

	DESCRIPTION	ROLL NO	ODOMETER
PARCEL NO. AB-3-8	STOKES, SAMUEL 2931 N. GANTENBEIN		
PARCEL NO. E-3-5	STUART, JERRY A. JR. 2648 N. COMMERCIAL CT.		
PARCEL NO. R-8-12	TAYLOR, BIRDIE LEE 3229 N. GANTENBEIN		
PARCEL NO. R-8-1	THOMAS, AUGUSTINE (MRS.) 302 N. COOK (DECEASED)		
PARCEL NO. RS-4-9	THOMAS, CHARLES 7 N. RUSSELL #8		
PARCEL NO. R-8-1	THOMAS, WILLIE 300-302 N. COOK		
PARCEL NO. E-4-3	THOMPSON, FRED 322 N. KNOTT		
PARCEL NO. A-3-6	THOMPSON, HEWEY 242 N. COOK		
PARCEL NO. E-3-2	TURNER, REV. BRADY 508 N. KNOTT		
PARCEL NO. E-2-2	TURNER, FLORENCE 532 N. GRAHAM		
PARCEL NO. A-4-4	TURNER, QUEEN E. 260 N. IVY		
PARCEL NO. E-3-8	VAN ZILE, HAZEL 2640 N. KERBY		
PARCEL NO. A-4-2	VERNON, CECIL L. 222 N. IVY		
PARCEL NO. AB 3-5	WALLIN, JACOB E. 413 N. STANTON		
PARCEL NO. RS 4-4	WALTON, LLOYD & WILLIE MAE .102-06 N. KNOTT		
PARCEL NO. E-4-1	WARD, ARTHUR B. 2651 N. GANTENBEIN		
PARCEL NO. E-4-1	WARD, BILLY L. 2651 N. GANTENBEIN		
PARCEL NO. R-8-2	WARREN, LEO & INA 312 N. COOK		

R E S U M E

DATE June 3, 1971

NAME VANZILE, Hazel


Took Mrs. VanZile to Multi-Service Center Welfare office to Mr. Harrari. Mrs. VanZile didn't have enough money to make down payment on HAP apt. HAP insisted that she have it all today or they wouldn't hold the apt. So, I went to Welfare and they advanced enough money for her to sign up for the apt. Mrs. VanZile has the key and will move. Getting into HAP will be financially difficult in that we used most of her welfare income for deposits-down payment.

We allowed her three rooms on the fixed moving scale. (1) sent for relocation payment; (2) Mrs. VanZile will take additional payment under new act when available.

File Closed.

2/3/75 - Mrs. Van Zile has received her fourth and final TACO payment on 12/23/74. She still lives at 1432 N.E. Liberty in HAP housing. Very happy with way she was treated.

File closed.

(signed) 

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME VAN ZILE, Hazel RELOCATION ADVISOR CD
 ADDRESS 2640 N. Kerby PHONE ²⁸³⁻⁸⁹²³ 282-8041 PROJECT NAME Emanuel ORE. R-20
 SEX F ETHN white VETERAN _____ AGE 43 PARCEL NO. E-3-8
 MARITAL STATUS _____ TENURE tenant
 DISABILITY _____ INDIV _____ FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 5-13-71 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY Ruth R. Benson 806 E. 149 Vancouver, Wash. 695-8572

DATE ON SITE:	<u>6/16/73</u>
INITIATION OF NEGOTIATIONS:	<u>5-17-71</u>
DATE OF ACQUISITION:	<u>4-24-72</u>

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW John Harrari - caseworker 148.00
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 148.00

FAMILY COMPOSITION

Name	Relation	Age
<u>Jeffery</u>	<u>son</u>	<u>10</u>

DWELLING UNIT FROM WHICH RELOCATED

		S	SS
Subsidized Sales	<u>Single Family</u>		<u>X</u>
Subsidized Rental	<u>Multiple Family</u>		
Public Housing	<u>Duplex</u>		
Private Rental	<u>X Mobile Home</u>		
Private Sales			

Age of Structure 1910 No. Rooms 5
 No. Bedrooms 2 Furn. _____ Unfurn _____
 Utilities \$ \$23.00
 Monthly Payments (Rent) \$ 50.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 956 sq. ft.

HOUSING REFERRALS

Address	Bedrooms
<u>HAP Housing on Dekum Ct.</u>	
<u>2651 N. E. Saratoga</u>	

AGENCY REFERRALS

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

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 2651 N. E. Saratoga Phone _____ Date of Move _____

WHERE RELOCATED:

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

Furnished _____ Unfurnished _____ Number of Rooms _____ Number of Bedrooms 2 Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ 29.00 Purchase Price \$ _____

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RRHP			\$ 1,000.00
TTACO (Rental)	195 EH	12/15/71	\$ 1,000.00
TTACO (Rental)	644EH	1-3-72	\$ 1,000.00
TTACO (Rental)			\$
TTACO (Rental)			\$
TTACO (Sales)			\$
FFixed Moving	25831 G	6/16/71	\$ 71.00
AActual Move	195EH	12-15-71	\$ 269.00
SSStorage			\$
IIncidental			\$
IInterest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ _____

