

	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		

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME CORLEY, FREDERICKA RELOCATION ADVISOR Alma Gordon
 ADDRESS 327 N. Russell PHONE _____ PROJECT NAME Emanuel ORE. R-20
 SEX F ETHN black VETERAN _____ AGE 32 PARCEL NO. E-4-8
 MARITAL STATUS married TENURE tenant
 DISABILITY _____ INDIV _____ FAMILY X
 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 Lucille Johnson (aunt) 284-8301
287-8937 (aunt)

DATE ON SITE:	<u>12 years</u>
INITIATION OF NEGOTIATIONS:	<u>May 14, 1971</u>
DATE OF ACQUISITION:	<u>April 19, 1972</u>

ECONOMIC DATA

Employer unemployed \$ _____
 Address _____
 MCW ADC 287.00
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 287.00

FAMILY COMPOSITION

Name	Relation	Age
DePaul Williams	son	14
Nanette Williams	daughter	12
Lee Anna Williams	daughter	8
Nelson Williams	son	4

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 1902 No. Rooms 5
 No. Bedrooms _____ Furn. _____ Unfurn. _____
 Utilities \$ 15.00
 Monthly Payments (Rent) \$ 50.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 836 sq. ft.

HOUSING REFERRALS

Address	Bedrooms
<u>72 N.E. Monroe</u>	
<u>4706 N.E. 15</u>	

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 72 N. E. Monroe Phone _____ Date of Move 5/8/72

WHERE RELOCATED:

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

Furnished _____ Unfurnished _____ Number of Rooms _____ Number of Bedrooms 3 Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ 100.00 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)	444 EH	6/21/72	\$ 1,000.00
TACO (Rental)	874 EH	1/2/74	\$ 1,000.00
TACO (Rental)	940 EH	6/12/74	\$ 1,000.00
TACO (Rental)	1068 EH	6/11/75	\$ 1,000.00
TACO (Sales)			\$
Fixed Moving	30712 G	5/17/72	\$ 380.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED

\$ 4380.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

TOTAL RHP: \$4,000.00

INTERVIEW REGISTER

Date		Relocation Worker
1/15/71	FLYER: Delivered by James Crolley. Is daughter of owner-occupant, Lucille Johnson (321)	
2/11/71	SURVEY: Would like to rent house NE for \$65 a month.	JC
2/22/72	Mrs. Corley was in the office today to sign Relocation Papers. States that she had a house being rehabilitated by Mr. Arthur Palmer at 72 N.E. Monroe for rent for \$100 per month and she would move as soon as the house is ready. Explained to Mrs. Corley that house must be in standard condition and inspected by City Buildings Bureau.	
2/24/72	Verification of income received from Welfare for ADC. Only income claimed.	
2/25/72	Dwelling inventory was made on furniture and rooms for moving expenses.	
3/28/72	A call from Mrs. Corley that her house was being remodeled and she expects to move soon.	
4/4/72	Inspection requested on 4/5/72 at 72 N. E. Monroe Street. No response from Inspector.	
4/28/72	Inspection requested on dwelling at 72 N. E. Monroe for 5/1/72 at 10:00 by owner Mr. Arthur Palmer. Mrs. Corley was in today to inquire about moving expense money and how soon after inspection could she move in.	
5/1/72	City Building Inspection was made on dwelling at 72 N. E. Monroe. Three items listed as being unsafe: guard rails needed on stair cases, and bathroom linoleum be replaced.	
5/2/72	Electrical inspection was ordered. Mr. Anderson stated some small items should be corrected.	
5/4/72	Letter received from Bureau of Buildings indicating three conditions in noncompliance with city regulations which owner states he is working on. Second inspection will be scheduled.	
5/9/72	Certification of inspection from Bureau of Electrical Division received and found to comply with city ordinances.	
5/18/72	Reimbursement per claim for relocation payment move from 327 N. Russell (E-4-8) to 72 N. Monroe. Dislocation allowance \$200 fixed payment for moving own furniture \$180. total amount \$380.00 - Check No. 30712 G.	
5/23/72	Reinspection letter is pending on completion of the list of requirement by City Inspector. Land lord will call when ready for inspection.	
6/13/72	Mrs. Corley was in the office to inquire about letter of inspection. Signed rent assistance form.	
6/15/72	Received reinspection letter from Building inspector. Claim being filed for rent assistance. Reinspection letter sent to Commission with claim.	
6/21/72	Reimbursement for claim for RHP for tenant Fredericka Corley. Move from 327 N. Russell to 72 N. E. Monroe. Total approved first annual pay-	

INTERVIEW REGISTER

Date

Relocation
Worker

ment on Parcel E-4-8 of \$1,000. Check No. 444EH.

6/22/72

Delivered Check No. 444 EH RHP to Mrs. Fredericka Corley at 72 N.E. Monroe. Signed by client on the above date. First annual payment for \$1000.00.

12/22/73

Claims filed for 2nd Annual TACO payment. Inspection on 8409 N.E. 123rd Vancouver Washington.

1/3/74

Received Check Warrant No. 874 EH payable to Fredericka Corley for move from 327 N. Russell St. Checked picked up by client. Signed on receipt of check.

6/13/74

Reimbursement per Claim for RHP for Tenant Fredericka Corley for move from 327 N. Russell Parcel (E 4-8) for 3rd Annual payment of \$1000. Warrant No. 940 EH.

6/12/75

Warrant No. 1068 EH in the amount of \$1000.00 representing fourth and final Rental Assistance Payment delivered to client. Case closed.

KCB

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. E-4-8 Advisor AG.
 Client's Name Corley, Redricka Phone _____
 Address 327 N. Russell. Ethn Black Age 32

☐ Male ☒ Family ☐ Married ☒ Renter/Occupant
☒ Female ☐ Individual ☒ Single ☐ Owner/Occupant

Family Composition

*Female Head of
HSG H&B.*

Economic Data

Total Number in Family 5

Employer \$

1 wife, husband

Address

Other: Relation Age Relation Age

SON	14		
DAU	12		
DAU	8		
SON	4		

Other Source of Income

ADC \$ 287.00

Total Monthly Income \$ (287.00)

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 2-11-71 Date of Info pamphlet delivery _____

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

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

Date of initiation of negotiations for purchase of property 5-14-71

Date of Acquisition 4-19-72

Date of letter of Intent _____

Date of move 5-8-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1902

Size of Habitable Area 836

Furnished with claimant's furniture
☐ YES ☐ NO

Total Number of Rooms 5 Rent Paid \$ 5000 Utilities 1500

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 72 78 Memorial LPA Referred _____ Self Referred ☒

