

	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		

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. 0.4.11 Advisor _____

Client's Name Ellis, Roseau Phone _____

Address 233 W. COOK Ethn Black Age 55

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

Family Composition

Total Number in Family 2

2 wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age
<u>Wife</u>	<u>47</u>		

Economic Data

Employer Imperial Hotel \$360.00
Kitchen Help

Address _____

Other Source of Income _____

_____ \$

Total Monthly Income \$ (360.00)

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 5-21-71 Date of Info pamphlet delivery 1-15-71

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 5-1950

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

Date of initiation of negotiations for purchase of property 5-13-71

Date of Acquisition 7-30-71

Date of letter of Intent _____

Date of move 8-2-71

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1905

Size of Habitable Area 968

Furnished with claimant's furniture
 YES NO

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

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ 6,500 Amenities _____

REPLACEMENT DWELLING UNIT

Address 3826 718 6th LPA Referred _____ Self Referred

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

Outside city Outside state

Age of Housing Unit 1911

Size of Habitable Area 1008

No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

For Claimants Who Rented

Purchase Price of Replacement Dwelling \$ 8000.00

Rent \$ _____

Taxes \$ _____

Utilities \$ _____

RHP or TACO (including incidental costs) \$ 5000

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

No. of Housing Referrals to:

Agency Referrals: NONE

0 Standard Sales

_____ MCW _____ HAP _____ OTHER (_____)

_____ Standard Rent

_____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME ELLIS, Roscoe RELOCATION ADVISOR JC
 ADDRESS 233 N. Cook PHONE 288-3170 PROJECT NAME Emanuel ORE R-20
 SEX M ETHN B VETERAN _____ AGE 55 PARCEL NO. A 4-11
 MARITAL STATUS Married TENURE OWNER
 DISABILITY _____ INDIV _____ FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 5-21-71 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE No DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>May, 1950</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: <u>July 30, 1971</u>

ECONOMIC DATA

Employer Imperial Hotel (Kitchen Help) \$ 2.15/hr
 Address _____
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ _____

FAMILY COMPOSITION

Name	Relation	Age
Ruby	Wife	47

DWELLING UNIT FROM WHICH RELOCATED

Subsidized Sales	Single Family	S	SS	Age of Structure <u>1905</u> No. Rooms <u>5</u> No. Bedrooms <u>2</u> Furn. <u>X</u> Unfurn _____ Utilities \$ <u>20</u> Monthly Payments (Rent) \$ <u>60.00</u> Acquisition Price \$ <u>6,500</u> Taxes \$ _____ Equity \$ _____ Liens \$ _____
Subsidized Rental	Multiple Family		X	
Public Housing	Duplex			
Private Rental	Mobile Home			
Private Sales		X		

Size of Habitable Area 968

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 3826 NE 6th Phone _____ Date of Move August ~~April~~ 2, 1971

WHERE RELOCATED:

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

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms 2 Habitable Area ___

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ 8,000.00

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)	906 G	7/15/71	\$5,000.00
Fixed Moving	26597 G	8/18/71	\$ 420.00
Actual Move			\$ _____
Storage			\$ _____
Incidental			\$ _____
Interest			\$ _____

Purchase Price \$8,000.00
 Down Payment \$ _____
 RHP \$5,000.00
 Total Down - \$ _____
 Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$5,420.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date

Relocation
Worker

1/15/71 Flyer delivered by Wilson Smith - receptive.

2/18/71 Survey: (JC)

5/21/71 Received letter from Dr. Alan W. Ames stating that due to Mrs. Ellis' health condition she requires a separate bedroom.

SC

Went 00

(4)

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER _____

PROJECT NO. R 00 PARCEL A 4-11

NAME Ellis, Roscoe ADDRESS 933 N Cook APT NO. -

PHONE 988-3170 INITIAL INTERVIEW _____ SEX M W NW B AGE 55

U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 21 Nov 1950

FAMILY COMPOSITION

Name	Relation	Age
<u>Ruby</u>	<u>wife</u>	<u>47</u>

Employer: Name Imperial Hotel \$ 205.00
 Address (Kitchen helper)
 MCV Caseworker _____
 Social Security _____
 Va. Fed. Mult Co. _____
 Pension: Name _____
 Other: Name _____

 TOTAL MONTHLY INCOME _____

Rent # 6000, Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn _____ Furn _____ No. Rms 5

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: _____ Zip _____ Phone 288-3170

1/15/71 flyer delivered by Wilson Smith. Receipt.

2/18/71 Survey: JC

5/21/71 ~~Survey~~ Received letter from Dr. Alvin Ames stating that due to Mrs. Ellis' health condition she ~~they~~ requires a separate bedroom.

[Faint, mostly illegible typed text and form fields, possibly a report or survey form.]

August 11, 1971

Pioneer National Title Insurance Company
421 S.W. Stark Street
Portland, Oregon 97204

Attention: Jean Egberg
Escrow Officer

Re: Escrow No. 383485
Parcel No. A-4-11
ELLIS, Roscoe

Gentlemen:

You have in the above identified escrow account the sum of \$5,000 representing a replacement housing payment to be held in accordance with our written instructions of July 19, 1971.

This is to certify that Mr. and Mrs. Ellis have acquired and moved into a standard structure located at 3826 N.E. 6th Avenue. You are hereby authorized to release said replacement housing payment and disburse it in such manner as directed by Mr. and Mrs. Ellis.

Very truly yours,

Ben C. Webb
Chief of Relocation &
Property Management

BCW: 1b

July 19, 1971

Pioneer National Title Insurance Co.
421 S. W. Stark Street
Portland, Oregon 97204

ATTENTION: Jean Egberg
Escrow Officer

Re: Parcel No. A-4-11 (Ellis)
Escrow No. 383485

Gentlemen:

Enclosed is Warrant No. 906 G in the amount of \$5,000.00 representing a replacement housing payment, to be deposited to subject escrow for disbursement to the Seller upon written authorization by the Commission that the Seller has purchased and does occupy standard housing.

