

	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 _____

NAME Mr. Robert Lee

Mr. Lee [REDACTED], He lives with his brother who is a hard working bachelor and tends to keep an eye on him. If you want to contact Mr. Robert Lee it would be best to first contact his brother.

(signed) S. Chester Daniels
worker

RESIDENTIAL RELOCATION RECORD

Project Name Emanuel Parcel No. A-3-19 Advisor CD
 Client's Name Lee, Robert Phone 284-2414
 Address 3213 N Vancouver Ethn B Age 47

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

Family Composition

Total Number in Family 1
 wife, husband

Other: Relation Age Relation Age

Economic Data

Employer \$
 Address
 Other Source of Income MCW \$ 80.00
 Total Monthly Income \$ (80.00)

- 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 12-29-71 Date of Info pamphlet delivery 5/17/71
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

8-1-67

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

Date of initiation of negotiations for purchase of property 5-17-71
 Date of Acquisition 9-10-71
1-1-71
 Date of letter of Intent _____
 Date of move 9-22-71

DWELLING UNIT FROM WHICH RELOCATED

Boardinghouse

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 100-125

✓ Furnished with claimant's furniture
 YES NO

Total Number of Rooms *Roomer* 1 Rent Paid \$ 25⁰⁰ Utilities _____

Number of Bedrooms 0 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 1305 NE Brazee LPA Referred _____ Self Referred

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

Outside city Outside state

✓ Age of Housing Unit over 50 yr

✓ Size of Habitable Area 100-125 sq ft

No. of Rooms 1 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 \$ 25⁰⁰

Utilities \$ _____

Total Rent Assistance \$ 3492.-

Amount of Annual Payment \$ 893⁰⁰

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, Robert RELOCATION ADVISOR C Daniels

ADDRESS 3213 N. Vancouver PHONE 284-2414 PROJECT NAME Emanuel ORE. R-20

SEX M ETHN black VETERAN _____ AGE 44 PARCEL NO. A-3-19

MARITAL STATUS single TENURE roomer

DISABILITY [REDACTED] INDIV X FAMILY _____

ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____

RENT SUPPLEMENT _____ OTHER _____

DATE ON SITE:	<u>August 1, 1967</u>
INITIATION OF NEGOTIATIONS:	<u>May 17, 1971</u>
DATE OF ACQUISITION:	<u>Jan 1, 1971</u>

INITIAL INTERVIEW _____ DATE INFO PAMPHLET DELIVERED _____

NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____

NOTIFY IN CASE OF EMERGENCY _____

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW Bob Weaver - caseworker 80.00
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 80.00

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 60 No. Rooms 6 /
 No. Bedrooms 4 Furn. _____ Unfurn _____
 Utilities \$ _____
 Monthly Payments (Rent) \$ 25.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

AGENCY ACTION:	REASONS:
Appeals	
Evicted	
Refused Assistance	
Address Unknown (tracing)	
Other (death, etc.)	

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 1305 N. E. Brazee (with brother) Phone 284-2414 Date of Move 9/22/71

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

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

Utilities \$ _____ Monthly Payments (Rent) \$ 25.00 Purchase Price \$ _____

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	423 EH	6/7/72	\$ 873.00
TACO (Rental)	765 EH	6-6-73	\$ 873.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	27055 G	9/29/71	\$ 215.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

TOTAL RHP: \$3,492.00

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

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date

Relocation
Worker

2/10/71

SURVEY: see George Lee file.

12/29/71

Robert Lee came in and we have to get him back on disability. He has no income now. Sent him to see Betty Thompson at Multi-Service. He has moved to 49 N. E. Sacramento. He signed claim forms. I have explained to him that he must live in standard housing.

1/26/72

Sent inspector out to 49 N. Sacramento. This was no good. Has been unable to find place to move on his own. He plans to move back with his brother.

4/1/72

Told his brother to bring him in and to authenticate his moving in with him. This he did and we both tried to tell him that he would have to get in touch with Mr. Bob Weaver of the State Welfare to get reinstated. I had worked this out with Bob Weaver so that all Mr. Lee had to do was go and see him.

His brother provides a place for Robert to live when he is down on his luck.

6/2/72

George Lee said that he does live with him and that as far as he knows, he plans to stay with him. He has not gone to welfare as yet to sign up for his assistance. Made out his claim for rent assistance using his rent paid when living at 3213 N. Vancouver Ave.

