

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

R E S U M E

DATE _____

NAME Dent, David

Mrs. Wanda Dent moved into 3110 N. Gantenbein on May 20, 1972 - She was moved in by the owner after acquisition negotiations broke down and previous tenants moved out. Due to her late arrival she is not entitled to any TACO benefits. Mrs. Dent is entitled to moving expense and allowance only.

On September 22, 1972, Mrs. Dent moved to 4911 N.E. 11th Avenue. This house was formerly rented by John Harris from Albina Real Estate. It is standard at this time. Mrs. Dent was very happy with the move because the house was recently redecorated and every thing brought to City Code.

(signed) _____

C. Daniels
worker

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. _____ Advisor CD
 Client's Name Dent, David Phone _____
 Address 3110 N. Centerville Ethn Black Age 24

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

Family Composition

Total Number in Family 5

2 wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age
wife	24		
Daughter	4		
Daughter	13 mo.		
Daughter	1 mo.		

Economic Data

Employer \$

Address

Other Source of Income

welfare \$ 208.00

Total Monthly Income \$ (208.00)

- Eligible for Public Housing YES NO
 Eligible for Welfare YES NO
 Eligible for (Other) YES NO

Presently Receiving Welfare YES NO

Other Assistance _____

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

- YES NO

Date of initial interview 6-20-72 Date of Info pamphlet delivery _____

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

5-20-72

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

Date of initiation of negotiations for purchase of property

5-20-71

Date of Acquisition

9-14-72

Date of letter of intent

Date of move

9-23-72

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 OVER 60

✓ Size of Habitable Area 600-910 sq ft

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 5 Rent Paid \$ 75⁰⁰ Utilities _____

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 4911 NE 11th LPA Referred Self Referred _____

Private Sales		Single Family	
Private Rental		Duplex	
Other		Multiple Family	

Outside city Outside state

✓ Age of Housing Unit OVER 50 YR

✓ Size of Habitable Area 800-1000

✓ No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

For Claimants Who Rented

Purchase Price of Replacement Dwelling \$ _____

Rent \$ 90.

Taxes \$ _____

Utilities \$ 31.

RHP or TACO (including incidental costs) \$ _____

Total Rent Assistance \$ 0

Amount of Annual Payment \$ _____

No. of Housing Referrals to:

Agency Referrals:

_____ Standard Sales _____ MCW _____ HAP _____ OTHER (_____)
4 Standard Rent _____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date 9-21-72 Ck # 32744 Type MC Amount \$ 420-
 Date _____ Ck # _____ Type _____ Amount \$ _____
 Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Dent, David RELOCATION ADVISOR CD
 ADDRESS 3110 N. Gantenbein PHONE _____ PROJECT NAME Emanuel
 SEX M ETHN B VETERAN _____ AGE 24 PARCEL NO. A-2-4
 MARITAL STATUS _____ TENURE t/o
 DISABILITY _____ INDIV _____ FAMILY x
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 6-20-72 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY Mrs. Perlle Mae Nathan 283-4624

DATE ON SITE:	<u>5-20-72</u>
INITIATION OF NEGOTIATIONS:	<u>5-20-71</u>
DATE OF ACQUISITION:	<u>9-14-72</u>

ECONOMIC DATA

FAMILY COMPOSITION

Employer _____ \$ _____
 Address _____
 MCW Mrs. J. Sick 208.00
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ _____

Name	Relation	Age
Wanda	Wife	21
Angela	D	4
Angel	D	18mo
Danielle	D	1 mo

DWELLING UNIT FROM WHICH RELOCATED

		S	SS
Subsidized Sales	Single Family	<u>x</u>	
Subsidized Rental	Multiple Family		
Public Housing	Duplex		
Private Rental	Mobile Home	<u>x</u>	
Private Sales			

Age of Structure _____ No. Rooms 5
 No. Bedrooms 2 Furn. _____ Unfurn. x
 Utilities \$ 25
 Monthly Payments (Rent) \$ 75.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms
HAP	
Herman Plummer R.E.	
Albina Real Estate	
4911 N.E. 11th	

Name of Agency	Date
Multnomah County Welfare	<u>x</u>
Food Stamp Program	<u>x</u>
Housing Authority	
Legal Aid	
FISH	
Health Dept.	

