

	DESCRIPTION	ROLL NO	ODOMETER
	EMANUEL PROJECT NEWSPAPER ARTICLES 1971 THROUGH 1974		
RS 3-1	AMERICAN PLATING COMPANY 2751 N. WILLIAMS		
A-2-4	ABLE, VERA 3106 N. GANTENBEIN		
RS-4-4	ADAMS, JEWELL D. 102 N. KNOTT, APT. D		
E-4-10	ALLEN, ALICE 2627 N. GANTENBEIN		
E-4-10	ALLEN, ANNIE J. 2627 N. GANTENBEIN		
E-4-10	ALLEN, DONALD R. 2627 N. GANTENBEIN		
RS 5-3	ALLEN, R. J. 2632 N. GANTENBEIN		
AB 3-6	ALTMANN, JOHN S. 405 N. STANTON		
A 2-4	BARBER, MARY 3106 N. GANTENBEIN		
RS 4-7	BASS, LEE ETTA 111 N. RUSSELL #2		
A 4-6	BATES, BILLY 3320 N. GANTENBEIN		
E 3-1	BELL, LEONARD 500 N. KNOTT		
R-10-1	BENNETT, LOUIS 3147 N. COMMERCIAL		
R 9-4	BERG, JOHANN 320 N. FARGO		
A 3-19	BIELAN, ROBERT LEE 3213 N. VANCOUVER		
A 4-8	BOOKER, ELNORA 259 N. COOK		
A-4-11	BOWLES, EVIE 233 N. COOK		

NAME OF CLAIMANT Adams Jewell  
PROJECT Commanure  
RELOCATION ADVISOR A. G.

CHECKLIST FOR RELOCATION FILES - INDIVIDUALS

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

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

\_\_\_\_\_ Moving authorization letters  
\_\_\_\_\_ ✓ Dwelling unit inventory sheet  
\_\_\_\_\_ Log sheet for day of move (for professional move)  
\_\_\_\_\_ ✓ Release of personal property  
\_\_\_\_\_ ✓ DATE OF MOVE 4/6/73  
\_\_\_\_\_ Keys turned into: \_\_\_\_\_  
\_\_\_\_\_ Utilities shut off  
\_\_\_\_\_ Escrow releases, grants and amounts withheld  
\_\_\_\_\_ Verify no rent outstanding  
\_\_\_\_\_ Other:

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

5/9/75 DATE FILE CLOSED

R E S U M E /

DATE 5-4-73

NAME Jewell D. Adams

Mrs. Jewell Adams, a displacee from the Emanuel Hospital Urban Renewal project, was relocated from 102 N. Knott (Parcel RS 4-4) to 5406 N. E. 15th Avenue in decent, safe, and sanitary dwelling. She qualified for all monetary benefits. She has received a moving expense, a dislocation allowance and her first annual TACO payment. Check delivered to client 5-3-73.

(signed)

Alma Gordon  
worker



**RESIDENTIAL RELOCATION RECORD**

CLIENT'S NAME Adams, Jewell D RELOCATION ADVISOR AG

ADDRESS 102 N. Knott Apt D PHONE 284-7721 PROJECT NAME Emanuel

SEX F ETHN W VETERAN        AGE 53 <sup>7455</sup> PARCEL NO. RS-4-4

MARITAL STATUS Single TENURE T/O

DISABILITY   x   INDIV x FAMILY       

ELIGIBLE FOR: PUBLIC HOUSING x FHA 235       

RENT SUPPLEMENT x OTHER       

DATE ON SITE:	<u>5-4-71</u>
INITIATION OF NEGOTIATIONS:	<u>Revised March 15, 1972</u> <u>5-7-71</u>
DATE OF ACQUISITION:	<u>n/a</u>

INITIAL INTERVIEW 2-27-73 DATE INFO PAMPHLET DELIVERED 2-27-73

NOTICE TO MOVE        DATES EFFECTIVE        EXPIRATION DATE       

NOTIFY IN CASE OF EMERGENCY Jimmy Murphy 6622 N. E. Sumner 281-0962

ECONOMIC DATA

Employer        \$         
 Address        \$         
 MCW Disability AD 280-6045 147.00  
 Social Security                
 Pension                
 Other                
 TOTAL MONTHLY INCOME \$       

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure        No. Rooms 4  
 No. Bedrooms 1 Furn. x Unfurn         
 Utilities \$ 12.50 <sup>25.00</sup>  
 Monthly Payments (Rent) \$ 37.50  
 Acquisition Price \$         
 Taxes \$        Equity \$         
 Liens \$       

Size of Habitable Area       

HOUSING REFERRALS

Address	Bedrooms
<u>5406 N. E. 15th</u>	
<u>5410 NE 15th</u>	
<u>315 N ALBERTA</u>	

AGENCY REFERRALS

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



AGENCY ACTION:

REASONS:

Appeals		
Evicted		
Refused Assistance		
Address Unknown (tracing)		
Other (death, etc.)		