6/6/72

We have been holding this claim waiting for documentation on his income. He is not able to certify that he has an income; therefore, it appears that we should make payment based on former rent and therefore, income is not a factor.

6/9/72

Mr. Lee and his brother, George, stopped by to pick up rent assistance check. -\$873., first installment.

He has been living off and on with his brother who cares for him as best he can. However, this is at times difficult to do when he get away from him. Mr. Lee has been nice enough to work with but finds it hard to follow through after you have made appointments or arrange for welfare assistance. At present, he could go on welfare if he would go, or if we could find him and take him to his former caseworker.

Mr. Lee also indicated that he wanted to go visit with his mother who was very sick. She lives in Texarkansas, Texarkansas, Arkansas.

6-6-73

Second TACO payment made. Mr. Lee still lives with his brother at 1305 N. E. Brazee.

CD

9-12-74

Sent the third TACO payment to Mr. Lee in care of his parole officer Mr. Bruce C. Johnson, 1808 West Lewis, Pasco, Washington phone # 545-2415. Mr. Lee is incarcerated at the Franklin County Jail in Pasco for first degree forgery.

SCD

5/13/75

Mr. Robert Lee came by to sign his 4th and final TACO claim. Mr. Lee has been released from jail in Pasco, Wash. and now lives with his brother at 1305 N.E. Brazee.

SCD

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 1049 EH

DATE May 21, 19 75

PAY TO **Robert Lee**

\$ 873.00

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 \$3,492.00 4TH & FINAL PAYMENT <i>Robert Lee</i> 532375	\$873.00

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-3-19

PAYABLE TO: Robert Lee

For: RHP for Homeowners	\$	
Incidental Expenses for Homeowners or Tenants.	\$	
<u>✓</u> RHP - Tenants & Certain Others - Rental: Total approved \$ <u>3492</u> ; Annual amount \$	\$	<u>873.</u>
RHP - Tenants & Certain Others - Downpayment	\$	
Settlement Costs (on acquisition by LPA only).	\$	
Interest Expense	\$	
Fixed Moving Payment	\$	
Dislocation Allowance.	\$	
Actual Moving Costs.	\$	
Storage Costs.	\$	
Business: Moving Expenses.	\$	
Business: In Lieu Payment.	\$	
Business: Storage Costs.	\$	
Business: Loss of Property	\$	
Business: Searching Expenses	\$	

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

Move from 3213 N. Vancouver Individual Total \$ 873.

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

0600 x10 901

*4th & Final payments
JH CW*

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels (Relocation Advisor) DATE 5-1-75

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

RE: Robert Lee (Displacee) Franklin Co. Jail, Pasco, Wa. (Address)

No. 4th & Final (annual payment) \$ 873 (amount) 1-26-76 (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 NE Brazee

Date Inspected: _____ Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Lee has returned from Pasco Wash. and is back living with his brother George Lee at 1305 NE Brazee - previously inspected for Mr. G. Lee in 1971

SIGNED: [Signature] (Displacee)

SIGNED: [Signature] (Relocation Advisor)

DATE: 5/13/75

DATE: April 13, 1975

TO: Bob Douglas

DATE: 5/13/75

FROM: Chet Daniels

The above subject property has been inspected and found standard. In compliance with P.L. 91-646 please make a check payable as follows:

TO: Robert Lee

PROJECT: Emanuel

FOR: 4th & Final Tacco Payment

AMOUNT: \$ 873.

OK

[Signature]

SIGNED: [Signature]

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY: Portland Development Commission 1700 SW Fourth Avenue Portland, Oregon 97201	PROJECT NAME (if applicable) Emanuel Hospital Project PROJECT NUMBER: ORE R-20
-----------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

