

	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 8-20-71

NAME Allan Cornwell

---

Mr. & Mrs. Cornwell are settled in their apartment and it is H.A.P. owned. All moving funds have been paid. They indicated that they are "very happy in apartment." This move was an up grading both from a rent payment and housing standpoint - Received his check for all moving expense and allowance.

Mr. Allen Cornwell moved from 3820 N. E. Mallory and now lives at 5125 S. E. 80th in H.A.P. Housing.

Mr. Cornwell received his fourth and final TACO payment on 12/13/74. Still lives at 5125 S.E. 80th (HAP housing).

File closed.

(signed)

Chet Daniel

worker

RESIDENTIAL RELOCATION RECORD

Project Name \_\_\_\_\_ Parcel No. E-3-7 Advisor ED  
 Client's Name Cornwall, Allen Phone \_\_\_\_\_  
 Address 542 N Knott Ethn white Age 24  
 Male       Family       Married       Renter/Occupant  
 Female       Individual       Single       Owner/Occupant

Family Composition

Total Number in Family 2  
2 wife, husband

Other:

Relation	Age	Relation	Age
<u>Wife</u>	<u>33</u>		

Economic Data

Employer unemployed \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 Other Source of Income MOW \$ 160.00  
 \$ \_\_\_\_\_  
 Total Monthly Income \$ (160.00)

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 6-23-71 Date of info pamphlet delivery \_\_\_\_\_  
 Date Notice to Move given \_\_\_\_\_ Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY

12-1-71

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

Date of initiation of negotiations for purchase of property

6-23-71

Date of Acquisition

7-7-71

Date of letter of intent

Date of move

7-28-71

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1908

Size of Habitable Area 1144

Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 5 Rent Paid \$ 5300 Utilities 3400

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

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

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

REPLACEMENT DWELLING UNIT

Address 3820 718 Malloy LPA Referred  Self Referred \_\_\_\_\_

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

Outside city  Outside state

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

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

No. of Rooms \_\_\_\_\_ No. of Bedrooms 1

distance moved - 20 blocks.

For Claimants Who Purchased

For Claimants Who Rented

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

Rent \$ 5300

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

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

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

Total Rent Assistance \$ 4000-

Amount of Annual Payment \$ 1000-

No. of Housing Referrals to:

Agency Referrals:

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

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

2 Standard Rent

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

Benefits Received

Date 12-10-71 Ck # 180EH Type TACO Amount \$ 1000-

Date 11-27-72 Ck # 609EH Type " Amount \$ 1000-

Date 8-20-71 Ck # 26611 C Type M.C Amount \$ 389.34 (NET LESS RENT)

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME CORNWELL, Allen RELOCATION ADVISOR CD

ADDRESS 542 N. Knott *New: 777-2381* PHONE 282-2624 PROJECT NAME Emanuel ORE R-20

SEX M ETHN W VETERAN      AGE 24 PARCEL NO. E 3-7

MARITAL STATUS Married TENURE Tenant

DISABILITY      INDIV      FAMILY X

ELIGIBLE FOR: PUBLIC HOUSING X FHA 235     

RENT SUPPLEMENT      OTHER     

DATE ON SITE:	<u>Dec. 1, 1971</u>
INITIATION OF NEGOTIATIONS:	<u>6/23/71</u>
DATE OF ACQUISITION:	<u>July 7, 71</u>

INITIAL INTERVIEW 6/23/71 DATE INFO PAMPHLET DELIVERED     

NOTICE TO MOVE Yes DATES EFFECTIVE 7/7/71 EXPIRATION DATE 10,15/71

NOTIFY IN CASE OF EMERGENCY Mrs. F. Carnwell - Bank of California CA8-3353 654-3821  
17511 S.W. Rose St. Milwauk. O.

ECONOMIC DATA

FAMILY COMPOSITION

Employer Unemployed at Present \$       
 Address       
 MCW Mr. Sternig - 280-6055 160.00  
 Social Security       
 Pension       
 Other       
 TOTAL MONTHLY INCOME \$160.00

Name	Relation	Age
<u>Rena</u>	<u>Wife</u>	<u>33</u>

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1908 No. Rooms 5  
 No. Bedrooms      Furn. X Unfurn       
 Utilities \$ 34.00  
 Monthly Payments (Rent) \$ 53.00  
 Acquisition Price \$       
 Taxes \$      Equity \$       
 Liens \$     

