

	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 August 29, 1975

NAME David C. Mackie

Mr. David Mackie has a room at 3964 N.E. 16th Avenue. He still rooms with Mrs. Turner. She provides help in caring for him in that he is unable to care for himself. She cooks for him and sees to it that he takes his medication. He seems very happy with his situation there and plans to continue to living with Mrs. Turner.

Mr. Mackie talks very little and is basically a very quiet person.

SCD

(signed) 

worker

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME MACKIE, David C. RELOCATION ADVISOR CD
 ADDRESS 260 N. Ivy PHONE 281-7593 PROJECT NAME Emanuel ORE, R-20
 SEX M ETHN black VETERAN _____ AGE 50 PARCEL NO. A-4-4
 MARITAL STATUS _____ TENURE tenant
 DISABILITY _____ INDIV x FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW _____ DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>2/11/69</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: _____

ECONOMIC DATA

FAMILY COMPOSITION

Employer _____ \$ _____
 Address _____
 MCW Daine Finley 87.85
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 87.85
 (Presently not on welfare)

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure _____ No. Rooms 1
 No. Bedrooms 0 Furn. x Unfurn _____
 Utilities \$ _____
 Monthly Payments (Rent) \$ 45.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms
<u>3964 N. E. 16th (Bureau of Buildings)</u>	

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

AGENCY ACTION:

REASONS:

Appeals		
Evicted		
Refused Assistance		
Address Unknown (tracing)		
Other (death, etc.)		

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 3964 N. E. 16th Phone 281-7593 Date of Move 1/8/72

WHERE RELOCATED:

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

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms 1 Habitable Area ___

Utilities \$ ___ Monthly Payments (Rent) \$ 45.00 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)	356 EH	3/29/72	\$ 498.00
TACO (Rental)	715 EH	3-14-73	\$ 498.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	29834 G	3/24/72	\$ 215.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

TOTAL: \$1,992.00

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 1015 EH

DATE February 26, 1975

PAY TO **David Mackie**

\$ 498.00

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 260 N. Ivy (Parcel A-4-4). Total approved \$1,992.00 4th and final payment	\$498.00
DAVID MACKIE / FEB 28			1975

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels (Relocation Advisor) DATE February 18, 1975

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

RE: David Mackie (Emanuel) (Displacee) 3964 N.E. 16th (Address)

No. 4th & final (annual payment) \$ 498.00 (amount) March 1975 (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: Same as above

Date Inspected: _____ Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Mackie still lives at the above address.

SIGNED: DAVID MACKIE (Displacee)

SIGNED: Samuel H. Daniels (Relocation Advisor)

DATE: 1/9/75

DATE: 2/19/75

TO: Bob Douglas

DATE: 2/19/75

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: David Mackie

PROJECT: Emanuel

FOR: 4th and final TACO Payment

AMOUNT: 498.00

JD

SIGNED: Samuel H. Daniels

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. A-4-4 Advisor CD
 Client's Name Mackie David Phone 281-7593
 Address 200 N. Hwy Ethn B Age 50
 Male Family Married Renter/Occupant
 Female Individual Single Owner/Occupant

Family Composition

Economic Data

Total Number in Family 1
 _____ wife, husband

Employer \$
 Address

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Other Source of Income

 \$
MCA \$ 87.85
 Total Monthly Income \$ (_____)

Eligible for Public Housing YES NO
 Eligible for Welfare YES NO
 Eligible for (Other) YES NO

Presently Receiving Welfare YES NO
 Other Assistance _____

Claimant was displaced from real property within the project area on or after date of pertinent contract for Federal assistance and/or date of HUD approval of budget for project:

YES NO

Date of initial interview 1-17-72 Date of Info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

2-11-69

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

Date of initiation of negotiations for purchase of property

5-20-71

Date of Acquisition

Date of letter of Intent

6-17-71

Date of move

1-8-72

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 yr.