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In \_\_\_\_\_  
 Address \_\_\_\_\_  
 Reason \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Client Referred \_\_\_\_\_ LPA Referred x

Address 5406 N. E. 15th Phone \_\_\_\_\_ Date of Move 4-6-73

WHERE RELOCATED:

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

Furnished \_\_\_\_\_ Unfurnished x Number of Rooms 3 Number of Bedrooms 1 Habitable Area \_\_\_\_\_

Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ 115 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)	<u>747EH</u>	<u>5/2/73</u>	<u>\$ 1000.00</u>
TACO (Rental)	<u>925EH</u>	<u>5/1/74</u>	<u>\$ 1000.00</u>
TACO (Rental)	<u>1036EH</u>	<u>5/9/75</u>	<u>\$ 2000.00</u>
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	<u>726 EH</u>	<u>3-29-73</u>	<u>\$ 340.00</u>
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ \_\_\_\_\_  
 Down Payment \$ \_\_\_\_\_  
 RHP \$ \_\_\_\_\_  
 Total Down - \$ \_\_\_\_\_  
 Total Mortgage \$ \_\_\_\_\_

TOTAL BENEFITS RECEIVED \$ 4340.00

REALTOR: \_\_\_\_\_ ESCROW CO. \_\_\_\_\_ OFFICER \_\_\_\_\_

INTERVIEW REGISTER

Date

Relocation  
Worker

- 2-27-73 SURVEY: JCC  
Interviewed Ms. Jewell D. Adams, a tenant at 102 N. Knott Apt D. She is a tenant of Willie Mae Walton who has purchased a house and her tenants are moving to separate places. Ms. Adams is single with arthiritis and various other complaints whose only source of income is from Welfare AD. She desires a one bedroom furnished apartment on ground floor. North or North East area.
- 2-28-73 Verification of income from Welfare Received
- 3-14-73 Mrs. Murphy, who stated that she was the niece of Mrs. Adams, called to inquire about the benefits due the client for being relocated from her apt. at 102 N. Knott. I suggested that she come in with Mrs. Adams and perhaps she could understand what the program was all about because she had been given the wrong information or amounts of rental assistance that did not seem to fit any of our guidelines etc. There has been no further contact with Mrs. Adams because of her hearing problem. She does not seem to understand what you are saying by phone.
- 3-21-73 A call from Mrs. Jewell Adams that she was ready to start looking for an apt. in the N.E. area. Prefers Park Terrace Apts. 315 N. Alberta An appointment to take her out to look at place tomorrow.
- 3-22-73 Took client out to see apts. in N.E. area. An apt. at 54<sup>06</sup> N. E. 15th was shown by owner Carl B. Hollingsworth - 1 bedroom, living room, and kitchen with eating space. Convenient to transportation grocery stores, etc.
- 3-23-73 Claim filed for moving and dislocation allowance. Letter received from building inspectors. The apt. Meets City ordinances at this time
- 3-30-73 Claim for Dislocation Allowance and moving expense for J. Adams. Reimbursement for claim for relocation payments for move from 102 N. Knott St. Parcel RS 4-4, a fixed moving payment of \$140 and a Dislocation Allowance of \$200 Total amount of \$340:00 Warrant No. 726 EH Payable to Jewell Adams, dated March 29, 1973.
- 4-2-73 Check delivered to client on 4-2-73 by AG Warrant No. 726 EH signature of Jewell Adams on receipt of check.
- 4-6-73 Mrs. Adams made a self move from 102 N. Knott to 5406 N. E. 15th.
- 4-9-73 Signature of claimant for RHP for tanents and Certain Others. Claim filed total amount approved \$4000. Annual payments for a period of 48 months or 4 yrs. to be \$1000.
- 5-1-73 Mrs. Adams called to ask about her RHP. I explained to her that the claim had been filed and as soon as the check was sent into our office she will be notified.
- 5-2-73 Warrant No 747 EH claim for TACO for Jewell D. Adans for move from 102 N. Knott-Parcel RS 4-4. Total amount of annual TACO \$1,000 for a period of 4 ~~months~~ <sup>YEARS</sup> or as long as client remains in standard housing.
- 5-3-73 Check delivered to Jewell D. Adams at 5406 N. E. 15th. First Annual TACO payment in the amount of \$1000 signature of client on receipt of check.