TOTAL RHP: \$4,000.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Relocation
Worker

Date		Relocation Worker
1/15/71	FLYER: delivered by JC. Is member of EDPA. Very receptive. Would like meeting.	
1/19	Mrs. VanZile was in the office as a result of the contact in distribution of the flyers. She is a member of EDPA but says she "wants out as soon as possible" from her present home she rents. She receives \$148.00 from MCW. Has one boy, age 10. Would like to buy a house if at all possible in Humboldt School District. Explained relocation benefits available when project begins.	
2/18	SURVEY: See above	
3/26	Mrs. Van Zile was in the office. She wanted to know if the project had begun yet, and if not, would it ever start?	
5/13	Wants to move to a three bedroom house. Can get rent supplement on two bedroom or public housing (lease). Needs refrigerator and stove. Has dog.	
5/18	Called HAP for housing for Mrs. VanZile. They directed her to 2651 N. E. Saratoga - Dekum Court.	
6/3/71	Took Mrs. VanZile to Multi Service Ceter Welfare Office to see Mr. Harrari. Mrs. Van Zile didn't have enough money to make down payment on HAP apartment. HAP insisted that she have it all today or they wouldn't hold the house. So, I went to Welfare and they advanced enough money for her to sign up for the apartment. Mrs. VanZile has the key and will move. Getting into HAP will be financially difficult in that we used most of her welfare income for deposits and down payment. We allowed her three rooms on the fixed moving scale. (1) Sent for relocation payment; (2) Mrs. VanZile will take additional payment under new act when available.	
	File Closed.	
10/11/71	Called Mrs. VanZile and informed her that she was entitled to receive additional benefits. Asked if she would come into our office, so we could discuss the matter. She said she would come in after the 15th.	
11/17	Called Mrs. VanZile to see if she could come in today (offered transportation) she said she would be in by 12:00. We revised her claim for rental assistance based on a two bedroom needed by she and her son. Also she moved from a two bedroom although she had very little furniture she needed two bedrooms.	
11/18	Mr. Barnes of legal Aid was not in.	
11/23	Was in contact with Mr. Barnes. He indicated that he would talk with Mrs. VanZile and have her come in and sign the papers for additional moving and rent assistance.	
	Call HAP concerning Mrs. VanZile. She pays \$29.00 per month with utilities included. She has made no effort to contact HAP about moving to another location. HAP doesn't have a date for building or tearing down existing property.	
12/6	Went out to Mrs. VanZile to get her signature.	

INTERVIEW REGISTER

Date

Relocation
Worker

12-7-73

Claim filed and payment made for 3rd Annual TACO. Warrant #858 EH

B

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 995 EH

DATE December 11, 1974

PAY TO **Hazel Van Zile**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		<p>Reimbursement per Claim for RHP for Tenants filed. Move from 2649 N. Kerby (Parcel E-3-8).</p> <p>Total approved \$4,000.00 4th and final payment \$1,000.00</p> <p><i>Hazel D. Van Zile</i> <i>Dec 23-74</i></p>	

Account Distribution

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels
(Relocation Advisor)

DATE November 20, 1974

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

RE: Hazel Van Zile (Emanuel)
(Displacee)

1432 N.E. Liberty
(Address)

No. 4th & final
(annual payment)

\$ 1,000.00
(amount)

December, 1974
(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: 1432 N.E. Liberty

Date Inspected: _____ Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: 4th & Final payment
HAP House

SIGNED: Hazel D. Van Zile
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: Dec 2 - 74

DATE: 12/6/74

TO: Bob Douglas

DATE: 12/6/74

FROM: Chet Daniels

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

TO: Hazel Van Zile

PROJECT: Emanuel Project

FOR: 4th & Final Tace Payment

AMOUNT: 1,000.00

Handwritten initials

SIGNED: Samuel Daniels

RESIDENTIAL RELOCATION RECORD

Project Name Emanuel - ORE. R-20 Parcel No. E-3-8 Advisor CD
 Client's Name VAN ZILE, Hazel Phone 285-8923
282-8041
 Address 2640 N. Kerby Ethn White Age 43

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

Female Head of Household

Family Composition

Total Number in Family 2
1 wife, husband

Other:

Relation	Age	Relation	Age
Son	10		

Economic Data

Employer \$
 Address
 Other Source of Income
MCW \$ 148.00
 Total Monthly Income \$ (148.00)

- 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 5/17/71 Date of info pamphlet delivery 5/14/71
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

June 1963

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

Date of initiation of negotiations for purchase of property 5/17/71
 Date of Acquisition 4/24/72
 Date of letter of intent _____
 Date of move 5/18/71

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 1910

Size of Habitable Area 956 sq. ft.

