

	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 CATLIN, ARTHUR

---

---

Client has been successfully relocated into an apartment of his choice. All benefits have been paid and case is closed.

(signed) \_\_\_\_\_  
worker

RESIDENTIAL RELOCATION RECORD

Project Name EMAN Parcel No. R-15-3 Advisor Jcc  
 Client's Name CATLIN, ARTHUR A. Phone \_\_\_\_\_  
 Address 409 N. MORRIS Ethn W Age 25  
 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 UNION- \$  
PACIFIC RAILROAD 723-  
 Address \_\_\_\_\_  
 Other Source of Income \_\_\_\_\_ \$  
 \_\_\_\_\_ \$  
 Total Monthly Income \$ (723-)

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

X Date of initial interview 12-13-71 / Date of info pamphlet delivery 12-13-71  
 Date Notice to Move given \_\_\_\_\_ Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY 1951  
 (a) for owner-occupants - indicate initial date of occupancy and ownership  
 Date of initiation of negotiations for purchase of property 5-26-71  
 Date of Acquisition COND 6-1-72  
 Date of letter of intent \_\_\_\_\_  
 Date of move 6-28-72

DWELLING UNIT FROM WHICH RELOCATED

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

✓ Age of Housing Unit 1900  
 ✓ Size of Habitable Area 180 #  
 Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 7 Rent Paid \$ 40- Utilities \_\_\_\_\_  
 Number of Bedrooms 0 Monthly Housing Payments \$ \_\_\_\_\_ Taxes \_\_\_\_\_  
 Liens \$ \_\_\_\_\_ (please explain) \_\_\_\_\_  
 Acquisition Price \$ \_\_\_\_\_ Amenities \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Address 5015 NE HOYT LPA Referred \_\_\_\_\_ Self Referred

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

Outside city  Outside state   
 ✓ Age of Housing Unit 5000?  
 ✓ Size of Habitable Area 320  
 ✓ No. of Rooms 13 No. of Bedrooms 12

For Claimants Who Purchased

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

For Claimants Who Rented

Rent \$ 125-  
 Utilities \$ \_\_\_\_\_  
 Total Rent Assistance \$ 2772-  
 Amount of Annual Payment \$ 693-

No. of Housing Referrals to: ✓

1 Standard Sales  
1 Standard Rent

Agency Referrals: ✓

MCW  HAP  OTHER ( \_\_\_\_\_ )  
 Food Stamp  Legal Aid  Other ( \_\_\_\_\_ )

Benefits Received

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

**RESIDENTIAL RELOCATION RECORD**

CLIENT'S NAME CATLIN, Arthur A. RELOCATION ADVISOR J Crolley  
 ADDRESS 409 N. Morris PHONE 288-4362 PROJECT NAME Emanuel ORE. R-20  
 SEX M ETHN white VETERAN \_\_\_\_\_ AGE 25 PARCEL NO. R-15-3  
 MARITAL STATUS single TENURE roomer  
 DISABILITY \_\_\_\_\_ INDIV X FAMILY \_\_\_\_\_  
 ELIGIBLE FOR: PUBLIC HOUSING \_\_\_\_\_ FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT \_\_\_\_\_ OTHER \_\_\_\_\_  
 INITIAL INTERVIEW 12-13-71 DATE INFO PAMPHLET DELIVERED \_\_\_\_\_  
 NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY A. W. Catlin 4125 N. E. 15th 284-8843

DATE ON SITE:	<u>1951</u>
INITIATION OF NEGOTIATIONS:	<u>5-26-71</u>
DATE OF ACQUISITION:	<u>6-1-72</u>

ECONOMIC DATA

Employer Union Pacific Railroad \$ 723.00  
 Address 288-8221 ext. 2526  
 MCW \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ 723.00

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1900 No. Rooms 1 1/2  
 No. Bedrooms 0 Furn. x Unfurn \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Monthly Payments (Rent) \$ 40.00  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

Size of Habitable Area 1900 180#

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	<u>0</u>
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 \_\_\_\_\_ LPA Referred \_\_\_\_\_  
 Address 5015 N.E. 114th 920 N.E. 82nd Ave. Apt #3 Phone 206-8943-Parent Date of Move 6-28-72