✓ Size of Habitable Area 100-150 sq ft

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 1 Rent Paid \$ 45.⁰⁰ Utilities _____

Number of Bedrooms 0 Monthly Housing Payments \$ 4 Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 3904 NE 10th 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 2

✓ Size of Habitable Area 100-150 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 \$ 45.⁰⁰

Utilities \$ _____

Total Rent Assistance \$ 1992.⁰⁰

Amount of Annual Payment \$ 498.⁰⁰

✓ No. of Housing Referrals to:

_____ Standard Sales

0 Standard Rent

✓ Agency Referrals:

X MCI/ _____ HAP _____ OTHER (_____)

_____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

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
MACKIE, David C. Family Individual

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

a. Address: 260 N. Ivy, Portland, Oregon 97227

b. Apartment or room number: ---

c. Number of bedrooms: (1 room) -0-

d. Monthly rental: \$ 45.00

e. Date you moved out of this dwelling: 6/16/71
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): 3964 N.E.16th, Portland, Oregon 97212

b. Apartment or room number: ---

c. Number of bedrooms: 1 *2 per Bot B report 11/22/71*

d. Monthly rental: \$ 45.00

e. Date you moved into this dwelling: 1/8/72
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.

1/18/72
Date

David Mackie
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:
David C. Mackie
3964 NE 16th

COMPUTATION PREPARED BY:

Name

Date

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

Required Information

- 1. Monthly gross rental for comparable unit \$ 60.40
(cost based on: Schedule
 Comparative
 Other)
- 2. Base monthly rental for claimant's former dwelling, or
25% of adjusted monthly income, whichever is less. \$ 20.90

Computation

- 3. Line 1 minus Line 2, multiplied by 48 \$ 1992.00
Based on 25% of adjusted income (MCW income \$88.00) adjusted by 5%

Line 1	\$ <u>60.40</u>	
Line 2	<u>20.90</u>	
	\$ <u>41.50</u>	
	X <u>48</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.) \$ 1992.00
- 5. Minus adjustments (Attach full explanation) - \$
- 6. Amount of rental assistance payment (Line 4 minus Line 5) \$ 1992.00
- 7. Annual Payment \$ 498.00

(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 MACKIE, David

Parcel No. A-4-4

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: 2-11-69

Date of Acquisition: 6-16-71

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: 2-11-69

Date of Initiation of Negotiations: 1-29-71

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 \$ 1,992.00 is authorized.

3-28-72
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

<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
<u>3/29/72</u>	<u>356EH</u>	<u>\$ 498.⁰⁰ AS</u>
<u>3/14/73</u>	<u>715EH</u>	<u>\$ 498.⁰⁰ BS</u>
<u>3/19/74</u>	<u>910EH</u>	<u>\$ 498.⁰⁰ CS</u>
<u>2/26/75</u>	<u>1015EH</u>	<u>\$ 498.⁰⁰ DS</u>

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. R-20

1. Full name of claimant: David C. Mackie Family Individual

2. Dwelling unit from which you moved: Parcel No. A-444
 a. Address 210 N Ivy c. Number of bedrooms 0
Portland Oregon d. Monthly rental \$ 45
 b. Apartment or room number -1 e. Date displaced 6/16/71

3. Dwelling unit to which you moved (RENTAL)
 a. Address 3964 NE 15th c. Number of bedrooms 1
Portland Oregon d. Monthly rental \$ 45.00
 b. Apartment or room number _____ e. Date moved in 4/8/72

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

- Did claimant rent or own at time of acquisition? Yes No
 Tenant's initial date of rental 2/11/69
 Date of acquisition Jun 16, 1971
 Owner-occupant's initial date of ownership _____
- Did claimant own or rent 90 days prior to initiation of negotiations? Yes No
 Date of rental or purchase 2/11/69
 Date of initiation of negotiations _____
- Is replacement housing standard? Yes No
 If previously substandard, date found standard Nov. 22, 1971
- Certification: Bur. of Building
 (Amount of this claim \$ 1992.00) 1992.00
~~1992.00~~

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-1-1

PAYABLE TO: David Mackie

For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners or Tenants	\$ <u> </u>
<u> X </u> RHP - Tenants & Certain Others - Rental: Total approved \$ <u>1,982</u> ; Annual amount \$ <u>498</u>	\$ <u> </u>
<u> </u> RHP - Tenants & Certain Others - Downpayment	\$ <u> </u>
<u> </u> Settlement Costs (on acquisition by LPA only)	\$ <u> </u>
<u> </u> Interest Expense	\$ <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	\$ <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 David Mackie Less - \$ *

