

	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 5/30/75

NAME BROWNING, DEMETRIAS

---

---

Client was successfully relocated and all benefits have been paid.

(signed)

*JCC*

worker

**RESIDENTIAL RELOCATION RECORD**

Project Name Emmanuel Parcel No. A-3-17 Advisor JC  
 Client's Name Browning, Demetrias Phone \_\_\_\_\_  
 Address 217 N. GARGO Ethn Black Age 19

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

Family Composition

*Single Female Head  
of HSG hold*

Total Number in Family 2  
 \_\_\_\_\_ wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age
		DAU	1

Economic Data

Employer \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 Other Source of Income  
WELFARE \$ 153.00  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total Monthly Income \$ (153.00)

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

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

- YES       NO

Date of initial interview 6-9-72      Date of info pamphlet delivery 6-9-72  
 Date Notice to Move given \_\_\_\_\_      Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

**CLAIMANT'S INITIAL DATE OF OCCUPANCY**

1970

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

Date of initiation of negotiations for purchase of property 6-31-71  
 Date of Acquisition 8-10-72  
 Date of letter of Intent \_\_\_\_\_  
 Date of move 7-14-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 72

Size of Habitable Area 180 #

Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 2 Rent Paid \$ 37.50 Utilities \_\_\_\_\_

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

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

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

REPLACEMENT DWELLING UNIT

Address 4225 N. ALASKA LPA Referred \* HAP Self Referred \_\_\_\_\_

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

Outside city  Outside state

Age of Housing Unit 7 1/2

Size of Habitable Area 600 #

No. of Rooms 4 No. of Bedrooms 2

For Claimants Who Purchased

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

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

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

For Claimants Who Rented

Rent \$ 12.00

Utilities \$ \_\_\_\_\_

Total Rent Assistance \$ 4000-

Amount of Annual Payment \$ 1000-

No. of Housing Referrals to:

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

1 Standard Rent

Agency Referrals:

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

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

Benefits Received

Date 8-8-73 Ck # 795EH Type TACO Amount \$ 1000-

Date 8-23-72 Ck # 512EH Type " Amount \$ 1000-

Date 7-12-72 Ck # 465EH Type MC Amount \$ 300-

**RESIDENTIAL RELOCATION RECORD**

CLIENT'S NAME BROWNING, Demetrias RELOCATION ADVISOR JC  
 ADDRESS 217 N. Fargo PHONE 282-7831 PROJECT NAME Emanuel ORE, R-20  
 SEX F ETHN black VETERAN \_\_\_\_\_ AGE 19 PARCEL NO. A-3-17  
 MARITAL STATUS single TENURE tenant  
 DISABILITY \_\_\_\_\_ INDIV \_\_\_\_\_ FAMILY X  
 ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT X OTHER \_\_\_\_\_  
 INITIAL INTERVIEW June 9, 1972 DATE INFO PAMPHLET DELIVERED \_\_\_\_\_  
 NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY Mother & Father - Louis + Hattie Mae Browning

DATE ON SITE:	<u>1970</u>
INITIATION OF NEGOTIATIONS:	_____
DATE OF ACQUISITION:	_____

ECONOMIC DATA

FAMILY COMPOSITION

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW Jerry Huey- caseworker 153.00  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ 153.00

Name	Relation	Age
<u>Ukana Anderson</u>	<u>daughter</u>	<u>1</u>

DWELLING UNIT FROM WHICH RELOCATED

	S	SS
Subsidized Sales	<u>Single Family</u>	
Subsidized Rental	<u>Multiple Family</u>	<u>X</u>
Public Housing	<u>Duplex</u>	
Private Rental	<u>X Mobile Home</u>	
Private Sales		

Age of Structure 72 yrs No. Rooms 2  
 No. Bedrooms 1 Furn. X Unfurn \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Monthly Payments (Rent) \$ 37.50  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

Size of Habitable Area 180 #

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms

Name of Agency	Date
<u>Multnomah County Welfare</u>	
<u>Food Stamp Program</u>	
<u>Housing Authority</u>	<u>6/1/72</u>
<u>Legal Aid</u>	
<u>FISH</u>	
<u>Health Dept.</u>	

AGENCY ACTION:	REASONS:
Appeals	MOVED INTO HUD HOUSING
Evicted	
Refused Assistance	
Address Unknown (tracing)	
Other (death, etc.)	