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

Outside city ☐ Outside state ☐

✓ Age of Housing Unit 70 Plus

✓ Size of Habitable Area 800-1000

No. of Rooms 7 No. of Bedrooms 3

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____

Taxes \$ _____

RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ 10000

Utilities \$ _____

Total Rent Assistance \$ 4000

Amount of Annual Payment \$ 1000

No. of Housing Referrals to:

Agency Referrals: NONE

_____ Standard Sales

_____ MCW

_____ HAP

_____ OTHER (_____)

2 Standard Rent

_____ Food Stamp

_____ Legal Aid

_____ Other (_____)

Benefits Received

Date 6-21-72 Ck # 444EH Type TACO Amount \$ 1000

Date 5-17-72 Ck # 307126 Type MC Amount \$ 380

Date _____ Ck # _____ Type _____ Amount \$ _____

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 1068 EH

DATE June 11, 19 75PAY TO **Fredericka A. Corley**

\$ 1,000.00

DOLLARSTO 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 NIP for Tenants filed. Move from 327 N. Russell (Parcel E-4-8)... Total approved \$4,000.00 4th & FINAL PAYMENT	\$1,000.00
		<i>Rec'd. 6/12/75</i> <i>Fredericka A. Corley</i>	

Account Distribution

NO.

TITLE

AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: E-4-8

PAYABLE TO: Fredericka R. Corley

For: RHP for Homeowners \$
 Incidental Expenses for Homeowners or Tenants. \$
 RHP - Tenants & Certain Others - Rental: Total approved \$ 4000.00; Annual amount \$ 1000.00
 RHP - Tenants & Certain Others - Downpayment \$
 Settlement Costs (on acquisition by LPA only). \$
 Interest Expense \$
 Fixed Moving Payment \$
 Dislocation Allowance. \$
 Actual Moving Costs. \$
 Storage Costs. \$
 Business: Moving Expenses. \$
 Business: In Lieu Payment. \$
 Business: Storage Costs. \$
 Business: Loss of Property \$
 Business: Searching Expenses \$

Name of Client Fredericka R. Corley ☒ Family Less - \$ *

Move from 327 N. Russell ☒ Individual Total \$ 1000.00

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

0600 x10 901 *gaw*

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: J. C. Crolley
(Relocation Advisor)

DATE 5-1-75

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

RE: Fredericka Corley
(Displacee)

14621 N. E. Coast Pine Ct. # 3
(Address) Vancouver, Wa.

No. 4th and final
(annual payment)

\$ 1,000
(amount)

6-1-75
(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: 6535 N.E. Grand

Date Inspected: 6/2/75 Condition: ☒ Standard ☐ Substandard

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

or (2) Displacee notified of ineligibility: ☐ yes ☐ no

Comments: Dwelling inspected by Relocation Advisor
and found to be a standard home.

SIGNED: Fredericka A. Corley
(Displacee)

SIGNED: Betty R. Burns
(Relocation Advisor)

DATE: 6/2/75

DATE: 6/2/75

TO: Rgtg.

DATE: 6/2/75

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: Fredericka A. Corley

PROJECT: Emanuel

FOR: 4th & final TACD

AMOUNT: \$1000⁰⁰

SIGNED: Betty R. Burns
JBW

INSPECTED BY BLB DATE 5/27/75 MET ☒ NOT MET ☐
NAME Fredericka Corley PHONE _____
ADDRESS 6535 N.E. Grand
HOUSE ☒ DUPLEX _____ APT _____ SR _____ HK _____
NO. OF ROOMS 5 COMP FURN _____ PART FURN _____ UNFURN ☒
NO. OF ROOMS ACCESSIBLE BY STAIRS N/A BY ELEVATOR _____
MANAGER _____ OWNER A/O
RENT 150⁰⁰, INCL HEAT _____ WATER _____ GAS _____ GAR _____ ELEC _____
NO. BRS. 2 SIZE #1 min #2 min #3 _____ #4 _____

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

GENERAL REQUIREMENTS:

1. House must be weatherproof (29.24.020) ☒
2. Floors, porches, walls, ceilings and stairs must be in sound and good repair. (29.28.010) ☒
3. Doors and hatchways must be in good repair. (29.28.010 (13)) ☒
4. Multiple dwellings with more than 50 occupants must have two means of exit. (24.66.020(c)) ☐
5. Exits must have direct access to outside or public corridor. (24.66.030 (G)) ☒
6. Hallways must be lighted adequately --- at least 2' candle power. (29.20.040(d)) ☐
7. Hallway ventilation must be by windows, doors, outside skylights, ventilation ducts, or mechanical ventilation 5x/hr. (29.20.040(d)) ☒
8. Premises must be free of vermin, rodents, filth, debris, garbage. (29.28.010 - 29.28.020) ☒
9. Heating equipment must be able to maintain 70° at 3' above floor. (29.24.030) ☒
10. There may be no unvented or open flame gas heaters. (29.24.030) ☒

	MET	NOT MET
11. Habitable rooms must have window area of 12 sq. ft. or 1/8 of floor area. (29.20.040 (a))	✓	
12. Every habitable room must have openable area of not less than 1/2 the required glass area OR mechanical ventilation changing air, 4x/hr. (29.20.040)	✓	
13. Dwelling unit must have at least two habitable rooms, one of which is at least 150 sq. ft. cf. "Efficiency units" (29.20.030)	✓	
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. (29.24.040)		
15. Water must be heated to not less than 120°F. (29.08.260)	✓	
16. Ceiling height in hotels and apartments must be 8'; in dwelling and service rooms 7½'. (29.20.030)		
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. (29.20.030(c))	✓	

EFFICIENCY UNITS:

18. Foyer must open from public area. (29.20.030(b)(2))		
19. There must be 220 sq. ft., plus 100 sq. ft. for each person in excess of two. (29.20.030(b)(1))		
20. A kitchenette must be 3x5 or more with doors and fan or window. (29.20.030(b)(4))		
21. A dressing closet must have adequate circulation and storage. (29.20.030(b)(3))		
22. There must be a separate bathroom accessible from foyer or dressing closet only. (29.20.030(b)(5))		

LIVING AREA:

23. There must be two rooms, one of which must be at least 150 sq. ft. (29.20.030)	✓	
24. Rooms for cooking and living, or for living and sleeping, must have at least 150 sq. ft. (29.20.030(b))	✓	

BEDROOMS:

25. Bedrooms must be at least 90 sq. ft. (29.20.030(b))	✓	
---	---	--

	MET	NOT MET
26. There must be 50 sq. ft. additional for each occupant in excess of two. (29.20.030(b)) No. Brs. <u>2</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. (29.20.050(d))	✓	
28. A kitchen must have not less than 35 sq. ft. (29.20.030)	✓	
BATHROOM:		
29. Bathrooms must have at least one electric light fixture. (29.24.040)	✓	
30. Bathrooms must not open directly off the kitchen. (29.20.050(f))	✓	
31. Bathrooms and toilet rooms must afford privacy. (29.20.050(g))	✓	
32. Dwelling unit must contain at least one bathroom with sink, toilet, wash basin, tub or shower properly connected to both hot and cold water lines with air change once every 5 minutes. (29.20.050)	✓	
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. (29.20.050(b))		
34. Plumbing fixtures must be of nonabsorbent material, properly installed, and in good working condition. (29.20.050)	✓	
35. Water closet compartments must be of approved nonabsorbent material. (29.20.050(e))	✓	
BASEMENT:		
36. Basement areas more than 50% below grade cannot be used for habitation. (29.20.040 & 29.08 "Definitions")	✓	
37. Basement areas must be dry and well drained. (29.20.040)	✓	
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:

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

NAME OF CLAIMANT CORLEY, Fredericka

Parcel No. E-4-8

NAME OF LOCAL AGENCY PDC

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

Tenant's initial date of rental: (1960)

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? X Yes No

Date of Rental or Purchase: (1960)

Date of Initiation of Negotiations: May 14, 1971

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

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

6 14 72

Month-Day-Year

4. CERTIFICATION OF LOCAL AGENCY

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ 4,000.00 is authorized.

6-16-72
Date

[Signature]
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

Date of Payment

Check Number

Amount

<u> </u>	<u> </u>	\$ <u> </u>
<u>6/21/72</u>	<u>444EH</u>	\$ <u>1000.00</u>
<u>1/2/74</u>	<u>874EH</u>	\$ <u>1000.00</u>
<u>6/12/74</u>	<u>940EH</u>	\$ <u>1000.00</u> <i>68</i>
<u>6-11-75</u>	<u>1068EH</u>	\$ <u>1000.00</u>

b. Claimant moved to unit he purchased

 \$

c. Homeowner temporarily displaced

 \$

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

940 EH

DATE June 12, 19 74

PAY TO **Fredericka Corley**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON



NON-NEGOTIABLE

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		<p>Reimbursement per Claim for RHP for Tenants filed.. Move from 327 N. Russell (Parcel E-4-8).</p> <p>Total approved \$4,000.00 3rd annual payment</p> <p><i>Fredericka O. Corley</i> <i>6/13/74</i></p>	\$1,000.00

Account Distribution

NO. TITLE

AMOUNT

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 874 EHDATE January 2, 19 74PAY TO **Fredericka Corley**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE

NON - NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 327 N. Russell (Parcel E-4-8).	
		Total approved	\$4,000.00
		2nd annual payment	\$1,000.00
Received by <i>Fredericka A. Corley</i>			1/3/74

Account Distribution

NO. _____ TITLE _____

AMOUNT _____

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: E 4-8

PAYABLE TO: Fredericka Carley

For: RHP for Homeowners \$
 Incidental Expenses for Homeowners or Tenants. \$
✓ RHP - Tenants & Certain Others - Rental: Total approved \$ 4000; Annual amount \$ 1000.
 RHP - Tenants & Certain Others - Downpayment \$
 Settlement Costs (on acquisition by LPA only). \$
 Interest Expense \$
 Fixed Moving Payment \$
 Dislocation Allowance. \$
 Actual Moving Costs. \$
 Storage Costs. \$
 Business: Moving Expenses. \$
 Business: In Lieu Payment. \$
 Business: Storage Costs. \$
 Business: Loss of Property \$
 Business: Searching Expenses \$

Name of Client Fredericka Carley ☒ Family Less - \$ 1000 *

Move from 327 N. Russell ☐ Individual Total \$

Accounting: Indicate symbol and Accounting No.
0600 E60 901 Relocation Payment; 4000 Project Cost *()

OK me

AS

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley
(Relocation Advisor)

DATE May 24, 1974

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

RE: Fredericka Corley (Emanuel)
(Displacee)

8409 N.E. 123rd, Vancouver, Wn.
(Address)

No. 3rd
(annual payment)

\$ 1,000.00
(amount)

June, 1974
(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: 14621 N.E. Coastline Courts, Apt. # 3

Date Inspected: 5/31/74 Condition: ☒ Standard ☐ Substandard

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

or (2) Displacee notified of ineligibility: ☐ yes ☐ no

Comments: Mrs Corley moved into the above address
1/3/74. ~~AN~~ Inspection made on the unit; ~~it~~
appears in standard condition at this time.

SIGNED: Fredericka A. Corley
(Displacee)

SIGNED: Alma Gordon
(Relocation Advisor)

DATE: 5/31/74

DATE: 6/5/74

TO: Bob Douglas

DATE: 6/5/74

FROM: Alma Gordon

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: Fredericka Corley

PROJECT: Emanuel

FOR: 3rd Annual TACO Payment

AMOUNT: \$1000.

SIGNED: Alma Gordon

INSPECTED BY Alma Gordon DATE 5/31/74 MET ☐ NOT MET ☐

NAME Frederick Parley PHONE _____

ADDRESS 14621 N.E. Coastline Cts, Apt #3

HOUSE _____ DUPLEX _____ APT ☒ SR _____ HK _____

NO. OF ROOMS 5 COMP FURN _____ PART FURN _____ UNFURN ☒

NO. OF ROOMS ACCESSIBLE BY STAIRS 3 BY ELEVATOR 0

MANAGER Jane Lackey OWNER Same

RENT \$169.50 INCL HEAT _____ WATER ☒ GAS _____ GAR ☒ ELEC _____

NO. BRS. 3 SIZE #1 Avng #2 med #3 med #4 _____

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

GENERAL REQUIREMENTS:

1. House must be weatherproof (29.24.020) ☒
2. Floors, porches, walls, ceilings and stairs must be in sound and good repair. (29.28.010) ☒
3. Doors and hatchways must be in good repair. (29.28.010 (13)) ☒
4. Multiple dwellings with more than 50 occupants must have two means of exit. (24.66.020(c)) ☒
5. Exits must have direct access to outside or public corridor. (24.66.030 (G)) ☒
6. Hallways must be lighted adequately --- at least 2' candle power. (29.20.040(d)) ☐
7. Hallway ventilation must be by windows, doors, outside skylights, ventilation ducts, or mechanical ventilation 5x/hr. (29.20.040(d)) ☒
8. Premises must be free of vermin, rodents, filth, debris, garbage. (29.28.010 - 29.28.020) ☒
9. Heating equipment must be able to maintain 70° at 3' above floor. (29.24.030) ☒
10. There may be no unvented or open flame gas heaters. (29.24.030) ☒

