

	DESCRIPTION	ROLL NO	ODOMETER
PARCEL NO. RS-3-4	MARSHALL, LAVERNE 2740 N. VANCOUVER		
PARCEL NO. A-3-13	MARSHALL, LOUIS 247 N. FARGO		
PARCEL NO. R-14-8	MERCER, EMILIE 511 N. MORRIS		
PARCEL NO. R-10-15	MINNEWEATHER, STEWART 3117 N. COMMERCIAL		
PARCEL NO. A-3-17	MITCHELL, JAMES HENRY 217 N. FARGO		
PARCEL NO. A-8-10	MONTAGUE, CHARLES 319 N. FARGO		
PARCEL NO. A-3-19	MORGAN, EUGENE 3213 N. VANCOUVER		
PARCEL NO. A-3-19	MORGAN, RONNIE 3213 N. VANCOUVER		
PARCEL NO. A-2-4	NAILEN, ERMA ELAINE 3100 N. GANTENBEIN		
PARCEL NO. R-14-7	NICHOLS, RENA ELISESE 527 N. MORRIS		
PARCEL NO. A-4-10	NOLAND, FRANK & ETHEL 241 N. COOK		
PARCEL NO. A-2-11	OVERHOLTS, ANNA 3129 N. VANCOUVER		
PARCEL NO. A-3-20	PACE, THEODORE P. 3217 N. VANCOUVER		
PARCEL NO. R-4-7	PARASHOS, GEORGE 423 N. RUSSELL #4		
PARCEL NO. R-14-7	PARKS, DORINA 527 N. MORRIS		
PARCEL NO. E-3-6	PARRISH, BEVERLY 2653 N. COMMERCIAL		
PARCEL NO. A-2-5	PATTERSON, BILLY 227 N. MONROE		
PARCEL NO. E-3-12	LEWIS, MATTIE (PATTERSON) 531 N. RUSSELL		

R E S U M E /

DATE 5/9/75

NAME Emilie J. Mercer

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Mrs. Mercer first came upon our caseload when she was found living at 511 N. Morris. Her lifestyle was unconventional - (Hippie) and she and her children and dogs were in what I considered a very bad condition healthwise.

Her personal appearance was very bad, although she was a very well educated individual. She used the opportunity of this move to get into public housing, and although her lifestyle and housekeeping habits have not changed, she has attended classes at P.S.U.

Seems to be looking forward to better days.

SCD

(signed)

CL

worker

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME MERCER, Emilie RELOCATION ADVISOR McIntosh  
 ADDRESS 511 N. Morris PHONE 281-1170 PROJECT NAME Emanuel ORE. R-20  
 SEX F ETHN white VETERAN \_\_\_\_\_ AGE 35 PARCEL NO. R-14-8  
 MARITAL STATUS Single TENURE tenant  
 DISABILITY \_\_\_\_\_ INDIV \_\_\_\_\_ FAMILY X  
 ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT X OTHER \_\_\_\_\_  
 INITIAL INTERVIEW 11/17/71 DATE INFO PAMPHLET DELIVERED 11/17/71  
 NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_

DATE ON SITE: <u>December 1970</u>
INITIATION OF NEGOTIATIONS: <u>5-7-71</u>
DATE OF ACQUISITION: <u>4-18-72</u>

ECONOMIC DATA

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other A. D. C. Marie Gordon 298.00  
 TOTAL MONTHLY INCOME \$ 298.00

FAMILY COMPOSITION

Name	Relation	Age
Anthony Mercer	son	6
Allen Mercer	son	14
Jody	daughter	9
Karen Mercer	daughter	12

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 1905 No. Rooms 8  
 No. Bedrooms 5 Furn. Unfurn X  
 Utilities \$ \_\_\_\_\_  
 Monthly Payments (Rent) \$ 100.00  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

Size of Habitable Area 1780 sq. ft.

HOUSING REFERRALS

Address	Bedrooms
<u>5315 N. E. Mallory</u>	
<u>9457 N. Bristol</u>	<u>3</u>
<u>6933 N. Astor</u>	

AGENCY REFERRALS

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

*mer*

AGENCY ACTION:	REASONS:
Appeals	<i>Received Child Services - mcv</i> <i>HAP apt.</i>
Evicted	
Refused Assistance	
Address Unknown (tracing)	
Other (death, etc.)	

TEMPORARY RELOCATION

Within Project	<input type="checkbox"/>
Outside Project	<input type="checkbox"/>

Date Moved In \_\_\_\_\_  
 Address \_\_\_\_\_  
 Reason \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Client Referred *Emilie Mercer* LPA Referred *yes*  
 Address 9457 N. Bristol Ave. Apt. 7 Phone \_\_\_\_\_ Date of Move 2/25/72

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

Furnished \_\_\_\_\_ Unfurnished \_\_\_\_\_ Number of Rooms \_\_\_\_\_ Number of Bedrooms 3 Habitable Area \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ 22.00 Purchase Price \$ \_\_\_\_\_  
 Age of Structure: \_\_\_\_\_ Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_ Distance Moved Away \_\_\_\_\_  
 Name of Moving Company \_\_\_\_\_ Name of Realtor \_\_\_\_\_

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$ 1000.00
TACO (Rental)	<i>392 EH</i>	<i>4-26-72</i>	\$ " "
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	<i>305EH &amp; 29529 G</i>		\$ 500.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

TOTAL: \$4,000.00

TOTAL BENEFITS RECEIVED \$ \_\_\_\_\_

REALTOR: \_\_\_\_\_ ESCROW CO. \_\_\_\_\_ OFFICER \_\_\_\_\_

RESIDENTIAL RELOCATION RECORD

Project Name Emanuel Parcel No. 7.14.8 Advisor AG  
 Client's Name MORRIS, Emily Phone 286-9785  
 Address 511 N. MORRIS Ethn white Age 35  
 Male  Family  Married  Renter/Occupant  
 Female  Individual  Single  Owner/Occupant

Family Composition

Total Number in Family 5  
1  wife,  husband

Other:

Relation	Age	Relation	Age
SON	6		
SON	14		
DAUGHTER	9		
DAUGHTER	12		

Economic Data

Employer \$  
 Address  
 Other Source of Income Welfare \$ 298.00  
 Total Monthly Income \$ (298.00)

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 11-<sup>15</sup>-71 Date of Info pamphlet delivery 11-17-71  
 Date Notice to Move given \_\_\_\_\_ Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY 12-1970

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

Date of initiation of negotiations for purchase of property 11-23-71

Date of Acquisition 4-18-72

Date of letter of intent \_\_\_\_\_

Date of move 2-25-72

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	
Private Rental		Duplex	
Other		Multiple Family	

Age of Housing Unit 1905  
 Size of Habitable Area 1780  
 Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 8 Rent Paid \$ 100<sup>00</sup> Utilities \_\_\_\_\_  
 Number of Bedrooms 5 Monthly Housing Payments \$ \_\_\_\_\_ Taxes \_\_\_\_\_  
 Liens \$ \_\_\_\_\_ (please explain) \_\_\_\_\_  
 Acquisition Price \$ \_\_\_\_\_ Amenities \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Address 9457 N. Bristol #7 LPA Referred  Self Referred \_\_\_\_\_

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

Outside city  Outside state   
 Age of Housing Unit 20 yrs.  
 Size of Habitable Area 1100  
 No. of Rooms 5 No. of Bedrooms 3

For Claimants Who Purchased

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

For Claimants Who Rented

Rent \$ 22<sup>00</sup>  
 Utilities \$ \_\_\_\_\_  
 Total Rent Assistance \$ 4000<sup>-</sup>  
 Amount of Annual Payment \$ 1000<sup>-</sup>

No. of Housing Referrals to:

\_\_\_\_\_ Standard Sales  
2 Standard Rent

Agency Referrals:

MCW  HAP \_\_\_\_\_ OTHER ( \_\_\_\_\_ )  
 \_\_\_\_\_ Food Stamp  Legal Aid \_\_\_\_\_ Other ( \_\_\_\_\_ )

Benefits Received

Date \_\_\_\_\_ Ck # \_\_\_\_\_ Type \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Ck # \_\_\_\_\_ Type \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Date \_\_\_\_\_ Ck # \_\_\_\_\_ Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

INTERVIEW REGISTER

Relocation  
Worker

Date

4-23-73

Con't

this Title shall be considered income etc.

