

	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 January 19, 1976

NAME Lynn Hull

Mr. Hull's relocation took many man hours. He moved several times due to job and income problems, etc. (see interview register) He was congenial to work with - at least ~~the last~~ during the last TACO interview and relocation.

(signed) _____

C.D.

worker

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME HULL, Lynn RELOCATION ADVISOR J. McIntosh
 ADDRESS 3006 N. Commercial PHONE _____ PROJECT NAME Emanuel R-20
 SEX M ETHN White VETERAN _____ AGE 56 PARCEL NO. R-15-3
 MARITAL STATUS Single TENURE Tenant
 DISABILITY _____ INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 2/3/72 DATE INFO PAMPHLET DELIVERED 2/3/72
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY Olivia Heden, Box 35, Forest Grove

DATE ON SITE:	<u>1965</u>
INITIATION OF NEGOTIATIONS:	<u>5/26/71</u>
DATE OF ACQUISITION:	<u>5/23/72</u>

ECONOMIC DATA

Employer City of Portland \$ 585.60
 Address Stanton Yards
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 585.60

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 70 No. Rooms 4
 No. Bedrooms 1 Furn. X Unfurn _____
 Utilities \$ 34
 Monthly Payments (Rent) \$ 35
 Acquisition Price \$ _____
 Taxes \$ N/A Equity \$ N/A
 Liens \$ N/A

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms
<u>3823 N.E. 10th</u>	<u>1</u>
<u>1626 S.E. Alder</u>	<u>1</u>
<u>932 N. Fremont</u>	<u>1</u>
<u>730 N.E. Weidler</u>	<u>1</u>
<u>411 N.E. 22nd</u>	<u>1</u>
<u>616 N.E. Fargo</u>	<u>1</u>
<u>4634 N.E. Wygant</u>	<u>1</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	
Noted	
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 425-A N. E. Tillamook Phone _____ Date of Move 4/3/72

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

Furnished Unfurnished _____ Number of Rooms 4 Number of Bedrooms 1 Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ 125.00 Purchase Price \$ _____

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount	Purchase Price	N/A	\$
RHP			\$			
TACO (Rental)	363 EH	4/7/72	\$ 753.00	Down Payment	\$	
TACO (Rental)			\$	RHP	\$	
TACO (Rental)			\$			
TACO (Rental)			\$			
TACO (Sales)			\$	Total Down	- \$	
Fixed Moving	363 EH	4/7/72	\$ 260.00	Total Mortgage	\$	
Actual Move			\$			
Storage			\$			
Incidental			\$			
Interest			\$ 1,013.00			

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: N/A ESCROW CO. N/A OFFICER _____

INTERVIEW REGISTER

Date

2/24/71	<u>Survey:</u> Will rent - prefer house - same area.	JC
2/3/72	Stopped by Mr. Hull's place of residence, but he was not at home. Left note for him to call. Also left relocation pamphlet.	JMc
2/8	Mr. Hull called today. We arranged to meet tomorrow to discuss his relocation benefits.	JMc
2/9	Met with Mr. Hull this afternoon. I quoted the benefits due him and then discussed preferred areas of relocation. He would like to relocate within two or three miles of his present location. His current rent is \$35, plus utilities, but he can afford as much as \$85. He does not want to purchase.	JMc
3/1	Mailed list of referrals to Mr. Hull.	JM
3/8	Mr. Hull called and acknowledged receipt of referral list. However, he indicated that he did not have any transportation to look at said dwellings. We made arrangements to meet tomorrow morning. I will drive him around to look for available units.	JM
3/9	Met Mr. Hull at his house this morning. I was prepared to drive Mr. Hull around to look for a rental replacement dwelling; however, as we started to leave, he expressed a real desire to purchase instead of rent. We sat down and I outlined the benefits available to him, and then we discussed the type of desired housing and location. He would like a one or two-bedroom house, with a yard large enough to do gardening. As far as location, Mr. Hull will live almost anywhere if the house is on a bus line.	JM
3/9	Prepared and mailed letter to Mr. Hull's place of employment, requesting verification of his income.	JM
3/10	Received call from Bob Stites of Fulton Moving Company. He said we would be receiving bid first of next week.	JM
3/14	Contacted Mrs. Kay Cormack of Boyer and Cox Realty Co. - asked if she would like to work with Lynn Hull. I outlined his needs and particular requirements. She will contact him today.	JM
3/15	Received from City of Portland, verification of Mr. Hull's income. He has been employed by the City on a full time basis since July 23, 1963. His rate of pay is \$4.00 an hour.	JM
3/16	Called Mrs. Cormack and asked if she had been able to contact Mr. Hull. She said that she had called Mr. Hull and told him about a number of homes. He was to call back but did not. She will call him late this afternoon.	JM
3/27	Mr. Hull called this morning and said that he found an available apartment located at 425A N.E. Tillamook. It is owned by Mr. Walter Pelett whose phone is 285-0691, and rents for \$125 per month. I told him that I would contact the Housing Division and have the unit inspected. I told him that this was a Federal requirement and must be completed before we could make payment of his rental assistance benefit. Mr. Hull said this was fine and that he is very anxious to	

INTERVIEW REGISTER

Relocation:
Worker

Date

3/27/72 continued:
rent said apartment. He has decided against purchasing a home. Called Housing Division and arranged to have unit inspected.
Mr. Hull called and I told him about result of inspection. We made arrangements to move him at 8:30 a.m., 4/3/72.

3/28 In computing Mr. Hull's Rental Assistance Benefit it was determined that he was eligible to receive a total amount of \$3,012, with an annual payment of \$753. His benefit was based on the following:

Monthly gross rental for comparable unit (based on scheduled amount)	\$97.75
Base monthly rental for former dwelling	<u>35.00</u>
	\$62.75

$\$62.75 \times 48 = \$3,012/4 = \$753$ Annual payment

3/29 Received letter from Housing Division notifying us that the dwelling unit at 425A is in compliance with City regulations at this time.
Called Mr. Pelett, owner of unit at 425A N.E. Tillamook, and alerted him to outcome of inspection.

