

	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		

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. 9-3-20 Advisor VC
 Client's Name Pace, Shadow Phone _____
 Address 3217 W. Vancouver Ethn Black Age 71

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

Family Composition

Total Number In Family _____
 _____ wife, husband

Other: Relation Age Relation Age

wife	68		
F. SON	18		
F. SON	16		

Economic Data

Employer Retired \$ _____
 Address _____
 Other Source of Income
Social Security \$ _____
 \$ _____
 Total Monthly Income \$ (_____)

- Eligible for Public Housing YES NO Presently Receiving Welfare YES NO
 Eligible for Welfare YES NO Other Assistance _____
 Eligible for (Other) YES NO

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

- YES NO

Date of initial interview 5-12-71 Date of info pamphlet delivery 1-15-71
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 1952

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

Date of initiation of negotiations for purchase of property 5-12-71

Date of Acquisition 7-7-71

Date of letter of intent _____

Date of move 6-22-71

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1904

Size of Habitable Area 1188

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 6 Rent Paid \$ _____ Utilities _____

Number of Bedrooms 3 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ 7,100.00 Amenities _____

REPLACEMENT DWELLING UNIT

Address 3416 NE 14 LPA Referred _____ Self Referred

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

Outside city Outside state

Age of Housing Unit 1926

Size of Habitable Area 1110

No. of Rooms 6 No. of Bedrooms 3

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ 9,500

Taxes \$ _____

RHP or TACO (including incidental costs) \$ 5,000

For Claimants Who Rented

Rent \$ _____

Utilities \$ _____

Total Rent Assistance \$ _____

Amount of Annual Payment \$ _____

No. of Housing Referrals to:

0 Standard Sales

Standard Rent

Agency Referrals: 0

MCW _____ HAP _____ OTHER (_____)

Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME PACE, Theodore RELOCATION ADVISOR JC
 ADDRESS 3217 N. Vancouver PHONE 284-1053 PROJECT NAME Emanuel ORE. R-20
 SEX M ETHN black VETERAN _____ AGE 71 PARCEL NO. A-3-20
 MARITAL STATUS married TENURE owner
 DISABILITY _____ INDIV _____ FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 5/12/71 DATE INFO PAMPHLET DELIVERED 1/15/71
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>1952</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: <u>7/7/71</u>

ECONOMIC DATA

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

FAMILY COMPOSITION

Name	Relation	Age
Grace	wife	68(about)
Alfred	foster son	18
Robert	" "	16

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1904 No. Rooms 6
 No. Bedrooms 3 Furn. _____ Unfurn X
 Utilities \$ _____
 Monthly Payments (Rent) \$ _____
 Acquisition Price \$7,100.00
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 1188 sq. ft.

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 3416 N. E. 14th Phone _____ Date of Move 6/22/71

WHERE RELOCATED:

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

Furnished ___ Unfurnished ___ Number of Rooms 4 Number of Bedrooms 3 Habitable Area 1110

Utilities \$ _____ Monthly Payments (Rent) \$ _____ Purchase Price \$ ^{9,500}7,100.00

Age of Structure: 1926 Taxes \$ _____ Equity \$ _____ Distance Moved Away _____

Name of Moving Company Swartz Moving & Storage Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP	874 G	6/24/71	\$ 5,000.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving			\$ 460.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ 9,500.00
 Down Payment \$ _____
 RHP \$ 5,000.00
 Total Down - \$ _____
 Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
1/15/71	<u>FLYER</u> : delivered by Ted Parker. Receptive. Would like meeting. They are members of Vancouver Avenue Baptist Church.	
2/10/71	<u>SURVEY</u> : Will buy comparable housing in the NE area, close to conveniences. Reluctant to give income or much other information.	WSJ
5/12/71	Mr. Pace came to office as result of appointment with Harold Hand, Real Estate Dept., to discuss acquisition of his property. After Harold Hand discussed option and made offer, explained relocation benefits Mr. Pace might be eligible to receive. Went with Mr. Pace to see new home which he has located on N. E. 14th and Fremont. Lady who wants to sell home was not home so we could not see the inside but it looks good from the outside and appears to be just what Mr. Pace needs and wants. House has been offered to him for \$13,000 and it looks like a good buy. PDC has offered him \$6,500. which he considers too low for his house - with maximum \$5,000.00. RHP which he is eligible for he is still \$1,500 short to be able to buy replacement house.	JC
6/2/71	Building inspector's report shows some very minor work to be done on house, as of May 24, 1971. May 28, 1971 shows letter in file from owner of the house at 3416 N. E. 14th stating that work required has been completed with one exception (heating duct in upstairs bedroom); Mr. Pace has requested waiver from building inspector on this requirement stating that he will use this room only for storage. Have called for reinspection and sent in letter and waiver request. We will have to await final word from building inspector.	SLC
6/3/71	Ordered city reinspection this date from Chet Collingsworth on 3416 N. E. 14th. Read letter and waiver request to Mr. Collingsworth over the phone. He said to hold in the file until he does reinspection.	SLC
6/8/71	Mr. Pace and Mr. J. Reid in the office. Talked to Ben Webb and WSJ. He was concerned because he had contacted the title company and they had not received his deal in escrow. Explained that reappraisals had to go to HUD for approva; and that was where it was now. As soon as they approve it we will send it to escrow. He also is concerned because new house is vacant and he would like to protect it. We have no objections to his moving new, but the owner of the new house is reluctant to let him move in before any money changes hands. Mr. Gene Linkey, HUD Portland, called. Mr. Pace had called him. He will attempt to run down this matter and see if it can be hurried along a little.	
6/14/71	Mr. Pace wants to move in as soon as possible. He is installing wall to wall carpeting and does not want the house to be vandalized while it is empty. He has asked us to write a letter to Mrs. Butherus to assure her that we will pay him the money and that he will, in turn, pay her.	
6/18/71	Mr. Pace calls or comes by everyday to see if his money is in escrow and if he can move in soon. I have made arrangements for him to move 6/22/71, 8:15 a.m. by Swartz Moving Co. They are to deliver in advance boxes (assorted) and tape and furnish wardrobe boxes for their clothes. Joe Reid is to arrange hookup for gas.	