TEMPORARY RELOCATION

Within Project	<input type="checkbox"/>
Outside Project	<input type="checkbox"/>

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

REPLACEMENT DWELLING UNIT

Client Referred \_\_\_\_\_ LPA Referred \_\_\_\_\_  
 Address 4225 N. Alaska Apt. #70 Phone 283-3578 Date of Move 7/14/72

WHERE RELOCATED:				S	SS
Same City	X	Subsidized Sales		Single Family	X
Outside City		Subsidized Rental		Multiple Family	
Out of State		Public Housing	X	Duplex	
		Private Rental		Mobile Home	
		Private Sales			

Furnished  Unfurnished  Number of Rooms 4 Number of Bedrooms 2 Habitable Area 600  
 Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ 12.00 <sup>HUD</sup> Purchase Price \$ \_\_\_\_\_  
 Age of Structure: 74.15 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_ Distance Moved Away \_\_\_\_\_  
 Name of Moving Company \_\_\_\_\_ Name of Realtor \_\_\_\_\_

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	512 EH	8-23-72	\$ 1,000.-
TACO (Rental)	795 EH	8/8/73	\$ 1,000.-
TACO (Rental)	955 EH	8/9/74	\$ 1,000.00
TACO (Rental)	1058 EH	5/28/75	\$ 1,000.00
TACO (Sales)			\$
Fixed Moving	465 EH	7/12/72	\$ 300.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$ 4300.00

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

TOTAL BENEFITS RECEIVED \$ 4300.00

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

May 30, 1975

Mrs. DeMetrias Browning  
4225 N. Alaska, Apt. #7  
Portland, Oregon 97203

Dear Mrs. Browning:

You will find enclosed Warrant Number 1058 EH in the amount of \$1000.00 which represents a fourth and final payment due you.

Thank you for your continued cooperation in your relocation.

Very truly yours,

Betty R. Burns  
Relocation Advisor

brb  
Enc.

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

**Nº 1058 EH**

DATE May 28, 19 75

PAY TO **Beltrias Browning**

**\$ 1,000.00**

**DOLLARS**

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE

**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 217 N. Fargo (Parcel A-3-17) - Total approved <span style="float: right;">\$4,000.00</span> 4TH & FINAL PAYMENT	\$1,000.00

**Account Distribution**

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

TITLE \_\_\_\_\_

AMOUNT \_\_\_\_\_



RELOCATION PAYMENT

PROJECT: Emmanuel

PARCEL: A-3-17

PAYABLE TO: De Metriac Brewing

For: <input type="checkbox"/>	RHP for Homeowners . . . . .	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants. . . . .	\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$ <u>4000<sup>00</sup></u> ; Annual amount \$ <u>00000</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 De Metriac Brewing  Family Less - \$ \_\_\_\_\_ \*

Move from 217 N. Fargo  Individual Total \$ 1000.00

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

0500 X10 250

*Jh CW*

*Date moved  
7-14-72*

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley  
(Relocation Advisor)

DATE May 12, 1975

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

RE: DeMetrias Browning  
(Displacee)

4225 N. Alaska  
(Address)

No. 4th & Final  
(annual payment)

\$ 1,000.00  
(amount)

7/14/75  
(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: 4225 N. Alaska, Apt. #70

Date Inspected: \_\_\_\_\_ Condition:  Standard  Substandard

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

or (2) Displacee notified of ineligibility:  yes  no

Comments: Client continues occupancy in public housing.

SIGNED: \_\_\_\_\_  
(Displacee)

SIGNED: Betty R. Burns  
(Relocation Advisor)

DATE: \_\_\_\_\_

DATE: 5/20/75

TO: ABC - Acatg.

DATE: 5/20/75

FROM: Relocation

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: DeMetrias Browning

PROJECT: Commonwealth

FOR: 4th & Final TACO

AMOUNT: 1000.00

SIGNED: Betty R. Burns  
Shaw

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

7-14-72  
Date

Miss DeMetrias Browning  
Signature of Claimant (s)