4/3 Prepared claim forms today and submitted them for approval. As noted in the computation dated 3/28, Mr. Hull is eligible to receive a Rental Assistance Payment of \$3,012 in four annual payments of \$753 each. He is also entitled to receive a moving allowance of \$260, which includes a \$200 Dislocation Allowance and a moving benefit of \$60, based on his occupancy of four unfurnished rooms.
Met Mr. Hull at his residence on N. Commercial this morning. We made one trip to his new residence at 425 N. Tillamook. Mr. Hull was behind in his packing and only had enough goods for one load. He will spend the remainder of the day packing miscellaneous items and then will obtain the assistance of a friend who will move the remaining items.
Mr. Hull signed the required claim form and the Release of Personal Property form. I explained that if within the ensuing year he should decide to purchase, he would be eligible to receive a downpayment benefit minus the Rental Assistance benefit previously paid to him.
The unit at 425 N.E. Tillamook is a one-bedroom apartment with extremely large rooms and enormous storage areas. It is a very clean and nicely furnished unit, with modern appliances. The apartment is situated above an office building about one block east of Union. Mr. Hull should be very satisfied with it and has expressed his satisfaction.

4/7 Received approved claim form and Warrant No. 363 EH in the amount of \$1,013. This amount represents Mr. Hull's first annual Rental Assistance Payment of \$753, a dislocation allowance of \$200, plus a fixed payment of \$60, based on his occupancy of four unfurnished rooms.
Prepared letter and mailed, along with Warrant No. 363 EH to Mr. Hull.
Mr. Hull has been successfully relocated into standard housing at 425-A. N. E. Tillamook, and has received all relocation benefits due him at this time. Thus his file is ready to close.

JMc

JMc

JMc

JMc

INTERVIEW REGISTER

Date		Relocation Worker														
5/4/72	Mr. Hull called and said that he is very unhappy with his replacement dwelling unit. He said that the owners have increased his rent \$45.00 more a month and that they did not furnish the apartment as promised. He asked that I find another dwelling that he can rent or buy.	JMc														
5/25	Called Phyllis Green at Stassens Realty and requested that she get in touch with Mr. Hull.	JMc														
6/5	Phyllis Green of Stassens Realty called and said that she has shown Mr. Hull a number of available houses. However, she indicated that she has a few more to show him but is having difficulty in reaching him. Called Mr. Hull and requested that he call Mrs. Green.	JMc														
6/8	Mrs. Green called and said Mr. Hull wanted to buy a house shown to him at 3717 S. E. Washington. The two-bedroom home is owned by Mr. & Mrs. Oliver Bacon and is selling for \$12,950. Told Mrs. Green that I would have house inspected and that it must be found standard before Mr. Hull could receive downpayment benefit.	JMc														
6/7	Called Bureau of Buildings and ordered inspection.	JMc														
6/12	Phyllis Green called and asked about amount of benefit available to Mr. Hull. (See below for computation).															
	<table border="0"> <tr> <td>Purchase Price</td> <td>\$12,950</td> </tr> <tr> <td>Amount necessary for downpayment</td> <td>2,590</td> </tr> <tr> <td>Amount in excess of \$2,000</td> <td>590</td> </tr> <tr> <td>Amount of client matching</td> <td>295</td> </tr> <tr> <td>PDC share of downpayment</td> <td>\$2,295</td> </tr> <tr> <td>Minus rent benefit</td> <td><u>- 753</u></td> </tr> <tr> <td>Total available to Mr. Hull</td> <td>\$1,542</td> </tr> </table>	Purchase Price	\$12,950	Amount necessary for downpayment	2,590	Amount in excess of \$2,000	590	Amount of client matching	295	PDC share of downpayment	\$2,295	Minus rent benefit	<u>- 753</u>	Total available to Mr. Hull	\$1,542	
Purchase Price	\$12,950															
Amount necessary for downpayment	2,590															
Amount in excess of \$2,000	590															
Amount of client matching	295															
PDC share of downpayment	\$2,295															
Minus rent benefit	<u>- 753</u>															
Total available to Mr. Hull	\$1,542															
	Told Mrs. Green that if Mr. Hull could supply matching funds of \$295, he would be eligible to receive a maximum amount of \$1,542; however, if he does not, then the maximum amount available to him would be \$1,247. Mrs. Green said she would meet with Mr. Hull tonight and call me tomorrow.	JMc														
6/14	Phyllis Green called and said that she met with Mr. Hull last evening and he seemed confident of his ability to acquire matching funds for downpayment.	JMc														
6/15	Received notice from City that housing unit at 3717 S. E. Washington is in compliance with City housing regulations. Called Mrs. Green and related above information to her. She will try to find financing for Mr. Hull.	JMc														
6/20	Received from Phyllis Green of Stassens Realty, copies of note and estimated closing costs statement concerning Mr. Hull's purchase of the house at 3717 S. E. Washington.	JMc														
6/26	Mrs. Green called and said that she could not obtain 90% financing for Mr. Hull. She said that she will try to go FHA and will call to let me know how it goes.	JMc														

INTERVIEW REGISTER

Date		Relocation Worker
6/29/ 72	Mrs. Green called and said that she has not been able to obtain financing for Mr. Hull. It seems that the house at 3717 S. E. Washington has a sub-standard size lot, and lending institutions will not finance a mortgage on it. Mrs. Green added that another difficulty has to do with Mr. Hull's credit. Thus, she is not able to help him.	JMc
7/10	Called Mr. Hull and asked about his current plans. He indicated that he was going to investigate the possibility of renting an apartment near the Lloyd Center. He said that he would contact me when he finds another dwelling unit.	JMc
3-1-73	Prepared claim for Mr. Hull's second annual TACO payment - submitted it for approval and payment.	JMc
3-7-73	Warrant No 704 EH in the amount of \$753 sent to Mr. Hull today.	JMc
3-27-74	Warrant No 912 EH in the amount of \$753 delivered to Mr. Hull today. Third annual TACO.	JMc
5/20/ 75	Mr. Lampkin called to say that Mr. Hill had contacted him and wanted to move back into his old apartment. He wanted to know whether it was true that he would receive his rent assistance, and I explained that this would be his 4th and final payment. Mr. Hull had lived there three years except for about 5 or 6 months. The apartment is standard and was inspected. He moved because he was having trouble paying rent.	SCD
5/23/ 75	Mr. Hull called to say that he had made arrangements to move back into 425-A N.E. Tillamook. Called Mr. Lampkin and confirmed this, Started to process his 4th & final claim.	SCD
5/28/ 75	Delivered Mr. Hull's fourth and final TACO payment check. He moved back to 425-A N.E. Tillamook Street.	SCD