	MET	NOT MET
11. Habitable rooms must have window area of 12 sq. ft. or 1/8 of floor area. (29.20.040 (a))	✓	
12. Every habitable room must have openable area of not less than 1/2 the required glass area OR mechanical ventilation changing air, 4x/hr. (29.20.040)	✓	
13. Dwelling unit must have at least two habitable rooms, one of which is at least 150 sq. ft. cf. "Efficiency units" (29.20.030)	✓	
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. (29.24.040)	✓	
15. Water must be heated to not less than 120°F. (29.08.260)	✓	
16. Ceiling height in hotels and apartments must be 8'; in dwelling and service rooms 7½'. (29.20.030)	✓	
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. (29.20.030(c))	✓	

EFFICIENCY UNITS:

18. Foyer must open from public area. (29.20.030(b)(2)		
19. There must be 220 sq. ft., plus 100 sq. ft. for each person in excess of two. (29.20.030(b)(1)		
20. A kitchenette must be 3x5 or more with doors and fan or window. (29.20.030(b)(4)		
21. A dressing closet must have adequate circulation and storage. (29.20.030(b)(3)		
22. There must be a separate bathroom accessible from foyer or dressing closet only. (29.20.030(b)(5)		

LIVING AREA:

23. There must be two rooms, one of which must be at least 150 sq. ft. (29.20.030)	✓	
24. Rooms for cooking and living, or for living and sleeping, must have at least 150 sq. ft. (29.20.030(b)	✓	

BEDROOMS:

25. Bedrooms must be at least 90 sq. ft. (29.20.030(b)	✓	
--	---	--

	MET	NOT MET
26. There must be 50 sq. ft. additional for each occupant in excess of two. (29.20.030(b)) No. Brs. <u>3</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. (29.20.050(d))	✓	
28. A kitchen must have not less than 35 sq. ft. (29.20.030)	✓	
BATHROOM:		
29. Bathrooms must have at least one electric light fixture. (29.24.040)	✓	
30. Bathrooms must not open directly off the kitchen. (29.20.050(f))	✓	
31. Bathrooms and toilet rooms must afford privacy. (29.20.050(g))	✓	
32. Dwelling unit must contain at least one bathroom with sink, toilet, wash basin, tub or shower properly connected to both hot and cold water lines with air change once every 5 minutes. (29.20.050)	✓	
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. (29.20.050(b))	✓	
34. Plumbing fixtures must be of nonabsorbent material, properly installed, and in good working condition. (29.20.050)	✓	
35. Water closet compartments must be of approved nonabsorbent material. (29.20.050(e))	✓	
BASEMENT:		
36. Basement areas more than 50% below grade cannot be used for habitation. (29.20.040 & 29.08 "Definitions")		
37. Basement areas must be dry and well drained. (29.20.040)		
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: *This Complex is less than 2 years old and appears to be in standard condition at this time.*

RP
May 29, 1975

Mrs. Frederica Corley
6535 N. E. Grand Avenue
Portland, Oregon 97202

Dear Mrs. Corley:

The Portland Development Commission is prepared to disburse your fourth and final Rental Assistance Payment. In order to ascertain that you are occupying a standard dwelling, it will be appreciated if you will contact the undersigned at your earliest convenience. Your signature will be required on a claim form before it can be submitted for payment.

Thank you for your cooperation.

Betty R. Burns
Relocation Advisor

RELOCATION PAYMENT

PROJECT: Emanuel ORE R-20

PARCEL: E 4-8

PAYABLE TO: Fredericka Corley

For: RHP for Homeowners \$
 Incidental Expenses for Homeowners or Tenants. \$
✓ RHP - Tenants & Certain Others - Rental: Total approved \$ 4000; Annual amount \$ 1000.00
 RHP - Tenants & Certain Others - Downpayment \$
 Settlement Costs (on acquisition by LPA only). \$
 Interest Expense \$
 Fixed Moving Payment \$
 Dislocation Allowance. \$
 Actual Moving Costs. \$
 Storage Costs. \$
 Business: Moving Expenses. \$
 Business: In Lieu Payment. \$
 Business: Storage Costs. \$
 Business: Loss of Property \$
 Business: Searching Expenses \$

Name of Client Fredericka Corley

Less - \$ *

Move from 327 N. Russell

Total \$ 1000.

Accounting: Indicate symbol and Accounting No.

 Relocation Payment; Project Cost *()

OK UMC

0600 E60 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon DATE 12/21/73
(Relocation Advisor)

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

RE: Fredericka Corley 72 N.E. Monroe
(Displacee) (Address)

No. 2 \$ 1,000 6/21/73
(annual payment) (amount) (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: 8409 N.E. 123rd Vancouver WA.

Date Inspected: 12/21/73 Condition: ☒ Standard ☐ Substandard

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

or (2) Displacee notified of ineligibility: ☐ yes ☐ no

Comments: This unit is less than 2 years old
and appears to be in standard condition
at this time

SIGNED: Fredericka Corley SIGNED: Alma Gordon
(Displacee) (Relocation Advisor)

DATE: 12/21/73 DATE: 12-21-73

TO: Bob Douglas DATE: 12-22-73

FROM: Alma Gordon

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: Fredericka Corley
PROJECT: Emanuel
FOR: 2nd TACO Payment
AMOUNT: \$1000

SIGNED: Alma Gordon

12-21-73

INSPECTED BY Alma Gordon DATE 12/21/73 MET NOT MET

NAME Fredericka Corley PHONE _____

ADDRESS 8409 N.E. 123rd

HOUSE _____ DUPLEX _____ APT ☒ SR _____ HK _____

NO. OF ROOMS 5 COMP FURN _____ PART FURN _____ UNFURN ☒

NO. OF ROOMS ACCESSIBLE BY STAIRS none BY ELEVATOR none

MANAGER Sharon Berg OWNER _____

RENT \$175.00 INCL HEAT ☒ WATER ☒ GAS _____ GAR _____ ELEC ☒

NO. BRS. 3 SIZE #1 _____ #2 _____ #3 Average #4 _____

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

GENERAL REQUIREMENTS:

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

	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)	✓	

EFFICIENCY UNITS:

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)		

LIVING AREA:

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)*	✓	

BEDROOMS:

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>3</u> Size: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____		
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: Units are new about 2 yrs old and were inspected on completion therefore they appear to be in very good condition.

