

	DESCRIPTION	ROLL NO	ODOMETER
R-14-7	BRENT, RICHARD 527 N. MORRIS		
E-2-4	BROWN, ELIJAH 2742 N. KERBY		
A-3-9	BROWN, JESSIE MAE (MRS.) 3222 N. GANTENBEIN		
A-3-10	BROWN, JOE 3216 N. GANTENBEIN		
E-2-4	BROWN, RUTH 2742 N. KERBY		
A 3-17	BROWNING, DEMETRIAS 217 N. FARGO		
A 3-17	BROWNING, LOUIS 217 N. FARGO		
A 3-17	BROWNING, ROBERT LOUIS 217 N. FARGO		
R-14-2	BRYSON, DOVIE (MRS.) 536 N. MONROE		
R-8-8	RUFFINGTON, JOHNNY 405 N. FARGO		
A-3-1	BURNS, MABEL (MRS.) 3233 N. VANCOUVER		
E 4-8	CAGE, ANNA 325 N. RUSSELL		
A -4-4	CALDWELL, EDWARD 260 N. IVY		
R-8-3	CALDWELL, HORACE 3247 N. GANTENBEIN		
R-15-3	CATLIN, A.W. 409 N. MORRIS		
R-15-3	CATLIN, ARTHUR 409 N. MORRIS		
E-4-1	CLARK, GEORGE 2651 N. GANTENBEIN		
RS-4-9	CLARK, HUGH E. 7 N. RUSSELL		

R E S U M E

DATE

8/20/75

NAME

Brown, Joe

Mr. Brown has been a good client after having been pretty skeptical about our intent & credibility in the beginning. Time has proved our good will. To day I make the last payment which was welcomed by him.

(signed)

\_\_\_\_\_  
worker

RESIDENTIAL RELOCATION RECORD

Project Name EMAN Parcel No. A-3-10 Advisor JCC  
 Client's Name BROWN JOE Phone 284-2305  
 Address 3216 N. GANTENBEIN Ethn B Age 60

- 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 SS \$ 157.90  
 Total Monthly Income \$ (157.90)

- 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 8/24/71      Date of info pamphlet delivery 8/24/71  
 Date Notice to Move given \_\_\_\_\_      Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY

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

Date of initiation of negotiations for purchase of property July '62  
 Date of Acquisition 8-23-71  
 Date of letter of intent COND (?)  
 Date of move 11-4-72



DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1904

Size of Habitable Area 725#

Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 1 Rent Paid \$ 55<sup>00</sup> Utilities 18<sup>00</sup>

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

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

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

REPLACEMENT DWELLING UNIT

Address 3814 N. Albina LPA Referred \_\_\_\_\_ Self Referred X

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

Outside city  Outside state

Age of Housing Unit 60 yrs

Size of Habitable Area 700

No. of Rooms 4 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 \$ 85<sup>00</sup>

Utilities \$ 18<sup>00</sup>

Total Rent Assistance \$ 2784<sup>-</sup>

Amount of Annual Payment \$ 696<sup>-</sup>

No. of Housing Referrals to:

2 Standard Sales

1 Standard Rent

Agency Referrals:

0 MCW 0 HAP 0 OTHER ( \_\_\_\_\_ )

0 Food Stamp 0 Legal Aid 0 Other ( \_\_\_\_\_ )

Benefits Received

Date 11-8-72 Ck # 594EH Type TACO-MC Amount \$ 1,116.00

Date 10-31-73 Ck # 838EH Type TACO Amount \$ 696.00

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

**RESIDENTIAL RELOCATION RECORD**

CLIENT'S NAME BROWN, Joe RELOCATION ADVISOR JCC

ADDRESS 3216 N. Gantenbein PHONE 284-2256 PROJECT NAME Emanuel ORE, R-20

SEX M ETHN black VETERAN \_\_\_\_\_ AGE 60 PARCEL NO. A-3-10

MARITAL STATUS \_\_\_\_\_ TENURE tenant (care-taker)

DISABILITY \_\_\_\_\_ INDIV X FAMILY \_\_\_\_\_

ELIGIBLE FOR: PUBLIC HOUSING \_\_\_\_\_ FHA 235 \_\_\_\_\_

RENT SUPPLEMENT \_\_\_\_\_ OTHER \_\_\_\_\_

DATE ON SITE: <u>July 1962</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: _____

INITIAL INTERVIEW \_\_\_\_\_ DATE INFO PAMPHLET DELIVERED \_\_\_\_\_

NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_

ECONOMIC DATA

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW \_\_\_\_\_  
 Social Security [REDACTED] 157.90  
 Pension 189.50  
 Other \_\_\_\_\_  
**TOTAL MONTHLY INCOME \$ 157.90**

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	X	
Private Sales			

Size of Habitable Area <sup>725</sup> 1450 sq. ft.