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 26419 G

DATE August 10, 1971

PAY TO THE ORDER OF Theodore Pace

\$ 260.00

DOLLARS

THE FIRST NATIONAL BANK OF OREGON
 S.W. Fifth and College Branch
 Portland, Oregon

NON-NEGOTIABLE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement for relocation per claims filed. Move from 3217 N. Vancouver (Parcel A-3-20) to 3416 N.E. 14th.	
		Moving	\$260.00
		Less paid Swartz, #261336, 7/15	(200.00)
		Dislocation allowance	200.00
			\$ 60.00
			200.00
			260.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Moving - Family)	\$260.00

Theodore Pace

BP

CRW

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

HUD-6140.1
 (4-66)

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

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

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

1. FULL NAME OF CLAIMANT (F) Theodore Pace	2. DATE(S) OF MOVE June 22, 1971
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 3217 N. Vancouver b. Apt., Floor, or Room No. <u>house</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>6</u> e. Date you moved into this address: _____	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 3416 N.E. 14th b. Apt., Floor, or Room No. <u>house</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

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

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

Check c if applicable:

c. Supplementary claim for reimbursement of storage costs

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

\$ 260.00

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

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

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

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

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

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

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

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

Aug 9, 1971
Date
Theodore Pace
Signature of claimant

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

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

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Theodore Pace
3416 N.E. 14th
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission


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

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

If "No," explain:

B. CERTIFICATION

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

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 60.00 **		8-10-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

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

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/10/71	264196	\$ 60.00 **			\$

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

** \$200.00 paid under old relocation act. Deducted from amount payable under Uniform Relocation Act of 1970. (Check #26133G, July 15, 1971)

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

HUD-6140.1
 (4-66)

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

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

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1. FULL NAME OF CLAIMANT (F) Theodore Pace	2. DATE(S) OF MOVE June 22, 1971
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3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address A-3-20 3217 N. Vancouver b. Apt., Floor, or Room No. <u>house</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>6</u> e. Date you moved into this address: _____	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 3416 N.E. 14th b. Apt., Floor, or Room No. <u>house</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.
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5. TYPE OF PAYMENT CLAIMED Check a or b after consulting local agency: <input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property <input type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved)	Check c if applicable: <input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs <input checked="" type="checkbox"/> DISLOCATION ALLOWANCE
--	--

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.)	\$ 200.00
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DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT

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

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

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

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

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

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

Aug 9, 1971
 Date

Theodore Pace
 Signature of claimant

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

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

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Theodore Pace
3416 N.E. 14th
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission

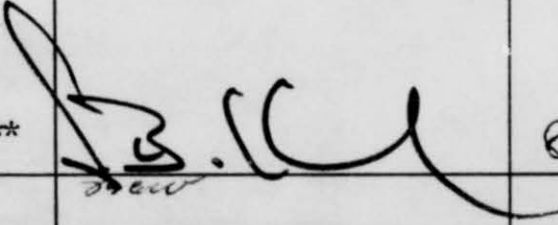
INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

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

If "No," explain:

B. CERTIFICATION

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

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property			8-10-71
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00 **		
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

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

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/10/71	264196	\$ 200.00			\$

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

** DISLOCATION ALLOWANCE

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 26133 G

DATE July 15, 19 71

PAY TO THE ORDER OF **Swertz Moving and Storage**

\$ 200.00

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
6/25/71	4572	Move household goods for Theodore Pace from 3217 N. Vancouver (Parcel A-3-20) to 3416 N. E. 14th Total billed \$210.98 Maximum allowable Per Claim for Relocation filed.	\$200.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Moving - Family)	\$200.00

*✓ mailed
7-20-71
#*

BD

DPW

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

HUD-6140.1
 (4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S.W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) Emaneul Project <hr/> PROJECT NUMBER Ore. R-20
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INSTRUCTIONS: If this claim is for a **FIXED PAYMENT**, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

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1. FULL NAME OF CLAIMANT Theodore Pace (F)	2. DATE(S) OF MOVE June 22, 1971
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 3217 N. Vancouver b. Apt., Floor, or Room No. _____ c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>3 1/2</u> e. Date you moved into this address: _____	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 3416 N.E. 14th (97211) b. Apt., Floor, or Room No. <u>111</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency: Check c if applicable:

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

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

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.) \$ 210.98

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

7. NAME OF MOVING COMPANY (OR PERSON) Swartz Moving & Storage	8. MOVER'S TELEPHONE NO. 288-6565	9. ADDRESS OF MOVING COMPANY (OR PERSON) 2336 N. Randolph Avenue Portland, Oregon 97227
--	--------------------------------------	---

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

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

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

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$ 210.98
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)	\$

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

7/13/71
Date
Theodore Pace
Signature of claimant

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

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

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

PACE, Theodore
3416 N.E. 14th
Portland, Oregon 97211

NAME OF LOCAL AGENCY

Portland Development Commission

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

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

B. CERTIFICATION

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

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property			
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00		7-14-71
b. Reimbursement for actual direct loss of property	\$	BCW	
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

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

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
7/15/71	261336	\$ 200.00			\$

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

Maximum amount allowable \$200.00 for moving expenses

DATED this 1st day of July 1971.

The undersigned does hereby consent and agree that all personal property left by me in the premises at _____
3217 N. Vancouver, 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.

(Name)
by: J. P. Pace

June (date) 1971

RE: Relocation Move

The following relocation move is subject to reimbursement under the Urban Renewal Act. On satisfactory completion of the job, carrier may submit claimant's statement to this office for payment by the Commission. Maximum \$200.00 ~~XXXXXXXXXXXX~~

Claimant: Theodore Pace

Pickup Address: 3217 North 22nd Vancouver

Delivery Address: 3416 N. E. 14th Avenue

Time and Date: 8:15 A.M. 6/22/71

Rate: _____

Description: Six (6) rooms of household goods

GENERAL PROVISIONS:

Overtime must be authorized in writing.

Pickup and delivery--above locations only.

All billings must be in claimant's name.

Submit this letter or copy with statement.

Other commitments strictly between carrier and claimant.

Very truly yours,
W. Stanley Jones
W. Stanley Jones

WSJ:slc
enc.

LOG SHEET
Relocation Move

Claimant: Theodore Pace

Pickup Address: 3217 N. VAN DYKE

Delivery Address: 3416 N.E. 14th

Date: 6-22-71

Carrier: Swartz

Type of equipment & number of men: VAN + 3 MEN

Scheduled Time: 8 AM

Arrival Time: 8:15, Departure Time: 11:30

3rd man 8:30

Additional pickups or deliveries: NO LUNCH

Arrival Time: _____, Departure Time: _____

Address: _____

Arrival Time: 11:45, Departure Time: 2:30

Address: 3416 N.E. 14th

Delivery Address: 3416 N.E. 14th

Arrival Time: 11:45, Departure Time: 2:30

(Signed) [Signature]
Worker

(For Local Agency Use Only)
 WORKSHEET FOR COMPUTATION OF REPLACEMENT
 HOUSING PAYMENT FOR HOMEOWNERS

NAME AND ADDRESS OF CLAIMANT

COMPUTATION PREPARED BY:

 Name

 Date

INSTRUCTIONS: Attach this form to the pertinent claim form filed by claimant. Attach an explanation of any difference between amounts claimed and amounts approved. Complete Blocks B and C; then complete Block A.

