

	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		

RESIDENTIAL RELOCATION RECORD

Project Name EMAN Parcel No. A-4-4 Advisor SCD
 Client's Name CALDWELL, EDWARD Phone 284-5254
 Address 260 N IVY Ethn B Age 58
 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 HYSTER \$ 700-
 Address _____
 Other Source of Income _____ \$ _____
 Total Monthly Income \$ (700-)

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 1-17-72 Date of Info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 4-1-70
 (a) for owner-occupants - indicate initial date of occupancy and ownership

Date of initiation of negotiations for purchase of property 5-20-71
 Date of Acquisition 6-16-71
 Date of letter of intent _____
 Date of move 12-10-71

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	
Private Rental		Duplex	
Other		Multiple Family	

Age of Housing Unit _____

Size of Habitable Area _____

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 1 Rent Paid \$ 60⁰⁰ Utilities INCL.

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 535 NEWBSTER LPA Referred _____ Self Referred

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

Outside city Outside state

Age of Housing Unit _____

Size of Habitable Area _____

No. of Rooms _____ No. of Bedrooms _____

**HOUSING NOT STANDARD
 REFUSED FURTHER ASSISTANCE**

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____

Taxes \$ _____

RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ _____

Utilities \$ _____

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

No. of Housing Referrals to:

_____ Standard Sales

1 Standard Rent

Agency Referrals: NONE

_____ MCW _____ HAP _____ OTHER (_____)

_____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date 6-22-72 Ck # 312846 Type MC Amount \$ 215⁰⁰

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Edward Caldwell RELOCATION ADVISOR CD

ADDRESS 260 N. Ivy PHONE 284-5254 PROJECT NAME Emanuel

SEX M ETHN B VETERAN S AGE 58 PARCEL NO. A-4-4

MARITAL STATUS _____ TENURE t/o

DISABILITY _____ INDIV _____ FAMILY _____

ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____

RENT SUPPLEMENT _____ OTHER _____

DATE ON SITE: <u>4-1-70</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: _____

INITIAL INTERVIEW _____ DATE INFO PAMPHLET DELIVERED _____

NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____

NOTIFY IN CASE OF EMERGENCY _____

ECONOMIC DATA

Employer Hyster \$ 700.00
 Address _____
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ _____

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

	S	SS
Subsidized Sales	Single Family	
Subsidized Rental	Multiple Family	
Public Housing	Duplex	
Private Rental	Mobile Home	
Private Sales		

Age of Structure _____ No. Rooms 1
 No. Bedrooms _____ Furn. _____ Unfurn x
 Utilities \$ _____ pd. _____
 Monthly Payments (Rent) \$ 60.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms
<u>535 N. E. Webster</u>	

AGENCY REFERRALS

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

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 535 N. E. Webster Phone 284-5254 Date of Move _____

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 ___ Number of Bedrooms ___ Habitable Area ___

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

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	6-22-72	31284 G	\$ 215.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
1-17-72	Interviewed Mr. Caldwell and advised him of his benefits. Also found that he was buying a house and told him that I would have a Building Inspector out to look the house over and determine whether the house is standard or not.	
1-19-72	Had house inspected and it was determined that the dwelling was in non compliance with City regulations.	
2-22-72	I have been holding claim waiting to see if Mr. Caldwell was going to fix the house up. I have made several calls to his home but nothing has happened.	
3-7-72	Called but he was not in. Left word for him to call me. No answer.	
5-2-72	Called - no repairs made as yet.	
6-12-72	Sending letter to Mr. Caldwell indicating the need for compliance with Bureau of Buildings inspection of January 19, 1972.	
2-20-73	I am closing this file because Mr. Caldwell has made no effort to contact me or this office to have the repairs and a new inspection made.	
8-10-72	Mr. Caldwell came in to the office today and said that he had been in the hospital. He would get the correction made by Monday and would then want another inspection. He seems to want to get this done. Was unable to determine whether he was buying the house or renting.	

CD

June 19, 1972

Mr. Edward Caldwell
535 NE Webster
Portland, Oregon

Dear Mr. Caldwell:

On January 17, 1972 you visited our office and filed a claim for relocation benefits as a result of your move from 260 N. Ivy on December 10, 1971 from the Emanuel Hospital Urban Renewal Project. It has come to our attention that inadvertently your claim for moving expenses and dislocation allowance was not processed, and that you were not notified of the disposition of your claim for a replacement housing payment for tenants.

We will submit your claim immediately for payment for moving expenses and dislocation allowance in the amount of \$215.00 and you should receive this payment in approximately 10 days. We apologize for the delay.

Your claim for a replacement housing payment, however, in the total amount of \$1,812.00 cannot be paid until the premises which you occupy meet current requirements for safe, decent, and sanitary housing. The enclosed copy of a report by the City of Portland, Bureau of Buildings, indicates those conditions which are in non-compliance. In order to receive the replacement housing payment the repairs as listed must be repaired and a satisfactory reinspection made by the Bureau of Buildings within 90 days of the date of this letter. If you believe the repairs cannot be made within this time limit it will be necessary for you to move to a dwelling unit which will pass an inspection by the Bureau of Buildings before the 90 days have elapsed in order to qualify for the payment.

Please contact Mr. Chet Daniels at 288-8169, 235 N. Monroe as soon as possible regarding your relocation benefits.

