

	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 _____

NAME WILLIAMS, Alonzo

Mr. Williams was displaced from 7 N. Russel after the fire destroyed most of the building. [REDACTED] [REDACTED]

[REDACTED] Had to re-establish his Welfare Grant and hand carry him through the process.

(signed) _____
worker

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME WILLIAMS, Alonzo RELOCATION ADVISOR C Daniels
 ADDRESS 7 N. Russell PHONE _____ PROJECT NAME Emanuel ORE. R-20
 SEX M ETHN black VETERAN _____ AGE 42 PARCEL NO. RS 4-9
 MARITAL STATUS _____ TENURE tenant
 DISABILITY _____ INDIV X FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT X OTHER _____
 INITIAL INTERVIEW 1/14/72 DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>January 1, 1970</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: _____

ECONOMIC DATA

FAMILY COMPOSITION

Employer _____ \$ _____
 Address _____
 MCW Diane Finley - caseworker 88.00
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 88.00

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 0 Furn. X Unfurn _____
 Utilities \$ _____
 Monthly Payments (Rent) \$ 55.00
 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 2404 N. Vancouver Phone _____ Date of Move January 14, 1972

WHERE RELOCATED:

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

Furnished X Unfurnished _____ Number of Rooms 1 Number of Bedrooms 1 Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ 65.00 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)	278 EH	2/9/72	\$ 498.00
TACO (Rental)	676 EH	2-7-73	\$ 498.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	28628 G	1/14/72	\$ 230.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

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

TOTAL RHP: \$1,992.00

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
10/11	Contacted Diane Finley, Mr. Williams caseworker at the Model Cities Multi-Service Center. I was primarily interested in obtaining basic information on Mr. William's social, psychological, and physical needs, however, Mrs. Finley was unable to be of any assistance in this matter. Her caseload is so large that she is unable to keep current information on all of her clients.	
1/15	FLYER: Delivered by Ted Parker. SURVEY: manager refused to let us interview tenants.	■
10/18	Tried to contact Mr. Williams today but he was not at home.	MC
1/14/73	Last night there was a gas or oil fire at 7 W. Russell. All tenants will have to move immediately. Talked to Mr. Williams and told him of his moving benefits. Also advised him of his rent assistance. Paid Mr. Williams his moving allowance and found that he was also eligible for rent assistance. Made claim for rent assistance.	
2/9/73	Paid rent assistance to Mr. Williams.	
4/5	Mr. Williams came in and said that he had lost his welfare grant and had no money to pay rent - found that welfare had taken him off the program because he received rent assistance and moving money. To get him reinstated on the welfare program, we had to go to Salem and get new interpretation of old regulations.	
4/12	Mr. Chitlenton indicated there was a full understanding as to how the relocation benefits affected people on any welfare program. To this end he agreed to reinstate Mr. Williams and reimburse him for money lost over the past two months.	
1-25-73	Filed for second TACO payment Mr. Williams still lived in same apt. 2404 N. Vancouver	
2-8-73 a	Paid Second TACO payment to A. Williams. He promptly went to the bank and cashed his check and deposited \$400 in the bank. [REDACTED]	
2-11-73	Claim filed and payment made for 3rd. annual TACO - Warrant No. 885EH amount of 498.00.	CD B
1/31/ 1975	Mr. Williams received his fourth and final TACO payment. Case closed.	SCD

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N: 885 EH

DATE February 6, 1974

PAY TO **Alonzo Williams**

\$ **498.00**

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 7 N. Russell (Parcel RS 4-9). Total approved \$1,992.00 3rd annual payment \$498.00 <i>2.5.74</i> <i>Alonzo Williams</i>	\$498.00

Account Distribution

NO. TITLE AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: RS-4-9

PAYABLE TO: Alongz Williams

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 \$1992; Annual amount \$498 ^{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 Alongz Williams Less - \$ _____ *