INSTRUCTIONS: Complete all applicable items and sign certification in Blank 6. Consult the displacing agency as to whether you need a Claimant's Report of Self-Inspection of Replacement Dwelling to complete and submit with this claim. Omit Block 4 if you have moved into a rental unit. Omit Block 3 if you have purchased and occupied a dwelling unit. Complete only Blocks 1 and 5 if you are a homeowner temporarily displaced because of code enforcement or voluntary rehabilitation.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies. . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT
 LEE, Robert _____ Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED a. Address: <u>3213 N. Vancouver, Portland, Oregon</u> b. Apartment or room number: <u>(roomer)</u> c. Number of bedrooms: <u>1</u>	PARCEL NO. <u>A-3-19</u> d. Monthly rental: \$ <u>25.00</u> e. Date you moved out of this dwelling: <u>9/22/71</u> Month-Day-Year
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL) a. Address (include ZIP Code): <u>1305 N. E. Brazee, Portland, Oregon</u> b. Apartment or room number: <u>---</u> c. Number of bedrooms: <u>1</u>	d. Monthly rental: \$ <u>25.00</u> e. Date you moved into this dwelling: <u>9/22/71</u> 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", <u>total</u> 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.

January 26, 1972

Date

Robert 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:

Lee Robert
1315 1st Street

COMPUTATION PREPARED BY:

CO
Name
6-27-72
Date

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

Required Information

1. Monthly gross rental for comparable unit \$ 97.75
 (cost based on: Schedule
 Comparative
 Other)
2. Base monthly rental for claimant's former dwelling, or
 25% of adjusted monthly income, whichever is less. \$ 25.00
(Based on post rent)

Computation

3. Line 1 minus Line 2, multiplied by 48
- | | | |
|--------|-----------------|-------------------|
| Line 1 | \$ <u>97.75</u> | |
| Line 2 | <u>25.00</u> | |
| | \$ <u>72.75</u> | |
| | X <u>48</u> | \$ <u>3492.00</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.) \$ 3492.00
5. Minus adjustments (Attach full explanation) - \$ 00
6. Amount of rental assistance payment
 (Line 4 minus Line 5) \$ 3492.00
7. Annual Payment \$ 873.00

(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 LEE, Robert

Parcel No. A-3-19

NAME OF LOCAL AGENCY PDC

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

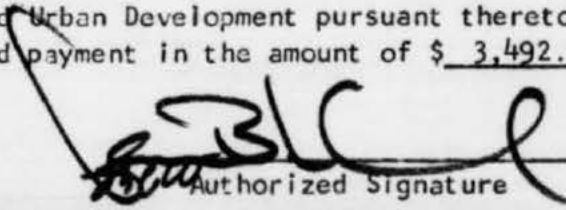
Date previously substandard dwelling was inspected and found to be standard:

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 \$ 3,492.00 is authorized.

6-7-72
Date


Authorized Signature

5. RECORD OF PAYMENTS

	Date of Payment	Check Number	Amount
a. Claimant moved to rental unit			
(1) Lump-sum payment			\$ _____
(2) Annual payment			
1st Year	<u>6/7/72</u>	<u>423EH</u>	\$ <u>873.00</u>
2nd Year	<u>6/6/73</u>	<u>765EH</u>	\$ <u>873.00</u>
3rd Year	<u>9/9/74</u>	<u>866EH</u>	\$ <u>873.00</u>
4th Year			\$ _____
b. Claimant moved to unit he purchased			\$ _____
c. Homeowner temporarily displaced			\$ _____

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY _____

PROJECT NAME Emmanuel

PROJECT NO. R-20

1. Full name of claimant: Robert Lee Family Individual
2. Dwelling unit from which you moved: Parcel No. A-3-19
 a. Address 3243 N. Vancouver c. Number of bedrooms 1
Portland, Oregon d. Monthly rental \$ 25.00
 b. Apartment or room number (bureau) e. Date displaced 9/22/71
3. Dwelling unit to which you moved (RENTAL)
 a. Address 1305 NE Bronze c. Number of bedrooms 1
Portland, Oregon d. Monthly rental \$ 25.00
 b. Apartment or room number _____ 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 3/17/71
3. Is replacement housing standard? Yes No
 If previously substandard, date found standard Nov. 18, 1971
4. Certification: Bureau of Building &
 (Amount of this claim \$ 3492.00)

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. Chegvidden, Chief

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

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

Attn: Gert 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. Chegvidden
Chief Housing Inspector

JIB:ms
cc: Mr. Fred Miss
2508 N. E. 13 Ave.
cc: Mr. George Lee
1305 N. E. Brazeo Street
cc: Portland Dev. Commission
2640 N. E. Union Ave.

ELECTION FORM

I, (WE) Robert Lee, elect to
receive the balance of our rent assistance as follows:

X In one lump sum payment.