Yours very truly,

John B. Kenward
Executive Director

JBK:dl
Enclosure

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 906 G

DATE July 15, 1971

PAY TO **Pioneer National Title Insurance Co.**

\$5,000.00

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
		Deposit in escrow for Roscoe & Ruby Lee Ellis, replacement housing payment per claim filed. Parcel A-4-11 - From 233 N. Cook to 3826 NE 6th Avenue	\$5,000.00

Account Distribution

NO.	TITLE	EH	AMOUNT
E1501	Relo Payment (Rep. Housing)	EH	\$5,000.00

BD

CRW

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

DETERMINATION OF ELIGIBILITY AND COMPUTATION OF REPLACEMENT HOUSING PAYMENT

NAME OF CLAIMANT

Roscoe & Ruby Lee Ellis

NAME OF DISPLACING AGENCY

Portland Development Commission

INSTRUCTIONS: Attach completed Form HUD-6154 to claimant's copy of Form HUD-6153 and, if applicable, Form HUD-6141.2.

DETERMINATION OF ELIGIBILITY. (Attach an explanation of any entries which differ from claimant's entries on Form HUD-6153.)

1. Did the claimant own the single- or two-family dwelling at the time of acquisition?

YES	NO
X	

Initial Date of Ownership:

Date of Acquisition:

May 1950
Month-Day-Year

Month-Day-Year

2. Did the claimant own and occupy the single- or two-family dwelling at least one year prior to the initiation of negotiations?

X	
---	--

Initial Date of Ownership:

Date of Initiation of Negotiations:

May 1950
Month-Day-Year

Month-Day-Year

3. If the claimant moved prior to acquisition, did the claimant own and occupy the single- or two-family dwelling at least 18 months prior to the date of HUD approval of the project and own the property on the date of initiation of negotiations?

--	--

Initial Date of Ownership:

Date of HUD Approval of the Project:

Month-Day-Year

Month-Day-Year

4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement?

X	
---	--

Date of Displacement:

Date of Purchase of Replacement Housing:

Date of Occupancy of Replacement Housing:

Month-Day-Year

Month-Day-Year

Month-Day-Year

5. Has the replacement housing been inspected and found to be standard?
(Attach copy of Dwelling Inspection Record or, if the claimant moved outside the locality, attach the report obtained from the claimant (Form HUD-6141.2).)

X	
---	--

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

Month-Day-Year

NOTE: The claimant who purchases and occupies a substandard dwelling may become eligible for the payment if, within one year following displacement, he brings the substandard dwelling into conformance with the applicable codes or purchases and occupies a standard dwelling.

COMPUTATION OF REPLACEMENT HOUSING PAYMENT

1. Average sales price for a standard dwelling suitable for the claimant. <i>(From approved Form HUD-6155)</i>	\$ 14,639
2. Acquisition payment received by the claimant for his single- or two-family dwelling.	\$ 6,500
3. Line 1 minus line 2.	\$ 8,139
4. Amount of Replacement Housing Payment <i>(If amount on Line 3 is \$5,000 or more, enter \$5,000; if amount on Line 3 is less than \$5,000, enter amount on Line 3.)</i>	\$ 5,000
5. Amount of any Additional Relocation Payment, * previously paid. *Include Relocation Adjustment Payment made in accordance with interim instructions <i>(See Circular 1370.3, paragraph 8).</i>	\$ _____
6. Amount of any payment received under State law of eminent domain, determined to have the same purpose and effect as the Replacement Housing Payment.	\$ _____
7. Total <i>(line 5 and 6)</i>	\$ _____
8. Amount of Replacement Housing Payment. <i>(Line 4 minus line 7)</i>	\$ 5,000 ^c

REMARKS: *(If the claimant was unable to occupy the replacement housing within the required one year period, use this space to provide explanation.)*

CERTIFICATION OF THE DISPLACING AGENCY

This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement.

Date of Displacement:

Aug. 2, 1971
Month-Day-Year

Date Occupancy Established:

Aug. 2, 1971
Month-Day-Year

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 of the amount shown on Line 8 above is authorized.

7-7-71
Date


Authorized Signature

RECORD OF PAYMENT	DATE	WARRANT CHECK NO.	AMOUNT
	7/15/71	9066	5,000.00

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR REPLACEMENT HOUSING PAYMENT

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If Applicable) Emanuel Project
	PROJECT NUMBER Oregon R-20

INSTRUCTIONS: Complete all applicable items and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of Condition of Dwelling (Form HUD-6141.2) to complete and submit with this claim.

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 OWNER-OCCUPANT CLAIMANT. <i>(as shown in deed to displacing agency or in condemnation proceeding)</i> Roscoe & Ruby Lee Ellis	3. DATE OF DISPLACEMENT
2. Family <input checked="" type="checkbox"/> Individual <input type="checkbox"/>	

4. DWELLING UNIT FROM WHICH YOU MOVED A-4-11

a. Address: 233 N. Cook

b. Date you first occupied this dwelling unit as the owner:
May 1950
Month-Day-Year

c. Check one:
 Single-family dwelling unit
 Two-family dwelling unit

d. Did you occupy this dwelling for at least one year prior to initiation of negotiations?
 Yes No

5. DWELLING UNIT TO WHICH YOU MOVED

a. Address (Include ZIP Code): 3826 N.E. 6th
Portland, Oregon 97212

b. Number of bedrooms: 2

c. Purchase price: \$ 8,000

d. If you have purchased and occupied this dwelling

(1) Date you signed purchase contract: Month-Day-Year ✓
Aug 2 1971 ✓
Month-Day-Year

(2) Date you moved into this dwelling: Month-Day-Year

e. If you have purchased but not occupied this dwelling:

(1) Date you signed purchase contract: Month-Day-Year

(2) Date of settlement: Month-Day-Year

(3) Date you expect to occupy: Month-Day-Year

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 114(c)(3) of the Housing Act of 1949, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 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, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

7/6/71
Date

Roscoe Ellis
Signature of Owner-Occupant

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

No 26597 G

DATE August 18, 1971

PAY TO THE
 ORDER OF

Mrs. Roscoe Ellis

\$ 420.00

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 per Claim for Relocation Payment. Move from 233 N. Cook, own furn. (Parcel A-4-11) to 3826 N.E. 6th Ave. Fixed Payment \$220.00 Dislocation Allowance 200.00 \$420.00	\$420.00

Account Distribution

NO.	TITLE	AMOUNT
E1501	Relo. Pmts. (EH) (Fixed - Family)	\$420.00

Roscoe Ellis

BD

CRW

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)

Roscoe Ellis
3826 N.E. 6th Avenue
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission

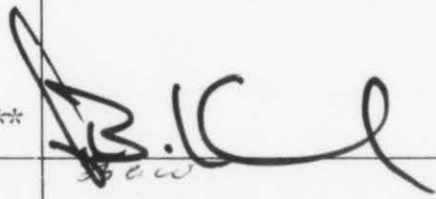
INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

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			8-18-71
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00 **		
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/18/71	265976	\$ 200.00	8/18		\$

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

** DISLOCATION ALLOWANCE

CLAIM FOR RELOCATION PAYMENT
(Families and Individuals)

HUD-6141.1
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) Emanuel Project
	PROJECT NUMBER Ore. R-20

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

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

1. FULL NAME OF CLAIMANT (F) ELLIS, Roscoe	2. DATE(S) OF MOVE 8/2/71
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 233 N. Cook b. Apt., Floor, or Room No. <u>house</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>5</u> e. Date you moved into this address: <u>May 1950</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 3826 N.E. 6th b. Apt., Floor, or Room No. <u>house</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

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

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.)

\$ 220.00

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.

8-2-71 Date
Mrs Roscoe Ellis Signature of claimant

(Over)


FOR LOCAL AGENCY USE ONLY

<p>U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT</p> <p style="text-align: center;">CLAIM FOR RELOCATION PAYMENT</p> <p>(Certification of Eligibility and Record of Payments -- Families and Individuals)</p>	<p>NAME AND ADDRESS OF CLAIMANT (Include ZIP code)</p> <p>Roscoe Ellis 3826 N.E. 6th Avenue Portland, Oregon</p> <hr/> <p>NAME OF LOCAL AGENCY</p> <p>Portland Development Commission</p> <hr/> <p><i>INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.</i></p>
--	---

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			8-18-71
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 220.00		
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/18/71	265976	\$ 220.00	RD		\$

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

CLAIM FOR RELOCATION PAYMENT

1. NAME OF CLAIMANT (I) ___ (F) X
Bill R...
2. DATE OF MOVE 8-2-71
3. ADDRESS FROM WHICH YOU HAVE MOVED
a. Address Parcel No. A-411
b. Apartment No. House
c. Client's Furniture? yes ___ no ___ partially ___
d. Number of rooms 5
e. Date in May 1950
4. NEW ADDRESS
a. Address ...
b. Apartment No. House
c. Goods moved from storage yes ___ no ___
5. TYPE OF PAYMENT
X a. Moving expenses and/or loss of property.
X b. Fixed payment.
___ c. Storage costs.
6. TOTAL CLAIM \$ 220.00
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 \$ _____

DATE

***Dislocation Allowance \$200.*

DATED this 19 day of August 19 71.

The undersigned does hereby consent and agree that all personal property left by me in the premises at _____
233 N. Cook, 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.

Robert Ellis
(firm name)

by: _____

No 2277

ALBINA TRANSFER

714 NORTH FREMONT STREET — PORTLAND, OREGON 97227

PRO. NO.

DATE 8-18-71

OPERATOR

ROUTING Mrs. Ellis

C/L REF.

CONSIGNEE Portland Development Com.
235 N. Monroe
Portland, Oregon 97227

SHIPPER

DESCRIPTION	WEIGHT	RATE	REVENUE
Attn: Chester Daniels : Local Move of Mrs. Ellis - 233 N. Cook to	3826 N.E. 6th.	Ave. on 8-2-71:	
Cartage: V/2 men	5 hrs.	22.20	\$ 111.00
Cartage is due and payable within 7 days and this has been 16 Days.			

*Rec'd
8-19-71*

COMBINATION BILL OF LADING AND FREIGHT BILL

(ORIGINAL)

1191

RECEIVED subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading,

At Portland, Oregon 8-2 1971
Date

From 233 N Cooper
the property described below, in apparent good order which said Carrier (the word "Carrier" being understood as including any person or corporation in possession of the property) agrees to transport and deliver to consignee at his usual place of delivery (if on its own line or route), otherwise to deliver to another carrier on the route to said destination. It is mutually agreed that the transportation services hereunder are subject to all terms and conditions printed on Form 1 "UNIFORM MOTOR CARRIER STRAIGHT BILL OF LADING" as prescribed by the PUBLIC UTILITIES COMMISSIONER OF OREGON in PART 1, RULE 3, of the RULES AND REGULATIONS RELATING TO KEEPING OF RECORDS AND MAINTAINING ACCOUNTS.