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 5 Rent Paid \$ 50.00 Utilities \$ 23.00

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 1432 NE Liberty
2651 N. E. Saratoga LPA Referred Self Referred _____

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

HAP

LPA Referred Self Referred _____

Outside city Outside state

✓ Age of Housing Unit 30-40 yrs

✓ Size of Habitable Area 700-900 sq ft

✓ No. of Rooms 4 No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____

Taxes \$ _____

RHP or TACO (Including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ 29.00

Utilities \$ _____

Total Rent Assistance \$ 4,000

Amount of Annual Payment \$ 1,000

No. of Housing Referrals to:

2 Standard Sales

Standard Rent

Agency Referrals:

MCW

HAP

OTHER (_____)

Food Stamp

Legal Aid

Other (_____)

Benefits Received

Date	<u>6/16/71</u>	Ck #	<u>25831G</u>	Type	<u>M/C</u>	Amount	\$ <u>71.00</u>
	<u>12/15/71</u>						\$ <u>69.00</u>
Date	<u>12/15/71</u>	Ck #	<u>195 EH</u>	Type	<u>TACO-1st</u>	Amount	\$ <u>1,000.00</u>
	<u>12/15/71</u>				<u>D/A</u>	Amount	\$ <u>200.00</u>
Date	<u>1/3/73</u>	Ck #		Type	<u>TACO-2nd</u>	Amount	\$ <u>1,000.00</u>

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Samuel C. Daniels DATE November 27, 1972
(Relocation Advisor)

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

RE: Hazel Van Zile 2651 N.E. Saratoga
(Displacee) (Address)

No. 2 \$ 1,000.00 12/6/72
(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: 1432 NE Liberty

Date Inspected: 12/26/72 HAP Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Mrs. Van Zile Moved from a Apt. at DeKam Court to a house at 1432 NE Liberty

SIGNED: Hazel D. Van Zile
(Displacee)

SIGNED: Samuel C. Daniels
(Relocation Advisor)

DATE: 12/26/72

DATE: 12/26/72

TO: Bob Douglas

DATE: 12/26/72

FROM: SCD

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: Hazel Van Zile

PROJECT: Emmanuel

FOR: Taco - 2nd Annual

AMOUNT: \$1000.

SCD
WSD

SIGNED: Samuel C. Daniels

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

N^o 195 EH

DATE December 15, 1971

PAY TO **Hazel Van Zile**

\$ 1,269.00

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. From 2649 N. Karby (E-3-8).	
		Total approved	\$4,000.00
		1st Annual Payment	\$1,000.00
		Dislocation Allowance	\$200.00
		Fixed payment - own furn.	140.00
		Subtotal	340.00
		Less previously paid, 6/16/71, Ck. #258316	-71.00
		Total	<u>269.00</u>
		Balance due claimant	<u>\$1,269.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payments EH	\$1,269.00
	(Relocation Housing Payments \$1,000.00)	
	(Fixed payment - Family) 269.00)	

Hazel D. Van Zile

12-16-71

sl

JMS

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

Name of Claimant VAN ZILE, Hazel

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: 6/63
Month-Day-Year

Date of Acquisition: _____
Month-Day-Year

Owner-Occupant's initial date of Ownership: _____
Month-Day-Year

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: 6/63
Month-Day-Year


Date of Initiation of Negotiations: May 17, 1971
Month-Day-Year

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 HAP. _____
to be standard: _____
Month-Day-Year

4. CERTIFICATION OF LOCAL AGENCY

This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$4,000.00 is authorized.

 12-13-71
Date


Authorized Signature

5. RECORD OF PAYMENTS

	<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
a. Claimant moved to rental unit			
(1) Lump-sum payment			\$ _____
(2) Annual payment			
1st Year <u> \$1,000.00 </u>	<u> 12/15/71 </u>	<u> 195EH </u>	<u> \$ 1000.00 </u>
2nd Year	<u> 1/3/73 </u>	<u> 644EH </u>	<u> 1000.00 </u>
3rd Year	<u> 12/5/73 </u>	<u> 858EH </u>	<u> 1000.00 </u>
4th Year	<u> 12-11-74 </u>	<u> 995EH </u>	<u> 1000.00 </u>
b. Claimant moved to unit he purchased	_____	_____	\$ _____
c. Homeowner temporarily displaced	_____	_____	\$ _____

**CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS**

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

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

VAN ZILE, Hazel

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. E3-8

a. Address: 2649 N. Kerby
Portland, Oregon 97227

b. Apartment or room number: ---

c. Number of bedrooms: 2

d. Monthly rental: \$ 50.00

e. Date you moved out of this dwelling: 5/18/71
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): 2651 N. E. Saratoga, Portland, Oregon **HAP**

b. Apartment or room number: ---

c. Number of bedrooms: 2

d. Monthly rental: \$ 29.00

e. Date you moved into this dwelling: 5/18/71
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 6-1971
Date

Hazel VanZile
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:

Hazel VanZile
 2651 N. E. Saratoga
 Portland, Oregon

COMPUTATION PREPARED BY:

DANIELS, Chet

Name

11/17/71

Date

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

Required Information

1. Monthly gross rental for comparable unit \$ 128.35
 (cost based on: x Schedule
 Comparative
 Other
2. Base monthly rental for claimant's former dwelling, or
 25% of adjusted monthly income, whichever is less. \$ ~~29.00~~ 32.93

