

	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		

R E S U M E /

DATE 12-13-72

NAME Ernestine Hawkins

Mrs. Ernestine Hawkins, a tenant occupying a dwelling at 217 N. Monroe St., was relocated through HAP at 216 N. Sumner St. Apt # 9, November 9, 1972. The displacee moved into the government project after the program started, therefore she was eligible for a fixed moving expense and dislocation allowance paid.

The client made a self move from Emanuel Project area Parcel (A2-6) to HAP housing adequate to meet her needs.

Remove from Case Load.

(signed)

Alma Gordon
worker

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. A-2-6 Advisor 99
 Client's Name Mauck Mrs. Ernestine Phone _____
 Address 217 N. Monroe Ethn B Age 37

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

FEMALE HEAD OF HOUSEHOLD

Family Composition

Economic Data

Total Number in Family 3

Employer Domestic worker \$ 838 ¹⁹⁷¹

1 wife, ~~husband~~

Address _____

Other: Relation Age Relation Age

Relation	Age	Relation	Age
<u>SON</u>	<u>15</u>		
<u>"</u>	<u>20</u>		

Other Source of Income _____ \$

Total Monthly Income \$ (838 -)

*144/mo (1972)

- Eligible for Public Housing YES NO
 Eligible for Welfare YES NO
 Eligible for (Other) YES NO

- Presently Receiving Welfare YES NO
 Other Assistance _____

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

- YES NO

Date of initial interview 3-31-72 Date of Info pamphlet delivery 3-31-72

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

10-1971

(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

10-7-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 70

Size of Habitable Area 900

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 5 Rent Paid \$ 60.00 Utilities _____

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 216 N SUMNER LPA Referred Self Referred _____

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

Outside city Outside state

Age of Housing Unit HAP

Size of Habitable Area 500

No. of Rooms 4 No. of Bedrooms 1

HAP

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____

Taxes \$ _____

RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ 44.50

Utilities \$ Included in Rent

Total Rent Assistance \$ -0-

Amount of Annual Payment \$ -0-

No. of Housing Referrals to:

_____ Standard Sales

_____ X Standard Rent

Agency Referrals:

_____ X MCW

_____ X Food Stamp

_____ X HAP

_____ Legal Aid

_____ X OTHER (MULTI-SERVICE CENTER)

_____ X Other (MENTAL HEALTH)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Ernestine Hawkins RELOCATION ADVISOR AG
 ADDRESS 217 N. Monroe PHONE _____ PROJECT NAME Emanuel
 SEX F ETHN B VETERAN _____ AGE 37 PARCEL NO. A-2-6
 MARITAL STATUS Seperated TENURE t/o
 DISABILITY _____ INDIV _____ FAMILY x
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT x OTHER _____
 INITIAL INTERVIEW 3-31-72 DATE INFO PAMPHLET DELIVERED 3-31-72
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY Minnie Hornbuckle 287-3420 (Mother)

DATE ON SITE: <u>Oct. 1971</u>
INITIATION OF NEGOTIATIONS: <u>11-1-71</u>
DATE OF ACQUISITION: <u>7-21-72</u>

ECONOMIC DATA

Employer Several families \$ _____
 Address domestic worker _____
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 838.00

FAMILY COMPOSITION

Name	Relation	Age
Jerry Hawkins	Son	15
Willie Hawkins Jr.	Son	20

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure _____ No. Rooms 5
 No. Bedrooms 2 Furn. _____ Unfurn x
 Utilities \$ pd. by tenant
 Monthly Payments (Rent) \$ 60.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms
<u>3814 N. Albina</u>	
<u>216 N. Sumner</u>	
<u>3955 N. Albina</u>	

AGENCY REFERRALS

Name of Agency	Date
Multnomah County Welfare	<u>11-6-72</u>
Food Stamp Program <u>x</u>	
Housing Authority	<u>x</u>
Legal Aid	
FISH	
Health Dept.	

AGENCY ACTION:	REASONS:
Appeals	
Evicted	
Refused Assistance	
Address Unknown (tracing)	
Other (death, etc.)	

