

	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 _____

NAME George Lee

Mr. George Lee lived at 3213 N. Vancouver where he sub-let to others, namely Robert Lee, Randy Morgan, Gene Morgan, Beilin. These people moved out and Portland Development Commission paid the moving expenses and moving allowances (each individual). Plus, we have paid them all a rent assistance payment. This was unusual in that all these sub-tenants are unemployed and most of them sick or alcoholic. Two of them, Gene Morgan and Randy Morgan were placed in HAP housing. They were both on Welfare.

Mr. George Lee, however, was very responsible person and worked very well and had a good income. I believe he tried to provide a place for his brother Robert, this being his primary reason for staying in this atmosphere.

He was a great help in finding these sub-tenants because they would go out and be gone for days or even weeks at a time.

(signed) Chet Daniels
worker

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. A-3-19 Advisor CND
 Client's Name Lee, George Phone 284-2414
 Address 3213 N. Vancouver Ethn B Age 46
 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 Gunderson \$
 Address 190 - /wk
 Other Source of Income
Rents /mo \$ 100 -
 Total Monthly Income \$ (215 - /wk)

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 5-17-71 Date of Info pamphlet delivery 5/17/71
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

July 1, 1964

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

Date of initiation of negotiations for purchase of property

May 17, 1971

Date of Acquisition

9-10-71
Jan 1, 1972

Date of letter of intent

Date of move

9-22-71

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit over 60

Size of Habitable Area 1500 sq ft

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 6 Rent Paid \$ 50.00 Utilities 30-40

Number of Bedrooms 4 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 1305 N. Brazee LPA Referred _____ Self Referred

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

Outside city Outside state

Age of Housing Unit over 50 yr

Size of Habitable Area 800 sq ft

No. of Rooms _____ No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____

Taxes \$ _____

RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ 80.00

Utilities \$ _____

Total Rent Assistance \$ 2,292.00

Amount of Annual Payment \$ 573.00

No. of Housing Referrals to:

_____ Standard Sales

_____ 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 LEE, George RELOCATION ADVISOR CD
 ADDRESS 3213 N. Vancouver PHONE 284-2414 PROJECT NAME Emanuel ORE R-20
 SEX M ETHN B VETERAN AGE 46 PARCEL NO. A 3-19
 MARITAL STATUS Single TENURE Tenant
 DISABILITY INDIV X FAMILY
 ELIGIBLE FOR: PUBLIC HOUSING FHA 235
 RENT SUPPLEMENT OTHER
 INITIAL INTERVIEW May 17, 1971 DATE INFO PAMPHLET DELIVERED
 NOTICE TO MOVE DATES EFFECTIVE EXPIRATION DATE
 NOTIFY IN CASE OF EMERGENCY Robert Lee

DATE ON SITE:	<u>July 1, 1964</u>
INITIATION OF NEGOTIATIONS:	<u>May 17, 1971</u>
DATE OF ACQUISITION:	<u>January 1, 1972</u>

ECONOMIC DATA

Employer Gunderson Brothers \$ 190 /wk.
 Address
 MCW
 Social Security
 Pension
 Other
 Rents - Per month 100
 TOTAL MONTHLY INCOME \$ 215.00/wk

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 60 Over No. Rooms 6
 No. Bedrooms 4 Furn. Unfurn. X
 Utilities \$ 30-40
 Monthly Payments (Rent) \$ 50.00
 Acquisition Price \$
 Taxes \$ Equity \$ None
 Liens \$

Size of Habitable Area

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 X LPA Referred _____

Address 1305 N E. Brazee Phone 182-3222 Date of Move September 22, 1971

WHERE RELOCATED:				S	SS
Same City	X	Subsidized Sales		X	
Outside City		Subsidized Rental			
Out of State		Public Housing			
		Private Rental	X		
		Private Sales			

