

	DESCRIPTION	ROLL NO	ODOMETER
PARCEL NO. A-4-9	INGRAM, VIRGIE 249 N. COOK		
PARCEL NO. E-3-9	JACKSON, LEWIS 2632 N. KERBY		
PARCEL NO. R-9-1	JONES, LAURA ELIZABETH 3151 N. GANTENBEIN (DECEASED)		
PARCEL NO. A-4-14	JONES, OLLIE 3317 N. VANCOUVER		
PARCEL NO. A-4-7	JONES, ROOSEVELT (VEL) 3316 N. GANTENBEIN		
PARCEL NO. RS 4-9	JOHNSON, CLAUDE E. 7 N. RUSSELL		
PARCEL NO. E-4-8	JOHNSON, LUCTLLE 321 N. RUSSELL		
PARCEL NO. A-2-4	JOHNSON, RETTA 3104 N. GANTENBEIN		
PARCEL NO. A-2-4	JOHNSON, SAM 3110 N. GANTENBEIN		
PARCEL NO. A-2-4	LAURENCE, ANN 3110 N. GANTENBEIN		
PARCEL NO. A-2-6	LAWRENCE, EDWARD 217 N. MONROE		
PARCEL NO. A-3-19	LEE, GEORGE 3213 N. VANCOUVER		
PARCEL NO. A-3-19	LEE, ROBERT 3213 N. VANCOUVER		
PARCEL NO. E-4-7	McALLISTER, RAY 423 N. RUSSELL		
PARCEL NO. A-4-4	MACKIE, DAVID C. 260 N. IVY		
PARCEL NO. A-3-13	MARSHALL, JERRY W. 247 N. FARGO		
PARCEL NO. A-3-13	MARSHALL, JOYCE 247 N. FARGO		
PARCEL NO. A-3-13	MARSHALL, L & J BROTHERS BUSINESS 247 N. FARGO		

R E S U M EDATE 1-5-72NAME Virgil Ingram

Paid Mr. Ingram his RHP for Tenants and others; also his moving money. I had a long talk with him prior to giving him the money, at which time I told him all of the options and benefits he had as a tenant. The Ingrams had not signed a lease at the time of this talk; however, they still wanted to lease. The house the Ingrams moved from was not yet acquired by PDC? I told Mr. Ingram to notify the owners he was moving. He told me he had notified the owner.

Mr. & Mrs. Ingram both are hard working people who have raised a family of 10 children. They have helped each financially over domestic problems. They felt they had too many bills to buy a house at this time - and have hopes of saving some of the money from RHP payment to one day buy a home. They are paying \$125.00 rent which is substantially more than the \$45.00 they were paying. They will need RHP of \$4000 over 4 year period.

(signed) _____
worker

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. 0.4.9 Advisor CS

Client's Name Ingram, Virgil Phone _____

Address 249 N. COOK Ethn Black Age 52

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

Family Composition

Total Number in Family 4

2 wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age
wife	49		
son	16		
son	14		

Economic Data

Employer Union Pacific \$530⁰⁰
Alabama yard
 Address _____

Other Source of Income _____

Total Monthly Income \$ (530⁰⁰)

- 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 11-1-71 Date of Info pamphlet delivery 1-15-71

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

1961

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

Date of initiation of negotiations for purchase of property

11-24-71

Date of Acquisition

2-8-72

Date of letter of Intent

Date of move

1-5-72

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	
Private Rental		Duplex	
Other		Multiple Family	

Age of Housing Unit 1908

Size of Habitable Area 1129 sq ft

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 5 Rent Paid \$ 45.00 Utilities 46.75

Number of Bedrooms 2 1/2 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 807 718 albata 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 over 50 yrs
- ✓ Size of Habitable Area 1500-2000 sq ft
- ✓ No. of Rooms 7 No. of Bedrooms 3

For Claimants Who Purchased

For Claimants Who Rented

Purchase Price of Replacement Dwelling \$ _____

Rent \$ _____

Taxes \$ _____

Utilities \$ 125.00

RHP or TACO (including incidental costs) \$ _____

Total Rent Assistance \$ 4000

Amount of Annual Payment \$ 1000

No. of Housing Referrals to:

Agency Referrals:

_____ Standard Sales

_____ MCW _____ HAP _____ OTHER (_____)

2 Standard Rent

_____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME INGRAM, Virgil RELOCATION ADVISOR C. Daniels
 ADDRESS 249 N. Cook PHONE 282-5464 PROJECT NAME ORE. OR-20 Emanuel
 SEX M ETHN black VETERAN _____ AGE 52 PARCEL NO. A 4-9
 MARITAL STATUS married TENURE tenants
 DISABILITY _____ INDIV _____ FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 11/1/71 DATE INFO PAMPHLET DELIVERED 1/15/71
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>1961</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: <u>2/8/72</u>

ECONOMIC DATA

Employer Union Pacific Railroad \$ 530.00
 Address Albina Yard
 MCW _____
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 530.00

FAMILY COMPOSITION

Name	Relation	Age
Pauline	wife	49
Douglas	son	16
Donald	son	14

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1908 No. Rooms 5
 No. Bedrooms 2½ Furn. _____ Unfurn _____
 Utilities \$ 46.75
 Monthly Payments (Rent) \$ 45.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 1129 sq. ft.

HOUSING REFERRALS

Address	Bedrooms
<u>x 807 N. Alberta</u>	
<u>N. E. 9th</u>	

AGENCY REFERRALS

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

AGENCY ACTION:

REASONS:

Appeals		
Evicted		
Refused Assistance		
Address Unknown (tracing)		
Other (death, etc.)		

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 807 N. E. Alberta Phone _____ Date of Move 1/5/72

WHERE RELOCATED:

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

Furnished _____ Unfurnished _____ Number of Rooms _____ Number of Bedrooms 3 Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ 125. Purchase Price \$ _____

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	232 EH	1/5/72	\$ 1,000.00
TACO (Rental)	645 EH	1-3-73	\$ 1,000.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	232 EH	1/5/72	\$ 500.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

Total: \$4,000.

TOTAL BENEFITS RECEIVED \$ 1,500.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
1/15/71	FLYER: delivered by Wilson Smith. Receptive.	
2/25/71	SURVEY: would like to buy (if they can afford) a two bedroom house in N. E. (Woodlawn area).	
11/1/71	Mrs. Ingram was in with an EDPA letter. Stated she has been going to these meetings and was confused about the 90 day clause. They are renting and want to rent another house at this time. I explained they could purchase a house with a down payment from us, or rent with a supplement. I told her they were free to move out at any time they choose, whether or not their landlord has sold the house to us.	JC
11/7/71	Had call from Mr. and Mrs. Ingram and they seem undecided about whether to buy or rent. They had found a house they could rent for \$125 a month. I pointed out that if they could pay a monthly payment like that they may as well buy. We made an appointment to look at a house 11/7/71 at 3:30.	
12/20/7	Had house at 807 N. Alberta inspected by Bureau of Buildings. It was in good shape, only minor repairs (2) These were fixed and the house is standard.	CD
12/28/7	Mr. Ingram decided to rent the house at 807 N. Alberta and went thru with a lease on this house.	
1/5/72	Paid Mr. Ingram his RHP for Tenant and Others; also his moving money. I had a long talk with him prior to giving him the money, at which time I told him all the options and benefits he had as a tenant. The Ingrams had not signed a lease at the time of this talk; however, they still wanted to lease. The house the Ingrams moved from was not yet purchased by the PDC. I told Mr. Ingram to notify the owners he was moving. He told me he had notified the owner. Mr. and Mrs. Ingram both are hard working people who have raised a family of 10 children. They have helped each financially over domestic problems. They felt they had too many bills to buy a house at this time - and have hopes of saving some of the money from RHP payment to one day buy a home. They are paying \$125 rent which is substantially more than the \$45 they were paying. They will need RHP of \$4,000.00 over 4 year period.	C O
1-4-73	Mr. Ingram came in to pick up his 2nd TACO payment (\$1000). He also expressed a dislike of house he is renting and felt he would want to buy a place when his lease was up.	
1-10-74	Mr. Ingram received his 3rd TACO payment today (\$1,000).	b
1-17-1975	Mr. Ingram came in and got his 4th and final TACO payment today. I reminded him that this was the last payment and that his file would be closed. As always, he was happy to get the money.	SCD
	Case closed.	

