

	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, LUCILLE 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		

JCC

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. 0.2.4 Advisor VC

Client's Name Johnson, Patta Phone _____

Address 3104 N. Gantnerbein Ethn white Age 37

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

Family Composition

Total Number in Family 4

1 wife, ~~husband~~

Other: Relation Age Relation Age

Relation	Age	Relation	Age
<u>GT</u>	<u>18</u>		
<u>SON</u>	<u>19</u>		
<u>SON</u>	<u>16</u>		

Economic Data

Employer \$

Address

Other Source of Income

welfare \$ 113⁰⁰

Total Monthly Income \$ (113⁰⁰)

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 2-17-71 Date of Info pamphlet delivery _____

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 6-20-70

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

Date of initiation of negotiations for purchase of property 5-20-71

Date of Acquisition 9-14-72

Date of letter of intent _____

Date of move 2-1-72

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1906

Size of Habitable Area 840

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 4 Rent Paid \$ 5500 Utilities 2000

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 3320 N. Commercial LPA Referred _____ Self Referred _____

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

Outside city Outside state

Age of Housing Unit _____

Size of Habitable Area _____

No. of Rooms _____ No. of Bedrooms _____

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____

Taxes \$ _____

RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ _____

Utilities \$ _____

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

House not standard no TACO benefits

No. of Housing Referrals to:

_____ Standard Sales

2 Standard Rent

Agency Referrals:

_____ MCW X HAP _____ OTHER (_____)

_____ 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 JOHNSON, Retta M. (Jefferies) RELOCATION ADVISOR JC
 ADDRESS 3104 N. Gantenbein PHONE 282-6593 PROJECT NAME Emanuel ORE. R-20
 SEX F ETHN white VETERAN _____ AGE 37 PARCEL NO. A-2-4
 MARITAL STATUS _____ TENURE tenant
 DISABILITY _____ INDIV _____ FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW _____ DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>July 20, 1970</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: _____

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW Mrs. Finley - caseworker 113.00
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 113.00

FAMILY COMPOSITION

Name	Relation	Age
Mary	daughter	18
Dennis	son	19
Robert	son	16
(Robert lives with her weekends)		

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1906 No. Rooms 4
 No. Bedrooms 2 Furn. _____ Unfurn _____
 Utilities \$ 20.00
 Monthly Payments (Rent) \$ 55.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 840 sq. ft.

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

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 3320 N. Commercial Phone _____ Date of Move February 1, 1972

WHERE RELOCATED:

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

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms ___ Habitable Area ___

Utilities \$ _____ Monthly Payments (Rent) \$ _____ 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)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	338EH & 28844 G		\$ 280.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date

Relocation Worker

1/15/71

FLYER: Delivered by Hazel Polk. Would like to see meeting held and would attend.

2/17/71

Was in the office in response to card left during survey, got survey information from her and explained general relocation benefits. . . advised her not to move.

SLC

*

12/29/71

Mrs. Johnson called. She does not want to move into HAP, especially Columbia Villa, because it is only one mile from her children and they would always come to visit her. Mrs. Spratlen, present landlord has offered her a house, one bedroom, which Mrs. Johnson says will be adequate since her only remaining son, 16, works for Manpower and stays with them during the week.

1/3/72

Called Mrs. Johnson, Did not want Columbia Villa. I called HAP and declines Columbia Villa, since her son does not want to live with her anymore. She has to have a medical certificate to get into HAP. Will pick up form January 4. Would take Dekum Court.

*

12-21-71

Took Mrs. Johnson to HAP and made application. Assigned an apt in Columbia Villa 9207 N will not be ready until after the 3rd of JAN. 1972. Does not need medical report. Welfare monthly benefits will be \$88.00. She applied for 2 bdr. and will get that.

JC

Mrs. Johnson states that Mrs. Spratlen has a house on Commercial St that she is going to move in & will it will be brought up to standard

2-1-72

Mrs. Johnson moved today. Claim for moving expense were filed.

24-72

payment for Dislocation allowance was filed for and paid today.

3-16-72

payment for first moving payment (\$180.) was filed & paid today

Mrs. Johnson was informed verbally that she had six months in which to file a claim for rent assistance. Mrs. Spratlen promised to get the house up to standard for her.