_____ In annual installment payments.

Signed: X

Robert Lee

Tele.#: 284-2414

Date: 5/13/75

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels
(Relocation Advisor) DATE May 23, 1973

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

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

No. 2 \$ 873 6/7/73
(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: Nov. 18 1971 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Robert Lee still lives with his brother
at 1305 N.E. Brazee

SIGNED: Robert Lee
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: MAY 29 1973

DATE: 5/29/73

TO: Bob Douglas

DATE: _____

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: Robert Lee

PROJECT: Emanuel

FOR: TACO

AMOUNT: \$873.

WJ

SIGNED: [Signature]
Waw

September 11, 1974

Mr. Bruce C. Johnson
Probation and Parole Officer
Office of Probation and Parole
1808 West Lewis
Pasco, Washington 99301

Dear Mr. Johnson:

Enclosed is our Warrant #966EH payable to Robert Lee. This represents Mr. Robert Lee's third annual rent assistance payment to which he is entitled under the Relocation Act of 1970 (P.L. 91-646).

We are entrusting this warrant to you for Mr. Lee's benefit. If I may be of further assistance or if there are any questions, please call.

Very truly yours,

S. Chester Daniels
Relocation Advisor

SCD:b
Enclosure

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 966 EH

DATE September 9, 1974

PAY TO **Robert Lee**

\$ 873.00

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 \$3,492.00 3rd annual installment	<u>\$873.00</u>

Account Distribution

NO. _____ TITLE _____

AMOUNT _____

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-3-19

PAYABLE TO: Robert Lee

For: RHP for Homeowners	.....	\$	_____
Incidental Expenses for Homeowners or Tenants	.....	\$	_____
xx RHP - Tenants & Certain Others - Rental: Total approved \$ _____; Annual amount	.....	\$	873.00
RHP - Tenants & Certain Others - Downpayment	.....	\$	_____
Settlement Costs (on acquisition by LPA only)	.....	\$	_____
Interest Expense	.....	\$	_____
Fixed Moving Payment	.....	\$	_____
Dislocation Allowance	.....	\$	_____
Actual Moving Costs	.....	\$	_____
Storage Costs	.....	\$	_____
Business: Moving Expenses	.....	\$	_____
Business: In Lieu Payment	.....	\$	_____
Business: Storage Costs	.....	\$	_____
Business: Loss of Property	.....	\$	_____
Business: Searching Expenses	.....	\$	_____

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

Move from 3213 N. Vancouver Individual Total \$ 873.00

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

0600 X10 901

OK VMC

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE May 24, 1974
(Relocation Advisor)

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

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

No. 3rd \$ 873.00 June, 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: Franklin County Jail, Pasco, Washington

Date Inspected: _____ Condition: _____ Standard _____ Substandard

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

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

Comments: Mr. Lee was incarcerated at the Franklin County Jail in Pasco, Washington for forgery.

SIGNED: X Robert Lee
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: X 8/8/74

DATE: 9/5/74

TO: Bob Douglas

DATE: 9/5/74

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: Robert Lee

PROJECT: Emanuel

FOR: 3rd TACO payment

AMOUNT: 873.00

SIGNED: Samuel Daniels

(Handwritten initials)



DANIEL J. EVANS
GOVERNOR

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

SECRETARY

DIVISIONS
HEALTH
INSTITUTIONS
PUBLIC ASSISTANCE
VETERANS' AFFAIRS
VOCATIONAL REHABILITATION

DIVISION OF INSTITUTIONS

THOMAS G. PINNOCK
ACTING ASSISTANT SECRETARY

OFFICE OF PROBATION AND PAROLE
1808 West Lewis
Pasco, Washington 99301
545-2415

September 3, 1974

Mr. S. Chester Daniels
Relocation Advisor
Portland Development Commission
235 North Monroe Street
Portland, Oregon 97227

Dear Mr. Daniels:

Concerning your letter of 8-28-74 about a claim for a third annual rent assistance payment on behalf of Mr. Robert Lee, be advised that Mr. Lee is presently incarcerated at the Franklin County Jail, Pasco, Washington, and that he will be going up before the Presiding Judge at Franklin County Superior Court on 9-13-74, having pled guilty to the crime of first degree forgery earlier this year. Presently, Mr. Lee is on trustee status at the jail, having served approximately 4½ months since his arrest.