INTERVIEW REGISTER

Date		Relocation Worker
4-26-74	Claim filed for 2nd TACO for Jewell Adams.	
5-1-74	Received check warrant no. 925 EH for 2nd. TACO for move from 102 N. Knott (RS-4-4) to 6406 N. E. 15th.	
5-15	Check delivered to client - Signature on receipt of check, for 2nd. TACO.	AG
5/5/75	In response to PDC letter stating under new law client may elect to receive a lump sum payment (3rd/4th TACO) or continue to receive on an annual basis, an appointment was made to discuss her decision. Counseling was provided after which Miss Adams elected to receive a lump sum of \$2,000.00. Claim filed.	BRB
5/9/75	Client's lump sum payment in the amount of \$2,000.00, Warrant #1036EH delivered in person this date. File closed.	BRB



RESIDENTIAL RELOCATION RECORD

Project Name Emanuel Parcel No. RS4-4 Advisor AG  
 Client's Name Adams, Jewell Phone 284-7721  
 Address 102 N. Knott Apt D Ethn white Age 53

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

Family Composition

Total Number in Family 1  
     wife, husband

Other:

Relation	Age	Relation	Age

Economic Data

Employer \$  
 Address  
 Other Source of Income Disability (welfare) \$147.00  
 Total Monthly Income \$ (147.00)

- Eligible for Public Housing  YES  NO      Presently Receiving Welfare  YES  NO  
 Eligible for Welfare  YES  NO      Other Assistance \_\_\_\_\_  
 Eligible for (Other)  YES  NO

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

- YES  NO

Date of initial interview 2-27-73 Date of Info pamphlet delivery 2-27-73

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

CLAIMANT'S INITIAL DATE OF OCCUPANCY

5-4-71

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

Date of initiation of negotiations for purchase of property

3-15-72

Date of Acquisition

Date of letter of intent

Date of move

4-6-73

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	
Private Rental	X	Duplex	
Other		Multiple Family	X

Age of Housing Unit 75 yrs

Size of Habitable Area 800

Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 4 Rent Paid \$ 50.00 Utilities \$15.00

Number of Bedrooms 1 Monthly Housing Payments \$ \_\_\_\_\_ Taxes \_\_\_\_\_

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

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

REPLACEMENT DWELLING UNIT

Address 5406 718 15 LPA Referred  Self Referred \_\_\_\_\_

Private Sales		Single Family	
Private Rental	X	Duplex	
Other		Multiple Family	X

Outside city  Outside state

Age of Housing Unit 5 yrs

Size of Habitable Area 800

No. of Rooms 3 No. of Bedrooms 1

For Claimants Who Purchased

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

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

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

For Claimants Who Rented

Rent \$ 115.00

Utilities \$ 18.00

Total Rent Assistance \$ \_\_\_\_\_

Amount of Annual Payment \$ \_\_\_\_\_

No. of Housing Referrals to:

\_\_\_\_\_ Standard Sales

2 Standard Rent

Agency Referrals:

MCW \_\_\_\_\_ HAP \_\_\_\_\_ OTHER ( \_\_\_\_\_ )

Food Stamp \_\_\_\_\_ Legal Aid \_\_\_\_\_ Other ( \_\_\_\_\_ )

Benefits Received

Date \_\_\_\_\_ Ck # \_\_\_\_\_ Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date \_\_\_\_\_ Ck # \_\_\_\_\_ Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date \_\_\_\_\_ Ck # \_\_\_\_\_ Type \_\_\_\_\_ Amount \$ \_\_\_\_\_



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

**Nº 1036 EH**

DATE May 7, 19 75

PAY TO **Jewell D. Adams**

\$ **2,000.00**

**DOLLARS**

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE

**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 102. N. Knott (Parcel RS-4-4). Total approved \$4,000.00 Balance (3rd & 4th Payment) Lump Sum \$2,000.00	
		<i>Miss. Jewell D. Adams.</i> <i>Rec'd 5/11/75 (Paid RHP-TACO in full)</i>	

