

	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		

**RESIDENTIAL RELOCATION RECORD**

Project Name \_\_\_\_\_ Parcel No. A-4-3 Advisor QC  
 Client's Name Smith, Richard Phone \_\_\_\_\_  
 Address 232 N. Hwy Ethn B Age 19  
 Male     Family     Married     Renter/Occupant  
 Female     Individual     Single     Owner/Occupant

Family Composition

Total Number in Family 1  
 \_\_\_\_\_ wife, husband  
 Other:    Relation    Age    Relation    Age  


Economic Data

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 Other Source of Income \_\_\_\_\_ \$ \_\_\_\_\_  
 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 11-8-71    Date of Info pamphlet delivery \_\_\_\_\_  
 Date Notice to Move given \_\_\_\_\_    Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

**CLAIMANT'S INITIAL DATE OF OCCUPANCY**

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

Date of initiation of negotiations for purchase of property 2/69  
 Date of Acquisition 10-28-71  
 Date of letter of Intent 12-1-71  
 Date of move \_\_\_\_\_

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1904

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

Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms roomer Rent Paid \$ \_\_\_\_\_ Utilities \_\_\_\_\_

Number of Bedrooms 1 Monthly Housing Payments \$ \_\_\_\_\_ Taxes \_\_\_\_\_

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

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

Gresham

REPLACEMENT DWELLING UNIT

Address 3816 NE Cochran E-10 LPA Referred \_\_\_\_\_ Self Referred

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

Outside city  Outside state

Age of Housing Unit \_\_\_\_\_

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

No. of Rooms \_\_\_\_\_ No. of Bedrooms 1

For Claimants Who Purchased

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

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

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

For Claimants Who Rented

Rent \$ 73.50

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

Total Rent Assistance \$ 2995.20

Amount of Annual Payment \$ 748.80

No. of Housing Referrals to: 0

Agency Referrals: 0

\_\_\_\_\_ Standard Sales \_\_\_\_\_ MCW \_\_\_\_\_ HAP \_\_\_\_\_ OTHER ( \_\_\_\_\_ )

\_\_\_\_\_ 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 SMITH, Richard RELOCATION ADVISOR \_\_\_\_\_  
 ADDRESS 232 N. Ivy PHONE (666-1561) PROJECT NAME Emanuel ORE. R-20  
 SEX M ETHN black VETERAN \_\_\_\_\_ AGE 19 PARCEL NO. A-4-3  
 MARITAL STATUS single TENURE \_\_\_\_\_  
 DISABILITY \_\_\_\_\_ INDIV X FAMILY \_\_\_\_\_  
 ELIGIBLE FOR: PUBLIC HOUSING \_\_\_\_\_ FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT \_\_\_\_\_ OTHER \_\_\_\_\_  
 INITIAL INTERVIEW 11-8-71 DATE INFO PAMPHLET DELIVERED \_\_\_\_\_  
 NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY Barbara J. Smith 6020 N. E. 7th 284-7593

DATE ON SITE: <u>February 1969</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: <u>December 1, 1971</u>

ECONOMIC DATA

FAMILY COMPOSITION

Employer Standard Station \$ 3.09 part time  
 Address 329 N. E. Union  
 MCW \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ \_\_\_\_\_

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure \_\_\_\_\_ No. Rooms \_\_\_\_\_  
 No. Bedrooms \_\_\_\_\_ Furn. \_\_\_\_\_ Unfurn \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Monthly Payments (Rent) \$ \_\_\_\_\_  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

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

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms

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 3606 N.E. Cochran Apt E-10 Phone 666-8402 Date of Move \_\_\_\_\_  
 Marvin's Garden Gresham

**WHERE RELOCATED:**

				S	SS
Same City		Subsidized Sales		X	
Outside City	X	Subsidized Rental			
Out of State		Public Housing			
		Private Rental	X		
		Private Sales			

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

Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ 73.50 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)	266 EH	1/26/72	\$ 748.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	28288 G	12/16/71	\$ 215.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

TOTAL: \$2,995.20

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

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

Mr. Richard D. Smith  
Clark Hall Dormitory  
Lewiston, Idaho

Dear Mr. Smith:

Enclosed you will find our Warrant No. 999 EH in the amount of \$748.80.

This represents the fourth and final installment of the Rental Assistance Payment due you as a result of your displacement from 232 N. Ivy Street, Portland, Oregon.

Very truly yours,

Benjamin C. Webb  
Chief, Relocation

BC/ch  
Encl.

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 999 EH

DATE December 31, 19 74

PAY TO **Richard D. Smith**

\$ 748.80

DOLLARS

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOB.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 232 N. Ivy (Parcel A-4-3).  Total approved <span style="float: right;">\$2,995.80</span> 4th and final payment	\$748.80
Warrant No. 999 EH in the amount of \$748.80 received: 1/2/75 <span style="float: right;">X <u>Richard D. Smith</u></span> <span style="float: right;">Richard D. Smith</span>			

**Account Distribution**

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



RELOCATION PAYMENT

PROJECT: EMANUEL

PARCEL: A 4 3

PAYABLE TO: RICHARD D. SMITH

For: <u>RHP for Homeowners</u> . . . . .	\$	<u>                    </u>
<u>Incidental Expenses for Homeowners or Tenants</u> . . . . .	\$	<u>                    </u>
<u>✓ RHP - Tenants &amp; Certain Others - Rental: Total approved \$2995.80</u> , Annual amount	\$	<u>748.80</u>
<u>RHP - Tenants &amp; Certain Others - Downpayment</u> . . . . .	\$	<u>                    </u>
<u>Settlement Costs (on acquisition by LPA only)</u> . . . . .	\$	<u>                    </u>
<u>Interest Expense</u> . . . . .	\$	<u>                    </u>
<u>Fixed Moving Payment</u> . . . . .	\$	<u>                    </u>
<u>Dislocation Allowance</u> . . . . .	\$	<u>                    </u>
<u>Actual Moving Costs</u> . . . . .	\$	<u>                    </u>
<u>Storage Costs</u> . . . . .	\$	<u>                    </u>
<u>Business: Moving Expenses</u> . . . . .	\$	<u>                    </u>
<u>Business: In Lieu Payment</u> . . . . .	\$	<u>                    </u>
<u>Business: Storage Costs</u> . . . . .	\$	<u>                    </u>
<u>Business: Loss of Property</u> . . . . .	\$	<u>                    </u>
<u>Business: Searching Expenses</u> . . . . .	\$	<u>                    </u>

