

	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		

NAME OF CLAIMANT

Emanuel White

PROJECT

Emanuel

RELOCATION ADVISOR

A.J.

CHECKLIST FOR RELOCATION FILES - INDIVIDUALS

- Copy of Notice to Acquire/Vacate
- Copy of Real Estate Option (for owner/occupant only)
- Signed RECEIPT from displacee for information statement or brochure
- INTERVIEW SHEET - filled out
- Recorded personal interviews
- Copies of all correspondence with displacee

- Verification of Income
- Request for HAP assistance
- FHA displacee qualifying form - rent supplement
- City inspection letter on replacement housing
- Copy of earnest money offer on replacement housing
- Letter of Assignment (when claim payable to other than claimant)
- Other:

- Moving authorization letters
- Dwelling unit inventory sheet
- Log sheet for day of move (for professional move)
- Release of personal property
- DATE OF MOVE 11/12/71
- Keys turned into: _____
- Utilities shut off
- Escrow releases, grants and amounts withheld
- Verify no rent outstanding
- Other:

- Settlement Costs
- Incidental Expenses
- Interest Expense (owner/occupant only)

4/14/75 DATE FILE CLOSED

R E S U M E

April 14, 1975

Client was eligible for rent-supplement housing, she received RHP-TACO and moving/dislocation allowance.

CASE CLOSED

289-3738

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME WHITE, Carmen RELOCATION ADVISOR A Gordon
 ADDRESS 253 N. Fargo PHONE 289-5027 PROJECT NAME Emanuel ORE. R-20
 SEX F ETHN black VETERAN AGE 20 PARCEL NO. A-3-12
 MARITAL STATUS TENURE tenant
 DISABILITY INDIV FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING X FHA 235
 RENT SUPPLEMENT OTHER
 INITIAL INTERVIEW 6-7-71 DATE INFO PAMPHLET DELIVERED 12/14/71
 NOTICE TO MOVE DATES EFFECTIVE EXPIRATION DATE
 NOTIFY IN CASE OF EMERGENCY Mrs. Esther Douglas 9202 N. Chatauqua 285-6020

DATE ON SITE:	<u>July 1970</u>
INITIATION OF NEGOTIATIONS:	<u>May 13, 1971</u>
DATE OF ACQUISITION:	<u>December 16, 1971</u>

ECONOMIC DATA

Employer Peninsula School Teachers Aide \$ 339.00
 Address
 MCW
 Social Security
 Pension
 Other
 TOTAL MONTHLY INCOME \$ 339.00

FAMILY COMPOSITION

Name	Relation	Age
Brian Morris	son	5

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 1910 No. Rooms 6
 No. Bedrooms 3 Furn. Unfurn
 Utilities \$
 Monthly Payments (Rent) \$ 85.00
 Acquisition Price \$
 Taxes \$ Equity \$
 Liens \$

Size of Habitable Area 1118 sq. ft.

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 1831 N. Going Phone _____ Date of Move 11/12/71

WHERE RELOCATED:

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

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

Utilities \$ _____ Monthly Payments (Rent) \$ 57.50 Purchase Price \$ _____

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	258 EH	1/19/72	\$ 760.20
TACO (Rental)	653 EH	1-8-73	\$ 760.20
TACO (Rental)	877 EH	1/9/74	\$ 760.20
TACO (Rental)	1001 EH	1/8/75	\$ 760.20
TACO (Sales)			\$
Fixed Moving	28343 G	12/30/71	\$ 380.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

TOTAL RHP: \$3,040.80

TOTAL BENEFITS RECEIVED \$3420.80

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
2/20/71	SURVEY: Would like to buy a house - all on one floor. North - towards Interstate.	JC
6/7/71	Talked with Carmen White and advised her of some of her benefits. She is unemployed but expects to go to work soon. She said she wanted to get into public housing. Don't know what her marital status will be.	CD
6/18/71	Delivered information needed for rent supplement to Albina Real Estate. She made application for rent supplement housing.	
12/13/71	Contact was made with Mrs. Douglas, the mother of Carmen White, who got in touch with client to come into the office.	
12/14/71	My interview with Mrs. White changed the information on the survey on the initial interview of 6/7/71. The person talked to was a friend, and not part of the family. Therefore, some adjustments have been made. Mrs. White was informed of arrangements and dislocation benefit payments and moving expenses of furniture in the house at 253 N. Fargo.	
12/17/71	Mrs. White came in and signed papers for her benefits payment and will have furniture moved out of the house next week. Will turn in key as soon as moving is completed. The apartment Ms. White now occupies was recently inspected by FHA.	
12/28/71	Called and left message for Carmen White to come in to sign form for verification of income. She is now employed by the Portland School District I, Peninsula School.	
12/29	Mrs. White was in the office. Took verification of income form to be filled out by employer.	
1/3/72	Letter of income verification was received from employer.	
1/5/72	Mrs. White was in today. Check for fixed claim on moving Check No. 28343 G issued to Carmen White. Sum of \$380.00 and relocation allowance. Key to 253 N. Fargo was turned in to our office by Mrs. Douglas, the landlord.	
1/19/72	Claim for RHP for tenant from 253 N. Fargo, first annual payment Check No. 258 EH for the sum of \$760.20 filed for Carmen White.	
1/24/72	Mrs. Carmen White was in office to pick up her first annual payment check. Talked about possibility of buying later.	
1-3-73	Claim filed for Second Annual Payment for client in the amount of \$760.20. Dwelling still in standard condition rent supplement housing.	
1-8-73	Reimbursement per claim for RHP for tenants filed for Carmen White for move from 253 N. Fargo Parcel A-3-12 approved Second Annual Payment \$760.20. Warrant No. 653 EH Received January 9, 1973. Emanuel Hospital Ore R-20.	
1-10-73	Mrs. White picked up her check for \$760.20. Signed on receipt of check Warrant No 653 EH. Second RHP Annual Payment Date 1-10-73.	
1/10/73	<i>Claim filed for 3rd Annual payment in the amount of \$760.20. Inspection done on apartment.</i>	
1/9/74	<i>Received Check NO. 877 EH for move from 253 N, Fargo. Signature on receipt of check. Delivered to client.</i>	