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms 2 Habitable Area ___

Utilities \$ ___ Monthly Payments (Rent) \$ 80.00 Purchase Price \$ ___

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount	Purchase Price	\$
RHP			\$		
TACO (Rental)	203 EH	12/20/71	\$ 573.00	Down Payment	\$ _____
TACO (Rental)	618 EH	12-6-72	\$ 573.00	RHP	\$ _____
TACO (Rental)			\$	Total Down	- \$ _____
TACO (Rental)			\$	Total Mortgage	\$ _____
TACO (Sales)			\$		
Fixed Moving	27057 G	9/29/71	\$ 340.00		
Actual Move			\$		
Storage			\$		
Incidental			\$		
Interest			\$		

TOTAL BENEFITS RECEIVED \$ 913.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 981 EH

DATE October 24, 1974

PAY TO **George Lee**

\$ 573.00

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 3213 N. Vancouver (Parcel A-3-19). Total approved \$2,292.00 4TH & FINAL PAYMENT	\$573.00
<i>George Lee</i>			

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

RELOCATION PAYMENT

PROJECT: EMANUEL

PARCEL: A-3-19

PAYABLE TO: George Lee

For: <u> </u> RHP for Homeowners\$	_____
<u> </u> Incidental Expenses for Homeowners or Tenants.\$	_____
<u> x </u> RHP - Tenants & Certain Others - Rental: Total approved \$ _____; Annual amount	.\$	<u>573.00</u>
<u> </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\$	_____

Name of Client George Lee Family Less - \$ _____ *

Move from 3213 N. Vancouver Individual Total \$ 573.00

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

OK MA

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 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

LEE, George

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-3-19

- a. Address: 3213 N. Vancouver, Portland, Oregon 97227
b. Apartment or room number: ---
c. Number of bedrooms: 3

- d. Monthly rental: \$ 50.00
e. Date you moved out of this dwelling: 9/22/71
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

- a. Address (include ZIP Code): 1305 N. E. Brazee, Portland, Oregon 97212
b. Apartment or room number: ---
c. Number of bedrooms: 2

- d. Monthly rental: \$ 80.00
e. Date you moved into this dwelling: 9/22/71
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

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.

11/26/1971
Date

George Lee
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:

George Lee
1305 NE Brozer

COMPUTATION PREPARED BY:

C Daniels
Name
11/26/71
Date

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

Required Information

1. Monthly gross rental for comparable unit 1 Bd - \$ 97.75
 (cost based on: Schedule
 Comparative
 Other)
2. Base monthly rental for claimant's former dwelling, or ^{Rent paid} old House
 25% of adjusted monthly income, whichever is less. \$ 50.00

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>97.75</u>		
Line 2	\$ <u>50.00</u>		
	\$ <u>47.75</u>		
	X <u>48</u>		\$ <u>2292.00</u>

4. Base amount (if amount on Line 3 is \$4,000 or more, enter \$4,000. If amount on Line 3 is less than \$4,000, enter amount on Line 3.)

\$ 2292.00

5. Minus adjustments (Attach full explanation)

- \$ _____

6. Amount of rental assistance payment
(Line 4 minus Line 5)

\$ 2292.00

7. Annual Payment

\$ 573.00

(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.

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

NAME OF CLAIMANT George Lee

Parcel No. A-3-19

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: 7/1/64

Date of Acquisition: 1/17/72

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: 7/1/64

Date of Initiation of Negotiations: 5/17/71

3. Has the replacement housing been inspected and found to be standard? (Attach a copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.) Yes No

Date previously substandard dwelling was inspected and found to be standard:

Month-Day-Year

4. CERTIFICATION OF LOCAL AGENCY

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$2,292.00 is authorized.