Name of Client RICHARD D. SMITH  Family Less - \$                      \*

Move from 232N. Ivory ST.  Individual Total \$ 748.80

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

*C.H. PLEASE NOTE IN COVER LETTER THAT THIS IS THE FINAL PAYMENT.*

*0600 X 10 901*

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley DATE December 19, 1974  
(Relocation Advisor)

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

RE: Richard D. Smith \_\_\_\_\_  
(Displacee) (Address)

No. 4th & final \$ 748.80 \_\_\_\_\_  
(annual payment) (amount) (date due)

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

Present Address: Clark Hall Dormitory, Lewiston Idaho 83501

Date Inspected: 12/23/74 Condition:  Standard  Substandard

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

or (2) Displacee notified of ineligibility:  yes  no

Comments: Mr. Smith is attending Lewis Clark State College in Idaho. Letter of inspection attached

SIGNED: Richard D. Smith  
(Displacee)

SIGNED: Alma Gordon  
(Relocation Advisor)

DATE: 12/26/74

DATE: 12/26/74

TO: Bob Douglas

DATE: 12/27/74

FROM: Alma Gordon

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

TO: Richard D. Smith

PROJECT: Emanuel K-20

FOR: 4th & final TACO payment

AMOUNT: 748.80

*Handwritten initials*

*Handwritten signature: B.C.W.*

SIGNED: Alma Gordon

CLAIM FOR REPLACEMENT HOUSING PAYMENT  
FOR TENANTS AND CERTAIN OTHERS

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: ORE R-20

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

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

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

1. FULL NAME OF CLAIMANT

SMITH, Richard D.

\_\_\_\_ Family  Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-4-3

a. Address: \_\_\_\_\_

232 N. Ivy, Portland, Oregon 97227

b. Apartment or room number: 1

c. Number of bedrooms: 1

d. Monthly rental: \$ 40.00

e. Date you moved out of this dwelling: 12-2-71

Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): Marvin's Gardens  
3816 N.E. Cochran, Gresham, Oregon

b. Apartment or room number: E-10

c. Number of bedrooms: 1

d. Monthly rental: \$ 73.50

e. Date you moved into this dwelling: 12-2-71

Month-Day-Year

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

a. Address (include ZIP Code): \_\_\_\_\_

b. Number of bedrooms: \_\_\_\_\_

c. Downpayment: \$ \_\_\_\_\_

d. Incidental expenses (total from table on next page): \$ \_\_\_\_\_

e. Date you purchased this dwelling: \_\_\_\_\_

5. INFORMATION IN SUPPORT OF CLAIM OF HOMEOWNER TEMPORARILY DISPLACED BECAUSE OF CODE ENFORCEMENT OR VOLUNTARY REHABILITATION

a. Address of dwelling unit from which you moved: \_\_\_\_\_

b. Address of dwelling unit to which you moved (include ZIP code): \_\_\_\_\_

c. Date of move: \_\_\_\_\_  
Month-Day-Year

d. Monthly rental for temporary unit: \$ \_\_\_\_\_

e. Will you require temporary housing for more than 3 months?  
\_\_\_\_ Yes \_\_\_\_ No

If "Yes", total number of months you will require temporary housing: \_\_\_\_\_ months



6. I submit this information in support of a claim for a Replacement Housing Payment under Section 204 of P.L. 91-646, and I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

Dec 3, 1971  
Date

Richard D. Smith  
Signature of Claimant (s)

Complete the following table if you have incurred incidental expenses in connection with the purchase of your replacement dwelling:

Item (a)	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
	Charged to Claimant on Closing Statement (b)	Paid Directly by Claimant (c)	Amount Claimed (Col. (b) + (c)) (d)	Amount Approved (e)
	\$	\$	\$	\$
TOTAL	\$	\$	\$ <u>1/</u>	\$

1/ Enter this amount in Block 4, Line d.

Listing of enclosed documents in support of amounts entered in Column (d) above:  
(Documentation must be provided to support any claim for incurred costs.)

**WORKSHEET FOR COMPUTATION OF REPLACEMENT HOUSING  
PAYMENT FOR TENANTS AND CERTAIN OTHERS**

NAME AND ADDRESS OF CLAIMANT:

Richard S. Smith  
232 N. Gray

COMPUTATION PREPARED BY:

SC  
Name  
12-2-71  
Date

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

Required Information

1. Monthly gross rental for comparable unit \$ 62.40  
(cost based on:  Schedule  
 Comparative  
 Other)
  
2. Base monthly rental for claimant's former dwelling, or  
25% of adjusted monthly income, whichever is less. \$ -0-

Computation

3. Line 1 minus Line 2, multiplied by 48  

Line 1	\$ <u>62.40</u>	
Line 2	\$ <u>0</u>	
	\$ <u>62.40</u>	
	X <u>48</u>	
		\$ <u>2995.20</u>
  
4. Base amount (if amount on Line 3 is \$4,000 or more,  
enter \$4,000. If amount on Line 3 is less than  
\$4,000, enter amount on Line 3.) \$ 2995.20
  
5. Minus adjustments (Attach full explanation) - \$
  
6. Amount of rental assistance payment  
(Line 4 minus Line 5) \$ 2995.20
  
7. Annual Payment \$ 748.80

$$\begin{array}{r} 62.40 \\ \times 48 \\ \hline 499.20 \\ 2496.00 \\ \hline 2995.20 \end{array}$$

(Enter this amount in the space provided in Block 3 on page one of Replacement Housing Payment for Tenants and Certain Others)

NOTE: If the amount on Line 6 is less than \$500, a lump-sum payment is to be made. If the amount on Line 6 is more than \$500, divide the payment by 4. The resultant amount is the total of each of four annual payments to be made; enter on Line 7.

$$\begin{array}{r} 748.8 \\ \times 4 \\ \hline 2995.20 \end{array}$$

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

NAME OF CLAIMANT SMITH, Richard D.