AGENCY ACTION:

REASONS:

Appeals		
Evicted		
Refused Assistance		
Address Unknown (tracing)		
Other (death, etc.)		

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred x

Address 4911 N.E. 11th Phone _____ Date of Move 9-22-72

WHERE RELOCATED:

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

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms ___ Habitable Area ___

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

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	32744	9-21-72	\$ 420.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date

Relocation
Worker

6-20-72

Mrs. Dent came in to inquire about relocation benefits and to find out if she qualified for them. I explained that due to her late arrival she only qualified for the moving expense allowance.

7-20-72

The Attorney for PDC was starting condemnation proceedings - I file we might as well wait to relocate Mrs. Dent until we acquired the house because the owner would only move another person in - Mrs. Dent was agreeable to waiting until PDC acquired the property.

9-22-72

Mr. Dent moved into 4911 N.E. 11th She was very happy with her new house and the monthly payment of \$90.00 was not much more than she was at 3116 N. Gantenbein (\$15.00) However, this house was warm and had been recently decorated.

CD

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME David Dent RELOCATION ADVISOR C Danick
 ADDRESS 3110 N Gantenben PHONE _____ PROJECT NAME Emanuel
 SEX M ETHN B VETERAN _____ AGE 24 PARCEL NO. A2-4
 MARITAL STATUS Y TENURE 1 Month
 DISABILITY _____ INDIV _____ FAMILY
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW Jun 20, 1972 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY Mrs. Pearl Mac Nathan 283-4624

DATE ON SITE:	<u>May 20, 1972</u>
INITIATION OF NEGOTIATIONS:	<u>May 20, 1971</u>
DATE OF ACQUISITION:	<u>Sept 14, 1972</u>

ECONOMIC DATA

FAMILY COMPOSITION

Employer _____ \$ _____
 Address _____
 MCW Mrs J Sick 208
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 208

Name	Relation	Age
<u>Wanda</u>	<u>Wife</u>	<u>21</u>
<u>Angela</u>	<u>Dau</u>	<u>4 yrs</u>
<u>Anbel</u>	<u>Dau</u>	<u>18 Mo</u>
<u>Danielle</u>	<u>Dau</u>	<u>1 Mo</u>

DWELLING UNIT FROM WHICH RELOCATED

	S	SS
Subsidized Sales	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subsidized Rental	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing	<input type="checkbox"/>	<input type="checkbox"/>
Private Rental	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Private Sales	<input type="checkbox"/>	<input type="checkbox"/>

Age of Structure 1st No. Rooms 5
 No. Bedrooms 2 Furn. Unfurn
 Utilities \$ 25
 Monthly Payments (Rent) \$ 75.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms
<u>HAP</u>	
<u>Herman Plummer R.E.</u>	
<u>Albina Real Estate</u>	
<u>4911 NE 11th Ave</u>	<u>Moved 9/21/72</u>

Name of Agency	Date
<u>Multnomah County Welfare</u>	<input checked="" type="checkbox"/>
<u>Food Stamp Program</u>	<input checked="" type="checkbox"/>
<u>Housing Authority</u>	
<u>Legal Aid</u>	
<u>FISH</u>	
<u>Health Dept.</u>	

6/20/72 Mrs Dent came in to inquire about relocation benefit and to find out if she qualified for them. - I explained that due to her late arrival she only qualified for the moving expense allowance.

7/30 the Attorney for P.D.C. was starting condemnation proceedings - I felt we might as well wait to relocate Mrs Dent until we acquired the house because the owner would only move another person in. - Mrs Dent was agreeable to waiting until P.D.C. acquired the property

9/22/72 Mr. Dent Move into 4011 N.E. 11th
She was very happy with her new house and the monthly payment of \$90. was not much more than she was at 3110 N Gordon Blvd. (\$15.00) However, this house was worn and had been recently decorated.