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)

Emanuel Hospital Project

PROJECT NUMBER: ORE R-20

INSTRUCTIONS: Complete all applicable items and sign certification in Blank 6. Consult the displacing agency as to whether you need a Claimant's Report of Self-Inspection of Replacement Dwelling to complete and submit with this claim. Omit Block 4 if you have moved into a rental unit. Omit Block 3 if you have purchased and occupied a dwelling unit. Complete only Blocks 1 and 5 if you are a homeowner temporarily displaced because of code enforcement or voluntary rehabilitation.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides:

"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies. . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT

CORLEY, Fredericka

☒ Family ☐ Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. E-4-8

- a. Address: 327 N. Russell, Portland, Oregon 97227
b. Apartment or room number: (upper left)
c. Number of bedrooms: 2

- d. Monthly rental: \$ 50.00
e. Date you moved out of this dwelling: 5/8/72
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

- a. Address (include ZIP Code): 72 N. E. Monroe, Portland, Oregon 97212
b. Apartment or room number: ---
c. Number of bedrooms: 3

- d. Monthly rental: \$ 100.00
e. Date you moved into this dwelling: 5/8/72
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

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

NAME AND ADDRESS OF CLAIMANT:

Friedricka Corley
327 N. Russell

COMPUTATION PREPARED BY:

Alma
Name
Date

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

Required Information

1. Monthly gross rental for comparable unit
(cost based on: ☒ Schedule
☐ Comparative
☐ Other)

\$ 128.35

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

\$ 43.16

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1 \$ 128.35
Line 2 - \$ 43.16
 \$ 85.19
X 48

\$ 4,089.12

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.)

\$ 4000.00

5. Minus adjustments (Attach full explanation)

- \$ 4000.00

6. Amount of rental assistance payment
(Line 4 minus Line 5)

\$ 4000.00

7. Annual Payment

\$ 1000.00

(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.

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emanuel

PROJECT NO. R20

1. Full name of claimant:

☒ Family ☐ Individual

Frederick A. Corley

2. Dwelling unit from which you moved:

Parcel No. E 4-8

a. Address 327 N. Russell

c. Number of bedrooms 2

b. Apartment or room number _____

d. Monthly rental \$ 50.00

e. Date displaced _____

3. Dwelling unit to which you moved (RENTAL)

a. Address 72 N.E. Monroe

c. Number of bedrooms 3

Portland, Oregon 972

d. Monthly rental \$ 100.

b. Apartment or room number _____

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.

Item	Charged to claimant	Paid by Claimant	Claimed	Approved
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 _____

Date of acquisition April 19, 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 _____

Date of initiation of negotiations May 14, 1971

3. Is replacement housing standard? ☒ Yes ☐ No

If previously substandard, date found standard June 14, 1972

4. Certification:

(Amount of this claim \$ 1000.00)

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

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

Gentlemen:

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

1. Resident of the Housing Authority _____
2. Applicant for housing _____
3. Name Cooley, Fredericka
4. Address 327 N. Russell
5. Number of persons in family 5
6. Total monthly assistance \$287
7. Date assistance began 12-31-70
8. Date assistance to terminate Ongoing

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

P. Halupowski
(Caseworker)

MC
(Dept.)

2-24-72
(Date)

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

June 14, 1972

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwiddden, Chief

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

Re: 72 N. E. Monroe Street

Attn: Alma Gordon

Gentlemen:

A reinspection was made by the Housing Division of the two-story with attic, wood frame, three bedroom single-family dwelling at the above address.

Our inspector reports the structure is in standard condition and complies with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
S. J. Chegwiddden
Chief Housing Inspector

CHF:sp
cc: Arthur Palmer

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 444 EHDATE June 21, 19 72PAY TO **Fredericka Corley**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission - 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants. Move from 327 N. Russell (Parcel E-4-8).	
		Total approved 1st annual payment	\$4,000.00
			<u>\$1,000.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP)	(EH) \$1,000.00

Received by Fredericka A. Corley
Date 6-22-72

THE CITY OF
PORTLAND



OREGON

DEPARTMENT OF
FINANCE AND
ADMINISTRATION

NEIL GOLDSCHMIDT
MAYOR

BUREAU OF
BUILDINGS

C.N. CHRISTIANSEN
DIRECTOR

October 2, 1973

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

Attn: Mr. Jim Crolley

Re: 4706 N. E. 15 Avenue

Frederica Crolley

Gentlemen:

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

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

1. The first-story water closet lacks the required 24-inch clearance in front.
2. The upper section of the stairway to the second story lacks a safety handrail.
3. The second-story, northwest bedroom electrical convenience outlet is uncompleted.
4. A windowpane is broken in the second-story southwest bedroom.
5. The upper section of the cellar stairway lacks a safety handrail.
6. The cellar stairway riser heights exceed the maximum variation allowable.
7. The hot water tank pressure relief valve lacks a drainpipe.
8. The door between the garage and the dwelling lacks the required fire-resistant construction.
9. The rear addition lacks the required wood-soil separation.
10. The garage roof sheathing is rotted and the roof covering is broken.
11. The second-story bedrooms lack the required heating.
12. The concrete garage retaining wall is broken and overturning.

Portland Development Commission

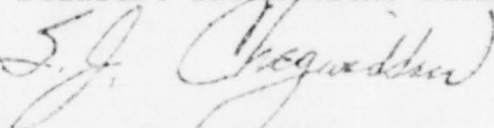
Page 2

October 2, 1973

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

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR



S. J. Chegwiddden
Chief Housing Inspector

JHM:vm

cc: Mr. David Michener
5615 E. Burnside Street
Electrical & Heating Divisions

September 11, 1973

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

Gentlemen:

This is to inform you that Fredericka Corley was displaced from the Emanuel Hospital Urban Renewal Project (ORE R-20) on May 8, 1972, and will be receiving the second of four annual payments of \$1,000 each for Rent Assistance from the Portland Development Commission once she occupies safe, decent and sanitary housing.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ:b



DEPARTMENT OF
FINANCE AND
ADMINISTRATION

NEIL GOLDSCHMIDT
MAYOR

BUREAU OF
BUILDINGS

C.N. CHRISTIANSEN
DIRECTOR

1220 S.W. FIFTH AVE.
PORTLAND, OR. 97204
503/248-4230

July 27, 1973

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

Attn: Mr. Jim Crolley

Re: 4723 N. E. 16 Avenue

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 at the above address.

