

	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, LUCTLE 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 10-10-72

NAME LAWRENCE, Edward

The Edward Lawrence family, displacees from Emanuel Project R-20, were interviewed 6/27/72. A pamphlet was given to the clients. Efforts were made to place them in public housing due to their low income bracket. They were not eligible for H.A.P. The family was eligible for Dislocation and Moving Expense. Several referrals were submitted to them. A suitable rental was located through subsidized private rentals. Claim was filed 9/25/72 and paid 10/4/72. A self move was made 10/10/72.

(signed)

Alma Gordon

worker

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. 9-2-6 Advisor P.G.
 Client's Name Lawrence, Edward Phone _____
 Address 217 N. Memorial Ethn Black Age 25

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

Family Composition

Total Number in Family 6
 _____ wife, husband

Other: Relation Age Relation Age

wife	22		
son	6		
son	5		
DAUGHTER	1		
son	2 months		

Economic Data

Employer \$ _____
 Address _____
 Other Source of Income welfare \$ 279.00
 _____ \$ _____
 Total Monthly Income \$ (279.00)

- 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 6-27-72 Date of info pamphlet delivery 6/27/72
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 12-71
 (a) for owner-occupants - indicate initial date of occupancy and ownership
 Date of initiation of negotiations for purchase of property 11-1-71
 Date of Acquisition 7-21-72
 Date of letter of intent _____
 Date of move 10-7-72

DWELLING UNIT FROM WHICH RELOCATED

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

✓ Age of Housing Unit 40
 ✓ Size of Habitable Area 900
 ✓ Furnished with claimant's furniture
 YES NO

✓ Total Number of Rooms 2 Rent Paid \$ 3200 Utilities _____
 ✓ Number of Bedrooms 2 Monthly Housing Payments \$ _____ Taxes _____
 Liens \$ _____ (please explain) _____
 Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 705 N. Fremont. LPA Referred Self Referred _____

Private Sales		Single Family	
Private Rental		Duplex	
Other <u>Subsidiary Rental</u>	X	Multiple Family	X

Outside city Outside state
 ✓ Age of Housing Unit 6
 ✓ Size of Habitable Area 900
 ✓ No. of Rooms 5 No. of Bedrooms 3

For Claimants Who Purchased

For Claimants Who Rented

Purchase Price of Replacement Dwelling \$ _____
 Taxes \$ _____
 RHP or TACO (including incidental costs) \$ _____

Rent \$ _____
 Utilities \$ 64.25
 Total Rent Assistance \$ -0-
 Amount of Annual Payment \$ -0-

✓ No. of Housing Referrals to:

✓ Agency Referrals:

_____ Standard Sales
4 X Standard Rent

X MCW X HAP OTHER (_____)
 X Food Stamp _____ Legal Aid Other (Parent Child Service)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____
 Date _____ Ck # _____ Type _____ Amount \$ _____
 Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Edward Lawrence RELOCATION ADVISOR A. Gordon
 ADDRESS 217 N. Monroe PHONE _____ PROJECT NAME Emanuel
 SEX M ETHN B VETERAN _____ AGE 25 PARCEL NO. A 2-6
 MARITAL STATUS Married TENURE Tenant
 DISABILITY _____ INDIV _____ FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT X OTHER _____
 INITIAL INTERVIEW 6-27-72 DATE INFO PAMPHLET DELIVERED 6-27-72
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY Mrs. Minnie Horbrickle, 287-3430 (grandmother)

DATE ON SITE: <u>December, 1971</u>
INITIATION OF NEGOTIATIONS: <u>11-1-71</u>
DATE OF ACQUISITION: <u>7-21-72</u>

ECONOMIC DATA

Employer Unemployed \$ _____
 Address _____
 MCW X 279.00
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 279.00

FAMILY COMPOSITION

Name	Relation	Age
Patricia Lawrence	wife	22
Ray Hawkins	son	6
Ronald Hawkins	son	5
Patrina Hawkins	daughter	1
Edward Lawrence, Jr.	son	2 mos.