Age of Structure 1904 No. Rooms 4  
 No. Bedrooms 1 Furn. \_\_\_\_\_ Unfurn. X  
 Utilities \$ 18.00  
 Monthly Payments (Rent) \$ 55.00  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

HOUSING REFERRALS

Address	Bedrooms
<u>NE 8th</u>	<u>1</u>
<u>4521 NE 14th PL</u>	<u>1</u>
<u>3814 N ALBINA</u>	<u>1</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 \_\_\_\_\_

Address 3814 N. ALBINA Phone \_\_\_\_\_ Date of Move 11-4-72

**WHERE RELOCATED:**

				S	SS
Same City	X	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)	594EH	11-8-72	\$ 696. <sup>00</sup>
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	594EH	11-8-72	\$ 420. <sup>00</sup>
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

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

RHP \$ \_\_\_\_\_

Total Down - \$ \_\_\_\_\_

Total Mortgage \$ \_\_\_\_\_

TOTAL BENEFITS RECEIVED \$ \_\_\_\_\_

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



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

Nº 1102 EH

DATE August 20, 1975

PAY TO **Joe Brown**

\$ 696.00

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 3216 N. Gantenbein (Parcel A-3-10).	
		Total approved \$2,784.00 4th and FINAL payment	\$696.00
<i>Joe Brown</i>			

**Account Distribution**

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

AMOUNT \_\_\_\_\_

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-3-10

PAYABLE TO: Joe Brown

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>2,784.00</u> ; Annual amount \$ <u>696.00</u>	..\$	<u>696.00</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 JOE BROWN  Family Less - \$      \*

Move from 3216 N. GANTENBEIN  Individual Total \$ 696.00

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

BBB  
0500 X10 250



NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley  
(Relocation Advisor)

DATE May 19, 1975

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

RE: Joe Brown  
(Displacee) EMANUEL

3814 N. Albina  
(Address)

No. 4th & Final  
(annual payment)

\$ 696.00  
(amount)

11/8/75  
(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: 3814 N ALBINA

Date Inspected: 8/05/75 Condition:  Standard  Substandard

If substandard: (1) Date re-inspected and found standard \_\_\_\_\_

or (2) Displacee notified of ineligibility:  yes  no

Comments: Same place - Standard

SIGNED: Joe Brown  
(Displacee)

SIGNED: James C. Crolley  
(Relocation Advisor)

DATE: 8/5/75

DATE: 8/5/75

TO: Bob Douglas

DATE: 8/5/75

FROM: Emanuel

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: Joe Brown

PROJECT: Emanuel

FOR: TACO - Relocation - Final

AMOUNT: 696<sup>00</sup>

SIGNED: James C. Crolley

CLAIM FOR REPLACEMENT HOUSING PAYMENT  
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:

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

PROJECT NAME (if applicable)

Emanuel

PROJECT NUMBER: R-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

Joe Brown

Family  Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

a. Address: 3216 N. Gantenbein  
b. Apartment or room number: \_\_\_\_\_  
c. Number of bedrooms: 1

PARCEL NO. A 3-10

d. Monthly rental: \$ 43.31  
e. Date you moved out of this dwelling: 11-4-72  
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): \_\_\_\_\_  
3814 N. Albina  
b. Apartment or room number: \_\_\_\_\_  
c. Number of bedrooms: 1

d. Monthly rental: \$ 103.00  
e. Date you moved into this dwelling: \_\_\_\_\_  
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



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.

1 Nov 1972  
Date

Joe Brown  
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)
	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$ <u>1/</u>	\$

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

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



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

NAME AND ADDRESS OF CLAIMANT:

Joe Brown

COMPUTATION PREPARED BY:

Scroley 10-31-72  
(Name) (Date)

COMPUTATION CHECKED BY:

W.D. 10/3/72  
(Name) (Date)

Adjusted Base (Show computation on back)\* \$ 73.00

25% of adjusted monthly income \$ 45.00

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

Required Information

1. Actual monthly rental for claimant's replacement dwelling <sup>\$85. + \$18.</sup> \$ 103.00
2. Monthly rental for comparable dwelling unit,  or Monthly rental for dwelling unit based on HUD-approved schedule <sup>\$72.50 (old unit) + \$18. = \$90.50</sup>  \$ 130.00
3. Base monthly rental for claimant's previous dwelling  or 25% of adjusted monthly income, whichever is less <sup>\$55.00 + \$18.00</sup>  73.00  45.00 \$ 45.00

Computation

4. Line 1 or Line 2, whichever is less \$ 103.00
5. Minus Line 3 - \$ 45.00
6. Multiplied by 48 48 X \$ 58.00 = \$ 2784.00
7. Base amount (if amount on Line 6 is \$4,000 or more, enter \$4,000 on Line 7. If amount on Line 6 is less than \$4,000, enter amount on Line 7.) \$ \_\_\_\_\_
8. Minus adjustments (attach full explanation). - \$ \_\_\_\_\_
9. Amount of rental assistance payment (Line 7 minus Line 8) \$ \_\_\_\_\_
10. Annual payment \$ 696.00  
(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 9 is less than \$500, a lump-sum payment is to be made. If the amount on Line 9 is more than \$500, divide the payment by four. The resultant amount is the total of each of four annual payments to be made. Enter on Line 10.

