

	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 MRS. ANNA CAGE

Mrs. Cage has been very nice to assist. All benefits have been paid.

CASE CLOSED.

(signed) _____
worker

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME CAGE, ANNA RELOCATION ADVISOR AG
 ADDRESS 325 N. Russell PHONE 287-8937 PROJECT NAME Emanuel
 SEX F ETHN B VETERAN AGE 70 PARCEL NO. E-48
 MARITAL STATUS single TENURE t/o
 DISABILITY x INDIV x FAMILY
 ELIGIBLE FOR: PUBLIC HOUSING FHA 235
 RENT SUPPLEMENT OTHER
 INITIAL INTERVIEW 1-15-71 DATE INFO PAMPHLET DELIVERED 1-15-71
 NOTICE TO MOVE DATES EFFECTIVE EXPIRATION DATE
 NOTIFY IN CASE OF EMERGENCY Lucille Johnson (sister) owner of Apt.

DATE ON SITE:	<u>11 years</u>
INITIATION OF NEGOTIATIONS:	<u>5-14-71</u>
DATE OF ACQUISITION:	<u>4-19-72</u>

ECONOMIC DATA

Employer \$
 Address
 MCW Lillie Nepom 124.00
 Social Security 68.00
 Pension
 Other
 TOTAL MONTHLY INCOME \$ 192.00

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			

Age of Structure 70 yr No. Rooms 5
 No. Bedrooms 2 Furn. Unfurn. x
 Utilities \$
 Monthly Payments (Rent) \$ 40.00
 Acquisition Price \$
 Taxes \$ Equity \$
 Liens \$

Size of Habitable Area 836

HOUSING REFERRALS

Address	Bedrooms
<u>4733 N.E. 14th Place</u>	

AGENCY REFERRALS

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

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred x

Address 4733 N.E. 14th Phone _____ Date of Move 9-5-72

WHERE RELOCATED:

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

Furnished _____ Unfurnished X Number of Rooms 5 Number of Bedrooms 2 Habitable Area 1000 #

Utilities \$ 32.00 Monthly Payments (Rent) \$ 125.00 Purchase Price \$ _____

Age of Structure: 10 y Taxes \$ _____ Equity \$ _____ Distance Moved Away _____

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	571EH	10-4-72	\$ 1000.00
TACO (Rental)	823EH	9/26/73	\$ 1000.00
TACO (Rental)	973EH	10/4/74	\$ 1000.00
TACO (Rental)	1055EH	5/26/75	\$ 1000.00
TACO (Sales)			\$
Fixed Moving	525EH	9-11-72	\$ 420.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ 1420.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
1-15-71	Flyer delivered by James Crolley. Mrs. Cage is sister to owner occupant, Lucille Johnson Apt # 221 N. Russell	
2-11-71	Survey will rent prefers N.E. Area. 1 bedroom maximum of \$50.00 per month.	
2-25-72	Went by to talk with Mrs. Cage who was uncooperative at this time. Refused to listen to information on her benefits as a displacee and tenant. Stated that Mrs. Leo Warren of EDPA would handle her affairs.	
3-19-72	Mr. Crolley and I were by to talk with Mrs. Johnson and Mrs. Cage. Mrs Johnson stated that she and her sister Mrs. Anna Cage plan to share a duplex which she plans to buy.	
6-8-72	By appointment Mr. Crolley and I were by to see Mrs. Cage for signatures for verification of incomes. Social Security and Welfare. To witness her signatures and explain what she was signing Mrs. Warren was present to assure her of the agreements signed.	
6-9-72	Went to Social Security office for verification of \$68.00 received by client. Also welfare verification was secured from MCW as \$124.00 per month.	
6-12-72	Inspection on dwelling at 4739 N.E. 14th Place approved by City Bureau.	
6-20-72	Letter from Bureau of Buildings received dated 6-19-72 as complying with City Regulations.	
9-5-72	Mrs. Cage made a self move to 4739 N.E. 14th Pl. Claim filed for moving expense.	
9-11-72	Reimbursement for claim for relocation for move from 325 N. Russell Warrant No. 252 EH total amount \$420. Delivered to Mrs. Cage at new address of 4733 N.E. 14th Place by AG.	
10-14-72	RHP for tenant Anna Cage was issued Warrant No. 571 EH total approved for first annual payment \$1,000.00 on parcel E-4-8.	
10-5-72	Check No 571 EH delivered to Mrs. Cage at 4733 N.E. 14th Place by James Crolley signature of client on receipt of check.	AG
9/24/73	<i>Claim filed for 2nd Annual TACO payment.</i>	
9/26/73	<i>Check delivered to Anna Cage for 2nd Annual TACO payment. Warrant NO. 823 EH. Delivered to Displacee. Signature on receipt of check.</i>	
9/25/74	<i>Claim filed for 3rd Annual payment for Anna Cage.</i>	
10/4/74	<i>Received check warrant NO. 973 EH for \$1,000 payable to Anna L. Cage for 3rd TACO payment. Delivered check signature on receipt of check.</i>	
5/30/75	Fourth and final TACO payment, Warrant #1055 EH in the amount of \$1000 delivered to Mrs. Cage, via Mrs. Bertha Cooper, at her direction. CASE CLOSED.	BRB