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

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

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

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

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

NAME OF CLAIMANT Demetrias Browning

Parcel No. A-3-17

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: 1970

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: 1970

Date of Initiation of Negotiations: \_\_\_\_\_

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: \_\_\_\_\_

\* HAP HOUSING

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

**4. CERTIFICATION OF LOCAL AGENCY**

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

8-23-72  
Date

[Signature]  
Authorized Signature

**5. RECORD OF PAYMENTS**

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year

2nd Year

3rd Year

4th Year

	<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
(1) Lump-sum payment	_____	_____	\$ _____
(2) Annual payment			
1st Year	<u>8/23/72</u>	<u>512 EH</u>	<u>\$ 1,000.00</u>
2nd Year	<u>8/8/73</u>	<u>795 EH</u>	<u>\$ 1,000.00</u>
3rd Year	<u>8/7/74</u>	<u>7056 EH 955 EH</u>	<u>\$ 1,000.00</u>
4th Year	<u>5/28/75</u>	<u>1058 EH</u>	<u>\$ 1,000.00</u>
b. Claimant moved to unit he purchased	_____	_____	\$ _____
c. Homeowner temporarily displaced	_____	_____	\$ _____

**PORTLAND DEVELOPMENT COMMISSION**  
 1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 955 EH

DATE August 7, 1974

PAY TO DeMetrias Browning

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**  
 AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 217 N. Fargo (Parcel A 3-17).  Total approved \$4,000.00 3rd annual payment  <i>DeMetrias Browning 8/8/74</i>	\$1,000.00

**Account Distribution**

NO. TITLE AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: A 3-17

PAYABLE TO: Demetrias Browning

For: <input type="checkbox"/>	RHP for Homeowners . . . . .	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants. . . . .	\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved <u>\$4000.</u> ; Annual amount <u>\$1000.00</u> <i>Brd</i>	\$	_____
<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 Demetrias Browning  Family Less - \$ \_\_\_\_\_ \*

Move from 217 N. Fargo  Individual Total \$1000.00

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

*OK jme*

0600 X10 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley  
(Relocation Advisor)

DATE July 26, 1974

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

RE: DeMetrias Browning (Emanuel)  
(Displacee)

4225 N. Alaska  
(Address)

No. 3rd  
(annual payment)

\$1,000.00  
(amount)

August  
(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: 4225 N. Alaska Apt. # 70

Date Inspected: HAP Condition:  Standard  Substandard

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

or (2) Displacee notified of ineligibility:  yes  no

Comments: Same address HAP

SIGNED: Demetrias Browning  
(Displacee)

SIGNED: Alma Gordon  
(Relocation Advisor)

DATE: 7/22/74

DATE: 7/22/74

TO: Bob Douglas

DATE: 7/23/74

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: Demetrias Browning

PROJECT: Emanuel

FOR: TACO Payment for relocation

AMOUNT: \$1000.

*df*

SIGNED: Alma Gordon

CLAIM FOR REPLACEMENT HOUSING PAYMENT  
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:	PROJECT NAME (if applicable)
Portland Development Commission	Emanuel Project
1700 S. W. Fourth Avenue	
Portland, Oregon 97201	PROJECT NUMBER: ORE 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

Demetrias Browning  Family  Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

a. Address: 217 N. Fargo  
 b. Apartment or room number: \_\_\_\_\_  
 c. Number of bedrooms: 1

PARCEL NO. A-3-17  
 d. Monthly rental: \$ 37.50  
 e. Date you moved out of this dwelling: 7-14-72  
 Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): \_\_\_\_\_  
4225 N. Alaska  
 b. Apartment or room number: #70  
 c. Number of bedrooms: 2

d. Monthly rental: \$ 12.50  
 e. Date you moved into this dwelling: 7-14-72  
 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:

Demetrius Browning  
217 N. Fargo

COMPUTATION PREPARED BY:

Arvelley  
Name  
6-9-72  
Date

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

Required Information

- |  |                  |
|--|------------------|
| 1. Monthly gross rental for comparable unit<br>(cost based on: <input checked="" type="checkbox"/> Schedule<br><input type="checkbox"/> Comparative<br><input type="checkbox"/> Other) | \$ <u>128.35</u> |
| 2. Base monthly rental for claimant's former dwelling, or<br>25% of adjusted monthly income, whichever is <u>less</u> .  | \$ <u>37.50</u>  |

Computation

- |   |        |                    |
|---|--------|--------------------|
| 3. Line 1 minus Line 2, multiplied by 48  |        |                    |
|   | Line 1 | \$ <u>128.35</u>   |
|   | Line 2 | <u>\$ 37.50</u>    |
|   |        | \$ <u>90.85</u>    |
|   | X      | <u>48</u>          |
|   |        | \$ <u>4362.80</u>  |
| 4. Base amount (if amount on Line 3 is \$4,000 or more,<br>enter \$4,000. If amount on Line 3 is less than<br>\$4,000, enter amount on Line 3.) |        | \$ <u>4000.00</u>  |
| 5. Minus adjustments (Attach full explanation)  |        | - \$ <u>      </u> |
| 6. Amount of rental assistance payment<br>(Line 4 minus Line 5)   |        | \$ <u>4000.00</u>  |
| 7. Annual Payment   |        | \$ <u>1000.00</u>  |

(Enter this amount in the space provided in Block 3 on page one of Replacement Housing Payment for Tenants and certain Others)

NOTE: If the amount on Line 6 is less than \$500, a lump-sum payment is to be made. If the amount on Line 6 is more than \$500, divide the payment by 4. The resultant amount is the total of each of four annual payments to be made; enter on Line 7.

