

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

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER _____ PROJECT NO. R-22 PARCEL 95-4-9

NAME Henderson Sanka ADDRESS _____ APT NO. _____

PHONE _____ INITIAL INTERVIEW _____ SEX M W NW AGE _____

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

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name _____ \$ _____
 Address _____
 MCW Caseworker _____
 Social Security _____
 Va. Fed. Mult Co. _____
 Pension: Name _____
 Other: Name _____

TOTAL MONTHLY INCOME _____

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

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

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

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

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

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

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

FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: _____ Zip _____ Phone _____

11/10/71 flyer: delivered by Ted Parker

2/10/71 survey: manager refused to let us talk to tenants. JC

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 OC Date of survey 2/10/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 14 Structure No. 3 Census Block No. _____ Census Tract No. _____
 Street Address _____ Apartment No. 9

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

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

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

Name	Family relation	Age	Sex	Occupation
1. <u>Henderson, Santee</u>	Head of household	<u>40</u>	<u>M</u>	
2. _____				
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
_____	_____	_____	_____
_____	_____	_____	_____

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>1 job</u>	\$ _____	\$ _____
_____	_____	_____
Total family or household income per month	\$ _____	\$ <u>200.00</u>

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

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

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

Date _____

Analyst _____ Surveyed _____ Tabulator _____ Date _____
 Dwelling Unit No. 14 Structure No. 3 Census Block No. 72 Census Tract No. 72 A
 Street Address 7 N Russell Apartment No. 9
 Legal Description _____

NAME OF OCCUPANT: <u>Janice Herderson</u> <u>7 N Russell #9</u>	NAME & ADDRESS OF OWNER <u>Steven Mathieu</u> <u>308 Powell Blvd</u>	NAME & ADDRESS OF PROP. MGR: _____
TELEPHONE: _____	TELEPHONE: <u>252-5219</u>	TELEPHONE: _____
INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

<u> </u> Kind of dwelling unit	<u> </u> No. of units in bldg.
<u> </u> One-family house	_____
<u> </u> Apt. in a house	_____
<u> </u> Apt. in apt. bldg.	_____
<input checked="" type="checkbox"/> Apt. in comm. bldg.	<u>9</u>
<u> </u> Mobile home or trailer	_____

This structure has 2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

 Owner occupied
 Renter occupied
 Vacant

III. SIZE OF DWELLING UNIT

6565 Sq. ft. in first floor (county figure)
13133 Sq. ft. in dwelling unit (if more than 1 floor)
2 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
0 No. of bathrooms
0 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
3/30/67 Date of last appraisal
1894 Date structure was originally built
 _____ Date of any major alterations

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

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	\$ <u>10,400</u>	\$ _____
Improvements	<u>14,560</u>	_____
Total	<u>24,960</u>	_____

6565 Sq. ft. of all d. u. in this structure
 _____ Sq. ft. of commercial space and value of commercial space: Land \$ _____, improvements \$ _____, total \$ _____.

V. RENTAL RATE FOR THIS RENTED UNIT

Monthly average	Cash rent	Utilities	Total paid by renter
Rent	\$ _____	_____	\$ _____
Electricity	_____	\$ _____	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Heat (oil, or other)	_____	_____	_____
Total	\$ _____	\$ _____	\$ <u>54.00</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

As such records filed in

apartment house file