

	DESCRIPTION	ROLL NO	ODOMETER
AB 3-3	GLOVER, CEPHAS 2928 N. COMMERCIAL		
R 10-4	GODON, WOODROW 3127 N. COMMERCIAL		
E 3-6	GRANVILLE, VERTA 2653 N. COMMERCIAL COURT		
AB 3-8	GRONER, JAMES H. 2931 N. GANTENBEIN		
E 3-12	HALE, CORA LEE (MRS.) 535 N. RUSSELL		
A 4-2	ESTATE OF ZENOBIA HARRIS 222 N. IVY		
R 9-2	HART, JOHN & ROSENA 3141 N. GANTENBEIN		
A 2-6	HARVEY, KATHIE 217 N. MONROE		
A 2-6	HAWKINS, ERNESTINE 217 N. MONROE		
RS 4-9	HAWKINS, JAMES L. 7 N. RUSSELL		
RS 4-9	HENDERSON, SANTEE 7 N. RUSSELL		
E 4-5	HEPBURN, ELIZABETH 410-412 N. KNOTT		
R 14-4	HINES, WALTER 3036 N. KERBY		
A 3-8	HOGGANS, COTTRELL 250-52 N. COOK		
A 4-13	HORSMAN, CHERRY ALICE 3303 N. VANCOUVER		
R 15-3	HULL, LYNN 3006 N. COMMERCIAL		

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. AB 3-3 Advisor VC

Client's Name GLOVER, Cephas Phone _____

Address 2928 N. Commercial Ethn Black Age _____

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

Family Composition

Total Number in Family 3
2 wife, husband

Other: Relation Age Relation Age

<u>Wife</u>			
<u>Mother</u>			

Economic Data

Employer United Airlines \$ 500.00

Address _____

Other Source of Income \$ _____
 \$ _____
 Total Monthly Income \$ (500.00)

- 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 5-24-71 Date of Info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 11-1947

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

Date of initiation of negotiations for purchase of property 5-24-71
 Date of Acquisition 12-20-71
 Date of letter of intent _____
 Date of move 1-14-72

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 1908

Size of Habitable Area 1100

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 7 Rent Paid \$ _____ Utilities _____

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ 15,000.00 Amenities _____

REPLACEMENT DWELLING UNIT

Address 1869 NE 114th PL. 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 1964

Size of Habitable Area 1266

No. of Rooms 7 No. of Bedrooms 3

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 31,000

Taxes \$ _____

RHP or TACO (including incidental costs) \$ 15,000

For Claimants Who Rented

Rent \$ _____

Utilities \$ _____

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

No. of Housing Referrals to:

2 Standard Sales

Standard Rent

Agency Referrals: 0

MCW

Food Stamp

HAP

Legal Aid

OTHER (_____)

Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME GLOVER, Cephas RELOCATION ADVISOR JC
 ADDRESS 2928 N. Commercial PHONE _____ PROJECT NAME Emanuel Ore. R-20
 SEX M ETHN Black VETERAN _____ AGE _____ PARCEL NO. AB-3-3
 MARITAL STATUS married TENURE owner
 DISABILITY _____ INDIV _____ FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 5/24/71 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>November 1947</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: <u>December 20, 1971</u>

ECONOMIC DATA

Employer United Airlines \$ 500. (est.)
 Address _____
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 500.00

FAMILY COMPOSITION

Name	Relation	Age
Thelma D.	wife	
Pinky Robinson	mother	

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1908 No. Rooms 7
 No. Bedrooms 2 Furn. Unfurn X
 Utilities \$ _____
 Monthly Payments (Rent) \$ _____
 Acquisition Price \$ 15,000
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 1100

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 1869 N. E. 114th Place Phone 253-9868 Date of Move 1-14-72

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

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

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

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP	234 EH	1/5/72	\$ 15,000.
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	28821G	1/25/72	\$ 500.
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ 31,000.
 Down Payment \$ _____
 RHP \$ 15,000
 Total Down - \$ _____
 Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ 15,500.

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
1/15/71	Flyer delivered to Thelma Glover by Marion Scott. Mother, "Pinky" Robinson also lives there. Are interested in meeting. Not anxious to move, but since they have to would like to know when.	
2/16/71	Mr. Glover called office re: card left during <u>survey</u> . Was quite hostile at first...is good friend of Mr. Stokes who is very hostile to project. Does not want to sell and if he must will demand price adequate to purchase comparable housing elsewhere (has nice home). He understands our problems but does not think hospital should deal through us but does not think hospital should deal through us but directly with owners. Has had at least two real estate men offer him deals only to find out later that they are really agents for the hospital. Is EDPA member.	
5/24/71	Norm B. and I talked to the Glovers. They did not accept the option at this time, pending a review of the total picture of sales and relocation. I explained that we would work with them in every possible way to meet their needs. Informed them that they could take all the time they wanted to decide what they wanted and what they thought they should get.	
7/2/71	Visited Mr. Glover to inspect the house and see all of its "special" features. There are 3 bedrooms, 2 baths, a den, kitchen, living room, dining room and utility room. He was not hostile towards me but he is not willing to sign a receipt for having received the relocation information. He has an idea that he should receive commercial values for his property and if Emanuel wants it bad enough they should be willing to pay dearly. I suggested he might start looking for a house and when he is interested in something to give me a call. He said he would do so.	
8/20/71	Met with the Glovers at C-Cap office on Stanton. They still feel that the offer was not enough. Mr. Barnes advised him to hold off from signing option until a third appraisal has been made, but encouraged them to start looking at house in the range of \$18,000 to \$20,000. Mr. Stark and Harold Hand were also present.	
10/8/71	Reassurance that we are moving along as fast as possible.	
10/12/71	Was not able to get anyone until today. Talked to Mrs. Glover and told her we had asked for an FHA appraisal and were waiting for a reply. I wanted them to know what we were doing and to call if there were any questions.	
10/18/71	FHA has been made. Report due any day.	
11/19/71	Had a long talk with Mr. Glover. It now appears that he thinks of us more favorable since we check on the price of the house on Morgan St. and found it over priced. He has looked at a few houses and has narrowed them down to one but his wife is out of town until Monday, November 22, and has to wait for her approval.	
11/23/71	Mr. and Mrs. Glover signed an earnest money statement today for a house on 1869 N.E. 114th Place for \$31,000.	
1/26/72	Glover check arrived today for moving expense \$500.00. Check #28821-G	

DATED this 29th day of February 19 72.

The undersigned does hereby consent and agree that all personal property left by me in the premises at _____
2928 N. Commercial, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

(firm name)
by: Cephas Elouel

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

No 28821 G

DATE January 25, 19 72

PAY TO THE
ORDER OF

Cephas Glover

\$ 500.00

DOLLARS

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

NON-NEGOTIABLE

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Relocation Payment filed. From 2988 N. Commercial (Parcel AB-3-3).	
		Fixed payment - own furniture	\$300.00
		Dislocation allowance	<u>200.00</u>
			<u>\$500.00</u>

Account Distribution

NO	TITLE	AMOUNT
E 1501	Relocation Payment (EH) (Fixed payment - Family)	\$500.00

2-1-72

Cephas Glover

RC

JM

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Glover, Cephas Project _____
 2. Date(s) of move 1-14-77 Parcel No. A9-7-3
 3. Dwelling unit from which you moved:
 Address 2928 N. Commercial No. of rooms 7
 _____ Furnished _____ Unfurnished Date you moved into this unit Nov. 1947
 4. Dwelling unit to which you moved:
 Address _____
 Were goods moved to or from storage? _____ Yes _____ No
 5. Total claim \$ 500.00

 FIXED PAYMENT: \$200 + \$300.00 = \$500.00

ACTUAL MOVING COSTS

6. Name of moving company (or person) _____
 7. Mover's telephone _____ 8. Mover's address _____
 9. Method of payment
 _____ a. reimburse client (show paid bill)
 _____ b. pay mover directly (show bill)
 _____ c. let local agency contract with mover
 10. Amount actual costs
 a. Moving costs (attach receipt or voucher) \$ _____
 b. Cost of insurance (attach invoice) \$ _____
 c. Storage cost (attach receipt or voucher) \$ _____

 STORAGE COSTS

Name, address and ZIP code of storage company

- A. Type of claim
 _____ initial _____ supplementary _____ final
 B. Storage period
 1. Total period: _____ months. Check one: _____ Actual _____ Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____
 C. Storage Costs
- | | | |
|------------------------------------|----------|-----------------|
| | | <u>Approved</u> |
| 1. Monthly rate | \$ _____ | \$ _____ |
| 2. Total costs actually incurred | \$ _____ | \$ _____ |
| 3. Amount previously received | \$ _____ | \$ _____ |
| 4. Amount claimed (line 2 minus 3) | \$ _____ | \$ _____ |
- D. Description of Property Stored: please list on back of this sheet.
 E. Method of Payment
 _____ reimburse client (attach receipt or paid bill)
 _____ pay storage company directly (attach bill)

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Cephas Glover
1869 N. E. 114th Place
Portland, Oregon 97220

NAME OF LOCAL AGENCY:

Portland Development Commission
1700 SW 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:

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>300.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>500.00</u>	<u>500.00</u>		<u>1-25-72</u>
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____			
2. Supplementary payment (s) for storage costs:			
3. Final payment for moving expenses covering storage and related costs			

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>1/25/72</u>	<u>28821G</u>	<u>\$ 500.00</u>			<u>\$</u>

January 20, 1972

Title Insurance Company
Eastside Branch
29 N.E. 122nd Avenue
Portland, Oregon 97230

Attention: Terry Ralph

Gentlemen:

Re: GLOVER, Cephas & Thelma
Escrow Account

You have in the above-identified account the amount of \$15,000, representing a replacement housing payment to be held in accordance with our written instructions previously given you.

This is to certify that Mr. and Mrs. Glover have purchased and now occupy a standard dwelling. You are hereby authorized to release said replacement housing payment and disburse it in such manner as directed by Mr. and Mrs. Glover.

Thank you for your cooperation.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW:ch



title insurance
escrows

WASHINGTON COUNTY OFFICE
12012 S.W. CANYON ROAD
BEAVERTON, OREGON 97045
646-8181

EAST SIDE OFFICE
1350 S. E. 122ND AVENUE
PORTLAND, OREGON 97233
255-9103

CLACKAMAS COUNTY OFFICE
112-11TH STREET
OREGON CITY, OREGON 97045
656-5243

EMANUEL

RECEIVED

JAN 17 1972

Title Insurance Company of Oregon

425 S. W. Fourth Avenue / Portland, Oregon 97204

Phone 222-3651

January 14, 1972

ESCROW NO. 269961

RE: Glover, Cephas & Thelma
1869 N. E. 114th Place

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

Attn: Benjamin C. Webb

Gentlemen:

In connection with the above numbered Escrow, we enclose the following:

- () Statement of Receipts and Disbursements
- () Our check No. in the sum of \$
- (xx) Buyers closing statement

- () Deed recorded Book Page
records of County,
- () Mortgage recorded Book Page
records of County,
- () Note dated in the sum of \$
- () Title Insurance Policy No. in the sum of \$
- () Fire Insurance Policy in the amount of \$
- () Bill of Sale

Mr. and Mrs. Glover are moving into the property January 14th. Please authorize payment of the \$15,000.00 we are holding at your earliest convenience.

Yours very truly,
TITLE INSURANCE COMPANY OF OREGON
East Side Office

By: Theresa Ralph

ESCROW OFFICER
Theresa Ralph

TR/an

January 6, 1972

Title Insurance Company
East Side Branch
29 N. E. 122nd Avenue
Portland, Oregon

Attention: Terry Ralph

Gentlemen:

Re: GLOVER, Cephas & Thelma
Escrow Account

We are enclosing our Warrant No. 234 EH in the amount of \$15,000, to be deposited to subject escrow and to be released upon written authorization from the Portland Development Commission that Mr. and Mrs. Glover have purchased and occupy a standard dwelling.

In order that certain costs incurred upon closing can be reimbursed to the purchaser, please send a copy of the closing statement to the Portland Development Commission.

