

	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	ALTMANNS, 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		

RESIDENTIAL RELOCATION RECORD

Work: ~~287-3736~~

RELOCATION WORKER Ben Webb

ORIGIN OF CASE EMANUEL

PARCEL 288-9145

NAME ALLEN, Annie J.

ADDRESS 2627 N. Gantenbein

APT NO. E-4-10

PHONE 288-2376

INITIAL INTERVIEW 9/22/71

SEX F.

MINORITY GROUP Black

AGE 24

U.S. CITIZEN ALIEN

VETERAN

SERVICEMAN

DATE ON SITE 1957

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name Lutheran Family Services \$ 320.00

Address 59 N.E. Stanton 73 N.E. MARI'S

MCW Caseworker

Social Security

Va. Fed. Mult. Co.

Pension: Name

Other: Name Square Deal Cleaners 61.00

RETURN OF CAPITAL, NOT INCOME

TOTAL MONTHLY INCOME 370 381.00

Own: Power Co. Type Fuel Garbage Co.

Rent: \$30.00 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 Mrs. Alice Allen Address 5634 N.E. 23rd Phone

Information Statement given to Annie Allen on 9-22-71 by Ben Webb

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
<u>WESTON</u>		
<u>FIVER COURT</u>		
<u>ALBERTA TERR</u>		
<u>N.E. 8 AVE</u>		

NEW ADDRESS:

Zip Phone

New rent or purchase price: No. of rooms S SS

BCW

RESIDENTIAL RELOCATION RECORD

Project Name EMANUEL Parcel No. E-4-10 Advisor BCW

Client's Name Allen, Annie Phone _____

Address 2627 N. Gantenbein Ethn Black Age 24

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

Family Composition

Total Number in Family 1

 wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Economic Data

Employer LUTHERAN \$ 320.00

FAMILY SERVICES
Address _____

Other Source of Income _____ \$ _____

Total Monthly Income \$ 320.00

Eligible for Public Housing YES NO

Presently Receiving Welfare YES NO

Eligible for Welfare YES NO

Other Assistance _____

Eligible for (Other) YES NO

236 housing →

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 9/22/71 Date of info pamphlet delivery 9/22/71

Date Notice to Move given — Date Effective — Expires —

CLAIMANT'S INITIAL DATE OF OCCUPANCY

1957

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

Date of initiation of negotiations for purchase of property _____

Date of Acquisition 8-11-71

Date of letter of intent _____

Date of move 12-2-71

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	
Private Rental	X	Duplex	
Other		Multiple Family	

Age of Housing Unit 64 YR
 Size of Habitable Area 4034 SQ FT
 Furnished with claimant's furniture
 YES NO

Total Number of Rooms 1 Rent Paid \$ 30.00 Utilities INCL RENT
 Number of Bedrooms 1 Monthly Housing Payments \$ Taxes
 Liens \$ (please explain)
 Acquisition Price \$ Amenities

REPLACEMENT DWELLING UNIT

Address 315 N. Alberta LPA Referred Self Referred

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

Outside city Outside state
 Age of Housing Unit 5 YRS (REHABED IN 1966)
 Size of Habitable Area ?
 No. of Rooms 3 No. of Bedrooms 1

036

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$
 Taxes \$
 RHP or TACO (including incidental costs) \$

For Claimants Who Rented

Rent \$ 95.00
 Utilities \$ INCL.
 Total Rent Assistance \$
 Amount of Annual Payment \$

No. of Housing Referrals to:

 Standard Sales
4 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

N^o 991 EH

DATE December 4, 19 74

\$ 813.00

PAY TO **Annie J. Allen**

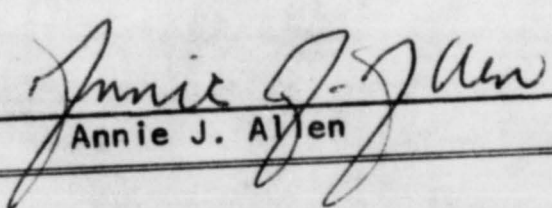
DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

DETACH BEFORE DEPOSITING CHECK

Portland Development Commission • 224-4800

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 2726 N. Gantenbein (Parcel E-4-10). Total approved \$3,252.00 4th and final payment \$813.00	
Warrant No. 991 EH in amount of \$813 received: <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  <u>Annie J. Allen</u> </div> <div style="text-align: center;"> <u>12-4-74</u> Date </div> </div>			

