

	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 ZENOBIAS 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		

R E S U M E

1824 N.E. Bryant

DATE _____

NAME Kathi Harvey

Mrs. Kathi Harvey is a single young woman with a young daughter. She is the sole support of this child. This relocation program helped her to find a new home and a much better environment for her child. Mrs. Harvey is very happy in her new house and feels that this move has changed her life style.

(signed)

C. Daniels

worker

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. A-2-6. Advisor CS
 Client's Name Narvey, Kathy Phone _____
 Address 217 N. Monroe Ethn Black. Age 27

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

FEMALE HEAD OF HOUSEHOLD

Family Composition

Total Number in Family 2

1 wife, ~~HUSBAND~~

Other: Relation Age Relation Age

Relation	Age	Relation	Age
<u>dr</u>	<u>4</u>		

Economic Data

Employer Rose City Cab \$ 500⁰⁰

Address _____

Other Source of Income _____ \$ _____

Total Monthly Income \$ (500⁰⁰)

Eligible for Public Housing YES NO

Presently Receiving Welfare YES NO

Eligible for Welfare YES NO

Other Assistance _____

Eligible for (Other) YES NO

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

YES NO

Date of initial interview 1-28-71 Date of Info pamphlet delivery 1-28-71

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 7-70

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

Date of initiation of negotiations for purchase of property 11-1-71

Date of Acquisition 7-21-72

Date of letter of intent _____

Date of move 11-19-71

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1890

Size of Habitable Area 774

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 6 Rent Paid \$ 60.00 Utilities (incl.)

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 1814 118 Bryant 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 over 35

Size of Habitable Area 1200-1500

No. of Rooms 6 No. of Bedrooms 2-3

For Claimants Who Purchased

For Claimants Who Rented

Purchase Price of Replacement Dwelling \$ 13,450

Rent \$ _____

Taxes \$ 375⁰⁰

Utilities \$ _____

RHP or TACO (including incidental costs) \$ 2,000

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

No. of Housing Referrals to:

Agency Referrals:

1 Standard Sales

_____ MCW _____ HAP _____ OTHER (_____)

3 Standard Rent

_____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME HARVEY, Kathi RELOCATION ADVISOR C. Daniels

ADDRESS 217 N. Monroe PHONE 282-4524 PROJECT NAME ORE R-20 Emanuel

SEX F ETHN black VETERAN _____ AGE 27 PARCEL NO. A 2-6

MARITAL STATUS _____ TENURE tenant

DISABILITY _____ INDIV _____ FAMILY X

ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 X

RENT SUPPLEMENT _____ OTHER _____

DATE ON SITE:	<u>July 1970</u>
INITIATION OF NEGOTIATIONS:	<u>11/1/71</u>
DATE OF ACQUISITION:	<u>7/21/72</u>

INITIAL INTERVIEW 8-23-71 DATE INFO PAMPHLET DELIVERED: _____

NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____

NOTIFY IN CASE OF EMERGENCY Eva Miles 4036 N. E. 10th 282-5336

ECONOMIC DATA

Employer Rose City Cab \$ 500.00
 Address _____
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 500.00

FAMILY COMPOSITION

Name	Relation	Age
Alexandria	daughter	4

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1890 No. Rooms 6
 No. Bedrooms 2 Furn. Unfurn X
 Utilities \$ incl.
 Monthly Payments (Rent) \$ 60.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 774 sq. ft.

HOUSING REFERRALS

Address	Bedrooms
<u>1814 N. E. Bryant</u>	

AGENCY REFERRALS

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

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 1814 N. E. Bryant Phone _____ Date of Move 11/19/71

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 X Number of Rooms ___ Number of Bedrooms 2 Habitable Area ___

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ 13,450

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)	129 EH	11/4/71	\$ 2,000.00
Fixed Moving			\$ 220.00
Actual Move DA	26818 B	9-8-71	\$ 200.00
Storage			\$
Incidental			\$ (6.00)
Interest			\$