SHB

RESIDENTIAL RELOCATION RECORD

Project Name EMAN Parcel No. R-15-3 Advisor Mc
 Client's Name HULL, LYNN Phone 289-0050
 Address 3006 N. COMMERCIAL Ethn W Age 56
 Male Family Married Renter/Occupant
 Female Individual Single Owner/Occupant

Egyptian
Tareem

Family Composition

Total Number in Family 1
 wife, husband

Other: Relation Age Relation Age

Economic Data

Employer City of \$ 585.60
 Address Portland
 Other Source of Income \$ _____
 Total Monthly Income \$ (_____)

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 2-3-72 Date of Info pamphlet delivery 2-3-72
 Date Notice to Move given 7/19 Date Effective 7/19 Expires 7/19

CLAIMANT'S INITIAL DATE OF OCCUPANCY 1965
 (a) for owner-occupants - indicate initial date of occupancy and ownership 7/19
 Date of initiation of negotiations for purchase of property 5-26-71
 Date of Acquisition 6-1-72
 Date of letter of intent _____
 Date of move 4-3-72

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	
Private Rental		Duplex	
Other		Multiple Family	

Age of Housing Unit 70

Size of Habitable Area 800

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 4 Rent Paid \$ 35- Utilities 34-

Number of Bedrooms 1 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 425 A NE TIWAMOOK LPA Referred _____ Self Referred

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

Outside city Outside state

✓ Age of Housing Unit _____

✓ Size of Habitable Area _____

No. of Rooms 3 No. of Bedrooms 1

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____

Taxes \$ _____

RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ 125-

Utilities \$ _____

Total Rent Assistance \$ 3012-

Amount of Annual Payment \$ 753.00

No. of Housing Referrals to:

_____ Standard Sales

8 Standard Rent

Agency Referrals:

_____ MCW _____ HAP _____ OTHER (_____)

_____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 1059 EH

DATE May 28, 19 75

PAY TO **Lynn Hull**

\$ **753.00**

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 RHP for Tenants filed. Move from 3006 N. Commercial (Parcel R-15-3) Total Approved \$3,012.00 4th - FINAL PAYMENT	\$753.00
<p><i>Lynn E. Hull</i> 425 1/2 N. E. Tillamook Portland, Oreg. 97212</p>			

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: R-15-3

PAYABLE TO: Mr. Lynn Hull

For: <input type="checkbox"/>	RHP for Homeowners	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants.	\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$3012; Annual amount \$753.00	\$	<u>753.00</u>
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only).	\$	_____
<input type="checkbox"/>	Interest Expense	\$	_____
<input type="checkbox"/>	Fixed Moving Payment	\$	_____
<input type="checkbox"/>	Dislocation Allowance.	\$	_____
<input type="checkbox"/>	Actual Moving Costs.	\$	_____
<input type="checkbox"/>	Storage Costs.	\$	_____
<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 Mr. Lynn Hull Family Less - \$ _____ *

Move from 3006 N. Commercial Individual Total \$ 753.00

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

0600 X10 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: _____ DATE March 24, 1975
(Relocation Advisor)

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Lynn E. Hull (Emanuel) 835 N.E. Jessup (new address)
(Displacee) (Address)

No. 4th & final \$ 753.00 April 1975
(annual payment) (amount) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 425-A NE Tillamook

Date Inspected: _____ Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard _____
or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Hull has returned to his apartment at 425-A
N.E. Tillamook. The apartment is standard.

SIGNED: Lynn E. Hull SIGNED: Samuel H. Daniels
(Displacee) (Relocation Advisor)

DATE: 4-30-75 DATE: 5/23/75

TO: Bob Douglas DATE: 5/23/75

FROM: Chet Daniels

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Lynn E. Hull

PROJECT: Emanuel

FOR: 4th - final Taco payment

AMOUNT: 753.00

SIGNED: Samuel H. Daniels

ELECTION FORM

I, (WE) Lynn E. Hull, elect to
receive the balance of our rent assistance as follows:

X In one lump sum payment.

 In annual installment payments.

Signed: Lynn E. Hull
Tele.#: none

Date: 4-30-75

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

Parcel No. R-15-3

NAME OF CLAIMANT Mr. Lynn Hull

NAME OF LOCAL AGENCY Portland Development Commission

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

Tenant's initial date of rental: 1967

Date of Acquisition: Not yet acquired

Owner-Occupant's initial date of ownership: - -

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

Date of Rental or Purchase: 1967

Date of Initiation of Negotiations: 5/26/71

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.) 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 \$ 3,012.00 is authorized.

wsj

[Signature]
Authorized Signature

Date

5. RECORD OF PAYMENTS

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year

2nd Year

3rd Year

4th Year

Date of Payment

Check Number

Amount

<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
		\$ _____
<u>4/5/72</u>	<u>363EH</u>	\$ <u>753.00</u>
<u>3/7/73</u>	<u>704EH</u>	\$ <u>753.00</u>
<u>3/27/74</u>	<u>912EH</u>	\$ <u>753.00</u>
<u>5-28-75</u>	<u>1059EH</u>	\$ <u>753.00</u>

b. Claimant moved to unit he purchased

_____ \$ _____

c. Homeowner temporarily displaced

_____ \$ _____

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.

4/3/72
Date

Lynn E. Hull
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)
	\$	\$	\$	\$
TOTAL	\$	\$	\$ <u>1/</u>	\$

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.)

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 Hospital Project

PROJECT NUMBER: R-20

INSTRUCTIONS: Complete all applicable items and sign certification in Blank 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

Mr. Lynn Hull

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. R-15-3

- a. Address: 3006 N. Commercial
b. Apartment or room number: --
c. Number of bedrooms: 1

- d. Monthly rental: \$ 35.00
e. Date you moved out of this dwelling: 4/3/72
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

- a. Address (include ZIP Code): 425A N.E. Tillamook, Portland 97212
b. Apartment or room number: _____
c. Number of bedrooms: 2

- d. Monthly rental: \$ _____
e. Date you moved into this dwelling: 4/3/72
Month-Day-Year

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

- a. Address (include ZIP Code): _____
b. Number of bedrooms: _____
c. Downpayment: \$ _____

- d. Incidental expenses (total from table on next page): \$ _____
e. Date you purchased this dwelling: _____

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: _____
b. Address of dwelling unit to which you moved (include ZIP code): _____
c. Date of move: _____
Month-Day-Year