12-15-71
Date

[Signature]
Authorized Signature

5. RECORD OF PAYMENTS

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year

2nd Year

3rd Year

4th Year

Date of Payment

Check Number

Amount

_____ \$ _____

12/20/71 203EH \$ 573.00

12/16/72 618EH \$ 573.00

11/5/73 841EH \$ 573.00

10/24/74 981EH \$ 573.00

b. Claimant moved to unit he purchased

_____ \$ _____

c. Homeowner temporarily displaced

_____ \$ _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Emanuel

PROJECT NO. _____

1. Full name of claimant: _____

Family Individual

George Lee

2. Dwelling unit from which you moved: _____

Parcel No. A-3-19

a. Address 3213 N. Vancouver
Portland, Oregon

c. Number of bedrooms 1

d. Monthly rental \$ 50.00

b. Apartment or room number 1

e. Date displaced 9/22/71

3. Dwelling unit to which you moved (RENTAL)

a. Address 1305 NE Broeze 97022
Portland, Oregon

c. Number of bedrooms 2

d. Monthly rental \$ 80.00

b. Apartment or room number 1

e. Date moved in 9/22/71

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 7/1/1964

Date of acquisition ? 1/17/72

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 7/1/64

Date of initiation of negotiations 5/17/71

3. Is replacement housing standard? Yes No

If previously substandard, date found standard _____

4. Certification: Bureau of Building

(Amount of this claim \$ 2292.00)

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE October 18, 1974
(Relocation Advisor)

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

RE: George Lee (Emanuel) 1305 N.E. Brazee
(Displacee) (Address)

No. 4th & final \$ 573.00 November 1974
(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: 1305 N.E. Brazee

Date Inspected: _____ Condition: _____ Standard _____ Substandard

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

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

Comments: Mr. Lee still lives in same location

SIGNED: George Lee
(Displacee)

SIGNED: Samuel M. Daniels
(Relocation Advisor)

DATE: 10/21/74

DATE: 11/5/74

TO: Bob Douglas

DATE: 10/21/74

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: George Lee

PROJECT: Emanuel

FOR: 3rd R.A.P. TACO Payment

AMOUNT: 573.00

SIGNED: Samuel M. Daniels

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

November 18, 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. Chegwidde, Chief

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

Re: 1305 N. E. Brazee Street (apartment)
2508 N. E. 13 Avenue

Attn: Chet Daniels

Dear Sirs:

As a result of a displaced person and at your request, an inspection was made of the two-bedroom apartment in the two-story, wood frame, two-family dwelling at the above address.

Our inspector reports the structure and the apartment are in standard condition and comply with the City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidde
Chief Housing Inspector

JHM:ms

cc: Mr. Fred Mims
2508 N. E. 13 Ave.
cc: Mr. George Lee
1305 N. E. Brazee Street
cc: Portland Dev. Commission
5630 N. E. Union Ave.

	MET	NOT MET
11. Habitable rooms must have window area of 12 sq. ft. or 1/8 of floor area. (8-504a)	✓	
12. Every Habitable room must have openable area of 6 sq. ft. or 1/16 of floor area OR mechanical ventilation changing air, 4x/hr. (8-504e)	✓	
13. Dwelling unit must have at least 220 sq. ft. (8-503b)	✓	
14. Electrical equipment, wiring and appliances must be installed and maintained in a safe manner, with two outlets or one light fixture and one outlet per room. (8-701b)	✓	
15. Water must be heated to not less than 120°F. (8-401y)	✓	
16. Ceiling height in hotels and apartments must be 8'; in dwelling and service rooms 7½'. (8-503a)		
17. Habitable rooms must have width of 7' in any dimension; water closets 30" in width and at least 2½' in front of the water closet. (8-503c)	✓	
EFFICIENCY UNITS:		
18. Foyer must open from public area. (8-503b.2)		
19. There must be 220 sq. ', plus 100 sq. ' for each person in excess of two. (8-503b.5)		
20. A kitchenette must be 3x5 or more with doors and fan or window. (8-503b.4)		
21. A dressing closet must afford privacy with adequate circulation and storage. (8-503b.3)		
22. There must be a separate bathroom accessible from foyer or dressing closet only. (8-503b.5)		
LIVING AREA:		
23. There must be two rooms, one of which must be at least 150 sq. '. (8-503b)*	✓	
24. Rooms for cooking and living, or for living and sleeping, must have at least 150 sq. '. (8-503b)*	✓	
BEDROOMS:		
25. Bedrooms must be at least 90 sq. '. (8-503b)*	✓	