Purchase Price \$ _____
 Down Payment \$ _____
 RHP \$ 2,000.00
 Total Down - \$ _____
 Total Mortgage \$ _____

included in 2000 mortgage

TOTAL BENEFITS RECEIVED \$ 2,226.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
1/28/71	Mrs. Harvey came into our office to find out about our project. After outlining the program she explained that she had moved into this area from Los Angeles about six months ago. She was concerned about timing --when she would have to move--and about finding another house where she could settle and have her daughter attend school.. She may rent another house, but would prefer to buy if it could be arranged financially. Explained ARP payment and mentioned FHA 235 housing possibilities. Wanted to be notified when project begins.	WSJ
8/23/71	Mrs. Harvey called for an appointment.	
8/24/71	Mrs. Harvey came into our office and voiced desire to purchase a house. She can put up \$2,000 on conventional loan if PDC would match it.	
8/30	Mrs. Harvey called and said that she had located a house at 1814 N. E. Bryant.	
9/3	Called Mr. Critinger at HUD and asked for letter outling expenses involved in purchase of house at 1814 N. E. Bryant.	
9/8	Received letter from HUD indicating that the sale price of the above property is \$13,450.00 The minimum downpayment is \$450, plus reserves for taxes and insurance. The minimum earnest money deposit is \$200 and the maximum mortgage is \$13,000.00. Prepared claim forms today. It has been determined that Mrs. Harvey is eligible to receive \$200 dislocation allowance plus \$220 fixed payment. Claim was approved and processed.	
9/10	Mailed letter; authorized by Kathi Harvey, to Dept of Housing and Urban Bevelopment with check for \$200 and directions to use said check as an earnest money deposit for Mrs. Harvey.	
9/16	Received letter from Housing inspector verifying standard condition of unit at 1814 N.E. Bryant.	
10/13	Received preliminary cloing statement from Peoples Mortgage company.	
11/2	Mailed letter to People's Mortgage Co. verifying that we have on deposit \$220 for Kathi Harvey, which sum; she has requested be applied to her closing costs for the purchase of the house at 1824 N. E. Bryant.	
11/4	Computed Mrs. Harvey's downpayment benefit. She is eligible to receive \$2,000. Downpayment benefit claim was approved and processed and made payable to People's Escrow Co.	
11/5	Mailed warrant No. 129 EH in amount of \$2,000. to People's Escrow Company with instructions to hold said amount in escrow until notified by commission that MRs. Harvey has purchased and does occupy standard housing at 1814 N. E. Bryant.	
11/5	Received letter from Mrs. Harvey authorizing the commission to place in her escrow account the amount of \$220.	
11/11	People's Mortgage Company called and said loan has been approved. Necessary for her to purchase fire insurance.	
11/19	Mrs. Harvey moved to 1814 N.E. Bryant. She went straight to FHA and used \$200 to lower payment.	

INTERVIEW REGISTER

Date

Relocation
Worker

11/23/7

Made out release for RHP - will send as soon as I get closing statement.

November 24, 1971

Peoples Escrow Company
109 E. 13th Street
P. O. Box 204
Vancouver, Washington 98660

Attention: Pamela A. Frey

RE: Kathi Harvey

Gentlemen:

You have in the above identified account the sum of \$2,420.00 deposited in accordance with our instructions of November 5, 1971.

This is to certify that Kathi Harvey has purchased and does occupy a standard structure at 1824 N. E. Bryant Street, Portland, Oregon. You are hereby authorized to release said sum of \$2,420.00 and disburse it in such a manner as directed by Kathi Harvey.

Yours very truly,

W. Stanley Jones
Relocation Supervisor

WSJ:slc

DATED this 9 day of Sept 19 71.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 217 N Monroe
_____, 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:

Kathie Harvey

November 5, 1971

Peoples Escrow Company
109 E. 13th Street
P.O. Box 204
Vancouver, Washington 98660

Attention: Pamela A. Frey

Gentlemen:

Re: HARVEY, Kathi

Enclosed is our Warrant No. 129 EH in the amount of \$2,000, representing a Replacement Housing Payment to be held in escrow until you have received written notice from the Portland Development Commission that Mrs. Harvey has purchased and does occupy standard housing at 1824 N.E. Bryant Street, Portland, Oregon.. An amount of at least \$1,994 of the above payment must be applied to the purchase price as a downpayment.

Also enclosed is our check No. 26819 G, payable to Kathi Harvey, in the amount of \$220 which we have been directed to forward to you. This amount, together with the \$200 previously submitted, is to be applied toward payment of other expenses incident to the purchase of the house as directed by Mrs. Harvey.

Please notify Mrs. Harvey as soon as possible regarding any further funds that might be required.