- d. Monthly rental for temporary unit: \$ _____
e. Will you require temporary housing for more than 3 months?
 Yes No
If "Yes", total number of months you will require temporary housing: _____ months

WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING
PAYMENT FOR TENANTS AND CERTAIN OTHERS

NAME AND ADDRESS OF CLAIMANT:

Lynn Hill
3006 N. Commercial

COMPUTATION PREPARED BY:

me [signature]
Name
Date

C. COMPUTATION OF RENTAL ASSISTANCE PAYMENT FOR CLAIMANT MOVED TO RENTAL UNIT

Required Information

- 1. Monthly gross rental for comparable unit \$ 97.75
(cost based on: Schedule
 Comparative
 Other)
- 2. Base monthly rental for claimant's former dwelling, or
25% of adjusted monthly income, whichever is less. \$ 35.00

Computation

- 3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>97.75</u>	
Line 2	<u>35.00</u>	
	<u>62.75</u>	
	X	<u>48</u>
		\$ <u>3012.00</u>
- 4. Base amount (if amount on Line 3 is \$4,000 or more,
enter \$4,000. If amount on Line 3 is less than
\$4,000, enter amount on Line 3.) \$ _____
- 5. Minus adjustments (Attach full explanation) - \$ _____
- 6. Amount of rental assistance payment
(Line 4 minus Line 5) \$ 3,012.00
- 7. Annual Payment \$ 753.00

(Enter this amount in the space provided in Block 3 on
page one of Replacement Housing Payment for Tenants
and Certain Others)

NOTE: If the amount on Line 6 is less than \$500, a lump-sum payment is to be
made. If the amount on Line 6 is more than \$500, divide the payment by 4.
The resultant amount is the total of each of four annual payments to be
made; enter on Line 7.

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

March 28, 1972

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. Chegwidden, Chief

RECEIVED

MAR 29 1972

PORTLAND DEVELOPMENT COMMISSION

Portland Development Commission
1700 S. W. 4 Avenue
Portland, Oregon 97201

Attn: Jim McIntosh

Re: 425A N. E. Tillamook Street

Dear Sirs:

As the result of a displaced person and at your request, a partial inspection was made by the Housing Division of the two-story, wood frame, commercial structure with second story dwelling unit at the above address.

Our inspector reports the second story, one bedroom unit complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidden
Chief Housing Inspector

CHF:vm

cc: Mr. Walt Pelett
P. O. Box 275

THE CITY OF
PORTLAND



OREGON

Date: April 17, 1975

Ms. Lynn E. Hull
425 "A" NE Tillamook
Portland, Oregon 97212

SUBJECT: Rent Assistance Payments

DEPARTMENT OF
DEVELOPMENT AND
CIVIC PROMOTION

PORTLAND
DEVELOPMENT COMMISSION

Bob Walsh, Chr.
Elaine Cogan
Robert Ames
Dennis Lindsay

John B. Kenward
Executive Director

1700 S.W. Fourth Avenue
Portland, Oregon 97201
503-224-4800

Dear Ms. Hull:

The purpose of this letter is to inform you of certain changes, relative to the method of making rent assistance payments.

At the time that you were displaced from your former dwelling in the EMANUEL HOSPITAL PROJECT, you were determined to be eligible to receive a rent assistance payment of \$ 3,012.00 to help offset the cost of renting or leasing a comparable replacement dwelling. Under the Federal Regulations in effect at the time of your displacement, we were required to make the payment in four annual installments.

As a result of changes in the Federal Regulations, you may either elect to receive the balance due you in one lump sum payment, or continue to receive annual installments. If you do elect to receive the lump sum payment for rent assistance, you may not later elect to receive a payment for assistance toward the purchase of a home.

Your choice should be made within ninety (90) days. Our Relocation Staff is available to assist you in making your decision, if you so desire. We have enclosed an Election Form, together with a stamped, self-addressed envelope, for your convenience. Please make your election and return the enclosed form in the envelope which has been provided and mail it to us.

If you choose the lump sum payment, your telephone number, or a number where you can be reached, is required to allow us to contact and assist you in establishing a plan for securing the payment to assure that the funds will be available when needed for rental cost and to answer any questions that you may have.

Very truly yours,

Benjamin C. Webb

Benjamin C. Webb
Chief, Relocation

BCW:s
Enc. 1

URBAN REDEVELOPMENT FUND-PROJECT EXPENDITURES-EMANUEL HOSPITAL, ORE. R-20

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 912 EH

DATE March 27, 19 74

PAY TO **Lynn Hull**

\$ 753.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON



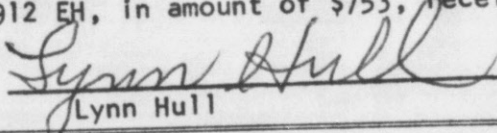
AUTHORIZED SIGNATURE

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 3006 N. Commercial (Parcel R-15-3). Total approved \$3,012.00 3rd annual payment	\$753.00
Warrant #912 EH, in amount of \$753, received:  Lynn Hull			

Account Distribution

NO.

TITLE

AMOUNT

RELOCATION PAYMENT

PROJECT: Emmanuel R. 20

PARCEL: R. 15. 3

PAYABLE TO: Mr. Lynn Hull

For: <input type="checkbox"/>	RHP for Homeowners		\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants.		\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$ <u>3012</u> ; Annual amount	<u>3rd Annual</u>	\$	<u>753.00</u>
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment		\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only).		\$	_____
<input type="checkbox"/>	Interest Expense		\$	_____
<input type="checkbox"/>	Fixed Moving Payment		\$	_____
<input type="checkbox"/>	Dislocation Allowance.		\$	_____
<input type="checkbox"/>	Actual Moving Costs.		\$	_____
<input type="checkbox"/>	Storage Costs.		\$	_____
<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 Mr. Lynn Hull Family Less - \$ _____*

Move from 3006 N. Commercial Individual Total \$ 753.00

Accounting: Indicate symbol and Accounting No.
x Relocation Payment; 0600 EGO 901 Project Cost *(3 753.00)

OK JMC 3RD ANNUAL BD

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim McIntosh DATE March 19, 1974
(Relocation Advisor)

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Lynn E. Hull 425 N. E. Tillamook
(Displacee) (Address)

No. 3rd \$ 753
(annual payment) (amount) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 425 N.E. Tillamook

Date Inspected: _____ Condition: Standard _____ Substandard

If substandard: (1) Date re:inspected and found standard _____

or (2) Displacee notified of ineligibility: _____ yes _____ no

Comments: Mr. Hull continues to occupy standard housing
at the above address.

