

	DESCRIPTION	ROLL NO	ODOMETER
PARCEL NO. E-4-7	PAYTON, FRANK 423 N. RUSSELL		
PARCEL NO. R-14-2	PENDERGRAPH, INELL 536 N. MONROE		
PARCEL NO. A-2-4	PENHARLOW, CHERYL N. 3102 N. GANTENBEIN		
PARCEL NO. A-3-8	PEOPLES, RUTH 252 N. COOK		
PARCEL NO. A-2-3	PERKINS, MARY 3146 N. GANTENBEIN		
PARCEL NO. R-10-14	PETERSON, FRED 501 N. MONROE		
PARCEL NO. RS-4-9	POWELL, LUSHIE 7 N. RUSSELL		
PARCEL NO. A-3-12	PRUITT, LAVERNE 248 N. IVY		
PARCEL NO. R-9-11	RADEL, ANNA 3127 N. GANTENBEIN		
PARCEL NO. RS-4-9	ROBERTS, BETTY (DECEASED) 7 N. RUSSELL		
PARCEL NO. RS-3-3	ROBINSON, JAKE 122 N. GRAHAM		
PARCEL NO. A-2-7	SKIPPER, GENERAL S. 3103 N. VANCOUVER		
PARCEL NO. A-3-14	SKOKO, LUCY (DECEASED) 241 N. FARGO		
PARCEL NO. A-3-4	SMITH, AARON J. 222 N. COOK		
PARCEL NO. A-4-3	SMITH, RICHARD DENNIS 232 N. IVY		
PARCEL NO. A-4-3	SMITH, WILLIAM 232 N. IVY		
PARCEL NO. RS 8-3	STEWART, MARY (ESTATE OF) 203 N. STANTON		
PARCEL NO. A-2-2	STITT, WILLIAM D. 3138 N. GANTENBEIN		

R E S U M E

544 N.E. Thompson

DATE 9-28-72

NAME Penharlow, Cheryl Norman

Miss Cheryl Penharlow, a tenant at 3102 N. Gantenbein, based on her status as a tenant in Emanuel Hospital, was eligible to receive certain benefits. These benefits included Dislocation and Moving expense. Total amount received by client was \$340.00.

We were pleased to assist Miss Penharlow in relocating her into a satisfactory dwelling as a displacee from this project.

She made a self move to 5612 N.E. 60th, 9-16-72.

Case load closed.

(signed)

Alma Gordon

worker

**RESIDENTIAL RELOCATION RECORD**

Project Name \_\_\_\_\_ Parcel No. A-2-4 Advisor 09  
 Client's Name Perbarlow, Cheryl Phone \_\_\_\_\_  
 Address 3102 N. Gantenbein Ethn white Age 18

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

Female Head of Household

Family Composition

Economic Data

Total Number in Family 2

Employer \$ \_\_\_\_\_

1 wife, husband

Address \_\_\_\_\_

Other: Relation Age Relation Age

Other Source of Income

<u>son</u>	<u>8 mos</u>		

welfare \$ 153.00

Total Monthly Income \$ (153.00)

- 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 8-18-72 Date of Info pamphlet delivery 8-8-72

Date Notice to Move given \_\_\_\_\_ Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY July-1-1972

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

Date of initiation of negotiations for purchase of property 5-20-71

Date of Acquisition 9-14-72

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

Date of move 9-16-72

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	
Private Rental	X	Duplex	
Other		Multiple Family	X

Age of Housing Unit 70+

Size of Habitable Area 800

Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 4 Rent Paid \$ 6500 Utilities ~~800~~

Number of Bedrooms 2 Monthly Housing Payments \$ \_\_\_\_\_ Taxes \_\_\_\_\_

Liens \$ \_\_\_\_\_ (please explain) \_\_\_\_\_

Acquisition Price \$ \_\_\_\_\_ Amenities \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Address 5612 718 60 LPA Referred  Self Referred \_\_\_\_\_

Private Sales		Single Family	
Private Rental		Duplex	
Other		Multiple Family	X

Outside city  Outside state

Age of Housing Unit 30470

Size of Habitable Area 850

No. of Rooms 4 No. of Bedrooms 2

For Claimants Who Purchased

For Claimants Who Rented

Purchase Price of Replacement Dwelling \$ \_\_\_\_\_

Rent \$ 80

Taxes \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

RHP or TACO (including incidental costs) \$ \_\_\_\_\_

Total Rent Assistance \$ \_\_\_\_\_

Amount of Annual Payment \$ \_\_\_\_\_

*Moving Costs only*

No. of Housing Referrals to:

Agency Referrals:

\_\_\_\_\_ Standard Sales

MCW

HAP

\_\_\_\_\_ OTHER ( \_\_\_\_\_ )

2 Standard Rent

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 Cheryl Norma Penharlow RELOCATION ADVISOR A. Gordon

ADDRESS 3102 N. Gantenbein PHONE 282-7489 PROJECT NAME Emanuel

SEX F ETHN W VETERAN \_\_\_\_\_ AGE 18 yrs. PARCEL NO. A-2-1

MARITAL STATUS Single TENURE 1 mo.

DISABILITY \_\_\_\_\_ INDIV \_\_\_\_\_ FAMILY X

ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 \_\_\_\_\_

RENT SUPPLEMENT \_\_\_\_\_ OTHER \_\_\_\_\_

DATE ON SITE: July 1, 1972  
 INITIATION OF NEGOTIATIONS: May 20, 1971  
 DATE OF ACQUISITION: Sept. 14, 1972

INITIAL INTERVIEW 8-18-72

DATE INFO PAMPHLET DELIVERED 8-8-72

NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NOTIFY IN CASE OF EMERGENCY Jackie Gorg, 5425 N. Concord, 283-3924 - friend  
Mrs. Penharlow (mother), 775-2582

Needs 1 bedroom apt.

ECONOMIC DATA

FAMILY COMPOSITION

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW Paul H. 280-6033 \_\_\_\_\_  
 Social Security \_\_\_\_\_ 153.00  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ \_\_\_\_\_

Name	Relation	Age
Michael C. Nathan	son	8 mos.

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure \_\_\_\_\_ No. Rooms 4  
 No. Bedrooms 2 Furn. \_\_\_\_\_ Unfurn X  
 Utilities \$ pd. by tenant \_\_\_\_\_  
 Monthly Payments (Rent) \$ 65.00  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

Size of Habitable Area \_\_\_\_\_

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms
5612 N.E. 60th, Apt. 4	2 bedrooms
315 N. Alberta	

Name of Agency	Date
Multnomah County Welfare	X
Food Stamp Program	X
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 5612 N.E. 60th Phone \_\_\_\_\_ Date of Move 9-16-72

WHERE RELOCATED:

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

Furnished X Unfurnished \_\_\_\_\_ Number of Rooms 4 Number of Bedrooms 1 Habitable Area \_\_\_\_\_

Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_

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

Name of Moving Company \_\_\_\_\_ Name of Realtor \_\_\_\_\_

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving			\$
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_

RHP \$ \_\_\_\_\_

Total Down - \$ \_\_\_\_\_

Total Mortgage \$ \_\_\_\_\_

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

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

INTERVIEW REGISTER

Date

Relocation  
Worker

- 8-8-72 Cheryl Penharlow who occupies a dwelling at 3102 N. Gantenbein since July came into our office and asked our services for relocation. An interview with Penharlow who is a recipient of welfare has an 8-month old son. Her only source of income is \$153.00.
- 8-9-72 Verification of income requested from welfare.
- 8-17-72 Statement from welfare received verifying \$153.00 grant was on-going.
- 8-25-72 Called and set up an appointment with Miss Penharlow to go to Park Terrace to see an apartment which she failed to keep.
- 8-8-72 Miss Cheryl Penharlow came in today and had found an ad in the paper and would go to see apartment that afternoon and gave the address as 5612 N.E. 60th Avenue.
- 8-11-72 Client Miss Penharlow has seen apartment and made a rent deposit on dwelling at 5612 N.E. 60th. Inspection to be made prior to her move.
- 8-12-72 Inspection was made by J. Crolley found to be standard, safe, decent, and sanitary at this time.
- 8-16-72 Self move was made from 3102 N. Gantenbein to 5612 N.E. 60th.
- 8-18-72 Cheryl Penharlow made a self move to 5612 N.E. 60th. Dwelling unit inventory taken as 3 rooms of furniture to be moved.
- 8-20-72 Claim filed for moving expense.
- 8-25-72 Reimbursement per Claim for Relocation payment filed for move from 3102 N. Gantenbein to 5612 N.E. 60th St. Fixed payment on own furniture \$140.00. Dislocation allowance \$200.00. Total amount \$340.00. Check No. 561 E.H. received 9-27-72.
- 8-28-72 Miss Cheryl Penharlow was in our office today. Signed for her check for Moving and Dislocation allowance. The client was paid in full for tenants and certain others. Workload closed 9-28-72. A.G.



