

	DESCRIPTION	ROLL NO	ODOMETER
PARCEL NO. A-3-20	WASHINGTON, CLEO 3217 N. VANCOUVER		
PARCEL NO. E-3-8	WASHINGTON, KATHRYN 2648 N. KERBY		
PARCEL NO. A-3-6	WEDGE, RAYMOND D. 242 N. COOK		
PARCEL NO. R-10-9	WESLEY, ROOSEVELT 535 N. MORRIS		
PARCEL NO. R-10-9	WHITCOMB, SCOTT 535 N. MONROE		
PARCEL NO. A-3-12	WHITE, CARMEN 253 N. FARGO		
PARCEL NO. A-2-4	WHITE, DOUGLAS & EVELYN (HAUGHT, EVELYN) 3100 N. GANTENBEIN		
PARCEL NO. A-3-2	WHITE, LOUISE 216 N. COOK		
PARCEL NO. RS-4-9	WILLIAMS, ALONZO 7 N. RUSSELL		
PARCEL NO. E-4-1	WILLIAMS, ALTON & BENNIE 2653 N. GANTENBEIN		
PARCEL NO. A-3-18	WILLIAMS, T.C. 203 N. FARGO		
PARCEL NO. RS-4-9	WILLIAMS, THEO 7 N. RUSSELL		
PARCEL NO. E-4-8	WOODS, E. JAMESSETTA 323 N. RUSSELL		
PARCEL NO. A-2-9	WOODS, WILLIAM H. JR. 3117 N. VANCOUVER		
PARCEL NO. A-3-3	WOODWARD, NEBBIE • 3227 N. GANTENBEIN		
PARCEL NO. A-3-8	WRIGHT, WILLIAM R. 30 N. KNOTT		
PARCEL NO. A-4-4	YARBOROUGH, MRS. BOBBIE 252 N. IVY		
PARCEL NO. A-3-7	YOUNG, DAVE 248 N. COOK		

R E S U M E /

DATE 5/23/75

NAME Cleo Washington

Mr. Cleo Washington was a roomer with Mr. Page who lived at 3217 N. Vancouver Ave. Mr. Washington moved with Mr. Page and did not file for a TACO payment at the time. However, he did contact PDC and we have paid him his benefits.



SCD

EW

worker

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME WASHINGTON, Cleo RELOCATION ADVISOR C Daniels  
 ADDRESS 3217 N. Vancouver PHONE 284-1053 PROJECT NAME Emanuel ORE, R-20  
 SEX M ETHN black VETERAN            AGE 41 PARCEL NO. A-3-20  
 MARITAL STATUS            TENURE roomer  
 DISABILITY            INDIV X FAMILY             
 ELIGIBLE FOR: PUBLIC HOUSING            FHA 235             
 RENT SUPPLEMENT            OTHER             
 INITIAL INTERVIEW 10-1-71 DATE INFO PAMPHLET DELIVERED             
 NOTICE TO MOVE            DATES EFFECTIVE            EXPIRATION DATE             
 NOTIFY IN CASE OF EMERGENCY Mr. Pace 3416 N. E. 14th 284-1053

DATE ON SITE: February 1, 1971  
 INITIATION OF  
 NEGOTIATIONS: May 12 1971  
 DATE OF  
 ACQUISITION: 5/21/71 8/7/71

ECONOMIC DATA

FAMILY COMPOSITION

Employer Zidell \$ 180.00 week  
 Address             
 MCW             
 Social Security             
 Pension             
 Other             
 TOTAL MONTHLY INCOME \$ 180.00 week

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 1  
 No. Bedrooms            Furn. X Unfurn             
 Utilities \$             
 Monthly Payments (Rent) \$ 48.00  
 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 1305 NE Brazeal  
3416 N. E. 14th Phone \_\_\_\_\_ Date of Move 4/22/71

WHERE RELOCATED:

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

(roomer)

Furnished X Unfurnished \_\_\_\_\_ Number of Rooms 1 Number of Bedrooms 0 Habitable Area \_\_\_\_\_

Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ 48.00 Purchase Price \$ \_\_\_\_\_

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

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

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	227 EH	12/31/71	\$ 304.20
TACO (Rental)	617 EH	12-6-72	\$ 304.20
TACO (Rental)	864 EH	12-6-73	\$ 304.20
TACO (Rental)	1048 EH	5/21/73	\$ 304.20
TACO (Sales)			\$
Fixed Moving	27439 G	10/21/71	\$ 215.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

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

RHP \$ 1,216.80

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

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

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

TOTAL RHP: \$1,216.80

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



RESIDENTIAL RELOCATION RECORD

Project Name Emanuel Parcel No. A-3-20 Advisor CD  
 Client's Name Washington, Cleo Phone EA 7-1062  
 Address 3217 N. Vancouver Ethn B Age 41  
Seattle Wash No.