Our inspector reports the following condition is in noncompliance with City regulations:

1. The gutters are leaking at the joints.

Please notify the Housing Division of the Bureau of Buildings, 2200 N. E. 24 Avenue, Telephone 288-6077, when the correction has been completed and a reinspection can be made.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

JHM:vm

Fredericka Crolley

RELOCATION PAYMENT

OK - Anne

Project: Emanuel Parcel: E-4-8

Payable to: Fredericka A. Corley

Amount

For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners (if separate claim)	\$ <u> </u>
<u> </u> RHP for Tenants & Certain Others:	
Rental: Total approved \$ <u> </u> ; Annual amount.	\$ <u> </u>
or Purchase:	\$ <u> </u>
<u> X </u> Fixed Moving Payment <i>over from</i>	\$ <u>180</u>
<u> X </u> Dislocation Allowance.	\$ <u>200</u>
<u> </u> Actual Moving Costs.	\$ <u> </u>
<u> </u> Storage Costs (if separate claim).	\$ <u> </u>
<u> </u> Business: Moving Expenses.	\$ <u> </u>
<u> </u> Business: In Lieu Payment.	\$ <u> </u>
<u> </u> Business: Storage Costs.	\$ <u> </u>
<u> </u> Business: Loss of Property	\$ <u> </u>
<u> </u> Business: Searching Expenses	\$ <u> </u>

Name of Client Fredericka A. Corley

Less - \$ *

Move from 327 N. Russell

Total \$ 380

Accounting: Indicate symbol & Acct. No.

E1501 Relocation Payment; Project Cost *()
Special Payment - Family

RELOCATION PAYMENT

Project: Emanuel ORE R-20 Parcel: E-4-8

Payable to: Fredericka Corley

Amount

For: RHP for Homeowners \$
 Incidental Expenses for Homeowners (if separate claim) \$
 X RHP for Tenants & Certain Others:
 Rental: Total approved \$ 4000 ; Annual amount. \$ 1000
 or Purchase: \$
 Fixed Moving Payment \$
 Dislocation Allowance. \$
 Actual Moving Costs. \$
 Storage Costs (if separate claim). \$
 Business: Moving Expenses. \$
 Business: In Lieu Payment. \$
 Business: Storage Costs. \$
 Business: Loss of Property \$
 Business: Searching Expenses \$

Name of Client Fredericka Corley

Less - \$ *

Move from 327 N. Russell

Total \$ 1000

Accounting: Indicate symbol & Acct. No.

E1501 Relocation Payment; Project Cost * ()

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

No 30712 G

DATE May 17, 19 72PAY TO THE
ORDER OF**Fredericka A. Corley**\$ **380.00**

DOLLARS

NON-NEGOTIABLETHE 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 327 N. Russell (E-4-8).	
		Dislocation Allowance \$200.00	
		Fixed moving payment - own furn. <u>180.00</u>	<u>\$380.00</u>

Account Distribution

NO	TITLE	AMOUNT
E 1501	Relocation Payments - (Fixed - family)	(EH) \$380.00

AC

Received Ms. Fredericka A. Corley
5/18/72 By A.G.

JMS

Page 1.

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Fredericka A. Corley
72 N. E. Monroe
Portland, Oregon 97212

NAME OF LOCAL AGENCY:

PDC

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

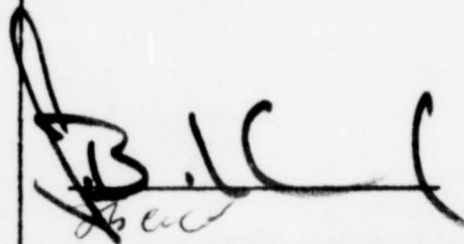
If "Yes," explain basis for approved amount:

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>180.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>380.00</u>	<u>380.00</u>		<u>5-16-72</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 Fredericka Corley Project R20
2. Date(s) of move 5-8-72 Parcel No. E-4-8
3. Dwelling unit from which you moved:
 Address 327 N. Russell No. of rooms 4
☐ Furnished ☒ Unfurnished Date you moved into this unit 12 yrs
4. Dwelling unit to which you moved:
 Address 72 N. E. Monroe
 Were goods moved to or from storage? ☐ Yes ☒ No

5. Total claim \$ 380.00

FIXED PAYMENT: \$ 200 + \$ 180.00 = \$ 380.00

ACTUAL MOVING COSTS

6. Name of moving company (or person) _____
 7. Mover's telephone _____ 8. Mover's address _____
 9. Method of payment
☐ a. reimburse client (show paid bill)
☐ b. pay mover directly (show bill)
☐ c. let local agency contract with mover
 10. Amount actual costs
 - a. Moving costs (attach receipt or voucher) \$ _____
 - b. Cost of insurance (attach invoice) \$ _____
 - c. Storage cost (attach receipt or voucher) \$ _____
-

STORAGE COSTS

Name, address and ZIP code of storage company _____

- A. Type of claim
☐ initial ☐ supplementary ☐ final
- B. Storage period
 1. Total period: _____ months. Check one: ☐ Actual ☐ Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____
- C. Storage Costs

		<u>Approved</u>
1. Monthly rate	\$ _____	\$ _____
2. Total costs actually incurred	\$ _____	\$ _____
3. Amount previously received	\$ _____	\$ _____
4. Amount claimed (line 2 minus 3)	\$ _____	\$ _____
- D. Description of Property Stored: please list on back of this sheet.
- E. Method of Payment
☐ reimburse client (attach receipt or paid bill)
☐ pay storage company directly (attach bill)

Dwelling Unit Inventory

QUANTITY	
<u>1</u>	Beds & Springs & <i>mattress</i>
<u> </u>	Bedroom Chair
<u>1</u>	Breakfast Table
<u>6</u>	Breakfast Table Chairs
<u> </u>	Bridge Lamp & Shade
<u> </u>	Buffet
<u>1</u>	Chest of Drawers
<u>1</u>	Coffee Table
<u>1</u>	Couch
<u> </u>	Davenport
<u> </u>	Desk
<u> </u>	Dining Table
<u> </u>	Dining Chairs
<u>3</u>	Dresser
<u>2</u>	End Table
<u>1</u>	Floor Lamp & Shade
<u> </u>	Mirror

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

Miscellaneous (List Items)

<u>1 Dishwasher</u>
<u>1 Love Seat</u>
<u>4 T.V. sets</u>
<u>1 Stereo</u>
<u>1 Rollaway Bed</u>
<u>3 Bunk Beds</u>

<u>Wall pictures</u>
<u>Figurines & Wall plaques</u>
<u>What not shelves</u>
<u> </u>
<u> </u>
<u> </u>

COMMENTS:

MTW-160
Rev. 9-70

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

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

Gentlemen:

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

1. Resident of the Housing Authority _____
2. Applicant for housing _____
3. Name Corley, Fredericka
4. Address 327 N. Russell
5. Number of persons in family 5
6. Total monthly assistance \$287⁰⁰
7. Date assistance began 12-31-70
8. Date assistance to terminate On Going

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

J

(Caseworker)

M.C

(Dept.)