At the time of sentencing, it appears that Mr. Lee will be allowed to participate in a work release program while being monitored on antabuse. At this point it is important that Mr. Lee develop some stable program for release from the jail. Presently, he has no money, nor does he have personal resources for finding employment.

If your office can assist us in determining what benefits Mr. Lee is entitled to in view of his apparent disabilities, please write

September 3, 1974
Mr. S. Chester Daniels
Page 2

at your earliest convenience. To date, we have no information concerning such benefits and/or the nature of the disability itself. Any help in determining these things will be greatly appreciated.

Sincerely,

OFFICE OF PROBATION AND PAROLE

Bruce C. Johnson

Bruce C. Johnson
Probation and Parole Officer

BCJ/je

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 765 EH

DATE June 6, 19 73

PAY TO Robert Lee

\$ 873.00

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 \$3,492.00 2nd annual payment	<u>\$873.00</u>
		Received 6-7-73 Robert Lee	

Account Distribution

NO. _____ TITLE _____ AMOUNT _____



DANIEL J. EVANS
GOVERNOR

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

~~XXXXXXXXXXXX~~
SECRETARY

DIVISIONS
HEALTH
INSTITUTIONS
PUBLIC ASSISTANCE
VETERANS' AFFAIRS
VOCATIONAL REHABILITATION

THOMAS G. PINNOCK
ACTING ASSISTANT SECRETARY

DIVISION OF INSTITUTIONS

OFFICE OF PROBATION AND PAROLE
1808 West Lewis
Pasco, Washington 99301
545-2415

June 12, 1974

Mr. George Lee
1305 N. E. Berge
Portland, Oregon

Dear Mr. Lee:

The Office of Adult Probation and Parole is currently conducting a presentence investigation on your brother, Robert Lee. The presentence report is a means by which the Court gets information for sentencing. It is especially important to have information on your brother's life in the community.

Please consider the following questions:

1. If employed, describe briefly your occupation and the length of time you have been employed in that work.
2. State how often you have seen your brother Robert in the past five years, and for what length(s) of time.
3. Briefly discuss Robert's work record in the past five years; how long, at what kinds of jobs, employment terminated for what reasons.
4. State what influence alcoholic beverages have had in Robert's life; has drinking affected his relationships with family and friend, or his work record?
5. In your own words, describe how you view your brother; how does he relate to other people, what motivates him, how does he deal with anger, conflict and other stress situations, is he dependable and cooperative, independent or easily influenced by his friends, etc.

June 12, 1974

Page 2

If you have other information or comments that you feel should be included, please add them on. Since your brother is presently in the Franklin County Jail, time is an important factor. I urge you to answer this letter at your first opportunity.

Sincerely,

OFFICE OF PROBATION AND PAROLE

Bruce C. Johnson

Bruce C. Johnson
Probation and Parole Officer

BCJ/je

August 5, 1974

Mr. Robert Lee
1015 N. Arthur Street
Pasco, Washington

Dear Mr. Lee:

It is time for the Portland Development Commission under the Relocation Act of 1970 to make your third rent assistance payment. As you know, this cannot be done unless you are living in the same location that you were in a year ago, or that you have moved to a new location and that it is certified to be safe, decent and sanitary and meets local housing codes.

Enclosed is your application for your third rent assistance payment. Please sign and date it where indicated in red only. Mail this application along with information requested above to the Portland Development Commission, 235 N. Monroe, Portland, Oregon 97227 - Attention: Chester Daniels.

Thank you for your cooperation.

Very truly yours,

Chester Daniels
Relocation Advisor

SCD:b
Enclosures

August 28, 1974

Mr. Bruce C. Johnson
Probation and Parole Officer
Office of Probation and Parole
1808 West Lewis
Pasco, Washington 99301

Re: Robert Lee

Dear Mr. Johnson:

The Portland Development Commission is currently attempting to process a claim for a third annual rent assistance payment on behalf of Mr. Robert Lee. I understand that he is now being detained by the State of Washington.

To continue processing his claim I need a letter from someone in authority to verify his present address. If Mr. Lee is in a state institution, please describe its function.

Thank you for your help in this matter.