**Account Distribution**

NO. \_\_\_\_\_ TITLE \_\_\_\_\_ AMOUNT \_\_\_\_\_



RELOCATION PAYMENT

PROJECT: Emmanuel

PARCEL: LS-4-4

PAYABLE TO: Juwel D. Adams

For: <u>    </u> RHP for Homeowners	.....	\$	_____
<u>    </u> Incidental Expenses for Homeowners or Tenants	.....	\$	_____
<input checked="" type="checkbox"/> RHP - Tenants & Certain Others - Rental: Total approved \$ <u>4000<sup>00</sup></u> ; Annual amount \$ <u>2000<sup>00</sup></u>	.....	\$	_____
<u>    </u> RHP - Tenants & Certain Others - Downpayment	.....	\$	_____
<u>    </u> Settlement Costs (on acquisition by LPA only)	.....	\$	_____
<u>    </u> Interest Expense	.....	\$	_____
<u>    </u> Fixed Moving Payment	.....	\$	_____
<u>    </u> Dislocation Allowance	.....	\$	_____
<u>    </u> Actual Moving Costs	.....	\$	_____
<u>    </u> Storage Costs	.....	\$	_____
<u>    </u> Business: Moving Expenses	.....	\$	_____
<u>    </u> Business: In Lieu Payment	.....	\$	_____
<u>    </u> Business: Storage Costs	.....	\$	_____
<u>    </u> Business: Loss of Property	.....	\$	_____
<u>    </u> Business: Searching Expenses	.....	\$	_____

Name of Client Juwel D. Adams  Family Less - \$ \_\_\_\_\_ \*

Move from 102 N. Knott  Individual Total \$ 2000<sup>00</sup>

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

0500 X10 250  
Jaw

ELECTION FORM

1.  Miss. Jewell D. Adams, elect to  
receive the balance of ~~my~~ rent assistance as follows:

X In one lump sum payment.

\_\_\_\_\_ In annual installment payments.

Signed: Miss. Jewell D. Adams.

Tele.#: 284-7455.

Date: May 5<sup>th</sup>, 1975.



NOTICE OF RHP-TACO YEARLY PAYMENT

TO: J. C. Crolley  
(Relocation Advisor)

DATE 5-1-75

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

RE: Jewell Adams  
(Displacee)

5406 N. E. 15th  
(Address)

No. 3rd & 4th  
(annual payment)

\$ 2,000  
(amount)

5-2-75  
(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: 5406 N. E. 15th

Date Inspected: 5/5/75 Condition:  Standard  Substandard

If substandard: (1) Date reinspected and found standard \_\_\_\_\_

or (2) Displacee notified of ineligibility:  yes  no

Comments: Client occupying standard quarters.  
Election to receive lump sum payment  
(3rd & 4th TACO - \$2000.00).

SIGNED: Miss Jewell H. Adams  
(Displacee)

SIGNED: Betty R. Burns  
(Relocation Advisor)

DATE: 5/5/75

DATE: 5/5/75

TO: Accty.

DATE: 5/5/75

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: Jewell H. Adams

PROJECT: Emanuel R-20

FOR: \$2000.00 Lump sum pmt. (3rd & 4th)

AMOUNT: \$2000.00

*BCW*

SIGNED: Betty R. Burns



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 Emanuel

PROJECT NUMBER R-20

PARCEL NUMBER RS-4-4

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."

FULL NAME OF CLAIMANT: Jewell D. Adams

Family

Individual

DATE OF MOVE: 4/73

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 \$ 4000.00 is authorized.

4-27-73  
Date

[Handwritten Signature]  
Authorized Signature

RECORD OF PAYMENTS:

	<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
a. Claimant moved to rental unit			
(1) Lump-sum payment			\$ _____
(2) Annual payment			
1st Year	<u>5/2/73</u>	<u>747 EH</u>	<u>1000.00</u>
2nd Year	<u>5/1/74</u>	<u>925 EH</u>	<u>1000.00</u>
3rd Year	_____	_____	_____
4th Year	_____	_____	_____
b. Claimant moved to unit he purchased	_____	_____	_____
c. Homeowner temporarily displaced	_____	_____	_____





THE CITY OF  
**PORTLAND**



**OREGON**

Date: May 1, 1975

Ms. Jewell Adams  
5406 N. E. 15th  
Portland, Oregon 97211

SUBJECT: Rent Assistance Payments

DEPARTMENT OF  
DEVELOPMENT AND  
CIVIC PROMOTION

PORTLAND  
DEVELOPMENT COMMISSION

Bob Walsh, Chr.  
Elaine Cogan  
Robert Ames  
Dennis Lindsay

John B. Kenward  
Executive Director

1700 S.W. Fourth Avenue  
Portland, Oregon 97201  
503-224-4800

Dear Ms. Adams:

The purpose of this letter is to inform you of certain changes, relative to the method of making rent assistance payments.