6-15-72

I had the house inspected today & informed her that the six months was just about up that she had to be in a standard house by July 2, 1972 to meet the required date. Every time I asked about when she was getting the house fixed she didn't say.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 338 EH

DATE March 15, 1972

PAY TO **Retta Johnson**

\$180.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE
AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement for relocation per claim filed from 310 1/2 N Gantenbein (Par.A2-4) to 3320 N Commercial - Fixed	\$180.00

Account Distribution

NO.	TITLE		AMOUNT
E1501/01	Relo Payment (Fixed - Ind.)	EH	\$180.00

AC *Retta Johnson*

3-16-72

awda

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:

'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

JOHNSON, Retta

2. DATE(S) OF MOVE 2-1-72

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A-2-4

a. Address 3104 N. Gantenbein, 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): 4

e. Date you moved into this address: Jul. 20, 1970

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) 3320 N. Commercial, Portland, Oregon 97227

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~~ paid
Fixed Moving Payment 180.00
(Consult local agency)

Total \$ 180.00

6. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other 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.

3-13-72

Date

Retta Johnson
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:

RETTA JOHNSON
3320 N. Commercial
Portland, Oregon 97227

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: _____
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>180.00</u>			<u>3-14-72</u>
2. Dislocation allowance \$ <u>(paid)</u>			
3. Total \$ <u>180.00</u>	<u>180.00</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
		\$			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Rotta Johnson Project Em
 2. Date(s) of move _____ Parcel No. A-2-4
 3. Dwelling unit from which you moved:
 Address 3100 N. ... No. of rooms 4
 Furnished Unfurnished Date you moved into this unit Feb 1 1972

4. Dwelling unit to which you moved:
 Address 3320 N. ...
 Were goods moved to or from storage? Yes No

5. Total claim \$ 180.00

FIXED PAYMENT: \$200 + \$ 180.00 = \$ 180.00

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)

Retha Johnson
12-20-71

Dwelling Unit Inventory

<u>QUANTITY</u>		<u>QUANTITY</u>	
<u>2</u>	Beds & Springs	_____	Night Stand
<u>2</u>	Bedroom Chair	_____	Occasional Chair
<u>1</u>	Breakfast Table	_____	Overstuffed Chair
<u>1</u>	Breakfast Table Chairs	<u>1</u>	Overstuffed Rocker
<u>7</u>	Bridge Lamp & Shade	<u>1</u>	Range
<u>1</u>	Buffet	<u>1</u>	Refrigerator: Brand _____
<u>2</u>	Chest of Drawers	<u>1</u>	Rocker
<u>1</u>	Coffee Table	_____	Rug & Pad: Size _____
<u>1</u>	Couch	_____	Stool
_____	Davenport	<u>2</u>	Table Lamp & Shade
_____	Desk	<u>4</u>	Table, small
_____	Dining Table	<u>1</u>	Vanity & Bench
_____	Dining Chairs	<u>5</u>	Suitcases
<u>1</u>	Dresser	<u>4</u>	Trunks
<u>3</u>	End Table	<u>25</u>	Cartons, Boxes, Etc.
_____	Floor Lamp & Shade	<u>4</u>	Clothes
_____	Mirror	<u>6</u>	Bedding & Linens

Miscellaneous (List Items)

- 2 TV's
- 1 He Fi
- 1 Washing-machine
- 2 Sewing Machine
- 1 Vacuum

COMMENTS:

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 28844 G

DATE January 28, 1972

PAY TO THE
ORDER OF **Retta Johnson**

\$ 200.00

DOLLARS

NON-NEGOTIABLE

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

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		<p>Reimbursement per Claim filed for Relocation Payment. Move from 310 1/2 N. Gantenbein.</p> <p>Dislocation allowance</p>	\$200.00

Account Distribution

NO	TITLE	AMOUNT
E 1501	Relocation Payment (EH) (Fixed Payment - Individual)	\$200.00

254.72

Bank 72

Retta Johnson

MS

AC

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:
"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
JOHNSON, Retta

2. DATE(S) OF MOVE
2-1-72

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. 124

a. Address 3104 N. Gantenbein, 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): 4

e. Date you moved into this address: Jul. 20, 1970

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) 3320 N. Commercial, Portland, Oregon 97227

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	<u>\$200.00</u>	
Fixed Moving Payment	<u> </u>	
(Consult local agency)		Total \$ <u>200.00</u>

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.