WHERE RELOCATED:

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

Furnished X Unfurnished \_\_\_\_\_ Number of Rooms 3 Number of Bedrooms 1 Habitable Area 320  
 Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ 125.00 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)	5111	8-23-72	\$ 693.00
TACO (Rental)	6980		\$
TACO (Rental)	799 EH	8/9/73	\$ 693.00
TACO (Rental)	957 EH	8/11/74	\$ 693.00
TACO (Sales)	1056 EH	5/28/75	\$ 693.00
Fixed Moving	511 EU	8-23-72	\$ 215.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

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

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

May 30, 1975

Mr. Arthur A. Catlin  
2034 N. E. Davis Street  
Portland, Oregon 97232

Dear Mr. Catlin:

You will find enclosed Warrant Number 1056 EH in the amount of \$693.00 which represents a fourth and final Rental Assistance Payment due you.

Thank you for your cooperation during the relocation process.

Very truly yours,

Betty R. Burns  
Relocation Advisor

bb  
Encs

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

**Nº 1056 EH**

DATE May 28, 1975

PAY TO **Arthur A. Catlin**

\$ **693.00**

**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 409 N. Morris (Parce R15-3) - Total approved \$2,772.00 4TH & FINAL PAYMENT	\$693.00

**Account Distribution**

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



RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: R15-3

PAYABLE TO: Arthur A. Catlin

For: <u>    </u> RHP for Homeowners . . . . .	\$ <u>                    </u>
<u>    </u> Incidental Expenses for Homeowners or Tenants. . . . .	\$ <u>                    </u>
<u>✓</u> RHP - Tenants & Certain Others - Rental: Total approved \$ <u>2722<sup>09</sup></u> ; Annual amount \$ <u>693.00</u>	\$ <u>693.00</u>
<u>    </u> RHP - Tenants & Certain Others - Downpayment . . . . .	\$ <u>                    </u>
<u>    </u> Settlement Costs (on acquisition by LPA only). . . . .	\$ <u>                    </u>
<u>    </u> Interest Expense . . . . .	\$ <u>                    </u>
<u>    </u> Fixed Moving Payment . . . . .	\$ <u>                    </u>
<u>    </u> Dislocation Allowance. . . . .	\$ <u>                    </u>
<u>    </u> Actual Moving Costs. . . . .	\$ <u>                    </u>
<u>    </u> Storage Costs. . . . .	\$ <u>                    </u>
<u>    </u> Business: Moving Expenses. . . . .	\$ <u>                    </u>
<u>    </u> Business: In Lieu Payment. . . . .	\$ <u>                    </u>
<u>    </u> Business: Storage Costs. . . . .	\$ <u>                    </u>
<u>    </u> Business: Loss of Property . . . . .	\$ <u>                    </u>
<u>    </u> Business: Searching Expenses . . . . .	\$ <u>                    </u>

Name of Client Arthur A. Catlin  Family Less - \$                      \*

Move from 409 N. Morris St.  Individual Total \$ 693<sup>00</sup>

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

0600 X10 901  
*[Signature]*

Work

288-8221

CVT 2526

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: Arthur A. Catlin  
(Displacee)

5015 N. E. Hoyt  
(Address)

No. 4th & Final  
(annual payment)

\$ 693.00  
(amount)

8/23/75  
(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: 2034 N.E. Davis St.

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.  
Inspected by Relo. Advisor. (D.S.S.)