At the time that you were displaced from your former dwelling in the Emanuel Hospital Project, you were determined to be eligible to receive a rent assistance payment of \$ 4,000 to help offset the cost of renting or leasing a comparable replacement dwelling. Under the Federal Regulations in effect at the time of your displacement, we were required to make the payment in four annual installments.

As a result of changes in the Federal Regulations, you may either elect to receive the balance due you in one lump sum payment, or continue to receive annual installments. If you do elect to receive the lump sum payment for rent assistance, you may not later elect to receive a payment for assistance toward the purchase of a home.

Your choice should be made within ninety (90) days. Our Relocation Staff is available to assist you in making your decision, if you so desire. We have enclosed an Election Form, together with a stamped, self-addressed envelope, for your convenience. Please make your election and return the enclosed form in the envelope which has been provided and mail it to us.

If you choose the lump sum payment, your telephone number, or a number where you can be reached, is required to allow us to contact and assist you in establishing a plan for securing the payment to assure that the funds will be available when needed for rental cost and to answer any questions that you may have.

Very truly yours,

*Benjamin C. Webb*

Benjamin C. Webb  
Chief, Relocation

BCW:s  
Enc. 1



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 925 EH

DATE May 1, 19 74

PAY TO **Jewell D. Adams**

\$ **1,000.00**

**DOLLARS**

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE

**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 102 N. Knott (Parcel RS 4-4).  Total approved \$4,000.00 2nd annual payment	\$1,000.00
<i>Received                      5/14/74                      Jewell D. Adams</i>			

**Account Distribution**

NO. TITLE AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: RS 4-4

PAYABLE TO: Jewell D. Adams

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

Name of Client Jewell D. Adams  Family Less - \$ \_\_\_\_\_ \*

Move from 102 N. Knott  Individual Total \$ 1000.

Accounting: Indicate symbol and Accounting No.

\_\_\_\_\_ Relocation Payment; \_\_\_\_\_ Project Cost \*( \_\_\_\_\_ )

*OK VME*

0600 ~~560~~ 901 ~~240~~



NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon DATE April 19, 1974  
(Relocation Advisor)

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

RE: Jewell D. Adams (Emanuel) 5406 N.E. 15th  
(Displacee) (Address)

No. 2nd \$ 1,000.00 5/2/74  
(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: 5406 N.E. 15th

Date Inspected: 4/23/73 Condition:  Standard  Substandard

If substandard: (1) Date reinspected and found standard \_\_\_\_\_

or (2) Displacee notified of ineligibility:  yes  no

Comments: The Displacee occupies same dwelling as of inspection date 4/23/73, and appears to be Standard at this time.

SIGNED: Jewell D. Adams  
(Displacee)

SIGNED: Alma Gordon  
(Relocation Advisor)

DATE: 4/23/74

DATE: 4/23/74

TO: Bob Douglas

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: Jewell D. Adams

PROJECT: Emanuel R-20

FOR: 2nd Annual TACO Payment

AMOUNT: \$1000.

SIGNED: [Signature]

CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

March 23, 1973

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. Chegwidde, Chief

Portland Development Commission  
235 N. Monroe Street  
Portland, Oregon 97227

Re: 5406 & 5412 N. E. 15 Avenue

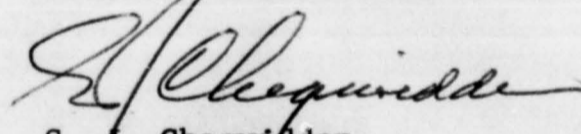
Gentlemen:

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

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

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR



S. J. Chegwidde  
Chief Housing Inspector

JHM:vm

cc: Mr. Carl B. Hollingsworth  
4455 N. E. Prescott Street



WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS FOR CLAIMANT WHO RENTS

NAME AND ADDRESS OF CLAIMANT

Jewell D Adams  
102 N Knott St.