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 1005 EH

DATE January 15, 1975

PAY TO **Virgil Ingram**

\$ 1,000.00

DOLLARS

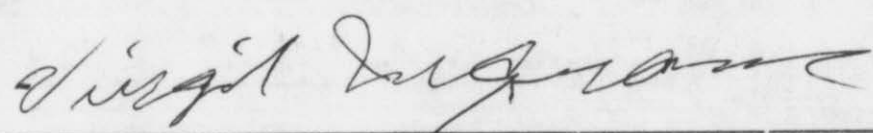
TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 249 N. Cook (Parcel A-4-9). Total approved \$4,000.00 4th and final payment \$1,000.00	
			

Account Distribution

1-17-75

NO. _____ TITLE _____

AMOUNT _____

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-4-9

PAYABLE TO: Virgil Ingram

For: <u>RHP for Homeowners</u>	.....	\$
<u>Incidental Expenses for Homeowners or Tenants</u>	.....	\$
<u>X RHP - Tenants & Certain Others - Rental: Total approved \$4,000. ; Annual amount</u>	.....	\$ 1,000.
<u>RHP - Tenants & Certain Others - Downpayment</u>	.....	\$
<u>Settlement Costs (on acquisition by LPA only)</u>	.....	\$
<u>Interest Expense</u>	.....	\$
<u>Fixed Moving Payment</u>	.....	\$
<u>Dislocation Allowance</u>	.....	\$
<u>Actual Moving Costs</u>	.....	\$
<u>Storage Costs</u>	.....	\$
<u>Business: Moving Expenses</u>	.....	\$
<u>Business: In Lieu Payment</u>	.....	\$
<u>Business: Storage Costs</u>	.....	\$
<u>Business: Loss of Property</u>	.....	\$
<u>Business: Searching Expenses</u>	.....	\$

Name of Client Virgil Ingram Family Less - \$ _____ *

Move from 249 N. Cook Individual Total \$ 1,000.

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

4th
~~3rd~~ TACO Payment *0600 X10 901*

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE December 19, 1974
(Relocation Advisor)

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

RE: Virgil Ingram (Emanuel) 807 N. Alberta
(Displacee) (Address)

No. 4th & final \$ 1,000.00 Jan. 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: Same as above

Date Inspected: _____ Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: This is Mr. Ingram's 4th and final TACO payment

SIGNED: Virgil Ingram
(Displacee)

SIGNED: Samuel C. Daniels
(Relocation Advisor)

DATE: 1-6-75

DATE: 1/7/75

TO: Bob Douglas

DATE: 1/7/75

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: Virgil Ingram

PROJECT: Emanuel

FOR: 4th and Final TACO Payment

AMOUNT: 1,000.00

SIGNED: Samuel C. Daniels

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-4-9

PAYABLE TO: Virgil Ingram

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 \$4,600; Annual amount	.....	\$	<u>1,000-</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 Virgil Ingram Family Less - \$ _____ *

Move from 249 N Cook Individual Total \$ 1,000-

Accounting: Indicate symbol and Accounting No. 3rd TACO
_____ Relocation Payment; _____ Project Cost *(_____)

OK JMC

0600 E60 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE December 26, 1973
(Relocation Advisor)

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

RE: Virgil Ingram 807 N. Alberta
(Displacee) (Address)

No. 3rd \$ 1,000.00 1/3/74
(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: Same as above

Date Inspected: _____ Condition: Standard _____ Substandard

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

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

Comments: Still lives at the same place

SIGNED: Virgil Ingram
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: 1/2/74

DATE: 1/2/74

TO: Accounting Dept.

DATE: 1/2/74

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: Virgil Ingram

PROJECT: Emanuel

FOR: 3rd annual rent assistance payment

AMOUNT: \$1,000

ed

SIGNED: Samuel Daniels

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE December 26, 1972
(Relocation Advisor)

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

RE: Virgil Ingram 807 N. A. Alberta
(Displacee) (Address)

No. 2 \$ 1,000.00 1/5/73
(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: 807 N. Alberta is there address

Date Inspected: _____ Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Same house they moved to when displaced
from Emanuel.

