

	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 5/27/75

NAME Betty Jean Crittenden

Client was found eligible for Rental Assistance Payments and has been paid in full, plus moving and dislocation allowance. Case Closed.

(signed) _____
worker

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME CRITTENDEN, Betty Jean RELOCATION ADVISOR J Crolley
 ADDRESS 3222 N. Gantenbein PHONE 288-8861 work PROJECT NAME Emanuel ORE, R-20
 SEX F ETHN black VETERAN AGE 25 PARCEL NO. A-3-9
 MARITAL STATUS TENURE tenant
 DISABILITY INDIV FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING FHA 235
 RENT SUPPLEMENT OTHER
 INITIAL INTERVIEW 8-20-71 DATE INFO PAMPHLET DELIVERED
 NOTICE TO MOVE DATES EFFECTIVE EXPIRATION DATE
 NOTIFY IN CASE OF EMERGENCY

DATE ON SITE:	<u>January 1971</u>
INITIATION OF NEGOTIATIONS:	<u>5-12-71</u>
DATE OF ACQUISITION:	<u>11-17-72</u>

ECONOMIC DATA

Employer 4-C Information \$ 450.00
 Address 714 1/2 N. Alberta
 MCW
 Social Security
 Pension
 Other
 TOTAL MONTHLY INCOME \$ 450.00

FAMILY COMPOSITION

Name	Relation	Age
Gene	son	6
James	son	1

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1910 No. Rooms 2
 No. Bedrooms Furn. Unfurn X
 Utilities \$
 Monthly Payments (Rent) \$ 50.00
 Acquisition Price \$
 Taxes \$ Equity \$
 Liens \$

Size of Habitable Area 500

HOUSING REFERRALS

Address	Bedrooms
<u>1</u>	

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	
Food Stamp Program	
Housing Authority	
Legal Aid	X
FISH	
Health Dept.	

Hand add: 4915 NE. 15th - 282-8374

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 3414 N. E. 15th Phone _____ Date of Move 12/71

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	X	Mobile Home	
		Private Sales			

Furnished ___ Unfurnished ___ Number of Rooms 7 Number of Bedrooms 4 Habitable Area 1109

Utilities \$ _____ Monthly Payments (Rent) \$ 140.00 Purchase Price \$ _____

Age of Structure: 60 plus Taxes \$ _____ Equity \$ _____ Distance Moved Away _____

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	427 EH	6/12/72	\$ 940.00
TACO (Rental)	770 EH	6/11/73	\$ 940.00
TACO (Rental)	945 EH	6/19/74	\$ 940.00
TACO (Rental)	1045 EH	5/21/75	\$ 940.00
TACO (Sales)			\$
Fixed Moving	26617 G	8/26/71	\$ 300.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

TOTAL BENEFITS RECEIVED \$4600.00

TOTAL RHP: \$3,760.80

REALTOR: _____ ESCROW CO. _____ OFFICER _____

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. Q-3-9 Advisor VE
Client's Name Wittendin, Betty Phone _____
Address 3222 N. Gantenbier Ethn Black Age 25

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

Family Composition

Single Female Head of Household.

Total Number in Family 3
_____ wife, husband

Economic Data

Employer no information \$ 450.00
Address _____
Other Source of Income _____ \$ _____
Total Monthly Income \$ (450.00)

Other: Relation Age Relation Age

SON	6		
SON	1		

- Eligible for Public Housing YES NO
- Eligible for Welfare YES NO
- Eligible for (Other) YES NO
- Presently Receiving Welfare YES NO
- Other Assistance _____

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 8-20-71 Date of info pamphlet delivery 8-20-71

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 1-1971

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

Date of initiation of negotiations for purchase of property 5-12-71

Date of Acquisition 11-17-72

Date of letter of Intent _____

Date of move 12-71

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 1910
 ✓ Size of Habitable Area 500
 Furnished with claimant's furniture
 YES NO

✓ Total Number of Rooms 2 Rent Paid \$ 5000 Utilities _____
 ✓ Number of Bedrooms 2 Monthly Housing Payments \$ _____ Taxes _____
 Liens \$ _____ (please explain) _____
 Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 3414 N.E. 15th LPA Referred 2 Self Referred

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

Outside city Outside state
 ✓ Age of Housing Unit 600 plus
 Size of Habitable Area 1109
 ✓ No. of Rooms 7 No. of Bedrooms 4

For Claimants Who Purchased

For Claimants Who Rented

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

Rent \$ 140.00
 Utilities \$ _____
 Total Rent Assistance \$ 3760.80
 Amount of Annual Payment \$ 940.20

No. of Housing Referrals to: 0 Agency Referrals:
1 Standard Sales MCW HAP OTHER (_____)
 _____ Standard Rent Food Stamp Legal Aid Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____
 Date _____ Ck # _____ Type _____ Amount \$ _____
 Date _____ Ck # _____ Type _____ Amount \$ _____

INTERVIEW REGISTER

Date

Relocation
Worker

8/26/71

Mrs. Crittenden moved from the project August 26, 1971 to a substandard house at 3113 N. E. 9th that was being remodeled to be a four bedroom house at 145.00 a month for rent, to be purchased when finished. After having moved in, the landlord did very little to the house to get it ready for purchase. Two (2) of the bedrooms were never available for occupancy. She was not able to get him to complete the house immediately, so she choose to move out and seek another house. October 25, 1971, she signed an earnest money agreement to purchase a house at 3414 N. E. Fremont. She agreed to move in as a renter until the house was brought up to FHA and City Requirements. She has been renting, waiting for the landlord to make the dwelling ready. The landlord would not allow a city inspection until the work was finished. Consequently, the inspection was not done until April 11, 1972. We are now awaiting the correction of plumbing as cited by the plumbing inspector.

Oct 25

Betty inquired about benefits and stated that she wanted to purchase a house instead of renting. I informed her of her possible benefits and services that we offered. She was shown our multiple listing to get some ideas about what was available. She chose to look on her own for a house to purchase. She found a house she could rent and purchase as as soon as it could be finished. It is an existing structure that is being rehab. and sold on a 235 program. Rent is \$145 per mo. for the 3 bedroom house. Application was made for 235 at Columbia Mtg.

JCC

8-26-71

Betty moved into this house at 3113 N. E. 9th St. The owner has agreed to complete the rehab. as soon as possible. The house was never completed as promised so she moved Dec. 1, 1971.

JCC

6-12-72

Payment made for 1st annual TACO of \$940.20.

6-11-73

Claim filed and payment made on 2nd annual TACO.

6/19/74

Claim filed and payment disbursed for 3rd annual TACO.

JCC

5/27/75

Claim filed and payment disbursed for fourth and final TACO payment. Case closed.

BRB

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

Nº 1045 EH

DATE May 21, 19 75PAY TO **Betty Jean Crittenden**

\$ 940.20

Betty Jean Crittenden

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGONAUTHORIZED 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 3222 N. Gantenbein (Parcel A-3-9). Total approved \$3,760.80 4TH & FINAL PAYMENT	\$940.20
		<i>Received 5/27/75</i>	

Account Distribution

NO.

TITLE

AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: _____

PAYABLE TO: Betty Jean Crittendon

For: RHP for Homeowners	\$ _____
Incidental Expenses for Homeowners or Tenants.	\$ _____
<input checked="" type="checkbox"/> RHP - Tenants & Certain Others - Rental: Total approved \$3760 ⁸³ ; Annual amount	\$ <u>940.20</u>
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 Betty Jean Crittendon Family Less - \$ _____ *

Move from 3222 N. Gastenber Individual Total \$ 940.20

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

0600 X10 901
fourth final
Jaw

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley
(Relocation Advisor)

DATE 5-1-75

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

RE: Betty Crittenden
(Displacee)

3414 N. E. 15th
(Address)

No. 4th & Final
(annual payment)

\$ 940.20
(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: 3414 N.E. 15th Avenue

Date Inspected: 6/14/74 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Client continues occupancy in same standard dwelling.

SIGNED: Betty Jean Crittenden
(Displacee)

SIGNED: Betty L. Burns
(Relocation Advisor)

DATE: _____

DATE: 5/13/75

TO: Ag. Acctg.

DATE: 5/13/75

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: Betty Jean Crittenden

PROJECT: eman.

FOR: \$ 940.20 - 4th sub final TACO

AMOUNT: _____

SIGNED: Betty L. Burns

B.C.W.

RELOCATION PAYMENT

Project: Emanuel R-20 Parcel: A-3-9

Payable to: Betty Jean Crittenden

Amount

For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners (if separate claim)	\$ <u> </u>
<u> X </u> RHP for Tenants & Certain Others:	
Rental: Total approved \$ <u>3760.80</u> ; Annual amount.	\$ <u>940.20</u>
or Purchase:	\$ <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 (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 Betty Jean Crittenden Less - \$ *

Move from 3222 N. Gantenbein Total \$ 940.20

Accounting: Indicate symbol & Acct. No.
E 1501 Relocation Payment; Project Cost *()

**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

CRITTENDEN, Betty Jean Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-3-9

a. Address: <u>3222 N. Gantenbein, Portland, Oregon 97227</u> b. Apartment or room number: <u>---</u> c. Number of bedrooms: <u>2</u>	d. Monthly rental: \$ <u>50.00</u> e. Date you moved out of this dwelling: <u>8-7-71</u> Month-Day-Year
---	--

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): <u>3414 N. E. 15th, Portland, Oregon 97212</u> b. Apartment or room number: <u>---</u> c. Number of bedrooms: <u>4</u>	d. Monthly rental: \$ <u>140.00</u> e. Date you moved into this dwelling: <u>December, 1971</u> 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 <input type="checkbox"/> No <input type="checkbox"/> 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.