Consigned to Mrs. Ellis
Destination 3826 N.E. 6th
Via Carrier **ALBINA TRANSFER CO.**
Driver Frank + Pete Truck No. 12 Miles Run _____

If charges are to be prepaid write or stamp here, "To be Prepaid."
Collect

Number of Packages	DESCRIPTION OF ARTICLES AND MARKS	Weight	Rate	Charges
1	<u>Lot H. W. Woods</u>			
	<u>Portland development will call when check is mailed to Mrs. Ellis</u>			

MILEAGE CHARGES - Loaded Miles 5 hrs - 22.20
LOADING AND UNLOADING CHARGES - Hours 11.00
OTHER CHARGES

Note: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. TOTAL CHARGES 110.00

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
\$ 30 per _____
Shipper _____
Per _____

Received the above weight in apparent good order
Date 8-2 + 7/1
Consignee Ruby Lee Ellis
Per _____

Carrier **ALBINA TRANSFER CO.**
Per _____
Received Payment _____

August 11, 1971

Pioneer National Title Insurance Company
421 S.W. Stark Street
Portland, Oregon 97204

Attention: Jean Egberg
Escrow Officer

Re: Escrow No. 383485
Parcel No. A-4-11
ELLIS, Roscoe

Gentlemen:

You have in the above identified escrow account the sum of \$5,000 representing a replacement housing payment to be held in accordance with our written instructions of July 19, 1971.

This is to certify that Mr. and Mrs. Ellis have acquired and moved into a standard structure located at 3826 N.E. 6th Avenue. You are hereby authorized to release said replacement housing payment and disburse it in such manner as directed by Mr. and Mrs. Ellis.

Very truly yours,

Ben C. Webb
Chief of Relocation &
Property Management

BCW: lb

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

July 6, 1971

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. Chegwidder, Chief

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

Re: 3826 N.E. 6 Avenue

Attn: Mr. Crowley

Gentlemen:

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

Our inspector reports the structures comply with City Housing regulations at this time except for obvious deficiencies in the plumbing installation. It will be necessary that you request an inspection from the plumbing division for this certification.

Please notify the Housing Division of the Bureau of Buildings, 2200 N.E. 24 Avenue, Telephone 288-6077, when the corrections have been completed under proper permit, so that a letter of certification may be issued.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidder
S. J. Chegwidder

FORM W. 204
(2-55)

CITY OF PORTLAND, OREGON
BUREAU OF BUILDINGS
PLUMBING DIVISION

CERTIFICATE OF INSPECTION

Permit No 172849 8-9- 1971

THIS IS TO CERTIFY, That the plumbing work done under the above

permit at 3826 N.E. 6th

Owned by Gottlieb Kraus

has been inspected by the Plumbing Division of the Bureau of Buildings and found to comply with the Ordinances of the City of Portland.

FINAL INSPECTION

Contractor Dales P. Hg Co. By Schofield 1971

PLUMBING INSPECTOR.

Dwelling Unit Inventory

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

11 Night Stand
1 Occasional Chair
11 Overstuffed Chair
11 Overstuffed Rocker
1 Range
1 Refrigerator: Brand Morje
 Rocker
2 Rug & Pad: Size 9x12
11 Stool
111111 Table Lamp & Shade
 Table, small
 Vanity & Bench
 Suitcases
 Trunks
 Cartons, Boxes, Etc.
 Clothes
 Bedding & Linens

(Miscellaneous (List Items))

Freezer in Garage
T.V.
1 fan Elec.
Combination
1 Hamper
Stew

Utiles Table
portable Bar
Washing machine
Ping Pong Table

COMMENTS:

5 room
 1 room storage

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR REPLACEMENT HOUSING PAYMENT

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY	PROJECT NAME (If Applicable)
	PROJECT NUMBER

INSTRUCTIONS: Complete all applicable items and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of Condition of Dwelling (Form HUD-6141.2) to complete and submit with this claim.

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 OWNER-OCCUPANT CLAIMANT. (as shown in deed to displacing agency or in condemnation proceeding) <u>Robert E. Ellis</u>	3. DATE OF DISPLACEMENT <u>8-2-71</u>
2. Family <input type="checkbox"/> Individual <input type="checkbox"/>	

4. DWELLING UNIT FROM WHICH YOU MOVED

a. Address: 333 E. 5th St.

b. Date you first occupied this dwelling unit as the owner:
MAY 1959
Month-Day-Year

c. Check one:
 Single-family dwelling unit
 Two-family dwelling unit

d. Did you occupy this dwelling for at least one year prior to initiation of negotiations?
 Yes No

5. DWELLING UNIT TO WHICH YOU MOVED

a. Address (Include ZIP Code): 307 N. E. 6th St.

b. Number of bedrooms: 2

c. Purchase price: \$ 8000

d. If you have purchased and occupied this dwelling

(1) Date you signed purchase contract: _____
Month-Day-Year

(2) Date you moved into this dwelling: _____
Month-Day-Year

e. If you have purchased but not occupied this dwelling:

(1) Date you signed purchase contract: _____
Month-Day-Year

(2) Date of settlement: _____
Month-Day-Year

(3) Date you expect to occupy: _____
Month-Day-Year

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 114(c)(3) of the Housing Act of 1949, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 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, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

Date

Signature of Owner-Occupant

COMPUTATION OF REPLACEMENT HOUSING PAYMENT

1. Average sales price for a standard dwelling suitable for the claimant. <i>(From approved Form HUD-6155)</i>	\$ 14,639.
2. Acquisition payment received by the claimant for his single- or two-family dwelling.	\$ 6,500.
3. Line 1 minus line 2.	\$ 8,139.
4. Amount of Replacement Housing Payment (If amount on Line 3 is \$5,000 or more, enter \$5,000; if amount on Line 3 is less than \$5,000, enter amount on Line 3.)	\$ 5,000. ⁰⁰
5. Amount of any Additional Relocation Payment,* previously paid. *Include Relocation Adjustment Payment made in accordance with interim instructions (See Circular 1370.3, paragraph 8).	\$ _____
6. Amount of any payment received under State law of eminent domain, determined to have the same purpose and effect as the Replacement Housing Payment.	\$ _____
7. Total (Line 4 plus 5)	\$ _____
8. Amount of Replacement Housing Payment. <i>(Line 4 minus line 7)</i>	\$ 5,000. ⁰⁰

REMARKS: (If the claimant was unable to occupy the replacement housing within the required one year period, use this space to provide explanation.)