6-9-72  
(date)

Multnomah County Public Welfare Department  
508 S. W. Mill Street  
Portland, Oregon 97201

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an Urban Renewal area and, in order to determine my eligibility for further compensation, would like you to give them the amount of my monthly compensation from Welfare.

This will authorize you to give the Development Commission the information requested below. Please return one copy of the completed form directly to the Commission in the envelope provided.

Thank you.

Sincerely,

Demetrius Browning  
(name)  
217 N Fargo St apt 1  
(address)

(caseload code number)

Jerry Huey

-----  
July 06, 1972  
(date)

TQ; Portland Development Commission

The records of this office indicate that Demetrius Browning is receiving monthly benefits in the amount of \$ 153.00 from the Multnomah County Public Welfare Department.

MULTNOMAH COUNTY PUBLIC WELFARE DEPARTMENT

by Joseph W. [Signature]

CONFIDENTIAL

PORTLAND DEVELOPMENT COMMISSION

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

June 1, 1972

Housing Authority of Portland  
4400 N. E. Broadway  
Portland, Oregon 97213

Gentlemen:

This is to inform you that Demetrias Browning,  
of 217 N. Fargo, Portland, Oregon 97227  
who wishes to file an application with your office will be displaced  
as a result of the acquisition of the property, in which he (or she)  
resides, by the Portland Development Commission in the urban renewal  
project, ORE R-20.

Thank you for any help that you may render Miss Browning  
in his (her) efforts to obtain suitable housing.

Very truly yours,

W. Stanley Jones

WSJ:slc

Given to Miss Browning on 6/1/72  
by WSS - she is making application  
at HAP

Duplex apt

Keller's -

Dwelling Unit Inventory

*Browning,  
Seminole*

3 Beds & Springs *1 baby 1 reg 1 sm*  
 \_\_\_\_\_ Bedroom Chair  
1 Breakfast Table  
4 Breakfast Table Chairs  
 \_\_\_\_\_ Bridge Lamp & Shade  
 \_\_\_\_\_ Buffet  
 \_\_\_\_\_ Chest of Drawers  
 \_\_\_\_\_ Coffee Table  
1 Couch  
 \_\_\_\_\_ Davenport  
 \_\_\_\_\_ Desk  
 \_\_\_\_\_ Dining Table  
 \_\_\_\_\_ Dining Chairs  
2 Dresser  
 \_\_\_\_\_ End Table  
 \_\_\_\_\_ Floor Lamp & Shade  
 \_\_\_\_\_ Mirror

1 Night Stand  
 \_\_\_\_\_ Occasional Chair  
 \_\_\_\_\_ Overstuffed Chair  
 \_\_\_\_\_ Overstuffed Rocker  
X Range  
1 Refrigerator: Brand \_\_\_\_\_  
 \_\_\_\_\_ Rocker  
 \_\_\_\_\_ Rug & Pad: Size \_\_\_\_\_  
 \_\_\_\_\_ Stool  
1 Table Lamp & Shade  
 \_\_\_\_\_ Table, small  
 \_\_\_\_\_ Vanity & Bench  
2 Suitcases  
1 Trunks  
56x Cartons, Boxes, Etc.  
2 Clo Clothes  
4x Bedding & Linens

Miscellaneous (List Items)

1 TV  
1 Stereo  
1 Component set  
1 High Chair  
 \_\_\_\_\_  
 \_\_\_\_\_

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

COMMENTS:

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 795 EH

DATE August 8, 1973

PAY TO DeMetrias Browning

\$1,000.00

DOLLARS

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE

**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 217 N. Fargo (Parcel A-3-17).  Total approved \$4,000.00 2nd annual payment	\$1,000.00
		<i>Miss DeMetrias Browning</i>	
		<i>Rec'd 8-9-73</i> <i>Jo</i>	