March 14, 1973, Mrs. Mercer says that Mary Ann Compton came to her house asking about her income. Emilie freely talked to her explaining her relocation benefits therefore, she with-held no information because she felt as though she was drawing only what she deemed her rightful amount or that she was entitled to. However, Mrs. Mercer states that she has received her grant so far each month. A follow up will continue.

AG

4/1/74

*Claim filed for TACO payment for Emilie Mercer*

4/16/74

*Check No. 918 for amount of \$1,000 for rent assistance, picked up by Client. Signature on receipt of check.*

4/29/75

Contact was made with Emilie J. Mercer and her signature obtained for her 4th and final TACO payment. Mrs. Mercer still lives at 6933 N. Astor (HAP housing).

SCD

5/9/75

Delivered Check #1035 EH for \$1,000 to Mrs. Mercer - 4th and final TACO payment.

SCD

INTERVIEW REGISTER

Date		Relocation Worker
2/16/71	<u>Survey:</u> Would prefer to rent or buy if possible- out of the city, some land, an acre or so. She is not saving money for a downpayment.	SLC
11/15	Called Emilie Mercer and arranged for a meeting at 10:00 a.m.	JMc
11/16	Tried to contact Mrs. Mercer this morning but she was not at home.	JMc
11/17	Met with Emilie Mercer today. Outlined the benefits due her. She would like to move out in the country and buy a house with some land. She can make monthly payments not to exceed \$75.00. Emilie said that she has a lawyer and wants to be paid the maximum benefits due her.	JMc
11/19	Called Marie Gordon at welfare office and asked for income verification letter.	
11/22	Received income verification letter today.	
11/22	Mailed benefit letter to Ms. Mercer.	
1/5	Call was made to Mrs. Emilie Mercer. Her daughter stated that her mother was in Multnomah County Hospital	AG
1/17/72	Called Mrs. Mercer but the phone has been disconnected. I also went by the house but no one was at home.	
1/27	Went to Mrs. Mercer's house to see her. Left a note asking her to contact us at the office.  Mrs. Mercer called later and stated some difficulties had occurred since her release from Multnomah Hospital on January 12, 1972. I made an appointment to talk to <sup>her</sup> on Tuesday, February 1, 1972. However, she stated that she had contacted a realtor in Burns, Oregon, who was looking for a place for her there to buy, as she wanted to move her children out of the city.	
2/2/72	Interviewed Emilie Mercer at 511 N. Morris who needs a three bedroom house, out of the city with acreage of about 10 or 12 acres. Real Estate Agent John Crawford for Wiley Real Estate is looking for a house with acreage for her. Call from Mrs. Resner, Child Service Division, requesting date of demolition of dwelling at 511 N. Morris. Reports Health Inspectors will inspect the house Feb. 3, for the purpose of safety of her children before they could be released into her custody.	
2/3/72	Called Mr. Crawford, Real Estate agent who states that he is working with Emilie Mercer to find housing in suburban or country acreage.	
2/3/72	Mrs. Resner, Child Service Division called about Emilie Mercer. Stated that she had gone out and picked up her children and there is also a case against her pending in court. Foster Parents were away from home, child left with a babysitter, other child picked up from school.	
2/9/72	Emilie Mercer called stating that she had found a house that she likes and desires to buy. John Crawford, Stan Wiley agent, request for inspection of dwelling at 5315 N. E. Mallory.	
2/10/72	Inspector was unable to enter for inspection on first visit.	



INTERVIEW REGISTER

Date		Relocation Worker
2/16	Letter of inspection from Bureau of Buildings received. House does not come up to City Regulations.	
2/17	Emily Mercer was in office today and indicates she will rent a house comparable for four children, which is three bedrooms.	
2/18	Mrs. Resner from Child Service Division was in office today and talked with Mrs. Mercer about getting custody of her two children as soon as sanitary or other standards of living conditions could be met. Mrs. Mercer was taken to HAP and application made for housing.	
2/22	Call from HAP that there is a three bedroom house available soon for Emilie Mercer.	
2/23	File Claim for Relocation payment for Mrs. Mercer in sum of \$200.	
2/25/72	Check No. 305 EH issued to Emilie Mercer for Relocation payment from 511 N. Morris to 9457 N. Bristol Street, Apartment #7.	
3/3	Moving expense check No. 29529 G on fixed move on furniture. Self move in the amount of \$300.00 filed claim.	
3/8/72	Received check in amount of \$300 NO. 29529 G. Check was picked up by Emilie Mercer in office today.	
4/10	Emilie Mercer was in office today and signed for first annual payment check in the amount of \$1000. to be paid yearly for a four year period provided she remains in standard housing.	
4/18	Mrs. Mercer was in today inquiring about her annual RHP check, will call again next week.	
4/28/72	Emilie Mercer received first annual payment check No. 392 EH. Reimbursement per claim for RHP for tenant for move from 511 N. Morris Street Parcel R14-8 to 9457 N. Bristol Street, Colony Courts, HAP.	
4-10-73	Self inspection made on dwelling at 9457 N. Bristol, the apt. appears to be standard at this time. Claim filed for 2nd RHP Signature of Client obtained.	AG
4-17-73	Warrant #738EH issued payable to Emilie Mercer amount \$1000. for move from 511 N. Morris Parcel (R-14-8, 2nd annual TACO payment.	
4-18-73	A call from Emilie Mercer during our conversation I told her that her check was in our office. An appointment has been set up for Tuesday when she will be home early from school.	
4-24-73	Check #738EH for 2nd TACO delivered to Emilie Mercer for move from 511 N. Morris to 9457 N. Bristol. Signature on receipt of check.	
4-23-73	A letter addressed to PDC directed to Mr. Gustafson, an official of Emanuel Hospital was forwarded to our Chief of Relocation, Mr. Webb, who responded. Letter from Mary Ann Compton <i>an file.</i>	
	Mrs. Mercer was displaced by Emanuel Hosp. Project, therefore she qualifies to receive and is receiving these benefits, under provision of the Uniform Relocation Act of 1970 Sec. 216 of Title II., states that: No payment received under	

Warrant Number

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

**Nº 1035 EH**

DATE May 7, 1975

PAY TO **Emilie Mercer**

**\$1,000.00**

**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 511 N. Morris (Parcel R14-8).  Total approved <span style="float: right;">\$4,000.00</span> 4th & FINAL PAYMENT	<b>\$1,000.00</b>
<i>Emilie Mercer</i>			<i>5-9-75</i>

**Account Distribution**

NO. \_\_\_\_\_ TITLE \_\_\_\_\_ AMOUNT \_\_\_\_\_

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: R-14-8

PAYABLE TO: Emilie Mercer

For: <input type="checkbox"/>	RHP for Homeowners . . . . .	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants. . . . .	\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$4000. ; Annual amount \$		<u>1000.</u>
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment . . . . .	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only). . . . .	\$	_____
<input type="checkbox"/>	Interest Expense . . . . .	\$	_____
<input type="checkbox"/>	Fixed Moving Payment . . . . .	\$	_____
<input type="checkbox"/>	Dislocation Allowance. . . . .	\$	_____
<input type="checkbox"/>	Actual Moving Costs. . . . .	\$	_____
<input type="checkbox"/>	Storage Costs. . . . .	\$	_____
<input type="checkbox"/>	Business: Moving Expenses. . . . .	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment. . . . .	\$	_____
<input type="checkbox"/>	Business: Storage Costs. . . . .	\$	_____
<input type="checkbox"/>	Business: Loss of Property . . . . .	\$	_____
<input type="checkbox"/>	Business: Searching Expenses . . . . .	\$	_____

Name of Client Emilie Mercer  Family Less - \$ \_\_\_\_\_ \*

Move from 511 N. Morris  Individual Total \$ 1000.