Move from 7 N. Russell Total \$ 498

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

0600 E60 901

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 1008 EH

DATE January 29, 19 75

PAY TO **Alonzo Williams**

\$498.00

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RNP for Tenants filed. Move from 7 N. Russell (Parcel RS-4-9). Total approved \$1,992.00 4th and final payment	\$498.00
<p><i>Alonzo Williams 1/31/75</i></p>			

Account Distribution

NO. TITLE AMOUNT

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels
(Relocation Advisor)

DATE January 14, 1975

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

RE: Alonzo Williams (Emanuel)
(Displacee)

2404 N. Vancouver
(Address)

No. 4th & final
(annual payment)

\$498.00
(amount)

February 1, 1975
(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: 2404 N. Vancouver

Date Inspected: _____ Condition: _____ Standard _____ Substandard

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

or (2) Displacee notified of ineligibility: _____ yes _____ no

Comments: Still lives in same apt. [REDACTED]
[REDACTED]
[REDACTED]

SIGNED: X Alonzo Williams
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: 1/21/75

DATE: 1/21/75

TO: Bob Douglas

DATE: 1/21/75

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: Alonzo Williams

PROJECT: Emanuel

FOR: 4th & Final TACO Payment

AMOUNT: 498.00

26

SIGNED: Samuel Daniels

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. RS-4-9 Advisor Scal
 Client's Name Williams, Alonzo Phone _____
 Address 7 N Russell Ethn B Age 42

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

Family Composition

Total Number in Family 1
 _____ wife, husband

Other: Relation Age Relation Age

Economic Data

Employer \$ _____
 Address _____
 Other Source of Income MCU \$ 88-
 Total Monthly Income \$ (88-)

- 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 1-14-72 Date of Info pamphlet delivery 1-14-72
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 1-1-70
 (a) for owner-occupants - Indicate initial date of occupancy and ownership
 Date of initiation of negotiations for purchase of property 5-27-71
 Date of Acquisition 6-17-71
7-22-71
 Date of letter of intent _____
 Date of move 1-14-72

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

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)

Emanuel Hospital Project
PROJECT NUMBER: ORE R-20

INSTRUCTIONS: Complete all applicable items and sign certification in Block 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

WILLIAMS, Alonzo

____ Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. RS4-9

a. Address: _____
7 N. Russell, Portland, Oregon 97227

d. Monthly rental: \$ 55.00

b. Apartment or room number: 9

e. Date you moved out of this dwelling: November 15, 1972
Month-Day-Year

c. Number of bedrooms: -0-

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): _____
2404 N. Vancouver, Portland, Oregon 97227

d. Monthly rental: \$ 65.00

b. Apartment or room number: ---

e. Date you moved into this dwelling: January 14, 1972
Month-Day-Year

c. Number of bedrooms: 1

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)

a. Address (include ZIP Code): _____

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

b. Number of bedrooms: _____

e. Date you purchased this dwelling: _____

c. Downpayment: \$ _____

Month-Day-Year

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: _____

d. Monthly rental for temporary unit: \$ _____

b. Address of dwelling unit to which you moved (include ZIP Code): _____

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

c. Date of move: _____
Month-Day-Year

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.

2-1-72

Date

X Alonzo Williams
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:

Alanzo Williams
T. N. Russell

COMPUTATION PREPARED BY:

C. Daniels
Name
1/21/72
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. \$ 20.90

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>62.40</u>	
Line 2	\$ <u>20.90</u>	
	\$ <u>41.50</u>	
	X <u>48</u>	\$ <u>1992.00</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.) \$ 1992.00
5. Minus adjustments (Attach full explanation) - \$
6. Amount of rental assistance payment
(Line 4 minus Line 5) \$ 1992.00
7. Annual Payment \$ 498.00

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

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

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

NAME OF CLAIMANT WILLIAMS, Alonzo

Parcel No. RS-4-9

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: January 1, 1970

Date of Acquisition: July 22, 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: January 1, 1970

Date of Initiation of Negotiations: X May 27, 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 \$ 1,992.00 is authorized.