Computation

3. Line 1 minus Line 2, multiplied by 48
- | | | |
|--------|----------------------------------|------------------------|
| Line 1 | \$ <u>128.35</u> | |
| Line 2 | \$ 29.00 <u>32.93</u> | |
| | \$ 99.35 <u>95.42</u> | |
| | X <u>48</u> | 4,580.16 |
| | | \$ 4,768.80 |
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.) \$ 4,000.00
5. Minus adjustments (Attach full explanation) - \$
6. Amount of rental assistance payment
 (Line 4 minus Line 5) \$ 4,000.00
7. Annual Payment \$ 1,000.00

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

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

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emanuel

PROJECT NO. ORE R-20

1. Full name of claimant: x Family Individual
VAN ZILE, Hazel
2. Dwelling unit from which you moved: Parcel No. E-3-8
 a. Address 2649 N. Kerby c. Number of bedrooms 2
Portland, Oregon 97227 d. Monthly rental \$ 50.00
 b. Apartment or room number --- e. Date displaced 5/18/71
3. Dwelling unit to which you moved (RENTAL)
 a. Address 2651 N. E. Saratoga c. Number of bedrooms 2
Portland, Oregon d. Monthly rental \$ 29.00
 b. Apartment or room number --- e. Date moved in 5/18/71
4. Dwelling unit to which you moved (PURCHASE)
 a. Address _____ c. Downpayment \$ _____
_____ d. Incidental expenses \$ _____
 b. Number of bedrooms _____ e. Date of purchase _____
5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)
 a. Address from which you moved _____
 b. Address to which you moved _____
 c. Date of move _____
 d. Monthly rental for temporary unit: \$ _____
 e. Require temporary housing for more than 3 months? _____ Yes _____ No
 If yes, total number of months in temporary housing _____ months

Incidental expenses.

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

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

Determination

1. Did claimant rent or own at time of acquisition? x Yes _____ No
 Tenant's initial date of rental 6/63
 Date of acquisition _____
 Owner-occupant's initial date of ownership _____
2. Did claimant own or rent 90 days prior to initiation of negotiations? _____ Yes _____ No
 Date of rental or purchase 6/63
 Date of initiation of negotiations May 17, 1971
3. Is replacement housing standard? HAP Yes _____ No
 If previously substandard, date found standard _____
4. Certification:
 (Amount of this claim \$ 4,000.00)

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

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

PROJECT NAME (if applicable)

Emanuel Hospital Project

Project Number: ORE. R-20

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

1. FULL NAME OF CLAIMANT X Family Individual

Hazel Van Zile

2. DATE(S) OF MOVE

May 18, 1971

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

a. Address 2640 N. Kerby,
Portland, Oregon

b. Apartment, Floor, or Room Number

c. Was it furnished with your own furniture?

Partially X Yes No

d. Number of rooms occupied (excluding bathrooms, hallways, and closets: 5

e. Date you moved into this address: June 1963

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) 2651 N.E. Saratoga c. Were household goods moved to or from storage?
Portland, Oregon 97217

b. Apartment, Floor, or Room Number

 Yes X 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 (based on 3 rooms of furniture)

(Consult local agency) \$340.00 Total \$ 269.00

~~Less amount previously pd. 6/16/71 71.00 Ch. #25831-G~~

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.

Dec 6-1971

Date

X Hazel Van Zile

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:

Hazel Van Zile
2651 N.E. Saratoga
Portland, Oregon 97217

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:

(form continued on next page)

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount ^{1/}	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$ 340.00 - <u>71.00</u> Less previously pd. 6/16/71, Ch. #25831-G		<u>12-13-71</u>
1. Fixed payment (Based on 3 rooms) \$ <u>140.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>340.00</u>	\$ <u>269.00</u>		
B. Actual Moving and Related Expenses	\$		
1. Initial payment including, if applicable, storage and related costs in the amount of \$ _____			
2. Supplementary payment (s) for storage costs:			
3. Final payment for moving expenses covering storage and related costs			

^{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>12/15/71</u>	<u>195EH</u>	<u>\$ 269.00</u>			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Van Zile, Hazel

Project R-20 EMANUAL

2. Date(s) of move 5/18/71

Parcel No. E-3-8

3. Dwelling unit from which you moved:

Address 2640 N. Kerby

No. of rooms 5

~~Partial~~ - Furnished Unfurnished Date you moved into this unit 6/1963

4. Dwelling unit to which you moved:

Address 2651 N.B. Saratoga

Were goods moved to or from storage? Yes No

~~Zinter and Law Payment
RECEIVED \$71.00 Check # 558316
THIS SHEET IS NOW
ENTITLED TO RECEIVE \$269.00~~

5. Total claim \$ 269

FIXED PAYMENT: \$200 + \$140.00 = \$340.00 (Based on 3 mos of furniture).

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)

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 yes
2. Applicant for housing Van Zille, Hazel D.
3. Name Van Zille, Hazel D.
4. Address 2651 N.E. Saratoga
5. Number of persons in family 2
6. Total monthly assistance 165
7. Date assistance began 10-20-66
8. Date assistance to terminate ONGOING

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

John P. Hoover MC
(Caseworker) (Dept.)
12-10-71
(Date)

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N?