Thank you for your cooperation.

Very truly yours,

Benjamin C. Wabb
Chief of Relocation and
Property Management

BCW:ch
Enclosure

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 234 EH

DATE January 5, 1972

PAY TO **Title Insurance Company**

\$ 15,000.00

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 Cephas and Thelma D. Glover, RHP for Homeowners per claim filed. From 2928 N. Commercial (Parcel AB-3-3). Lump sum payment	<u>\$15,000.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP) (EH)	\$15,000.00

AC

JMA

(For Local Agency Use Only)
DETERMINATION OF ELIGIBILITY FOR REPLACEMENT
HOUSING PAYMENT FOR HOMEOWNERS

NAME AND ADDRESS OF CLAIMANT:

Cephas & Thelma D. Glover
2928 N. Commercial
Portland, Oregon 97227

NAME OF LOCAL AGENCY:

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

INSTRUCTIONS: Complete this form to determine eligibility of claimant for Replacement Housing Payment for Homeowners. Attach the completed form to the pertinent claim form filed by claimant. Note that the determination of the amount of payment to cover costs incidental to purchase of a replacement dwelling is made on the applicable claim form. Attach an explanation of any entries which differ from claimant's entries on claim form.

1. Did the claimant own the dwelling at the time of acquisition? Yes No
Initial Date of Ownership: Nov. 1947 Date of Acquisition: Dec. 20, 1971
Month-Day-Year Month-Day-Year

2. Did the claimant own and occupy the dwelling at least 180 days prior to the initiation of negotiations? Yes No
Initial Date of Ownership: Nov. 1947 Date of Initiation of
Month-Day-Year Negotiations: May 24 1971
Month-Day-Year

3. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement? Yes No
Date of Displacement: _____ Date of Purchase of Replacement
Month-Day-Year Housing: _____
Month-Day-Year
Date of Occupancy of Replacement Housing: _____
Month-Day-Year
(If the claimant was unable to occupy the replacement housing within the required one-year period, use reverse side of this form to provide explanation.)

4. Did the claimant have a bona fide mortgage on his dwelling for at least 180 days prior to initiation of negotiations? Yes No
Issuance Date of Mortgage: _____ Date of Discharge of
Month-Day-Year Mortgage: _____
Month-Day-Year
Date of Initiation of Negotiations: _____
Month-Day-Year

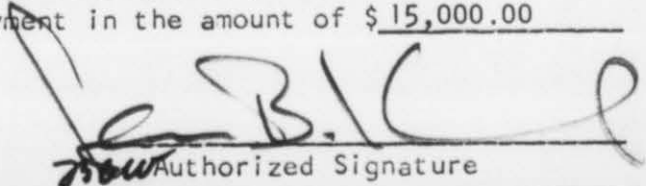
5. Has the replacement housing been inspected and found to be standard? (Attach copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.) Yes No

6. CERTIFICATION OF LOCAL 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. 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 \$ 15,000.00

is authorized.

1-5-72
Date


Authorized Signature

RHP-4

7. RECORD OF PAYMENT

Date of Payment: 1/5/72 Check Number: 23464 Amount: \$ 15,000.00

CLAIM FOR REPLACEMENT HOUSING PAYMENT FOR
HOMEOWNERS

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

INSTRUCTIONS: Complete all applicable items and sign certification in Block 4. Consult the displacing agency as to whether you need a Claimant's Report of Self-Inspection of Replacement Dwelling to complete and submit with this claim.

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)

GLOVER, Cephas and Thelma D.

Family Individual

2. DATE OF DISPLACEMENT: Parcel No. AB-3-3

3. INFORMATION IN SUPPORT OF CLAIM

A. Differential Payment

Part I. Data on dwelling unit from which you moved

1. Address of dwelling unit from which you moved 2928 N. Commercial, Portland, Oregon 97227
2. Date you first occupied this dwelling as the owner November 1947
Month-Day-Year
3. Number of bedrooms in the dwelling 3
4. Date of initiation of negotiations for local agency acquisition of dwelling May 24, 1971
5. Payment made by local agency for the dwelling \$ 15,000.00

Part II. Data on dwelling unit to which you moved

6. Address of dwelling unit to which you moved (include ZIP Code)
1869 N. E. 114th Place, Portland, Oregon 97220
7. Number of bedrooms in replacement dwelling 3
8. Purchase price of the replacement dwelling \$ 31,000

9. Complete either a. or b.:

a. If you have purchased and occupy the replacement dwelling:

Date you signed purchase agreement November 22, 1971 Date of Settlement
Month-Day-Year Month-Day-Year

b. If you have purchased but do not yet occupy the replacement dwelling:

Date you signed purchase contract Date of settlement
Month-Day-Year Month-Day-Year

Date you expect to occupy
Month-Day-Year

10. Check method you choose to determine the replacement housing cost that will be used as a basis for computing the amount of the differential payment

 Schedule x Comparative

B. Interest Payment

1. Outstanding balance of mortgage (if any) on dwelling from which you moved \$
2. Number of monthly payments remaining on the mortgage
3. Annual interest rate of mortgage on the dwelling from which you moved %
4. Annual interest rate of mortgage on the replacement dwelling %
5. Prevailing annual interest rate paid on standard passbook savings accounts by savings banks in the community where the replacement dwelling is located %

C. Incidental Expenses (List incidental expenses incurred by you in connection with the purchase of replacement dwelling. If more space is necessary, use additional sheets.)

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

Listing of documents submitted herewith in support of amounts entered in Column (d) above: (Documentation for the above claim must be submitted.)

I submit this information in support of a claim for a Replacement Housing Payment under Section 203 of P.L. 91-646, 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.

1-5-72
Date

Cephas Elmer
Signature of Owner-Occupant (s)



COUNTY COMMISSIONERS
M. JAMES GLEASON, Chairman
L. W. AYLSWORTH
BEN PADROW
DONALD E. CLARK
MEL GORDON

Multnomah County Oregon

DEPARTMENT OF MEDICAL SERVICES, Division of Public Health
MAIN OFFICE (503) 254-7301 • 12240 N.E. GLISAN STREET • PORTLAND, OREGON • 97230
MAILING ADDRESS - P.O. BOX 16538 • PORTLAND, OREGON • 97233

December 22, 1971

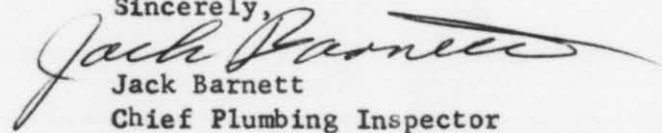
Jim Crolley
Portland Development Commission
235 N Monroe St.
Portland, Oregon 97227

Dear Mr. Crolley:

At your request we inspected a residence at 1869 NE 114th Pl. Portland, Oregon for any plumbing violations. The plumbing was in good working condition at the time of inspection and was installed to code as near as could be determined.

I hope this information is satisfactory. If I can be of any further service please feel free to call me at 248-3668.

Sincerely,


Jack Barnett
Chief Plumbing Inspector

JB: rco



COUNTY COMMISSIONERS
M. JAMES GLEASON, Chairman
L. W. AYLSWORTH
BEN PADROW
DONALD E. CLARK
MEL GORDON

Multnomah County Oregon

PLANNING COMMISSION

(503) 227-8411 ■ ROOM 403, COUNTY COURT HOUSE ■ PORTLAND, OREGON ■ 97204

December 8, 1971

Portland Development Commission
235 N. Monroe
Portland, Oregon

RE: House at 1869 N. E. 114th Place

ATTENTION: Mr. J. C. Crolley

Dear Mr. Crolley:

Reinspection of the above house on December 7, 1971 revealed that Mr. Butts has put a handrail on the basement stairs and nailed 5/8" type "X" sheetrock under the basement stairs. These two items have been done in accordance with the current Multnomah County Building Code.

I also notice that Mr. Butts has installed a pressure relief valve on the hot water heater, but since this comes under the Plumbing Code rather than the building code, I don't know whether it meets the code requirements. Plumbing Inspectors have been notified.

Very truly yours,

MULTNOMAH COUNTY PLANNING COMMISSION
Robert S. Baldwin, Planning Director

Robert Williams

BY: Robert Williams
Zoning & Building Examiner I

cc: Charles B. Goodwin Co.
6336 N. E. Sandy Blvd.

need county inspection

PROPERTY ADDRESS: 1869 NE 114th Pl. CITY: Ptld CROSS ST: Schuyler DISTRICT: NE AREA CODE: 20 BDRMS: 4 BATHS: 3 PRICE: \$31,000

OWNER'S NAME: Robt. O. Butts, Jr. PHONE: 254-1030 TERMS: C/O LOAN # _____ MLS # 8523-71 BKR BT _____ SEE INC LAND

OWNER OCCUPIED VACANT POSSESSION DATE _____ TAXES \$793.84 SQ FOOTAGE 1266 LOT SIZE * 12 EXCHANGE REASON FOR SELLING gf

RENTAL \$ _____ RENTER _____ PHONE _____ BALANCE \$24,000 1964 LOCK BOX WHERE Use LB - Call first! HOW TO SHOW d

LISTING BROKER: Boyer & Cox OFF PHONE: 255-2774 LENDER: Amer. S/ I INTEREST BY _____ MONTHLY PAYMT \$176.

SALESMAN: Kay Cormack PHONE: 288-1231

LEGAL LOT 2, Taco Pk. *N.132', SW 92.79, SE 58.97 E49.85, W43.5'

APPROX. SIZE	MAIN FLOOR	UPPER LEVEL	LOWER LEVEL	INCLUDED	SEWER IN STREET	TAXES	INS
ENTRY				W/W CARPET <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> COM	INCL PRIN <input checked="" type="checkbox"/>	INT <input checked="" type="checkbox"/>
LIVING	14x17		Pty. R. 32x28	DRAPES <input checked="" type="checkbox"/> SHADES <input type="checkbox"/>	CESPP <input checked="" type="checkbox"/> SEPTIC <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DINING	*15x			RANGE <input checked="" type="checkbox"/> OVEN <input checked="" type="checkbox"/>	HEAT OIL <input checked="" type="checkbox"/> ELCT <input type="checkbox"/>	2ND MTG	
FAMILY	18			DW <input checked="" type="checkbox"/> REF <input checked="" type="checkbox"/>	GAS <input type="checkbox"/> RENTAL <input type="checkbox"/>	LIENS <input type="checkbox"/> EASEMNT	
KITCHEN				WASHER <input type="checkbox"/> DRYER <input type="checkbox"/>	PATIO 18x10	SCHOOLS BLKS TO	
BDRMS	10x12		14x18	CABINETS <input type="checkbox"/>	ROOF COMP <input checked="" type="checkbox"/>	St. Parkrose	
	10x12			NATURAL <input checked="" type="checkbox"/> PAINTED <input type="checkbox"/>	SHING <input type="checkbox"/> SHK <input type="checkbox"/>	St. Rita	
	10x12			INSULATION <input type="checkbox"/>	STREET PAVED <input checked="" type="checkbox"/>	Sacramento	
BATHRM	2			WALLS FLOORS HARDWOOD <input checked="" type="checkbox"/>	GRAVEL <input type="checkbox"/> NONE <input type="checkbox"/>	PARCELS	
FIREPL	1			GARAGE 02-Dbl <input checked="" type="checkbox"/>	WIRED DRYER <input checked="" type="checkbox"/> RANGE <input checked="" type="checkbox"/>	GRAD	
UTIL			Bsmt	Bsmt DAYLIGHT FULL <input checked="" type="checkbox"/>	1 ECT <input type="checkbox"/>	BUS	



REMARKS: 2 full baths, main flr. 1 W/tub, 1 stall shower. Full bath dwn. W/stall shower. Refrig.stays.Newly painted & decorated thru-out. Beautifully kept up.Quality hse. Note good assumption.