December 8th, 1971

Date

Betty Jean Citterden
Signature of Claimant (s)

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

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

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

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

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

NAME AND ADDRESS OF CLAIMANT:

Lowtender, Billy Jean

COMPUTATION PREPARED BY:

Carroll
Name
Jan 2, 1977
Date

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

Required Information

1. Monthly gross rental for comparable unit ^(need) 2 bedroom \$ 128.35
 (cost based on: Schedule ^{need}
 Comparative
 Other
2. Base monthly rental for claimant's former dwelling, or 25% of adjusted monthly income, whichever is less. ^{100.31} → \$ 50.00

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$	<u>128.35</u>	
Line 2	-	<u>50.00</u>	
		<u>78.35</u>	
	X	<u>48</u>	

\$ 3760.80
940.20

4. Base amount (if amount on Line 3 is \$4,000 or more, enter \$4,000. If amount on Line 3 is less than \$4,000, enter amount on Line 3.)

\$ _____

5. Minus adjustments (Attach full explanation)

- \$ _____

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

\$ _____

7. Annual Payment

\$ 940.20

(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 Betty Jean Crittenden

Parcel No. A-3-9

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: January, 1971

Date of Acquisition: n/a

Owner-Occupant's initial date of ownership: _____

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

Date of Rental or Purchase: January, 1971

Date of Initiation of Negotiations: _____

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

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

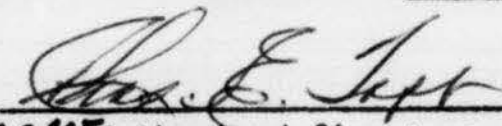
Month-Day-Year

4. CERTIFICATION OF LOCAL AGENCY

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ 940.20 is authorized.

6-8-72

Date


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>6/12/72</u>	<u>427EH</u>	\$ <u>940.20</u>
2nd Year	<u>6/11/73</u>	<u>770EH</u>	\$ <u>940.20</u>
3rd Year	<u>6/19/74</u>	<u>945EH</u>	\$ <u>940.20</u>
4th Year	_____	_____	\$ _____
b. Claimant moved to unit he purchased	_____	_____	\$ _____
c. Homeowner temporarily displaced	_____	_____	\$ _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Emmanuel

PROJECT NO. 620

1. Full name of claimant: Santerker, Betty Jean Family Individual
2. Dwelling unit from which you moved: Parcel No. A-3-9
 a. Address 3222 N. Santerker c. Number of bedrooms 2
 b. Apartment or room number — d. Monthly rental \$ 50.00
 e. Date displaced 8-7-71
3. Dwelling unit to which you moved (RENTAL)
 a. Address 2414 N. E. 15th c. Number of bedrooms 4
 b. Apartment or room number — d. Monthly rental \$ 140.00
 e. Date moved in Dec 1971
4. Dwelling unit to which you moved (PURCHASE)
 a. Address _____ c. Downpayment \$ _____
 b. Number of bedrooms _____ d. Incidental expenses \$ _____
 e. Date of purchase _____
5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)
 a. Address from which you moved _____
 b. Address to which you moved _____
 c. Date of move _____
 d. Monthly rental for temporary unit: \$ _____
 e. Require temporary housing for more than 3 months? Yes No
 If yes, total number of months in temporary housing _____ months

Incidental expenses.

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

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

Determination

1. Did claimant rent or own at time of acquisition? Yes No
 Tenant's initial date of rental Jan 1971
 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 Jan 1971
 Date of initiation of negotiations _____
3. Is replacement housing standard? Yes No
 If previously substandard, date found standard _____
4. Certification:
 (Amount of this claim \$ 940.20)

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

June 2, 1972

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwiddden, Chief

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

Attn: Jim Crolley

Re: 3414 N. E. 15 Avenue
(Crittenden)

*Rec'd
6-5-72*

Dear Sirs:

A reinspection was made by the Housing Division of the two-story, wood frame, single-family dwelling and detached garage at the above address.

Our inspector reports the substandard conditions have been corrected and the structures comply with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CHF:vm

cc: Mr. Jack Quinlin
3039 N. E. 15 Avenue
Portland Development Comm.
5630 N. E. Union Avenue

FORM W 1-68

CITY OF PORTLAND, OREGON
BUREAU OF BUILDINGS
PLUMBING DIVISION

NOTICE
BOOK

Location 3414 N. E. 15 Avenue Date May 15, 19 72

Agent }
Owner { Jack J. Quinlin Address 3039 N. E. 15 Avenue

NOTICE OF DEFECTS IN PLUMBING SYSTEM

Your attention is called to the following defects in the plumbing system at the above address. Please have these defects corrected to comply with the Plumbing Code, Ordinance No. 77482. If you desire further explanation as to the corrections required, please call 228-6141, Ext. 427 between the hours of 8:00 and 9:30 a.m. and ask for Mr. Schofield of the Plumbing Division, who will arrange to meet you on the premises.

A recent plumbing inspection at the above address revealed the following violations:

- Repair leaking faucet on wash basin.**
- Install floor drain primer line.**
- Install solder bushing on kitchen sink trap.**

If further information is desired, please contact this office.

CWW:DH

**cc: Housing Division
Portland Dev. Commission**

CHIEF PLUMBING INSPECTOR

By [Signature]

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

April 11, 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. Chegwidden, Chief

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

Re: 3414 N. E. 15 Avenue

Attn: Jim Crolley

Dear Sirs:

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

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

1. The nonabsorbent bathroom floor cover is deteriorated.
2. Gutters and downspouts are rusted through, and the outfall lines are obstructed.
3. There is a broken window pane in the garage.

Due to obvious deficiencies in the plumbing installation, an inspection by the Plumbing 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. Chegwidden
Chief Housing Inspector

CHF:ms

cc: Mr. Jack Quinlin
3039 N. E. 15 Ave.
Portland Dev. Commission
5630 N.E. Union Ave.

Client meets timing requirements
in that claim was filed
within 6 month time
(Displaced 8-7-71, moved into
2nd replacement dwelling 12-71;
filed claim 12-8-71)

Claimant was notified 4-11-71
of substandard conditions and
these have been completed
within 90 days (6-2-72) on
dwelling at 3414 NE 15th which
claimant has rented since
12-71.

WJG

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 945 EH

DATE June 19, 19 74

PAY TO **Betty Crittenden**

\$ 940.20

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 Tenenas filed. Move from 3222 N. Gantenbein (Parcel A-3-9). Total approved \$3,760.80 3rd annual payment	\$940.20
	<i>Rec'd</i>	<i>Betty Jean Crittenden</i> <i>6-20-74</i>	

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-3-9

PAYABLE TO: Betty Crittenden

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>3760.85</u> ; Annual amount \$ <u>940.20</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 Betty Crittenden Family Less - \$ *

Move from 3222 N Yantabee Individual Total \$ 940.20

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

OK VAD

0600 EGO 901

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: Betty Crittenden (Emanuel)
(Displacee)

3414 N.E. 15th
(Address)

No. 3rd
(annual payment)

\$ 940.20
(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: Same

Date Inspected: 6-14-74 Condition: Standard Substandard

If substandard: (1) Date re:inspected and found standard _____

or (2) Displacee notified of ineligibility: yes no

Comments: Same house as the last 2 years.
House remains in standard condition

SIGNED: Betty Crittenden
(Displacee)

SIGNED: James C. Crolley
(Relocation Advisor)

DATE: 6-14-74

DATE: 6-14-74

TO: Bob Douglas

DATE: 6-12, 1974

FROM: JIM CROLLEY

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: Betty Crittenden

PROJECT: Emanuel - TACO

FOR: Relocation

AMOUNT: 940.20

WBJ SIGNED: James C. Crolley

May 9, 1975

Mrs. Betty Crittenden
3414 N. E. 15th Avenue
Portland, Oregon

Dear Mrs. Crittenden:

A fourth and final rental assistance payment will be due you on June 1, 1975.

In order to make this payment to you on a timely basis, it will be appreciated if you would notify the Portland Development Commission of your continued occupancy in a standard dwelling.

Thank you for your cooperation.

Very truly yours,

Betty R. Burns
Relocation Advisor

BRB:rd

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 770 EH

DATE June 11, 1973

PAY TO **Betty Jean Crittenden**

\$ 940.20

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
		<p>Reimbursement per Claim for RHP for Tenants filed. Move from 3222 N. Gantenbein (Parcel A-3-9).</p> <p>Total approved \$3,760.80 2nd annual payment</p> <p><i>June 12, 1973</i> <i>Betty J. Crittenden</i></p>	<p><u>\$940.20</u></p>

Rec'd

Account Distribution

NO. TITLE AMOUNT

0600 EGO 901

RELOCATION PAYMENT

PROJECT: Emanuel ORE R-20

PARCEL: A-3-9

PAYABLE TO: Betty Jean Crittenden

For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners or Tenants	\$ <u> </u>
<u> x </u> RHP - Tenants & Certain Others - Rental: Total approved \$3760.80 Annual amount	\$ <u>940.20</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 Betty Jean Crittenden Family Less - \$ *

Move from 3222 N. Gantenbein Individual Total \$ 940.20

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

2nd Annual Taco Rent Benefit

OK. SMC

Bew

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: J. CROLEY DATE May 23, 1973
(Relocation Advisor)

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

RE: Betty Crittenden 3414 N.E. 15th
(Displacee) (Address)

No. 2 \$ 940.20 6/12/73
(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: 3414 N E 15th

Date Inspected: June 1, 1973 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: This is same dwelling that was inspected a year ago found to be standard. Upon my inspection the structure still comply with city housing regulations.