DWELLING UNIT FROM WHICH RELOCATED

		S	SS
Subsidized Sales	Single Family <u>X</u>		
Subsidized Rental	Multiple Family		
Public Housing	Duplex		
Private Rental	Mobile Home		
Private Sales			

Age of Structure _____ No. Rooms 1
 No. Bedrooms _____ Furn. _____ Unfurn. X
 Utilities \$ _____
 Monthly Payments (Rent) \$ 32.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms
<u>5707 N. Fiske</u>	<u>3</u>
<u>705 N. Fremont</u>	<u>3</u>
<u>4835 N.E. 22nd</u>	<u>3</u>
<u>9707 N. Fiske</u>	

AGENCY REFERRALS

Name of Agency	Date
<u>Multnomah County Welfare</u>	<u>X</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 X

Address 705 N. Fremont Phone _____ Date of Move Oct. 7, 1972

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

Furnished ___ Unfurnished X Number of Rooms 5 Number of Bedrooms 3 Habitable Area 900

Utilities \$ _____ Monthly Payments (Rent) \$ 64.25 Purchase Price \$ _____

Age of Structure: 10yrs. 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	<u>572EH</u>	<u>10-4-72</u>	<u>\$ 260</u>
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
6-27-72	Interviewed Mr. and Mrs. Edward Lawrence, tenants at 217 N. Monroe, who moved into project area after the project was started. I explained their benefits under the Uniform Relocation Act. Therefore, they would be eligible for moving expense and relocation. Left information pamphlet with them to read.
6-28-72	Verification of income from welfare (Mrs. H. Wymore, Caseworker), their only source of income as Mr. Lawrence is unemployed at present. Suggested that rent supplement be applied for on the basis of Displacees. Inventoried dwelling unit of one room.
6-29-72	Mrs. Lawrence was taken to Housing Authorities, Verification of income which is a welfare grant letter of Displacement, Application taken by Mable Jackson, one referral in Columbia Villa given with 3 bedrooms which will meet the family needs.
6-30-72	Appointment to show the Lawrences the apartment at 9707 N. Fiske. Mr. and Mrs. Lawrence were taken to see apartment which they had many criticisms about the area, inconvenience, and disapproved of the unit. Mrs. Mable Jackson was called to rent unit as refused by the Lawrence family.
8-22-72	Mrs. Patricia Lawrence sent an address of a house located at 4835 N. E. 22nd. I called the landlady who promised to return my call; however, she did not. Therefore, J.C. and I drove out to see the house and talked to the owner. He stated that he preferred a family with teenagers who could utilize the space, in fact, someone whom he felt would take care of the place. He owns another two bedroom house across the street that he offered and would be available September 1.
8-23-72	John Carter at Parent Child Service came by to talk with me about Patricia Lawrence's family. Relocation being a problem because of low income grant from welfare.
9-8-72	Mr. Edward Lawrence made application for private rental through Federal housing.
9-25-72	Claim filed for Moving and Dislocation benefits.
10-6-72	Warrant no. 572EH received in our office.
10-10-72	The Lawrence family made a self move from 217 N. Monroe to 705 A N. Fremont St. Moving and Relocation Claim signed by Mr. Lawrence.