Account Distribution

NO. _____ TITLE _____

AMOUNT _____

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: E-4-10

PAYABLE TO: Annie J. Allen

For: <u> </u> RHP for Homeowners	\$	<u> </u>
<u> </u> Incidental Expenses for Homeowners or Tenants	\$	<u> </u>
<u>X</u> RHP - Tenants & Certain Others - Rental: Total approved <u>\$3252</u> ; Annual amount <u>4th</u>	\$	<u>813.00</u>
<u> </u> RHP - Tenants & Certain Others - Downpayment	\$	<u> </u>
<u> </u> Settlement Costs (on acquisition by LPA only)	\$	<u> </u>
<u> </u> Interest Expense	\$	<u> </u>
<u> </u> Fixed Moving Payment	\$	<u> </u>
<u> </u> Dislocation Allowance	\$	<u> </u>
<u> </u> Actual Moving Costs	\$	<u> </u>
<u> </u> Storage Costs	\$	<u> </u>
<u> </u> Business: Moving Expenses	\$	<u> </u>
<u> </u> Business: In Lieu Payment	\$	<u> </u>
<u> </u> Business: Storage Costs	\$	<u> </u>
<u> </u> Business: Loss of Property	\$	<u> </u>
<u> </u> Business: Searching Expenses	\$	<u> </u>

Name of Client Annie J. Allen Family Less - \$ *

Move from 2726 N. Gantenbein Individual Total \$ 813.00

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

0600 X10 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Ben Webb
(Relocation Advisor)

DATE November 20, 1974

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

RE: Annie J. Allen (Emanuel)
(Displacee)

315 N. Alberta
(Address)

No. 4th & final
(annual payment)

\$813.00
(amount)

December, 1974
(date due)

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

Present Address: 315 N. ALBERTA

Date Inspected: Nov 20, 1974 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: DISPLACEE STILL IN SAME LOCATION

SIGNED: Annie J. Allen
(Displacee)

SIGNED: B. C. Webb
(Relocation Advisor)

DATE: 12-2-74

DATE: 11/20/74

TO: Bob Douglas, Accounting

DATE: December 3, 1974

FROM: Ben Webb, 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: Annie J. Allen

PROJECT: Emanuel

FOR: 4th and final rental assistance payment

AMOUNT: \$813

SIGNED: B. C. Webb

December 6, 1973

Miss Annie J. Allen
315 N. Alberta, Apt. #19
Portland, Oregon 97217

Dear Miss Allen:

Enclosed you will find our Warrant No. 857 EH in the amount of \$813.00.

This represents the third annual installment of the Rental Assistance Payment due you as a result of your displacement from 2726 N. Gantenbein.

To remain eligible for the fourth and final payment, you must continue to occupy standard housing.

Very truly yours,

Benjamin C. Webb
Chief, Relocation

BCV:ch
Encl.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 857 EH

DATE December 5, 1973

\$ 813.00

PAY TO **Annie J. Allen**

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 2726 N. Gantenbein (Parcel E-4-10). Total approved 3rd annual payment \$3,252.00	\$813.00

Account Distribution

NO.

TITLE

AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: E-4-10

PAYABLE TO: Annie J. Allen

For: <u> </u> RHP for Homeowners	\$	<u> </u>
<u> </u> Incidental Expenses for Homeowners or Tenants.	\$	<u> </u>
<u> </u> ✓ RHP - Tenants & Certain Others - Rental: Total approved \$ <u>3252</u> ; Annual amount \$ <u>813.00</u>	\$	<u> </u>
<u> </u> RHP - Tenants & Certain Others - Downpayment	\$	<u> </u>
<u> </u> Settlement Costs (on acquisition by LPA only).	\$	<u> </u>
<u> </u> Interest Expense	\$	<u> </u>
<u> </u> Fixed Moving Payment	\$	<u> </u>
<u> </u> Dislocation Allowance.	\$	<u> </u>
<u> </u> Actual Moving Costs.	\$	<u> </u>
<u> </u> Storage Costs.	\$	<u> </u>
<u> </u> Business: Moving Expenses.	\$	<u> </u>
<u> </u> Business: In Lieu Payment.	\$	<u> </u>
<u> </u> Business: Storage Costs.	\$	<u> </u>
<u> </u> Business: Loss of Property	\$	<u> </u>
<u> </u> Business: Searching Expenses	\$	<u> </u>

Name of Client Annie J. Allen Family Less - \$ *

Move from 2726 N. Gantenbein Individual Total \$ 813.00

Accounting: Indicate symbol and Accounting No.