TEMPORARY RELOCATION

Within Project	<input type="checkbox"/>
Outside Project	<input type="checkbox"/>

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____
 Address 216 N. Sumner 97217 Phone _____ Date of Move 11-7-72

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

Furnished _____ Unfurnished Number of Rooms 4 Number of Bedrooms 1 Habitable Area 500
 Utilities \$ _____ Monthly Payments (Rent) \$ 44.50 Purchase Price \$ _____
 (HAP)
 Age of Structure: HAP Taxes \$ _____ Equity \$ _____ Distance Moved Away _____
 Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	615 EH	12-6-72	\$ 180.00
Actual Move Disc.	595 EH	11-8-72	\$ 200.00
Storage Allow.			\$
Incidental			\$
Interest			\$

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

TOTAL BENEFITS RECEIVED \$ 380.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date	Relocation Worker
3-31-72	<p>Interviewed Mrs. Ernestine Hawkins, who indicated that she is head of the house hold. She is separated from Willie Hawkins whom she gave as husband however, he does not live there. Explained to Mrs. Hawkins what her benefits were as a tenant having moved into a Gov't project after the program was started or was not at dwelling 90 days prior to initiation of negotiations. She is eligible for moving expense and assistance and relocating her family of 2 sons.</p> <p>Mrs. Hawkins has a 22 year old daughter with 3 grandchildren who live in a 2 bedroom house. Children range in ages from 1-6 years and expecting another in July. Therefore, the Hawkins and her sons will be placed as a family, and the daughter with 3 children will be placed as another family.</p>
6-26	<p>Mrs. Hawkins is desirous of a 2 bedroom apt. in North or North East and needed our help in relocating her. Her source of income is domestic work. Verification of income from her employers needed. Forms were given to client to be filled in by the families whom she works for.</p>
7-5-	<p>Displacee (Mrs. Hawkins) was in our office and authorized that our office may contact her employers for verification of income.</p>
7-6-	<p>Letters were sent to employers for verification of income of client. Called the ladies to explain purpose of written statements to determine her eligibility for HAP rent supplement. Some of the employers were reluctant to talk about wages and uncooperative.</p>
7-13	<p>Mrs. Hawkins indicated that her needs would be a 2 bedroom apt. due to the fact that her sons were away from home. One son is engaged in the Youth Opportunity Program and only comes home on weekends. Job Corps Training. The 14 year old son is in a Correctional School and may be released at any time. Therefore, she would need a room for him.</p>
7-12	<p>Verification of income received from 3 of her employers. Total amount received for 1971 was \$838.00 as reported her employers.</p>
10-27	<p>A visit was made to the Mult. Service Center to the Welfare Agency to seek some assistance for a client. An intake worker talked with me and reviewed Mrs. Hawkins file, which showed that the client had formerly been a recipient of ADC while her children were home with her, but was dropped from caseload. Again in May 1972 Mrs Hawkins reapplied but was denied because she was over MCW standards. She stated her income was \$140.00 /mo. After explaining my observation of her situation, I was referred to the Mental Health Clinic, where the client had been a patient, however, she had not followed up her appointments. Welfare requires that the person has a statement from a doctor stating their eligibility. Therefore, it will be pertinent that Mrs. Hawkins go into the Mental Health Office before Welfare acceptance. Efforts will be made to set up an appointment with the client as soon as possible. Mrs. Shirley Hamilton who has worked with the Doctor there will assist in getting a Welfare Grant as she is familiar with the case of Mrs. Hawkins.</p>