**Account Distribution**

NO. TITLE AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-3-17

PAYABLE TO: DeMetrias Browning

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 \$ _____; Annual amount \$ 1,000	\$	_____
<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 DeMetrias Browning  Family Less - \$ \_\_\_\_\_\*

Move from 217 N. Fargo  Individual Total \$ 1,000

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

*ok me*  
*zow*

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: James C. Crowley  
(Relocation Advisor)

DATE July 31, 1973

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

RE: Demetrias Browning  
(Displacee)

4225 N. Alaska (HAP)  
(Address)

No. 2nd  
(annual payment)

\$ 1,000  
(amount)

8/23/73  
(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: 4225 N. Alaska, Apt #70

Date Inspected: HAP Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Same address - HAP

SIGNED: Demetrias Browning  
(Displacee)

SIGNED: James C. Crowley  
(Relocation Advisor)

DATE: Aug 1, 1973

DATE: Aug 1, 1973

TO: Bob Douglas

DATE: Aug 1, 1973

FROM: Emmanuel

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: Demetrias Browning

PROJECT: Emmanuel

FOR: TACO-Relocation

AMOUNT: 1000<sup>00</sup>

SIGNED: Crowley

*copy*

RELOCATION PAYMENT

Project: Emanuel ORE R-20 Parcel: A-3-17

Payable to: Demetrias Browning

Amount

For: <u>      </u> RHP for Homeowners . . . . .	\$	<u>                  </u>
<u>      </u> Incidental Expenses for Homeowners (if separate claim) . . . . .	\$	<u>                  </u>
<u>  X  </u> RHP for Tenants & Certain Others:		
Rental: Total approved \$ <u>4000</u> ; Annual amount. . . . .	\$	<u>1000</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 Demetrias Browning Less - \$                   \*

Move from 517 N. Fargo Total \$ 1000

-----

Accounting: Indicate symbol & Acct. No.  
E1501 Relocation Payment;                    Project Cost \*(                    )



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 512 EH

DATE August 23, 1972

PAY TO **Demetrios Browning**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE

**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants. Move from 217 N. Fargo (Parcel A-3-17).	
		Total approved 1st annual payment	\$4,000.00
			<u>\$1,000.00</u>

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP)	(EH)
		\$1,000.00

*Received 8/24/72  
 X Demetrios Browning*

*JMS  
 ch*

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> **465 EH**

DATE July 12, 19 72

PAY TO **DeMetrias Browning**

**\$ 300.00**

**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 Payment filed. Move from 217 N. Fargo (Parcel #3-2).  Dislocation allowance <span style="float: right;">\$200.00</span> Fixed moving payment - own furn. <span style="float: right;"><u>100.00</u></span>	<u>\$300.00</u>

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - Family)	\$300.00

*X - Mrs DeMetrias Browning*

*JML*

RELOCATION PAYMENT

Project: Emanuel ORE R-20 Parcel: E-3-2

Payable to: DeMetrias Browning

Amount

For: <input type="checkbox"/>	RHP for Homeowners . . . . .	\$	<u>          </u>
<input type="checkbox"/>	Incidental Expenses for Homeowners (if separate claim) . . . . .	\$	<u>          </u>
<input type="checkbox"/>	RHP for Tenants & Certain Others:		
	Rental: Total approved \$ <u>          </u> ; Annual amount. . . . .	\$	<u>          </u>
	or Purchase: . . . . .	\$	<u>          </u>
<input checked="" type="checkbox"/>	Fixed Moving Payment . . . . .	\$	<u>100</u>
<input checked="" type="checkbox"/>	Dislocation Allowance. . . . .	\$	<u>200</u>
<input type="checkbox"/>	Actual Moving Costs. . . . .	\$	<u>          </u>
<input type="checkbox"/>	Storage Costs (if separate claim). . . . .	\$	<u>          </u>
<input type="checkbox"/>	Business: Moving Expenses. . . . .	\$	<u>          </u>
<input type="checkbox"/>	Business: In Lieu Payment. . . . .	\$	<u>          </u>
<input type="checkbox"/>	Business: Storage Costs. . . . .	\$	<u>          </u>
<input type="checkbox"/>	Business: Loss of Property . . . . .	\$	<u>          </u>
<input type="checkbox"/>	Business: Searching Expenses . . . . .	\$	<u>          </u>

Name of Client DeMetrias Browning Less - \$            \*

Move from 217 N. Fargo Total \$ 300

Accounting: Indicate symbol & Acct. No.  
E1501 Relocation Payment;            Project Cost \*(            )

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

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

PROJECT NAME (if applicable)

Emanuel Project  
Project Number: ORE 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 Demetrias Browning  Family  Individual

2. DATE(S) OF MOVE 7-11-72

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A-3-17  
 a. Address 217 N. Fargo 97227  
 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): 2  
 e. Date you moved into this address: (1952) 1970

4. DWELLING UNIT TO WHICH YOU MOVED  
 a. Address (include ZIP Code) 4225 N. Alaska 97227  
 b. Apartment, Floor, or Room Number #70  
 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 \$100.00  
 (Consult local agency) Total \$ 300.00

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.