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

Family Composition

Economic Data

Total Number in Family 1  
       wife, husband

Employer Bidell \$ 180/wk  
 Address \_\_\_\_\_

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Other Source of Income \$ \_\_\_\_\_  
 Total Monthly Income \$ 180/wk

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 10-1-71      Date of Info pamphlet delivery \_\_\_\_\_  
 Date Notice to Move given \_\_\_\_\_      Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY 2-1-71

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

Date of initiation of negotiations for purchase of property 5-12-71  
 Date of Acquisition 5-21-71  
7-7-71  
 Date of letter of intent \_\_\_\_\_  
 Date of move 6-22-71

DWELLING UNIT FROM WHICH RELOCATED

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

✓ Age of Housing Unit over 60 yrs.

✓ Size of Habitable Area 100-200 sq ft

Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 1 <sup>roomer</sup> Rent Paid \$ 48- Utilities \_\_\_\_\_

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

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

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

1515 197<sup>th</sup> Ave. So. Seattle Wash  
1305 NE Bruce REPLACEMENT DWELLING UNIT

Address 3416 NE 14<sup>th</sup> LPA Referred \_\_\_\_\_ Self Referred

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

Outside city  Outside state

✓ Age of Housing Unit over 50 yrs.

✓ Size of Habitable Area 100-200 sq ft.

No. of Rooms 1 No. of Bedrooms 0

For Claimants Who Purchased

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

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

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

For Claimants Who Rented

Rent \$ 48<sup>00</sup>

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

Total Rent Assistance \$ 1,216.80

Amount of Annual Payment \$ 304.20

No. of Housing Referrals to:

\_\_\_\_\_ Standard Sales  
-0- Standard Rent

Agency Referrals:

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

Benefits Received

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

INTERVIEW REGISTER

Date

Relocation  
Worker

10/1 Mr. Washington came in and said he was rooming with Mr. Pace when he moved. He did not know that he could get any benefits until he read the pamphlet.

10/13 Mr. Washington came by and filled out his claim for moving allowance and expenses. Some difficulty believing this claim is legitament.

10/20 Mr. Pace and Mr. Washington came into the office. Determined that Mr. Washington was a tenant of Mr. Pace for the period from 2/1-6/22/71 which would make him a displacee and eligible for benefits. Obtained written statement from Mr. Pace certifying Washington as tenant. Claim filed 10/21/71.

NOTE TO FILE:

Cleo Washington has moved in with George Lee. He is ready for 2nd annual TACO payment and I find his new housing is standard from observation.

CD

12-11-73 Claim filed and payment made for 3rd annual payment Warrant No. 864 EH.

CD

5/14/75 Mr. Washington came in and brought a picture of his home. He said that he was in the hospital and really looked like it. This was his 4th and final payment. His Seattle address is 1515 - 19th South, Seattle, Washington (Phone #EA. 4-1062).

CD

5/23/75 Sent 4th and final payment to Mr. Washington today. The letter was sent to 1515 - 19th Ave., South, Seattle, Washington - last known address.

File closed.

CD

**PORTLAND DEVELOPMENT COMMISSION**1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201N<sup>o</sup>. 1048 EHDATE May 21, 1975

PAY TO

Cleo Washington

\$ 304.20

DOLLARS

TO THE TREASURER OF THE  
CITY OF PORTLAND, OREGONAUTHORIZED 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 3217 N. Vancouver (Parcel A-3-20) -	
		Total approved	\$1,216.80
		4TH & FINAL PAYMENT	\$304.20

**Account Distribution**

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

AMOUNT \_\_\_\_\_



May 23, 1975

Mr. Cleo Washington  
1515 19th Avenue South  
Seattle, Washington

Dear Mr. Washington:

Enclosed is the Portland Development Commission's warrant,  
No. 1048-EH, in the amount of \$304.20 which represents your  
fourth and final rental assistance payment.

