

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

RESIDENTIAL RELOCATION RECORD

Project Name Eman Parcel No. Rs-4-9 Advisor Jcc
 Client's Name DAVENPORT CLARENCE Phone _____
 Address 7 N RUSSELL Ethn B Age 68
 Male Family Married Renter/Occupant
 Female Individual Single Owner/Occupant

Family Composition

Total Number in Family 1
 _____ wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Economic Data

Employer _____ \$ _____
 Address _____
 Other Source of Income DISC W \$ 122 -
 _____ \$ _____
 Total Monthly Income \$ (122 -)

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

Claimant was displaced from real property within the project area on or after date of pertinent contract for Federal assistance and/or date of HUD approval of budget for project:

YES NO

Date of initial interview 8-24-71 Date of Info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective 7-22-71 Expires 11-19-71

CLAIMANT'S INITIAL DATE OF OCCUPANCY

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

Date of initiation of negotiations for purchase of property 4-1-71
 Date of Acquisition 5-27-71
 Date of letter of intent 7-22-71
 Date of move 1-15-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1894-
 Size of Habitable Area 907
 Furnished with claimant's furniture
 YES NO

Total Number of Rooms 1 Rent Paid \$ 45- Utilities _____
 Number of Bedrooms 0 Monthly Housing Payments \$ _____ Taxes _____
 Liens \$ _____ (please explain) _____
 Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 5025 NE P LPA Referred Self Referred _____

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

Outside city Outside state
 Age of Housing Unit 54R
 Size of Habitable Area 450
 No. of Rooms 3 No. of Bedrooms 1

For Claimants Who Purchased

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

For Claimants Who Rented

Rent \$ 40.25
 Utilities \$ _____
 Total Rent Assistance \$ 3,300.96
 Amount of Annual Payment \$ 825.24

No. of Housing Referrals to:

_____ Standard Sales
1 Standard Rent

Agency Referrals:

MCW _____ HAP OTHER (S.S.)
 Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date 1-14-72 Ck # 247EH Type TACO Amount \$ 825.24
 Date 12-20-72 Ck # 628EH Type " Amount \$ "
 Date 9-10-71 Ck # 26841G Type MC Amount \$ 215.-

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME DAVENPORT, Clarence RELOCATION ADVISOR JC
 ADDRESS 7 North Russell #2 PHONE _____ PROJECT NAME Emanuel ORE R-20
 SEX M ETHN B VETERAN _____ AGE 68 PARCEL NO. RS 4-9
 MARITAL STATUS Single TENURE Tenant
 DISABILITY _____ INDIV _____ FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 8/24/71 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE Yes DATES EFFECTIVE 7/22/71 EXPIRATION DATE Nov. 19, 1971
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>4/1/71</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: <u>July 22, 1971</u>

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW 3/11/71 122.00
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 122.00

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure _____ No. Rooms _____
 No. Bedrooms _____ Furn. X Unfurn _____
 Utilities \$ _____
 Monthly Payments (Rent) \$ 45.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

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 5025 N.E. 8th appt 19 Phone 288-9490 Date of Move January 15, 1972

WHERE RELOCATED:

				S	SS
Same City	<input checked="" type="checkbox"/>	Subsidized Sales		Single Family	
Outside City		Subsidized Rental		Multiple Family	<input checked="" type="checkbox"/>
Out of State		Public Housing		Duplex	
		Private Rental	<input checked="" type="checkbox"/>	Mobile Home	
		Private Sales			

Furnished _____ Unfurnished Number of Rooms _____ Number of Bedrooms 1 Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ 40.25 Purchase Price \$ _____

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

Name of Moving Company _____ Name of Realtor _____

\$3,300.96 TOTAL

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	247 EH	1/14/72	\$ 825.24
TACO (Rental)	628EH	12-20-72	\$ 825.24
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	26841 G	9/10/71	\$ 215.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ 1,040.24

REALTOR: _____ ESCROW CO. _____ OFFICER _____

DATE	NOTES	C/W
8/24/71	<p>Moved out 8/11/71, furnished room and excess to rent of house. Landlord is James Parks. Rent in new address is \$65.00 per month. Does not draw Social Security. [REDACTED] Works at Geneva, 4228 N. Williams Avenue 6:00 am to 2:00 pm.</p>	
8/25/71	(will apply for Social Security 8/26/71)	
8/26/71	<p>Took him down to make application for Social Security Benefits. He does not want Public Housing or rent supplement at this time. Prefers to rent from friend as is presently doing.</p>	
12/17/71	Tracer asked on Social Security status.	
12/17/71	<p>Claim filed for Rental Assistance Payment. \$825.24 Annually. Wants another house - signed up for rent supplement housing.</p>	
1/6/72	<p>Mrs. Barber sent another tracer. Critical case last.</p>	
1/10/72	Had house inspection.	
1/12/72	<p>Got a call from Social Security that Davenport check was being mailed next week but his address was wrong. (Contact S.S. care George, 221-3395) was typed 4053 - should be 4853 N.E. 8th.</p>	
1/13/72	<p>Took him to post office to change his address and to correct the wrong number status of his Social Security mail. Took him to Furniture factory to purchase furniture for his new apartment. He had no furniture of his own. Also submitted his claim for Rental Assistance so he could pay his rent and buy furniture.</p>	
1/14/72	<p>Picked check up, made contact with landlord and furniture factory. Did not get check in time to finalize deals. Made appointment for Saturday 1/15/72.</p>	
1/15/72	<p>Took him to get his check cashed at Freedom Bank and signed papers for the apartment and paid his rent for 1/2 month at \$22.10 and \$25.00 deposit for cleaning, total \$47.10. Furniture cost \$378.00 for living room and kitchen, bedroom.</p>	
	<p>Mr. Davenport extremely pleased. He was 69 years old and had never applied for his Social Security he was reluctant because he did not know what to do. He had been getting Welfare, and during so^mpart time work. He now has an apartment for \$40.25 (his cost) he has S.S. and his furniture belongs to him. He gets food stamps. So he has no worries about a place to stay nor money or food. I am very pleased with his well being.</p>	

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: RS - 4-9

PAYABLE TO: Clarence Davenport

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 \$3300.96; Annual amount \$825.24	.....	.....	\$	<u>825.24</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 Clarence Davenport Family Less - \$ *

Move from 7 N. Russell Individual Total \$ 825.24

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

0600 X10-901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crotley A.G.
(Relocation Advisor)

DATE December 4, 1974

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

RE: Clarence Davenport (Emanuel)
(Displacee)

5025 N.E. 8th
(Address)

No. 4th & final
(annual payment)