We appreciate your cooperation in assisting Mrs. Harvey in purchasing this house. Please feel free to contact us if you have any questions.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ:ch
Enclosures

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 129 EH

DATE November 4, 1971

PAY TO **Peoples Escrow Company**

\$2,000.00

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 Kathi Harvey, Replacement Housing Payment for Tenants per claim filed. From 217 N. Monroe (Parcel A-2-6). Lump-sum payment	\$2,000.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (RHP)	\$2,000.00

AE

JMA

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:

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

PROJECT NAME (if applicable)

Emanuel Project

PROJECT NUMBER:

ORE R-20

INSTRUCTIONS: Complete all applicable items and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of Self-Inspection of Replacement Dwelling to complete and submit with this claim. Omit Block 4 if you have moved into a rental unit. Omit Block 3 if you have purchased and occupied a dwelling unit. Complete only Blocks 1 and 5 if you are a homeowner temporarily displaced because of code enforcement or voluntary rehabilitation.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides:

"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT

HARVEY, Kathie

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-2-6

a. Address: _____

d. Monthly rental: \$ 60.00

217 N. Monroe, Portland, Oregon 97227

e. Date you moved out of this dwelling: 9-7-71

b. Apartment or room number: ---

Month-Day-Year

c. Number of bedrooms: 2

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): _____

d. Monthly rental: \$ _____

b. Apartment or room number: _____

e. Date you moved into this dwelling: _____

c. Number of bedrooms: _____

Month-Day-Year

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

a. Address (include ZIP Code): _____

d. Incidental expenses (total from table on next page): \$ 6.00

1824 NE Bryant, Portland, Oregon 97227

b. Number of bedrooms: 2

e. Date you purchased this dwelling: _____

c. Downpayment: \$ 1,994.00

Month-Day-Year

5. INFORMATION IN SUPPORT OF CLAIM OF HOMEOWNER TEMPORARILY DISPLACED BECAUSE OF CODE ENFORCEMENT OR VOLUNTARY REHABILITATION

a. Address of dwelling unit from which you moved: _____

d. Monthly rental for temporary unit: \$ _____

b. Address of dwelling unit to which you moved (include ZIP Code): _____

e. Will you require temporary housing for more than 3 months?

Yes No

c. Date of move: _____

Month-Day-Year

If "Yes," total number of months you will require temporary housing: _____ months

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 204 of P.L. 91-646, and I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

10/22/71

Date

Kathy Sursey
Signature of Claimant(s)

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

Item (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	Charged to Claimant on Closing Statement (b)	Paid Directly by Claimant (c)	Amount Claimed (Col. (b) + (c)) (d)	Amount Approved (e)
Photos	\$ 5.00	\$	\$ 5.00	\$ 5.00
Schedule	1.00		1.00	1.00
TOTAL	\$ 6.00	\$	\$ 6.00 ^{1/}	\$ 6.00

^{1/} Enter this amount in Block 4, Line d.

Listing of enclosed documents in support of amounts entered in Column (d) above:
Documentation must be provided to support any claim for incurred costs.

A. COMPUTATION OF DOWNPAYMENT ASSISTANCE FOR CLAIMANT MOVED TO UNIT PURCHASED

Required Information

- | | |
|---|--------------------|
| 1. Amount necessary for downpayment, if for a conventional loan | \$ <u>2,690.00</u> |
| 2. Costs incidental to purchase (Total amount approved by agency, from table on claim form, Column (e)) | \$ <u>6.00</u> |

Computation

- | | |
|---------------------------------------|--------------------|
| 3. Base amount (Sum of Lines 1 and 2) | \$ <u>2,696.00</u> |
|---------------------------------------|--------------------|

NOTE: IF Line 3 is \$2,000 or less, skip Lines 4, 5, and 6 and enter the amount of Line 3 on Line 8a.

- | | | |
|--|---------------------|------------------|
| 4. Amount on Line 3 in excess of \$2,000 | | |
| Line 3 | \$ <u>2,696.00</u> | |
| | -\$ <u>2,000.00</u> | |
| | | \$ <u>696.00</u> |

- | | | |
|----------------------------------|------------------|---------------------|
| 5. Amount on Line 4 divided by 2 | | |
| Line 4 | \$ <u>696.00</u> | |
| | 2 | ** \$ <u>348.00</u> |

** Displacee unable to match this amount:

- | | |
|---|---------------------|
| 6. Matching amount (If amount on Line 5 exceeds \$2,000, enter \$2,000. Otherwise, enter the amount on Line 5.) | ** \$ <u>348.00</u> |
|---|---------------------|

- | | | |
|--|----------------------|--------------------|
| 7. Base amount (Sum of amount on Line 6 and \$2,000) | | |
| Line 6 | \$ <u>** 348.00</u> | |
| | + \$ <u>2,000.00</u> | |
| | | \$ <u>2,348.00</u> |

- | | |
|---|--------------------|
| 8. Amount of downpayment assistance | |
| a. Amount on Line 3 or Line 7
actual amount of downpayment 1,994.00 | \$ <u>2,000.00</u> |
| plus: incidental expenses 6.00 | |
| b. Minus adjustments (Attach explanation,
e.g., amount previously received for
rental assistance payment) | -\$ _____ |

Maximum allowable without matching funds: \$ 2,000.00

(Enter this amount in the space provided in Block 4 on page one of this form).