A. COMPUTATION OF TOTAL REPLACEMENT HOUSING PAYMENT FOR HOMEOWNERS

- | | | |
|---|------|----------|
| 1. Amount of differential payment (Block B, Line 6) | \$ | |
| 2. Plus interest payment (Block C, Step 4, Last line) | + \$ | |
| 3. Plus costs incidental to purchase (Total amount approved by agency, from claim form, Block 3C, Column (e)) | + \$ | |
| 4. Total (Sum of Lines 1, 2, and 3) | \$ | |
| 5. Minus adjustments (Attach explanation; e.g., amount previously received as Replacement Housing Payment for Tenants and Certain Others) | - \$ | |
| 6. Total Replacement Housing Payment for Homeowner (Line 4 minus Line 5) | | \$ _____ |

(Enter this amount in the space provided in Block 6 on the Guideform Determination of Eligibility for Replacement Housing Payment for Homeowners)

B. COMPUTATION OF DIFFERENTIAL PAYMENT

Required Information

- | | | |
|--|----|-----------|
| 1. Actual purchase price of replacement dwelling | \$ | 9,500.00 |
| 2. Cost of comparable replacement dwelling
(Cost based on:
<input checked="" type="checkbox"/> Schedule <input type="checkbox"/> Comparative <input type="checkbox"/> Other) | \$ | 17,887.00 |
| 3. Acquisition payment made by agency for claimant's former dwelling | \$ | 7,100.00 |

Computation

- | | | |
|--|------|-------------|
| 4. Line 1 or Line 2, whichever is less | \$ | 9,500.00 |
| 5. Minus Line 3 | - \$ | 7,100.00 |
| 6. Amount of differential payment | | \$ 2,400.00 |

June 14, 1971

Mrs. Eva Siskaris
2616 N. E. 14th Avenue
Portland, Oregon 97212

Dear Mrs. Siskaris:

This is to assure you that Mr. Pace will receive \$3,500.00 from the Portland Development Commission as payment for his old home at 2616 N. E. 14th Avenue which includes an additional amount of payment for the demolition of the old home. The amount of \$3,500.00 will be paid to you as Mr. Pace as per attached letter agreement.

Very truly yours,

June 25, 1971

Pioneer National Title Insurance Co.
421 S.W. Stark Street
Portland, Oregon 97204

Attention: Jean Egberg, Escrow Officer

Re: Escrow No. 383460
PACE, Theodore, Purchaser
3416 N.E. 14th Avenue

Gentlemen:

Enclosed is Warrant No. 874 G in the amount of \$5,000, representing a replacement housing payment to be deposited to subject escrow for disbursement to the Purchaser above identified upon written authorization by the Portland Development Commission that Purchaser has purchased and does occupy standard housing.

Very truly yours,

Benjamin C. Webb
Acting Chief of Relocation
and Property Management

BCW:ch
Enclosure

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 874 G

DATE June 24, 1971

PAY TO **Pioneer National Title Insurance Co.**

\$5,000.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE
AUTHORIZED SIGNATURE

Portland Development Commission • 224-4000

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Deposit in escrow for Theodore Puse replacement housing payment per claim filed. Parcel A-3-20. From 3217 N. Vancouver Avenue to 3416 NE 14th Avenue	\$5,000.00

Account Distribution

REF	TITLE	AMOUNT
E1501	Sale Payment (REP. 100% (RG))	\$5,000.00

Handwritten initials/signature

Handwritten number 139

July 2, 1971

Pioneer National Title Insurance Co.
421 S. W. Stark Street
Portland, Oregon 97204

ATTENTION: Jean Egberg
Escrow Officer

Re: Escrow No. 383460
Parcel No. A-3-20
PACE, T.P. and Grace Lee

Gentlemen:

You have in the above-identified escrow account the sum of \$5,000 representing a replacement housing payment to be held in accordance with our written instructions of June 17.

This is to certify that Mr. and Mrs. Pace have acquired and moved into a standard structure located at 3416 N. E. 14th Avenue. You are hereby authorized to release said replacement housing payment and disburse it in such manner as directed by Mr. and Mrs. Pace.

Yours very truly,

John B. Kenward
Executive Director

JBK:d1

cc: Ben C. Webb

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR REPLACEMENT HOUSING PAYMENT

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY

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

PROJECT NAME (If Applicable)

Emanuel Hospital Project

PROJECT NUMBER

Oregon R-20

INSTRUCTIONS: Complete all applicable items and sign certification in Block 6. Consult the displacing agency as to whether you need a Claimant's Report of Condition of Dwelling (Form HUD-6141.2) to complete and submit with this claim.

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 OWNER-OCCUPANT CLAIMANT.

(as shown in deed to displacing agency or in condemnation proceeding)

Theodore Pace

3. DATE OF DISPLACEMENT

2. Family

Individual

4. DWELLING UNIT FROM WHICH YOU MOVED **A-3-20**

a. Address: 3217 N. Vancouver Avenue
Portland, Oregon 97227

b. Date you first occupied this dwelling unit as the owner:

May 20, 1952
Month-Day-Year

c. Check one:

- Single-family dwelling unit
 Two-family dwelling unit

d. Did you occupy this dwelling for at least one year prior to initiation of negotiations?

Yes No

5. DWELLING UNIT TO WHICH YOU MOVED

a. Address (Include ZIP Code): 3416 N. E. 14th Avenue
Portland, Oregon 97212

b. Number of bedrooms: 3

c. Purchase price: \$9,500.00

d. If you have purchased and occupied this dwelling

- (1) Date you signed purchase contract: Month-Day-Year
(2) Date you moved into this dwelling: Month-Day-Year

e. If you have purchased but not occupied this dwelling:

- (1) Date you signed purchase contract: Month-Day-Year
(2) Date of settlement: Month-Day-Year
(3) Date you expect to occupy: Month-Day-Year

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 114(c)(3) of the Housing Act of 1949, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 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, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

6-14-71

Date

Theodore Pace

Signature of Owner-Occupant

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

**DETERMINATION OF ELIGIBILITY AND COMPUTATION OF
REPLACEMENT HOUSING PAYMENT**

NAME OF CLAIMANT

Theodore Pace

NAME OF DISPLACING AGENCY

Portland Development Commission

*INSTRUCTIONS: Attach completed Form HUD-6154 to claimant's copy of Form HUD-6153 and, if applicable, Form HUD-6141.2.**DETERMINATION OF ELIGIBILITY. (Attach an explanation of any entries which differ from claimant's entries on Form HUD-6153.)*

1. Did the claimant own the single- or two-family dwelling at the time of acquisition?

YES NO

A-3-20

Initial Date of Ownership:

Date of Acquisition:

X

May 20, 1952

Month-Day-Year

Month-Day-Year

2. Did the claimant own and occupy the single- or two-family dwelling at least one year prior to the initiation of negotiations?

X

Initial Date of Ownership:

Date of Initiation of Negotiations:

May 20, 1952

Month-Day-Year

May 12, 1971

Month-Day-Year

3. If the claimant moved prior to acquisition, did the claimant own and occupy the single- or two-family dwelling at least 18 months prior to the date of HUD approval of the project and own the property on the date of initiation of negotiations?

Initial Date of Ownership:

Date of HUD Approval of the Project:

Month-Day-YearMonth-Day-Year

4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement?