SIGNED: _____
(Displacee)

SIGNED: James W. McIntosh
(Relocation Advisor)

DATE: _____

DATE: 3/21/74

TO: Bob Douglas

DATE: _____

FROM: James W. McIntosh

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Mr. Lynn Hull

PROJECT: Emanuel R. 20

FOR: 3rd Annual TACO Rent Assot Payment.

AMOUNT: \$753.00

SIGNED: James W. McIntosh

March 7, 1973

Mr. Lynn Hull
425-A N. E. Tillamook
Portland, Oregon 97212

Dear Lynn:

Enclosed you will find our Warrant No. 704 EH in the amount of \$753. This represents the second annual rent assistance benefit now due you.

I sincerely hope things are going well for you.

Yours very truly,

James W. McIntosh
Relocation Specialist

JM:ch
Encl.

URBAN REDEVELOPMENT FUND-PROJECT EXPENDITURES-EMANUEL HOSPITAL, ORE. R-20

Warrant Number

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o

704

EH

DATE March 7, 19 73PAY TO **Lynn E. Hull****\$753.00****DOLLARS**TO THE TREASURER OF THE
CITY OF PORTLAND, OREGONAUTHORIZED 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 RHP for Tenants filed. Move from 3006 N. Commercial (Parcel R-15-3).	
		Total approved 2nd annual payment	\$3,012.00
			<u>\$753.00</u>

Account Distribution

NO. _____

TITLE _____

AMOUNT _____

0600 E60 901

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: R-15-3

PAYABLE TO: Lynn E. Hull

For: <input type="checkbox"/>	RHP for Homeowners	\$ _____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants.	\$ _____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$3012.; Annual amount ^{2nd} \$753.00	\$ <u>753.00</u>
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment	\$ _____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only).	\$ _____
<input type="checkbox"/>	Interest Expense	\$ _____
<input type="checkbox"/>	Fixed Moving Payment	\$ _____
<input type="checkbox"/>	Dislocation Allowance.	\$ _____
<input type="checkbox"/>	Actual Moving Costs.	\$ _____
<input type="checkbox"/>	Storage Costs.	\$ _____
<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 Lynn E. Hull Less - \$ _____ *

Move from 3006 N. Commercial Total \$ 753.00

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

Payable to:

Lynn E. Hull

Fixed Payment } \$
& Dislocation } 260.00

1st Annual Payment 753.00
TACO

\$ 1013 00

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim McIntosh DATE March 1, 1973
 (Relocation Advisor)

FROM: Benjamin C. Webb, Chief of Relocation & Property Management

RE: Lynn E. Hull 425 N.E. Tillamook
 (Displacee) (Address)

No. 2nd \$ 753 4/5/73
 (annual payment) (amount) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 425 NE Tillamook

Date Inspected: _____ Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard _____

or (2) Displacee notified of ineligibility: yes no

Comments: Claimant still occupies dwelling unit to which he was displaced last year. Unit continues to be in standard condition

SIGNED: _____
 (Displacee)

SIGNED: VCW
 (Relocation Advisor)

DATE: _____

DATE: _____

TO: Bob Douglas

DATE: _____

FROM: VCW

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: 425 NE Lynn E. Hull

PROJECT: Emanuel

FOR: Second Annual Rent Assistance Benefit

AMOUNT: \$753.00

SIGNED: James W. Webb

April 7, 1972

Mr. Lynn E. Hull
425-A N. E. Tillamook
Portland, Oregon 97212

Dear Mr. Hull:

Enclosed you will find our Warrant No. 363 EH in the amount of \$1,013.
This represents relocation benefits due you as follows:

First annual Installment of Rental Assistance Payment	\$ 753.00
Dislocation allowance	200.00
Fixed payment	<u>60.00</u>
Amount now due you	\$1,013.00

To remain eligible for the Rental Assistance Payment over the next three years, you must continue to occupy standard housing.

It has been a pleasure to be of assistance to you in your relocation, and we hope you will be happy in your new home.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCW/JMc:ch
Enclosure

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N? 363 EH

DATE April 5, 19 72

PAY TO **Lynn E. Hull**

\$ 1,013.00

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 for Relocation Payments for Tenants per claim filed. From 3006 N. Commercial (R-15-3) Total approved RHP \$3,012.00 1st Annual Payment \$753.00 Dislocation Allowance 200.00 Fixed payment - not own furn. <u>60.00</u>	<u>\$1,013.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (EH)	\$1,013.00
	(RHP \$753.00)	
	(Fixed Payment - Individual \$260.00)	

AC

JAD

Lynn Hull file

April 23, 1973

TO WHOM IT MAY CONCERN:

As the result of governmental action, Mr. Lynn Hull was displaced from his residence at 3006 N. Commercial in April of 1972. Because Mr. Hull was moved as a result of governmental action, he became eligible for certain benefits under the Uniform Relocation Act of 1970.

The benefit which Mr. Hull elected to receive and for which he was determined eligible was a "replacement housing payment for tenants and certain others." The amount of the rental assistance payment was computed by determining the difference between the base monthly rental previously paid by Mr. Hull and the monthly rental it would cost him to rent a comparable replacement dwelling unit. The difference was multiplied by 48 to determine the total amount of the payment. In Mr. Hull's case it was determined that he would be eligible to receive a total rent assistance payment of \$3,012, payable in four annual installments of \$753 each. According to our records, Mr. Hull received his first annual installment of \$753 on April 5, 1972 and his second payment on March 7, 1973. Should Mr. Hull continue to occupy standard housing, he will be eligible to receive two additional installments of \$753, in April of 1974 and 1975, respectively.

It should also be noted that Section 216 of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 states that:

"No payment received under this Title shall be considered as income for the purposes of the Internal Revenue Code of 1954; or for the purposes of determining the eligibility or the extent of eligibility of any person for assistance under the Social Security Act or any other Federal law."

I hope this satisfies your request. If you have further questions, please do not hesitate to call.