Computation prepared by:

C. Daniels _____

11-1-71 _____

Date

DETERMINATION OF ELIGIBILITY FOR REPLACEMENT HOUSING PAYMENT FOR TENANTS AND CERTAIN OTHERS

Name of Claimant Kathi Harvey Parcel No. A-2-6

Name of Local Agency Portland Development Commission

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

Tenant's initial date of rental: 6/1/70
Month-Day-Year

Date of Acquisition: _____
Month-Day-Year

Owner-Occupant's initial date of Ownership: _____
Month-Day-Year

2. Did the claimant rent or own the dwelling at least 90 days prior to the initiation of negotiations? x Yes No.

Date of Rental or Purchase: 6/1/70
Month-Day-Year

Date of Initiation of Negotiations: 11/1/71
Month-Day-Year

3. Has the replacement housing been inspected and found to be standard? (Attach a copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.) x Yes No
Date previously substandard dwelling was inspected and found to be standard: _____
Month-Day-Year

4. CERTIFICATION OF LOCAL AGENCY

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$2,000.00 is authorized.

11-3-71
Date

[Handwritten Signature]
Authorized Signature

5. RECORD OF PAYMENTS

a. Claimant moved to rental unit
(1) Lump-sum payment 2,000.00
(2) Annual payment

1st Year
2nd Year
3rd Year
4th Year

Date of Payment	Check Number	Amount
<u>11/4/71</u>	<u>129EH</u>	<u>\$ 2,000.00</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

b. Claimant moved to unit he purchased

_____ \$ _____

c. Homeowner temporarily displaced

_____ \$ _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emmanuel Project
PROJECT NO. R-20

1. Full name of claimant: Harvey, Kathie Family Individual
2. Dwelling unit from which you moved: Parcel No. A-2-6
 a. Address 217 N Monroe c. Number of bedrooms 2
 b. Apartment or room number _____ d. Monthly rental \$ 60.00
 e. Date displaced 9-7-71
3. Dwelling unit to which you moved (RENTAL)
 a. Address _____ c. Number of bedrooms _____
 b. Apartment or room number _____ d. Monthly rental \$ _____
 e. Date moved in _____
4. Dwelling unit to which you moved (PURCHASE)
 a. Address 1824 NE Bryant c. Downpayment \$ 2,000 1994.00
 b. Number of bedrooms 2 d. Incidental expenses \$ 6.00
 e. Date of purchase _____
5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)
 a. Address from which you moved _____
 b. Address to which you moved _____
 c. Date of move _____
 d. Monthly rental for temporary unit: \$ _____
 e. Require temporary housing for more than 3 months? Yes No
 If yes, total number of months in temporary housing _____ months

Incidental expenses.

<u>Item</u>	<u>Charged to claimant</u>	<u>Paid by Claimant</u>	<u>Claimed</u>	<u>Approved</u>
<u>Photos</u>	\$ <u>5.00</u>	\$ _____	\$ <u>5.00</u>	\$ <u>5.00</u>
<u>Schedule</u>	<u>1.00</u>	_____	<u>1.00</u>	<u>1.00</u>
_____	_____	_____	_____	_____

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

Determination

1. Did claimant rent or own at time of acquisition? Yes No
 Tenant's initial date of rental 6-1-70
 Date of acquisition _____
 Owner-occupant's initial date of ownership _____
2. Did claimant own or rent 90 days prior to initiation of negotiations? Yes No
 Date of rental or purchase 6-1-70
 Date of initiation of negotiations 11-1-71
3. Is replacement housing standard? Yes No
 If previously substandard, date found standard _____
4. Certification:
 (Amount of this claim \$ 2,000.00)

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwiddden, Chief

September 16, 1971

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

Re: 1824 N.E. Bryant Street

Attn: Chet Daniels

Gentlemen:

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

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

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

JHM:m fm

November 2, 1971

Peoples Mortgage Company
109 E. 13th Street
P. O. Box 204
Vancouver, Washington 98660

