEREBY CERTIFY THAT THIS DEMAND IS FOR
VALUE RECEIVED BY THE DEPARTMENT UNDER MY
SUPERVISION AND IS APPROVED.

CHARGE TO:

MODEL CITIES

6687-31-02

Contr. No. 1

The Purchasing Agent will please

To be delivered to:

QUANTITY	Reimburse	RELOCATION	Salaries Relocation	TOTAL

RECEIVED

OCT 3 1972

GEORGE YERKOVICH
Auditor of the City of Portland

DELIVERY PRO

I hereby certify that the
are necessary for this bureau

[Handwritten Signature]

10/11/12/13/14/15/16/17/18/19/20/21/22/23/24/25/26/27/28/29/30/31

Head of Bureau

Commissioner

Commissioner of Finance

Purchasing Agent

SCHEDULE OF BETA II RELOCATION PAYMENTS
MADE BY
CITY OF PORTLAND AND PORTLAND DEVELOPMENT COMMISSION

<u>RELOCATION PAYMENTS</u>	<u>PAID BY</u>			<u>TOTAL</u>
	<u>PDC</u>	<u>CITY</u>	<u>CDA REQ</u>	
Wanda Williams	1,230.00			1,230.00
Jerry Myers		1,880.00	808 809	1,880.00
Claude Frison	686.58 ⁷³	2,000.00	747	2,686.58
Elvin Cone		3,644.35	727 728	3,644.35
Mattie Dyer		626.00	726	626.00
James Merritt		1,272.40	724	1,272.40
Georgia McKinney		1,420.00	725	1,420.00
TOTAL RELOCATION PAYMENTS	1,916.58	10,842.75	OK THROUGH APRIL '72 WJD	12,759.33
<u>-RELOCATION ASSISTANCE</u>				
February, 1972	* 200.39			200.39
March, 1972	103.92			103.92
TOTALS	2,220.89	10,842.75		13,063.64

* Includes charges for November and December.

RECEIVED
MAY 18 1972
FISCAL DEPT.

RECEIVED
MAY 17 1972
ADMINISTRATION

ORIGINAL
RECEIVED
MAY 17 1972
MODEL CITIES

January 19, 1972

Mrs. Wanda Williams
10 N. Killingsworth
Portland, Oregon

Dear Mrs. Williams:

Enclosed you will find our Warrant No. 1263 G in the amount of \$1,005.

This represents the first of four annual installments of the Rental Assistance Payment to which you are entitled as a result of your displacement from 527 N. E. Sacramento.

To remain eligible for this payment over the next three years, you must continue to occupy standard housing.

Please note that we have deducted certain amounts from the total payments due you. These items are explained on the check stub. Please also note that the \$1,005 is your rent assistance payment for the next year.

The Portland Development Commission will no longer make monthly rent payments.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosure

December 5, 1972

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

Attention: Mr. Robert Jones

Dear Mr. Yerkovich:

Re: WILLIAMS, Wanda - Model Cities
Beta II 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. 12830, we submit herein the appropriate completed claim form for Mrs. Wanda Williams.

This claim is for the second annual installment of the rental assistance payment to which Mrs. Williams is entitled as a result of her displacement from 527 N. E. Sacramento. The original signed claim form is on file in your office.

Please have a check drawn payable to Mrs. Williams in the amount of \$1,000, and send it 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

December 11, 1972

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

Attention: Mr. Robert Jones

Dear Mr. Yerkovich:

Re: WILLIAMS, Wanda - Model Cities
Beta II Displacee

We submit herein the completed relocation claim form for Mrs. Wanda Williams. We also return the signed claim form from Mrs. Williams, requesting payment of the second annual installment of her rent assistance payment.

We apologize for our oversight in not submitting the original claim form with our letter of December 5, 1972. The oversight was due to the fact that Mrs. Williams was forced to make a temporary relocation in November of 1971 at a time when Model Cities was unable to make the relocation payment. Because Mrs. Williams was without personal funds to accomplish the move and continue to support herself, the Commission advanced her the funds. The original claim form was therefore not submitted to you at the time of payment of the first installment payment. The Commission has already been reimbursed; this claim is for the second annual installment only.

Please make the payment in accordance with the agreement reached between the City, Model Cities, and the Development Commission, relative to the method for making Model Cities relocation payments under Contract No. 12830.

Please have a check drawn payable to Mrs. Williams in the amount of \$1,000, and send it to us for delivery to the client and noting of our records.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure

November 24, 1971

Mrs. Wanda Williams
10 N. Killingsworth, Apt. 34
Portland, Oregon

Dear Mrs. Williams:

We enclose our check in the amount of \$38.00, in respect to the furniture rental and late payment penalty to cover the rent of your furniture at the above address for the period of November 13, 1971 to December 13, 1971. Please endorse the check and forward it to Northwest Lease.

Acceptance by you and Northwest Lease of the check shall be our receipt for the payment.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosure
cc: Northwest Furniture Lease

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 1178 GDATE November 24, 1971PAY TO **WANDA WILLIAMS and NORTHWEST LEASE****\$38.00****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 NO.	DESCRIPTION	AMOUNT
		Furniture Rental - Nov. 13 to Dec. 13, 1971 Wanda Williams, 10 N. Killingsworth	\$34.00
		Overdue penalty	<u>4.00</u>
			\$38.00

Account Distribution

NO.	TITLE	AMOUNT
GMC 1501	Relocation (Beta II Project - Model Cities Area)	\$38.00

*sl**JMS*

November 24, 1971

MEMORANDUM

TO: File

FROM: Ben Webb

SUBJECT: Wanda Williams Relocation - Beta II Project, Model Cities Area

Although HUD has specifically authorized that Relocation payments under the Uniform Relocation Act may be made for persons ~~xxxxxxx~~ displaced by the Beta II Sec. 236 Housing Project in the Model Cities Area, we have been informed that the City Attorney's Office has recommended that the City Council take specific action to authorize such payments, which will delay the closing of these relocation cases for an additional period of time.

Mrs. Williams was moved sometime ago and rented an apartment and furniture, expecting that her full relocation benefits would be received by her before this time. Her rent is now two weeks' overdue on both apartment and furniture and she is faced with eviction and repossession of the furniture unless rent is paid immediately.

In telephone conference between OIN and Howard Traver (Mayor's Office) this date, it was agreed that PDC would advance the amount of \$123 (\$85 for rent and \$38 for furniture rental) against final disposition of this matter. In the event the City Council declines to authorize relocation payments for the Beta II Project, the PDC will, nevertheless, be reimbursed for this advance to Mrs. Williams.

Copies of this memo attached
to checks issued in accordance
with the above.

November 24, 1971

MEMORANDUM

TO: File

FROM: Ben Webb

SUBJECT: Wanda Williams Relocation - Beta II Project, Model Cities Area

Although HUD has specifically authorized that Relocation payments under the Uniform Relocation Act may be made for persons displaced by the Beta II Sec. 236 Housing Project in the Model Cities Area, we have been informed that the City Attorney's Office has recommended that the City Council take specific action to authorize such payments, which will delay further the closing of these relocation cases.

Mrs. Williams was moved sometime ago and rented an apartment and furniture, expecting that her full relocation benefits would be received before this time. Her rent is now two weeks' overdue on both apartment and furniture and she is faced with eviction and repossession of the furniture unless rent is paid immediately. She has two small children: age 3 years and age 8 mos.

In telephone conference between OIN and Howard Traver (Mayor's Office) this date, it was agreed that, in view of the circumstances, it was proper for the Commission to advance the payment of \$123 (\$85 for rent and \$38 for furniture rental) against final disposition of this matter. HPT assured OIN that he would do everything possible to obtain all necessary approvals to provide for reimbursement.

jk

(Copies of this memo have been
attached to warrants issued
per above. jk)

PHS - REX COMPANY
P.O. BOX 12066
PORTLAND, ORE. 97222

PHS - REX GARDEN APARTMENTS;
30 (thirty) DAY NOTICE TO VACATE PREMISES.

TO: MISS WANDA WILLIAMS TENANT IN POSSESSION.

You are hereby notified and required to remove from and deliver up by May 16, 1972, possession of the premises now held and occupied by you, being those premises situated in the County of Multnomah, State of Oregon, commonly known as the PHS - REX GARDEN APARTMENTS, apartment 12, Portland, Oregon.

You are hereby notified that any failure to comply with the terms of this notice will involve your liability for COURT COST and Attorney's Fees, in addition to any rents due, damages to said premises, and the full amount of your breakage fee, in accordance with the terms of your monthly lease contract.

Dated, this day: May 17, 1972

[Handwritten Signature]
PHS - REX COMPANY

Date delivered to tenant: May 17, 1972
Time delivered to tenant: _____
Person delivered to: Miss Wanda Williams
Delivered by: [Signature]

Tenant notified

(By Owner)

WANDA WILLIAMS BENEFIT SCHEDULE

BENEFITS DUE

RENT ASSISTANCE FIRST YEAR

\$ 1000 "

DISLOCATION ALLOWANCE

200 "

MOVING ALLOWANCE

30 " \$ 1230

PAYMENTS MADE

FURNITURE RENTALS

\$ 38 "

RENT FOR NOV 10 - DEC, 10, 71

85 "

" " DEC 10 - FEB 10, 71

185 "

LOAN FROM MULTI SERVICE CENTER

17 " \$ 310

BALANCE DUE WANDA WILLIAMS

1005 "

TOTAL BENEFITS

\$ 1230

3721 N.E. Garfield Apt. 42

H.A.P

Aug. 14, 1972 — Moved in

44.50 per. mo.

Therese Brown

282-2417

Neighbor

11/21/72 2nd Annual payment R.H.P. filed in the
Amount of \$1000. At present she resides in
safe, sanitary housing.

November 24, 1971

Mrs. Wanda Williams
10 N. Killingsworth, Apt. #4
Portland, Oregon

Dear Mrs. Williams:

We have enclosed a check in the amount of \$85.00, payable to you and Mrs. Evelyn Spratlen, to cover your rent at the above address for the period November 10, 1971 to December 10, 1971. Please endorse the check and enclose it in the attached envelope and mail to Mrs. Spratlen.

Acceptance of this check by you and Mrs. Spratlen will be considered as our receipt for the payment of the above-mentioned rent.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
cc: Mrs. Evelyn Spratlen

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 1177 GDATE November 24, 1971PAY TO **WANDA WILLIAMS and EVELYN SPRATLEN****\$85.00****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
		Rent for period 11/10/71 to 12/10/71 10 N. Killingsworth	\$85.00

Account Distribution

<u>NO.</u>	<u>TITLE</u>	<u>AMOUNT</u>
GMC 1501	Relocation (Beta II Project - Model Cities Area)	\$85.00

JMS

November 24, 1971

MEMORANDUM

TO: File

FROM: Ben Webb

SUBJECT: Wanda Williams Relocation - Beta II Project, Model Cities Area

Although HUD has specifically authorized that Relocation payments under the Uniform Relocation Act may be made for persons ~~xxxxxxx~~ displaced by the Beta II Sec. 236 Housing Project in the Model Cities Area, we have been informed that the City Attorney's Office has recommended that the City Council take specific action to authorize such payments, which will delay the closing of these relocation cases for an additional period of time.

Mrs. Williams was moved sometime ago and rented an apartment and furniture, expecting that her full relocation benefits would be received by her before this time. Her rent is now two weeks' overdue on both apartment and furniture and she is faced with eviction and repossession of the furniture unless rent is paid immediately.

In telephone conference between OIN and Howard Traver (Mayor's Office) this date, it was agreed that PDC would advance the amount of \$123 (\$85 for rent and \$38 for furniture rental) against final disposition of this matter. In the event the City Council declines to authorize relocation payments for the Beta II Project, the PDC will, nevertheless, be reimbursed for this advance to Mrs. Williams.

Copies of this memo attached
to checks issued in accordance
with the above.

November 24, 1971

MEMORANDUM

TO: File

FROM: Ben Webb

SUBJECT: Wanda Williams Relocation - Beta II Project, Model Cities Area

Although HUD has specifically authorized that Relocation payments under the Uniform Relocation Act may be made for persons ~~xxxxxxx~~ displaced by the Beta II Sec. 236 Housing Project in the Model Cities Area, we have been informed that the City Attorney's Office has recommended that the City Council take specific action to authorize such payments, which will delay the closing of these relocation cases for an additional period of time.

Mrs. Williams was moved sometime ago and rented an apartment and furniture, expecting that her full relocation benefits would be received by her before this time. Her rent is now two weeks' overdue on both apartment and furniture and she is faced with eviction and repossession of the furniture unless rent is paid immediately.

In telephone conference between OIN and Howard Traver (Mayor's Office) this date, it was agreed that PDC would advance the amount of \$123 (\$85 for rent and \$38 for furniture rental) against final disposition of this matter. In the event the City Council declines to authorize relocation payments for the Beta II Project, the PDC will, nevertheless, be reimbursed for this advance to Mrs. Williams.

Copies of this memo attached
to checks issued in accordance
with the above.

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
FEDERAL HOUSING ADMINISTRATION
APPLICATION FOR TENANT ELIGIBILITY FOR RENT SUPPLEMENTForm Approved
OMB No. 63-R1098

Project Name and Location <u>Beta II Project</u>	1. <input checked="" type="checkbox"/> Tenant 2. <input type="checkbox"/> Co-op Member 3. <input type="checkbox"/> Lease/Option	Rent Supp. Contract No.	FHA Project No.
---	---	-------------------------	-----------------

PART A - APPLICANT'S STATEMENT:

1. Name (Head of Family or Household) <u>Wanda Williams</u>	2. Present Address <u>10 N. Kellingworth</u>	▲ (Check One) <input type="checkbox"/> White (Non-minority) <input type="checkbox"/> American Indian <input type="checkbox"/> Spanish American <input checked="" type="checkbox"/> Negro/Black <input type="checkbox"/> Oriental <input type="checkbox"/> Other Minority	
3. EMPLOYMENT: (1) Occupation-▲ Husband or Head Spouse <u>Wanda Williams</u>	(2) Social Security [REDACTED]	(3) Years Employed- <u>Welfare Recipient</u>	(4) Employer- <u>Welfare Recipient</u>

4 HOUSEHOLD COMPOSITION AND ANNUAL INCOME:

	Age	Sex	Relationship Husband or Head	Wages or Salary	INCOME LAST 12 MONTHS				Total Last 12 Months (Sum of all Entries)	Current Income <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annual	Income Expected Next 12 Months	FHA Review
					▲ RETIREMENT		▲ BENEFIT PAYMENTS					
					1 Social Security	2 Other	1 Disability	2 Unemployment	4 Welfare			
WANDA WILLIAMS	20	F	Head									
(1) LEKISHIA	8mo	F							181.00		2,172	
(2) TACQUILLIN	3yrs	F										
(3)												
(4)												
(5)												
(6)												
(7)												
(8) TOTAL ▲									181.00		2,172	

(9) No. in Household ▲ <u>3</u>	(12) No. of Dependents (Excl. spouse) ▲
(10) No. of Eligible Minors ▲ <u>2</u>	(13) No. of Handicapped ▲
(11) No. of other Minors ▲ <u>2</u>	

	Income	FHA Review
(14) Total Annual Income (4-(8) (c))	\$2,172.00	\$
a. Less: Earnings of Eligible Minors		
b. Net Annual Income	\$	\$
(15) Less: No. of Elig. Minors (4-(10) X 300)	600.00	
(16) Adjusted Annual Income	\$1,572.00	\$

5. ASSETS: (All Household Members Combined)	
(1) Cash on Hand \$	(6) Real Estate
(2) Checking Acct.	a. Orig. Price \$
(3) Savings Acct.	b. Unpaid Bal.
(4) Bonds or Stocks	Equity (a minus b) \$
(5) Other (List)	(7) Subtotal (All Assets) \$
	(8) Less: Unpaid Bills
	(See Instr. 5) \$
	(9) Total Assets ▲ \$

6. ANNUAL EXPENSE FOR:	(a) Disability or Continuing Illness	\$
(See Instr. 6 - Attach Details)	(b) Care of Children	\$
	(c) TOTAL UNUSUAL EXPENSE \$	\$

7. ELIGIBILITY REQUIREMENTS: (Check Appropriate Box(es)) ▲

<input type="checkbox"/> 1. Physically Handicapped (Either Household Head or Spouse has a physical impairment which (a) is expected to be of long-continued and indefinite duration, (b) substantially impedes his ability to live independently and (c) is of such a nature that such ability could be improved by more suitable living conditions.) Submit letter from Doctor, Clinic, or VA.	<input checked="" type="checkbox"/> 3. Displaced by Government Action Submit Certificate of Eligibility, FHA Form No. 3476
<input type="checkbox"/> 2. Sixty-two or Older (Either Household Head or Spouse) Submit Birth Certificate or other evidence	<input type="checkbox"/> 4. Present Housing Substandard - 1. <input type="checkbox"/> Dilapidated Condition 3. <input type="checkbox"/> No Private usable Flush Toilet 2. <input type="checkbox"/> No Hot Running Water 4. <input type="checkbox"/> No Private Tub or Shower
	<input type="checkbox"/> 5. Disaster Victim (Dwelling destroyed or extensively damaged by natural disaster)
	<input type="checkbox"/> 6. Military on Active Duty

I hereby certify that the foregoing information is true and complete to the best of my knowledge and inquiries may be made to verify the statements made herein.

Date _____ Signature of Applicant Wanda Williams

WARNING

Section 1001 of Title 18 of the United States Code makes it a Criminal Offense to make a wilfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

PART B - ELIGIBILITY FOR RENT SUPPLEMENT:

1. Number of Bedrooms Needed <u>2</u>	7. Unit Rent Per Month ▲ \$
2. Area Income Ceiling ▲ \$	8. Applicant's Share (25% of Item 6 or Welfare Rent Allowance if larger) ▲ \$
3. Adjusted Annual Income (Part A Item 4(16)) \$	9. Amount of Rent Supplement (7-8) ▲ \$
4. LESS: Unusual Expenses (Part A Item 6(c)) \$	
5. Income for Supplement Payment (3-4) \$	
6. Average Monthly Income (Item 5 +12) ▲ \$	

RECOMMENDED FOR APPROVAL

Date _____ Signature _____ (Housing Owner or Manager)

10. ▲ Applicant occupied unit No. ▲ on ▲ (Date)	▲ 1. <input type="checkbox"/> Original Application	2. <input type="checkbox"/> Amendment	3. <input type="checkbox"/> Recertification ▲ Certification No.
---	--	---------------------------------------	--

Address	▲ Type of Structure:	▲ Size of Unit:	
	1. <input type="checkbox"/> Elevator	1. <input type="checkbox"/> One Bedroom	4. <input type="checkbox"/> Four Bedrooms or more
	2. <input type="checkbox"/> Walk-up or Garden	2. <input type="checkbox"/> Two Bedrooms	5. <input type="checkbox"/> Efficiency
	3. <input type="checkbox"/> Single Family	3. <input type="checkbox"/> Three Bedrooms	6. <input type="checkbox"/> Other

11. ☐ Applicant did not move in and Application is Cancelled.
(Check Box and Sent to FHA)

12. CERTIFICATE OF ELIGIBILITY:

The above information has been reviewed and the applicant is ☐ is not ☐ eligible for rent supplement payments in an amount of \$ _____ per month.

☐ ENTRIES IN PART B CORRECTED AS SHOWN

The housing owner shall include in the lease a requirement that the tenant shall report immediately to the housing owner when his total gross income (before deductions) reaches \$ _____; and also that the tenant shall recertify his current income one year from the date shown in Item 10. FEDERAL HOUSING ADMINISTRATION

(Date)

By

(Authorized Agent)

(Date)

Multnomah County Public Welfare Department
508 S. W. Mill Street
Portland, Oregon 97201

Gentlemen:

The Portland Development Commission (is relocating) (has re-located) me from an Urban Renewal area and, in order to determine my eligibility for certain compensation, would like you to give them the amount of my monthly compensation from Welfare.

This will authorize you to give them this information.

Please send the form below directly to the Portland Development Commission, 1700 S. W. Fourth Avenue, Portland, Oregon 97201.

Sincerely,

(Caseload Code Number)

X Shanda Williams
(Name)

(Address)

To the Portland Development Commission

(Date)

Gentlemen:

The records of this office indicate that _____
(Name)
is receiving monthly benefits in the amount of \$ _____ from
the Multnomah County Public Welfare Department.

(Authorized Signature)

PDC R-35 (9/24/69)
ERV

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

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

Gentlemen:

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

1. Resident of the Housing Authority _____
2. Applicant for housing _____
3. Name Wanda Williams _____
4. Address 10 N. Killingsworth #4 _____
5. Number of persons in family 3 _____
6. Total monthly assistance 181 _____
7. Date assistance began 6-8-70 _____
8. Date assistance to terminate continuing _____

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

P. Hahnowski
(Caseworker)

MC
(Dept.)

12-24-71
(Date)

Rent Supplement Project

Street Address

City

State

Zip Code

Date: _____

Applicant: _____

Address: _____

County Public Welfare Commission:

Gentlemen:

The person named above is an applicant for a dwelling unit and rent supplements in this housing project. In order to establish eligibility, we need to know all sources of income, including public welfare assistance. We also need to know whether or not the Welfare Division stipulates how much the applicant shall spend for rent. This information will be kept in strict confidence.

Please complete and detach the form below and return to us in the enclosed address envelope.

Thank you for your cooperation.

Very truly yours,

Project Manager

Approval is hereby given for release of the information requested above to the manager of this rent supplement project.

X Theresa Williams
Applicant

.....
(Please detach here)

Date: _____

To: Manager, Rent Supplement Project;

The amount of monthly public welfare assistance furnished to _____
_____ is \$ _____.

Does the Welfare Division stipulate how much the applicant shall spend for rent? _____

Public Welfare Commission County

By: _____

BCW

November 24, 1971

MEMORANDUM

TO: File

FROM: Ben Webb

SUBJECT: Wanda Williams Relocation - Beta II Project, Model Cities Area

Although HUD has specifically authorized that Relocation payments under the Uniform Relocation Act may be made for persons displaced by the Beta II Sec. 236 Housing Project in the Model Cities Area, we have been informed that the City Attorney's Office has recommended that the City Council take specific action to authorize such payments, which will delay further the closing of these relocation cases.

Mrs. Williams was moved sometime ago and rented an apartment and furniture, expecting that her full relocation benefits would be received before this time. Her rent is now two weeks' overdue on both apartment and furniture and she is faced with eviction and repossession of the furniture unless rent is paid immediately. She has two small children: age 3 years and age 8 mos.

In telephone conference between OIN and Howard Traver (Mayor's Office) this date, it was agreed that, in view of the circumstances, it was proper for the Commission to advance the payment of \$123 (\$85 for rent and \$38 for furniture rental) against final disposition of this matter. HPT assured OIN that he would do everything possible to obtain all necessary approvals to provide for reimbursement.

jk

(Copies of this memo have been attached to warrants issued per above. jk)

portland model cities

✓	655	2413
✓	Blw copy to	

CITY DEMONSTRATION AGENCY
5329 N.E. UNION AVENUE
PORTLAND, OREGON 97211
288-8261 750-66-2

November 23, 1971

RECEIVED

NOV 24 1971

PORTLAND DEVELOPMENT COMMISSION

Mr. Ben Webb
Chief Relocation Property
Management
Portland Development Commission
1700 S.W. Fourth Avenue
Portland, Oregon 97201

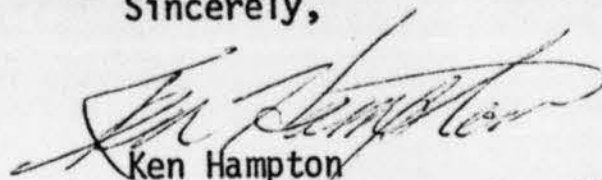
In response to your letter of November 22, 1971, requesting approval of relocation payments to be made to Mrs. Wanda Williams, of the Beta II Project, I feel that it is not necessary for you to seek additional approval from the CDA for making payments to any displacees from the Beta II Project. I do, however, appreciate notification of action that you are taking.

I also appreciate what I consider, has been your extreme cooperation and patience in providing relocation assistance to the displacees from the Beta II Project.

Unless you find that there is some difficulty as far as the City Auditor is concerned, or some other reason that I may not know of, you should make your requisition directly to the City Auditor for payments of these relocatees. If there needs to be a requisition made directly from the CDA then I would have to know the amount of payments that you are requesting.

Please inform me immediately, telephone will do, if there are any problems relating to relocation. In case I may not be available for some sort of emergency situation, Mr. Larry Shadbolt has authorization to respond to requests in such situations.

Sincerely,



Ken Hampton
Physical Programs Coordinator

KH/1h

RECEIPT

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

Standa Williams

Nov 22, 1971
Date

November 22, 1971

Mr. Ken Hampton
Physical Program Coordinator
Portland Model Cities
5329 N.E. Union Avenue
Portland, Oregon 97211

Dear Mr. Hampton:

Subject: Relocation Payment for Wanda Williams -
Beta II Project

We refer to the November 10, 1971 letter from Mr. Ed Warmouth to Mr. John Carter, copy to Mr. Jordan. The penultimate paragraph of the letter proposed to make relocation payments to displacees from the Beta II Project upon confirmation from Mr. Carter. Mr. Carter's letter of November 11, 1971 granted the authority to make the payments.

Mrs. Wanda Williams was displaced from her rental unit at 527 N.E. Sacramento by Beta II. She was forced to move to an unfurnished unit at more than twice her former rent. Mrs. Williams has informed us that her rent is now due on both the apartment and the furniture. By this letter we request your approval to present an immediate claim to the City for payment of Mrs. Williams' relocation benefits.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch

Ira C. Keller
Chairman

Harold Halvorsen
Secretary

Vincent Raschio
Edward H. Look
John S. Griffith

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE • PORTLAND, OREGON 97201 • 224-4800

John B. Kenward
Executive Director

RECEIPT

I, Wanda Williams, acknowledge receipt of \$17.00, advanced
Relocation Benefits, from Benjamin C. Webb on behalf of
Model Cities.

Nov 10, 1971
Date

Wanda Williams
Wanda Williams

MUST VACATE 10 N KILLINGSWORTH
BY 15 NOV, 71.

