

	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. RS-4-9 Advisor Jcc  
 Client's Name CLARK, HUGH E. Phone \_\_\_\_\_  
 Address 7 N. RUSSELL Ethn R Age 61  
 Male  Family  Married  Renter/Occupant  
 Female  Individual  Single  Owner/Occupant

Family Composition

Total Number in Family 1  
 \_\_\_\_\_ wife, husband  
 Other: 

Relation	Age	Relation	Age

Economic Data

Employer \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 Other Source of Income M.C.W. \$ 120-  
 \_\_\_\_\_  
 Total Monthly Income \$ (120-)

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 10-18-71 Date of Info pamphlet delivery \_\_\_\_\_  
 Date Notice to Move given \_\_\_\_\_ Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY 1968  
 (a) for owner-occupants - Indicate initial date of occupancy and ownership

Date of initiation of negotiations for purchase of property 5-27-71  
 Date of Acquisition 6-17-71  
7-22-71  
 Date of letter of intent \_\_\_\_\_  
 Date of move 1-14-72



DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit \_\_\_\_\_

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

Furnished with claimant's furniture  
 YES  NO

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

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

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

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

REPLACEMENT DWELLING UNIT

Address \_\_\_\_\_ LPA Referred \_\_\_\_\_ Self Referred \_\_\_\_\_

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

Outside city  Outside state

Age of Housing Unit \_\_\_\_\_

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

No. of Rooms \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_

HAP

For Claimants Who Purchased

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

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

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

For Claimants Who Rented

Rent \$ 29.00

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

Total Rent Assistance \$ \_\_\_\_\_

Amount of Annual Payment \$ \_\_\_\_\_

MOVED OUT OF HAP BEFORE TACO

No. of Housing Referrals to:

Agency Referrals:

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

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

\_\_\_\_\_ Standard Rent

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

Benefits Received

Date 1-14-72 Ck # 286266 Type mc Amount \$ 215.00

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

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

**RESIDENTIAL RELOCATION RECORD**

CLIENT'S NAME Clark, Hugh E. RELOCATION ADVISOR J Crolley  
 ADDRESS 7 N. Russell PHONE 287-0248 PROJECT NAME Emanuel ORE. R-20  
 SEX M ETHN black VETERAN 6562219 AGE 61 PARCEL NO. RS-49  
 MARITAL STATUS \_\_\_\_\_ TENURE tenant  
 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 Harold Clark 1723 S. E. Woodward 235-6377

DATE ON SITE: <u>1968</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: _____

ECONOMIC DATA

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_ \$ 120.00  
 MCW \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ 120.00

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

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

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

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 5530 N.E. 7th Apt. 10 Phone \_\_\_\_\_ Date of Move 1-14-72

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

Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ 29.00 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	28626 G	1/14/72	\$ 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

10/18/  
71

Talked to Mr. Clark today. He is living in a one bedroom apartment. His monthly earnings are derived from County Welfare benefits. I suggested public housing as a possibility for Mr. Clark to consider. He seemed to think this was a good idea.

10/19

Contacted Mr. Clark's caseworker, Anita Able, and asked her to send verification of income.

10/20

I received letter from Multnomah County Welfare commission verifying Mr. Clark's Welfare Assistance benefits.

10/21

Contacted Mr. Clark today. He was visiting in Mr. & Mrs. Charley Thomas' apartment. I asked him when he would like to register with the Housing Authority. Charley Thomas interrupted and informed me that Mr. Clark was his tenant and would move whenever he moved.

1/28/72

Called Mr. Harold Clark, Hugh's brother, and talked to his wife about Hugh and his benefits. I asked her to have Mr. Clark call me about some decisions on Hugh. He works days and would not be home until after 5:15 p.m. but is concerned about his brother and his ability to manage his monies.



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

**Nº 28626 G**

DATE January 14, 1972

PAY TO THE ORDER OF **Hugh E. Clark**

**\$ 215.00**

**DOLLARS**

**NON-NEGOTIABLE**

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

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Relocation Payment filed. Move from 7 N. Russell (RS-4-9).  Dislocation allowance <span style="float: right;">\$200.00</span> Fixed payment - unfurnished <span style="float: right;"><u>15.00</u></span>	<b><u>\$215.00</u></b>

**Account Distribution**

NO	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - Unf. - Individual)	\$215.00

*AC*

*JMS*

**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

CLARK, Hugh E.

2. DATE(S) OF MOVE

January 14, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. RS-4-9

a. Address \_\_\_\_\_

7 N. Russell, Portland, Oregon 97227

b. Apartment, Floor, or Room Number 6

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: 1968

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) \_\_\_\_\_

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.

January 14, 1972

Date

*Hugh E. Clark*

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:

Hugh E. Clark

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:

(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>	<i>Paul E. Tapp</i> <i>BCW</i>	<u>1-14-72</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
		\$			\$



MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

POST OFFICE BOX 349  
PORTLAND, OREGON 97207

RECEIVED

OCT 20 1971

PORTLAND PUBLIC WELFARE COMMISSION

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 Hugh Clark
- 2. Address 7 N. Russell Apt 6
- 3. No. of persons in family 122
- 4. Total monthly assistance 122 *A.D. pending*
- 5. Date assistance to begin \_\_\_\_\_
- 6. Date assistance to terminate on going until  
*A.D. approved or denied*

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION  
Gordon Gilbertson, Administrator

Quinta Adell M.C.  
(Caseworker) (Dept.)