Glover

THIS CARBON WILL DETERIORATE IF EXPOSED TO EXCESSIVE HEAT OR SUNLIGHT. 11512



FORM No. 671E (Escrow)
Stevens Ness Law Publishing Co. ©
Portland, Oregon 97204

EARNEST MONEY RECEIPT

RECEIVED FROM

City Portland State Oregon Nov 22, 1971

Cephas Glover and Thelma D. Glover Husband and wife (hereinafter called "purchaser")

the sum of Five Thousand and Five Hundred and 00/100 Dollars (\$5,500.00)

in the form of NOTE (CASH, CHECK, DRAFT) as earnest money and in part payment for the purchase of the

following described real estate situated in the City of Portland, County of Multnomah, State of Oregon to-wit:
Lot 2 - 1000 Park N 132, SW 42, 79, SE 58, 87, E 49, 85, SW 13, 50
also known as 1867 N.E. 114th Place

for the sum of Thirty One Thousand and One Hundred Dollars (\$31,000.00)

on the following terms, to-wit: The sum, hereinabove received for, of Twenty Five Hundred Dollars (\$2,500.00)

• {On acceptance, 19____, as additional earnest money, the sum of _____ Dollars (\$_____)

Upon acceptance of title and delivery of • {deed, contract, the sum of Twenty Eight Thousand Dollars (\$28,000.00)

Balance of and Five Hundred Dollars (\$_____)

payable as follows: Entire amount of \$31,000.00 to be paid at time of closing, subject to payment of back taxes under the Oregon Real Property Acquisition and Allocation Statute Act of 1970 to the amount of \$7,31,000.00 by the Portland Development Commission. Payment of entire sum of \$31,000.00 by Dec 23, 1971 to be made

A title insurance policy from a reliable company insuring marketable title in seller is to be furnished purchaser in due course of seller's expense; preliminary to closing, seller may furnish a title insurance company's title report showing its willingness to issue title insurance, which shall be conclusive evidence as to seller's record title, or in the event of a title insurance policy, seller may furnish purchaser an abstract of title prepared by a reliable abstract company.

It is agreed that if seller does not approve this sale within the period allowed broker below in which to secure seller's acceptance, or if the title to the said premises is not insurable or marketable, or cannot be made so within thirty days after notice containing a written statement of defects is delivered to seller, the said earnest money shall be refunded. But if said sale is approved by seller and title to the said premises is insurable or marketable and purchaser neglects or refuses to comply with any of said conditions within ten days after the said evidence of title is furnished and to make payments promptly, as hereinabove set forth, then the earnest money herein received for (including said additional earnest money) shall be forfeited to seller as liquidated damages and this contract thereupon shall be of no further binding effect.

The property is to be conveyed by good and sufficient deed free and clear of all liens and encumbrances except zoning ordinances, building and use restrictions, reservations in Federal patents, easements of record and _____

All irrigation, plumbing and heating fixtures and equipment (including stoker and oil tanks but excluding fire place fixtures and equipment), water heaters, electric light fixtures, light bulbs and fluorescent lamps, bathroom fixtures, venetian blinds, drapery and curtain rods, window and door screens, storm doors and windows, attached linoleum, attached television antenna, all shrubs and trees and all fixtures except None

are to be left upon the premises as part of the property purchased. The following personal property is also included as a part of the property for said purchase price: Stove and Refrigerator and Refrigerator in kitchen

Seller and purchaser agree to prorate the taxes which are due and payable for the current tax year. Rents, interest, premiums for existing insurance and other matters shall be prorated on a calendar year basis. Adjustments are to be made as of the date of the consummation of said sale or delivery of possession, whichever first occurs. Encumbrances to be discharged by seller may be paid at his option out of purchase money at date of closing. SELLER AND PURCHASER AGREE THAT SUBJECT SALE WILL BE CLOSED IN ESCROW, THE COST OF WHICH SHALL BE BORNE CO-EQUALLY BETWEEN SELLER AND PURCHASER.

Possession of said premises is to be delivered to purchaser on or before Jan 22, 1971, or as soon thereafter as existing laws and regulations will permit removal of tenants, if any. Time is the essence of this contract. This contract is binding upon the heirs, executors, administrators, successors and assigns of buyer and seller. However, the purchaser's rights herein are not assignable without written consent of seller. In any suit or action brought on this contract, the prevailing party shall be entitled to recover reasonable attorney's fees to be fixed by the court.

Address: 6336 N.E. Sandy Blvd Chas. B. Bockman Co. Broker
Phone: 284-1117 By Lowell B. Newby Soleman

AGREEMENT TO PURCHASE

I hereby agree to purchase the property herein described in its present condition and to pay the price of \$31,000.00, as set forth above and grant to said agent a period of _____ days hereafter, to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Said deed or contract to be

in name of Cephas Glover and Thelma D. Glover Husband and wife

Address: 2928 N Commercial St Portland Purchaser Cephas Glover (SEAL)

Phone: 252-7813 Thelma D. Glover (SEAL)

AGREEMENT TO SELL

I hereby approve and accept the sale of above described property and the price and conditions as set forth in above contract, and agree to furnish evidence of title as above provided also the said deed when stated.

Address: 1869 N.E. 114th Pl Seller Robert O. Betty Jr (SEAL)

Phone: 254-1030 Daryl L. Betty (SEAL)

DELIVER PROMPTLY TO PURCHASER, either manually or by registered mail, a copy hereof showing seller's acceptance. Purchaser acknowledges receipt of the foregoing instrument bearing his signature and that of the seller showing acceptance. Copy hereof showing Seller's signed acceptance sent purchaser by registered mail to purchaser's above address (return receipt requested) on _____ 19____ Return receipt card received and attached to broker's copy _____ 19____

SELLER'S CLOSING INSTRUCTIONS

I agree to pay forthwith to the above named broker a commission amounting to \$ _____ for services rendered in this transaction. In the event of a forfeiture of the deposit as above provided, the said deposit shall be paid to or retained by the broker to the extent of the agreed upon commission with residue to the seller. I authorize said broker to pay out of the cash proceeds of sale the expense of furnishing evidence of title, of recording fees and revenue stamps, if any, as well as any encumbrances on said premises payable by me at or before closing. I acknowledge receipt of a copy of this earnest money receipt bearing my signature and that of the purchaser named above.

or offer rescinded.

Housing Additive Rent Supp. Down Payment Economic Rent

Relocatee Sharon Collins Address _____

ITEM	SUBJECT			Buying COMPARABLE #1			COMPARABLE #2			COMPARABLE #3		
				BR	Bath	Total Rooms	BR	Bath	Total Rooms	BR	Bath	Total Rooms
Multiple Listing #	XXX			79 49 MLE								
Sale or Rent Price				31,000.			33,450			30,700		
Address	COMMERCIAL			1864 NE 111th Place			2324 N E THOMPSON			3610 NE 142nd		
No. of Rooms	3	2	9	3	3	8	3	2 1/2	7	3	2	7
Type												
State of Repair	Int. Excellent			Int. Excellent			Int. Excellent			Int. Excellent		
Type of Neighborhood												
Street Improvements	In			In			In			In		
Availability of Public Services												
Lot Size	4 1/2 - 126			N. 132 W. 43.50 SE 92.79 SW 92.79 E 41.88			50 x 100			1 - regular		
Year Built	1908			1964						1968		
Fireplace	NO			2								
Heating System	GAS			OIL								
Basement	YES			YES								
Garage	Finished 02 - DBL			02 - DBL								
Habitable Area	1100			1266								
Total Area	2200			2532								
Furnished or Unfurnished												
Extraordinary Amenities	dog run - fenced large double garage - shop Very well maintained											

Comparable # _____ is considered most like subject because:

Finished Basement
Den

The adjusted price is \$ _____ . Explain _____

By _____ Date _____

RESIDENTIAL ADDITIVE DETERMINATION

File No. _____

Sale Rental

Owner _____ Address _____ Occupant

Tenant _____ Address _____ Occupant

310000

ITEM	SUBJECT	OFFERING #1			OFFERING #2			OFFERING #3		
		BR	Bath	Total Rooms	BR	Bath	Total Rooms	BR	Bath	Total Rooms
Address		1859 N.E. 114th								
No. of Rooms		3	2	9	3	3	8			
Type										
State of Int. Repair		GOOD			Excellent					
Type of Neighborhood					YES					
Street Improvements										
Availability of Public Services										
Lot Size		49 1/2 X 136								
Year Built		1908			1960					
Condition		NO			2					
Water Supply		G.A.S.			O.I.C.					
Drainage		YES			YES					
Garage		Furnished Double Garage			02-DBL					
Lot Area		2200			1265					
Total Area		2200			2122					
Furnished or Unfurnished		Two Rm's for Day								
Ordinary Repairs										
Taxes		No			Duplicate of house as per checking					

(Continue on Part 2)

(For Local Agency Use Only)
WORKSHEET FOR COMPUTATION OF REPLACEMENT
HOUSING PAYMENT FOR HOMEOWNERS

NAME AND ADDRESS OF CLAIMANT

COMPUTATION PREPARED BY:

Colover

Lauren

Name

Date

INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved. Complete Blocks B and C; then complete Block A.

A. COMPUTATION OF TOTAL REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

1. Amount of differential payment (Block B, Line 6) \$ 15,000
2. Plus interest payment (Block C, Step 4, Last line) + \$ _____
3. Plus costs incidental to purchase (Total amount approved by agency, from claim form, Block 3C, Column (e)) + \$ None
4. Total (Sum of Lines 1, 2, and 3) \$ _____
5. Minus adjustments (Attach explanation; e.g., amount previously received as Replacement Housing Payment for Tenants and Certain Others) - \$ _____
6. Total Replacement Housing Payment for Homeowner (Line 4 minus Line 5) \$ 15,000

(Enter this amount in the space provided in Block 6 on the Guideform Determination of Eligibility for Replacement Housing Payment for Homeowners)

B. COMPUTATION OF DIFFERENTIAL PAYMENT

Required Information

1. Actual purchase price of replacement dwelling \$ 31,000
2. Cost of comparable replacement dwelling (Cost based on: _____ Schedule Comparative _____ Other) \$ 30,000
3. Acquisition payment made by agency for claimant's former dwelling \$ 15,000

Computation

4. Line 1 or Line 2, whichever is less \$ 30,000
5. Minus Line 3 - \$ 15,000
6. Amount of differential payment \$ 15,000

WORKSHEET FOR RHP CLAIM FOR HOMEOWNERS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME _____

PROJECT NO. _____

Full name Alton _____

Family Individual

Date of Displacement _____

Parcel No. _____

A. I Address of unit from which you moved 2928 N. Commercial
 Date you first occupied as owner-occupant Nov 1947
 Number of bedrooms 3 Date of initiation of negotiations _____
 Payment made by local agency for this dwelling \$ 15000

A. II Address of unit to which you moved 1869 N.E. 114th Place
 Number of bedrooms 3 Purchase price of replacement dwelling \$ _____
 Date you signed purchase agreement NOV 22, 1971
 Date of settlement _____
 Date you expect to occupy _____
 Compute RHP on _____ schedule comparative

- B. Interest Payment.
1. Outstanding mortgage on original dwelling \$ _____
 2. Number of monthly payments remaining on mortgage: _____
 3. Annual interest on mortgage of original dwelling _____ %
 4. Annual interest rate of mortgage on new dwelling _____ %
 5. Prevailing interest rate on passbook savings _____ %

C. 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 client own dwelling at time of acquisition Yes No
 Initial date of ownership _____ Date of acquisition _____
2. Did client own and occupy 180 days prior to negotiations? Yes No
3. Did client purchase and occupy replacement housing within one year from date of displacement Yes No
 Date of displacement _____
 Date of purchase of replacement housing _____
 Date of occupancy of replacement housing _____
4. Did claimant have a bona fide mortgage on his dwelling 180 days prior to negotiations? Yes No
 Issuance date of mortgage _____
 Date of discharge of mortgage _____
 Date of initiation of negotiations _____
5. Is replacement dwelling standard Yes No

MEMORANDUM

Date November 24, 1971

TO: W. Stanley Jones
FROM: Benjamin C. Webb
SUBJECT: C. Glover RHP

Mr. Newby, of Charles B. Goodwin Company, reported with an E/M from Glover. A copy is attached.

