

	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 10-16-72

NAME Oscar Dial

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Mr. Dial was interviewed 7-24-72 in our office and explained the benefits which he was eligible for. The client signed the claim forms for moving and Dislocation Allowance. Mr. Dial made a temporary move 7-24-72. Claim was paid the client as a hardship 10-6-72. Remove from case load.

(signed)

Alma Gordon  
worker

RESIDENTIAL RELOCATION RECORD

Project Name EMAN Parcel No. A-2-R Advisor AG  
 Client's Name DIAL OSCAR Phone \_\_\_\_\_  
 Address 3111 N VANCOUVER Ethn B Age 45

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

Family Composition

Total Number in Family 1  
 \_\_\_\_\_ wife, husband

Other:    Relation    Age    Relation    Age


Economic Data

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 Other Source of Income \_\_\_\_\_ \$ \_\_\_\_\_  
NONE (MCIC) \$ \_\_\_\_\_  
 Total Monthly Income \$ ( \_\_\_\_\_ )

- 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 6-8-72      Date of Info pamphlet delivery \_\_\_\_\_  
 Date Notice to Move given \_\_\_\_\_      Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY \_\_\_\_\_ 6/71

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

Date of initiation of negotiations for purchase of property \_\_\_\_\_ 11-1-71  
 Date of Acquisition \_\_\_\_\_ 8-17-72  
 Date of letter of intent \_\_\_\_\_  
 Date of move \_\_\_\_\_ 10-4-72

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 60  
 ✓ Size of Habitable Area 774  
 Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 5 Rent Paid \$ 60 Utilities \_\_\_\_\_  
 Number of Bedrooms 2 Monthly Housing Payments \$ \_\_\_\_\_ Taxes \_\_\_\_\_  
 Liens \$ \_\_\_\_\_ (please explain) \_\_\_\_\_  
 Acquisition Price \$ \_\_\_\_\_ Amenities \_\_\_\_\_

REPLACEMENT DWELLING UNIT

*NOT AVAILABLE AS CLIENT WAS IN MCIC WHEN HE MOVED*

Address \_\_\_\_\_ LPA Referred \_\_\_\_\_ Self Referred \_\_\_\_\_

Private Sales		Single Family	
Private Rental		Duplex	
Other		Multiple Family	

Outside city  Outside state   
 Age of Housing Unit \_\_\_\_\_  
 Size of Habitable Area \_\_\_\_\_  
 No. of Rooms \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_

For Claimants Who Purchased

For Claimants Who Rented

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

Rent \$ \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Total Rent Assistance \$ \_\_\_\_\_  
 Amount of Annual Payment \$ \_\_\_\_\_

No. of Housing Referrals to:

Agency Referrals:

\_\_\_\_\_ Standard Sales \_\_\_\_\_ MCW \_\_\_\_\_ HAP \_\_\_\_\_ OTHER ( \_\_\_\_\_ )  
 \_\_\_\_\_ Standard Rent \_\_\_\_\_ Food Stamp \_\_\_\_\_ Legal Aid \_\_\_\_\_ Other ( \_\_\_\_\_ )

Benefits Received

Date 9-25-72 Ck # 562EH Type MC Amount \$ 420  
 Date \_\_\_\_\_ Ck # \_\_\_\_\_ Type \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Ck # \_\_\_\_\_ Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Oscar Dial RELOCATION ADVISOR AG  
 ADDRESS 3111 N. Vancouver PHONE \_\_\_\_\_ PROJECT NAME Emanuel  
 SEX M ETHN B VETERAN \_\_\_\_\_ AGE 45 PARCEL NO. A-2-8  
 MARITAL STATUS Divorced TENURE Tenant  
 DISABILITY \_\_\_\_\_ INDIV. x FAMILY \_\_\_\_\_  
 ELIGIBLE FOR: PUBLIC HOUSING \_\_\_\_\_ FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT \_\_\_\_\_ OTHER \_\_\_\_\_  
 INITIAL INTERVIEW 6-8-72 DATE INFO PAMPHLET DELIVERED 6-8-72  
 NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY Mrs. Virgie Sloan 284-2521 4932 N. Williams

DATE ON SITE: <u>Sept</u> <del>June</del> 1971
INITIATION OF NEGOTIATIONS: <u>11-1-71</u>
DATE OF ACQUISITION: <u>8-17-72</u>

ECONOMIC DATA

Employer unemployed \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ \_\_\_\_\_

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	Mobile Home	x	
Private Sales			

Age of Structure \_\_\_\_\_ No. Rooms 5  
 No. Bedrooms 2 Furn. \_\_\_\_\_ Unfurn x  
 Utilities \$ \_\_\_\_\_  
 Monthly Payments (Rent) \$ 60  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