RESIDENTIAL RELOCATION RECORD

Project Name EMAN Parcel No. E-4-8 Advisor AG
 Client's Name CAGE, ANNA Phone _____
 Address 325 N. RUSSELL Ethn B Age 70
 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
SS \$ 68 -
Mew \$ 124 -
 Total Monthly Income \$ (192.-)

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 1-15-71 Date of Info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY _____ 11 yrs.
 (a) for owner-occupants - indicate initial date of occupancy and ownership

Date of initiation of negotiations for purchase of property _____ 5-14-71
 Date of Acquisition _____ 4-19-72
 Date of letter of intent _____
 Date of move _____ 9-5-72

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	<input checked="" type="checkbox"/>
Private Rental	<input checked="" type="checkbox"/>	Duplex	
Other		Multiple Family	

Age of Housing Unit 70

Size of Habitable Area 836

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 5 Rent Paid \$ 40- Utilities _____

Number of Bedrooms 2 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 4733 NE 14 LPA Referred Self Referred _____

Private Sales		Single Family	
Private Rental	<input checked="" type="checkbox"/>	Duplex	
Other		Multiple Family	

Outside city Outside state

Age of Housing Unit 10 yrs

Size of Habitable Area 1000

No. of Rooms 5 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 \$ 125⁰⁰

Utilities \$ 32⁰⁰

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 9-26-73 Ck # 823EH Type TACO⁽²⁾ Amount \$ 1,000-

Date 10-4-72 Ck # 571EH Type TACO⁽¹⁾ Amount \$ 1,000-

Date 9-11-72 Ck # 525EH Type MC Amount \$ 420-

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 1055 EH

DATE May 28, 1975

PAY TO **Anna Cage**

\$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 325 N. Russell (Parcel E4-8) - Total approved \$4,000.00 4TH & FINAL PAYMENT	\$1,000.00
		<p style="text-align: center;"><i>5 Feb.</i></p> <p><i>Beulah M. Cooper, Mrs Anna L. Cage</i> <i>Recd. 5/30/75 at Mrs. Anna L. Cage</i> <i>direction.</i> <i>blb</i></p>	

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: E4-8

PAYABLE TO: Anna Cage

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>4000.00</u> ; Annual amount \$ <u>1000.00</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 Anna Cage Family Less - \$ _____ *

Move from 325 N. Russell Individual Total \$ 1000.00

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

0600 X10 901

John

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels
(Relocation Advisor)

DATE May 19, 1975

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

RE: Anna Cage
(Displacee)

4735 N. E. 14th Place
(Address)

No. 4th & Final
(annual payment)

\$ 1,000.00
(amount)

10/4/75
(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: 4735 N.E. 14th Place

Date Inspected: _____ Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Client continues to occupy standard housing.