SIGNED: Virgil Ingram
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: 12-28-72

DATE: _____

TO: Bob Douglas

DATE: 12/28/72

FROM: SCD

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: Virgie Ingram

PROJECT: Emanuel

FOR: 2nd Taco

AMOUNT: 1,000.00

SIGNED: Samuel Daniels

0600 EGO 901

RELOCATION PAYMENT

Project: Emanuel Parcel: A4-9

Payable to: Virgil Ingram Amount

For: <input type="checkbox"/>	RHP for Homeowners	\$	<u> </u>
<input type="checkbox"/>	Incidental Expenses for Homeowners (if separate claim)	\$	<u> </u>
<input checked="" type="checkbox"/>	RHP for Tenants & Certain Others:		
	Rental: Total approved <u>\$4,000.00</u> ; Annual amount.	\$	<u>1,000.00</u>
	or Purchase:	\$	<u> </u>
<input type="checkbox"/>	Fixed Moving Payment	\$	<u> </u>
<input type="checkbox"/>	Dislocation Allowance.	\$	<u> </u>
<input type="checkbox"/>	Actual Moving Costs.	\$	<u> </u>
<input type="checkbox"/>	Storage Costs (if separate claim).	\$	<u> </u>
<input type="checkbox"/>	Business: Moving Expenses.	\$	<u> </u>
<input type="checkbox"/>	Business: In Lieu Payment.	\$	<u> </u>
<input type="checkbox"/>	Business: Storage Costs.	\$	<u> </u>
<input type="checkbox"/>	Business: Loss of Property	\$	<u> </u>
<input type="checkbox"/>	Business: Searching Expenses	\$	<u> </u>

Name of Client Virgil Ingram Less - \$ *

Move from 249 N. Cook Total \$ 1,000.00

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

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o **645 EH**

DATE January 3, 1973

PAY TO **Virgil Ingram**

\$ **1,000.00**

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per claim for RHP for Tenants filed. Move from 249 N. Cook (Parcel A-4-9). Total approved \$4,000.00 2nd annual payment <u>\$1,000.00</u>	
<i>Virgil Ingram received</i>			
<i>1-5-73</i>			

Account Distribution

PORTLAND DEVELOPMENT COMMISSION
 1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 232 EH

DATE January 5, 19 72

PAY TO **Virgil Ingram**

\$ 1,500.00

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 Claims for RHP for Tenants. From 249 N. Cook (Parcel A-4-9)	
		Total RHP approved \$4,000.00	
		1st annual payment \$1,000.00	
		Dislocation allowance 200.00	
		Fixed payment - own furniture <u>300.00</u>	<u>\$1,500.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (Replacement Housing Payment (Fixed payment - Family)	\$1,500.00 \$1,000.00 500.00

AC

JMA

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:

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

PROJECT NAME (if applicable)

Emanuel Hospital Project
PROJECT NUMBER: ORE 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

INGRAM, Virgil

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. _____

a. Address: _____
249 N. Cook, Portland, Oregon 97227
b. Apartment or room number: _____
c. Number of bedrooms: 3

d. Monthly rental: \$ 45.00
e. Date you moved out of this dwelling: _____
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): _____
807 N. Alberta, Portland, Oregon 97217
b. Apartment or room number: _____
c. Number of bedrooms: 3

d. Monthly rental: \$ 125.00
e. Date you moved into this dwelling: _____
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

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)

Emanuel Hospital Project
Project Number: ORE R-20

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

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1. FULL NAME OF CLAIMANT

Family Individual

INGRAM, Virgil

2. DATE(S) OF MOVE

1-10-72

3. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-4-9

a. Address

249 N. Cook, Portland, Oregon 97227

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): 6 & storage

e. Date you moved into this address: January 1, 1961

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code)

807 N. Alberta, Portland, Oregon 97217

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 300.00

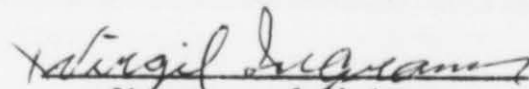
(Consult local agency)

Total \$ 500.00

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.