Very truly yours,

James W. McIntosh
Relocation Specialist

JWM:ch

\$ 500.00

Portland, Oregon

June

19 72

On demand

severally promise to pay to the order of E. G. Stassens, Inc. after date, I (or if more than one maker) we jointly and

at 6305 S. E. Powell

Five hundred and no/100

DOLLARS.

with interest thereon at the rate of 8 % per annum from June 9, 1972

and if not so paid, all principal and interest, at the option of the holder of this note, to become immediately due and collectible. Any part hereof may be paid at any time. If this note is placed in the hands of an attorney for collection, I/we promise and agree to pay holder's reasonable attorney's fees and collection costs, even though no suit or action is filed hereon; if a suit or an action is filed, the amount of such reasonable attorney's fees shall be fixed by the court or courts in which the suit or action, including any appeal therein, is tried, heard or decided.

RECEIVED

Lynn E. Bull

JUN 24 1972

PORTLAND DEVELOPMENT COMMISSION

STASSENS REALTORS

BUYER'S MOVE IN COST ESTIMATE

BUYER _____

PROPERTY ADDRESS _____

Sale Price \$ 12950
Mortgage Loan. \$ 11655.00

DOWN PAYMENT. \$ 1295.00

LOAN COST: Estimated

Loan Fee \$ 174.22
Assumption Fee \$ _____
Credit Report. \$ 7.50
Survey \$ 15.00
Picture. \$ 4.50
Tax Service Fee. \$ 12.50
E.H.A. Appraisal Fee \$ 30.00
Recording Fee \$ 10.00
Mortgagee's Title Ins. (Based on sales price). . . \$ 47.00
~~Drafting of Contract~~ *Multnomah City, Oregon* . . . \$ 14.30
1/2 Escrow Fee (Based on sales price). \$ 31.50
Prepaid Interest Adjustment. (1/2 mo. est.). . . . \$ 36.00
TOTAL Estimated Loan Costs. \$ 323.12

RESERVES & PRO-RATES: Estimated

Property Tax (10 mo.) \$ 213.60
Fire Insurance (1/2 mo.) \$ 48.00
F.H.A. Ins. \$ _____
TOTAL Estimated Reserves. \$ 261.60

TOTAL ESTIMATED CASH OUTLAY \$ 1945.22

Type of Loan 90% For 25 Years
Rate of Interest 7 3/4 % (prox)
Principle, Interest (& Mortgage Ins.) 96.90
Tax Reserves 22.00
Insurance Reserves 4.00
TOTAL Monthly Payment (Approximate Figures). . . . \$ 117.90

The undersigned purchaser hereby acknowledges receipt of a copy of this estimate.

Received by: Sign E. Spill Submitted by: _____

This transaction will be closed in escrow. Closing papers and final settlement figures are the responsibility of the escrow agent - not the Real Estate agent.

The figures are estimates only and are not guaranteed to be complete or accurate.

SELLER'S ESTIMATED CREDITS & DEBITS

SELLER: Mr. & Mrs. Bacon

PROPERTY ADDRESS: 3717 S.E. Washington

SELLER'S ESTIMATED CREDITS

Sales Price	\$	<u>12,950.00</u>
Reserve Account	\$	<u>300.67</u>
Tax Pro-Rates (to June 30)	\$	<u> </u>
Insurance Pro-Rates	\$	<u> </u>
F.H.A. Appraisal Fee.	\$	<u> </u>

Total Estimated Credits \$ 13,190.67

SELLER'S ESTIMATED DEBITS

Brokerage Fee	\$	<u>906.50</u>
Title Insurance Policy	\$	<u>85.00</u>
Escrow Fee. <u>750.00</u>	\$	<u>385.00</u>
Mortgage Discount	\$	<u> </u>
Drafting of Contract.	\$	<u> </u>
Attorney Fees	\$	<u> </u>
Existing Mortgage Balance	\$	<u>7,030.05</u>
Second Mortgage	\$	<u> </u>
Interest to Closing Date.	\$	<u>17.80</u>
Pay Off Penalty	\$	<u> </u>
Recording of Satisfaction	\$	<u>2.00</u>
Required Repairs.	\$	<u> </u>
Home Improvement Loan (if any).	\$	<u> </u>
Property Taxes (after July 1)	\$	<u> </u>
City or County Liens.	\$	<u> </u>
Delinquent Taxes.	\$	<u> </u>
Judgements.	\$	<u> </u>
Final Water Bill.	\$	<u> </u>
FHA M.I.P. Prorates	\$	<u> </u>
.	\$	<u> </u>

Total Estimated Debits \$ 8,077.85

APPROXIMATE NET PROCEEDS \$ 5,112.82

The undersigned seller hereby acknowledges receipt of a copy of this estimate.

Received by: Begona Bacon Submitted by: _____

This transaction will be closed in escrow and final closing procedures and figures are the responsibility of the escrow agent - not the Real Estate Agent. These figures are estimates only and not guaranteed to be complete or accurate.



OREGON ASSOCIATION OF REALTORS - OFFICIAL EARNEST MONEY CONTRACT

Portland

Oregon, June 9

19 72

1. Received of Lynn Hull (Unmarried Man) hereinafter called "purchaser."
2. The sum of \$ 500.00 Note to be redeemed at closing
3. situated in the City of Portland County of Multnomah and State of Oregon, to wit: Real property
4. better known as 3717 S. E. Washington Lot 16, Block 2, Sunnyside Addition
5. which we have this day sold to the said purchaser, subject to the approval of the seller
6. for the sum of Twelve thousand and nine hundred fifty and no/100 Dollars \$ 12,950.00
7. on the following terms, to wit: The sum, hereinabove receipted for, of \$ 500.00
8. on Owner's acceptance as additional earnest money, the sum of \$ 795.00
9. Upon acceptance of title and delivery of deed of property, the sum of \$ 1,295.00
10. The balance of Eleven thousand and six hundred fifty five and no/100 Dollars \$ 11,655.00
11. payable as follows: By obtaining a 90% conventional loan in the amount of \$11,655.00. Purchaser to
12. apply for said loan within (one week) from date of seller's acceptance of this offer.
13. This transaction is subject to purchaser qualifying for said loan. Purchaser agrees to
14. pay loan costs and reserves of approximately \$650.00 in addition to purchase price.
15. Property is connected to sewer and connection fee is paid. See special conditions below
16. The purchaser shall reimburse the seller for sums held in the reserve account on any indebtedness assumed in this transaction, in addition to the purchase price.
17. The seller shall furnish to the purchaser in due course a title insurance policy in the amount of the purchase price of the real estate from a title insurance company
18. showing good and marketable title. Prior to closing the transaction, the seller, upon request, will furnish to the purchaser a preliminary report made by a title insurance
19. company showing the condition of the title to said property. It is agreed that if the seller does not approve the above sale within the period allowed Realtor below in which
20. to secure seller's acceptance, or if the title to the said premises is not marketable, or cannot be made so within thirty days after notice containing a written statement of
21. defects is delivered to seller, or if the seller, having approved said sale fails to consummate the same, the earnest money herein receipted for shall be refunded, but the
22. acceptance by the purchaser of the refund does not constitute a waiver of other remedies available to him.
23. But if the above sale is approved by the seller and the title to the said premises is marketable, and the purchaser neglects or refuses to comply with any of the con-
24. ditions of this sale within ten days from the furnishing of a preliminary title report and to make payments promptly, as hereinabove set forth, the earnest money and
25. additional earnest money, herein receipted for shall be forfeited to the undersigned Realtor to the extent of his agreed upon fee, and the residue, if any, shall be retained by the
26. seller as liquidated damages and this contract thereupon shall be of no further binding effect. The property is to be conveyed free and clear of all liens and encumbrances to date