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

SIGNED: Betty L. Burns  
(Relocation Advisor)

DATE: Arthur A. Catlin

DATE: 5/20/75

TO: RHC - 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: Arthur A. Catlin

PROJECT: Emmanuel

FOR: 4th & final TACO

AMOUNT: 693.00

SIGNED: Betty L. Burns  
JLW

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: R 15-3

PAYABLE TO: Arthur A. Callin

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>\$2772</u> ; Annual amount	\$	<u>693.00</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 Arthur A. Callin  Family Less - \$ \_\_\_\_\_ \*

Move from 409 N. Morris  Individual Total \$693.00

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

*OK* 0600 ~~0600~~ X10 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley  
(Relocation Advisor)

DATE July 26, 1974

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

RE: Arthur A. Catlin (Emanuel)  
(Displacee)

5015 N.E. Hoyt  
(Address)

No. 3rd  
(annual payment)

\$ 693.00  
(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: 5015 N.E. Hoyt

Date Inspected: 8/16/72 Condition:  Standard  Substandard

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

or (2) Displacee notified of ineligibility:  yes  no

Comments: The Displacee still occupies same unit as last payment. Inspection date 8/16/72 included.

SIGNED: Arthur A. Catlin  
(Displacee)

SIGNED: Alma Gordon  
(Relocation Advisor)

DATE: 8/5/74

DATE: 8/5/74

TO: Bob Douglas

DATE: 8/6/74

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: Arthur A. Catlin

PROJECT: Emanuel

FOR: 3rd Annual TACO Payment

AMOUNT: \$693.00

*WBJ*

SIGNED: Alma Gordon

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

NAME OF CLAIMANT Arthur<sup>4</sup> Catlin

Parcel No. R-15-3

NAME OF LOCAL AGENCY \_\_\_\_\_

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

Tenant's initial date of rental: 1951

Date of Acquisition: June 1, 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: 1965

Date of Initiation of Negotiations: May 26, 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 \$ 2772.00 is authorized.

8-18-72  
Date

[Signature]  
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	<u>8/23/72</u>	<u>511 EH</u>	<u>\$ 693.00</u>
(2) Annual payment			
1st Year	<u>8/23/72</u>	<u>511 EH</u>	<u>\$ 693.00</u>
2nd Year	<u>8/8/73</u>	<u>797 EH</u>	<u>\$ 693.00</u>
3rd Year	<u>8/17/74</u>	<u>957 EH</u>	<u>\$ 693.00</u>
4th Year	<u>5/28/75</u>	<u>1056 EH</u>	<u>\$ 693.00</u>
b. Claimant moved to unit he purchased	_____	_____	\$ _____
c. Homeowner temporarily displaced	_____	_____	\$ _____

CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

August 16, 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: 5015 N. E. Hoyt Street

Dear Sirs:

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

Our inspector reports the one-bedroom unit at this address 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: Mr. James Kalousek  
3348 N. E. 129 Avenue

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

NAME AND ADDRESS OF CLAIMANT:

Arthur G. Catlin  
409 N. Morris

COMPUTATION PREPARED BY:

J. H. Kelley  
Name  
6-27-72  
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. \$ 40.00

Computation

3. Line 1 minus Line 2, multiplied by 48
- |        |                   |                   |
|--------|-------------------|-------------------|
| Line 1 | \$ <u>97.75</u>   |                   |
| Line 2 | - \$ <u>40.00</u> |                   |
|        | \$ <u>57.75</u>   |                   |
|        | X <u>48</u>       | \$ <u>2772.00</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.) \$ 2772.00
5. Minus adjustments (Attach full explanation) - \$
6. Amount of rental assistance payment  
(Line 4 minus Line 5) \$ 2772.00
7. Annual Payment \$ 693.00 *OK*

(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.

INSPECTED BY AG DATE 8/5/74 MET  NOT MET

NAME Arthur C. Catlin PHONE \_\_\_\_\_

ADDRESS 5015 N. E Hoyt

HOUSE \_\_\_\_\_ DUPLEX  APT \_\_\_\_\_ SR \_\_\_\_\_ HK \_\_\_\_\_

NO. OF ROOMS 4 COMP FURN \_\_\_\_\_ PART FURN \_\_\_\_\_ UNFURN

NO. OF ROOMS ACCESSIBLE BY STAIRS \_\_\_\_\_ BY ELEVATOR \_\_\_\_\_

MANAGER James Kalousek OWNER Same

RENT \$1250 INCL HEAT  WATER  GAS \_\_\_\_\_ GAR \_\_\_\_\_ ELEC

NO. BRS. \_\_\_\_\_ SIZE #1 avg. #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