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Edward Lawrence Project Emanuel Hosp.
 2. Date(s) of move 11/17/71 Parcel No. A-3-6
 3. Dwelling unit from which you moved:
 Address 2177 N. Monroe St. No. of rooms 1
 Furnished Unfurnished Date you moved into this unit Oct. 1971
 4. Dwelling unit to which you moved:
 Address 705 N. Fremont St. Apt. A
 Were goods moved to or from storage? Yes No
 5. Total claim \$ 260.00

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

ACTUAL MOVING COSTS

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

STORAGE COSTS

Name, address and ZIP code of storage company _____

- A. Type of claim
 initial supplementary final
 B. Storage period
 1. Total period: _____ months. Check one: Actual Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____
 C. Storage Costs

		<u>Approved</u>
1. Monthly rate	\$ _____	\$ _____
2. Total costs actually incurred	\$ _____	\$ _____
3. Amount previously received	\$ _____	\$ _____
4. Amount claimed (line 2 minus 3)	\$ _____	\$ _____

 D. Description of Property Stored: please list on back of this sheet.
 E. Method of Payment
 reimburse client (attach receipt or paid bill)
 pay storage company directly (attach bill)

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Emanuel Hosp.

PROJECT NO. R-20

1. Full name of claimant: _____
 Family Individual
2. Dwelling unit from which you moved: Parcel No. 226
 a. Address _____ c. Number of bedrooms _____
 b. Apartment or room number _____ d. Monthly rental \$ _____
 e. Date displaced _____
3. Dwelling unit to which you moved (RENTAL)
 a. Address _____ c. Number of bedrooms _____
 b. Apartment or room number _____ d. Monthly rental \$ _____
 e. Date moved in _____
4. Dwelling unit to which you moved (PURCHASE)
 a. Address _____ c. Downpayment \$ _____
 b. Number of bedrooms _____ d. Incidental expenses \$ _____
 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 _____
 Date of acquisition July 21, 1972
 Owner-occupant's initial date of ownership Octob. 1971
2. Did claimant own or rent 90 days prior to initiation of negotiations? Yes No
 Date of rental or purchase _____
 Date of initiation of negotiations 11-1-71
3. Is replacement housing standard? Yes No
 If previously substandard, date found standard _____
4. Certification:
 (Amount of this claim \$ _____)

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 572 EH

DATE October 4, 19 72

PAY TO **Edward Lawrence**

\$ 260.00

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 Relocation Payments filed. Move from 217 N. Monroe (Parcel A-2-6).	
		Dislocation allowance	\$200.00
		Fixed moving payment - own furniture	<u>60.00</u>
			<u>\$260.00</u>
<i>Edward Lawrence</i>			<i>10/6/72</i>

Account Distribution

NO. TITLE

AMOUNT

0600 ELO 901

RELOCATION PAYMENT

Project: Emanuel ORER-20 Parcel: A-2-6

Payable to: Edward Lawrence

Amount

For: _____	RHP for Homeowners	\$ _____
_____	Incidental Expenses for Homeowners (if separate claim)	\$ _____
_____	RHP for Tenants & Certain Others:	
	Rental: Total approved \$ _____; Annual amount.	\$ _____
	or Purchase:	\$ _____
<u>X</u>	Fixed Moving Payment	\$ <u>60</u>
<u>X</u>	Dislocation Allowance.	\$ <u>200</u>
_____	Actual Moving Costs.	\$ _____
_____	Storage Costs (if separate claim).	\$ _____
_____	Business: Moving Expenses.	\$ _____
_____	Business: In Lieu Payment.	\$ _____
_____	Business: Storage Costs.	\$ _____
_____	Business: Loss of Property	\$ _____
_____	Business: Searching Expenses	\$ _____

Name of Client Edward Lawrence

Less - \$ _____ *

Move from 217 N. Monroe St.

me Total \$ 260

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

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY
Portland Development Commission
1700 S.W. Fourth Avenue
Portland, Oregon

PROJECT NAME (if applicable)
Emanuel Hospital
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 statment or
entry, shall be fined not more than \$10,000 or imprisoned not more than five years,
or both."