Date of Displacement:

Date of Purchase of Replacement Housing:

Date of Occupancy of Replacement Housing:

Month-Day-YearMonth-Day-YearMonth-Day-Year

5. Has the replacement housing been inspected and found to be standard?

(Attach copy of Dwelling Inspection Record or, if the claimant moved outside the locality, attach the report obtained from the claimant (Form HUD-6141.2).)

X

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

Month-Day-Year**NOTE:** The claimant who purchases and occupies a substandard dwelling may become eligible for the payment if, within one year following displacement, he brings the substandard dwelling into conformance with the applicable codes or purchases and occupies a standard dwelling.

COMPUTATION OF REPLACEMENT HOUSING PAYMENT

1. Average sales price for a standard dwelling suitable for the claimant. <i>(From approved Form HUD-6155)</i>	\$ 17,887.00
2. Acquisition payment received by the claimant for his single- or two-family dwelling.	\$ 7,100.00
3. Line 1 minus line 2.	\$ 10,787.00
4. Amount of Replacement Housing Payment <i>(If amount on Line 3 is \$5,000 or more, enter \$5,000; if amount on Line 3 is less than \$5,000, enter amount on Line 3.)</i>	\$ 5,000.00
5. Amount of any Additional Relocation Payment,* previously paid. *Include Relocation Adjustment Payment made in accordance with interim instructions <i>(See Circular 1370.3, paragraph 8).</i>	\$ _____
6. Amount of any payment received under State law of eminent domain, determined to have the same purpose and effect as the Replacement Housing Payment.	\$ _____
7. Total <i>(line 5 and 6)</i>	\$ _____
8. Amount of Replacement Housing Payment. <i>(Line 4 minus line 7)</i>	\$ 5,000.00

REMARKS: *(If the claimant was unable to occupy the replacement housing within the required one year period, use this space to provide explanation.)*

CERTIFICATION OF THE DISPLACING AGENCY

This is to certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within one year following his displacement.

Date of Displacement:

Date Occupancy Established:

Month-Day-Year

Month-Day-Year

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 of the amount shown on Line 8 above is authorized.

6-17-71
Date

[Handwritten Signature]
Authorized Signature

RECORD OF PAYMENT	DATE	WARRANT CHECK NO.	AMOUNT
	6/24/71	8746	\$ 5,000.00 AD

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

June 9, 1971

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwidden, Chief

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

Attn: Mr. Crowley

Re: 3416 N.E. 14 Avenue

Gentlemen:

A reinspection was made by the Housing Division of the two-story, wood frame, four bedroom, single-family dwelling and detached garage at the above address.

Our inspector reports the substandard conditions have been corrected and the structures comply with City Housing regulations and Irvington Property Rehabilitation Standards at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidden

S. J. Chegwidden
Chief Housing Inspector

JHM:mfm

cc: Portland Dev. Comm.
5630 N.E. Union Ave.

Rec'd
6-10-71



STATEMENT

FINE MOVING AND STORAGE

2336 NORTH RANDOLPH AVE. ★ PHONE 288-6565

PORTLAND, OREGON 97227 June 25, 1971

Theodore Pace
3416 N. E. 14th Avenue
Portland, Oregon

4572

BY ORDER OF THE INTERSTATE COMMERCE COMMISSION ALL INVOICES MUST BE PAID WITHIN SEVEN (7) DAYS FROM DATE OF THE INVOICE.

6/22/71

Moving household goods from 3217 North Vancouver, to 3416 N. E. 14th Avenue

Van & 2 Men - 7 Hours	@	\$ 22.20 per hour	\$ 155 40
Extra Man 6½ Hours	@	8.55 per hour	55 58

\$ 210 98

ok for max. 200.00
WJ

AGENT FOR



UNITED VAN LINES

*REC'd
6-25-71*

CLAIM FOR RELOCATION PAYMENT

1. NAME OF CLAIMANT (I) (F)
2. DATE OF MOVE
3. ADDRESS FROM WHICH YOU HAVE MOVED
a. Address Parcel No.
b. Apartment No.
c. Client's Furniture? yes no partially
d. Number of rooms 6
e. Date in
4. NEW ADDRESS
a. Address
b. Apartment No.
c. Goods moved from storage yes no
5. TYPE OF PAYMENT
 a. Moving expenses and/or loss of property.
 b. Fixed payment.
 c. Storage costs.
6. TOTAL CLAIM \$ 260.00
7. NAME OF MOVING CO. 8. TELEPHONE NUMBER 9. ADDRESS
10. METHOD OF PAYMENT - MOVING BILL ATTACHED: yes no
 a. Reimburse claimant.
 b. Direct payment to movers.
11. AMOUNT OF ACTUAL COSTS AND/OR LOSS
a. Moving costs \$ 210.98
b. Storage costs
c. Direct loss of property \$

DATE

Relocation Payment - 200

COMPUTATION OF REPLACEMENT HOUSING PAYMENT

Amount of replacement housing payment available for the claimant \$ 17,887.00

Amount of replacement housing payment available for the claimant's family \$ 7,100.00

Amount of replacement housing payment available for the claimant's family \$ 10,787.00

Amount of replacement housing payment available for the claimant's family \$ 5,000.00

Amount of any "Replacement Payment" previously paid \$

Amount of any "Replacement Payment" made in accordance with the provisions of the Uniform Relocation Act \$

Amount of any payment received under State law of eminent domain determined to have the same purpose and effect as the Replacement Housing Payment \$

Total \$

Amount of replacement housing payment \$ 5,000.00

REMARKS: If the claimant was unable to occupy the replacement housing within the required one year period, see this space to provide explanation.

CERTIFICATION OF THE DISPLACING AGENCY

I hereby certify that the property purchased by the claimant has been inspected and the property was occupied by the claimant within the year following his displacement.

Date of Displacement:

Date Occupancy Established:

Month-Day-Year

Month-Day-Year

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 of the amount shown on Line 8 above is authorized.

Signature

Authorized Signature

RECORD OF PAYMENT	DATE	CHECK NO.	AMOUNT

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
DETERMINATION OF ELIGIBILITY AND COMPUTATION OF
REPLACEMENT HOUSING PAYMENT

NAME OF CLAIMANT

Theodore PACE

NAME OF DISPLACING AGENCY

PDC

ATTACHMENTS: Attach completed Form HUD-6154 to claimant's copy of Form HUD-6153 and, if applicable, Form HUD-6154-1.

EXPLANATION OF ELIGIBILITY: Attach an explanation of the criteria of a title type, a claimant's address at the time of acquisition.