DWELLING UNIT INSPECTION SHEET, PDC R-6, 9/68

GENERAL REQUIREMENTS:

- |   |                                     |  |
|---|-------------------------------------|--|
| 1. House must be weatherproof (8-601.6)   | <input checked="" type="checkbox"/> |  |
| 2. Floors, porches, walls, ceilings and stairs must be in sound and good repair. (8-1001a)  | <input checked="" type="checkbox"/> |  |
| 3. Doors and hatchways must be in good repair. (18-816)   | <input checked="" type="checkbox"/> |  |
| 4. Multiple dwellings with more than 50 occupants must have two means of exit. (7.3302c)  | <input checked="" type="checkbox"/> |  |
| 5. Exits must have direct access to outside or public corridor. (7-3303g)   | <input checked="" type="checkbox"/> |  |
| 6. Hallways must be lighted adequately --- at least 2' candle power. (8-504d)   | <input checked="" type="checkbox"/> |  |
| 7. Hallway ventilation must be by windows, doors, outside skylights, ventilation ducts, or mechanical ventilation 5x/hr. (8-504d) | <input checked="" type="checkbox"/> |  |
| 8. Premises must be free of vermin, rodents, filth, debris, garbage. (8-1001a)  | <input checked="" type="checkbox"/> |  |
| 9. Heating equipment must be able to maintain 70° at 3' above floor. (8-701a)   | <input checked="" type="checkbox"/> |  |
| 10. There may be no unvented or open flame gas heaters. (8-701a)  | <input checked="" type="checkbox"/> |  |



	MET	NOT MET
11. Habitable rooms must have window area of 12 sq. ft. or 1/8 of floor area. (8-504a)	✓	
12. Every Habitable room must have openable area of 6 sq. ft. or 1/16 of floor area OR mechanical ventilation changing air, 4x/hr. (8-504e)	✓	
13. Dwelling unit must have at least 220 sq. ft. (8-503b)	✓	
14. Electrical equipment, wiring and appliances must be installed and maintained in a safe manner, with two outlets or one light fixture and one outlet per room. (8-701b)	✓	
15. Water must be heated to not less than 120°F. (8-401y)	✓	
16. Ceiling height in hotels and apartments must be 8'; in dwelling and service rooms 7½'. (8-503a)	✓	
17. Habitable rooms must have width of 7' in any dimension; water closets 30" in width and at least 2½' in front of the water closet. (8-503c)	✓	
<b>EFFICIENCY UNITS:</b>		
18. Foyer must open from public area. (8-503b.2)		
19. There must be 220 sq. ', plus 100 sq. ' for each person in excess of two. (8-503b.5)		
20. A kitchenette must be 3x5 or more with doors and fan or window. (8-503b.4)		
21. A dressing closet must afford privacy with adequate circulation and storage. (8-503b.3)		
22. There must be a separate bathroom accessible from foyer or dressing closet only. (8-503b.5)		
<b>LIVING AREA:</b>		
23. There must be two rooms, one of which must be at least 150 sq. '. (8-503b)*	✓	
24. Rooms for cooking and living, or for living and sleeping, must have at least 150 sq. '. (8-503b)*	✓	
<b>BEDROOMS:</b>		
25. Bedrooms must be at least 90 sq. '. (8-503b)*	✓	

	MET	NOT MET
26. There must be 50 sq. ' additional for each occupant in excess of two. (8-503b)* No. Brs. <u>  1  </u> Size: #1 <u>      </u> #2 <u>      </u> #3 <u>      </u> #4 <u>      </u> #5 <u>      </u>		

KITCHEN:

27. Plumbing fixtures, including sink, must be of nonabsorbent material with hot and cold running water, properly installed, and in good working condition. (8-505d,c)	✓	
28. A kitchen must have not less than 35 sq. '. (8-503b)	✓	

BATHROOM:

29. Bathrooms must have at least one electric light fixture. (8-701b)	✓	
30. Bathrooms must not open directly off the kitchen. (8-505f)	✓	
31. Bathrooms and toilet rooms must afford privacy. (8-505g)	✓	
32. Dwelling unit must contain at least one bathroom with sink, toilet wash basin, tub or shower properly connected to both hot and cold waterlines with air change once every 5 minutes (8-505a) OR	✓	
33. In buildings with sleeping rooms there must be toilet facilities or one toilet, lavatory, tub or shower for every 10 of each sex, accessible from a public hall.	✓	
34. Plumbing fixtures must be of nonabsorbent material, properly installed, and in good working condition. (8-505d,c)	✓	
35. Water closet compartments must be of approved nonabsorbent material (8-505e)	✓	

BASEMENT:

36. Basement areas more than 50% below grade cannot be used for habitation. (8-401,L) & (8-504a)		
37. Basement areas must be dry and well drained.		

SPACE REQUIREMENTS FOR STANDARD HOUSING

1. Opposite sex children may not share a bedroom with a child over six (6) years of age.	✓	
2. Husband and wife should not share a bedroom with a child over three (3) years of age.	✓	

3.\* Chart of bedrooms needed:

By Bedroom			By Number of Persons		
<u>No. of Bdrms.</u>	<u>No. of Persons:</u>		<u>No. of Persons:</u>	<u>No. of Bdrms:</u>	
	<u>Min.</u>	<u>Max.</u>		<u>Min.</u>	<u>Max.</u>
0	1	2	1	1	1
1	1	3	2	1	2
2	2	4	3	1	2
3	4	6	4	2	3
4	6	8	5	3	3
5	8	10	6	3	4
			7	4	4
			8	4	5
			9	5	5
			10	5	6

\* Indicates exceptions regarding efficiency units.

COMMENTS:

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 957 EH

DATE August 7, 1974

PAY TO Arthur A. Catlin

\$ 693.00

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 409 N. Morris (Parcel R 15-3).  Total approved \$2,772.00 3rd annual payment	\$693.00
<i>Arthur A. Catlin</i> 8/12/74			

**Account Distribution**

NO.

TITLE

AMOUNT

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 797 EH

DATE August 8, 1973

PAY TO Arthur A. Catlin

\$ 693.00

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 409 N. Morris (Parcel R-15-3).	
		Total approved \$2,772.00 2nd annual payment	\$693.00
<i>Arthur A. Catlin 8-8-73</i>			

**Account Distribution**

NO. TITLE AMOUNT

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Examiner

PROJECT NO. R-20

1. Full name of claimant:

ARTHUR A. CATLIN

Family  Individual

2. Dwelling unit from which you moved:

a. Address 409 N. MORRIS

Parcel No. R-15-3

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

c. Number of bedrooms 1

d. Monthly rental \$ 40.00

e. Date displaced 5-31-72

3. Dwelling unit to which you moved (RENTAL)

a. Address 5015 N.E. 4th Ave. Apt. 3

c. Number of bedrooms 1

d. Monthly rental \$ 125.50

e. Date moved in Jun 28, 1972

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

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 1965

Date of acquisition June 1, 1972

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 1965

Date of initiation of negotiations June 1, 1972

3. Is replacement housing standard?  Yes  No

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

4. Certification:

(Amount of this claim \$ 2772.00 )

UNION PACIFIC RAILROAD CO. (47-60005) (7)  
1416 DODGE STREET, OMAHA, NEBR. 68102

RAILROAD EMPLOYEE'S  
WAGE AND TAX STATEMENT-1971

Employer's State Identification Number

145605

Copy C-

For employee's records

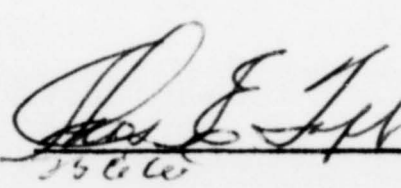
Type or print EMPLOYER'S identification number, name and address above.