\$ 825.24
(amount)

January 1975
(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: 5025 N.E. 8th

Date Inspected: _____ Condition: _____ Standard _____ Substandard

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

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

Comments: Same House

SIGNED: Clarence Davenport
(Displacee)

SIGNED: _____
(Relocation Advisor)

DATE: _____

DATE: _____

TO: Bob Douglas

DATE: 12-9-74

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: Clarence Davenport

PROJECT: Emanuel

FOR: TACO

AMOUNT: 825⁰⁰

SIGNED: Clarence Davenport

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: ? JC
(Relocation Advisor)

DATE December 3, 1973

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

RE: Clarence Davenport
(Displacee)

5025 N.E. 8th
(Address)

No. 3rd
(annual payment)

\$ 825.24
(amount)

1/11/73
(date due)

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

Present Address: 5025 N.E 8th Apt. #19

Date Inspected: Jan. 11, 1972 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Displacee remains in same apt. as of inspection 1/11/72, which was standard at that time.

SIGNED: Clarence Davenport
(Displacee)

SIGNED: Alma Gordon
(Relocation Advisor)

DATE: _____

DATE: 12/4/73

TO: Bob Douglas

DATE: 12/5/73

FROM: Alma Gordon

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

TO: Clarence Davenport

PROJECT: Emanuel B-20

FOR: 3rd Annual RHP TACO payment

AMOUNT: \$825.24

WAG

SIGNED: Alma Gordon

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

January 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. Chegwiddden, Chief

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

Attn: Jim Crolley

Re: 5025 N. E. 8 Avenue

Dear Sirs:

As the result of a displaced person and at your request, a partial inspection was made by the Housing Division of the two-story, wood frame, apartment complex at the above address.

Our inspector reports the one-bedroom unit, designated as Apartment #19, is in standard condition and complies with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CHF:vo
cc: Avenue Plaza, Inc.
2401 S. W. 4 Avenue

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

DAVENPORT, Clarence

____ Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. RS-4-9

a. Address: _____

d. Monthly rental: \$ 45.00

7 North Russell, Portland, Oregon 97227

e. Date you moved out of this dwelling: 8-11-71

b. Apartment or room number: # 9

c. Number of bedrooms: 1

Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): _____

d. Monthly rental: \$ 40.25

5025 NE 8th, Portland, Oregon 97211

e. Date you moved into this dwelling: 1-15-72

b. Apartment or room number: ---

c. Number of bedrooms: 1

Month-Day-Year

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

a. Address (include ZIP Code): _____

d. Incidental expenses (total from table on next page): \$ _____

b. Number of bedrooms: _____

e. Date you purchased this dwelling: _____

c. Downpayment: \$ _____

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: _____

d. Monthly rental for temporary unit: \$ _____

b. Address of dwelling unit to which you moved (include ZIP code): _____

e. Will you require temporary housing for more than 3 months?
 Yes No

c. Date of move: _____

Month-Day-Year

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.

January 11, 1972
Date

Clarence Dawson
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:

Davenport, Clarence

COMPUTATION PREPARED BY:

Carroll

Name

1-10-77

Date

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

Required Information

1. Monthly gross rental for comparable unit \$ 97.75
 (cost based on: X Schedule
 Comparative
 Other)

2. Base monthly rental for claimant's former dwelling, or \$ 28.98
 25% of adjusted monthly income, whichever is less. ^{\$415.00} 28.98

*Income
\$122.00
from welfare
Copy at
Rent Supplement*

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>97.75</u>
Line 2	<u>\$ 28.98</u>
	\$ <u>68.77</u>
X	<u>48</u>

\$ 3300.96

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.)

\$ 3300.96

5. Minus adjustments (Attach full explanation)

- \$

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

\$ 3300.96

7. Annual Payment

\$ 825.24
825.24

(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 Clarence Davenport

Parcel No. RS-4-9

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: 4-1-71

Date of Acquisition: 7-22-71

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: 4-1-71

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 \$3,300.96 is authorized.

WSJ

1-14-72
Date

[Signature]
Authorized Signature

5. RECORD OF PAYMENTS

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year

2nd Year

3rd Year

4th Year

Date of Payment

Check Number

Amount

	<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
(1) Lump-sum payment	_____	_____	\$ _____
(2) Annual payment			
1st Year	<u>1/14/72</u>	<u>247EH</u>	<u>\$825.24</u>
2nd Year	<u>12/20/72</u>	<u>628EH</u>	<u>\$825.24</u>
3rd Year	<u>12/6/73</u>	<u>865EH</u>	<u>\$825.24</u>
4th Year	<u>12-18-74</u>	<u>998EH</u>	<u>\$825.24</u>

b. Claimant moved to unit he purchased

_____ \$ _____

c. Homeowner temporarily displaced

_____ \$ _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Emanuel

PROJECT NO. R-20

1. Full name of claimant: _____ Family Individual

Davenport, Clarence

2. Dwelling unit from which you moved:

Parcel No. RS-4-9

a. Address 7 N Russell

c. Number of bedrooms 1

b. Apartment or room number #9

d. Monthly rental \$ 45.00

e. Date displaced 8-11-71

3. Dwelling unit to which you moved (RENTAL)

a. Address 5025 N.E. 8th

c. Number of bedrooms 1

b. Apartment or room number _____

d. Monthly rental \$ 40.25

e. Date moved in 1-15-72

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 4-1-71

Date of acquisition 7-22-71

Owner-occupant's initial date of ownership _____

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

Date of rental or purchase _____

Date of initiation of negotiations _____

3. Is replacement housing standard? Yes No

If previously substandard, date found standard _____

4. Certification:

(Amount of this claim \$ 3300.96)

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 998 EH

DATE December 18, 1974

PAY TO Clarence Davenport

\$ 825.24

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 7 N. Russell (Parcel RS-4-9).	
		Total approved 4th and final payment	\$3,300.96
			\$825.24

Clarence Davenport

Account Distribution

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: RS 4-9

PAYABLE TO: Clarence Davenport

For: <input type="checkbox"/>	RHP for Homeowners	\$	
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants	\$	
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved <u>\$3300.96</u> ^{Brd.} Annual amount	\$	<u>825.24</u>
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment	\$	
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only)	\$	
<input type="checkbox"/>	Interest Expense	\$	
<input type="checkbox"/>	Fixed Moving Payment	\$	
<input type="checkbox"/>	Dislocation Allowance	\$	
<input type="checkbox"/>	Actual Moving Costs	\$	
<input type="checkbox"/>	Storage Costs	\$	
<input type="checkbox"/>	Business: Moving Expenses	\$	
<input type="checkbox"/>	Business: In Lieu Payment	\$	
<input type="checkbox"/>	Business: Storage Costs	\$	
<input type="checkbox"/>	Business: Loss of Property	\$	
<input type="checkbox"/>	Business: Searching Expenses	\$	