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 32744 GDATE September 21, 1972PAY TO THE
ORDER OF , **Wanda Dent**

\$ 420.00

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 Claim for Relocation Payments filed. Move from 3110 N. Gantenbein (Parcel A-2-4).	
		Fixed moving payment - family	\$220.00
		Dislocation allowance	<u>200.00</u>
			<u>\$420.00</u>

Account Distribution

NO

TITLE

AMOUNT

0600 E60 901

RELOCATION PAYMENT

Project: Emanuel ORE R-20 Parcel: A-2-4

Payable to: Wanda Dent

Amount

For: <u> </u>	RHP for Homeowners	\$ <u> </u>
<u> </u>	Incidental Expenses for Homeowners (if separate claim)	\$ <u> </u>
<u> </u>	RHP for Tenants & Certain Others:	
	Rental: Total approved \$ <u> </u> ; Annual amount.	\$ <u> </u>
	or Purchase:	\$ <u> </u>
<u> X </u>	Fixed Moving Payment	\$ <u> 220 </u>
<u> X </u>	Dislocation Allowance.	\$ <u> 200 </u>
<u> </u>	Actual Moving Costs.	\$ <u> </u>
<u> </u>	Storage Costs (if separate claim).	\$ <u> </u>
<u> </u>	Business: Moving Expenses.	\$ <u> </u>
<u> </u>	Business: In Lieu Payment.	\$ <u> </u>
<u> </u>	Business: Storage Costs.	\$ <u> </u>
<u> </u>	Business: Loss of Property	\$ <u> </u>
<u> </u>	Business: Searching Expenses	\$ <u> </u>

Name of Client Wanda Dent Less - \$ *

Move from 3110 N. Gantenbein *M.C.* Total \$ 420

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

CLAIM FOR RELOCATION PAYMENT FOR FIXED
PAYMENT (FAMILIES AND INDIVIDUALS)

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY
Portland Development Commission
1700 S.W. 4th
Portland, Oregon 97204

PROJECT NAME (if applicable)
Emanuel
Project Number: R-20

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 Wanda Dent Family Individual

2. DATE(S) OF MOVE September 23, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A2-4
 a. Address 3110 N. Gantenbein
 b. Apartment, Floor, or Room Number _____
 c. Was it furnished with your own furniture?
 _____ Yes No
 d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 5
 e. Date you moved into this address: May 20, 1972

4. DWELLING UNIT TO WHICH YOU MOVED
 a. Address (include ZIP Code) _____
 4911 N.E. 11th
 b. Apartment, Floor, or Room Number _____
 c. Were household goods moved to or from storage?
 _____ Yes No
 If "Yes", complete table, "Statement of Claim for Storage Costs"

5. TOTAL CLAIM (if 5 b. marked above)
 Dislocation Allowance \$200.00
 Fixed Moving Payment \$220.00
 (Consult local agency) Total \$420.00

6. 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.

Sept. 19, 1972
Date

Wanda E. Dent
Signature of Claimant

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Wanda Dent
3110 N. Gantenbein
Portland, Oregon

NAME OF LOCAL AGENCY:

Portland Development Commission

INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved.

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

2. Complete if claim is for a fixed payment including an amount for moving articles located in household storage space:

Date items inspected: _____
Month-Day-Year

3. If claim is for a self-move, does approved amount exceed estimated cost of accomplishing the move through services of a commercial mover or contractor?

Yes No

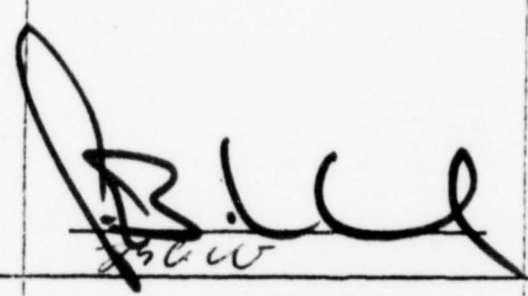
If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>200.00</u>			<u>9-20-72</u>
2. Dislocation allowance \$ <u>220.00</u>			
3. Total \$ <u>420.00</u>	<u>\$420.00</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____			
2. Supplementary payment (s) for storage costs:			
3. Final payment for moving expenses covering storage and related costs			

1/ Attach full explanation of any adjustments made; e.g., amount set off against claim or amount of dislocation allowance made as an advance payment.

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
9/21/72	32944	\$ 420.00			\$

Dwelling Unit Inventory

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

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

Miscellaneous (List Items)

TV
Baby Bed

COMMENTS:

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Wanda Dent Project Emanuel Hospital
2. Date(s) of move 9/23/72 Parcel No. A2-4
3. Dwelling unit from which you moved:
Address 3110 N. Gantamburris No. of rooms 5
 Furnished Unfurnished Date you moved into this unit May 20, 1972

4. Dwelling unit to which you moved:
Address 4911 N.E. 11th
Were goods moved to or from storage? Yes No

5. Total claim \$ 220.00

FIXED PAYMENT: \$200 + \$ 220 = \$ 420.