SIGNED: Betty Jean Crittenden SIGNED: James C. Crowley
(Displacee) (Relocation Advisor)

DATE: June 8, 1973 DATE: June 8, 1973

TO: Bob Douglas DATE: June 8, 1973

FROM: Emanuel

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Betty J. Crittenden
PROJECT: Emanuel
FOR: Relocation TACO
AMOUNT: 940.20

SIGNED: James C. Crowley

URBAN REDEVELOPMENT FUND-PROJECT EXPENDITURES-EMANUEL HOSPITAL, ORE. R-20

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 427 EH

DATE June 12, 19 72

PAY TO **Betty Jean Crittenden**

\$ 940.20

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 3222 N. Gantenbein (Parcel A-3-9).	
		Total approved 1st annual payment	\$3,760.80
			<u>\$940.20</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP) (EH)	\$940.20

Date 6-13-72 Loan No 157 \$ 940²⁰
 Received from P.D.C. (Crittenden)
 for Rent Assistance Cr 2302
 Cr _____
 Cr _____

JHK

COLUMBIA MORTGAGE CO.

by J. Byrnes
Journal Cash Check

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 26617 G

DATE August 26, 1971

PAY TO THE
ORDER OF

Betty J. Crittenden

\$ 300.00

DOLLARS

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

NON-NEGOTIABLE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Per Claims for Relocation Payment filed. Move from 3222 N. Gantenbein to 3113 N.E. 9th (Parcel A-3-9). Dislocation Allowance \$200.00 Fixed Payment (own furn.) <u>100.00</u>	<u>\$300.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - own furn. - Family)	\$300.00

Betty Jean Crittenden

BJ

AC

RULES AND REGULATIONS - 42.80

"Limitations - joint occupants of single-family dwellings.

If individuals (not a family) who are joint occupants of a single-family dwelling submit more than one claim, an eligible claimant for a payment under paragraph (a) of this section may be paid only his reasonable prorated share (as determined by the State agency) of the total payment applicable to a single individual, and the total of alternate payments made to all such claimants moving from such dwelling shall not exceed the total fixed payment applicable to a single individual."

This claimant is a family and this provision would therefore seem not to apply.

FOR LOCAL AGENCY USE ONLY

R-

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT <h3 align="center">CLAIM FOR RELOCATION PAYMENT</h3> (Certification of Eligibility and Record of Payments -- Families and Individuals)	NAME AND ADDRESS OF CLAIMANT (Include ZIP code) Betty Jean Crittenden 3113 N.E. 9th 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 **	<i>B. Ice</i>	9-26-71
b. Reimbursement for actual direct loss of property	\$	<i>new</i>	
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
8/26/71	266176	\$ 200.00 <i>B</i>			\$

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)
 Betty Jean Crittenden

2. DATE(S) OF MOVE
 8/7/71

3. ADDRESS FROM WHICH YOU HAVE MOVED
 a. Address A-3-9
 3222 N. Gantenbein
 b. Apt., Floor, or Room No. house
 c. Was it furnished with your own furniture? Yes No
 d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 2
 e. Date you moved into this address: Jan. 1971

4. ADDRESS TO WHICH YOU HAVE MOVED
 a. Address (include ZIP code)
 3113 N.E. 9th
 b. Apt., Floor, or Room No. House
 c. Were household goods moved to or from storage?
 Yes No
 If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED
 Check a or b after consulting local agency:
 a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property
 b. Fixed Payment (May not be made if storage costs are involved)

Check c if applicable:
 c. Supplementary claim for reimbursement of storage costs
 DISLOCATION ALLOWANCE

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.) \$ 200.00

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

7. NAME OF MOVING COMPANY (OR PERSON)

8. MOVER'S TELEPHONE NO.

9. ADDRESS OF MOVING COMPANY (OR PERSON)

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

- a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.
- b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

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

12. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

Aug 19 1971
 Date

Betty J. Crittenden
 Signature of claimant

(Over)

WJ

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)

Betty Jean Crittenden
3113 N.E. 9th
Portland, Oregon

NAME OF LOCAL AGENCY

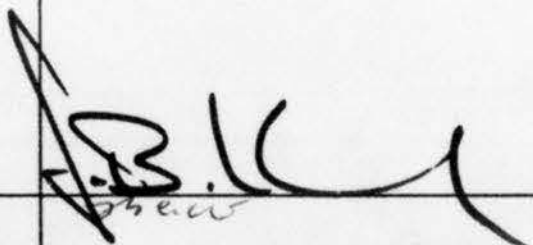
Portland Development Commission

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 \$ _____	\$ 100.00		8-26-71
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
8/26/71	266176	\$ 100.00			\$

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

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

HUD-6110.1
 (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-6147.1, 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) Betty Jean Crittenden	2. DATE(S) OF MOVE 8/7/71
---	------------------------------

3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address A-3-9 3222 N. Gantenbein b. Apt., Floor, or Room No. <u>house</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>2</u> e. Date you moved into this address: <u>Jan. 1971</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 3113 N.E. 9th b. Apt., Floor, or Room No. <u>house</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:

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

b. Fixed Payment (May not be made if storage costs are involved) (2 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.)	\$ 100.00
---	-----------

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.

Aug 19 1971 Betty J. Crittenden
 Date Signature of claimant

December 28, 1971

Portland Development Commission
235 N. Monroe
Portland, Oregon 97227

Gentlemen:

It is my understanding that I am eligible to receive a Replacement Housing Payment to Tenants and Certain Others of \$940.20 at this time (representing my first annual payment).

It is my wish to use this payment to purchase a house at 3414 N. E. 15th Avenue, Portland, Oregon. This is to authorize you to place this amount in escrow to cover the cost of down payment, closing costs and any other related costs incident to the purchase of this house.

Betty Jean Crittenden
Betty Jean Crittenden

FHA MORTGAGEE NO.

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
FEDERAL HOUSING ADMINISTRATION

FHA
CASE
NO.

**CONDITIONAL COMMITMENT
FOR MORTGAGE INSURANCE UNDER
THE NATIONAL HOUSING ACT**

PROPERTY ADDRESS

2315 N.E. 11th
Portland, Oregon

SEC. 203(b) SEC. _____

MORTGAGEE

Columbia Mortgage Company
200 International Bldg.
P.O. Box 100
Portland, Oregon

**ESTIMATE OF VALUE AND
CLOSING COSTS**

VALUE OF PROPERTY \$ 17,250
Closing Costs \$ 500
TOTAL (For Mortgage Insurance Purposes) ... \$ 12,050

**MONTHLY EXPENSE
ESTIMATE**

Fire Ins. \$
Taxes \$
Main. & Repairs \$
Heat & Utilities \$

APPROVED FOR COMMITMENT

COMMITMENT
Issued: 11 19
Expires: 19

COMMITMENT TERMS MAX. MORT. AMT. \$ 12,650 NO. MOS. 240 MAX. INTEREST 7 %

EXISTING PROPOSED
(See Gen. Cond. #3)

Improved Living Area 1104 Sq. Ft.

INFORMATION

The estimates of fire insurance, taxes, maintenance/repairs, heat/utilities and closing costs are furnished for mortgagee's and mortgagor's information. They may be used to prepare FHA Form 2900. Application for Credit Approval, when a firm commitment is desired.

GENERAL COMMITMENT CONDITIONS

1. MAXIMUM MORTGAGE AMOUNT AND TERMS -

- (a) **OCCUPANT MORTGAGORS:** The mortgage amount and term set forth in the heading are the maximum approved for this property assuming a satisfactory owner-occupant mortgagor. The maximum amount and term in the heading may be changed depending upon FHA's rating of the borrower, his income and credit.
- (b) **NONOCCUPANT MORTGAGORS:** If the mortgagor does not occupy the house, the law limits the maximum mortgage amount to not to exceed 85% of the maximum amount available to an eligible mortgagor who will occupy the house (85% of value if Sec. 203(i) or 221). In the case of nonoccupant mortgagors, the firm commitment when issued will reduce the mortgage amount and terms below that stated in the heading.
- (c) **COMMITMENT CHANGES:** The Commissioner may, upon request of the approved mortgagee, change the mortgage amount and term set forth in the heading. If the application is accompanied by a VA CRV, changes will be made only if VA issues an amendment.

2. **FIRM COMMITMENT:**-A firm commitment to insure a loan will be issued upon receipt of an Application for Credit Approval, FHA Form 2900, executed by an approved mortgagee and a borrower satisfactory to the Commissioner.

3. **COMMITMENT TERM:** This commitment shall expire **SIX MONTHS** from the issue date in the case of an **EXISTING HOUSE** or **ONE YEAR** from its date in the case of **PROPOSED CONSTRUCTION**. (FHA classifies all cases as either "EXISTING" or "PROPOSED" for the purpose of determining when a commitment expires. Accordingly, a house, even though still under construction, may be classified as an existing house if it was not approved by FHA or VA prior to the beginning of construction.)

4. **CANCELLATION:**-This commitment may be cancelled after 60 days from the date of issuance if construction has not started, unless the mortgagee has disbursed loan proceeds.

5. **PROPERTY STANDARDS:**-All construction, repairs, or alterations proposed in the application or on the drawings and specifications returned herewith, shall equal or exceed the FHA Minimum Property Standards, or the deviations agreed upon pursuant to purpose and scope provisions of General Revision No. 6, dated August, 1968.

SPECIFIC COMMITMENT CONDITIONS (Applicable when checked)

1. **HEALTH AUTHORITY APPROVAL:**-Execution of Form 2573 by the Health Authority indicating approval of the water supply and/or sewage disposal installation is required. (Approval by letter or Health Authority Form may be used.)

2. **TERMITE CONTROL:**-(a) **EXISTING HOUSE** - Furnish certificate from a recognized termite control operator that the house shows no evidence of an active termite infestation. (b) **PROPOSED CONSTRUCTION** - Furnish original and two copies of Termite Soil Treatment Guarantee FHA Form 2052.

3. **SUBDIVISION REQUIREMENTS:**-Comply with Requirements No. _____ from Report dated _____ for _____ Subdivision.

4. **BUILDER'S WARRANTY:**-The builder shall execute FHA Form 2544, Builder's Warranty.

5. **PROPERTY INSPECTIONS:**-A notice of construction status shall be given by Form 2289X, letter or telephone at the time indicated below:

- (a.) **ALL PROPOSED CONSTRUCTION CASES:**
 - (1.) At least two work days before "beginning of construction."
 - (2.) When the building is enclosed, structural framing completely exposed and roughing-in of plumbing, heating and electrical work installed and visible
 - (3.) When construction completed and property ready for occupancy.
- (b.) **REPAIRS:** Notify FHA upon completion of required repairs.
- (c.) **CERTIFICATE OF COMPLETION:** A certificate stating that the mortgagee has examined the proposed or required repairs and that they have been satisfactorily completed will be accepted.