CERTIFICATION OF THE DISPLACING AGENCY

This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement.

Date of Displacement:

Date Occupancy Established:

Month-Day-Year

Month-Day-Year

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 of the amount shown on Line 8 above is authorized.

Date

Authorized Signature

RECORD OF PAYMENT	DATE	CHECK NO.	AMOUNT

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT DETERMINATION OF ELIGIBILITY AND COMPUTATION OF REPLACEMENT HOUSING PAYMENT	NAME OF CLAIMANT	
	NAME OF DISPLACING AGENCY	
INSTRUCTIONS: Attach completed Form HUD-6154 to claimant's copy of Form HUD-6153 and, if applicable, Form HUD-6141.2.		
DETERMINATION OF ELIGIBILITY. (Attach an explanation of any entries which differ from claimant's entries on Form HUD-6153.)		
1. Did the claimant own the single- or two-family dwelling at the time of acquisition?		YES NO
Initial Date of Ownership:	Date of Acquisition:	<input checked="" type="checkbox"/> <input type="checkbox"/>
<u>MAY 1950</u> Month-Day-Year	<u> </u> Month-Day-Year	
2. Did the claimant own and occupy the single- or two-family dwelling at least one year prior to the initiation of negotiations?		<input checked="" type="checkbox"/> <input type="checkbox"/>
Initial Date of Ownership:	Date of Initiation of Negotiations:	
<u>MAY 1950</u> Month-Day-Year	<u> </u> Month-Day-Year	
3. If the claimant moved prior to acquisition, did the claimant own and occupy the single- or two-family dwelling at least 18 months prior to the date of HUD approval of the project and own the property on the date of initiation of negotiations?		<input type="checkbox"/> <input type="checkbox"/>
Initial Date of Ownership:	Date of HUD Approval of the Project:	
<u> </u> Month-Day-Year	<u> </u> Month-Day-Year	
4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement?		<input checked="" type="checkbox"/> <input type="checkbox"/>
Date of Displacement:	Date of Purchase of Replacement Housing:	Date of Occupancy of Replacement Housing:
<u> </u> Month-Day-Year	<u> </u> Month-Day-Year	<u> </u> Month-Day-Year
5. Has the replacement housing been inspected and found to be standard? (Attach copy of Dwelling Inspection Record or, if the claimant moved outside the locality, attach the report obtained from the claimant (Form HUD-6141.2).)		<input checked="" type="checkbox"/> <input type="checkbox"/>
Date previously substandard dwelling was inspected and found to be standard:		
<u> </u> Month-Day-Year		
NOTE: The claimant who purchases and occupies a substandard dwelling may become eligible for the payment if, within one year following dis- placement, he brings the substandard dwelling into conformance with the applicable codes or purchases and occupies a standard dwelling.		

ALAN W. AMES, M.D.
PHYSICIAN
2455 N.W. MARSHALL STREET
PORTLAND, OREGON 97210

May 21, 1971

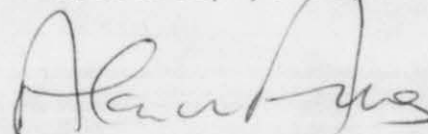
Portland Development Commission
223 North Monroe
Portland, Oregon 97227

Attn: Mr. Stan Jones

Dear Mr. Jones:

Mrs. Ruby Ellis has been a patient of mine for 6 years. She has severe heart disease and high blood pressure and needs much rest. I think that it is important for her health that she have a bedroom separate from that of her husband.

Sincerely yours,



Alan W. Ames, M. D.

AWA:lv

cc: Mrs. Ruby Ellis
233 N. Cook St.
Portland, Oregon

HOUSING RESOURCES SURVEY

**RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF
EMANUEL HOSPITAL PROJECT AREA**

(To be filled in for each dwelling unit in the Project Area)

Analyst QC Date of survey 2/18/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 9 Structure No. 0 Census Block No. 20 Census Tract No. 220
 Street Address 223 N 6000 ST Apartment No. _____

A. Status Of Relocation Assistance Needs At This Dwelling Unit:

1. Assistance may be needed, yes , no
2. Why no assistance may be needed
 - a. Vacant
 - b. Will be vacated on the following date _____
 - c. Other reasons _____

B. Residents Of This Dwelling Unit Who May Need Relocation Assistance:

	<u>Name</u>	<u>Family relation</u>	<u>Age</u>	<u>Sex</u>	<u>Occupation</u>
1.	<u>ELLIS, ROSCOE</u>	<u>Head of household</u>	<u>55</u>	<u>M</u>	<u>Retired</u>
2.	<u>ELLIS, RUBY</u>	<u>wife</u>	<u>47</u>	<u>F</u>	<u>Housewife</u>
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____

C. Family Income And Extent Of Travel To Locations Of Employment:

1. Jobholders in this household, employers and location of jobs: Distance

<u>Names of jobholders</u>	<u>Names of employers</u>	<u>Street address where jobs are located</u>	<u>to work</u>
<u>Roscoe</u>	<u>General BATT</u>	_____	_____
_____	_____	_____	_____

2. Monthly income from jobs and from all other sources received by persons in this household:

<u>Names of persons in this household who have income from any source</u>	<u>Amount of income per month</u>	
	<u>In month before this survey</u>	<u>In an average month during 1970</u>
_____	\$ _____	\$ _____
_____	_____	_____
<u>Total family or household income per month</u>	<u>\$ est. 350</u>	\$ _____

D. Characteristics Of Replacement Housing Needs Expected To Be Sought:

1. Location (indicate approximate cross streets) _____
2. Transportation, number of autos owned _____, use bus _____, walk _____
3. *estimated* Will rent house , apartment _____, expect to pay rent, including utilities, at \$ 80 per mo. (Furniture is owned, yes _____, no _____, stove and refrigerator owned, yes _____, no _____)
4. Will buy house in price range \$ _____, down payment of \$ _____, monthly payment of \$ _____
5. If now buying this house, how much are payments on contract or mortgage monthly \$ _____
6. Size of unit to be sought, number of bedrooms 2, kitchen 1, dining room 1, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit _____
7. Other characteristics W O B I M