GENERAL

portland model cities

Mr. D.R.	
A.D.R.	
✓ D. C.F.R.	
SP. ASST.	
✓ BCW copy to	

CITY DEMONSTRATION AGENCY
5329 N.E. UNION AVENUE
PORTLAND, OREGON 97211
288-8261

November 23, 1971

RECEIVED
NOV 24 1971
PORTLAND DEVELOPMENT COMMISSION

Mr. Ben Webb
Chief Relocation Property
Management
Portland Development Commission
1700 S.W. Fourth Avenue
Portland, Oregon 97201

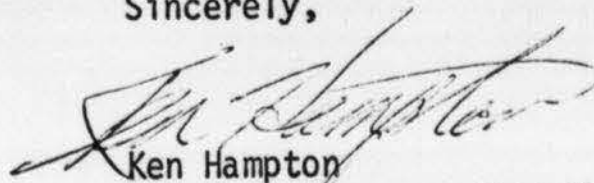
In response to your letter of November 22, 1971, requesting approval of relocation payments to be made to Mrs. Wanda Williams, of the Beta II Project, I feel that it is not necessary for you to seek additional approval from the CDA for making payments to any displacees from the Beta II Project. I do, however, appreciate notification of action that you are taking.

I also appreciate what I consider, has been your extreme cooperation and patience in providing relocation assistance to the displacees from the Beta II Project.

Unless you find that there is some difficulty as far as the City Auditor is concerned, or some other reason that I may not know of, you should make your requisition directly to the City Auditor for payments of these relocatees. If there needs to be a requisition made directly from the CDA then I would have to know the amount of payments that you are requesting.

Please inform me immediately, telephone will do, if there are any problems relating to relocation. In case I may not be available for some sort of emergency situation, Mr. Larry Shadbolt has authorization to respond to requests in such situations.

Sincerely,



Ken Hampton
Physical Programs Coordinator

KH/1h

7/11/72

Loud Music and Disturbances

Loud loud and his Complaints about 15 persons leaving out of Apt.

About 2 wks after she was here Complaints from Loud loud and neighbors.

Jerry told Wanda to Call Pennington

Evection Notice - Dated June 17, Received by Reg. Mail June 19, 1972.

Complaints from Neighbor (Mrs Hall) downstairs lady has taken up to talk to her Party members went into wash room to use tub for other purposes than washing.

Mr Pennington talked to Wanda 7/11/72 Eviction could be extended depending on her behavior.

Boyfriend stays there.

Plan to go to Legal Aid - Apt. Sat.

Miss Williams seems to think that she is being discriminated against.

2860725

7/12/72 Talked to Mr. Pennington about Wanda Williams. Mr Pennington stated that he would extend the notice as a favor for me.

7/14 Called Betty Thompson Multi Service Center who referred me to Mr. Newwood Human Relations

7/18 Mr Newwood Called I stated what I had gathered from Manager and Client Wanda Williams. Mr Newwood had heard from tenants some unscrupulous remarks about the manner in which Mr McFarland lacks knowledge of Management.

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER BCW ORIGIN OF CASE M.C. PARCEL _____NAME WILLIAMS, WANDA ADDRESS 527 N.E. SACRAMENTO APT NO. _____PHONE 282-2475 INITIAL INTERVIEW 11/3/71 SEX F MINORITY GROUP NEGROAGE 20 U.S. CITIZEN ☒ ALIEN ☐ VETERAN ☐ SERVICEMAN ☐ DATE ON SITE JAN, 1971

FAMILY COMPOSITION

Name	Relation	Age
LEKISHIA	DAUGHTER	8 MO
JACOBIN	"	3 YRS

 Employer: Name _____ \$ _____
 Address _____
 MCW ☒ Caseworker _____
 Social Security _____
 Va. _____ Fed. _____ Mult. Co. _____
 Pension: Name _____
 Other: Name _____
TOTAL MONTHLY INCOME 186.00
 Own: _____ Power Co. _____ Type Fuel _____ Garbage Co. _____
 Rent: H.D. VIO Inc. Heat ☒ Water ☒ Gas _____ Gar _____ Elec ☒ Unfurn _____ Furn ☒ No. Rms 1

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)

Over 62 _____ Disabled (Soc. Sec. def.) _____ Income below limits _____ Assets below limits _____

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of emergency:

Name _____ Address _____ Phone _____

Information Statement given to _____ on _____ by _____

Notice to move given to _____ on _____ by _____

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

REMOVED FROM CASELOAD: _____ (Date) _____

Refused assistance _____

Relocated in: _____

Low-rent public housing _____

Other perm. public housing _____

Standard priv. rent. hsg. 5/17/72

Sub-standard priv. rent _____

hgs. with refusal of _____

further aid _____

Standard sales housing _____

Sub-standard sales hgs. _____

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
527 N.E. Sacramento		Oct. 26, 1971
10 N. Killingsworth		Jan. 1971
1326 N.E. Sacramento		1971

 NEW ADDRESS: 507 N.E. Sacramento St. Apt. #9 5/17/72 282-2475
 Zip _____ Phone _____

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

INTERVIEW REGISTER

Relocation
Worker

Date _____

11/4/71 CONTACTED CLIENT. SHE HAS MADE ONLY A
TEMP. RELO. ^{ON 10/26/71} MUST MOVE WITHIN A WEEK.

11/10/71 CLIENT TELEPHONED. SAID THAT THE GIRL THAT SHE WAS LIVING WITH WAS MOVING TODAY AND THAT \$17.00 WAS DUE ON THE FURNITURE THAT SHE WAS RENTING, THAT THE FURNITURE PEOPLE WOULD TAKE OUT THE FURNITURE IF IT WAS NOT PAID. I SUCCEEDED IN BORROWING \$17.00 FROM THE MULTI SERVICE CENTER AND DELIVERED THE CHECK TO HER. [unclear] mailed 11/24

11/24 Checks for rent and furniture lease signed by client and mailed 24
11/30/71 Client called this afternoon. Unable to contact her at her home.
See attached memo 11-30-71

18/6/71 WE HAD HAD A CALL FROM CLIENT'S MOTHER THAT THE FURNITURE COMPANY WAS COMING TO PICK UP THE FURNITURE BECAUSE THE MOTHER WAS MOVING IN SOME OF HER FURNITURE. SINCE THE MOVE CANNOT BE MADE UNTIL TOMORROW WE ASKED THE FURNITURE COMPANY TO WAIT UNTIL THEN. THEY AGREED.

12/7/71 Wanda Williams requested Northwest Furniture Lease to pick up furniture.

12-9 Wanda Williams Called. States That They (her mother and she) desire a warmer apt. winds comes through windows. Nothing available at this time.

12/29 Mrs SPATLER-223-3249 CALLED RE RENT. WE TALKED WITH HELEN BENJAMIN WHO SAID THAT SHE EXPECTED TO HEAR FROM WASH. D.C. THIS WEEK. TALKED WITH DON JEFFERY & HOWARD TRAVEN. IT IS AGREED THAT SOME WAY WE MUST PAY ANOTHER MONTH'S RENT.

12/28 Application for rental of Apt. in Beta II Project was taken to Wanda Williams for her signature. Client stated that Northwest Lease furniture had only picked up part of rented furniture, which a call was made for pick up 12/7/91, a Bedroom suit and Daveno, were still there.

12/29 Call was made to Northwest Lease Firm. Monzer stated that attempts had been made never able to find anyone home.

1/19/72 On the following date Check No. 1260 G payable to Mrs Spratter for rent of Apt. for period of Dec. 10, 1971 to Jan. 10, 1972 sum of \$85. Signed and mailed to Landlady. Check No. 1262 G Amount of \$17⁰⁰ To Multi Service Center, Check No 1263 G as First Annual payment R.H.P. for tenants from 527 N. E Decimonto in the amount of \$1,005⁰⁰ delivered to Wanda Williams at 10 N. Killingsworth St.

DESCRIPTION		ROLL NO	ODOMETER
MODEL CITIES BETA II HOUSING PROJ.	McKINNEY, GEORGIA MAE (MRS.) 537 N. E. SACRAMENTO 1972		
MODEL CITIES BETTA II HOUSING PROJ.	MERRITT, JAMES 445 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	MYERS, JERRY & BLANCH 521 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	WILLIAMS, WANDA 527 N. E. SACRAMENTO 1972		
	BROOKLYN OPEN SPACE PROJECT INITIAL CONTACT RECORDS RESIDENCE S.E. 11TH & MILWAUKEE		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	BIGGS, JACK & DOROTHY 5214 S.E. TAGGERT STREET 1970		
SCHOOL DIST. I WASHINGTON-H.S. EXTENSION	BROWN, JEAN 1242 S. E. ALDER 1970		
SCHOOL DIST I WASHINGTON H.S. EXTENSION	BROWN, JONATHAN 704 S. E. 12TH 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	CADDICK, LAWRENCE 5206 S. E. TAGGART 1970		
SCHOOL DIST I	DAVIDSON, FLORETTA 728 N. SHAVER 1971		
SCHOOL DIST I	GARCIA, DOLORES 1218 S. E. MORRISON 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	GONZALEZ, MARIA 704 S.E. 12TH, APT. I 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	GOOD, DONNA L. (MRS.) 1245 S. E. MORRISON 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	HARRIS, GEORGE 5205 S. E. WOODWARD 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	HERNANDEZ, CELEDONIA 704 S.E. 12TH APT 5 1970		
SCHOOL DIST. I WASHINGTON HS EXTENSION	JUNTUNEN, LEE (MISS) 1247 S. E. MORRISON 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	KOMLOFSKE, LLOYD 704 S.E. MORRISON 1970		
SCHOOL DIST I	LAMORIE, ETHEL (MRS.) 5224 S.E. TAGGART 1970		

Brooklyn

Open space Project.

Initial contact records

A stylized, handwritten signature in dark ink, possibly reading "J. J." or similar, located below the text "Initial contact records".

NAME NEWSOME RESIDENTIAL RELOCATION RECORD, PROJECT NO. DK 2, Lot 5 PARCEL NO.

ADDRESS 3345 SE. 11TH APT. PHONE DATE INITIAL INTERVIEW

FAMILY COMPOSITION: U.S. Citizen Alien Veteran Serviceman

NAME	Relationship	Age	Income	Name and Address of Employer or Other Source of Income
<u>RALPH</u>	<u>HOH</u>	<u>77</u>	<u>155</u>	<u>155</u>
<u>ALICE</u>	<u>WIFE</u>	<u>61</u>	<u>48</u>	<u>48</u>
<u>BOB & DORIS</u>				
<u>RAY E. LEE SCHNEIDER</u>	<u>HOH</u>	<u>60</u>	<u>140/WK</u>	

RENT ON SITE BLIND Garbage Former Owner Name of Case Worker
 Contract rent Heat Tenant Notify in case of accident:
 Utilities Gas Sub-tenant (Name)
 Gross Rent Elect. (Address)
 Furnished (Phone)
 Unfurnished
 No. Bdrms.
 Electricity supplied by Garbage Service by

221 CERTIFICATE OF ELIGIBILITY: Date Delivered By

ELIGIBILITY FOR PUBLIC HOUSING Yes No
 Over age 62 if single
 Disabled by Soc. Security definition
 Income below limits
 Total assets below limits

*Elaborate
Hogan*

ELIGIBLE NOT ELIGIBLE Date Eligibility Determined
 Date Applied
 Date Unit Assigned No unit available

RELOCATION REQUESTS BY RELOCATEE:
 Public Housing Furnished Unfurnished
 Purchase No. Bdrms.
 Rent Max. monthly rent or payment \$
 Undecided Location preferred
 Special requirements:

PROPERTY MANAGEMENT FACTORS:
 Information Statement and Notice to Move given to on by
 Extended on by to
 Extended on by to
 Extended on by to
 Notice to Terminate Tenancy served on (name)
 at Time Date By Effective
 Confirming copies mailed to and
 at Time Date By Where mailed

PROPERTY MANAGEMENT FACTORS: (Cont'd)

Family's planned moving date _____
 Revised to _____
 Revised to _____

ELIGIBLE FOR PAYMENTS:

Relocation: Amount \$ _____ Date paid _____
 Moved by self _____ Company _____
 Settlement costs \$ _____ Date paid _____

Relocation Adjustment:

Eligible for public housing: Yes _____ No _____ Applied _____ Accepted _____
 (If yes, not eligible for relocation adjustment payment)

Purchasing home: Yes _____ No _____ Income \$ _____
 (If yes, relocation adjustment payment will be paid in lump sum)

Average annual gross rental for adequate housing: \$ _____

Average annual gross rental for adequate housing exceeds 20% of income: Yes _____ No _____

Housing standard: Yes _____ No _____ (If no, not eligible for relo. adj. payment)

Federal rental allowance: Yes _____ No _____ (If yes, not elig. for relo. adj. payment)

Amount of relocation adjustment payment: \$ _____ Date paid _____

Fam ☒ Ind _____ Wh ☒ Non _____ Gipsy _____
 Elig. LRPH _____ Not Elig. LRPH _____

REMOVED FROM WORKLOAD:

(Date)

File to Central Office _____

Index card checked _____

Relocated in: _____

Low-rent public housing _____

Other perm. public housing _____

Standard priv. rent. housing _____

Sub-stand. priv. rent. hsing. _____

with refusal of further aid _____

Standard sales housing _____

Sub-standard sales housing _____

Out-of-town too far _____

Address unknown, tracing _____

abandoned _____

Evicted, no further assistance _____

Other (explain) _____

Family refused additional assistance:

Date _____ Worker _____

(Give details in interview record)

REMAINING IN WORKLOAD:

(Date)

Address unknown, tracing _____

Evicted, further assist- _____

ance contemplated _____

Temporarily relocated by LPA _____

Within project _____

(Address)

Outside project _____

(Address)

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS:

(Number) (Street) (City) (State) (Zip) (Phone)

OTHER INFORMATION:

OWNER OF BLDG
NAME MORRISON RESIDENTIAL RELOCATION RECORD, PROJECT NO. BKI, Lot 3 PARCEL NO. 3

ADDRESS 3315 SE. MILWAUKEE APT. UPSTAIRS PHONE DATE INITIAL INTERVIEW

FAMILY COMPOSITION: U.S. Citizen Alien Veteran Serviceman

NAME	Relationship	Age	Income	Name and Address of Employer or Other Source of Income
<u>FRANK D</u>	<u>HOH</u>	<u>87</u>	<u>73</u>	<u>S/S</u>
			<u>250</u>	<u>INTEREST / PR</u>
			<u>45.00</u>	<u>RENTAL</u>

RENT ON SITE
Contract rent Garbage Former Owner Name of Case Worker
Utilities Heat Tenant Notify in case of accident:
Gross Rent Gas Sub-tenant (Name)
Furnished Elect. (Address)
Unfurnished (Phone)
No. Bdrms.
Electricity supplied by Garbage Service by

221 CERTIFICATE OF ELIGIBILITY: Date Delivered By

ELIGIBILITY FOR PUBLIC HOUSING
Over age 62 if single Yes No
Disabled by Soc. Security definition
Income below limits
Total assets below limits

ELIGIBLE NOT ELIGIBLE Date Eligibility Determined
Date Applied
Date Unit Assigned No unit available

RELOCATION REQUESTS BY RELOCATEE:

Public Housing Furnished Unfurnished
Purchase No. Bdrms.
Rent Max. monthly rent or payment \$
Undecided Location preferred
Special requirements:

PROPERTY MANAGEMENT FACTORS:

Information Statement and Notice to Move given to on by
Extended on by to
Extended on by to
Extended on by to

Notice to Terminate Tenancy served on (name)
at Time Date By Effective
Confirming copies mailed to and
at Time Date By Where mailed

NAME STANFORD RESIDENTIAL RELOCATION RECORD, PROJECT NO. BIK.1, Lot 2 PARCEL NO. 2

ADDRESS 3315 SE MILWAUKEE APT. ^{MAIN FLOOR} PHONE 236-8961 DATE INITIAL INTERVIEW 7/12

FAMILY COMPOSITION: U.S. Citizen ☒ Alien ☐ Veteran ☐ Serviceman ☐

NAME	Relationship	Age	Income	Name and Address of Employer or Other Source of Income
<u>ANNA</u>	<u>HOH</u>	<u>68</u>	<u>65⁰⁰</u> <u>200⁰⁰</u>	<u>S/S</u> <u>RENTAL PROP.</u>

RENT ON SITE
Contract rent 45⁰⁰ Garbage ☐ Former Owner ☐ Name of Case Worker ☐
Utilities 15⁰⁰ Heat ☐ Tenant ☐ Notify in case of accident:
Gross Rent ☐ Gas ☐ Sub-tenant ☐ (Name)
Furnished ☐ Elect. ☐ (Address)
Unfurnished ☐
No. Bdrms. ☐ Electricity supplied by ☐ Garbage Service by ☐ (Phone)

221 CERTIFICATE OF ELIGIBILITY: Date Delivered ☐ By ☐

ELIGIBILITY FOR PUBLIC HOUSING
Over age 62 if single ☐ Yes ☐ No
Disabled by Soc. Security definition ☐
Income below limits ☐
Total assets below limits ☐

ELIGIBLE ☐ NOT ELIGIBLE ☐ Date Eligibility Determined ☐
Date Applied ☐
Date Unit Assigned ☐ No unit available ☐

RELOCATION REQUESTS BY RELOCATEE:
Public Housing ☐ Furnished ☐ Unfurnished ☐
Purchase ☐ No. Bdrms. ☐
Rent ☐ Max. monthly rent or payment \$ ☐
Undecided ☐ Location preferred ☐
Special requirements: ☐
☐
☐
☐

PROPERTY MANAGEMENT FACTORS:
Information Statement and Notice to Move given to ☐ on ☐ by ☐
Extended on ☐ by ☐ to ☐
Extended on ☐ by ☐ to ☐
Extended on ☐ by ☐ to ☐
Notice to Terminate Tenancy served on (name) ☐
at ☐ Time ☐ Date ☐ By ☐ Effective ☐
Confirming copies mailed to ☐ and ☐
at ☐ Time ☐ Date ☐ By ☐ Where mailed ☐

NAME Mr. Jacobson RESIDENTIAL RELOCATION RECORD, PROJECT NO. _____ PARCEL NO. _____

ADDRESS 3345 S.E. Milwaukee APT. PHONE _____ DATE INITIAL INTERVIEW _____

FAMILY COMPOSITION: U.S. Citizen ☒ Alien _____ Veteran _____ Serviceman _____

NAME	Relationship	Age	Income	Name and Address of Employer or Other Source of Income
	HOM		2 over	
	Wife		\$4000 both work.	

RENT ON SITE
Contract rent _____
Utilities _____
Gross Rent _____
Furnished _____
Unfurnished _____
No. Bdrms. _____
Electricity supplied by _____
Garbage _____
Heat _____
Gas _____
Elect. _____
Former Owner _____
Tenant _____
Sub-tenant _____
Name of Case Worker _____
Notify in case of accident: _____
(Name) _____
(Address) _____
(Phone) _____
Garbage Service by _____

221 CERTIFICATE OF ELIGIBILITY: Date Delivered _____ By _____

ELIGIBILITY FOR PUBLIC HOUSING
Over age 62 if single _____ Yes _____ No _____
Disabled by Soc. Security definition _____
Income below limits _____
Total assets below limits _____

ELIGIBLE _____ NOT ELIGIBLE _____ Date Eligibility Determined _____
Date Applied _____
Date Unit Assigned _____ No unit available _____

RELOCATION REQUESTS BY RELOCATEE:
Public Housing _____ Furnished _____ Unfurnished _____
Purchase _____ No. Bdrms. _____
Rent _____ Max. monthly rent or payment \$ _____
Undecided _____ Location preferred _____
Special requirements: _____

PROPERTY MANAGEMENT FACTORS:
Information Statement and Notice to Move given to _____ on _____ by _____
Extended on _____ by _____ to _____
Extended on _____ by _____ to _____
Extended on _____ by _____ to _____
Notice to Terminate Tenancy served on (name) _____
at _____ Time _____ Date _____ By _____ Effective _____
Confirming copies mailed to _____ and _____
at _____ Time _____ Date _____ By _____ Where mailed _____

NAME ADAMS RESIDENTIAL RELOCATION RECORD, PROJECT NO. 31K-2, Lot 4 PARCEL NO.

ADDRESS 323 SE 11TH APT. 3 PHONE none DATE INITIAL INTERVIEW 7-2

FAMILY COMPOSITION: U.S. Citizen X Alien Veteran Serviceman

NAME	Relationship	Age	Income	Name and Address of Employer or Other Source of Income
<u>CHARLIE</u>	<u>HOA</u>	<u>30</u>	<u>\$148</u>	<u>HOA</u>
<u>DIANA</u>	<u>DAU.</u>	<u>8</u>		

RENT ON SITE
Contract rent 55⁰⁰ Garbage Former Owner Name of Case Worker
Utilities included Heat Tenant Notify in case of accident:
Gross Rent Gas Sub-tenant (Name)
Furnished Elect. (Address)
Unfurnished (Phone)
No. Bdrms.
Electricity supplied by Garbage Service by

2211 CERTIFICATE OF ELIGIBILITY: Date Delivered By

ELIGIBILITY FOR PUBLIC HOUSING

Over age 62 if single
Disabled by Soc. Security definition
Income below limits
Total assets below limits

Yes No

✓ } yes
✓

ELIGIBLE X NOT ELIGIBLE Date Eligibility Determined
Date Applied
Date Unit Assigned No unit available

RELOCATION REQUESTS BY RELOCATEE:

Public Housing Furnished Unfurnished
Purchase No. Bdrms.
Rent HOUSE Max. monthly rent or payment \$
Undecided Location preferred
Special requirements:

PROPERTY MANAGEMENT FACTORS:

Information Statement and Notice to Move given to on by
Extended on by to
Extended on by to
Extended on by to

Notice to Terminate Tenancy served on (name)
att Time Date By Effective
Confirming copies mailed to and
att Time Date By Where mailed

PROPERTY MANAGEMENT FACTORS: (Cont'd)

Family's planned moving date _____
 Revised to _____
 Revised to _____

ELIGIBLE FOR PAYMENTS:

Relocation: Amount \$ _____ Date paid _____
 Moved by self _____ Company _____
 Settlement costs \$ _____ Date paid _____

Relocation Adjustment:

Eligible for public housing: Yes _____ No _____ Applied _____ Accepted _____
 (If yes, not eligible for relocation adjustment payment)

Purchasing home: Yes _____ No _____ Income \$ _____
 (If yes, relocation adjustment payment will be paid in lump sum)

Average annual gross rental for adequate housing: \$ _____

Average annual gross rental for adequate housing exceeds 20% of income: Yes _____ No _____

Housing standard: Yes _____ No _____ (If no, not eligible for relo. adj. payment)

Federal rental allowance: Yes _____ No _____ (If yes, not elig. for relo. adj. payment)

Amount of relocation adjustment payment: \$ _____ Date paid _____

Fam ☒ Ind _____ Wh ☒ Non _____ Gipsy _____
 Elig. LRPH ☒ Not Elig. LRPH _____

REMOVED FROM WORKLOAD:

(Date)

File to Central Office _____
 Index card checked _____
 Relocated in: _____
 Low-rent public housing _____
 Other perm. public housing _____

Family refused additional assistance:

Date _____ Worker _____
 (Give details in interview record)

Standard priv. rent. housing _____
 Sub-stand. priv. rent. hsing. _____
 with refusal of further aid _____
 Standard sales housing _____
 Sub-standard sales housing _____
 Out-of-town too far _____
 Address unknown, tracing _____
 abandoned _____
 Evicted, no further assistance _____
 Other (explain) _____

REMAINING IN WORKLOAD:

(Date)

Address unknown, tracing _____
 Evicted, further assist- _____
 ance contemplated _____
 Temporarily relocated by LPA _____
 Within project _____ (Address) _____
 Outside project _____ (Address) _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS:

(Number) (Street) (City) (State) (Zip) (Phone)

OTHER INFORMATION:

NAME NELSON RESIDENTIAL RELOCATION RECORD, PROJECT NO. BK. 2, Lot 4 PARCEL NO.

ADDRESS 3933 SE 11TH APT. 7 PHONE DATE INITIAL INTERVIEW 1/1

FAMILY COMPOSITION: U.S. Citizen Alien Veteran Serviceman

NAME	Relationship	Age	Income	Name and Address of Employer or Other Source of Income

RENT ON SITE
Contract rent Garbage Former Owner Name of Case Worker
Utilities Heat Tenant Notify in case of accident:
Gross Rent Gas Sub-tenant (Name)
Furnished Elect. (Address)
Unfurnished (Phone)
No. Bdrms.
Electricity supplied by Garbage Service by

221 CERTIFICATE OF ELIGIBILITY: Date Delivered By

ELIGIBILITY FOR PUBLIC HOUSING
Over age 62 if single Yes No
Disabled by Soc. Security definition
Income below limits
Total assets below limits

ELIGIBLE NOT ELIGIBLE Date Eligibility Determined
Date Applied
Date Unit Assigned No unit available

RELOCATION REQUESTS BY RELOCATEE:
Public Housing Furnished Unfurnished
Purchase No. Bdrms.
Rent Max. monthly rent or payment \$
Undecided Location preferred
Special requirements:

PROPERTY MANAGEMENT FACTORS:
Information Statement and Notice to Move given to on by
Extended on by to
Extended on by to
Extended on by to
Notice to Terminate Tenancy served on (name)
att Time Date By Effective
Confirming copies mailed to and
att Time Date By Where mailed

NAME NIRAN RESIDENTIAL RELOCATION RECORD, PROJECT NO. 31K-2, Lot 4 PARCEL NO.

ADDRESS 3333 S.E. 11TH APT. 2 PHONE DATE INITIAL INTERVIEW 3/1/66

FAMILY COMPOSITION: U.S. Citizen Alien Veteran Serviceman

NAME	Relationship	Age	Income	Name and Address of Employer or Other Source of Income
<u>RON</u>				

RENT ON SITE
Contract rent Garbage Former Owner Name of Case Worker
Utilities Heat Tenant Notify in case of accident:
Gross Rent Gas Sub-tenant (Name)
Furnished Elect. (Address)
Unfurnished (Phone)
No. Bdrms.
Electricity supplied by Garbage Service by

221 CERTIFICATE OF ELIGIBILITY: Date Delivered By

ELIGIBILITY FOR PUBLIC HOUSING Yes No
Over age 62 if single
Disabled by Soc. Security definition
Income below limits
Total assets below limits

ELIGIBLE NOT ELIGIBLE Date Eligibility Determined
Date Applied
Date Unit Assigned No unit available

RELOCATION REQUESTS BY RELOCATEE:
Public Housing Furnished Unfurnished
Purchase No. Bdrms.
Rent Max. monthly rent or payment \$
Undecided Location preferred
Special requirements:

PROPERTY MANAGEMENT FACTORS:
Information Statement and Notice to Move given to on by
Extended on by to
Extended on by to
Extended on by to

Notice to Terminate Tenancy served on (name)
at Time Date By Effective
Confirming copies mailed to and
at Time Date By Where mailed

NAME LOGSDON RESIDENTIAL RELOCATION RECORD, PROJECT NO. B/K 2, Lot 4 PARCEL NO.