If we can be of any further assistance to you, please feel  
free to contact us.

Very truly yours,

S. Chester Daniels  
Relocation Advisor

SCD:rd

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-3-20

PAYABLE TO: Cleo Washington

For: <u>    </u> RHP for Homeowners . . . . .	\$ <u>          </u>
<u>    </u> Incidental Expenses for Homeowners or Tenants. . . . .	\$ <u>          </u>
<u>X</u> RHP - Tenants & Certain Others - Rental: Total approved \$1216.50; Annual amount	\$ <u>304.20</u>
<u>    </u> RHP - Tenants & 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>

Name of Client Cleo Washington  Family Less - \$            \*

Move from 3217 N. Vancouver  Individual Total \$ 304.20

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

0600 X10 901

4th & Final payment

*JG aw*

Sent to Mr. Washington  
5/23/75

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE November 20, 1974  
(Relocation Advisor)

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

RE: Cleo Washington (Emanuel) 1305 N.E. Brazee  
(Displacee) (Address)

No. 4th & final \$ 304.20 December 1974  
(annual payment) (amount) (date due)

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

Present Address: 1515 19th Ave South, Seattle Wash.

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

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

or (2) Displacee notified of ineligibility: \_\_\_\_\_ yes \_\_\_\_\_ no

Comments: Mr. Washington has moved to Seattle, Washington  
and certifies that the house does meet City Code  
and is safe, sanitary and meets his needs.

SIGNED: Cleo Washington  
(Displacee)

SIGNED: Samuel Daniels  
(Relocation Advisor)

DATE: 5/12/75

DATE: 5/14/75

TO: Bob Douglas

DATE: 5/14/75

FROM: Chet Daniels

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

TO: Cleo Washington

PROJECT: Emanuel

FOR: 4th and final TACO payment

AMOUNT: 304.20

*26*

*JCW*

SIGNED: Samuel Daniels



ELECTION FORM

I, (WE) Cleo Washington, elect to  
receive the balance of our rent assistance as follows:

X In one lump sum payment.

\_\_\_\_\_ In annual installment payments.

Signed:

Cleo Washington

Tele.#:

EA-4-1062

Date:

5-12-75



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

<b>NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:</b> Portland Development Commission 1700 SW Fourth Avenue Portland, Oregon 97201	<b>PROJECT NAME (if applicable)</b> Emanuel Hospital Project  <b>PROJECT NUMBER:</b> 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**  
 WASHINGTON, Cleo \_\_\_\_\_ Family  Individual

**2. DWELLING UNIT FROM WHICH YOU MOVED** **PARCEL NO.** A-3-20

a. Address: <u>3217 N. Vancouver, Portland, Oregon 97227</u> b. Apartment or room number: <u>(roomer)</u> c. Number of bedrooms: <u>-0-</u>	d. Monthly rental: \$ <u>48.00</u> e. Date you moved out of this dwelling: <u>6/22/71</u> <span style="float:right">Month-Day-Year</span>
---	---

**3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)**

a. Address (include ZIP Code): <u>3416 N. E. 14th, Portland Oregon, 97312</u> b. Apartment or room number: <u>(roomer)</u> c. Number of bedrooms: <u>-0-</u>	d. Monthly rental: \$ <u>48.00</u> e. Date you moved into this dwelling: <u>6/22/71</u> <span style="float:right">Month-Day-Year</span>
--	---

**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: _____ <span style="float:right">Month-Day-Year</span>	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.

12/10/71  
Date

*L. Lee Washington*  
Signature of Claimant(s)

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

COSTS INCURRED BY CLAIMANT				FOR LOCAL AGENCY USE
Item (a)	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:

Cleo Washington

COMPUTATION PREPARED BY:

JC

Name

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. \$ 37.05  
~~\$ 48.00~~

Computation

*Un-Employed at this time  
 Receiving 39.00 per week*

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>62.40</u>
	<u>37.05</u>
Line 2	- \$ <u>48.00</u>
	<u>25.35</u>
	\$ <u>14.40</u>
X	<u>48</u>

1216.80

\$ 691.20

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.) \$ 1216.80  
~~\$ 691.20~~

5. Minus adjustments (Attach full explanation) - \$ \_\_\_\_\_

6. Amount of rental assistance payment  
 (Line 4 minus Line 5) 1216.80  
\$ 691.20

7. Annual Payment 304.20  
\$ 172.80

(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.