December 30, 1971

Date


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:

Virgil Ingram
807 N. Alberta
Portland, Oregon 97217

NAME OF LOCAL AGENCY:

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

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

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: 12/30/71
Month-Day-Year

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

Yes No

If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

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

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>1/5/72</u>	<u>232 FH</u>	<u>\$ 500.00</u>			<u>\$</u>

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

NAME OF CLAIMANT Virgil Ingram

Parcel No. A-4-9

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: January 1, 1951

Date of Acquisition: _____

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: January 1, 1951

Date of Initiation of Negotiations: November 24, 1971

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 \$ 4,000.00 is authorized.

1-3-72
Date

[Signature]
Authorized Signature

5. RECORD OF PAYMENTS

	<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
a. Claimant moved to rental unit			
(1) Lump-sum payment	_____	_____	\$ _____
(2) Annual payment			
1st Year	<u>1/5/72</u>	<u>232 EH</u>	<u>\$ 1,000.00</u>
2nd Year	<u>1/3/73</u>	<u>645 EH</u>	<u>\$ 1,000.00</u>
3rd Year	<u>1/9/74</u>	<u>876 EH</u>	<u>\$ 1,000.00</u>
4th Year	<u>1-18-75</u>	<u>1005 EH</u>	<u>\$ 1,000.00</u>
b. Claimant moved to unit he purchased	_____	_____	\$ _____
c. Homeowner temporarily displaced	_____	_____	\$ _____

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 876 EH

DATE January 9, 1974

PAY TO **Virgil Ingram**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 249 N. Cook (Parcel A-4-9).	
		Total approved \$4,000.00 3rd annual payment	\$1,000.00
<i>Virgil Ingram 1-10-74</i>			

Account Distribution

NO. TITLE AMOUNT

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

December 29, 1971

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

Ingram

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

Re: 807 N. Alberta Street

Attn: Chet Daniels

Gentlemen:

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

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

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CMC:mfm
cc: T. E. Poe
9835 N. Midway Ave.

Payable to:

Virgil Ingram

moving & relocation	\$ 500.00
1st Annual Installment	
RHP for TACOS	1,000.00
	<hr/>
	\$ 1500.00

OK - *Amo*

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.

12/31/71
Date

Virgil Ingram
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.)

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

NAME AND ADDRESS OF CLAIMANT:

Virgie Ingram
249 N. Cook

COMPUTATION PREPARED BY:

C Daniels
Name
12/21/71
Date

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

Required Information

1. Monthly gross rental for comparable unit \$ 162.70
(cost based on: Schedule ~~\$ 149.25~~
 Comparative
 Other)
2. Base monthly rental for claimant's former dwelling, or
25% of adjusted monthly income, whichever is less. \$ 45.00

Computation

3. Line 1 minus Line 2, multiplied by 48
- | | | | |
|--------|-----------------------|--------|-------------------|
| Line 1 | \$ 149.25 | 162.70 | |
| Line 2 | - \$ 48.00 | 45.00 | |
| | \$ 80.35 | 117.70 | |
| X | | 48 | 48 |
| | | | \$ <u>5649.60</u> |
- ~~\$ 3856.20~~
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.) \$ 4000.00
5. Minus adjustments (Attach full explanation) - \$ _____
6. Amount of rental assistance payment
(Line 4 minus Line 5) \$ 4000.00
7. Annual Payment \$ 3856.20
- ~~\$ 3856.20~~
\$ 1000.00
- (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.

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emanuel Project

PROJECT NO. Ore - R - 20

1. Full name of claimant: Virgie Ingram Family Individual
2. Dwelling unit from which you moved: Parcel No. A 4-9
 a. Address 249 N. Cook c. Number of bedrooms 3
Portland, Ore d. Monthly rental \$ 45.00
 b. Apartment or room number _____ e. Date displaced ?
3. Dwelling unit to which you moved (RENTAL)
 a. Address 807 N. Alberta c. Number of bedrooms 3
Portland, Oregon d. Monthly rental \$ 125.00
 b. Apartment or room number 1 e. Date moved in ?
4. Dwelling unit to which you moved (PURCHASE)
 a. Address _____ c. Downpayment \$ _____
 _____ d. Incidental expenses \$ _____
 b. Number of bedrooms _____ 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 No
 Tenant's initial date of rental Jan 1
 Date of acquisition ?
 Owner-occupant's initial date of ownership _____
2. Did claimant own or rent 90 days prior to initiation of negotiations? Yes No
 Date of rental or purchase Jan 1, 1951
 Date of initiation of negotiations 11/1/71 ?
3. Is replacement housing standard? Yes No
 If previously substandard, date found standard 12/20/71
4. Certification: Bureau of Building I have verbal approval
 (Amount of this claim \$ ~~_____~~) 4000.00