1/25/72
Date

Retta Johnson
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:

Retta Johnson
3320 N. Commercial
Portland, Oregon 97227

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: _____
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

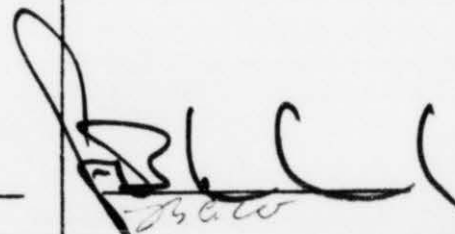
If "Yes," explain basis for approved amount:

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>1-26-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>200.00</u>	<u>200.00</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 Johnson, Rita Project _____
 2. Date(s) of move _____ Parcel No. _____
 3. Dwelling unit from which you moved:
 Address 3104 N. Hawthorne No. of rooms 4
 Furnished Unfurnished Date you moved into this unit Jul 20, 1970
 4. Dwelling unit to which you moved:
 Address 3320 N. Commercial
 Were goods moved to or from storage? Yes No

5. Total claim \$ 200.00

FIXED PAYMENT: \$200 + \$ _____ = \$ 200.00

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 Approved

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)

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

June 15, 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. Chegwiddden, Chief

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

Attn: Jim Crolley

Re: 3320 N. Commercial Avenue

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, one-bedroom, single-family dwelling at the above address.

Our inspector reports the following conditions are in noncompliance with City regulations:

1. Windowpanes are broken in the cellar. ✓
2. The cellar stair treads are broken. ✓
3. The gutters and downspouts are rusted through.

Due to obvious deficiencies in the plumbing and electrical installation, an inspection by the respective divisions will be necessary.

Please notify the Housing Division of the Bureau of Buildings, 2200 N. E. 24 Avenue, Telephone 288-6077, when the corrections have been completed, under proper permit where required, and a reinspection can be made.

Yours truly,


C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

JHM:vm

cc: Sanford & Evelyn Spratlen
2625 S. W. Ravensview Dr.
Portland Development Comm.
5630 N. E. Union Avenue
Plumbing & Electrical Div.

223-2209



HOUSING AUTHORITY OF PORTLAND, OREGON

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

December 27, 1971

Mr. Ben Webb - Chief of Relocation
Portland Development Commission
Emanuel Hospital Project
235 N. Monroe
Portland, Oregon

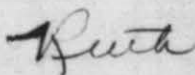
Dear Mr. Webb:

Please advise our office of the relocation date for Ms. Retta M. Johnson, 3104 N. Gantenbein, who is being displaced by the Portland Development Commission in the urban renewal project, ORE R-20.

Thank you for your cooperation.

Sincerely,

Gene W. Rossman, Executive Director



Ruth K. Drurey, Director Rental Division

RKS:sk

Fred M. Rosenbaum, *Chairman*

Lyndon R. Musolf

Richard J. Brownstein, *Legal Counsel*

COMMISSIONERS

Leonard L. Gibson

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Mrs. Florine M. Dahlke, *Vice-Chairman*

John D. McLeod

James O. Brooks

Gene W. Rossman, *Executive Director*

PORTLAND DEVELOPMENT COMMISSION

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

12-21-71

Housing Authority of Portland
4400 N. E. Broadway
Portland, Oregon 97213

Gentlemen:

This is to inform you that Rita M. Johnson,
of 3104 N. Lombard, Portland, Oregon 97227
who wishes to file an application with your office will be displaced
as a result of the acquisition of the property, in which he (or she)
resides, by the Portland Development Commission in the urban renewal
project, ORE R-20.

Thank you for any help that you may render Mrs. Johnson
in his (her) efforts to obtain suitable housing.

Very truly yours,
W. Stanley Jones
W. Stanley Jones
by James C. Bradley

WSJ:slc

Relocation date as soon as possible housing is available
Stanley

Pitman
Anna Reed

12-20-71

Mrs. Retta Johnson (Jeffries)
Married Aug 11, 1971
Separated — John W.

Need housing — 2 bedroom
Gas if children live with their father
Electricity (14 boy 9 boy 6 boy 4 girls
(3 girls))

has own furniture —
Partially furnished
Wants house in near north east —

Signed up for welfare 12-15-71

Diane Ferley — Case worker — 280-6041 —
^{Sony N. Langness} ^{Multi Service Center}
Will have info on income
12-21-71 before we go to HAP.

Disability ^{welfare} ~~hears~~ & back
Can not climb steps.
would be helpful to near medical facilities

Nephew Mark Carter — 9512 N Edison 286-3506
Brother Ralph Carter Lombard 285-4003

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.