Parcel No. A-4-3

NAME OF LOCAL AGENCY Portland Development Commission

1. Did the claimant rent or own the dwelling at the time of acquisition?  Yes  No

Tenant's initial date of rental: February, 1969

Date of Acquisition: December 1, 1971

Owner-Occupant's initial date of ownership: \_\_\_\_\_

2. Did the claimant rent or own the dwelling at least 90 days prior to the initiation of negotiations?  Yes  No

Date of Rental or Purchase: February, 1969

Date of Initiation of Negotiations: October 28, 1971

3. Has the replacement housing been inspected and found to be standard? (Attach a copy of dwelling inspection record or, if the claimant moved outside the locality, attach the report obtained from the claimant.)  Yes  No

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

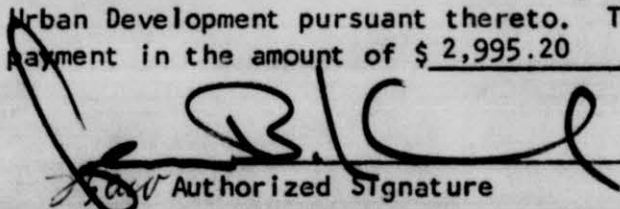
\_\_\_\_\_  
Month-Day-Year

**4. CERTIFICATION OF LOCAL AGENCY**

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ 2,995.20 is authorized.

1-25-72

Date

  
Authorized Signature

**5. RECORD OF PAYMENTS**

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year

2nd Year

3rd Year

4th Year

Date of Payment

Check Number

Amount

<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
<u>1-26-72</u>	<u>266 EH</u>	<u>\$ 748.80</u>
* <u>12-6-72</u>	<u>620 EH 643EN</u>	<u>\$ 748.80</u>
<u>12-5-73</u>	<u>863EN</u>	<u>\$ 748.80</u>
<u>12-31-74</u>	<u>999EH</u>	<u>\$ 748.80</u>

b. Claimant moved to unit he purchased

c. Homeowner temporarily displaced

\* <sup>12/6/72</sup> 620 EH <sup>STOLEN</sup> REPLACED BY 643EH 1/3/73  
Page 6.



WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emanuel

PROJECT NO. R-20

1. Full name of claimant: \_\_\_\_\_ Family  Individual

Smith, Richard Dennis

2. Dwelling unit from which you moved: Parcel No. A-4-3  
 a. Address 232 N. Ivy c. Number of bedrooms 1  
 b. Apartment or room number 1 d. Monthly rental \$ 40.00  
 e. Date displaced 12-2-71

3. Dwelling unit to which you moved (RENTAL)  
 a. Address 3816 N.E. Cochran Apt E10 c. Number of bedrooms 1  
GRESHAM, Oregon (MARVIN'S) d. Monthly rental \$ 56.66 (170.00)  
 b. Apartment or room number 3 Garden e. Date moved in 12-2-71  
 Change to 1/2 of 147.00 (73.50)

4. Dwelling unit to which you moved (PURCHASE)  
 a. Address \_\_\_\_\_ c. Downpayment \$ \_\_\_\_\_  
 b. Number of bedrooms 1 d. Incidental expenses \$ \_\_\_\_\_  
 e. Date of purchase \_\_\_\_\_

5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)  
 a. Address from which you moved \_\_\_\_\_  
 b. Address to which you moved \_\_\_\_\_  
 c. Date of move \_\_\_\_\_  
 d. Monthly rental for temporary unit: \$ \_\_\_\_\_  
 e. Require temporary housing for more than 3 months?  Yes  No  
 If yes, total number of months in temporary housing \_\_\_\_\_ months

Incidental expenses.

<u>Item</u>	<u>Charged to claimant</u>	<u>Paid by Claimant</u>	<u>Claimed</u>	<u>Approved</u>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List of documents submitted (attached) in support of above:

Determination

- Did claimant rent or own at time of acquisition?  Yes  No  
 Tenant's initial date of rental Feb 1969  
 Date of acquisition \_\_\_\_\_  
 Owner-occupant's initial date of ownership \_\_\_\_\_
- Did claimant own or rent 90 days prior to initiation of negotiations?  Yes  No  
 Date of rental or purchase \_\_\_\_\_  
 Date of initiation of negotiations \_\_\_\_\_
- Is replacement housing standard?  Yes  No  
 If previously substandard, date found standard \_\_\_\_\_
- Certification:

(Amount of this claim \$ \_\_\_\_\_)



IDAHO'S FIRST SEAPORT

December 23, 1974

Mr. James C. Crolley, Relocation Advisor  
Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Dear Mr. Crolley:

On December 23, 1974, upon his request, this office inspected Richard Smith's living quarters in Clark Hall on the Lewis-Clark State College campus.

His quarters are located on the third floor of a three story masonry constructed structure which appears to be well maintained. Being rectangular in shape, there are fire escapes located on both ends of the building which are entirely adequate to serve the students in an emergency situation.

Mr. Smith's room appeared neat in appearance. There are a sufficient number of electrical outlets to serve his needs without the use of extension cords. Bathroom and shower facilities are located in about the center of the structure on all three floors.

In conclusion, we feel the Clark Hall Dormitory offers decent, safe, and sanitary living conditions for any student who resides there.

If we can be of any further service, please feel free to contact our office in Lewiston City Hall, 1134 "F" Street.