SIGNED: _____
(Displacee)

SIGNED: Betty L. Burns
(Relocation Advisor)

DATE: _____

DATE: 5/20/75

TO: ADC - 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: Anna Cage

PROJECT: Commanul

FOR: 4th & final TACO

AMOUNT: 1000.00

SIGNED: Betty L. Burns
BCW

**CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS**

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

Anna Cage

____ Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

a. Address: 325 N. Russell
Portland, Oregon

b. Apartment or room number: _____

c. Number of bedrooms: 2

PARCEL NO. E-4-8 *32.00 utilities*

d. Monthly rental: \$ 40.00 *rent*

e. Date you moved out of this dwelling: Sept 5, 1972
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): 4735 N. E.
14th Place, Portland, Oregon

b. Apartment or room number: _____

c. Number of bedrooms: 2

d. Monthly rental: \$ 125.00 *rent* *32.00 utilities*

e. Date you moved into this dwelling: Sept 5, 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

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.

6/8/72
Date

Anna L. Cagle
Signature of Claimant(s)

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

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

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

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

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

NAME AND ADDRESS OF CLAIMANT:

Anna Page

COMPUTATION PREPARED BY:

Carole J. [Signature] 9-20-72
(Name) (Date)

COMPUTATION CHECKED BY:

(Name) (Date)

Adjusted Base Rent \$ 72.00
(Show computation on back)

25% of adjusted monthly income \$ 45.60

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

Required Information

- | | | | |
|---|------------------------------------|---|---------------------------------------|
| 1. Actual monthly rental for claimant's replacement dwelling | <u>2 bedroom (med) 836 sq. ft.</u> | <u>125.00 Rent (New)</u>
<u>32.00 Utilities</u>
<u>157.00</u> | <u>\$ 157.00</u> |
| 2. [] or [] for comparable dwelling unit, or [] for dwelling unit based on schedule | | <input type="checkbox"/> | <u>\$ 173.00</u> |
| 3. [] or [] rental for claimant's previous dwelling | | <input type="checkbox"/> | <u>\$ 45.60</u> |
| 4. [] or [] 25% of monthly income, whichever is less | | <input checked="" type="checkbox"/> | <u>\$ 45.60</u> |
| 5. Minus Line 3 | | | <u>\$ 157.00</u>
- <u>\$ 45.60</u> |
| 6. Multiplied by 48 | 48 X | | <u>\$ 102.40</u> = <u>\$ 4915.20</u> |
| 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). | | | <u>\$ 4000.00</u> |
| 8. Minus adjustments (attach full explanation). | | | - <u>\$ 4000.00</u> |
| 9. Amount of rental assistance payment (Line 7 minus Line 8) | | | <u>\$ 4000.</u> |
| 10. Annual payment
(Enter this amount in the space provided in Block 3 on page one of Replacement Housing Payment for Tenants and Certain Others). | | | <u>\$ 1000.00</u> |

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 Anna Cage

Parcel No. E-4-8

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: 1960

Date of Acquisition: June 15, 1972

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: 1960

Date of Initiation of Negotiations: May 14, 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

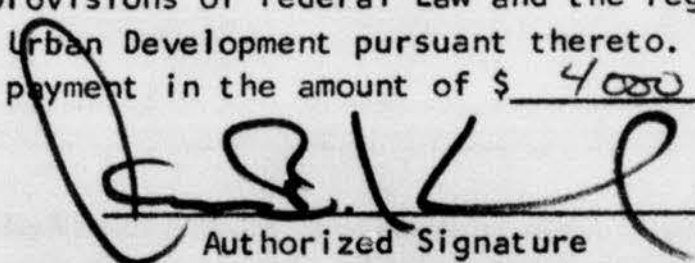
Date previously substandard dwelling was inspected and found to be standard: _____

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 \$ 4,000 is authorized.

9-28-72
Date


Authorized Signature

5. RECORD OF PAYMENTS

	<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
a. Claimant moved to rental unit			
(1) Lump-sum payment	_____	_____	\$ _____
(2) Annual payment			
1st Year	<u>10/4/72</u>	<u>571EH</u>	<u>\$ 1,800.00</u>
2nd Year	<u>9/26/73</u>	<u>823EH</u>	<u>\$ 1,000.00</u>
3rd Year	<u>10/2/74</u>	<u>973EH</u>	<u>\$ 1,000.00</u>
4th Year	<u>5-28-75</u>	<u>1055EH</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^o 973 EH

DATE October 2, 19 74

PAY TO **Anna Cage**

\$ 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 325 N. Russell (Parcel E-4-8). Total approved \$4,000.00 3rd annual payment	\$1,000.00
<i>X Anna L Cage</i>			

Account Distribution

10/4/74

NO.