Attn: Pamela A. Frey
Mortgage Loan Secretary

RE: HARVEY, Kathi

Gentlemen:

This is to verify that we have on deposit the sum of \$220.00 for Mrs. Kathi Harvey, which sum she has requested be applied to her closing costs for the purchase of the house at 1824 N. E. Bryant Street, Portland, Oregon. Please advise us when you are ready to close and we will forward this sum to you.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ:slc

November 5, 1971

Portland Development Commission
235 N. Monroe
Portland, Oregon

Gentlemen:

You are hereby authorized to place in my escrow account at Peoples Escro3 Company, Vancouver, Washington the amount of \$220.00 representing my fixed moving payment for my relocation from 217 N. Monroe, Portland, Oregon.

Cordially,

Kathi Harvey
Kathi Harvey

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N? 26819 G

DATE September 8, 19 71

PAY TO THE
 ORDER OF

Kathi Harvey

\$ **220.00**

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 filed. Fixed payment - move from 217 N Monroe (Parcel A-2-6) to 181 1/2 NE Bryant	\$220.00

Account Distribution

NO.	TITLE	AMOUNT
E1501	Relocation Pymt. (Fixed - own furn. - Family)	EH \$220.00

AC

BT

Handwritten initials

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and (Individuals))

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Kathi Harvey
1814 N. E. Bryant
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission

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

A. Does claimant meet all timing requirements for eligibility? YES NO
If "No," explain:

B. CERTIFICATION

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

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 220.00	<i>[Handwritten Signature]</i>	9-7-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

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

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
9/8/71 268196	268196	\$ 220.00			\$

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

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR RELOCATION PAYMENT
 (Families and Individuals)

HUD-6140.1
(4-66)

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

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

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

1. FULL NAME OF CLAIMANT (f) HARVEY, Kathi	2. DATE(S) OF MOVE September 7, 1971
---	---

3. ADDRESS FROM WHICH YOU HAVE MOVED A-2-6 a. Address 217 N. Monroe, Portland, Oregon b. Apt., Floor, or Room No. -- c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>5</u> e. Date you moved into this address: <u>June, 1970</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 1814 N. E. Bryant, Portland, Oregon b. Apt., Floor, or Room No. -- c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.
---	--

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

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

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

Check c if applicable:

c. Supplementary claim for reimbursement of storage costs

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)	5 rms.	\$ 220.00
---	--------	-----------

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

7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NO.	9. ADDRESS OF MOVING COMPANY (OR PERSON)
---------------------------------------	--------------------------	--

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

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

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

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)	\$

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

9-7-71
Date

Kathi Harvey
Signature of claimant

Dwelling Unit Inventory

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

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

Miscellaneous (List Items)

T.V. 2
Stereo 1

COMMENTS:

PEOPLES MORTGAGE COMPANY

Apartments, Commercial & Residential



VANCOUVER BRANCH
109 E. 13th STREET
P.O. BOX 204
VANCOUVER, WA. 98660
Phone: 206-696-4361

October 13, 1971

PORTLAND DEVELOPMENT COMMISSION
235 North Monroe
Portland, Oregon

RE: HARVEY, Kathy

ATTENTION: Chet Daniels

Dear Sir:

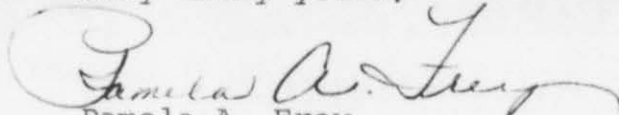
As per our previous telephone conversation, enclosed you will find a PRELIMINARY closing statement in reference to the above mentioned purchaser.

Please note that the figure circled in "RED" will be the approximate closing deposit needed in order to close the transaction.

Please forward a letter to our office verifying that you have on deposit for Mrs. Harvey an amount substantial enough to cover the additional deposit necessary for closing. Upon receipt of this letter, Mrs. Harvey's application will be submitted to the Federal Housing Administration for their approval.

A self-addressed stamped envelope is enclosed for your convenience.

Very truly yours,


Pamela A. Frey
Mortgage Loan Secretary

/paf
Encls.