Very truly yours,

*Charles F. Adams*  
Charles F. Adams  
Housing Inspector

CFA:it

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: A 4-3

PAYABLE TO: Richard D. Smith

For: <input type="checkbox"/>	RHP for Homeowners . . . . .	\$	_____
<input type="checkbox"/>	Incidental Expenses for Homeowners or Tenants. . . . .	\$	_____
<input checked="" type="checkbox"/>	RHP - Tenants & Certain Others - Rental: Total approved <u>\$2995.83</u> Annual amount <u>\$748.80</u>	\$	_____
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment . . . . .	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only). . . . .	\$	_____
<input type="checkbox"/>	Interest Expense . . . . .	\$	_____
<input type="checkbox"/>	Fixed Moving Payment . . . . .	\$	_____
<input type="checkbox"/>	Dislocation Allowance. . . . .	\$	_____
<input type="checkbox"/>	Actual Moving Costs. . . . .	\$	_____
<input type="checkbox"/>	Storage Costs. . . . .	\$	_____
<input type="checkbox"/>	Business: Moving Expenses. . . . .	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment. . . . .	\$	_____
<input type="checkbox"/>	Business: Storage Costs. . . . .	\$	_____
<input type="checkbox"/>	Business: Loss of Property . . . . .	\$	_____
<input type="checkbox"/>	Business: Searching Expenses . . . . .	\$	_____

Name of Client Richard D. Smith  Family Less - \$ \_\_\_\_\_ \*

Move from 232 N. Gray  Individual Total \$748.80

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

0500 E60 901

of JMC



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 863 EH

DATE December 5, 19 73

PAY TO **Richard D. Smith**

\$ **748.80**

**DOLLARS**

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**  
 AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move move 232 N. Ivy (Parcel A 4-3).	
		Total approved 3rd annual payment	\$2,995.80
		<i>X Richard D. Smith                      December 7, 1973</i>	\$748.80

**Account Distribution**

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

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Jim Crolley DATE November 16, 1973  
(Relocation Advisor)

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

RE: Richard D. Smith 3606 N.E. Cochran, Apt. C-1  
(Displacee) (Address)

No. 3rd \$ 748.80 12/2/73  
(annual payment) (amount) (date due)

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

Present Address: 514 S.E. 29th Apt. #7

Date Inspected: 11/30/73 Condition:  Standard  Substandard

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

Comments: The Displacee occupies standard housing at the above address. Inspection letter enclosed.

SIGNED: X Richard D. Smith SIGNED: Alma Gordon  
(Displacee) (Relocation Advisor)

DATE: 11/29/73 DATE: 11/29/73

TO: Bob Douglas DATE: 12/4/73

FROM: Alma Gordon

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

TO: Richard D. Smith

PROJECT: Emanuel R-20

FOR: 3rd Annual RHP TACO Payment

AMOUNT: \$748.80

*(WS)*

SIGNED: Alma Gordon

THE CITY OF  
**PORTLAND**



**OREGON**

DEPARTMENT OF  
FINANCE AND  
ADMINISTRATION

NEIL GOLDSCHMIDT  
MAYOR

BUREAU OF  
BUILDINGS

C.N. CHRISTIANSEN  
DIRECTOR

November 30, 1973

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

Re: 514 S. E. 29 Avenue

Gentlemen:

As the result of a displaced person and at your request, an inspection was made by the Housing Division of the two-bedroom unit, designated as Apartment 7, in the two-story, wood frame, 12-unit apartment building at the above address.

Our inspector reports this unit complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

S. J. Chagwidden  
Chief Housing Inspector

DDM:vm

cc: Mr. William C. Maloney  
538 S. E. 29 Avenue



NOTICE OF RHP-TACO YEARLY PAYMENT

TO: James Crolley DATE November 16, 1972  
(Relocation Advisor)

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

RE: Richard Dennis Smith 3816 N. E. Cochran, Apt. E-10, Gresham  
(Displacee) (Address)

No. 2 \$748.<sup>00</sup> 12/2/72  
(annual payment) (amount) (date due)

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

Present Address: 3606 N. E. Cochran, apt C-1  
~~Warren~~

Date Inspected: 12/4/72 Condition:  Standard  Substandard

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

or (2) Displacee notified of ineligibility:  yes  no

Comments: Same Apartment Complex but different  
apartments. It is in Standard Condition.

SIGNED: Richard D. Smith  
(Displacee)

SIGNED: James Crolley  
(Relocation Advisor)

DATE: 12/4/72

DATE: 12-4-72

TO: Bob Douglas

DATE: 12-4-72

FROM: Jim Crolley - W.S.J.

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

TO: Richard D. Smith

PROJECT: Emanuel

FOR: Relocation

AMOUNT: 748.00

SIGNED: W.S.J.

0600 E60 901

RELOCATION PAYMENT

Project: Emanuel Parcel: A-4-3

Payable to: Richard D. Smith

	<u>Amount</u>
For: <u>    </u> RHP for Homeowners . . . . .	\$ <u>          </u>
<u>    </u> Incidental Expenses for Homeowners (if separate claim) . . . . .	\$ <u>          </u>
<u>  ✓  </u> RHP for Tenants & Certain Others: <span style="margin-left: 100px;"><i>2nd</i></span>	
Rental: Total approved \$ <u>2995.20</u> ; Annual amount. . . . .	\$ <u>748.80</u>
or Purchase: . . . . .	\$ <u>          </u>
<u>    </u> Fixed Moving Payment . . . . .	\$ <u>          </u>
<u>    </u> Dislocation Allowance. . . . .	\$ <u>          </u>
<u>    </u> Actual Moving Costs. . . . .	\$ <u>          </u>
<u>    </u> Storage Costs (if separate claim). . . . .	\$ <u>          </u>
<u>    </u> Business: Moving Expenses. . . . .	\$ <u>          </u>
<u>    </u> Business: In Lieu Payment. . . . .	\$ <u>          </u>
<u>    </u> Business: Storage Costs. . . . .	\$ <u>          </u>
<u>    </u> Business: Loss of Property . . . . .	\$ <u>          </u>
<u>    </u> Business: Searching Expenses . . . . .	\$ <u>          </u>

Name of Client Richard D. Smith Less - \$            \*

Move from 232 N. Ivy Total \$ 748.80

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

# PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

N<sup>o</sup> 266 EH

DATE January 26, 19 72

PAY TO **Richard D. Smith**

\$ **748.80**

**DOLLARS**

TO THE TREASURER OF THE  
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants. 232 N. Ivy (Parcel A-4-3). Total approved \$2,995.20 1st annual payment	\$748.80
<i>mail future checks to o/b 6020 NE 7th</i>			

### Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (RHP)	\$748.80

*Richard D. Smith*

*1-31-72*

*RC*

*JMA*



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> **643** **EH**

DATE January 3, 1973

PAY TO **Richard D. Smith**

**\$ 748.80**

**DOLLARS**

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**  
 AUTHORIZED SIGNATURE

Portland Development Commission . 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RMP for Tenants filed. Move from 232 N. Ivey (Parcel A-4-3).  Total approved <span style="float: right;">\$2,995.20</span> 2nd annual payment  <i>X Richard D. Smith 1-4-73</i>	<span style="float: right;"><u><b>\$748.80</b></u></span>

**Account Distribution**

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

Nº

620 EH

DATE December 6, 19 72

PAY TO **Richard D. Smith**

\$ **748.80**

DOLLARS

TO THE TREASURER OF THE  
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE  
**NON-NEGOTIABLE**

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		<p>Reimbursement per Claim for RHP for Tenants filed. Move from 232 N. Ivy (Parcel A-4-3).</p> <p>Total approved <span style="float: right;">\$2,995.20</span>                      2nd annual payment</p> <p>X Richard D. Smith</p> <p>Received 12/8/72</p>	<p><u>\$748.80</u></p>

Account Distribution

*This check had stop payment Request made on it.*

December 20, 1972

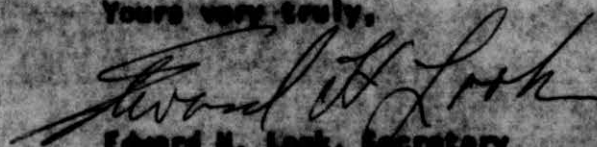
Mr. Daryl G. Calloway  
City Treasurer  
City Hall  
Portland, Oregon 97204

Dear Mr. Calloway:

Re: Request to Stop Payment

It is requested that you stop payment on Emanuel Hospital Warrant No. 620 EH, dated December 6, 1972, for the amount of \$748.80 made payable to Richard D. Smith.

Yours very truly,



Edward H. Lusk, Secretary  
Portland Development Commission

JTB:jms

cc: Mr. Robert S. Luden  
First National Bank of Oregon  
Fifth & College Branch



MEMORANDUM

Date January 2, 1973

TO: Ben Webb  
FROM: Jim Crolley  
SUBJECT: Loss of 2nd Annual Payment TACO Check

Richard Smith called December 19, 1972 and reported that he believed his check (#620 EH) was stolen on Sunday, December 17, 1972 from his car. There was no sign of forcible entry into the car. Stan called Jim Smith in accounting and instructed him to check it out and issue a stop order on the check.

Mr. Richard Smith called and reported no success running down any lead on the thief.

His claim is being resubmitted for processing and issuance of a new check would be in order.

JC:k

# PORTLAND DEVELOPMENT COMMISSION

ONE OFFICE  
SEASIDE BUILDING  
ONE S. GAVIN ST.  
PORTLAND, OREGON 97204  
PHONE 333-3333

September 1, 1971

Mr. Richard Smith  
232 N. Ivy  
Portland, Oregon

Dear Mr. Smith:

As you may know, the city council is the governing body of the city which is being developed with assistance from the U.S. Dept. of Housing and Urban Development. The plan for the city is that ecology will be required and this is the first of the various items discussed as part of the general project plan for the city.

If you are to participate in the plan the various building codes require the presence of what we call a "green" or "ecology" plan of record in the future. We are in the process of preparing a plan for the city and we would like to have your input in the plan. We would like to have your input in the plan and we would like to have your input in the plan.

We are in the process of preparing a plan for the city and we would like to have your input in the plan. We would like to have your input in the plan and we would like to have your input in the plan.

2

Richard S. Smith

11-22-72

Made apptmt for inspection of Richard Smith's place of dwelling. He is rooming with his sister in a HAP house. He sleep in a basement area not standard. I stopped the inspector from doing this one because I feel it was not suitable. The house a two bedroom apt in a duplex & his sister's family is made up of 3 or 4 children of her own therefore it only meets the need of her family only. *RS*

12-4-72

Visited apt. C-1 3606 N.E. Cochrane St  
Gresham, Oregon. Inspection dwelling. It is a two bedroom apt with Kit & L.R. & Bath. It is in standard condition. They are newly built apts, about 2 or 3 yrs ago and met all mult. Co. Code. *RS*





**MT.  
HOOD  
COMMUNITY  
COLLEGE**

26000 S. E. STARK ST., GRESHAM, OREGON 97030 • PHONE (503) 686-1561

Dr. Earl L. Klapstein, President

January 20, 1972

Mr. James C. Crolley  
Relocation Advisor  
Portland Development Commission  
235 N. Monroe  
Portland, Oregon 97227

Dear Mr. Crolley:

This is to advise that Richard D. Smith was awarded the following financial assistance at Mt. Hood Community College for the 1971-72 school year:

Economic Opportunity Grant      \$700  
College Work Study                      \$900

*A STUDENT MUST BE  
FULL TIME TO GET A WORK  
STUDY GRANT.*

If we can be of further assistance, please advise the undersigned. *STUDY GRANT.*

Sincerely,

*W. Burgess*  
Wilfred Burgess, D. Ed.  
Director, Financial Aid

WB/ml

*1/25/72 Spoke with Helen Benjamin about calculation of adjusted gross income for students. She indicated that we must proceed as ~~set forth~~ set forth in definitions Chapter 1 Appendix 2 "Adjusted gross income is income less ... income of full time students." She said we therefore must show "0" income for full time students.*  
*WBJ*

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

**Nº 28288 G**

DATE December 16, 19 71

PAY TO THE  
ORDER OF

**Richard D. Smith**

**\$ 215.00**

**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 per Claim for Relocation Payment filed. Move from 232 N. Ivy (A-4-3) to Gresham, Oregon.	
		Dislocation Allowance	\$200.00
		Fixed Payment - Unfurnished	<u>15.00</u>
			<u>\$215.00</u>

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - Individual)	\$215.00

*AC* *12-20-71*  
*Richard D. Smith*

*BD*

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY	PROJECT NAME (if applicable)
Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201	Emanuel Hospital Project Project Number: ORE R-20