2-24-72

(Date)

FORM W-80
ORIGINAL WHITE
DUPLICATE BLUE

CITY OF PORTLAND, OREGON
BUREAU OF BUILDINGS
ELECTRICAL DIVISION

Certificate No. **61772**

CERTIFICATE OF INSPECTION

Permit No. **111136**

May 9, 19**72**

THIS IS TO CERTIFY, That the electrical

(equipment installed
work done)

under the above permit at

Street and Number **72 NE Monroe**

Owned by _____ has been inspected by the Electrical
Division of the Bureau of Buildings, and found to comply with the Ordinances of the City of Portland.

Contractor **George Christian Electric Co** By **L. Anderson**
CHIEF ELECTRICAL INSPECTOR

NOTE—Any alteration of, or change in, any electrical wiring or apparatus makes
this certificate void, unless a permit is issued for such alteration or change.

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

May 3, 1972

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwiddden, Chief

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

Re: 72 N. E. Monroe Street

Attn: Alma Gordon

Dear Sirs:

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

Our inspection indicates the following conditions are in noncompliance with City regulations:

1. The cellar, second story and attic stairways lack safety handrails.
2. Broken window panes in the cellar.
3. Gutters are rusted through.

Due to obvious deficiencies in the electrical installation, an inspection by the Electrical Division will be necessary.

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

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
S. J. Chegwiddden
Chief Housing Inspector

CHF:ms

cc: Mr. Arthur Palmer
Electrical Division

*Reinspection
after 6/14/72*

*Rec'd
4/5/72*

HOUSING RESOURCES SURVEY

RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF EMANUEL HOSPITAL PROJECT AREA

(To be filled in for each dwelling unit in the Project Area)

Analyst JC Date of survey 2/11/71 Tabulator _____ Date tabulated _____
Dwelling Unit No. 12 Structure No. 7 Census Block No. 76 Census Tract No. 22A
Street Address 327 N. Russell Apartment No. _____

A. Status Of Relocation Assistance Needs At This Dwelling Unit:

1. Assistance may be needed, yes X, no _____
2. Why no assistance may be needed
 - a. _____ Vacant
 - b. _____ Will be vacated on the following date _____
 - c. _____ Other reasons _____

*daughter to
Lucille Johnson
321 N. Russell Cape*

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

	Name	Family relation	Age	Sex	Occupation
1.		Head of household			
2.	Fredricka Corley		32	F	Tele-OPERATOR
3.	DEPAUL WILLIAMS		12	M	
4.	NANETTE WILLIAMS		11	F	
5.	LEEANNA WILLIAM		7	F	
6.	NELSON WILLIAM		3	M	
7.					
8.					
9.					

C. Family Income And Extent Of Travel To Locations Of Employment:

1. Jobholders in this household, employers and location of jobs:			Distance
Names of jobholders	Names of employers	Street address where jobs are located	to work
FREDRICKA CORLEY	N.W. Bell	MAIN OFFICE	5

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

Names of persons in this household who have income from any source	Amount of income per month	
	In month before this survey	In an average month during 1970
FREDRICKA CORLEY	\$	\$
Total family or household income per month		\$400.00 <i>estimated</i>

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

1. Location (indicate approximate cross streets) N.E.
2. Transportation, number of autos owned 1, use bus _____, walk _____
3. Will rent house _____, apartment ✓, expect to pay rent, including utilities, at \$ 65 per mo.
(Furniture is owned, yes _____, no _____, stove and refrigerator owned, yes _____, no _____)
4. Will buy house in price range \$ _____, down payment of \$ _____, monthly payment of \$ _____
5. If now buying this house, how much are payments on contract or mortgage monthly \$ _____
6. Size of unit to be sought, number of bedrooms 4, kitchen 1, dining room 1,
living room 1, number of bathrooms 2, total sq. ft. in dwelling unit _____
7. Other characteristics W O (B) I M

HOUSING RESOURCES SURVEY

To be Filled in For Each Dwelling Unit in All Survey Areas

Analyst Date Surveyed 2/11/71 Tabulator Date
 Dwelling Unit No. 12 Structure No. 7 Census Block No. 76 Census Tract No. 22A
 Street Address 327 N. Russell Apartment No.
 Legal Description

NAME OF OCCUPANT: <u>Fredricka Corley</u>	NAME & ADDRESS OF OWNER <u>Lucille Johnson</u> <u>321 N. Russell</u>	NAME & ADDRESS OF PROP. MGR: <u> </u>
TELEPHONE: <u> </u>	TELEPHONE: <u>284-8301</u>	TELEPHONE: <u> </u>
INTERVIEWED? () Yes () No	INTERVIEWED? (✓) Yes () No	INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

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

This structure has 2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

 Owner occupied
X Renter occupied
 Vacant

III. SIZE OF DWELLING UNIT

 Sq. ft. in first floor (county figure)
836 Sq. ft. in dwelling unit (if more than 1 floor)
5 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
2 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time

1971 Period market value data applicable
1967 Date of last appraisal
1902 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u> </u>	\$ <u> </u>
Improvements	<u> </u>	<u> </u>
Total	<u> </u>	<u> </u>

C. Market value data for dwelling unit in a multiple-family structure or commercial bldg.

	Market value for entire structure	Computed value per sq. ft. for this dw. unit
Land	\$ <u>3010</u>	\$ <u> </u>
Improvements	<u>6240</u>	<u> </u>
Total	<u>9250</u>	<u> </u>

2344 Sq. ft. of all d. u. in this structure
 Sq. ft. of commercial space and value of commercial space: Land \$, improvements \$, total \$.

V. RENTAL RATE FOR THIS RENTED UNIT

Monthly average	Cash rent	Utilities	Total paid by renter
Rent	\$ <u>50.00</u>	\$ <u> </u>	\$ <u> </u>
Electricity	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Gas	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Water <u>w/rent</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Heat (oil, or other) <u>gas</u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>
Total	\$ <u> </u>	\$ <u>15</u>	\$ <u>65</u>

Deposits required of renter

Advance rent \$ No, other \$

Rental information obtained from

Tenant , owner ✓, manager , or estimated from assessor's data .