Name of Client Clarence Davenport Family Less - \$ _____ *

Move from 7 N. Russell Individual Total \$ 825.24

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

OK SMC

0500

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 865 EH

DATE December 6, 19 73

PAY TO **Clarence Davenport**

\$ 825.24

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 7 N. Russell (Parcel RS 4-9).	
		Total approved 3rd annual payment	\$3,300.98
			\$825.24
		12/7/73 X <i>Clarence Davenport</i>	

Account Distribution

NO. TITLE AMOUNT

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 628 EH

DATE December 20, 19 72

PAY TO **Clarence Davenport**

\$ 825.24

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 7 N. Russell (Parcel RS-4-9).	
		Total approved \$3,300.96 2nd annual payment	<u>\$825.24</u>

Account Distribution

NO. TITLE AMOUNT

0600 E60 901

RELOCATION PAYMENT

Project: Emanuel Parcel: RS-4-9

Payable to: Clarence Davenport

Amount

For:	<u> </u> RHP for Homeowners	\$	<u> </u>
	<u> </u> Incidental Expenses for Homeowners (if separate claim)	\$	<u> </u>
Second	<u> X </u> RHP for Tenants & Certain Others:		
	Rental: Total approved \$ <u>3300.96</u> ; Annual amount.	\$	<u>825.24</u> Second
	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 Clarence Davenport Less - \$ *

Move from 7 N. Russell Total \$ 825.24 MC

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

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: James Daniels
(Relocation Advisor)

DATE December 5, 1972

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

RE: Clarence Davenport
(Displacee)

5025 N.E. 8th Ave. apt 19
(Address) last print. 1/14/72

No. 2
(annual payment)

\$825.24
(amount)

? 1-14-72
(date due)

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

Present Address: Same - Rent Supplement Housing

Date Inspected: 12-11-72 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Dwelling is in standard condition.
Same aptms as on first Payment.

SIGNED: Clarence Davenport
(Displacee)

SIGNED: James C. Kelley
(Relocation Advisor)

DATE: 12-11-72

DATE: 12-11-72

TO: Bob Douglas

DATE: 12/12/72

FROM: JC

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: Clarence Davenport

PROJECT: Emanuel

FOR: Relocation 2nd annual Payment

AMOUNT: 825.24

SIGNED: W.S. Jones

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

No 247 EH

DATE January 14, 1972

PAY TO **Clarence Davenport**

\$ 825.24

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants. From 7 N. Russell (Parcel RS-4-9).	
		Total approved	\$3,300.96
		1st Annual Payment	<u>\$825.24</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP) (EH)	\$825.24

Received 1-15-72

Clarence Davenport

JMS

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

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

Gentlemen:

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

- 1. Resident of the Housing Authority NO
- 2. Applicant for housing YES - (Supplement)
- 3. Name Clarence Davenport
- 4. Address 4853 NE 6th Ave
- 5. Number of persons in family 1
- 6. Total monthly assistance \$ 122.00 total
- 7. Date assistance began 3-11-71
- 8. Date assistance to terminate unknown -

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

Pat Lewis - mc
(Caseworker) (Dept.)

January 6, 1972
(Date)

December 22, 1972

Mr. Clarence Davenport
5025 N.E. 8th
Portland, Oregon 97211

Mr. Davenport:

Enclosed is our check number 628 in the amount of \$825.24 representing your second annual Relocation Housing Payment for Tenants.
Please feel free to contact us if you have any questions.

Very truly yours,

W.S. Jones
Relocation Supervisor

WSJ:dr
Enclosures

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 26841 G

PAY TO THE
ORDER OF

Clarence Davenport

DATE September 10, 1971

\$215.00

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
		Reimbursement per claims for relocation filed... move from 7 N Russell - Apt 2 - (Parcel RS 4-9) to 1406 NE Prescott ... Dislocation allowance \$200.00 Fixed payment - unfurnished <u>15.00</u>	\$215.00

Account Distribution

NO.	TITLE	AMOUNT
E1501	Relo Payment (Fixed - unfurn. - Ind.)	EH \$215.00

AC

gc
Clarence Davenport

mwa

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)

Clarence Davenport
1406 N.E. Prescott
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>[Signature]</i>	9-9-71
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
Sept 10, 1971	26841 R	\$ 200.00			\$

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 Clarence Davenport (1)	2. DATE(S) OF MOVE 8/11/71
--	-------------------------------

3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 7 North Russell Apt. #2 b. Apt., Floor, or Room No. _____ c. Was it furnished with your own furniture? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>1</u> e. Date you moved into this address: <u>4/1/71</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 1406 NE Prescott b. Apt., Floor, or Room No. _____ c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.
--	--

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

August 25, 1971
 Date

Clarence Davenport
 Signature of claimant

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Clarence Davenport
1406 N.E. Prescott
Portland, Oregon

CLAIM FOR RELOCATION PAYMENT

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

NAME OF LOCAL AGENCY

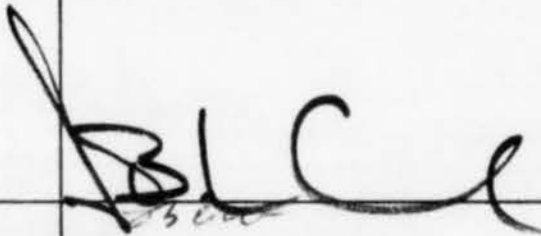
Portland Development Commission

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

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

B. CERTIFICATION

I CERTIFY that I have examined the claim, and the substantiating documentation, and have found it to be in accord with the applicable provisions of Federal law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, the claim is hereby approved and payment is authorized as follows:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	15.00 \$		9-9-71
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
Sept 10, 1971	268412	\$ 15.00			\$

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

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

HUD-6140.1
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) Emanuel Project <hr/> 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 (1) Clarence Davenport	2. DATE(S) OF MOVE 8/11/71
--	-------------------------------

3. ADDRESS FROM WHICH YOU HAVE MOVED RS 4-9 a. Address 7 North Russell Apt. # 2 b. Apt., Floor, or Room No. _____ c. Was it furnished with your own furniture? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>1</u> e. Date you moved into this address: <u>4/1/71</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 1406 N.E. Prescott b. Apt., Floor, or Room No. _____ c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.
---	--