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Virgie Ingram Project Emanuel Project
 2. Date(s) of move Jun 7, 1970 Parcel No. A4-9
 3. Dwelling unit from which you moved:
 Address 249 N. Cook No. of rooms 6
 Furnished Unfurnished Date you moved into this unit Jan 1, 1961

4. Dwelling unit to which you moved:
 Address 807 N. Alberta
 Were goods moved to or from storage? Yes No

5. Total claim \$ 260.00

FIXED PAYMENT: \$200 + ~~\$260.00~~ = ~~\$460.00~~

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: _____

		<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)

Dwelling Unit Inventory

3 Beds & Springs
2 Bedroom Chair
1 Breakfast Table
 _____ Breakfast Table Chairs
 _____ Bridge Lamp & Shade
 _____ Buffet
2 Chest of Drawers
1 Coffee Table
1 Couch *3 Pcs*
 _____ Davenport
 _____ Desk
1 Dining Table
6 Dining Chairs
4 Dresser
1 End Table
 _____ Floor Lamp & Shade
3 Mirror

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

Miscellaneous (List Items)

Hi-fi _____
Piano _____
Washer _____
sectional in Basement _____

COMMENTS:

(F)

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER C. Daniels PROJECT NO. R-20 PARCEL A 4-9

NAME Ingram Virginia ADDRESS 249 N. Cooke APT NO. —

PHONE 281-5415 INITIAL INTERVIEW 11/1/71 SEX M W NW R AGE 52

U.S. CITIZEN 282-5464 ALIEN — VETERAN — SERVICEMAN — DATE ON SITE 10/29/71

FAMILY COMPOSITION

Name	Relation	Age
<u>Pauline</u>	<u>wife</u>	<u>49</u>
<u>Donald</u>	<u>son</u>	<u>16</u>
<u>Donald</u>	<u>son</u>	<u>14</u>

Employer: Name Miss Pacific EIR \$ 530.00
 Address Albina Ward
 MCM Caseworker
 Social Security
 Va. Fed. Mult Co.
 Pension: Name
 Other: Name
 TOTAL MONTHLY INCOME

Rent 45.00, Inc. Heat 6.05 Water 1.75 Gas 30.98 Gar Elec 15.00 Unfurn Furn No. Rms 6

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
<u>807 N. Alberta NE 9th</u>	<u>Bureau of Buildings</u>	<u>12/29/71</u>

NEW ADDRESS: Zip Phone

1/15/71 flyer: delivered by Wilson Smith a Receipte.

2/25/71 survey: would like to buy (if they can afford)
a 2 bed room house in the (Woodlawn) area:

11-1-71

Mrs. Ingram was in with me on 11/1/71, stated she has been going to these meetings and was confused about the 90 day clause. They are under and want to rent another house at that time. I explain that they could purchase a house with a down payment from 200.00 rent with a supplement. I told her they were free to move at any time they choose whether or not the landlord had the house to rent.

11/7/71

Had call from Mr & Mrs Ingram and they seem undecided about whether to buy or rent. They had found a house they could rent for 125. per month. I pointed out that if they could pay a monthly payment like that they may as well buy. We made appointment to look at a house 11/7/71 at 3:30.

12/30/71

Had House at 807 N. Alberta inspected by Bureau of Buildings. It was in good shape only minor repairs (2) - these were fixed and house is standard.

12/29/71

Mr. Ingram decided to rent the house at 807 N. Alberta and went thru with a lease on this house.

1/5/72

Paid Mr. Ingram his RHP for Tenant and Others also his Moving money. Had long talk with him prior to giving him the money, at which time I told him all the options and benefits he had as a tenant. - the Ingrams had not signed a lease at the time of this talk they still wanted to lease however.