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

1. FULL NAME OF CLAIMANT SMITH, Richard D.  Family  Individual

2. DATE(S) OF MOVE 12-2-71

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

a. Address <u>232 N. Ivy, Portland, Oregon 97227</u>	d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>1</u>
b. Apartment, Floor, or Room Number <u>---</u>	e. Date you moved into this address: <u>February, 1969</u>
c. Was it furnished with your own furniture? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) <u>Marvin's Garden 3816 N.E. Cochran, Apt. E-10, Gresham, Oregon</u>	c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", complete table, "Statement of Claim for Storage Costs"
b. Apartment, Floor, or Room Number <u>E-10</u>	

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

Dislocation Allowance	<u>\$200.00</u>	
Fixed Moving Payment	<u>15.00</u>	
(Consult local agency)		Total \$ <u>215.00</u>

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

Nov 16, 1971  
Date

Richard D. Smith  
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:

Richard D. Smith  
3816 N. E. Cochran, Apt. E-10  
Gresham, Oregon

NAME OF LOCAL AGENCY:

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

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

1. Does claimant meet basic eligibility requirements?  Yes  No

If "No," explain:

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

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

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

Yes  No

If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>15.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>215.00</u>	<u>215.00</u>	<i>[Signature]</i> Bew	<u>12-15-71</u>
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____	_____	_____	_____
2. Supplementary payment (s) for storage costs:	_____	_____	_____
3. Final payment for moving expenses covering storage and related costs	_____	_____	_____

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

5. RECORD OF PAYMENTS MADE

Date	Check Number	Amount	Date	Check Number	Amount
<u>12/16/71</u>	<u>252986</u>	<u>\$ 215.00</u>			

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Smith, Richard James Project \_\_\_\_\_  
 2. Date(s) of move 12-2-71 Parcel No. A-423  
 3. Dwelling unit from which you moved:  
 Address 232 N. Long No. of rooms 1  
 Furnished  Unfurnished Date you moved into this unit Feb 1969  
 4. Dwelling unit to which you moved:  
 Address Wood Village  
 Were goods moved to or from storage?  Yes  No

5. Total claim \$ \$15.00

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

ACTUAL MOVING COSTS

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

STORAGE COSTS

Name, address and ZIP code of storage company

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



# City of Gresham

150 West Powell Blvd.

Gresham, Oregon

665-3144

December 10, 1971

Portland Development Commission  
235 N. Monroe Street  
Portland, Oregon

RE: MARVIN'S GARDEN APT. *E-10*  
3816 N.E. Cochran  
Gresham, Oregon

ATT: Mr. Jim Crobley

To Whom it may concern,

The 200 unit apartment complex referred to as Marvin's Garden Apartment, were built and approved under the following code regulations.

1. City of Gresham Building Regulations

A- Uniform Building Code, 1970 Edition.  
Final Inspection approved May 11, 1971

2. Plumbing. City of Gresham Plumbing Code.

Final Inspection and approved as completed  
May 11, 1971

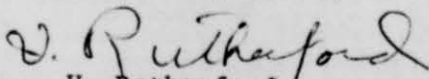
3. Heating, City of Gresham Heating Code.

Final Inspection and approved as completed  
May 11, 1971.

4. Electrical. State of Oregon Electrical Code.

State Bureau of Labor Inspected.

Yours very truly,

  
V. Rutherford  
Building Inspector

**APARTMENT RENTAL CONTRACT AND INVENTORY**

Date 12-2-71

APARTMENT NO. E-10 OF THE Marvin's Garden APARTMENTS  
 ADDRESS 3816 NE Cochrane, Gresham, Ore.

Check this list carefully before signing. Missing, broken or damaged articles will be charged for at replacement cost. Chipped, cracked or burned dishes will be counted as breakage.

FURNISHINGS	KITCHEN UTENSILS	SILVERWARE	BEDDING & LINEN
Beds and springs Bedroom chair Breakfast table & chairs Bridge lamp & shade Buffet Chest of drawers Coffee table Couch Couch cover Davenport Desk Dining table Dining chairs Dresser End table Extension table Floor lamp & shade Mirror Night stand Occasional chair Overstuffed chair Overstuffed rocker Range Refrigerator Rocker Rug, large, & pad Rug, small, & pad Stool Table lamp & shade Table, small Vanity & bench	Baking pan Biscuit cutter 1. Broiler <u>PAN</u> Broom Cake tins Cake turner Can opener Coffee pot Colander Dish pan Double broiler Dust pan Egg beater Flour sieve Frying pan Grater 2. Ice trays Kitchen fork Kitchen knife Kitchen spoon Lemon juicer Mixing bowl Mop, dust Mop, wet Muffin tins Paring knife Percolator Pie plates Potato masher Pudding pan Roaster Rolling pin Sause pan (lg.) & cover Sause pan (med.) & cover Sause pan (sm.) & cover Soap dish Strainer Tea kettle Towel rack 1. <u>DISPOSAL</u> 1. <u>Dishwasher</u>	Butter knife Carving fork Carving knife Forks Knives Spoons, dessert Spoons, table Spoons, tea Sugar shell  <b>DISHES</b> Bread & butter plates Butter dish Cream pitcher Cups & saucers Dessert plates Dinner plates Gravy bowl Oat meal dishes Platters Salad bowl Salad plates Pr. Salt & pepper shakers Sauce dishes Soup plates Sugar bowl & cover Tea pot Vegetable dish Water glasses Water pitcher	Blankets, single Blankets, double Comforter Comforter Bath towels Bath mats Face towels Mattress cover Napkins Pillow cases Sheets, single Sheets, double Silence cloth Table cloth Tea towels Mattress Pillows, bed Pillows, couch Spreads  <b>MISCELLANEOUS</b> Carpet sweeper 4. Curtain rods Door drapes Electric globes Garbage can Glass curtain panels Ironing board Light shades 1. Keys for apartment 1. Keys for front door <u>MLBOX</u> Pictures Rule card & laws Ruffled curtains Waste baskets 4 pr. Window drapes Window shades 3. <u>heat lamps</u> 6. <u>light fixtures</u>
APT. CLEANED Date <u>11-22-71</u> CURTAINS, DRAPES CLEANED Date <u>6-1-71</u>		<b>BATHROOM</b> 1. Medicine chest 1. Paper holder 1. Soap dish 2. Towel rack 1. Tumbler holder	

The undersigned tenants hereby acknowledge receipt from landlord of all the articles in foregoing inventory in and with apartment above numbered, in good order, and agree that my/our tenancy with Marvin's Garden apartments, and the landlord, is governed by the regulations and agreements set forth herein and the rules and laws posted in said apartment, and that this instrument shall constitute the tenancy agreement between us as tenants and landlord.