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

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In \_\_\_\_\_  
 Address \_\_\_\_\_  
 Reason \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Client Referred \_\_\_\_\_ LPA Referred \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Date of Move \_\_\_\_\_

WHERE RELOCATED:

				S	SS
Same City		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 \_\_\_ 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	9-25-72	562 EH	\$ 420.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_

RHP \$ \_\_\_\_\_

Total Down - \$ \_\_\_\_\_

Total Mortgage \$ \_\_\_\_\_

TOTAL BENEFITS RECEIVED \$ 420.00

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

INTERVIEW REGISTER

Date		Relocation Worker
6-8-72	I had a call from a lady at 3111 N. Vancouver Avenue who indicated she is a friend of Mr. Dials and found the card which I had left and asked him to get in touch with our office. Left leaflet with the lady, who provided this information to the tenant.	
7-6	Was by to see Mr. Dial, left card asking him to get in touch with our office provided we could be of assistance to him. No contact with Mr. Dial as of now.	
7-24	Mr. Dial who is a tenant at 3111 N. Vancouver Ave. but now temporarily located at MCIC, was in our office today signed papers for benefits he will receive as a tenant. Also dwelling inventory form and release of personal property. left at dwelling. Mr. Dial made a self move from home. Moved furniture to home of a friend until his release from MCIC.	
8-14	Mr. Dial was in the office to inquire about his moving and relocation expense. Indicated that he hopes to be getting out of jail soon. Will call and give the exact date and hopes to have help in finding a rent supplement dwelling.	
9-20	On date of move Mr. Oscar Dial was in MCIC and stated that his furniture was being stored at 125 N.E. Shaver until his release.	
9-25	Relocation payment claim on move from 3111 N. Vancouver Ave. Parcel A-2-8 Warrant No 562 EH individual. Amount \$420.00 received in our office.	
10-4	Mr. Dial was in our office today to pick up check. Reimbursement per claim for Relocation payment for move from 3111 N. Vancouver. The client is temporarily relocated with a friend, plans to get an apartment soon. Complete claim due client paid in full amount. Dislocation amount of \$200 and \$220 for five rooms of furniture owned by tenant. CASE CLOSED.	AG

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

N<sup>o</sup> 562 EH

DATE September 25, 19 72

PAY TO **Oscar Dial**

\$ 420.00

DOLLARS

TO THE TREASURER OF THE  
CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**  
AUTHORIZED SIGNATURE

DETACH BEFORE DEPOSITING CHECK

Portland Development Commission 224-4800

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Relocation Payments filed. Move from 3111 N. Vancouver (Parcel A-2-8).	
		Fixed moving payment - Individual Dislocation allowance	\$220.00 <u>200.00</u> <b>\$420.00</b>
By <i>Oscar Dial</i> 10/4/72			

**Account Distribution**

NO. TITLE AMOUNT



0600

EGD

901

RELOCATION PAYMENT

Project: Emanuel BRE B-20 Parcel: A-2-8

Payable to: Oscar Dial

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 Oscar Dial

Less - \$                      \*

Move from 3111 N. Vancouver

ME 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  
235 N. Monroe  
Portland, Oregon

PROJECT NAME (if applicable)

Emanuel

Project Number: ORE  
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 Oscar, Dial Family  Individual

2. DATE(S) OF MOVE July 24, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A2-8  
 a. Address 3111 N. Vancouver Avenue d. Number of rooms occupied (excluding bathrooms, hallways, and closets: 5  
Portland, Oregon  
 b. Apartment, Floor, or Room Number \_\_\_\_\_  
 c. Was it furnished with your own furniture? e. Date you moved into this address: Sept 1971  
 Yes  No

4. DWELLING UNIT TO WHICH YOU MOVED (Storage) temporary  
 a. Address (include ZIP Code) 125 N.E. Shaver c. Were household goods moved to or from storage?  
Portland, Oregon 97212 (Residing in jail at present)  Yes  No  
 b. Apartment, Floor, or Room Number \_\_\_\_\_  
 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.