INTERVIEW REGISTER

Relocation
Worker

Date		Relocation Worker
10-30	<p>Mrs. Hawkins was taken to HAP application accepted and an apt was assigned to her at 216 N. Sumner Court. An appointment with the Supervisor, Mrs. Shirley Hamilton to talk with client, Mrs. Mett interviewed Mrs. Hawkins and secured personal information needed to determine some of her past medical history and family relations.</p> <p>At 2:30 pm, Mrs Hamilton the psychiatric social worker saw Mrs. Hawkins in her office and was able to draw out some definite facts about her problems. Dr. Taylor also reviewed the clients file from her visit in Feb. 1972 when two other persons and I accompanied the client to the clinic where she was seen by Dr. Taylor and medication was given at that time. She had failed to keep her appointments and her daughter stated she did not take her medication. Therefore, from observations made by the Doctor further treatments were needed. Ap app't for the clients' next treatment has been set for Nov. 13, 1972, at 2:30. A supply of medicine was given to last for the interim period.</p>	
11-2	Claim filed for Dislocation Allowance of \$200 as hardship for moving client.	
11-6	<p>Went to Multi-Service, talked with Mrs. Pat Lewis, intake worker who had previously interviewed Mrs. Hawkins, helped to fill out necessary forms that were needed for placing Mrs. Hawkins eligibility for welfare assistance. Talked with Mr. Greg Olson who will be her assistance worker and Terry Dion, medical assistant. An advance check of \$50.00 was issued also food stamps voucher for Nov. 9, 1972 at 10 o'clock. After the processing of application and approval, the client Mrs. Hawkins will be receiving \$144.00 monthly from welfare also medical care as needed. An apt. at 216 N. Sumner has been released by HAP, transportation will not be a problem. This should encourage the client to keep all appointments and the communication with the Doctors and medical staff working with her.</p>	
11-7	<p>Mrs. Hawkins was taken to HAP to sign lease and to Columbia Villa to pick up keys to an apt. at 215 N.E. Sumner St. #9. A closing deposit of \$20 and \$44.50 total amount of \$64.50 for rent for Nov. was pd. A \$50.00 check from welfare and \$14.50 of her personal money were used as rental payment.</p>	
11-8	<p>Mrs. Hawkins made a self move from 217 N. Monroe to 215 N Sumner Apt #9. Mrs. Hawkins came into our office to get her check Warrant No. 595 EH Signature of recipient.</p>	
11-72	Claim filed for fixed moving expense for 4 rooms total claim \$180.	
11-24	<p>Mrs. Hawkins has not contacted our office since her move. Have left messages to come in to sign her claim for moving expense there has been no response.</p>	
12-6	<p>Received check. Warrant No. 615 EH for fixed moving payment individual from parcel A 2-6 amount of check \$180 to Ernestine Hawkins.</p>	
12-11	<p>Mrs. Hawkins was in office today signed personal property release on 217 N. Monroe picked up check signature of receipt of check.</p>	

AG

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Emmanuel

PROJECT NO. K-20

1. Full name of claimant: _____ Family _____ Individual _____
Emmanuel Emmanuel
2. Dwelling unit from which you moved: Parcel No. A 2-6
 a. Address 317 2nd St c. Number of bedrooms 4
Portland, Ore 97227 d. Monthly rental \$ _____
 b. Apartment or room number _____ e. Date displaced _____
3. Dwelling unit to which you moved (RENTAL)
 a. Address 216 McAdams c. Number of bedrooms 1
Portland, Ore 97217 d. Monthly rental \$ 44.50
 b. Apartment or room number _____ e. Date moved in _____
4. Dwelling unit to which you moved (PURCHASE)
 a. Address _____ c. Downpayment \$ _____
 b. Number of bedrooms _____ d. Incidental expenses \$ _____
 e. Date of purchase _____
5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)
 a. Address from which you moved _____
 b. Address to which you moved _____
 c. Date of move _____
 d. Monthly rental for temporary unit: \$ _____
 e. Require temporary housing for more than 3 months? _____ Yes _____ No
 If yes, total number of months in temporary housing _____ months

Incidental expenses.

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

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

Determination

1. Did claimant rent or own at time of acquisition? _____ Yes X No
 Tenant's initial date of rental Oct. 1971
 Date of acquisition 7/21/73
 Owner-occupant's initial date of ownership _____
2. Did claimant own or rent 90 days prior to initiation of negotiations? _____ Yes X No
 Date of rental or purchase _____
 Date of initiation of negotiations Nov. 1, 1973
3. Is replacement housing standard? X Yes _____ No HAP
 If previously substandard, date found standard _____
4. Certification:
 (Amount of this claim \$ _____)

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 595 EH

DATE November 8, 1972

PAY TO **Ernestine Hawkins**

\$ 200.00

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
		Reimbursement per Claim for Dislocation Allowance filed. Move from 217 N. Monroe (Parcel A-2-6).	\$200.00