Size of Habitable Area 1,144

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms
<u>2157 W. Burnside</u>	
<u>3627 N. Borthwick</u>	
<u>2nd yr. 5125 S.E. 84th H.A.P.</u>	

Name of Agency	Date
<u>Multnomah County Welfare</u>	<u>7/15/71</u>
<u>Food Stamp Program</u>	
<u>Housing Authority</u>	<u>6-29-71</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 \_\_\_\_\_ X

Address 3820 N.E. Mallory Phone \_\_\_\_\_ Date of Move 7/28/71

**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		Mobile Home	
		Private Sales	X		

Furnished \_\_\_ Unfurnished X Number of Rooms \_\_\_ Number of Bedrooms 1 Habitable Area \_\_\_

Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ 53.00 Purchase Price \$ \_\_\_\_\_

Age of Structure: \_\_\_\_\_ Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_ Distance Moved Away 20 blocks

Name of Moving Company \_\_\_\_\_ Name of Realtor \_\_\_\_\_

**BENEFITS RECEIVED**

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	180 EH	12/10/71	\$ 1,000.00
TACO (Rental)	609 EH	11-27-72	\$ 1,000.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	26611 G	8/20/71	\$ 389.34
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Total \$4,000.00

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

TOTAL BENEFITS RECEIVED \$ 1,389.34

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

INTERVIEW REGISTER

Date		Relocation Worker
2/20/71	Survey: Would like to rent house S.E. King Rd. or Johnson Creek Area.	JC
6/21/71	Made an appointment with Mr. Cornwell to discuss his benefit as a tenant. He will be here at 9:00 A.M. 6/22/71 - He has no income - Will get on Welfare July 27, 1971.	CD
6/29/71	Took the Corwall's to H.A.P. to get them registered. They were given 5 units to choose from. Went out to look at apartments.	CD
6/30/71	Looked at the apartments and choose 3820 N.E. Mallory Apt. #20. It is a one bedroom apt. that is well painted and in good repair. This is definately a big step up for this couple. They moved from a place infested with roaches and rats and other bugs, etc.	CD
7/28/71	Suppose to move in but had mix-up in the Welfare department - Their checks didn't come. They could not move because they did not have any money.	CD
8/20/71	Mr. & Mrs. Cornwell are settled in their apartment and it is H.A.P. owned. All moving funds have been paid. They indicated that they are "very happy in apartment". This move was an up grading both from a rent payment and housing standpoint - Received his check for all moving expense and allowance.	CD
12-6-73	Claim filed and payment made for 3rd. annual TACO. Warrant #856EH	B

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 994 EH

DATE December 11, 1974

PAY TO **Allen Cornwell**

\$ 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 542 N. Knott (Parcel E-3-7).	
		Total approved 4th annual payment	\$4,000.00
			\$1,000.00
		<i>X</i> <i>Allen Cornwell</i>	

Account Distribution

*12/13/74*



NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels  
(Relocation Advisor)

DATE November 20, 1974

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

RE: Allen Cornwell (Emanuel)  
(Displacee)

5125 S.E. 80th (HAP)  
(Address)

No. 4th & final  
(annual payment)

\$1,000.00  
(amount)

December, 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: 5125 SE 80th - (HAP)

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

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

or (2) Displacee notified of ineligibility: \_\_\_\_\_ yes \_\_\_\_\_ no

Comments: This is the 4th & final annual payment  
HAP House

SIGNED: Allen R. Cornwell  
(Displacee)

SIGNED: Samuel Daniels  
(Relocation Advisor)

DATE: 12/6/74

DATE: 12/6/74

TO: Bob Douglas

DATE: 12/6/74

FROM: Chet Daniels

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: Allen Cornwell

PROJECT: Emanuel Project

FOR: 4th & Final Taco payment

AMOUNT: 1000.00

96

0600 X10 74

SIGNED: Samuel Daniels

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels  
(Relocation Advisor)

DATE November 23, 1973

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

RE: Allen Cornwell (Emanuel)  
(Displacee)

5125 S.E. 80th (HAP)  
(Address)

No. 3rd  
(annual payment)

\$ 1,000  
(amount)

12/2/73  
(date due)

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

Present Address: Same address

Date Inspected: Nov. 17, 1972 Condition:  Standard  Substandard

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

or (2) Displacee notified of ineligibility:  yes  no

Comments: Still lives in H.A.P. Housing

SIGNED: Allen R. Cornwell  
(Displacee) 777-2381

SIGNED: Samuel Daniels  
(Relocation Advisor)