RESIDENTIAL RELOCATION RECORD

Project Name Emanuel Parcel No. A 3-12 Advisor 99.
 Client's Name White, Cornea Phone 289-3738
 Address 253 W. Fargo Ethn Black Age 20

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

Female Head of Household

Family Composition

Economic Data

Total Number in Family 2

Employer Teachers A, B \$ 339.00

1 wife, ~~husband~~

Address _____

Other: Relation Age Relation Age

Relation	Age	Relation	Age
<u>son</u>	<u>5</u>		

Other Source of Income _____ \$ _____

Total Monthly Income \$ (339 -)

- 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 6-7-71 Date of Info pamphlet delivery 12-14-71

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

July 1970

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

Date of initiation of negotiations for purchase of property

5-13-71

Date of Acquisition

12-16-71

Date of letter of intent

Date of move

11-12-71

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	
Private Rental		Duplex	
Other		Multiple Family	

Age of Housing Unit 1910

Size of Habitable Area 1118

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 6 Rent Paid \$ 85⁰⁰ Utilities _____

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

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 1831 W. Young LPA Referred _____ Self Referred

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

Outside city Outside state

✓ Age of Housing Unit 10 yrs

✓ Size of Habitable Area 800 sq. ft.

✓ No. of Rooms 4 No. of Bedrooms 2

For Claimants Who Purchased

For Claimants Who Rented

Purchase Price of Replacement Dwelling \$ _____

Rent \$ 57.50

Taxes \$ _____

Utilities \$ _____

RHP or TACO (including incidental costs) \$ _____

Total Rent Assistance \$ 3,040.80

Amount of Annual Payment \$ 760.20

No. of Housing Referrals to:

Agency Referrals:

_____ Standard Sales _____ MCW _____ HAP _____ OTHER (_____)

_____ Standard Rent _____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

Date _____ Ck # _____ Type _____ Amount \$ _____

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o100¹00' EH
*Good*DATE January 8, 1975PAY TO **Carmen White**\$ **760.20****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 253 N. Fargo (Parcel A 3-12).	
		Total approved 4th and final payment	\$3,040.80
			\$760.20
		<i>1-10-75</i>	
		<i>Carmen E. White</i>	

Account Distribution

NO.

TITLE

AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel R-20

PARCEL: A 3-12

PAYABLE TO: Carmen White

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 \$3040.80	Annual amount	\$	<u>760.20</u>
<input type="checkbox"/>	RHP - Tenants & Certain Others - Downpayment	.....	\$	_____
<input type="checkbox"/>	Settlement Costs (on acquisition by LPA only)	.....	\$	_____
<input type="checkbox"/>	Interest Expense	.....	\$	_____
<input type="checkbox"/>	Fixed Moving Payment	.....	\$	_____
<input type="checkbox"/>	Dislocation Allowance	.....	\$	_____
<input type="checkbox"/>	Actual Moving Costs	.....	\$	_____
<input type="checkbox"/>	Storage Costs	.....	\$	_____
<input type="checkbox"/>	Business: Moving Expenses	.....	\$	_____
<input type="checkbox"/>	Business: In Lieu Payment	.....	\$	_____
<input type="checkbox"/>	Business: Storage Costs	.....	\$	_____
<input type="checkbox"/>	Business: Loss of Property	.....	\$	_____
<input type="checkbox"/>	Business: Searching Expenses	.....	\$	_____

Name of Client Carmen White Family Less - \$ _____ *

Move from 253 N. Fargo Individual Total \$ 760.20

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

C.H. PLEASE NOTE ON COVER LETTER THAT THIS IS FINAL PAYMENT

0600 X 10 901

Shaw

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon DATE December 19, 1974
(Relocation Advisor)

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

RE: Carmen White (Emanuel) 1831 N. Going
(Displacee) (Address)

No. 4th & final \$ 760.20 Jan. 1975
(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: 1831 N. Going

Date Inspected: _____ Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: This unit is a FHA-Rent Supplement
Complex and in good condition at this time.