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 561 EH

DATE September 25, 19 72

PAY TO **Cheryl Penharlow**

\$ **340.00**

**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 Relocation Payments filed. Move from 3102 N. Gantenbein (Parcel A-2-4).	
		Fixed moving payment - own furniture <span style="float: right;">\$140.00</span>	
		Dislocation allowance <span style="float: right;"><u>200.00</u></span>	<span style="float: right;"><u>\$340.00</u></span>
Cheryl Penharlow 9/28/72 <i>[Signature]</i>			

**Account Distribution**

NO. TITLE AMOUNT



0600 E60 901

RELOCATION PAYMENT

Project: Emanuel ORE R-20 Parcel: A-2-7

Payable to: Cheryl Penharlow

Amount

For: _____	RHP for Homeowners . . . . .	\$ _____
_____	Incidental Expenses for Homeowners (if separate claim) . . . . .	\$ _____
_____	RHP for Tenants & Certain Others:	
	Rental: Total approved \$ _____; Annual amount. . . . .	\$ _____
	or Purchase: . . . . .	\$ _____
<u>X</u>	Fixed Moving Payment . . . . .	\$ <u>140</u>
<u>X</u>	Dislocation Allowance. . . . .	\$ <u>200</u>
_____	Actual Moving Costs. . . . .	\$ _____
_____	Storage Costs (if separate claim). . . . .	\$ _____
_____	Business: Moving Expenses. . . . .	\$ _____
_____	Business: In Lieu Payment. . . . .	\$ _____
_____	Business: Storage Costs. . . . .	\$ _____
_____	Business: Loss of Property . . . . .	\$ _____
_____	Business: Searching Expenses . . . . .	\$ _____

Name of Client Cheryl Penharlow Less - \$ \_\_\_\_\_ \*

Move from 3102 N. Gantenbein *MP* Total \$ 340.00

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

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY  
Portland Development Commission  
1700 S.W. 4th Avenue  
Portland, Oregon 97204

PROJECT NAME (if applicable)  
Emanuel Project

Project Number: ~~ORE~~ 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 Cheryl Norma Penharlow  Family  Individual

2. DATE(S) OF MOVE September 15, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A-2-4  
a. Address 3102 N. Gantenbein  
b. Apartment, Floor, or Room Number \_\_\_\_\_  
c. Was it furnished with your own furniture?  
 Yes  No  
d. Number of rooms occupied (ex-  
cluding bathrooms, hallways,  
and closets: 4  
e. Date you moved into this  
address: July 1, 1972

4. DWELLING UNIT TO WHICH YOU MOVED  
a. Address (include ZIP Code) \_\_\_\_\_  
5612 N.E. 60th Avenue  
b. Apartment, Floor, or Room Number # 4  
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 \$140.00  
(Consult local agency) Total \$340.00

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 appli-  
cable law, falsification of any item in this claim or submitted herewith may result  
in forfeiture of the entire claim. I further certify that I have not submitted any  
other claim for, or received, reimbursement or compensation from any other source  
for any item of loss or expense paid pursuant to this claim, and that any bills or  
receipts submitted herewith accurately reflect moving services actually performed  
and/or storage costs actually incurred.

9/12/72  
Date

Cheryl Penharlow  
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:  
Cheryl Norma Penharlow  
3102 N. Gantinbein  
Portland, Oregon

NAME OF LOCAL AGENCY:  
Portland Development Commission

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

1. Does claimant meet basic eligibility requirements?  Yes  No

If "No," explain:

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

Date items inspected: \_\_\_\_\_  
Month-Day-Year

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

Yes  No

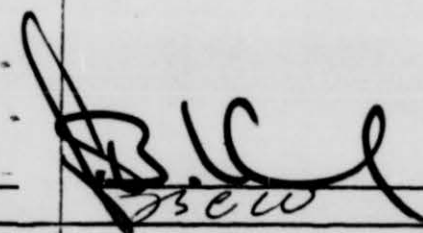
If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment      \$ 200.00			<u>9-21-72</u>
2. Dislocation allowance      \$ 140.00			
3. Total      \$ 340.00	\$ 340.00		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____			
2. Supplementary payment (s) for storage costs:			
3. Final payment for moving expenses covering storage and related costs			