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

NAME OF CLAIMANT Joe Brown

Parcel No. A 3-10

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: July 1962

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: July 1962

Date of Initiation of Negotiations: 8-23-71

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:

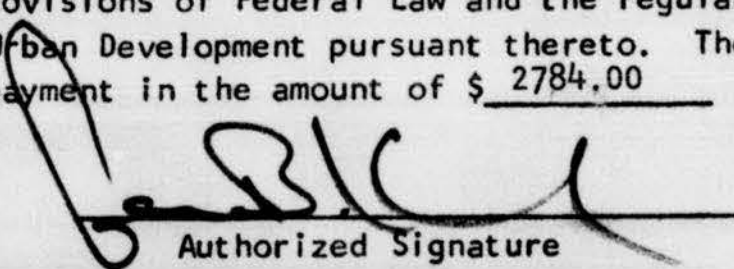
\_\_\_\_\_  
Month-Day-Year

**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 \$ 2784.00 is authorized.

11-6-72

Date

  
Authorized Signature

**5. RECORD OF PAYMENTS**

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year

2nd Year

3rd Year

4th Year

Date of Payment

Check Number

Amount

\_\_\_\_\_ \$ \_\_\_\_\_

11/8/72 594EH \$ 696.00

10/31/73 838EH \$ 696.00

10/24/74 780EH \$ 696.00

8/20/75 1102EH \$ 696.00

b. Claimant moved to unit he purchased

\_\_\_\_\_ \$ \_\_\_\_\_

c. Homeowner temporarily displaced

\_\_\_\_\_ \$ \_\_\_\_\_

CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

October 30, 1972

BUREAU OF BUILDINGS  
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division  
C. C. Crank, Chief

Electrical Division  
R. A. Niedermeyer, Chief

Plumbing Division  
George W. Wallace, Chief

Permit Division  
Albert Clerc, Chief

Housing Division  
S. J. Chegwiddden, Chief

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

Attn: Jim Crolley

Re: 3814 N. Albina Avenue

*Joe Brown*

Gentlemen:

As the result of a displaced person and at your request, an inspection was made of the one-story, wood frame, one-bedroom, single-family dwelling 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*

S. J. Chegwiddden  
Chief Housing Inspector

JHM:vm

cc: Mr. Larry L. McIntyre  
4320 S. E. 35 Place



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

Nº 838 EH

DATE October 31, 19 73

PAY TO **Joe Brown**

\$ 696.00

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 3216 N. Gantenbein (Parcel A-3-10).  Total approved \$2,784.00 2nd annual payment  <i>X Joe Brown</i>  11-1-73 <i>OK</i>	\$696.00

**Account Distribution**

NO. TITLE AMOUNT

0600 E60 901

RELOCATION PAYMENT

Project: Emanuel Parcel: A-3-10

Payable to: Joe Brown

Amount

For: <input type="checkbox"/>	RHP for Homeowners . . . . .	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners (if separate claim) . . . . .	\$	_____
<input checked="" type="checkbox"/>	RHP for Tenants & Certain Others:		
	Rental: Total approved \$ <u>2784.00</u> ; Annual amount. . . . .	\$	<u>696.00</u>
	or Purchase: . . . . .	\$	_____
<input checked="" type="checkbox"/>	Fixed Moving Payment . . . . .	\$	<u>220.00</u>
<input checked="" type="checkbox"/>	Dislocation Allowance. . . . .	\$	<u>200.00</u>
<input type="checkbox"/>	Actual Moving Costs. . . . .	\$	_____
<input type="checkbox"/>	Storage Costs (if separate claim). . . . .	\$	_____
<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 JOE BROWN Less - \$ \_\_\_\_\_\*

Move from 3216 N. Gantenbein Total \$ 1116.00

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

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: 96 (Relocation Advisor) DATE October 24, 1973

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

RE: Joe Brown 3814 N. Albina  
(Displacee) (Address)

No. 2nd \$ 696.00 11/8/73  
(annual payment) (amount) (date due)

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

Present Address: 3814 N. Albina

Date Inspected: 10/25/73 Condition:  Standard  Substandard

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

or (2) Displacee notified of ineligibility:  yes  no

Comments: This is the same house inspected last year. It is still in Standard Condition.

SIGNED: Joe Brown  
(Displacee)

SIGNED: James C. Crowley  
(Relocation Advisor)

DATE: 10/25/73

DATE: 10/25/73

TO: Bob Douglas

DATE: 10/25/73

FROM: Emanuel

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: Joe Brown

PROJECT: Emanuel

FOR: TACO - Relocation

AMOUNT: 696.00

*WJG*

SIGNED: James C. Crowley





INTERVIEW REGISTER

Date

Relocation  
Worker

1/15/71 FLYER: delivered by Ted. Parker. Would like meeting - non-cooperative.  
 2/23/71 SURVEY: owner of property Chester Yung, refused to let us speak to tenant. May have to interview through Mr. Young. We got all info from Mr. Yung.

4-27-72 Took Joe to look at a house at N.E. 8th St. It is a 1 bdr. house with a half basement and with an extra room down there. Purchase price is \$8000 house is about 20 years old. Very good condition needs painting turned down because it was too small. The yard too small also. Was not pleased at all. Price was too high. He wants to get out as soon as possible.