DATE: 11-27-73

DATE: 11/27/73

TO: Bob Douglas

DATE: 11/27/72

FROM: Chet Daniels

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: Allen Cornwell

PROJECT: Emanuel Ore. R. - 20

FOR: 3rd Taco payment

AMOUNT: \$ 1000.00

*wjg*

SIGNED: Samuel Daniels

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels  
(Relocation Advisor)

DATE November 20, 1972

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

RE: Allen Cornwell  
(Displacee)

3820 N. E. Mallory  
(Address)

No. 2  
(annual payment)

\$ 1,000.00  
(amount)

12/2/72  
(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: 5125 S. E. 80th H.A.P.

Date Inspected: Nov. 17, 1972 Condition:  Standard  Substandard

If substandard: (1) Date reinspected and found standard Nov. 17, 1972

or (2) Displacee notified of ineligibility:  yes  no

Comments: Mr. Allen Cornwell moved from 3820 N. E. Mallory and now lives at  
5125 S. E. 80th Avenue in H.A.P. housing. 777-2381

SIGNED: Allen R. Cornwell  
(Displacee)

SIGNED: Samuel R. Daniels  
(Relocation Advisor)

DATE: Nov 21-72

DATE: 11-21-72

TO: Bob Douglas

DATE: 11-21-72

FROM: Chet Daniels

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: Allen Cornwell

PROJECT: Emanuel ORG R-20

FOR: Second annual TACO payment

AMOUNT: \$1000.00

SIGNED: Samuel R. Daniels

*Allen Cornwell*

CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



**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

**CITY OF PORTLAND**  
**OREGON**

97204

November 17, 1972

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

Attn: Chet Daniels

Re: 5125 S. E. 80 Avenue

Gentlemen:

As the result of a displaced person and at your request, an inspection was made by the Housing Division of the one-bedroom unit at the above address.

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

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden  
Chief Housing Inspector

CHF:vm

cc: Housing Authority of Portland

**CLAIM FOR REPLACEMENT HOUSING PAYMENT  
FOR TENANTS AND CERTAIN OTHERS**

<b>NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:</b> Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201	<b>PROJECT NAME (if applicable)</b> Emanuel Project <b>PROJECT NUMBER:</b> 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**

CORNWELL, Allen & Rena

Family  Individual

**2. DWELLING UNIT FROM WHICH YOU MOVED**

**PARCEL NO.** E-3-7

a. Address: 542 N. Knott, Portland, Oregon 97227  
b. Apartment or room number: ----  
c. Number of bedrooms: 2

d. Monthly rental: \$ 53.00  
e. Date you moved out of this dwelling: 7/28/71  
Month-Day-Year

**3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)**

a. Address (include ZIP Code): 3820 N. E. Mallory, Portland, Oregon 97212  
b. Apartment or room number: ---  
c. Number of bedrooms: 1

d. Monthly rental: \$ 34.50  
e. Date you moved into this dwelling: 7/28/71  
Month-Day-Year

**4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)**

a. Address (include ZIP Code): \_\_\_\_\_  
b. Number of bedrooms: \_\_\_\_\_  
c. Downpayment: \$ \_\_\_\_\_

d. Incidental expenses (total from table on next page): \$ \_\_\_\_\_  
e. Date you purchased this dwelling: \_\_\_\_\_

**5. INFORMATION IN SUPPORT OF CLAIM OF HOMEOWNER TEMPORARILY DISPLACED BECAUSE OF CODE ENFORCEMENT OR VOLUNTARY REHABILITATION**

a. Address of dwelling unit from which you moved: \_\_\_\_\_  
b. Address of dwelling unit to which you moved (include ZIP code): \_\_\_\_\_  
c. Date of move: \_\_\_\_\_  
Month-Day-Year

d. Monthly rental for temporary unit: \$ \_\_\_\_\_  
e. Will you require temporary housing for more than 3 months?  
 Yes  No  
If "Yes", total number of months you will require temporary housing: \_\_\_\_\_ months

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 204 of P.L. 91-646, and I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

12/2/71  
Date

Allan Cornwell  
Signature of Claimant (s)

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

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

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

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

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

NAME AND ADDRESS OF CLAIMANT:

Allen & Rena Cornwell  
3820 N E Mallory Apt 20

COMPUTATION PREPARED BY:

C. Daniels  
Name  
11-22-72  
Date

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

Required Information

- |   |                  |
|---|------------------|
| 1. Monthly gross rental for comparable unit<br>(cost based on: <u>X</u> Schedule<br><u>          </u> Comparative<br><u>          </u> Other) | \$ <u>128.35</u> |
| 2. Base monthly rental for claimant's former dwelling, or<br>25% of adjusted monthly income, whichever is <u>less</u> .                       | \$ <u>40.00</u>  |

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>128.35</u>	
Line 2	- \$ <u>40.00</u>	
	\$ <u>88.35</u>	
	X <u>48</u>	\$ <u>4240.80</u>

- |   |                   |
|---|-------------------|
| 4. Base amount (if amount on Line 3 is \$4,000 or more,<br>enter \$4,000. If amount on Line 3 is less than<br>\$4,000, enter amount on Line 3.) | \$ <u>4000.00</u> |
| 5. Minus adjustments (Attach full explanation)  | - \$ <u>-0-</u>   |
| 6. Amount of rental assistance payment<br>(Line 4 minus Line 5)   | \$ <u>4000.00</u> |
| 7. Annual Payment   | \$ <u>1000.00</u> |

(Enter this amount in the space provided in Block 3 on  
page one of Replacement Housing Payment for Tenants  
and Certain Others)

NOTE: If the amount on Line 6 is less than \$500, a lump-sum payment is to be  
made. If the amount on Line 6 is more than \$500, divide the payment by 4.  
The resultant amount is the total of each of four annual payments to be  
made; enter on Line 7.

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

Name of Claimant CORNWELL, Allen & Rena Parcel No. E-3-7

Name of Local Agency Portland Development Commission

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

Tenant's initial date of rental: Dec. 1, 1970  
Month-Day-Year

Date of Acquisition: July 7, 1971  
Month-Day-Year

Owner-Occupant's initial date of Ownership: \_\_\_\_\_  
Month-Day-Year

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

Date of Rental or Purchase: Dec. 1, 1970  
Month-Day-Year

Date of initiation of Negotiations: 6/23/71  
Month-Day-Year

3. Has the replacement housing been inspected and found to be standard? (Attach a copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.)  Yes  No  
Date previously substandard dwelling was inspected and found to be standard: \_\_\_\_\_  
Month-Day-Year

4. CERTIFICATION OF LOCAL AGENCY

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ 4000.00 is authorized.

*[Handwritten initials]*

12-6-71  
Date

*[Handwritten Signature]*  
Authorized Signature

5. RECORD OF PAYMENTS

	Date of Payment	Check Number	Amount
a. Claimant moved to rental unit			
(1) Lump-sum payment			\$ _____
(2) Annual payment			
1st Year	<u>12/71</u>	<u>180 FH</u>	<u>\$ 1000.00</u>
2nd Year	<u>11/27/72</u>	<u>623 FH</u>	<u>1000.00</u>
3rd Year	<u>12/5/73</u>	<u>856 FH</u>	<u>1000.00</u>
4th Year	<u>12-11-74</u>	<u>944 FH</u>	<u>1000.00</u>
b. Claimant moved to unit he purchased			\$ _____
c. Homeowner temporarily displaced			\$ _____



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 856 EH

DATE December 5, 1973

PAY TO **Allen Cornwell**

\$ 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 542 N. Knott (Parcel E-3-7).	
		Total approved \$4,000.00 3rd annual payment	\$1,000.00
<i>Allen R. Cornwell</i>			

**Account Distribution**

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

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: E-3-7

PAYABLE TO: Allen Cornwell

For: <u>    </u> RHP for Homeowners . . . . .	\$	<u>          </u>
<u>    </u> Incidental Expenses for Homeowners or Tenants. . . . .	\$	<u>          </u>
<u>✓</u> RHP - Tenants & Certain Others - Rental: Total approved <u>\$1000.<sup>00</sup></u> ; Annual amount <u>3rd</u> <u>\$1000.<sup>00</sup></u>	\$	<u>          </u>
<u>    </u> RHP - Tenants & Certain Others - Downpayment . . . . .	\$	<u>          </u>
<u>    </u> Settlement Costs (on acquisition by LPA only). . . . .	\$	<u>          </u>
<u>    </u> Interest Expense . . . . .	\$	<u>          </u>
<u>    </u> Fixed Moving Payment . . . . .	\$	<u>          </u>
<u>    </u> Dislocation Allowance. . . . .	\$	<u>          </u>
<u>    </u> Actual Moving Costs. . . . .	\$	<u>          </u>
<u>    </u> Storage Costs. . . . .	\$	<u>          </u>
<u>    </u> Business: Moving Expenses. . . . .	\$	<u>          </u>
<u>    </u> Business: In Lieu Payment. . . . .	\$	<u>          </u>
<u>    </u> Business: Storage Costs. . . . .	\$	<u>          </u>
<u>    </u> Business: Loss of Property . . . . .	\$	<u>          </u>
<u>    </u> Business: Searching Expenses . . . . .	\$	<u>          </u>