TITLE

AMOUNT

RELOCATION PAYMENT

PROJECT: EMANUEL

PARCEL: E-4-8

PAYABLE TO: Anna Cage

For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners or Tenants	\$ <u> </u>
<u>xx</u> RHP - Tenants & Certain Others - Rental: Total approved \$ <u> </u> ; Annual amount \$ <u>1,000</u>	\$ <u>1,000</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 Anna Cage Family Less - \$ *

Move from 325 N. Russell Individual Total \$ 1,000

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

OK JMC

0600 X16 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: _____
(Relocation Advisor)

DATE September 12, 1974

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

RE: Anna Cage (Emanuel)
(Displacee)

4733 NE 14th Pl.
(Address)

No. 3rd
(annual payment)

\$ 1,000.00
(amount)

10/4/74
(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: 4733 N.E 14 Place

Date Inspected: _____ Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: The Displacee still occupies the same apartment as of a year ago and the unit appears to be in Standard Condition at this time.

SIGNED: Anna Cage
(Displacee)

SIGNED: _____
(Relocation Advisor)

DATE: Sept. 24, 1974

DATE: 9/24/74

TO: Bob Douglas

DATE: 9/25/74

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: Anna L. Cage

PROJECT: Emanuel

FOR: 3rd Relocation TACO

AMOUNT: \$1000.00

WSJ

SIGNED: _____

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

June 19, 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: 4733/35 N. E. 14 Place

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, two-family dwelling and attached garages at the above address.

Our inspector reports the two-bedroom unit, designated as 4733 N. E. 14 Place, is in standard condition and complies with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CHF:vm

cc: Arden Peters
4735 N. E. 14 Place

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 823 EH

DATE September 26, 19 73

PAY TO **Anna L. Cage**

\$ 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 325 N. Russell (Parcel E-4-8).	
		Total approved \$4,000.00 2nd annual payment	
			<u>\$1,000.00</u>
<i>Anna L. Cage Rec'd 9/26/73</i>			

Account Distribution

NO. TITLE AMOUNT

060 E60 901

RELOCATION PAYMENT

Project: Emanuel - ORER-20 Parcel: E-4-8

Payable to: Anna Cage

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 Anna Cage

Less - \$ *

Move from 325 N. Russell

mc

Total \$ 1000

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

600 E 60 901
NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley
(Relocation Advisor)

DATE September 18, 1973

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

RE: Anna Cage
(Displacee)

4733 NE 14th Pl.
(Address)

No. 2nd
(annual payment)

\$ 1,000.00
(amount)

October 4, 1973
(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: 4733 N.E. 14th Place

Date Inspected: 9/24/73 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Same apartment she occupied a year ago. The unit is still standard

SIGNED: Anna L. Cage
(Displacee)

SIGNED: James C. Crolley
(Relocation Advisor)

DATE: 9/24/73

DATE: 9/24/73

TO: Bob Douglas

DATE: 9/24/73

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: Anna L. Cage

PROJECT: Emanuel

FOR: Relocation-TACO

AMOUNT: 1000.00

SIGNED: _____

WBO

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 571 EH

DATE October 4, 19 72

PAY TO **Anna Cage**

\$ 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 325 N. Russell (Parcel E-4-8). Total approved \$4,000.00 1st annual payment <i>X. Anna K. Cage</i> <i>10/5/72</i>	\$1,000.00

Account Distribution

NO. TITLE AMOUNT

0600 1299 901

420.00

RELOCATION PAYMENT

Project: Emanuel Parcel: E-4-8

Payable to: Anna Cage

Amount

For: _____	RHP for Homeowners	\$ _____
_____	Incidental Expenses for Homeowners (if separate claim)	\$ _____
_____	RHP for Tenants & Certain Others:	
	Rental: Total approved \$ _____; Annual amount.	\$ _____
	or Purchase:	\$ _____
<u>X</u>	Fixed Moving Payment	\$ <u>220.00</u>
<u>X</u>	Dislocation Allowance.	\$ <u>200.00</u>
_____	Actual Moving Costs.	\$ _____
_____	Storage Costs (if separate claim).	\$ _____
_____	Business: Moving Expenses.	\$ _____
_____	Business: In Lieu Payment.	\$ _____
_____	Business: Storage Costs.	\$ _____
_____	Business: Loss of Property	\$ _____
_____	Business: Searching Expenses	\$ _____