JC

He had looked earlier at a house at 4521 N.E. 14th place. That was substandard with a great deal of work to be done. The neighborhood is old and the house very old. I will call the owner about having an inspection. He was reluctant about having it inspected. So he sold it to someone else in the meantime. Brown felt he could have gotten the house as is and painted it himself, as downpayment. I told him I doubted it would come up to standard so that I could pay him a downpayment.

jc

Nov 1/72 Joe Brown sign claims (M + TCO)

JC

10/22/73 interviewed + inspected Joe's house today  
 claim was signed by Joe + submitted to accty

JC

10/18/74 Filed Claim for TACO payment for Joe Brown. Signed by Client.

10/25/74 Check received for 3rd annual TACO payment for Joe Brown for move from 3216 N. Vanhook St. Parcel No (A-3-10) in the amount of \$96.00. Warrant NO 980 EH. Check delivered to Client signed on receipt of check.

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

**Nº 980 EH**

DATE October 24, 1974

PAY TO **Joe Brown**

**\$696.00**

**DOLLARS**

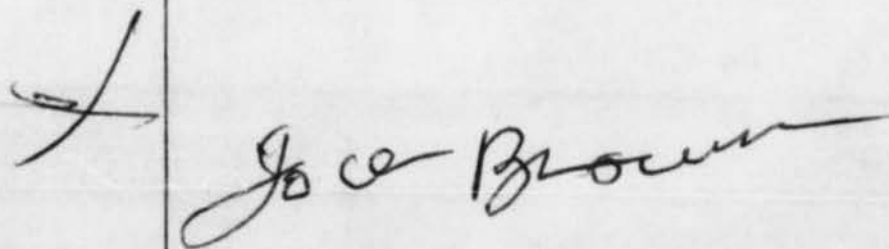
TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON



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 3216 N. Gantenbein (Parcel A-3-10).	
		Total approved <span style="float: right;">\$2,784.00</span> 3rd annual payment	<b>\$696.00</b>
			

**Account Distribution**

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



RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A 3-10

PAYABLE TO: Joe Brown

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>2784</u> ; Annual amount <sup>3rd</sup> \$ <u>1696.00</u>	\$	_____
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment . . . . .	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only). . . . .	\$	_____
<input type="checkbox"/>	Interest Expense . . . . .	\$	_____
<input type="checkbox"/>	Fixed Moving Payment . . . . .	\$	_____
<input type="checkbox"/>	Dislocation Allowance. . . . .	\$	_____
<input type="checkbox"/>	Actual Moving Costs. . . . .	\$	_____
<input type="checkbox"/>	Storage Costs. . . . .	\$	_____
<input type="checkbox"/>	Business: Moving Expenses. . . . .	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment. . . . .	\$	_____
<input type="checkbox"/>	Business: Storage Costs. . . . .	\$	_____
<input type="checkbox"/>	Business: Loss of Property . . . . .	\$	_____
<input type="checkbox"/>	Business: Searching Expenses . . . . .	\$	_____

Name of Client Joe Brown  Family Less - \$ \_\_\_\_\_ \*

Move from 3216 N. Linden  Individual Total \$ 1696.00

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

*ok Joe*

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley  
(Relocation Advisor)

DATE October 18, 1974

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

RE: Joe Brown (Emanuel)  
(Displacee)

3814 N. Albina  
(Address)

No. 3rd  
(annual payment)

\$ 696  
(amount)

November, 1974  
(date due)

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

Present Address: 3814 N. Albina

Date Inspected: 10/25/73 Condition:  Standard  Substandard

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

or (2) Displacee notified of ineligibility:  yes  no

Comments: This is the same house, inspected last year. It still appears in standard condition at this time.

SIGNED: Joe Brown  
(Displacee)

SIGNED: Jim Crolley  
(Relocation Advisor)

DATE: 10/18/74

DATE: 10/18/74

TO: Bob Douglas

DATE: 10/18/74

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: Joe Brown

PROJECT: Emanuel

FOR: 3rd Annual TACO Payment

AMOUNT: \$ 696.00

SIGNED: Alma Gordon



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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY  
Portland Development Commission  
1700 S.W. 4th  
Portland, Oregon

PROJECT NAME (if applicable)  
Emanuel

Project Number: R 20

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 Joe Brown  Family  Individual

2. DATE(S) OF MOVE 11-4-72

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A 3-10  
 a. Address 3216 N. Gantenbein  
 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: July 1962

4. DWELLING UNIT TO WHICH YOU MOVED  
 a. Address (include ZIP Code) 3814 N. Albina  
 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.