SIGNED: Carmen White SIGNED: Alma Gordon
(Displacee) (Relocation Advisor)

DATE: 12/27/74 DATE: 12/30/74

TO: Bob Douglas DATE: 12/31/74

FROM: Alma Gordon

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

TO: Carmen White

PROJECT: Emanuel R-20

FOR: 4th and final TACO payment

AMOUNT: \$760.20

bcw SIGNED: Alma Gordon

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY: Portland Development Commission
1700 S. W. Fourth
Portland, Oregon 97201

PROJECT NAME (if applicable) Emanuel Hospital Project
PROJECT NUMBER: ORE R-20

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

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

1. FULL NAME OF CLAIMANT

WHITE, Carmen

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-3-12

- a. Address: 253 N. Fargo, Portland, Oregon 97212
b. Apartment or room number: ---
c. Number of bedrooms: 2

- d. Monthly rental: \$ 65.00
e. Date you moved out of this dwelling: November 12, 1971
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

- a. Address (include ZIP Code): 1831 N. Going, Portland, Oregon 97211
b. Apartment or room number: ---
c. Number of bedrooms: 2

- d. Monthly rental: \$ 57.50
e. Date you moved into this dwelling: November 12, 1971
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.

12-17-71
Date

Carmen E. White
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:

Carmen White
1831 N. Long

COMPUTATION PREPARED BY:

A.G.
Name

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: Y Schedule
 Comparative
 Other)
2. Base monthly rental for claimant's former dwelling, or
25% of adjusted monthly income, whichever is less. \$ 65.00

Computation

3. Line 1 minus Line 2, multiplied by 48
- | | | | |
|--------|-------------------|--|--------------------|
| Line 1 | \$ <u>128.35</u> | | |
| Line 2 | - \$ <u>65.00</u> | | |
| | \$ <u>63.35</u> | | |
| | X <u>48</u> | | \$ <u>3,040.80</u> |
4. Base amount (if amount on Line 3 is \$4,000 or more,
enter \$4,000. If amount on Line 3 is less than
\$4,000, enter amount on Line 3.) \$ 3,040.80
5. Minus adjustments (Attach full explanation) - \$ _____
6. Amount of rental assistance payment
(Line 4 minus Line 5) \$ 3,040.80
7. Annual Payment \$ 760.20

(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 Carmen White

Parcel No. A-3-12

NAME OF LOCAL AGENCY PDC

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

Tenant's initial date of rental: July 1970

Date of Acquisition: December 16, 1971

Owner-Occupant's initial date of ownership: _____

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

Date of Rental or Purchase: July 1970

Date of Initiation of Negotiations: May 13, 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: _____

_____ *Public Housing FHA*
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 \$ 3,040.80 is authorized.

1-19-72
Date

[Signature]
Authorized Signature

5. RECORD OF PAYMENTS

	Date of Payment	Check Number	Amount
a. Claimant moved to rental unit			
(1) Lump-sum payment	_____	_____	\$ _____
(2) Annual payment			
1st Year	<u>1/19/72</u>	<u>258EH</u>	<u>\$ 760.20</u>
2nd Year	<u>1-8-73</u>	<u>653EH</u>	<u>\$ 760.20</u>
3rd Year	<u>1-9-74</u>	<u>877EH</u>	<u>\$ 760.20</u>
4th Year	<u>1-8-75</u>	<u>1001EH</u>	<u>\$ 760.20</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 ORE Manual

PROJECT NO. ORER20

1. Full name of claimant: Carmen White Family Individual
2. Dwelling unit from which you moved: Parcel No. _____
 a. Address 253 N. Fargo c. Number of bedrooms 2
 b. Apartment or room number House d. Monthly rental \$ 65.00
 e. Date displaced Nov. 12, 1971
3. Dwelling unit to which you moved (RENTAL)
 a. Address 1831 N. Fargo c. Number of bedrooms 2
 b. Apartment or room number 5 d. Monthly rental \$ 57.50
 e. Date moved in Nov. 12, 1971
4. Dwelling unit to which you moved (PURCHASE)
 a. Address _____ c. Downpayment \$ _____
 b. Number of bedrooms 2 d. Incidental expenses \$ _____
 e. Date of purchase _____
5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)
 a. Address from which you moved 253 N. Fargo St.
 b. Address to which you moved 1831 N. Fargo
 c. Date of move Nov. 12, 1971
 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 July 1970
 Date of acquisition December 16, 1971
 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 July 1970
 Date of initiation of negotiations May 13, 1971
3. Is replacement housing standard? Yes No
 If previously substandard, date found standard _____
4. Certification:

(Amount of this claim \$ 3040.80)

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 877 EH

DATE January 9, 19 74

PAY TO **Carmen White**

\$ 760.20

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 253 N. Fargo (Parcel A 3-12). Total approved \$3,040.80 3rd annual payment	\$760.20
<i>Carmen E. White</i> <i>Received 1-11-74</i>			

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A 3-12

PAYABLE TO: Carmen White

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 \$ <u>3040.80</u> Annual amount	\$	<u> </u>
<u> </u> RHP - Tenants & Certain Others - Downpayment	\$	<u>760.20</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 Carmen White Family Less - \$ *

Move from 253 N. Fargo Individual Total \$ 760.20

Accounting: Indicate symbol and Accounting No.