PEOPLES ESCROW COMPANY

BUYERS' CLOSING STATEMENT

Property Address: 1824 N.E. Bryant Street, Portland
 Purchaser: HARVEY, Cathleen E.
 Loan Number: 9 17227 0

Date: November 19, 1971
 Seller: FEA

	Debit	Credit
Purchase Price	\$ 13,450.00	
\$31.35/Mo. -- \$1.05/Day		
Pro Rata Tax 1971 \$ 376.23 7 Mos. + 12 Days	232.05	
Pro Rata Insurance		
Tax Reserve Deposit 3 Mos. @ \$32.29/Mo.	96.87	
Insurance Reserve Deposit 3 Mos. @ \$5.70/Mo.	17.10	
FHA Mortgage Insurance Deposit 1 Mo.	4.75	
Fire Insurance	68.00	
Appraisal Fee		
Interest Adjustment 11/19/71 to 12/1/71 (12 days)	26.35	
Loan Service Charge		
Loan Payment Schedule	1.00	
Credit Report		
Photos	5.00	
Escrow Fee		
Mortgage Title Insurance		
Tax Registration		
Recording Fees		
Deposit PEOPLES ESCROW COMPANY		2,220.00
Deposit FEA		200.00
1st Mortgage Mortgage/Deed of Trust		11,450.00
Second Mortgage/Deed of Trust		
Closing Deposit		31.12
Check to Balance.	\$13,901.12	\$ 13,901.12

Handwritten: \$ 2,000
 R.A.P.
 2,220.00
 200.00

First Payment Due: January 1, 1972

Payable To: PEOPLES MORTGAGE COMPANY, 1101 Pike Street, Seattle, Washington 98101

Reserve for FHA MIP	\$ 4.75
Reserve for taxes	32.29
Reserve for insurance	5.70
Principal and Interest	76.26
Total Monthly Payment	\$ 119.00

THE UNDERSIGNED HEREBY CERTIFIES THAT THIS IS A TRUE COPY OF THE ORIGINAL CLOSING STATEMENT.

PEOPLES MORTGAGE COMPANY
 By: *[Signature]*
 W. J. NYDELL
 Asst. Vice President

PEOPLES ESCROW COMPANY
 By: *[Signature]*
 PAMELA A. FREY
 Escrow Closer

/s/ Cathleen E. Harvey
 Cathleen E. Harvey

September 10, 1971

Department of Housing and Urban Development
Cascade Building
520 S. W. Sixth Avenue
Portland, Oregon 97204

Attn: Mr. Krattiger

Dear Mr. Krattiger:

Enclosed is a check for \$200.00 to be used as an Earnest Money Deposit for Mrs. Kathi Harvey to purchase a house at 1814 N. E. Bryant. As soon as this offer is accepted and you are ready to close the Portland Development Commission will make available \$450.00 for the down payment on this house; the deposit enclosed here can then be used as part or all of the reserves.

The expenses incidental to the purchase of the replacement dwelling and including closing costs will be paid by the Portland Development Commission.

Very truly yours,

W. Stanley Jones

WSJ:sic
enc.

I have given my permission for a check in the amount of \$200.00 from the Portland Development Commission to be sent to HUD, Mr. Krattiger, for the deposit and/or use as stated above.

September 10, 1971

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 26818 G

DATE September 8, 19 71

PAY TO THE
ORDER OF

Kathi Harvey

\$ 200.00

DOLLARS

NON-NEGOTIABLE

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

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per claim for relocation filed. Dislocation allowance. From 217 N Monroe - Parcel A-2-6 to 1824 NE Bryant 2	\$200.00

Account Distribution

<u>NO.</u>	<u>TITLE</u>	<u>AMOUNT</u>
E1501	Relo Pymt (Fixed - Family)	EH \$200.00

AC

B9

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Kathi Harvey
1814 N. E. Bryant
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission

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

A. Does claimant meet all timing requirements for eligibility? YES NO
If "No," explain:

B. CERTIFICATION

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

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00 **	<i>[Signature]</i>	9-7-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

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

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
9/8/71	268186	\$ 200.00			\$

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

** Dislocation allowance

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR RELOCATION PAYMENT
 (Families and Individuals)

HUD-6140.1
 (4-66)

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

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

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

1. FULL NAME OF CLAIMANT (f) HARVEY, Kathi	2. DATE(S) OF MOVE September 7, 1971
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address A-2-6 217 N. Monroe, Portland, Oregon b. Apt., Floor, or Room No. -- c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>5</u> e. Date you moved into this address: <u>June, 1970</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 1814 N. E. Bryant, Portland, Oregon b. Apt., Floor, or Room No. -- c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency: <input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property <input type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved)	Check c if applicable: <input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs <input checked="" type="checkbox"/> X Dislocation allowance
--	---