Account Distribution

NO. TITLE AMOUNT

0600 F60 901

216 N. MONROE

RELOCATION PAYMENT

Project: Emanuel Parcel: A 2-6

Payable to: Ernestine Hawkins

Amount

For: _____	RHP for Homeowners	\$ _____
_____	Incidental Expenses for Homeowners (if separate claim)	\$ _____
_____	RHP for Tenants & Certain Others:	
	Rental: Total approved \$ _____; Annual amount.	\$ _____
	or Purchase:	\$ _____
_____	Fixed Moving Payment	\$ <u>180.00</u>
<u>Y</u>	Dislocation Allowance.	\$ <u>200.00</u>
_____	Actual Moving Costs.	\$ _____
_____	Storage Costs (if separate claim).	\$ _____
_____	Business: Moving Expenses.	\$ _____
_____	Business: In Lieu Payment.	\$ _____
_____	Business: Storage Costs.	\$ _____
_____	Business: Loss of Property	\$ _____
_____	Business: Searching Expenses	\$ _____

Name of Client Ernestine Hawkins Less - \$ _____ *

Move from 217 N. Monroe Total \$ ~~200.00~~ 380

Accounting: Indicate symbol & Acct. No.
_____ Relocation Payment; _____ Project Cost * (_____)

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Ernestine Spunk Project R 20
 2. Date(s) of move Nov. 9 1972 Parcel No. A 2-6
 3. Dwelling unit from which you moved:
 Address 217 W. Monroe No. of rooms 5
 ___ Furnished ___ Unfurnished Date you moved into this unit Oct. 1971

4. Dwelling unit to which you moved:
 Address _____
 Were goods moved to or from storage? ___ Yes ___ No

5. Total claim \$ 200.

 FIXED PAYMENT: \$ 200 + \$ _____ = \$ _____

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)

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

Portland Development Commission
235 N. Monroe Portland, Oregon

PROJECT NAME (if applicable)
Emanuel

Project Number: R 20

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

1. FULL NAME OF CLAIMANT Ernestine Hawkins Family Individual

2. DATE(S) OF MOVE
Nov. 8, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A 2-6
 a. Address 217 N. Monroe
 b. Apartment, Floor, or Room Number _____
 c. Was it furnished with your own furniture?
 Yes No
 d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 4
 e. Date you moved into this address: October 1971

4. DWELLING UNIT TO WHICH YOU MOVED
 a. Address (include ZIP Code) 216 N. Sumner
 b. Apartment, Floor, or Room Number _____
 c. Were household goods moved to or from storage?
 Yes No
 If "Yes", complete table, "Statement of Claim for Storage Costs"

5. TOTAL CLAIM (if 5 b. marked above)
 Dislocation Allowance \$200.00
 Fixed Moving Payment _____
 (Consult local agency) Total \$ 200.00

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

11-1-72
Date

Ernestine Hawkins
Signature of Claimant

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Ernestine Hawkins
217 N. Monroe
Portland, Oregon

NAME OF LOCAL AGENCY:

Portland Development Commission

INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved.

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

2. Complete if claim is for a fixed payment including an amount for moving articles located in household storage space:

Date items inspected: _____
Month-Day-Year

3. If claim is for a self-move, does approved amount exceed estimated cost of accomplishing the move through services of a commercial mover or contractor?

Yes No

If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ _____			
2. Dislocation allowance \$ <u>200</u>			
<i>WJ</i> 3. Total \$ _____	\$ <u>200</u>	<i>[Signature]</i>	<u>11-6-72</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>11/8/72</u>	<u>595 EH</u>	<u>\$ 200.00</u>			\$

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 615 EHDATE December 6, 19 72PAY TO **Ernestine Hawkins**

\$ 180.00

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
		<p>Reimbursement per Claim for Relocation Payment filed. Move from 217 N. Monroe (Parcel A-2-6).</p> <p>Fixed moving payment - Individual</p> <p style="text-align: right;"><i>Received by Ernestine 12/11/72 Hawkins</i></p>	\$180.00

Account Distribution

NO.