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

0600 x10 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: \_\_\_\_\_ DATE March 24, 1975  
(Relocation Advisor)

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

RE: Emilie J. Mercer (Emanuel) 6933 N. Astor (HAP Housing)  
(Displacee) (Address)

No. 4th & final \$ 1,000.00 April 1975  
(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: Mrs. Mercer still lives at the above address

Date Inspected: \_\_\_\_\_ Condition:  Standard  Substandard

If substandard: (1) Date reinspected and found standard \_\_\_\_\_

or (2) Displacee notified of ineligibility:  yes  no

Comments: \_\_\_\_\_

SIGNED: Emilie Mercer  
(Displacee)

SIGNED: Samuel Daniels  
(Relocation Advisor)

DATE: 4-29-75

DATE: 4/29/75

TO: Bob Douglas

DATE: 4/29/75

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:

OK  
OB

TO: Emilie J. Mercer

PROJECT: Emanuel R-20

FOR: 4th and Final T.A.C.O. Payment

AMOUNT: 1000.00

BCW

SIGNED: Samuel Daniels

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

NAME OF CLAIMANT EMILE MERCER

Parcel No. R-14-8

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: December 1, 1970

Date of Acquisition: April 18, 1972

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: December 1, 1970

Date of Initiation of Negotiations: November 23, 1971

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 (HAP)

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 \$ 4,000.00 is authorized.

4-25-72

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

\_\_\_\_\_ \$ \_\_\_\_\_

4/26/72 392EH \$ 1000.00

4/16/73 738EH \$ 1000.00

4/3/74 918EH \$ 1000.00

3/2/75 1035EH \$ 1000.00

b. Claimant moved to unit he purchased

\_\_\_\_\_ \$ \_\_\_\_\_

c. Homeowner temporarily displaced

\_\_\_\_\_ \$ \_\_\_\_\_

ELECTION FORM

I, (WE) EMILIE J. MERCER, elect to  
receive the balance of our rent assistance as follows:

In one lump sum payment.

In annual installment payments.

Signed: Emilie Mercer

Tele.#: 286-0405

Date: 4-25-75

RELOCATION PAYMENT

PROJECT: Emanuel B-20

PARCEL: R 14-8

PAYABLE TO: Emilie Mercer

For: <input type="checkbox"/>	RHP for Homeowners . . . . .	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants. . . . .	\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved \$4000.; Annual amount	\$	<u>1000.</u>
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment . . . . .	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only). . . . .	\$	_____
<input type="checkbox"/>	Interest Expense . . . . .	\$	_____
<input type="checkbox"/>	Fixed Moving Payment . . . . .	\$	_____
<input type="checkbox"/>	Dislocation Allowance. . . . .	\$	_____
<input type="checkbox"/>	Actual Moving Costs. . . . .	\$	_____
<input type="checkbox"/>	Storage Costs. . . . .	\$	_____
<input type="checkbox"/>	Business: Moving Expenses. . . . .	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment. . . . .	\$	_____
<input type="checkbox"/>	Business: Storage Costs. . . . .	\$	_____
<input type="checkbox"/>	Business: Loss of Property . . . . .	\$	_____
<input type="checkbox"/>	Business: Searching Expenses . . . . .	\$	_____

Name of Client Emilie Mercer  Family Less - \$ \_\_\_\_\_ \*

Move from 511 N. Morris  Individual Total \$1000.

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

*OK VMC*

0600 E60 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon DATE March 27, 1974  
(Relocation Advisor)

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

RE: Emilie J. Mercer (Emanuel) 9457 N. Bristol  
(Displacee) (Address)

No. 3rd \$1,000.00 April, 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: 6933 N. Astor

Date Inspected: HAP Condition:  Standard  Substandard

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

or (2) Displacee notified of ineligibility:  yes  no

Comments: Displacee <sup>was</sup> moved to this new address by HAP  
after lease expired on former dwelling at 9457  
N. Bristol.

SIGNED: Emilie Mercer SIGNED: Alma Gordon  
(Displacee) (Relocation Advisor)

DATE: 3-29-74 DATE: 3/29/74

TO: Bob Douglas DATE: 4/1/74

FROM: Alma Gordon

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: Emilie J. Mercer

PROJECT: Emanuel R-20

FOR: 3rd Annual TACO Payment

AMOUNT: \$1000.

SIGNED: WJ



THE CITY OF  
**PORTLAND**



**OREGON**

Date: April 17, 1975

Ms. Emilie J. Mercer  
9457 N. Bristol, #7  
Portland, Oregon 97222

**SUBJECT: Rent Assistance Payments**

DEPARTMENT OF  
DEVELOPMENT AND  
CIVIC PROMOTION

Dear Ms. Mercer:

The purpose of this letter is to inform you of certain changes, relative to the method of making rent assistance payments.

At the time that you were displaced from your former dwelling in the EMANUEL HOSPITAL PROJECT, you were determined to be eligible to receive a rent assistance payment of \$ 4,000.00 to help offset the cost of renting or leasing a comparable replacement dwelling. Under the Federal Regulations in effect at the time of your displacement, we were required to make the payment in four annual installments.

As a result of changes in the Federal Regulations, you may either elect to receive the balance due you in one lump sum payment, or continue to receive annual installments. If you do elect to receive the lump sum payment for rent assistance, you may not later elect to receive a payment for assistance toward the purchase of a home.

Your choice should be made within ninety (90) days. Our Relocation Staff is available to assist you in making your decision, if you so desire. We have enclosed an Election Form, together with a stamped, self-addressed envelope, for your convenience. Please make your election and return the enclosed form in the envelope which has been provided and mail it to us.

If you choose the lump sum payment, your telephone number, or a number where you can be reached, is required to allow us to contact and assist you in establishing a plan for securing the payment to assure that the funds will be available when needed for rental cost and to answer any questions that you may have.

Very truly yours,

*Benjamin C. Webb*

Benjamin C. Webb  
Chief, Relocation

BCW:s  
Enc. 1

PORTLAND  
DEVELOPMENT COMMISSION

Bob Walsh, Chr.  
Elaine Cogan  
Robert Ames  
Dennis Lindsay

John B. Kenward  
Executive Director

1700 S.W. Fourth Avenue  
Portland, Oregon 97201  
503-224-4800

Emilie Mercer  
511 N.E. Merril

Mrs Mercer a divorcee with 4 children whose only source of income is \$98<sup>00</sup> monthly was relocated. Her first intention was to buy a small Country acreage and a house. This proved unsuccessful in finding property and payments that she could afford on her income.

Welfare - Multi Service Center - Verification of income  
City Inspection -

Due to the life style of Mrs Mercer her children were taken from her temporarily and placed in Foster homes by Children's Service Division.

Mrs Resner. Due to the poor communication of Mrs. Mercer and Mrs. Resner her worker, I was part of a liaison or something of a go between for them, they met here and were able to talk about the custody of her children.

Letter of info - 3/14/73.