HOUSING RESOURCES SURVEY
To be Filled in For Each Dwelling Unit in All Survey Areas

Analyst GC Date 3/18/71 Tabulator _____ Date _____
 Dwelling Unit No. 9 Structure No. 9 Census Block No. 24 Census Tract No. 22A
 Street Address 233 N COOK ST Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: _____ NAME & ADDRESS OF OWNER: R.G. & P.C. CAFFALL NAME & ADDRESS OF PROP. MGR: _____
 TELEPHONE: 286-2176 TELEPHONE: _____ TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

Kind of dwelling unit	No. of units in bldg.
<input checked="" type="checkbox"/> One-family house	_____
<input type="checkbox"/> Apt. in a house	_____
<input type="checkbox"/> Apt. in apt. bldg. or plex	_____
<input type="checkbox"/> Apt. in comm. bldg.	_____
<input type="checkbox"/> Mobile home or trailer	_____

This structure has 1 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

Owner occupied
 Renter occupied
 Vacant

III. SIZE OF DWELLING UNIT

968 Sq. ft. in first floor (county figure)
968 Sq. ft. in dwelling unit (if more than 1 floor)
5 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
2 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
1971 Period market value data applicable
1967 Date of last appraisal
1905 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>2960</u>	\$ _____
Improvements	<u>1500</u>	_____
Total	<u>4460</u>	_____

C. Market value data for dwelling unit in a multiple-family structure or commercial bldg.

	Market value for entire structure	Computed value per sq. ft. for this dw. unit
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

_____ Sq. ft. of all d. u. in this structure
 _____ Sq. ft. of commercial space and value of commercial space: Land \$ _____, improvements \$ _____, total \$ _____.

V. RENTAL RATE FOR THIS RENTED UNIT

Monthly average	Cash rent	Utilities	Total paid by renter
Rent	\$ <u>60</u>	_____	\$ _____
Electricity	_____	\$ _____	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Heat (oil, or other)	_____	_____	_____
Total	\$ _____	\$ <u>20</u>	\$ <u>80</u>

Deposits required of renter
 Advance rent \$ _____, other \$ _____
 Rental information obtained from
 Tenant _____, owner _____, manager _____, or
 estimated from assessor's data X.

VI. FOR SALE INFORMATION FOR THIS HOUSE THAT IS OCCUPIED BY OWNER OR RENTER

Listed with broker, yes _____, no _____
 Advertised by owner, yes _____, no _____
 Cash asking price \$ _____
 Period house has been for sale, months _____

VII. REMARKS

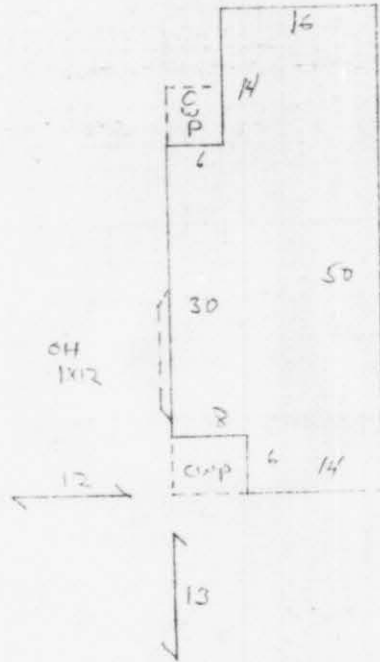
1 1-00990-0700 DIXON, RUBY L (ELLIS)
 MAP: 2730 BY CAFFALL R G & R C
 ZONE: A25
 RATIO: 1401 5931 N LAGOON AVE
 LVY C:001 PORTLAND OREGON 97217

ALBINA ADD LOT BLOCK

11 4

PROPERTY ADDRESS: 233 N COOK ST
 PORTLAND

APPEALS:



AVE. OR ST.

1420'



233 N. Cook AVE OR ST.
 FRONT OF BUILDING

SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS. YEAR	MIN RIGHTS	TIMBER	LAND	IMPS.	TOTAL	SIGN DATE
1968			700	3600	4,300	
1968			2850	1450	4300	203 a
1971			2,960	1,500	4,460	UD

OWNER G. A. P.

COND. G. A. P. Poor OS Cond

REMARKS

4/20/68

DATE 2 28 68 SIGN *Kan. R...* DEPUTY

CHECKED	REVIEWED	BLDG COUNT	INDEX	RE-CHECKED	NOTIFIED

DATE 3-28-68

BY *S. Fisher*

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.

Roscoe Ellis

5-14-71
date

Notice to: Portland Development Commission

I (we) have read your letter describing the relocation benefits that may be available under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, to those displaced on or after January 2, 1971. I (we)

(check one)

Request that you process my (our) claim for an interim relocation payment. I (we) understand that you will advise me (us) promptly when and if a revised claim may be submitted for adjustments on the basis of the new Act and in accordance with the implementing regulations.

Will defer filing a claim until you are able to make the full payments authorized by the new Act. I understand that you will advise me (us) promptly when you are authorized to make full payments authorized by such Act.

