

	DESCRIPTION	ROLL NO	ODOMETER
AB 1-3	DOWNING, JACK L. 2803 N. COMMERCIAL		
A 2-4	DREW, JOHN 3102 N. GANTENBEIN		
A 4-7	DUMAS, LUCILLE 3316 N. GANTENBEIN		
A 4-7	DYE, JONAS 3316 N. GANTENBEIN		
RS 3-4	EADEN, ALEX, JR. 2740 N. VANCOUVER		
A 2-5	EDWARDS, CHESTER 227 N. MONROE		
A 4-11	ELLIS, ROSCOE 233 N. COOK		
R 8-9	FAULKNER, FANNIE 327 N. FARGO		
E 2-5	MACK, FERRELL A. 2732 N. KERBY		
R 9-7	FIELD, HERBERT 417 N. MONROE		
E 2-7	FISCHMAN, STEPHEN M. 553 N. KNOTT		
E 3-7	FLORES, JESSIE 540 N. KNOTT		
E-4-7	FLOWERS, LONNIE 423 N. RUSSELL		
A 2-8	FRAHS, THEODORE 3111 N. VANCOUVER		
AB 3-2	FRARY, MYRA L. 2932 N. COMMERCIAL		
R 10-2	FRYKMAN, MARGARET 3137 N. COMMERCIAL		
R 10-10	GARNETT, ALBERT 529 N. MONROE		
RS 3-6	GLASS, LILLIAN (CONLEY) 2728 N. VANCOUVER		

504-56
11/10/50

R E S U M E /

DATE _____

NAME DYE, Jonas

Mr. Dye is a older man who was married to Mrs. Denson some time ago. They have been seperated and divorced. However, lately he has these sick spells and she takes him in and cares for him after which he leaves. They don't consider themselves married anymore buy they do try to look out for one another. He is over 70 years old and seems independent except for his age and periodic sickness. The help we give him helps him to keep his independence.

(signed) _____
worker

RESIDENTIAL RELOCATION RECORD

Project Name EMMAN Parcel No. A-4-7 Advisor CID
 Client's Name DYE, JONAS Phone _____
 Address 3316 N GANTENBEIN Ethn B Age 70
 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 SS \$ 180-
 _____ \$ _____
 Total Monthly Income \$ (180-)

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 1-19-71 Date of Info pamphlet delivery _____
 Date Notice to Move given NO Date Effective _____ Expires _____

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 1-1-54
 Date of Acquisition 5-26-71
9-8-71
10-4-71
 Date of letter of Intent _____
 Date of move 11-1-71

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	
Private Rental	X	Duplex	
Other		Multiple Family	X

✓ Age of Housing Unit 68 yrs
 Size of Habitable Area 100-150 sq ft
 Furnished with claimant's furniture
 YES NO

Total Number of Rooms 1 ^{ROOMER} Rent Paid \$ 40- Utilities _____
 Number of Bedrooms 1 Monthly Housing Payments \$ _____ Taxes _____
 Liens \$ _____ (please explain) _____
 Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 516 N JUV LPA Referred _____ Self Referred

Private Sales		Single Family	
Private Rental	X	Duplex	
Other		Multiple Family	X

Outside city Outside state
 ✓ Age of Housing Unit over 60
 ✓ Size of Habitable Area 100-150 sq ft
 No. of Rooms 1 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-
 Utilities \$ _____
 Total Rent Assistance \$ 1,075.20
 Amount of Annual Payment \$ 268.80

No. of Housing Referrals to:

_____ Standard Sales
 _____ Standard Rent

Agency Referrals:

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

Benefits Received

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

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME DYE, Jonas RELOCATION ADVISOR WSJ CD
 ADDRESS 3316 N. Gantenbein PHONE 284-8158 PROJECT NAME Emanuel ORE R-20
 SEX M ETHN B VETERAN _____ AGE 70 PARCEL NO. A 4-7
 MARITAL STATUS _____ TENURE Roomer
 DISABILITY _____ INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 11-4-71 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE No DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE:	January 1, 1954
INITIATION OF NEGOTIATIONS:	May 26, 1971
DATE OF ACQUISITION:	October 11, 1971

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW _____
 Social Security _____ 180.00
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 180.00

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

Subsidized Sales		Single Family	S	SS	Age of Structure _____	No. Rooms <u>1</u>
Subsidized Rental		Multiple Family		X	No. Bedrooms _____	Furn. <u>X</u> Unfurn _____
Public Housing		Duplex			Utilities \$ _____	Monthly Payments (Rent) \$ <u>40.00</u>
Private Rental	X	Mobile Home			Acquisition Price \$ _____	Taxes \$ _____ Equity \$ _____
Private Sales					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 October 1, 1971
 Address 506 N. E. Ivy
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 516 N. Ivy 5227 N.E. 15th Phone _____ Date of Move November 1, 1971