5. TYPE OF PAYMENT CLAIMED Check a or b after consulting local agency: <input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property <input checked="" type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved) (1 Room) not furnished	Check c if applicable: <input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs
---	--

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)	\$ 15.00
---	----------

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

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

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

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

12. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.		
<table style="width:100%;"> <tr> <td style="width:40%; text-align: center;"> <u>August 25, 1971</u> Date </td> <td style="width:60%; text-align: center;"> Signature of claimant </td> </tr> </table>	<u>August 25, 1971</u> Date	 Signature of claimant
<u>August 25, 1971</u> Date	 Signature of claimant	

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER J. C. PROJECT NO. R-20 PARCEL RS4-9
 NAME DAVENPORT CUNNINGHAM ADDRESS 7 N. Russell APT NO. 2
 PHONE _____ INITIAL INTERVIEW 8/24/71 SEX W NW AGE 68
 U.S. CITIZEN ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 4-1-71
OUT 8-11-71

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name GENERAL \$ 72.00 WK
 Address N. WMS
 MCW Caseworker _____
 Social Security _____
 Va. Fed. Mult Co. _____
 Pension: Name _____
 Other: Name _____
 [REDACTED]
 TOTAL MONTHLY INCOME _____

Rent 45.00, Inc.Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn _____ Furn No.Rms 1

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

NEW ADDRESS: 1406 N. E PROSBETT Zip _____ Phone 282-1629
282-6363 (W)

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER J. Crolley PROJECT NO. Ore. R-20 PARCEL RS 4-9
 NAME DAVENPORT, Clarence ADDRESS 7 North Russell APT NO. 2
 PHONE _____ INITIAL INTERVIEW 8/24/71 SEX M W NW B AGE 68
 U.S. CITIZEN X ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 4/1/71

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name Genevas Restaurant \$ 72.00/wk.
 Address N. Williams
 MCW Caseworker
 Social Security [REDACTED]
 VA. Fed. Mult Co.
 Pension: Name _____
 Other: Name _____
 TOTAL MONTHLY INCOME _____

Rent 45.00, Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn _____ Furn X No. Rms 1

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

NEW ADDRESS: 1406 N.E. Prescott (res.) 287-1629 (Bus.) 282-6363 Zip _____ Phone _____

4853 N.E. 6th
5025 N.E. 8th apt 14 972-11 (Landlord, Harrison) 224-1058 office
(Bar's Restaurant) Ave Plaza

DATE	NOTES	C/W
8/24/71	Moved out 8/11/71. Furnished room and access to rest of house. Landlord - James Parks. Rent in new address \$65.00. Does not draw Soc. Security. Works at Genevas Restaurant from 6:00 a.m. to 2:00 p.m. Has Sunday's off. Genevas located at 4228 N. Williams Avenue.	JC

PORTLAND DEVELOPMENT COMMISSION

**SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 255-8100**

September 1, 1971

Mr. Clarence Davenport
7 North Russell, #2
Portland, Oregon

Dear Mr. Davenport:

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 255-8100. 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

CLAIM FOR RELOCATION PAYMENT

1. NAME OF CLAIMANT (I) Clarence Sampson (F) _____
2. DATE OF MOVE 8-11-71 *To be confirmed*
3. ADDRESS FROM WHICH YOU HAVE MOVED
- a. Address 7 N. Russell Parcel No. _____
- b. Apartment No. 2
- c. Clients Furniture? yes ___ no partially ___
- d. Number of rooms 1
- e. Date in 4-1-71
4. NEW ADDRESS
- a. Address 1406 N.E. Prescott
- b. Apartment No. _____
- c. Goods moved from storage
yes ___ no ___
5. TYPE OF PAYMENT
- a. Moving expenses and/or loss of property.
- b. Fixed payment.
- c. Storage costs.
6. TOTAL CLAIM \$ 15.00 1 room 1 furnished
7. NAME OF MOVING CO. _____
8. TELEPHONE NUMBER _____
9. ADDRESS _____
10. METHOD OF PAYMENT - MOVING BILL ATTACHED: yes ___ no ___
- a. Reimburse claimant.
- b. Direct payment to movers.
11. AMOUNT OF ACTUAL COSTS AND/OR LOSS
- a. Moving costs \$ _____
- b. Storage costs _____
- c. Direct loss of property \$ _____

8-25-71
DATE

Dislocation Allowance 200⁰⁰

Davenport, Clarence
7 N. Knicker APT #2

Mr Davenport was working part-time on old
get on a work coat. There 68 years old
can never applied for S. S. & a doctor from
that he was eligible and took him home
to sign up. His paper had to be verified
and got lost in transportation. We hear
a couple of traces to show what happen.
He finally got his money back to get
65. He had no furniture & lost him to
the furniture factory & purchased used
furniture for his apt. I took him to the
corner of the apartment to get apartment & to
rent the apt. & all the corner on lot
to make sure he could move in. He
had a trailer pick up his furniture
He need a telephone and the down pay
rent & deposit very expensive. I have
to the telephone before to reduce these
cost in fact. He moved in the first
leaving the first day. Because of the funds
& his own financial condition he was
able to rent his mother's room to the
was born since 1932. He was able to purchase
some second clothing & eat regularly and
for a comfortable setting to live in.

12/5. Claim filed for 3rd Annual TACO payment.
Self inspection made. Signature of client
on ^{Claim} form.

12/7/73 Received Claim for RHP, 3rd Annual
payment for Clarence Davenport in the amount
of \$825.24. Warrant NO. 865 EH.

Mr. Davenport came in to pick up his check.
Signed warrant on receipt of chk.

Clarence Davenport

- 12/3/73 Notice of RHP TACO payment received in our office. Self inspection made on Apt. at 5025 99 E 8th.
- 12/5/73 Claim filed
- 12/7 Reimbursement for claim for move from parcel RS 4-9 received in the amount of \$825.24 payable to Clarence Davenport. 3rd Annual payment. Warrant NO. 865 EH. Signed on receipt.