He had already talked with Don Stark and Jim Barnes. Please note that the E/M is for thirty days only, and also note that this property is out of the city.

I have contacted the County, and they have agreed to inspect and send us a report.

Please obtain a RHP claim from the Glovers. Compute the RHP on the comparable basis.

BCW:ch
Attachment

SECTION 312 REHABILITATION LOAN APPLICATION FORM
REQUEST FOR AS-IS APPRAISAL

Page 4

HUD-6242
(2-68)

A. NAME, ADDRESS, AND ZIP CODE OF PUBLIC BODY

Portland Development Commission
3605 N.E. 15th Ave. - Portland, Oregon 97212

B. APPLICATION NUMBER

41	R-20	2	1
----	------	---	---

C. NAME, ADDRESS, AND ZIP CODE OF APPLICANT

GLOVER, Cephas & Thelma D.
2928 N. Commercial Ave. - Portland, Oregon

D. ESTIMATED LOAN AMOUNT \$ 15,000.00

E. AMOUNT OF FEE REMITTED TO HUD

\$ 35
 \$ 65
 Loan amount -

\$ _____ x .008 \$ _____
 (Round result to nearest \$)

F. TYPE OF LOAN

Owner-occupied
 Investor-owned
 Mixed-use

Number of dwelling units
after rehabilitation:

One

Date of FHA Form 2800 or FHA
Form 2013-R requesting
appraisal:

10/6/71

G. 10/6/71

Date

Ramon Kasper
Public Body Official

FINANCIAL CONSULTANT

H.

October 5, 1971

Dept. Of Housing and Urban Development
Home Mortgage Section
520 S.W. 6th Avenue
Portland, Oregon 97204

Attn: Mr. John Van Buskirk

Gentlemen:

Enclosed are Form 2800, Application for Property Appraisal,
on property located at:

1. 2001 N.E. Morgan Street: Owner: MORIARTY Wm. C.
Portland, Oregon 97211

May we please have the As Is and also an After Value on this
property. Please note the work needed to bring the property
up to standards.

When you are ready to make the inspections, please call Norm
Beukelman (Real Estate Section) 224 4800. He will accompany
you to the property.

Very truly yours,

PORTLAND DEVELOPMENT COMMISSION

J. Ramon Keefer, Financial Advisor
Finance Section

JRK/elh
Enclosures

cc: Mr. Norm Beukelman

FHA MORTGAGEE NO. (Please Verify) U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT FEDERAL HOUSING ADMINISTRATION FHA CASE NO.

MORTGAGEE'S APPLICATION FOR PROPERTY APPRAISAL AND COMMITMENT FOR MORTGAGE INSURANCE UNDER THE NATIONAL HOUSING ACT
 PROPERTY ADDRESS: **Loan #41/R-20/2/1**
Mr. C. Moriarty
2001 N.E. Morgan Street - Portland, Oregon 97211
 SEC. 203(b) SEC. **312**

MORTGAGEE Name and Address including ZIP Code (Please Type) (Please locate address within corner marks)
Portland Development Commission
3605 N.E. 15th Avenue
Portland, Oregon 97212
 Telephone No. **224-4800 - Mr. Norman Beukelman (Portland Dev. Comm.)**
 This form is a request for an appraisal and a commitment to insure a loan on an individual property.
 We cannot process incomplete applications. Rejecting them is costly.
 Please help by giving us well prepared applications. Keep all entries within allotted spaces.

EXISTING HOUSE Name of ~~XXXXXXXXXXXXXXXXXXXX~~ Applicant **GLOVER; Cephas & Thelma D.** Tel. No. Key Encl. (If unfurnished) **Call for appointment**
 Mon. & Yr. Completed **1951** Never Occup. Vacant Occupied by Owner Tenant at \$ Per Mo. Furn. Unfurn.

PROPOSED SUBSTAN. REHAB. UNDER CONSTR. Builder's Name & Address including ZIP Code Tel. No. Model Identification
 Plans: First Subm. Prob. Repeat Cases Yes No Prev. Proc. as FHA Case No.

DESCRIPTION	Wood siding	Stories	Bedrooms	Store Rm	Mineral Rights Reserved	Type of Heating
<input checked="" type="checkbox"/> Detached	<input type="checkbox"/> Wood shingle	<input type="checkbox"/> Split Foyer	<input type="checkbox"/> Liv. room	<input checked="" type="checkbox"/> Util. Rm.	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	Oil
<input type="checkbox"/> Semi-det.	<input type="checkbox"/> Asb. shingle	<input type="checkbox"/> Bi-Level	<input type="checkbox"/> Din. room	<input checked="" type="checkbox"/> Garage	Util-ities: Public Comm. Individual	<input type="checkbox"/> Cent. Air Cond.
<input type="checkbox"/> Row	<input type="checkbox"/> Fiber board	<input type="checkbox"/> Split Level	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Carport	Water <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Wall Air Cond.
<input checked="" type="checkbox"/> Frame	<input type="checkbox"/> Brick or stone	<input checked="" type="checkbox"/> Full Basement	No. rms. 2	No cars	Gas <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Type of Paving (Str.)
<input type="checkbox"/> Masonry	<input type="checkbox"/> Stuc. or c. blk.	<input type="checkbox"/> % Basement	2 Baths	<input checked="" type="checkbox"/> Built-in	Elect. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> None
<input type="checkbox"/> Concrete	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Slab on Gr.	<input type="checkbox"/> 1/2 Baths	<input type="checkbox"/> Attached	<input type="checkbox"/> Underground Wiring	<input checked="" type="checkbox"/> Curb & Gutter
Factory Fabricated	<input type="checkbox"/> Asph. siding	<input type="checkbox"/> Crawl Space	<input type="checkbox"/> % Non-res.	<input type="checkbox"/> Detached	Sanitary: Sewer <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Sidewalk
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	Living Units			Sept. Cess tank Pool <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Storm Sewer

EXTRA FEATURES: Fireplace Rec. Room Sw. Pool Enclosed Porch Breezeway Fence
 Extra Fire Pl. Expand Attic Fin. Attic

SPEC. ASSESS. Prepayable \$ _____ Non-Prepay. \$ _____ LOT **100** X **100** Irr. Acres ~~0.25~~ Sq. Ft.
 Int. % Ann. Pay. \$ _____ Unpd. Bal. \$ _____ Rem. Term _____ Yrs. GENERAL LOCATION: **Faubion** **10,000**
 ANN. R. EST. TAXES \$ **652.61** ANN. FIRE INS \$ **48** SALE PRICE \$ _____

EQUAL OPPORTUNITY IN HOUSING
 Federal laws and regulations prohibit discrimination because of race, color, religion, or national origin in the sale or rental of residential property. Numerous state statutes and local ordinances also prohibit such discrimination. In addition, section 805 of the Civil Rights Act of 1968 prohibits discriminatory practices in connection with the financing of housing.
 If FHA finds there is noncompliance with any applicable antidiscrimination laws or regulations, it may discontinue FHA business with the violator.

LEGAL DESCRIPTION (Attach one page if necessary)
Lamont District, Lot 20 and 21, Block 3
 In the City of Portland, County of Multnomah State of Oregon.
 SHOW BELOW: Shape, location, distance from nearest intersection and street names. Mark N at NORTH point.

Please consider the following TITLE EXCEPTIONS in value:
Fenced-in Dog Kennel. View property

Please consider the following Equipment in value:
Wuiltpin Dishwasher, Party Room

LEASEHOLD Ground Rent (Per Yr) \$ Lease is: 99 years Renewable FHA Approved Expires

BUILDER/SELLER'S AGREEMENT: All Houses: The undersigned agrees to deliver to the purchaser FHA's statement of appraised value. Proposed Construction: The undersigned agrees, upon sale or conveyance of title within one year from date of initial occupancy, to deliver to the purchaser FHA Form 2544, warranting that the house is constructed in substantial conformity with the plans and specifications on which FHA based its value and to furnish FHA a conforming copy with the purchaser's receipt thereon that the original warranty was delivered to him. All Houses: In consideration of the issuance of the commitment requested by this application, I(we) hereby agree that any deposit or downpayment made in connection with the purchase of the property described above, whether received by the undersigned or an agent of the undersigned, shall upon receipt be deposited in escrow or in trust or in a special account which is not subject to the claims of my creditors and where it will be maintained until it has been disbursed for the benefit of the purchaser or otherwise disposed of in accordance with the terms of the contract of sale.

Signature: Mortgagee Builder Seller Other 19

MORTGAGEE'S CERTIFICATE: The undersigned mortgagee certifies that to the best of its knowledge all statements made in this application and the supporting documents are true, correct and complete.

Signature/Title of Mortgagee Officer: _____ **OCT 6 1971**

WARNING: Section 1010 of Title 18, U.S.C. provides: "Whoever, for the purpose of . . . influencing such Administration . . . makes, passes, utters, or publishes any statement, knowing the same to be false . . . shall be fined not more than \$5,000 or imprisoned not more than two years, or both."

BOB NELSON - 287-3736

Bew

10/8/71

JBK:

Just before lunch, while you were meeting with the Planalysis people, Bob Nelson of EDPA called to say he wanted to speak with you about Mr. Cephus Glover, who feels the P.D.C. is moving too slowly on his relocation case.

I checked with Ben Webb. Ben says they have ordered an FHA appraisal on a house Mr. Glover wants to buy, and they are tied up waiting for that to come in. They expect it within a few days. However, the house Mr. Glover wants to buy costs \$34,000, and they feel it may be overpriced for the neighborhood. It has a dog run with it, which is what Mr. Glover is holding out for. ~~XXX~~ Ben feels it would be better perhaps to find another house, and then construct the dog run. Ben is afraid they may have trouble putting this one together.

File

mg

**SECTION 312 REHABILITATION LOAN APPLICATION FEE
REQUEST FOR AS-IS APPRAISAL**

Page 5

HUD-6242
(2-68)

A. NAME, ADDRESS, AND ZIP CODE OF PUBLIC BODY Portland Development Commission 3605 N.E. 15th Ave. - Portland, Oregon 97212		B. APPLICATION NUMBER <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:25%;">M1</td> <td style="width:25%;">R-20</td> <td style="width:25%;">2</td> <td style="width:25%;">1</td> </tr> </table>		M1	R-20	2	1
M1	R-20	2	1				
D. ESTIMATED LOAN AMOUNT \$ 15,000.00		C. NAME, ADDRESS, AND ZIP CODE OF APPLICANT Stovine, Ephraim & Thomas D. 2928 N. Commercial Ave. - Portland, Oregon					
E. AMOUNT OF FEE REMITTED TO HUD <input checked="" type="checkbox"/> \$ 35 <input type="checkbox"/> \$ 65 <input type="checkbox"/> Loan amount - \$ _____ x .008 \$ _____ (Round result to nearest \$)	F. TYPE OF LOAN <input checked="" type="checkbox"/> Owner-occupied <input type="checkbox"/> Investor-owned <input type="checkbox"/> Mixed-use	Number of dwelling units after rehabilitation: <p align="center"><u>One</u></p>	Date of FHA Form 2600 or FHA Form 2013-R requesting appraisal: <p align="center"><u>10/6/71</u></p>				
G. <u>10/6/71</u> Date		_____ Public Body Official					

H. FOR PUBLIC BODY FINANCIAL CONSULTANT

This application for [an investor-owned loan] [a mixed-use loan] has not been submitted to HUD because it has been either disapproved by the Public Body or withdrawn by the applicant. Accordingly, a refund is requested as follows:

1. Fee amount indicated in Block E	\$	_____ Public Body Official _____ Date
2. Less: The larger of \$65 or the loan amount in Block D x .003	\$	
3. Refund requested	\$	

October 5, 1971

Dept. Of Housing and Urban Development
Home Mortgage Section
520 S.W. 6th Avenue
Portland, Oregon 97204

Attn: Mr. John Van Buskirk

Gentlemen:

Enclosed are Form 2800, Application for Property Appraisal,
on property located at:

1. 2001 N.E. Morgan Street; Owner: MORIARTY, Wm. C.
Portland, Oregon 97211

May we please have the As Is and also an After Value on this
property. Please note the work needed to bring the property
up to standards.