858

EH

DATE December 5, 1973

PAY TO **Hazel Van Zile**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

Portland Development Commission • 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 2649 N. Kerby (Parcel E-3-8). Total approved \$4,000.00 3rd annual payment \$1,000.00 <i>Received Dec 7-73</i> <i>Hazel D. Van Zile</i>	

Account Distribution

NO.

TITLE

AMOUNT

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 644 EH

DATE January 3, 1973

PAY TO **Hazel Van Zile**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

Portland Development Commission

224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per claim for RHP for Tenants filed. Move from 2649 N. Kerby (Parcel E-3-8).	
		Total approved 2nd annual payment	\$4,000.00
			<u>\$1,000.00</u>

*Hazel D. Van Zile
 Received Jan 8 - 1973*

Account Distribution

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: E-3-8

PAYABLE TO: Hazel Van Zile

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 \$4,000. ⁰⁰ ; Annual amount \$1,000. ⁰⁰	.....	\$	_____
<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 Hazel Van Zile Family Less - \$ _____ *

Move from 2649 N. Kerby Individual Total \$1,000.⁰⁰

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

0600 EGO 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels (Relocation Advisor) DATE November 23, 1973

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

RE: Hazel Van Zile (Displacee) 1432 N. E. Liberty (Address)

No. 3rd (annual payment) \$ 1,000 (amount) 12/6/73 (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: 1432 NE Liberty

Date Inspected: 12/26/72 Condition: H.A.P. Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Still lives in H.A.P. housing

SIGNED: Hazel D. Van Zile (Displacee)
10/27/73

SIGNED: Samuel Daniels (Relocation Advisor)

DATE: Hazel D. Van Zile

DATE: 11/27/73

TO: Bob Douglas
FROM: SCA

DATE: 11/27/73

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: Hazel Van Zile
PROJECT: Emanuel
FOR: Taco - 3rd Annual
AMOUNT: \$1000.

WJ

SIGNED: Samuel Daniels

0600 E60 901

RELOCATION PAYMENT

Project: Emanuel Parcel: E-3-8

Payable to: Hazel Van Zile

Amount

For: <u> </u> RHP for Homeowners	\$	<u> </u>
<u> </u> Incidental Expenses for Homeowners (if separate claim)	\$	<u> </u>
<input checked="" type="checkbox"/> <u> </u> RHP for Tenants & Certain Others:		
Rental: Total approved \$ <u>4,000.00</u> ; ^{2nd} Annual amount.	\$	<u>1,000.00</u>
or Purchase:	\$	<u> </u>
<u> </u> Fixed Moving Payment	\$	<u> </u>
<u> </u> Dislocation Allowance.	\$	<u> </u>
<u> </u> Actual Moving Costs.	\$	<u> </u>
<u> </u> Storage Costs (if separate claim).	\$	<u> </u>
<u> </u> Business: Moving Expenses.	\$	<u> </u>
<u> </u> Business: In Lieu Payment.	\$	<u> </u>
<u> </u> Business: Storage Costs.	\$	<u> </u>
<u> </u> Business: Loss of Property	\$	<u> </u>
<u> </u> Business: Searching Expenses	\$	<u> </u>

Name of Client Hazel Van Zile Less - \$ *

Move from 2649 N. Kerby Total \$ 1,000.00

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

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

No 25831 G

DATE June 16, 1971

PAY TO THE
ORDER OF

Hazel VanZile

\$71.00

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 NO.	DESCRIPTION	AMOUNT
		Fixed relocation payment per claim filed. Move from 2640 N. Karby - own furn. - (Parcel E-3-8) to 2651 NE Saratoga	\$71.00

Account Distribution

NO.	TITLE	EH	AMOUNT
E1501	Relocation Payment (Fixed - family)	EH	\$71.00

Received June 16-1971 Hazel Vanzile

130

CRW

PORTLAND DEVELOPMENT COMMISSION

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

May 17, 1971

Mrs. Hazel VanZile
2640 N. Kerby
Portland, Oregon

Dear Mrs. VanZile:

As you may know, you are situated in the Emanuel Hospital Project which is being carried out with assistance from the U. S. Department of Housing and Urban Development (HUD). The property which you presently occupy will be acquired some time in the future by the Portland Development Commission as part of the approved project plans for this area.

If you are in occupancy on the date the Portland Development Commission acquires the property in which you reside, or are in occupancy at the time of receipt of this letter, you may be eligible for relocation assistance. We strongly advise you to contact us before moving in order to determine your eligibility for benefits. A summary of the types of relocation payments for which you may be eligible is contained in the attached brochure.

We urge you not to form advance opinions as to the benefits and amounts to which you may be entitled. Certain conditions must be met before eligibility can be established and before the amount of benefits, if any, can be determined.