Mary Ann Compton Assult Spec. N.E. Mult. Branch  
O. D. D. letter of explanation of relocation benefits and not a relief from welfare. A follow up to prevent being penalized because of her relocation benefits.

HAP Application was placed with authorities and she was taken to see Apts. in Columbia Villa were seen. Keys returned to HAP N.E. Broadway.

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 918 EH

DATE April 3, 19 74

PAY TO **Billie J. Mercer**

\$ 1,000.00

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 511 N. Morris (Parcel R 14-8).	
		Total approved 3rd annual payment	\$4,000.00
		<i>Received by Billie Mercer 4/16/74</i>	\$1,000.00

**Account Distribution**

NO. \_\_\_\_\_ TITLE \_\_\_\_\_ AMOUNT \_\_\_\_\_

April 25, 1973

Mr. William Hopper, Branch Manager  
Northeast Multnomah Branch  
Public Welfare Division  
P.O. Box 8591  
Portland, Oregon 97207

Attention: Mary Ann Compton, Assistance Specialist

Dear Mr. Hopper:

Re: MERCER, Emile

Your letter of April 23, 1973 to the Portland Development Commission, attention of Mr. Gustafson, has been forwarded to me for reply.

First, permit me to say that Mr. Gustafson is an official of Emanuel Hospital and has no connection with the Development Commission.

Second, Mrs. Mercer was displaced from her former residence at 511 N. Morris by the Emanuel Hospital Project but not by Emanuel Hospital. The Emanuel Hospital Project is an Urban Renewal Project, financed in part by Federal funds. Mrs. Mercer, because of her displacement by the Project, qualifies to receive and is receiving the relocation payment mentioned in your letter, under the provisions of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. Section 216 of Title II of the Act says that:

"No payment received under this title shall be considered as income for the purposes of the Internal Revenue Code of 1954; or for the purpose of determining the eligibility or the extent of eligibility of any person for assistance under the Social Security Act or any other Federal law."

The Public Welfare Division has acknowledged this provision of the Act, as well as the Oregon House Bill 1933 via its Manual Letter #11-368, dated January 21, 1972.

Mr. William Hopper  
Page 2  
April 25, 1973

The total amount of relocation payments that Mrs. Mercer is eligible to receive is:

Moving allowance	\$300	
Dislocation allowance	<u>200</u>	\$ 500.00
Rent Assistance, payable in four \$1,000 installments		<u>4,000.00</u>
Total		<u>\$4,500.00</u>

We hope that this is the information you require. If we may be of further assistance, please let us know.

Very truly yours,

Benjamin C. Webb  
Chief, Relocation and  
Property Management

BCW:ch

LEAGUE OF  
COUNTRIES  
MANIFOLD



**PUBLIC WELFARE DIVISION  
NORTHEAST MULTNOMAH BRANCH OFFICE**

RECEIVED

APR 25 1973

PORTLAND DEVELOPMENT COMMISSION

**DEPARTMENT OF HUMAN RESOURCES**

506 S.W. MILL • P.O. BOX 8591 • PORTLAND, OREGON • 97207

TOM McCALL  
GOVERNOR

ANDREW F. JURAS  
Administrator

DEPARTMENT OF  
HUMAN RESOURCES

JACOB TANZER  
Director

DIVISIONS  
Children's Services  
Corrections  
Employment  
Health  
Mental Health  
Special Programs  
Vocational Rehabilitation  
Welfare

April 23, 1973

RE: MERCER, Emilie  
Former address:  
511 N. Morris

Portland Development Commission  
1700 S.W. Fourth Avenue  
Portland, Oregon 97201

Attn: Mr. Gustafson

Dear Mr. Gustafson:

It has come to our attention that Mrs. Mercer who now resides at 9457 N. Bristol, Apt. #7 was among the number of people who became displaced because of the Emanuel Project.

Mrs. Mercer states that she received \$1,000 rent allowance, plus \$500 for moving costs and hardship expense. We would appreciate information including dates issued to substantiate the claim. We would also like to know if she is entitled to any future allowance as she had stated she understood that there might be further payment issued.

Enclosed is an authorization to release information signed by Mrs. Mercer.

Thank you for your cooperation.

Sincerely,

William Hopper, Branch Manager  
Northeast Multnomah Branch, PWD

*M. Compton*

Mary Ann Compton, Assistance Specialist  
Northeast Multnomah Branch, PWD

ENCL.  
MAC:cmf

AUTHORIZATION FOR  
RELEASE OF INFORMATION

PROGRAM 2	COUNTY 28	CASE NUMBER MYC 338 7	WORKER ID T3
CASE NAME Mercer, Emilie			

TO WHOM IT MAY CONCERN:

In connection with my eligibility for Public Welfare assistance or services, I authorize the County Public Welfare Department to contact the sources checked below for additional information.

- |  |  |
|--|--|
| <input type="checkbox"/> Financial Institutions (Banks and Trust companies, savings and loan associations, postal savings and finance companies) | <input type="checkbox"/> Law Enforcement Agencies                  |
| <input type="checkbox"/> Social Security Administration  | <input type="checkbox"/> Schools                                   |
| <input type="checkbox"/> Employers   | <input type="checkbox"/> Real Estate Agencies                      |
| <input type="checkbox"/> Fraternal Organizations   | <input type="checkbox"/> University of Oregon Medical School       |
|  | <input type="checkbox"/> Physicians and other medical institutions |

Emanuel Project

I HEREBY AUTHORIZE the sources checked above to release any information requested by the County Public Welfare Department to support my eligibility.

It is my understanding that all information concerning me will be treated as confidential by the State and County Public Welfare Departments; that it will be given to other persons or agencies only to the extent necessary to plan jointly for my care.

SIGNED: Emilie Mercer (Full name of applicant) DATE: 3-14-73

SIGNED: \_\_\_\_\_ (Full name of spouse) DATE: \_\_\_\_\_

Signature by Mark: \_\_\_\_\_ being unable to write has affixed his mark and his name has been written at his request and in the presence of the following witnesses:

\_\_\_\_\_ (His Mark) \_\_\_\_\_ DATE \_\_\_\_\_

1) \_\_\_\_\_ (Signature of witness) 2) \_\_\_\_\_ (Signature of witness)

ADDRESS \_\_\_\_\_ (Street and number) ADDRESS \_\_\_\_\_ (Street and number)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

May 11, 1972

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. Chegwidan, Chief

Lomas & Nettleton Company  
1514 Broadway  
Vancouver, Washington 98663

Attn: Janell Hall

Re: 5315 N. E. Mallery Avenue  
FHA #431-116134-221

Dear Sirs:

We are enclosing a Certificate of Compliance regarding the one-story and attic, wood frame, two bedroom, single-family dwelling at the above address.

Our inspector reports the detached garage has been removed and the property complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

*S. J. Chegwidan*  
S. J. Chegwidan  
Chief Housing Inspector

CW/ym

Enc. (1)

cc: Mr. Clark Starke w/enc. (1)  
5315 N. E. Mallery Avenue  
Portland Development Commission w/o enc. (1)  
235 N. Monroe Street

C O P Y



DATED this 4/17 day of \_\_\_\_\_ 19 72.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 511 N. Merwin St \_\_\_\_\_, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

\_\_\_\_\_  
(firm name)  
by: Emilee J. Mercer

0600 E60 901

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: R 14-8

PAYABLE TO: Emilie Mercer

For: <input type="checkbox"/>	RHP for Homeowners . . . . .	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants. . . . .	\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved <u>\$4000.00</u> Annual amount	\$	<u>1000</u>
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment . . . . .	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only). . . . .	\$	_____
<input type="checkbox"/>	Interest Expense . . . . .	\$	_____
<input type="checkbox"/>	Fixed Moving Payment . . . . .	\$	_____
<input type="checkbox"/>	Dislocation Allowance. . . . .	\$	_____
<input type="checkbox"/>	Actual Moving Costs. . . . .	\$	_____
<input type="checkbox"/>	Storage Costs. . . . .	\$	_____
<input type="checkbox"/>	Business: Moving Expenses. . . . .	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment. . . . .	\$	_____
<input type="checkbox"/>	Business: Storage Costs. . . . .	\$	_____
<input type="checkbox"/>	Business: Loss of Property . . . . .	\$	_____
<input type="checkbox"/>	Business: Searching Expenses . . . . .	\$	_____

Name of Client Emilie J. Mercer Less - \$ \_\_\_\_\_ \*

Move from 511 N. Morris Total \$1000.