280-6017

## PORTLAND DEVELOPMENT COMMISSION

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

October 19, 1971

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

Gentlemen:

This is to inform you that Hugh E. Clark,  
of 7 N. Russell, Portland, Oregon 97227,  
who wishes to file an application with your office will be displaced  
as a result of the acquisition of the property, in which he (or she)  
resides, by the Portland Development Commission in the urban renewal  
project, ORE R-20. Displacement will occur on November 15, 1971.

Thank you for any help that you may render Mr. Clark  
\_\_\_\_\_ in his (her) efforts to obtain suitable housing.

Very truly yours,

W. Stanley Jones

WSJ:slc



Dwelling Unit Inventory

QUANTITY

- \_\_\_\_\_ Beds & Springs
- \_\_\_\_\_ Bedroom Chair
- \_\_\_\_\_ Breakfast Table
- \_\_\_\_\_ Breakfast Table Chairs
- \_\_\_\_\_ Bridge Lamp & Shade
- \_\_\_\_\_ Buffet
- \_\_\_\_\_ Chest of Drawers
- \_\_\_\_\_ Coffee Table
- \_\_\_\_\_ Couch
- \_\_\_\_\_ Davenport
- \_\_\_\_\_ Desk
- \_\_\_\_\_ Dining Table
- \_\_\_\_\_ Dining Chairs
- \_\_\_\_\_ Dresser
- \_\_\_\_\_ End Table
- \_\_\_\_\_ Floor Lamp & Shade
- \_\_\_\_\_ Mirror

QUANTITY

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

Miscellaneous (List Items)

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

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

COMMENTS:

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Hugh E. Clark Project R-20  
 2. Date(s) of move 1-14-72 Parcel No. RS-6-9  
 3. Dwelling unit from which you moved:  
 Address 7 N. Russell No. of rooms 1  
 Furnished  Unfurnished Date you moved into this unit 1968

4. Dwelling unit to which you moved:  
 Address \_\_\_\_\_  
 Were goods moved to or from storage?  Yes  No

5. Total claim \$ 21500

-----  
 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)



WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY \_\_\_\_\_

PROJECT NAME \_\_\_\_\_

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

1. Full name of claimant: \_\_\_\_\_ Family \_\_\_\_\_ Individual \_\_\_\_\_

Hugh E. Clark

2. Dwelling unit from which you moved: Parcel No. \_\_\_\_\_

a. Address 7 N. Russell

c. Number of bedrooms 1

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

d. Monthly rental \$ 35.00

e. Date displaced 1-

3. Dwelling unit to which you moved (RENTAL)

a. Address 5530 N.E. 7th

c. Number of bedrooms 1

b. Apartment or room number 10

d. Monthly rental \$ 29.00

e. Date moved in \_\_\_\_\_

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 1968

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 Public Housing

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

4. Certification:

(Amount of this claim \$ 3012.00 ) 753.00

5530 N.E. 7th Apt 10  
Donna Leach

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

*Hugh E Clark*  
Signature of Claimant(s)

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

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

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

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



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

NAME AND ADDRESS OF CLAIMANT:

Hugh E. Clark  
\_\_\_\_\_

COMPUTATION PREPARED BY:

Bradley  
Name  
1-20-72  
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. \$ 35.00

Computation

3. Line 1 minus Line 2, multiplied by 48 55.62

Line 1	\$ <u>97.75</u>	
Line 2	\$ <u>35.00</u>	
	\$ <u>62.75</u>	
	X <u>48</u>	\$ <u>3012.00</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.) \$ \_\_\_\_\_
  
5. Minus adjustments (Attach full explanation) - \$ \_\_\_\_\_
  
6. Amount of rental assistance payment  
 (Line 4 minus Line 5) \$ 3012.00
  
7. Annual Payment \$ 753.00

(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.

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

NAME OF CLAIMANT \_\_\_\_\_

Parcel No. \_\_\_\_\_

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: \_\_\_\_\_

Date of Acquisition: \_\_\_\_\_

Owner-Occupant's initial date of ownership: \_\_\_\_\_

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

Date of Rental or Purchase: \_\_\_\_\_

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

3. Has the replacement housing been inspected and found to be standard? (Attach a copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.)  Yes  No

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

\_\_\_\_\_  
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 \$ \_\_\_\_\_ is authorized.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

**5. RECORD OF PAYMENTS**

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year

2nd Year

3rd Year

4th Year

b. Claimant moved to unit he purchased

c. Homeowner temporarily displaced

<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____



I hereby acknowledge receipt of the Portland  
Development Commission INFORMATIONAL STATEMENT.

Hugh E. Clark  
Signature

10/26/71

Date

PDC-R27  
9/8/66