Very truly yours,

S. Chester Daniels
Relocation Advisor

SCD:b

RELOCATION PAYMENT

Project: Emanuel R-20 Parcel: A-3-19

Payable to: Robert Lee

Amount

For: _____	RHP for Homeowners	\$ _____
_____	Incidental Expenses for Homeowners (if separate claim)	\$ _____
<input checked="" type="checkbox"/>	RHP for Tenants & Certain Others:	
	Rental: Total approved \$ <u>3492</u> ; Annual amount.	\$ <u>873</u>
	or Purchase:	\$ _____
_____	Fixed Moving Payment	\$ _____
_____	Dislocation Allowance.	\$ _____
_____	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 Robert Lee Less - \$ _____ *

Move from 3213 N. Vancouver Total \$ 873.00

Accounting: Indicate symbol & Acct. No.
E1501.01 Relocation Payment; _____ Project Cost *(_____)

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 423 EH

DATE June 7, 19 72

PAY TO **Robert Lee**

\$ 873.00

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 NOB.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants. Move from 3213 N. Vancouver (A-3-19).	
		Total approved 1st annual payment	\$3,492.00
			<u>\$873.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501.01	Relocation Payment (RHP)	(EH)
		\$873.00

Robert Lee Rec 6/19/72

JML

Revised

RESIDENTIAL RELOCATION RE

RELOCATION WORKER

Daniels

PROJECT NO.

Ore. R-20

PARCEL

A-3-19

NAME

LEE, Robert

ADDRESS

3213 N. Vancouver

APT NO.

PHONE

INITIAL INTERVIEW

9/20/71

SEX

M

W

B

AGE

U.S. CITIZEN

ALIEN

VETERAN

SERVICEMAN

DATE ON SITE

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name

Address

MCI/ Caseworker

Social Security

VA. Fed. Mult Co.

Pension: Name

Other: Name

TOTAL MONTHLY INCOME

Rent 25.00

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

hsg. 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>79 N.E. Sacramento</u>		

NEW ADDRESS:

Zip

Phone

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 27055 G

DATE September 29, 1971

PAY TO THE
 ORDER OF

Robert Lee

\$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 - move from 3213 N. Vancouver (A-3-19) to 1109 NE Skidmore .. Dislocation allowance \$200.00 Fixed payment - unfurnished <u>15.00</u> <i>AL</i>	\$285.00

Account Distribution

NO.	TITLE	AMOUNT
E1501	Relo Payment (fixed - unfurn. - Ind.)	EH \$215.00

AL

AD

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)

Robert Lee
1109 N. E. Skidmore
Portland, Oregon 97211

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		<i>RL Lee</i>	9-28-71
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00 **		
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	27055G	\$ 200.00			\$

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

** Dislocation Allowance

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 Portland, Oregon 97201		PROJECT NAME (If applicable) Emanuel Project		
		PROJECT NUMBER ORE R-20		
<p><i>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.</i></p> <p>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."</p>				
1. FULL NAME OF CLAIMANT (i) LEE, Robert	2. DATE(S) OF MOVE 9/22/71			
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 3213 N. Vancouver, Portland, Oregon 97227 b. Apt., Floor, or Room No. --- c. Was it furnished with your own furniture? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>1</u> e. Date you moved into this address: <u>August, 1967</u>	A 3-19	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 1109 NE Skidmore, Portland, Oregon b. Apt., Floor, or Room No. <u>D</u> 97211 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: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <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) </td> <td style="width: 50%; border: none;"> Check c if applicable: <input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs <input checked="" type="checkbox"/> Dislocation Allowance </td> </tr> </table>			<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"/> Dislocation Allowance
<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"/> 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) <input type="checkbox"/> 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. <input type="checkbox"/> 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.				
<u>9/22/71</u> Date	x <u>Robert Lee</u> Signature of claimant			

(Over)

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)

Robert Lee
1109 N. E. Skidmore
Portland, Oregon 97211

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 \$ _____	\$ 15.00 **		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	27055 G	\$ 15.00 **			\$

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

** Fixed payment

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 LEE, Robert	(i)	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>1</u> e. Date you moved into this address: <u>August, 1967</u>	A 3-10	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 109 N. E. Skidmore, Portland, Oregon b. Apt., Floor, or Room No. <u>D</u> 97211 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:

a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property

b. Fixed Payment (May not be made if storage costs are involved)

Check c if applicable:

c. Supplementary claim for reimbursement of storage costs

1 Room - Furnished

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.)