6. **VA INSPECTIONS:**-Furnish a copy of a clear VA final report.

7. **ASSURANCE OF COMPLETION:**-If the required repairs cannot be completed prior to submission of closing papers, a Form 2300 escrow in the amount of \$ _____ (or such additional amount as the lender desires) may be established as the means to assure completion.

8. **SECTION 235 AUTHORITY:**
(a) This commitment may be converted to section 235(i) upon receipt of an application covering an eligible borrower. Contract authority for this purpose has been obligated.
(b) If contract authority is available, this commitment may be converted to section 235(i) upon receipt of an application covering an eligible borrower.

9. **EXPIRATION DATE:**-The Total Value stated above is based on Veterans Administration Certificate of Reasonable Value, case number _____, dated _____. Regardless of General Commitment Condition Number 3, above, this commitment expires on _____.

10. See special conditions No. _____ below or on attached sheet.

52
59
61
65
79
91
95
109 (a)
110
112
113
140 (a) thru (c)

This commitment is within Section 203(b) mortgage limits.

STATEMENT OF APPRAISED VALUE FOR
A MORTGAGE TO BE INSURED UNDER
THE NATIONAL HOUSING ACT

SEC. 203(b) SEC. _____

PROPERTY ADDRESS

1234 N. Main St.
Springfield, Ill.

MORTGAGEE

Columbia Mortgage Co.
100 International Bldg.
117 N. Main St.
Springfield, Ill.

ESTIMATE OF VALUE AND
CLOSING COSTS

VALUE OF PROPERTY \$ 12,750
Closing Costs \$ 300
TOTAL (For Mortgage Insurance Purpose) \$ 13,050

MONTHLY EXPENSE
ESTIMATE

Fire Ins. \$ 3
Taxes \$ 23
Main. & Repairs \$ 10
Heat & Utilities \$ 35

APPROVED FOR COMMITMENT

COMMITMENT

Issued: 11-22-1971
Expires: 5-22-1972

DEFINITION OF VALUE

The Federal Housing Commissioner has valued the above identified property for mortgage insurance purposes in the amount shown.

FHA's estimate of "Value" ("Replacement Cost" in Section 213 or 220) does not fix a sales price, except when the mortgage is to be insured under section 235(i); does not indicate FHA approval of a purchaser of the property, nor does it indicate the amount of an insured mortgage that would be approved.

THE ESTIMATE OF VALUE AND CLOSING COSTS ABOVE HAS THREE PARTS:

"VALUE OF PROPERTY" IS FHA'S ESTIMATE OF THE VALUE OF THE PROPERTY.

"Closing Costs" is the FHA estimate of the cost of closing a mortgage loan on the property. These costs may be paid by either the buyer or the seller.

"Total for Mortgage Insurance Purposes" includes both the value of the property and estimated closing costs. The maximum mortgage which FHA can insure is based on this amount. Under those sections of the National Housing Act (such as 213 or 220) where the maximum mortgage amount must be based on estimated replacement cost, the "Value of Property shall be deemed to mean replacement cost for mortgage insurance purposes."

"Replacement Cost" is an estimate of the current cost to reproduce the property including land, labor, site survey and marketing expense but excluding payments for prepaid expenses such as taxes and insurance and closing costs.

If the contract price of the property is equal to or less than "Value of Property", and the buyer pays closing costs, a part of the closing costs can be included in the mortgage. IF THE CONTRACT PRICE OF THE PROPERTY IS MORE THAN "VALUE OF PROPERTY" AND THE BUYER PAYS THE CLOSING COSTS, THE BUYER IS PAYING MORE FOR THE PROPERTY THAN FHA'S ESTIMATE OF ITS VALUE.

The law requires that FHA mortgagors receive a statement of "appraised value" prior to the sale of the property. If the sales contract has been signed before the mortgagor receives such a statement, the contract must contain, or must be amended to include, the following language:

"It is...agreed that...the purchaser shall not be obligated to complete the purchase...or to incur any penalty...unless the seller has delivered to the purchaser a written statement setting forth...the value of the property (excluding closing costs) not less than \$ _____. The purchaser shall have the privilege...of proceeding with...this contract without regard to the amount of the...valuation."

ADVICE TO HOME BUYERS

ADVANCE PAYMENTS - Make extra payments when able. You pay less interest and have your home paid for sooner. Notify the lender in writing at least 30 days before the regular payment date on which you intend to make an advance payment.

DELINQUENT PAYMENTS - Monthly payments are due the first day of each month and should be made on or before that date. The lender may make a late charge up to 2 cents for each dollar of any payment more than 15 days late. If you fail for 30 days to make a payment, or to perform any other agreement in the mortgage, your lender may foreclose. You could lose your home, damage your credit, and prevent your obtaining further mortgage loans. If extraordinary circumstances prevent your making payments on time, see your lender at once. If you are temporarily unable to make your payments because of illness, loss of job, etc., your lender may be able to help you. Ask your lender to explain FHA's forbearance policy. **YOUR CREDIT IS AN IMPORTANT ASSET; DON'T LOSE IT THROUGH NEGLIGENCE.**

ADJUSTED PREMIUM CHARGE - If you make extra payments in any year of more than 15% of the original mortgage amount, you may have to pay an adjusted premium charge. This charge is 1% of the original mortgage. FHA is authorized to charge a premium of not less than 1/2 of 1% nor more than 1% per year, but has set the premium at 1/2 of 1% assuming it will be paid over the whole mortgage term. When a mortgage is paid off in advance, the premiums collected do not cover FHA cost and an adjusted premium is charged to offset the loss. If this charge were not made, the premium would have to be higher. An adjusted premium is not made if a new FHA mortgage is placed on the property, or if the FHA insurance is in force for 10 years or longer.

TAXES, ASSESSMENTS, AND INSURANCE - Send your lender bills for taxes, special assessments, or fire insurance that come to you. The fire insurance the lender requires you to carry usually covers only the balance of the loan. Check this with your lender. You may wish to take out additional insurance so that if the house is damaged your loss will be covered as well as the lender's. If your home is damaged by fire, windstorm, or other cause, write your lender at once. Taxes for the coming year can't be known until the bills are received. If they exceed the amount accumulated from your payments, you will be asked to pay the difference. If they are less, the difference will be credited to your account. The same is true of fire insurance. Some States allow homestead or veteran's tax exemptions. Apply for any exemption to which you may be entitled. When it is approved, notify your lender.

CLOSING COSTS - In the heading is FHA's estimate of anticipated closing costs, such as fees for preparation of mortgage instruments, attorneys' fees, title insurance, origination fees and documentary

stamp taxes. The estimate does not include charges for such prepayable items as taxes, fire insurance.

BUILDER'S WARRANTY - When FHA approves plans and specifications before construction, the builder is required to warrant that the house conforms to FHA approved plans. This warranty is for 1 year following the date on which title is conveyed to the original buyer or the date on which the house was first occupied, whichever occurs first.

If during the warranty period you notice defects for which you believe the builder is responsible, ask him in writing to correct them. If he fails to do so, notify the FHA insuring office in writing. Mention the FHA case number shown in the heading. If inspection shows the builder to be at fault, the FHA will try to persuade him to make corrections. If he does not, you may seek legal relief under the builder's warranty. Most builders take pride in their work and will make justifiable corrections. They cannot be expected to correct damage caused by ordinary wear and tear or by poor maintenance. Keeping the house in good condition is the owner's responsibility.

OPERATING EXPENSES - In the heading are FHA estimates of monthly costs of taxes, heat and utilities, fire insurance, maintenance and repairs. The estimated figures will probably have to be adjusted when you receive the actual bills. **BEAR IN MIND THAT IN MOST COMMUNITIES TAXES AND OTHER OPERATING COSTS ARE INCREASING.** The estimates should give some idea of what you can expect the costs to be at the beginning. In some areas FHA's estimate of taxes may also include local charges such as sewer charges, garbage collection fees, water rates, etc.

IF YOU SELL - If you sell while the mortgage exists, the buyer may finance several ways. Understand how these arrangements may affect you. Consult your lender.

1. You may sell for all cash and pay off your mortgage. This ends your liability.
2. The buyer can assume the mortgage and pay the difference between the unpaid balance and the selling price in cash. If the FHA and the lender are willing to accept the buyer as a mortgagor, you can be released from further liability. This requires the specific approval of the lender and the FHA.

(EITHER OF THE ABOVE TWO METHODS IS PREFERABLE TO METHOD NUMBER 3.)

3. The buyer can pay the difference in cash and purchase subject to the unpaid mortgage balance. FHA or lender approval is not necessary BUT YOU REMAIN LIABLE FOR THE DEBT. IF THE BUYER DEFAULTS, IT COULD RESULT IN A DEFICIENCY JUDGMENT AND IMPAIR YOUR CREDIT STANDING.

THE COST OF BORROWING

When you borrow to buy a home, you pay interest and other charges which add to your cost. A larger downpayment will result in a smaller mortgage. Borrow as little as you need and repay in the shortest time. If you borrow \$10,000 at 7 1/2% the monthly payment to principal and interest is \$10.60 less for a 30-year mortgage than it would be

for a 20-year mortgage; but in 30 years you pay \$5,772.90, or 62% more interest than in 20 years.

The tables show the monthly payments, interest and mortgage insurance for some typical mortgages at 7 1/2%. Taxes and fire insurance are not shown in the tables, although they are included in your monthly payments.