	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. VANCOUVFR		
R 9-3	COLLINS, FRED 3137 N. GANTENBEIN		
A-2-4	COOK, LESTER 3102 N. GANTENBEIN		
E 4-8	COOPER, BERTHA 323 N. RUSSELL		
RS 3-7	COREY, WALTER 2722 N. VANCOUVER		
E 4-8	CORLEY, FREDERICKA 327 N. RUSSELL		
E 3-7	CORNWELL, ALLEN 542 N. KNOTT		
RS 4-7	COUEY, SEARCY 111 N. RUSSELL #1		
A -3-9	CRITTENDEN, BETTY JEAN 3222 N. GANTENBEIN		
RS 4-9	DAVENPORT, CLARENCE 7 N. RUSSELL #2		
	DAVIS, FLOYD W. 2860 N. WILLIAMS AVENUE		
RS 4-9	DEMME, FRANK 7 N. RUSSELL		
A-4-7	DENSON, JEWEL (MRS.) .3316 N. GANTENBEIN		
A-2-4	DENT, DAVID 3110 N. GANTENBEIN		
A 3-5	DeWEESE, CARL 232 N. COOK		
A 2-8	DIAL, OSCAR 3111 N. VANCOUVER		

RESIDENTIAL RELOCATION RECORD

Project Name Emaw Parcel No. Rs-4-9 Advisor Jcc
 Client's Name DAVENPORT, CLARENCE Phone _____
 Address 7 N RUSSELL Ethn B Age 68
 Male Family Married Renter/Occupant
 Female Individual Single Owner/Occupant

Family Composition

Total Number in Family 1
 _____ wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Economic Data

Employer _____ \$ _____
 Address _____
 Other Source of Income DCU \$ 122-
 _____ \$ _____
 Total Monthly Income \$ (122-)

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

Claimant was displaced from real property within the project area on or after date of pertinent contract for Federal assistance and/or date of HUD approval of budget for project:

YES NO

Date of initial interview 8-24-71 Date of Info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective 7-22-71 Expires 11-19-71

CLAIMANT'S INITIAL DATE OF OCCUPANCY

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

Date of initiation of negotiations for purchase of property 4-1-71
 Date of Acquisition 5-27-71
 Date of letter of Intent 7-22-71
 Date of move 1-15-72

DWELLING UNIT FROM WHICH RELOCATED

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

✓ Age of Housing Unit 1894-
 ✓ Size of Habitable Area 900
 Furnished with claimant's furniture
 YES NO

✓ Total Number of Rooms 1 Rent Paid \$ 45- Utilities _____
 ✓ Number of Bedrooms 0 Monthly Housing Payments \$ _____ Taxes _____
 Liens \$ _____ (please explain) _____
 Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 5025 NE 8 LPA Referred Self Referred _____

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

Outside city Outside state
 ✓ Age of Housing Unit 54R
 ✓ Size of Habitable Area 450
 No. of Rooms 3 No. of Bedrooms 1

For Claimants Who Purchased

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

For Claimants Who Rented

Rent \$ 40.25
 Utilities \$ _____
 Total Rent Assistance \$ 3,300.96
 Amount of Annual Payment \$ 825.24

No. of Housing Referrals to:

_____ Standard Sales
1 Standard Rent

Agency Referrals:

MCW _____ HAP OTHER (S.S.)
 Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date 1-14-72 Ck # 247EH Type TACO Amount \$ 825.24
 Date 12-20-72 Ck # 628EH Type " Amount \$ "
 Date 9-10-71 Ck # 26841G Type MC Amount \$ 215.-

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME DAVENPORT, Clarence RELOCATION ADVISOR JC
 ADDRESS 7 North Russell #2 PHONE _____ PROJECT NAME Emanuel ORE R-20
 SEX M ETHN B VETERAN _____ AGE 68 PARCEL NO. RS 4-9
 MARITAL STATUS Single TENURE Tenant
 DISABILITY _____ INDIV _____ FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 8/24/71 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE Yes DATES EFFECTIVE 7/22/71 EXPIRATION DATE Nov. 19, 1971
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>4/1/71</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: <u>July 22, 1971</u>

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW 3/11/71 122.00
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 122.00

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure _____ No. Rooms _____
 No. Bedrooms _____ Furn. X Unfurn _____
 Utilities \$ _____
 Monthly Payments (Rent) \$ 45.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

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 5025 N.E. 8th apt 19 Phone 288-9490 Date of Move January 15, 1972

WHERE RELOCATED:

		S	SS
Same City	<input checked="" type="checkbox"/>	Subsidized Sales	Single Family
Outside City		Subsidized Rental	Multiple Family
Out of State		Public Housing	Duplex
		Private Rental	Mobile Home
		Private Sales	

Furnished _____ Unfurnished Number of Rooms _____ Number of Bedrooms 1 Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ 40.25 Purchase Price \$ _____

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

Name of Moving Company _____ Name of Realtor _____

\$3,300.96 TOTAL

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	247 EH	1/14/72	\$ 825.24
TACO (Rental)	628 EH	12-20-72	\$ 825.24
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	26841 G	9/10/71	\$ 215.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

TOTAL BENEFITS RECEIVED \$ 1,040.24

REALTOR: _____ ESCROW CO. _____ OFFICER _____

DATE	NOTES	C/W
8/24/71	<p>Moved out 8/11/71, furnished room and excess to rent of house. Landlord is James Parks. Rent in new address is \$65.00 per month. Does not draw Social Security. [REDACTED] Works at Geneva, 4228 N. Williams Avenue 6:00 am to 2:00 pm.</p>	
8/25/71	(will apply for Social Security 8/26/71)	
8/26/71	<p>Took him down to make application for Social Security Benefits. He does not want Public Housing or rent supplement at this time. Prefers to rent from friend as is presently doing.</p>	
12/17/71	Tracer asked on Social Security status.	
12/17/71	<p>Claim filed for Rental Assistance Payment. \$825.24 Annually. Wants another house - signed up for rent supplement housing.</p>	
1/6/72	<p>Mrs. Barber sent another tracer. Critical case last.</p>	
1/10/72	Had house inspection.	
1/12/72	<p>Got a call from Social Security that Davenport check was being mailed next week but his address was wrong. (Contact S.S. care George, 221-3395) was typed 4053 - should be 4853 N.E. 8th.</p>	
1/13/72	<p>Took him to post office to change his address and to correct the wrong number status of his Social Security mail. Took him to Furniture factory to purchase furniture for his new apartment. He had no furniture of his own. Also submitted his claim for Rental Assistance so he could pay his rent and buy furniture.</p>	
1/14/72	<p>Picked check up, made contact with landlord and furniture factory. Did not get check in time to finalize deals. Made appointment for Saturday 1/15/72.</p>	
1/15/72	<p>Took him to get his check cashed at Freedom Bank and signed papers for the apartment and paid his rent for 1/2 month at \$22.10 and \$25.00 deposit for cleaning, total \$47.10. Furniture cost \$378.00 for living room and kitchen, bedroom.</p> <p>Mr. Davenport extremely pleased. He was 69 years old and had never applied for his Social Security he was reluctant because he did not know what to do. He had been getting Welfare, and during so^mpart time work. He now has an apartment for \$40.25 (his cost) he has S.S. and his furniture belongs to him. He gets food stamps. So he has no worries about a place to stay nor money or food. I am very pleased with his well being.</p>	

