

	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, Robert

Mr. Browning has received his benefits in full as of this date and proved to be very cooperative.

(signed) _____
worker

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME BROWNING, Robert Louis RELOCATION ADVISOR J Crolley
 ADDRESS 217 N. Fargo PHONE _____ PROJECT NAME Emanuel ORE, R-20
 SEX M ETHN black VETERAN yes AGE 24 PARCEL NO. A-3-17
 MARITAL STATUS single TENURE tenant
 DISABILITY _____ INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW July 5, 1972 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>July 15, 1969</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: _____

ECONOMIC DATA

FAMILY COMPOSITION

1973
 Employer U.S. National Bank \$ _____
 Address _____
 MCW _____
 Social Security _____
 Pension _____
 Other Unemployment Compensation 75.00
 TOTAL MONTHLY INCOME \$ 75.00

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			

Age of Structure 72 yrs No. Rooms 1
 No. Bedrooms 1 Furn. Unfurn
 Utilities \$ _____
 Monthly Payments (Rent) \$ 50.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 90 sq. ft.

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms

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

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred 1011 N.E. Tillamook Apr 9 x LPA Referred _____
 Address 826 N. Humboldt 5812 N. E. 6th Phone _____ Date of Move July 15, 1972

WHERE RELOCATED:

		S	SS
Same City	X		
Outside City		X	
Out of State			

Furnished _____ Unfurnished X Number of Rooms 3 Number of Bedrooms 1 Habitable Area 312 sq ft
 Utilities \$ _____ Monthly Payments (Rent) \$ 105⁰⁰ Purchase Price \$ _____
 Age of Structure: 2045 Taxes \$ _____ Equity \$ _____ Distance Moved Away _____
 Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount	Purchase Price	\$
RHP			\$		
1st TACO (Rental)	492-EH	Aug 9/72	\$ 873.00	Down Payment	\$ _____
TACO (Rental)	798-EH	July 8/73	\$ 873.00	RHP	\$ _____
TACO (Rental)	998-EH	5/14/74	\$ 873.00	Total Down	- \$ _____
TACO (Rental)	1057-EH	5/28/75	\$ 873.00	Total Mortgage	\$ _____
TACO (Sales)			\$		
Fixed Moving	31739 G	7/24/72	\$ 260.00		
Actual Move			\$		
Storage			\$		
Incidental			\$		
Interest			\$		

TOTAL BENEFITS RECEIVED \$3492.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

RESIDENTIAL RELOCATION RECORD

Project Name EMAN Parcel No. A-3-17 Advisor JCC
 Client's Name BROWNING, ROBT LOUIS Phone _____
 Address 217 N. FARGO Ethn B Age 24

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

Family Composition

Total Number in Family 1
 _____ wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Economic Data

Employer \$ _____
 Address _____
 Other Source of Income
UNEMPLOYMENT \$ 75.-
 \$ _____
 Total Monthly Income \$ (75.-)

- 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 July 5, 1972 Date of Info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

7-15-69

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

Date of initiation of negotiations for purchase of property _____
 Date of Acquisition _____
 Date of letter of intent _____
 Date of move July 15, 1972

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 90 #
 ✓ Furnished with claimant's furniture
 YES NO

Total Number of Rooms 1 Rent Paid \$ 25- Utilities _____
 Number of Bedrooms 1 Monthly Housing Payments \$ _____ Taxes _____
 Liens \$ _____ (please explain) _____
 Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 2230 S.E. Yamhill Apt #4 826 N. Humboldt LPA Referred 0 Self Referred _____
 Home 232-1376
 ✓ 225-6430

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

Outside city Outside state
 ✓ Age of Housing Unit 20 yrs approx
 ✓ Size of Habitable Area 315 #
 No. of Rooms 3 No. of Bedrooms 1

For Claimants Who Purchased

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

For Claimants Who Rented

Rent \$ 105⁰⁰
 Utilities \$ _____
 Total Rent Assistance \$ 3492-
 Amount of Annual Payment \$ 873.-

No. of Housing Referrals to:

0 Standard Sales
0 Standard Rent

Agency Referrals:

_____ MCW HAP _____ OTHER (_____)
 _____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date 7-24-72 Ck # 317396 Type M.C. Amount \$ 260⁰⁰
 Date 8-9-72 Ck # 492EH Type TACO Amount \$ 873⁰⁰
 Date 8-8-73 Ck # 798EH Type TACO Amount \$ 873⁰⁰

INTERVIEW REGISTER

Date

Relocation
Worker

5812 N.E. 6th did not pass inspection —
moved instead to 826 N. Humboldt.

4/30/73

new address

12390 S.W. Center, Apt #66

Portland, Oregon 97225

644-1869 (Home)

292-9176 (Work) U.S. National Bank - Raleigh Hills Br.

Jan 7/73

new address

1011 N.E. Tillamook, Apt 9

281-1440

Inspected Aug 2, 1973

7/18/73

225-6426

5/30/75

Client has received his fourth and final TACO, Warrant No. 1057 EB. in the amount of \$873.00. Case Closed.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 1057 EH

DATE May 28, 19 75

PAY TO **Robert Louis Browning**

\$873.00

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 \$3,492.00 4TH & FINAL PAYMENT	\$873.00
<i>Robert L. Browning</i> <i>Rec'd. 5/30/75</i>			

Account Distribution

NO. TITLE AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-317

PAYABLE TO: Robert Louis 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>3492⁰⁰</u> ; Annual amount \$	\$	<u>873⁰⁰</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 Robert Louis Browning Family Less - \$ _____ *

Move from 217 N. Fargo Individual Total \$ 873⁰⁰

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

0500 X10 250
Jh CW

Received 7-15-72

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: Robert Louis Browning
(Displacee)

2230 S. E. Yamhill #4
(Address)

No. 4th & Final
(annual payment)

\$ 873.00
(amount)

8/4/75
(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: 610 S.E. 17th, Apt. #4

Date Inspected: 5/20/75 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Client occupies standard dwelling
(Ade inspection - RSL)

SIGNED: _____
(Displacee)

SIGNED: Betty L. Burns
(Relocation Advisor)

DATE: _____

DATE: 5/20/75

TO: ACM Acctg.

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: Robert Louis Browning

PROJECT: Emmanuel

FOR: 4th & final TACO

AMOUNT: 873.00

SIGNED: Betty L. Burns
JCB

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.

Aug 4, 1972
Date

Robert J. 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 Robert Louis 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: July 15, 1969

Date of Acquisition: _____

Owner-Occupant's initial date of ownership: _____

2. Did the claimant rent or own the dwelling at least 90 days prior to the initiation of negotiations? Yes No

Date of Rental or Purchase: July 15, 1969

Date of Initiation of Negotiations: June 3, 1971

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

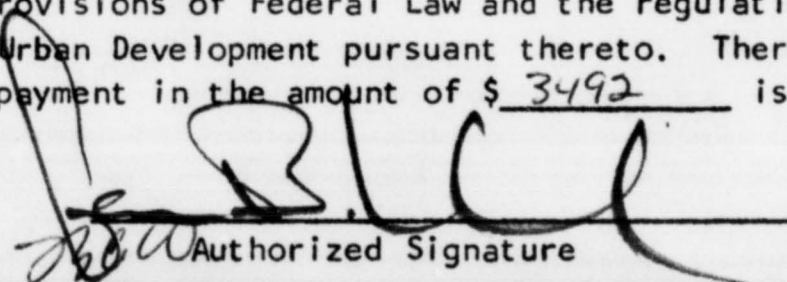
Date previously substandard dwelling was inspected and found to be standard:

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 \$ 3492 is authorized.