TITLE

AMOUNT

060 E60 901

RELOCATION PAYMENT

Project: Emanuel Parcel: A 2-6

Payable to: Ernestine Hawkins

	<u>Amount</u>
For: <input type="checkbox"/> RHP for Homeowners	\$ _____
<input type="checkbox"/> Incidental Expenses for Homeowners (if separate claim)	\$ _____
<input type="checkbox"/> RHP for Tenants & Certain Others:	
Rental: Total approved \$ _____; Annual amount.	\$ _____
or Purchase:	\$ <u>180.</u>
<input checked="" type="checkbox"/> Fixed Moving Payment	\$ _____
<input type="checkbox"/> Dislocation Allowance.	\$ _____
<input type="checkbox"/> Actual Moving Costs.	\$ _____
<input type="checkbox"/> Storage Costs (if separate claim).	\$ _____
<input type="checkbox"/> Business: Moving Expenses.	\$ _____
<input type="checkbox"/> Business: In Lieu Payment.	\$ _____
<input type="checkbox"/> Business: Storage Costs.	\$ _____
<input type="checkbox"/> Business: Loss of Property	\$ _____
<input type="checkbox"/> Business: Searching Expenses	\$ _____

Name of Client Ernestine Hawkins

Less - \$ _____*

Move from 217 N. Monroe

Total \$ 180.00 me

Accounting: Indicate symbol & Acct. No.
Relocation Payment; _____ Project Cost *(_____)

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

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

PROJECT NAME (if applicable)
 Emanuel
 Project Number: A 2-6

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 statment or
 entry, shall be fined not more than \$10,000 or imprisoned not more than five years,
 or both."

1. FULL NAME OF CLAIMANT Ernestine Hawkins Family Individual

2. DATE(S) OF MOVE
Nov. 10, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A 2-6
 a. Address 217 N. Monroe
Portland, Oregon 97227
 b. Apartment, Floor, or Room Number _____
 c. Was it furnished with your own furniture?
 Yes No
 d. Number of rooms occupied (ex-
 cluding bathrooms, hallways,
 and closets: 4
 e. Date you moved into this
 address: October 1971

4. DWELLING UNIT TO WHICH YOU MOVED
 a. Address (include ZIP Code) 216 N.
Sumner Portland, Oregon 97217
 b. Apartment, Floor, or Room Number Apt. 9
 c. Were household goods moved to
 or from storage?
 Yes No
 If "Yes", complete table,
 "Statement of Claim for Storage
 Costs"

5. TOTAL CLAIM (if 5 b. marked above)
 Dislocation Allowance ~~\$2000.00~~
 Fixed Moving Payment \$180.00
 (Consult local agency) Total \$ 180.00

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

11-30-72
 Date

Ernestine Hawkins
 Signature of Claimant

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Ernestine Hawkins
216 N. Sumner Street
Portland, Oregon 97217

NAME OF LOCAL AGENCY:

Portland Development Commission

INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved.

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

2. Complete if claim is for a fixed payment including an amount for moving articles located in household storage space:

Date items inspected: _____
Month-Day-Year

3. If claim is for a self-move, does approved amount exceed estimated cost of accomplishing the move through services of a commercial mover or contractor?

Yes No

If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Ernestine Hawkins Project Emanuel
 2. Date(s) of move Nov. 9, 1972 Parcel No. A 2-6
 3. Dwelling unit from which you moved:
 Address 217 N. Morse No. of rooms 4
 ___ Furnished Unfurnished Date you moved into this unit Oct. 1971
 4. Dwelling unit to which you moved:
 Address 216 N. Summer Apt #9
 Were goods moved to or from storage? ___ Yes No
 5. Total claim \$180⁰⁰

FIXED PAYMENT: \$200 + \$180⁰⁰ = \$ 180

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) \$ _____

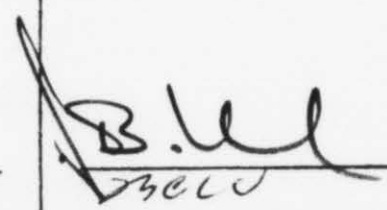
STORAGE COSTS

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)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>180.00</u>			<u>12-1-72</u>
*2. Dislocation allowance \$ _____			
3. Total <u>180</u> \$ <u>180.00</u>	<u>\$180.00</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>12/6/72</u>	<u>615 EH</u>	<u>\$ 180.00</u>			\$

* PREVIOUSLY RECEIVED.