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

NAME OF CLAIMANT Cleo Washington

Parcel No. A-3-20

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 1, 1971

Date of Acquisition: 7/7/71

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 1, 1971

Date of Initiation of Negotiations: May 12, 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:

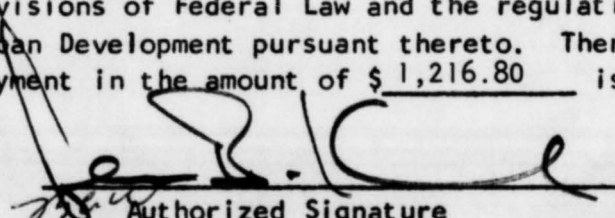
\_\_\_\_\_  
Month-Day-Year

**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 \$ 1,216.80 is authorized.

12-30-71

Date

  
Authorized Signature

**5. RECORD OF PAYMENTS**

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year 304.20

2nd Year

3rd Year

4th Year

Date of Payment	Check Number	Amount
_____	_____	\$ _____
<u>12/31/71</u>	<u>227EH</u>	<u>\$ 304.20</u>
<u>12/6/72</u>	<u>617EH</u>	<u>\$ 304.20</u>
<u>12/6/73</u>	<u>864EH</u>	<u>\$ 304.20</u>
<u>5/2/73</u>	<u>1048EH</u>	<u>\$ 304.20</u>
_____	_____	\$ _____
_____	_____	\$ _____

b. Claimant moved to unit he purchased

c. Homeowner temporarily displaced



WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY \_\_\_\_\_

PROJECT NAME Emanuel

PROJECT NO. Ore-R-20

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

Cleo Washington

2. Dwelling unit from which you moved: Parcel No. A-3-20

a. Address 3217 N. Vancouver

c. Number of bedrooms 0 (roomer)

Portland, Oregon

d. Monthly rental \$ 48.00

b. Apartment or room number \_\_\_\_\_

e. Date displaced 6/22/71

3. Dwelling unit to which you moved (RENTAL)

a. Address 3416 NE 14th

c. Number of bedrooms 0 (roomer)

Portland Oregon 97212

d. Monthly rental \$ 48.00

b. Apartment or room number \_\_\_\_\_

e. Date moved in 6/22/71

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>
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Determination

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

Tenant's initial date of rental Feb. 1, 1971

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 Feb. 1, 1971

Date of initiation of negotiations May 12, 1971

3. Is replacement housing standard?  Yes  No

If previously substandard, date found standard June 9, 1971

4. Certification: See Pace's File - letter From Bureau of Buildings

(Amount of this claim \$ 691.00 ) 12/6.80

CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

June 9, 1971

BUREAU OF BUILDINGS  
CITY HALL

C. N. CHRISTIANSEN, Director

Building Division  
C. C. Crank, Chief

Electrical Division  
R. A. Niedermayer, Chief

Plumbing Division  
George W. Wallace, Chief

Permit Division  
Albert Clark, Chief

Housing Division  
S. J. Chapwidden, Chief

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

Re: 3416 N.E. 14 Avenue

Attn: Mr. Crowley

Gentlemen:

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

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

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

*S. J. Chapwidden*  
S. J. Chapwidden  
Chief Housing Inspector

JBC:afz  
cc: Portland Dev. Comm.  
2630 N.E. Union Ave.

Rec'd  
6-10-71



506-94-6095

WASHINGTON

500-0000-00-00 70-0000000-00 0-0000

37

SOCIAL SECURITY ACCOUNT NUMBER	NAME OF CLAIMANT	LOCAL OFFICE	WE	VE	WE	DAY	VE	WE	CONTROL NUMBER	WEEKLY BENEFIT AMOUNT	MAXIMUM BENEFIT AMOUNT
			EDWES			FILED					

BASE YEAR EMPLOYER(S)		TOTAL WAGES	TOT. WKS	WAGES PAID AND WEEKS WORKED BY CALENDAR QUARTER									
NUMBER	NAME			WAGES	WKS	WAGES	WKS	WAGES	WKS	WAGES	WKS		
000000	ZIDELL EXPLORATI	3770.00	00	3770.00	00	3770.00	00	00.00	00	00.00	00	00.00	00

BASE YEAR TOTALS → **3770.00** **00** **3770.00** **00** **3770.00** **00** **00.00** **00** **00.00** **00**

BENEFIT AMOUNT UI ONLY → **8.50** **8.50** **70** **70** **70** **70**

- IF YOU DO NOT QUALIFY FOR BENEFITS THE REASON IS SHOWN BELOW.
- WAGES LESS THAN \$700 IN YOUR BASE YEAR.
  - LESS THAN 20 WEEKS OF WORK WITH AVERAGE EARNINGS OF \$20 FOR WEEK IN YOUR BASE YEAR.

