

	DESCRIPTION	ROLL NO	ODOMETER
A 3-16	CLARK, L.C. 227 N. FARGO		
E-3-6	CLARK, RAY E. 2649 N. COMMERCIAL #2		
RS 3-5	CLINTON, LEO C. 2732 N. VANCOUVER		
R 9-3	COLLINS, FRED 3137 N. GANTENBEIN		
A-2-4	COOK, LESTER 3102 N. GANTENBEIN		
E 4-8	COOPER, BERTHA 323 N. RUSSELL		
RS 3-7	COREY, WALTER 2722 N. VANCOUVER		
E 4-8	CORLEY, FREDERICKA 327 N. RUSSELL		
E 3-7	CORNWELL, ALLEN 542 N. KNOTT		
RS 4-7	COUEY, SEARCY 111 N. RUSSELL #1		
A -3-9	CRITTENDEN, BETTY JEAN 3222 N. GANTENBEIN		
RS 4-9	DAVENPORT, CLARENCE 7 N. RUSSELL #2		
	DAVIS, FLOYD W. 2860 N. WILLIAMS AVENUE		
RS 4-9	DEMME, FRANK 7 N. RUSSELL		
A-4-7	DENSON, JEWEL (MRS.) 3316 N. GANTENBEIN		
A-2-4	DENT, DAVID 3110 N. GANTENBEIN		
A 3-5	DeWEESE, CARL 232 N. COOK		
A 2-8	DIAL, OSCAR 3111 N. VANCOUVER		



R E S U M E /

DATE August 29, 1975

NAME Ray E. Clark

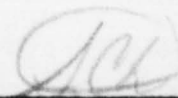
---

---

Mr. and Mrs. Clark moved to a nearly new apartment. This seemed to please them very much. The rent was geared to his income and would be much less if he should lose his job. I explained to him how to report any change in income as did HAP interviewer. Mr. and Mrs. Clark were very happy with the move and had high hopes for the future.

SCD

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



worker

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME CLARK, Ray E. RELOCATION ADVISOR CD  
 ADDRESS 2649 N. Commercial #2 PHONE 287-2671 PROJECT NAME Emanuel OBE R-20  
 SEX M ETHN W VETERAN \_\_\_\_\_ AGE 22 PARCEL NO. E 3-6  
 MARITAL STATUS Married TENURE Tenant  
 DISABILITY \_\_\_\_\_ INDIV \_\_\_\_\_ FAMILY X  
 ELIGIBLE FOR: PUBLIC HOUSING \_\_\_\_\_ FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT \_\_\_\_\_ OTHER \_\_\_\_\_  
 INITIAL INTERVIEW 6/2/71 DATE INFO PAMPHLET DELIVERED \_\_\_\_\_  
 NOTICE TO MOVE Yes DATES EFFECTIVE 6/14/71 EXPIRATION DATE 9/30/71  
 NOTIFY IN CASE OF EMERGENCY Jerry Nusom 122 S.E. Boise 761-5577 md. 8100

DATE ON SITE:	<u>4/15/71</u>
INITIATION OF NEGOTIATIONS:	<u>6/2/71</u>
DATE OF ACQUISITION:	<u>6/14/71</u>

ECONOMIC DATA

Employer Pick Up Parts Co. \$ 429.00  
 Address \_\_\_\_\_  
 MCW \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ 429.00

FAMILY COMPOSITION

Name	Relation	Age
<u>Marlene</u>	<u>Wife</u>	<u>22</u>
<u>Ray Edward</u>	<u>Son</u>	<u>2 yr</u>
<u>Wade Edward</u>	<u>Son</u>	<u>4 mo</u>

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure \_\_\_\_\_ No. Rooms 4  
 No. Bedrooms \_\_\_\_\_ Furn. X Unfurn \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Monthly Payments (Rent) \$ 50.00  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

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

HOUSING REFERRALS

Address	Bedrooms
<u>6850 N.E. Killingsworth</u>	
<u>HAP N.E. Garfield</u>	
<u>6925 N.E. Garfield</u>	
<u>Needs repairs by owner</u>	
<u>712 N.E. Wygant</u>	
<u>Needs repairs by owner</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 3506 S.E. 15th Apt. #1 Phone \_\_\_\_\_ Date of Move July 23, 1971

**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) \$ \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

Age of Structure: 1-2 yrs Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_ Distance Moved Away 77 blocks