\$ 15.00

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

X Robert Lee Signature of claimant

(Over)

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

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER C Daniel PROJECT NO. 12 H 20 PARCEL H 3-19

NAME Lee Robert ADDRESS 223 N. Lincoln APT NO. 7

PHONE 284-2414 INITIAL INTERVIEW 9/21/71 SEX M W W NM B AGE 44

U.S. CITIZEN ALIEN VETERAN SERVICEMAN DATE ON SITE Aug 1, 1967

FAMILY COMPOSITION

Name	Relation	Age

Carrie 281 7981
New Address

Employer: Name \$
Address
MCW Caseworker Bob Weaver 280-6054
Social Security John Rex 6961 80.00
Va. Fed. Mult Co.
Pension: Name
Other: Name

TOTAL MONTHLY INCOME 80.00

Rent , Inc. Heat Water Gas Gar Elec Unfurn Furn No. Rms 1

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>1109 N.E. Skidmore</u>	<u>Not standard</u>	<u> </u>
<u>49 N.E. Sacramento</u>	<u>" "</u>	<u> </u>
<u>1305 N.E. Brazee (with Brother)</u>	<u>Bur of Buildings</u>	<u>Nov 18, 1971</u>
NEW ADDRESS: <u>1305 N.E. Brazee</u>	<u>Moved here</u>	<u>284-2414</u>
	Zip <u> </u>	Phone <u> </u>

10/29/70 Robert Lee game in and we have to get him
back on disability - He has no income know.
Sent him to see Betty Thompson of M.H.S.
Has moved to 49 N. Sacramento. He signed a
I have explain to him that he must live
1/26/72 In standard housing - sent inspector
out to 49 N. Sacramento. - this was no good
Has been unable to find place to move on his own plans
4/1/72 Had his brother bring him in and to authorities
his moving in with him. This he did and we both
tried to tell him that he would have to get in
touch with Mr. Bob Weaver of State Welfare. to
get reinstated. I had work this out with Bob
Weaver so that all Mr Lee had to do was go and see
him - Mr Lee is a alcoholic (wine-O) He
spends most of his day wondering around try to
find something to drink. His brother is just
the opposite - hard working and responsible -
and provides a place for Robert Lee to live when
he is done on his luck.

11/2/70 George Lee said that he does live with him and
that as far as he knows plans to stay with him. He
has not gone up to welfare as yet to sign for his
assistance. Made out his claim for rent assistance
using his rent paid when living at 3013 N. Vancouver Ave.

2/10/71

PORTLAND DEVELOPMENT COMMISSION

OFFICE
EMERALD HOSPITAL PROJECT
800 N. GUNN ST.
PORTLAND, OREGON 97208
PHONE 523-0100

September 1, 1971

Mr. Robert Lee
3213 N. Vancouver
Portland, Oregon

Dear Mr. Lee:

As you may know, you are situated in the Emerald Hospital 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 plans 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 immediately to determine your eligibility for benefits. A brochure regarding relocation payments for which you may be eligible is attached to this attached brochure.

We urge you not to seek adverse opinions on the project or the relocation to which you may be entitled. Certain conditions must be met before your eligibility can be established and before any benefits can be determined.

Please check with us before making any move. Our office is located at 800 N. Gunn St. in Portland, Oregon. Our office is closed on Friday, in all other cases we will be glad to assist you.

We look forward to your call.

RM:ch
Enclosure

INTERVIEW REGISTER

Date

Relocation
Worker

666-72

We have been holding this claim waiting for documentation on his income. He is not able to certify that he has a income therefore it appears that we should make payment based on former rent and therefore income is not a factor

6/9/75

Closing

~~Mr. Lee~~ Mr. Lee's Brother George stopped by to pick up Rent assistance check - \$973. First installment Mr. Lee is a alcoholic and has not been able to hold any job for more than a day to day bases. He has been living off and on with his brother who cares for him as best he can. However, this at time becomes difficult to do when he gets away from him Mr. Lee has been nice enough to work with but finds it hard to follow through after you have made appointment ore arrange for welfare assistance. At present he could get welfare if he would go, or if we could find him and take him to his former case worker.

Mr. Lee also indicated that he wanted to go visit with his mother who was ~~very~~ ⁵⁴ very sick. She lives in Tex ⁵⁴ Arkana - Texar ⁵⁴ kanta, Arkansas