2-4-72
Date

[Signature]
Authorized Signature

5. RECORD OF PAYMENTS

a. Claimant moved to rental unit

	<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
(1) Lump-sum payment	_____	_____	\$ _____
(2) Annual payment			
1st Year	<u>2/7/72</u>	<u>278 EH</u>	<u>\$ 498.00</u>
2nd Year	<u>2/7/73</u>	<u>676 EH</u>	<u>\$ 498.00</u>
3rd Year	<u>2-6-74</u>	<u>885 EU</u>	<u>\$ 498.00</u>
4th Year	<u>1-29-75</u>	<u>1008 EH</u>	<u>\$ 498.00</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

PROJECT NO. R-20

1. Full name of claimant: Alonzo William Family Individual
2. Dwelling unit from which you moved: Parcel No. RS-4-9
 a. Address 7 N. Rusco c. Number of bedrooms 0
Portland, Ore d. Monthly rental \$ 55.00
 b. Apartment or room number _____ e. Date displaced Nov. 15, 1972
3. Dwelling unit to which you moved (RENTAL)
 a. Address 2404 N. Vancouver Ave c. Number of bedrooms 1
Apt #26 - City d. Monthly rental \$ 65
 b. Apartment or room number _____ e. Date moved in 1/14/72
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 Jan 1, 1970
 Date of acquisition July 22, 1972
 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 Jan 1, 1970
 Date of initiation of negotiations _____
3. Is replacement housing standard? Yes No
 If previously substandard, date found standard Jan 18, 1972
4. Certification:

(Amount of this claim \$ 1992.00)

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

Housing Authority of Portland
1605 N. E. 45th
Portland, Oregon 97213

Gentlemen:

In accordance with the procedure adopted for adjusting rentals for persons receiving public assistance, this letter is to certify that the persons named below have been accepted for assistance by the Multnomah County Welfare Commission. This is not to be construed as a guarantee of the payment of rental for any period by the Multnomah County Public Welfare Commission. It is understood that this information is confidential and will be used only for the purpose for which it is provided.

- 1. Resident of the Housing Authority Alonzo Williams
- 2. Applicant for housing Alonzo Williams
- 3. Name same
- 4. Address 2404 N Vancouver # 26
- 5. Number of persons in family one
- 6. Total monthly assistance \$88.00
- 7. Date assistance began 12-9-71
- 8. Date assistance to terminate continuing

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

Deane Finley Welfare, MC
(Caseworker) (Dept.)

1-20-72
(Date)

Wayne Cole
Jerry Chittenden
280 6007

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

January 18, 1972

BUREAU OF BUILDINGS
CITY HALL

C. N. CHRISTIANSEN, Director
Building Division
C. C. Crank, Chief
Electrical Division
R. A. Niedermeyer, Chief
Plumbing Division
George W. Wallace, Chief
Permit Division
Albert Clerc, Chief
Housing Division
S. J. Chegwiddden, Chief

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

Attn: Chet Daniels

Re: 2404 N. Vancouver Avenue

Dear Sirs:

As the result of a displaced person and at your request, a partial inspection was made by the Housing Division of the three-story, brick apartment complex at the above address.

Our inspector reports the one-bedroom unit, designated as Apartment #26, is in standard condition and complies with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

CMC:vo

cc: Mrs. Sanford O. Spratlan
2625 S. W. Ravensview Drive

223-3249

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE January 28, 1974
(Relocation Advisor)

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

RE: Alonzo Williams 2404 N. Vancouver
(Displacee) (Address)

No. 3rd \$498.00 2/1/74
(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: Same as above

Date Inspected: 1/18/1974 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Lives at the same address

SIGNED: Alonzo Williams
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: 1/30/74

DATE: 1/30/74

TO: Bob Douglas

DATE: 1/31/74

FROM: Chet Daniels

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

TO: Alonzo Williams

PROJECT: Emanuel R-20

FOR: 3rd TACO payment

AMOUNT: 498.00

SIGNED: Samuel Daniels

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº

676

EH

DATE February 7, 1973

PAY TO **Alonso Williams**

\$ **498.00**

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE
 AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		<p>Reimbursement per Claim for Relocation Payment filed. RHP for Tenants. Move from 7 N. Russell (Parcel R54-9).</p> <p>Total approved \$1,992.00 2nd annual payment</p> <p><i>Recove 2/8/1973</i> <i>Alonso Williams</i></p>	<p style="text-align: right;"><u>\$498.00</u></p>