ACTUAL MOVING COSTS

6. Name of moving company (or person) _____
7. Mover's telephone _____ 8. Mover's address _____
9. Method of payment
 a. reimburse client (show paid bill)
 b. pay mover directly (show bill)
 c. let local agency contract with mover

10. Amount actual costs
a. Moving costs (attach receipt or voucher) \$ _____
b. Cost of insurance (attach invoice) \$ _____
c. Storage cost (attach receipt or voucher) \$ _____

STORAGE COSTS

Name, address and ZIP code of storage company

A. Type of claim
 initial supplementary final

B. Storage period
1. Total period: _____ months. Check one: Actual Estimated
2. Date property moved to storage: _____
3. Date property moved from storage: _____

		<u>Approved</u>
C. Storage Costs		
1. Monthly rate	\$ _____	\$ _____
2. Total costs actually incurred	\$ _____	\$ _____
3. Amount previously received	\$ _____	\$ _____
4. Amount claimed (line 2 minus 3)	\$ _____	\$ _____

D. Description of Property Stored: please list on back of this sheet.

E. Method of Payment
 reimburse client (attach receipt or paid bill)
 pay storage company directly (attach bill)

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

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

Gentlemen:

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

1. Resident of the Housing Authority _____
2. Applicant for housing _____
3. Name Wanda E. Dent
4. Address 3110 N. Gantenbein
5. Number of persons in family 4
6. Total monthly assistance \$208
7. Date assistance began 9-16-71
8. Date assistance to terminate ongoing

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

G. Sisk MC
(Caseworker) (Dept.)

6-26-72
(Date)

PORTLAND DEVELOPMENT COMMISSION

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

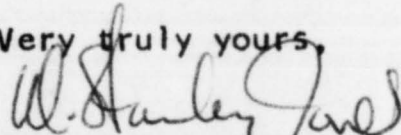
Housing Authority of Portland
4400 N. E. Broadway
Portland, Oregon 97213

Gentlemen:

This is to inform you that Wanda F. Dent,
of 3110 N. Gantenbein, Portland, Oregon 97227,
who wishes to file an application with your office will be displaced
as a result of the acquisition of the property, in which he (or she)
resides, by the Portland Development Commission in the urban renewal
project, ORE R-20.

Thank you for any help that you may render Mrs. Dent
in his (her) efforts to obtain suitable housing.

Very truly yours,


W. Stanley Jones

WSJ:slc

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

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

Gentlemen:

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

- 1. Resident of the Housing Authority _____
- 2. Applicant for housing _____
- 3. Name Wanda E Dent
- 4. Address 3110 N. Hartenstein
- 5. Number of persons in family 4
- 6. Total monthly assistance \$208
- 7. Date assistance began 9-16-71
- 8. Date assistance to terminate ongoing

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

G. Sisk (Caseworker) MC (Dept.)

6-26-72
(Date)

PORTLAND DEVELOPMENT COMMISSION

OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
Phone 288-8168

June 1, 1972

Mr. David Dent
3110 N. Gantenbein
Portland, Oregon

Dear Mr. Dent:

As you may know, you are situated in the Emanuel Hospital Project which is being carried out with assistance from the U. S. Department of Housing and Urban Development (HUD). The property which you presently occupy will be acquired some time in the future by the Portland Development Commission as part of the approved project plans for this area.

If you are in occupancy on the date the Portland Development Commission acquires the property in which you reside, or are in occupancy at the time of receipt of this letter, you may be eligible for relocation assistance. We strongly advise you to contact us before moving in order to determine your eligibility for benefits. A summary of the types of relocation payments for which you may be eligible is contained in the attached brochure.

We urge you not to form advance opinions as to the benefits and amounts to which you may be entitled. Certain conditions must be met before eligibility can be established and before the amount of benefits, if any, can be determined.

Please check with us before making any move. If you are unable to come during our regular office hours - 8:30 a.m. to 5:00 p.m., Monday through Friday, an alternate appointment can be arranged by calling 288-8168. 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