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

\$ 200.00

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

7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NO.	9. ADDRESS OF MOVING COMPANY (OR PERSON)
---------------------------------------	--------------------------	--

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

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

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

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)	\$

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

9-7-71
Date

Kathi Harvey
Signature of claimant



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

September 8, 1971

IN REPLY REFER TO:
10.2HP(Krattiger)
226-3361
Ext. 2785

Portland Development Commission
235 N. Munroe
Portland, Oregon 97217
Attention: Chet Daniels

Dear Sir:

Subject: FHA Case No. 431-067527-221, 1824 N. E. Bryant St., Portland, Oregon

Regarding information requested by your office on the purchase of the captioned property by Kathi Harvey, the following is submitted:

Sale Price: \$13,450.00
Minimum Down Payment: \$450.00 plus reserves for taxes and insurance
Minimum Earnest Money Deposit: \$200.00
Maximum Mortgage: \$13,00.00

If we can be of further assistance in this matter, please advise.

Sincerely

Eugene R. Henderson
Director
Housing Management Division

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 Commissar Date of survey 2/28/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 6 Structure No. 6 Census Block No. 28 Census Tract No. 224
 Street Address 217 N Monroe 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 _____

would like to get settled before school starts.

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

	Name	Family relation	Age	Sex	Occupation
1.	<u>Harvey Kathie</u>	<u>Head of household</u>		<u>F</u>	
2.	<u>" "</u>	<u>daughter</u>	<u>4</u>	<u>F</u>	
3.					
4.					
5.					
6.					
7.					
8.					
9.					

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

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

Names of jobholders	Names of employers	Street address where jobs are located	to work
<u>Kathie Harvey</u>	<u>Freedom Bank of Finance</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>Kathie Harvey</u>	<u>\$ 360.00</u>	<u>\$</u>
Total family or household income per month	\$ <u>360.00</u>	\$

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

1. Location (indicate approximate cross streets) near to work & school
2. Transportation, number of autos owned _____, use bus _____, walk _____
3. Will rent house , apartment , expect to pay rent, including utilities, at \$ little possible per mo. (Furniture is owned, yes _____, no _____, stove and refrigerator owned, yes _____, no _____)
4. Will buy house in price range \$ what ever, down payment of \$ what ever, monthly payment of \$ 80-90
5. If now buying this house, how much are payments on contract or mortgage monthly \$ _____
6. Size of unit to be sought, number of bedrooms 2, kitchen 1, dining room 1, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit 800
7. Other characteristics W O B I M

would like to buy if possible

PORTLAND DEVELOPMENT COMMISSION

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

September 1, 1971

Mrs. Kathi Harvey
217 N. Monroe
Portland, Oregon

Dear Mrs. Harvey:

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

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

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

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

We look forward to seeing you soon.

Very truly yours,

**Benjamin C. Webb
Chief, Relocation and
Property Management**

BCW:ch
Enclosure

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

Date _____

Analyst Compass Surveyed 2/12/71 Tabulator _____ Date _____
 Dwelling Unit No. 6 Structure No. 6 Census Block No. 22 Census Tract No. 22A
 Street Address 217 N Monroe Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: <u>Kathie Harvey</u> <u>217 N Monroe</u>	NAME & ADDRESS OF OWNER <u>Willie Smith</u> <u>236 N E 17th</u>	NAME & ADDRESS OF PROP. MGR: _____ _____
TELEPHONE: _____	TELEPHONE: <u>281-1551</u>	TELEPHONE: _____
INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

<u>✓</u> One-family house	No. of units in bldg. _____
___ Apt. in a house	_____
___ Apt. in apt. bldg. or plex	_____
___ Apt. in comm. bldg.	_____
___ 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

774 Sq. ft. in first floor (county figure)
774 Sq. ft. in dwelling unit (if more than 1 floor)
4 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
1890 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>2800</u>	\$ _____
Improvements	<u>1240</u>	_____
Total	<u>4040</u>	_____

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

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

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

V. RENTAL RATE FOR THIS RENTED UNIT

Monthly average	Cash rent	Utilities	Total paid by renter
Rent	\$ <u>60.00</u>	_____	\$ _____
Electricity	_____	\$ _____	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Heat (oil, or other)	_____	_____	_____
Total	\$ _____	\$ _____	\$ <u>80.00</u>