MONTHLY PAYMENTS, PRINCIPAL & INTEREST, MORT. INS. PREMIUM, TOTAL INTEREST & MORT. INS. PREMIUMS PAID @ 7 1/2%

Term	\$10,000-MORTGAGE				\$15,000-MORTGAGE				\$20,000-MORTGAGE			
	Prin. & Int. Mo. Payt.	Total Interest	Mtg. Ins. Premium Mo. Payt.	Total	Prin. & Int. Mo. Payt.	Total Interest	Mtg. Ins. Premium Mo. Payt.	Total	Prin. & Int. Mo. Payt.	Total Interest	Mtg. Ins. Premium Mo. Payt.	Total
20 Yrs.	\$80.60	\$ 9,321.49	\$4.12	\$621.42	\$120.90	\$13,982.24	\$6.19	\$932.15	\$161.20	\$18,642.98	\$8.75	\$1,212.88
25 "	73.90	12,169.49	4.14	811.29	110.85	18,254.24	6.21	1,216.95	147.80	24,333.98	8.75	1,612.88
30 "	70.00	15,094.39	4.15	1,006.28	105.00	22,641.57	6.22	1,509.44	140.00	30,188.78	8.75	2,012.88

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
HUD-FHA PORTLAND AREA OFFICE

Rev. 6/28/71

ADDENDUM TO FHA COMMITMENT

FHA CASE NO. 431-113001-235

DATE November 22, 1971

SHEET 1 OF 3

Specific commitment conditions (applicable when checked)

Note: Conditions 1 through 10 are on FHA Commitment Form 2800-5.

- All required repairs must be completed in a professional manner.
- All certifications must be submitted before requesting final inspection of repairs.
50. See attached addendum for condition on individual water and/or sewage disposal system.
 51. Install an acceptable vapor barrier ground cover over entire crawl space area.
 52. Crawl space shall be graded and sloped to prevent ponding of seepage water. Install drain tile in gravel bed connected to suitable outfall to provide positive drainage away from dwelling. Cover entire crawl space with acceptable vapor barrier.
 53. Install at least four 8"x14" galvanized hardware cloth screened crawl space area vents of 1/2" mesh (one near each corner) to adequately vent crawl space area.
 54. Provide concrete foundation and/or piers under all wood sills, posts and supporting members under _____ dwelling, _____ porch (rear-front-side) so that no wood remains within 6" of the ground. Replace any deteriorated members.
 55. (a) _____ Replace all deteriorated rotted or damaged wood foundation and framing members including posts, plates, beams and joists in underfloor area, with scund material. No wood to remain within 6" of ground.
(b) _____ Replace all skirting and other wood in contact with the ground and replace with material resistant to rot and infestation. Finish all exposed new or repaired work to match exterior. No wood to remain within 6" of ground.
 56. Submit certification from a qualified pest control operator, engineer, or architect that wood destroying organisms, fungus and/or rot damage in the structure of the dwelling have been eliminated. A "Standard Notice of Work Completed" or a report form indicating no infestation may be submitted as certification. Note: All repairs must be completed in conformance with local professional building standards and local building codes.
 57. Remove all debris, including wood scraps, form boards, etc., from under building.
 58. Trim bushes, cut weeds and remove all junk and debris from premises.
 59. Install a 3/4" temperature and pressure relief valve on hot water tank; and a 3/4" discharge line to outside or to an interior drain.
 60. Install elbows for downspouts and provide splash blocks to carry roof water at least two feet away from foundation.
 61. Install new gutters under all eaves on main building. Provide adequate downspouts and splash blocks. Apply primer and two coats of exterior paint to match existing finish.
 62. Clean out and repair gutters and downspouts so they function properly.
 63. Install screened hooded roof or gable vents to provide positive cross ventilation of attic space.
 64. Paint all exterior metal and wood trim of _____ house and/or _____ garage after adequately preparing surface.
 65. Paint entire exterior of house and/or garage, including trim, after repairing all damaged areas, removing all loose paint and flinters, and applying an undercoat to bare wood.
 66. Repair and paint exterior _____ trim, _____ siding at the following location(s): _____
 67. Remove deteriorated accessory structures as follows: _____
 68. (a) _____ The FHA value is based on a lot size of _____
(b) _____ Submit a copy of correct legal description, including lot dimensions.
 69. (a) _____ Since a portion of the land offered as security is deemed to be ineligible excess land, the Deed of Trust or Mortgage shall cover only the following parcel which is eligible: _____
(b) _____ The portion of land to be excluded consists of: _____

- 70. As protection against damage to the property by exercise of the mineral reservations with a suitably executed and recorded agreement; or in lieu of such an agreement, mortgagee's title policy may carry a provision specifically insuring against such loss or damage.
- 71. Install waterproof wainscoting at _____ tub, _____ shower _____ feet high.
- 72. Install durable plastic laminate or equal _____ kitchen, _____ bath counter top and back splash after first replacing any damaged or rotted underlay.
- 73. Sand and refinish hardwood floors in the following rooms: _____

Painted fir floors may be repainted. NOTE: The installation of carpeting and cushion meeting UM-44b standards in these areas is an acceptable alternate method of satisfying this condition.

- 74. Remove the existing floor covering in the following rooms: _____

Replace with new resilient floor covering over suitable underlayment after making necessary repairs to subfloor. Carpeting not acceptable in kitchen and bath areas.

- 75. Cover all warm air ducts in attic or basementless space with one-inch blanket or equivalent insulation.
- 76. Install a new forced air, wall, baseboard, or other heating system adequate to heat all finished rooms to 70° Fahrenheit. Submit specifications for approval prior to installation. Space or room heaters are not acceptable in dwellings of this type.
- 77. _____ (Re-roof) _____ (Repair roof) of dwelling and/or _____ garage and repair sheathing as necessary. Remove all old roofing when more than two layers exist. Contractor to certify that required work is complete and roof is in good condition.
- 78. Paint the following interior room(s): _____

- 79. Replace all broken or missing glass.

- 80. Install a solid (concrete) (asphaltic) driveway apron from the property line to the street pavement, per standards of local authority.

- 81. Grade street to full width of right-of-way from _____ to _____ and install an all-weather surface to a sufficient width to provide acceptable year-around access.

- 82. Provide positive drainage of surface water away from buildings and off lot along the following areas:

- 83. Install adequate retaining wall or rockery where earth slope exceeds one foot vertically to two feet horizontally. Earth slopes not permitted to extend into minimum usable yard spaces.

- 84. _____ Replace _____ Repair garage door to function properly.

- 85. Repair and paint all window sash and doors to operative condition. Caulk all windows.

- 86. Replace missing or broken hardware, door knobs, hinges, door stops, and light fixtures.

- 87. Clean and repair as necessary existing carpet in _____

- 88. Remove the existing worn out and/or soiled carpet in the following rooms: _____

Replace with carpeting and cushion meeting UM-44b standards.

- 89. Insulate entire ceiling area with fireproof insulation material to three-inch minimum depth.

- 90. The leased heating equipment is to be paid for in full or replaced with new equipment that is now part of realty.

- 91. Install electric exhaust fan in _____ bathroom, kitchen, vented to outside.

- 92. Connect property to the _____ public sanitary sewer system, _____ public water system.

- 93. Submit evidence that the water system serving this property has been accepted for continuous maintenance by local authorities having jurisdiction.

- 94. Application _____ had no entry, _____ had "None Known" for "Special Assessments." Mortgagee to submit assurance that none exist nor are about to be levied.

- 95. Key is enclosed.

- 96. Submit evidence of a recorded easement, acceptable to this Administration, for the community driveway serving subject and adjacent property.

- 97. Lower exterior grade to at least four inches below siding or any other wood members and slope grade to provide positive drainage away from foundation.

\$300.00

Portland, Oregon

October 20th, 1971

ON DEMAND, I (or if more than one maker) we, jointly and severally, promise to pay to the order of
-----N.E.W.S., Realtors-----

4223 N.E. Fremont Street

at Portland, Oregon

-----THREE HUNDRED and no/100----- DOLLARS,

with interest thereon at the rate of **six** percent per annum from -----DEMAND----- until paid; interest to be paid
-----monthly----- All or any portion of the principal hereof may be paid at any time. If this note is placed in the hands of
an attorney for collection, I/we promise and agree to pay the holder's reasonable attorney's fees and collection costs, even though no suit
or action is filed hereon; however, if a suit or an action is filed, the amount of such reasonable attorney's fees shall be fixed by the court,
or courts in which the suit or action, including any appeal therein, is tried, heard or decided.

Petty Jean Crittenden





FORM No. 671E (Escrow)
Stevens-Ness Law Publishing Co. ©
Portland, Oregon 97204 SS

EARNEST MONEY RECEIPT

Counter-Offer
City Portland State Oregon Oct 25 1971

RECEIVED FROM Betty Jean Crittenden

(hereinafter called "purchaser")

the sum of Three Hundred + ^{no}/₁₀₀ Dollars (\$ 300.00)

in the form of note (Demand Note) as earnest money and in part payment for the purchase of the

following described real estate situated in the City of Portland County of Multnomah State of Oregon to-wit:
Lot 7, Block 17, Dixon Place
more commonly known as: 3414 N.E. 15th Avenue

for the sum of Fifteen Thousand Seven Hundred Fifty Dollars (\$ 15,750.00)

on the following terms, to-wit: The sum, hereinabove received for, of Three Hundred + ^{no}/₁₀₀ Dollars (\$ 300.00)

is none Dollars (\$ none)

as additional earnest money, the sum of none Dollars (\$ none)

Upon acceptance of title and delivery of deed the sum of none Dollars (\$ none)

Balance of to be a maximum insured loan Dollars (\$ none)

payable as follows: purchaser to apply and obtain an FHA Sec. 235

insured loan with a term of 25 yrs. To apply toward

acquisition cost, discount not to exceed 4%.

Processing: Through Portland Development Commission's Emanuel Hospital

Relocation center Mr. James Crowley, will process. Closing (consummation)

of sale) not to be before January 1, 1972 but no later than Jan 10, 1972

A title insurance policy from a reliable company insuring marketable title in seller is to be furnished purchaser in due course of seller's expense; preliminary to closing, seller may furnish a title insurance company's title report showing its willingness to issue title insurance, which shall be conclusive evidence as to seller's record title; none

It is agreed that if seller does not approve this sale within the period allowed broker below in which to secure seller's acceptance, or if the title to the said premises is not insurable or marketable, or cannot be made so within thirty days after notice containing a written statement of defects is delivered to seller, the said earnest money shall be refunded. But if said sale is approved by seller and title to the said premises is insurable or marketable and purchaser neglects or refuses to comply with any of said conditions within ten days after the said evidence of title is furnished and to make payments promptly, as hereinabove set forth, then the earnest money herein received for (including said additional earnest money) shall be forfeited to seller as liquidated damages and this contract thereupon shall be of no further binding effect.