IT IS MUTUALLY AGREED between the Landlord and Tenants, as follows:

1. The tenancy covered by this agreement shall be a <sup>6-month lease</sup> month-to-month tenancy, unless otherwise provided herein, and shall be governed by and terminated in accordance with laws in respect thereto.
2. The rental for the apartment and the above listed furnishings is \$ 147.00 per month, payable in advance, and the rent shall commence December 2, 1971. No more than 2 adults and 4 children shall occupy said apartment. No dogs, birds, or other animals will be allowed in the building except by written consent. without \$100.00 pet deposit - \$50.00 refundable
3. Any failure by tenants to pay rent or other charges upon day due, or to comply with any other terms or conditions hereof, shall terminate this tenancy, at the option of the landlord, and the tenants hereby expressly waive any notice to quit and surrender possession of said premises, and landlord or his agent may enter said premises and take and retain possession of the same and exclude tenants therefrom.



4. All missing, broken or damaged articles described in the foregoing inventory, or which may be hereafter furnished to the tenants by the landlord, shall be charged against the tenants at replacement price.

5. Regardless of the financial responsibility of the tenants, final bills must be paid before any baggage or property belonging to the tenants shall be removed from the apartment, and the tenants hereby authorize the landlord, his agents or representatives, to hold any or all of their furniture, baggage or property or personal belongings, without recourse of law or otherwise, until the full amount of such charges shall be paid.

6. The tenants agree not to open the front door for strangers and agree that they will refer all calls from strangers for entrance to the apartment building to the manager.

7. Doors of the tenants' apartment shall be kept locked. The landlord will not be liable or responsible in any way for loss or damage to any articles belonging to said tenants, or located in said premises, or other premises under control of the landlord.

8. No loud talking or unnecessary noise will be permitted in the building at any time. No vocal, radio or instrumental music will be permitted before 9:30 A.M. or after 10:30 P.M. Children of tenants will not be permitted to play in the halls, on stairways, in the entrance or in front of building.

9. No deliveries shall be made to tenants through the front entrance or directly to the apartments. Packages, etc., shall not be left in the halls or entrances. All laundry, cleaning and pressing, C. O. D. deliveries, butter, milk, eggs, papers, etc., shall be handled through manager.

10. If tenants desire special service, arrangements may be made with the management at reasonable rates, for cleaning apartments, washing windows, waxing floors, etc.

11. Tenants shall not tamper with the furnace, automatic refrigeration, locks, entrances or hall doors, lights or other appliances, or make alterations of any nature on or to the premises.

12. Tenants shall not shake mops or rugs or throw anything out of windows. Tenants shall take particular caution against cigarettes and other fire hazards. Tenants are held responsible for all damage to furnishings or premises caused by their negligence. Tenants shall report leaky or defective faucets at once. Expense or damage caused by stopping of waste pipes or overflow from bathtubs, toilets or wash basins must be paid by tenants, as well as any damage to building or furnishings other than ordinary wear and tear.

13. ~~Time for use of laundry room will be designated by the management.~~ Washing machines and laundry trays must always be cleaned by tenants after using, and other posted rules observed. Clothes should be removed from lines or dryer promptly when dry. Vacuum cleaner bag must be emptied after use.

14. The management reserves the right to inspect all apartments at all reasonable times, and show an apartment to prospective tenants after vacating notice has been given.

15. Violation by the tenants of city, state, or national laws shall be deemed sufficient cause for immediate termination of tenancy by the landlord. Any disorderly conduct by tenants which disturbs the peace shall be cause for immediate termination of tenancy.

16. At the option of the management, either at the commencement of this occupancy or the termination thereof, a charge will be made for cleaning apartment and for laundering and cleaning of rugs, curtains, drapes, upholstered furniture, blankets, linens, etc. necessary at time of vacating and before new occupancy.

17. Except as herein otherwise provided, WRITTEN notice to terminate the tenancy shall be given as provided by law.

18. In the event of failure by tenants to give notice herein required of their intention to terminate this tenancy, they shall be liable for another term, and in the event they shall abandon or attempt to abandon said premises or remove their property from said apartments, the rental for such additional term shall, at the option of the landlord, become immediately due and payable.

19. Nothing contained in this agreement shall be construed as waiving any of the landlord's rights under state laws governing this tenancy.

20. Tenants shall not transfer their interest to or in this agreement, nor shall tenants assign or sub-let said premises, or permit additional persons to occupy the apartment without the consent of the landlord.

21. Landlord will not furnish electric current, gas, light globes or outside phone service. A cash deposit of \$ ..... is required to apply on closing accounts, and a cash deposit of \$ ..... to apply on keys.

22. Laws affecting this tenancy are posted in this apartment (S-N No. 211 or 256).

23. In the event any suit or action is brought to collect any of said rents or to enforce any provision of this agreement or to repossess said premises, tenant agrees to pay landlord's reasonable collection costs, including reasonable attorney's fees, even though no suit or action is filed hereon; however, if suit or action is filed, the amount of said reasonable attorney's fees shall be fixed by the court, or courts in which the suit or action, including any appeal thereon, is tried, heard or decided.

24. Additional agreements, if any: Ball playing, car washing & mechanical work prohibited on complex. Rent payment due by the 5th of each month or \$500 late charge will apply to total. No liquid beverages outside apt. Tenant responsible for all damage caused by water beds in and around apt. due to or caused by water beds.

IN WITNESS WHEREOF, this agreement in duplicate is executed by the parties hereto this 2nd

day of December, 1971.

Occupation students

Present employer MHCC

Business address

Business reference

Former address

In case of accident or emergency notify

[All occupants of apartment must sign]

/s/ Bennet A. Carson

/s/ Richard D. Smith

Tenant.