	MET	NOT MET
26. There must be 50 sq. ' additional for each occupant in excess of two. (8-503b)* No. Brs. _____ Size: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____		
KITCHEN:		
27. Plumbing fixtures, including sink, must be of nonabsorbent material with hot and cold running water, properly installed, and in good working condition. (8-505d,c)	✓	
28. A kitchen must have not less than 35 sq. '. (8-503b)	✓	
BATHROOM:		
29. Bathrooms must have at least one electric light fixture. (8-701b)	✓	
30. Bathrooms must not open directly off the kitchen. (8-505f)	✓	
31. Bathrooms and toilet rooms must afford privacy. (8-505g)	✓	
32. Dwelling unit must contain at least one bathroom with sink, toilet wash basin, tub or shower properly connected to both hot and cold waterlines with air change once every 5 minutes (8-505a) OR	✓	
33. In buildings with sleeping rooms there must be toilet facilities or one toilet, lavatory, tub or shower for every 10 of each sex, accessible from a public hall.		
34. Plumbing fixtures must be of nonabsorbent material, properly installed, and in good working condition. (8-505d,c)		
35. Water closet compartments must be of approved nonabsorbent material (8-505e)	✓	
BASEMENT:		
36. Basement areas more than 50% below grade cannot be used for habitation. (8-401,L) & (8-504a)		
37. Basement areas must be dry and well drained.		
SPACE REQUIREMENTS FOR STANDARD HOUSING		
1. Opposite sex children may not share a bedroom with a child over six (6) years of age.		
2. Husband and wife should not share a bedroom with a child over three (3) years of age.		

3.* Chart of bedrooms needed:

By Bedroom			By Number of Persons		
<u>No. of Bdrms.</u>	No. of Persons:		<u>No. of Persons:</u>	No. of Bdrms:	
	<u>Min.</u>	<u>Max.</u>		<u>Min.</u>	<u>Max.</u>
0	1	2	1	1	1
1	1	3	2	1	2
2	2	4	3	1	2
3	4	6	4	2	3
4	6	8	5	3	3
5	8	10	6	3	4
			7	4	4
			8	4	5
			9	5	5
			10	5	6

* Indicates exceptions regarding efficiency units.

COMMENTS:

INTERVIEW REGISTER

Date		Relocation Worker
1/15/71	Flyer left by Ted Parker. Would like meeting	
2/10/71	Survey: Has 4 roomers. Would like comparable rental house near same area. (North) w/ 3 bedrooms, about \$75.00 per month.	WSJ
5/17/71	Visited Mr. George Lee - left Booklet, would like apartment. Would consider a house, possibly.	
9/7/71	Mr. Lee came in and said he was ready to move and has an apartment at 13th & Brazee (1305). 2 bedroom apartment, \$80.00 per month. Mr. Lee is applying for moving money. Would not like to buy anything at this time. He moved without inspection. I explained that he could not get benefit unless City inspected. Put in for moving - Maybe eligible for \$2500 under business Displacement? (Not enough income). Not enough income to qualify for Business grant.	
11/10/71	Mrs. Warren had asked for a meeting to discuss rent suppliment with client. We must get application out and a house inspection.	
11/18/71	House was inspected and found to be standard. Mr. G. Lee has moved and will probably take Mr. Bielan with him. His brother, Robert Lee, is trying to find a place of his own. If not, George Lee will let him stay with him. George has looked out for Robert a lot sometime. Robert Lee is an alcaholic.	
CLOSING	<p>Mr. George Lee lived at 3213 N. Vancouver where he sub-let to others, namely Robert Lee, Randy Morgan, Gene Morgan, Beilin. These people moved out and Portland Development Commission paid the moving expenses and moving allowances (each individual). Plus, we have paid them all a rent assistance payment. This was unusual in that all these sub-tenants are unemployed and most of them sick or alcaholic. Two of them, Gene Morgan & Randy Morgan were placed in HAP.housing. They were both on Welfare.</p> <p>Mr. George Lee, however, was very responsible person and worked very well and had a good income. I believe he tried to provide a place for his brother Robert, this being his primary reason for staying living in this atmosphere.</p> <p>He was a great help in finding these sub-tenants because they would go out and be gone for days or even weeks at a time.</p>	
11-1-73	Claim filed for 3rd TACO. Self inspection was made and appears to meet City regulations at this time.	
11-5-73	Received Warrant #841 EH for \$573. Mr. Lee picked up his check 11-8-73. Signed on receipt of check.	AG
10-24-74	Received Fourth and Final TACO payment and gave to Mr. Lee.	SCD