WHERE RELOCATED:

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

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

Utilities \$ _____ Monthly Payments (Rent) \$ 40.00 Purchase Price \$ _____

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP	196	12/15/71	\$ 268.80
TACO (Rental)	196 FH	12/15/71	\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	27872 G	11/26/71	\$ 215.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Total \$1,075.20

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

TOTAL BENEFITS RECEIVED \$ 483.80

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
1/19/71	Came in with Mrs. Jewel Denson as a result of the flyer. He lives in Mrs. Denson's home. Explained relocation benefits to him.	WSJ
2/9/71	Survey: Would like to relocate in some area 506 N.E. Ivy House has rented a room \$40.00 is monthly rent. Mail check to Mrs. Denson's address. Check to see that Mr. Dye is living at 506 N. E. Ivy and make inspection	WSJ
11/4/71	Arranged with housing division to have unit inspected on 11/5/71 at 1:00 PM.	
11/17/71	Called Mrs. Denson. She said that Mr. Dye was living with her. She also said that Mr. Dye was not a relative.	
11/17/71	Put claim in for Mr. Dye for \$215.00	
11/23/71	Mr. Dye told me that he is now living with Mrs. Denson. Moved in with Mrs. Denson November 1, 1971 He lived on N.E. 506 N.E. Ivy about one month. Before that he lived with Mrs. Denson on 3316 N. Gantenbein. Mr. Dye was living with Mrs. Denson when the survey was made and listed there. Delivered Mr. Dye's check and informed Mrs. Denson of her property taxes and pro-ration by seller.	
1-22-73	Mr. Dye has not contacted me as yet, the favorable inspection of his place of residence has not been made. Time is running out for submission of his Second TACO claim. It appears that no work has been done to correct the sub-standard condition that exists.	
1-23-73	Went by and left my card. Mrs. Roberts called and said no building inspector has been by. They have finished fixing up??? I told her I would have an inspector come. out.	
1-29-73	Received inspection from Bureau of Building Meets City Code at this time.	CD
2-8-73	Found Mr. Dye at Mrs. Densons. He claimed he was living there while he was recuperating from pneumonia and a stay in the hospital. Our inspector from Bureau of Building went to 516 N.E. Ivy where he lived before going to hospital. It was standard. I pointed out the Law to both Mr. Dye and Mrs. Denson and told him that if he and Mrs. Denson were truly husband and wife, he would be in violation if he took the check while intending to live with Mrs. Denson. He took the check and will move back to his room at 516 N.E. Ivy - Mr. Dye is 72 years old needs care when He gets sick. Mrs. Denson seems to give him that care.	CD
11-1-73	Filed claim for 3rd TACO. Client remains in standard housing as inspection of 1-29-73.	AG
11-7-73	Check delivered to Mr. Dye at 516 N. E. Ivy. Warrant #840 EH Signature on receipt of check.	
10-24-74	Fourth And final claim filed and payment made for TACO.	JCC

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 982 EH

DATE October 24, 1974

PAY TO **Jonas Dye**

\$268.80

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 3316 N. Gantenbein (Parcel A-4-7). Total approved \$1075.20 4TH & FINAL PAYMENT	\$268.80
	Rec'd. Db.	10-25-74 X <i>Jonas Dye</i>	

Account Distribution

NO. _____ TITLE _____

AMOUNT _____

RELOCATION PAYMENT

PROJECT: EMANUEL

PARCEL: A-4-7

PAYABLE TO: Jonas Dye

For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners or Tenants.	\$ <u> </u>
<u>xx</u> RHP - Tenants & Certain Others - Rental: Total approved \$ <u> </u> ; Annual amount	\$ <u>268.80</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 Jonas Dye Family Less - \$ *

Move from 3316 N. Gantenbein Individual Total \$ 268.80

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

OK JMK

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels
(Relocation Advisor)

DATE October 18, 1974

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

RE: Jonas Dye (Emanuel)
(Displacee)

516 N.E. Ivy
(Address)

No. 4th & final
(annual payment)

\$ 268.80
(amount)

November, 1974
(date due)

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

Present Address: 3802 N.E. Cleveland

Date Inspected: _____ Condition: _____ Standard _____ Substandard

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

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

Comments: Mr. Dye live in a H.A.P. leased house

at 3802 N.E. Cleveland. He rooms with family occupying & leasing this house.

SIGNED: Jonas Dye
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: 10-1-74

DATE: 10/21/74

TO: Bob Douglas

DATE: 10/21/74

FROM: Chet Daniels

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

TO: Jonas Dye

PROJECT: 4th & Final Emanuel Taco

FOR: 4th & Final Payment

AMOUNT: 268.80

SIGNED: Samuel Daniels

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.