7/24/72  
Date

Oscar Dial  
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:

Oscar, Dial  
125 N.E. Shaver  
Portland, Oregon 97212

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>220.00</u>			<u>9-21-72</u>
2. Dislocation allowance \$ <u>200.00</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
<u>9/25/72</u>	<u>562 EH</u>	<u>\$ 420.00</u>			\$

Dwelling Unit Inventory

*Oscar Deal*

QUANTITY

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

QUANTITY

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

Miscellaneous (List Items)

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COMMENTS:

**WORKSHEET FOR ALL MOVING CLAIMS**

1. Name Oscar Dial Project R-20  
 2. Date(s) of move \_\_\_\_\_ Parcel No. A 2-8  
 3. Dwelling unit from which you moved:  
 Address 3111 N. Vancouver Ave No. of rooms 5  
 \_\_\_\_\_ Furnished  Unfurnished Date you moved into this unit Sept 1971

4. Dwelling unit to which you moved:  
 Address 125 N.E. Stover  
 Were goods moved to or from storage? \_\_\_\_\_ Yes  No

5. Total claim \$ 420<sup>00</sup>

-----  
 FIXED PAYMENT: \$ 200<sup>PA</sup> + \$ 220<sup>ME</sup> = \$ 420  
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**ACTUAL MOVING COSTS**

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

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

-----  
**STORAGE COSTS**

Name, address and ZIP code of storage company

A. Type of claim  
 \_\_\_\_\_ initial \_\_\_\_\_ supplementary \_\_\_\_\_ final

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

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

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

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

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY \_\_\_\_\_

PROJECT NAME Emmanuel

PROJECT NO. R-20

1. Full name of claimant: \_\_\_\_\_ Family  Individual

Oliver Dial

2. Dwelling unit from which you moved: Parcel No. R-2-8

a. Address 3111 McVane Avenue c. Number of bedrooms 2

b. Apartment or room number \_\_\_\_\_ d. Monthly rental \$ 600

e. Date displaced \_\_\_\_\_

3. Dwelling unit to which you moved (RENTAL)

a. Address \_\_\_\_\_ c. Number of bedrooms \_\_\_\_\_

b. Apartment or room number \_\_\_\_\_ d. Monthly rental \$ \_\_\_\_\_

e. Date moved in \_\_\_\_\_

4. Dwelling unit to which you moved (PURCHASE)

a. Address \_\_\_\_\_ c. Downpayment \$ \_\_\_\_\_

b. Number of bedrooms \_\_\_\_\_ d. Incidental expenses \$ \_\_\_\_\_

e. Date of purchase \_\_\_\_\_

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

a. Address from which you moved \_\_\_\_\_

b. Address to which you moved \_\_\_\_\_

c. Date of move \_\_\_\_\_

d. Monthly rental for temporary unit: \$ \_\_\_\_\_

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

If yes, total number of months in temporary housing \_\_\_\_\_ months

Incidental expenses.

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

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

Determination

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

Tenant's initial date of rental Jan. 1973

Date of acquisition Aug 17, 1972

Owner-occupant's initial date of ownership \_\_\_\_\_

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

Date of rental or purchase \_\_\_\_\_

Date of initiation of negotiations Nov 1, 1971

3. Is replacement housing standard?  Yes  No

If previously substandard, date found standard \_\_\_\_\_

4. Certification:

(Amount of this claim \$ \_\_\_\_\_)

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.

7/24/73

Date

*Oscar Dial*

Signature of Claimant (s)

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

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

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.)



# PORTLAND DEVELOPMENT COMMISSION

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

November 1, 1971

Mr. Oscar Dial  
3111 N. Vancouver Ave.  
Portland, Oregon

Dear Mr. Dial:

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

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

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

Please check with us before making any move. If you are unable to come during our regular office hours - 8:30 a.m. to 5:00 p.m., Monday through Friday, an alternate appointment can be arranged by calling 288-8169. Our office is located at 235 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin C. Webb  
Chief, Relocation and  
Property Management

BCW:ch  
Enclosure

DATED this 24 day of July 1973.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 3111 N.  
Vancouver Ave, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

\_\_\_\_\_  
(firm name)  
by: Oscar Dial

R E C E I P T

I hereby acknowledge receipt of a copy of the Portland Development  
Commission's RELOCATION SERVICES FOR FAMILIES AND INDIVIDUALS.

Oscar Dial

6/8/72  
date

DEAN C. WERST  
ATTORNEY AT LAW  
517 CORBETT BUILDING  
PORTLAND, OREGON 97204  
TELEPHONE 228-3147

July 10, 1972

Mr. Oscar Dial  
3111 N. Vancouver  
Portland, Oregon

C  
Dear Mr. Dial:

I have been retained by Mr. and Mrs. Willie Smith regarding rents due them from you for the months of June and July in the total sum of \$120.00.

That amount must be in this office on or before July 13, 1972.

P  
A copy of this letter is going to Mr. Stan Jones of the Portland Development Commission whose office is located at 235 N. Monroe, Portland, Oregon.

Yours truly,

DEAN C. WERST

DCW/ps

cc: ✓ Portland Development Commission

Y  
Willie Smith