1 Nov 1972  
Date

x Joe Brown  
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:

Joe Brown  
3216 N. Gantenbein  
Portland, Oregon

NAME OF LOCAL AGENCY:

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

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 \$ 220.00			
2. Dislocation allowance \$ 200.00			
3. Total \$ 420.00	\$420.00	<u>      </u> <i>2600</i>	<u>      </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
11/8/72	594 EH	\$ 420.00			\$

TREASURY  
BUREAU OF  
ACCOUNTS  
DIVISION OF  
DISBURSEMENT

PHILADELPHIA, PENNSYLVANIA

Check No. 5,841,329  
SYMBOL 3045



Treasurer of the United States

5-51  
000

DO NOT FOLD, SPINDLE OR MUTILATE  
KNOW YOUR ENDORSER . . . REQUIRE IDENTIFICATION

PAY TO THE  
ORDER OF JOE BROWN  
3216  
N GANTENBEIN AV  
PORTLAND 17 OREG

MONTH	DAY	YEAR
11	03	72

450-16-0589  
29 \* A  
97227

DOLLARS	CTS.
\$\$\$189	50

DIB INS FOR OCT

*[Signature]*  
REGIONAL DISBURSING OFFICER

⑆0000⑆005⑆⑆



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 594 EH

DATE November 8, 19 72

PAY TO **Joe Brown**

\$ 1,116.00

**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 Relocation Payments filed. Move from 3216 N. Gantenbein (Parcel A-3-10).  RHP for Tenants - Total approved \$2,784.00 1st annual payment <span style="float: right;">\$696.00</span>  Fixed moving payment - Individual <span style="float: right;">220.00</span> Dislocation allowance <span style="float: right;"><u>200.00</u></span>	<span style="font-size: 1.2em;"><u>\$1,116.00</u></span>

**Account Distribution**

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

# PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

No. 594 EH

DATE November 8, 1972

PAY TO Joe Brown

\$ 1,116.00

**DOLLARS**

TO THE TREASURER OF THE  
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE

⑆ 230 ⑆ 0004 ⑆ 0 67 ⑆ 44 ⑆ 4 ⑆

AUTHORIZED SIGNATURE

Portland Development Commission

224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NO.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Relocation Payments filed. Move from 3216 N. Gantenbein (Parcel A-3-10).	
		RHP for Tenants - Total approved \$2,784.00 1st annual payment	\$696.00
		Fixed moving payment - Individual	220.00
		Dislocation allowance	<u>200.00</u>
			<u>\$1,116.00</u>

*X Received 11/9/72*  
*Joe Brown*



WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY \_\_\_\_\_

PROJECT NAME Emanuel

PROJECT NO. R-20

1. Full name of claimant: \_\_\_\_\_ Family  Individual

Joe Brown

2. Dwelling unit from which you moved: Parcel No. A-3-10

a. Address \_\_\_\_\_

3216 N. Pantenbein

b. Apartment or room number \_\_\_\_\_

c. Number of bedrooms 1

d. Monthly rental \$ 43.31 Computed

e. Date displaced \_\_\_\_\_

725 #1

3. Dwelling unit to which you moved (RENTAL)

a. Address \_\_\_\_\_

3814 N. ALBINA

b. Apartment or room number \_\_\_\_\_

c. Number of bedrooms 1

d. Monthly rental \$ 85.00 + 18.00

e. Date moved in 11-3-72

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 July 1962

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 July 1962

Date of initiation of negotiations \_\_\_\_\_

3. Is replacement housing standard?  Yes  No

If previously substandard, date found standard \_\_\_\_\_

4. Certification:

(Amount of this claim \$ 2784.00 )



**WORKSHEET FOR ALL MOVING CLAIMS**

1. Name Joe Brown Project Emmanuel  
 2. Date(s) of move 11-3-72 Parcel No. A-3-10  
 3. Dwelling unit from which you moved:  
 Address 3216 N. Gantenheim No. of rooms 5  
 \_\_\_ Furnished  Unfurnished Date you moved into this unit July 1962  
 4. Dwelling unit to which you moved:  
 Address 3814 N. Alhambra  
 Were goods moved to or from storage? \_\_\_ Yes  No

5. Total claim \$ 220.00  
 -----  
 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)

## Estimated Gas Expense

1971	October	4.20
	November	9.28
	December	13.40
1972	January	17.23
	February	20.00 est
	March	19.74
	April	5.18
	May	10.41
	June	6.67
	July	5.44
	August	4.28
	September	4.13

Total paid around 100.00  
estimated yearly cost 120.00  
" monthly average 10.00



# PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE  
EMANUEL HOSPITAL PROJECT  
235 N. MONROE ST.  
PORTLAND, OREGON 97227  
PHONE 288-8169

September 1, 1971

Mr. Joe Brown  
3216 N. Gantenbein  
Portland, Oregon

Dear Mr. Brown:

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

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

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

Please check with us before making any move. If you are unable to come during our regular office hours - 8:30 a.m. to 5:00 p.m., Monday through Friday, an alternate appointment can be arranged by calling 288-8169. Our office is located at 535 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin C. Webb  
Chief, Relocation and  
Property Management

BCW:ch  
Enclosure



**TREASURY**  
BUREAU OF  
ACCOUNTS

DIVISION OF  
DISBURSEMENT



DO NOT FOLD, SPINDLE OR MUTILATE  
KNOW YOUR ENDORSEER... REQUIRE IDENTIFICATION

PHILADELPHIA, PENNSYLVANIA

Check No. **5,841,329**  
SYMBOL 3045

**Treasurer of the United States**

PAY TO THE  
ORDER OF **JOE BROWN**

MONTH	DAY	YEAR
II	03	72

**3216**  
**N GANTENBEIN AV**  
**PORTLAND 17 OREG**

**450-16-0589**  
**29 # A**  
**97227**

DOLLARS	CTS.
<b>\$\$\$189</b>	<b>50</b>

DIB EN S FOR OCT

*Regional Disbursing Officer*  
REGIONAL DISBURSING OFFICER

⑆0000⑈005⑆

# PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE  
EMANUEL HOSPITAL PROJECT  
235 N. MONROE ST.  
PORTLAND, OREGON 97227  
PHONE 288-8169

Social Security Administration  
1221 S. W. 12th Avenue  
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 social security benefits and verify my birthdate.