When you are ready to make the inspections, please call Norm
Beukelman (Real Estate Section) 224 4800. He will accompany
you to the property.

Very truly yours,

PORTLAND DEVELOPMENT COMMISSION

J. Ramon Keefer, Financial Advisor
Finance Section

JRK/elh
Enclosures

cc: Mr. Norm Beukelman

MORTGAGEE'S APPLICATION FOR PROPERTY APPRAISAL AND COMMITMENT FOR MORTGAGE INSURANCE UNDER THE NATIONAL HOUSING ACT

SEC. 203(b) SEC. 312

PROPERTY ADDRESS
 1001 S. Morrison
 257-1945

MORTGAGEE Name and Address including ZIP Code (Please Type)
 (Please locate address within corner marks)

Portland Development Commission
 3805 N.E. 15th Avenue
 Portland, Oregon 97212

Telephone No. 224-4000 - Mr. Norman Bauckman (Portland Dev. Comm.)

This form is a request for an appraisal and a commitment to insure a loan on an individual property.

We cannot process incomplete applications. Rejecting them is costly.

Please help by giving us well prepared applications. Keep all entries within allotted spaces.

EXISTING HOUSE

Name of Occupant (or person to call if unoccupied) Applicant: GLOVER: Cephas & Thelma D. Tel. No. _____ Key Encl. (If unfurnished) Call for appraisal

Mon. & Yr. Completed 1951 Never Occup. Vacant Occupied by Owner Tenant at \$ _____ Per Mo. Furn. Unfurn.

PROPOSED SUBSTAN. REHAB. UNDER CONSTR.

Builder's Name & Address including ZIP Code _____ Tel. No. _____ Model Identification _____

Plans: First Subm. Prob. Repeat Cases Yes No Prev. Proc. as FHA Case No. _____

DESCRIPTION	Wood siding	Stories	Bedrooms	Store Rm	Mineral Rights Reserved	Type of Heating
<input type="checkbox"/> Detached	<input type="checkbox"/> Wood shingle	<u>2</u> Stories	<u>2</u> Bedrooms	<input type="checkbox"/> Util. Rm.	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	<input type="checkbox"/> Cent. Air Cond.
<input type="checkbox"/> Semi-det.	<input type="checkbox"/> Asb. shingle	<input type="checkbox"/> Split Foyer	<u>1</u> Liv. room	<input type="checkbox"/> Garage	Public Comm. Individual	<input type="checkbox"/> Wall Air Cond.
<input type="checkbox"/> Row	<input type="checkbox"/> Fiber board	<input type="checkbox"/> Bi-Level	<u>1</u> Din. room	<input type="checkbox"/> Carport	Water <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Type of Paving (Str.)
<input type="checkbox"/> Frame	<input type="checkbox"/> Brick or stone	<input type="checkbox"/> Split Level	<u>1</u> Kitchen	<input type="checkbox"/> No cars	Gas <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> None
<input type="checkbox"/> Masonry	<input type="checkbox"/> Stuc. or c. blk.	<input type="checkbox"/> Full Basement	<u>2</u> Baths	<input type="checkbox"/> Built-in	Elect. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Curb & Gutter
<input type="checkbox"/> Concrete	<input type="checkbox"/> Aluminum	<input type="checkbox"/> % Basement	<u>1</u> 1/2 Baths	<input type="checkbox"/> Attached	<input type="checkbox"/> Underground Wiring	<input type="checkbox"/> Sidewalk
Factory Fabricated	<input type="checkbox"/> Asph. siding	<input type="checkbox"/> Slab on Gr.	<u>0</u> % Non-res.	<input type="checkbox"/> Detached	Sept. tank <input type="checkbox"/> Cess Pool <input type="checkbox"/>	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Craw Space			Sanitary: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		Living Units				

EXTRA FEATURES

Fireplace Rec. Room Sw. Pool Enclosed Porch Breezeway Fence

Extra Fire Pl. Expand Attic Fin. Attic

SPEC. ASSESS. Prepayable \$ _____ Non-Prepay. \$ _____

int. % Ann. Pay. \$ _____ Unpd. Bal. \$ _____ Rem. Term. Yrs. _____

LOT 100 X 100 Irr. Acres 1.00 Sq. Ft. 10,000

GENERAL LOCATION: Portland

ANN. R. EST. TAXES \$ 652.51 ANN. FIRE INS \$ 43 SALE PRICE \$ _____

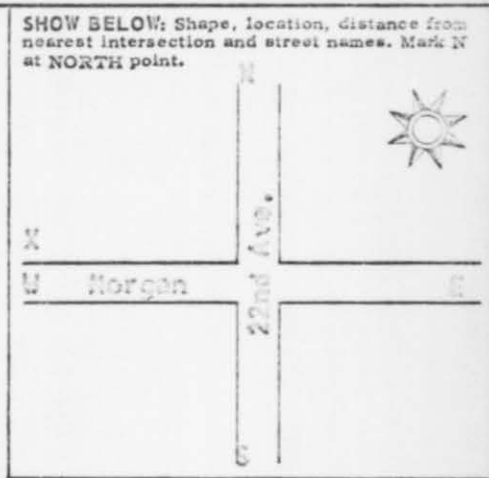
EQUAL OPPORTUNITY IN HOUSING

Federal laws and regulations prohibit discrimination because of race, color, religion, or national origin in the sale or rental of residential property. Numerous state statutes and local ordinances also prohibit such discrimination. In addition, section 805 of the Civil Rights Act of 1968 prohibits discriminatory practices in connection with the financing of housing.

If FHA finds there is noncompliance with any applicable antidiscrimination laws or regulations, it may discontinue FHA business with the violator.

LEGAL DESCRIPTION (Attach one page if necessary)

Lemant District, Lot 20 and 21, Block 3
 In the City of Portland, County of Multnomah
 State of Oregon.



Please consider the following TITLE EXCEPTIONS in value:
Fenced-in Dog Kennel. View property

Please consider the following Equipment in value:
Quiltpin Dishwasher, Party Room

LEASEHOLD Ground Rent (Per Yr) \$ _____ Lease is: 99 years Renewable FHA Approved Expires _____

BUILDER/SELLER'S AGREEMENT: All Houses: The undersigned agrees to deliver to the purchaser FHA's statement of appraised value. Proposed Construction: The undersigned agrees, upon sale or conveyance of title within one year from date of initial occupancy, to deliver to the purchaser FHA Form 2544, warranting that the house is constructed in substantial conformity with the plans and specifications on which FHA based its value and to furnish FHA a conforming copy with the purchaser's receipt thereon that the original warranty was delivered to him. All Houses: In consideration of the issuance of the commitment requested by this application, I(we) hereby agree that any deposit or downpayment made in connection with the purchase of the property described above, whether received by the undersigned or an agent of the undersigned, shall upon receipt be deposited in escrow or in trust or in a special account which is not subject to the claims of my creditors and where it will be maintained until it has been disbursed for the benefit of the purchaser or otherwise disposed of in accordance with the terms of the contract of sale.

Signature: Mortgagee Builder Seller Other

MORTGAGEE'S CERTIFICATE: The undersigned mortgagee certifies that to the best of its knowledge all statements made in this application and the supporting documents are true, correct and complete.

Signature/Title of Mortgagee Officer: _____

WARNING: Section 1910 of Title 18, U.S.C., provides: "Whoever, for the purpose of . . . influencing such Administration . . . makes, passes, utters, or publishes any statement, knowing the same to be false . . . shall be fined not more than \$5,000 or imprisoned not more than two years, or both."

OCT 6 1971

Alan Jones - Emmanuel - 11-15-71

These houses are from Gordon Roup 256-1234

2127 N.E. 143rd - \$29,950 soft

3 bds. - 1 1/2 baths - fin party room - 2 f.pl.

70x110 lot 6' Cedar fence - Patio - Swimming pool
1124# 2 car garage

3810 N.E. 136th Pl. - \$31,900

Split entry 2 br up - 2 dr for day late base.

2 full baths 70x108 view - 2 yrs old - fenced

on one side - 2 car garage - deck off the living room

This house is from Norm Parris - 282-7226

1869 N.E. 114th Pl. - \$31,000 soft - or 284-7319

3 bds 2 baths f.pl. f.e.b. party room, bedroom

+ bath + f.pl. 1266# built 1964 O.S. 2 car gar.

patio, lot size 132.92 x 92.79 x 52.97 x 49.25 x 43.50

The 132.92 ft is on the N. side and the house faces
East - good for dog run. This includes Deaper,
range + refer

This house is from Hal Miller 287-4131

2324 N.E. Thompson # 33,450 soft

3 bds + 1 1/2 baths main + f.p. - 3/4 bath in base.

+ f.p. - w.w. carpet, patio, sprinkling system 1500#

stud beam basement const. built by a lumberman,

brick trim 50x100 lot - 2 car garage. Dick -

October 4, 1971

Ray Keefer

Anne Cathcart

FHA Form 2800 for Moriarty/Glover

Attached is an FHA Form 2800 for a property at 2001 N. E. Morgan belonging to Mr. and Mrs. W. C. Moriarty. Per a meeting with Oily Norville, PDC Legal Counsel; Ben Webb, PDC Chief of Relocation and Property Management; Jim Barnes, Legal Aid attorney; and, the clients, Mr. and Mrs. Cephas Glover, it was agreed that an FHA As-Is Valuation and an After-Rehabilitation* Valuation would help determine the RHA (replacement housing payment) for the Glovers.

As I have done once before, I am forwarding the 2800 form to you to send in to John Van Buskirk. Could we again have Norm Beukelman accompany John to the property? The Moriartys can be reached most any time.

Thank You.

cc: Norm Beukelman

*P.S. Is it possible to get a breakdown of the rehabilitation required written on the form at the time of inspection or attached on an appraisal worksheet form?

FHA MORTGAGEE NO. (Please Verify)	U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT FEDERAL HOUSING ADMINISTRATION
--	---

MORTGAGEE'S APPLICATION FOR PROPERTY APPRAISAL AND COMMITMENT FOR MORTGAGE INSURANCE UNDER THE NATIONAL HOUSING ACT <input type="checkbox"/> SEC. 203(b) <input type="checkbox"/> SEC.	PROPERTY ADDRESS 2001 NE Morgan Portland, Oregon 97211
--	---

MORTGAGEE Name and Address including ZIP Code (Please Type) (Please locate address within corner marks)	This form is a request for an appraisal and a commitment to insure a loan on an individual property. If the borrower is known, this form may be accompanied by FHA Form 2900, Application for Credit Approval. We cannot process incomplete applications. Rejecting them is costly. Please help by giving us well prepared applications.
---	--

EXISTING HOUSE	Name of Occupant (Owner if unoccupied) M. & M. S. Moriarty	Phone 289-1948 call for appt.	Key Enc. <input type="checkbox"/> at (Address)
-----------------------	---	----------------------------------	--

PROPOSED UNDER CONST.	Builder's Name & Address including ZIP Code	Tel. No.	Model Ident.
------------------------------	---	----------	--------------