ADDRESS 3339 36th APT. ? PHONE DATE INITIAL INTERVIEW 3/10

FAMILY COMPOSITION: U.S. Citizen Alien Veteran Serviceman

NAME	Relationship	Age	Income	Name and Address of Employer or Other Source of Income
<u>LONNIE</u>			<u>under 5000</u>	
<u>MR3.</u>				

RENT ON SITE
Contract rent Garbage Former Owner Name of Case Worker
Utilities Heat Tenant Notify in case of accident:
Gross Rent Gas Sub-tenant (Name)
Furnished Elect. (Address)
Unfurnished (Phone)
No. Bdrms.
Electricity supplied by Garbage Service by

221 CERTIFICATE OF ELIGIBILITY: Date Delivered By

ELIGIBILITY FOR PUBLIC HOUSING
Over age 62 if single Yes No
Disabled by Soc. Security definition
Income below limits
Total assets below limits

ELIGIBLE NOT ELIGIBLE Date Eligibility Determined
Date Applied
Date Unit Assigned No unit available

RELOCATION REQUESTS BY RELOCATEE:
Public Housing Furnished Unfurnished
Purchase No. Bdrms.
Rent Max. monthly rent or payment \$
Undecided Location preferred
Special requirements:

PROPERTY MANAGEMENT FACTORS:
Information Statement and Notice to Move given to on by
Extended on by to
Extended on by to
Extended on by to
Notice to Terminate Tenancy served on (name)
at Time Date By Effective
Confirming copies mailed to and
at Time Date By Where mailed

NAME Catheringerasi RESIDENTIAL RELOCATION RECORD, PROJECT NO. B1K1 - Lot 4 PARCEL NO.

ADDRESS 33 34 S.E. Melway APT. PHONE none DATE INITIAL INTERVIEW 7/23/69

FAMILY COMPOSITION: U.S. Citizen ☒ Alien ☐ Veteran ☐ Serviceman ☐

NAME	Relationship	Age	* Income	Name and Address of Employer or Other Source of Income
<u>Catherine</u>	<u>HOH</u>	<u>over 70</u>	<u>50/month</u> <u>S.S. + Assets</u>	

RENT ON SITE
Contract rent ☐ Utilities ☐ Gross Rent ☐ Furnished ☐ Unfurnished ☐ No. Bdrms. ☐
Electricity supplied by ☐ Garbage ☐ Heat ☐ Gas ☐ Elect. ☐ Former Owner ☐ Tenant ☐ Sub-tenant ☐ Owner ☒
Name of Case Worker ☐ Notify in case of accident: ☐
(Name) ☐
(Address) ☐
(Phone) ☐

221 CERTIFICATE OF ELIGIBILITY: Date Delivered ☐ By ☐

ELIGIBILITY FOR PUBLIC HOUSING
Over age 62 if single ☐ Yes ☐ No ☐
Disabled by Soc. Security definition ☐ Yes ☐ No ☐
Income below limits ☐ Yes ☐ No ☐
Total assets below limits ☐ Yes ☐ No ☐ } Asset level too high.

ELIGIBLE ☐ NOT ELIGIBLE ☐ Date Eligibility Determined ☐
Date Applied ☐
Date Unit Assigned ☐ No unit available ☐

RELOCATION REQUESTS BY RELOCATEE:
Public Housing ☐ Furnished ☐ Unfurnished ☐
Purchase ☐ No. Bdrms. ☐
Rent ☐ Max. monthly rent or payment \$ ☐
Undecided ☐ Location preferred ☐
Special requirements: 56 years in portland - 46 years in house. Says would
rather die than move. She might do just that.

PROPERTY MANAGEMENT FACTORS:
Information Statement and Notice to Move given to ☐ on ☐ by ☐
Extended on ☐ by ☐ to ☐
Extended on ☐ by ☐ to ☐
Extended on ☐ by ☐ to ☐
Notice to Terminate Tenancy served on (name) ☐
at ☐ Time ☐ Date ☐ By ☐ Effective ☐
Confirming copies mailed to ☐ and ☐
at ☐ Time ☐ Date ☐ By ☐ Where mailed ☐

Cascade Auto Parts

(Firm Name)

B1K.1, Lot 1

(Parcel No.)

Frame.

(Structure)

(Unit No.)

Address 3303 SE. Milwaukee.Phone 235-4123Type of operation warehouseOperator or manager John Petterson.No. of empl. 0 Owner _____ Live on premises _____ Expected emp. _____Tenant _____ Rent ☒ Date due _____ Eligible Vet. Loan _____ Subtenant _____

Future plans: Continue _____ Change _____ Disc. _____ Sell _____ Retire _____ Other _____

Help in relocation: Yes _____ No _____

Electricity by _____ Garbage service by _____

Requirements	Present	Preferred	Referral A	Referral B	Final Select.
Location	<input checked="" type="checkbox"/>				
Rent					
Limited to Zones					
Business License Transf.	<input checked="" type="checkbox"/>				
Parcel Size					
Parking					
Structure Size					
Warehouse Space					
Ceiling Height					
Special Plumbing					
Special Wiring					
Heavy Floor Load					
Water					
Sewer					
Power					
Load Deck or Ramp					
Highway Access					
Show Window Req.					

Remarks _____

Lease _____ Buy _____ Build _____ Advance notice req. _____

Estt. cost of moving _____ Days required to move _____

Estt. property loss _____ Property loss paid at purchase _____

Items to be moved (Continue on Interview register): _____

I, _____ on _____ gave information statement and notice to

move to _____ by _____.

Extended on _____ by _____ to _____

Extended on _____ by _____ to _____

premises were for sale:
Certified Realty BE-4-7555
Lyle Vollstedt
234-7553 or 284-7011

CERTIFIED REALTY

NAME _____ RESIDENTIAL RELOCATION RECORD, PROJECT NO. _____ PARCEL NO. _____

ADDRESS 1110 SE FRANKLIN APT. PHONE _____ DATE INITIAL INTERVIEW _____

FAMILY COMPOSITION: U.S. Citizen _____ Alien _____ Veteran _____ Serviceman _____

OWNER VERN BRANDENBERG 3325 SE 10TH

NAME <small>NO DEPENDENT EXCEPT AUTO PARTS</small>	Relationship	Age	Income	Name and Address of Employer or Other Source of Income

RENT ON SITE
Contract rent _____
Utilities _____
Gross Rent _____
Furnished _____
Unfurnished _____
No. Bdrms. _____
Electricity supplied by _____

Garbage _____
Heat _____
Gas _____
Elect. _____

Former Owner _____
Tenant _____
Sub-tenant _____

Name of Case Worker _____
Notify in case of accident: _____
(Name) _____
(Address) _____
(Phone) _____

Garbage Service by _____

2211 CERTIFICATE OF ELIGIBILITY: Date Delivered _____ By _____

ELIGIBILITY FOR PUBLIC HOUSING	Yes	No
Over age 62 if single	_____	_____
Disabled by Soc. Security definition	_____	_____
Income below limits	_____	_____
Total assets below limits	_____	_____

ELIGIBLE _____ NOT ELIGIBLE _____ Date Eligibility Determined _____
Date Applied _____
Date Unit Assigned _____ No unit available _____

RELOCATION REQUESTS BY RELOCATEE:

Public Housing _____ Furnished _____ Unfurnished _____
Purchase _____ No. Bdrms. _____
Rent _____ Max. monthly rent or payment \$ _____
Undecided _____ Location preferred _____
Special requirements: _____

PROPERTY MANAGEMENT FACTORS:

Information Statement and Notice to Move given to _____ on _____ by _____
Extended on _____ by _____ to _____
Extended on _____ by _____ to _____
Extended on _____ by _____ to _____

Notice to Terminate Tenancy served on (name) _____
att _____ Time _____ Date _____ By _____ Effective _____
Confirming copies mailed to _____ and _____
att _____ Time _____ Date _____ By _____ Where mailed _____

H. onstein Plumbing (Firm Name) 31K. 1 - Lot 3 (Parcel No.) (Structure) (Unit No.)
 Address 3323 S.E. Milwaukee Phone BE-23901
 Type of operation Plumbing Operator or manager Mr. H. onstein
 No. of empl. 2 Owner himself Live on premises yes Expected emp. _____
 Tenant _____ Rent _____ Date due _____ Eligible Vet. Loan _____ Subtenant _____
 Future plans: Continue ✓ Change _____ Disc. _____ Sell _____ Retire _____ Other _____
 Help in relocation: Yes ✓ No _____
 Electricity by P.G. & G. Garbage service by Joe Dundo

Requirements	Present	Preferred	Referral A	Referral B	Final Select.
Location	_____				
Rent	_____				
Limited to Zones					
Business License Transf.	_____				
Parcel Size					
Parking	<u>none</u>				
Structure Size	<u>2,500 sq. ft.</u>				
Warehouse Space	<u>1500 storage</u>				
Ceiling Height	<u>12 ft.</u>				
Special Plumbing	<u>none</u>				
Special Wiring	<u>none</u>				
Heavy Floor Load	<u>none</u>				
Water	<u>none</u>				
Sewer	<u>normal</u>				
Power	<u>normal</u>				
Load Deck or Ramp	<u>none.</u>				
Highway Access	<u>none.</u>				
Show Window Req.	<u>none.</u>				

Remarks In house since 4 - Shop + Living quarters quite large.

Lease _____ Buy _____ Build _____ Advance notice req. _____
 Est. cost of moving _____ Days required to move _____
 Est. property loss _____ Property loss paid at purchase _____

Items to be moved (Continue on Interview register): _____

I, _____ on _____ gave information statement and notice to
 move to _____ by _____.

Extended on _____ by _____ to _____

Extended on _____ by _____ to _____

NAME W.E. Konstein RESIDENTIAL RELOCATION RECORD, PROJECT NO. BR.1, Lot 3 PARCEL NO. 3

ADDRESS 3324 SE 11th APT. --- PHONE BE-2-3927 DATE INITIAL INTERVIEW 7/23/67

FAMILY COMPOSITION: U.S. Citizen --- Alien --- Veteran --- Serviceman ---

NAME	Relationship	Age	Income	Name and Address of Employer or Other Source of Income
<u>Walter E.</u>	<u>MOH</u>	<u>47</u>	<u>---</u>	<u>---</u>
<u>Sandra K.</u>	<u>wife</u>	<u>30?</u>	<u>28000-</u>	<u>self</u>
<u>Dianna A.</u>	<u>Daughter</u>	<u>6</u>	<u>---</u>	<u>---</u>

RENT ON SITE
Contract rent --- Utilities --- Gross Rent --- Furnished --- Unfurnished --- No. Bdrms. ---
Electricity supplied by --- Garbage --- Heat --- Gas --- Elect. --- Former Owner --- Tenant --- Sub-tenant --- own. self ---
Name of Case Worker --- Notify in case of accident: ---
(Name) ---
(Address) ---
(Phone) ---

221 CERTIFICATE OF ELIGIBILITY: Date Delivered --- By ---

ELIGIBILITY FOR PUBLIC HOUSING
Over age 62 if single --- Yes --- No --- W-
Disabled by Soc. Security definition ---
Income below limits ---
Total assets below limits --- } no - Asset Level too high.

ELIGIBLE --- NOT ELIGIBLE --- Date Eligibility Determined ---
Date Applied ---
Date Unit Assigned --- No unit available ---

RELOCATION REQUESTS BY RELOCATEE:

Public Housing --- Furnished --- Unfurnished ---
Purchase --- No. Bdrms. ---
Rent --- Max. monthly rent or payment \$ ---
Undecided --- Location preferred ---
Special requirements: Would only want to move building. Building is quite large.

PROPERTY MANAGEMENT FACTORS:

Information Statement and Notice to Move given to --- on --- by ---
Extended on --- by --- to ---
Extended on --- by --- to ---
Extended on --- by --- to ---

Notice to Terminate Tenancy served on (name) ---
at --- Time --- Date --- By --- Effective ---
Confirming copies mailed to --- and ---
at --- Time --- Date --- By --- Where mailed ---

DESCRIPTION		ROLL NO	ODOMETER
MODEL CITIES BETA II HOUSING PROJ.	McKINNEY, GEORGIA MAE (MRS.) 537 N. E. SACRAMENTO 1972		
MODEL CITIES BETTA II HOUSING PROJ.	MERRITT, JAMES 445 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	MYERS, JERRY & BLANCH 521 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	WILLIAMS, WANDA 527 N. E. SACRAMENTO 1972		
	BROOKLYN OPEN SPACE PROJECT INITIAL CONTACT RECORDS RESIDENCE S.E. 11TH & MILWAUKEE		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	BIGGS, JACK & DOROTHY 5214 S.E. TAGGERT STREET 1970		
SCHOOL DIST. I WASHINGTON-H.S. EXTENSION	BROWN, JEAN 1242 S. E. ALDER 1970		
SCHOOL DIST I WASHINGTON H.S. EXTENSION	BROWN, JONATHAN 704 S. E. 12TH 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	CADDICK, LAWRENCE 5206 S. E. TAGGART 1970		
SCHOOL DIST I	DAVIDSON, FLORETTA 728 N. SHAVER 1971		
SCHOOL DIST I	GARCIA, DOLORES 1218 S. E. MORRISON 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	GONZALEZ, MARIA 704 S.E. 12TH, APT. I 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	GOOD, DONNA L. (MRS.) 1245 S. E. MORRISON 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	HARRIS, GEORGE 5205 S. E. WOODWARD 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	HERNANDEZ, CELEDONIA 704 S.E. 12TH APT 5 1970		
SCHOOL DIST. I WASHINGTON HS EXTENSION	JUNTUNEN, LEE (MISS) 1247 S. E. MORRISON 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	KOMLOFSKE, LLOYD 704 S.E. MORRISON 1970		
SCHOOL DIST I	LAMORIE, ETHEL (MRS.) 5224 S.E. TAGGART 1970		

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER Dzy ORIGIN OF CASE School Dist #1 PARCEL 1

NAME Jack R. Riggs ADDRESS 5214 S.E. Jaggar Ct. APT NO.

PHONE 232-5889 INITIAL INTERVIEW 3/17/70 SEX M MINORITY GROUP White

AGE U.S. CITIZEN ALIEN VETERAN SERVICEMAN DATE ON SITE

FAMILY COMPOSITION

Name	Relation	Age
	wife	

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

TOTAL MONTHLY INCOME

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

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)

Over 62 Disabled (Soc.Sec.def.) Income below limits Assets below limits

221 CERTIFICATE OF ELIGIBILITY: Date delivered by

Notify in case of emergency:

Name Address Phone

Information Statement given to on by

Notice to move given to on by

Payments: Amount \$ 151.88 Check No. 948948 Date delivered 7/24/70 Moved by self (or)
 moved by moving company Bekins Movers & Storage Co. (Phone)

REMOVED FROM CASELOAD: (Date)

REMAINING ON CASELOAD:

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 hgs.
 Out-of-town
 Address unknown, abandoned
 Evicted, no further
 assistance
 Other (explain)

Address unknown, tracing
 Evicted, further assistance
 contemplated
 Temporarily relocated by
 LPA
 within project: address
 outside project: address

FAMILY REFUSED ADDITIONAL ASSISTANCE:

Date Worker

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: 143 N.E. 58th Zip Phone 232-5889

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

INTERVIEW REGISTER

Relocation
Worker

Date

3/16/78 we were informed by Portland School District #1 that they had given notice to Jack R. Biggs + wife who lived at 5214 S.E. Taggart Ct. I called the Biggs and arranged for an appointment at 10:30 Tuesday March 17th.

3/17/78 I met Mr. Biggs after looking at some FHA Forelosures that would be available to him. Mr. Biggs has financial problems. His wife from a former marriage and his present wife both have financial problems following them. Mr. Biggs has lost his job. They want to buy another house.

3/19/78 Mr. Biggs asked me to contact the Bureau of Buildings to get an inspection on a property that he wishes to buy at 27 S.E. 53rd. I contacted Chit Collingsworth and he inspected the property between 9:00 AM and 10:30 PM today.

3/20/78 The House was inspected and found standard. At the building inspectors recommendation a safety valve will be put on the water heater and handrails put on the stairs.

Mr. Biggs applied for a V.A. loan but, failed.

6/9/78 Mr. Biggs called to say they have purchased and will be able to move by time.

7/29/78 Mr. and Mrs. Biggs moved by Bekins Transfer on July 10, 1978. They have just filed a claim. I forwarded it to the School District.
Claim Paid

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Jack R Riggs RELOCATION ADVISOR Darrel Geiger
 ADDRESS 5214 SE Taggart CT PHONE 232-5889 PROJECT NAME Franklin High Extension
 SEX M ETHN wh VETERAN yes AGE 44 PARCEL NO. _____
 MARITAL STATUS M TENURE owner
 DISABILITY _____ INDIV _____ FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 3/10/70 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE 3/12/70 DATES EFFECTIVE 4/1/70 EXPIRATION DATE 7/1/70
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE:
INITIATION OF
NEGOTIATIONS:
DATE OF
ACQUISITION:

ECONOMIC DATA

Employer unemployed \$ _____
 Address _____
 MCW _____
 Social Security _____
 Pension _____
 Other Rivergreen Rest. (wife) 139.77
unemployment (husband) 220.00
 TOTAL MONTHLY INCOME \$ 359.77

FAMILY COMPOSITION

Name	Relation	Age
<u>Dorothy</u>	<u>wife</u>	
	<u>child</u>	<u>14</u>
	<u>child</u>	<u>4</u>

DWELLING UNIT FROM WHICH RELOCATED

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

Size of Habitable Area _____

Age of Structure _____ No. Rooms 6
 No. Bedrooms _____ Furn. X Unfurn _____
 Utilities \$ _____
 Monthly Payments (Rent) \$ _____
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	
Food Stamp Program	
Housing Authority	
Legal Aid	
FISH	
Health Dept.	

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
Address _____
Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address _____ Phone _____ Date of Move _____

WHERE RELOCATED:

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

Furnished _____ Unfurnished _____ 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)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving			\$
Actual Move	948948	7/24/70	\$ 151.88
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED

\$ 151.88

paid by
School DIST #1

REALTOR: _____ ESCROW CO. _____ OFFICER _____

CLAIM FOR RELOCATION PAYMENT
(Families and Individuals)

HUD-6140.1
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) <u>Portland Development Commission</u> <u>1700 S.W. 4th</u> <u>Portland, Oregon 97201</u>	PROJECT NAME (If applicable) <u>Franklin High Extension</u>
	PROJECT NUMBER

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 <u>Jack R. Biggs + Dorothy J. Biggs</u>	2. DATE(S) OF MOVE <u>July 10, 1970</u>
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address <u>5214 S.E. Jaggart Ct.</u> <u>Portland, Oregon</u> 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>6</u> e. Date you moved into this address: <u>Oct. 28, 1965</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) <u>143 N.E. 58th</u> ²³²⁻⁵⁸⁸⁹ <u>Portland, Oregon</u> 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 checked="" 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
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.)		\$ <u>151.88</u>

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

7. NAME OF MOVING COMPANY (OR PERSON) <u>Bekins</u>	8. MOVER'S TELEPHONE NO. <u>288-5411</u> <u>(Mrs. Martin)</u>	9. ADDRESS AND ZIP CODE OF MOVING COMPANY (OR PERSON) <u>407 N. Broadway,</u> <u>Portland, Oregon</u>
--	---	---

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 checked="" 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.)	\$ <u>151.88</u>
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.	
<u>7/29/70</u> Date	<u>Jack R. Biggs</u> <u>X Dorothy J. Biggs</u> Signature of claimant

(Over)

TO: DIRECTOR OF VETERANS' AFFAIRS GENERAL SERVICES BUILDING SALEM, OREGON 97310		APPLICATION FOR FARM OR HOME LOAN		APPLICATION NUMBER	
APPLICANT'S FULL NAME JACK Richard Biggs		WIFE'S (HUSBAND'S) FULL NAME Dorothy Juanita Biggs			
ADDRESS (STREET OR ROUTE NO.) 5214 S.E. Jaggart Ct.		CITY, STATE AND ZIP CODE 97206 Portland, Oregon		TELEPHONE NO. (WHERE YOU CAN BE REACHED DURING DAY TIME) 232-5889	
HAVE YOU PREVIOUSLY APPLIED FOR A STATE LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO					
1. LEGAL DESCRIPTION OF PROPERTY (TO BE TAKEN FROM DEED, ABSTRACT, OR TITLE POLICY) * All of lot 35 spt west 72 feet Melrose Addition, City of Portland, Multnomah County, State of Oregon known as 27 S.E. 53rd Ave. Portland, Oregon 97215					
2. SIZE OF GROUND 87' x 100' ACRES OR FEET		3. ADDRESS OR LOCATION 27 S.E. 53rd St.		CITY AND ZIP CODE Portland 97215 COUNTY Multnomah	
IF PROPERTY IS NOT ON A PUBLIC ROAD, CAN YOU SHOW A RIGHT OF WAY THERETO? <input type="checkbox"/> YES <input type="checkbox"/> NO					
4. PERSON WHO WILL SHOW THE PROPERTY WHEN THE APPRAISER CALLS <input type="checkbox"/> REAL ESTATE AGENT <input type="checkbox"/> OCCUPANT <input type="checkbox"/> NEIGHBOR <input checked="" type="checkbox"/> OWNER TELEPHONE NO.			NAME: Jim Anderton (777-2449) ADDRESS: 6825 S.E. Helgate		
5. THE FOLLOWING BUILDINGS ARE NOW LOCATED ON THE PROPERTY: <input checked="" type="checkbox"/> DWELLING <input type="checkbox"/> GARAGE <input type="checkbox"/> BARN			6. LIST PERSONAL PROPERTY INCLUDED IN PURCHASE PRICE (IF ANY):		
7. A. YOUR PURCHASE PRICE \$14,200.00		B. UNPAID BALANCE \$14,150.00		C. DATE OF PURCHASE 4-7-70	
8. DOES PURCHASE DEPEND ON GRANTING OF LOAN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(IF "YES", SUBMIT SIGNED COPY OF EARNEST MONEY RECEIPT OR AGREEMENT WITH SELLER)		IS LOAN TO BE USED TO REPAY <input checked="" type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> MORTGAGE?	
NAME OF CONTRACT OR MORTGAGE HOLDER (IF ANY): (SUBMIT COPY OF CONTRACT OR MORTGAGE)			ADDRESS		
ARE YOUR PAYMENTS ON THIS CONTRACT OR MORTGAGE CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NOT, ATTACH COMPLETE EXPLANATION) not Applicable					
9. NAME IN WHICH TITLE IS RECORDED J. Eugene and Lorraine R. Popma			10. FROM WHOM ARE YOU PURCHASING? Jim Anderton		
11. TAXES A. ARE YOU A 40% OR MORE, DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		C. LAST YEAR'S TAXES REAL PROPERTY \$369.64 PERSONAL PROPERTY		D. SPECIAL ASSESSMENTS none	
B. IF SO, HAVE YOU APPLIED FOR VETERAN'S TAX EXEMPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE: <input type="checkbox"/> IRRIGATION <input type="checkbox"/> DRAINAGE <input type="checkbox"/> Diking			
12. I HEREBY APPLY FOR A LOAN TO BE USED FOR THE FOLLOWING PURPOSES: A. TO APPLY ON PURCHASE PRICE (NEW PURCHASE) <input checked="" type="checkbox"/> \$12,000.00 B. BALANCE ON PURCHASE MORTGAGE (INCLUDING INTEREST) \$ C. BALANCE ON PURCHASE CONTRACT (INCLUDING INTEREST) \$ D. COST OF NEW CONSTRUCTION (SUBMIT PLANS AND SPECIFICATIONS) \$ E. COST OF REPAIRS, IMPROVEMENTS (EXISTING CONSTRUCTION) \$ TOTAL AMOUNT OF LOAN REQUESTED <input checked="" type="checkbox"/> \$12,000.00			13. IF ANY PART OF THIS LOAN IS TO BE USED FOR NEW CONSTRUCTION OR IMPROVEMENTS A. WHAT DATE WILL (OR WAS) WORK START(ED)? B. DATE YOU EXPECT WORK TO BE COMPLETED C. IS THERE A GENERAL CONTRACTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", SUBMIT COPY OF CONTRACT D. WILL YOU EXPECT TO RECEIVE ANY OF THE PROCEEDS OF THIS LOAN BEFORE WORK IS COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO E. SUBMIT PLANS, SPECIFICATIONS AND DETAILED COST ESTIMATES OF PROPOSED WORK. SPECIFICATIONS AND COST ESTIMATES MUST BE SUBMITTED ON APPROVED DEPARTMENT FORMS.		
14. IF YOU HAVE ANY DOUBT AS TO THE ADEQUACY OF THE PLUMBING, WIRING, SEWAGE DISPOSAL, DOMESTIC WATER SUPPLY, STRUCTURAL SOUNDNESS, OR ANY OTHER PHASE OF THE PROPERTY IMPROVEMENTS, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.					
15. DO YOU RENT YOUR PRESENT HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		AMOUNT OF RENT IS \$		PAYABLE <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> FURNISHED <input type="checkbox"/> UNFURNISHED	
16. IF YOU ARE APPLYING FOR A FARM LOAN, YOU MUST SUBMIT ADDITIONAL INFORMATION ON YOUR FARMING EXPERIENCE ON THE APPROVED DEPARTMENT FORM.					