DATED this 11 day of December 19 72.

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

PORTLAND DEVELOPMENT COMMISSION

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

August 7, 1972

Mrs. Ernestine Hawkins
217 N. Monroe
Portland, Oregon

Dear Mrs. Hawkins:

The premises you are now occupying at the above subject address are within the boundaries of the Emanuel Hospital Urban Renewal Project. Ownership (possession) of this property was vested in (granted) the Portland Development Commission on July 21, 1972.

Present plans of the Portland Development Commission call for demolition of the structure which you occupy at the earliest possible date. The most recent regulations of the Department of Housing and Urban Development governing this project stipulate that lawful occupants shall not be required to surrender possession without at least 90 days written notice from the local commission. This letter is therefor to advise you that we require you to surrender possession of the above subject premises not later than November 7, 1972. Any extension of this date must have the written approval of the Commission.

If you have any questions or wish more information please call on us at 235 N. Monroe Street, telephone 288-8169. We want to cooperate with you to the fullest extent possible in finding a new location, assisting you in your move, and obtaining for you those benefits to which you are entitled under the regulations.

Very truly yours,

PORTLAND DEVELOPMENT COMMISSION

W. Stanley Jones
By: W. Stanley Jones

WSJ:slc

DEAN C. WERST

ATTORNEY AT LAW
817 CORBETT BUILDING
PORTLAND, OREGON 97204
TELEPHONE 228-3147

July 10, 1972

C
Mr. Ernestine Hawkins
217 North Monroe Street
Portland, Oregon

Dear Mr. Hawkins:

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

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

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

Yours truly,

DEAN C. WERST

Y
DCW/ps

cc: ✓ Portland Development Commission
Willie Smith

Mrs Hawkins

Dwelling Unit Inventory

<u>QUANTITY</u>		<u>QUANTITY</u>	
<u>2</u>	Beds & Springs <i>mattresses</i>	<u>2</u>	Night Stand
_____	Bedroom Chair	_____	Occasional Chair
_____	Breakfast Table	<u>1</u>	Overstuffed Chair
<u>2</u>	Breakfast Table Chairs	_____	Overstuffed Rocker
_____	Bridge Lamp & Shade	_____	Range
<u>1</u>	Buffet	_____	Refrigerator: Brand _____
_____	Chest of Drawers	_____	Rocker
<u>1</u>	Coffee Table	_____	Rug & Pad: Size _____
_____	Couch	_____	Stool
<u>1</u>	Davenport	_____	Table Lamp & Shade
<u>1</u>	Desk	<u>1</u>	Table, small
<u>1</u>	Dining Table	_____	Vanity & Bench
<u>2</u>	Dining Chairs	_____	Suitcases
<u>1</u>	Dresser	_____	Trunks
_____	End Table	<input checked="" type="checkbox"/>	Cartons, Boxes, Etc.
_____	Floor Lamp & Shade	<input checked="" type="checkbox"/>	Clothes
<u>1</u>	Mirror	<input checked="" type="checkbox"/>	Bedding & Linens

Miscellaneous (List Items)

- 2 Roll away bed _____
- 1 washing Machine _____
- Magazine rack _____
- 1 Wall Clock _____
- Pictures _____
- Storage Room (Downstairs) _____

COMMENTS:

Ernestine
Hawkins
217 N. Monroe

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 595 EH

DATE November 8, 1972

PAY TO Ernestine Hawk #25

\$ 200.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE

⑆ 230 00041 0 6744 4 ⑆

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Dislocation Allowance filed. Move from 217 N. Monroe (Parcel A-2-6).	\$200.00

*Received by Ernestine Hawk
Date Nov. 9 1972*

DATED this 29th day of Nov., 1972.

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

James Hawkins
(firm name)

by: _____

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.