COMPUTATION PREPARED BY:

Alma Gordon 4/14/73  
(Name) (Date)

COMPUTATIONS CHECKED BY:

JME 4/27/73  
(Name) (Date)

Base monthly rental for previous dwelling \$ 50.  
Utilities \$ 15  
25% of adjusted monthly income \$ 34.91  
(Attach copy of computation and verification of income)

COMPUTATION OF RENTAL ASSISTANCE PAYMENT FOR CLAIMANT MOVED TO RENTAL UNIT

Required Information

1. Actual monthly rental (including utilities) for claimant's replacement dwelling \$ 133.  
 $\$ 115 + 18$  amount of utilities
2. Monthly rental for comparable unit,   
or  
Monthly rental for dwelling unit based on HUD approved schedule (Over 800 sq ft size of unit)  \$ 138.
3. Base monthly rental for claimant's former dwelling (including utilities)   
or   
25% of adjusted monthly income, whichever is less \$ 34.91

Computation

4. Line 1 or Line 2, whichever is less \$ 133.00
5. Minus Line 3 - \$ 34.91
6. Multiplied by 48  $48 \times \$ 98.09 =$  \$ 4,708.32
7. Base amount (if amount of Line 6 is \$4,000 or more, enter \$4,000 on Line 7. If amount on Line 6 is less than \$4,000, enter amount on Line 7.) \$ 4000.
8. Minus adjustments (attach full explanation). - \$ 0
9. Amount of rental assistance payment (Line 7 minus Line 8) (Enter this amount in the space provided on form TACO-1, Replacement Housing Payment for Tenants and Certain Others). \$ 4000.
10. Annual Payment \$ 1000.  
NOTE: If the amount on Line 9 is less than \$500, a lump-sum payment is to be made. If the amount on Line 9 is more than \$500, divide the payment by four. The resultant amount is the total of each of four annual payments to be made. Enter on Line 10.

OK JME

WORKSHEET FOR COMPUTATION OF REPLACEMENT  
HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS  
FOR CLAIMANT WHO PURCHASES

NAME AND ADDRESS OF CLAIMANT

COMPUTATION PREPARED BY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Name) (Date)

COMPUTATION CHECKED BY:

\_\_\_\_\_  
(Name) (Date)

Required Information

- 1. Purchase Price \$ \_\_\_\_\_
- 2. Amount necessary for downpayment (20% of line 1.) \$ \_\_\_\_\_  
(line 2)
- 3. Costs incidental to purchase (total amount approved by agency, from table on claim form TACO-2, column (e)) \$ \_\_\_\_\_  
(line 3)

Computation

- 4. Base amount (sum of lines 2 and 3). \$ \_\_\_\_\_  
NOTE: If base amount (line 4) is \$2,000 or less, skip lines 5, 6, and 7 and enter amount on line 8. (line 4)
- 5. Enter amount on line 4 in excess of \$2,000.  
line 4 \$ \_\_\_\_\_  
minus \$ 2,000.00  
(enter difference here) \$ \_\_\_\_\_  
(line 5)
- 6. Claimant's Required Matching Amount  
line 5 \$ \_\_\_\_\_  
divided by:  $\div$  2 \_\_\_\_\_  
(enter claimant's required matching amount here.) \$ \_\_\_\_\_  
If amount on line 6 exceeds \$2,000, enter \$2,000. (line 6)

(Please Check if Applicable)

- a) If claimant can supply all of the required matching funds enter sum of lines 4 and 6 on line 8.
- b) If claimant cannot supply all of the required matching funds but can supply a portion of them, enter the amount of matching funds that he can match on line 7 and then enter sum of line 4 and 7 on line 8. \$ \_\_\_\_\_  
(line 7)
- c) If claimant cannot supply any portion of the required matching funds, enter amount of line 4 on line 8.

Amount of Downpayment Assistance

- a. Amount on line 4, plus line 6 and 7 \$ \_\_\_\_\_  
(line 8)
  - b. Minus adjustments (attach explanation; e.g., amount previously received for rental assistance payment.) - \$ \_\_\_\_\_
- \$ \_\_\_\_\_



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 747 EH

DATE May 2, 19 73

PAY TO **Jewell D. Adams**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE

**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 102 N. Knott (Parcel RS 4-4).  Total approved \$4,000.00 1st annual payment <u>\$1,000.00</u>	

*Received by Miss Jewell D. Adams.  
 5/4/73*

**Account Distribution**

0600 E60 901

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: RS 4-4

PAYABLE TO: Jewell D. Adams

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

Name of Client Jewell D. Adams *at S/M* Less - \$ \_\_\_\_\_ \*

Move from 102 N. Knott St. Total \$1000.