17. PERSONAL INFORMATION	A. <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW(ER)	B. YOUR BIRTH DATE August 24, 1926	C. AGES OF CHILDREN 14, 4 years
--------------------------	---	------------------------------------	---------------------------------

18. FINANCIAL RESOURCES	A. YOUR OCCUPATION mobile home salesman	B. WIFE'S (HUSBAND'S) OCCUPATION Waitress
-------------------------	---	---

19. A. YOUR PRESENT EMPLOYER'S NAME AND ADDRESS	B. WIFE'S (HUSBAND'S) EMPLOYER'S NAME AND ADDRESS
temporarily unemployed.	River Queen Restaurant
YEARS EMPLOYED —	YEARS EMPLOYED 2
	1300 N.W. Front Portland, Oregon

20. YOUR OCCUPATIONS DURING PAST FIVE YEARS	new used car sales, Service Advisor, Saw mechanic, mobile home manager
---	--

21. PRESENT INCOME (GROSS)	PER MONTH	22. INCOME IN PAST 12 MONTHS (GROSS)	TOTAL
APPLICANT'S SALARY OR WAGES compensation	220.00	APPLICANT'S SALARY OR WAGES	\$ 6858.65
WIFE'S (HUSBAND'S) SALARY OR WAGES	\$ 139.77	WIFE'S (HUSBAND'S) SALARY OR WAGES	\$ 1677.44
COMPENSATION OR PENSION C # (unemployment) E.O. #100	\$ 220.00	COMPENSATION OR PENSION C # E.O. #100	\$ 660.00
OTHER INCOME (EXPLAIN)		OTHER INCOME SOCIAL SECURITY for stepson	\$ 1260.00

23. ASSETS	AMOUNT	24. LIABILITIES: LIST ALL NOTES, MORTGAGES, CONTRACTS, MATERIAL AND LABOR BILLS, INSTALLMENT PURCHASES, ETC.	PAYMENTS CURRENT?				
CASH ON HAND	\$ 169.40	NAME OF CREDITOR	PURPOSE OF OBLIGATION	BALANCE OWING	MONTHLY PAYMENTS	YES	NO
CASH IN BANK (NAME AND BRANCH) CHK. 1ST NATL. HAWTHORNE BR	\$ 4900.00	Dr. Wm. J. Angelos	Dentistry	\$ 614.00	\$ 27.00	X	
SAY. HAWTHORNE US NATL CITIZENS (BENJAMIN FRANKLIN 397th HAW. 75.00 EARNST MONEY \$ 50.00)	\$ 155.00	10605 N.E. HALSAY	Medicine	\$ 15.24	\$ 27.00	X	
REAL ESTATE (MARKET VALUE)	\$ NONE			\$	\$		
AUTOMOBILE 60RBLR 225.00 61CORVAIR 275.00	\$ 225.00			\$	\$		
FURNITURE	\$ 2500.00			\$	\$		
STOCKS, BONDS AND OTHER VALUABLES	\$ NONE			\$	\$		
TOTAL	\$ 8349.40	TOTAL		\$ 614.00	\$ 27.00		

25. HAVE YOU PURCHASED A HOME PREVIOUSLY WITH THE AID OF A MORTGAGE LOAN? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	IF YES, GIVE NAME AND ADDRESS OF LENDER. Homemaster Sales Incorporated
---	--

26. HAVE YOU EVER DECLARED BANKRUPTCY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	IF YES, ATTACH DETAILS. CASE # 56851
--	--------------------------------------

27. AMOUNTS OF LIFE INSURANCE POLICIES	\$ 0	CASH VALUE OF POLICIES	\$ 0	NAMES OF INSURANCE COMPANIES	FILDED MAY 18, 1962 NO ASSETT CASE
--	------	------------------------	------	------------------------------	------------------------------------

28. LIST THREE CREDIT REFERENCES (PREFERABLY IN SAME GENERAL LOCALITY)			
NAME (1) United Finance	STREET ADDRESS 513 E. Burnside	CITY Portland	ZIP CODE 97213
(2) United Finance	2033 S.W. 4th.	Portland	97201
(3) Glenn R. Blake	1024 W. main	Mesa, Arizona	

29. MY SIGNATURE BELOW GIVES THE DEPARTMENT PERMISSION TO CONTACT ANY INDIVIDUALS, FIRMS OR OTHER SOURCES FOR THE PURPOSE OF VERIFYING MY QUALIFICATIONS FOR A LOAN.
--

I UNDERSTAND THAT THE LOAN IS GRANTED UPON THE REPRESENTATION HEREIN MADE AS TO SAID PREMISES AND THE TITLE TO THE SAME, AND I AGREE TO FURNISH A TITLE INSURANCE POLICY ISSUED BY AN APPROVED COMPANY SHOWING THE MORTGAGE AND TO PAY FOR THE RECORDING OF THE MORTGAGE AND ALL EXPENSES IN CONNECTION WITH THE APPRAISAL AND EXAMINATION OF TITLE OF MY PROPERTY; SUCH EVIDENCE OF MY TITLE TO BE HELD BY THE DIRECTOR OF VETERANS' AFFAIRS OF OREGON UNTIL THE MORTGAGE IS FULLY PAID AND TO BECOME THE PROPERTY OF THE STATE OF OREGON IN THE EVENT OF FORECLOSURE.

I CERTIFY THAT I HAVE NOT RECEIVED A LOAN FROM ANY OTHER STATE FOR THE SAME MILITARY SERVICE WHICH IS THE BASIS FOR THIS APPLICATION.

I AUTHORIZE THE REPRESENTATIVES OF THE DIRECTOR OF VETERANS' AFFAIRS OF OREGON TO MAKE REASONABLE INSPECTIONS OF THE PREMISES DURING THE LIFE OF THE LOAN.

IF SAID LOAN IS APPROVED, I HEREBY AGREE TO PAY THE NOTE AS APPROVED THEREIN AND WITH EACH INSTALLMENT THE PROPORTIONATE AMOUNT OF TAXES LEVIED FOR EACH SUCCESSIVE YEAR.

I HEREBY GIVE THE DIRECTOR OF VETERANS' AFFAIRS OF OREGON THE OPTION TO PAY ALL MORTGAGES, JUDGMENTS, LIENS, AND/OR CLAIMS AGAINST SAID PREMISES OUT OF THE PROCEEDS OF THE PROPOSED LOAN, SO THAT THE MORTGAGE TO THE STATE OF OREGON MAY BE THE FIRST LIEN UPON SAID PROPERTY.

I HEREBY STATE THAT I WILL PERSONALLY OCCUPY THIS PROPERTY AS MY PRINCIPAL HOME UPON COMPLETION OF THE LOAN.

SIGNATURE OF APPLICANT	X
DATE	X
SIGNATURE OF WIFE (HUSBAND)	X Dorothy J. Biggs

SUPPLY ALL INFORMATION REQUESTED. AN INCOMPLETE APPLICATION WILL CAUSE DELAY.

QUESTIONS 8, 9 AND 10 NEED BE ANSWERED ONLY BY VETERANS APPLYING FOR LOANS WHO DID NOT RESIDE IN OREGON IMMEDIATELY PRIOR TO ENTRY ON ACTIVE DUTY.

8 OREGON RESIDENCES FOLLOWING DISCHARGE

DATES		STREET OR ROUTE NO., CITY AND COUNTY
FROM	TO	

9 OREGON EMPLOYERS FOLLOWING DISCHARGE

DATES		OREGON EMPLOYERS ONLY	
FROM	TO	NAMES	ADDRESSES

10. GIVE THE NAMES OF AT LEAST TWO DISINTERESTED PERSONS WHO COULD VERIFY EACH PLACE OF RESIDENCE AS SHOWN IN ANSWER TO QUESTION 8.

NAMES	ADDRESSES: STREET OR ROUTE NO., CITY AND STATE

EXPLANATORY REMARKS:

11.

I HEREBY STATE, THAT I AM A CITIZEN OF THE UNITED STATES; THAT I DID NOT SEEK TO AVOID COMBAT SERVICE BY CLAIMING TO BE A CONSCIENTIOUS OBJECTOR; THAT I WAS A BONA FIDE RESIDENT OF OREGON FOR AT LEAST THE TIME SHOWN HEREIN; AND THAT THE ANSWERS TO ALL QUESTIONS AND STATEMENTS MADE HEREIN ARE TRUE, CORRECT AND COMPLETE. (STRIKE OUT INAPPLICABLE WORDS OR PHRASES)

SIGNATURE OF APPLICANT

X

PLEASE SIGN IN INK AS NAME APPEARS ON DISCHARGE (SEE INSTRUCTION NO. 9)

ELIGIBILITY FORM FOR OREGON <input type="checkbox"/> VETERANS' LOAN OR <input type="checkbox"/> EDUCATIONAL AID		TO: DIRECTOR OF VETERANS' AFFAIRS GENERAL SERVICES BUILDING SALEM, OREGON 97310	
---	--	---	--

INSTRUCTIONS

1. A PHOTOSTATIC COPY OF YOUR DISCHARGE OR OTHER RELEASE FROM ACTIVE DUTY AND YOUR NOTICE OF SEPARATION MUST BE FORWARDED WITH THIS APPLICATION. IT WILL BE RETAINED AS A PERMANENT RECORD IN THIS OFFICE. IF YOU WISH TO ESTABLISH ELIGIBILITY FOR EDUCATIONAL AID, THE EVIDENCE OF SERVICE MUST BE CERTIFIED AS TRUE COPIES OF THE ORIGINALS (IF YOU RECEIVED A WORLD WAR II BONUS FROM OREGON, YOU NEED NOT SUBMIT THE AFOREMENTIONED DISCHARGE EVIDENCE WITH THIS FORM.)
2. IF YOU DESIRE TO APPLY FOR EDUCATIONAL BENEFITS AT THIS TIME, THIS FORM SHOULD BE ACCOMPANIED BY AN APPLICATION FOR EDUCATIONAL BENEFITS FOR WAR VETERANS, FORM ED-1.
3. IF YOU DESIRE TO APPLY FOR A FARM OR HOME LOAN AT THIS TIME, THIS FORM SHOULD BE ACCOMPANIED BY AN APPLICATION FOR FARM OR HOME LOAN, FORM L-39.
4. ALL QUESTIONS MUST BE ANSWERED AS FULLY AND COMPLETELY AS POSSIBLE.
5. IF YOU ARE NOT A CITIZEN OF THE UNITED STATES GIVE COMPLETE EXPLANATION ON REVERSE OF THIS FORM.
6. QUESTIONS 8 AND 9 NEED BE ANSWERED ONLY BY VETERANS APPLYING FOR LOANS BASED ON WORLD WAR II OR KOREAN SERVICE WHO DID NOT RESIDE IN OREGON IMMEDIATELY PRIOR TO ENTRY ON ACTIVE DUTY.
7. ONLY TWO PERSONS NEED BE LISTED IN QUESTION 10 IF THEY CAN VERIFY ALL THE RESIDENCE SHOWN IN QUESTION 8.
8. IF YOUR ANSWERS TO QUESTIONS 1, 4, 5, 8 OR 9 SEEM TO CAST DOUBT ON YOUR ELIGIBILITY FOR OREGON BENEFITS, MAKE FULL EXPLANATION ON REVERSE OF THIS FORM.
9. IF YOUR NAME HAS CHANGED SINCE YOUR MILITARY SERVICE, YOU SHOULD SIGN YOUR PRESENT NAME IN SECTION 11 AND SUBMIT SUBSTANTIATING EVIDENCE OF SUCH CHANGE. (CERTIFIED COPIES OF MARRIAGE CERTIFICATE, COURT ORDER, ETC.)

1. A. DURING THE YEAR PRIOR TO ENTRY ON ACTIVE DUTY I RESIDED AT THE FOLLOWING ADDRESSES:

FROM (MO. AND YEAR)	TO (MO. AND YEAR)	STREET OR ROUTE NO., CITY AND STATE
July 1943	July 1944	5424 N.E. Thompson, Portland, Oregon.

B. PRIOR TO ACTIVE DUTY, I WAS REGISTERED TO VOTE IN: COUNTY <u>not old enough</u> STATE _____ YEAR _____		C. I <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT) REGISTERED WITH SELECTIVE SERVICE: COUNTY _____ STATE _____	
--	--	---	--

D. EMPLOYER (SCHOOL ATTENDED) AT TIME OF ENTRY ON ACTIVE DUTY: <u>Benson Polytechnical Highschool</u>	ADDRESS OF EMPLOYER (SCHOOL): <u>546 N.E. 8th Ave., Portland, Oregon. 12th</u>
--	--

E. FATHER'S NAME <u>Ernest A. Biggs</u>	FATHER'S ADDRESS AT DATE OF YOUR REPORTING FOR ACTIVE DUTY <u>5424 N.E. Thompson, Portland, Oregon</u>
F. MOTHER'S NAME <u>Maudie C. Biggs.</u>	MOTHER'S ADDRESS AT DATE OF YOUR REPORTING FOR ACTIVE DUTY <u>5424 N.E. Thompson, Portland, Oregon.</u>

2. CITIZENSHIP: I AM A CITIZEN OF THE UNITED STATES BY ☒ BIRTH ☐ NATURALIZATION

PLACE OF BIRTH <u>Portland, Oregon.</u>	DATE OF BIRTH <u>August 24, 1926</u>	UNDER YOUR PRESENT NAME? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NATURALIZED BY (COURT) _____ DATE _____	CERTIFICATE NUMBER: <u>none</u>	

3. SERVICE IN U. S. ARMED FORCES				DEPARTMENT USE ONLY	
A. DATE(S) OF ENTRY ON ACTIVE DUTY	YEAR <u>1944</u>	MONTH <u>July</u>	DAY <u>22</u>	SEPARATION EVIDENCE	HONORABLE <input type="checkbox"/>
B. DATE(S) OF SEPARATION FROM ACTIVE DUTY	YEAR <u>1945</u>	MONTH <u>April</u>	DAY <u>20</u>	CITIZEN	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. NUMBER OF MONTHS SERVED IN A S.T.P., NAVY V-12, AND SIMILAR ARMED FORCES TRAINING PROGRAMS. <u>NONE</u>				ACTIVE SERVICE	YRS. _____ MOS. _____ DAYS _____
				E. FROM	TO
				L. FROM	TO
D. SERVICE SERIAL NO. <u>784 55 20</u>				PRE-WAR ORE. RES.	<input type="checkbox"/> YES <input type="checkbox"/> NO YRS. _____ MOS. _____ DAYS _____
4. I HAVE PREVIOUSLY APPLIED TO THE STATE OF OREGON FOR: <u>NONE</u> <input type="checkbox"/> BONUS <input type="checkbox"/> LOAN <input checked="" type="checkbox"/> EDUCATIONAL AID				POST-WAR ORE. RES.	FROM _____ TO _____
5. I <input type="checkbox"/> HAVE <input checked="" type="checkbox"/> HAVE NOT) APPLIED TO ANOTHER STATE FOR BENEFIT BASED ON MY SERVICE DURING <input type="checkbox"/> WORLD WAR II <input type="checkbox"/> KOREAN <input type="checkbox"/> POST KOREAN				NOW ORE. RESIDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO

NAME OF PROGRAM: _____	STATUS OF CLAIM: <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> PENDING
---------------------------	--

6. YOUR FULL NAME LAST <u>Biggs.</u> FIRST <u>JACK</u> MIDDLE <u>Richard</u>	7. PRESENT ADDRESS (OR RESIDENCE): STREET OR ROUTE NO. <u>5214 S.E. Jaggart Ct.</u> CITY <u>Portland</u> STATE <u>Oregon</u> ZIP CODE <u>97206</u>
---	--

ELIGIBILITY	
EDUCATION <input type="checkbox"/> WORLD WAR II <input type="checkbox"/> KOREAN EMER. <input type="checkbox"/> POST K. E.	MONTHS _____ <input type="checkbox"/> YES <input type="checkbox"/> NO
W. W. II <input type="checkbox"/> ORE. VETERAN <input type="checkbox"/> OUT ST. VET.	<input type="checkbox"/> YES <input type="checkbox"/> NO
LOAN K. E. <input type="checkbox"/> ORE. VETERAN <input type="checkbox"/> OUT ST. VET.	<input type="checkbox"/> YES <input type="checkbox"/> NO
P. K. E. <input type="checkbox"/> ORE. VETERAN	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHECKED BY:	DATE

August 24, 1970

Dr. Laurence Winters
Assistant Superintendent
Portland Public Schools
620 N. E. Halsey
Portland, Oregon

Dear Dr. Winters:

We are returning your check #948948 in the amount of \$151.88. This was intended to pay Bekins Moving and Storage Co. for moving Jack Biggs from 5214 S. E. Taggart Court to 143 N. E. 58th Avenue. According to the bookkeeper for Bekins Moving and Storage Co. they received payment for this service on August 10, 1970.

Would you check this and if Bekins is wrong, resubmit the check and we will forward it to the proper party.

Very truly yours,

E. B. Wiley
Chief of Relocation and
Property Management

ERM/bb
Ebc.

July 30, 1970

Dr. Laurence Winter
Assistant Superintendent
Portland Public Schools
620 N.E. Halsey
Portland, Oregon

Dear Dr. Winter:

We are enclosing a signed claim form in the amount of \$151.88 for the July 10, 1970 move of the Biggs family from 5214 S.E. Taggart Court.

According to Bekins Transfer and Mr. Biggs a prior agreement, concerning this move, was made between your office and Bekins. Please make payment as soon as possible according to your agreement with Bekins.

Very truly yours,

E.R. Wiley
Chief of Relocation and
Property Management

Enclos.

STANLEY W. EARL
COMMISSIONER
DEPARTMENT OF PUBLIC SAFETY



CITY OF PORTLAND
OREGON

97204

March 20, 1970

BUREAU OF BUILDINGS
ROOM 403 - 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. CHEGWIDDEN, CHIEF

RECEIVED

MAR 23 1970

PORTLAND DEVELOPMENT COMMISSION

Portland Development Commission
1700 S.W. 4 Avenue
Portland, Oregon 97201

Attn: Mr. D. Geiger

Re: 27 S.E. 53 Street

Dear Sirs:

As requested, we are enclosing a copy of our letter to
the owner regarding the property at the above address.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

JHM:mfm
Enc. (1)

PORTLAND PUBLIC SCHOOLS

620 NORTHEAST HALSEY STREET
PORTLAND, OREGON 97208
BUSINESS DIVISION

March 12, 1970

RECEIVED

MAR 16 1970

PORTLAND DEVELOPMENT COMMISSION

Mr. and Mrs. Jack R. Biggs
5214 S. E. Taggart Ct.
Portland, Oregon 97206

Dear Mr. and Mrs. Biggs:

This note is sent to again express appreciation for your cooperation in your recent dealings with our appraiser and with Mr. King.

We are also required by law to notify you of the moving date essential to District planning. Mr. Wiley of the Portland Development Commission will receive a copy of this letter. This date as we had previously agreed is July 1, 1970.

Mr. Wiley and his organization may contact you to help you in getting established in your new home.

Sincerely yours,

Laurence E. Winter
Assistant Superintendent

LEW:mr
cc Mr. Wiley

COPY

PORTLAND PUBLIC SCHOOLS

620 NORTHEAST HALSEY STREET
PORTLAND, OREGON 97208

BUSINESS DIVISION

March 12, 1970

RECEIVED

MAR 16 1970

PORTLAND DEVELOPMENT COMMISSION

Mr. and Mrs. Jack R. Biggs
5214 S. E. Taggart Ct.
Portland, Oregon 97206

Dear Mr. and Mrs. Biggs:

This note is sent to again express appreciation for your cooperation in your recent dealings with our appraiser and with Mr. King.

We are also required by law to notify you of the moving date essential to District planning. Mr. Wiley of the Portland Development Commission will receive a copy of this letter. This date as we had previously agreed is July 1, 1970.

Mr. Wiley and his organization may contact you to help you in getting established in your new home.

Sincerely yours,

Laurence E. Winter
Assistant Superintendent

LEW:mr
cc Mr. Wiley

COPY

STANLEY W. EARL
COMMISSIONER
DEPARTMENT OF PUBLIC SAFETY



CITY OF PORTLAND
OREGON

97204

BUREAU OF BUILDINGS
ROOM 403 - 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. CHEGWIDDEN, CHIEF

March 20, 1970

Mr. James P. Anderton
6825 S.E. Helgate Street
Portland, Oregon 97206

Re: 27 S.E. 53 Street

Dear Mr. Anderton:

At the request of Portland Development Commission an inspection was made of your vacant two-story, wood frame, single-family dwelling at the above address.

Our inspector reports the dwelling and lot appear to be in standard condition at this time except for the following:

1. The hot water tank lacks an A.S.M.E. approved pressure relief valve.
2. The cellar stairway and the stairway to the second story lack safety handrails.

We request this office be notified when the corrections are completed. Should you have any questions, please feel free to call the Bureau of Buildings, Housing Division, 2200 N.E. 24 Avenue, Telephone 288-6077.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

SJC
S. J. Chagwidden
Chief Housing Inspector

JHM:mfm
cc: Portland Development Comm.
Plumbing Division

COPY

DESCRIPTION		ROLL NO	ODOMETER
MODEL CITIES BETA II HOUSING PROJ.	McKINNEY, GEORGIA MAE (MRS.) 537 N. E. SACRAMENTO 1972		
MODEL CITIES BETTA II HOUSING PROJ.	MERRITT, JAMES 445 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	MYERS, JERRY & BLANCH 521 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	WILLIAMS, WANDA 527 N. E. SACRAMENTO 1972		
	BROOKLYN OPEN SPACE PROJECT INITIAL CONTACT RECORDS RESIDENCE S.E. 11TH & MILWAUKEE		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	BIGGS, JACK & DOROTHY 5214 S.E. TAGGERT STREET 1970		
SCHOOL DIST. I WASHINGTON-H.S. EXTENSION	BROWN, JEAN 1242 S. E. ALDER 1970		
SCHOOL DIST I WASHINGTON H.S. EXTENSION	BROWN, JONATHAN 704 S. E. 12TH 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	CADDICK, LAWRENCE 5206 S. E. TAGGART 1970		
SCHOOL DIST I	DAVIDSON, FLORETTA 728 N. SHAVER 1971		
SCHOOL DIST I	GARCIA, DOLORES 1218 S. E. MORRISON 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	GONZALEZ, MARIA 704 S.E. 12TH, APT. I 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	GOOD, DONNA L. (MRS.) 1245 S. E. MORRISON 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	HARRIS, GEORGE 5205 S. E. WOODWARD 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	HERNANDEZ, CELEDONIA 704 S.E. 12TH APT 5 1970		
SCHOOL DIST. I WASHINGTON HS EXTENSION	JUNTUNEN, LEE (MISS) 1247 S. E. MORRISON 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	KOMLOFSKE, LLOYD 704 S.E. MORRISON 1970		
SCHOOL DIST I	LAMORIE, ETHEL (MRS.) 5224 S.E. TAGGART 1970		

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Jean Brown RELOCATION ADVISOR Geiga
 ADDRESS 1242 SE Alder PHONE _____ PROJECT NAME Washington High Est
 SEX F ETHN wh VETERAN _____ AGE under 65 PARCEL NO. _____
 MARITAL STATUS _____ TENURE owner
 DISABILITY _____ INDIV ☒ FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 2/12/70 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE:	_____
INITIATION OF	_____
NEGOTIATIONS:	_____
DATE OF	_____
ACQUISITION:	_____

ECONOMIC DATA

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

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Size of Habitable Area _____

Age of Structure _____ No. Rooms 6
 No. Bedrooms _____ Furn. ☒ Unfurn _____
 Utilities \$ _____
 Monthly Payments (Rent) \$ _____
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	
Food Stamp Program	
Housing Authority	
Legal Aid	
FISH	
Health Dept.	

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 2314 SE Clinton Phone 232-7961 Date of Move 3/31/70

WHERE RELOCATED:

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

Furnished _____ Unfurnished X Number of Rooms 5 Number of Bedrooms 2 Habitable Area 1150

Utilities \$ _____ Monthly Payments (Rent) \$ 117 Purchase Price \$ 11,250

Age of Structure: 1908 Taxes \$ 263.39 Equity \$ _____ Distance Moved Away _____

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	<u>0002869</u>	<u>4/27/70</u>	\$ <u>142.00</u>
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

TOTAL BENEFITS RECEIVED

\$ _____

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

*paid by
School Dist. #1*

REALTOR: _____ ESCROW CO. _____ OFFICER _____

R E S U M E /

DATE 3/10/71

NAME BROWN, Jean H.

Moved from: 1242 S. E. Alder

Moved to: 2316 S. E. Clinton
232-7961
March 31, 1970

Moving expense paid by: PPS Dist. #1
Voucher # 0002869
April 27, 1970
\$142.00 (check # 941236)

self-move

Recommendation: close file.

(signed)

James C. Kelley

worker

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER D. J.ORIGIN OF CASE Portland School District #1

PARCEL _____

NAME Miss Jean BrownADDRESS 1242 S.E. Alder

APT NO. _____

PHONE 232-7961 - HomePHONE 777-3883 - WorkINITIAL INTERVIEW 2/12/70SEX FMINORITY GROUP whiteAGE und65U.S. CITIZEN ☒ALIEN ☐VETERAN ☐SERVICEMAN ☐

DATE ON SITE _____

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name Precision Cast Parts \$ _____

Address _____

MCW Caseworker _____

Social Security _____

Va. Fed. Mult. Co. _____

Pension: Name _____

Other: Name _____

TOTAL MONTHLY INCOME

Own: ☒

Power Co. _____

Type Fuel _____

Garbage Co. _____

Rent: _____

Inc. Heat _____

Water _____

Gas _____

Gar _____

Elec _____

Unfurn _____

Furn _____

No. Rms 6

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no) _____

Over 62 _____

Disabled (Soc. Sec. def.) _____

Income below limits _____

Assets below limits _____

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____

by _____

Notify in case of emergency:

Name _____

Address _____

Phone _____

Information Statement given to Ms. Brown on _____by mad

Notice to move given to _____

on _____

by _____

Payments: Amount \$142.00 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 hgs. _____

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>5415 S.E. Rhone</u>	<u>FHA -</u>	

NEW ADDRESS: 2316 S.E. Clinton

Zip _____

Phone _____

New rent or purchase price: _____

No. of rooms _____

\$ ☒

SS _____

INTERVIEW REGISTER

Date

Relocation
Worker3/
20/
70

We were contacted by Mrs. Brown who says that she will be displaced by Portland, School District #1 on April 1. We have had a difficult time finding out from the school district if she is really being displaced.

Mrs. Brown is interested in FHA repurchase. I helped her prepare a ~~buying~~ earnest money agreement but, at the last minute she decided she didn't want the house. I have made several attempts to contact her. I have left word at her job for her to call me but she hasn't.

Mrs. Brown finally called me. She has found a new place to live. She is buying a duplex at 2316 SE Clinton. I requested that Chet Collingsworth of the Bureau of Buildings inspect this property and inform us of whether or not it is standard. I advised Mrs. Brown to contact me after she had completed her move and we would file the filed claim.

4/22/
70

Mrs. Brown contacted me and signed her claim form. I have submitted her claim for payment.

ERW

April 22, 1970

Dr. Laurence Winter
Assistant Superintendent
Portland Public Schools
620 N.E. Halsey
Portland, Oregon

Dear Dr. Winter:

We are enclosing a claim form signed by Jean Brown, whose former address was 1242 S.E. Alder, Portland, Oregon. We have examined her claim and found it to be valid. Please send check in the amount of \$142.00 to the claimant at her present address - 2316 S.E. Clinton, Portland, Oregon.