/s/ D. R. Lane

Landlord.



CLAIMANT'S REPORT OF SELF-INSPECTION  
OF REPLACEMENT DWELLING

NAME OF CLAIMANT:

NAME AND NUMBER OF PROJECT FROM  
WHICH CLAIMANT WAS DISPLACED:

PRESENT ADDRESS:

DATE DISPLACED: \_\_\_\_\_  
Parcel No. \_\_\_\_\_

INSTRUCTIONS: Fill in your name and address above. Complete Block A if you are occupying a housekeeping unit. Complete Block B if you are occupying a nonhousekeeping unit. Sign certification in Block C. Consult local agency if you have any questions regarding this form.

A. CLAIMANT OCCUPYING HOUSEKEEPING UNIT

1. Claimant is (check one):

- a.  Member of a family living together, or one of two or more individuals living together. If individuals, how many occupy the unit? 2
- b.  Individual living alone

2. If you checked Item 1 a. above, complete the following:

- a. Number of rooms in dwelling unit (excluding bathroom): 4 *2K 2bdrm*
- b. Number of bedrooms: 2
- c. If you are a member of a family living together:
- (1) Number of persons in family: \_\_\_\_\_
- (2) Number of adults: Male 2 Female \_\_\_\_\_
- (3) Number of minors: Male \_\_\_\_\_ Female \_\_\_\_\_

3. Answer the following questions by checking either "Yes" or "No":

- a. Is the building in good condition and repair? \_\_\_\_\_ Yes \_\_\_\_\_ No
- b. Does the unit have a private bath and toilet for your exclusive use?  
 Yes \_\_\_\_\_ No
- c. Does the unit have a kitchen with a sink and stove for your exclusive use?  
 Yes \_\_\_\_\_ No
- d. Are the kitchen and bath provided with hot and cold running water?  
 Yes \_\_\_\_\_ No
- e. Does the unit have electricity?  Yes \_\_\_\_\_ No
- f. Does the unit have facilities for adequate heating?  Yes \_\_\_\_\_ No

If the answer to any of the above items is "No", enter explanation in Block D.

(form continued on next page)

B. CLAIMANT OCCUPYING NONHOUSEKEEPING UNIT

Answer the following questions by checking either "Yes" or "No":

1. Is the building in good condition and repair?  Yes  No
2. Is electricity provided?  Yes  No
3. Is heat provided?  Yes  No
4. Are ventilation and light adequate?  Yes  No
5. Are the bathroom facilities reasonably accessible and complete?  Yes  No

If the answer to any of the above questions is "No", enter an explanation in Block D.

- C. I submit this information in support of a claim for a Replacement Housing Payment under P.L. 91-646, 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.

11-16-71  
Date

Richard D. Smith  
Signature

D. COMMENTS (Identify item from Block A or Block B:)

(Blocks E and F for Local Agency Use Only)

E. TO BE COMPLETED IF THE DWELLING WAS INSPECTED BY THE LOCAL AGENCY:

1. Date unit was last inspected: \_\_\_\_\_  
Month-Day-Year
2. Condition of structure (check one):  Standard  Substandard
3. If unit is substandard, has the local agency notified the claimant?  Yes  No
4. Has the local code enforcement agency been notified of the deficiencies?  
 Yes  No
5. Has the local agency provided relocation assistance to aid the family or individual to relocate to standard housing?  Yes  No (Explain actions taken by local agency in Block F.)

F. COMMENTS BY LOCAL AGENCY:

Approved by:

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER \_\_\_\_\_

PROJECT NO. \_\_\_\_\_

PARCEL A-4-3

NAME Smith, Richard ADDRESS 232 N. Ivy APT NO. \_\_\_\_\_

PHONE 666-1561 INITIAL INTERVIEW 11-8-71 SEX M W \_\_\_\_\_ NW X AGE 19

U.S. CITIZEN \_\_\_\_\_ ALIEN \_\_\_\_\_ VETERAN \_\_\_\_\_ SERVICEMAN \_\_\_\_\_ DATE ON SITE Feb 1969

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name STO. STN. \$ 309 per  
Address 329 NE Union

MCW Caseworker \_\_\_\_\_  
Social Security \_\_\_\_\_  
Va. Fed. Mult Co. \_\_\_\_\_  
Pension: Name \_\_\_\_\_  
Other: Name \_\_\_\_\_

TOTAL MONTHLY INCOME \_\_\_\_\_

Rent 40<sup>00</sup>, Inc. Heat   Water   Gas   Gar   Elec   Unfurn X Furn   No. Rms 1

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered \_\_\_\_\_ by \_\_\_\_\_

Notify in case of accident: the father - Wm Smith  
Name Barbara J. Smith Address 6020 N.E. 7th Phone 284-7593

Information Statement given to \_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_

Notice to move given to \_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_

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

REMOVED FROM CASELOAD: (Date) \_\_\_\_\_

Refused assistance \_\_\_\_\_

Relocated in: \_\_\_\_\_

Low-rent public housing \_\_\_\_\_

Other perm. public housing \_\_\_\_\_

Standard priv. rent. hsg. \_\_\_\_\_

Sub-standard priv. rent hgs. with refusal of further aid \_\_\_\_\_

Standard sales housing \_\_\_\_\_

Sub-standard sales hsg. \_\_\_\_\_

Out-of-town \_\_\_\_\_

Address unknown, abandoned \_\_\_\_\_

Evicted, no further assistance \_\_\_\_\_

Other (explain) \_\_\_\_\_

REMAINING ON CASELOAD: \_\_\_\_\_

Address unknown, tracing \_\_\_\_\_

Evicted, further assistance contemplated \_\_\_\_\_

Temporarily relocated by LPA \_\_\_\_\_

within project: \_\_\_\_\_ address \_\_\_\_\_

outside project: \_\_\_\_\_ address \_\_\_\_\_

FAMILY REFUSED ADDITIONAL ASSISTANCE: \_\_\_\_\_

Date \_\_\_\_\_ Worker \_\_\_\_\_

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: 3816 N.E. Cochran - Apt E-10 Zip \_\_\_\_\_ Phone 666-8402  
Marvin's Garden - Gresham, Oreg.