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



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 5406 N. E. 15th Avenue

DATE OF OCCUPANCY 4-6-73 LPA REFERRED  SELF

AGE OF DWELLING UNIT \_\_\_\_\_ NO. BEDROOMS 1 TOTAL NO. ROOMS 3

SQ. FOOTAGE over 800 RENT \$ 115.00 UTILITIES \$ 18.00

MONTHLY HOUSING PAYMENTS (for owner/occupants) \$ \_\_\_\_\_ TAXES \$ \_\_\_\_\_

LIENS \$ \_\_\_\_\_ EQUITY \$ \_\_\_\_\_

AMENITIES \_\_\_\_\_

The replacement unit was inspected and found standard. Alma Gordon  
(Relocation Advisor's Signature)

Date inspected and found standard 3-23-73. (Attach copy of inspection record)

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

\_\_\_\_\_  
MONTH-DAY-YEAR

**DETERMINATION OF ELIGIBILITY FOR RELOCATION BENEFITS  
(Families and Individuals)**

FULL NAME OF CLAIMANT:  
Jewell D. Adams

PROJECT NAME Emanuel Hospital  
PROJECT NO. R-20 PARCEL NO. RS-4-4

**BASIC ELIGIBILITY REQUIREMENTS:**

1. Was claimant displaced from real property within the Emanuel Hospital 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: 4-23-71  
 yes  no (3) Other \_\_\_\_\_ Date: \_\_\_\_\_

(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 \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY	<u>5-4-71</u>
(a) for owner-occupants - indicate initial date of occupancy and ownership	
Date of initiation of negotiations for purchase of property	<u>3-15-72</u>
Date of acquisition <i>option signed Nov. 21, 1972 - uncleared title</i>	<u>n/a</u>
Date of letter of intent	
Date of move	<u>4/73</u>

**DWELLING UNIT FROM WHICH RELOCATED**

Age of dwelling unit \_\_\_\_\_ Finished with claimant's own furniture  yes  no  
 No. of Bedrooms 1 Total No. of Rooms 3 Sq.Ft. \_\_\_\_\_ Rent \$ 50.00 Utilities \$ 15.00  
 Monthly housing payments (for owner/occupants) \$ \_\_\_\_\_ Taxes \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_ Acquisition Price \$ \_\_\_\_\_  
 Amenities \_\_\_\_\_





**PUBLIC WELFARE DIVISION**  
**MULTNOMAH COUNTY - MODEL CITIES**

**DEPARTMENT OF HUMAN RESOURCES**

5022 N. VANCOUVER AVENUE • • PORTLAND, OREGON • • 97217

TOM McCALL  
GOVERNOR

ANDREW F. JURAS  
Administrator

**DIVISIONS**

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

**SPECIAL PROGRAMS**

Aging  
Camps  
Economic Opportunity  
Multi-Service Centers

Feb. 28, 1973  
Wednesday

Mrs. Gordon -

Jewell D. Adams, 102 N.  
Knott # D, case number  
MXT 748-9 receives \$147<sup>00</sup>  
per month on a Aid to  
Disabled welfare grant.

Greg W. Olson  
WALOI 280-6057  
Greg W. Olson





0600 E60 901

RELOCATION PAYMENT

PROJECT: Emanuel Hospital

PARCEL: RS 4-4

PAYABLE TO: Jewell D. Adams

For: <input type="checkbox"/>	RHP for Homeowners . . . . .	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants. . . . .	\$	_____
<input type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$ _____; Annual amount \$ _____	\$	_____
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment . . . . .	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only). . . . .	\$	_____
<input type="checkbox"/>	Interest Expense . . . . .	\$	_____
<input checked="" type="checkbox"/>	Fixed Moving Payment . . . . .	\$	<u>140.</u>
<input checked="" type="checkbox"/>	Dislocation Allowance. . . . .	\$	<u>200.</u>
<input type="checkbox"/>	Actual Moving Costs. . . . .	\$	_____
<input type="checkbox"/>	Storage Costs. . . . .	\$	_____
<input type="checkbox"/>	Business: Moving Expenses. . . . .	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment. . . . .	\$	_____
<input type="checkbox"/>	Business: Storage Costs. . . . .	\$	_____
<input type="checkbox"/>	Business: Loss of Property . . . . .	\$	_____
<input type="checkbox"/>	Business: Searching Expenses . . . . .	\$	_____

Name of Client Jewell Adams

Less - \$ \_\_\_\_\_ \*

Move from 1012 N. Knott St. Apt. D

*dme*

Total \$ 340.00

Accounting: Indicate symbol and Accounting No.