*OK JMC*

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

*2nd Annual*

RELOCATION PAYMENT

*OK  
Limo*

Project: Emanuel Parcel: R-14-8

Payable to: Emilie J. Mercer

	<u>Amount</u>
For: <u>      </u> RHP for Homeowners . . . . .	\$ <u>          </u>
<u>      </u> Incidental Expenses for Homeowners (if separate claim) . . . . .	\$ <u>          </u>
<u>  ✓  </u> RHP for Tenants & Certain Others:	
Rental: Total approved \$ <u>4000.00</u> ; Annual amount. . . . .	\$ <u>1000.00</u>
or Purchase: . . . . .	\$ <u>          </u>
<u>      </u> Fixed Moving Payment . . . . .	\$ <u>          </u>
<u>      </u> Dislocation Allowance. . . . .	\$ <u>          </u>
<u>      </u> Actual Moving Costs. . . . .	\$ <u>          </u>
<u>      </u> Storage Costs (if separate claim). . . . .	\$ <u>          </u>
<u>      </u> Business: Moving Expenses. . . . .	\$ <u>          </u>
<u>      </u> Business: In Lieu Payment. . . . .	\$ <u>          </u>
<u>      </u> Business: Storage Costs. . . . .	\$ <u>          </u>
<u>      </u> Business: Loss of Property . . . . .	\$ <u>          </u>
<u>      </u> Business: Searching Expenses . . . . .	\$ <u>          </u>

Name of Client SAME Less - \$           \*

Move from 511 N. Morris Total \$ 1000.00

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

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

Warrant Number

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

N<sup>o</sup> 738 EH

DATE April 16, 19 73

PAY TO **Emilie J. Mercer**

\$ **1,000.00**

**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 511 N. Morris (Parcel R 14-8).	
		Total approved	\$4,000.00
		2nd annual payment	<u>\$1,000.00</u>
<i>Received By Emilie Mercer</i>			
<i>April 24, 1973</i>			

**Account Distribution**

NO. \_\_\_\_\_ TITLE \_\_\_\_\_

AMOUNT \_\_\_\_\_

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon  
(Relocation Advisor) DATE April 2, 1973

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

RE: Emilie J. Mercer 9457 N. Bristol  
(Displacee) (Address)

No. 2nd \$1,000.00 4/26/73  
(annual payment) (amount) (date due)

Please contact the above displacee and inspect his present dwelling unit. Return the duplicate copy of this form together with a copy of the original claim form and a copy of the inspection.

Present Address: 9457 N. Bristol

Date Inspected: 4-5-73 Condition:  Standard  Substandard

If substandard: (1) Date reinspected and found standard \_\_\_\_\_

or (2) Displacee notified of ineligibility:  yes  no

Comments: Mrs Emilie Mercer occupies standard housing at the above address. Housing Authority of Portland.

SIGNED: Emilie Mercer SIGNED: Alma Gordon  
(Displacee) (Relocation Advisor)

DATE: 4/5/73 DATE: 4/5/73

TO: Bob Douglas DATE: 4/10/73

FROM: Alma Gordon

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: Emilie J. Mercer

PROJECT: Emanuel R-20

FOR: 2nd RHP

AMOUNT: \$1000.

SIGNED: Alma Gordon  
AGW

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 392 EH

DATE April 26, 19 72

PAY TO **Emilie J. Mercer**

\$ 1,000.00

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 RMP for Tenants. 511 N. Morris (R-14-8).	
		Total approved 1st annual payment	\$4,000.00
			<u>\$1,000.00</u>

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP)	\$1,000.00

*Emilie J. Mercer*  
 Date 4/28/72 *AG*

*AC*

*JMA*

INSPECTED BY \_\_\_\_\_ DATE 4/5/73 MET \_\_\_\_\_ NOT MET \_\_\_\_\_

NAME Emilie J. Mercer PHONE \_\_\_\_\_

ADDRESS 9457 N. Bristol Colony Park Courts

HOUSE \_\_\_\_\_ DUPLEX \_\_\_\_\_ APT X SR \_\_\_\_\_ HK \_\_\_\_\_

NO. OF ROOMS \_\_\_\_\_ COMP FURN \_\_\_\_\_ PART FURN \_\_\_\_\_ UNFURN X

NO. OF ROOMS ACCESSIBLE BY STAIRS \_\_\_\_\_ BY ELEVATOR \_\_\_\_\_

MANAGER John Johnson OWNER [Redacted] Holberg HHP

RENT 2300, INCL HEAT X WATER X GAS \_\_\_\_\_ GAR X ELEC X

NO. BRS. 3 SIZE #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

DWELLING UNIT INSPECTION SHEET, PDC R-6, 9/68

GENERAL REQUIREMENTS:

- |   |   |  |
|---|---|--|
| 1. House must be weatherproof (8-601.6)   | ✓ |  |
| 2. Floors, porches, walls, ceilings and stairs must be in sound and good repair. (8-1001a)  | ✓ |  |
| 3. Doors and hatchways must be in good repair. (18-816)   |   |  |
| 4. Multiple dwellings with more than 50 occupants must have two means of exit. (7.3302c)  |   |  |
| 5. Exits must have direct access to outside or public corridor. (7-3303g)   | ✓ |  |
| 6. Hallways must be lighted adequately --- at least 2' candle power. (8-504d)   |   |  |
| 7. Hallway ventilation must be by windows, doors, outside skylights, ventilation ducts, or mechanical ventilation 5x/hr. (8-504d) |   |  |
| 8. Premises must be free of vermin, rodents, filth, debris, garbage. (8-1001a)  |   |  |
| 9. Heating equipment must be able to maintain 70° at 3' above floor. (8-701a)   | ✓ |  |
| 10. There may be no unvented or open flame gas heaters. (8-701a)  | ✓ |  |

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



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

3.\* Chart of bedrooms needed:

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

\* Indicates exceptions regarding efficiency units.

COMMENTS:

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

MERCER, Emile

Family  Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. R-14-8

a. Address: 511 N. Morris, Portland, Oregon 97227  
b. Apartment or room number: ---  
c. Number of bedrooms: 05

d. Monthly rental: \$ 75.00  
e. Date you moved out of this dwelling: 2-25-72  
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): 9457 N. Bristol, Portland, Oregon 97203  
b. Apartment or room number: #7  
c. Number of bedrooms: 3

d. Monthly rental: \$ 22.00  
e. Date you moved into this dwelling: 2/25/72  
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.

4-5-72

Date

*Paula J. Mercer*

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:

Louise Messer  
511 N. Morris

COMPUTATION PREPARED BY:

A. Gordon  
Name  
3-23-72  
Date

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

Required Information

1. Monthly gross rental for comparable unit  
(cost based on:  Schedule  
 Comparative  
 Other) 5 Bedrms  
2  
\$ 165.00  
3 bedrms
2. Base monthly rental for claimant's former dwelling, or  
(25% of adjusted monthly income, whichever is less). \$ 44.26

Computation

3. Line 1 minus Line 2, multiplied by 48
 

Line 1	\$ <u>165.00</u>	
Line 2	\$ <u>44.26</u>	
	\$ <u>120.74</u>	
	X <u>48</u>	\$ <u>5,685.12</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.) \$ 4000.
5. Minus adjustments (Attach full explanation) - \$ 4000.
6. Amount of rental assistance payment  
(Line 4 minus Line 5) \$ 4000.
7. Annual Payment \$ 1000.00

(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.