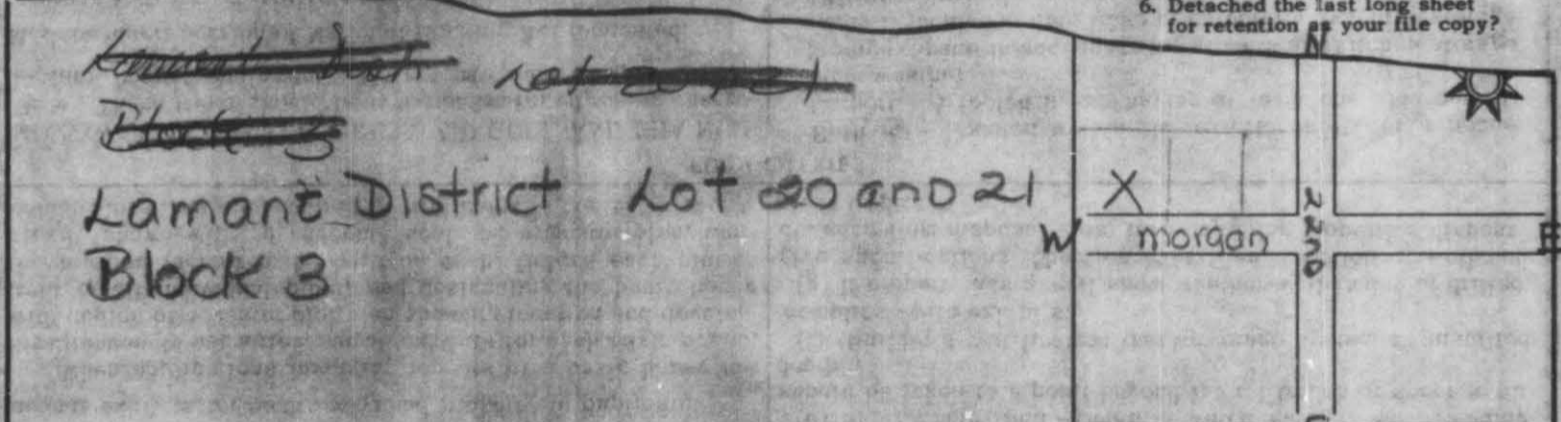
DESCRIPTION	<input checked="" type="checkbox"/> Wood siding <input type="checkbox"/> Wood shingle <input type="checkbox"/> Asb. shingle <input type="checkbox"/> Fiber board <input type="checkbox"/> Brick or stone <input type="checkbox"/> Stucco or c. blk <input type="checkbox"/> Aluminum	Stories <input type="checkbox"/> Split Foyer <input type="checkbox"/> Bi-Level <input type="checkbox"/> Split Level <input checked="" type="checkbox"/> Full Basement <input type="checkbox"/> Slab ongr <input type="checkbox"/> Crawl Space <input type="checkbox"/> Living Units	Bedrooms 4 Liv. room 1 Din. room 1 Kitchen 1 No. Rms. 2 Baths 2 1/2 Baths 1 % Non-res.	Store Rm. <input type="checkbox"/> Util. Rm. <input checked="" type="checkbox"/> Garage <input checked="" type="checkbox"/> Carport <input type="checkbox"/> No. cars <input checked="" type="checkbox"/> Built-in <input type="checkbox"/> Attached <input type="checkbox"/> Detached	Mineral Rights Reserved <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	Utilities Public Comm. Individual Water <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Elect. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sanit. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sewer <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Type of Heating Oil <input type="checkbox"/> Cent. Air Cond. Type of Paving (Street) <input checked="" type="checkbox"/> Curb & Gutter <input checked="" type="checkbox"/> Sidewalk <input type="checkbox"/> Storm Sewer
--------------------	--	--	--	--	---	--	--

EXTRA FEATURES:	<input checked="" type="checkbox"/> Fireplace <input checked="" type="checkbox"/> Extra Fireplace	<input checked="" type="checkbox"/> Rec. Room <input type="checkbox"/> Expand Attic	<input checked="" type="checkbox"/> Finished Attic <input type="checkbox"/> Open Porch	<input type="checkbox"/> Enclosed Porch	<input type="checkbox"/> Breezeway	<input checked="" type="checkbox"/> Fence
------------------------	--	--	---	---	------------------------------------	---

SPEC. ASSESS. Prepayable \$ <u>100</u> Non. Prepay. \$ _____ Int. % _____ Ann. Pay. \$ _____ Unpd. Bal. \$ _____ Rem. Term Yrs. _____	LOT DIMEN. FRONT FT. <u>100</u> x <u>100</u> FT. <u>2000</u> Sq. Ft. GENERAL LOCATION: <u>FAUBION</u>
--	--

ANN. R. EST. TAXES \$ <u>652.41</u>	ANN. FIRE INS. \$ _____	SALE PRICE \$ <u>31,500</u>
-------------------------------------	-------------------------	-----------------------------

- EQUAL OPPORTUNITY IN HOUSING**
- REMINDER HAVE YOU
1. Attached all necessary exhibits? (See instructions)
 2. Enclosed a key to the house? Failure to gain access causes useless trips by our appraisers.
 3. Asked for appraisal of equipment items if you wish them included in the FHA valuation?
 4. Attached FHA Form 2011, Equal Opportunity in Housing Certificate, if the application involves (1) land improved by a house not previously owner-occupied (unless part of a subdivision for which the statement has been made); (2) construction of a house on land which the proposed mortgagor has owned less than 6 months?
 5. Explained any unusual facts which will aid us in processing?



Please consider the following TITLE EXCEPTIONS in value:
 Fenced-in Dog Kennel.
 VIEW PROPERTY

Please consider the following Equipment in value: Built-in Dishwasher, Party Pm.

LEASEHOLD Ground Rent (Per Yr.) \$ _____	Lease is: <input type="checkbox"/> 99 years	<input type="checkbox"/> Renewable	<input type="checkbox"/> FHA Approved	Expires _____
---	---	------------------------------------	---------------------------------------	---------------

BUILDER/SELLER'S AGREEMENT: All Houses: The undersigned agrees to deliver to the purchaser FHA's statement of appraised value. Proposed Construction: The undersigned agrees, upon sale or conveyance of title within one year from date of initial occupancy, to deliver to the purchaser FHA Form 2514, warranting that the house is constructed in substantial conformity with the plans and specifications on which FHA based its value and to furnish FHA a conforming copy with the purchaser's receipt thereon that the original warranty was delivered to him. In consideration of the issuance of the commitment requested by this application, I (we) hereby agree that any deposit or downpayment made in connection with the purchase of the property described above, whether received by the undersigned or an agent of the undersigned, shall upon receipt be deposited in escrow or in trust or in a special account which is not subject to the claims of my creditors and where it will be maintained until it has been disbursed for the benefit of the purchaser or otherwise disposed of in accordance with the terms of the contract of sale.

Signature: Mortgagee Builder Seller Other

MORTGAGEE'S CERTIFICATE: The undersigned mortgagee certifies that to the best of its knowledge all statements made in this application and the supporting documents are true, correct and complete.

Signature/Title of Mortgagee Officer: _____

WARNING: Sec. 1010 of Title 18, U.S.C., provides: "Whoever, for the purpose of . . . influencing such Administration . . . makes, passes, utters, or publishes any statement, knowing the same to be false . . . shall be fined not more than \$5,000 or imprisoned not more than two years, or both."



REGION X
REGIONAL OFFICE
SEATTLE, WASHINGTON

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
AREA OFFICE
CASCADE BUILDING, 520 S.W. SIXTH AVENUE, PORTLAND, OREGON 97204

AREA OFFICES
Portland, Oregon
Seattle, Washington

October 15, 1971

RECEIVED

OCT 19 1971

IN REPLY REFER TO:
10.2PS (Davies)
(226-3361, Ext. 2758)

*NOEMI
BENKELMAN.*

Mr. J. Ramon Keefer
Portland Development Commission
3605 NE 15th Avenue
Portland, Oregon 97212

Dear Mr. Keefer:

Subject: Section 312 Cases

Enclosed are the "as is" appraisals for the below-listed properties:

- ✓ GLOVER, Cephas (312-0259), 2001 NE Morgan Street, Portland, Oregon
- ✓ ~~WARREN, John (312-0260), 3221 NE 11th Avenue, Portland, Oregon~~

Sincerely,

Alan A. Davies
Assistant Director
Single Family Operations Branch

Enclosures - 2

2928 W. C. Moriarty

MEMORANDUM

Date October 4, 1971

TO: Ray Keefer
FROM: Anne Cathcart
SUBJECT: FHA Form 2800 for Moriarty/Glover

EMANUEL

289-1948

Attached is an FHA Form 2800 for a property at 2001 N. E. Morgan belonging to Mr. and Mrs. W. C. Moriarty. Per a meeting with Oily Norville, PDC Legal Counsel; Ben Webb, PDC Chief of Relocation and Property Management; Jim Barnes, Legal Aid attorney; and, the clients, Mr. and Mrs. Cephas Glover, it was agreed that an FHA As-Is Valuation and an After-Rehabilitation* Valuation would help determine the RHA (replacement housing payment) for the Glovers.

As I have done once before, I am forwarding the 2800 form to you to send in to John Van Buskirk. Could we again have Norm Beukelman accompany John to the property? The Moriartys can be reached most any time.

Thank You.

THELMA D.

cc: Norm Beukelman

*P.S. Is it possible to get a breakdown of the rehabilitation required written on the form at the time of inspection or attached on an appraisal worksheet form?

September 23, 1971

The File

Benjamin C. Webb

Relocation Benefits - Glover

On September 21, 1971 a meeting was held at the C-CAP Office at 106 N.E. Morris, between the clients; Mr. Jim Barnes from Legal Aid; Mr. Oily Norville, PDC attorney; and Ben Webb, PDC staff.

The Glovers have found a house that they want to buy on N.E. Morgan. The asking price is \$34,000. We have explained that we could not pay a large enough RHP to put the Glovers in free and clear. We have also explained that we are asking for a third appraisal on their present dwelling and that we are asking for an FHA on the new house in the hope of getting that price down.

The Glovers are of the opinion that their present house is worth \$34,000 in the present circumstance.

BCW:ch

MEMORANDUM

Date September 23, 1971

TO: The File
FROM: Benjamin C. Webb
SUBJECT: Relocation Benefits - Glover

On September 21, 1971 a meeting was held at the C-CAP Office at 106 N.E. Morris, between the clients; Mr. Jim Barnes from Legal Aid; Mr. Olly Norville, PDC attorney; and Ben Webb, PDC staff.

The Glovers have found a house that they want to buy ²⁰⁰¹ on N.E. Morgan. The asking price is \$34,000. We have explained that we could not pay a large enough RHP to put the Glovers in free and clear. We have also explained that we are asking for a third appraisal on their present dwelling and that we are asking for an FHA on the new house in the hope of getting that price down.

The Glovers are of the opinion that their present house is worth \$34,000 in the present circumstance.

BCW:ch

ANNE

PLEASE ASK DON SILVY FOR AN
FHA ON THE 2001 N.E. MORGAN PROPERTY

THE OWNER'S NAME IS MORIATY
PHONE 299-1948

done 10/4/71
notes in file.
- Anne

BCW

MEMORANDUM

September 8, 1971

TO: SHB
FROM: WSJ
SUBJECT: Relocation Report - Priority Block AB-3

AB 3-2 Myra L. Frary

Mr. John Heydon, grandson of client, has been cooperative and has found a replacement house in Coos Bay for his grandmother. He has accepted the RHP based on average price for a 3 bedroom house as a satisfactory settlement. He has indicated that he is ready and anxious to proceed in behalf of his grandmother. The holdup seems to be problem with acquisition of real estate involving clearing title.

AB 3-5 Jacob E. Wallin

Spoke with Mrs. Wallin again on 9/1/71. She still refuses to accept or consider any help or assistance from relocation. She insists on being independent in their search for a replacement house. She maintains that she can look on her own, but at age 75 neither she nor her husband function that well - mentally or physically.

AB 3-3 Cochus Glover

Relocation, Real Estate and Legal Counsel met with the Glovers on 8/20/71. Mr. Glover wanted a third appraisal. An appointment was set up on 8/28/71 by relocation for the purpose of locating satisfactory replacement housing. Mr. Glover canceled this appointment. A further meeting has been requested by Mr. Glover for Monday, September 13th. It is our understanding that he has now found a house, but price may be too high to be covered by RHP.

AB 3-8 Samuel Stokes

Mr. Stokes has been the most resistant of this group to the idea of relocation. We have been unable to make any progress with this family.

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.

July 2, 1971
date

GLOVER

REFUSED TO SIGN

JG

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.