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	26265 G	7/29/71	\$ 88.00
<del>XXXXX</del> Move	26843 G	9/10/71	\$ 17.26
<del>XXXXX</del> F. Mov.	26258 G	7/23/71	\$ 200.00
Incidental			\$
Interest			\$

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

TOTAL BENEFITS RECEIVED \$ 305.26

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

RESIDENTIAL RELOCATION RECORD

Project Name Emanuel Parcel No. 8-3-6 Advisor CB  
 Client's Name Clark, Ray Phone \_\_\_\_\_  
 Address 2649 N. Commercial Ethn white Age 22

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

Family Composition

Total Number in Family 4  
2 wife, husband

Other:

Relation	Age	Relation	Age
son	2yr		
son	4mo.		

Economic Data

Employer Pick Up Parts \$ 429.00  
 Address \_\_\_\_\_  
 Other Source of Income \_\_\_\_\_ \$ \_\_\_\_\_  
 Total Monthly Income \$ (429.00)

- 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 6-2-71      Date of Info pamphlet delivery \_\_\_\_\_  
 Date Notice to Move given \_\_\_\_\_      Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY 4-15-71

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

Date of initiation of negotiations for purchase of property 6-2-71  
 Date of Acquisition 6-14-71  
 Date of letter of intent \_\_\_\_\_  
 Date of move 7-23-71

DWELLING UNIT FROM WHICH RELOCATED

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

✓ Age of Housing Unit OVER 60

✓ Size of Habitable Area 500-600 sq ft

Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 4 Rent Paid \$ 50.00 Utilities \_\_\_\_\_

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

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

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

Distance 77 MILES

REPLACEMENT DWELLING UNIT

Address 3506 SE 15th LPA Referred  Self Referred \_\_\_\_\_

Private Sales		Single Family	
Private Rental	X	Duplex	
Other <u>HAP</u>	X	Multiple Family	X

Outside city  Outside state

✓ Age of Housing Unit 2 yrs

✓ Size of Habitable Area 650-750 sq ft

✓ No. of Rooms 4 No. of Bedrooms 2

For Claimants Who Purchased

For Claimants Who Rented

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

✓ Rent \$ 75

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

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

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

Total Rent Assistance \$ - 0 -

Amount of Annual Payment \$ - 0 -

No. of Housing Referrals to:

Agency Referrals:

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

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

4 Standard Rent

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

Benefits Received

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

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

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

INTERVIEW REGISTER

Date

Relocation  
Worker

- 5/27/67 Moved on site April 24th. Mr. Clark is working and earning about \$85.00/wk. from Bob Pederson of Pick-Up Parts on N.E. Cully Blvd. The living condition and housekeeping of their present apartment is very bad. Need 2 bedroom apartment. Will qualify for public housing or low income rental.
- 6/2/71 Mr. Clark came by the office, and when asked about the date his family moved on site (Emanuel Hospital site), he said they are renting from ~~some~~ landlord he had at 10116 S.E. Pine and paid him on April 15, 1971. Four days later Mr. Del Haney, landlord, told him that he could move in at 2049 N. Commercial St. This was larger place and Mr. Clark had indicated that he needed a larger place. (1) On 5 yr. probation - (1 year down - no problems) (2) Would like to get into public housing, (3) On job 2 months, (4) Would like to live out by job, 47th & Prescott), (5) Gave Mr. Clark letter to give his boss for income verification and got letter back with information.)
- 7/2/71 Had house at 6925 N.E. Garfield inspected by Bureau of Buildings. O.K. if owner makes repairs.
- 7/19/71 Had house on N.E. Wygant (112) Inspected - Inspector said it was too bad to move people in.
- 7/23/71 Contacted Mrs. Clark. She said that she had not found anything yet - Call H.A.P. and they gave her Apartment #1 at 3506 N.E. 15th. She and her husband said that they would take it. - but needed money. Present home has been broken into several times and plumbing is disconnected. Had to carried Mrs. Clark around to get husbands signiture and check cashed. So that she could make payment on HAP apt.
- Resence* { Mr. and Mrs. Clark moved to a near new apartment. This seemed to please them very much. The rent was geared to his income and would be much less if he should lose his job. I explained to him how to report any change in income as did HAP interviewer. Mr. and Mrs. Clark were very happy with the move and had high hopes for the future.



RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER \_\_\_\_\_

PROJECT NO. OKR-20 PARCEL E-3-6

NAME Clark Ray E. ADDRESS 2647 N. Commercial Ct. APT NO. \_\_\_\_\_

PHONE 287-2671 INITIAL INTERVIEW 6/2/71 SEX M. W  NW \_\_\_\_\_ AGE 22

U.S. CITIZEN  ALIEN \_\_\_\_\_ VETERAN \_\_\_\_\_ SERVICEMAN \_\_\_\_\_ DATE ON SITE 4-15-71

FAMILY COMPOSITION

Name	Relation	Age
<u>Marilyn</u>	<u>Wife</u>	<u>22</u>
<u>Ray Edward</u>	<u>SON</u>	<u>2 yrs</u>
<u>Wade Edward</u>	<u>SON</u>	<u>11 mo.</u>

Employer: Name Pick up Parts Co. \$ 129/Mo  
 Address 4945 NE Cully Blvd  
 MCW Caseworker \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Va. Fed. Mult Co. \_\_\_\_\_  
 Pension: Name \_\_\_\_\_  
 Other: Name \_\_\_\_\_

TOTAL MONTHLY INCOME

Rent 50.00 *Pay everything except Garbage & water* Inc. Heat \_\_\_\_\_ Water \_\_\_\_\_ Gas \_\_\_\_\_ Gar \_\_\_\_\_ Elec \_\_\_\_\_ Unfurn \_\_\_\_\_ Furn  No. Rms 4

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 Jerry Nascam Address 122 SE Boise Phone 761-5577

Information Statement given to Chaniel on 6/2/71 by Ray Clark

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 hgs. 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
<u>6850 NE Killingsworth</u>	<u>R.D. call 281-6603</u>	<u>6/24/71</u>
<u>NE Garfield H.F.P.</u>	<u>H.F.P.</u>	<u>6/23/71</u>
<u>6925 NE Garfield (Needs Repairs by Owner)</u>	<u>Ed Healy 287-2518</u>	
<u>212 NE Wygant " " "</u>	<u>Dale Haney</u>	

NEW ADDRESS: 3506 S.E. 15th Zip \_\_\_\_\_ Phone 7/23/71 None

6/3/71 Mr Clark came by the Office, and when asked about the date his family moved on site (Emanuel Hospital site) He said they are renting from some landlord he had at 10116 S. Pine and paid him on April 15, 1971 then four <sup>day later</sup> Mr. Del Haney, landlord, told you that you could move in <sup>at 2049N Compton</sup> this was larger place and Mr Clark had indicated that he need a larger place.

- 1 On 5yr. Probation - 11 year down - no problems
- 2 Would like to get into Public Housing
- 3 On job 2 mo. ~~5/1/71~~
- 4 Would like to live out by job 47 - Prescott.
- 5 Gave Mr Clark letter to give His boss for income verification and got letter back with Info

7/2/71 Had house at 6925 N.E. Garfield Inspected by Bureau of Buildings. O.K. if Owner Makes repairs.

7/19/71 Had house on NE Wiggant (112) Inspected - Inspector said it was too bad to move people in.

7/23/71 Contacted ~~Mr Clark~~ Mrs Clark she said that she had not found anything yet - Call H.F.P. and they gave her an Apt on 3506 S.E. 15th She and her husband said that they would take it. - but needed money -

Present home has been broken <sup>into</sup> several times and plumbing is disconnected.

Had to carried Mrs. Clark around to get husband's signature and check cashed. So that she could make payment on H.F.P apt. (2 Bdr.)

Employer Pickup Parts Co. 2

Employee Ray E. Clark Jr.

From \_\_\_\_\_ 19\_\_ to 5-8 1971 \$ 1 85

HOURS WORKED	SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.	TOTAL
								40
								74 00
OVER TIME								11
								\$ 30 52

Deductions		CASH EARNINGS
S. S. TAX	\$ 5.44	\$
FEDERAL WITHHOLDING TAX	\$ 9.10	\$
OWT	\$ 2.70	\$
SOCF	\$ .12	\$
	\$	\$
		TOTAL EARNINGS \$ 104 52

S.S. No. \_\_\_\_\_ TOTAL DEDUCTIONS . \$ 17 36  
 NET PAY . . . . . \$ 87 16

Signature \_\_\_\_\_  
 RETAIN THIS RECEIPT, NO OTHER WILL BE GIVEN

Employer Pickup Parts Co. 2

Employee Ray E. Clark

From \_\_\_\_\_ 19\_\_ to 6-5 1971 \$ 1 85

HOURS WORKED	SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.	TOTAL
	H							48 1/2
								89 72
OVER TIME								2 1/2
								\$ 6 93