We will appreciate it if you will send us a copy of your covering letter to Mrs. Brown, so that we may close our file on this case.

Very truly yours,

E.R. Wiley
Chief of Relocation and
Property Management

ERW:sgf
enclosure

CLAIM FOR RELOCATION PAYMENT (Families and Individuals)

(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code)

Portland Development Commission
1700 S.W. 4th Ave.
Portland, Oregon 97201

PROJECT NAME (If applicable)

Portland School District #1

PROJECT NUMBER

Washington High

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

Jean Brown (I)

2. DATE(S) OF MOVE

March 31, 1970

3. ADDRESS FROM WHICH YOU HAVE MOVED

a. Address 1242 S.E. Alder, Portland Oregon

b. Apt., Floor, or Room No. _____

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

d. Number of rooms occupied (excluding
bathrooms, hallways, and closets): 7

e. Date you moved into this address: 3-31-70

4. ADDRESS TO WHICH YOU HAVE MOVED

a. Address (include ZIP code)
2316 S.E. Clinton
Portland, Oregon

b. Apt., Floor, or Room No. _____

c. Were household goods moved to or from storage?

☐ Yes ☒ 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:

☐ a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property

☒ b. Fixed Payment (May not be made if storage costs are involved)

Check c if applicable:

☐ 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.)

\$ 142.00

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.

4-15-70

Date

Jean Brown
Signature of claimant

(Over)

DG

STANLEY W. EARL
COMMISSIONER
DEPARTMENT OF PUBLIC SAFETY



CITY OF PORTLAND
OREGON

97204

March 26, 1970

BUREAU OF BUILDINGS

ROOM 403 - 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. CHEGWIDDEN, CHIEF

RECEIVED

MAR 30 1970

PORTLAND DEVELOPMENT COMMISSION

Portland Development Commission
1700 S.W. 4 Avenue
Portland, Oregon 97201

ATTN: Mr. Geiger

Re: 2316 S.E. Clinton Street

Dear Sirs:

At your request an inspection was made by the Housing Division of the structure at the above address on March 25, 1970.

Our inspector reports that the structure is in standard condition at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CMC:mfm

Property Located In:
City **Portland**
State **Oregon**
County **Multnomah**U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
FEDERAL HOUSING ADMINISTRATION

STANDARD RETAIL SALES CONTRACT

FHA Case No.
431-016255-203
Offer By- **Brown**

1. THE EFFECTIVE DATE OF THIS CONTRACT (THE DATE SIGNED BY THE PURCHASER) IS _____, 19____,
PROVIDED THIS CONTRACT IS THEREAFTER SIGNED BY THE SELLER AND DELIVERED TO THE PURCHASER.

- A. The SECRETARY OF HOUSING AND URBAN DEVELOPMENT, acting by and through the FEDERAL HOUSING COMMISSIONER as SELLER agrees to sell to the PURCHASER named below, and said Purchaser agrees to buy, the property identified hereinafter, subject to the CONDITIONS OF SALE on the reverse hereof which are incorporated herein and made a part hereof.

PROPERTY IDENTIFICATION. Street Address. **5415 SE Rhone Street, Portland, Oregon**
Multnomah CountyBrief Legal Description **West 23 feet of Lot 31, Lot 32, Block 3, OAKDALE, Multnomah County, Portland, Oregon**

together with the appurtenances thereunto belonging.

- B. PRICE. \$**11,250.00** DEPOSIT \$**50.00** (receipt of which is acknowledged-to be refunded if offer rejected),
BALANCE AT CLOSING \$**11,200.00** TO BE PAID BY \$**11,200.00** IN CASH AND \$ _____ BY
☐ Mortgage (or Deed of trust, etc.), ☐ installment Contract-to the Seller-Providing for _____ equal monthly install-
ments of principal and interest @ _____ %, together with 1/12 of the annual charges for property insurance, ground rents
(if any) and any and all taxes and assessments now or hereafter levied against the property, in order that the Seller may
pay such charges when due.
- C. CONTINGENCIES. 1. ☒ This ALL CASH offer is contingent upon closing of a **25** year loan of \$**10,900.00**
to be ☒ insured by FHA, ☐ guaranteed by VA, for which the Purchaser is to make application. 2. ☐ in order to fur-
ther secure the Seller, the NOTE, (or Installment Contract) will also be signed by _____
, who is not named as a Grantee in Item F, and who has evidenced his agreement to so sign by executing
this Sales Contract as Co-Signer.
- D. OCCUPANCY. The Purchaser ☐ now occupies; ☐ will occupy prior to closing, as Tenant (if not single family, spec-
ify which unit _____); Purchaser will close with property ☒ vacant, subject to ☒ his own occupancy
only, ☐ occupancy by himself and others, ☐ occupancy by other(s).
- E. PRORATIONS. The Seller will pay in full all improvement assessments which are available for payment without pen-
alty at or prior to closing. Unless specified to the contrary hereinafter, all other assessments, taxes, rent, and ground
rents (if any) shall be prorated as of the closing date, and the Purchaser will assume all taxes, assessments, and ground
rents (if any) accruing on and after the closing date.
- F. CONVEYANCE. Title is to be taken in the following name and style. **Jean H. Brown, A single women**
- G. SIGNATURE. This contract is signed by one or more of those named in F (herein referred to as the Purchaser) and by
the Co-signer if stipulated in C2.
- H. SPECIAL CONDITIONS. The Purchaser has examined the property and will accept the property in its present condition
(the condition on the EFFECTIVE DATE shown above), except as follows:

- I. The sale shall be closed at **FHA**
as soon as possible and within a reasonable time after indication by the Seller of readiness to close.

IN WITNESS WHEREOF, Purchaser and Seller have signed this contract on the EFFECTIVE DATE shown
above.

Purchaser's Signature

Purchaser's Signature

Purchaser's Signature

Co-Signer's Signature

SECRETARY OF HOUSING AND URBAN DEVELOPMENT
FEDERAL HOUSING COMMISSIONER, By

Type Name & Title

This contract is the one referred to in the accompanying FHA Form 2385, Broker's Tender dated _____
and signed by the undersigned, each of whom certifies for himself that neither he nor anyone authorized to act for him has
declined to sell the property described herein to or to make it available for inspection or consideration by a prospective pur-
chaser because of his race, color, creed or national origin. **NOTE:** The submitting Broker and the cooperating Broker (if any)
must sign this certification.

Type _____
Name of BrokerType _____
Name of Cooperating BrokerBy _____
Signature and TitleBy _____
Signature and Title

ORIGINAL - BROKER TO FIELD OFFICE - FIELD OFFICE TO WASHINGTON.

FEDERAL HOUSING ADMINISTRATION
520 Southwest Sixth Avenue
Portland, Oregon 97204

PROPERTY LISTING

FOR DISPLACED PERSONS

In reply please refer to - Property Disposition

Phone: 226-3361, Ext. 1974 - 1975

Date: February 27, 1970

PRIORITY PERIOD ENDS AT 5:00 P. M., March 13, 1970

HOUSE KEY IS AVAILABLE IN LOCK BOX
ON THE FRONT DOOR

FHA Case No. 431-016255-203

PLEASE LEAVE THE LOCK BOX AND DOOR KEY AT THE FRONT DOOR UNTIL A SALE IS CLOSED.
THE DISPLACING AGENCY WILL RETURN THE LOCK BOX TO FHA AFTER THE SALE IS CLOSED.

The property described below was acquired by the Federal Housing Administration and is offered for sale.

Address:

5415 S. E. Rhone Street, Portland, Oregon

Legal Description:

West 23 feet of Lot 31, Lot 32, Block 3,
OAKDALE, Multnomah County, Portland, Oregon

Sales Price:

\$11,250.00

Minimum Down Payment:

\$350.00 plus reserves for taxes and insurance
Minimum Earnest Money Deposit: \$50.00

Maximum Mortgage:

\$10,900.00 - 25 year term @ 8- $\frac{1}{2}$ % interest plus
 $\frac{1}{2}$ % FHA mortgage insurance premium

Approximate Monthly Payment:

\$117.00 including principal, interest, taxes
and insurance

Approximate Lot Size:

48 x 100

Dwelling Square Feet: 1150

Improvements:

5 rooms, 2 bedrooms, 1 bath, basement, oil heat,
1-car garage

Approximate Age of Dwelling:

62 years

Taxes: \$263.39 (1969/70)

Instructions and information on preparing and submitting offers can be obtained from this office.

FHA PROPERTIES ARE OFFERED FOR SALE TO QUALIFIED PURCHASERS WITHOUT REGARD TO PROSPECTIVE PURCHASER'S RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. PURCHASERS SHOULD CONTACT THEIR DISPLACING AGENCY. OFFERS TO PURCHASE MUST BE SUBMITTED TO FHA BY THE DISPLACING AGENCY. THE LOCAL FHA OFFICE IS LOCATED AT 520 SOUTHWEST SIXTH AVENUE, PORTLAND, OREGON 97204, FIFTH FLOOR.

This property is also available
under the Section 221(d)2 program
and FHA/VA Special Terms for Veterans.

OFFERS MUST CONSIST OF COMPLETED FORMS 2384, EARNEST MONEY DEPOSIT, AND CERTIFICATION FROM THE DISPLACING AGENCY SHOWING THE PURCHASER TO BE DISPLACED BY GOVERNMENTAL ACTION. IF FHA FINANCING IS REQUESTED, A COMPLETED FORM 2900 MUST ALSO BE SUBMITTED WITH THE OFFER.

RECEIVED
MAR 2 1970
PORTLAND DEVELOPMENT COMMISSION

DESCRIPTION		ROLL NO	ODOMETER
MODEL CITIES BETA II HOUSING PROJ.	McKINNEY, GEORGIA MAE (MRS.) 537 N. E. SACRAMENTO 1972		
MODEL CITIES BETTA II HOUSING PROJ.	MERRITT, JAMES 445 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	MYERS, JERRY & BLANCH 521 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	WILLIAMS, WANDA 527 N. E. SACRAMENTO 1972		
	BROOKLYN OPEN SPACE PROJECT INITIAL CONTACT RECORDS RESIDENCE S.E. 11TH & MILWAUKEE		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	BIGGS, JACK & DOROTHY 5214 S.E. TAGGERT STREET 1970		
SCHOOL DIST. I WASHINGTON-H.S. EXTENSION	BROWN, JEAN 1242 S. E. ALDER 1970		
SCHOOL DIST I WASHINGTON H.S. EXTENSION	BROWN, JONATHAN 704 S. E. 12TH 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	CADDICK, LAWRENCE 5206 S. E. TAGGART 1970		
SCHOOL DIST I	DAVIDSON, FLORETTA 728 N. SHAVER 1971		
SCHOOL DIST I	GARCIA, DOLORES 1218 S. E. MORRISON 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	GONZALEZ, MARIA 704 S.E. 12TH, APT. I 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	GOOD, DONNA L. (MRS.) 1245 S. E. MORRISON 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	HARRIS, GEORGE 5205 S. E. WOODWARD 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	HERNANDEZ, CELEDONIA 704 S.E. 12TH APT 5 1970		
SCHOOL DIST. I WASHINGTON HS EXTENSION	JUNTUNEN, LEE (MISS) 1247 S. E. MORRISON 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	KOMLOFSKE, LLOYD 704 S.E. MORRISON 1970		
SCHOOL DIST I	LAMORIE, ETHEL (MRS.) 5224 S.E. TAGGART 1970		

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Jonathan Brown RELOCATION ADVISOR Geiger
 ADDRESS 704 SE 12th PHONE 234-4641 PROJECT NAME Washington High Ext.
 SEX M ETHN wh VETERAN AGE PARCEL NO.
 MARITAL STATUS M TENURE Tenant
 DISABILITY INDIV FAMILY
 ELIGIBLE FOR: PUBLIC HOUSING no FHA 235
 RENT SUPPLEMENT OTHER
 INITIAL INTERVIEW 2/10/70 DATE INFO PAMPHLET DELIVERED
 NOTICE TO MOVE 2/1/70 DATES EFFECTIVE EXPIRATION DATE
 NOTIFY IN CASE OF EMERGENCY

DATE ON SITE:
INITIATION OF
NEGOTIATIONS:
DATE OF
ACQUISITION:

ECONOMIC DATA

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

FAMILY COMPOSITION

Name	Relation	Age
	wife	

DWELLING UNIT FROM WHICH RELOCATED

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

Size of Habitable Area

Age of Structure No. Rooms 6
 No. Bedrooms Furn. Unfurn X
 Utilities \$
 Monthly Payments (Rent) \$ 85
 Acquisition Price \$
 Taxes \$ Equity \$
 Liens \$

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	
Food Stamp Program	
Housing Authority	
Legal Aid	
FISH	
Health Dept.	

AGENCY ACTION:	REASONS:
Appeals	
Evicted	
Refused Assistance	
Address Unknown (tracing)	
Other (death, etc.)	

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____
 Address 1025 NE Wygant Phone _____ Date of Move _____

WHERE RELOCATED:				\$	SS
Same City		Subsidized Sales		Single Family	
Outside City		Subsidized Rental		Multiple Family	
Out of State		Public Housing		Duplex	
		Private Rental		Mobile Home	
		Private Sales			

Furnished _____ Unfurnished ☒ Number of Rooms 8 Number of Bedrooms 3 Habitable Area _____
 Utilities \$ _____ Monthly Payments (Rent) \$ 80 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)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving			\$ <u>122.00</u>
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____
 Down Payment \$ _____
 RHP \$ _____
 Total Down - \$ _____
 Total Mortgage \$ _____

*paid by
School Dist # 1*

TOTAL BENEFITS RECEIVED \$ 122.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

RESIDENTIAL RELOCATION RECORD

School Dist #1

RELOCATION WORKER DeeORIGIN OF CASE Washington

PARCEL _____

NAME Jonathan BrownADDRESS 704 S.E. 12thAPT NO. #4PHONE 234-4241INITIAL INTERVIEW 2/10/70SEX MMINORITY GROUP white

AGE _____

U.S. CITIZEN _____

ALIEN _____

VETERAN _____

SERVICEMAN _____

DATE ON SITE _____

FAMILY COMPOSITION

Name	Relation	Age
	<u>Wife</u>	

Employer: Name _____

\$ _____

Address _____

MCW Caseworker _____

Social Security _____

Va. Fed. Mult. Co. _____

Pension: Name _____

Other: Name _____

TOTAL MONTHLY INCOME

Own: _____

Power Co. _____

Type Fuel _____

Garbage Co. _____

Rent: 185.00 Inc. Heat _____

Water _____

Gas _____

Gar _____

Elec _____

Unfurn ☒ Furn ☒No. Rms 6

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no) _____

Over 62 _____

Disabled (Soc. Sec. def.) _____

Income below limits _____

Assets below limits _____

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____

by _____

Notify in case of emergency: _____

Name _____

Address _____

Phone _____

Information Statement given to Ms. Brown

on _____

by mailNotice to move given to Ms. Brownon 2/1/70by School Dist

Payments: Amount \$ _____

Check No. _____

Date delivered _____

Moved by self _____ (or)

moved by moving company _____

(Phone) _____

REMOVED FROM CASELOAD: _____

(Date) _____

REMAINING ON CASELOAD: _____

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 hgs. _____

Out-of-town _____

Address unknown, abandoned _____

Evicted, no further _____

assistance _____

Other (explain) _____

Address unknown, tracing _____

Evicted, further assistance _____

contemplated _____

Temporarily relocated by _____

LPA _____

within project: _____

address _____

outside project: _____

address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE: _____

Date _____

Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: 1025 N.E. Wiggant

Zip _____

Phone _____

New rent or purchase price: \$85.00/monthNo. of rooms 8

\$ _____

SS _____

INTERVIEW REGISTER

Relocation
Worker

Date

we were informed by the School District that Mr. Brown and his wife were to be displaced by March 1, 1970. I attempted to contact Mr. Brown several times and finally succeeded.

There are problems in this case. Mr. Brown is a man who works full time that wishes to go back to school. They want to stay there a long period and really don't want to move.

2/27/70 I persuaded Mr. Brown to look at a group of referrals I gave him. He liked one specifically and paid \$105.00 deposit on it. Because of the lack of time Mr. Brown will move himself and take a fixed claim for moving. I advised Mr. Brown that he should move out as soon as possible and to contact me regarding a payment. He said he would do this.

I made an appointment to see Mr. Brown at 9:30 AM on Monday March 9, 1970. He never showed for this appointment. I left my card and a note asking him to call me.

On Tuesday night I was in the area.

March 11, 1970

Dr. Laurence Winter
Assistant Superintendent
Portland Public Schools
620 N.E. Halsey
Portland, Oregon 97232

Dear Dr. Winter:

We are enclosing the claim form signed by Jonathan Brown, and approved by us. Please issue payment in the amount of \$122.00 and send to claimant at 1025 N.E. Wygant, Portland, Oregon.

If you'd send us a copy of the covering letter when you remit to Mr. Brown, we'd close our file on this case.

Very truly yours,

E.R. Wiley
Chief of Relocation and
Property Management

ERW:sgf
Enclosure

CLAIM FOR RELOCATION PAYMENT
(Families and Individuals)

(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 SW 4th Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) School District #1 Washington High School extension <hr/> PROJECT NUMBER
---	--

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 7 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 Jonathan Brown	2. DATE(S) OF MOVE
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 704 SE 12th Avenue Portland, Oregon b. Apt., Floor, or Room No. #4 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): 6 e. Date you moved into this address: before acquisition	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 1025 NE Wygant 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)	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.)	
\$122.00	

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 AND ZIP CODE 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.

March 10, 1970
Date

Jonathan Brown
Signature of claimant

(over)

DATED this 9 day of March 19 70.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 709 SE 12th # 2, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

Jonathon K Brown

WASHINGTON HIGH SCHOOL SITE RENTAL PROPERTY

1. Apartment house - 704 S. E. 12th Avenue

#1 - Maria Gonzalez

#2 - Lloyd Komlofski

#3 - Dennis E. Voss

#4 - Jonathan Brown

#5 - Celedonia Hernandez

Rent - \$ 45.00

- 65.00

- 65.00

- 65.00

- 45.00

2. Building - 716 S. E. 12th Avenue

Horizon Type Composition Co. Buying

- 100.00

3. Duplex -

Lower - 1245 S. E. Morrison St.

Mrs. Good (moving in 11/21/69)

- 70.00

Upper - 1247 S. E. Morrison St.

Gladys Summers & Lee Juntunen

- 60.00

LILLIAN

Zenger

232-1713

1323

~~1221~~

S. E. Morrison

1218 S. E. Alder St.

1242 SE. ALDER

GARCIA & GRAHAM (MOVED OUT SUNDAY)

ALSO MR. JOHN SCORRINS RENTS ROOM

MRS. JEAN BROWN

232-7961

EM:dc

11/20/69

1) Continue rentals until last month of purchasing. Then give 30 days notice to vacate.

2) As soon as we are ready to move to new rental on back end of property.

MR. MILLER

236-1273

INSPECTED BY <u>DZ</u>		DATE _____	MET	NOT MET
NAME <u>Jonathan Brown</u>		PHONE _____		
ADDRESS <u>1025 N.E. Wygant</u>				
HOUSE <input checked="" type="checkbox"/>	DUPLEX <input type="checkbox"/>	APT <input type="checkbox"/>	SR <input type="checkbox"/>	HK <input type="checkbox"/>
NO. OF ROOMS <u>17</u>		COMP FURN <input type="checkbox"/>	PART FURN <input type="checkbox"/>	UNFURN <input checked="" type="checkbox"/>
NO. OF ROOMS ACCESSIBLE BY STAIRS <u>4</u>		BY ELEVATOR <input type="checkbox"/>		
MANAGER _____		OWNER <u>Sullivan</u>		
RENT <u>\$80.00</u>		INCL HEAT <input type="checkbox"/>	WATER <input type="checkbox"/>	GAS <input type="checkbox"/>
		GAR <input type="checkbox"/>	ELEC <input type="checkbox"/>	
NO. BRS. <u>3</u>		SIZE #1 <u>10x12</u> #2 <u>10x12</u> #3 <u>10x12</u> #4 _____		

Standard

DWELLING UNIT INSPECTION SHEET, PDC R-6, 9/68

GENERAL REQUIREMENTS:

1. House must be weatherproof (8-601.6) ✓
2. Floors, porches, walls, ceilings and stairs must be in sound and good repair. (8-1001a) ✓
3. Doors and hatchways must be in good repair. (18-816) ✓
4. Multiple dwellings with more than 50 occupants must have two means of exit. (7.3302c) ✓
5. Exits must have direct access to outside or public corridor. (7-3303g) ✓
6. Hallways must be lighted adequately --- at least 2' candle power. (8-504d) ✓
7. Hallway ventilation must be by windows, doors, outside skylights, ventilation ducts, or mechanical ventilation 5x/hr. (8-504d) ✓
8. Premises must be free of vermin, rodents, filth, debris, garbage. (8-1001a) ✓
9. Heating equipment must be able to maintain 70° at 3' above floor. (8-701a) ✓
10. There may be no unvented or open flame gas heaters. (8-701a) ✓

	MET	NOT MET
11. Habitable rooms must have window area of 12 sq. ft. or 1/8 of floor area. (8-504a)	✓	
12. Every Habitable room must have openable area of 6 sq. ft. or 1/16 of floor area OR mechanical ventilation changing air, 4x/hr. (8-504e)	✓	
13. Dwelling unit must have at least 220 sq. ft. (8-503b)	✓	
14. Electrical equipment, wiring and appliances must be installed and maintained in a safe manner, with two outlets or one light fixture and one outlet per room. (8-701b)	✓	
15. Water must be heated to not less than 120°F. (8-401y)	✓	
16. Ceiling height in hotels and apartments must be 8'; in dwelling and service rooms 7½'. (8-503a)	✓	
17. Habitable rooms must have width of 7' in any dimension; water closets 30" in width and at least 2½' in front of the water closet. (8-503c)	✓	
EFFICIENCY UNITS:		
18. Foyer must open from public area. (8-503b.2)		
19. There must be 220 sq. ' , plus 100 sq. ' for each person in excess of two. (8-503b.5)		
20. A kitchenette must be 3x5 or more with doors and fan or window. (8-503b.4)		
21. A dressing closet must afford privacy with adequate circulation and storage. (8-503b.3)		
22. There must be a separate bathroom accessible from foyer or dressing closet only. (8-503b.5)		
LIVING AREA:		
23. There must be two rooms, one of which must be at least 150 sq. '. (8-503b)*	✓	
24. Rooms for cooking and living, or for living and sleeping, must have at least 150 sq. '. (8-503b)*	✓	
BEDROOMS:		
25. Bedrooms must be at least 90 sq. '. (8-503b)*	✓	

	MET	NOT MET
26. There must be 50 sq. ' additional for each occupant in excess of two. (8-503b)* No. Brs. <u>3</u> Size: #1 <u>10'x12'</u> #2 <u>10'x12'</u> #3 <u>10'x12'</u> #4 <u> </u> #5 <u> </u>	✓	
KITCHEN:		
27. Plumbing fixtures, including sink, must be of nonabsorbent material with hot and cold running water, properly installed, and in good working condition. (8-505d,c)	✓	
28. A kitchen must have not less than 35 sq. '. (8-503b)	✓	
BATHROOM:		
29. Bathrooms must have at least one electric light fixture. (8-701b)	✓	
30. Bathrooms must not open directly off the kitchen. (8-505f)	✓	
31. Bathrooms and toilet rooms must afford privacy. (8-505g)	✓	
32. Dwelling unit must contain at least one bathroom with sink, toilet wash basin, tub or shower properly connected to both hot and cold waterlines with air change once every 5 minutes (8-505a) OR	✓	
33. In buildings with sleeping rooms there must be toilet facilities or one toilet, lavatory, tub or shower for every 10 of each sex, accessible from a public hall.	✓	
34. Plumbing fixtures must be of nonabsorbent material, properly installed, and in good working condition. (8-505d,c)	✓	
35. Water closet compartments must be of approved nonabsorbent material (8-505e)	✓	
BASEMENT:		
36. Basement areas more than 50% below grade cannot be used for habitation. (8-401,L) & (8-504a)	✓	
37. Basement areas must be dry and well drained.	✓	
SPACE REQUIREMENTS FOR STANDARD HOUSING		
1. Opposite sex children may not share a bedroom with a child over six (6) years of age.	✓	
2. Husband and wife should not share a bedroom with a child over three (3) years of age.	✓	

3.* Chart of bedrooms needed:

By Bedroom			By Number of Persons		
<u>No. of Bdrms.</u>	<u>No. of Persons:</u>		<u>No. of Persons:</u>	<u>No. of Bdrms:</u>	
	<u>Min.</u>	<u>Max.</u>		<u>Min.</u>	<u>Max.</u>
0	1	2	1	1	1
1	1	3	2	1	2
2	2	4	3	1	2
3	4	6	4	2	3
4	6	8	5	3	3
5	8	10	6	3	4
			7	4	4
			8	4	5
			9	5	5
			10	5	6

* Indicates exceptions regarding efficiency units.

COMMENTS :

WASHINGTON HIGH SCHOOL SITE RENTAL PROPERTY

1. Apartment house - 704 S. E. 12th Avenue

#1 - Maria Gonzalez	Rent - \$ 45.00
#2 - Lloyd Komlofski	- 65.00
#3 - Dennis E. Voss	- 65.00
#4 - Jonathan Brown	- 65.00
#5 - Celedonia Hernadez	- 45.00

2. Building - 716 S. E. 12th Avenue

Horizon Type Composition Co. B-4114 - 100.00

3. Duplex -

Lower - 1245 S. E. Morrison St. - 70.00
Mrs. Good (moving in 11/21/69)

Upper - 1247 S. E. Morrison St. - 60.00
Gladys Summers & Lee Juntunen

\$ 315.00 per mo.