 Relocation Payment; Project Cost *()

OK JMC

0600 F260 901

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon DATE December 26, 1973
(Relocation Advisor)

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

RE: Carmen White 1831 N. Going
(Displacee) (Address)

No. 3rd \$ 760.20 1/8/74
(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: 1831 N. Going

Date Inspected: _____ Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: This Apt. is in standard Condition same as last payment.

SIGNED: Carmen E. White
(Displacee)

SIGNED: Alma Gordon
(Relocation Advisor)

DATE: 12/31/73

DATE: 12/31/73

TO: Accounting Dept.

DATE: 12/31/73

FROM: Alma Gordon

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

TO: Carmen White

PROJECT: Emanuel

FOR: 3rd annual rent assistance payment

AMOUNT: \$760.20

SIGNED: Alma Gordon

PORTLAND DEVELOPMENT COMMISSION1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201N^o 653 EHDATE January 8, 19 73PAY TO **Carmen White**

\$ 760.20

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 253 N. Fargo (Parcel A-3-12).	
		Total approved \$3,040.80 2nd annual payment	<u>\$760.20</u>
	Received	Carmen E. White	1-10-73

Account Distribution

NO.

TITLE

AMOUNT

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 258 EH

DATE January 19, 1972

PAY TO **Carmen White**

\$ 760.20

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. From 253 N. Fargo (Parcel A-3-12).	
		Total approved \$3,040.80 1st Annual Payment	<u>\$760.20</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP)	\$760.20

Carmen E. White

RC

JMS

INSPECTED BY Alma Gordon DATE 12/31/73 MET NOT MET

NAME Carmen White PHONE 289-3738

ADDRESS 1831 N. Going

HOUSE _____ DUPLEX _____ APT SR _____ HK _____

NO. OF ROOMS 4 COMP FURN _____ PART FURN _____ UNFURN

NO. OF ROOMS ACCESSIBLE BY STAIRS _____ BY ELEVATOR _____

MANAGER _____ OWNER _____

RENT \$57.50 INCL HEAT WATER GAS _____ GAR _____ ELEC

NO. BRS. 2 SIZE #1 _____ #2 _____ #3 _____ #4 _____

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

GENERAL REQUIREMENTS:

1. House must be weatherproof (29.24.020)
2. Floors, porches, walls, ceilings and stairs must be in sound and good repair. (29.28.010)
3. Doors and hatchways must be in good repair. (29.28.010 (13))
4. Multiple dwellings with more than 50 occupants must have two means of exit. (24.66.020(c))
5. Exits must have direct access to outside or public corridor. (24.66.030 (G))
6. Hallways must be lighted adequately --- at least 2' candle power. (29.20.040(d))
7. Hallway ventilation must be by windows, doors, outside skylights, ventilation ducts, or mechanical ventilation 5x/hr. (29.20.040(d))
8. Premises must be free of vermin, rodents, filth, debris, garbage. (29.28.010 - 29.28.020)
9. Heating equipment must be able to maintain 70° at 3' above floor (29.24.030)
10. There may be no unvented or open flame gas heaters. (29.24.030)

	MET	NOT MET
11. Habitable rooms must have window area of 12 sq. ft. or 1/8 of floor area. (29.20.040 (a))	✓	
12. Every habitable room must have openable area of not less than 1/2 the required glass area OR mechanical ventilation changing air, 4x/hr. (29.20.040)		
13. Dwelling unit must have at least two habitable rooms, one of which is at least 150 sq. ft. cf. "Efficiency units" (29.20.030)	✓	
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. (29.24.040)	✓	
15. Water must be heated to not less than 120°F. (29.08.260)	✓	
16. Ceiling height in hotels and apartments must be 8'; in dwelling and service rooms 7½'. (29.20.030)		
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. (29.20.030(c))	✓	

EFFICIENCY UNITS:

18. Foyer must open from public area. (29.20.030(b) (2)		
19. There must be 220 sq. ft., plus 100 sq. ft. for each person in excess of two. (29.20.030(b) (1)		
20. A kitchenette must be 3x5 or more with doors and fan or window. (29.20.030(b) (4)		
21. A dressing closet must have adequate circulation and storage. (29.20.030(b) (3)		
22. There must be a separate bathroom accessible from foyer or dressing closet only. (29.20.030(b) (5)		

LIVING AREA:

23. There must be two rooms, one of which must be at least 150 sq. ft. (29.20.030)	✓	
24. Rooms for cooking and living, or for living and sleeping, must have at least 150 sq. ft. (29.20.030(b)	✓	

BEDROOMS:

25. Bedrooms must be at least 90 sq. ft. (29.20.030(b)	✓	
--	---	--

	MET	NOT MET
26. There must be 50 sq. ft. additional for each occupant in excess of two. (29.20.030(b)) No. Brs. <u>2</u> Size: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____		

KITCHEN:

27. Plumbing fixtures, including sink, must be of nonabsorbent material with hot and cold running water, properly installed, and in good working condition. (29.20.050(d))	✓	
28. A kitchen must have not less than 35 sq. ft. (29.20.030)	✓	

BATHROOM:

29. Bathrooms must have at least one electric light fixture. (29.24.040)	✓	
30. Bathrooms must not open directly off the kitchen. (29.20.050(f))	✓	
31. Bathrooms and toilet rooms must afford privacy. (29.20.050(g))	✓	
32. Dwelling unit must contain at least one bathroom with sink, toilet, wash basin, tub or shower properly connected to both hot and cold water lines with air change once every 5 minutes. (29.20.050)	✓	
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. (29.20.050(b))		
34. Plumbing fixtures must be of nonabsorbent material, properly installed, and in good working condition. (29.20.050)	✓	
35. Water closet compartments must be of approved nonabsorbent material. (29.20.050(e))	✓	

BASEMENT:

36. Basement areas more than 50% below grade cannot be used for habitation. (29.20.040 & 29.08 "Definitions")		
37. Basement areas must be dry and well drained. (29.20.040)		

SPACE REQUIREMENTS FOR STANDARD HOUSING

1. Opposite sex children may not share a bedroom with a child over six (6) years of age.		
2. Husband and wife should not share a bedroom with a child over three (3) years of age.		

3. * Chart of bedrooms needed:

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

* Indicates exceptions regarding efficiency units.

COMMENTS:

RF

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Alma Gordon (Relocation Advisor) DATE January 2, 1973

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

RE: Carmen White (Displacee) 1831 N. Going (Address)

No. 2 (annual payment) \$ 760.20 (amount) 1/19/73 (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: 1831 N. Going

Date Inspected: 1/3/73 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Still living in same location standard
Rent supplement housing.

SIGNED: Carmen E. White (Displacee) SIGNED: Alma Gordon (Relocation Advisor)

DATE: Jan 3, 1973 DATE: Jan. 3, 1973

TO: Bob Douglas DATE: Jan 4, 1973

FROM: Alma Gordon

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

TO: Carmen White

PROJECT: Emanuel CRE R-20

FOR: 2nd yearly RHP-TACO payment

AMOUNT: \$760.20

SIGNED: Alma Gordon *WJ*

0600 ECO 901

RELOCATION PAYMENT

Project: Emanuel Hospital Parcel: A-3-12

Payable to: Carmen White

Amount

For: <input type="checkbox"/>	RHP for Homeowners	\$	<u> </u>
<input checked="" type="checkbox"/>	Incidental Expenses for Homeowners (if separate claim)	\$	<u> </u>
<input checked="" type="checkbox"/>	RHP for Tenants & Certain Others: <i>2nd</i>		
	Rental: Total approved \$ <u>3040.80</u> ; Annual amount.	\$	<u>760.20</u>
	or Purchase:	\$	<u> </u>
<input type="checkbox"/>	Fixed Moving Payment	\$	<u> </u>
<input type="checkbox"/>	Dislocation Allowance.	\$	<u> </u>
<input type="checkbox"/>	Actual Moving Costs.	\$	<u> </u>
<input type="checkbox"/>	Storage Costs (if separate claim).	\$	<u> </u>
<input type="checkbox"/>	Business: Moving Expenses.	\$	<u> </u>
<input type="checkbox"/>	Business: in Lieu Payment.	\$	<u> </u>
<input type="checkbox"/>	Business: Storage Costs.	\$	<u> </u>
<input type="checkbox"/>	Business: Loss of Property	\$	<u> </u>
<input type="checkbox"/>	Business: Searching Expenses	\$	<u> </u>

Name of Client Carmen White Less - \$ *

Move from 253 N. Fargo Total \$ 760.20

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

January 3, 1972
(Date)

Gentlemen:

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

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

Thank you.

Sincerely,

x Carmen E. White
(Name)
1831 N. Going
(Address)
Going Estate Apts.

January 5, 1972
(Date)

TO: Portland Development Commission

The following information on income from employment is submitted, as requested above:

Employee's name: Carmen E. Morris (White)

Total earnings for 1971: \$1,019.49 (Sept., Oct., Nov.)