27. except zoning ordinances, building and use restrictions, reservations in Federal patents, and Mortgage of record
28.
29. All light fixtures and bulbs, fluorescent lamps, Venetian blinds, window and door screens, storm windows and doors, linoleum, attached television antennas, curtain, towel
30. and drapery rods, shrubs and trees, and irrigation, plumbing and heating equipment, except fireplace equipment that is not attached in any manner to the structure, and all
31. fixtures except None
32. are to be left upon the premises as part of the property purchased. The following personal property is also included as part of the property purchased for said purchase price:

33. All curtains, all carpets
34. Seller and purchaser agree to prorate the taxes for the current tax year, rents, interest, and other items as of date of possession
35. Premiums for existing insurance may be prorated or a new policy issued at purchaser's option. Purchaser agrees to pay the seller for fuel, if any, in storage tank at date of
36. possession. Encumbrances to be discharged by seller may be paid at his option out of purchase money at date of closing.

37. SELLER AND PURCHASER AGREE THAT SUBJECT SALE { will } be closed in escrow, the cost of which shall be shared equally between seller and purchaser. Possession of
38. the above described premises is to be delivered to the purchaser on or before (30) days after recording of deed
39. regulations will permit removal of tenants, if any. Time is of the essence of this contract. SPECIAL CONDITIONS: This sale is subject to the
40. approval of the Portland Development Commission on or before June 16, 1972. Note
41. will be redeemed by cash in the amount of \$500.00 at time of closing.

42. Realtor's Address: 6305 S. E. Powell E. G. Stassens, Inc. Realtor
43. Realtor's Phone: 777-2208 By:

44. AGREEMENT TO PURCHASE Date June 9, 19 72 A.M. P.M.

45. I hereby agree to purchase the above described property in its present condition at the price and on the terms and conditions set forth above, and grant said Realtor a
46. period of 3 days hereafter to secure seller's acceptance hereof, during which period my offer shall not be subject to revocation. Deed of property is to be pre-
47. pared in the name of Lynn Hull (Unmarried Man)
48. I acknowledge receipt of a copy of the foregoing offer to buy and earnest money receipt bearing my signature and that of the Realtor.

49. Address 425 N. E. Tillamook Apt. A PURCHASER:
50. Phone 288-9621 PURCHASER:

51. AGREEMENT TO SELL Date 19 A.M. P.M.
52. I hereby approve and accept the sale of the above described property and the price and conditions as set forth in above agreement and agree to furnish a title insurance
53. policy continued to date as aforesaid showing good and marketable title, also the said deed or contract.

54. Address 3717 S. E. Washington SELLER:
55. Phone 236-8823 SELLER:

56. DELIVERY TO PURCHASER Date 19
57. The undersigned purchaser acknowledges receipt of the foregoing earnest money receipt bearing his signature and that of the seller showing acceptance.

58. PURCHASER: PURCHASER:
59. SELLERS CLOSING INSTRUCTIONS & FEE AGREEMENT Date 19

60. I agree to pay forthwith to the above named Realtor a fee amounting to \$ 777.00 for services rendered in this transaction.
61. I authorize said Realtor to order title insurance at my expense and further authorize him to pay out of the cash proceeds of sale the expenses of furnishing
62. title insurance, and recording fees, if any, as well as any encumbrances on said premises payable by me at or before closing. I instruct Realtor to place in his Clients
63. Trust Account, or in a neutral escrow depository, the above described earnest money deposit until needed in the closing of the transaction. I acknowledge receipt of a copy
64. of this contract bearing my signature and that of the purchaser named above, and of Realtor.

65. Address SELLER:
66. Phone SELLER:

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

June 14, 1972

RECEIVED

JUN 15 1972

PORTLAND DEVELOPMENT COMMISSION

Portland Development Commission
1700 S. W. 4 Avenue
Portland, Oregon 97201

Re: 3717 S.E. Washington Street

Attn: Jim McIntosh

Gentlemen:

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

Our inspector reports the structure is in standard condition and complies with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
S. J. Chegwiddden
Chief Housing Inspector

JHM:sp
cc: Orville M. Bacon

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 Hospital Project
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 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 _____ Family Individual

Mr. Lynn Hull

2. DATE(S) OF MOVE

4/3/72

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. R-15-3

a. Address 3006 N. Commercial

Portland, Oregon

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: 1967

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) _____

425 A N.E. Tillamook, Portland 97212

b. Apartment, Floor, or Room Number A

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 60.00

(Consult local agency)

Total \$ 260.00

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.

4/3/72

Date

Lynn E. Hull
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:

Mr. Lynn Hull
425A N.E. Tillamook
Portland, Oregon 97212

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

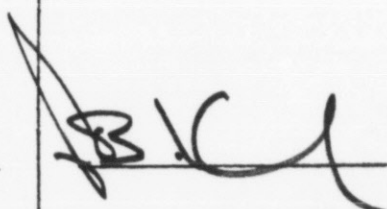
If "Yes," explain basis for approved amount:

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 ^{1/}	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>60.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>260.00</u>	\$ <u>260.00</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
		\$			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name M. Lynn Hull Project Emanuel R-20
 2. Date(s) of move 4/3/72 Parcel No. R-15-3
 3. Dwelling unit from which you moved:
 Address 3006 N. Commercial No. of rooms _____
 ___ Furnished ___ Unfurnished Date you moved into this unit 1967
 4. Dwelling unit to which you moved:
 Address 425A N.E. Tillamook
 Were goods moved to or from storage? ___ Yes X No
 5. Total claim \$ 260.00

FIXED PAYMENT: \$200 + \$60.00 = \$260.00

ACTUAL MOVING COSTS

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

STORAGE COSTS

Name, address and ZIP code of storage company

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

DATED this 3 day of April 19 72.