Patricia M. Johnson

12/20/21
date

RESIDENTIAL RELOCATION RECORD

(F)

RELOCATION WORKER _____ PROJECT NO. R-20 PARCEL R-2-4
 NAME Johnson, Retha ADDRESS 2104 W. Gardenheim APT NO. _____
 PHONE 282-6593 INITIAL INTERVIEW _____ SEX F W NW AGE 37
 U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 6 months
July 20, 1970

FAMILY COMPOSITION

Name	Relation	Age
<u>Mary</u>	<u>daugh.</u>	<u>18</u>
<u>Ann</u>	<u>Son</u>	<u>19</u>
<u>Robert</u>	<u>Son</u>	<u>16</u>

lives w/ her on weekends

Employer: Name _____ \$ _____
 Address _____
 MCW Caseworker Mrs. Farley 113.00
 Social Security _____
 Va. _____ Fed. _____ Mult Co. _____
 Pension: Name _____
 Other: Name _____
 TOTAL MONTHLY INCOME _____

Rent 55.00, Inc. Heat _____ Water Gas _____ Gar _____ Elec _____
 Unfurn _____ Furn _____ No. Rms 4

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 Ralph Carter Address Lombard Phone 285-4003
 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 _____

Elsie Minnefici
1 Knott
287-9284 - (Aunt of John)
 FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: _____ Zip _____ Phone _____

1-15-71 flyer delivered by Angel Polter would like to see
meeting held & would attend

2/17/71 Was in office in response to card left during survey. Got survey info. from her
and explained general relocation benefits ... advised her not to move. SLC

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 Casimucci Date of survey 2/14/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 10 Structure No. 4 Census Block No. 28 Census Tract No. 20 A
 Street Address 3104 N Gardenheim 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 _____

*2000 + down will be
waiting SEP -*

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

Name	Family relation	Age	Sex	Occupation
1. <u>Johnson, Retta</u>	<u>Head of household</u>	<u>(app 40+)</u>	<u>F</u>	<u>-</u>
2. _____	<u>daug.</u>	<u>18</u>	<u>F</u>	<u>-</u>
3. _____	<u>son</u>	<u>22</u>	<u>M</u>	<u>-</u>
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				

Johnson

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

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

Names of jobholders	Names of employers	Street address where jobs are located	Distance to work
<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>

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

Names of persons in this household who have income from any source	Amount of income per month	
	In month before this survey	In an average month during 1970
<u>Retta Johnson</u>	<u>\$ _____</u>	<u>\$ _____ MCPW</u>
_____	_____	_____
Total family or household income per month	\$ <u>95 estimated</u>	\$ _____

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

1. Location (indicate approximate cross streets) N 2000 (near bus + street)
2. Transportation, number of autos owned 2, use bus , walk
3. Will rent house , apartment , expect to pay rent, including utilities, at \$ 75.+ 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 3, kitchen 1, dining room 1, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit 900+
7. Other characteristics W O B I M

pay for house

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

Date _____

Analyst Cammuci Surveyed 2/16/71 Tabulator _____ Date _____
 Dwelling Unit No. 10 Structure No. 8 Census Block No. 28 Census Tract No. 22 A
 Street Address 3104 N Gantenbergh Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: Retha A. Johnson NAME & ADDRESS OF OWNER: Sanford D. & Evelyn Spradlin NAME & ADDRESS OF PROP. MGR: _____
3104 N Gantenbergh 2625 SW FAYETTEVIEW _____
 TELEPHONE: _____ TELEPHONE: 222-2249 TELEPHONE: _____
 INTERVIEWED? (X) Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

<u>Kind of dwelling unit</u>	<u>No. of units in bldg.</u>
_____ One-family house	_____
_____ Apt. in a house	_____
<input checked="" type="checkbox"/> Apt. in apt. bldg. or plex	<u>4</u>
_____ Apt. in comm. bldg.	_____
_____ Mobile home or trailer	_____

This structure has 2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

_____ Owner occupied
 Renter occupied
 _____ Vacant

III. SIZE OF DWELLING UNIT

1680 Sq. ft. in first floor (county figure)
840 Sq. ft. in dwelling unit (if more than 1 floor)
4 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
2 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
1971 Period market value data applicable
5/8/67 Date of last appraisal
1906 Date structure was originally built

B. Market value data for one-family dwelling

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

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

	<u>Market value for entire structure</u>	<u>Computed value per sq. ft. for this dw. unit</u>
Land	\$ <u>4260</u>	\$ _____
Improvements	<u>2960</u>	_____
Total	<u>7220</u>	_____

3360 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

<u>Monthly average</u>	<u>Cash rent</u>	<u>Utilities</u>	<u>Total paid by renter</u>
Rent	\$ <u>55.00</u>	_____	\$ _____
Electricity	_____	\$ _____	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Heat (oil, or other)	_____	_____	_____
Total	\$ <u>55.00</u>	\$ <u>20.00</u>	\$ <u>75.00</u>

Deposits required of renter
 Advance rent \$ _____, other \$ _____

Rental information obtained from
 Tenant X, 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

RP
Mrs Sprallen was going to get a letter from
Mrs Johnson + a fix the house to Barbara.

11/20/73 To this date she has not present any information

assessor's records filed in
apartment house file