My social security number is: \_\_\_\_\_

My birth date is: Feb 22, 1911

My place of birth is: Ruston, L.A.

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,

Joe Brown  
(name)  
3216 N. Gantenbein  
(address)  
Portland, Oregon 97227

-----  
\_\_\_\_\_  
(date)

TO: Portland Development Commission

The records of this office indicate that \_\_\_\_\_,  
is entitled to receive monthly benefits in the amount of \$ \_\_\_\_\_;  
and that adequate documentation has been provided to verify this person's birth  
date as stated above, or, if different from the date above, as \_\_\_\_\_

SOCIAL SECURITY ADMINISTRATION

by \_\_\_\_\_

CONFIDENTIAL

Joe Brown

This is Joe Brown's  
signature.

We can not read  
so would not sign  
printed copy.



CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

September 15, 1972

BUREAU OF BUILDINGS

CITY HALL

C. N. CHRISTIANSEN, Director

Building Division  
C. C. Crank, Chief

Electrical Division  
R. A. Niedermeyer, Chief

Plumbing Division  
George W. Wallace, Chief

Permit Division  
Albert Clerc, Chief

Housing Division  
S. J. Chegwiddden, Chief

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

Re: 213/15/17/19 N. Shaver Street

Gentlemen:

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

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

Interior of 213 N. Shaver Street:

1. Garbage and organic waste in kitchen area.
2. Two kitchen windowpanes are broken.
3. Portion of kitchen wall plaster is missing.
4. Evidence of insect and rodent infestation.
5. Portion of bathroom ceiling plaster is missing.
6. Chimney cleanout in cellar area lacks a coverplate.

Exterior of Structure:

1. One rear entry step is badly decayed.
2. Northeast downspout is missing.
3. Yard area contains an accumulation of household debris.

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

Please notify the Housing Division of the Bureau of Buildings, 2200 N. E. 24 Avenue, Telephone 288-6077, when the corrections have

Portland Development Commission

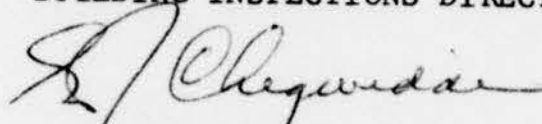
-2-

September 15, 1972

been completed, under proper permit where required, and a reinspection can be made.

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR



S. J. Chegwidden  
Chief Housing Inspector

DJM:vm

cc: Mr. Gerald Engler  
16605 N. E. Halsey Street, Apt. 16  
Plumbing & Electrical Div.

ANDERSON, HALL, LOWTHIAN & GROSS  
A PROFESSIONAL CORPORATION  
ATTORNEYS AT LAW

RONALD P. ANDERSON  
EDWARD R. HALL  
PHILIP H. LOWTHIAN  
WILLIAM N. GROSS

JACKSON TOWER  
806 S.W. BROADWAY  
PORTLAND, OREGON 97205  
(503) 228-9381

September 14, 1972

Mr. Chester L. Yung  
3214 North Gantenbein  
Portland, Oregon 97227

Dear Chester:

C Based upon my telephone conversation Wednesday afternoon with Stan Jones of the Portland Development Commission, this is to advise that the P.D.C. will not interfere with any arrangement you wish to make with Joe Brown to keep him on the premises during your vacation from September 18th through October 9th.

O Although he has found relocated housing for Mr. Brown, the new apartment must be fixed up before he can move in. This might take a few weeks. Even if it does become available for Mr. Brown before you return from your vacation, P.D.C. will see to it that Mr. Brown can pay his rent on the new apartment without having to actually move into it before your return.

P I am sure you realize, however, that the P.D.C. cannot force Mr. Brown to stay where he is if he actually prefers to move. That is entirely a matter of agreement between you and him.

Very truly yours,

Y  
William N. Gross  
WNG:mw

cc: Mr. Stan Jones



**KAISER FOUNDATION HOSPITALS**

HEALTH SERVICES RESEARCH CENTER

4707 S. E. HAWTHORNE BOULEVARD, PORTLAND, OREGON 97215  
TELEPHONE • 503: 233-5631

January 12, 1972

Mr. Jim Crowley  
Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Dear Mr. Crowley:

I am writing in behalf of Mr. Joe Brown, 3616 N. Gantenbein, who is seeking living quarters because of your Emanuel Program.