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

X Lynn E. Hull
(firm name)

by: _____

OFFICE OF THE MAYOR



TERRY D. SCHRUNK
MAYOR

CITY OF PORTLAND
OREGON

March 14, 1972

RECEIVED
MAR 15 1972
PORTLAND DEVELOPMENT COMMISSION

Mr. James W. McIntosh
Relocation Advisor
Portland Development Commission
1700 SW 4th Avenue
Portland, Oregon 97201

Dear Mr. McIntosh:

Our office was asked to answer your letter of March 9, 1972 regarding Mr. Lynn Hull's employment with the City of Portland, which you directed to John Allen of Street Repair. Mr. Hull has been employed by the City on a full-time, permanent basis since July 23, 1963 as a Laborer in the Street Repair Division of the Department of Public Works. His rate of pay is \$4.00 an hour.

If we can be of further help in this matter, please let us know.

Sincerely,

Robert D. Johnson
Personnel Officer

RDJ/vw

March 9, 1972

Mr. Allen
City of Portland Stanton Yards
Street Repair Department
2835 N. Kerby
Portland, Oregon 97227

Dear Mr. Allen:

Pursuant to our recent telephone conversation, we are requesting verification of the employment status and monthly income of Mr. Lynn Hull.

Mr. Hull currently resides at 3006 N. Commercial, Portland, Oregon. His residence is located within the boundaries of a federally-funded urban renewal project. Receipt of the above information is necessary to determine Mr. Hull's eligibility to receive certain federal benefits.

Thank you for your cooperation in this matter.

Very truly yours,

James W. McIntosh
Relocation Advisor

JWM:ch

March 1, 1972

Mr. Lynn Hull
3006 N. Commercial
Portland, Oregon

Dear Mr. Hull:

The following is a list of available rental units:

1. 3 rooms, furnished apartment, \$50, upstairs - or downstairs - 3 room furnished apartment, \$75 - washer, dryer and water. 282-1110
2. One bedroom - furnished house. 6321 S.E. 47th. \$110 + \$60 deposit.
3. One bedroom, full basement. S.E. 35th and Powell - lease, \$100 per month. 234-7022
4. One bedroom house. 3823 N.E. 10th. \$55 284-8670 or 281-4091
5. One bedroom house. \$50 4634 N.E. Waygant. 288-3449
6. One bedroom house. \$80 3814 N. Albina. 235-2771
7. Furnished bachelor apartment. \$70
One bedroom - \$97.50. 1626 S.E. Alder. 232-2457 after 6 p.m.
8. One bedroom. \$55 lease. 3823 N.E. 10th. 284-8670 or 281-4091

Please contact me at 224-4800.

Very truly yours,

James W. McIntosh
Relocation Advisor

JWM:ch

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 288-8168

September 1, 1971

Mr. Lynn Hull
3006 N. Commercial
Portland, Oregon

Dear Mr. Hull:

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

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.

Lynn E. Hull

9/3/72

date

Dwelling Unit Inventory

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

Miscellaneous (List Items)

<p><u>Radio</u></p> <p><u>Pictures, etc.</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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COMMENTS:

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 JC Date of survey 2/24/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 3 Structure No. 3 Census Block No. 41 Census Tract No. 22A
 Street Address 3006 N. Commercial Apartment No. _____

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

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

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

	<u>Name</u>	<u>Family relation</u>	<u>Age</u>	<u>Sex</u>	<u>Occupation</u>
1.	<u>Lynn Hull</u>	<u>Head of household</u>	<u>56</u>	<u>M</u>	<u>LABOURER</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:

<u>Names of jobholders</u>	<u>Names of employers</u>	<u>Street address where jobs are located</u>	<u>Distance to work</u>
<u>Lynn Hull</u>	<u>City Park</u>	<u>Stanton yards</u>	<u>2 blks</u>
_____	<u>Public Works</u>	_____	_____
_____	<u>Street Repair</u>	_____	_____

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

<u>Names of persons in this household who have income from any source</u>	<u>Amount of income per month</u>	
	<u>In month before this survey</u>	<u>In an average month during 1970</u>
<u>Lynn Hull</u>	<u>\$ 585.60</u>	<u>\$ 585.60</u>
_____	_____	_____
<u>Total family or household income per month</u>	<u>\$ 585.60</u>	<u>\$ 585.60</u>

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

1. Location (indicate approximate cross streets) This AREA
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 1, kitchen 1, dining room 1, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit _____
7. Other characteristics W O B I M

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

Analyst AC Date 2/24/71 Surveyed 2/24/71 Tabulator _____ Date _____
 Dwelling Unit No. 3 Structure No. 3 Census Block No. 41 Census Tract No. 22A
 Street Address 3006 N. Commercial Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: Lynn Hull NAME & ADDRESS OF OWNER: Eileen C. Good NAME & ADDRESS OF PROP. MGR: _____
3006 N. Commercial 3123 NE Everett _____
 TELEPHONE: _____ TELEPHONE: _____ TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

Kind of dwelling unit	No. of units in bldg.
<input checked="" type="checkbox"/> One-family house	_____
_____ 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

614 Sq. ft. in first floor (county figure)
614 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
1 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
1971 Period market value data applicable
1967 Date of last appraisal
1900 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	<u>1,500</u>	_____

1/2 of 1/3 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>1140</u>	\$ _____
Improvements	<u>7900</u>	_____
Total	<u>9040</u>	_____

2253 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>35.00</u>	_____	\$ _____
Electricity	_____	\$ <u>4.00</u>	_____
Gas	_____	_____	_____
Water	_____	<u>5.25</u>	_____
Heat (oil, or other)	<u>20.00</u>	_____	_____
Total	\$ <u>35.00</u>	\$ <u>29.25</u>	\$ <u>64.25</u>

Deposits required of renter
 Advance rent \$ 35.00, 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

Assessor's records filed in
Robben's Inn
~~HENRY Leht~~ file