1. Did the claimant own the single- or two-family dwelling at the time of acquisition?
Initial Date of Ownership: _____ Date of Acquisition: _____

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Did the claimant own and occupy the single- or two-family dwelling at least one year prior to the initiation of negotiations?
Initial Date of Ownership: _____ Date of Initiation of Negotiations: _____

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. If the claimant moved prior to acquisition, did the claimant own and occupy the single- or two-family dwelling at least 18 months prior to the date of HUD approval of the project and own the property on the date of initiation of negotiations?
Initial Date of Ownership: _____ Date of HUD Approval of the Project: _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

4. Did the claimant purchase and occupy the replacement housing within one year from the date of displacement?
Date of Displacement: _____ Date of Purchase of Replacement Housing: _____ Date of Occupancy of Replacement Housing: _____

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

5. Has the replacement housing been inspected and found to be standard?
(Attach copy of Dwelling Inspection Report or, if the claimant moved outside the locality, attach the report obtained from the claimant (Form HUD-6141.2).)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Date previously substandard dwelling was inspected and found to be standard: _____
Month-Day-Year

NOTE: The claimant who purchases and occupies a substandard dwelling may become eligible for the payment if, within one year following displacement, he brings the substandard dwelling into conformance with the applicable codes or purchases and occupies a standard dwelling.

FORM HUD-6154 (12-69)

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR REPLACEMENT HOUSING PAYMENT

1. NAME, ADDRESS, AND TYPE OF DISPLACING AGENCY
PDC

PROJECT NAME (If applicable)
EMANUEL PROJECT
PROJECT NUMBER
ORE R-70

2. I HEREBY certify that I have read the terms and conditions and agree to submit the information required by this form to the Department of Housing and Urban Development, Form HUD-6153, to complete and submit with this claim.

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 reports, 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."

3. FULL NAME OF OWNER OF CURRENT CLAIM
Theodore Pace
 Homeowner
 Agent

4. DATE OF DISPLACEMENT

5. DWELLING UNIT FROM WHICH YOU MOVED
a. Address: **3217 N. VANCOUVER
PORTLAND, OREGON 97227**
b. Date you first occupied this dwelling unit as the owner:
MAY 20 1957
Month-Day-Year

6. Check one:
 Single-family dwelling unit
 Two-family dwelling unit
7. Did you occupy this dwelling for at least one year prior to initiation of negotiations?
 Yes No

8. DWELLING UNIT TO WHICH YOU MOVED
a. Address (include ZIP Code): **3416 N.E. 14th AVE
PORTLAND, OREGON**
b. Number of bedrooms: **3**
c. Purchase price: **\$ 9500.00**

d. If you have purchased and occupied this dwelling:
(1) Date you signed purchase contract: _____
Month-Day-Year
(2) Date you moved into this dwelling: _____
Month-Day-Year
e. If you have purchased but not occupied this dwelling:
(1) Date you signed purchase contract: _____
Month-Day-Year
(2) Date of settlement: _____
Month-Day-Year
(3) Date you expect to occupy: _____
Month-Day-Year

9. I certify that the information in support of a claim for a Replacement Housing Payment under Section 144(c)(3) of the Housing Act of 1949, as amended, and Section 101 under the penalties and provisions of U.S.C. Title 18, Sec. 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, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

Date

Signature of Claimant

May 28, 1971

Ref: 3416 N.E. 14th = Mr. Pace

Portland Development Comm.
235 N. Monroe St.
Portland, Ore.

Work Completed As Requested :

1. Upstairs hand rails installed.
2. H.W. Tank pop off valve & drain installed.
3. Heat duct to upstairs bedroom, please see letter enclosed.
4. Back door key for inspection enclosed.

Yours truly,
Joe M. Reid
644-7300

May 28, 1971

Ref: 3416 N.E. 14th

To Whom it may concern:

Since we are going to use the 4th upstairs bedroom for storage only, we wish to ask if you will please waive the heating duct required for this 4th upstairs bedroom.

Purchaser,

3217 N. Vancouver
Phone 284-1053

Theodore Pace

May 28, 1971

Ref: 3416 N.E. 14th = Mr. Pace

Portland Development Comm.
235 N. Monroe St.
Portland, Ore.

Work Completed As Requested :

1. Upstairs hand rails installed.
2. H.W. Tank pop off valve & drain installed.
3. Heat duct to upstairs bedroom, please see letter enclosed.
4. Back door key for inspection enclosed.

Yours truly,

Joe M. Reid

644-7300

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

May 24, 1971

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division
C. C. Crank, Chief

Electrical Division
R. A. Niedermeyer, Chief

Plumbing Division
George W. Wallace, Chief

Permit Division
Albert Clerc, Chief

Housing Division
S. J. Chegwiddden, Chief

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

Re: 3416 N.E. 14 Avenue

Attn: Mr. Crowley

Gentlemen:

At your request an inspection was made by the Housing Division of the two-story, wood frame, four bedroom, single-family dwelling and detached garage at the above address.

Our inspection indicates compliance with City of Portland Housing regulations except for the following substandard conditions:

1. The stairway to the second story lacks a safety handrail.
2. The hot water tank lacks an A.S.M.E. approved pressure relief valve and drainpipe.
3. The north second story bedroom lacks the required heating facilities.

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

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
S. J. Chegwiddden
Chief Housing Inspector

JHM:mfm
cc: Portland Dev. Comm.
5630 N.E. Union Ave.
Plumbing Division

PACE

FROM



3217 N. VANCOUVER AVE

TO



3416 N.E. 14th STREET

495000

4 bdr

PAGE

MEMORANDUM

May 27, 1971

TO: CET & BW
FROM: WSJ
SUBJECT: Emanuel Hospital Project - Summary of Relocation
Situation In Each Parcel With Signed Option to Date

VACANT PARCELS

RS-4-1 2629-39 N. Williams Avenue
A-3-14 241 N. Fargo

BUSINESSES

Wallace Building Wreckers
Parcel # RS-3-9
(Tenant)

This company, a demolition contractor, maintains an office outside the project area and uses the building in the project as a warehouse and retail outlet for material salvaged from its wrecking operations. The owner of the business, Mr. D. E. Wallace, has indicated that this operation in the project is not of major concern to him and seems unworried about the prospects of moving. This company has low requirements for a replacement building, being interested mainly in just a place to keep used materials and should present no real difficulty in relocating.

Wallace Building Wreckers is currently on PDC's bid mailing list for demolition jobs.

Western Food Equipment Company
Parcel # A-4-1
(Tenant)

This company is a warehousing wholesale distributor and manufacturer's representative for food and dairy equipment. WSJ has been in close contact with this business since January 1970. The company recently purchased land at 181st and N.E. San Rafael in the Rockwood Industrial area across the street from the present John Deere Tractor plant.

Western Food Equipment Co. (continued)

A new building, of possibly twice the size of present facilities, will be constructed on this site. The company has been placed in contact with Mr. Clyde Sanders of SBA and will most likely be receiving assistance through a displaced business loan. The relocation of this company will mainly be dependent on the construction schedule of the new building.

HOUSEHOLDS - (Assigned to Jim Crolley)

HART, John H.
3141 N. Gantenbein
Parcel # R-9-2

Mr. and Mrs. John Hart, black, is retired and on disability. They have lived in this house for three years. Mr. Hart is 59 and Mrs. Hart is 51. They have six children, ages 17 - 6. Their income includes Social Security, Disability, Social Security for minor dependents and Welfare.