 Relocation Payment; Project Cost *()

0600 EGO 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Ben Webb
(Relocation Advisor)

DATE November 26, 1973

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

RE: Annie J. Allen (Emanuel)
(Displacee)

315 N. Alberta, Apt. #19
(Address)

No. 3rd
(annual payment)

\$ 813
(amount)

12/14/73
(date due)

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

Present Address: 315 N. Alberta, Apt. 19, Portland

Date Inspected: NOV. 27, 73 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: DISPLACEE HAS NOT MOVED DURING THE PAST YEAR. HOUSE IS THE SAME

X SIGNED: Annie J. Allen
(Displacee)

SIGNED: B.C. Webb
(Relocation Advisor)

DATE: 11/27/73

DATE: 11/27/73

TO: Accounting Dept.

DATE: November 30, 1973

FROM: Ben Webb

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: Annie J. Allen

PROJECT: Emanuel

FOR: 3rd annual rent assistance payment

AMOUNT: \$813.00

SIGNED: B.C. Webb

December 13, 1972

Miss Annie J. Allen
315 N. Alberta
Portland, Oregon 97217

Dear Miss Allen:

Enclosed you will find our Warrant No. 625 EH in the amount of \$813.

This represents the second annual installment of the rental assistance payment to which you are entitled as a result of your displacement from 2726 N. Gantenbein.

To remain eligible for the next two payments, you must continue to occupy standard housing.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

No. **625 EH**

DATE December 13, 1973

PAY TO **Annie J. Allen**

\$813.00

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 2726 N. Gantenbein (Parcel E-4-10).	
		Total approved	\$3,252.00
		2nd annual payment	<u>\$813.00</u>

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

0600 E60 901

RELOCATION PAYMENT

Project: Emanuel Parcel: E-4-10

Payable to: Annie J. Allen

Amount

For: <u> </u> RHP for Homeowners	\$	<u> </u>
<u> </u> Incidental Expenses for Homeowners (if separate claim)	\$	<u> </u>
<u> ✓ </u> RHP for Tenants & Certain Others:		
Rental: Total approved \$ <u>3,252.00</u> ; Annual amount.	\$	<u>813.00</u>
or Purchase:	\$	<u> </u>
<u> </u> Fixed Moving Payment	\$	<u> </u>
<u> </u> Dislocation Allowance.	\$	<u> </u>
<u> </u> Actual Moving Costs.	\$	<u> </u>
<u> </u> Storage Costs (if separate claim).	\$	<u> </u>
<u> </u> Business: Moving Expenses.	\$	<u> </u>
<u> </u> Business: In Lieu Payment.	\$	<u> </u>
<u> </u> Business: Storage Costs.	\$	<u> </u>
<u> </u> Business: Loss of Property	\$	<u> </u>
<u> </u> Business: Searching Expenses	\$	<u> </u>

Name of Client Annie J. Allen Less - \$ *

Move from 2627 N. Santenbein Total \$ 813.00

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

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Benjamin C. Webb
(Relocation Advisor)

DATE December 11, 1972

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

RE: Annie J. Allen
(Displacee)

315 N. Albina
(Address)

No. 2
(annual payment)

\$813.00
(amount)

12/22/72
(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: 315 N. Alberta

Date Inspected: 12-17-72 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: _____

SIGNED: Annie J. Allen
(Displacee)

SIGNED: _____
(Relocation Advisor)

DATE: 12-17-72

DATE: _____

TO: BOB DOUGLAS

DATE: 12/12/72

FROM: B.C.W.