Deductions		CASH EARNINGS
S. S. TAX	\$ 5.03	\$
FEDERAL WITHHOLDING TAX	\$ 8.10	\$
OWT	\$ 2.40	\$
SOCF	\$ .10	\$
	\$	\$
		TOTAL EARNINGS \$ 96 65

S.S. No. \_\_\_\_\_ TOTAL DEDUCTIONS . \$ 15 63  
 NET PAY . . . . . \$ 81 02

Signature \_\_\_\_\_  
 RETAIN THIS RECEIPT, NO OTHER WILL BE GIVEN

Employer Pickup Parts Co. 2

Employee Ray E. Clark

From \_\_\_\_\_ 19\_\_ to 6-12 1971 \$ 1 85

HOURS WORKED	SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.	TOTAL
								40
								74 00
OVER TIME								11
								\$ 30 52

Deductions		CASH EARNINGS
S. S. TAX	\$ 5.44	\$
FEDERAL WITHHOLDING TAX	\$ 9.10	\$
OWT	\$ 2.70	\$
SOCF	\$ .12	\$
	\$	\$
		TOTAL EARNINGS \$ 104 52

S.S. No. \_\_\_\_\_ TOTAL DEDUCTIONS . \$ 17 36  
 NET PAY . . . . . \$ 87 16

Signature \_\_\_\_\_  
 RETAIN THIS RECEIPT, NO OTHER WILL BE GIVEN

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

**Nº 26265 G**

DATE July 29, 1971

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

**\$ 88.00**

**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
		Fixed Relocation Payment per Claim filed. 移 Move from 2649 N. Commercial Court (Parcel E-3-6) own furn., to 3506 S.E. 15th.	<b>\$88.00</b>

**Account Distribution**

NO.	TITLE	AMOUNT
E1501	Relocation Payments (EH) (Fixed - Family)	<b>\$88.00</b>

*✓ mailed 7-30-71 LB*

*BD*

*ERK*

September 13, 1971

Mr. Ray E. Clark, Jr.  
3506 S. E. 15th  
Portland, Oregon 97202

Dear Mr. Clark:

Enclosed is our check in the sum of \$17.26 which represents additional monies due you under the New Uniform Relocation Act of 1970 less rent due the PDC.

Very truly yours,

S. L. Cannucci

SLC:ms  
enclosure

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

**Nº 26843 G**

DATE September 10, 1971

PAY TO THE  
 ORDER OF

**Ray E. Clark, Jr.**

**\$17.26**

**DOLLARS**

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

**NON-NEGOTIABLE**

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per claim for relocation payment - move from 2649 N Commercial Ct. (Parcel E 3-6) to 3506 SE 15th ... Fixed payment - own furn. <span style="float: right;">\$180.00</span> LESS pd 7/29/71 - #26265-6 <span style="float: right;">(88.00)</span> LESS rent due PDC- 6/15/71 - 7/23/71 <span style="float: right;"><u>(74.74)</u></span>	<b>\$17.26</b>

**Account Distribution**

NO.	TITLE		AMOUNT
E1122	A/R - Tenants	EH	\$(74.74)
E1501	Relo Payment (Fixed - own furn. - family)	EH	<u>92.00</u> <u>\$17.26</u>

*TC*

*CD*

*muwda*

This claim represents the difference between the amount already paid under the old regulations and the amount due under the new uniform relocation act of 1970.

Please note that rent in the sum of \$74.74 is to be deducted from this claim.

Amount Due under New Law for 4 rooms	\$180.00
Amount Previously Received	- 88.00
	<hr/>
	\$ 92.00
Less Rent Due	74.74
	<hr/>
Amount Payable	\$ 17.26

OK Anne

**FOR LOCAL AGENCY USE ONLY**

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Ray E. Clark  
 3506 S.E. 15th #1  
 Portland, Oregon

**CLAIM FOR RELOCATION PAYMENT**

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME OF LOCAL AGENCY

Portland Development Commission

*INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.*

A. Does claimant meet all timing requirements for eligibility?  YES  NO  
 If "No," explain:

**B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 17.26 **	<i>[Signature]</i>	9-10-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

**C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)**

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
9-10-71	26843.2	\$ 17.26			\$

**D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED**

~~Claim for \$92.00~~  
 Claim for \$92.00  
 Rent 6/15/71-7/23/71 74.74  
 BALANCE \$17.26



DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
**CLAIM FOR RELOCATION PAYMENT**  
 (Families and Individuals)

HUD-6140.1  
 (4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) Emanuel Project
	PROJECT NUMBER Ore. R-20

**INSTRUCTIONS:** If this claim is for a **FIXED PAYMENT**, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

**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 Ray E. Clark (F)	2. DATE(S) OF MOVE July 23, 1971
--	-------------------------------------

3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 2649 N. Commercial Ct. b. Apt., Floor, or Room No. <u>2</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>4</u> e. Date you moved into this address: <u>April 15, 1971</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 3506 S.E. 15th b. Apt., Floor, or Room No. <u>1</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.
--	---

5. TYPE OF PAYMENT CLAIMED Check a or b after consulting local agency: <input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property <input checked="" type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved)	Check c if applicable: <input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs
---	--

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)	\$ 92.00
---	----------

DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT

7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NO.	9. ADDRESS OF MOVING COMPANY (OR PERSON)
---------------------------------------	--------------------------	--

10. METHOD OF PAYMENT, MOVING BILL (Check one) <input type="checkbox"/> a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement. <input type="checkbox"/> b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.
--

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS	
a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)	\$

12. 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.

9/3/71 Date  
Ray E. Clark Jr. Signature of claimant

(Over)

1289

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Ray E. Clark  
3506 S.E. 15th  
Portland, Oregon

NAME OF LOCAL AGENCY


Portland Development Commission

INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

A. Does claimant meet all timing requirements for eligibility?  YES  NO  
If "No," explain:

B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 88.00		7-28-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
7/29/71	262656	\$ 88.00			\$

D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
**CLAIM FOR RELOCATION PAYMENT**  
 (Families and Individuals)

HUD-6140.1  
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) Emanuel Project
	PROJECT NUMBER Ore.. R-20

*INSTRUCTIONS: If this claim is for a FIXED PAYMENT, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.*

**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 (F) Ray E. Clark	2. DATE(S) OF MOVE July 23, 1971
--	-------------------------------------

3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 2649 North Commercial Court b. Apt., Floor, or Room No. <u>2</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>4</u> e. Date you moved into this address: <u>4/15/71</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 3506 S.E. 15th b. Apt., Floor, or Room No. <u>1</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.
--	---

5. TYPE OF PAYMENT CLAIMED Check a or b after consulting local agency: <input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property <input checked="" type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved)	Check c if applicable: <input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs
---	--

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, <u>4 Rooms</u> and 11c below.)	\$ 88.00
--	----------

**DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT**

7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NO.	9. ADDRESS OF MOVING COMPANY (OR PERSON)
---------------------------------------	--------------------------	--

10. METHOD OF PAYMENT, MOVING BILL (Check one) <input type="checkbox"/> a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement. <input type="checkbox"/> b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.
--

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS	
a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)	\$

12. 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.

7/26/71  
Date

Ray E. Clark Jr.  
Signature of claimant

**PORTLAND DEVELOPMENT COMMISSION**  
 1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

**Nº 26258 G**

DATE July 23, 19 71

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

**\$ 200.00**

**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
		Dislocation allowance per claim filed. Move from 2649 N. Commercial Court (e-3-6) to 3506 SE 15th	\$200.00

**Account Distribution**

E1501	NO. TITLE Relo Pmts. (Dislo)	EH	AMOUNT \$200.00
-------	------------------------------------	----	--------------------

*Received*  
*7/23/71*  
*Maureen Clarke*

*BD*

*CPM*

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

**CLAIM FOR RELOCATION PAYMENT**

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Ray E. Clark  
3506 S.E. 15th  
Portland, Oregon

NAME OF LOCAL AGENCY


Portland Development Commission

INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

A. Does claimant meet all timing requirements for eligibility?  YES  NO  
If "No," explain:

**B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00**		7-22-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

**C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)**

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
7/23/71	262596	\$ 200.00	7/23/71		\$

**D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED**

\*\* Dislocation Allowance

**CLAIM FOR RELOCATION PAYMENT**  
(Families and Individuals)

HUD-6140.1  
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) Emanuel Project
	PROJECT NUMBER Ore. R-20

*INSTRUCTIONS: If this claim is for a FIXED PAYMENT, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.*

**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 (F) Ray E. Clark	2. DATE(S) OF MOVE July 23, 1971
--	-------------------------------------