The Hart's have purchased a home at 3318 N. Missouri, part of the family lives there and part lives in the other house. The house they purchased has not been inspected by the City. If it does not pass inspection there is a possibility they will purchase another house. They are to receive \$5,500.00 for their home plus RHP. Relocation benefits will cover their moving expense in full. It appears that all details can be worked out as soon as they are ready to proceed

✓ PACE, Theodore P.
3217 N. Vancouver Avenue
Parcel # A-3-20

Mr. and Mrs. Pace are black and have lived in this house for nineteen years. Mr. Pace is 71, Mrs. Pace around 68. He is retired and receives Social Security and she does occasional domestic work. They are foster parents for two teenage boys, Alfred Anthony 18 and Robert E. Lee 16, both white and attend public school.

Mr. and Mrs. Pace plan to purchase a house at 3416 N.E. 14th. An inspection by the City has been made. There are three minor sub-standard conditions to be corrected. They are; safety handrail to second story, approved pressure relief valve and drainpipe, and heating facilities to fourth bedroom on second story. They are receiving \$6,500.00 for their home plus have applied for an additional \$600.00 because of reappraisal due to some improvements. Relocation benefits will cover their moving expense in full and they will be able to pay cash for their new home, which is \$9,500.00, as he will receive \$5,000.00 on RHP.

HOUSEHOLDS - Assigned to Jim Crolley (continued)

MALONE, Cherry A.
3303 N. Vancouver
Parcel #A-4-13

Cherry Malone is single, 40 years old, black, mother of two children. She does sewing and odd jobs and states her income is approximately \$200.00 per month. She has about \$3,000.00 equity in her home in the project.

Mrs. Malone is presently in the hospital and will be unable to move immediately. She has signed an earnest money agreement for a \$16,300 house at N.E. 12th and Falling. Under the old regulations Mrs. Malone would receive a \$5,000 Replacement Housing Payment, however, by the time she is ready to move we should be operating under the new regulations and that payment could be increased to \$9,171.00. She may be able to use the balance of the purchase price on a FHA 235 Loan. Mrs. Malone's moving costs will be covered by the relocation benefits for moving expenses.

MONTAGUE, Charles
319 N. Fargo
Parcel #R-8-10

Mr. Montague is a single, white, 75 year old home owner. He moved into his home in the project area 10 years ago after being displaced from the South Auditorium Urban Renewal Project. He receives \$171.40 per month from Social Security.

Mr. Montague is purchasing a home at N.E. 10th and Shaver which appears to be standard. (A City Inspection has been ordered but not completed). He is receiving \$6,500.00 for his house in the project, and is paying \$6,750.00 for his new home. Relocation benefits will cover his moving costs in full and he will be able to pay cash for his new home as he will receive a \$9,046.00 RHP. There appears to be no problems with this case. Mr. Montague is satisfied with his new home and will suffer no financial loss because of his displacement.

HOUSEHOLDS - (Assigned to Chet Daniels)

TURNER, Queen E.
260 N. Ivy
Parcel #A-4-4

Mrs. Turner, age 45, black, is a tenant. She has lived at this address for two years. She would like to buy if possible. Has a roomer, one man, 56 years old. Mrs. Turner has an income of about \$300.00, the roomer earns about \$500.00. They are both friendly and receptive.

HOUSEHOLDS - (Assigned to Chet Daniels) - continued

PRUITT, Laverne
248 N. Ivy
Parcel #A-4-4

We have very little information on Mrs. Pruitt. She was a member of EDPA and refused to give information during the survey. A hostile person.

YARBOROUGH, Bobbie M.
252 N. Ivy
Parcel #A-4-4

Mrs. Yarborough is a tenant and has lived on site for 12 years. Income consists of old age pension, \$105.00 per month. She would like to get a two bedroom house. Her present rent is \$47.50 per month. Very much against small apartment, wants to keep her furniture. She has been brainwashed by landlord into believing nothing will happen and that no sale is forthcoming. She has consented to go out and look for new place.

FISCHMAN, Steven
553 N. Knott
Parcel #E-2-7

Mr. and Mrs. Fischman are tenants at this address. He is a student and she works for Bonneville. She earns about \$500.00 per month. They would like to buy a house if possible.

BATES, Billy
3320 N. Gantenbein
Parcel #A-4-6

Mr. Bates a 36 year old black man with two teenage sons. He would like to buy a house if possible, but would take a two bedroom apartment. He has lived in the area less than one year and when relocated would prefer to move closer to Pendleton Woolen Mills, his place of employment.

YOUNG, Dave
248 N. Cook
Parcel #A-3-7

Mr. Young, a single 62 year old black man, is presently employed earning \$640.00 per month. He plans to retire after his home is purchased by PDC and move into an apartment. He is presently making application for a one bedroom "rent supplement" apartment. This will enable him to pay rent based on 25% of his income when he retires and to retain the \$5,000.00 price paid for his home in the project. His moving costs will be covered by relocation payments.

HOUSEHOLDS - (Assigned to Chet Daniels) - continued

CLARK, Ray E.
2649 N. Commercial Ct.
Parcel #E-3-6

Mr. Clark is 22 years old. Moved on site April 24th. He is working and earning about \$85.00 per week from Bob Pederson of Pick-Up Parts on N.E. Cully. The living condition and housekeeping of their present apartment is very bad. Need two bedroom apartment. Will qualify for public housing or low income rental.

GRANVILLE, Verta
2653 N. Commercial Ct.

Has lived on site since March 1971. Mrs. Granville has two children. They live in four room apartment with bath. She is expecting another baby soon. She is on Welfare and receives \$165.00 per month. Wants to move to HAP housing.

**OWNER'S
EARNST MONEY RECEIPT**

RECEIVED OF Thelma Price's Part of Pro for the file Nov 12, 1971

hereinafter mentioned as the Purchaser,

the sum of _____ Dollars
in earnest money paid in part payment for the purchase of the following described real estate situated in the
City of Bozeman County of Yellowstone State of MT
and more particularly described as follows, to-wit:

Lot 7 - B/S. 16 - Dixon Place

3416 W. 10th

which we have this day sold to the said Purchaser

(\$ 9500.00) Dollars

for the sum of Twenty Five Dollars
on the following terms, to-wit: The sum of _____ Dollars,

(\$) Dollars, as hereinabove recited for; and

(\$) Dollars

upon acceptance of title and delivery of deed ~~and~~ balance of (\$ 9500.00) Dollars payable

upon receipt of cash from 3217 N. 2nd street
Bozeman

A title insurance policy from a reliable company insuring marketable title in the offer is to be furnished by the purchaser hereinafter at seller's expense; preliminary to closing, seller may furnish a title insurance company's title report showing no objections to issue title insurance, and such report shall be conclusive evidence as to status of seller's title. No objections

It is agreed that if the title to the said premises is not marketable, or cannot be made so within thirty days after notice, with a written statement of defects, is delivered to owner, the earnest money hereto received for shall be refunded. But if the title to the said premises is marketable, and the purchaser neglects or refuses to comply with any of the conditions of this sale within 30 days and to make payments promptly, as hereinabove set forth, then the earnest money hereto received for shall be refunded to the owner as liquidated damages, and this contract shall thereupon be of no further binding effect.