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o

841

EH

DATE November 5, 19 73

PAY TO **George Lee**

\$ 573.00

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 3213 N. Vancouver (Parcel A-3-19).	
		Total approved 3rd annual payment	\$2,292.00
			\$573.00
<p><i>Received by</i> <i>11/8/73</i> <i>George Lee</i></p>			

Account Distribution

NO. _____ TITLE _____

AMOUNT _____

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-3-19

PAYABLE TO: George Lee

For: <input type="checkbox"/>	RHP for Homeowners	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants.	\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved <u>\$2292.00</u> Annual amount	\$	<u>573.00</u>
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only).	\$	_____
<input type="checkbox"/>	Interest Expense	\$	_____
<input type="checkbox"/>	Fixed Moving Payment	\$	_____
<input type="checkbox"/>	Dislocation Allowance.	\$	_____
<input type="checkbox"/>	Actual Moving Costs.	\$	_____
<input type="checkbox"/>	Storage Costs.	\$	_____
<input type="checkbox"/>	Business: Moving Expenses.	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment.	\$	_____
<input type="checkbox"/>	Business: Storage Costs.	\$	_____
<input type="checkbox"/>	Business: Loss of Property	\$	_____
<input type="checkbox"/>	Business: Searching Expenses	\$	_____

Name of Client George Lee Family Less - \$ _____*

Move from 3213 W. Vancouver Individual Total \$ 573.00

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

Jme

PP 2
NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE October 30, 1973
(Relocation Advisor)

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

RE: George Lee 1305 N.E. Brazee
(Displacee) (Address)

No. 3rd \$ 573.00 11/26/73
(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: 1305 N.E. Brazee

Date Inspected: 11-1-73 Condition: good Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Lee still remains in same location.

Self inspection was made the Apt. appears to be
in satisfactory condition as last inspection.

SIGNED: George Lee SIGNED: Chet Daniels
(Displacee) (Relocation Advisor)

DATE: 11-1-1973 DATE: 11-1-73

TO: Bob Douglas DATE: 11-1-73

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: George Lee

PROJECT: Emanuel

FOR: 3rd RHP TACO Payment

AMOUNT: 573.00

WJ

SIGNED: Alma Gordon

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

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 618 EH

DATE December 6, 1972

PAY TO George Lee

\$573.00

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
		<p>Reimbursement per Claim for RHP for Tenants filed. Move from 3213 N. Vancouver (Parcel A-3-19).</p> <p>Total approved \$2,292.00</p> <p>2nd annual payment</p> <p><i>12/8/72 Received George Lee</i></p>	<p><u>\$573.00</u></p>

Account Distribution

NO. TITLE AMOUNT

0600 E60 901

RELOCATION PAYMENT

Project: Emanuel Parcel: A-3-19

Payable to: George Lee

	<u>Amount</u>
For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners (if separate claim)	\$ <u> </u>
<input checked="" type="checkbox"/> <u> </u> RHP for Tenants & Certain Others:	
Rental: Total approved \$ <u>2292.00</u> ; Annual amount.	\$ <u>573.00</u>
or Purchase:	\$ <u> </u>
<u> </u> Fixed Moving Payment	\$ <u> </u>
<u> </u> Dislocation Allowance.	\$ <u> </u>
<u> </u> Actual Moving Costs.	\$ <u> </u>
<u> </u> Storage Costs (if separate claim).	\$ <u> </u>
<u> </u> Business: Moving Expenses.	\$ <u> </u>
<u> </u> Business: In Lieu Payment.	\$ <u> </u>
<u> </u> Business: Storage Costs.	\$ <u> </u>
<u> </u> Business: Loss of Property	\$ <u> </u>
<u> </u> Business: Searching Expenses	\$ <u> </u>

Name of Client George Lee

Move from 3213 N. Vancouver

Less - \$ *

MR Total \$ 573.00

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

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: C. Daniels (Relocation Advisor) DATE November 17, 1972

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

RE: George Lee (Displacee) 1305 N. E. Brazee (Address)