6/28/73
date



4400 N. E. BROADWAY • PORTLAND, OREGON 97213 • TELEPHONE 288-7111

PHYSICIAN'S CERTIFICATION OF DISABILITY

CONFIDENTIAL

FROM: Shirley Hamilton
name
Supervisor
title
Mental Health Clinic
address
5022 N. Vancouver
Portland, Oregon 97212
DATE: 10/30/72

RE: Ernestine Hausman TENANT/APPLICANT
name
~~216~~ 216 N. Sumner - Portland, Ore.
address

In my opinion Ernestine Hausman does does not
(above named tenant/applicant)
have a disability which is defined as follows: The inability to engage in any substantial, gainful activity by reason of a serious, medically determinable, physical or mental impairment which can be expected to be permanent or of a long, continued and indefinite duration, or is unable to earn a sufficient amount to maintain a normal standard of living because of physical, mental or emotional disability.

Mrs. Shirley Hamilton, MSW
name
Psychiatric Social Worker
professional title
Mult. Cty. Mental Health
Multi. Service Center
5022 N. Vancouver
Portland, Ore. 97212

Fred M. Rosenbaum, Chairman
Lyndon R. Musolf
Richard J. Brownstein, Legal Counsel
COMMISSIONERS
Leonard L. Gibson
Thomas J. Malloy
John D. McLeod
Mrs. ~~Shirley~~ M. Dahlke, Vice-Chairman
James O. Brooks
Gene W. Rossman, Executive Director



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

October 30, 1972

Intake Unit
Department of Welfare
5022 N. Vancouver
Portland, Oregon 97212

Re: Hawkins, Ernestine

Dear Ms:

The above named person is being seen in our clinic for emotional disturbance. She is mentally impaired in that her mind wanders as to time and place.

Mrs. Hawkins will indefinitely need supplemental financial assistance because she is unable to work regularly due to her emotional disability.

If further information is needed please contact me.

Sincerely,

Shirley Hamilton
(Mrs.) Shirley Hamilton, M.S.U.
Supervisor Mental Health
Multnomah County
Multi-Service Center

SH:par

Local Security
418-38-2928

7-6-1972

(date)

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an urban renewal area, and in order to determine my eligibility for further compensation, would like you to give them the amount of my income from my employment.

This will authorize you to give them the information requested below. Please return one copy of the completed form directly to the Portland Development Commission in the envelope provided.

Thank you.

Sincerely,

(name)

(address)

July 7-1972
(date)

TO: Portland Development Commission

The following information on income from employment is submitted, as requested above:

Employee's name: ~~Gene~~ Ernestine Hawkins

Total earnings for 1971: \$ 108.00

Estimated earnings for current year: \$ 70.00

Mrs. Darrell DeBeck
(authorized signature)

CONFIDENTIAL

7/6/72
(date)

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an urban renewal area, and in order to determine my eligibility for further compensation, would like you to give them the amount of my income from my employment.

This will authorize you to give them the information requested below. Please return one copy of the completed form directly to the Portland Development Commission in the envelope provided.

Thank you.

Sincerely,

(name)

(address)

7/8/72
(date)

TO: Portland Development Commission

The following information on income from employment is submitted, as requested above:

Employee's name: Ernest Hawkins
Total earnings for 1971: \$ app \$500.00
Estimated earnings for current year: \$ about same

Ms Norman Rubin
(authorized signature)

CONFIDENTIAL

July 6, 1972
(Date)

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an urban renewal area, and in order to determine my eligibility for further compensation, would like you to give them the amount of my income from my employment.

This will authorize you to give them the information requested below. Please return one copy of the completed form directly to the Portland Development Commission in the envelope provided.

Thank you.

Sincerely,

(Name)

(Address)

July 8, 1972
(Date)

TO: Portland Development Commission

The following information on income from employment is submitted, as requested above:

Employee's name: Ernestine Hawkins

Total earnings for 1971: \$200.00

Estimated earnings for current year: \$200.00

Charles Cohen
(Authorized signature)

CONFIDENTIAL

August 1, 1972

Portland Development Commission
235 N Monroe St.
Portland, Oregon

Dear Sirs,

We employed Ernestine Hawkins
during the present year.
Her wages amount to \$30⁰⁰
as of this date.

Respectfully

David R. Trachtenberg