*Letter
23.2-1713*

*1221 S. E. Morrison
1218 S. E. Alder St.*

*GARCIA & GRAHAM (MOVED OUT
30 DAY)*

EM:dc
11/20/69

*1) Continue rentals until last month of purchasing. Then give 30 days
notice to vacate.*

*2) As time comes in for us we may be able to continue rentals on
last month of purchase.*

*MR. MILLER
236-1213*

DESCRIPTION		ROLL NO	ODOMETER
MODEL CITIES BETA II HOUSING PROJ.	McKINNEY, GEORGIA MAE (MRS.) 537 N. E. SACRAMENTO 1972		
MODEL CITIES BETTA II HOUSING PROJ.	MERRITT, JAMES 445 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	MYERS, JERRY & BLANCH 521 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	WILLIAMS, WANDA 527 N. E. SACRAMENTO 1972		
	BROOKLYN OPEN SPACE PROJECT INITIAL CONTACT RECORDS RESIDENCE S.E. 11TH & MILWAUKEE		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	BIGGS, JACK & DOROTHY 5214 S.E. TAGGERT STREET 1970		
SCHOOL DIST. I WASHINGTON-H.S. EXTENSION	BROWN, JEAN 1242 S. E. ALDER 1970		
SCHOOL DIST I WASHINGTON H.S. EXTENSION	BROWN, JONATHAN 704 S. E. 12TH 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	CADDICK, LAWRENCE 5206 S. E. TAGGART 1970		
SCHOOL DIST I	DAVIDSON, FLORETTA 728 N. SHAVER 1971		
SCHOOL DIST I	GARCIA, DOLORES 1218 S. E. MORRISON 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	GONZALEZ, MARIA 704 S.E. 12TH, APT. I 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	GOOD, DONNA L. (MRS.) 1245 S. E. MORRISON 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	HARRIS, GEORGE 5205 S. E. WOODWARD 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	HERNANDEZ, CELEDONIA 704 S.E. 12TH APT 5 1970		
SCHOOL DIST. I WASHINGTON HS EXTENSION	JUNTUNEN, LEE (MISS) 1247 S. E. MORRISON 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	KOMLOFSKE, LLOYD 704 S.E. MORRISON 1970		
SCHOOL DIST I	LAMORIE, ETHEL (MRS.) 5224 S.E. TAGGART 1970		

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Lawrence C. Caddick RELOCATION ADVISOR Gerga
 ADDRESS 5206 SE Taggart PHONE 232-4466 PROJECT NAME Franklin High Ext
 SEX M ETHN Wh VETERAN AGE PARCEL NO.
 MARITAL STATUS M TENURE OWNER
 DISABILITY INDIV FAMILY ✓
 ELIGIBLE FOR: PUBLIC HOUSING NO FHA 235
 RENT SUPPLEMENT OTHER
 INITIAL INTERVIEW DATE INFO PAMPHLET DELIVERED
 NOTICE TO MOVE DATES EFFECTIVE EXPIRATION DATE
 NOTIFY IN CASE OF EMERGENCY

DATE ON SITE:
INITIATION OF
NEGOTIATIONS:
DATE OF
ACQUISITION:

ECONOMIC DATA

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

FAMILY COMPOSITION

Name	Relation	Age
<u>Colleen</u>	<u>wife</u>	<u> </u>

DWELLING UNIT FROM WHICH RELOCATED

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

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	
Food Stamp Program	
Housing Authority	
Legal Aid	
FISH	
Health Dept.	

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 4949 SE 108 Phone _____ Date of Move 7/12/70

WHERE RELOCATED:

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

Furnished _____ Unfurnished _____ Number of Rooms 6 Number of Bedrooms 3 Habitable Area 1118

Utilities \$ _____ Monthly Payments (Rent) \$ 158 Purchase Price \$ 15,750

Age of Structure: 1943 Taxes \$ 376 Equity \$ _____ Distance Moved Away _____

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving			\$
Actual Move		<u>9/14/70</u>	\$ <u>125.55</u>
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

*paid by
School Dist. #1*

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER DEG ORIGIN OF CASE School Dist. #1 PARCEL

NAME CADDICK, Lawrence C. ADDRESS 5206 S.E. Taggart Street APT NO.

PHONE 22608072 232-4466 INITIAL INTERVIEW SEX M MINORITY GROUP White

AGE U.S. CITIZEN ALIEN VETERAN SERVICEMAN DATE ON SITE

FAMILY COMPOSITION

Name	Relation	Age
Lawrence	HOH	
Colleen J.	Wife	

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

TOTAL MONTHLY INCOME

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

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)

Over 62 Disabled (Soc.Sec.def.) Income below limits Assets below limits

221 CERTIFICATE OF ELIGIBILITY: Date delivered by

Notify in case of emergency:

Name Address Phone

Information Statement given to on by

Notice to move given to on by

School Dist.

Payments: Amount \$ 125.55 Check No. #1 Date delivered 9/14/70 Moved by self (or)
 moved by moving company Eastside Van & Storage Co. (Phone) 771-4181

REMOVED FROM CASELOAD: (Date) REMAINING ON CASELOAD:

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 X
 Sub-standard sales hgs.
 Out-of-town
 Address unknown, abandoned
 Evicted, no further
 assistance
 Other (explain)

Address unknown, tracing
 Evicted, further assistance
 contemplated
 Temporarily relocated by
 LPA
 within project: address
 outside project: address

FAMILY REFUSED ADDITIONAL ASSISTANCE:

Date Worker

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: 4949 S.E. 108th Avenue, Portland

Zip Phone

New rent or purchase price: 15,750.00 No. of rooms 6 \$ X SS

INTERVIEW REGISTER

Date		Relocation Worker
5/9/70	<p>The Portland Public Schools informed me that Mr. Lawrence Caddick will be displaced by them on July 1, 1970. I had a relocation service pamphlet sent to Mr. Caddick. I expect a reply very soon.</p>	DEG
5/25/70	<p>Mrs. Caddick responded to my call by phone. She and her husband own a beauty shop that is in financial trouble. Prior to the sale of their property to the School District, the Caddicks took out a second mortgage against their property. They are very bitter about having to sell. There may be potential problems in this case. They have until August to move, but feel that the School District will pay over \$200 to move them. I called Dr. Winters at the School District to confirm this, and he said they <u>would not</u> pay over \$200. I called Dr. King at Dr. Winters' request to confirm what he had said.</p>	DEG
6/7/70	<p>In the meantime, I am looking for a 2-bedroom home with a 2-car garage or carport and basement below \$18,500. There is a possibility that these people would be interested in an FHA repossession.</p> <p>Mr. and Mrs. Caddick are very interested in a house from FHA that I showed to them. I made out their earnest money and delivered it to FHA. We are now waiting for financing to go through.</p> <p>Mr. Wiley and myself showed the house on 108th to the Caddicks. They liked it and we filled out the papers that would make them a displacee on the 221D-2 FHA Program. I filled out the earnest money for the Caddicks and had them sign it. There was some difficulty at FHA over two provisions being "initialed." I took it back to the Caddicks and they initialed it. We are now waiting for the loan to be placed.</p> <p>The Caddick loan has gone through, and they have moved in. Their moving bill has been paid.</p>	DEG

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 1400 S.W. 4th Portland, Oregon	PROJECT NAME (If applicable) School District #1 PROJECT NUMBER Wash. High Extension
---	--

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 Lawrence C. Caddick (F)	2. DATE(S) OF MOVE 7/12/70 + 8/3/70
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 5206 S.E. Jaggar, Portland, Ore. 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): 6 e. Date you moved into this address: _____	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 4949 S.E. 108th, 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 checked="" 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
---	--

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.)	\$ 125.55
---	-----------

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

7. NAME OF MOVING COMPANY (OR PERSON) Eastside Van + Storage Co.	8. MOVER'S TELEPHONE NO. 771-4181	9. ADDRESS AND ZIP CODE OF MOVING COMPANY (OR PERSON) 4836 SE. Powell Blvd., Portland, Oregon
---	--------------------------------------	---

10. METHOD OF PAYMENT, MOVING BILL (Check one) <input checked="" 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.)	\$ 125.55
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.
--

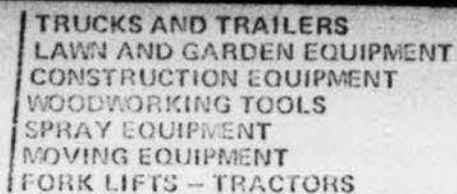
8-1970

Lawrence C. Caddick

"Two Locations to Serve You"

255-9053

774-3292



38375

LESSOR ACCEPTS THE ABOVE EQUIPMENT IN GOOD OPERATING CONDITION AND WITH THE FULL KNOWLEDGE OF HOW IT IS OPERATED AND IF SAME EQUIPMENT IS RETURNED BEFORE THE DUE TIME HE AGREES TO PAY THE MINIMUM RENTAL CHARGE OR HOURLY RATE, WHICHEVER IS GREATER. WE CHARGE FOR ALL TIME OUT INCLUDING SUNDAYS AND HOLIDAYS.

"Section 1. Every person who leases or rents a vehicle, trailer, tool, item of personal property or equipment and who wilfully fails to return such vehicle, trailer, tool, item of personal property or equipment to its owner subsequent to the expiration of the lease or rental term and within 10 days after demand is received shall be punished by imprisonment in the county jail for not more than six months or a fine of not more than \$200.00."

CHECKED OUT BY _____
CHECKED IN BY _____

EAST SIDE VAN & STORAGE CO.

4836 S.E. POWELL BLVD.
PORTLAND, OREGON 97206
PHONE: 777-4181



NORTH AMERICAN VAN LINES
WORLD WIDE MOVERS

INSTRUCTIONS:

3:00

HUG

Customer Requests That Vehicle Be Driven Off Public Highway and Hereby
Assumes Full Liability For Damages Resulting From This Request:
Related valuation not to exceed .30 cents per pound.

SIGNED:

WORK COMPLETED SATISFACTORILY:
SIGNED:

MAILING ADDRESS:

CITY:

NAME: DEWEY, CAROL

TELEPHONE:

LOAD AT:

5206 S.E. Taggart

DELIVER TO:

4949 S.E. 108th

MOVING 5 1/2 HOURS @ 20.10 PER HOUR

PIANO REFRIGERATOR DEEP FREEZE

FEDERAL TRANSPORTATION TAX

PACKING HOURS @ PER HOUR

CARTONS #3 #5 #8

WARDROBES BARRELS

MISCELLANEOUS

DELIVERY

STORAGE

INSURANCE

WRAPPING

WAREHOUSE SERVICE

ADVANCE CHARGES

DRIVER:

TOTAL CHARGES

RECEIVED PAYMENT:

P 7719

JOB DATE

3-3-70

NO. OF MOVERS

2

110.55

CUSTOMER COPY

REMITTANCE STATEMENT

SCHOOL DISTRICT NO.1

MULNOMAH COUNTY, OREGON

$$\frac{24.4}{1230}$$

THIS AMOUNT

PORTLAND MAIN BRANCH
THE FIRST NATIONAL BANK OF OREGON
PORTLAND, OREGON

#00111680# #1230#0004# 0 65019 B

September 14, 1970

Mr. Lawrence Caddick
4949 S.E. 108th Street
Portland, Oregon

Dear Mr. Caddick:

We are enclosing with this letter, School District #1 check, #0950539 in the amount of \$125.55. This is to reimburse you for your move from 5206 S.E. Taffart Street, to your present address.

If we can be of further service please feel free to call on us.

Yours very truly,

E.R. Wiley
Chief of Relocation and
Property Management

ERV/sgs

August 20, 1970

Dr. Lawrence Winter
Assistant Superintendant
Portland Public Schools
620 N. E. Halsey
Portland, Oregon

Dear Dr. Winter:

We are enclosing a claim form signed by Mr. and Mrs. Lawrence Caddick who were former owners at 5206 S. E. Taggart Court, Portland, Oregon. We aided the Caddicks' in purchasing an FHA foreclosed property. We have examined their claim and found it to be valid.

Please issue a check for \$125.55 payable to Mr. and Mrs. Lawrence Caddick and send it to us for delivery.

Very truly yours,

E. R. Wiley
Chief of Relocation and
Property Management

ERW:bb
Enc.

June 1, 1970

Mr. Paul Timmons, Acting Director
Federal Housing Administration
520 S. W. Sixth Avenue
Portland, Oregon 97204

Dear Mr. Timmons:

We are enclosing FHA Form 3476 which indicates that Mr. and Mrs. Lawrence Caddick are displaced persons. Mr. Caddick has expressed an interest in the FHA property located at 4949 S. E. 108th, Portland. We respectfully request that this property be set aside on a special displaced listing.

Yours very truly,

E. R. Wiley, Chief
Relocation & Property Management

ERW/DG/c
Enclosure

FEDERAL HOUSING ADMINISTRATION
520 S. W. Sixth Avenue
Portland, Oregon 97204

RECEIVED

JUN 8 1970

June 5, 1970

Washington Mutual Savings Bank
1201 Main Street
Vancouver, Washington
Attention: Mr. Crowell

PORTLAND DEVELOPMENT COMMISSION
PM: E. W. Tweten

226-3361, Ext. 1974-5

SUBJECT: FHA OWNED PROPERTY - PRIVATELY FINANCED SALE

Old Case No. 431-028576-203

Contract Dated: June 5, 1970

Address: 4949 S. E. 108th Avenue
Portland, Oregon

Mortgage Amount: \$15,650

Purchasers: Mr. and Mrs. Lawrence C. Caddick

Terms: 30 years 6.5%

Section: 221(d)2

Discount: 3%

Gentlemen:

We enclose Standard Retail Sales Contract, FHA Form No. 2384, Property Listing, and FHA Forms 755A and 2004W in connection with the sale of the captioned property. Under our Private Financing Program, the mortgagee orders the credit report from an FHA approved source at the expense of the purchaser.

After you have completed your review and processing, please forward to us executed originals of Forms 2900-1, 2004f, 2004g, and a copy of the credit report, together with the completed Forms 2004W and 755A. No application fee will be required.

If at any time it becomes apparent that the mortgagors will not be acceptable, please advise us immediately.

Instructions relative to closing will be furnished you after our Mortgage Credit analysis and approval of the purchaser.

Very truly yours,

Paul R. Timmins

Paul R. Timmins
Acting Director

Enclosures

cc: Selling Broker
AMB

Property Located In: City Portland State Oregon County Multnomah	U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT FEDERAL HOUSING ADMINISTRATION STANDARD RETAIL SALES CONTRACT	FHA Case No. 431-028576-203 Offer By: Caddick
--	--	--

1. THE EFFECTIVE DATE OF THIS CONTRACT (THE DATE SIGNED BY THE PURCHASER) IS **6-5**, 19**70**
PROVIDED THIS CONTRACT IS THEREAFTER SIGNED BY THE SELLER AND DELIVERED TO THE PURCHASER.

A. The SECRETARY OF HOUSING AND URBAN DEVELOPMENT, acting by and through the FEDERAL HOUSING COMMISSIONER as SELLER agrees to sell to the PURCHASER named below, and said Purchaser agrees to buy, the property identified hereinafter, subject to the CONDITIONS OF SALE on the reverse hereof which are incorporated herein and made a part hereof.

PROPERTY IDENTIFICATION. Street Address. **4949 S. E. 108th Avenue, Portland, Oregon**
Brief Legal Description **W 1/2 of Lot 9, Block 1, Commons, Multnomah County, Portland, Oregon**

together with the appurtenances thereunto belonging.

B. PRICE: **\$15,750.00** DEPOSIT **\$50.00 @ 8 1/2%** (receipt of which is acknowledged to be refunded if offer rejected),
BALANCE AT CLOSING **\$15,700.00** TO BE PAID BY **\$15,700.00** IN CASH AND ~~XXXXXXXXXXXX~~
☐ Mortgage (or Deed of trust, etc.), ☐ installment Contract to the Seller-Providing for equal monthly installments of principal and interest @ **8 1/2%**, together with 1/12 of the annual charges for property insurance, ground rents (if any) and any and all taxes and assessments now or hereafter levied against the property, in order that the Seller may pay such charges when due. **Sec. 221-D2**

C. CONTINGENCIES. 1. ☒ This ALL CASH offer is contingent upon closing of a **30** year loan of **\$15,650.00** to be ☒ insured by FHA, ☐ guaranteed by VA, for which the Purchaser is to make application. 2. ☐ in order to further secure the Seller, the NOTE, (or Installment Contract) will also be signed by **C. Caddick**, who is not named as a Grantee in Item F, and who has evidenced his agreement to so sign by executing this Sales Contract as Co-Signer.

D. OCCUPANCY. The Purchaser ☐ now occupies; ☐ will occupy prior to closing, as Tenant (if not single family, specify which unit **1**); Purchaser will close with property ☒ vacant, subject to ☒ his own occupancy only, ☐ occupancy by himself and others, ☐ occupancy by other(s).

E. PRORATIONS. The Seller will pay in full all improvement assessments which are available for payment without penalty at or prior to closing. Unless specified to the contrary hereinafter, all other assessments, taxes, rent, and ground rents (if any) shall be prorated as of the closing date, and the Purchaser will assume all taxes, assessments, and ground rents (if any) accruing on and after the closing date.

F. CONVEYANCE. Title is to be taken in the following name and style. **Lawrence C. Caddick and Colleen J. Caddick, Husband and Wife**

G. SIGNATURE. This contract is signed by one or more of those named in F (herein referred to as the Purchaser) and by the Co-signer if stipulated in C2.

H. SPECIAL CONDITIONS. The Purchaser has examined the property and will accept the property in its present condition (the condition on the EFFECTIVE DATE shown above), except as follows:

FHA will not pay for any title evidence as part of closing costs mentioned in Item E on reverse hereof, except where the mortgage is governed by regulations of a governmental agency which requires title evidence insuring a good and valid mortgage. If other than FHA insured mortgage financing is involved, FHA will allow reasonable cost for such title evidence by a credit to the purchaser in the closing accounting period.

I. The sale shall be closed at **an institution to be specified at a later date** as soon as possible and within a reasonable time after indication by the Seller of readiness to close. **Per M.O. 7/10/65**

IN WITNESS WHEREOF, Purchaser and Seller have signed this contract on the EFFECTIVE DATE shown above.

Colleen J. Caddick
Purchaser's Signature

Lawrence C. Caddick
Purchaser's Signature

Purchaser's Signature

Co-Signer's Signature

SECRETARY OF HOUSING AND URBAN DEVELOPMENT
FEDERAL HOUSING COMMISSIONER, By

Paul A. Finnegan, Acting Director

This contract is the one referred to in the accompanying FHA Form 2385, Broker's Tender dated and signed by the undersigned, each of whom certifies for himself that neither he nor anyone authorized to act for him has declined to sell the property described herein to or to make it available for inspection or consideration by a prospective purchaser because of his race, color, creed or national origin. **NOTE: The submitting Broker and the cooperating Broker (if any) must sign this certification.**

Type _____
Name of Broker

Type _____
Name of Cooperating Broker

By _____
Signature and Title

By _____
Signature and Title

RECEIVED

JUN 15 1970

PORTLAND DEVELOPMENT COMMISSION

FEDERAL HOUSING ADMINISTRATION
520 Southwest Sixth Avenue
Portland, Oregon 97204

PROPERTY LISTING

FOR DISPLACED PERSONS

In reply please refer to - Property Disposition

Phone: 226-3361, Ext. 1974 - 1975

Date: June 1, 1970

PRIORITY PERIOD ENDS AT 5:00 P. M., JUNE 15, 1970

HOUSE KEY IS AVAILABLE IN
LOCK BOX ON THE FRONT DOOR

FHA Case No. 431-028576-203

PLEASE LEAVE THE LOCK BOX AND DOOR KEY AT THE FRONT DOOR UNTIL A SALE IS CLOSED.
THE DISPLACING AGENCY WILL RETURN THE LOCK BOX TO FHA AFTER THE SALE IS CLOSED.

The property described below was acquired by the Federal Housing Administration and is offered for sale.

<u>Address:</u>	4949 S. E. 108th Avenue, Portland, Oregon
<u>Legal Description:</u>	The north $\frac{1}{2}$ of Lot 9, Block 1, GAMMONS, Multnomah County, Portland, Oregon
<u>Sales Price:</u>	\$15,750.00
<u>Minimum Down Payment:</u>	\$550.00 plus reserves for taxes and insurance Minimum Earnest Money Deposit: \$50.00
<u>Maximum Mortgage:</u>	\$15,200.00 - 30 year term @ 8- $\frac{1}{2}$ % interest, plus $\frac{1}{2}$ % FHA mortgage insurance premium
<u>Approximate Monthly Payment:</u>	\$158.00 including principal, interest, taxes and insurance
<u>Approximate Lot Size:</u>	65 x 140 <u>Dwelling Square Feet:</u> 1118
<u>Improvements:</u>	6 rooms, 3 bedrooms, 1 bath, 2-car detached garage, electric heat, fireplace, den, dishwasher
<u>Approximate Age of Dwelling:</u>	17 years Taxes: \$376.26 (1969/70)

Instructions and information on preparing and submitting offers can be obtained from this office.

FHA PROPERTIES ARE OFFERED FOR SALE TO QUALIFIED PURCHASERS WITHOUT REGARD TO PROSPECTIVE PURCHASER'S RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. PURCHASERS SHOULD CONTACT THEIR DISPLACING AGENCY. OFFERS TO PURCHASE MUST BE SUBMITTED TO FHA BY THE DISPLACING AGENCY. THE LOCAL FHA OFFICE IS LOCATED AT 520 SOUTHWEST SIXTH AVENUE, PORTLAND, OREGON 97204, FIFTH FLOOR.

This property is also available
under the Section 221(d)2 program

RECEIVED

JUN 15 1970

PORTLAND DEVELOPMENT COMMISSION

FEDERAL HOUSING ADMINISTRATION
520 Southwest Sixth Avenue
Portland, Oregon 97204

PROPERTY LISTING

FOR DISPLACED PERSONS

In reply please refer to - Property Disposition

Phone: 226-3361, Ext. 1974 - 1975

Date: June 1, 1970

PRIORITY PERIOD ENDS AT 5:00 P. M., JUNE 15, 1970

HOUSE KEY IS AVAILABLE IN
LOCK BOX ON THE FRONT DOOR

FHA Case No. 431-028576-203

PLEASE LEAVE THE LOCK BOX AND DOOR KEY AT THE FRONT DOOR UNTIL A SALE IS CLOSED.
THE DISPLACING AGENCY WILL RETURN THE LOCK BOX TO FHA AFTER THE SALE IS CLOSED.

The property described below was acquired by the Federal Housing Administration and is offered for sale.

Address:

4949 S. E. 108th Avenue, Portland, Oregon

Legal Description:

The north $\frac{1}{2}$ of Lot 9, Block 1, GAMMONS, Multnomah County, Portland, Oregon

Sales Price:

\$15,750.00

Minimum Down Payment:

\$550.00 plus reserves for taxes and insurance
Minimum Earnest Money Deposit: \$50.00

Maximum Mortgage:

\$15,200.00 - 30 year term @ 8- $\frac{1}{2}$ % interest, plus
 $\frac{1}{2}$ % FHA mortgage insurance premium

Approximate Monthly Payment:

\$158.00 including principal, interest, taxes
and insurance

Approximate Lot Size:

65 x 140

Dwelling Square Feet: 1118

Improvements:

6 rooms, 3 bedrooms, 1 bath, 2-car detached
garage, electric heat, fireplace, den, dishwasher

Approximate Age of Dwelling:

17 years

Taxes: \$376.26 (1969/70)

Instructions and information on preparing and submitting offers can be obtained from this office.

FHA PROPERTIES ARE OFFERED FOR SALE TO QUALIFIED PURCHASERS WITHOUT REGARD TO PROSPECTIVE PURCHASER'S RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. PURCHASERS SHOULD CONTACT THEIR DISPLACING AGENCY. OFFERS TO PURCHASE MUST BE SUBMITTED TO FHA BY THE DISPLACING AGENCY. THE LOCAL FHA OFFICE IS LOCATED AT 520 SOUTHWEST SIXTH AVENUE, PORTLAND, OREGON 97204, FIFTH FLOOR.

This property is also available
under the Section 221(d)2 program
and FHA/VA Special Terms for Veterans.

OFFERS MUST CONSIST OF COMPLETED FORMS 2384, EARNEST MONEY DEPOSIT, AND CERTIFICATION FROM THE DISPLACING AGENCY SHOWING THE PURCHASER BE BE DISPLACED BY GOVERNMENTAL ACTION. IF FHA FINANCING IS REQUESTED, A COMPLETED FORM 2900 MUST ALSO BE SUBMITTED WITH THE OFFER.



PORTLAND PUBLIC SCHOOLS

631 Northeast Clackamas Street / Portland, Oregon 97208

Phone (503) 234-3392

MANAGEMENT SERVICES

Laurence E. Winter
Assistant Superintendent

May 18, 1970

RECEIVED
MAY 19 1970
PORTLAND DEVELOPMENT COMMISSION

Mr. Ernest Wiley
Portland Development Commission
1700 S. W. 4th
Portland, Oregon 97201

Dear Mr. Wiley:

These are the houses that have been purchased at the Franklin High School site with the names and addresses of the owners:

Lawrence Caddick, 5206 S. E. Taggart
Jack Biggs, 5214 S. E. Taggart
Sylvia Mulkey, 5211 S. E. Woodward
Mrs. J. K. Williams, 5221 S. E. Woodward, has moved and district has already paid costs.
Albert Putman, 5229 S. E. Woodward
Ethel Lamorie, 5224 S. E. Taggart, also has house at 5230 S. E. Taggart. Renter's name is Mrs. Ott. Housing Authority (Mrs. Easley) is handling.

Sincerely yours,

A handwritten signature in cursive script that reads 'Chas. G. King'.