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emanuel Hays

PROJECT NO. R 20

1. Full name of claimant: Emilie Mercer  Family  Individual

2. Dwelling unit from which you moved: Parcel No. R 14-8  
 a. Address 511 N. Morris c. Number of bedrooms 5  
Portland, Oregon 97212 d. Monthly rental \$ 75.00  
 b. Apartment or room number 8 e. Date displaced 2-25-72

3. Dwelling unit to which you moved (RENTAL)  
 a. Address 9457 N. Bristol c. Number of bedrooms 3  
Portland, Oregon d. Monthly rental \$ 22 + utilities  
 b. Apartment or room number #7 e. Date moved in Feb. 25, 1972

4. Dwelling unit to which you moved (PURCHASE)  
 a. Address \_\_\_\_\_ c. Downpayment \$ \_\_\_\_\_  
 \_\_\_\_\_ d. Incidental expenses \$ \_\_\_\_\_  
 b. Number of bedrooms \_\_\_\_\_ 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 December 1, 1970  
 Date of acquisition April 18, 1972  
 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 December 1, 1970  
 Date of initiation of negotiations 11-23-71
- Is replacement housing standard?  Yes  No  
 If previously substandard, date found standard \_\_\_\_\_
- Certification: HAP House  
 (Amount of this claim \$ 4000.00 )

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 Mucus, Emil
3. Name \_\_\_\_\_
4. Address 511 W. Morris
5. Number of persons in family 3 in home at present
6. Total monthly assistance \$239 less \$11 sch. transp.
7. Date assistance began 4-6-70
8. Date assistance to terminate unknown

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION  
Gordon Gilbertson, Administrator

Mavis Gordon (Caseworker) M.C. (Dept.)  
3-15-72  
(Date)

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

**Nº 29529 G**

DATE March 7, 1972

PAY TO THE  
ORDER OF

**Emilie J. Mercer**

**\$ 300.00**

**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 for Relocation Payment for Tenants per claim filed. From 511 N. Morris (R-14-8).  Fixed payment - own furniture	<b>\$300.00</b>

**Account Distribution**

NO	TITLE	AMOUNT
E 1501	Relocation Payment (EH) (Fixed payment - Family)	\$300.00

*RE*

*Emilie Mercer*  
*Date 3/8/72*

*JMC*



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 305 EH

DATE February 24, 1972

PAY TO **Emilie Mercer**

\$200.00

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 for Relocation Payment for Tenant per claim filed. Move from 511 N. Morris (Parcel R-14-8).  Dislocation allowance	\$200.00

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (EH) (Fixed payment - Family)	\$200.00

*RC*

Date 2/25/72  
 Received by Emilie J. Mercer  
*EM*

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 97202

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

MERCER, Emilie

2. DATE(S) OF MOVE

3. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. R-14-8

a. Address

511 N. Morris, 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): 8

e. Date you moved into this address: December, 1970

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code)

9457 N. Bristol, Portland, Oregon

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                     

(Consult local agency)

Total \$ 200.00

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.

2/23/72

Date

Emilie J. Mercer  
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:

Emilie Mercer  
9457 N. Bristol  
Portland, Oregon

NAME OF LOCAL AGENCY:

Portland Development Commission  
1700 S. W. 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
<b>A. Fixed Payment and Dislocation Allowance</b>	\$		
1. Fixed payment \$ _____			
2. Dislocation allowance \$ <u>200.00</u>			<u>2-27-72</u>
3. Total \$ <u>200.00</u>	<u>200.00</u>		
<b>B. Actual Moving and Related Expenses</b>	\$		
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
5.7. <u>2/24/72</u>	<u>305 EH</u>	<u>\$ 200.00</u>			\$

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 statment or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. FULL NAME OF CLAIMANT MERCER, Emilie  Family  Individual

2. DATE(S) OF MOVE February 25, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. R-14-8

a. Address <u>511 North Morris, Portland, Oregon 97227</u>	d. Number of rooms occupied (excluding bathrooms, hallways, and closets: <u>8</u> )
b. Apartment, Floor, or Room Number <u>---</u>	e. Date you moved into this address: <u>Dec. 1970</u>
c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) <u>9457 North Bristol, Portland, Oregon 97203</u>	c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Apartment, Floor, or Room Number <u>---</u>	If "Yes", complete table, "Statement of Claim for Storage Costs"

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

Dislocation Allowance	<u><del>\$800.00</del></u> (paid check no. 305 EH)	
Fixed Moving Payment	<u>300.00</u>	
(Consult local agency)		Total \$ <u>300.00</u>

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

3-2-72  
Date

*Emilie J. Mercer*  
Signature of Claimant

(For use by the Agency)

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

NAME AND ADDRESS OF CLAIMANT:

Emilie Mercer  
9457 N. Bristol  
Portland, Oregon 97203

NAME OF LOCAL AGENCY:

Portland Development Commission  
1700 S. W. 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 <sup>1/</sup>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>300.00</u>		<i>[Signature]</i>	<u>3-7-72</u>
2. Dislocation allowance \$ <u>(paid)</u>			
3. Total \$ <u>300.00</u>	<u>300.00</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

<sup>1/</sup> 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
		\$			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Emilie Murrell Project R-20  
 2. Date(s) of move Feb. 25, 1972 Parcel No. R 14-8  
 3. Dwelling unit from which you moved:  
 Address 511 N. Morris No. of rooms 8  
 Furnished  Unfurnished Date you moved into this unit Dec. 1970  
 4. Dwelling unit to which you moved:  
 Address 9457 N. Bristol  
 Were goods moved to or from storage?  Yes  No

5. Total claim \$ 300.00  
 -----  
 FIXED PAYMENT: \$200 <sup>PR</sup> + \$300.00 = \$ 500.00  
 #305 EA -----

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  

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

Approved

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)



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.

Luille Mercer

11-16-71  
date

Emilie Mercer

9457 N. Bristol

Rent ~~22~~<sup>23</sup><sup>00</sup> per mo.

Electric heat + utilities  
except water & garbage

Deposit \$40.

2.00 for keys

5.87 for Feb. rent

22 mo.

---

47.87 paid 2/25/72

CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

February 14, 1972

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. Chegwiddden, Chief

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

Attn: Mrs. Gordon

Re: 5315 N. E. Mallory Avenue

Dear Sirs:

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

Our inspector reports the following condition is in noncompliance with City regulations:

1. The detached garage roof leaks, windows are broken, concrete floor is cracked and broken, and siding to grade is decayed and it is listing approximately 8".

Please notify the Housing Division of the Bureau of Buildings, 2200 N. E. 24 Avenue, Telephone 288-6077, when the correction has been completed, under proper permit where required, and a reinspection can be made.

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden  
Chief Housing Inspector

CHF:vm

cc: Mr. Clark F. Starker  
c/o Mr. Lloyd Werner  
E. G. Stassens, Inc.  
Hillsboro, Oregon

# PORTLAND DEVELOPMENT COMMISSION

1950  
COMMUNITY DEVELOPMENT  
AND RECONSTRUCTION  
PORTLAND, OREGON  
1950

November 22, 1951

Mr. Sally Morris  
511 N. Morris  
Portland, Oregon

Dear Mr. Morris:

A thorough study has been made of the property you own, the neighborhood in which you live, and the availability of other property in the general area. The relocation benefits to which you are entitled are as follows:

- Relocation advisory assistance to help you find a replacement dwelling.
- Living payment to reimburse you for the actual cost of moving your personal property, and to assist in other ways.