1. FULL NAME OF CLAIMANT Edward Lawrence Family Individual

2. DATE(S) OF MOVE
October 1, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. 92-6
a. Address 217 N. Monroe St.
Portland, Or.
b. Apartment, Floor, or Room Number _____
c. Was it furnished with your own furniture?
 Yes No
d. Number of rooms occupied (ex-
cluding bathrooms, hallways,
and closets: 1
e. Date you moved into this
address: December, 1971

4. DWELLING UNIT TO WHICH YOU MOVED
a. Address (include ZIP Code) _____
705 N. Fremont St., Apt. A, Portland, Or.
b. Apartment, Floor, or Room Number A
c. Were household goods moved to
or from storage?
 Yes No
If "Yes", complete table,
"Statement of Claim for Storage
Costs"

5. TOTAL CLAIM (if 5 b. marked above)
Dislocation Allowance \$200.00
Fixed Moving Payment 60.00
(Consult local agency) Total \$ 260.00

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

9-8-72
Date

Edward Lawrence
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:

Edward Lawrence
217 N. Monroe St.
Portland, Or.

NAME OF LOCAL AGENCY:

Portland Development Commission

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

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

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

Yes No

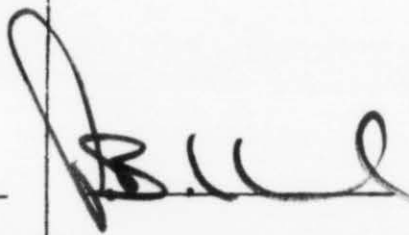
If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>60</u>			<u>9-28-72</u>
2. Dislocation allowance \$ <u>200</u>			
3. Total \$ <u>260</u>	<u>260</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	_____	_____	_____

1058

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>10/4/72</u>	<u>572 EN</u>	<u>\$ 260.00</u>			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Edward Lawrence Project Emanuel
 2. Date(s) of move October 1, 1972 Parcel No. A-2-6
 3. Dwelling unit from which you moved:
 Address 217 N. Monroe St. No. of rooms 1
 Furnished Unfurnished Date you moved into this unit Dec. 1971
 4. Dwelling unit to which you moved:
 Address 705 N. Fremont St. Apt. 11
 Were goods moved to or from storage? Yes No
 5. Total claim \$ 260⁰⁰

 FIXED PAYMENT: \$200 + \$60⁰⁰ = \$260.

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)

1 Room

Patricia Lawrence

Dwelling Unit Inventory

QUANTITY

QUANTITY

- 1 Beds & Springs *mattress*
- Bedroom Chair
- Breakfast Table
- Breakfast Table Chairs
- Bridge Lamp & Shade
- Buffet
- Chest of Drawers
- Coffee Table
- Couch
- Davenport
- Desk
- Dining Table
- Dining Chairs
- Dresser
- End Table
- Floor Lamp & Shade
- Mirror

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

Miscellaneous (List Items)

- 1 T.V.
- 1 High Chair
- 1 Baby Stool
- 3 Towel Rugs
-
-

-
-
-
-
-
-

COMMENTS:

Patricia Lawrence

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

Housing Authority of Portland
1605 N. E. 45th
Portland, Oregon 97213

Gentlemen:

In accordance with the procedure adopted for adjusting rentals for persons receiving public assistance, this letter is to certify that the persons named below have been accepted for assistance by the Multnomah County Welfare Commission. This is not to be construed as a guarantee of the payment of rental for any period by the Multnomah County Public Welfare Commission. It is understood that this information is confidential and will be used only for the purpose for which it is provided.

1. Resident of the Housing Authority _____
2. Applicant for housing _____
3. Name Edward and Patricia Lawrence
4. Address 217 N. Monroe
5. Number of persons in family 5 and expecting a baby in July
6. Total monthly assistance \$268.00 8-24-72 #27908
7. Date assistance began on going
8. Date assistance to terminate unknown

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

H. Wayne M. C.
(Caseworker) (Dept.)
6-26-72
(Date)

DATED this 9th day of October 1972.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 217 N.
Monroe St., Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

(firm name)

by: Edward Lawrence

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 A. Lawrence

6/27/72
date