The property is to be conveyed by good and sufficient deed free and clear of all liens and encumbrances except zoning ordinances, building and use restrictions, reservations in Federal patents, easements of record and, none

All irrigation, plumbing and heating fixtures and equipment (including stoker and oil tanks but excluding fire place fixtures and equipment), water heaters, electric light fixtures, light bulbs and fluorescent lamps, bathroom fixtures, venetian blinds, drapery and curtain rods, window and door screens, storm doors and windows, attached lineoleum, attached television antenna, all shrubs and trees and all fixtures except none

are to be left upon the premises as part of the property purchased. The following personal property is also included as a part of the property Electric dryer given at no cost to purchaser on consummation

Seller and purchaser agree to pro rate the taxes which are due and payable for the current tax year. Rents, interest, premiums for existing insurance and other matters shall be pro rated on a calendar year basis. Adjustments are to be made as of the date of the consummation of said sale or delivery of possession, whichever first occurs. Encumbrances to be discharged by seller may be paid at his option out of purchase money at date of closing. SELLER AND PURCHASER AGREE THAT SUBJECT SALE WILL BE CLOSED IN ESCROW, THE COST OF WHICH SHALL BE BORNE CO-EQUALLY BETWEEN SELLER AND PURCHASER. As per Rental agreement with consummation by rental take place.

Possession of said premises is to be delivered to purchaser At Closing or before 1971 or as soon thereafter as existing laws and regulations will permit removal of tenants, if any. Time is the essence of this contract. This contract is binding upon the heirs, executors, administrators, successors and assigns of buyer and seller. However, the purchaser's rights herein are not assignable without written consent of seller, in any suit or action brought on this contract, the prevailing party shall be entitled to recover reasonable attorney's fees to be fixed by the court.

Address 4223 N.E. Fremont N.E.W.S. Realtors Broker

Phone 882-7226 October 26 1971

AGREEMENT TO PURCHASE

I hereby agree to purchase the property herein described in its present condition and to pay the price of \$ 17,750.00, as set forth above and grant to said agent a period of 30 days hereafter to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Said deed or contract to be

in name of Betty Jean Crittenden

Address 3417 NE 9th Purchaser Betty Jean Crittenden (S E A L)

Phone 984-2774 3417 NE 9th 284-2874

AGREEMENT TO SELL

I hereby approve and accept the sale of above described property and the price and conditions as set forth in above contract, and agree to furnish evidence of title as above provided, also the said deed when stated.

Address 3039 N.E. 15th Avenue Seller [Signature] (S E A L)

Phone 281-1652 [Signature] (S E A L)

DELIVER PROMPTLY TO PURCHASER, either manually or by registered mail, a copy hereof showing seller's acceptance.

Purchaser acknowledges receipt of the foregoing instrument bearing his signature and that of the seller. Copy hereof showing Seller's signed acceptance sent purchaser by registered mail to purchaser's above address.

DATE: Oct 26, 71 Purchaser Betty Jean Crittenden Return receipt requested) on 19

James B. [Signature] Return receipt card received and attached to broker's copy 19

SELLER'S CLOSING INSTRUCTIONS

I agree to pay forthwith to the above named broker a commission amounting to \$ 942.00 for services rendered in this transaction. In the event of a forfeiture of deposit as above provided, the said deposit shall be paid to or retained by the broker to the extent of the agreed upon commission with residue to the seller. I authorize broker to pay out of the cash proceeds of sale the expense of furnishing evidence of title, of recording fees and revenue stamps, if any, as well as any encumbrances on said premises payable by me at or before closing. I acknowledge receipt of a copy of this earnest money receipt bearing my signature(s) and that of the purchaser named above.

Seller [Signature] (S E A L)

[Signature] (S E A L)

BROKER'S COPY - FILE IN DEAL ENVELOPE

NOTE: IF ANY BLANK SPACES ARE INSUFFICIENT, USE S-N No. 810 "NO-ADY PAD", TO BE SEPARATELY SIGNED BY BUYER AND SELLER.



**N. E. W. S.
REAL
ESTATE
4223 N.E.
FREMONT
PORTLAND
OREGON
97213**

**telephone:
282-7226**



November 3rd, 1971

RUSH

Mr. James Crolley
Relocation Advisor
PORTLAND DEVELOPMENT COMMISSION
235 North Monroe
Portland, OREGON 97227

RE: Quinlin-Crittenden
3414 N.E. 15th Avenue
Portland, OREGON

Dear Mr. Crolley:

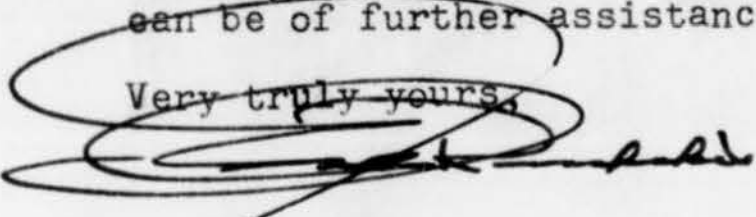
Enclosed please find a copy of the earnest money agreement for Betty Jean Crittenden's purchase of the above given property as proposed, - together with a copy of the demand promissory note in the amount of \$300.00.

Also herewith is the sum of \$50.00 by check written by seller Quinlin for F.H.A. appraisal expense and City of Portland inspection. The check is assigned to the Columbia Mortgage Bankers.

It is our understanding that Crittenden has been cleared on credit and on assistance qualification by the section FHA 235.

Let us know when Ron Rudy will have this case to process. Also, - please give us an indication as to completion time for processing and closing. Thank you for all your past cooperation, - if we can be of further assistance please advise.

Very truly yours,


E. John Rumpakis, Broker
N.E.W.S., Realtors

EJR:ca

ENC: Copy of E.M. Receipt and Promissory Note
Check for \$50.00

APPRAISALS
COMMERCIAL
INCOME PROPERTY
INDUSTRIAL
NOTARY PUBLIC
PROPERTY MANAGEMENT
RESIDENTIAL

"NORTH, EAST, WEST OR SOUTH - IT'S N. E. W. S.!"

Dwelling Unit Inventory

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

2 Night Stand
 _____ Occasional Chair
2 Overstuffed Chair
 _____ Overstuffed Rocker
1 Range
2 Refrigerator: Brand GE
 _____ Rocker
 _____ Rug & Pad: Size _____
 _____ Stool
2 Table Lamp & Shade
 _____ Table, small
 _____ Vanity & Bench
4 Suitcases
 _____ Trunks
 _____ Cartons, Boxes, Etc.
4 Clothes (Closets)
 _____ Bedding & Linens

Miscellaneous (List Items)

1 T.V.
2 Stereo 8ft
1 Playpen
1 Sm Baby bed
1 Board Cabinet
1 Sewing Machine

1 Vacuum - Kenmore

COMMENTS:



Pioneer National Title Insurance Company

421 S.W. STARK STREET • PORTLAND, OREGON 97204 • TELEPHONE 224-0550

OREGON DIVISION

A consolidated statement of all charges and advances in connection with this order will be provided at closing.

**Columbia Mortgage
International Building
Portland, Oregon
Attn: Thelma**

O.P. \$	15,300	Prem. \$	100.00
M.P. \$		Prem. \$	
ALTA	14,900		50.00

Gentlemen:

We are prepared to issue title insurance policy in the usual form insuring the title to the land described on the attached description sheet:

Vestee: **JACK J. QUINLIN and GLORIA J. QUINLIN,
as tenants by the entirety.**

Dated as of **February 9**, 19 **72** at 8:00 a.m.

cc: **Jack J. Quinlin
N.E.W.S. Real Estate
Betty Jean Crittenden
Escrow Dept.
Portland Development**

Pioneer National Title Insurance Company

By

Max deSully

Subject to the usual printed exceptions and stipulations,

**Note: 1971-72 taxes, \$329.83; paid.
(Acct. No. [REDACTED])**

1. Deed of Trust, including the terms and provisions thereof, executed by Jack J. Quinlin and Gloria J. Quinlin, husband and wife, to Transamerica Title Insurance Company, Trustee for the benefit of Equitable Savings and Loan Association, an Oregon corporation, dated October 2, 1969 recorded November 12, 1969 in Book 706 page 1440 Mortgage Records, given to secure the sum of \$10,000.00.

2. By instrument recorded November 14, 1969 in Book 707 page 377, Deed Records, rents due or to become due and accruing from said property were assigned to said Equitable Savings and Loan Association, an Oregon corporation, of Portland, Oregon.

Note: We find no unsatisfied judgment of record against Betty Jean Crittenden, as of the date hereof.

Report No.

390691

-----END OF REPORT-----

PRELIMINARY REPORT ONLY

DESCRIPTION SHEET

See page 1 for vesting and encumbrances, if any.