FEDERAL INCOME TAX INFORMATION			RAILROAD RETIREMENT INFORMATION		STATUS	GROSS WAGES FOR STATE IF DIFFERENT FROM FEDERAL
FEDERAL INCOME TAX WITHHELD	WAGES PAID SUBJECT TO WITHHOLDING IN 1971 <sup>1</sup>	OTHER COMPENSATION PAID IN 1971 <sup>2</sup>	RRTA employee tax deducted <sup>3</sup>	RRTA compensation <sup>4</sup>	1. SINGLE 2. MARRIED	
2,004.20	7,936.98		734.58	7,382.35		
EMPLOYEE'S social security number ▶		54-50-2221	NAME OF STATE		STATE FORM NO.	STATE TAX WITHHELD
			OREGON			460.39
A. A. CATLIN 409 N. MORRIS PORTLAND		062 7060	NAME OF CITY		CITY FORM NO.	CITY TAX WITHHELD
OR 97227						
			*EXCLUDABLE SICK PAY		*	
			For explanation of footnotes, see back of Copy C.			
			Amount of taxable reported tips on which RRTA employee tax was not deducted because sufficient funds were unavailable . . . \$			
			Uncollected Employee Tax on Tips . . . . . \$			

Type or print EMPLOYEE'S name and address (including ZIP code) above.

(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>15.00</u>			
2. Dislocation allowance      \$ <u>200.00</u>			
3. Total      \$ <u>215.00</u>	<u>215.00</u>		<u>8-18-72</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
		\$			\$



WORKSHEET FOR ALL MOVING CLAIMS

1. Name Arthur Calton JR Project R-20  
 2. Date(s) of move MAY 31 1972 Parcel No. R-15-3  
 3. Dwelling unit from which you moved:  
 Address 409 N. Morris No. of rooms 1  
 \_\_\_Furnished \_\_\_Unfurnished Date you moved into this unit 1951

4. Dwelling unit to which you moved:  
 Address 5015 N.E. Hoyt  
 Were goods moved to or from storage? \_\_\_Yes  No

5. Total claim \$ 1500

-----  
 FIXED PAYMENT: \$200 + \$1500 = \$21500  
 -----

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)

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

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

PROJECT NAME (if applicable)

Emanuel

Project 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

Arthur A. Catlin

2. DATE(S) OF MOVE

May 31, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. R-15-3

a. Address 409 N. Morris  
Portland, Oregon

d. Number of rooms occupied (excluding bathrooms, hallways, and closets): \_\_\_\_\_

b. Apartment, Floor, or Room Number \_\_\_\_\_

c. Was it furnished with your own furniture?  
 Yes  No

e. Date you moved into this address: 1951

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) \_\_\_\_\_  
5015 N.E. Hoyt Portland, Oregon

c. Were household goods moved to or from storage?

b. Apartment, Floor, or Room Number \_\_\_\_\_

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.

June 28, 1972  
Date

Arthur A. Catlin  
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:

Arthur A. Catlin  
5015 N.E. Hoyt  
Portland, Oregon

NAME OF LOCAL AGENCY:

Portland Development Commission  
1700 SW Fourth Avenue  
Portland, Oregon 97201

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:

Ben,

These files represent a father  
and a son who lived together  
in the project as a family.  
The father & son moved  
separately.

Jim

This claim was delayed because of  
the new inspection system that  
did not work.

Jim

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 Project
1700 SW Fourth Avenue	PROJECT NUMBER: ORE R-20
Portland, Oregon 97201	

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

Arthur A. Catlin \_\_\_\_\_ Family  Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

a. Address: 409 N. Morris  
Portland, Oregon

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

c. Number of bedrooms: \_\_\_\_\_

PARCEL NO. R-15-3

d. Monthly rental: \$ 40.00

e. Date you moved out of this dwelling: 5/31/72  
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): \_\_\_\_\_  
5015 N. E. Hoyt, Portland, Oregon

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

c. Number of bedrooms: \_\_\_\_\_

d. Monthly rental: \$ 125.50

e. Date you moved into this dwelling: June 28, 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.