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: RS-4-9

PAYABLE TO: Clarence Davenport

For: <input type="checkbox"/>	RHP for Homeowners	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants.	\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$ <u>3300.96</u> ; Annual amount \$ <u>825.24</u>	\$	_____
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only).	\$	_____
<input type="checkbox"/>	Interest Expense	\$	_____
<input type="checkbox"/>	Fixed Moving Payment	\$	_____
<input type="checkbox"/>	Dislocation Allowance.	\$	_____
<input type="checkbox"/>	Actual Moving Costs.	\$	_____
<input type="checkbox"/>	Storage Costs.	\$	_____
<input type="checkbox"/>	Business: Moving Expenses.	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment.	\$	_____
<input type="checkbox"/>	Business: Storage Costs.	\$	_____
<input type="checkbox"/>	Business: Loss of Property	\$	_____
<input type="checkbox"/>	Business: Searching Expenses	\$	_____

Name of Client Clarence Davenport Family Less - \$ _____ *

Move from 7 N. Russell Individual Total \$ 825.24

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

0600 X10-901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crotley A G
(Relocation Advisor)

DATE December 4, 1974

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

RE: Clarence Davenport (Emanuel)
(Displacee)

5025 N.E. 8th
(Address)

No. 4th & final
(annual payment)

\$ 825.24
(amount)

January 1975
(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: 5025 N.E. 8th

Date Inspected: _____ Condition: _____ Standard _____ Substandard

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

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

Comments: Same House -

SIGNED: Clarence Davenport
(Displacee)

SIGNED: _____
(Relocation Advisor)

DATE: _____

DATE: _____

TO: Bob Douglas

DATE: 12-9-74

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: Clarence Davenport

PROJECT: Emanuel

FOR: TACO

AMOUNT: 825²⁴

SIGNED: Benjamin C. Webb

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: ? JC
(Relocation Advisor)

DATE December 3, 1973

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

RE: Clarence Davenport
(Displacee)

5025 N.E. 8th
(Address)

No. 3rd
(annual payment)

\$ 825.24
(amount)

1/11/73
(date due)

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

Present Address: 5025 N.E. 8th Apt. #19

Date Inspected: Jan. 11, 1972 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Displacee remains in same apt. as of inspection 1/11/72, which was standard at that time.

SIGNED: Clarence Davenport
(Displacee)

SIGNED: Alma Gordon
(Relocation Advisor)

DATE: _____

DATE: 12/4/73

TO: Bob Douglas

DATE: 12/5/73

FROM: Alma Gordon

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

TO: Clarence Davenport

PROJECT: Emanuel B-20

FOR: 3rd Annual RHP TACO payment

AMOUNT: \$825.24

WSD

SIGNED: Alma Gordon

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

January 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. Chegwiddden, Chief

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

Attn: Jim Crolley

Re: 5025 N. E. 8 Avenue

Dear Sirs:

As the result of a displaced person and at your request, a partial inspection was made by the Housing Division of the two-story, wood frame, apartment complex at the above address.

Our inspector reports the one-bedroom unit, designated as Apartment #19, is in standard condition and complies with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CHF:vo

cc: Avenue Plaza, Inc.
2401 S. W. 4 Avenue

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

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:	PROJECT NAME (if applicable)
Portland Development Commission	Emanuel Hospital Project
1700 SW Fourth Avenue	PROJECT NUMBER: ORE R-20
Portland, Oregon 97201	

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
 DAVENPORT, Clarence _____ Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED	PARCEL NO. <u>RS-4-9</u>
a. Address: <u>7 North Russell, Portland, Oregon 97227</u>	d. Monthly rental: \$ <u>45.00</u>
b. Apartment or room number: <u># 9</u>	e. Date you moved out of this dwelling: <u>8-11-71</u>
c. Number of bedrooms: <u>1</u>	Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)	
a. Address (include ZIP Code): <u>5025 NE 8th, Portland, Oregon 97211</u>	d. Monthly rental: \$ <u>40.25</u>
b. Apartment or room number: <u>---</u>	e. Date you moved into this dwelling: <u>1-15-72</u>
c. Number of bedrooms: <u>1</u>	Month-Day-Year

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)	
a. Address (include ZIP Code): _____	d. Incidental expenses (total from table on next page): \$ _____
b. Number of bedrooms: _____	e. Date you purchased this dwelling: _____
c. Downpayment: \$ _____	

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: _____	d. Monthly rental for temporary unit: \$ _____
b. Address of dwelling unit to which you moved (include ZIP code): _____	e. Will you require temporary housing for more than 3 months?
c. Date of move: _____	_____ Yes _____ No
Month-Day-Year	If "Yes", <u>total</u> 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.

January 11, 1972
Date

Clarence Davenport
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:

Davenport, Clarence

COMPUTATION PREPARED BY:

Carroll

Name

1-10-77

Date

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

Required Information

1. Monthly gross rental for comparable unit \$ 97.75
 (cost based on: Schedule
 Comparative
 Other

2. Base monthly rental for claimant's former dwelling, or \$ 28.98
 25% of adjusted monthly income, whichever is less. ^{\$45.00} 28.98

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>97.75</u>
Line 2	- \$ <u>28.98</u>
	\$ <u>68.77</u>
X	<u>48</u>

\$ 3300.96

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.) \$ 3300.96

5. Minus adjustments (Attach full explanation) - \$

6. Amount of rental assistance payment (Line 4 minus Line 5) \$ 3300.96

7. Annual Payment \$ 825.24
825.24

(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.

Income \$122.00 from welfare Copy at Rent Supplement

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

NAME OF CLAIMANT Clarence Davenport

Parcel No. RS-4-9

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: 4-1-71

Date of Acquisition: 7-22-71

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: 4-1-71

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 \$3,300.96 is authorized.