Name of Client Anna Cage

MLL Less - \$ _____ *

Move from 325 N. Russell

Total \$ 420

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

(For Local Agency Use Only)

DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT
FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)

NAME AND ADDRESS OF CLAIMANT:

Anna Cage
325 N. Russell
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>220.00</u>			<u>9-8-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>420.00</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	_____	_____	_____

26
WJF

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>9/11/72</u>	<u>525 EH</u>	<u>\$ 420.00</u>			\$

Dwelling Unit Inventory

Anna Cage
325 N. Russell

2 Beds & Springs
1 Bedroom Chair
1 Breakfast Table
5 Breakfast Table Chairs
 _____ Bridge Lamp & Shade
1 Buffet
1 Chest of Drawers
1 Coffee Table
1 Couch
 _____ Davenport
 _____ Desk
2 Dining Table
 _____ Dining Chairs
1 Dresser
5 End Table
 _____ Floor Lamp & Shade
3 Mirror

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

Miscellaneous (List Items)

3 TV's & Stands
Dishes
Curtains & Shades
1 Buffet Cabinet
2 Trays & Service Stand
Toaster

1 Recorder & Table
1 Love Seat
1 Stereo
1 Step Stool
Carpets & Pads
2 what note stands
All Shades (window)

COMMENTS:

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

Housing Authority of Portland
1605 N. E. 45th
Portland, Oregon 97213

Gentlemen:

In accordance with the procedure adopted for adjusting rentals for persons receiving public assistance, this letter is to certify that the persons named below have been accepted for assistance by the Multnomah County Welfare Commission. This is not to be construed as a guarantee of the payment of rental for any period by the Multnomah County Public Welfare Commission. It is understood that this information is confidential and will be used only for the purpose for which it is provided.

1. Resident of the Housing Authority _____
2. Applicant for housing Anna Cage
3. Name _____
4. Address _____
5. Number of persons in family one
6. Total monthly assistance \$ 124.00
7. Date assistance began 6-01-69
8. Date assistance to terminate Ongoing

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

S. Nepom MC
(Caseworker) (Dept.)
6-9-72
(Date)

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: [REDACTED]

My birth date is: July 4, 1899

My place of birth is: Wasco, Texas

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,

Anna L. Cage
(name)
325 N. Russell
(address)
Portland Oregon

6/9/72
(date)

TO: Portland Development Commission

The records of this office indicate that Anna L. Cage is entitled to receive monthly benefits in the amount of \$ 68.90 68.00 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 07/04/99

SOCIAL SECURITY ADMINISTRATION

by Janis Jaketa, CR

CONFIDENTIAL

DATED this 5 day of Sept 19 72.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 325 N. Russell, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

(Name)
by: Barbara L. Cagle

(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,

Anna L. Cagle

(name)

(caseload code number)

(address)

(date)

To: Portland Development Commission

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

MULTNOMAH COUNTY PUBLIC WELFARE DEPARTMENT

by _____

CONFIDENTIAL

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

NAME AND ADDRESS OF CLAIMANT:

Anna Case
325 N. Russell

COMPUTATION PREPARED BY:

A. Gordon
Name
6-14-72
Date

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

Required Information

1. Monthly gross rental for comparable unit \$ 128.35
 (cost based on: Schedule
 Comparative
 Other)

2. Base monthly rental for claimant's former dwelling, or
 25% of adjusted monthly income, whichever is less. \$ 40.00

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>128.35</u>	
Line 2	\$ <u>40.00</u>	
	\$ <u>88.35</u>	
	X <u>48</u>	
		\$ <u>4,240.80</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.) \$ 4,000.00

5. Minus adjustments (Attach full explanation) - \$ 4,000.00

6. Amount of rental assistance payment
 (Line 4 minus Line 5) \$ 4,000.00

7. Annual Payment \$ 1,000.00

(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.