Description of the tract of land which is the subject of this report:

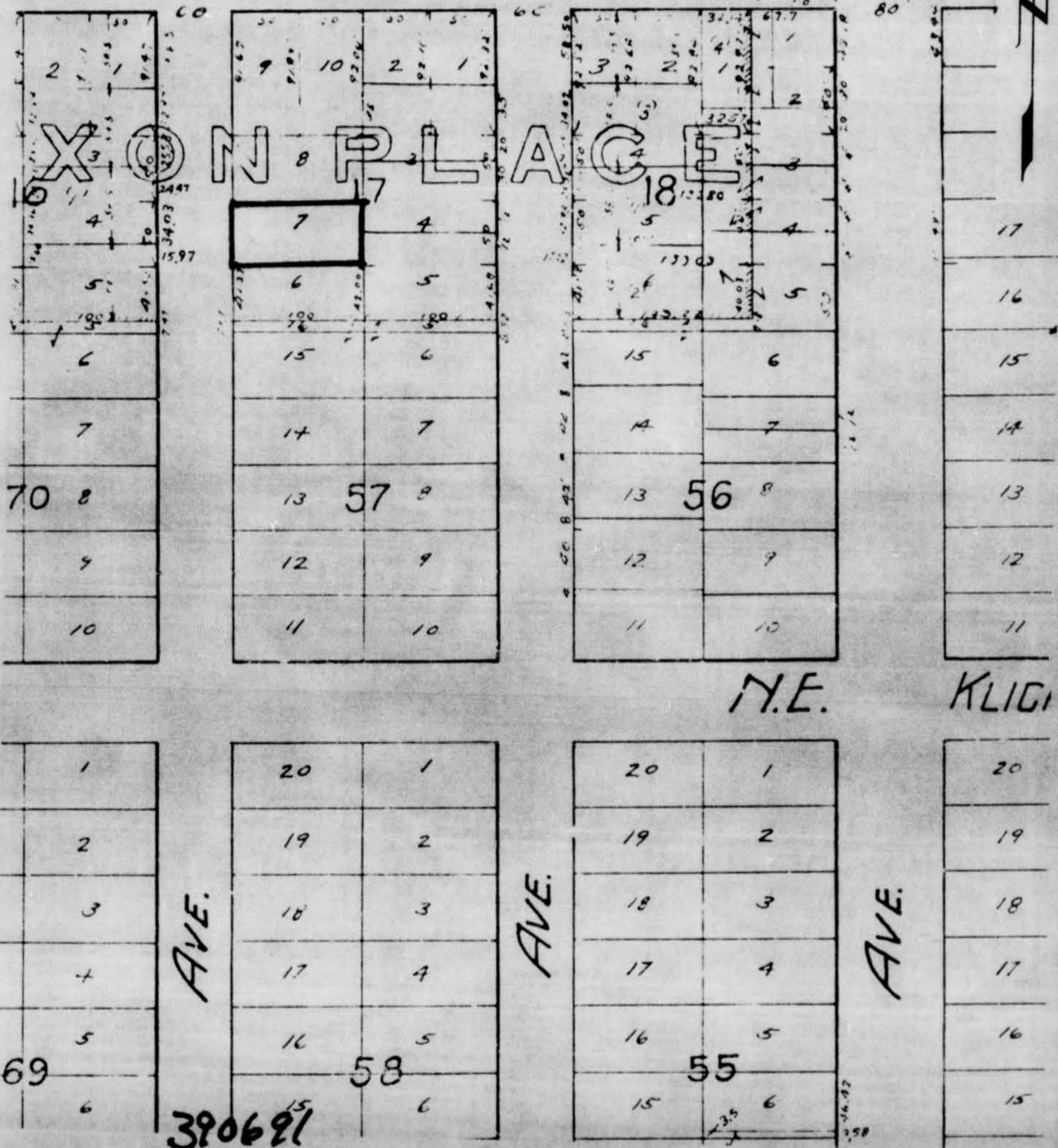
Lot 7, Block 17, DIXON PLACE, in the City of Portland, County of Multnomah and State of Oregon.

Report No.

390691

The sketch below is made solely for the purpose of assisting in locating said premises and the Company assumes no liability for variations, if any, in dimensions and location ascertained by actual survey.

Pioneer National Title Insurance Company
Title and Trust Division



December 28, 1971

Portland Development Commission
235 N. Monroe
Portland, Oregon 97227

Gentlemen:

It is my understanding that I am eligible to receive a Replacement Housing Payment to Tenants and Certain Others of \$940.20 at this time (representing my first annual payment).

It is my wish to use this payment to purchase a house at 3414 N. E. 15th Avenue, Portland, Oregon. This is to authorize you to place this amount in escrow to cover the cost of down payment, closing costs and any other related costs incident to the purchase of this house.

Betty Jean Crittenden
Betty Jean Crittenden

December 28, 1971

Mr. Fred Hauger
Chief, Mortgage Credit
Federal Housing Administration
520 S. W. Sixth Avenue
Cascade Building
Portland, Oregon 97205

Dear Mr. Hauger:

Betty Jean Crittenden is eligible, based on her status as a tenant in the Emanuel Hospital Project, to receive certain benefits subject to the provisions of the Uniform Relocation Act of 1970. These benefits include a Replacement Housing Payment to Tenants and Certain Others of up to \$4,000.00. Mrs. Crittenden will receive the amount of \$940.20 at this time.

We are most anxious to assist Betty Jean Crittenden in any way possible to enable her to be satisfactorily relocated as a displacee from this project. Please feel free to call if you have any questions.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ:slc

cc: Columbia Mortgage Co.

December 13, 1971

Mr. Fred Hauger
Chief, Mortgage Credit
Federal Housing Administration
520 S. W. Sixth Avenue
Cascade Building
Portland, Oregon 97205

Dear Mr. Hauger:

Betty Jean Crittenden is eligible, based on her status as a tenant in the Emanuel Hospital Project, to receive certain relocation benefits subject to the provisions of the Uniform Relocation Act of 1970. These benefits include a Replacement Housing Payment of up to \$4,000 for a downpayment, toward the purchase of a replacement dwelling unit, including the reasonable costs of expenses incurred incidental to the purchase of the replacement dwelling. Incidental expenses are limited to reasonable costs but not prepaid expenses or finance charges, and may include the following:

- 1) Legal, closing and related costs including title search, preparing conveyance contracts, notary fees, surveys, preparing drawings on plats, and charges paid incident to recordation.
- 2) Lender, F.H.A. or V.A. appraisal fees.
- 3) F.H.A. or V.A. application fees.
- 4) Certification of structural soundness.
- 5) Credit report.
- 6) Owner's and mortgagee's evidence or assurance of title.
- 7) Sales or transfer taxes.
- 8) Escrow agent's fee.

The replacement housing payment, including incidental expenses, is subject to the following federal provisions:

- 1) The amount may not exceed the amount that would be required for a conventional loan; and
- 2) If the claim is for more than \$2,000, the claimant must match dollar for dollar the amount in excess of \$2,000 up to a maximum payment of \$4,000.

Thus, in this case Mrs. Crittenden is eligible to receive a minimum of \$2,000 to be applied towards the downpayment and eligible incidental expenses. The exact amount of the downpayment will depend upon the amount of eligible closing costs incidental to the purchase of said house and Mrs. Crittenden's ability to provide the necessary matching funds for any eligible amount in excess of \$2,000.

We are most anxious to assist Mrs. Crittenden in any way possible to enable her to be satisfactorily relocated from this urban renewal project. Please feel free to call if you have any questions.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ:slc

cc: Columbia Mortgage Co.

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME _____

PROJECT NO. _____

1. Full name of claimant: _____

Family Individual

Santhanam, Betty Jean

2. Dwelling unit from which you moved: _____

Parcel No. A-3-9

a. Address _____

c. Number of bedrooms 2

3227 W. Santhanam

d. Monthly rental \$ 50.00

b. Apartment or room number _____

e. Date displaced _____

3. Dwelling unit to which you moved (RENTAL) _____

Interim

a. Address 3113 N.E. 9th

c. Number of bedrooms 2

3414 N.E. 15th

d. Monthly rental \$ 145.00 + 14.00

b. Apartment or room number _____

e. Date moved in Dec 71

4. Dwelling unit to which you moved (PURCHASE) _____

a. Address 3414 N.E. 15th

c. Downpayment \$ 2000.00

b. Number of bedrooms _____

d. Incidental expenses \$ _____

e. Date of purchase _____

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

a. Address from which you moved _____

b. Address to which you moved _____

c. Date of move _____

d. Monthly rental for temporary unit: \$ _____

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

If yes, total number of months in temporary housing _____ months

Incidental expenses.

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

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

Determination

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

Tenant's initial date of rental Jan 1971

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 Jan 1971

Date of initiation of negotiations _____

3. Is replacement housing standard? Yes No

If previously substandard, date found standard _____

4. Certification:

(Amount of this claim \$ 2000.00)

NAME & ADDRESS OF CLIENT:

Betty Crittenden
3232 N. Shattuck

COMPUTATION PREPARED BY:

W. J. Kelly
12-7-71
Date

A. COMPUTATION OF DOWNPAYMENT ASSISTANCE FOR CLAIMANT MOVED TO UNIT PURCHASED

Required Information

- 1. Amount necessary for downpayment 20% of 16,250 \$ 3,250.00
- 2. Costs incidental to purchase (Total amount approved by agency, from table on claim form, Column (e)) \$ _____

Computation

- 3. Base amount (Sum of Lines 1 and 2) \$ 3,250.00

NOTE: If Line 3 is \$2,000 or less, skip Lines 4, 5, and 6 and enter the amount of Line 3 on Line 8 a.

- 4. Amount on Line 3 in excess of \$2,000

Line 3	\$ <u>3,250.00</u>	
	- \$ <u>2,000.00</u>	
		\$ <u>1,250.00</u>

- 5. Amount on Line 4 divided by 2

Line 4	\$ <u>1,250.00</u>	
	2	
		\$ <u>625.00</u>

- 6. Matching amount (If amount on Line 5 exceeds \$2,000, enter \$2,000. Otherwise, enter the amount on Line 5.) \$ _____

- 7. Base amount (Sum of amount on Line 6 and \$2,000)

Line 6	\$ _____	
	+ \$ <u>2,000.00</u>	
		\$ <u>2,000.00</u>

- 8. Amount of downpayment assistance
 - a. Amount on Line 3 or Line 7 \$ 2,000.00
 - b. Minus adjustments (attach explanation; e.g., amount previously received for rental assistance payment) - \$ _____

(Enter this amount in the space provided in Block 4 on page one of this form.)