11-29-71
Date

Jonas Dye
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:

James Dye
5227 N.E. 15th

COMPUTATION PREPARED BY:

C Daniels
Name
11/29/71
Date

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

Required Information

1. Monthly gross rental for comparable unit \$ 62.40
 (cost based on: Schedule
 Comparative
 Other)
2. Base monthly rental for claimant's former dwelling, or
 25% of adjusted monthly income, whichever is less. \$ 40.00

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>62.40</u>
Line 2	- \$ <u>40.00</u>
	\$ <u>22.40</u>
X	<u>48</u>

1075.20 ¹⁰⁸⁸
\$ ~~1065.20~~

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

1075.20
\$ 1065.20

5. Minus adjustments (Attach full explanation)

- \$

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

1075.20
\$ 1065.20

7. Annual Payment

\$ 266.20
268.80

(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 DYE, Jonas

Parcel No. A-4-7

NAME OF LOCAL AGENCY Portland Development Commission

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

Tenant's initial date of rental: 1/54

Date of Acquisition: 10/11/71

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: 1/54

Date of Initiation of Negotiations: 5/26/71

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:

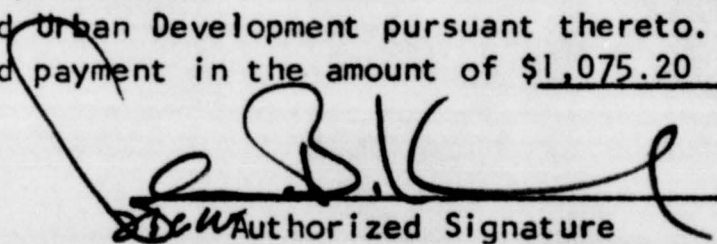
Month-Day-Year

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 \$1,075.20 is authorized.

12-13-71

Date


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

\$ _____

12/15/71

176 EH

\$ 268.80

2/7/73

675 EH

\$ 268.80

12/5/73

840 EH

\$ 268.80

10/24/74

982 EH

\$ 268.80

b. Claimant moved to unit he purchased

\$ _____

c. Homeowner temporarily displaced

\$ _____

10-11-71
WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emanuel Project

PROJECT NO. R-20

1. Full name of claimant: _____

Family Individual

Jonas Dye

2. Dwelling unit from which you moved: Parcel No. A4-7

a. Address 3316 N. Gentzwein
Portland, Oregon

c. Number of bedrooms 0

d. Monthly rental \$ 40.00

b. Apartment or room number _____

e. Date displaced Oct. 1, 1971

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

a. Address 506 NE Ivy
Portland, Oregon

c. Number of bedrooms -0-

d. Monthly rental \$ 40

b. Apartment or room number _____

e. Date moved in Oct. 1, 1971

4. Dwelling unit to which you moved (Rental)

a. Address 5227 NE 15th
Portland, Oregon

c. Downpayment \$ -0-

d. Monthly Rental Incidental expenses \$ 40.00

b. Number of bedrooms _____

e. Date of purchase Nov 1, 1971

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 1957

Date of acquisition ?

Owner-occupant's initial date of ownership _____

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

Date of rental or purchase Jan 1957

Date of initiation of negotiations May 26/71

3. Is replacement housing standard? Yes No

If previously substandard, date found standard _____

4. Certification: Bureau of Buildings

(Amount of this claim \$ 1065.20)

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 840 EH

DATE November 5, 1973

PAY TO **Jonas Dye**

\$ 268.80

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

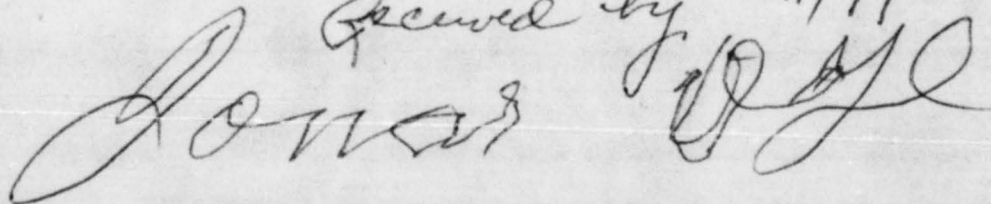


AUTHORIZED SIGNATURE
NON-NEGOTIABLE

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 3316 N. Gantenbein (Parcel A 4-7).	
		Total approved \$1,075.20 3rd annual payment	\$268.80
Received by 11/7/73 			

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE October 30, 1973
(Relocation Advisor)

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

RE: Jonas Dye 516 N.E. Ivy
(Displacee) (Address)

No. 3rd \$ 268.80 11/29/73
(annual payment) (amount) (date due)

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

Present Address: 516 N.E. Ivy

Date Inspected: 11/29/73 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Dye remains at the above address
which the inspection shows that the building
complies with city regulations

SIGNED: Jonas Dye
(Displacee)