The Commission will continue to assist you in the relocation process. If you have any questions, please contact the Commission at the address above.

Very truly yours,  
[Signature]  
[Title]

Page 2.

eligibility of any person for assistance under the Social Security Act or any other Federal law."

If you need additional information, please contact us at an office located at 235 N. Kansas Street, Portland, Oregon 97227. My telephone number is 202-8160.

Very truly yours,

[Signature]

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 Mason, Millie
3. Name \_\_\_\_\_
4. Address 511 N. Morris
5. Number of persons in family Five
6. Total monthly assistance \$298.00 (inc. \$11.00 school transp)
7. Date assistance began \_\_\_\_\_
8. Date assistance to terminate \_\_\_\_\_

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION  
Gordon Gilbertson, Administrator

Mavis Gordon M.C.  
(Caseworker) (Dept.)

Nov. 19, 1971  
(Date)

PORTLAND DEVELOPMENT COMMISSION

CITY OFFICE  
 SEANUEI. BIRDPYAL. PEABODY  
 235 N. MONROE ST.  
 PORTLAND, OREGON 97227  
 PHONE 233-9100

February 18, 1972

Housing Authority of Portland  
 4400 N. E. Broadway  
 Portland, Oregon 97213

Gentlemen:

This is to inform you that Eddy Mercer  
 of 511 N. Morris, Portland, Oregon 97227  
 who wishes to file an application with your office will be displaced  
 as a result of the acquisition of the property, in which he (or she)  
 resides, by the Portland Development Commission in the urban renewal  
 project, ORE B-20.

Thank you for any help that you may render Mrs. Mercer  
 in his (her) efforts to obtain suitable housing.

Very truly yours,

W. Stanley Jones

POSTAGE WILL BE PAID BY ADDRESSEE

November 23, 1957

Mr. Willie Brown  
511 S. Merritt  
Portland, Oregon

Dear Mr. Brown:

Enclosed for you are  
two copies of the  
report on the  
subject of the  
investigation of the  
activities of the  
Communist Party  
in the State of  
Oregon.



HOUSING RESOURCES SURVEY

RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF  
EMANUEL HOSPITAL PROJECT AREA

(To be filled in for each dwelling unit in the Project Area)

Analyst Commucci Date of survey 2/16/71 Tabulator \_\_\_\_\_ Date tabulated \_\_\_\_\_  
Dwelling Unit No. 5 Structure No. 5 Census Block No. 40 Census Tract No. 22A  
Street Address 511 N. Morris Apartment No. ---

A. Status Of Relocation Assistance Needs At This Dwelling Unit:

1. Assistance may be needed, yes , no
2. Why no assistance may be needed
  - a.  Vacant
  - b.  Will be vacated on the following date \_\_\_\_\_
  - c.  Other reasons \_\_\_\_\_

*has truck, but is selling - cannot afford insurance.*

B. Residents Of This Dwelling Unit Who May Need Relocation Assistance:

Name	Family relation	Age	Sex	Occupation
1. <u>Emily Mercer</u>	<u>Head of household</u>	<u>35</u>	<u>F</u>	<u>1</u>
2. _____	<u>son</u>	<u>6</u>	<u>M</u>	<u>2</u>
3. _____	<u>daugh.</u>	<u>9</u>	<u>F</u>	<u>3</u>
4. _____	<u>daugh.</u>	<u>12</u>	<u>F</u>	<u>3</u>
5. _____	<u>son</u>	<u>14</u>	<u>M</u>	<u>4</u>
6. _____				
7. _____				
8. _____				
9. _____				

C. Family Income And Extent Of Travel To Locations Of Employment:

Names of jobholders	Names of employers	Street address where jobs are located	Distance to work
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>
<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>

2. Monthly income from jobs and from all other sources received by persons in this household:

Names of persons in this household who have income from any source	Amount of income per month		
	In month before this survey	In an average month during 1970	
<u>Emily Mercer</u>	\$ _____	\$ <u>213.00</u>	<u>MCPW(ADC) Estimated</u>
_____	\$ _____	\$ _____	
<b>Total family or household income per month</b>	\$ _____	\$ _____	

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

1. Location (indicate approximate cross streets) out of city - prefer average.
2. Transportation, number of autos owned ---, use bus , walk
3. Will rent house , apartment , expect to pay rent, including utilities, at \$ 100.00 per mo. (Furniture is owned, yes , no , stove and refrigerator owned, yes , no )
4. Will buy house in price range \$ unknown, down payment of \$ ARP, monthly payment of \$ 75.00
5. If now buying this house, how much are payments on contract or mortgage monthly \$ ---
6. Size of unit to be sought, number of bedrooms 3, kitchen 1, dining room 1, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit 1800
7. Other characteristics W O B I M

*prefers to buy if possible*

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

Date \_\_\_\_\_

Analyst Compucci Surveyed 2/16/71 Tabulator \_\_\_\_\_ Date \_\_\_\_\_  
 Dwelling Unit No. 5 Structure No. 3 Census Block No. 40 Census Tract No. 224  
 Street Address 511 N MORRIS Apartment No. \_\_\_\_\_  
 Legal Description \_\_\_\_\_

NAME OF OCCUPANT: <u>Emily Mercer</u> <u>511 N Morris</u>	NAME & ADDRESS OF OWNER <u>Vera M. Wetz</u> <u>2525 NE. 44th</u>	NAME & ADDRESS OF PROP. MGR: _____
TELEPHONE: <u>287-5340</u>	TELEPHONE: <u>287-5197</u>	TELEPHONE: _____
INTERVIEWED? <input checked="" type="checkbox"/> Yes ( ) No	INTERVIEWED? <input checked="" type="checkbox"/> Yes ( ) No	INTERVIEWED? ( ) Yes ( ) No

**I. DESCRIPTION OF STRUCTURE**

<u>✓</u> One-family house	No. of units in bldg. _____
_____ Apt. in a house	_____
_____ Apt. in apt. bldg.	_____
_____ Apt. in comm. bldg.	_____
_____ Mobile home or trailer	_____

This structure has 1 stories (do not count basement)

**II. OCCUPANCY STATUS OF DWELLING UNIT**

\_\_\_\_\_ Owner occupied  
 Renter occupied  
 \_\_\_\_\_ Vacant

**III. SIZE OF DWELLING UNIT**

1180 Sq. ft. in first floor (county figure)  
1780 Sq. ft. in dwelling unit (if more than 1 floor)  
8 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)  
1 No. of bathrooms  
5 No. of bedrooms (rooms used mainly for sleeping)

**IV. ASSESSOR'S MARKET VALUATION DATA**

**A. Dates or period of time**  
1971 Period market value data applicable  
1967 Date of last appraisal  
1905 Date structure was originally built  
 \_\_\_\_\_ Date of any major alterations

**B. Market value data for one-family dwelling**

	Market value	Computed value per sq. ft.
Land	\$ <u>4000</u>	\$ _____
Improvements	<u>2750</u>	_____
Total	<u>6750</u>	_____

**C. Market value data for dwelling unit in a multiple-family structure or commercial bldg.**

	Market value for entire structure	Computed value per sq. ft. for this dw. unit
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

\_\_\_\_\_ Sq. ft. of all d. u. in this structure  
 \_\_\_\_\_ Sq. ft. of commercial space and value of commercial space: Land \$ \_\_\_\_\_, improvements \$ \_\_\_\_\_, total \$ \_\_\_\_\_.