7-10-72  
Date

Miss Demetrias Browning  
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:

Demetrias Browning  
217 N. Fargo  
Portland, Oregon

NAME OF LOCAL AGENCY:

Portland Development Commission

---

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

---

1. Does claimant meet basic eligibility requirements?  Yes  No

If "No," explain:

---

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

Date items inspected: \_\_\_\_\_  
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>100.00</u>			<u>7-11-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>300.00</u>	<u>300.00</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____			
2. Supplementary payment (s) for storage costs:			
3. Final payment for moving expenses covering storage and related costs			

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>7/12/72</u>	<u>465EH</u>	<u>\$ 300.00</u>			\$

## PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE  
EMANUEL HOSPITAL PROJECT  
235 N. MONROE ST.  
PORTLAND, OREGON 97227  
PHONE 288-8100

September 1, 1971

Miss Demetrias Browning  
217 N. Fargo  
Portland, Oregon

Dear Miss Browning:

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 288-8100. Our office is located at 235 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin C. Webb  
Chief, Relocation and  
Property Management

BCW:ch  
Enclosure

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME DEMETRIAS BROWNING RELOCATION ADVISOR Lesley

ADDRESS 217 N. Fargo PHONE 282-7831 PROJECT NAME R-20

SEX F ETHN NW VETERAN \_\_\_\_\_ AGE 19 PARCEL NO. A 3-17

MARITAL STATUS S TENURE 1952

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

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

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

DATE ON SITE:	<u>1970</u>
INITIATION OF NEGOTIATIONS:	_____
DATE OF ACQUISITION:	_____

INITIAL INTERVIEW 6-9-72 DATE INFO PAMPHLET DELIVERED \_\_\_\_\_

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

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

ECONOMIC DATA

FAMILY COMPOSITION

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW Jerry Huley 153.00  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ 153.00

Name	Relation	Age
<u>UKANA ANDERSON</u>	<u>DAU</u>	<u>1</u>

DWELLING UNIT FROM WHICH RELOCATED

		S	SS
Subsidized Sales	Single Family	<u>X</u>	
Subsidized Rental	Multiple Family		<u>X</u>
Public Housing	Duplex	<u>X</u>	
Private Rental	Mobile Home		
Private Sales			

Age of Structure \_\_\_\_\_ No. Rooms 2  
 No. Bedrooms 1 Furn. X Unfurn \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Monthly Payments (Rent) \$ 37.50  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

Size of Habitable Area \_\_\_\_\_

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms

Name of Agency	Date
Multnomah County Welfare	
Food Stamp Program	
Housing Authority	<u>6-1-72</u>
Legal Aid	
FISH	
Health Dept.	



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

Demetris Browning

2. Dwelling unit from which you moved:

Parcel No. A-3-17

a. Address 217 N. Fargo

c. Number of bedrooms 1

d. Monthly rental \$ 37.50

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

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

3. Dwelling unit to which you moved (RENTAL)

a. Address 4225 N. Alaska

c. Number of bedrooms 2

d. Monthly rental \$ \_\_\_\_\_

b. Apartment or room number #70

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 1970

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 1970

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

3. Is replacement housing standard?  Yes  No (HAP)

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

4. Certification:

(Amount of this claim \$ \_\_\_\_\_)

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Sometreas Browning Project R-20  
 2. Date(s) of move 7-14-72 Parcel No. A-317  
 3. Dwelling unit from which you moved:  
 Address 217 N. Fargo No. of rooms 2  
 Furnished  Unfurnished Date you moved into this unit (1952) 1970

4. Dwelling unit to which you moved:  
 Address 4225 N Alaska #70  
 Were goods moved to or from storage?  Yes  No

5. Total claim \$ 100.00

-----  
 FIXED PAYMENT: \$200 + \$100.00 = \$300.00  
 -----

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)