

	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		

R E S U M E

DATE 4-2-73

NAME Roosevelt Jones

To date I have had no contact with Roosevelt Jones (Vel) - His mother has not heard from him. Ath this time it appears that the time for submitting an application is over. Therefore, I am closing the file.

(signed) Chet Daniels
worker

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. A-4-7 Advisor _____
 Client's Name JONES ROOSEVELT Phone _____
 Address 3316 N COANTENBEIN Ethn B Age 35

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

Family Composition

Total Number in Family 1

 wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Economic Data

Employer \$ _____

Address _____

Other Source of Income \$ _____

Total Monthly Income \$ (_____)

- 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 10-71 Date of Info pamphlet delivery _____

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 11-70

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

Date of initiation of negotiations for purchase of property 5-26-71

Date of Acquisition 11-11-71

Date of letter of intent _____

Date of move 10-71

DWELLING UNIT FROM WHICH RELOCATED

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

✓ Age of Housing Unit over 60
 ✓ Size of Habitable Area 110 sq ft
 ✓ Furnished with claimant's furniture
 YES NO

✓ Total Number of Rooms _____ Rent Paid \$ _____ Utilities _____
 ✓ Number of Bedrooms _____ Monthly Housing Payments \$ _____ Taxes _____
 Liens \$ _____ (please explain) _____
 Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 315 NE ALBERTA PK TER LPA Referred _____ Self Referred X

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

Outside city Outside state
 ✓ Age of Housing Unit over 20 yrs
 ✓ Size of Habitable Area 600 x 700 sq ft
 ✓ 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 \$ _____
 Utilities \$ _____
 Total Rent Assistance \$ _____
 Amount of Annual Payment \$ _____

NO CLAIM FILED FOR RENT ASS'T.

No. of Housing Referrals to:

_____ Standard Sales
2 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 \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME JONES, Roosevelt (Vel) RELOCATION ADVISOR ...

ADDRESS 3316 N. Gantenbein PHONE 284-8401 PROJECT NAME Emanuel ORE. R-20

SEX M ETHN black VETERAN _____ AGE 35 PARCEL NO. A 4-7

MARITAL STATUS _____ TENURE roomer

DISABILITY _____ INDIV _____ FAMILY _____

ELIGIBLE FOR: PUBLIC HOUSING x FHA 235 _____

RENT SUPPLEMENT _____ OTHER _____

DATE ON SITE:	<u>November 1970</u>
INITIATION OF NEGOTIATIONS:	<u>5/26/71</u>
DATE OF ACQUISITION:	<u>10/11/71</u>

INITIAL INTERVIEW _____ DATE INFO PAMPHLET DELIVERED _____

NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____

NOTIFY IN CASE OF EMERGENCY _____

<u>DISABLED</u>	<u>ECONOMIC DATA</u>	<u>FAMILY COMPOSITION</u>																					
Employer _____ \$ _____	Address _____ MCW _____ Social Security _____ Pension _____ Other _____ TOTAL MONTHLY INCOME \$ _____	<table border="1" style="width: 100%;"> <thead> <tr> <th>Name</th> <th>Relation</th> <th>Age</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Relation	Age																		
Name		Relation	Age																				

DWELLING UNIT FROM WHICH RELOCATED

Subsidized Sales	Single Family	S	SS	Age of Structure _____ No. Rooms _____
Subsidized Rental	Multiple Family			No. Bedrooms _____ Furn. _____ Unfurn _____
Public Housing	Duplex			Utilities \$ _____
Private Rental	Mobile Home			Monthly Payments (Rent) \$ _____
Private Sales				Acquisition Price \$ _____
Size of Habitable Area _____				Taxes \$ _____ Equity \$ _____
				Liens \$ _____

HOUSING REFERRALS

Address	Bedrooms
<u>315 N. Alberta Park Terrace</u>	
<u>5227 N. E. 15th</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 315 N.E. Alberta- Park Terrace Phone _____ Date of Move _____

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	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	Purchase Price	\$
RHP			\$		
TACO (Rental)			\$	Down Payment	\$ _____
TACO (Rental)			\$	RHP	\$ _____
TACO (Rental)			\$	Total Down	- \$ _____
TACO (Rental)			\$	Total Mortgage	\$ _____
TACO (Sales)			\$		
Fixed Moving	27455 G	10/28/71	\$ 215.00		
Actual Move			\$		
Storage			\$		
Incidental			\$		
Interest			\$		

TOTAL BENEFITS RECEIVED \$ 215.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date

Relocation
Worker

10/26/
71

Mr. (Roosevelt) Vel Jones came in and made claim for his relocation benefits as a roomer under Relocation Act of 1970. We figure his benefits will run . He now lives at Park Terrance, 315 N.E. Alberta.