## CLAIM DETERMINATION

THE FIRST POSSIBLE COMPENSABLE WEEK IS THE CALENDAR WEEK FOLLOWING THE DATE YOUR CLAIM WAS FILED.

IF YOU BELIEVE THIS DETERMINATION IS IN ERROR NOTIFY YOUR LOCAL OFFICE IMMEDIATELY.

THIS DETERMINATION WILL BECOME FINAL UNLESS A REQUEST FOR HEARING IS FILED WITHIN 15 DAYS FROM THE DATE MAILED OR DELIVERED.

IF YOU REQUEST A HEARING, YOU MUST CONTINUE TO REPORT FOR EACH WEEK OF UNEMPLOYMENT IN ORDER TO PROTECT YOUR BENEFIT RIGHTS.

**STATE OF OREGON  
EMPLOYMENT DIVISION**

DATE MAILED \_\_\_\_\_  
DATE DELIVERED \_\_\_\_\_

INSPECTED BY Cleo Washington DATE 3/12/75 MET  NOT MET   
 NAME Cleo Washington PHONE EA 4-1062  
 ADDRESS 1515 19th Ave South Seattle Wash  
 HOUSE  DUPLEX  APT  SR  HK   
 NO. OF ROOMS 5 COMP FURN  PART FURN  UNFURN   
 NO. OF ROOMS ACCESSIBLE BY STAIRS \_\_\_\_\_ BY ELEVATOR \_\_\_\_\_  
 MANAGER \_\_\_\_\_ OWNER \_\_\_\_\_  
 RENT , INCL HEAT \_\_\_\_\_ WATER \_\_\_\_\_ GAS \_\_\_\_\_ CAR \_\_\_\_\_ ELEC \_\_\_\_\_  
 NO. BRS. 2 SIZE #1 14x12 #2 14x14 #3 \_\_\_\_\_ #4 \_\_\_\_\_

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

GENERAL REQUIREMENTS:

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



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

	MET	NOT MET
26. There must be 50 sq. ' additional for each occupant in excess of two. (8-503b)* No. Brs. <u>2</u> Size: #1 <u>14X14</u> #2 <u>14X16</u> #3 _____ #4 _____ #5 _____		
<b>KITCHEN:</b>		
27. Plumbing fixtures, including sink, must be of nonabsorbent material with hot and cold running water, properly installed, and in good working condition. (8-505d,c)	✓	
28. A kitchen must have not less than 35 sq. '. (8-503b)	✓	
<b>BATHROOM:</b>		
29. Bathrooms must have at least one electric light fixture. (8-701b)	✓	
30. Bathrooms must not open directly off the kitchen. (8-505f)	✓	
31. Bathrooms and toilet rooms must afford privacy. (8-505g)	✓	
32. Dwelling unit must contain at least one bathroom with sink, toilet wash basin, tub or shower properly connected to both hot and cold waterlines with air change once every 5 minutes (8-505a) OR	✓	
33. In buildings with sleeping rooms there must be toilet facilities or one toilet, lavatory, tub or shower for every 10 of each sex, accessible from a public hall.	✓	
34. Plumbing fixtures must be of nonabsorbent material, properly installed, and in good working condition. (8-505d,c)	✓	
35. Water closet compartments must be of approved nonabsorbent material (8-505e)	✓	
<b>BASEMENT:</b>		
36. Basement areas more than 50% below grade cannot be used for habitation. (8-401,L) & (8-504a)	✓	
37. Basement areas must be dry and well drained.	✓	
<b>SPACE REQUIREMENTS FOR STANDARD HOUSING</b>		
1. Opposite sex children may not share a bedroom with a child over six (6) years of age.	✓	
2. Husband and wife should not share a bedroom with a child over three (3) years of age.	✓	