Chas. G. King
Coordinator of Sites

CGK;mr

DESCRIPTION		ROLL NO	ODOMETER
MODEL CITIES BETA II HOUSING PROJ.	McKINNEY, GEORGIA MAE (MRS.) 537 N. E. SACRAMENTO 1972		
MODEL CITIES BETTA II HOUSING PROJ.	MERRITT, JAMES 445 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	MYERS, JERRY & BLANCH 521 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	WILLIAMS, WANDA 527 N. E. SACRAMENTO 1972		
	BROOKLYN OPEN SPACE PROJECT INITIAL CONTACT RECORDS RESIDENCE S.E. 11TH & MILWAUKEE		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	BIGGS, JACK & DOROTHY 5214 S.E. TAGGERT STREET 1970		
SCHOOL DIST. I WASHINGTON H.S. EXTENSION	BROWN, JEAN 1242 S. E. ALDER 1970		
SCHOOL DIST I WASHINGTON H.S. EXTENSION	BROWN, JONATHAN 704 S. E. 12TH 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	CADDICK, LAWRENCE 5206 S. E. TAGGART 1970		
SCHOOL DIST I	DAVIDSON, FLORETTA 728 N. SHAVER 1971		
SCHOOL DIST I	GARCIA, DOLORES 1218 S. E. MORRISON 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	GONZALEZ, MARIA 704 S.E. 12TH, APT. I 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	GOOD, DONNA L. (MRS.) 1245 S. E. MORRISON 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	HARRIS, GEORGE 5205 S. E. WOODWARD 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	HERNANDEZ, CELEDONIA 704 S.E. 12TH APT 5 1970		
SCHOOL DIST. I WASHINGTON HS EXTENSION	JUNTUNEN, LEE (MISS) 1247 S. E. MORRISON 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	KOMLOFSKE, LLOYD 704 S.E. MORRISON 1970		
SCHOOL DIST I	LAMORIE, ETHEL (MRS.) 5224 S.E. TAGGART 1970		

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Floretta Davidson RELOCATION ADVISOR _____
 ADDRESS 728 N. Shaver PHONE — PROJECT NAME _____
 SEX F ETHN BI VETERAN _____ AGE 26 PARCEL NO. _____
 MARITAL STATUS _____ TENURE _____
 DISABILITY _____ INDIV _____ FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING yes FHA 235 _____
 RENT SUPPLEMENT yes OTHER _____
 INITIAL INTERVIEW 1/5/71 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE:	<u>1/5/71</u>
INITIATION OF NEGOTIATIONS:	_____
DATE OF ACQUISITION:	_____

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW _____ 231.00
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 231.00

FAMILY COMPOSITION

Name	Relation	Age
Alvin	Son	5
Ellie	d	4
Elizabeth	d	2
Jorrelle	d	8 mo
(pregnant)		

DWELLING UNIT FROM WHICH RELOCATED

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

Size of Habitable Area _____

Age of Structure _____ No. Rooms 5
 No. Bedrooms 2 Furn. _____ Unfurn X
 Utilities \$ _____
 Monthly Payments (Rent) \$ 85.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

HOUSING REFERRALS

Address	Bedrooms
<u>HAP</u>	

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	
Food Stamp Program	
Housing Authority	
Legal Aid	
FISH	
Health Dept.	

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred X

Address 3726 N. Cantonham Phone _____ Date of Move _____

WHERE RELOCATED:

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

Furnished _____ Unfurnished _____ 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)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving		3/25/71	\$ 88.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED

\$ 88.00

paid by
School Dist. #1

REALTOR: _____ ESCROW CO. _____ OFFICER _____

RESIDENTIAL RELOCATION RECORD

PUBLIC SCHOOL DIST. #1

RELOCATION WORKER _____

PROJECT NO. --- PARCEL ---

NAME DAVIDSON, Floretta ADDRESS 728 N. Shaver APT NO. (house)PHONE ---- INITIAL INTERVIEW 1/5/71 SEX F W NW xx AGE 26U.S. CITIZEN xx ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 1/5/71

FAMILY COMPOSITION

Name	Relation	Age
Alvin	son	5
Ella	d	4
Elizabeth	d	2
Loretta	d	8 mths
(pregnant)		

Employer: Name _____ \$ _____
Address _____
MCW x Caseworker Juanita Woods - 231.00
Social Security Corine Colman
VA. _____ Fed. _____ Mult Co. _____
Pension: Name _____
Other: Name _____
TOTAL MONTHLY INCOME 231.00

Rent \$85.00, Inc. Heat _____ Water xx Gas _____ Gar _____ Elec _____ Unfurn xx Furn _____ No. Rms 5
(2 bdrm.)

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)

Over 62 _____ Disabled (Soc. Sec. def.) _____ Income below limits xxx Assets below limits xxx

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of accident:

Name _____ Address _____ Phone _____

Information Statement given to _____ on _____ by _____

Notice to move given to _____ on _____ by _____

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

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

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

FAMILY REFUSED ADDITIONAL ASSISTANCE.

Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date
<u>HAP</u>		

NEW ADDRESS: 3726 N Gartenbein (HAP) LPA refused
Zip _____ Phone _____

DATE	NOTES	C/W
1/5/71	<p>Made a call on Floretta Davison to fill out the Relocation Record form. She has applied for Public Housing (around a year or so ago). HAP has not found her a three bedroom house. She has been offered a two bedroom and has refused it because it was too small. She does not want a house with a second floor.</p> <p>Mr. Zimmerman of the school board has given her all the time she needs to find a place. He also did not charge her rent for $\frac{1}{2}$ month of January.</p> <p>The house she lives in has two bedrooms. Water is furnished as part of the rent. She pays the gas, lights and garbage. She would prefer a house in the area near Fred Meyer's shopping center.</p> <p>Alvin the 5 yr. old goes to kindergarden - Humbolt. Ella the 4 yr. old goes to Headstart on Blandena.</p> <p>Her welfare check came semi-monthly so she pays rent semi-monthly.</p>	JC
1/22/71	<p>Received certification of welfare income from MCPW. Took Mrs Davidson to HAP and she applied for housing.</p>	
2/22/71	<p>Mrs Davidson finally accepted a suitable HAP unit at 3726 W Santenbein. Took inventory. Self move on fixed room basis.</p>	
2/25/71	<p>Filed claim.</p>	
3/3/71	<p>Claim sent to school district for payment.</p>	
6/8/71	<p>Mrs Davidson has received her relocation payment and appears happy in her new location.</p>	

Sandi

March 3, 1971

Dr. Laurence Winter
Assistant Superintendent
Portland Public Schools
620 N.E. Halsey
Portland, Oregon 97232

Dear Dr. Winter:

Enclosed is Mrs. Floretta Davidson's Claim for Relocation Form, covering reimbursement of her moving costs from 728 N. Shaver Street, which is property owned by the School District.

When the check is drawn, may we ask that it be sent to us for forwarding to Mrs. Davidson in order that we can complete her file.

Thank you.

Very truly yours,

Spencer H. Benfield
Acting Chief of Relocation
and Property Management

SHB:ch
Enclosure

CLAIM FOR RELOCATION PAYMENT

1. NAME OF CLAIMANT (I) FLORETTA (F) DAVIDSON
2. DATE OF MOVE 2-22-71
3. ADDRESS FROM WHICH YOU HAVE MOVED
 - a. Address 728 N. SHAVER Parcel No.
 - b. Apartment No.
 - c. Client's Furniture? yes ~~3~~ no partially X
 - d. Number of rooms 5
 - e. Date in OCT 70
4. NEW ADDRESS
 - a. Address 3726 N. Fairview (HAP)
 - b. Apartment No.
 - c. Goods moved from storage yes no
5. TYPE OF PAYMENT
 - a. Moving expenses and/or loss of property.
 - X b. Fixed payment. 4 Rooms
 - c. Storage costs.
6. TOTAL CLAIM \$ \$88.00
7. NAME OF MOVING CO. 8. TELEPHONE NUMBER 9. ADDRESS
10. METHOD OF PAYMENT - MOVING BILL ATTACHED: yes no
 - a. Reimburse claimant.
 - b. Direct payment to movers.
11. AMOUNT OF ACTUAL COSTS AND/OR LOSS
 - a. Moving costs \$
 - b. Storage costs
 - c. Direct loss of property \$

DATE

sent to M.O.
3-1-71

Dwelling Unit Inventory

2 Bedrooms
1 Kitchen
1 LR
1 BRMS.

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

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

Miscellaneous (List Items)

1. Washing Machine
Dishes
 2. TV - portable floor model
 1. Baby Bed

COMMENTS: 2 Bdrm
 1 Kitchen
 1 Living
 1 Dining
 1 Bath

FORMS YOU NEED TO APPLY FOR HOUSING

PLEASE CHECK WHAT APPLIES TO YOU

- ☐ EMPLOYER'S FORM (IF YOU ARE EMPLOYED)
- ☐ ASSET FORM (IF YOU ARE NOT ON WELFARE)
- ☐ DISABILITY FORM (IF YOU ARE SINGLE & UNDER 62, YOU MUST BE TOTALLY & PERMANENTLY DISABLED, HANDICAPPED & UNABLE TO EARN A NORMAL LIVING.)
- ☐ BABY SITTER FORM (IF YOU ARE EMPLOYED & HIRE A BABY SITTER)
- ☐ SERVICEMAN'S FORM (IF YOU ARE IN THE SERVICE)
- ☐ CHILD SUPPORT FORM (IF YOU ARE NOT ON WELFARE & RECEIVE CHILD SUPPORT OR NOT, IF THE CHILDREN'S FATHER IS NOT IN THE HOME)
- ☐ UNEMPLOYMENT COMPENSATION FORM (IF YOU RECEIVE UNEMPLOYMENT COMPENSATION)
- ☐ REFERENCE FORM (FOR EVERYONE UNDER 62)
- LETTERS TO VERIFY INCOME FROM:
- ☐ SOCIAL SECURITY (OR SHOW CHECK)
- ☐ VETERANS ADMINISTRATION (OR SHOW CHECK)
- ☐ WELFARE (GET LETTER FROM CASEWORKER)
- ☐ ANY OTHER SOURCE OF INCOME

HOW TO TELL IF YOU ARE ELIGIBLE

YOU MUST BE A FAMILY, OR IF YOU SINGLE, YOU MUST BE DISABLED OR OVER 62.

IF YOU ARE 62 OR OVER, YOUR ASSETS MAY NOT EXCEED \$7,500.00 IF YOUR MONTHLY INCOME IS OVER \$100.00, AND \$10,000.00 IF YOUR MONTHLY INCOME IS UNDER \$100.00.

IF YOU ARE UNDER 62, YOUR ASSETS MAY NOT EXCEED \$3,500.00

ANNUAL INCOME LIMITS FOR EVERYONE ARE AS FOLLOWS:

1 PERSON	\$3,000	6 PERSONS	\$5,200
2 PERSONS	\$3,400	7 PERSONS	\$5,600
3 PERSONS	\$4,000	8 PERSONS	\$6,000
4 PERSONS	\$4,400	9 PERSONS	\$6,400
5 PERSONS	\$4,800	10 OR MORE	\$6,800

NOTE: TO APPLY FOR HOUSING, ALL FORMS MUST BE COMPLETED.

HOUSING AUTHORITY OF PORTLAND, OREGON - 1605 N.E. 45th Portland, Oregon

1-22-71
(date)

Multnomah County Public Welfare Department
508 S. W. Mill Street
Portland, Oregon 97201

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an Urban Renewal area and, in order to determine my eligibility for further compensation, would like you to give them the amount of my monthly compensation from Welfare.

This will authorize you to give the Development Commission the information requested below. Please return one copy of the completed form directly to the Commission in the envelope provided.

Thank you.

Sincerely,

Floretta Davidson

(name)

728 N. Moore

(address)

23716-5
(caseload code number)

1-22-71
(date)

TO: Portland Development Commission

The records of this office indicate that Floretta Davidson is receiving monthly benefits in the amount of \$ 231.00 from the Multnomah County Public Welfare Department.

MULTNOMAH COUNTY PUBLIC WELFARE DEPARTMENT

b. Jamita Woods

CONFIDENTIAL



PORTLAND PUBLIC SCHOOLS

631 Northeast Clackamas Street / Portland, Oregon 97208

Phone (503) 234-3392

MANAGEMENT SERVICES

Laurence E. Winter
Assistant Superintendent

January 11, 1971

RECEIVED
JAN 12 1971
PORTLAND DEVELOPMENT COMMISSION

Spencer H. Benfield
Acting Chief of Relocation and
Property Management
Portland Development Commission
1700 S. W. 4th Avenue
Portland, Oregon 97201

RE: Relocation Assistance
728 N. Shaver

Dear Mr. Benfield:

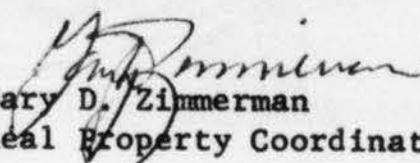
We would appreciate your assistance in relocating Mrs. Floretta Davidson, 728 N. Shaver, Portland, Oregon. We have recently purchased the residence and are interested in having possession as soon as possible.

The previous owners have given Mrs. Davidson 30-days notice, January 2, 1971.

Your Jim Crolley and I have visited Mrs. Davidson and presumably Mr. Crolley will assist in relocating her.

If we can be of further assistance do not hesitate to contact our office.

Very truly yours,


Gary D. Zimmerman
Real Property Coordinator

GDZ/lh

SMB

April 26, 1971

Mrs. Floretta Davidson
3726 N. Gantenbein
Portland, Oregon 97227

Dear Mrs. Davidson:

We are enclosing Check No. 0968144 in the amount of \$88.00, issued by School District No. 1 to reimburse you for the cost of your move from 728 N. Shaver to your present address.

The delay in forwarding this check is due to the fact that the School District first issued a check payable to the Portland Development Commission rather than to you. The check had to be returned to the School District, and because of the processing time involved in their procedure, we have just today received the corrected check.

We hope you are enjoying your new home.

Very truly yours,

Benjamin C. Webb
Acting Chief of Relocation
and Property Management

BCW:ch
Enclosure

CLAIM FOR RELOCATION ADJUSTMENT PAYMENT
(Families and Individuals)

(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code)

Portland Development Commission
1 700 S.W. Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (If applicable)

Portland Public Schools

PROJECT NUMBER

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

Floretta Davidson

(f)

2. DATE(S) OF MOVE

2-22-71

3. ADDRESS FROM WHICH YOU HAVE MOVED

a. Address

728 N. Shaver, Portland, Oregon 97227

b. Apt., Floor, or Room No. --

partially

c. Was it furnished with your own furniture?

☒ Yes / ☐ No

d. Number of rooms occupied (excluding

bathrooms, hallways, and closets): 5

e. Date you moved into this address: October, 1970

4. ADDRESS TO WHICH YOU HAVE MOVED

a. Address (include ZIP code)

3726 N. Gantenbein, Portland, Oregon 97227

b. Apt., Floor, or Room No. --

c. Were household goods moved to or from storage?

☐ Yes ☒ 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:

☐ a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property

☒ b. Fixed Payment (May not be made if storage costs are involved)

Check c if applicable:

☐ 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.)

(4 rooms)

\$ 88.00

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 AND ZIP CODE 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.

2-22-71

Date

Signature of claimant

(U.S. 1)

March 26, 1971

Dr. Laurence Winter
Assistant Superintendent
Portland Public Schools
620 N.E. Halsey
Portland, Oregon 97232

Dear Dr. Winter:

Re: Floretta Davidson
728 N. Shaver
Relocation Moving Costs

Enclosed is your Check No. 0966157 (Invoice No. 0246805) in the amount of \$88.00, made payable to the Portland Development Commission. We presume this is in payment of the Floretta Davidson claim which was sent to you March 3, 1971, covering reimbursement of her moving costs from 728 N. Shaver.

This check should be made payable to Mrs. Davidson and returned to us for transmittal to her.

Because of our accounting procedures, it will be necessary hereafter to make all checks payable to the claimant, but in each case the check should be sent to this office for transmittal to the claimant.

We appreciate your cooperation.

Very truly yours,

Spencer H. Benfield
Acting Chief of Relocation
and Property Management

SHB:ch
Enclosure

SCHOOL DISTRICT No. 1, MULTNOMAH COUNTY, OREGON

REMITTANCE STATEMENT

INVOICE DATE	P.O. NUMBER	INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	P.O. NUMBER	INVOICE NUMBER	INVOICE AMOUNT
03/08		0246805	88.00				
VENDOR NUMBER 94817 INVOICE AMOUNT 88.00 DISCOUNT ALLOWED				CHECK AMOUNT 88.00			

SCHOOL DISTRICT No.1

MULTNOMAH COUNTY, OREGON

MARCH 25, 1971

24-4
1230

0966157

PAY TO
THE ORDER
OF

PORTLAND DEVELOPMENT
COMMISSION
1700 S W 4TH AVE
PORTLAND OR 97201

THIS AMOUNT

\$*****88.00

PORTLAND MAIN BRANCH
THE FIRST NATIONAL BANK OF OREGON
PORTLAND, OREGON



⑈00127664⑈ ⑆1230⑈0004⑆ 0 65018 8⑈

March 3, 1971

Dr. Laurence Winter
Assistant Superintendent
Portland Public Schools
620 N.E. Halsey
Portland, Oregon 97232

234-3392

Dear Dr. Winter:

Enclosed is Mrs. Florette Davidson's Claim for Relocation Form, covering reimbursement of her moving costs from 728 N. Shaver Street, which is property owned by the School District.

When the check is drawn, may we ask that it be sent to us for forwarding to Mrs. Davidson in order that we can complete her file.

Thank you.

Very truly yours,

Spencer H. Benfield
Acting Chief of Relocation
and Property Management

SHB:ch
Enclosure

Dwelling Unit Inventory

2 bdrms.
1 kitchen - dining
1 L.R.
1 rm.

QUANTITY	
<u>2</u>	Beds & Springs
	Bedroom Chair
<u>1</u>	Breakfast Table
<u>5</u>	Breakfast Table Chairs
	Bridge Lamp & Shade
	Buffet
	Chest of Drawers
<u>1</u>	Coffee Table
<u>2</u>	Couch
	Davenport
	Desk
	Dining Table
	Dining Chairs
	Dresser
	End Table
	Floor Lamp & Shade
	Mirror

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

Miscellaneous (List Items)

1 washing machine

dishes

2 t.v. portable floor model

1 baby bed

COMMENTS:

PUBLIC SCHOOL DISTRICT #1

U.S. CITIZEN ☒ ALIEN ☐ VETERAN ☐ SERVICEMAN ☐ DATE ON SITE 1/5/71

Employer: Name _____	\$ _____
Address _____	
MCW <input checked="" type="checkbox"/> Caseworker <u>Juanita Woods -</u>	<u>231.00</u>
Social Security <u>& Corine Colman</u>	
VA. _____ Fed. _____ Mult Co. _____	
Pension: Name _____	
Other: Name _____	
TOTAL MONTHLY INCOME	231.00

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

NEW ADDRESS: 3726-11. Cantonment H98-LPA. Zip 92227 Phone

DATE	NOTES	C/W
1/5/71	<p>Made a call on Floretta Davidson to fill out the Relocation Record form. She has applied for Public Housing (around a year or so ago). HAP has not found her a three bedroom house. She has been offered a two bedroom house and has refused it because it was too small. She does not want a house with a second floor.</p> <p>Mr. Zimmerman of the School Board has given her all the time she needs to find a place. He also did not charge her rent for $\frac{1}{2}$ month of January.</p> <p>The house she lives in has two bedrooms. Water is furnished as part of the rent. She pays the gas, lights and garbage. She would prefer a house in the area near Fred Meyer's shopping center.</p> <p>Alvin the 5 yr. old goes to kindergarden - Humbolt. Ella the 4 yr. old goes to Headstart on Blandena.</p> <p>Her welfare checks come semi-monthly so she pays rent semi-monthly.</p>	JC
3 3-71	<p><i>Inventory in file at site office says SL. Claim sent to School District today.</i></p>	SHB
4/26/71	<p>School Dist. #1 Check No. 0968144 in the amount of \$88.00 forwarded to Mrs. Davidson today.</p>	CH



PORTLAND PUBLIC SCHOOLS

January 11, 1971

RECEIVED
JAN 14 1971
PORTLAND PUBLIC SCHOOLS

Spencer K. Benfield
Acting Chief of Relocation and
Property Management
Portland Development Commission
1700 S. W. 4th Avenue
Portland, Oregon 97201

RE: Relocation Assistance
728 N. Shaver

Dear Mr. Benfield:

We would appreciate your assistance in relocating Mrs. Floretta Davidson, 728 N. Shaver, Portland, Oregon. We have recently purchased the residence and are interested in having possession as soon as possible.

The previous owner has given Mrs. Davidson 30 days notice, January 15, 1971.

Your Jim Grolley and I have visited Mrs. Davidson and presumably Mr. Grolley will assist in relocating her.

We are also interested in having her contact our

Ray D. [Signature]
Real Property Coordinator

END/12

1-22-71
(date)

Multnomah County Public Welfare Department
508 S. W. Mill Street
Portland, Oregon 97201

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an Urban Renewal area and, in order to determine my eligibility for further compensation, would like you to give them the amount of my monthly compensation from Welfare.

This will authorize you to give the Development Commission the information requested below. Please return one copy of the completed form directly to the Commission in the envelope provided.

Thank you.

23716-5
(caseload code number)

Sincerely,

Floretta Davidson
(name)
728 N. Hoover
(address)

1-22-71
(date)

TQ; Portland Development Commission

The records of this office indicate that Floretta Davidson is receiving monthly benefits in the amount of \$ 231.00 from the Multnomah County Public Welfare Department.

MULTNOMAH COUNTY PUBLIC WELFARE DEPARTMENT

by Jamita Woods

CONFIDENTIAL

DESCRIPTION		ROLL NO	ODOMETER
MODEL CITIES BETA II HOUSING PROJ.	McKINNEY, GEORGIA MAE (MRS.) 537 N. E. SACRAMENTO 1972		
MODEL CITIES BETTA II HOUSING PROJ.	MERRITT, JAMES 445 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	MYERS, JERRY & BLANCH 521 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	WILLIAMS, WANDA 527 N. E. SACRAMENTO 1972		
	BROOKLYN OPEN SPACE PROJECT INITIAL CONTACT RECORDS RESIDENCE S.E. 11TH & MILWAUKEE		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	BIGGS, JACK & DOROTHY 5214 S.E. TAGGERT STREET 1970		
SCHOOL DIST. I WASHINGTON-H.S. EXTENSION	BROWN, JEAN 1242 S. E. ALDER 1970		
SCHOOL DIST I WASHINGTON H.S. EXTENSION	BROWN, JONATHAN 704 S. E. 12TH 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	CADDICK, LAWRENCE 5206 S. E. TAGGART 1970		
SCHOOL DIST I	DAVIDSON, FLORETTA 728 N. SHAVER 1971		
SCHOOL DIST I	GARCIA, DOLORES 1218 S. E. MORRISON 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	GONZALEZ, MARIA 704 S.E. 12TH, APT. I 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	GOOD, DONNA L. (MRS.) 1245 S. E. MORRISON 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	HARRIS, GEORGE 5205 S. E. WOODWARD 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	HERNANDEZ, CELEDONIA 704 S.E. 12TH APT 5 1970		
SCHOOL DIST. I WASHINGTON HS EXTENSION	JUNTUNEN, LEE (MISS) 1247 S. E. MORRISON 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	KOMLOFSKE, LLOYD 704 S.E. MORRISON 1970		
SCHOOL DIST I	LAMORIE, ETHEL (MRS.) 5224 S.E. TAGGART 1970		

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Dolores Garcia RELOCATION ADVISOR _____

ADDRESS _____ PHONE _____ PROJECT NAME _____

SEX F ETHN _____ VETERAN _____ AGE _____ PARCEL NO. _____

MARITAL STATUS _____ TENURE _____

DISABILITY _____ INDIV _____ FAMILY _____

ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____

RENT SUPPLEMENT _____ OTHER _____

INITIAL INTERVIEW _____ DATE INFO PAMPHLET DELIVERED _____

NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____

NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: _____
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: _____

ECONOMIC DATA

Employer _____ \$ _____

Address _____

MCW _____

Social Security _____

Pension _____

Other _____

TOTAL MONTHLY INCOME \$ _____

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure _____ No. Rooms _____

No. Bedrooms _____ Furn. _____ Unfurn. _____

Utilities \$ _____

Monthly Payments (Rent) \$ _____

Acquisition Price \$ _____

Taxes \$ _____ Equity \$ _____

Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	
Food Stamp Program	
Housing Authority	
Legal Aid	
FISH	
Health Dept.	

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address _____ Phone _____ Date of Move _____

WHERE RELOCATED:

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

Furnished _____ Unfurnished _____ 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)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving			\$
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

R E S U M E /

DATE 3/11/71

NAME GARCIA, Delores M.

Moved to: unknown address

Moving date: unknown (before we were able to contact)

Moved on own - did not receive any assistance.

Recommendation: close file

(signed)

James L. Kelley
worker

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER DEJORIGIN OF CASE Sched Dist. #1PARCEL 1NAME DAVID WAGNERADDRESS 1218 SE. MadisonAPT NO. PHONE Dolores M. GarciaINITIAL INTERVIEW SEX MMINORITY GROUP whiteAGE U.S. CITIZEN ☒ALIEN ☐VETERAN ☐SERVICEMAN ☐DATE ON SITE

FAMILY COMPOSITION

Name	Relation	Age

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

TOTAL MONTHLY INCOME

Own: Power Co. Type Fuel Garbage Co. Rent: Inc. Heat Water Gas Gar Elec Unfurn Furn No. Rms 5

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)

Over 62 Disabled (Soc. Sec. def.) Income below limits Assets below limits 221 CERTIFICATE OF ELIGIBILITY: Date delivered by

Notify in case of emergency:

Name Address Phone Information Statement given to on by Notice to move given to on by Payments: Amount \$ Check No. Date delivered Moved by self

(or)

moved by moving company (Phone)

REMOVED FROM CASELOAD:

(Date)

REMAINING ON CASELOAD:

Refused assistance Address unknown, tracing Relocated in: Evicted, further assistance Low-rent public housing contemplated Other perm. public housing Temporarily relocated by Standard priv. rent. hsg. LPA Sub-standard priv. rent within project: hgs. with refusal of address further aid outside project: Standard sales housing address Sub-standard sales hgs. Out-of-town Address unknown, abandoned

FAMILY REFUSED ADDITIONAL ASSISTANCE:

Evicted, no further Date Worker assistance Other (explain)

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: Zip Phone New rent or purchase price: No. of rooms \$ SS

INTERVIEW REGISTER

Date

Relocation
Worker3/
16/
70

Mrs. Garcia moved out of property acquired by School District #1 before we were able to contact her. We sent a letter to Mrs. Garcia's old address in hopes that it would be forwarded.

March 11, 1970

Dolores M. Garcia
1218 S.E. Morrison
Portland, Oregon

Dear Mrs. Garcia:

We understand that you were a tenant in a building owned by the Portland Public School District #1, and were given notice by them to vacate.

There is a possibility that you may qualify for relocation payments. Is there any time that a member of our relocation staff can meet with you regarding this matter?

May we hear from you soon, hopefully before the time of filing a claim expires?