FD-301 No. 671E (Escrow)
Stevens-Mass Law Publishing Co. ©
Portland, Oregon 97204 SS

EARNEST MONEY RECEIPT

Counter-Office
Portland Oregon Oct 25 1971

RECEIVED FROM

Betty Jean Crittenden

(hereinafter called "purchaser") Dollars (\$300.00)

the sum of Three Hundred & 00/100 Dollars (\$300.00)
in the form of note (Demand Note) as earnest money and in part payment for the purchase of the following described real estate situated in the City of Portland County of Multnomah State of Oregon

Lot 7, Block 17, Dixon Place
more commonly known as: 3417 N.E. 15th Avenue

for the sum of Fifteen Thousand Seven Hundred & 50/100 Dollars (\$15,750.00)
on the following terms, to-wit: The sum, hereinabove received for, of Three Hundred & 00/100 Dollars (\$300.00)

as additional earnest money, the sum of none Dollars (\$ - - - - -)

Upon acceptance of title and delivery of deed the sum of none Dollars (\$ - - - - -)

Balance of to be a Maximum Insured Loan Dollars (\$ - - - - -)
payable as follows: purchaser to apply and obtain an FHA Sec. 235 Insured loan with a term of 25 yrs. To apply secured acquisition cost discount not to exceed 4% processing through Portland Development Commission's Finance/Help selection center Mr. James Crowley, will process closing at seller's not to be before January 1, 1972 but no later than 1972

A title insurance policy from a reliable company insuring marketable title to seller is to be furnished purchaser in due course of seller's expense; preliminary title report showing its willingness to issue title insurance, which shall be conclusive evidence as to seller's title.

It is agreed that if seller does not approve this sale within the period allowed broker below in which to secure seller's acceptance, or if the title to the said premises is not insurable or marketable, or cannot be made so within thirty days after notice containing a written statement of defects is delivered to seller, the said earnest money shall be returned. But if said sale is approved by seller and title to the said premises is insurable or marketable and purchaser neglects or refuses to comply with any of said conditions within ten days after the said evidence of title is furnished and to make payments promptly, as hereinabove set forth, then the earnest money herein received for (including any additional earnest money) shall be forfeited to seller as liquidated damages and this contract thereupon shall be of no further binding effect.

The property is to be conveyed by good and sufficient deed free and clear of all liens and encumbrances except zoning ordinances, building and use restrictions, reservations in Federal patents, easements of record and none

All irrigation, plumbing and heating fixtures and equipment (including stoker and oil tanks but excluding fire place fixtures and equipment), water heaters, electric light fixtures, light bulbs and fluorescent lamps, bathroom fixtures, venetian blinds, drapery and curtain rods, window and door screens, storm doors and windows, attached television, attached television antenna, all shrubs and trees and all fixtures except none

are to be left upon the premises as part of the property purchased. The following personal property is also included as a part of the property Electric dryer given at no cost to purchaser on condition

Seller and purchaser agree to prorate the taxes which are due and payable for the current tax year. Real, interest, premiums for existing insurance and other taxes shall be prorated on a calendar year basis. Adjustments are to be made as of the date of the consummation of said sale or delivery of possession, whichever first occurs. Encumbrances to be discharged by seller may be paid at his option out of purchase money at date of closing. SELLER AND PURCHASER AGREE THAT SUBJECT SALE WILL BE CLOSED IN ESCROW. THE COST OF WHICH SHALL BE BORNE CO-EQUALLY BETWEEN SELLER AND PURCHASER. as per order by Referral agreement

Possession of said premises is to be delivered to purchaser At Closing or before 1971 or as soon thereafter as existing laws and regulations will permit removal of tenants, if any. Time is the essence of this contract. This contract is binding upon the heirs, executors, administrators, successors and assigns of buyer and seller. However, the purchaser's rights herein are not assignable without written consent of seller. In any suit or action brought on this contract, the prevailing party shall be entitled to recover reasonable attorney's fees to be fixed by the court.

Address: 4223 N.E. Fremont
Phone: 882-7226

N. G. W. S., Realtors Broker

AGREEMENT TO PURCHASE

I hereby agree to purchase the property herein described in its present condition and to pay the price of \$17,750.00 as set forth above and grant to said agent a period of 10 days hereafter to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Said deed or instrument to be in name of Betty Jean Crittenden

Address: 3417 NE 9th
Phone: 284-2774

Purchaser: Betty Jean Crittenden (S & A)
3417 NE 9th

AGREEMENT TO SELL

I hereby approve and accept the sale of above described property and the price and conditions as set forth in above contract, and agree to furnish evidence of title as above provided, also the said deed when stated.

Address: 3039 N.E. 15th Avenue
Phone: 281-1652

Seller: [Signature] (S & A)
[Signature] (S & A)

DELIVER PROMPTLY TO PURCHASER, either manually or by registered mail, a copy hereof showing seller's acceptance. Purchaser acknowledges receipt of the foregoing instrument bearing his signature and that of the seller. Copy hereof showing Seller's signed acceptance sent purchaser by registered mail to purchaser's above address. Return receipt requested on return receipt card received and attached to broker's copy.

DATE: Oct 26, 71 Purchaser: [Signature]

DATE: October 26, 1971 Seller: [Signature]

SELLER'S CLOSING INSTRUCTIONS

I agree to pay forthwith to the above named broker a commission amounting to \$942.00 for services rendered in this transaction. In the event of a forfeiture of deposit as above provided, the said deposit shall be paid to or retained by the broker to the extent of the agreed upon commission with neither to the seller. I authorize broker to pay out of the cash proceeds of sale the expense of furnishing evidence of title, of recording fees and reverse stamps, if any, as well as any amount payable or due as payable by me at/or before closing. I acknowledge receipt of a copy of this earnest money receipt bearing my signature and that of the purchaser named above.

NOTE: IF ANY BLANK SPACES ARE INSUFFICIENT, USE S-N No. 010 "MY PAD", TO BE SEPARATELY SIGNED BY BUYER AND SELLER.

Seller: [Signature] (S & A)
[Signature] (S & A)

PORTLAND DEVELOPMENT COMMISSION

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

September 1, 1972

Mrs. Betty Jean Crittenden
3222 N. Gantenbein
Portland, Oregon

Dear Mrs. Crittenden:

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

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER JC PROJECT NO. Ore. R-20 PARCEL A-3-9
 NAME CRITTENDEN, Betty Jean * ADDRESS 3222 N. Gantenbein APT NO. _____
 PHONE 288-2870 INITIAL INTERVIEW _____ SEX F W NW B AGE 25
 U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE Jan. 1971

FAMILY COMPOSITION

Name	Relation	Age
Gene	Son	6
James	Son	1

Employer: Name 4-C Information \$ 450.00
 Address 714 1/2 N. Alberta
 MCM Caseworker
 Social Security _____
 VA. Fed. Mult Co.
 Pension: Name _____
 Other: Name _____

TOTAL MONTHLY INCOME _____

Rent 50.00, Inc. Heat Water Gas Gar Elec Unfurn Furn No. Rms

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of accident:
 Name _____ Address _____ Phone _____

Information Statement given to _____ on _____ by _____
 Notice to move given to _____ on _____ by _____

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

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

REMAINING ON CASELOAD: _____
 Address unknown, tracing _____
 Evicted, further assistance contemplated _____
 Temporarily relocated by LPA within project: _____
 _____ Address _____
 outside project: _____
 _____ Address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE.
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date
<u>3113 N. E. 9th (\$140.00 mo)</u>		

NEW ADDRESS: 3113 N. E. 9th Zip _____ Phone _____

* DAUGHTER of Leasia Mae Brown - Same Address

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER JC PROJECT NO. _____ PARCEL _____

NAME CRITTENDEN, BETTY ADDRESS 2222 N. GANTER BLVD APT NO. _____

PHONE 281-2774 INITIAL INTERVIEW _____ SEX F W _____ NW x AGE 25

U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE Jan 71

FAMILY COMPOSITION

Name	Relation	Age
<u>GENE</u>	<u>SON</u>	<u>6</u>
<u>JAMES</u>	<u>SON</u>	<u>1</u>

Employer: Name U-C Information \$ 400.00
 Address 714 1/2 N. ALLEN
 MCW Caseworker _____
 Social Security _____
 Va. Fed. Mult Co. _____
 Pension: Name _____
 Other: Name _____

TOTAL MONTHLY INCOME _____

Rent 50.00, Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn _____ Furn x No. Rms _____

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of accident:
 Name _____ Address _____ Phone _____

Information Statement given to _____ on _____ by _____

Notice to move given to _____ on _____ by _____

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

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

REMAINING ON CASELOAD: _____
 Address unknown, tracing _____
 Evicted, further assistance contemplated _____
 Temporarily relocated by LPA _____
 within project: _____ address _____
 outside project: _____ address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date
<u>3117 N. GANTER (14002 P. 112)</u>		

NEW ADDRESS: _____ Zip _____ Phone _____

(see Oaise Brown file)

Roomer

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER _____

PROJECT NO. RR R-20 PARCEL H 3-9

NAME Crittenden Betty Jean ADDRESS 3222 N Gantenbein APT NO. _____

PHONE _____ INITIAL INTERVIEW _____ SEX F W NW P AGE 25

U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE _____

FAMILY COMPOSITION

Name	Relation	Age
<u>James</u>	<u>son</u>	<u>10mths</u>

(Secretary)

Employer: Name _____ \$ _____
 Address _____
 MCW Caseworker _____
 Social Security _____
 Va. Fed. Mult Co. _____
 Pension: Name _____
 Other: Name _____

TOTAL MONTHLY INCOME _____

Rent _____, Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn _____ Furn _____ No. Rms _____

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 Oaise Brown Address 3222 N Gantenbein Phone 288-2870

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 hgs. with refusal of further aid _____

Standard sales housing _____

Sub-standard sales hsg. _____

Out-of-town _____

Address unknown, abandoned _____

Evicted, no further assistance _____

Other (explain) _____

REMAINING ON CASELOAD:

Address unknown, tracing _____

Evicted, further assistance contemplated _____

Temporarily relocated by LPA _____

within project: _____ address _____

outside project: _____ address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: _____ Zip _____ Phone _____