\_\_\_\_\_ Relocation Payment; \_\_\_\_\_ Project Cost \*( \_\_\_\_\_ )





**DETERMINATION OF ELIGIBILITY FOR RELOCATION BENEFITS  
(Families and Individuals)**

FULL NAME OF CLAIMANT:

Jewell D. Adams

PROJECT NAME EMANUEL

PROJECT NO. R-20 PARCEL NO. RS-4-4

**BASIC ELIGIBILITY REQUIREMENTS:**

1. Was claimant displaced from real property within the EMANUEL HOSPITAL 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: 4-23-71

yes  no (3) Other \_\_\_\_\_ Date: \_\_\_\_\_

(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 \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY	<u>5-4-71</u>
(a) for owner-occupants - indicate initial date of occupancy and ownership	
Date of initiation of negotiations for purchase of property	<u>3-15-72</u>
Date of acquisition	<u>N/A</u>
Date of letter of intent	<u>00</u>
Date of move	<u><del>3-27-73</del> 4-6-73</u>

**DWELLING UNIT FROM WHICH RELOCATED**

Age of dwelling unit \_\_\_\_\_ Finished with claimant's own furniture  yes  no

No. of Bedrooms 1 Total No. of Rooms 3 Sq.Ft. \_\_\_\_\_ Rent \$ 50.00 Utilities \$ 15.00

Monthly housing payments (for owner/occupants) \$ \_\_\_\_\_ Taxes \$ \_\_\_\_\_

Liens \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_ Acquisition Price \$ \_\_\_\_\_

Amenities \_\_\_\_\_

DETERMINATION OF ELIGIBILITY REQUIREMENTS

MOVING BENEFIT

Eligible: \_\_\_yes \_\_\_no (Yes, claimant meets basic eligibility requirements)

TACO RENT AND DOWNPAYMENT ASSISTANCE

Eligible: xyes \_\_\_no If yes, eligibility is based on:

- x claimant meets basic eligibility requirements
- \_\_\_ is not eligible to receive an RHP for homeowners
- x in occupancy not less than 90 days prior to the initiation of negotiations
- x 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 5406 5406 N. E. 15th

DATE OF OCCUPANCY \_\_\_\_\_ LPA REFERRED x SELF \_\_\_\_\_

AGE OF DWELLING UNIT \_\_\_\_\_ NO. BEDROOMS 1 TOTAL NO. ROOMS 3

SQ. FOOTAGE \_\_\_\_\_ RENT \$ <sup>#115.00</sup> 115.00 UTILITIES \$ 18.00

MONTHLY HOUSING PAYMENTS (for owner/occupants) \$ \_\_\_\_\_ TAXES \$ \_\_\_\_\_

LIENS \$ \_\_\_\_\_ EQUITY \$ \_\_\_\_\_

AMENITIES \_\_\_\_\_

The replacement unit was inspected and found standard. \_\_\_\_\_ (Relocation Advisor's Signature)  
Date inspected and found standard \_\_\_\_\_. (Attach copy of inspection record)

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

\_\_\_\_\_  
MONTH-DAY-YEAR



3/22/73

*John Adams*

Dwelling Unit Inventory

QUANTITY

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

QUANTITY

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

Miscellaneous (List Items)

3/30/73

- 1 Love Seat
- 2 Odd Chairs
- 2 J.V. Consoles
- 1 Recliner Chair
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COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATED this 9 day of April 1973.

The undersigned does hereby consent and agree that all personal property left by me in the premises at \_\_\_\_\_  
102 N. Knott St., 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.

✓ Jewell D. Adams  
(firm name)

by: \_\_\_\_\_

No. _____	<u>5/1</u>	<u>1971</u>
Received from <u>Mrs Jewell D. Adams</u>		
<u>Twenty Five</u>		<u>100</u> Dollars
For Rent of <u>102 N. Knott # 8-</u>		
from <u>5/5/</u>	to <u>5/20</u>	<u>1971</u>
\$ _____	<u>Mrs. Hillie Mae Halton</u>	



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.

X Jewell W. Adams.

4-2-73

date