Estimated earnings for current year: \$ 3,398.30

CONFIDENTIAL

Barry L. Henderson
(Authorized signature)
Employment Programs
P.P.S.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 28343 G

DATE December 30, 1971

PAY TO THE
 ORDER OF

Carmen E. White

\$380.00

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 253N. Fargo (A-3-12) to 1831 N. Going. Dislocation Allowance Fixed Payment - own furn.	\$200.00 180.00 <u>\$380.00</u>

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relo Pmts (EH) (Fixed - OF - Family)	\$380.00

AC

*paid - Carmen E. White
 Date 1-5-72*

BD

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 Carmen E. White Family Individual

2. DATE(S) OF MOVE November 12, 1971

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A 3-12
a. Address 253 N. Fargo
b. Apartment, Floor, or Room Number -0-
c. Was it furnished with your own furniture?
 Yes No
d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 4
e. Date you moved into this address: 7-1-70

4. DWELLING UNIT TO WHICH YOU MOVED
a. Address (include ZIP Code) 1831 N. Boing
b. Apartment, Floor, or Room Number -0-
c. Were household goods moved to or from storage?
 Yes No
If "Yes", complete table, "Statement of Claim for Storage Costs"

5. TOTAL CLAIM (if 5 b. marked above)
Dislocation Allowance \$200.00
Fixed Moving Payment (4 rms) 180.00
(Consult local agency) Total \$ 380.00

6. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other 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.

12/17/71
Date

Carmen E. White
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:

Carmen E. White
1831 N. Going
Portland, Oregon

NAME OF LOCAL AGENCY:

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

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

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

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

Yes No

If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount ^{1/}	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>180.00</u>		<i>[Signature]</i> 3600	<u>12-30-71</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>380.00</u>	<u>380.00</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>12/30/71</u>	<u>283436</u>	<u>\$ 380.00</u>	<u>12/30</u>		<u>\$</u>

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Corman White Project Emanuel Project R-20
 2. Date(s) of move Nov. 12, 1971 Parcel No. A-3-12
 3. Dwelling unit from which you moved:
 Address 253 N Fargo No. of rooms 6 *if only enough furniture for 4 rooms*
 Furnished Unfurnished Date you moved into this unit 7-1-70

4. Dwelling unit to which you moved:
 Address 1831 N Going
 Were goods moved to or from storage? Yes No

5. Total claim \$ 180 (*only enough furniture for 4 rooms*)

FIXED PAYMENT: \$200 + \$180.00 = \$380.00

ACTUAL MOVING COSTS

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

STORAGE COSTS

Name, address and ZIP code of storage company

A. Type of claim
 initial supplementary final

B. Storage period
 1. Total period: _____ months. Check one: Actual Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____

		<u>Approved</u>
C. Storage Costs		
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)

6/7/71

Dwelling Unit Inventory

 QUANTITY

 1 Beds & Springs

 Bedroom Chair

 1 Breakfast Table

 6 Breakfast Table Chairs

 2 Bridge Lamp & Shade

 Buffet

 1 Chest of Drawers

 1 Coffee Table

 1 Couch

 Davenport

 Desk

 Dining Table

 Dining Chairs

 1 Dresser

 2 End Table

 Floor Lamp & Shade

 Mirror

 QUANTITY

 Night Stand

 Occasional Chair

 1 Overstuffed Chair

 Overstuffed Rocker

 1 Range

 1 Refrigerator: Brand

 Rocker

 Rug & Pad: Size

 Stool

 Table Lamp & Shade

 Table, small

 Vanity & Bench

 Suitcases

 Trunks

 ✓ Cartons, Boxes, Etc.

 ✓ Clothes

 ✓ Bedding & Linens

Miscellaneous (List Items)

Roll-away Bed

TV (2)

Record Player (2)

Tape Recorder

COMMENTS: (4 rooms)

2- bedrooms

1- kitchen

1- livingroom - family room

January 5 1972
(Date)

Gentlemen:

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

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

Thank you.

Sincerely,

X Carmen E. White
(Name)
1831 N. Young
(Address)
Young State Apt.

January 5, 1972
(Date)

TO: Portland Development Commission

The following information on income from employment is submitted, as requested above:

Employee's name: Carmen E. Morris (White)
Total earnings for 1971: \$1,019.49 (Sept., Oct., Nov.)
Estimated earnings for current year: \$ 3,398.30

[Signature]
(Authorized signature)
Employment Programs
DPC

CONFIDENTIAL

DATED this 7th day of January 19 72.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 253
N. Fargo St., Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

~~(Print Name)~~
by: Ester Ann Douglass

P. 2

DATED this 17 day of December 1971.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 253 N. Fargo St, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

(firm name)

by: Carmen E. White

PORTLAND DEVELOPMENT COMMISSION

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

June 18, 1971

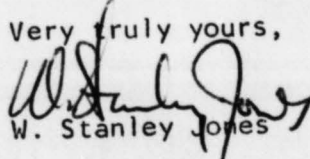
Housing Authority of Portland
4400 N. E. Broadway
Portland, Oregon 97213

Gentlemen:

This is to inform you that Carmen White,
of 253 N. Fargo, Portland, Oregon 97227,
who wishes to file an application with your office will be displaced
as a result of the acquisition of the property, in which he (or she)
resides, by the Portland Development Commission in the urban renewal
project, ORE R-20.