Please check with us before making any move. If you are unable to come during our regular office hours - 8:30 a.m. to 5:00 p.m., Monday through Friday, an alternate appointment can be arranged by calling 288-8169. Our office is located at 235 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure

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)

Hazel VanZile
2651 N.E. Saratoga
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 \$ _____	\$ 71.00		6-11-71
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
6/16/71	258316	\$ 71.00	6/11/71		\$

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

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 Hospital Project
	PROJECT NUMBER Oregon 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) Hazel VanZile	2. DATE(S) OF MOVE June 3, 1971
---	------------------------------------

3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 2640 N. Kerby E3-8 b. Apt., Floor, or Room No. _____ (partially) 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>5</u> e. Date you moved into this address: <u>June 1963</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 2651 N. E. Saratoga Portland, Oregon 97211 b. Apt., Floor, or Room No. _____ 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: <input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property <input checked="" 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
---	--	--

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.)	(3 rooms)	\$ 71.00
---	-----------	----------

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) <input type="checkbox"/> 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. <input type="checkbox"/> 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.

June 3, 1971
Date

Hazel Van Zile
Signature of claimant

CLAIM FOR RELOCATION PAYMENT

1. NAME OF CLAIMANT (I) (F) Hazel Vanzile
2. DATE OF MOVE 6/3/71
3. ADDRESS FROM WHICH YOU HAVE MOVED
a. Address 2640 N Karby Parcel No. E3-8
b. Apartment No. Same
c. Clients Furniture? yes ___ no ___ partially
d. Number of rooms 5
e. Date in _____
4. NEW ADDRESS
a. Address 2651 N.E. Saratoga
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 \$ 71.00 3rms of furniture
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 \$ _____
b. Storage costs _____
c. Direct loss of property \$ _____

6/3/71
DATE

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.

5/18/71
Date

Hazel Van zile
Signature of Claimant
(If more than one claimant, each should sign)

(Keep this copy for your record)

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

Project Name and Location: **Alph King Terrace**

1. Tenant
2. Co-op Member
3. Lease/Option

Rent Supp. Contract No. _____

FHA Project No. _____

PART A - APPLICANT'S STATEMENT:

1. Name (Head of Family or Household): **Hazel Vanzile**

2. Present Address: **2640 N. Kerby**

3. EMPLOYMENT: (1) Occupation-**Housewife** (2) Social Security Number: [REDACTED] (3) Years Employed-**15 yrs** (4) Employer-**Welfare**

4 HOUSEHOLD COMPOSITION AND ANNUAL INCOME:

NAME	Age	Sex	Relationship	Wages or Salary	INCOME LAST 12 MONTHS					Total Last 12 Months (Sum of all Entries)	ANNUAL RATE OF INCOME		FHA Review
					1 Social Security	2 Other	1 Disability	2 Unemployment	4 Welfare		Current Income Weekly Monthly Annual	Income Expected Next 12 Months	
(1) Hazel Vanzile	33	F	Husband or Head							1776	148	1776	
(2) Jeffery Vanzile	10	M	Son										
(3)													
(4)													
(5)													
(6)													
(7)													
(8) TOTAL										1776	(a) 1776	(b) 148	(c) 1776

(9) No. in Household **2** (12) No. of Dependents (Excl. spouse) **1**

(10) No. of Eligible Minors **1** (13) No. of Handicapped **None**

(11) No. of other Minors **1**

(14) Total Expected Income (4-(8)(c)) **\$1776**

a. Less: Earnings of Eligible Minors **---**

b. Net Expected Income **\$1776**

(15) Less: No. of Elig. Minors (4-(10) X 300) **300**

(16) Adjusted Annual Income **\$1476**

5. ASSETS: (All Household Members Combined)

(1) Cash on Hand **None** (6) Real Estate

(2) Checking Acct. **None** a. Orig. Price **None**

(3) Savings Acct. **None** b. Unpaid Bal. **None**

(4) Bonds or Stocks **None** Equity (a minus b) **---**

(5) Other (List) _____ (7) Subtotal (All Assets) **---**

(8) Less: Unpaid Bills (See Instr. 5) **---**

(9) Total Assets **None**

6. ANNUAL EXPENSE FOR: (a) Disability or Continuing Illness **None**

(See Instr. 6 - Attach Details) (b) Care of Children **None**

(c) TOTAL UNUSUAL EXPENSE **---**

7. ELIGIBILITY REQUIREMENTS: (Check Appropriate Box(es))

1. Physically Handicapped (Either Household Head or Spouse has a physical impairment which (a) is expected to be of long-continued and indefinite duration, (b) substantially impedes his ability to live independently and (c) is of such a nature that such ability could be improved by more suitable living conditions.) Submit letter from Doctor, Clinic, or VA.

2. Sixty-two or Older (Either Household Head or Spouse) Submit Birth Certificate or other evidence

3. Displaced by Government Action Submit Certificate of Eligibility, FHA Form No. 3476

4. Present Housing Substandard -

1. Dilapidated Condition 3. No Private usable Flush Toilet

2. No Hot Running Water 4. No Private Tub or Shower

5. Disaster Victim (Dwelling destroyed or extensively damaged by natural disaster)

I hereby certify that the foregoing information is true and complete to the best of my knowledge and inquiries may be made to verify the statements made herein.