11/4/

Arranged with Housing Division to have unit inspected on 11/5 at 2:00 pm
Called Mr. Jones and informed him of tommorrow's inspection.

10/28

Delivered Mr. Jone's check to 5227 N.E.15th. This was the address of his mother, Mrs. Denson. He said he was living there. I told him that we could not pay him TACO payments if he moved in with his mother. He gave the impression that this was only teimporary move and that he had decided to leave. Mrs. Denson was paid an RHP to buy her house.

7/14/
72

No contact made with Mr. Jones since delivery of the check. I called his mother to see if he was there. She said she had not seen him for three to four weeks. She also confirmed that Vel Jones had lived with her temporarily. I asked her to have him get in touch with me if he calls. Until I can locate him and get an inspection, I can not process claim for rent assistance.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

No 27455 G

DATE October 28, 1971

PAY TO THE
 ORDER OF **Vel Jones**

\$ 215.00

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
		Reimbursement per Claim for Relocation Payment filed. Move from 3316 N. Gantenbein (A-4-7) to 315 N. Alberta. Dislocation Allowance \$200.00 Fixed payment - unfurn.) <u>15.00</u>	<u>\$215.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - unf. - Ind.)	\$215.00

vel Jones

BD

sl

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY	PROJECT NAME (if applicable)
Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201	Emanuel 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 JONES, Vel

2. DATE(S) OF MOVE Oct. 22, 1971

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A-4-7

a. Address <u>3316 N. Gantenbein</u> <u>Portland, Oregon 97227</u>	d. Number of rooms occupied (excluding bathrooms, hallways, and closes: <u>(roomer)</u>)
b. Apartment, Floor, or Room Number _____	e. Date you moved into this address: <u>Nov. 1970</u>
c. Was it furnished with your own furniture? <u> </u> Yes <u> x </u> No	

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) <u>315 N. Alberta (Parle Terrace)</u>	c. Were household goods moved to or from storage? <u> </u> Yes <u> x </u> No
b. Apartment, Floor, or Room Number _____	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>15.00</u>	
(consult local agency)		Total \$ <u>215.00</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.

10/24/71
Date

Vel Jones
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:

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: 10/22/71
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:

(form continued on next page)

WJ

(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>15.00</u>		<i>BK</i> <i>Beck</i>	<u>10-26-71</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>215.00</u>	<u>215.00 -</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____			
2. Supplementary payment (s) for storage costs:			
3. Final payment for moving expenses covering storage and related costs			

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>10/28/71</u>	<u>274356</u>	<u>\$ 215.00</u>			\$

ROOMER

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER _____

PROJECT NO. EE B-20 PARCEL A-4-7

NAME James Stewart Vel ADDRESS 3316 N. Fairview APT NO. _____

PHONE 284-8401 INITIAL INTERVIEW Oct. 26 SEX M W _____ NW B AGE 35

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

FAMILY COMPOSITION

Name	Relation	Age

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

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

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

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

Information Statement given to _____ on _____ by _____

Notice to move given to _____ on _____ by _____

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

REMOVED FROM CASELOAD: (Date) _____

Refused assistance _____

Relocated in: _____

Low-rent public housing _____

Other perm. public housing _____

Standard priv. rent. hsg. _____

Sub-standard priv. rent hgs. with refusal of further aid _____

Standard sales housing _____

Sub-standard sales hsg. _____

Out-of-town _____

Address unknown, abandoned _____

Evicted, no further assistance _____

Other (explain) _____

REMAINING ON CASELOAD: _____

Address unknown, tracing _____

Evicted, further assistance contemplated _____

Temporarily relocated by LPA _____

within project: _____ address _____

outside project: _____ address _____

FAMILY REFUSED ADDITIONAL ASSISTANCE:
 Date _____ Worker _____

RELOCATION REFERRALS:

Address	Inspection Certified By	Date
<u>315 N Alberta Park Terrace</u>		<u>Oct 26</u>
<u>5227 NE 15th</u>		<u>10-22-72</u>

NEW ADDRESS: _____ Zip _____ Phone _____