**V. RENTAL RATE FOR THIS RENTED UNIT**

Monthly average	Cash rent	Utilities	Total paid by renter
Rent	\$ <u>75.00</u>	_____	\$ _____
Electricity	\$ _____	_____	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Heat (oil, or other)	_____	_____	_____
Total	\$ <u>75.00</u>	\$ <u>25.00</u>	\$ <u>100.00</u>

Deposits required of renter  
 Advance rent \$ \_\_\_\_\_, other \$ \_\_\_\_\_  
 Rental information obtained from  
 Tenant X, owner X, manager \_\_\_\_\_, or estimated from assessor's data \_\_\_\_\_.

**VI. FOR SALE INFORMATION FOR THIS HOUSE THAT IS OCCUPIED BY OWNER OR RENTER**

Listed with broker, yes \_\_\_\_\_, no \_\_\_\_\_  
 Advertised by owner, yes \_\_\_\_\_, no \_\_\_\_\_  
 Cash asking price \$ \_\_\_\_\_  
 Period house has been for sale, months \_\_\_\_\_

**VII. REMARKS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dwelling Unit Inventory

5 Beds & Springs  
 \_\_\_\_\_ Bedroom Chair  
 \_\_\_\_\_ Breakfast Table  
 \_\_\_\_\_ Breakfast Table Chairs  
 \_\_\_\_\_ Bridge Lamp & Shade  
 \_\_\_\_\_ Buffet  
7 Chest of Drawers  
 \_\_\_\_\_ Coffee Table  
 \_\_\_\_\_ Couch  
2 Davenport  
 \_\_\_\_\_ Desk  
3 Dining Table  
 ✓ Dining Chairs  
 ✓ Dresser  
 ✓ End Table  
 \_\_\_\_\_ Floor Lamp & Shade  
 \_\_\_\_\_ Mirror

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

Miscellaneous (List Items)

Television  
9 wood heat stoves  
1 wood cook stoves  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMENTS:

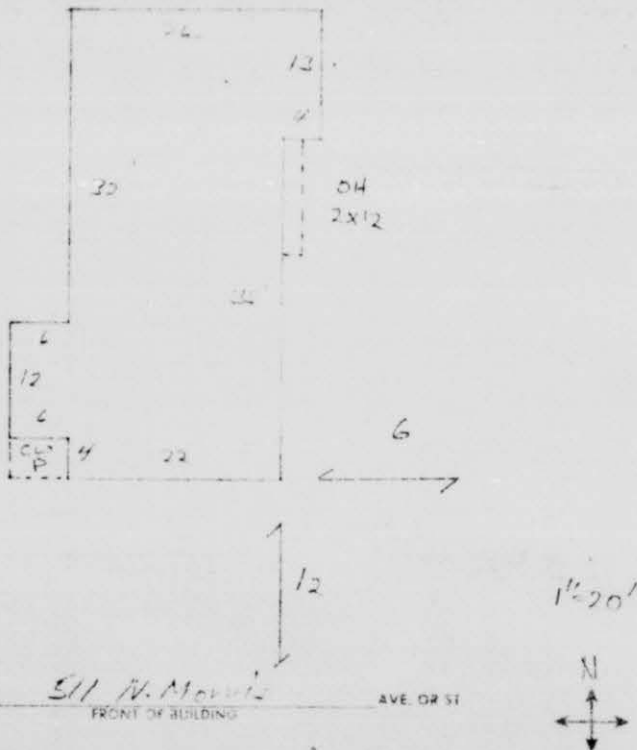
1 1-71080-4320 FLEMMING, MARK T & FRANCES

MAP: 2730  
 ZONE: A25  
 RATIO: 1401  
 LVY C: 001

511 N MORRIS ST  
 PORTLAND, OREGON 97227

RIVERVIEW SUB LOT BLOCK  
 5 13 14

PROPERTY ADDRESS: 511 N MORRIS ST  
 PORTLAND  
 APPEALS:



SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN DATE
1968			3850	2650	6500	2/13/68
1971			4000	2750	6750	U.P.

AMT: 0.40  
 BDN: 0.00 Not best land use  
 COND: 0.10  
 REMARKS: 2nd outside Appr.  
 INSP. OUTSIDE DATE: 2-7-68 SIGN: [Signature] DEPUTY: [Signature]  
 CHECKED: [Signature] REVIEWED: MAY 14 1968 BLDG. COUNT: INDEX: RE-CHECKED: NOTIFIED:  
 DATE: FEB 23 '68 BY: J. ANDREWS S. WHEELER  
 11 '67 KUBLI

AVE. OR ST



FORM 11 REV. 1-68

LAND APPRAISAL 19 68

IDENTIFICATION				ADJUSTMENTS				IND. VALUE	

MONTHLY RENTAL S			X GRM			S			IND. VALUE		

ROAD TYPE		TOPOGRAPHY		VIEW		OTHER	
D.C.		S.H.E.					

COMPUTATIONS					VALUE	
LAND DESCRIPTION	SIZE OR ACRES	BASIC UNIT VALUE	ADJUST FACTORS	ADJ'D UNIT VALUE		
40x105	20FF	800	S	800		
@.19	4320	3888		3888		

<b>TOTAL AREA</b>	<b>SUB-TOTAL</b>
REMARKS	SITE ADJ
	TOTAL APPR VALUE <b>3850</b>
	19 APPR VALUE
	19 APPR VALUE
	19 APPR VALUE
APPRaiser <i>J.H. Am</i>	DATE 4 24 67
	19 APPR VALUE

ACCOUNT NO		CLASS		ADDRESS		AREA		BASE FACTOR	
1-710130-4320		STORY		511 N. Morris		1185		9910	
FDN		Can	W	W	BSMT	Full	3	4	14
BSMT ROOMS		O		Lvs		Bath			
FLOORS		1 <sup>st</sup>		2 <sup>nd</sup>		3 <sup>rd</sup>		4 <sup>th</sup>	
ROOF		G	H	F	Alum	Corn	She	Shk	Tile
EXTER		D		S		Siding		Blk	Stuc
INTER		L & P		Dry wall		Intr		Fin	Hdw
PLUMB'G FACILITY		Sink	DW	Toil	WB	Tub	Enc	Shower	OT
Quantity		1	1	1	1	1	1	1	1
HEAT		HW	Pkag	Pipe	Floor	Gr	Gas	Elect	H.A. 1794
FIREPLACE		Ins	OS	S	D	T	1 Sty	2 Sty	Flue
ATTIC		Unit	Fin	BB	Bath	Lvs	H	2	4
2ND STY		BR		Bath		Lvs		H	
BOX 2x12		2x4		DORMERS					
MISC		VF & H		R & O		VF		Tile	
OUTSIDE		350		BT		Sprinkler		Y.L.	

REST FLOOR	GARAGE	TOTAL
Rec. Hall	Class	
Serv. Hall	Type	
Liv. Rm.	Dim. X	
Din. Area	IMP.	
Fam. Rm.	IMP.	
Nook	IMP.	
Kitchen	Floor	
Utility	Const.	
Bedroom	MISC	
Bath	Roof	
Lvs	MISC	
Den	Misc	
		<b>14980</b>
		<b>2695</b>

TOTAL DEPRECIATED REPLACEMENT COST		ADJUSTMENT		APP. VALUE	
2695		19 68		2650	
MISC Garden Shed		BUILT 1905		Age 39	
Dim. 20x20		PERM. NO		Func.	
Fdn. Frame		PREV APPR 1962		Econ -21	
Const. Frame		D.P.A. RM MO		Cond.	
Roof Comp. NY		RENTAL		NET 18	
MISC				19 APPR. VALUE	
Dim. X				19 APPR. VALUE	
Fdn.				19 APPR. VALUE	
Const.				19 APPR. VALUE	
Roof				19 APPR. VALUE	