Thank you for any help that you may render Miss White
in his (her) efforts to obtain suitable housing.

Very truly yours,


W. Stanley Jones

WSJ:slc

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 280-9169

September 1, 1971

Mrs. Carmen White
253 N. Fargo
Portland, Oregon

Dear Mrs. White:

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 280-9169. 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

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.

June 7, 1971
Date

Carmex E. White
Signature of Claimant
(If more than one claimant, each should sign)

(Return this form to PDC)

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 OC Date of survey 2/26/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 20 Structure No. 17 Census Block No. 23 Census Tract No. 22A
 Street Address 253 N. Fargo Apartment No. _____

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

1. Assistance may be needed, yes X, 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.	LEANNIS ESHMON	Head of household	20	M	Unemployed
2.	Carmen White (spouse)	W	19	F	Secretary
3.	Brian Morris	Son	4	M	—
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	Distance
Carmen White	Albino Youth Opp Sch	Um.	~

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
Carmen White	\$ 320.00	\$ 320.00
Total family or household income per month	\$ 320.00	\$

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

1. Location (indicate approximate cross streets) N. Tower & Interstate
2. Transportation, number of autos owned 1, use bus _____, walk _____
3. Will rent house _____, apartment _____, expect to pay rent, including utilities, at \$ _____ per mo. (Furniture is owned, yes _____, no _____, stove and refrigerator owned, yes _____, no _____)
4. Will buy house in price range \$ unknown, 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

*all on one floor
8 mos*

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

Analyst JC Date 2/20/71 Tabulator _____ Date _____
 Dwelling Unit No. 18 Structure No. 17 Census Block No. 23 Census Tract No. 22A
 Street Address 253 N. Fargo Apartment No. _____
 Legal Description _____

NAME OF OCCUPANT: Carmen White NAME & ADDRESS OF OWNER: ESTER MORRIS Douglas NAME & ADDRESS OF PROP. MGR: Charlie Douglas
253 N. Fargo 9202 N. Cham...
 TELEPHONE: _____ TELEPHONE: 285-6020 TELEPHONE: _____
 INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

<u>X</u> One-family house	_____
_____ Apt. in a house	_____
_____ Apt. in apt. bldg. or plex	_____
_____ Apt. in comm. bldg.	_____
_____ Mobile home or trailer	_____

This structure has 1 1/2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

_____ Owner occupied
X Renter occupied
 _____ Vacant

III. SIZE OF DWELLING UNIT

768 Sq. ft. in first floor (county figure)
1118 Sq. ft. in dwelling unit (if more than 1 floor)
6 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
1 No. of bathrooms
3 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
1971 Period market value data applicable
1967 Date of last appraisal
1910 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>1500</u>	\$ _____
Improvements	<u>2180</u>	_____
Total	<u>3680</u>	_____

C. Market value data for dwelling unit in a multiple-family structure or commercial bldg.

	Market value for entire structure	Computed value per sq. ft. for this dw. unit
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

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

V. RENTAL RATE FOR THIS RENTED UNIT

Monthly average	Cash rent	Utilities	Total paid by renter
Rent	\$ _____	_____	\$ _____
Electricity	_____	\$ _____	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Heat (oil, or other)	_____	_____	_____
Total	\$ _____	\$ _____	\$ <u>85.00</u>