As his Neighborhood Health Coordinator, I have worked with him for more than four years. I am concerned that he be able to find quarters or housing on the first floor or that there be very few steps to climb. [REDACTED]

[REDACTED]

I hope you will give his disability every consideration in relocating him.

Respectfully yours,

*Martha E. Warren*  
wja

Martha E. Warren  
Neighborhood Health Coordinator

MEW:wja

THE PERMANENTE CLINIC

PHYSICIANS AND SURGEONS

TELEPHONES: PORTLAND 285-9321, VANCOUVER 694-8446

5055 NORTH GREELEY AVENUE

PORTLAND, OREGON 97217

January 6, 1972

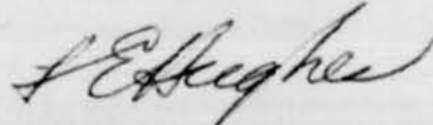
Mr. James Crolley  
235 North Monroe Street  
Portland, Oregon

Dear Mr. Crolley:

Mr. Joe Brown has requested that I contact you with regard to his medical condition as it relates to the type of living quarters most suited for his use. [REDACTED] which has caused him difficulty for many years. He also finds stair climbing difficulty because of shortness of breath. While I cannot honestly say that a ground floor apartment is an absolute medical necessity, Mr. Brown does have sufficient problems to make his request seem very reasonable. I hope you will be able to help him find something suitable to his needs.

Sincerely,

THE PERMANENTE CLINIC



Lewis E. Hughes, M. D.  
Medical Director

LEH:lb



OFFER TO PURCHASE REAL ESTATE & Receipt for Deposit

PORTLAND, Oregon, DEC 15, 19 71

Received of Joe Brown as purchaser, the sum of (\$ 100.00) in the form of Note

as earnest money and in part payment for the purchase of the following described real estate situated in the City of PORTLAND County of MULTNOMAH, State of OREGON, to-wit: Lot E 1/2 of Block 24 Subdivision CENTRAL ALBINA KNOWN AS 206 W. SHAVER

which we have this day sold to the said Purchaser, subject to the approval of the Owner, for the sum of 8950 (\$ 100 ) Dollars on the following terms, to wit: The sum of ONE HUNDRED & NO/100 (\$ 100 ) Dollars as herein above received for, and FOURTEEN HUNDRED & NO/100 (\$ 1400 ) Dollars upon acceptance of title and delivery of deed or delivery of contract; balance (\$ 7450 ) payable as follows:

By purchaser applying for a loan of not less than 7450 through an FHA loan. Seller agrees to pay unpaid FHA account. \$7950 selling price includes 200 closing costs.

Unless otherwise specified in this agreement, the seller shall furnish to the purchaser in due course a Title Insurance Policy from a duly licensed Title Insurance Company showing good and marketable title.

It is agreed that if the owner does not approve the above sale, or if the title to said premises is not marketable, or cannot be made so within thirty days after notice containing a written statement of defects is delivered to owner, or if the owner, having approved said sale fails to consummate the same, the earnest money herein received for shall be refunded, but if owner approves sale and title is marketable and the purchaser neglects or refuses to comply with any of the conditions of this sale within ten days after the evidence of said title is furnished, the money herein received for shall be forfeited to the undersigned broker to the extent of agreed upon commission, and residue to owner as liquidated damages.

All fixtures, including venetian blinds, drapery and curtain rods, window and door screens, storm doors and windows, attached television antenna and all shrubs and trees are included as part of the property purchased. The following personal property is also included as a part of the property for said purchase price: None

Rents, interest, taxes and fire insurance premiums are to be pro rated as of the date of possession. Sale shall be closed in escrow. Upon request owner and purchaser will deposit in escrow all instruments and monies necessary to complete this transaction in accordance with this agreement; the cost of escrow shall be paid one-half each by owner and purchaser. Possession of above described premises is to be delivered to purchaser on or before at closing. Time is the essence of this contract.

BOYER & COX INC., REALTORS, 12321 N.E. Glisan By [Signature]

AGREEMENT TO PURCHASE a.m. DEC 15 19 71 p.m.

I hereby agree to purchase the above property and to pay the price of \$ 7950 as set forth above and grant to Boyer & Cox Inc. until midnight on the 20 day of DEC, 19 71 to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Said deed or contract to be in the name of JOE BROWN

Address 3216 N. GANTENBEIN Purchaser Phone Purchaser

AGREEMENT TO SELL a.m. 19 p.m.

I hereby approve and accept the sale of above described property and the price and conditions as set forth in above contract, and agree to furnish evidence of title as above provided; also the said deed when stated.

I agree to pay forthwith to the above named Boyer & Cox Inc. a commission amounting to \$ for services rendered in this transaction.