No. 2 (annual payment) \$ 573.00 (amount) 11/26/72 (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: 1305 N.E. Brazee

Date Inspected: Dec. 4, 1972 Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard Dec 7, 1972
or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Lee moved to standard housing and still lives in same location. Inspection of his apt. shows that it is in satisfactory condition and meets City requirements

SIGNED: George Lee (Displacee)

SIGNED: Samuel Daniels (Relocation Advisor)

DATE: 11/28/72

DATE: 12/4/72

TO: Bob Douglas

DATE: 12-4-72

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: George Lee

PROJECT: Emanuel

FOR: Second TACO Payment

AMOUNT: 573.00

SIGNED: Samuel Daniels

4 ROOMERS

1

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER C Daniels

PROJECT NO. R-20 PARCEL A-19

NAME Lee, George ADDRESS 3213 N. Harrison APT NO. ---

PHONE 334-2414 INITIAL INTERVIEW 5/17/71 SEX M W NW AGE 46

U.S. CITIZEN --- ALIEN --- VETERAN --- SERVICEMAN --- DATE ON SITE 7

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name --- Address Gunderson Bros \$ 190.00 Grass

MCW Caseworker ---

Social Security ---

Va. Fed. Mult Co. ---

Pension: Name ---

Other: Name ---

TOTAL MONTHLY INCOME 320.00

Rent 50.00, Inc. Heat --- Water --- Gas --- Gar --- Elec --- 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>1305 NE Brazee</u>	<u>---</u>	<u>---</u>

NEW ADDRESS: 1305 NE Brazee Box of Bldg Standard 9/22/71
Zip --- Phone ---

11/15/71 flurs left by Ted Barker. Would like meeting.

2/10/71 summary: last 4 months. Would like comparable
rental house near 2000 ave. (with) w/ 3 bdr. about
\$7500 month WGB

5/17/71 Visited Mr George Lee - left Booklet, would like apt
Would consider a house possibly.

9/7/71 Mr. Lee came in and said he was ready to
move and has a apartment 13th & Bruce
1305 Apt. # - 5 Bdr. Apt. - \$80. Per month

Mr. Lee is applying for moving money. Would not
like to buy anything at this time. He moved without
Inspection. Explained that he could not get benefit unless City
Put in for Moving - Maybe eligible for 2500. under ^{Indef}

business Displacement? (Not enough income)
Not enough income to qualify for Business grant

11/14/71 MRS. WARREN HAS ASKED FOR A PROSTITUTE TO DISCLOSE RENT
SUPPLEMENT WITH CLIENT. WE MUST GET APPLICATION OUT AND
A-HOUSE INSPECTION

Nov. 18-71 House was inspected and found to be standard. Mr
G. Lee has moved and will probably take Mr Bielan
With him - His brother Robert Lee is trying to find
place of his own - if not ~~to~~ George Lee will let him
stay with him (~~with~~ George has locked out for ^{Robert} for
Sometime - Robert Lee is a alcoholic)

B

PORTLAND DEVELOPMENT COMMISSION

**ONE OFFICE
 SEASIDE BUREAU BUILDING
 225 N. MICHIGAN ST.
 PORTLAND, OREGON 97208
 PHONE 526-5100**

September 1, 1971

Mr. George Lee
 3213 N. Vancouver
 Portland, Oregon

Dear Mr. Lee:

As you may know, you are situated in the General Relocation Project which is being carried out with assistance from the U. S. Department of Housing and Urban Development (HUD). The property which you presently occupy will be acquired some time in the future by the Portland Development Commission as part of the approved project plan for this area.

If you are in occupancy on the date the Portland Development Commission acquires the property in which you reside, or are in occupancy at the time of receipt of this letter, you may be eligible for relocation assistance. We strongly advise you to contact us before moving in order to determine your eligibility for benefits. A copy of the rules and relocation payments for which you may be eligible is enclosed in the attached brochure.

We urge you not to form advance opinions as to the benefits you are entitled to which you may be entitled. Certain conditions must be met in order for eligibility can be established and before the amount of benefits, if any, can be determined.