Date

INTERVIEW REGISTER

Relocation
Worker

1/5/72

the house Ingrams moved from was not yet purchased by the P.D.C. I told Mr. Ingram to notify the owners he was moving. I told me he had notified the owner.

Mr. & Mrs. Ingram both are hard working people who have raised a family of 10 children. they have helped each financially over domestic problems. They felt they had to many bill to buy a house at this time - and have hopes of saving some of the money from R.H.P. payment to one day buy a home - they are paying \$125. Rent which was substantially more than the \$45. they were paying. they will need R.H.P. (\$4000. over 4 yr. period)

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 JG Date of survey 2-25-71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 11 Structure No. 11 Census Block No. 24 Census Tract No. 220
 Street Address 219 N. COOK Apartment No. _____

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

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

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

Name	Family relation	Age	Sex	Occupation
1. INGRAM, VIRGIE	Head of household	52	M	LABORER
2. " PAULINE	Wife	49	F	HOUSEWIFE
3. " DOUGLAS	SON	16	M	Student
4. " DONALD	SON	14	M	Student
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	Distance
INGRAM, VIRGIE	U.P. RR	ALBINA YARD	_____
_____	_____	_____	_____

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
Ingram, Virgil	\$ 530.00	\$ 530.00
_____	_____	_____
Total family or household income per month	\$ 530	\$ 530.00

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

1. Location (indicate approximate cross streets) NE WOODLAWN
2. Transportation, number of autos owned 1, 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 \$ 8,000, down payment of \$ _____, monthly payment of \$ _____
5. If now buying this house, how much are payments on contract or mortgage monthly \$ _____
6. Size of unit to be sought, number of bedrooms 3, kitchen 1, dining room 1, living room 1, number of bathrooms 2, total sq. ft. in dwelling unit _____
7. Other characteristics W O B I M

*estimated
would they
wanted to
if they
could afford*

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

Date _____

Analyst _____ Surveyed _____ Tabulator _____ Date _____
 Dwelling Unit No. 11 Structure No. 11 Census Block No. 24 Census Tract No. 224
 Street Address 249 N. COOK Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: <u>PAULINE INGRAM</u> <u>249 N. COOK</u>	NAME & ADDRESS OF OWNER <u>ROBERT ADLEY</u> <u>4505 S.W. FAIRVIEW BLVD</u>	NAME & ADDRESS OF PROP. MGR: _____
TELEPHONE: <u>281-5605</u>	TELEPHONE: _____	TELEPHONE: _____
INTERVIEWED? (<input checked="" type="checkbox"/>) Yes () No	INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

Kind of dwelling unit	No. of units in bldg.
<u>1</u> 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

729 Sq. ft. in first floor (county figure)
1129 Sq. ft. in dwelling unit (if more than 1 floor)
5 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
2 1/2 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
1971 Period market value data applicable
1967 Date of last appraisal
1908 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>1820</u>	\$ _____
Improvements	<u>2280</u>	_____
Total	<u>4100</u>	_____

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

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

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

V. RENTAL RATE FOR THIS RENTED UNIT

Monthly average	Cash rent	Utilities	Total paid by renter
Rent	\$ <u>45.00</u>	_____	\$ _____
Electricity	_____	\$ <u>15.00</u>	_____
Gas	_____	_____	_____
Water	<u>w/ 5.25 @</u>	<u>1.75</u>	_____
Heat (oil, or other)	<u>AS</u>	<u>30.00</u>	_____
Total	\$ <u>45.00</u>	\$ <u>46.75</u>	\$ <u>91.75</u>

Deposits required of renter
 Advance rent \$ 45.00, 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