3.\* Chart of bedrooms needed:

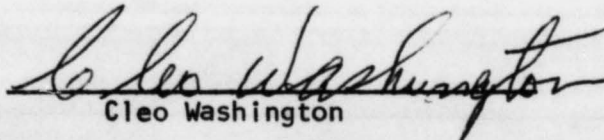
By Bedroom			By Number of Persons		
<u>No. of Bdrms.</u>	<u>No. of Persons:</u>		<u>No. of Persons:</u>	<u>No. of Bdrms:</u>	
	<u>Min.</u>	<u>Max.</u>		<u>Min.</u>	<u>Max.</u>
0	1	2	1	1	1
1	1	3	2	1	2
2	2	4	3	1	2
3	4	6	4	2	3
4	6	8	5	3	3
5	8	10	6	3	4
			7	4	4
			8	4	5
			9	5	5
			10	5	6

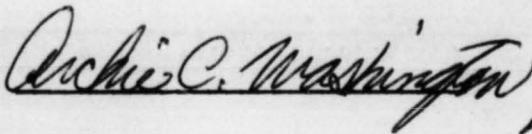
\* Indicates exceptions regarding efficiency units.

COMMENTS:

From: Mr. Cleo Washington  
1515 - 19th Ave. South  
Seattle, Washington

I certify that the dwelling in which I am now living is sanitary, safe and decent. The house is about 15 years old and was buildt under City Code.

  
Cleo Washington

Witness: 

5-12-75  
Date



THE CITY OF  
**PORTLAND**



**OREGON**

Date: April 17, 1975

Ms. Cleo Washington  
3416 N.E. 14th  
Portland, Oregon 97212

SUBJECT: Rent Assistance Payments

DEPARTMENT OF  
DEVELOPMENT AND  
CIVIC PROMOTION

PORTLAND  
DEVELOPMENT COMMISSION

Bob Walsh, Chr.  
Elaine Cogan  
Robert Ames  
Dennis Lindsay

John B. Kenward  
Executive Director

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

Dear Ms. Washington:

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

At the time that you were displaced from your former dwelling in the EMANUEL HOSPITAL PROJECT, you were determined to be eligible to receive a rent assistance payment of \$ 1,216.80 to help offset the cost of renting or leasing a comparable replacement dwelling. Under the Federal Regulations in effect at the time of your displacement, we were required to make the payment in four annual installments.

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

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

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

Very truly yours,

*Benjamin C. Webb*

Benjamin C. Webb  
Chief, Relocation

BCW:s  
Enc. 1

RELOCATION PAYMENT

PROJECT: Emanuel ORE-R-20

PARCEL: A-3-20

PAYABLE TO: Cleo Washington

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 \$1216.80; Annual amount \$304.20	\$	3rd. _____
<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 Cleo Washington  Family <sup>3rd MACO</sup> Less - \$ \_\_\_\_\_ \*

Move from 3217 W. Vancouver  Individual Total \$ 304.20

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

0500 E60 901

OK JMR

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: Cleo Washington (Emanuel) (Displacee) 1305 N.E. Brazee (Address)

No. 3rd (annual payment) \$ 304.20 (amount) 12/10/73 (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: Same as above

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: still rooms with George here

SIGNED: Cleo Washington (Displacee) SIGNED: Samuel Daniels (Relocation Advisor)

DATE: 12-5-73 DATE: 12/5/73

TO: Bob Douglas DATE: 12-5-73

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: Cleo Washington

PROJECT: Emanuel

FOR: Taco payment #3

AMOUNT: 304.20

*158*

SIGNED: Samuel Daniels



NOTICE OF RHP-TACO YEARLY PAYMENT

TO: C. Daniels  
(Relocation Advisor)

DATE November 27, 1972

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

RE: Cleo Washington  
(Displacee)

3416 N. E. 14th  
(Address)

No. 2  
(annual payment)

\$ 304.20  
(amount)

12/10/72  
(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: 1305 N. Broeze, Portland, Oregon -

Date Inspected: Dec. 4, 1972 Condition:  Standard  Substandard

If substandard: (1) Date reinspected and found standard ~~12/10/72~~

or (2) Displacee notified of ineligibility:  yes  no

Comments: Mr. Washington has moved in with George Lee - he is a roomer there - this place is standard