June 27, 1972  
Date

Arthur A. Cathie  
Signature of Claimant (s)

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

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

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

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

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley  
(Relocation Advisor)

DATE August 6, 1973

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

RE: Arthur A. Catlin  
(Displacee)

5015 N.E. HOYT  
(Address)

No. 2nd  
(annual payment)

\$ 693.00  
(amount)

8/23/73  
(date due)

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

Present Address: 5015 N.E. HOYT

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

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

or (2) Displacee notified of ineligibility:  yes  no

Comments: Same unit occupied & inspected Aug 16, 1972

SIGNED: Arthur A. Catlin  
(Displacee)

SIGNED: James C. Crolley  
(Relocation Advisor)

DATE: 8/7/73

DATE: 8/7/73

TO: Bob Douglas

DATE: 8/7/73

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: Arthur A. Catlin

PROJECT: Emanuel

FOR: Relocation - TACO

AMOUNT: \$ 693.00

*WJ*  
*OK JMC*

SIGNED: James C. Crolley

RELOCATION PAYMENT

Project: Emanuel ORE R-20 Parcel: R-15-3

Payable to: Arthur A. Catlin

Amount

For: <input type="checkbox"/>	RHP for Homeowners . . . . .	\$	<u>          </u>
<input type="checkbox"/>	Incidental Expenses for Homeowners (if separate claim) . . . . .	\$	<u>          </u>
<input checked="" type="checkbox"/>	RHP for Tenants & Certain Others:		
	Rental: Total approved \$ <u>2772</u> ; Annual amount. . . . .	\$	<u>693<sup>ok</sup></u>
	or Purchase: . . . . .	\$	<u>          </u>
<input checked="" type="checkbox"/>	Fixed Moving Payment . . . . .	\$	<u>15</u>
<input checked="" type="checkbox"/>	Dislocation Allowance. . . . .	\$	<u>200</u>
<input type="checkbox"/>	Actual Moving Costs. . . . .	\$	<u>          </u>
<input type="checkbox"/>	Storage Costs (if separate claim). . . . .	\$	<u>          </u>
<input type="checkbox"/>	Business: Moving Expenses. . . . .	\$	<u>          </u>
<input type="checkbox"/>	Business: In Lieu Payment. . . . .	\$	<u>          </u>
<input type="checkbox"/>	Business: Storage Costs. . . . .	\$	<u>          </u>
<input type="checkbox"/>	Business: Loss of Property . . . . .	\$	<u>          </u>
<input type="checkbox"/>	Business: Searching Expenses . . . . .	\$	<u>          </u>

Name of Client Arthur A. Catlin Less - \$           \*

Move from 409 N. Morris Total \$ 908

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

*nic*



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 511 EH

DATE August 23, 1972

PAY TO Arthur A. Catlin

\$ 908.00

DOLLARS

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE

**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Relocation Payments filed. Move from 409 N. Morris (Parcel R-15-3).  RHP for Tenants - Total approved \$2,772.00 1st Annual Payment \$693.00  Dislocation Allowance 200.00 Fixed moving payment - Individual <u>15.00</u>	\$908.00

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH)	\$908.00
	(RHP \$693.00)	
	(Fixed moving payment - Individual) \$215.00)	

*Arthur A. Catlin*

*JMS  
 ah*

# PORTLAND DEVELOPMENT COMMISSION

OFFICE  
EMANUEL HOSPITAL PROJECT  
200 N. MORRIS ST.  
PORTLAND, OREGON 97207  
PHONE 288-0100

September 1, 1971

Mr. Arthur A. Catlin  
409 N. Morris  
Portland, Oregon

Dear Mr. Catlin:

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 call 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 288-0100. Our office is located at 200 N. Morris St.

We look forward to seeing you soon.