Date _____ Signature of Applicant _____

WARNING Section 1001 of Title 18 of the United States Code makes it a Criminal Offense to make a wilfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

PART B - ELIGIBILITY FOR RENT SUPPLEMENT:

1. Number of Bedrooms Needed **2**

2. Area Income Ceiling **\$3400.00**

3. Adjusted Annual Income (Part A Item 4(16)) **\$1476.00**

4. LESS: Unusual Expenses (Part A Item 6(c)) **---**

5. Income for Supplement Payment (3 - 4) **\$1476.00**

6. Average Monthly Income (Item 5 +12) **\$123.00**

7. Unit Rent Per Month **---**

8. Applicant's Share (25% of Item 6 or Welfare Rent Allowance if larger) **---**

9. Amount of Rent Supplement (7 - 8) **---**

RECOMMENDED FOR APPROVAL

Date _____ Signature _____ (Housing Owner or Manager)

10. Applicant occupied unit No. **---** on **---** (Date)

Address _____

11. Original Application 12. Amendment 13. Recertification

▲ Certification No. _____

12. CERTIFICATE OF ELIGIBILITY:

The above information has been reviewed and the applicant is is not eligible for rent supplement payments in an amount of \$ _____ per month.

ENTRIES IN PART B CORRECTED AS SHOWN

The housing owner shall include in the lease a requirement that the tenant shall report immediately to the housing owner when his total gross income (before deductions) reaches \$ _____; and also that the tenant shall recertify his current income one year from the date shown in Item 10. FEDERAL HOUSING ADMINISTRATION

By _____ (Date) _____ (Authorized Agent)

11. Applicant did not move in and Application is Cancelled. (Check Box and Send to FHA)

Dwelling Unit Inventory

<u>QUANTITY</u>		<u>QUANTITY</u>	
<u>2</u>	Beds & Springs		Night Stand
	Bedroom Chair	<u>2</u>	Occasional Chair
	Breakfast Table		Overstuffed Chair
	Breakfast Table Chairs		Overstuffed Rocker
	Bridge Lamp & Shade		Range
	Buffet		Refrigerator: Brand _____
	Chest of Drawers	<u>1</u>	Rocker
	Coffee Table		Rug & Pad: Size _____
	Couch		Stool
	Davenport		Table Lamp & Shade
	Desk		Table, small
	Dining Table		Vanity & Bench
	Dining Chairs		Suitcases
	Dresser		Trunks
<u>1</u>	End Table	<input checked="" type="checkbox"/>	Cartons, Boxes, Etc.
	Floor Lamp & Shade	<input checked="" type="checkbox"/>	Clothes
	Mirror	<input checked="" type="checkbox"/>	Bedding & Linens

Miscellaneous (List Items)

T.V (2)
washing machine

COMMENTS: *Base on three rooms of Furniture although tenent has 5 Rooms* CH

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 JL Date of survey 2/10/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 13 Structure No. 9 Census Block No. 75 Census Tract No. 22a
 Street Address 2640 N Kerby 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>Van Zile, Hazel</u>	<u>Head of household</u>	<u>43</u>	<u>F</u>	<u>—</u>
2. <u>JEFFREY</u>	<u>son</u>	<u>10</u>	<u>M</u>	<u>STUDENT</u>
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
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: Distance

Names of jobholders	Names of employers	Street address where jobs are located	to work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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>Hazel Van Zile</u>	<u>\$ 148.00</u>	<u>\$ 148.00</u>	<u>MCWC</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total family or household income per month	\$ _____	\$ _____	

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

1. Location (indicate approximate cross streets) N (HUMBOLDT) or NE
2. Transportation, number of autos owned _____, 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 \$ _____, down payment of \$ _____, monthly payment of \$ _____
5. If now buying this house, how much are payments on contract or mortgage monthly \$ _____
6. Size of unit to be sought, number of bedrooms 3, kitchen 1, dining room 1, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit _____
7. Other characteristics W O B I M

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

Analyst JC Date 2/18/71 Surveyed 2/18/71 Tabulator _____ Date _____
 Dwelling Unit No. 13 Structure No. 9 Census Block No. 75 Census Tract No. 22 a
 Street Address 2640 N Kerby Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: <u>Hazel Van Zile</u> <u>2640 N Kerby</u>	NAME & ADDRESS OF OWNER <u>David Nance & Julia M. Johnson</u> <u>46 NE Thompson</u>	NAME & ADDRESS OF PROP. MGR: _____
TELEPHONE: <u>282-8041</u>	TELEPHONE: _____	TELEPHONE: _____
INTERVIEWED? <input checked="" type="checkbox"/> Yes () No	INTERVIEWED? () Yes () No	INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

Kind of dwelling unit	No. of units in bldg.
___ One-family house	___
___ Apt. in a house	___
<input checked="" type="checkbox"/> Apt. in apt. bldg. or plex	<u>4</u>
___ Apt. in comm. bldg.	___
___ Mobile home or trailer	___

This structure has 2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

___ Owner occupied
 Renter occupied
 ___ Vacant

III. SIZE OF DWELLING UNIT

3824 Sq. ft. in first floor (county figure)
956 Sq. ft. in dwelling unit (if more than 1 floor)
5 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
2 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
5/3/67 Date of last appraisal
1910 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

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	\$ <u>4050</u>	\$ _____
Improvements	<u>2960</u>	_____
Total	<u>7010</u>	_____

3824 Sq. ft. of all d. u. in this structure
 _____ Sq. ft. of commercial space and value of commercial space: Land \$ _____, improvements \$ _____, total \$ _____.