Please check with us before making any move. If you are unable to do so during our regular office hours - 9:30 a.m. to 5:00 p.m., Monday through Friday, an alternate appointment can be arranged. Our office is located at 225 N. Michigan St.

We look forward to seeing you soon.

BCM:ch
 Enclosure

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

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

No. 203 EH

DATE December 20, 1971

PAY TO George Lee

\$ 573.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE
AUTHORIZED SIGNATURE

DETACH BEFORE DEPOSITING CHECK

Portland Development Commission 224-4800

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants. 3213 N. Vancouver (A-3-19).	
		Total Approved 1st Annual Payment	\$2,292.00
			<u>\$573.00</u>

Account Distribution

NO.	TITLE		AMOUNT
E 1501	Relocation Payments	(EH)	\$573.00

AL

George Lee JMS

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 27057 G

DATE September 29, 19 71

PAY TO THE
 ORDER OF

George Lee

\$340.00

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 - move from 3213 N Vancouver (A-3-19) to 1305 NE Brazee ... Dislocation allowance \$200.00 Fixed payment - furn. em - <u>140.00</u>	\$340.00

Account Distribution

NO.	TITLE	EH	AMOUNT
E1501	Relo Payment (Fixed - own furn. - Ind.)	EH	\$340.00

AC

BD

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

George Lee
1305 N. E. Brazee
Portland, Oregon

NAME OF LOCAL AGENCY

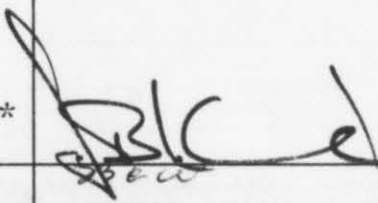
Portland Development Commission

INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

A. Does claimant meet all timing requirements for eligibility? YES NO
If "No," explain:

B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00 **		9-28-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
9/29/71	270576	\$ 200.00 AD			\$

D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED

** Dislocation Allowance

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR RELOCATION PAYMENT
 (Families and Individuals)

HUD-6140.1
 (4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) Emanuel Project
PROJECT NUMBER ORE R-20	

INSTRUCTIONS: If this claim is for a **FIXED PAYMENT**, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

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 (i) LEE, George	2. DATE(S) OF MOVE 9/22/71
---	-------------------------------

3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 3213 N. Vancouver, Portland, Oregon b. Apt., Floor, or Room No. -- c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>13</u> e. Date you moved into this address: <u>July, 1964</u>	A 3-19 4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 1305 N. E. Brazee, Portland, Oregon b. Apt., Floor, or Room No. -- c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.
--	--

5. TYPE OF PAYMENT CLAIMED Check a or b after consulting local agency: <input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property <input type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved)	Check c if applicable: <input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs <input checked="" type="checkbox"/> X Dislocation Allowance
--	---

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)	\$ 200.00
---	-----------

DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT

7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NO.	9. ADDRESS OF MOVING COMPANY (OR PERSON)
---------------------------------------	--------------------------	--

10. METHOD OF PAYMENT, MOVING BILL (Check one)

a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.

b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS	
a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)	\$

12. 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.

9/22/71

Date

George Lee
 Signature of claimant

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

George Lee
1305 N. E. Brazee
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission


INSTRUCTIONS: Attach completed Form HUD-6140.1 to completed Form(s) HUD-6140.1 filed by claimant.

A. Does claimant meet all timing requirements for eligibility? YES NO

If "No," explain:

B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property			9-28-71
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 140.00 **		
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
9/29/71	270576	\$ 140.00			\$

D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED

** Fixed payment (3 rms)

Dwelling Unit Inventory

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

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

Miscellaneous (List Items)

1 T.V.

COMMENTS:

DETERMINATION OF PAYMENTS FOR OCCUPANTS OF
GEORGE LEE, ROOMING HOUSE, 3213 N. VANCOUVER

GEORGE LEE: operator of business, rented rooms in building he leased.
\$340 He himself occupied one bedroom, kitchen, and back porch
storage area along with storage in basement making him
eligible on an individual move basis for a fixed payment
of 3 rooms.