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

POST OFFICE BOX 349
PORTLAND, OREGON 97207

Barbara Development
235 N. Monroe

~~Housing Authority of Portland~~
~~8920 N. Woolsey~~
Portland, Oregon 97203

Gentlemen:

In accordance with the procedure adopted for adjusting rentals for persons receiving public assistance, this letter is to certify that the persons named below have been accepted for assistance by the Multnomah County Welfare Commission. This is not to be construed as a guarantee of the payment of rental for any period by the Multnomah County Public Welfare Commission. It is understood that this information is confidential and will be used only for the purpose for which it is provided.

1. Name *Cage, Anna*
2. Address *325 N. Russell*
3. No. of persons in family *1 (one)*
4. Total monthly assistance *124.00* *62.50 Social Security*
5. Date assistance to begin _____
6. Date assistance to terminate *Ongoing*

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

Antalase M.C.
(Caseworker) (Dept.)

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 Date of survey 2/11/71 Tabulator Date tabulated
 Dwelling Unit No. 11 Structure No. 7 Census Block No. 76 Census Tract No. 22A
 Street Address 325 N. Russell Apartment No. 4

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

*sister of
Lucille Johnson
325 N. Russell*

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

	<u>Name</u>	<u>Family relation</u>	<u>Age</u>	<u>Sex</u>	<u>Occupation</u>
1.		Head of household			
2.	<u>Anna Cage</u>		<u>70</u>	<u>F</u>	<u>RETIRED</u>
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: Distance

<u>Names of jobholders</u>	<u>Names of employers</u>	<u>Street address where jobs are located</u>	<u>to work</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Names of persons in this household who have income from any source</u>	<u>Amount of income per month</u>	
	<u>In month before this survey</u>	<u>In an average month during 1970</u>
<u>S.S</u>	<u>\$ 53.00</u>	<u>\$</u>
<u>WELFARE</u>	<u>100.00</u>	<u> </u>
<u>Total family or household income per month</u>	<u>\$ 153.00</u>	<u>\$</u>

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

1. Location (indicate approximate cross streets) NE
2. Transportation, number of autos owned , use bus ✓, walk
3. Will rent house , apartment ✓, expect to pay rent, including utilities, at \$ 50 per mo. (Furniture is owned, yes ✓, no , stove and refrigerator owned, yes , no)
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 1, kitchen 1, dining room 1, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit
7. Other characteristics W O (B) I M

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

Analyst JK Date 2/11/71 Surveyed 2/11/71 Tabulator _____ Date _____
 Dwelling Unit No. 11 Structure No. 7 Census Block No. 76 Census Tract No. 22A
 Street Address 325 N. Russell Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: Anna Cage NAME & ADDRESS OF OWNER: Lucille Johnson NAME & ADDRESS OF PROP. MGR: _____
321 N. Russell
 TELEPHONE: 287-8937 TELEPHONE: _____ TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

<u> </u> Kind of dwelling unit	<u> </u> No. of units in bldg.
<u> </u> One-family house	
<u> </u> Apt. in a house	
<u>X</u> Apt. in apt. bldg. or plex	<u>4</u>
<u> </u> Apt. in comm. bldg.	
<u> </u> Mobile home or trailer	

This structure has 2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

 Owner occupied
X Renter occupied
 Vacant

III. SIZE OF DWELLING UNIT

 Sq. ft. in first floor (county figure)
836 Sq. ft. in dwelling unit (if more than 1 floor)
5 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
2 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
1902 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	\$ <u>3010</u>	\$ _____
Improvements	<u>6240</u>	_____
Total	<u>9250</u>	_____

2344 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>40.00</u>	_____	\$ _____
Electricity	_____	\$ _____	_____
Gas	_____	_____	_____
Water	<u>w/Rent</u>	_____	_____
Heat (oil, or other)	<u>Gas</u>	_____	_____
Total	\$ _____	\$ <u>12</u>	\$ <u>52.00</u>

Deposits required of renter
 Advance rent \$ NO, 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 X
 Advertised by owner, yes _____, no X
 Cash asking price \$ _____
 Period house has been for sale, months _____

VII. REMARKS