Name of Client Allen Cornwell  Family Less - \$            \*

Move from 542 N. Knott  Individual Total \$ 1000.<sup>00</sup>

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

0600 E60 901

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER C Daniels PROJECT NO. R-20 PARCEL E 37

NAME Cornwell, Allen ADDRESS 542 N Knott APT NO. 20, 1st

PHONE 282-2624 INITIAL INTERVIEW 6/23/71 SEX M W X NW AGE 24

U.S. CITIZEN  ALIEN  VETERAN  SERVICEMAN  DATE ON SITE 6 mos.

FAMILY COMPOSITION

Name	Relation	Age
<u>Rena</u>	<u>wife</u>	<u>33</u>

Employer: Name Valley Felt Mills \$ 2.74 hr.  
 Address NW Front Avenue  
 MCW Caseworker Mrs. Sterling 160.00 per Mo  
 Social Security [REDACTED]  
 Va. Fed. Mult Co.    
 Pension: Name    
 Other: Name    
 TOTAL MONTHLY INCOME 160.00

Rent 53.00, Inc. Heat   Water   Gas 25.00 Gar   Elec 9.00 Unfurn  Furn  No. Rms 5

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 Mrs. E. Cornwell Address Bank of Cal. Phone CA 8-3353

Information Statement given to   on   by  

Notice to move given to   on   by  

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

REMOVED FROM CASELOAD: (Date)  

Refused assistance  

Relocated in:

Low-rent public housing  

Other perm. public housing  

Standard priv. rent. hsg.  

Sub-standard priv. rent hsg. with refusal of further aid  

Standard sales housing  

Sub-standard sales hsg.  

Out-of-town  

Address unknown, abandoned  

Evicted, no further assistance  

Other (explain)  

REMAINING ON CASELOAD:

Address unknown, tracing  

Evicted, further assistance contemplated  

Temporarily relocated by LPA  

within project:   address  

outside project:   address  

FAMILY REFUSED ADDITIONAL ASSISTANCE:  
 Date   Worker  

RELOCATION REFERRALS:

Address	Inspection Certified By	Date
<u>2157 W. Bounside</u>	<u>H.A.P.</u>	<u>7/29/71</u>
<u>3627 N. Boothwick</u>	<u>"</u>	<u>7/29/71</u>
<u>3820 N.E. Mallery</u>	<u>"</u>	<u>7/30/71</u>

NEW ADDRESS: 3820 N.E. Mallery Apt 20 H.A.P. 8-20-71 Zip   Phone

2/20/71 survey: would like to rent house SE

6/19/71 King Rd. of Johnson Creek area Gc.

Made appointment with Mr. Cornwall to discuss his benefits as a tenant. He will be here at 9:30 A.M. 6/22/71. - He has no income - Will get on welfare July 27, 1971

6/29/71 Took the Cornwalls to H.F.P. To get them registered. they were given 3 units to choose from. - Went out to look at Apts. -

6/30/71 Looked at the 3 apts. and choose 3820 NE Mallory Apt. #20. It is a one bedroom apt that is well painted and in good repair. This is definitely a big step up for this couple. They moved from a place infested with roaches and rats and other bugs etc. ~~They~~

7/22/71 Suppose to move in but had mix-up in the Welfare dept. - Checks didn't come - they couldn't move because they didn't have money.