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
9/25/72	561 EN	\$ 340.00			\$



INSPECTED BY J. Kelly DATE 9-13-72 MET  NOT MET

NAME Ray Holloway PHONE \_\_\_\_\_

ADDRESS 5612 N.E. 60th apt 4

HOUSE \_\_\_\_\_ DUPLEX \_\_\_\_\_ APT 4 SR \_\_\_\_\_ HK \_\_\_\_\_

NO. OF ROOMS 4 COMP FURN \_\_\_\_\_ PART FURN \_\_\_\_\_ UNFURN X

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

MANAGER Joseph L. (son) OWNER Joseph Keller

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

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

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

GENERAL REQUIREMENTS:

- |   |                                     |                          |
|---|-------------------------------------|--------------------------|
| 1. House must be weatherproof (8-601,6)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Floors, porches, walls, ceilings and stairs must be in sound and good repair. (8-1001a)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Doors and hatchways must be in good repair. (18-816)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Multiple dwellings with more than 50 occupants must have two means of exit. (7.3302c)  | <input type="checkbox"/>            | <input type="checkbox"/> |
| 5. Exits must have direct access to outside or public corridor. (7-3303g)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Hallways must be lighted adequately --- at least 2' candle power. (8-504d)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Hallway ventilation must be by windows, doors, outside skylights, ventilation ducts, or mechanical ventilation 5x/hr. (8-504d) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Premises must be free of vermin, rodents, filth, debris, garbage. (8-1001a)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Heating equipment must be able to maintain 70° at 3' above floor. (8-701a)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. There may be no unvented or open flame gas heaters. (8-701a)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

	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)		
<b>EFFICIENCY UNITS:</b>		
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)		
<b>LIVING AREA:</b>		
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)*	✓	
<b>BEDROOMS:</b>		
25. Bedrooms must be at least 90 sq. '. (8-503b)*		

26/11/11

	MET	NOT MET
26. There must be 50 sq. ' additional for each occupant in excess of two. (8-503b)* No. Brs. _____ Size: #1 <u>Reg</u> #2 <u>Reg</u> #3 _____ #4 _____ #5 _____		

KITCHEN:

27. Plumbing fixtures, including sink, must be of nonabsorbent material with hot and cold running water, properly installed, and in good working condition. (8-505d,c) <i>out side edge</i>		<i>No Soften</i>
---	--	------------------

28. A kitchen must have not less than 35 sq. '. (8-503b)		
--	--	--

BATHROOM:

29. Bathrooms must have at least one electric light fixture. (8-701b)	✓	
---	---	--

30. Bathrooms must not open directly off the kitchen. (8-505f)	✓	
--	---	--

31. Bathrooms and toilet rooms must afford privacy. (8-505g)	✓	
--	---	--

32. Dwelling unit must contain at least one bathroom with sink, toilet wash basin, tub or shower properly connected to both hot and cold waterlines with air change once every 5 minutes (8-505a) OR	✓	
--	---	--

33. In buildings with sleeping rooms there must be toilet facilities or one toilet, lavatory, tub or shower for every 10 of each sex, accessible from a public hall.	✓	
--	---	--

34. Plumbing fixtures must be of nonabsorbent material, properly installed, and in good working condition. (8-505d,c)	✓	
---	---	--

35. Water closet compartments must be of approved nonabsorbent material (8-505e)	✓	
--	---	--

BASEMENT:

36. Basement areas more than 50% below grade cannot be used for habitation. (8-401,L) & (8-504a)		
--	--	--

37. Basement areas must be dry and well drained.		
--	--	--

SPACE REQUIREMENTS FOR STANDARD HOUSING

1. Opposite sex children may not share a bedroom with a child over six (6) years of age.		
--	--	--

2. Husband and wife should not share a bedroom with a child over three (3) years of age.		
--	--	--



3.\* Chart of bedrooms needed:

By Bedroom			By Number of Persons		
<u>No. of Bdrms.</u>	<u>No. of Persons:</u> <u>Min.</u> <u>Max.</u>		<u>No. of Persons:</u>	<u>No. of Bdrms:</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:

2 bedrooms reg. size  
 1 Living Room  
 1 Large Kitchen with eating space in kitchen  
 1 Bath & Shower