V. RENTAL RATE FOR THIS RENTED UNIT

Monthly average	Cash rent	Utilities	Total paid by renter
Rent	\$ <u>50.00</u>	_____	\$ _____
Electricity	_____	\$ <u>3.00</u>	_____
Gas	_____	<u>20.00</u>	_____
Water <u>w/rent</u>	_____	_____	_____
Heat (oil, or other) <u>Gas</u>	_____	_____	_____
Total	\$ <u>50.00</u>	\$ <u>23.00</u>	\$ <u>73.00</u>

Deposits required of renter
 Advance rent \$ 50.00, 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

Assessor's records filed in
apartment house files

R E C E I T

I hereby acknowledge receipt of a copy of the Portland Development
Commission's RELOCATION SERVICES FOR FAMILIES AND INDIVIDUALS.

Hazel Van zile

May 14, 1971
date

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER CD PROJECT NO. R-20 PARCEL E-3-8

NAME VAN ZILE, Hazel ADDRESS 2640 N. Kerby APT NO. --

PHONE 282-8041 INITIAL INTERVIEW 1/19/71 SEX F W X NW AGE 43

U.S. CITIZEN X ALIEN VETERAN SERVICEMAN DATE ON SITE

FAMILY COMPOSITION

Name	Relation	Age
Jeffery	Son	10

Employer: Name \$
 Address
 MCW X Caseworker John Harrari 148.00
 Social Security
 VA. Fed. Mult Co.
 Pension: Name
 Other: Name
 TOTAL MONTHLY INCOME 148.00

Rent 50.00, Inc. Heatgas Water X Gas 20 Gar Elec 3 00 (Partially furnished) Unfurn Furn No. Rms 5

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered by

Notify in case of accident:
 Name Ruth R. Benson Address 806 East 149(Vancouver, Wash.) Phone 695-8572

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
HAP Housing on Dekum Ct. 2651 N.E. Saratoga	HAP C.D.	5/18/71

NEW ADDRESS: Same (HAP) POC (referred) Zip Phone

DATE	NOTES	C/W
1/15/71	Flyer delivered by JC. Member of EDPA. Very receptive. Would like Meeting.	JC
1/19/71	Mrs. Van Zile was in the office as a result of the contact in distribution of flyers. She is member of EDPA, but says "wants out as soon as possible" from her present home she rents." She receives \$148.00 from MCW. Has one boy, age 10. Would like to buy a house if at all possible in Humboldt School District. Explained relocation benefits available when project begins.	WSJ
2/18/71	Survey: See above	JC
3/26/71	Mrs. Van Zile was in the office. Wanted to know if project had begin yet, and if not would it ever start?	SLC
5/13/71	Wants to move to a 3 bd. rm. house. Can get rent supplement on 2 bd. rm. or public housing (lease). Needs refrigerator and stove. Has dog.	
5/18/71	Called HAP for housing from Mrs. Van Zile. They directed her to 2651 N.E. Saratoga - Dekum Court.	
6/3/71	Took Mrs. VanZile to Multi Service Center Welfare office to Mr. Harrari. Mrs. VanZile didn't have enough money to make down payment on HAP apt. HAP insisted that she have it all today or they wouldn't hold the house. So, I went to Welfare and they advanced enough money for her to sign up for the apt. Mrs. VanZile has the key and will move. Getting into HAP will be financially difficult in that we used most of her welfare income for deposits-down payment. We allowed her three rooms on the fixed moving scale. (1) Sent for relocation payment; (2) Mrs. VanZile will take additional payment under new act when available.	
	File Closed.	CD

10/14/71 - Called Mrs. Van Zile and informed her that she was entitled to receive additional benefits. Asked if she would come into our office, so we could discuss the matter. She said she would come in after the 15th.

VZ

11/17/71 Called Mrs. Van Zile to see if she could come in today (offered transportation) she said she would be in by 12:00 A.M. - We revised her claim for rental assistance based on 2 Bdr. need by ~~her~~ she and her son. Also she moved from ~~her~~ a 2 Bdr. although she had very little furniture she needed 2 Bdr.

11/18/71 Mr. Barnes of Legal Aid was not in

11/23/71 Was in contact with Mr. Barnes he indicated that he would talk with Mrs. Van Zile and have her come in and sign the papers for additional moving & rent assistance.

Dec 6. → Went out to Mrs. Van Zile to get ~~her~~ her signature on

288-7111

DATE

NOTES

C/W

11/23

Call HAP concern - Mrs. VanZile She pays
\$29. Per Mon. with utilities included. She
has made no effort to contact HAP about moving
to another location. HAP doesn't have a
date for Building or tearing down existing
property.