8-8-72
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

	<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
	_____	_____	\$ _____
	<u>8/9/72</u>	<u>492EH</u>	\$ <u>873.00</u>
	<u>7/18/73</u>	<u>798EH</u>	\$ <u>873.00</u>
	<u>8/14/74</u>	<u>958EH</u>	\$ <u>873.00</u>
	<u>5-28-75</u>	<u>1057EH</u>	\$ <u>873.00</u>
b. Claimant moved to unit he purchased	_____	_____	\$ _____
c. Homeowner temporarily displaced	_____	_____	\$ _____

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 928 EH

DATE August 14, 1974

PAY TO **Robert Louis Browning**

\$ 873.00

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 \$3,492.00 3rd annual payment	\$873.00

Robert L. Browning

8/16/74

Account Distribution

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A 3-17

PAYABLE TO: Robert Louis Browning

For: <input type="checkbox"/>	RHP for Homeowners	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants.	\$	_____
<input type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved <u>\$3492</u> ; Annual amount	\$	<u>873.00</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 Robert Louis Browning Family Less - \$ _____ *

Move from 217 N. Fargo Individual Total \$873.00

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

0600 x10 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: _____
(Relocation Advisor)

DATE July 26, 1974

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

RE: Robert Louis Browning (Emanuel)
(Displacee)

1011 NE Tillamook, #9
(Address)

No. 3rd
(annual payment)

\$ 873.00
(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: 2230 S.E Yamhill St. Apt. #4

Date Inspected: 8/7/74 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: The Displacee moved to present address recently. Letter of inspection attached.

SIGNED: Robert L. Browning
(Displacee)

SIGNED: Alma Gordon
(Relocation Advisor)

DATE: 8/8/74

DATE: 8/8/74

TO: Bob Douglass

DATE: 8/19/74

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: Robert Louis Browning

PROJECT: Emanuel

FOR: 3rd Annual TACO Payment

AMOUNT: \$873.00

SIGNED: Alma Gordon

THE CITY OF
PORTLAND



OREGON

DEPARTMENT OF
FINANCE AND
ADMINISTRATION

NEIL GOLDSCHMIDT
MAYOR

BUREAU OF
BUILDINGS

C.N. CHRISTIANSEN
DIRECTOR

August 7, 1974

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

Attn: Alma Gordon, Relocation Advisor

Re: 2230 S. E. Yamhill Street

Gentlemen:

At your request, an inspection was made by the Housing Division of the one-bedroom apartment, designated as Apartment #4, in an apartment building at the above address.

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

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidden
Chief Housing Inspector

CMC:vm

cc: Mr. Robert Browning
c/o Portland Development Commission

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 Hospital
1700 S. W. Fourth Avenue PROJECT NUMBER: ORE. R-20
Portland, Oregon

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

Robert Louis Browning

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-3-17

- a. Address: 217 N. Fargo
Portland
- b. Apartment or room number: _____
- c. Number of bedrooms: 1

- d. Monthly rental: \$ 25.00
- e. Date you moved out of this dwelling: JULY 15, 1972
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

- a. Address (include ZIP Code): _____
826 N. Humbolt Portland
- b. Apartment or room number: # 6
- c. Number of bedrooms: 1

- d. Monthly rental: \$ 105.00
- e. Date you moved into this dwelling: August 24, 1972
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 ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Emanuel

PROJECT NO. R-20

1. Full name of claimant: Browning Robert Louis Family Individual

2. Dwelling unit from which you moved: Parcel No. A-3-17

a. Address 217 N. Fargo c. Number of bedrooms 1

b. Apartment or room number _____ d. Monthly rental \$ 25.00

e. Date displaced _____

3. Dwelling unit to which you moved (RENTAL) c. Number of bedrooms 1

a. Address 876 N. Humboldt d. Monthly rental \$ 105.00

b. Apartment or room number 6 e. Date moved in 24 Aug 72

4. Dwelling unit to which you moved (PURCHASE)

a. Address _____ c. Downpayment \$ _____

b. Number of bedrooms _____ d. Incidental expenses \$ _____

e. Date of purchase _____

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

a. Address from which you moved _____

b. Address to which you moved _____

c. Date of move _____

d. Monthly rental for temporary unit: \$ _____

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

If yes, total number of months in temporary housing _____ months

Incidental expenses.