Mr. George Lee also owned all of furniture in the rest of
the rooms in the building which were occupied by his tenants.
He may be eligible for business relocation benefits.

ROBERT BIELIN: roomer, occupied one bedroom, furnished.
\$215

ROBERT LEE: roomer, occupied one bedroom, furnished.
\$215

EUGENE MORGAN: roomer, occupied one room, furnished. The room occupied
\$215 would normally be considered living room.

RONNIE MORGAN: roomer, occupied one room, furnished. The room occupied
\$215 would normally be considered dining room.

WSJ:slc

Dwelling Unit Inventory

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

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

Miscellaneous (List Items)

1 T.V.

COMMENTS:

Notice to: Portland Development Commission

I (we) have read your letter describing the relocation benefits that may be available under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, to those displaced on or after January 2, 1971. I (we)

(check one)

- Request that you process my (our) claim for an interim relocation payment. I (we) understand that you will advise me (us) promptly when and if a revised claim may be submitted for adjustments on the basis of the new Act and in accordance with the implementing regulations.
- Will defer filing a claim until you are able to make the full payments authorized by the new Act. I understand that you will advise me (us) promptly when you are authorized to make full payments authorized by such Act.

5/17/71
Date

George Lee
Signature of Claimant

(If more than one claimant, each should sign)

(Return this form to PDC)

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.

George Lee

date

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 WSP Date of survey 2/10/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 11 Structure No. 10 Census Block No. 23 Census Tract No. 22A
 Street Address 3213 N. Vancouver 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. <u>George Lee</u>	<u>Head of household</u>	<u>46</u>	<u>M</u>	<u>unemployed</u>
2. _____	_____	_____	_____	_____
3. <u>Ronnie Morgan</u>	<u>roomer</u>	} <u>25 @ job 240</u>	} <u>months</u>	<u>unemployed - 51</u>
4. <u>Gene Morgan</u>	<u>roomer</u>			<u>42</u>
5. <u>Robert Bielin</u>	<u>roomer</u>			<u>40</u>
6. <u>Robert Lee</u>	<u>roomer</u>			<u>40</u>
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
_____	<u>Gunderson Bros. (Sandblaster)</u>	<u>- currently unemployed</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>George</u>	<u>unemployment comp. \$ 55/week</u>	_____
<u>rents</u>	<u>100/month</u>	_____
Total family or household income per month	\$ 320	_____

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

1. Location (indicate approximate cross streets) close to area - in northerly direction
2. Transportation, number of autos owned 1, 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 , dining room , living room , number of bathrooms 1, total sq. ft. in dwelling unit _____
7. Other characteristics W O B I M

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

Analyst W.S.G. Date 2/10/71 Surveyed 2/10/71 Tabulator _____ Date _____
 Dwelling Unit No. 11 Structure No. 10 Census Block No. 23 Census Tract No. 22A
 Street Address 3513 N. Vancouver Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: George Lee NAME & ADDRESS OF OWNER: Mills, Thomas J & Benlah NAME & ADDRESS OF PROP. MGR: _____
5910 NE 10th Ave.
 TELEPHONE: 284-2414 TELEPHONE: 287-5743 TELEPHONE: _____
 INTERVIEWED? (X) Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

Kind of dwelling unit No. of units in bldg.
 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

788 Sq. ft. in first floor (county figure)
1188 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 No. of bedrooms (rooms used mainly for sleeping) 2 up & 1 down kit

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time + Basement & Porch Storage Area
1971 Period market value data applicable
1967 Date of last appraisal
1904 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>2340</u>	\$ _____
Improvements	<u>2700</u>	_____
Total	<u>5040</u>	_____

{ Robert Lee
 Robert Bielke
 George Lee
 PDC-HRS-1
 Rev. 1/21/71

3 Bedrooms
5 People Living Here
Other 2 Slept on Couch in Living Room & Dining Room

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>50</u>	_____	\$ _____
Electricity	_____	\$ <u>10-15</u>	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Heat (oil, or other)	_____	\$ <u>70</u>	_____
Total	\$ <u>50</u>	\$ <u>80-85</u>	\$ <u>130-135</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

accessor's records filed in
apartment file