Account Distribution

AMOUNT

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels
(Relocation Advisor)

DATE January 24, 1973

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

RE: Alonzo Williams
(Displacee)

2404 N. Vancouver
(Address)

No. 2
(annual payment)

\$ 498.00
(amount)

February 9, 1973
(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 +

Date Inspected: _____ Condition: _____ Standard _____ Substandard

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

or (2) Displacee notified of ineligibility: _____ yes _____ no

Comments: Still live in apt. at 2404 N. Vancouver

X SIGNED: Alonzo Williams (Displacee) SIGNED: Samuel H. Daniels (Relocation Advisor) *JBW*

DATE: 1-25-73

DATE: 1/25-73

TO: Bob Douglas

DATE: 1/29/73

FROM: SCD

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

TO: Alonzo Williams

PROJECT: Emanuel

FOR: Taco

AMOUNT: 498.00

SIGNED: Samuel H. Daniels

PORTLAND DEVELOPMENT COMMISSION

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

September 1, 1971

Mr. Alonzo Williams
7 N. Russell
Portland, Oregon

Dear Mr. Williams:

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

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

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

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

We look forward to seeing you soon.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 278 EH

DATE February 9, 19 72

PAY TO **Alonzo Williams**

\$ 498.00

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants. Move from 7 N. Russell (Parcel RS 4-9). Total approved \$1,992.00 1st Annual Payment	\$498.00

Account Distribution

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP) (EH)	\$498.00

*Alonzo Williams
 February 10, 1973*

AC

JMS

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

Nº 28628 G

DATE January 14, 19 72

PAY TO THE
ORDER OF **Alonzo Williams**

\$ 230.00

DOLLARS

THE FIRST NATIONAL BANK OF OREGON
S.W. Fifth and College Branch
Portland, Oregon

NON-NEGOTIABLE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Relocation Payment filed. Move from 7 N. Russell (RS-4-9)	
		Dislocation allowance	\$200.00
		Fixed payment - unfurnished	<u>30.00</u>
			<u>\$230.00</u>

Account Distribution

NO	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - Unf. - Individual)	\$230.00

AC Alonzo Williams

[Signature]

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

Family Individual

WILLIAMS, Alonzo

2. DATE(S) OF MOVE

January 14, 1972

3. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. RS-4-9

a. Address

7 N. Russell, Portland, Oregon 97227

b. Apartment, Floor, or Room Number 9

c. Was it furnished with your own furniture?

Yes No

d. Number of rooms occupied (excluding bathrooms, hallways, and closets: 2

e. Date you moved into this address: January 1, 1970

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code)

2404 N. Vancouver, Portland, Oregon 97227

b. Apartment, Floor, or Room Number

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 30.00

(Consult local agency)

Total \$ 230.00

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.

January 14, 1972

Date

Alonzo Williams
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:

Alonzo Williams
2404 N. Vancouver
Portland, Oregon 97227

NAME OF LOCAL AGENCY:

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

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

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

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

_____ Yes _____ No

If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>30.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>230.00</u>	<u>230.00</u>	<i>Paul E. Jeff</i> SCLW	<u>1-14-77</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
		\$			\$

RECEIPT

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

Alonso Williams

1/14/72
Date

Dwelling Unit Inventory

QUANTITY

- _____ Beds & Springs
- _____ Bedroom Chair
- _____ Breakfast Table
- _____ Breakfast Table Chairs
- _____ Bridge Lamp & Shade
- _____ Buffet
- _____ Chest of Drawers
- _____ Coffee Table
- _____ Couch
- _____ Davenport
- _____ Desk
- _____ Dining Table
- _____ Dining Chairs
- _____ Dresser
- _____ End Table
- _____ Floor Lamp & Shade
- _____ Mirror