Date

Signature of Claimant
(If more than one claimant, each should sign)

(Return this form to PDC)

Refused

On January 2, 1971, the President signed the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. This Act makes significant changes in the relocation payments and assistance that may be provided to persons and business concerns displaced by activities assisted in whole or in part with Federal funds. As you know, the Emanuel Hospital Project is being carried out with assistance from the U. S. Department of Housing and Urban Development (HUD).

In general, the new Act improves and increases relocation payments and assistance that may be made to persons and business concerns displaced on or after January 2, 1971.

Displaced families and individuals may be eligible for either (1) a payment to cover actual reasonable moving expenses or (2) a fixed moving expense allowance not to exceed \$300 plus a dislocation allowance of \$200. In addition, a payment not to exceed \$15,000 is available to assist displaced homeowners in the purchase of a replacement dwelling unit and a payment not to exceed \$4,000 is available to displaced tenants and certain homeowners to assist in the rental of a replacement dwelling unit or, in some cases, for use as a downpayment on the purchase of a replacement dwelling unit. Your special attention is called to the fact that the amounts of payments described above are maximum. The actual amount which you will receive will depend upon your individual circumstances.

Displaced business concerns may be eligible for either (1) a payment to cover actual reasonable moving expenses, direct loss of tangible personal property, and reasonable expenses in searching for a replacement business; or (2) in certain cases, a fixed payment equal to the business concern's average annual net earnings, but not less than \$2,500 nor more than \$10,000.

In addition to these relocation payments, the Act provides for relocation assistance to be provided for those displaced. The objective is to minimize hardships to persons required to relocate and to assure that suitable relocation resources will be available before displacement takes place.

Before any payments may be made under the new Act, HUD must issue the necessary regulations and procedures for making payments. We will continue to make relocation payments and provide relocation assistance in accordance with laws and regulations existing prior to January 2, 1971, until such time as the new regulations and procedures are received.

In the meantime, we have been authorized to make certain payments on an interim basis. Therefore you have the option of either:

1. Accepting an interim relocation payment and filing a revised claim later for any additional amount to which you may be entitled; or
2. Deferring the filing of your claim until the regulations are received which will permit payments to be made.

Please let us know, by checking the appropriate box on the form provided and returning the form to us, the action you wish us to take. We have furnished you with two copies of this form so that you may keep one for your records.

We will be in touch with you again as soon as we have more information regarding our ability to make payment under the new Act. If you have any questions regarding this matter, please get in touch with our Relocation Office. The telephone number is 288-8169.

Sincerely,

Chief of Relocation and
Property Management

1. FHA MORTGAGEE NO.		FHA UNDERWRITING REPORT				2. FHA CASE NO. 312-0259	
3. NEIGHBORHOOD CODE <input type="checkbox"/> 1. Core City <input checked="" type="checkbox"/> 2. Other City <input type="checkbox"/> 3. Sub-urban <input type="checkbox"/> 4. Model City <input type="checkbox"/> 1. Peri. of MC <input type="checkbox"/> 2. Rural <input type="checkbox"/> 3. URA <input type="checkbox"/> 4. Code Enf. <input type="checkbox"/> 1. Bligh- ted <input type="checkbox"/> 2. <input type="checkbox"/> 4. <input type="checkbox"/>				4. PROPERTY ADDRESS Loan #41/R-20/2/1 Wm. C. Moriarty 2001 N.E. Morgan Street - Portland, Oregon 97211 289-1948 LEGAL-LOT BLK. TR./SUBD.			
5. MORTGAGEE Portland Development Commission 3605 N.E. 15th Avenue Portland, Oregon 97212				6. ESTIMATE OF VALUE AND CLOSING COSTS VALUE OF PROPERTY \$ Closing Costs \$ TOTAL (For Mortgage Insurance Purposes) .. \$		7. MONTHLY EXPENSE ESTIMATE Fire Ins. \$ 2 Taxes \$ 54 Main. & Repairs \$ 16 Heat & Utilities \$ 39	
MORTGAGE TO BE INSURED UNDER <input type="checkbox"/> SEC. 203(b) <input checked="" type="checkbox"/> SEC. 312				3		8. APPROVED FOR COMMITMENT	
10. COMMITMENT 28,500 Mr. Norman Beukelman (Portland Dev. Comm.) INTEREST %				9. COMMITMENT Issued: 19 Expires: 19		11. <input checked="" type="checkbox"/> EXISTING <input type="checkbox"/> PROPOSED	
12. EXISTING HOUSE 4. <input type="checkbox"/> Mon. & Yr. Completed 1951 <input type="checkbox"/> Never Occup. <input type="checkbox"/> Vacant Occupied by <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant at \$ Per Mo. <input checked="" type="checkbox"/> Furn. <input type="checkbox"/> Unfurn.		Name of GLOVER: Cephas & Thelma D. Applicant Tel. No. Key Encl. <input type="checkbox"/> (If unfurnished) Call for appointment		13. PROPOSED SUBSTAN. REHAB. UNDER CONSTR. 3. <input type="checkbox"/> Plans: <input type="checkbox"/> First Subm. <input type="checkbox"/> Prob. Repeat Cases <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prev. Proc. as FHA Case No.		Builder's Name & Address including ZIP Code Tel. No. Model Identification	
14. DESCRIPTION		1. <input checked="" type="checkbox"/> Wood siding <input type="checkbox"/> Wood shingle <input type="checkbox"/> Asb. shingle <input type="checkbox"/> Fiber board		2. <input checked="" type="checkbox"/> Detached <input type="checkbox"/> Semi-det. <input type="checkbox"/> Row		3. <input checked="" type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete	
4. <input checked="" type="checkbox"/> Full Basement <input type="checkbox"/> % Basement <input type="checkbox"/> Slab on Gr. <input type="checkbox"/> Crawl Space <input type="checkbox"/> Living Units		5. <input checked="" type="checkbox"/> Stories 8- <input type="checkbox"/> Split Foyer <input type="checkbox"/> Bi-Level <input type="checkbox"/> Split Level		6. <input checked="" type="checkbox"/> Bedrooms <input type="checkbox"/> Store Rm <input type="checkbox"/> Liv. room <input type="checkbox"/> Din. room <input type="checkbox"/> Kitchen <input type="checkbox"/> No. rms. <input type="checkbox"/> Baths <input type="checkbox"/> % Baths		7. <input checked="" type="checkbox"/> Util. Rm. <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> No cars <input type="checkbox"/> Built-in <input checked="" type="checkbox"/> Attached <input type="checkbox"/> Detached	
8. <input checked="" type="checkbox"/> Fireplaces <input type="checkbox"/> Rec. Room <input type="checkbox"/> Sw. Pool <input type="checkbox"/> Enclosed Porch <input type="checkbox"/> Breezeway <input type="checkbox"/> Fence		9. <input checked="" type="checkbox"/> Extra. Fire Pl. <input type="checkbox"/> Expand Attic <input type="checkbox"/> Fin. Attic		10. <input checked="" type="checkbox"/> Mineral Rights Reserved <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)		11. <input checked="" type="checkbox"/> Type of Heating Oil FWA	
15. SPEC. ASSESS. Prepayable \$ Non-Prepay. \$		16. LOT 100 X 100 1. <input type="checkbox"/> Irr. 2. <input type="checkbox"/> Acres 2.600 Sq. Ft.		17. GENERAL LOCATION: Faubion 10,000		18. ANN.R. EST. TAXES \$ 652.61 19. ANN. FIRE INS \$ 48	
20. SALE PRICE \$		21. EQUIPMENT IN VALUE: 1. <input type="checkbox"/> Range or Counter cook unit & oven 2. <input type="checkbox"/> Refriger. 4. <input type="checkbox"/> Dishwasher		22. LOC. CODE		23. BASIC CASE	
24. SUB FILE NO.		25. REM. LIFE <input checked="" type="checkbox"/> ECON. <input type="checkbox"/> PHYS. 40 YRS.		26. CONDITION AS APPRAISED 1. <input type="checkbox"/> Excellent 2. <input type="checkbox"/> Good 3. <input type="checkbox"/> Fair 4. <input type="checkbox"/> Poor		27. NEIGHBORHOOD DATA Pres. Land Use SFR Anticip. Land Use SFR MFR Owner Occp. Appeal G Demand for Amenity Inc. Prop. 6 100% Blt. up 90% own. 10% Ten. 0% Vac. Age Typ. Bldg. 15 to 20 Typ. Mo. Rent \$ 140 to \$ 190 ▲ Price Range \$ 24,000 to \$ 40,000	
28. Location <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Reject <input type="checkbox"/> 223e Property <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Reject		29. IMPROVED LIVING AREA 1301 Sq. Ft.		30. COST DATA: 2800-3 for <input type="checkbox"/> Integ. 2014-d <input type="checkbox"/> 2014 Cost @ \$ 22.00 Per Sq. Ft. = \$ 28,622		31. BLDG. DESC/VARS. Fdns. CONC Frpl. H/I Ext. Wall WST Shtg. PLY Sub. Fl. 2x8s/4" Fin. Fl. w/W Lino PORXTILE Rfg. GMP Int. Wall SFR Plg. BRK + I Htg. OPWA Insul. YES	
32. REPL. COST ▲ Repl. cost imp. \$ 28,622 Review ▲ Mkt. Price Eq. site \$ 5,000 Misc. Allow Costs \$ 1,361 Mktg. Expense .. \$ 2,122 ▲ Repl. Cost --- \$ 37,105		33. COST OF REPAIRS/IMPROVEMENT Prop. \$ Req. \$ 400		34. COMPARABLE PROPERTIES		35. CAP. INCOME: Mon. Rent \$ 225 - Excess exp. \$ - = \$ 225 X Rent multiplier of 120 = CAP. INCOME \$ 27,000	
36. APPRAISAL SUMMARY: Capitalized Income \$ 27,000 Cost \$ 37,105 Market ▲ \$ 28,500 VALUE: Val. (Excl. Costs) \$ 28,500 Closing Costs \$ Total ▲ \$		37. LEASE: ANN. GRD. RENT \$ CAP. AT % = ▲ \$ Val. of Leased Fee. Val. of Leasehold Est. \$		38. (1) Remarks (2) Spec. Cond. (3) Rej. Reasons (4) Neigh. Charac. (5) Land excl. From Val. (6) Items Excl. From Repl. Cost. MULTI. UNITS ARE BEING BUILT IN THIS AREA - 1 CARPET ON THE STAIRWAY POOR CONDITION 2 INSTALL HEAT TO SOUTH BED ROOM IN THE ONSITE UT. AND INSTALL FLOOR COVER SAME. 3 REPAIR AND CAULK GUTTERS AND DOWN SPOUTS 4 CAULK AROUND BASEMENT WINDOW, WATER DAMAGE REPAIR BASEMENT W/D 5 REPAIR BROKEN WINDOWS 6 PAINT TO PROTECT WHERE PAINT IS PEELING 7 REPLACE FLOOR IN KITCHEN, WATER DAMAGE FROM DISHWASHER 8 REPAIR LOOSE TILE ON WALL OF BATH ROOM AND CAULK AROUND TOILET		39. INSPECTIONS: <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Proposed Construction <input type="checkbox"/> Mortgagee's Certificate <input type="checkbox"/> Appr. Arch. Proc. Date <input type="checkbox"/> Reject Review <input checked="" type="checkbox"/> Commit. Staff Val. <input type="checkbox"/> Other <input type="checkbox"/> Reject Conrad C. Wilton 10/12/71 Review 10/11/71	
WARNING: All persons by signing this report certify that they have no interest present or future, in the property, application or mortgage. AFTER REHAB. VALUE IS 28,750							

8/20/11

Met w/ the Glens at C. Cap office
on Stanton. They still feel that the offer
was not enough. Mr. Barnes advised his
to hold off from signing option until
a 3rd appraisal has been made, but
encouraged them to start looking at
house in the range of \$18,000 to \$30,000.
Mr. Stark + Harold Hand were also present.

10-8-71

Glover —

10-11-71

Ben

Reassurance that

We are moving along as
fast as possible.