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

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

Determination

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

Tenant's initial date of rental July 15, 1969

Date of acquisition _____

Owner-occupant's initial date of ownership _____

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

Date of rent or purchase July 15, 1969

Date of initiation of negotiations 6-3-71

3. Is replacement housing standard? Yes No

If previously substandard, date found standard _____

4. Certification:

(Amount of this claim \$ 3492.00 \$ 873.00)

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

NAME AND ADDRESS OF CLAIMANT:

Robert L. Browning
217 N Fargo

COMPUTATION PREPARED BY:

Lowell James
Name
Date

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

Required Information

1. Monthly gross rental for comparable unit \$ 97.75
(cost based on: Schedule
 Comparative
 Other)
2. Base monthly rental for claimant's former dwelling, or
25% of adjusted monthly income, whichever is less. \$ 25.00

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>97.75</u>	
Line 2	- \$ <u>25.00</u>	
	\$ <u>72.75</u>	
	X <u>48</u>	\$ <u>3492.00</u>
4. Base amount (if amount on Line 3 is \$4,000 or more,
enter \$4,000. If amount on Line 3 is less than
\$4,000, enter amount on Line 3.) \$ 3492.00
5. Minus adjustments (Attach full explanation) - \$
6. Amount of rental assistance payment
(Line 4 minus Line 5) \$ 3492.00
7. Annual Payment \$ 873.00

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

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

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

August 1, 1972

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwiddden, Chief

RECEIVED

AUG 2 1972

PORTLAND DEVELOPMENT COMMISSION

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

Attn: ~~Betty Burns~~ *JB*

Re: 826 N. Humboldt Street

Robert Brauning

Gentlemen:

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

Our inspector reports Apartment #6 is in standard condition and 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: Mrs. Donald Millering
2924 S. W. Canby Ct.
Portland Development Comm.
5630 N. E. Union Ave.

URBAN REDEVELOPMENT FUND-PROJECT EXPENDITURES-EMANUEL HOSPITAL, ORE. R-20

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 798 EH

DATE *Aug* July 8, 19 73

PAY TO **Robert L. Browning**

\$ 873.00

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 2nd annual payment	\$3,492.00 \$873.00
		<i>Robert L. Browning</i> <i>Aug 10, 1973</i>	

Account Distribution

NO.

TITLE

AMOUNT

0600 EGO 901

OK JUL 9

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: James C. Bradley
(Relocation Advisor)

DATE July 19, 1973

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

RE: Robert Louis Browning
(Displacee)

826 N. Humbolt
(Address)

No. 2nd
(annual payment)

\$ 873.00
(amount)

8/9/73
(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: 1011 N. E Tillamook Apt 9

Date Inspected: 8/2/73 11AM Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: _____

SIGNED: Robert L. Browning
(Displacee)

SIGNED: James C. Bradley
(Relocation Advisor)

DATE: 8-3-73

DATE: 8-6-73

TO: Bob Douglas

DATE: 8-6-73

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: Robert Louis Browning

PROJECT: Emanuel

FOR: TACA - RELOCATION

AMOUNT: \$ 873.00

W.S.J.

SIGNED: [Signature]

THE CITY OF
PORTLAND



OREGON

DEPARTMENT OF
FINANCE AND
ADMINISTRATION

NEIL GOLDSCHMIDT
MAYOR

BUREAU OF
BUILDINGS

C.N. CHRISTIANSEN
DIRECTOR

1220 S.W. FIFTH AVE.
PORTLAND, OR. 97204
503/248-4230

August 2, 1973

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

Attn: Mr. Jim Crolley

Re: 1011 N. E. Tillamook Street

Gentlemen:

As the result of a displaced person and at your request, an inspection was made by the Housing Division of the one-bedroom unit, designated as Apartment 9, at the above address.