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: ANNIE J. ALLEN

PROJECT: EMANUEL

FOR: 2ND ANNUAL TACO PAYMENT

AMOUNT: 813.00

SIGNED: B.C. Webb

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 212 EH

DATE December 22, 1971

PAY TO **Annie J. Allen**

\$ 813.00

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. 2726 N. Gantenbein (Parcel E-4-10). Total approved \$3,252.00 1st annual payment	<u>\$813.00</u>

Account Distribution

NO.	TITLE		AMOUNT
E 1501	Relocation Payment (RHP)	(EH)	\$813.00

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

E 4

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:

PROJECT NAME (if applicable)

PORTLAND DEVELOPMENT COMMISSION
1700 S.W. 4 AVE, PORTLAND, OREG

EMANUEL HOSPITAL

PROJECT NUMBER: ORE-20

INSTRUCTIONS: Complete all applicable items and sign certification in Blank 6. Consult the displacing agency as to whether you need a Claimant's Report of Self-Inspection of Replacement Dwelling to complete and submit with this claim. Omit Block 4 if you have moved into a rental unit. Omit Block 3 if you have purchased and occupied a dwelling unit. Complete only Blocks 1 and 5 if you are a homeowner temporarily displaced because of code enforcement or voluntary rehabilitation.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides:

"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies. . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT

ALLEN, ANNIE J.

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. E-4-10

- a. Address: 2726 N. GANTENBEIN
- b. Apartment or room number: _____
- c. Number of bedrooms: 1

- d. Monthly rental: \$ 30.00
- e. Date you moved out of this dwelling: _____
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

- a. Address (include ZIP Code): 315 N. Alberta
- b. Apartment or room number: _____
- c. Number of bedrooms: 1

- d. Monthly rental: \$ 95.00
- e. Date you moved into this dwelling: 10/19/71
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

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

NAME AND ADDRESS OF CLAIMANT:

ALLEN, ANNIE J.
2627 N. GAUNTENBERG

COMPUTATION PREPARED BY:

B. C. W.
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 Block A, B or C, as applicable.

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

Required Information

1. Monthly gross rental for comparable unit \$ 97.75
(Cost based on: Schedule
 Comparative
 Other)
2. Base monthly rental for claimant's former dwelling \$ 30.00

Computation

3. Line 1 minus Line 2, multiplied by 48
- | | | |
|--------|-------------------|----------------|
| Line 1 | \$ <u>97.75</u> | |
| Line 2 | - \$ <u>30.00</u> | |
| | \$ <u>67.75</u> | |
| | X <u>48</u> | |
| | | \$ <u>3252</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.) \$ _____
5. Minus adjustments (Attach full explanation) - \$ 0
6. Amount of rental assistance payment (Line 4 minus Line 5) \$ 3252

ANNUAL PAYMENT
(Enter this amount in the space provided in Block 5 on the Guideform Determination of Eligibility for Replacement Housing Payment for Tenants and Certain Others)

813.00 *9/11*

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.

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

Name of Claimant ALLEN, ANNIE J.
Name of Local Agency PDC

1. Did the claimant rent or own the dwelling at the time of acquisition? Yes No

Tenant's initial date of rental: 1957
Month-Day-Year

Date of Acquisition: 9/28/71
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: 1957
Month-Day-Year

Date of Initiation of Negotiations: 8/11/71
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.) N/A Yes No
Date previously substandard dwelling was inspected and found to be standard: _____
Month-Day-Year

FEDERAL RENT SUB. UNIT. = 736.

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 \$ 3252 is authorized.

12-20-71
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
_____	_____	\$ _____
<u>12/22/71</u>	<u>212 EH</u>	<u>\$ 813.00</u>
<u>12/13/72</u>	<u>625 EH</u>	<u>813.00</u>
<u>12/5/73</u>	<u>857 EH</u>	<u>813.00</u>
<u>12-4-74</u>	<u>991 EH</u>	<u>813.00</u>
_____	_____	\$ _____
_____	_____	\$ _____

b. Claimant moved to unit he purchased

c. Homeowner temporarily displaced

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 204 of P.L. 91-646, and I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

12/13/71
Date

x *Annice J. Allen*
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.