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

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

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

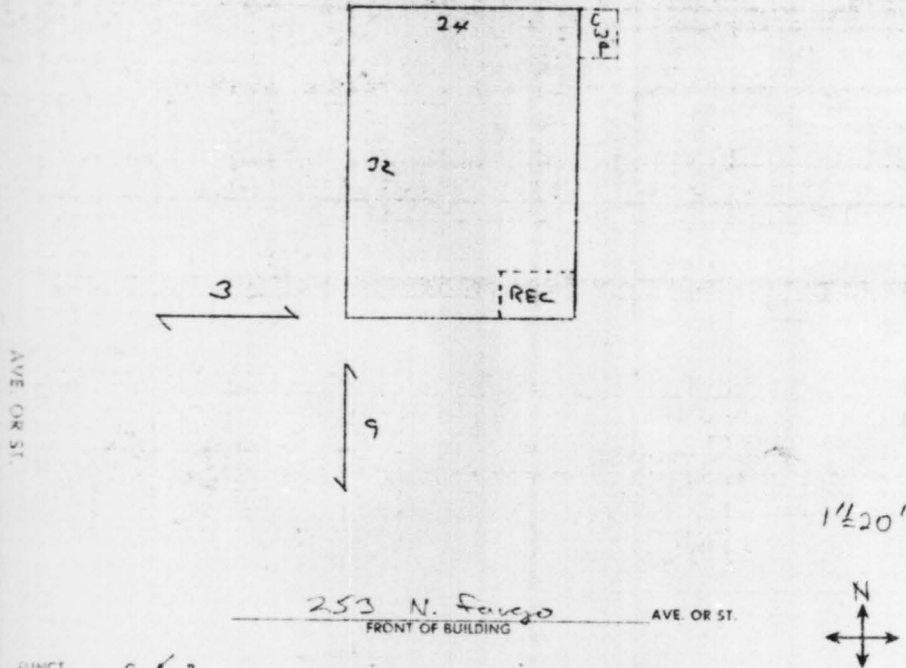
VII. REMARKS _____

1 1-00990-0490 MOSDAHL, LOUIE & ELVA
 MAP: 2730 BY MORRIS WM E & ESTHER A
 ZONE: A25
 RATIO: 1401 253 N FARGO ST
 LVY C:001 PORTLAND OREGON 97227

ALBINA ADD LOT BLOCK
 W 33 1/3' OF E 66 2/3' OF 9 3

PROPERTY ADDRESS: 253 N FARGO ST
 PORTLAND

APPEALS:



AVE. OR ST.

AVE. OR ST.

SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS. YEAR	MIN RIGHTS	TIMBER	LAND	IMPS.	TOTAL	SIGN DATE
1968			1450	2100	3550	213.2 MAY 13 68
1971			1,500	2,180	3,680	UD

FUNCT G A P
 RECON G A / NOT best land use
 COND G A / Very poor O.S. cond. - As seen through open front door interior looks very poor.
 REMARKS

INSPECTION DATE 2 16 68 SIGN *Van Rolen* DEPUTY
 CHECKED REVIEWED BLDG COUNT INDEX RE-CHECKED NOTIFIED
 DATE FEB 23 '68 3-28-68
 BY ANDREWS *Licker*

MARKET DATA			
IDENTIFICATION	DATE	ADJUSTMENTS	IND. VALUE
2750	6-68		

MONTHLY RENTAL \$	X GRM	= S	IND. VALUE
ZONING		SITE ADJUSTMENTS	
ROAD TYPE D.G.		TOPOGRAPHY 2'H.G.	
AREA IMPROVEMENTS		VIEW	
SIDEWALKS & CURBS		OTHER	
WATER		DEPTH FACTOR	
SEWERS		STANDARD DEPTH	
OTHER		EFFECTIVE DEPTH	

COMPUTATIONS			
LAND DESCRIPTION	SIZE OR ACRES	BASIC UNIT VALUE	ADJ'D UNIT VALUE
33 x 50 @ .20	1650	330	330
@ .90	1650	1485	1485

TOTAL AREA	SUB-TOTAL	VALUE
		1485
REMARKS	SITE ADJ %	TOTAL APPR VALUE 1450
	19	APPR. VALUE
	19	APPR. VALUE
	19	APPR. VALUE
APPRaiser		5867

ACCOUNT NO 1-00990-0490		19 68
CLASS 4+5 STORY 1 1/2	AREA 768	ADJ 5
ADDRESS 253 N Fargo	BASE FACTOR 12915	12900
FDN. Con. Br WP BSMT Full 3 4 1 2 1 4		1600
BSMT ROOMS 0	Lav Both	
FLOORS D S Lip File Hdwr Fir Con		
ROOF H F Alum Comp Shg Shk Tile Built-Up		
EXTER. D Shks Siding Blk Stuc Brk P.D.		420
INTER. L&P Drywall Trim Fir Hdwr BX Avg		
PLUMB'G FACILITY Sink DW Toil W.B Tub Enc Shower		
Quantity 6	OT Enc St Lavn WH	
HEAT H.W. Pkge. Pipe Floor Oil Gas Elect. H.A.		
FIREPLACE Ins OS S D T 1-Story 2-Story	Flue	40
ATTIC Unf Fin B.R. Bath Lav H 3 4 1 2 1 4		
2ND STY. B.R. Bath Lav		
BAYS	DORMERS	
MISC.		
MISC. V.F. & H. R. & D. V.F. Tile		
OUTSIDE 200.0 Concr. B.T. Sprinkler Y.L.		100

FIRST FLOOR	GARAGE	TOTAL
Rec Hall	Class	420 14640
Serv Hall	Type	SUB 420
Liv. Rm	Dim. X	IMPS. AREA REPL COST ADJ REP COST R.G. 14330
Din Area	Fdn	DWG. 768 14220 15 2135
Fam. Rm	Floor	NONE
Nook	Const.	MISC.
Kitchen	Roof	MISC.
Utility	Misc.	
Bedroom		
Bath		
Lav		
Den		

TOTAL DEPRECIATED REPLACEMENT COST		2135
MISC.	ADJUSTMENTS	19 68
Dim. X	BUILT 1910	Age 42
Fdn.	PERM NO.	19
Const.	PREV. APPR. 1968	19
Roof	D.P.A. RM MO	19
MISC.	RENTAL	19
Dim. X	NET 15	19
Fdn.		19
Const.		19
Roof		19

R E C E I P T

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

X Carmen E. White

6/7/71
date