1-14-72
Date

[Signature]
Authorized Signature

5. RECORD OF PAYMENTS

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year

2nd Year

3rd Year

4th Year

Date of Payment

Check Number

Amount

\$ _____

1/14/72

247 EH

\$ 825.24

12/20/72

628 EH

\$ 825.24

12/6/73

865 EH

\$ 825.24

12-18-74

998 EH

\$ 825.24

b. Claimant moved to unit he purchased

\$ _____

c. Homeowner temporarily displaced

\$ _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emanuel

PROJECT NO. R-20

1. Full name of claimant: _____ Family Individual

Davenport, Clarence

2. Dwelling unit from which you moved:

Parcel No. RS-49

a. Address 7 N. Russell

c. Number of bedrooms 1

b. Apartment or room number #19

d. Monthly rental \$ 45.00

e. Date displaced 8-11-71

3. Dwelling unit to which you moved (RENTAL)

a. Address 5025 N.E. 7th

c. Number of bedrooms 1

b. Apartment or room number _____

d. Monthly rental \$ 40.25

e. Date moved in 1-15-72

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 4-1-71

Date of acquisition 7-22-71

Owner-occupant's initial date of ownership _____

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

Date of rental or purchase _____

Date of initiation of negotiations _____

3. Is replacement housing standard? Yes No

If previously substandard, date found standard _____

4. Certification:

(Amount of this claim \$ 3300.96)

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 998 EH

DATE December 18, 1974

PAY TO Clarence Davenport

\$ 825.24

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 7 N. Russell (Parcel RS-4-9).	
		Total approved	\$3,300.96
		4th and final payment	\$825.24

Clarence Davenport

Account Distribution

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: RS 4-9

PAYABLE TO: Clarence Davenport

For: <input type="checkbox"/>	RHP for Homeowners	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants.	\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved <u>\$3300.96</u> Annual amount <u>\$825.24</u> <i>3rd.</i>	\$	<u>825.24</u>
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only).	\$	_____
<input type="checkbox"/>	Interest Expense	\$	_____
<input type="checkbox"/>	Fixed Moving Payment	\$	_____
<input type="checkbox"/>	Dislocation Allowance.	\$	_____
<input type="checkbox"/>	Actual Moving Costs.	\$	_____
<input type="checkbox"/>	Storage Costs.	\$	_____
<input type="checkbox"/>	Business: Moving Expenses.	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment.	\$	_____
<input type="checkbox"/>	Business: Storage Costs.	\$	_____
<input type="checkbox"/>	Business: Loss of Property	\$	_____
<input type="checkbox"/>	Business: Searching Expenses	\$	_____

Name of Client Clarence Davenport Family Less - \$ _____ *

Move from 7 N. Russell Individual Total \$825.24

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

0500

of SMC

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 865 EH

DATE December 6, 1973

PAY TO **Clarence Davenport**

\$ 825.24

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 7 N. Russell (Parcel RS 4-9). Total approved \$3,300.96 3rd annual payment \$825.24	
		12/7/73 X <i>Clarence Davenport</i>	

Account Distribution

NO. TITLE AMOUNT

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N? 628 EH

DATE **December 20**, 19 **72**

PAY TO **Clarence Davenport**

\$ 825.24

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 7 N. Russell (Parcel RS-4-9).	
		Total approved 2nd annual payment	\$3,300.96
			<u>\$825.24</u>

Account Distribution

NO TITLE AMOUNT

0600 E60 901

RELOCATION PAYMENT

Project: Emanuel Parcel: RS-4-9

Payable to: Clarence Davenport

Amount

For:	<u> </u> RHP for Homeowners	\$ <u> </u>
	<u> </u> Incidental Expenses for Homeowners (if separate claim)	\$ <u> </u>
Second	<u> X </u> RHP for Tenants & Certain Others:	
	Rental: Total approved \$ <u>3300.96</u> ; Annual amount.	\$ <u>825.24</u> Second
	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 Clarence Davenport Less - \$ *

Move from 7 N. Russell Total \$ 825.24 MC

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

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: James L. Corley
Shet Daniels
(Relocation Advisor)

DATE December 5, 1972

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

RE: Clarence Davenport
(Displacee)

5025 N.E. 8th Ave. apt 19
(Address) last pmt. 1/14/72

No. 2
(annual payment)

\$825.24
(amount)

? 1-14-72
(date due)

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

Present Address: Same - Rent Supplement Housing

Date Inspected: 12-11-72 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Dwelling is in standard condition.
Same aptmt as on first payment.

SIGNED: Clarence Davenport
(Displacee)

SIGNED: James L. Corley
(Relocation Advisor)

DATE: 12-11-72

DATE: 12-11-72

TO: Bob Douglas

DATE: 12/12/72

FROM: JC

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: Clarence Davenport

PROJECT: Emanuel

FOR: Relocation 2nd annual payment

AMOUNT: 825.24

SIGNED: W.S. Jael

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 247 EH

DATE January 14, 1972

PAY TO **Clarence Davenport**

\$ 825.24

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants. From 7 N. Russell (Parcel RS-4-9).	
		Total approved 1st Annual Payment	\$3,300.96
			<u>\$825.24</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP) (EH)	\$825.24

DD Received 1-15-72

Clarence Davenport

JMS

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

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

Gentlemen:

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

1. Resident of the Housing Authority NO
2. Applicant for housing YES - (supplement)
3. Name Clarence Davenport
4. Address 4853 NE 6th Ave.
5. Number of persons in family 1
6. Total monthly assistance \$ 122.00 total
7. Date assistance began 3-11-71
8. Date assistance to terminate unknown -

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

Pat Lewis - mc
(Caseworker) (Dept.)
January 6, 1972
(Date)

December 22, 1972

Mr. Clarence Davenport
5025 N.E. 8th
Portland, Oregon 97211

Mr. Davenport:

Enclosed is our check number 628 in the amount of \$825.24 representing your second annual Relocation Housing Payment for Tenants.
Please feel free to contact us if you have any questions.

Very truly yours,

W.S. Jones
Relocation Supervisor

WSJ:dr
Enclosures

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 26841 G

DATE September 10, 1971

PAY TO THE
ORDER OF

Clarence Davenport

\$215.00

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
		Reimbursement per claims for relocation filed... move from 7 N Russell - Apt 2 - (Parcel RS 4-9) to 1406 NE Prescott ... Dislocation allowance \$200.00 Fixed payment - unfurnished <u>15.00</u>	\$215.00

Account Distribution

NO.	TITLE		AMOUNT
E1501	Relo Payment (Fixed - unfurn. - Ind.)	EH	\$215.00

AC
de Clarence Davenport

muwa

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)

Clarence Davenport
1406 N.E. Prescott
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>[Signature]</i>	9-9-71
b. Reimbursement for actual direct loss of property	\$	<i>[Signature]</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
Sept 10, 1971	26841 R	\$ 200.00			\$

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

Clarence Davenport

(1)

2. DATE(S) OF MOVE

8/11/71

3. ADDRESS FROM WHICH YOU HAVE MOVED

RS 4-9

4. ADDRESS TO WHICH YOU HAVE MOVED

a. Address (include ZIP code)

1406 NE Prescott

a. Address

7 North Russell Apt. #2

b. Apt., Floor, or Room No. _____

b. Apt., Floor, or Room No. _____

c. Was it furnished with your own furniture? Yes No

c. Were household goods moved to or from storage?