8/30/71 Mr. & Mrs. Cornwall are settled in their apt. and it is H.F.P. ~~supplied~~ owned. ~~They~~ All moving funds have been paid. they indicated that, "they are very happy in apt." this move was an up grading both from a rent payment and ~~housing~~ ~~stand point~~ stand point - Received his check for all moving expenses & Allowance

0600 E60 901

RELOCATION PAYMENT

Project: Emanuel Parcel: E-3-7

Payable to: Allen Cornwell

Amount

For:	RHP for Homeowners . . . . .	\$	<u>          </u>
	Incidental Expenses for Homeowners (if separate claim) . . . . .	\$	<u>          </u>
	<input checked="" type="checkbox"/> RHP for Tenants & Certain Others:		
	Rental: Total approved \$ <u>4,000.00</u> ; Annual amount. . . . .	\$	<u>1,000.00</u>
	or Purchase: . . . . .	\$	<u>          </u>
	Fixed Moving Payment . . . . .	\$	<u>          </u>
	Dislocation Allowance. . . . .	\$	<u>          </u>
	Actual Moving Costs. . . . .	\$	<u>          </u>
	Storage Costs (if separate claim). . . . .	\$	<u>          </u>
	Business: Moving Expenses. . . . .	\$	<u>          </u>
	Business: In Lieu Payment. . . . .	\$	<u>          </u>
	Business: Storage Costs. . . . .	\$	<u>          </u>
	Business: Loss of Property . . . . .	\$	<u>          </u>
	Business: Searching Expenses . . . . .	\$	<u>          </u>

Name of Client Allen Cornwell Less - \$           \*

Move from 542 N. Knott Total \$ 1,000.00

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

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 609 EH

DATE November 27, 1972

\$ 1,000.00

PAY TO **Allen Cornwell**

**DOLLARS**

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**  
 AUTHORIZED SIGNATURE

DETACH BEFORE DEPOSITING CHECK

Portland Development Commission 224-4800

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants. Move from 542 N. Knott (Parcel E-3-7).  Total approved \$4,000.00 1st annual payment 2nd  Allen R. Cornwell 5125 SE. 80th NOV-28-1972 RECEIVED 1,000.00	<u>\$1,000.00</u>

**Account Distribution**

NO. TITLE AMOUNT

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 180 EH

DATE December 10, 1971

PAY TO **Allen and Rena Cornwell**

\$ 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
		Reimbursement per claim for RHP for Tenants. 542 N. Knott (E-3-7).	
		Total approved	\$4,000.00
		1st Year annual payment	\$1,000.00

**Account Distribution**

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

Received By

Allen Cornwell

*JMS*

Dec. 13, 1971

*AC*

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 26611 G

DATE August 20, 1971

PAY TO THE ORDER OF **Allan Cormwell**

\$ 389.34

DOLLARS

**NON-NEGOTIABLE**

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

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Relocation Payment filed. Move from 542 N. Knott, own furn. (Parcel E-3-7) to 3820 N.E. Mallory. Dislocation Allowance <span style="float: right;">\$200.00</span> Fixed Payment <span style="float: right;">\$220.00</span> Less rent due, 7/17-8/10/71 <span style="float: right;"><u>(30.66)</u></span>	<span style="float: right;"><u>189.34</u></span> <span style="float: right;"><u>\$389.34</u></span>

**Account Distribution**

NO.	TITLE	AMOUNT
E 1122	A/C Rec. - rent	\$ (30.66)
E 1501	Relo. Payments (EH) (Fixed - Family)	<u>420.00</u>
		\$ <u>389.34</u>

*Allan R. Cormwell*  
 Received \$ 389.34 8-20-71

*Total Payment  
 Eh*

*AD*



WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emanuel Project

PROJECT NO. R-20

1. Full name of claimant: Allen Cornwell

Family  Individual

2. Dwelling unit from which you moved:

Parcel No. E-3-7

a. Address 542 N Knott

c. Number of bedrooms 2

Portland Oregon

d. Monthly rental \$ 53.00

b. Apartment or room number         

e. Date displaced 7/28/71

3. Dwelling unit to which you moved (RENTAL)

a. Address 3820 NE Mallory

c. Number of bedrooms 1

Portland, Oregon

d. Monthly rental \$ HAP

b. Apartment or room number         

e. Date moved in 7/28/71

4. Dwelling unit to which you moved (PURCHASE)

a. Address         

c. Downpayment \$         

d. Incidental expenses \$         

b. Number of bedrooms         

e. Date of purchase         

5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)

a. Address from which you moved         

b. Address to which you moved         

c. Date of move         

d. Monthly rental for temporary unit: \$         

e. Require temporary housing for more than 3 months?  Yes  No

If yes, total number of months in temporary housing          months

Incidental expenses.