5-14-71
Date

Roscoe Ellis
Signature of Claimant

(If more than one claimant, each should sign)

(Return this form to PDC)

	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		

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. Q.4.11 Advisor _____

Client's Name Ellis, Roscoe Phone _____

Address 233 N. Cook Ethn Black Age 55

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

Family Composition

Total Number in Family 2

2 wife, husband

Other:	Relation	Age	Relation	Age
	<u>Wife</u>	<u>47</u>		

Economic Data

Employer Imperial Hotel \$360.00
Kitchen Help

Address _____

Other Source of Income _____

_____ \$

_____ \$

Total Monthly Income \$ (360.00)

- 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 5-21-71 Date of info pamphlet delivery 1-15-71

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

5-1950

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

Date of initiation of negotiations for purchase of property

5-13-71

Date of Acquisition

7-30-71

Date of letter of intent

Date of move

8-2-71

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1905

Size of Habitable Area 968

Furnished with claimant's furniture
 YES NO

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

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ 6,500 Amenities _____

REPLACEMENT DWELLING UNIT

Address 3826 NE 6th LPA Referred _____ Self Referred

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

Outside city Outside state

Age of Housing Unit 1911

Size of Habitable Area 1008

No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 8000.00

Taxes \$ _____

RHP or TACO (including incidental costs) \$ 5000

For Claimants Who Rented

Rent \$ _____

Utilities \$ _____

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

No. of Housing Referrals to:

0 Standard Sales

_____ Standard Rent

Agency Referrals: NONE

_____ MCW _____ HAP _____ OTHER (_____)

_____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

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 3826 NE 6th Phone _____ Date of Move August 12, 1971

WHERE RELOCATED:

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

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms 2 Habitable Area ___

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ 8,000.00

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)	906 G	7/15/71	\$5,000.00
Fixed Moving	26597 G	8/18/71	\$ 420.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$8,000.00

Down Payment \$ _____

RHP \$5,000.00

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$5,420.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
1/15/71	Flyer delivered by Wilson Smith - receptive.	
2/18/71	Survey: (JC)	
5/21/71	Received letter from Dr. Alan W. Ames stating that due to Mrs. Ellis' health condition she requires a separate bedroom.	SC

Went 80

(4)

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER _____

PROJECT NO. R-30 PARCEL A 4-11

NAME Ellis, Roscoe ADDRESS 233 N Cook APT NO. -

PHONE 288-3170 INITIAL INTERVIEW _____ SEX M W NW B AGE 55

U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 21 yrs APR 1955

FAMILY COMPOSITION

Name	Relation	Age
<u>Ruby</u>	<u>wife</u>	<u>47</u>

Employer: Name Imperial Hotel \$ 215 per mo
Address (kitchen helper)

MCW Caseworker _____

Social Security _____

Va. Fed. Mult Co. _____

Pension: Name _____

Other: Name _____

TOTAL MONTHLY INCOME _____

Rent \$60.00, Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn _____ Furn _____ No. Rms 5

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: _____ Zip _____ Phone 288-3170

August 11, 1971

Pioneer National Title Insurance Company
421 S.W. Stark Street
Portland, Oregon 97204

Attention: Jean Egberg
Escrow Officer

Re: Escrow No. 383485
Parcel No. A-4-11
ELLIS, Roscoe

Gentlemen:

You have in the above identified escrow account the sum of \$5,000 representing a replacement housing payment to be held in accordance with our written instructions of July 19, 1971.

This is to certify that Mr. and Mrs. Ellis have acquired and moved into a standard structure located at 3826 N.E. 6th Avenue. You are hereby authorized to release said replacement housing payment and disburse it in such manner as directed by Mr. and Mrs. Ellis.

Very truly yours,

Ben C. Webb
Chief of Relocation &
Property Management

BCW: lb

July 19, 1971

Pioneer National Title Insurance Co.
421 S. W. Stark Street
Portland, Oregon 97204

ATTENTION: Jean Egberg
Escrow Officer

Re: Parcel No. A-4-11 (Ellis)
Escrow No. 383485

Gentlemen:

Enclosed is Warrant No. 906 G in the amount of \$5,000.00 representing a replacement housing payment, to be deposited to subject escrow for disbursement to the Seller upon written authorization by the Commission that the Seller has purchased and does occupy standard housing.

Yours very truly,

John B. Kenward
Executive Director

JBK:d1
Enclosure

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 906 G

DATE July 15, 1971

PAY TO **Pioneer National Title Insurance Co.**

\$5,000.00

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
		Deposit in escrow for Roscoe & Ruby Lee Ellis, replacement housing payment per claim filed. Parcel A-4-11 - From 233 N. Cook to 3826 NE 6th Avenue	\$5,000.00

Account Distribution

NO.	TITLE	EH	AMOUNT
E1501	Relo Payment (Rep. Housing)		\$5,000.00

BD

ERW

COMPUTATION OF REPLACEMENT HOUSING PAYMENT

1. Average sales price for a standard dwelling suitable for the claimant. <i>(From approved Form HUD-6155)</i>	\$ 14,639
2. Acquisition payment received by the claimant for his single- or two-family dwelling.	\$ 6,500
3. Line 1 minus line 2.	\$ 8,139
4. Amount of Replacement Housing Payment <i>(If amount on Line 3 is \$5,000 or more, enter \$5,000; if amount on Line 3 is less than \$5,000, enter amount on Line 3.)</i>	\$ 5,000
5. Amount of any Additional Relocation Payment,* previously paid. <i>*Include Relocation Adjustment Payment made in accordance with interim instructions (See Circular 1370.3, paragraph 8).</i>	\$ _____
6. Amount of any payment received under State law of eminent domain, determined to have the same purpose and effect as the Replacement Housing Payment.	\$ _____
7. Total <i>(line 5 and 6)</i>	\$ _____
8. Amount of Replacement Housing Payment. <i>(Line 4 minus line 7)</i>	\$ 5,000

REMARKS: *(If the claimant was unable to occupy the replacement housing within the required one year period, use this space to provide explanation.)*

CERTIFICATION OF THE DISPLACING AGENCY

This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement.

Date of Displacement:

Aug. 2, 1971
Month-Day-Year

Date Occupancy Established:

Aug. 2, 1971
Month-Day-Year

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 of the amount shown on Line 8 above is authorized.