INTERVIEW REGISTER

Date		Relocation Worker
9/8/71	Met client at a Metro. Human Relations Commission meeting. She has been a constant and severe critic of urban renewal. She lives in the Emanuel Project area with her mother and brother. She wants to go into her own apartment when she relocates and wanted to know what her benefits would be. I spent 2 1/2 hours with her and Mrs. Leo Warren. About one-half hour discussing relocation and about two hours discussing urban renewal. The meeting was at C-CAP, at 106 N.E. Morris.	BCW
9/22/71	Called at client's home. Her mother has purchased a replacement dwelling and plans to move soon. I got client's personal history. She was formerly employed by the telephone company. She left the telephone company to become a partner in Square Deal Cleaners. There were personality problems there, and she sold her interest on the installment plan, for which she receives \$61 per month. She expects to go to work for Lutheran Family Services next week. Her salary will be \$320 per month.	BCW
10/19/71	Client has not found a place that she likes. She has moved temporarily with her mother.	
11/17/71	We have made application to get client into a 236 Project at 315 N. Alberta.	BCW
12/2/71	Client has been accepted at 315 N. Alberta and is now moving.	
12/13/71	Secured application for RHP for T.A.C.O.	BCW
12/23/71	Check No. 28315 G, in the amount of \$215, covering dislocation allowance of \$200 and fixed moving payment of \$15, mailed to client.	BCW
12/22/71	Warrant No. 212 EH in amount of \$813, covering first annual rental assistance payment (total \$3,252) mailed to client.	BCW
12/13/72	Warrant No. 625 EH in amount of \$813, covering second annual rental assistance payment mailed to client.	BCW
12/6/73	Warrant No. 857 EH in the amount of \$813, covering third annual rental assistance payment mailed to client.	BCW
12/4/1974	Warrant No. 991 EH in the amount of \$813, representing fourth and final rental assistance payment, delivered to Miss Allen at PDC office.	
	Case closed.	CH

December 23, 1971

Miss Annie J. Allen
315 N. Alberta
Portland, Oregon

Dear Miss Allen:

Enclosed you will find our Check No. 28315 G in the amount of \$215, covering a dislocation allowance of \$200 and a fixed payment for moving costs of \$15.00.

Also enclosed is our Warrant No. 212 EH in the amount of \$813.00. 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 2726 N. Gantenbein.

To remain eligible for this payment over the next three years, you must continue to occupy standard housing.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch
Enclosures

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 28315 G

DATE December 20, 19 71

PAY TO THE
 ORDER OF **Annie J. Allen**

\$ 215.00

DOLLARS

NON-NEGOTIABLE

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

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Relocation Payment filed. Move from 2627 N. Gantenbein (E-4-10) to 315 N. Alberta.	
		Dislocation Allowance \$200.00 Fixed Payment - No furniture <u>15.00</u>	<u>\$215.00</u>

Account Distribution

NO.	TITLE	(EH)	AMOUNT
E 1501	Relocation Payments (Fixed - Individual)	(EH)	\$215.00

SA

BD

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY
PORTLAND DEVELOPMENT COMM
1700 S.W. 4 AVE - PORTLAND, OREGON

PROJECT NAME (if applicable)
EMANUEL HOSPITAL
Project Number: **ORE-70**

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

ALLEN, ALICE J. Annie J.

2. DATE(S) OF MOVE _____

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. **E-4-10**

a. Address **2627 N. GAVIN TER**

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: **1957**

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) _____

c. Were household goods moved to or from storage?
_____ Yes No

315 N. ALBERTA
b. Apartment, Floor, or Room Number **19**

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 15.00

(Consult local agency)

Total \$ 215

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.

12/14/71
Date

x Annie J. Allen
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:

ALLEN, ANNIE J.
2627 N. GANTENBEIN

NAME OF LOCAL AGENCY:

PORTLAND DEV. COMM.

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: SEPT 22, 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>15</u>			<u>12-20-71</u>
2. Dislocation allowance \$ <u>200</u>			
3. Total \$ <u>215</u>	<u>215</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
<u>12/20/71</u>	<u>283156</u>	<u>\$ 215.00</u>	<u>12/20/71</u>		\$

RECEIVED
DEC 13 1971
PORTLAND

Annie J. Allen
5634 N.E. 23rd.
Portland, Oregon
December 13, 1971

Dear Mr. Webb:

I am making a request that the schedule of average rents be revised. I am making this request, because when I went apartment hunting, the majority of the rents were way above what you are allowing as an average for a one bedroom apartment.

By my acceptancing this payment, I am by no means waiving my rights to receive an adjustment payment.

I will be waiting for your reply.