10-12-71

was not able to get anyone
rented today. talk to Mrs. Glover
told her we had asked for an FHA
appraisal, and was waiting for
a reply, that I wanted them
to know what we were doing
and to call if there was any questions

10/18/71 FHA HAS BEEN MADE.
REPORT DUE ANY DAY - JSCU

11/19/71

Had a long talk with Mr. Gloner. It now appears that he thinks of us more favorable than we check on the price of the house on Morgan St. and found it over priced. He has looked at a few houses & has narrowed them down to one but his wife is out of town until Monday Nov 22 and has to wait for her approval.

11/23/71

Mr & Mrs Gloner signed an earnest money statement to day for a house at 1869 N.E. 11th St Place for \$31,000.

12/2/71

INTERVIEW REGISTER

Date

Relocation
Worker

1/26/72

Blower, check arrived today for moving expense 500⁰⁰
Ch # 28821-G

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER JC PROJECT NO. Ore. R-20 PARCEL AB-3-3

NAME GLOVER, Cephas ADDRESS 2928 N. Commercial APT NO. _____

PHONE 282-7813 INITIAL INTERVIEW _____ SEX M W NW B AGE _____

U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE _____

FAMILY COMPOSITION

Name	Relation	Age
<u>Thelma D.</u>	<u>Wife</u>	
<u>Pinky Robinson</u>	<u>Mother</u>	

Employer: Name United Air Lines \$ _____
 Address _____
 MCM Caseworker _____
 Social Security _____
 VA. _____ Fed. _____ Mult Co. _____
 Pension: Name _____
 Other: Name _____
 TOTAL MONTHLY INCOME _____

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

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)
 Over 62 _____ Disabled(Soc.Sec.def.) _____ Income below limits _____ Assets below limits _____

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of accident:
 Name _____ Address _____ Phone _____

Information Statement given to _____ on _____ by _____
 Notice to move given to _____ on _____ by _____

Payments: Amount \$ _____ Check No. _____ Date delivered _____ Moved by self _____ (or)
 moved by moving company _____ (Phone) _____

REMOVED FROM CASELOAD: (Date) _____
 Refused assistance _____
 Relocated in:
 Low-rent public housing _____
 Other perm. public housing _____
 Standard priv. rent hsg. _____
 Sub-standard priv. rent hsg. with refusal of further aid _____
 Standard sales housing _____
 Sub-standard sales hsg. _____
 Out-of-town _____
 Address unknown, abandoned _____
 Evicted, no further assistance _____
 Other (explain) _____

REMAINING ON CASELOAD:
 Address unknown, tracing _____
 Evicted, further assistance contemplated _____
 Temporarily relocated by LPA within project: _____
 Address _____
 outside project: _____
 Address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE.
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: _____ Zip _____ Phone _____

1869 N.E. 110th Place

253-9868

DATE	NOTES	C/W
1/15/71	Flyer delivered to Thelma Glover by Marion Scott. Mother, "Pinky" Robinson also lives there. Are interested in meeting. Not anxious to move, but since they have too would like to know when.	
2/16/71	Mr. Glover called office re: card left during <u>survey</u> . Was quite hostile at first.. is good friend of Mr. Stokes who is very hostile to project. Does not want to sell and if he must will demand price adequate to purchase comparable housing elsewhere (has nice home). He understands our problems but does not think hospital should deal through us but directly with owners. Has had at least two real estate men offer him deals only to find out later that they are really agents for the hospital. Is EDPA member.	SLC
5/24/71	Norm. B. & I talked to the Glovers. They did not accept the option at this time pending a review of the total picture of sales and relocation. I explained that we would work with them in every possible way to meet their needs. Informed them that they could take all the time they wanted to decide what is best for them. They will call me when it is convenient to inventory their house and get some insight to their problem. They were not hostile, but insistant on what they wanted and what they thought they should get.	JC
7/2/71	Visited Mr. Glover to inspect his house and see all of its 'special' features. There are 3 bedrooms, 2 baths, a den, kitchen, lvg. room, dining room and utility room. He was not hostile towards me but he is not willing to sign a receipt for having received the relocation information. He has an idea that he should receive commercial values for his property and if Emanuel wants it bad enough they should be willing to pay dearly. I suggested he might start looking for a house and when he is interested in something to give me a call. He said he would do so.	JC

1/15/71 Myers delivered to Shelma Glover by Marion Scott.
Mother, "Pinkie" Robinson also lives there. Are interested
in meeting - not anxious to move, but since they
have to would like to know when.

2/16/71 Mr. Glover called office re: card left during survey. Was quite hostile at first...
is good friend of Mr. Stokes who is very hostile to project. Does not want to sell
and if he must will demand price adequate to purchase comparable housing elsewhere
(has nice home). He understands our problems but does not think hospital should
deal through us but directly with owners. Has had at least two real estate men
offer him deals only to find out later that they are really agents for the hospital.
IS EDPA member. SLC

SEARCHED
SERIALIZED
INDEXED
FILED
MAR 1 1971
FBI - MEMPHIS

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 Cannucci Date of survey 2/17/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 5 Structure No. 4 Census Block No. 46 Census Tract No. 22 A
 Street Address 2928 N Commercial 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:

Name	Family relation	Age	Sex	Occupation
1. <u>Glover Cephas</u>	<u>Head of household</u>	<u>40</u>	<u>M</u>	
2. <u>Glover, Helma D.</u>	<u>wife</u>		<u>F</u>	
3. <u>Roberson, Ruby</u>	<u>Mother</u>		<u>F</u>	
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

Names of jobholders	Names of employers	Street address where jobs are located	to work
<u>1970 city directory shows Cephas Glover as</u>	<u>Skycap, United Airlines</u>		
_____	_____	_____	_____
_____	_____	_____	_____

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

Names of persons in this household who have income from any source	Amount of income per month	
	In month before this survey	In an average month during 1970
<u>2 jobs</u>	\$ _____	\$ _____
_____	_____	_____
Total family or household income per month	\$ _____	\$ <u>500.00 + ESK</u>

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

1. Location (indicate approximate cross streets) N
2. Transportation, number of autos owned , use bus , walk
3. Will rent house , apartment , expect to pay rent, including utilities, at \$ _____ per mo. (Furniture is owned, yes , no , stove and refrigerator owned, yes , no)
4. Will buy house in price range \$ Compu., 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 3, kitchen 1, dining room 1, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit 1500
7. Other characteristics W O (B) I M

date on site: many years

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

Date _____

Analyst Cannucci Surveyed 2/17/71 Tabulator _____ Date _____
 Dwelling Unit No. 5 Structure No. 4 Census Block No. 46 Census Tract No. 22A
 Street Address 2928 N Commercial Apartment No. -
 Legal Description _____

NAME OF OCCUPANT: Cephas Glover NAME & ADDRESS OF OWNER: Cephas & Thelma D Glover NAME & ADDRESS OF PROP. MGR: _____
2928 N Commercial 2928 N Commercial _____
 TELEPHONE: 282-7813 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

1100 Sq. ft. in first floor (county figure)
1100 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
5/8/67 Date of last appraisal
1908 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>5610</u>	\$ _____
Improvements	<u>670</u>	_____
Total	<u>6280</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	\$ _____	_____	\$ _____
Electricity	_____	\$ _____	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Heat (oil, or other)	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____

Deposits required of renter
 Advance rent \$ _____, other \$ _____

Rental information obtained from
 Tenant _____, owner _____, manager _____, or estimated from assessor's data _____.

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

LAND APPRAISAL 1968

MARKET DATA		ADJUSTMENTS		IND VALUE
IDENTIFICATION	DATE			

ZONING		SITE ADJUSTMENTS			IND VALUE
MONTHLY RENTAL \$	X GRM	= S			
			ROAD TYPE D.G.		
			TOPOGRAPHY 1 MAG		
			VIEW		
			OTHER		
AREA IMPROVEMENTS			DEPTH FACTOR		
SIDEWALKS & CURBS			STANDARD DEPTH		
WATER			EFFECTIVE DEPTH		
SEWER					
OTHER					

COMPUTATIONS					
LAND DESCRIPTION	SIZE OR ACRES	BASIC UNIT VALUE	ADJUST FACTORS	ADJ'D. UNIT VALUE	VALUE
44 x 136 @ 20ft		880	S +100		980
6010 @ .90		5409			5409

TOTAL AREA	SUB-TOTAL
REMARKS	SITE ADJ. %
	TOTAL APPR. VALUE 5400
	19 APPR. VALUE
	19 APPR. VALUE
	19 APPR. VALUE
APPRAISER	DATE
J. N. [Signature]	5 8 67
	19 APPR. VALUE

ACCOUNT NO		1-00060-0750		19 67
CLASS	3 STORY 1	AREA	1120 2,000	ADJ 19
ADDRESS	2928 N. Commercial Ave	BASE FACTOR	300	9,000
FDM	Com Br WP BSM Full		1.5 1.4	1,400
BSM 7 ROOMS	2 rooms	Bas	400	1,200
FLOORS	B S Ling Tile	Hdw	Con	
ROOF	G H F Alum Comp Sha Shk	Tile	Built Up	
EXTER.	B S Shk Siding	Plk	Stuc Brk P.D.	
INTER.	L & F Drywall	Term	Hdw Bt Xs	
PLUMB G FACILITY	Sink D.W. Toi W.B. Tub	Enc	Shower	
Quantity	1		Laun WH	
HEAT	H.W. Pk Pipe	Floor Oil	Gas Elect NA 940	430
FIREPLACE	Ins. O.S. S D T	1-Str. 2-Str.	Flue	
ATTIC	Unf. Fin. BR	Both Lav H	3 4 1 2 1 4	
2ND STY	BR	Bath Lav H		40
BAYS	23#			
MISC				
MISC	V.F. & H. R & O	V.F.	Tile	
OUTSIDE	800# Conc	BT	Sprinkler Yt	400

FIRST FLOOR		GARAGE		TOTAL	SUB
Rec Hall	Class H				
Serv. Hall	Type Det				
Liv. Rm	Dim 14 x 18	AREA	REPL COST	ADJ. REPL COST	R.O.
Din. Area	Fdn Con	1100	12,000	5	400
Form Rm	Floor Con	250	1,050	5	52
Nook	Const Frame				
Kitchen	Roof CCS				
Utility	Misc				
Bedroom					
Bath					
Lav					
Den					
TOTAL DEPRECIATED REPLACEMENT COST				652	

MISC	ADJUSTMENT	19 67	APPR. VALUE
Dim X	BUILT 1908	Age 40	19
Fdn	PERM. NO.		19
Const	PREV APPR 1962		19
Roof MISC	D.R. RM MO RENTAL		19
Dim X			19
Fdn			19
Const			19
Roof			19

1 1-00060-0750 GLOVER, CEPHAS & THELMA D 5

MAP: 2730
 ZONE: A25
 RATIO: 1401
 LVY C:001

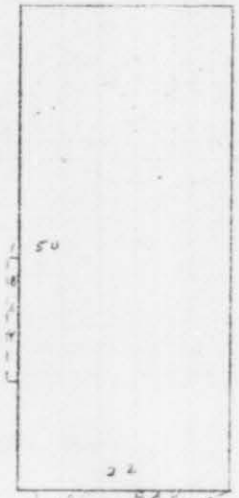
2928 N COMMERCIAL AVE
 PORTLAND OREGON 97227

ABENDS ADD LOT BLOCK
 9 3

PROPERTY ADDRESS: 2928 N COMMERCIAL AVE
 PORTLAND

APPEALS:

SUMMARY - ASSESSED VALUATION - REAL PROPERTY						
ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	60-2-2	SIGN DATE
1968			5400	650	6050	UD
1971			5,610	670	6,280	UD



HUNCT: G A P
 ECDN: G A P *Not best land use*
 LOND: G A P
 REMARKS:

MADE OUTSIDE	DATE	2 3 68	SIGN	Fisher	DEPUTY
CHECKED	REVIEWED	BLDG. COUNT	INDEX	RE-CHECKED	NOTIFIED
DATE	FEB 21 '88	4/23/68			
BY	KUBLI				

KUBLI