SIGNED: Alma Gordon
(Relocation Advisor)

DATE: Nov. 1 - 73

DATE: Nov. 1, 1973

TO: Bob Douglas

DATE: 11/1/73

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: Jonas Dye

PROJECT: Emanuel R-20

FOR: 3rd Annual RHP TACO Payment

AMOUNT: 268.80

SIGNED: Alma Gordon

WBSJ

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

January 29, 1973

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: Chet Daniels

Re: 516 N. E. Ivy Street

Gentlemen:

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

Our inspector reports the structures comply with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CMC:vm

cc: Mrs. Roberts
516 N. E. Ivy Street

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 675 EH

DATE February 7, 1973

PAY TO **Jonas Dye**

\$ **268.80**

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-480C

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants. Move from 3316 N. Gantenbein (Parcel A4-7).	
		Total approved \$1,075.20 2nd annual payment	<u>\$268.80</u>
		<i>Jonas Dye</i> <i>enc. 2-8-73</i>	

Account Distribution

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chester Daniels
(Relocation Advisor)

DATE November 17, 1972

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

RE: Jonas Dye
(Displacee)

5227 N. E. 15th Ave.
(Address)

No. 2
(annual payment)

\$268.80
(amount)

(date due)

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

Present Address: 516 N. E. Ivy

Date Inspected: 1/29/73 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Dye moved from 5227 N.E. 15th Ave
to 516 N.E. Ivy

SIGNED: Jonas Dye
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: 2/1/73

DATE: 2/1/73

TO: Bob Douglas

DATE: 2/1/73

FROM: SCD

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: Jonas Dye

PROJECT: Emanuel

FOR: Rent Assistance

AMOUNT: 268.80

SIGNED: Samuel Daniels

WSD

PORTLAND DEVELOPMENT COMMISSION

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

September 1, 1971

Mr. Jonas Dye
3316 N. Gantenbein
Portland, Oregon

Dear Mr. Dye:

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

CONNIE BLACKBAY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

September 27, 1971

BUREAU OF BUILDINGS
CITY HALL

C. H. CHRISTENSEN, Director

Building Division
C. C. Grant, Chief

Electrical Division
R. A. Madenwald, Chief

Plumbing Division
George W. Wilson, Chief

Permit Division
Albert Clark, Chief

Housing Division
S. J. Chapman, Chief

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

Re: 5227 N.E. 15 Avenue

Attn: Chet Daniels

Gentlemen:

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

Our inspector reports the structures are in standard condition and comply with City regulations at this time.

Yours truly,

C. H. CHRISTENSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chapman
Chief Housing Inspector

CHP:mfa
cc: Robt. E. Lindman
3215 N.E. Fremont Dr.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 196 EH

DATE December 15, 1971

PAY TO **Jonas Dye**

\$ 268.80

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. From 3316 N. Gantenbein (A-4-7)	
		Total Approved 1st Annual Payment	\$1,075.20 <u>\$268.80</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP) EH	\$268.80

Jonas Dye
 12/16/71

AL

JMS

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

No 27872 G

DATE November 26, 19 71

PAY TO THE ORDER OF **Jonas Dye**

\$ 215.00

DOLLARS

NON-NEGOTIABLE

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

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement for Relocation Payment per claim filed. Move from 3316 N. Gantenbein (A-4-7) to 506 N.E. Ivy. Dislocation Allowance \$200.00 Fixed payment - unfurnished <u>15.00</u>	<u>\$215.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - unf. - Ind.)	\$215.00

Jonas Dye
 11/29/71

AE

BD

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY
Portland Development Commission
1700 S. W. Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)
Emanuel Project
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 _____ Family Individual
DYE, Jonas

2. DATE(S) OF MOVE
September 29, 1971

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A-4-7
a. Address 3316 N. Gantenbein, Portland, Oregon 97227
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): 1
e. Date you moved into this address: 1958

4. DWELLING UNIT TO WHICH YOU MOVED
a. Address (include ZIP Code) 506 N.E. Ivy, Portland, Oregon 97212
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 15.00
(Consult local agency) Total \$ 215.00

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.

11/18/71

Date

Jonas Dye
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:

Jonas Dye
506 N. E Ivy
Portland, Oregon 97212

NAME OF LOCAL AGENCY:

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

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:

(Complete either A or B:)

Item	Amount ^{1/}	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ 15.00			
2. Dislocation allowance \$ 200.00			
3. Total \$ 215.00	215.00	<i>[Signature]</i>	11-24-71
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
11/26/71	278726	\$ 215. ⁰⁰	10		\$

November 18, 1971

Portland Development Commission
235 N. Monroe
Portland, Oregon 97227

Gentlemen:

This is to certify that Jonas Dye is not related to me and
never has been.

Jewel Denson
JEWEL DENSON