SIGNED: Cleo Washington  
(Displacee)

SIGNED: Samuel C. Daniels  
(Relocation Advisor)

DATE: 12-4-72

DATE: 12/4/72

TO: Bob Douglas

DATE: 12-4-72

FROM: \_\_\_\_\_

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: Cleo Washington

PROJECT: Emanuel

FOR: Second TACO Payment

AMOUNT: 304.20

SIGNED: Samuel C. Daniels *1089*

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 864 EH

DATE December 6, 1973

PAY TO **Cleo Washington**

\$ 304.20

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 3217 N. Vancouver (Parcel A-3-20).  Total approved \$1,216.80 3rd annual payment  <i>Cleo Washington</i> 12-11-73  1305 NE Brazel	\$304.20

**Account Distribution**

NO.

TITLE

AMOUNT

0600 E60 901

RELOCATION PAYMENT

Project: Emanuel Parcel: A-3-20

Payable to: Cles Washington

Amount

For: <u>      </u> RHP for Homeowners . . . . .	\$ <u>                  </u>
<u>      </u> Incidental Expenses for Homeowners (if separate claim) . . . . .	\$ <u>                  </u>
<input checked="" type="checkbox"/> RHP for Tenants & Certain Others:	
Rental: Total approved \$ <u>1216.80</u> ; Annual amount. . . . .	\$ <u>304.20</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 Cles Washington Less - \$                    \*

Move from 3217 N. Vancouver Total ML \$ 304.20

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



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 617 EH

DATE December 6, 1972

PAY TO **Cleo Washington**

\$ **304.20**

**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 Relocation Payment filed.                      Move from 3217 N. Vancouver (Parcel A03-20).</p> <p>RHP for Tenants. Total approved \$1,216.80                      2nd annual payment</p> <p><i>Cleo Washington</i></p>	<p><u>\$304.20</u></p>

**Account Distribution**

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

# PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE  
EMANUEL HOSPITAL PROJECT  
235 N. MONROE ST.  
PORTLAND, OREGON 97227  
PHONE 255-9199

May 12, 1971

Mr. Cleo Washington  
3217 N. Vancouver  
Portland, Oregon

Dear Mr. Washington:

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 payments to which you may be entitled. Certain conditions must be met and your eligibility can be established and before the amount of benefits and payments, any, can be determined.

Please check with us before making any move. If you are unable to visit 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 us. Our office is located at 235 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin S. Galt  
Chief, Relocation and  
Property Management

BCW:ch  
Enclosure

**PORTLAND DEVELOPMENT COMMISSION**  
 1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 227 EH

DATE December 31, 1971

PAY TO

**Cleo Washington**

\$ 304.20

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 3217 N. Vancouver (Parcel A-3-20)  Total approved \$1,216.80 1st Annual Payment	\$304.20

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (RHP)	\$304.20

*Cleo Washington*

*AC*

*BD*



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

Nº 27439 G

DATE October 21, 19 71

PAY TO THE  
ORDER OF

**Cleo Washington**

\$ **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 - move from 3217 N Vancouver (A-3-20) to 3416 NE 14th -- Dislocation allowance <span style="float: right;">\$200.00</span> Fixed payment - unfurnished <span style="float: right;"><u>15.00</u></span>	<b>\$215.00</b>

**Account Distribution**

NO.	TITLE	AMOUNT
E1501	Relo Payment <span style="float: right;">EH</span> (Fixed - unfurn. - Ind.)	\$215.00

10/22/71 Received

*Cleo Washington*

*PD*

*AL*

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)

Cleo Washington  
3416 N. E. 14th  
Portland, Oregon 97212

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			10-21-71
a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00 **		
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

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

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
10/21/71	274396	\$ 200.00			\$

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

\*\* Dislocation Payment



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

HUD-6140.1  
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S. W. Fourth Portland, Oregon 97201	PROJECT NAME (If applicable) Emanuel Project <hr/> PROJECT NUMBER ORE 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 WASHINGTON, Cleo (1)	2. DATE(S) OF MOVE 6/22/71
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address A-3-20 3217 N. Vancouver, Portland, Oregon 97227 b. Apt., Floor, or Room No. --- c. Was it furnished with your own furniture? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): (roomer) e. Date you moved into this address: Feb. 1, 1971	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (Include ZIP code) 3416 NE 14th, Portland, Oregon 97212 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 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 X Dislocation Payment
--	---

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

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

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

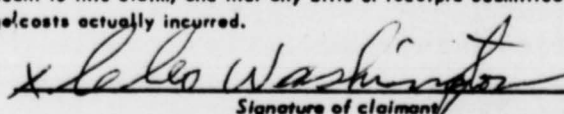
a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.