The property is to be conveyed by good and sufficient deed free and clear of all taxes and encumbrances to this except existing Ordinance, building restrictions, taxes due and payable for the current fiscal year and no supplies

Seller and purchaser agree to pro rate the taxes which become due and payable for the current fiscal year on a fiscal year basis. Seller's interests and premiums for existing insurance shall be pro rated on a calendar year basis. Adjustments are to be made as of the date of the consummation of the sale hereto or delivery of possession, whichever first occurs.

Possession of said premises is to be delivered to buyer on or before October 10. Title is of the general record. This contract is binding upon the heirs, executors, administrators and assigns of the purchaser and seller. However, the purchaser's rights herein are not assignable without written consent of seller. In any suit or action brought on this contract, the prevailing party shall be entitled to recover reasonable attorney fees to be paid by the court.

Special conditions: Pro on 10/10/71 as per law

Owner

I hereby agree to purchase the above property and to pay the price of Twenty Five

thousand Dollars

(\$ 9500.00) Dollars as specified above.

Address 3217 N. 2nd street Purchaser Thelma Price
Phone 284-1053 Bozeman, MT

Notice to: Portland Development Commission

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

(check one)

Request that you process my (our) claim for an interim relocation payment. I (we) understand that you will advise me (us) promptly when and if a revised claim may be submitted for adjustments on the basis of the new Act and in accordance with the implementing regulations.

Will defer filing a claim until you are able to make the full payments authorized by the new Act. I understand that you will advise me (us) promptly when you are authorized to make full payments authorized by such Act.

May 21
Date

Thodore Paul
Signature of Claimant
(If more than one claimant, each should sign)

(Return this form to PDC)

On January 2, 1971, the President signed the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. This Act makes significant changes in the relocation payments and assistance that may be provided to persons and business concerns displaced by activities assisted in whole or in part with Federal funds. As you know, the Emanuel Hospital Project is being carried out with assistance from the U. S. Department of Housing and Urban Development (HUD).

In general, the new Act improves and increases relocation payments and assistance that may be made to persons and business concerns displaced on or after January 2, 1971.

Displaced families and individuals may be eligible for either (1) a payment to cover actual reasonable moving expenses or (2) a fixed moving expense allowance not to exceed \$300 plus a dislocation allowance of \$200. In addition, a payment not to exceed \$15,000 is available to assist displaced homeowners in the purchase of a replacement dwelling unit and a payment not to exceed \$4,000 is available to displaced tenants and certain homeowners to assist in the rental of a replacement dwelling unit or, in some cases, for use as a downpayment on the purchase of a replacement dwelling unit. Your special attention is called to the fact that the amounts of payments described above are maximum. The actual amount which you will receive will depend upon your individual circumstances.

Displaced business concerns may be eligible for either (1) a payment to cover actual reasonable moving expenses, direct loss of tangible personal property, and reasonable expenses in searching for a replacement business; or (2) in certain cases, a fixed payment equal to the business concern's average annual net earnings, but not less than \$2,500 nor more than \$10,000.

In addition to these relocation payments, the Act provides for relocation assistance to be provided for those displaced. The objective is to minimize hardships to persons required to relocate and to assure that suitable relocation resources will be available before displacement takes place.

Before any payments may be made under the new Act, HUD must issue the necessary regulations and procedures for making payments. We will continue to make relocation payments and provide relocation assistance in accordance with laws and regulations existing prior to January 2, 1971, until such time as the new regulations and procedures are received.

In the meantime, we have been authorized to make certain payments on an interim basis. Therefore you have the option of either:

1. Accepting an interim relocation payment and filing a revised claim later for any additional amount to which you may be entitled; or
2. Deferring the filing of your claim until the regulations are received which will permit payments to be made.

Please let us know, by checking the appropriate box on the form provided and returning the form to us, the action you wish us to take. We have furnished you with two copies of this form so that you may keep one for your records.

We will be in touch with you again as soon as we have more information regarding our ability to make payment under the new Act. If you have any questions regarding this matter, please get in touch with our Relocation Office. The telephone number is 288-8169.

Sincerely,

Chief of Relocation and
Property Management

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.

Theodore Pace

may 21 - 1971
date

Dwelling Unit Inventory

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

 Night Stand
 Occasional Chair
2 Overstuffed Chair
1 Overstuffed Rocker
11 Range
1 Refrigerator: Brand Noir
3 Rocker
1111 Rug & Pad: Size 9x15
111 Stool
1111 Table Lamp & Shade
 Table, small
 Vanity & Bench
11111111 Suitcases
1111 Trunks
35 Cartons, Boxes, Etc.
1111 Clothes closet
 Bedding & Linens

Miscellaneous (List Items)

1 Sewing Machine - Cabinet
1 Stereo
2 TV + Stand
11111 Record Player - com
1 Telephone Table
11 Magazine Rack

Storage file - metal
Portable Heater
Hampers

Whittier Table

COMMENTS: allow ^{or two} some room extra for storage

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER JC PROJECT NO. Ore. R-20 PARCEL A-3-20

NAME PACE, Theodore ADDRESS 3217 N. Vancouver APT NO. -

PHONE 284-1053 INITIAL INTERVIEW 5/12/71 SEX M W NW B AGE 71

U.S. CITIZEN xx ALIEN VETERAN SERVICEMAN DATE ON SITE 1952

FAMILY COMPOSITION

Name	Relation	Age
Grace	Wife	
Alfred	Son	18
Robert	Son	16

Employer: Name Retired \$
 Address
 MCW Caseworker
 Social Security x
 VA. Fed. Mult Co.
 Pension: Name
 Other: Name
 TOTAL MONTHLY INCOME

Rent (owner), Inc. Heat Water Gas Gar Elec Unfurn x Furn No. Rms 6

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)
 Over 62 Disabled(Soc.Sec.def.) Income below limits Assets below limits

221 CERTIFICATE OF ELIGIBILITY: Date delivered by

Notify in case of accident:
 Name Address Phone

Information Statement given to on by
 Notice to move given to on by

Payments: Amount \$ Check No. Date delivered Moved by self (or)
 moved by moving company (Phone)

REMOVED FROM CASELOAD: (Date)
 Refused assistance
 Relocated in:
 Low-rent public housing
 Other perm. public housing
 Standard priv. rent hsg.
 Sub-standard priv. rent hsg. with refusal of further aid
 Standard sales housing
 Sub-standard sales hsg.
 Out-of-town
 Address unknown, abandoned
 Evicted, no further assistance
 Other (explain)

REMAINING ON CASELOAD:
 Address unknown, tracing
 Evicted, further assistance contemplated
 Temporarily relocated by LPA within project:
 Address
 outside project:
 Address