7-7-71
Date


Authorized Signature

RECORD OF PAYMENT	DATE	WARRANT CHECK NO.	AMOUNT
	7/15/71	9066	5,000.00

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR REPLACEMENT HOUSING PAYMENT

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If Applicable) Emanuel Project
	PROJECT NUMBER Oregon R-20

INSTRUCTIONS: Complete all applicable items and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of Condition of Dwelling (Form HUD-6141.2) to complete and submit with this claim.

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 OWNER-OCCUPANT CLAIMANT. (as shown in deed to displacing agency or in condemnation proceeding) Roscoe & Ruby Lee Ellis	3. DATE OF DISPLACEMENT
--	-------------------------

2. Family Individual

4. DWELLING UNIT FROM WHICH YOU MOVED A-4-11

a. Address: 233 N. Cook

b. Date you first occupied this dwelling unit as the owner:
May 1950
 Month-Day-Year

c. Check one:
 Single-family dwelling unit
 Two-family dwelling unit

d. Did you occupy this dwelling for at least one year prior to initiation of negotiations?
 Yes No

5. DWELLING UNIT TO WHICH YOU MOVED

a. Address (Include ZIP Code): 3826 N.E. 6th
Portland, Oregon 97212

b. Number of bedrooms: 2

c. Purchase price: \$ 8,000

d. If you have purchased and occupied this dwelling

(1) Date you signed purchase contract: Month-Day-Year ✓
Aug 2 1971 ✓
 Month-Day-Year

(2) Date you moved into this dwelling: Month-Day-Year

e. If you have purchased but not occupied this dwelling:

(1) Date you signed purchase contract: Month-Day-Year

(2) Date of settlement: Month-Day-Year

(3) Date you expect to occupy: Month-Day-Year

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 114(c)(3) of the Housing Act of 1949, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 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, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

7/6/71
Date

Roscoe Ellis
Signature of Owner-Occupant

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 26597 G

DATE August 18, 1971

PAY TO THE
 ORDER OF

Mrs. Roscoe Ellis

\$ 420.00

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 per Claim for Relocation Payment. Move from 233 N. Cook, own furn. (Parcel A-4-11) to 3826 N.E. 6th Ave.	
		Fixed Payment \$220.00 Dislocation Allowance <u>200.00</u>	
			<u>\$420.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E1501	Relo. Pmts. (EH) (Fixed - Family)	\$420.00

Roscoe Ellis

BD

CRW

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

Roscoe Ellis

(F)

2. DATE(S) OF MOVE

8/2/71

3. ADDRESS FROM WHICH YOU HAVE MOVED

a. Address

233 N. Cook

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

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

d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 5

e. Date you moved into this address: May 1950

A-4-11

4. ADDRESS TO WHICH YOU HAVE MOVED

a. Address (include ZIP code)

3826 N.E. 6th Avenue

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

c. Were household goods moved to or from storage?

Yes No

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

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

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

b. Fixed Payment (May not be made if storage costs are involved)

Check c if applicable:

c. Supplementary claim for reimbursement of storage costs

DISLOCATION ALLOWANCE

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

\$ 200.00

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

7. NAME OF MOVING COMPANY (OR PERSON)

8. MOVER'S TELEPHONE NO.

9. ADDRESS OF MOVING COMPANY (OR PERSON)

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

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

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

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

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

\$

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

\$

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

\$

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

8-2-71

Date

Mrs Roscoe Ellis

Signature of claimant

(Over)

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)

Roscoe Ellis
3826 N.E. 6th Avenue
Portland, Oregon

NAME OF LOCAL AGENCY

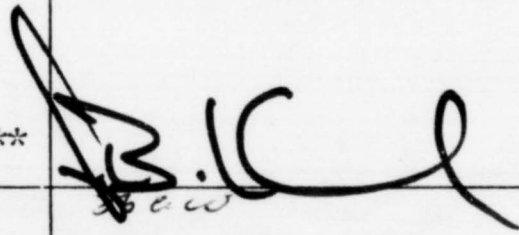
Portland Development Commission

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			8-18-71
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00 **		
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/18/71	265976	\$ 200.00	8/18/71		\$

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

** DISLOCATION ALLOWANCE

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

ELLIS, Roscoe

(F)

2. DATE(S) OF MOVE

8/2/71

3. ADDRESS FROM WHICH YOU HAVE MOVED

a. Address

233 N. Cook

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

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

d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 5

e. Date you moved into this address: May 1950

A-4-11

4. ADDRESS TO WHICH YOU HAVE MOVED

a. Address (include ZIP code)

3826 N.E. 6th

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

c. Were household goods moved to or from storage?

Yes No

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

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

Check c if applicable:

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

c. Supplementary claim for reimbursement of storage costs

b. Fixed Payment (May not be made if storage costs are involved)

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.)

\$ 220.00

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.

8-2-71

Date

x Mrs Roscoe Ellis
Signature of claimant

(Over)

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)

Roscoe Ellis
3826 N.E. 6th Avenue
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 \$ _____	\$ 220.00		8-18-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/18/71	265976	\$ 220.00	NO		\$

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

CLAIM FOR RELOCATION PAYMENT

1. NAME OF CLAIMANT (I) _____ (F) X
Ellie Racco
2. DATE OF MOVE 8-2-71
3. ADDRESS FROM WHICH YOU HAVE MOVED
a. Address 233 N. 120th Parcel No. A-411
b. Apartment No. House
c. Client's Furniture? yes 5 no _____ partially _____
d. Number of rooms 5
e. Date in May 1950
4. NEW ADDRESS
a. Address 3826 N.E. 6th
b. Apartment No. House
c. Goods moved from storage yes _____ no _____
5. TYPE OF PAYMENT
X a. Moving expenses and/or loss of property.
X b. Fixed payment.
_____ c. Storage costs.
6. TOTAL CLAIM \$ 220.00
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 \$ _____

DATE

** * Dislocation Allowance #200.*