3. ADDRESS FROM WHICH YOU HAVE MOVED E-3-6 a. Address 2649 N. Commercial Court b. Apt., Floor, or Room No. <u>2</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>4</u> e. Date you moved into this address: <u>4/15/71</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 3506 S.E. 15th b. Apt., Floor, or Room No. <u>1</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.
---	---

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property

b. Fixed Payment (May not be made if storage costs are involved)

Check c if applicable:

c. Supplementary claim for reimbursement of storage costs

**DISLOCATION ALLOWANCE**

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)

\$ 200.00

**DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT**

7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NO.	9. ADDRESS OF MOVING COMPANY (OR PERSON)
---------------------------------------	--------------------------	--

10. METHOD OF PAYMENT, MOVING BILL (Check one)

a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.

b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)	\$

12. 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.

7-22-71  
Date

Ray E. Clark Jr.  
Signature of claimant

CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

July 22, 1971

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. Chegwidan, Chief

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

Re: 112 N.E. Wygant Street

Attn: Mr. Daniels

Gentlemen:

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

Our inspector reports the following conditions are in noncompliance with City regulations:

1. Nonabsorbent floor covering in bathroom and kitchen is worn and cracked.
2. Attic and cellar stairways lack safety handrails.
3. Broken window sash and glass in attic hall; broken window panes in rear porch, cellar and detached garage.
4. Front step stringers rotted and settled.
5. Exterior protective paint covering is peeled and blistered.
6. Gutters and downspouts are rusted through and portions are missing.
7. Composition roof covering on both structures is loose and portions are missing.
8. Finished rooms of the attic story lack the required minimum ceiling height of 7' for use as habitable rooms.

Due to obvious deficiencies in the plumbing and electric installations, it will be necessary that you request an inspection from the respective divisions for this certification.

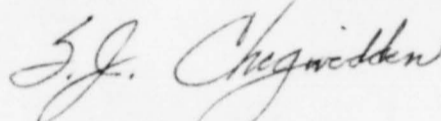
Rec'd  
7-26-71  
EMANUEL

July 22, 1971

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

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR



S. J. Chegwidde  
Chief Housing Inspector

CHF:mfm

cc: Plg. & Elec. Divisions



**PORTLAND DEVELOPMENT COMMISSION**

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

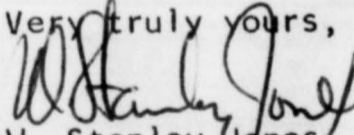
June 18, 1971

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

Gentlemen:

This is to inform you that Ray E. Clark,  
of 2649 N. Commercial Ct., 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.

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

\_\_\_\_\_  
(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,

Ray C. Clark Jr.

2649 Commercial Ct.

(name)  
(address)

-----  
6-24-71

(date)

TO: Portland Development Commission

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

Employee's name: Picking Parts Co

Total earnings for 1970: \$ 10452

Estimated earnings for current year: \$ \_\_\_\_\_

Robert F. Peterson

(authorized signature)

CONFIDENTIAL

CLARK. Ray

MEMORANDUM

May 27, 1971

TO: CET & BW  
FROM: WSJ  
SUBJECT: Emanuel Hospital Project - Summary of Relocation  
Situation In Each Parcel With Signed Option to Date

VACANT PARCELS

RS-4-1 2629-39 N. Williams Avenue  
A-3-14 241 N. Fargo

BUSINESSES

Wallace Building Wreckers  
Parcel # RS-3-9  
(Tenant)

This company, a demolition contractor, maintains an office outside the project area and uses the building in the project as a warehouse and retail outlet for material salvaged from its wrecking operations. The owner of the business, Mr. D. E. Wallace, has indicated that this operation in the project is not of major concern to him and seems unworried about the prospects of moving. This company has low requirements for a replacement building, being interested mainly in just a place to keep used materials and should present no real difficulty in relocating.

Wallace Building Wreckers is currently on PDC's bid mailing list for demolition jobs.

Western Food Equipment Company  
Parcel # A-4-1  
(Tenant)

This company is a warehousing wholesale distributor and manufacturer's representative for food and dairy equipment. WSJ has been in close contact with this business since January 1970. The company recently purchased land at 181st and N.E. San Rafael in the Rockwood Industrial area across the street from the present John Deere Tractor plant.

Western Food Equipment Co. (continued)

A new building, of possibly twice the size of present facilities, will be constructed on this site. The company has been placed in contact with Mr. Clyde Sanders of SBA and will most likely be receiving assistance through a displaced business loan. The relocation of this company will mainly be dependent on the construction schedule of the new building.