Very truly yours,

W. Stanley Jones

WSJ/rg
2cc: to file

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

January 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

Re: 535 N. E. Webster Street

Attn: Chet Daniels

Dear Sirs:

As the result of a displaced person and your request, an inspection was made by the Housing Division of the one-story, wood frame, single-family dwelling and detached garage at the above address.

Our inspection indicates the following conditions are in non-compliance with City regulations:

1. Kitchen counter covering is deteriorated.
2. Bathroom floor covering is loose and deteriorated.
3. Gutters are rusted through and leaking.
4. Broken window panes in dwelling and detached garage.

Please notify the Housing Division of the Bureau of Buildings, 2200 N. E. 24 Avenue, Telephone 288-6077, when the corrections have been completed, under proper permit where required, and a reinspection can be made.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CHF:ms

cc: Mr. Stanley Whipple
Rt. 8, Box 616-H
Pleasant Hill, Oregon 97401

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emanuel Project

PROJECT NO. R-20

1. Full name of claimant:

Family Individual

Edward Caldwell

2. Dwelling unit from which you moved:

Parcel No. _____

a. Address 260 N Ivy

c. Number of bedrooms 1

Portland Oregon

d. Monthly rental \$ 60.00

b. Apartment or room number ---

e. Date displaced 12/10/71

3. Dwelling unit to which you moved (RENTAL)

a. Address 535 NE Webster

c. Number of bedrooms 3

Portland Oregon

d. Monthly rental \$?

b. Apartment or room number ---

e. Date moved in Dec 12, 1971

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 Apr. 1, 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 _____

Date of initiation of negotiations _____

3. Is replacement housing standard? Yes No

If previously substandard, date found standard _____

4. Certification:

(Amount of this claim \$ _____)

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

MT 004

January 19, 1972

Portland Development Commission
215 W. Monroe Street
Portland, Oregon 97227

Re: 535 N. E. Webster Street

Attn: Chet Daniels

Dear Sirs:

As the result of a displaced person and your request, an inspection was made by the Housing Division of the one-story, wood frame, single family dwelling and detached garage at the above address.

Our inspection indicates the following conditions are in non-compliance with City regulations:

1. Kitchen counter covering is deteriorated.
2. Bathroom floor covering is loose and deteriorated.
3. Gutters are rusted through and leaking.
4. Broken window pane in dwelling and detached garage.

Please notify the Housing Division of the Bureau of Buildings, 2200 S. Lowell Avenue, Telephone 258-6077, when the corrections have been completed under proper permit where required, and a reinspection can be made.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidden
Chief Housing Inspector

cc: Mr. Stanley Whipple
Rt. 8, Box 610-H
Pleasant Hill, Oregon 97401

BUREAU OF BUILDINGS
CITY HALL

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Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwidden, Chief

RELOCATION PAYMENT

Project: Emanuel ORE R-20 Parcel: A-4-4

Payable to: Edward Caldwell

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>15.00</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 Edward Caldwell Less - \$ _____*

Move from 260 N. Ivy Total \$ 215.00

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 SW Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)

Emanuel Hospital 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 _____ Family Individual

CALDWELL, Edward

2. DATE(S) OF MOVE

12/10/71

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A-44

a. Address 260 N. Ivy
Portland, Oregon

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): 1

e. Date you moved into this address: 4/1/70

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) _____
535 N.E. Webster, Portland, Oregon (House)

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 15.00

(Consult local agency)

Total \$215.00

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.

Jan 17, 1972

Date

Edward Caldwell

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:

Edward Caldwell
535 N.E. Webster
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>200.00</u>		<u>6-21-72</u>
2. Dislocation allowance	\$ <u>15.00</u>		
3. Total	\$ <u>215.00</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>6/22/72</u>	<u>31284 G</u>	<u>\$ 215.00</u>			<u>\$</u>

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Edward Caldwell Project Emergency Project
 2. Date(s) of move 12/10/71 Parcel No. FF-44
 3. Dwelling unit from which you moved:
 Address 260 N Ivy No. of rooms 1
 Furnished Unfurnished Date you moved into this unit 4/1/1970
 4. Dwelling unit to which you moved:
 Address 535 NE Webster (House)
 Were goods moved to or from storage? Yes No

5. Total claim \$ 215.00

FIXED PAYMENT: \$200 + \$15.00 = \$215.00

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)

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.

_____ Date

Edward Calhoun
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.)

1-24-72
(date)

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 income from my employment.

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

Thank you.

Sincerely,

Edward Caldwell
(name)
260 N. IVY ST.
(address)
PORTLAND, OREGON 97227

1-24-72
(date)

TO: Portland Development Commission

The following information on income from employment is submitted, as requested above:

Employee's name: EDWARD CALDWELL

Total earnings for 1971: \$ 7335.51

Estimated earnings for current year: \$ 7740

CONFIDENTIAL

HYSTER COMPANY
TECHNICAL CENTER
ROUTE 2-BOX 136
TROUTDALE, OREGON 97060

[Signature]
(authorized signature)

R E C E I P T

I hereby acknowledge receipt of a copy of the Portland Development
Commission's RELOCATION SERVICES FOR FAMILIES AND INDIVIDUALS.

Edward Caldwell

1 - 17 - 1972

date