VI. FOR SALE INFORMATION FOR THIS HOUSE THAT IS OCCUPIED BY OWNER OR RENTER

Listed with broker, yes , no

Advertised by owner, yes , no

Cash asking price \$

Period house has been for sale, months

VII. REMARKS

TENANT APPLICATION TO RENT

I, Fredericka A. Corley, age 35, hereby make application to rent apartment # in the Pinewood East Apartments. My present address is 8409 NE 123rd (phone # 256-1214), where I have lived for ONE Month.

The name of the Apartments; the Manager's name & phone # is foothill farms - Shearon Bee 256-4563. My last previous address was 7733 NE 14th Pl.

, where I lived for ONE Year. The name of the Apartments; the Manager's name & phone # is Lucille Johnson 284-8301.

The total number of persons who will occupy my apartment is 4. Their names and ages are Pikie + NAVEtte + Nelson + Fredericka Corley. I understand

that the fees, deposits and rents which apply to my apartment are: Rent \$169.00; Security Deposit \$50.00; Processing Fee ; Pet Fee ;

Pet Deposit ; Key Deposit ; Monthly Parking Fee ;

Monthly Storage Fee ; and that none of these deposits will be refunded unless I

am a tenant for six months (fees are not refundable). The only automobile(s) I have which will be parked on the premises is (are) and the license number(s) is (are) .

I fully agree that other persons or pets not listed above, or pets not accepted and deposited for, will reside in my apartment or that

no other automobile will be parked on the premises than those listed above without the express approval of the manager in writing. The deposit I am making with this application is \$50.00

and I understand that a balance of \$169.00 + Key 129.95 + Key must be paid on or before the move-in date of February 6 - 1974, when I may take residence in the apartment. In consideration of

the landlord's holding this apartment for me, I hereby waive all rights to the return of this deposit, and said deposit shall be retained as liquidated damages in the event I do not choose

to take the apartment by the above agreed date. In the event this application for tenancy is not accepted, I understand that my application deposit shall be returned to me. I understand

that three days are required to process an application. My references are as follows:

Employer: Mr. Palmer; Address: 7733 NE 14th Pl.; Phone # 282-7709; Position Dispatcher; How long employed 15 months; Salary 3.50.00 monthly; Immediate Superior ;

Title . Last employer (if presently employed less than one year) ;

Address ; Phone # .

Bank Freedom Branch Killingsworth Type of Account SAVINGS.

Credit References: List two (2) charge accounts & account numbers (no Oil Co. Credit Cards)

Director Furniture -

Coast Jewelry

Nearest relative, other than husband or wife, to be notified in emergency: Mr H. L. Miller

Address 408 NE 14th Pl; Phone 256-1214; Relation-

ship BROTHER. The factor (sign, radio, newspaper, agency) which most

influenced me to come and look over these apartments in the first place was name of radio,

BROTHER newspaper, agency, or other

The above information

is true and correct

Fredericka A. Corley

Applicant's Signature

1/31/74

Date

OFFICE USE ONLY: This application is accepted rejected

State reason for acceptance or rejection on reverse side in detail.

By Date

12/17/73 A call was received from Fredricka Carey from Vancouver B.C. stating that she had found an Apt. in Wash. which is out of City limits therefore a self inspection was set up for Friday 12/21/73.

assessors record filed in

apartment file

PORTLAND DEVELOPMENT COMMISSION

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

September 1, 1971

Mrs. Rodericka Corley
327 N. Russell
Portland, Oregon

Dear Mrs. Corley:

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 come 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 288-8169. Our office is located at 235 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure



EQUAL HOUSING
OPPORTUNITY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
PORTLAND AREA OFFICE
520 Southwest Sixth Avenue
Portland, Oregon 97204

PROPERTY LISTING

In reply please refer to: Property Disposition

(Open to all Brokers)

Phone: 221-2671 - 221-2674

MR Markey

April 12, 1973

Date: Relisted June 21, 1973

HOUSE KEY IS AVAILABLE IN LOCK
BOX ON THE FRONT DOOR

5 WORKING DAY PERIOD ENDS 6/28/73 - 4:30 P. M.

FHA Case No. 431-090397-203

PLEASE LEAVE THE LOCK BOX AND DOOR KEY AT THE FRONT DOOR UNTIL THE SALE IS CLOSED.
THE SELLING BROKER WILL RETURN THE LOCK BOX TO THE AREA MANAGEMENT BROKER OR THE
PORTLAND AREA OFFICE AFTER THE SALE IS CLOSED.

The property described below was acquired by the Secretary of Housing and Urban Development and is offered for sale.

<u>Address:</u>	4723 N. E. 16th Avenue, Portland, Oregon
<u>Legal Description:</u>	Lot 16, Block 47, VERNON, Multnomah County, Oregon
<u>Sales Price:</u>	\$13,000.00
<u>Minimum Down Payment:</u>	\$400.00 plus reserves for taxes and insurance Minimum Earnest Money Deposit: \$200.00
<u>Maximum Mortgage:</u>	\$12,600.00 - 30 year term at 7% interest plus 1/2% FHA mortgage insurance premium
<u>Approximate Monthly Payment:</u>	\$125.00 including principal, interest, taxes and insurance
<u>Approximate Lot Size:</u>	50' x 100' <u>Dwelling Square Feet:</u> 1334
<u>Improvements:</u>	6 rooms, 3 bedrooms, 1 bath, 1-car detached garage, basement, gas forced warm air heat
<u>Approximate Age of Dwelling:</u>	45 years <u>Taxes:</u> \$391.50 (1972/73 estimate)

Instructions and information on preparing and submitting offers are available and can be obtained from this office.

HUD PROPERTIES ARE OFFERED FOR SALE TO QUALIFIED PURCHASERS WITHOUT REGARD TO PROSPECTIVE PURCHASER'S RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. PURCHASERS SHOULD CONTACT THE REAL ESTATE BROKER OF THEIR CHOICE. OFFERS TO PURCHASE MAY BE SUBMITTED DIRECT TO THE PORTLAND AREA OFFICE WHEN THE PURCHASER CANNOT SECURE THE SERVICES OF A QUALIFIED BROKER. THE PORTLAND AREA OFFICE IS LOCATED AT 520 SOUTHWEST SIXTH AVENUE, PORTLAND, OREGON 97204.

OFFERS MUST CONSIST OF COMPLETED FORMS 9551.

Inspection order for 7/20/73 11 AM RB.