Address Seller Phone



# HOUSING RESOURCES SURVEY

## RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF EMANUEL HOSPITAL PROJECT AREA

(To be filled in for each dwelling unit in the Project Area)

Analyst Cannan Date of survey 2/23/71 Tabulator \_\_\_\_\_ Date tabulated \_\_\_\_\_  
 Dwelling Unit No. 24 Structure No. 19 Census Block No. 23 Census Tract No. 22A  
 Street Address 3216 N. Gantenbein Apartment No. \_\_\_\_\_

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

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

*can obtain no further info*

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

	Name	Family relation	Age	Sex	Occupation
1.	<u>Joe Brown</u>	<u>Head of household</u>	<u>(unreadable)</u>	<u>M</u>	<u>retired</u>
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

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

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

Names of jobholders	Names of employers	Street address where jobs are located	Distance to work
<u>Joe</u>	<u>caretaker for landlord</u>	<u>in place of rent</u>	

2. Monthly income from jobs and from all other sources received by persons in this household:

Names of persons in this household who have income from any source	Amount of income per month	
	In month before this survey	In an average month during 1970
<u>Soc. Sec.</u>	<u>\$ about \$55</u>	<u>\$</u>
<b>Total family or household income per month</b>	<u>\$ about \$55</u>	<u>\$ about \$55</u>

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

1. Location (indicate approximate cross streets) \_\_\_\_\_
2. Transportation, number of autos owned \_\_\_\_\_, use bus \_\_\_\_\_, walk X
3. Will rent house \_\_\_\_\_, apartment ✓, expect to pay rent, including utilities, at \$ any rent per mo. (Furniture is owned, yes \_\_\_\_\_, no \_\_\_\_\_, stove and refrigerator owned, yes \_\_\_\_\_, no perhaps)
4. Will buy house in price range \$ \_\_\_\_\_, down payment of \$ \_\_\_\_\_, monthly payment of \$ \_\_\_\_\_
5. If now buying this house, how much are payments on contract or mortgage monthly \$ \_\_\_\_\_
6. Size of unit to be sought, number of bedrooms \_\_\_\_\_, kitchen \_\_\_\_\_, dining room \_\_\_\_\_, living room \_\_\_\_\_, number of bathrooms \_\_\_\_\_, total sq. ft. in dwelling unit \_\_\_\_\_
7. Other characteristics W O (B) I M

*really can't afford*  
*Housing*

TREASURY  
DEPARTMENT  
DIVISION OF  
RECORDS



PHILADELPHIA, PENNSYLVANIA

Order No. 10,413,742

REVISED, 2013

FAVOR  
ORDER OF

*Joe Brown*

187 90

⑆00000-0051⑆



**HOUSING RESOURCES SURVEY**  
To be Filled in For Each Dwelling Unit in All Survey Areas

Analyst Cannucci Date \_\_\_\_\_  
 Surveyed 2/23/71 Tabulator \_\_\_\_\_ Date \_\_\_\_\_  
 Dwelling Unit No. 22 Structure No. 19 Census Block No. 23 Census Tract No. 22A  
 Street Address 3216 N. Gantenbein Apartment No. \_\_\_\_\_  
 Legal Description \_\_\_\_\_

NAME OF OCCUPANT: Joe Brown NAME & ADDRESS OF OWNER: Chester L. Young NAME & ADDRESS OF PROP. MGR: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 INTERVIEWED? ( ) Yes ( ) No INTERVIEWED? ( ) Yes ( ) No INTERVIEWED? ( ) Yes ( ) No

**I. DESCRIPTION OF STRUCTURE**

<u>      </u> One-family house	<u>      </u> No. of units in bldg.
<u>      </u> Apt. in a house	
<input checked="" type="checkbox"/> Apt. in apt. bldg. or plex	<u>2</u>
<u>      </u> Apt. in comm. bldg.	
<u>      </u> Mobile home or trailer	

This structure has        stories (do not count basement)

**II. OCCUPANCY STATUS OF DWELLING UNIT**

       Owner occupied  
 Renter occupied  
       Vacant

**III. SIZE OF DWELLING UNIT**

725 Sq. ft. in first floor (county figure)  
1450 Sq. ft. in dwelling unit (if more than 1 floor)  
       Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)  
1 No. of bathrooms  
1 No. of bedrooms (rooms used mainly for sleeping)

**IV. ASSESSOR'S MARKET VALUATION DATA**

A. Dates or period of time  
1971 Period market value data applicable  
1967 Date of last appraisal  
1904 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

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

	Market value for entire structure	Computed value per sq. ft. for this dw. unit
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

\_\_\_\_\_ Sq. ft. of all d. u. in this structure  
 \_\_\_\_\_ Sq. ft. of commercial space and value of commercial space: Land \$ \_\_\_\_\_, improvements \$ \_\_\_\_\_, total \$ \_\_\_\_\_.

**V. RENTAL RATE FOR THIS RENTED UNIT**

Monthly average	Cash rent	Utilities	Total paid by renter
Rent	\$ <u>0</u>	_____	\$ _____
Electricity	_____	\$ _____	_____
Gas	<u>Takes care</u>	_____	_____
Water	<u>of premises for rent.</u>	_____	_____
Heat (oil, or other)	_____	_____	_____
Total	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

Deposits required of renter  
 Advance rent \$ \_\_\_\_\_, other \$ \_\_\_\_\_  
 Rental information obtained from  
 Tenant \_\_\_\_\_, owner , manager \_\_\_\_\_, or estimated from assessor's data \_\_\_\_\_.

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

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

**VII. REMARKS**

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