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

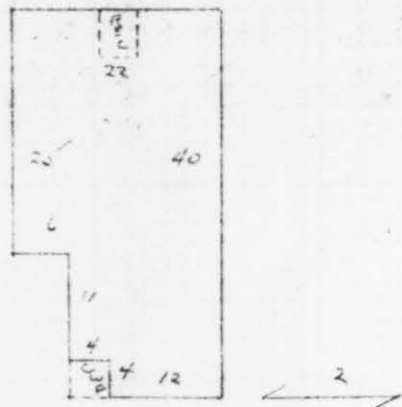
Listed with broker, yes _____, no _____
 Advertised by owner, yes _____, no _____
 Cash asking price \$ _____
 Period house has been for sale, months _____

VII. REMARKS

1 1-00990-0340 KORTLEVER, MARSHALL &
 ROWENA E
 BY SMITH WILLIE 6
 MAP: 2730
 ZONE: A25
 RATIO: 1401
 LVY C:001
 217 N MONROE ST
 PORTLAND OREGON 97227

ALBINA ADD LOT BLOCK
 W 30' OF 13 814 2

PROPERTY ADDRESS: 217 N MONROE ST
 PORTLAND
 APPEALS:



AVE OR ST.

SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN DATE
1968			2700	1200	3900	UD
1971			2800	1240	4040	UD

217 N. Monroe AVE OR ST
 FRONT OF BUILDING



REMARKS
 1 Not best land use

DATE	CHECKED	REVIEWED	BLOC COUNT	INDEX	RE-CHECKED	NOTIFIED
FEB 23 '88		3-23-68				
BY	ANDREWS					

LAND APPRAISAL 19 68

MARKET DATA

IDENTIFICATION	DATE	ADJUSTMENTS	IND VALUE
\$4500	4 68	D B+P-613-105	

MONTHLY RENTAL \$ X GRM S IND VALUE

ZONING SITE ADJUSTMENTS

ROAD TYPE	D G
TOPOGRAPHY	3 H.G
VIEW	
OTHER	
DEPTH FACTOR	
STANDARD DEPTH	
EFFECTIVE DEPTH	

COMPUTATIONS

LAND DESCRIPTION	SIZE OR ACRES	BASIC UNIT VALUE	ADJUST. FACTORS	ADJ'D UNIT VALUE	VALUE
30x100 @ 18FF		540		540	540
@ .904	3000	2700			2700

TOTAL AREA	SUB-TOTAL
REMARKS	SITE ADJ
	TOTAL APPR VALUE 2700
	19 APPR VALUE
	19 APPR VALUE
	19 APPR VALUE
APPRAISER <u>F.A.</u>	DATE 5 8 67

ACCOUNT NO 1-00990-0240 19 68

CLASS	4 STORY	AREA	774	BASE FACTOR	3.15	150
ADDRESS	217 N Monroe					1600
FDN	Con	B.	WT	BSMT	Full	1300
BSMT	200 Garage 2 windows for 200					
FLOORS	D	X	Low	Tile	Hdw	190
ROOF	X	H	F	Alum	Comp Shg	
EXTER	D	X	Shks	Siding	Blk	200
INTER	L	X	Drywall	Pl	Hdw	
PLUMB G FACILITY	Sink	DW	Toil	WB	Tub	Enc
Quantity	1	11	11	1	1	1
HEAT	HW	Plge	Circ	Pipe	Water	Oil
FIREPLACE	Ins	OS	S	D	T	1 Sty
ATTIC	Unf	Fin	BR	Bath	Lev	H
2ND-STY	X	BR	Bath	Lev	H	
BAYS						DORMERS
MISC						
MISC	VF & H	R & O	VF	Tile		
OUTSIDE	200	BT	Spinkier	VL		

FIRST FLOOR	GARAGE	TOTAL
1 Rev Hall	Class	11430
1 Serv Hall	Type	390
1 Liv Rm	Dim X	11100
1 Din Area	Dim X	1221
1 Fam Rm	Dim X	
1 Nook	Dim X	
1 Kitchen	Dim X	
1 Utility	Dim X	
3 Bedroom	Const	
1 Bath	Roof	
1 Lev	Roof	
1 Den	Mar	
1 Portry	Mar	
MISC		
Dim X	BUILT 1890	ADJUSTMENT 19 68
Fdn	PERM NC	Age 31
Const	PREV APPR 1962	19 APPR VALUE 1200
Roof	RM MO	19 APPR VALUE
MISC	RENTAL	19 APPR VALUE
Dim X		19 APPR VALUE
Fdn		19 APPR VALUE
Const		19 APPR VALUE
Roof		19 APPR VALUE