Very truly yours,

Benjamin S. Webb  
Chief, Relocation and  
Property Management

BCW:ch  
Enclosure

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Callin, Arthur A. RELOCATION ADVISOR Cracey  
 ADDRESS 409 N. MORRIS PHONE 284-4362 PROJECT NAME Emanuel R-20  
 SEX M ETHN W VETERAN \_\_\_\_\_ AGE 25 PARCEL NO. R-15-3  
 MARITAL STATUS S TENURE \_\_\_\_\_  
 DISABILITY \_\_\_\_\_ INDIV X FAMILY \_\_\_\_\_  
 ELIGIBLE FOR: PUBLIC HOUSING \_\_\_\_\_ FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT \_\_\_\_\_ OTHER \_\_\_\_\_  
 INITIAL INTERVIEW \_\_\_\_\_ DATE INFO PAMPHLET DELIVERED \_\_\_\_\_  
 NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY Parents A.W. Patton - 4125 N. E 15th  
284-8843

DATE ON SITE:	<u>1951</u>
INITIATION OF NEGOTIATIONS:	_____
DATE OF ACQUISITION:	_____

ECONOMIC DATA

Employer U.P.R.R. (284-8221) \$ 77300  
 Address \_\_\_\_\_  
 MCW \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ \_\_\_\_\_

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

Subsidized Sales	Single Family	S	SS	Age of Structure _____	No. Rooms <u>5</u>
Subsidized Rental	Multiple Family	X		No. Bedrooms <u>3</u>	Furn. <u>X</u> Unfurn _____
Public Housing	Duplex			Utilities \$ _____	
Private Rental	Mobile Home	X		Monthly Payments (Rent) \$ <u>40.00</u>	
Private Sales				Acquisition Price \$ _____	
Size of Habitable Area _____				Taxes \$ _____	Equity \$ _____
				Liens \$ _____	

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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 \_\_\_\_\_ LPA Referred \_\_\_\_\_

Address 620 N.E. 82nd Ave Apt 3 Phone \_\_\_\_\_ Date of Move \_\_\_\_\_

WHERE RELOCATED:

				S	SS
Same City	<input checked="" type="checkbox"/>	Subsidized Sales			
Outside City		Subsidized Rental		<input checked="" type="checkbox"/>	
Out of State		Public Housing			
		Private Rental	<input checked="" type="checkbox"/>		
		Private Sales			

Furnished  Unfurnished \_\_\_\_\_ Number of Rooms \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Habitable Area \_\_\_\_\_

Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ 125.00 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 \_\_\_\_\_

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER     JC     PROJECT NO. R-20 PARCEL R-15.3

NAME Catlin Arthur A. ADDRESS 409 N. Morris APT NO.     

PHONE 288-4362 INITIAL INTERVIEW      SEX M W X NW AGE 25

U.S. CITIZEN      ALIEN      VETERAN      SERVICEMAN      DATE ON SITE 2/4/62

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name UP R/R \$ 730  
 Address 400  
 MCW      Caseworker       
 Social Security       
 Va.      Fed.      Mult Co.       
 Pension: Name       
 Other: Name       
 TOTAL MONTHLY INCOME 400.00

Rent 40.00, Inc. Heat      Water      Gas      Gar      Elec      Unfurn      Furn      No. Rms (rooms)

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)  
 Over 62      Disabled (Soc. Sec. def.)      Income below limits      Assets below limits     

221 CERTIFICATE OF ELIGIBILITY: Date delivered      by       
 Notify in case of accident:

Name      Address      Phone     

Information Statement given to      on      by     

Notice to move given to      on      by     

Payments: Amount \$      Check No.      Date delivered      Moved by self      (or)       
 moved by moving company      (Phone)     

REMOVED FROM CASELOAD: (Date)     

- Refused assistance
- Relocated in:     
  - Low-rent public housing
  - Other perm. public housing
  - Standard priv. rent. hsg.
  - Sub-standard priv. rent hsg. with refusal of further aid
  - Standard sales housing
  - Sub-standard sales hsg.
  - Out-of-town
  - Address unknown, abandoned
  - Evicted, no further assistance
  - Other (explain)

REMAINING ON CASELOAD:     

- Address unknown, tracing
- Evicted, further assistance contemplated
- Temporarily relocated by LPA
- within project:      address
- outside project:      address

FAMILY REFUSED ADDITIONAL ASSISTANCE:  
 Date      Worker     

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS:      Zip      Phone

DATED this 31 day of May 1972.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 409 N.  
MORRIS, 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.

Arthur J. Catlin  
(~~Arthur~~ name)

by: \_\_\_\_\_