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

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CHF:vm

Robert L. Browning

RELOCATION PAYMENT

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

Payable to: Robert Louis 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>3492</u> ; Annual amount.	\$	<u>873</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 Robert Louis Browning Less - \$ *

Move from 217 N. Fargo Total \$ 873

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

of me

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 492 EH

DATE August 9, 1972

PAY TO Robert Louis Browning

\$ 873.00

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 A-3-17). RHP for Tenants - Total approved \$3,492.00 1st annual payment	<u>\$873.00</u>

Account Distribution

NO.	TITLE	(EH)	AMOUNT
E 1501	Relocation Payment (RHP)	(EH)	\$873.00

Robert L. Browning

*JMS
 CH.*

MEMORANDUM

Date July 24, 1972

TO: Rehab
FROM: Relocation
SUBJECT: Relocation Housing Inspection

Mr. Robert Browning has come on our caseload by being displaced from his/her residence at 217 N. Fargo St by Emanuel Project.

Robert Browning has found a replacement dwelling at 826 N. Humboldt Apt #6 Will you please have the property inspected to insure that it meets relocation standards and a copy of the inspection report sent to me.

An appointment to inspect the property may be made by calling 246-5355
5355

JL By A.S.
(Initials)

not ever completed by
Rehabilitation Section

August 7, 1974

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

Attn: Alma Gordon, Relocation Advisor

Re: 2230 S. E. Yamhill Street

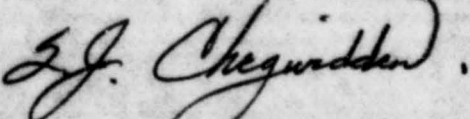
Gentlemen:

At your request, an inspection was made by the Housing Division of the one-bedroom apartment, designated as Apartment #4, in an apartment building at the above address.

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

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR



S. J. Chegwidde
Chief Housing Inspector

CMC:vm

cc: Mr. Robert Browning
c/o Portland Development Commission

No. U679629

STATE OF WASHINGTON
EMPLOYMENT SECURITY DEPARTMENT
OLYMPIA, WASHINGTON

98-549
1251



PAY TO THE ORDER OF

R.Y.	MONTH	DAY	YEAR	S.S.A. NUMBER
	06	16	73	543 58 4 103

BROWNING ROBERT L 123 1500
217 N. FARGO ST
PORTLAND ORE 97227

DOLLARS	CENTS
629	75

OLYMPIA BRANCH IN CARE
SEATTLE FIRST NATIONAL BANK
OLYMPIA, WASHINGTON
TO THE TREASURER
EMPLOYMENT SECURITY DEPARTMENT



R. W. Hunt
ACTING COMMISSIONER

W. M. Dunlop
TREASURER

⑆1251⑉0549⑆

⑆9934 001⑆

Copy 3

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 31739

G

DATE July 24, 1972

PAY TO THE
ORDER OF

Robert Louis Browning

\$260.00

DOLLARS

NON-NEGOTIABLE

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

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Relocation Payment filed. Move from 217 N. Fargo (Parcel A-3-17).	
		Dislocation allowance	\$200.00
		Fixed moving payment - own furn.	<u>60.00</u>
			<u>\$260.00</u>

Account Distribution

NO	TITLE	AMOUNT
E 1501	Relocation Payments (Fixed - Individual)	(EH) \$260.00

Robert L. Browning

Handwritten initials

RELOCATION PAYMENT

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

Payable to: Robert Louis Browning

Amount

For: <input type="checkbox"/>	RHP for Homeowners	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners (if separate claim)	\$	_____
<input type="checkbox"/>	RHP for Tenants & Certain Others:		
	Rental: Total approved \$ _____; Annual amount.	\$	_____
	or Purchase:	\$	_____
<input checked="" type="checkbox"/>	Fixed Moving Payment	\$	60
<input checked="" type="checkbox"/>	Dislocation Allowance.	\$	200
<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 Robert Louis Browning Less - \$ _____*

Move from 217 N. Fargo Total \$ 260

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 Ave.
Portland, Oregon

PROJECT NAME (if applicable)
Emanuel
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 _____ Family Individual
Robert Louis Browning

2. DATE(S) OF MOVE
July 15, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A-3-17
 a. Address 217 N. Fargo
 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): 3
 e. Date you moved into this address: JULY 15, 1969

4. DWELLING UNIT TO WHICH YOU MOVED
 a. Address (include ZIP Code) 5812 N. E. 6th 826 N. Humboldt
 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 60.00
 (Consult local agency) Total \$ 260.00

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.