HOUSEHOLDS - (Assigned to Jim Crolley)

HART, John H.  
3141 N. Gantenbein  
Parcel # R-9-2

Mr. and Mrs. John Hart, black, is retired and on disability. They have lived in this house for three years. Mr. Hart is 59 and Mrs. Hart is 51. They have six children, ages 17 - 6. Their income includes Social Security, Disability, Social Security for minor dependents and Welfare.

The Hart's have purchased a home at 3318 N. Missouri, part of the family lives there and part lives in the other house. The house they purchased has not been inspected by the City. If it does not pass inspection there is a possibility they will purchase another house. They are to receive \$5,500.00 for their home plus RHP. Relocation benefits will cover their moving expense in full. It appears that all details can be worked out as soon as they are ready to proceed

PACE, Theodore P.  
3217 N. Vancouver Avenue  
Parcel # A-3-20

Mr. and Mrs. Pace are black and have lived in this house for nineteen years. Mr. Pace is 71, Mrs. Pace around 68. He is retired and receives Social Security and she does occasional domestic work. They are foster parents for two teenage boys, Alfred Anthony 18 and Robert E. Lee 16, both white and attend public school.

Mr. and Mrs. Pace plan to purchase a house at 3416 N.E. 14th. An inspection by the City has been made. There are three minor sub-standard conditions to be corrected. They are; safety handrail to second story, approved pressure relief valve and drainpipe, and heating facilities to fourth bedroom on second story. They are receiving \$6,500.00 for their home plus have applied for an additional \$600.00 because of reappraisal due to some improvements. Relocation benefits will cover their moving expense in full and they will be able to pay cash for their new home, which is \$9,500.00, as he will receive \$5,000.00 on RHP.

HOUSEHOLDS - Assigned to Jim Crolley (continued)

MALONE, Cherry A.  
3303 N. Vancouver  
Parcel #A-4-13

Cherry Malone is single, 40 years old, black, mother of two children. She does sewing and odd jobs and states her income is approximately \$200.00 per month. She has about \$3,000.00 equity in her home in the project.

Mrs. Malone is presently in the hospital and will be unable to move immediately. She has signed an earnest money agreement for a \$16,300 house at N.E. 12th and Falling. Under the old regulations Mrs. Malone would receive a \$5,000 Replacement Housing Payment, however, by the time she is ready to move we should be operating under the new regulations and that payment could be increased to \$9,171.00. She may be able to use the balance of the purchase price on a FHA 235 Loan. Mrs. Malone's moving costs will be covered by the relocation benefits for moving expenses.

MONTAGUE, Charles  
319 N. Fargo  
Parcel #R-8-10

Mr. Montague is a single, white, 75 year old home owner. He moved into his home in the project area 10 years ago after being displaced from the South Auditorium Urban Renewal Project. He receives \$171.40 per month from Social Security.

Mr. Montague is purchasing a home at N.E. 10th and SShaver which appears to be standard. (A City inspection has been ordered but not completed). He is receiving \$6,500.00 for his house in the project, and is paying \$6,750.00 for his new home. Relocation benefits will cover his moving costs in full and he will be able to pay cash for his new home as he will receive a \$9,046.00 RHP. There appears to be no problems with this case. Mr. Montague is satisfied with his new home and will suffer no financial loss because of his displacement.

HOUSEHOLDS - (Assigned to Chet Daniels)

TURNER, Queen E.  
260 N. Ivy  
Parcel #A-4-4

Mrs. Turner, age 45, black, is a tenant. She has lived at this address for two years. She would like to buy if possible. Has a roomer, one man, 56 years old. Mrs. Turner has an income of about \$300.00, the roomer earns about \$500.00. They are both friendly and receptive.

HOUSEHOLDS - (Assigned to Chet Daniels) - continued

PRUITT, Laverne  
248 N. Ivy  
Parcel #A-4-4

We have very little information on Mrs. Pruitt. She was a member of EDPA and refused to give information during the survey. A hostile person.

YARBOROUGH, Bobbie M.  
252 N. Ivy  
Parcel #A-4-4

Mrs. Yarborough is a tenant and has lived on site for 12 years. Income consists of old age pension, \$105.00 per month. She would like to get a two bedroom house. Her present rent is \$47.50 per month. Very much against small apartment, wants to keep her furniture. She has been brainwashed by landlord into believing nothing will happen and that no sale is forthcoming. She has consented to go out and look for new place.