<u>Item</u>	<u>Charged to claimant</u>	<u>Paid by Claimant</u>	<u>Claimed</u>	<u>Approved</u>
<u>        </u>	\$ <u>        </u>	\$ <u>        </u>	\$ <u>        </u>	\$ <u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>
<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>	<u>        </u>

List of documents submitted (attached) in support of above:

Determination

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

Tenant's initial date of rental Dec 1, 1970

Date of acquisition         

Owner-occupant's initial date of ownership         

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

Date of rental or purchase Dec 1 1970

Date of initiation of negotiations 6/23/71

3. Is replacement housing standard? HAP Yes  No

If previously substandard, date found standard         

4. Certification: Moved to HAP Housing. Remodeled before moving in.

(Amount of this claim \$ 7000.00 )

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

NAME AND ADDRESS OF CLAIMANT:

Rena & Allen Cornwell  
3820 NE Malloy Apt 20  
Portland, Oregon

COMPUTATION PREPARED BY:

C. Daniels  
Name  
11/22/77  
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

~~\$178.25~~  
\$ 128.35  
40.00  
4 | 160.00

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

\$ 40.00

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1      \$ 128.35  
Line 2      - \$ 40.00  
                  \$ 88.35  
                  X      48

\$ 4240.80

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)

- \$         

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.

DATED this 10th day of Aug 19 71.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 542 N. Knott  
\_\_\_\_\_, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

*William Carmichael*  
(firm name)

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

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)

Allen Cornwell  
3820 N.E. Mallory  
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 **		8-17-71
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
8/20/71 <del>266116</del>	266116	\$ 200.00	18		\$

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

\*\* DISLOCATION ALLOWANCE

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) Allen Cornwell	2. DATE(S) OF MOVE August 10, 1971
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 542 N. Knott b. Apt., Floor, or Room No. <u>Downstairs Apt.</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>5</u> e. Date you moved into this address: <u>Dec. 8, 1970</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 3820 N.E. Mallory b. Apt., Floor, or Room No. <u>#20</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 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 <input checked="" type="checkbox"/> <b>DISLOCATION ALLOWANCE</b>
--	--

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) <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.

August 12, 1971  
Date

Allen Cornwell  
Signature of claimant

(Over)

**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)

Allen Cornwell  
3820 N.E. Mallory #20  
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 \$ _____	* \$ 189.34	<i>J. W. Bigham</i>	8-20-71
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
8/20/71	266116	\$ 189.34			\$

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

\* Rent owing from 7/17 thru 8/10, 1971 @ \$40.00 per month \$30.66      \$220.00  
 Less 30.66  
 Total \$189.34

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) Allen Cornwell	2. DATE(S) OF MOVE August 10, 1971
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 542 N. Knott b. Apt., Floor, or Room No. <u>Downstairs Apt.</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>5</u> e. Date you moved into this address: <u>Dec. 8, 1970</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 3820 N.E. Mallory b. Apt., Floor, or Room No. <u>20</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:		Check c if applicable:
<input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property	<input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs	
<input checked="" type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved) (5 rooms)		
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.)	\$ 220.00	

**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.

August 12, 1971  
Date

Allen Cornwell  
Signature of claimant

## Dwelling Unit Inventory

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

<u>QUANTITY</u>	
<u>1</u>	Night Stand
<u>1</u>	Occasional Chair
<u>1</u>	Overstuffed Chair
_____	Overstuffed Rocker
<u>1</u>	Range
<u>1</u>	Refrigerator: Brand _____
_____	Rocker
<u>1</u>	Rug & Pad: Size _____
_____	Stool
_____	Table Lamp & Shade
_____	Table, small
_____	Vanity & Bench
<u>3</u>	Suitcases
_____	Trunks
<u>✓</u>	Cartons, Boxes, Etc.
<u>✓</u>	Clothes
<u>✓</u>	Bedding & Linens

### Miscellaneous (List Items)

T.V.

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COMMENTS:



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 Mr + Mrs Renee Cornwell
4. Address 542 N. Knatt
5. Number of persons in family 2
6. Total monthly assistance \$160.00
7. Date assistance began 7-15-71
8. Date assistance to terminate Not yet determined

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION  
Gordon Gilbertson, Administrator

Allan Sternig                      Adult Services  
(Caseworker)                      (Dept.)  
7-27-71  
\_\_\_\_\_  
(Date)

**PORTLAND DEVELOPMENT COMMISSION**

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

July 29, 1971

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

Gentlemen:

This is to inform you that Mr. & Mrs. Allen Cornwell,  
of 542 N. Knott, 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. and Mrs.  
Cornwell in his (her) efforts to obtain suitable housing.

Very truly yours,

W. Stanley Jones

WSJ:slc

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.