FAMILY REFUSED ADDITIONAL ASSISTANCE.
 Date Worker

RELOCATION REFERRALS:

Address	Inspection Certified By	Date
<u>(had located new home prior to our contact at time of real estate negotiations - no referrals)</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u>6-22-71</u>

NEW ADDRESS: 3416 N.E. 14th 97212
 Zip Phone

DATE	NOTES	C/W
1/15/71	Flyer delivered by Ted Parker. Receptive. Would like meeting Are members of Vancouver Avenue Baptist Church	
2/10/71	Survey: Will buy comparable housing NE area, close to conveniences. Reluctant to give his income or much other information	WSJ
5/12/71	Mr. Pace came to office as result of appt. with H. Hand, Real Estate Dept., to discuss acquisition of his property. After H.H. discussed option and made offer explained relocation benefits Mr. Pace might be eligible to receive. Went with Mr. Pace to see new home which he has located at N.E. 14th and Fremont. Lady who wants to sell home was not home so could not see inside but looks good from outside and appears to be just what Mr. Pace needs and wants. House has been offered to him for \$13,000 and it looks like a good buy. PDC has offered him \$6,500. which he considers too low for his house - with max. \$5,000. RHP which he is eligible for he is still \$15,000 \$1,500. short to be able to buy replacement house.	JC
6/2/71	Building inspector's report shows some very minor work to be done on house, as of May 24, 1971. May 28, 1971 shows letter in file from owner of house at 3416 N. E. 14th stating that work required has been completed, with one exception (heating duct in upstairs bedroom); Mr. Pace has requested waiver from building inspector on this requirement stating that he will use this room only for storage. Have called for reinspection and sent in letter and waiver request. Will have to await final word from building inspector.	SLC
6/3/71	Ordered city reinspection this date from Chet Collingsworth on 3416 N.E. 14th. Read letter and waiver request to Mr. Collingsworth over the telephone. He said to hold in the file until he does reinspection.	SLC
6/8/71	Mr. Pace & Mr. J. Reid in office. Talked to Ben Webb and WSJ. He was concerned because he had contacted the title company and they had not received his deal in escrow. Explained that reappraisals had to go to HUD for approval and that was where it was now. As soon as they approve it we will send it to escrow. He also is concerned because new house is vacant and he would like to protect it. We have no objections to his moving now, but the owner of the new house is reluctant to let him move in before any money changes hands.	
	Mr. Gene Linkey, HUD Portland, called. Mr. Pace had called him. He will attempt to run down this matter and see if it can be hurried along a little.	SLC

6-14-71

Mr. Pace wants to move in as soon as possible. He is installing wall to wall carpeting and does not want the house to be vandalized while it is empty. He ^{has} ask us to write a letter to Mrs. Butcherus to assure her that we will pay him the money & that he will in turn pay her.

6-18-71

Mr. Pace calls or come by everyday to see if his money is ⁱⁿ rescrew & if he can move in soon. I have make arrangement for him to move 6-22-71 8:15 AM by Swartz Moving Co. They are to deliver in advance Boxes (assorted) & Taps. & furnish wardrobe boxes for their clothes. Joe Reid is to arrangement hookup for Gas.

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 DSJ Date of survey 2/10/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 10 Structure No. 9 Census Block No. 23 Census Tract No. 22A
 Street Address 3217 N. Vancouver Apartment No. _____

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

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

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

Name	Family relation	Age	Sex	Occupation
1. <u>Theo P. Pace</u>	<u>Head of household</u>	<u>65+</u>	<u>M</u>	
2. <u>Grace Lee Pace</u>			<u>F</u>	
3. <u>Alfred</u>		<u>18</u>	<u>M</u>	
4. <u>Robert</u>		<u>16</u>	<u>M</u>	
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				

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

1. Jobholders in this household, employers and location of jobs:

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

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

Names of persons in this household who have income from any source	Amount of income per month	
	In month before this survey	In an average month during 1970
<u>Soc. Sec. - reluctant to give exact info</u>	<u>estimated 50</u>	\$ _____
Total family or household income per month	\$ <u>150</u>	\$ _____

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

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

date on site 1952

still has few years to pay on house - reluctant to give exact info.

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

Date _____
Analyst WJG Surveyed 2/10/71 Tabulator _____ Date _____
Dwelling Unit No. 10 Structure No. 9 Census Block No. 23 Census Tract No. 22A
Street Address 3217 N. Vancouver Apartment No. _____
Legal Description _____

NAME OF OCCUPANT: (Same) NAME & ADDRESS OF OWNER: Theo P. & Grace Lee Pace NAME & ADDRESS OF PROP. MGR: _____
3217 N. Vancouver
TELEPHONE: _____ TELEPHONE: 284-1053 TELEPHONE: _____
INTERVIEWED? () Yes () No INTERVIEWED? Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

Kind of dwelling unit	No. of units in bldg.
<input checked="" type="checkbox"/> One-family house	_____
_____ Apt. in a house	_____
_____ Apt. in apt. bldg. or plex	_____
_____ Apt. in comm. bldg.	_____
_____ Mobile home or trailer	_____

This structure has 1 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

Owner occupied
_____ Renter occupied
_____ Vacant

III. SIZE OF DWELLING UNIT

788 Sq. ft. in first floor (county figure)
1188 Sq. ft. in dwelling unit (if more than 1 floor)
6 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
3 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
1904 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>2340</u>	\$ _____
Improvements	<u>2750</u>	_____
Total	<u>5090</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	\$ _____	_____	\$ _____
Electricity	_____	\$ _____	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Heat (oil, or other)	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____

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

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

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

VII. REMARKS

1 1-00990-0570 PACE, T P & GRACE L

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

3217 N VANCOUVER AVE
PORTLAND OREGON

97227

ALBINA ADD

LOT BLOCK

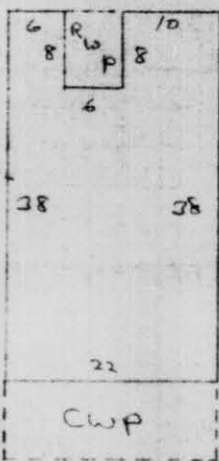
N 1/2 OF

14 3

PROPERTY ADDRESS: 3217 N VANCOUVER AVE
PORTLAND

APPEALS:

AVE OR ST



3217 N. Vancouver AVE OR ST
FRONT OF BUILDING

SUMMARY - ASSESSED VALUATION - REAL PROPERTY						
ASSESS YEAR	MIN RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN. DATE
1968			2250	2650	4900	130 14 13 68
1971			2,340	2,750	5,090	UD

PURCE G / P

ECOR G / P

Not best land use

COND G / P

REMARKS

DATE 2 9 68 SIGN *Kan Rosen* DEPUTY

DATE	CHECKED	REVIEWED	BLDG. COUNT	INDEX	RE-CHECKED	NOTIFIED
FEB 21 '68		3-28-68				
BY	<i>Boyd Fisher</i>					