**WORKSHEET FOR ALL MOVING CLAIMS**

1. Name Cheryl Norma Penbarlow Project Emanuel Hoop  
 2. Date(s) of move 3103 N. Gantersburg Parcel No. A-2-4  
 3. Dwelling unit from which you moved:  
 Address 3103 N. Gantersburg No. of rooms 4  
 \_\_\_ Furnished  Unfurnished Date you moved into this unit July 1, 1972  
 4. Dwelling unit to which you moved:  
 Address 5612 N. E. 60th Ave  
 Were goods moved to or from storage? \_\_\_ Yes  No

5. Total claim \$ 340.00

-----  
 FIXED PAYMENT: \$200 + \$ 140.00 = \$ 340.00  
 -----

**ACTUAL MOVING COSTS**

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

-----  
**STORAGE COSTS**

Name, address and ZIP code of storage company

- A. Type of claim  
 \_\_\_ initial \_\_\_ supplementary \_\_\_ final  
 B. Storage period  
 1. Total period: \_\_\_ months. Check one: \_\_\_ Actual \_\_\_ Estimated  
 2. Date property moved to storage: \_\_\_\_\_  
 3. Date property moved from storage: \_\_\_\_\_  
 C. Storage Costs
- |                                    |          | <u>Approved</u> |
|------------------------------------|----------|-----------------|
| 1. Monthly rate                    | \$ _____ | \$ _____        |
| 2. Total costs actually incurred   | \$ _____ | \$ _____        |
| 3. Amount previously received      | \$ _____ | \$ _____        |
| 4. Amount claimed (line 2 minus 3) | \$ _____ | \$ _____        |
- D. Description of Property Stored: please list on back of this sheet.  
 E. Method of Payment  
 \_\_\_ reimburse client (attach receipt or paid bill)  
 \_\_\_ pay storage company directly (attach bill)

Cheryl Penhandt

3102 N. Gantenber

Dwelling Unit Inventory

3 rooms

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

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

Miscellaneous (List Items)

1 2 V. Portable Stand  
Baby Jumper  
1 Crib  
Sewing Machine  
1 High Chair  
1 Baby Dresser

\_\_\_\_\_ Wall Pictures  
 \_\_\_\_\_ Record Player Portable  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COMMENTS:

**PORTLAND DEVELOPMENT COMMISSION**

**SITE OFFICE  
EMANUEL HOSPITAL PROJECT  
235 N. MONROE ST.  
PORTLAND, OREGON 97227  
PHONE 288-8169**

August 31, 1972

Park Terrace Apartments  
315 N.E. Alberta  
Portland, Oregon 97217  
Attention: Mr. Betts

Gentlemen:

This is to inform you that Cheryl Norma Penharlow, of 3102 N. Gantenbein, 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 she resides, by the Portland Development Commission in the urban renewal project, ORE R-20.

Thank you for any help that you may render Miss Penharlow in her efforts to obtain suitable housing.

Very truly yours,

*W. Stanley Jones*

W. Stanley Jones

*by James C. Crowley*

WSJ/mm

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 \_\_\_\_\_
3. Name Penhallow, Cheryl M.
4. Address 3102 N. Gantenbein
5. Number of persons in family 2
6. Total monthly assistance \$153.00
7. Date assistance began 8/1/72
8. Date assistance to terminate Ongoing

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION  
Gordon Gilbertson, Administrator

P. Halpouck MC  
(Caseworker) (Dept.)  
8/17/72  
(Date)



8-17-72  
(date)

Multnomah County Public Welfare Department  
508 S. W. Mill Street  
Portland, Oregon 97201

Gentlemen:

The Portland Development Commission has relocated (is relocating) me from an Urban Renewal area and, in order to determine my eligibility for further compensation, would like you to give them the amount of my monthly compensation from Welfare.

This will authorize you to give the Development Commission the information requested below. Please return one copy of the completed form directly to the Commission in the envelope provided.

Thank you.

Sincerely,

Cheryl Combarlow  
(name)  
3102 N. Gantenbein  
(address)

\_\_\_\_\_  
(caseload code number)

\_\_\_\_\_  
(date)

T0; Portland Development Commission

The records of this office indicate that \_\_\_\_\_  
is receiving monthly benefits in the amount of \$ \_\_\_\_\_ from the  
Multnomah County Public Welfare Department.

MULTNOMAH COUNTY PUBLIC WELFARE DEPARTMENT

by \_\_\_\_\_

CONFIDENTIAL

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.

Cheryl Rembarlow

8-8-72

date