Displaced,

Annie J. Allen
Annie J. Allen

WORKSHEET FOR ALL MOVING CLAIMS

1. Name ALLEN ANNIE J. Project EVANVILLE
 2. Date(s) of move _____ Parcel No. E-4-10
 3. Dwelling unit from which you moved:
 Address 2627 N. GANTENBEIN No. of rooms 1
 _____ Furnished Unfurnished Date you moved into this unit 1957
 4. Dwelling unit to which you moved:
 Address 315 N. ALBERTA
 Were goods moved to or from storage? _____ Yes No

5. Total claim \$ 215

 FIXED PAYMENT: \$200 + \$ 15 = \$ 215

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)

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME EMANUEL

PROJECT NO. ORE 20

1. Full name of claimant: _____

Family Individual

ALLEN, ANNIE J.

2. Dwelling unit from which you moved: _____

Parcel No. E-4-10

a. Address 2627 N. GANTENBIEN

c. Number of bedrooms 1

d. Monthly rental \$ 30.00

b. Apartment or room number _____

e. Date displaced OCT 19, 1971

3. Dwelling unit to which you moved (RENTAL)

a. Address 315 N ALBERTA

c. Number of bedrooms 1

d. Monthly rental \$ 95.00

b. Apartment or room number 19

e. Date moved in _____

4. Dwelling unit to which you moved (PURCHASE)

a. Address _____

c. Downpayment \$ _____

d. Incidental expenses \$ _____

b. Number of bedrooms _____

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 1957

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 _____

3. Is replacement housing standard? Yes No

If previously substandard, date found standard _____

4. Certification:

(Amount of this claim \$ 3752)

CERTIFICATE OF ELIGIBILITY
Under Section 221 of the National Housing Act

PART I - STATEMENT OF APPLICANT

INSTRUCTIONS: This Certificate should be shown to a lender in making application for mortgage insurance under Section 221, or submitted to the owner or managing agent of a property in applying for occupancy in a rental unit built or rehabilitated with the aid of such insurance. It is to be understood that in the case of an application for commitment to insure property under Section 221, the applicant must meet other terms and conditions prescribed by the Commissioner, FHA.

Applicant - Last Name - First - Middle (Print or Type)

ALLEN, Annie J.

Present Address (Number, Street, City, County and State)

5634 N.E. 23rd Avenue, Portland, Multnomah County, Oregon (Temporary)

I hereby Certify to the Federal Housing Administration that the foregoing information is correct, that I am (1) the head of a family or household, or (2) a single person 62 years of age or older, or (3) a handicapped person, and that I have not been previously issued a Certificate of Eligibility under Section 221 of the National Housing Act.

Nov. 18, 1971
(Date)

Annie J. Allen
(Signature of Applicant)

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 II - STATEMENT OF CERTIFYING OFFICIAL

NOTE: This Certificate makes the holder eligible for consideration to receive the benefits of FHA mortgage insurance under Section 221 of the National Housing Act and is issued to assist in financing the purchase or construction of a dwelling or the renting of a dwelling unit constructed under Section 221, provided all such dwelling units are available under the Section 221 Relocation Housing Program being carried out by the issuing community. This Certificate has no reference or relationship to an applicant's financial qualifications for mortgage insurance. The Certificate is valid for a one-year period beginning with the date of issuance.

I hereby Certify to the Federal Housing Administration, based on information available to me, that the applicant has been or is subject to displacement due to the following Governmental Action. (See supplement to FHA Form No. 3476 for types ((2a, 2b, etc.)) of Governmental action.)

The applicant was displaced from her residence at 2627 N. Gantenbien, which is in the Emanuel Project Area, by the Emanuel Project, which is an urban renewal project.

(Signature of Certifying Official)

Executive Director

(Title of Certifying Official)

Portland Development Commission

(Name of Local Agency, Department, Bureau, Organization, Etc.)

(Day) (Month) (Year)

(Day) (Month) (Year)

(CERTIFICATE EXTENSION, IF ANY, ON REVERSE SIDE)

EXTENSION OF CERTIFICATE

If the holder of this Certificate has been unable to locate a standard dwelling suitable to his needs, the Certificate may be extended by the issuing agency for a twelve-month period beginning with the first day after the original expiration date. The holder must apply in person for an extension of the Certificate.

EXPIRATION DATE EXTENDED TO:

(Day) (Month) (Year)

(Signature of Certifying Official)

Executive Director

(Title of Certifying Official)

Portland Development Commission

(Name of Local Agency, Department,
Bureau, Organization, Etc.)