Yes No

d. Number of rooms occupied (excluding

bathrooms, hallways, and closets): 1

If "Yes," complete Block B on reverse side of this form.

e. Date you moved into this address: 4/1/71

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.

August 25, 1971

Date

Clarence Davenport

Signature of claimant

(Over)

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Clarence Davenport
1406 N.E. Prescott
Portland, Oregon

CLAIM FOR RELOCATION PAYMENT

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

NAME OF LOCAL AGENCY


Portland Development Commission

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

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

B. CERTIFICATION

I CERTIFY that I have examined the claim, and the substantiating documentation, and have found it to be in accord with the applicable provisions of Federal law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, the claim is hereby approved and payment is authorized as follows:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	15.00		9-9-71
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
Sept 10, 1971	268412	\$ 15.00			\$

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

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

HUD-6140.1
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code)

Portland Development Commission
 1700 S.W. Fourth Avenue
 Portland, Oregon 97201

PROJECT NAME (If applicable)

Emanuel Project

PROJECT NUMBER

Ore. R-20

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

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT

Clarence Davenport

(1)

2. DATE(S) OF MOVE

8/11/71

3. ADDRESS FROM WHICH YOU HAVE MOVED

a. Address

7 North Russell Apt. # 2

b. Apt., Floor, or Room No. _____

c. Was it furnished with your own furniture? Yes No

d. Number of rooms occupied (excluding
 bathrooms, hallways, and closets): 1

e. Date you moved into this address: 4/1/71

RS 4-9

4. ADDRESS TO WHICH YOU HAVE MOVED

a. Address (include ZIP code)

1406 N.E. Prescott

b. Apt., Floor, or Room No. _____

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) (1 Room) ~~unfurnished~~ furnished

Check c if applicable:

c. Supplementary claim for reimbursement of storage costs

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

15.00

\$

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

7. NAME OF MOVING COMPANY (OR PERSON)

8. MOVER'S TELEPHONE NO.

9. ADDRESS OF MOVING COMPANY (OR PERSON)

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

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

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

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)

\$

b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)

\$

c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)

\$

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

August 25, 1971

Date

Clarence Davenport
 Signature of claimant

(Over)

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER J. Crolley PROJECT NO. Ore. R-20 PARCEL RS 4-9
 NAME DAVENPORT, Clarence ADDRESS 7 North Russell APT NO. 2
 PHONE _____ INITIAL INTERVIEW 8/24/71 SEX M W NW B AGE 68
 U.S. CITIZEN X ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 4/1/71

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name Genevas Restaurant \$ 72.00/wk.
 Address N. Williams
 MCW Caseworker 132.00
 Social Security [REDACTED]
 VA. Fed. Mult Co.
 Pension: Name _____
 Other: Name _____
TOTAL MONTHLY INCOME _____

Rent 45.00, Inc. Heat Water Gas Gar Elec _____ Unfurn _____ Furn X No. Rms 1

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

NEW ADDRESS: 1406 N.E. Prescott (res.) 287-1629 (Bus.) 282-6363
 Zip _____ Phone _____

Moved - 1-11-72
4853 N E 6th
5025 N E 8th apt 19 972 #1 (Landlord, Harrison) 224-1058 office
Base's Restaurant Ave Plaza

DATE

NOTES

C/W

8/24/71

Moved out 8/11/71. Furnished room and access to rest of house.
Landlord - James Parks. Rent in new address \$65.00. Does not draw
Soc. Security. Works at Genevas Restaurant from 6:00 a.m. to 2:00 p.m.
Has Sunday's off. Genevas located at 4228 N. Williams Avenue.

JC

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
Phone 255-8100

September 1, 1971

Mr. Clarence Davenport
7 North Russell, #2
Portland, Oregon

Dear Mr. Davenport:

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 255-8100. 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

CLAIM FOR RELOCATION PAYMENT

1. NAME OF CLAIMANT (I) _____ (F) _____
Clarence S. Soper

2. DATE OF MOVE 8-11-71

*To be
Completed*

3. ADDRESS FROM WHICH YOU HAVE MOVED
a. Address 7 N. Russell Parcel No. _____
b. Apartment No. 2
c. Client's Furniture? yes ___ no partially ___
d. Number of rooms 1
e. Date in 4-1-71

4. NEW ADDRESS
a. Address 1406 N.E. Prescott
b. Apartment No. _____
c. Goods moved from storage yes ___ no ___

5. TYPE OF PAYMENT
 a. Moving expenses and/or loss of property.
 b. Fixed payment.
 c. Storage costs.

6. TOTAL CLAIM \$ 15.00 1 room - furnished

7. NAME OF MOVING CO. _____ 8. TELEPHONE NUMBER _____ 9. ADDRESS _____

10. METHOD OF PAYMENT - MOVING BILL ATTACHED: yes ___ no ___
 a. Reimburse claimant.
 b. Direct payment to movers.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS
a. Moving costs \$ _____
b. Storage costs _____
c. Direct loss of property \$ _____

8-25-71
DATE

Dislocation Allowance 200⁰⁰

Davenport, Clarence
7 N. Knoxville Apt #2

Mr Davenport was working part-time on odd
get as a cook cook. There 68 years old
an nurse applied for S. S. & a doctor from
that he was eligible and took him home
to sign up. His paper had to be verified
and got lost in transportation. We hear
a couple of traces to show what happens.
He finally got his money fair to age
65. He had no furniture & took him to
the furniture factory & purchased with
furniture for his apt. I took him to the
corner of the apartment to get apartment & to
rent the apt & call the corner on lot
to make sure he could move in. He
had a trailer pick up his furniture
He need a telephone and the room pay
rent & repair very expensive. I later
to the telephone began to reduce these
cost in fact. He moved in the first
leaving the first bid. Because of the funds
& the new furniture condition he was
able to rent his mother's room to the
her room since 1932. He was able to purchase
some second clothing & eat regularly and
had a comfortable setting to live in.

12/5. Claim filed for 3rd Annual TACO payment.
Self inspection made. Signature of client
on ^{Claim} form.

12/7/73 Received Claim for RHP, 3rd Annual
payment for Clarence Davenport in the amount
of \$825.24. Warrant NO. 865 EH.
Mr. Davenport came in to pick up his check.
Signed Warrant on receipt of chk.