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

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

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

10/21/71  
 Date

  
 Signature of claimant

(Over)



089

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)

Cleo Washington  
3416 N. E. 14th  
Portland, Oregon 97212

NAME OF LOCAL AGENCY

Portland Development Commission

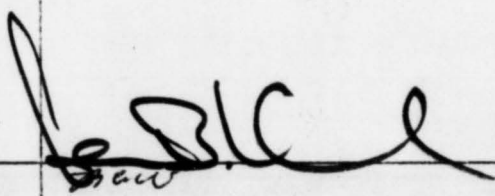
INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

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 \$ _____	\$ 15.00 **		10-21-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

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

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
10/21/71	274396	\$ 15.00 PD			\$

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

\*\* Fixed Payment

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

HUD-6140.1  
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code)  Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable)  Emanuel Project
	PROJECT NUMBER  ORE 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 (1)  WASHINGTON, Cleo	2. DATE(S) OF MOVE  6/22/71
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address <span style="float:right">A-3-20</span> 3217 N. Vancouver, Portland, Oregon b. Apt., Floor, or Room No. <u>    --    </u> c. Was it furnished with your own furniture? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>    (roomer)    </u> e. Date you moved into this address: <u>    Feb. 1, 1971    </u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (Include ZIP code) 3416 N. E. 14th, Portland, Oregon b. Apt., Floor, or Room No. <u>    --    </u> <span style="float:right">97212</span> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

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

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

Check c if applicable:

c. Supplementary claim for reimbursement of storage costs

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, and 11c below.) \$ 15.00

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

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

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

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

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

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

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

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

10/20/71  
Date

*x Cleo Washington*  
Signature of claimant

20 October, 1971

This is to certify that Mr. Cleo Washington was my tenant at my former residence at 3127 N. Vancouver, Portland, Oregon from February 1, 1971 thru June 22, 1971 and paid rent at the rate of \$12.00 per week during said period.

*Theresa Lee*



RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER C Daniels

PROJECT NO. R-20 PARCEL A-3-20

NAME Cleo Washington ADDRESS 3217 N Vancouver APT NO. Roomer

PHONE 284-1053 INITIAL INTERVIEW Oct 1 1971 SEX M W W NW B AGE 41

U.S. CITIZEN  ALIEN  VETERAN  SERVICEMAN  DATE ON SITE May 1 1970

FAMILY COMPOSITION

Name	Relation	Age
<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>
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<del> </del>	<del> </del>	<del> </del>

Employer: Name Zidell \$ 180.00 WK  
 Address \_\_\_\_\_  
 MCW Caseworker \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Va. Fed. Mult Co. \_\_\_\_\_  
 Pension: Name \_\_\_\_\_  
 Other: Name \_\_\_\_\_

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

Roomer  
 Rent 48.00, Inc. Heat \_\_\_\_\_ Water \_\_\_\_\_ Gas \_\_\_\_\_ Gar \_\_\_\_\_ Elec \_\_\_\_\_  
 Unfurn \_\_\_\_\_ 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:  
 Name Mr Page Address 3416 NE 14th Phone 284-1053

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: 3416 NE 14th Zip \_\_\_\_\_ Phone \_\_\_\_\_

Oct 1 came in and said he was rooming with Mr. Page when he moved. He did not know that he could get any benefit until he read the pamphlet.

Oct. 13 Mr. Washington came by and will filled out his claim for Moving allowance & expense. Some difficulty Believing this claim legitimate

Oct. 20, 1971 Mr. Pace and Mr. Washington came into the office. Determined that Mr. Washington was a tenant of Mr. Pace for the period from 2/1-6/22/71 which would make him a displacee and eligible for benefits. Obtained written statement from Mr. Pace certifying Washington as tenant. Claim filed 10/21/71. WSJ

Oct. 28 Mr. Washington

*[Faint, mostly illegible text and lines, possibly a ledger or form, with some words like 'DATE', 'AMOUNT', and 'TOTAL' visible.]*