Yours very truly,

E.R. Wiley
Chief of Relocation and
Property Management

ERW:sgf

DESCRIPTION		ROLL NO	ODOMETER
MODEL CITIES BETA II HOUSING PROJ.	McKINNEY, GEORGIA MAE (MRS.) 537 N. E. SACRAMENTO 1972		
MODEL CITIES BETTA II HOUSING PROJ.	MERRITT, JAMES 445 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	MYERS, JERRY & BLANCH 521 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	WILLIAMS, WANDA 527 N. E. SACRAMENTO 1972		
	BROOKLYN OPEN SPACE PROJECT INITIAL CONTACT RECORDS RESIDENCE S.E. 11TH & MILWAUKEE		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	BIGGS, JACK & DOROTHY 5214 S.E. TAGGERT STREET 1970		
SCHOOL DIST. I WASHINGTON-H.S. EXTENSION	BROWN, JEAN 1242 S. E. ALDER 1970		
SCHOOL DIST I WASHINGTON H.S. EXTENSION	BROWN, JONATHAN 704 S. E. 12TH 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	CADDICK, LAWRENCE 5206 S. E. TAGGART 1970		
SCHOOL DIST I	DAVIDSON, FLORETTA 728 N. SHAVER 1971		
SCHOOL DIST I	GARCIA, DOLORES 1218 S. E. MORRISON 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	GONZALEZ, MARIA 704 S.E. 12TH, APT. I 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	GOOD, DONNA L. (MRS.) 1245 S. E. MORRISON 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	HARRIS, GEORGE 5205 S. E. WOODWARD 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	HERNANDEZ, CELEDONIA 704 S.E. 12TH APT 5 1970		
SCHOOL DIST. I WASHINGTON HS EXTENSION	JUNTUNEN, LEE (MISS) 1247 S. E. MORRISON 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	KOMLOFSKE, LLOYD 704 S.E. MORRISON 1970		
SCHOOL DIST I	LAMORIE, ETHEL (MRS.) 5224 S.E. TAGGART 1970		

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Maria Gonzalez

RELOCATION ADVISOR Geiger

ADDRESS 704 S.E. 12th Apt. 1 PHONE 232-5342
235-3903

PROJECT NAME Washington High Ext

SEX F ETHN Cuban VETERAN AGE

PARCEL NO.

MARITAL STATUS TENURE Tenant

DISABILITY INDIV FAMILY

ELIGIBLE FOR: PUBLIC HOUSING yes FHA 235

RENT SUPPLEMENT OTHER

INITIAL INTERVIEW 2/17/70

DATE INFO PAMPHLET DELIVERED

NOTICE TO MOVE DATES EFFECTIVE EXPIRATION DATE

NOTIFY IN CASE OF EMERGENCY

ECONOMIC DATA

Employer \$
Address
MCW 265.00
Social Security
Pension
Other
TOTAL MONTHLY INCOME \$ 265.00

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Size of Habitable Area

Age of Structure No. Rooms
No. Bedrooms 4 Furn. Unfurn
Utilities \$
Monthly Payments (Rent) \$
Acquisition Price \$
Taxes \$ Equity \$
Liens \$

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	
Food Stamp Program	
Housing Authority	
Legal Aid	
FISH	
Health Dept.	

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
Address _____
Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 1523 SE Ankeny Phone _____ Date of Move 2/26/76

WHERE RELOCATED:

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

Furnished _____ Unfurnished _____ Number of Rooms 8 Number of Bedrooms 3 Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ 125.00 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)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving			\$
Actual Move			\$ <u>124.20</u>
Storage			\$
Incidental			\$
Interest			\$

TOTAL BENEFITS RECEIVED \$ _____

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

paid by School Dist. #1
(for move of claimant &
her mother
Celedonia Hernandez)

REALTOR: _____ ESCROW CO. _____ OFFICER _____

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER PJ

ORIGIN OF CASE Wash. High. School

PARCEL _____

NAME Maria Olga Gonzalez

ADDRESS 104 SE. 12th.

APT NO. #1

PHONE 235-3905

INITIAL INTERVIEW 2/17/70

SEX F

MINORITY GROUP Cuban

AGE _____

U.S. CITIZEN _____

ALIEN ☒

VETERAN _____

SERVICEMAN _____

DATE ON SITE before operation

FAMILY COMPOSITION

Name	Relation	Age

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

TOTAL MONTHLY INCOME

Own: _____ Power Co. _____ Type Fuel _____ Garbage Co. _____
 Rent: _____ Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn _____ Furn _____ No. Rms. 2

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no) but, refused at that time
 Over 62 _____ Disabled (Soc. Sec. def.) _____ Income below limits _____ Assets below limits _____

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of emergency:

Name _____ Address _____ Phone _____

Information Statement given to _____ on _____ by _____

Notice to move given to _____ on _____ by _____

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

REMOVED FROM CASELOAD: _____ (Date) _____
 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 hgs. _____
 Out-of-town _____
 Address unknown, abandoned _____
 Evicted, no further _____
 assistance _____
 Other (explain) _____

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

FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: _____ Zip _____ Phone _____

New rent or purchase price: \$125 No. of rooms 8 S ☒ SS _____

↓ see Hernandez file.

INTERVIEW REGISTER

Date

Relocation
Worker

Mrs. Gonzalez is a Cuban Refugee that speaks very little English. I attempted to contact her at her apartment after I had sent a relocation services pamphlet to her.

Mr. Wiley, our head of relocation and property management speaks some Spanish and has arranged for an interpreter. Mrs. Gonzalez is the ~~related to her~~ ~~and~~ the woman upstairs, daughter of

They plan to move together to another place. We requested a move for them from Priestly and Sons. They were satisfactorily moved and their claims have been filed.

3/3/70 I was informed by Mr. Wiley that Mrs. Gonzalez and her mother would like public Housing. We have income verification and displacement verification. I called Mrs. Kostich at HAP. She is having HAP's Spanish speaking interpreter call them and arrange things.

March 3, 1970

Dr. Laurence Winter
Assistant Superintendent
Portland Public Schools
620 N. E. Halsey
Portland, Oregon 97232

Dear Dr. Winter:

We are enclosing claim forms for the move of Maria Olga Gonzalez and Celedonia Hernandez from 704 S. E. 12th Avenue to 1523 S. E. Ankeny.

We will appreciate it if you will issue a check in payment to Priestley and Sons, sending us a copy of the covering letter so that we may close our files on this case.

Yours very truly,

E. R. Wiley
Chief, Relocation & Property Mgmt.

ERW:j
Enclosures

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) School District #1 Washington High Extension <hr/> PROJECT NUMBER
--	---

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 Maria Olga Gonzalez	2. DATE(S) OF MOVE February 26, 1970
---	---

3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 704 S. E. 12th Portland, Oregon #1 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): 4 Rooms e. Date you moved into this address: before aquisition	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (Include ZIP code) 1523 S. E. Ankeny 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 checked="" 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
---	--	--

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.)	\$ $\frac{1}{2}$ of \$124.20
---	------------------------------

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

7. NAME OF MOVING COMPANY (OR PERSON) Priestly & Sons	8. MOVER'S TELEPHONE NO. 232-3332	9. ADDRESS OF MOVING COMPANY (OR PERSON) 936 S. E. 55th Avenue
--	--	---

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 checked="" 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.)	\$ $\frac{1}{2}$ of \$124.20
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.	
<u>March 2-1970</u> Date	<u>Maria Olga Gonzalez</u> Signature of claimant

(Over)

MPW-160
Rev. 6/67

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
506 S.W. Mill Street
Post Office Box 349
Portland, Oregon 97207

RECEIVED
MAR 2 1970
PORTLAND DEVELOPMENT COMMISSION

Date 2-27-70

Housing Authority of Portland

Portland, Oregon

Gentlemen:

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

1. Name Olga Gonzalez
2. Address 1523 SE Ankeny
3. No. of persons in family 3
4. Total monthly assistance \$265.00
5. Date assistance to begin 2-1-70
6. Date assistance to terminate Continuing

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

Connie Coquillotte ER:J
(Caseworker) (Dept.)

COMBINATION BILL OF LADING AND FREIGHT BILL

Form 6

(DUPLICATE)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading.

At

Portland, Oregon

Feb 26

1970

16578

From

704 D. E. 12 #1 and #5

Date

the property described below, in apparent good order, which said Carrier (the word "Carrier" being understood as including any person or corporation in possession of the property) agrees to transport and deliver to consignee at his usual place of delivery (if on its own line or route), otherwise to deliver to another carrier on the route to said destination. It is mutually agreed that the transportation services hereunder are subject to all terms and conditions printed on Form 1 "UNIFORM MOTOR CARRIER STRAIGHT BILL OF LADING" as prescribed by the PUBLIC UTILITIES COMMISSION OF OREGON in PART 1, RULE 3, and the RULES AND REGULATIONS RELATING TO KEEPING OF RECORDS AND MAINTAINING ACCOUNTS.

Consigned to

Mrs. Marie Gonzales

Destination

1523 S. E. Ankeny City

Via Carrier

Driver

Ted Hammond

Truck No. 3

Miles Run

If charges are to be prepaid
write or stamp here,
"To be Prepaid."

Number of Packages	DESCRIPTION OF ARTICLES AND MARKS	Weight	Rate	Charges
	Moving N. H. Goods			
	2 men 4 1/2 hrs @ 20.10			90.45
	1 man 4 1/2 " @ 7.50			32.75

MILEAGE CHARGES - Loaded Miles

LOADING AND UNLOADING CHARGES - Hours

OTHER CHARGES

Note: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

TOTAL CHARGES

124.20

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

\$ 30 per lb

Shipper

Per article

Received the above freight in apparent good order.

Date

Feb 26, 1970

Consignee

Mrs. Marie Gonzales

Per

Ted Hammond

Carrier

PRIESTLEY & SONS MOVING & STORAGE

Per

936 S. E. 55th AVENUE

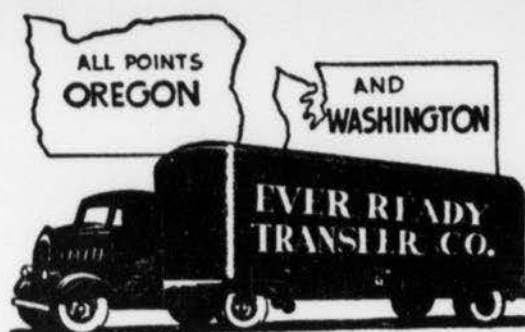
Received Payment

PORTLAND 15, OREGON

STATEMENT

Priestley and Sons**Moving - Packing - Storage**936 S. E. 55th AVENUE
PORTLAND, OREGON 97215

Phone: 232-3332

Date Feb 26, 1970Portland Development1700 S. W. 4Portland, OregonFeb 26 Moving H. V. Gards
for Maria Gonzales

From 704 S. E. 12 Apt 1 & 5

To 1523 S. E. Ankeny

2 men $4\frac{1}{2}$ hrs @ $20^{\frac{10}{10}}$ 90.451 man $4\frac{1}{2}$ hrs @ $7^{\frac{50}{50}}$ 33.75\$ 124.20

NAME GONZALEZ RESIDENTIAL RELOCATION RECORD, PROJECT NO. _____ PARCEL NO. _____

ADDRESS 704 SE 12TH APT. 1 PHONE 235-3805 DATE INITIAL INTERVIEW 2-17-70

FAMILY COMPOSITION: U.S. Citizen _____ Alien ☒ CUBAN Veteran _____ Serviceman _____

NAME	Relationship	Age	Income	Name and Address of Employer or Other Source of Income
<u>RICHARD</u>	<u>GRANDSON</u>	<u>8</u>	<u>NONE</u>	

RENT ON SITE
Contract rent 30.00
Utilities _____
Gross Rent _____
Furnished _____
Unfurnished _____
No. Bdrms. _____
Electricity supplied by _____
Garbage _____
Heat _____
Gas _____
Elect. 5.00
Former Owner _____
Tenant _____
Sub-tenant _____
Name of Case Worker _____
Notify in case of accident: _____
(Name) _____
(Address) _____
(Phone) _____
Garbage Service by _____

221 CERTIFICATE OF ELIGIBILITY: Date Delivered _____ By _____

ELIGIBILITY FOR PUBLIC HOUSING
Over age 62 if single _____ Yes _____ No _____
Disabled by Soc. Security definition _____
Income below limits _____
Total assets below limits _____

ELIGIBLE _____ NOT ELIGIBLE _____ Date Eligibility Determined _____
Date Applied _____
Date Unit Assigned _____ No unit available _____

RELOCATION REQUESTS BY RELOCATEE:

Public Housing _____ Furnished _____ Unfurnished _____
Purchase _____ No. Bdrms. _____
Rent _____ Max. monthly rent or payment \$ _____
Undecided _____ Location preferred _____
Special requirements: _____

PROPERTY MANAGEMENT FACTORS:

Information Statement and Notice to Move given to _____ on _____ by _____
Extended on _____ by _____ to _____
Extended on _____ by _____ to _____
Extended on _____ by _____ to _____

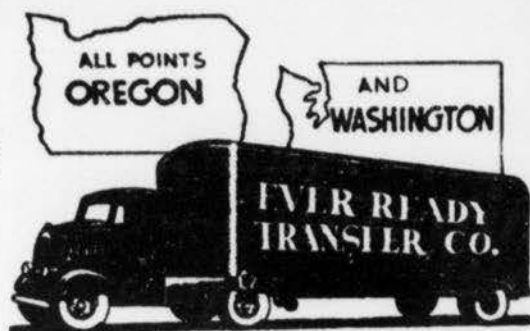
Notice to Terminate Tenancy served on (name) _____
at _____ Time _____ Date _____ By _____ Effective _____
Confirming copies mailed to _____ and _____
at _____ Time _____ Date _____ By _____ Where mailed _____

STATEMENT

Priestley and Sons
MOVING - PACKING - STORAGE

Phone: 232-3332

936 S. E. 55th AVENUE
PORTLAND, OREGON 97215



Feb 17, 1970

Portland Development Comm. City

Mr Wiley

Maria Gonzales
704 S.E. 12 Ave

Moving H.H. Goods, Clothes and
personal effects. They do the packing.

to 1523 S.E. Ankeny - City

Goods all go to 2nd Floor.

Estimate: 2 men - truck 20.¹⁰ per hr.

6 hrs. -

\$
120.60

Estimate by C.H. Munter

THIS COVERS BOTH MARIA GONZALEZ AND
CELEDONIA HERNANDEZ. CRM

DESCRIPTION		ROLL NO	ODOMETER
MODEL CITIES BETA II HOUSING PROJ.	McKINNEY, GEORGIA MAE (MRS.) 537 N. E. SACRAMENTO 1972		
MODEL CITIES BETTA II HOUSING PROJ.	MERRITT, JAMES 445 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	MYERS, JERRY & BLANCH 521 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	WILLIAMS, WANDA 527 N. E. SACRAMENTO 1972		
	BROOKLYN OPEN SPACE PROJECT INITIAL CONTACT RECORDS RESIDENCE S.E. 11TH & MILWAUKEE		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	BIGGS, JACK & DOROTHY 5214 S.E. TAGGERT STREET 1970		
SCHOOL DIST. I WASHINGTON H.S. EXTENSION	BROWN, JEAN 1242 S. E. ALDER 1970		
SCHOOL DIST I WASHINGTON H.S. EXTENSION	BROWN, JONATHAN 704 S. E. 12TH 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	CADDICK, LAWRENCE 5206 S. E. TAGGART 1970		
SCHOOL DIST I	DAVIDSON, FLORETTA 728 N. SHAVER 1971		
SCHOOL DIST I	GARCIA, DOLORES 1218 S. E. MORRISON 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	GONZALEZ, MARIA 704 S.E. 12TH, APT. I 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	GOOD, DONNA L. (MRS.) 1245 S. E. MORRISON 1970		
SCHOOL DIST I FRANKLIN H.S. EXTENSION	HARRIS, GEORGE 5205 S. E. WOODWARD 1971		
SCHOOL DIST I WASHINGTON HS EXTENSION	HERNANDEZ, CELEDONIA 704 S.E. 12TH APT 5 1970		
SCHOOL DIST. I WASHINGTON HS EXTENSION	JUNTUNEN, LEE (MISS) 1247 S. E. MORRISON 1970		
SCHOOL DIST I WASHINGTON HS EXTENSION	KOMLOFSKE, LLOYD 704 S.E. MORRISON 1970		
SCHOOL DIST I	LAMORIE, ETHEL (MRS.) 5224 S.E. TAGGART 1970		

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Mrs. Donna L. Good RELOCATION ADVISOR Geiger
 ADDRESS 1245 SE Morrison PHONE 233-3496 PROJECT NAME Washington High Ext.
 SEX _____ ETHN wh VETERAN _____ AGE 41 PARCEL NO. _____
 MARITAL STATUS _____ TENURE Tenant
 DISABILITY _____ INDIV _____ FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 4/9/70 DATE INFO PAMPHLET DELIVERED 4/9/70
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: 11/27/69
 INITIATION OF
 NEGOTIATIONS: _____
 DATE OF
 ACQUISITION: _____

ECONOMIC DATA

Employer Pacific NW Bell \$ _____
 Address _____
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ _____

FAMILY COMPOSITION

Name	Relation	Age
	Son	
	Son	

DWELLING UNIT FROM WHICH RELOCATED

Subsidized Sales	Single Family	\$	SS
Subsidized Rental	Multiple Family		
Public Housing	Duplex		
Private Rental	Mobile Home		
Private Sales			

Size of Habitable Area _____

Age of Structure _____ No. Rooms 6
 No. Bedrooms _____ Furn. _____ Unfurn X
 Utilities \$ _____
 Monthly Payments (Rent) \$ _____
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	
Food Stamp Program	
Housing Authority	
Legal Aid	
FISH	
Health Dept.	

AGENCY ACTION:	REASONS:
Appeals	
Evicted	
Refused Assistance	
Address Unknown (tracing)	
Other (death, etc.)	

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred ✓ LPA Referred _____

Address 6421 SE Morrison Phone _____ Date of Move 5/1/70

WHERE RELOCATED:

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

Furnished _____ Unfurnished _____ 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)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	943167	5/13/70	\$ 122.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

paid by School Dist. #1

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER *[Signature]*ORIGIN OF CASE School Dist

PARCEL _____

NAME Donna J. GoodADDRESS 245 St. Morrison

APT NO. _____

PHONE 226-9256work 235-3496INITIAL INTERVIEW 4/9/70SEX FMINORITY GROUP whiteAGE 41U.S. CITIZEN ☒

ALIEN _____

VETERAN _____

SERVICEMAN _____

DATE ON SITE Nov. 27, 69

FAMILY COMPOSITION

Name	Relation	Age
	Son	
	Son	

Employer: Name Pae. NW. Bell

Address _____

MCW Caseworker _____

Social Security _____

Va. Fed. Mult. Co. _____

Pension: Name _____

Other: Name _____

TOTAL MONTHLY INCOME

Own: _____ Power Co. _____ Type Fuel _____ Garbage Co. _____

Rent: ☒ Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn _____ Furn _____ No. Rms _____

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)

Over 62 _____ Disabled (Soc. Sec. def.) _____ Income below limits _____ Assets below limits _____

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of emergency:

Name _____

Address _____

Phone _____

Information Statement given to Mr. Good on 4/9/70 by D. J. [Signature]

Notice to move given to _____ on _____ by _____

Payments: Amount \$ 122.00 Check No. School Dist #1 Date delivered _____ Moved by self ☒ (or) moved by moving company _____ (Phone) _____

REMOVED FROM CASELOAD:

(Date) _____

REMAINING ON CASELOAD:

Refused assistance _____

Address unknown, tracing _____

Relocated in: _____

Evicted, further assistance _____

Low-rent public housing _____

contemplated _____

Other perm. public housing _____

Temporarily relocated by _____

Standard priv. rent. hsg. _____

LPA _____

Sub-standard priv. rent _____

within project: _____

hgs. with refusal of _____

address _____

further aid _____

outside project: _____

Standard sales housing _____

address _____

Sub-standard sales hgs. _____

Out-of-town _____

Address unknown, abandoned _____

Evicted, no further _____

FAMILY REFUSED ADDITIONAL ASSISTANCE:

assistance _____

Date _____ Worker _____

Other (explain) _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date
<u>EHA 235 Program</u>		

NEW ADDRESS: 6421 N.E. Morrison

Zip _____

Phone _____

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

INTERVIEW REGISTER

Date

Relocation
Worker

I talked to Mrs. Good over the phone in regard to her moving. She has been given a notice for May 4, 1970. The school district has been renting this property to her for \$65.00/month. We discussed public housing and the FHA 235 program. She is not eligible for HAP but may be eligible for 235. Mrs. Good wants a house for under \$100.00 (3 Bedrooms). I will attempt to find her something.

5/14/70

Mrs. Good was unable to get into an FHA house where she liked. She moved to another address that she found herself. I delivered a claim form to her. She signed it and her claim has been filed.

~~228~~

There has been some problem getting the relocation check to Mrs. Good. She finally received the check.

May 13, 1970

Dr. Laurence Winter
Assistant Superintendent
Portland Public Schools
620 N.E. Halsey
Portland, Oregon 97232

Dear Dr. Winter:

We are enclosing the claim form signed by Donna L. Good, and approved by us. Donna Good moved from 1245 S.E. Morrison to 6421 S.E. Morrison.

Please send the check to the Portland Development Commission, at 1700 S.W. 4th Avenue, for delivery to Mrs. Good.

Very truly yours,

E.R. Wiley
Chief of Relocation and
Property Management

ERW/sgr
Enclosure

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) Portland School District #1
	PROJECT NUMBER Washington High School

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 Donna L. Good (F)	2. DATE(S) OF MOVE 5/1/70
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 1245 S. E. Morrison, 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>6</u> e. Date you moved into this address: <u>before acquisition</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 6421 S. E. Morrison 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) 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.)	\$ 122.00

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 AND ZIP CODE 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.

May 4 1970
Date

X Donna L. Good

A. STATEMENT OF CLAIM FOR ACTUAL DIRECT LOSS OF PROPERTY

List each item of property for which an actual direct loss is claimed, and for which reimbursement or compensation is not otherwise provided, and state the indicated information with respect to each item. Attach any appraisals, estimates, statements of value, or other evidence of estimated value or actual price received for property sold. Attach additional sheets as necessary.

DESCRIPTION OF PROPERTY (List each major item separately)	BASIS FOR AMOUNT CLAIMED (Explain fully, referring to any attached statements)	NAME, ADDRESS, AND ZIP CODE OF PURCHASER	FAIR MARKET VALUE FOR CONTINUED USE AT PRESENT LOCATION	NET PROCEEDS FROM SALE	AMOUNT CLAIMED	FOR LOCAL AGENCY USE
						AMOUNT APPROVED
			\$	\$	\$	\$
	<p>May 13, 1970</p> <p>Claim checked and approved.</p> <p><i>E.R. Wiley</i> E.R. Wiley Chief of Relocation and Property Management</p>					

B. STATEMENT OF CLAIM FOR STORAGE COSTS

DESCRIPTION OF PROPERTY STORED (List each major item separately. If this is a supplementary claim for storage costs and there has been no change in the number of items stored, reference may be made to description previously submitted. Attach additional sheets as necessary.)	NAME, ADDRESS AND ZIP CODE OF STORAGE COMPANY	TYPE OF CLAIM		FOR LOCAL AGENCY USE
		1. Check one: <input type="checkbox"/> Initial claim <input type="checkbox"/> Supplementary claim	2. Check if applicable: <input type="checkbox"/> Final claim	
	<p>STORAGE PERIOD</p> <p>1. Total period: _____ months</p> <p>Check one: <input type="checkbox"/> Actual <input type="checkbox"/> Estimated</p> <p>2. Date property moved to storage: _____, 19____</p> <p>3. Date property moved from storage: _____, 19____</p>	STORAGE COSTS	AMOUNT	AMT. APPROVED
		1. Monthly rate	\$	\$
		2. Total costs actually incurred (cumulative)	\$	\$
		3. Amount previously received as relocation payment	\$	\$
		4. Amount claimed herewith (Line 2 minus Line 3)	\$	\$

METHOD OF PAYMENT (Check one)

☐ I have paid the storage charges, as evidenced by the attached itemized receipt or paid bill, and I therefore request reimbursement.

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

Date _____

I have on this date received from the PORTLAND DEVELOPMENT COMMISSION the following:

School District No. 1 check #943167 in the amount of \$122.00
for moving expense.

X Donna L. Good
Donna L. Good

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

X *Donna L. Paul*
Signature

4/9/70
Date

Chairman

Harold Halvorsen
Secretary

Vincent Raschio
Edward H. Look
John S. Griffith

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE • PORTLAND, OREGON 97201 • 224-4800

John B. Kenward
Executive Director

April 3, 1970

Mrs. Donna L. Good
1245 S.E. Morrison
Portland, Oregon

Dear Mrs. Good;

Portland School District #1 has informed us of their need for the property you now occupy. The School District has requested the Portland Development Commission to offer you relocation assistance.

Funds are available to help cover moving expenses of those displaced by School District #1. If you choose to move by a commercial moving company, the cost can be paid up to \$200.00. If you prefer to move yourself, you could be reimbursed according to a fixed scale based on the number of furnished rooms in the dwelling in which you live. Certain other services may be available to you. We urge you to contact us to find out for which of these services you qualify. A member of our relocation staff can be reached at 224-4800 from 8:30 A.M. to 5:00 P.M.

RELOCATION RESOURCES AVAILABLE TO ALL WHO ARE DISPLACED

There are many sources of "standard" housing in the Portland area to meet your needs. We cannot over emphasize the desirability of moving into "standard" housing. Described below are three major sources of standard housing.

1. LOW COST PUBLIC HOUSING

The Housing Authority of Portland maintains low-cost housing and leased housing for those who meet their qualifications. If you are interested, our relocation staff will help determine if you are eligible and then help you apply. Qualifying displacees are given preference over other applicants for public housing.

2. PRIVATE RENTAL HOUSING

The relocation staff of the Portland Development Commission has a list of rental units which are currently available for rent. This staff has a working relationship with over 150 managers and owners of rentals.

3. HOUSING FOR SALE

(a) Private Housing - The relocation staff has a list of houses for sale in the Portland area which you may consult if you wish. The relocation staff will help you contact the Real Estate agent who is handling the property you like.

(b) FHA Foreclosures - The relocation staff receives listings of houses for sale from the Federal Housing Administration before they are listed with local Real Estate offices. These properties are all in excellent condition and carry a one year warranty.

(c) Section 235 Low Income Home Ownership - This program was designed to enable the lower income families who qualify to purchase a modest, new or completely rehabilitated older home at a reduced rate of interest. The purpose is to make the purchasers monthly payments consistent with his income and in many cases lower than rental payments would be.

It is important that you contact the Portland Development Commission before you make any plans to move. We want to help you find a place and also to be sure that your move complies with the regulations which control the making of payments.

Yours very truly,



E. R. Wiley
Chief of Relocation &
Property Management

ERW:DG:sc