FISCHMAN, Steven  
553 N. Knott  
Parcel #E-2-7

Mr. and Mrs. Fischman are tenants at this address. He is a student and she works for Bonneville. She earns about \$500.00 per month. They would like to buy a house if possible.

BATES, Billy  
3320 N. Gantenbein  
Parcel #A-4-6

Mr. Bates a 36 year old black man with two teenage sons. He would like to buy a house if possible, but would take a two bedroom apartment. He has lived in the area less than one year and when relocated would prefer to move closer to Pendleton Woolen Mills, his place of employment.

YOUNG, Dave  
248 N. Cook  
Parcel #A-3-7

Mr. Young, a single 62 year old black man, is presently employed earning \$640.00 per month. He plans to retire after his home is purchased by PDC and move into an apartment. He is presently making application for a one bedroom "rent supplement" apartment. This will enable him to pay rent based on 25% of his income when he retires and to retain the \$5,000.00 price paid for his home in the project. His moving costs will be covered by relocation payments.

HOUSEHOLDS - (Assigned to Chet Daniels) - continued

CLARK, Ray E.  
2649 N. Commercial Ct.  
Parcel #E-3-6

Mr. Clark is 22 years old. Moved on site April 24th. He is working and earning about \$85.00 per week from Bob Pederson of Pick-Up Parts on N.E. Cully. The living condition and housekeeping of their present apartment is very bad. Need two bedroom apartment. Will qualify for public housing or low income rental.

GRANVILLE, Verta  
2653 N. Commercial Ct.

Has lived on site since March 1971. Mrs. Granville has two children. They live in four room apartment with bath. She is expecting another baby soon. She is on Welfare and receives \$165.00 per month. Wants to move to HAP housing.

Dwelling Unit Inventory

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

       Night Stand  
  1   Occasional Chair  
       Overstuffed Chair  
       Overstuffed Rocker  
       Range  
       Refrigerator: Brand \_\_\_\_\_  
  1   Rocker  
  2   Rug & Pad: Size 9x12  
       Stool  
  1   Table Lamp & Shade  
  2   Table, small  
       Vanity & Bench  
       Suitcases  
       Trunks  
       Cartons, Boxes, Etc.  
  ✓   Clothes  
  ✓   Bedding & Linens

Miscellaneous (List Items)

Pot's - Pans & Dishes  
2 T.V.  
        
        
        
        
      

COMMENTS:



5/27/71

SURVEY INTERVIEW FORM

Address: 2649 N. Commercial Ct. Phone \_\_\_\_\_

Name: (H/H) Ray E. Clark Age 22 Wife: Marlene Age 22

Owens \_\_\_\_\_ Rents  If rents, amount \$ 59.00 Utilities \$ \_\_\_\_\_

Dependent children:

Name Ray Edward Age 2 yrs

Name Wade Edward Age 11 Mo.

Name \_\_\_\_\_ Age \_\_\_\_\_

Others in household:

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Number of years at this location \_\_\_\_\_ Neighborhood preference \_\_\_\_\_

Income (H/H) 396.00 Per/mo. Other income (identify who receives) \_\_\_\_\_

HAP eligible:  Public Assistance: yes  no \_\_\_\_\_

Identify: \_\_\_\_\_

Identify any apparent:

(1) physical handicaps: \_\_\_\_\_

(2) chronic/temporary illness: \_\_\_\_\_

(3) financial difficulties: yes

(4) family stability problems: \_\_\_\_\_

(5) language difficulties: \_\_\_\_\_

(6) housekeeping difficulties: very bad

Comments on any relocation difficulties anticipated: \_\_\_\_\_

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

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.

Ray E. Clark Jr.

6/2/71  
date

Notice to: Portland Development Commission

I (we) have read your letter describing the relocation benefits that may be available under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, to those displaced on or after January 2, 1971. I (we)

(check one)

Request that you process my (our) claim for an interim relocation payment. I (we) understand that you will advise me (us) promptly when and if a revised claim may be submitted for adjustments on the basis of the new Act and in accordance with the implementing regulations.

Will defer filing a claim until you are able to make the full payments authorized by the new Act. I understand that you will advise me (us) promptly when you are authorized to make full payments authorized by such Act.

6/2/71  
Date

Ray E. Clark Jr.  
Signature of Claimant  
(If more than one claimant, each should sign)

(Return this form to PDC)