Move from 260 N Way Total \$ 498.00

Accounting: Indicate symbol and Accounting No.
0600 Relocation Payment; E60 901 Project Cost *(498.00)

ok me

DD

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels (Relocation Advisor) DATE February 26, 1974

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

RE: David Mackie (Emanuel) 3964 NE 16th
(Displacee) (Address)

No. 3rd \$ 498 March 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: Same

Date Inspected: _____ Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Mackie still lives at the above address

SIGNED: X David C Mackie
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: 2/27/74

DATE: 2/27/74

TO: Bob Douglas

DATE: 3/1/74

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: David Mackie

PROJECT: Emanuel

FOR: 3rd T.A.C.O.

AMOUNT: 498.00

WJ

SIGNED: Samuel Daniels

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 715 EH

DATE March 14, 19 73

PAY TO **David Mackie**

\$ **498.00**

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 260 N. Ivy (Parcel A-4-4).</p> <p>Total approved \$1,992.00 2nd annual payment</p> <p><i>David mackie</i></p> <p><i>Recive mar 13 73</i></p>	<p><u>\$498.00</u></p>

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-4-4

PAYABLE TO: David MacRie

For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners or Tenants.	\$ <u> </u>
<input checked="" type="checkbox"/> RHP - Tenants & Certain Others - Rental: Total approved <u>\$1992</u> ; Annual amount <u>2nd.</u> <u>\$498.00</u>	\$ <u>498.00</u>
<u> </u> RHP - Tenants & Certain Others - Downpayment	\$ <u> </u>
<u> </u> Settlement Costs (on acquisition by LPA only).	\$ <u> </u>
<u> </u> Interest Expense	\$ <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.	\$ <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 David MacRie Less - \$ *

Move from 260 N. Dwy Total \$ 498.00

Accounting: Indicate symbol and Accounting No.
0500 E60901 Relocation Payment; 498.00 Project Cost *()
RHP - 2ND ANNUAL

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE March 7, 1973
(Relocation Advisor)

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

RE: David Mackie 3964 N.E. 16th
(Displacee) (Address)

No. 2nd \$ 498.00 3/29/73
(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: Same as Above

Date Inspected: Nov 22, 1971 Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard _____
or (2) Displacee notified of ineligibility: yes no

Comments: Mr. Mackie still rooms with Mrs. Queen Turner
at 3964 NE

SIGNED: David Mackie SIGNED: Samuel Daniels
(Displacee) (Relocation Advisor)

DATE: 3/12/73 DATE: 3/12/73

TO: Bob Douglas DATE: _____

FROM: _____

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: David Mackie
PROJECT: Emanuel Hospital
FOR: Taco.
AMOUNT: 498.00

WSD

SIGNED: Samuel Daniels

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N? 356 EH

DATE March 29, 1972

PAY TO **David Mackie**

\$498.00

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. 260 N. Ivy (A-4-4).	
		Total approved 1st annual payment	\$1,992.00 \$498.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP)	(RHP) (EH) \$498.00

David Mackie

AM

JWS

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

No 29834 G

DATE March 24, 1972

PAY TO THE ORDER OF **David Mackie**

\$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 260 N. Ivy (A-4-4) to 396 1/2 N. E. 16th. Fixed payment - unfurnished Dislocation Allowance	\$ 15.00 <u>200.00</u> <u>\$215.00</u>

Account Distribution

NO	TITLE	AMOUNT
E 1501/01	Relocation Payments (Fixed - Ind.) (EH) <i>David Mackie</i>	\$215.00

Signed by *David Mackie*
Queen E Turner
 3-24-72

AC

BD

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)

Emanuel Hospital Project

Project Number: ORE R-20

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides:

"Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT _____ Family Individual

MACKIE, David C.

2. DATE(S) OF MOVE 1/8/72

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

a. Address 260 N. Ivy, Portland, Oregon 97227

b. Apartment, Floor, or Room Number ---

c. Was it furnished with your own furniture?
 Yes No

d. Number of rooms occupied (excluding bathrooms, hallways, and closets: 1)

e. Date you moved into this address: 2-11-69

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) 3964 N. E. 16th, Portland, Oregon 97212

b. Apartment, Floor, or Room Number ---

c. Were household goods moved to or from storage?