July 13, 71  
Date

Allan Cornwell  
Signature of Claimant

(If more than one claimant, each should sign)

(Return this form to PDC)

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.

William Carnwell

June 24, 71  
date

July 13, 1971

Chet --

Mr. Allen Sternig, Welfare, Model Cities Office,  
called re: Cornwell

Mrs. Corn well has applied for welfare  
and will be eligible for benefits beginning  
July 27, 1971.

Maximum benefits for her will be \$120/month

# 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 DC Date of survey 2/20/71 Tabulator \_\_\_\_\_ Date tabulated \_\_\_\_\_  
 Dwelling Unit No. 2 Structure No. 1 Census Block No. 75 Census Tract No. 22A  
 Street Address 542 N Knott Apartment No. \_\_\_\_\_

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

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

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

Name	Family relation	Age	Sex	Occupation
1. <u>CORNWELL, ALLAN</u>	<u>Head of household</u>	<u>24</u>	<u>M</u>	<u>LABORER</u>
2. <u>" RENA</u>		<u>33</u>	<u>F</u>	<u>HOUSEWIFE</u>
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				

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

1. Jobholders in this household, employers and location of jobs:

Names of jobholders	Names of employers	Street address where jobs are located	Distance to work
<u>Allen Cornwell</u>	<u>Volney Felt Mills</u>	<u>Front Ave, NW</u>	<u>3</u>
_____	_____	_____	_____
_____	_____	_____	_____

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
<u>Allen Cornwell</u>	<u>\$ 274 pm</u>	<u>\$ 380 pm</u>
_____	_____	_____
_____	_____	_____
<b>Total family or household income per month</b>	<b>\$ _____</b>	<b>\$ <u>7520.00</u></b>

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

1. Location (indicate approximate cross streets) SE King Rd of Johnson Creek
2. Transportation, number of autos owned \_\_\_\_\_, use bus \_\_\_\_\_, walk \_\_\_\_\_
3. Will rent house , apartment \_\_\_\_\_, expect to pay rent, including utilities, at \$ \_\_\_\_\_ 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 2, kitchen 1, dining room 1, living room 1, number of bathrooms 1, 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 OC Date 2/20/71 Surveyed 2/20/71 Tabulator \_\_\_\_\_ Date \_\_\_\_\_  
 Dwelling Unit No. 2 Structure No. 1 Census Block No. 75 Census Tract No. 22A  
 Street Address 542 N Knott Apartment No. \_\_\_\_\_  
 Legal Description \_\_\_\_\_

NAME OF OCCUPANT: <u>ALLAN CORNWELL</u>	NAME & ADDRESS OF OWNER <u>Darrell Cornwell</u> <u>17969 SE Oak, Milwaukie</u>	NAME & ADDRESS OF PROP. MGR: _____
TELEPHONE: <u>287-2622</u>	TELEPHONE: <u>684-3121</u>	TELEPHONE: _____
INTERVIEWED? (✓) Yes ( ) No	INTERVIEWED? ( ) Yes ( ) No	INTERVIEWED? ( ) Yes ( ) No

**I. DESCRIPTION OF STRUCTURE**

<u>      </u> Kind of dwelling unit	<u>      </u> No. of units in bldg.
<u>      </u> One-family house	
<u>      </u> Apt. in a house	
<u>✓</u> Apt. in apt. bldg. or plex	<u>2</u>
<u>      </u> Apt. in comm. bldg.	
<u>      </u> Mobile home or trailer	

This structure has 2 stories (do not count basement)

**II. OCCUPANCY STATUS OF DWELLING UNIT**

       Owner occupied  
✓ Renter occupied  
       Vacant

**III. SIZE OF DWELLING UNIT**

1144 Sq. ft. in first floor (county figure)  
1144 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  
3/3/67 Date of last appraisal  
1908 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

**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>3320</u>	\$ _____
Improvements	<u>3740</u>	_____
Total	<u>7060</u>	_____

2288 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>53.00</u>	_____	\$ _____
Electricity	_____	\$ <u>9.00</u>	_____
Gas	_____	_____	_____
Water	<u>w/rent</u>	_____	_____
Heat (oil, or other)	<u>gas</u>	<u>25.00</u>	_____
Total	\$ <u>53.00</u>	\$ <u>34.00</u>	\$ <u>87.00</u>

Deposits required of renter  
 Advance rent \$ \_\_\_\_\_, 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**

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

assessor's records filed in  
Jessie FLORES file