1 1-00990-0680 ASHLEY, ROBERT N

MAP: 2730

ZONE: A25

RATIO: 1401

LVY C: 001

4505 SW FAIRVIEW BLVD

PORTLAND OREGON

97221

ALBINA ADD

LOT BLOCK

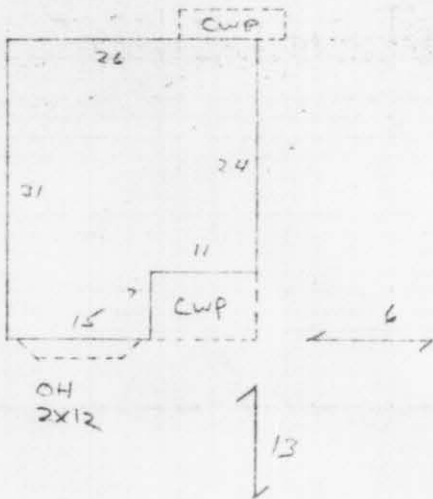
E 1/2 OF

9

4

PROPERTY ADDRESS: 249 N COOK ST
PORTLAND

APPEALS:



AVE OR ST.

1 1/2 20'



249 N. Cook
FRONT OF BUILDING AVE OR ST

SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN DATE
1968			450	3450	3,900	
1968			1750	2200	3950	203 a
1971			1,820	2,280	4,100	uP

COND. 040

REMARKS: 010

COND. 0 A / Poor OS. cond

REMARKS:

1, 2/20/68

DATE 2-28-68

CHECKED	REVIEWED	BIDS. COUNT	INDEX	RE-CHECKED	NOTIFIED

DATE 4-6-68 3-28-68

BY [Signature]

IDENTIFICATION		ADJUSTMENTS			IND. VALUE

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

COMPUTATIONS					
LAND DESCRIPTION	SIZE OR ACRES	BASIC UNIT VALUE	ADJUST. FACTORS	ADJ'D UNIT VALUE	VALUE
50 X 50 @ .18	2500	450	-	450	450
@ .70¢	2500	1750	-	1750	1750
TOTAL AREA				SUB-TOTAL	1750

REMARKS:	SITE ADJ.	
	TOTAL APPR. VALUE	1750
	19 APPR. VALUE	
	19 APPR. VALUE	
	19 APPR. VALUE	
APPRaiser <i>F. J. ...</i>	DATE 5 9 67	19 APPR. VALUE

ACCOUNT NO 100990-0680	ADJ 1968
CLASS 4 STORY AREA 729	BASE FACTOR 1900
ADDRESS 249 N. Cook	1500
FDN. Cn Br WP BSMT 3 4 1 2 1 4	
BSMT ROOMS 0 Lav Bath	
FLOORS 0 S Unb Tile Hdw Fk Con	
ROOF H F Alum Comp Shg Shk Tile Built Up	
EXTER. S Shks Siding Blk. Struc Comp. PD	
INTER. L & P Drywall Tm F Hdw Bk A/B	
PLUMB' G FACILITY Sink D.W. Toil W.B. Tub Enc OT Shower Enc St Lavn WH	
Quantity 1 1 1 1 1 1 1 1 1 1	
HEAT H.W. Pkge. Pnc Floor Oil Gas Elect H & 1/11 A	400
FIREPLACE Ins. O.S. S D T 1 Sty 2 Sty Flue	
ATTIC Unl Fin 2 BR Bath Lav X 3/4 1 4	1670
2ND STY 0 BR Bath Lav H	
BAYS 2X12 24 # DORMERS	110
MISC.	
MISC. VF & H R & O. VF Tile	
OUTSIDE 109 B.T. Sprinkler Y.L.	

FIRST FLOOR	GARAGE	TOTAL
Rec. Hall	Class	SUB
Serv. Hall	Type	
Liv. Rm	Dim. X	11690
Dim. Area	IMPS.	
Fam. Rm	Fzn. NONE	AREA 729
Nook	Floor	REPL COST 11690
Kitchen	Const	ADJ REP COST 19
Utility	Roof	R.G. 19
Bedroom	Misc.	2221
Bath	Misc.	
Lav.		
Din		
Pantry		
TOTAL DEPRECIATED REPLACEMENT COST		2221
MISC.	ADJUSTMENT 19 68	
Dim. X	BUILT 1908 Age 40	APPR. VALUE 2200
Fdn.	PERM. NO	19
Const.	PREV APPR 1462	APPR. VALUE
Roof		19
MISC.	DFA RM MO RENTAL	APPR. VALUE
Dim. X		19
Fdn.		APPR. VALUE
Const.		19
Roof		APPR. VALUE