Yes No

If "Yes", complete table, "Statement of Claim for Storage Costs"

5. TOTAL CLAIM (if 5 b. marked above)

Dislocation Allowance \$200.00

Fixed Moving Payment 15.00

(Consult local agency)

Total \$ 215.00

6. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

3/5/72

Date

+ David Mackie

Signature of Claimant

(For Local Agency Use Only)

DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT
FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)

NAME AND ADDRESS OF CLAIMANT:

David C. Mackie
3964 N. E. 16th
Portland, Oregon 97212

NAME OF LOCAL AGENCY:

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

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

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

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

Yes No

If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>15.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>215.00</u>	<u>215.00</u>	<i>[Signature]</i> B.C.W.	<u>3-24-72</u>
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>3/24/72</u>	<u>298346</u>	<u>\$ 215.00 00</u>			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name David C. Mackie Project Emanuel Project
 2. Date(s) of move 1/8/72 Parcel No. F 4-4
 3. Dwelling unit from which you moved:
 Address 260 N. Ivy No. of rooms 1
 Furnished Unfurnished Date you moved into this unit 2-11-69
 4. Dwelling unit to which you moved:
 Address 3964 NE. 16th
 Were goods moved to or from storage? Yes No

5. Total claim \$ 15.00

 FIXED PAYMENT: \$200 + \$ 15.00 = \$ 215.00

ACTUAL MOVING COSTS

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

STORAGE COSTS

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

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

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

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

November 22, 1971

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director
Building Division
C. C. Crank, Chief
Electrical Division
R. A. Kieffermeyer, Chief
Plumbing Division
George W. Wallace, Chief
Permit Division
Albert Clark, Chief
Housing Division
S. J. Chagwiddan, Chief

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

Re: 3964 N.E. 16 Avenue

Re: Chat Daniele

Gentlemen:

As the result of a displaced person and at your request an inspection was made by the Housing Division of the one-story, wood frame, two bedrooms, single-family dwelling and detached garage at the above address.

Our inspector reports the structures are in standard condition and comply with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chagwiddan
S. J. Chagwiddan
Chief Housing Inspector

JDM:mfn
cc: Mrs. Agatha Zografos
3964 N.E. 16 Avenue

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

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

Gentlemen:

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

1. Resident of the Housing Authority MARKEE DAVIS
2. Applicant for housing 3964 NE 16
3. Name _____
4. Address _____
5. Number of persons in family 1
6. Total monthly assistance 214.72 88.00
7. Date assistance began _____
8. Date assistance to terminate _____

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

Penley *MO*
(Caseworker) (Dept.)
2-29-70
(Date)

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

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

Gentlemen:

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

1. Resident of the Housing Authority _____
2. Applicant for housing David Mackie
3. Name _____
4. Address 260 N. Hwy
5. Number of persons in family 1
6. Total monthly assistance 87.85
7. Date assistance began ~~5-24-72~~ Feb 13, 1972
8. Date assistance to terminate ~~11-30-72~~ on going

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

Deane Fenley (Caseworker) mc (Dept.)
1-18-72 (Date)

2806045

~~NOT TO BE USED~~

Back on Welfare

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.

David macKie

1/17/72
date

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER C Daniels PROJECT NO. R-20 PARCEL A-4-4

NAME David C. Markie ADDRESS 260 N Ivy APT NO. _____
 PHONE 281-7593 INITIAL INTERVIEW 1/17/1972 SEX M W _____ NW B AGE 50
 U.S. CITIZEN ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 2/11/69

FAMILY COMPOSITION

Name	Relation	Age
 	 	
 	 	
 	 	
 	 	
 	 	
 	 	
 	 	

Employer: Name _____ \$ _____
 Address _____
 MCV Caseworker Diane Finley 87.85
 Social Security _____
 Va. Fed. Mult Co. _____
 Pension: Name Presently not
 Other: Name Receiving Welfare
 TOTAL MONTHLY INCOME 87.85

Rent 45.00, Inc. Heat Water Gas Gar Elec Unfurn _____ Furn No. Rms 1
All Utilities Paid

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>3964 NE 16th</u>	<u>Cur at Building</u>	<u>Nov 23, 1971</u>

NEW ADDRESS: 3964 NE 16th 97227 281-7593
 Zip Phone