Project Name and Location: EMANUEL HOSPITAL PROJECT

1. Tenant
2. Co-op Member
3. Lease/Option

Rent Supp. Contract No. _____

FHA Project No. _____

PART A - APPLICANT'S STATEMENT:

1. Name (Head of Family or Household): ALLEN, ANNIE J.

2. Present Address: 5634 N.E. 23rd.

(Check One)
 White (Non-minority) American Indian Spanish American
 Negro/Black Oriental Other Minority

3. EMPLOYMENT: (1) Occupation- Head ALLEN ANNIE J.
 (2) Social Security Number: [REDACTED]
 (3) Years Employed- 3 MONTHS
 (4) Employer- LUTHERAN S.T.E.P PROGRAM
 Spouse: NONE

4 HOUSEHOLD COMPOSITION AND ANNUAL INCOME:

NAME	Age	Sex	Relationship	Wages or Salary	INCOME LAST 12 MONTHS				Total Last 12 Months (Sum of all Entries)	Current Income (Weekly/Monthly/Annual)	Income Expected Next 12 Months	FHA Review		
					▲ RETIREMENT (1 Social Security, 2 Other)	▲ BENEFIT PAYMENTS (1 Disability, 2 Unemployment, 4 Welfare)	Other	Other						
(1) ALLEN, ANNIE	25	F	Head	2,380	NONE	NONE	NONE	414.00	NONE	NONE	2,794	80.00	3,800	
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8) TOTAL ▲				2,380	NONE	NONE	NONE	414.00	NONE	NONE	2,794	80.00	3,800	

(9) No. in Household: 1 (12) No. of Dependents (Excl. spouse): 1

(10) No. of Eligible Minors: 0 (13) No. of Handicapped: 0

(11) No. of other Minors: 0

(14) Total Annual Income (4-(8) (c)): \$ 3,800.00

a. Less: Earnings of Eligible Minors: _____

b. Net Annual Income: \$ 3,800.00

(15) Less: No. of Elig. Minors (4-(10) X 300): _____

(16) Adjusted Annual Income: \$ 3,800.00

5. ASSETS: (All Household Members Combined)

(1) Cash on Hand \$ NONE (6) Real Estate _____

(2) Checking Acct. 75.00 a. Orig. Price \$ _____

(3) Savings Acct. _____ b. Unpaid Bal. _____

(4) Bonds or Stocks _____ Equity (a minus b) _____

(5) Other (List) _____ (7) Subtotal (All Assets) 75.00

(8) Less: Unpaid Bills (See Instr. 5) 1,000.

(9) Total Assets NONE

6. ANNUAL EXPENSE FOR: (a) Disability or Continuing Illness _____ \$ _____

(b) Care of Children _____ \$ _____

(c) TOTAL UNUSUAL EXPENSE \$ _____

7. ELIGIBILITY REQUIREMENTS: (Check Appropriate Box(es)) ▲

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.

2. Sixty-two or Older (Either Household Head or Spouse) Submit Birth Certificate or other evidence

3. Displaced by Government Action Submit Certificate of Eligibility, FHA Form No. 3476

4. Present Housing Substandard -

1. Dilapidated Condition 3. No Private usable Flush Toilet

2. No Hot Running Water 4. No Private Tub or Shower

5. Disaster Victim (Dwelling destroyed or extensively damaged by natural disaster)

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: 11-17-71 Signature of Applicant: Annie J. Allen

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: 1

2. Area Income Ceiling: _____

3. Adjusted Annual Income (Part A Item 4(16)): 3,800.00

4. LESS: Unusual Expenses (Part A Item 6(c)): _____

5. Income for Supplement Payment (3 - 4): _____

6. Average Monthly Income (Item 5 +12): _____

7. Unit Rent Per Month: _____

8. Applicant's Share (25% of Item 6 or Welfare Rent Allowance if larger): _____

9. Amount of Rent Supplement (7 - 8): _____

RECOMMENDED FOR APPROVAL

Date: _____ Signature: _____ (Housing Owner or Manager)

10. Applicant occupied unit No. _____ on _____ (Date)

Address: _____

▲ Type of Structure: ▲ Size of Unit:

1. Elevator 1. One Bedroom 4. Four Bedrooms or more

2. Walk-up or Garden 2. Two Bedrooms 5. Efficiency

3. Single Family 3. Three Bedrooms 6. 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

By: _____ (Date) _____ (Authorized Agent)