July 18, 1972
Date

Robert L. 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:

BROWNING, Robert Louis
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

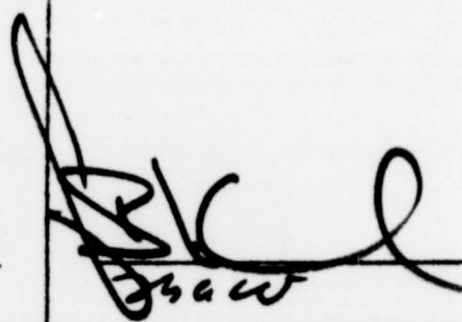
If "Yes," explain basis for approved amount:

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 ^{1/}	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance			
1. Fixed payment \$ <u>60.00</u>			<u>7-21-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>260.00</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>7/24/72</u>	<u>31739</u>	<u>\$ 260.00</u>			<u>\$</u>

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Browning, Lewis ^{Robert} Project _____
 2. Date(s) of move July 15, 1972 Parcel No. _____
 3. Dwelling unit from which you moved:
 Address 217 N. Fargo No. of rooms 1
 Furnished Unfurnished Date you moved into this unit _____

4. Dwelling unit to which you moved:
 Address ~~581 N. E. 6th~~ 876 N. Humboldt
 Were goods moved to or from storage? Yes No

5. Total claim \$ 60.00

 FIXED PAYMENT: \$200 + \$60.00 = \$260.00

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)



No. _____

~~May 1~~ May 1 19 72

Received from R. L. Brauning _____

25⁰⁰ _____ Dollars

100

For Rent of May _____

from May 1st to June 1st 1972

\$ _____

L. Brauning

WESTAB

RENT MUST BE PAID IN ADVANCE



No. _____

June 1st 19 72

Received from R. L. Brawning

25⁰⁰

100 Dollars

For Rent of June

from June 1st to July 1st 19 72

\$ _____

L. Brawning

WESTAB.

RENT MUST BE PAID IN ADVANCE



No. _____

April 1st 1972

Received from R. L. Brauning

\$ 25.00

100 Dollars

For Rent of april

from april 1st to May 1st 1972

\$ _____

R. L. Brauning

WESTAB®

RENT MUST BE PAID IN ADVANCE

PORTLAND DEVELOPMENT COMMISSION

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

September 1, 1972

Mr. Robert Louis Browning
217 N. Fargo
Portland, Oregon

Dear Mr. 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 288-8169. 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 ROBERT LOUIS BROWNING RELOCATION ADVISOR _____
 ADDRESS 217 N. FARGO PHONE _____ PROJECT NAME _____
 SEX M ETHN NW VETERAN YES AGE 24 PARCEL NO. A-3-17
 MARITAL STATUS S TENURE _____
 DISABILITY X INDIV _____ FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 7-5-72 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE:	<u>1957</u>
INITIATION OF NEGOTIATIONS:	_____
DATE OF ACQUISITION:	_____

ECONOMIC DATA

FAMILY COMPOSITION

Employer No \$ _____
 Address _____
 MCW _____
 Social Security _____
 Pension _____
 Other Unemployment Comp. 75.00 WK
 TOTAL MONTHLY INCOME \$ 75.00 WK

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

	S	SS
Subsidized Sales		
Subsidized Rental		X
Public Housing		
Private Rental	X	
Private Sales		

Age of Structure _____ No. Rooms 1
 No. Bedrooms 1 Furn. _____ Unfurn. _____
 Utilities \$ _____
 Monthly Payments (Rent) \$ 50.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 90 sq ft

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms

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

5812 NE 6th

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 826 N Humboldt Phone _____ Date of Move 7-15-72

WHERE RELOCATED:

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

Furnished Unfurnished _____ Number of Rooms 3 Number of Bedrooms 1 Habitable Area _____

Utilities \$ light Monthly Payments (Rent) \$ 98.00 Purchase Price \$ _____

Age of Structure: _____ Taxes \$ _____ Equity \$ _____ Distance Moved Away _____

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving			\$
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____