QUANTITY

- _____ Night Stand
- _____ Occasional Chair
- _____ Overstuffed Chair
- _____ Overstuffed Rocker
- _____ Range
- _____ Refrigerator: Brand _____
- _____ Rocker
- _____ Rug & Pad: Size _____
- _____ Stool
- _____ Table Lamp & Shade
- _____ Table, small
- _____ Vanity & Bench
- _____ Suitcases
- _____ Trunks
- _____ Cartons, Boxes, Etc.
- _____ Clothes
- _____ Bedding & Linens

Furnishing

Miscellaneous (List Items)

COMMENTS:

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 _____ Date of survey _____ Tabulator _____ Date tabulated _____
 Dwelling Unit No. 7 Structure No. 3 Census Block No. 78 Census Tract No. 22A
 Street Address 7 N Russell Apartment No. 2

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

1. Assistance may be needed, yes , no
2. Why no assistance may be needed
 - a. Vacant
 - b. Will be vacated on the following date _____
 - c. Other reasons _____

B. Residents Of This Dwelling Unit Who May Need Relocation Assistance:

Name	Family relation	Age	Sex	Occupation
1. <u>Williams, Alanzo</u>	<u>Head of household</u>	<u>40 est</u>	<u>M</u>	
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				

C. Family Income And Extent Of Travel To Locations Of Employment:

1. Jobholders in this household, employers and location of jobs:

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

2. Monthly income from jobs and from all other sources received by persons in this household:

Names of persons in this household who have income from any source	Amount of income per month	
	In month before this survey	In an average month during 1970
<u>1 job est</u>	\$ _____	\$ _____
_____	_____	_____
Total family or household income per month	\$ _____	\$ <u>150.00 est</u>

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

1. Location (indicate approximate cross streets) _____
2. Transportation, number of autos owned _____, use bus _____, walk _____
3. Will rent house _____, apartment _____, expect to pay rent, including utilities, at \$ _____ per mo. (Furniture is owned, yes _____, no _____, stove and refrigerator owned, yes _____, no _____)
4. Will buy house in price range \$ _____, down payment of \$ _____, monthly payment of \$ _____
5. If now buying this house, how much are payments on contract or mortgage monthly \$ _____
6. Size of unit to be sought, number of bedrooms _____, kitchen _____, dining room _____, living room _____, number of bathrooms _____, total sq. ft. in dwelling unit _____
7. Other characteristics W O B I M

date on site: _____

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

Date _____

Analyst _____ Surveyed _____ Tabulator _____ Date _____

Dwelling Unit No. 7 Structure No. 3 Census Block No. 78 Census Tract No. 22A

Street Address 7 N Russell Apartment No. 2

Legal Description _____

NAME OF OCCUPANT: Alanza Williams NAME & ADDRESS OF OWNER: Steven Matthieu NAME & ADDRESS OF PROP. MGR: _____

7 N Russell #2 308 Pacific Bldg _____

TELEPHONE: _____ TELEPHONE: 228-5219 TELEPHONE: _____

INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

<u> </u> Kind of dwelling unit	<u> </u> No. of units in bldg.
<u> </u> One-family house	
<u> </u> Apt. in a house	<u> </u>
<u> </u> Apt. in apt. bldg.	<u> </u>
<input checked="" type="checkbox"/> Apt. in comm. bldg.	<u> 9 </u>
<u> </u> Mobile home or trailer	

This structure has stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

 Owner occupied

Renter occupied

 Vacant

III. SIZE OF DWELLING UNIT

6565 Sq. ft. in first floor (county figure)

10100 Sq. ft. in dwelling unit (if more than 1 floor)

 1 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)

 0 No. of bathrooms

 0 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

 3/20/67 Date of last appraisal

 1894 Date structure was originally built

_____ Date of any major alterations

B. Market value data for one-family dwelling

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

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

	Market value for entire structure	Computed value per sq. ft. for this dw. unit
Land	\$ <u>10,400</u>	\$ _____
Improvements	<u>14,560</u>	_____
Total	<u>24,960</u>	_____

6565 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>54.00</u>

Deposits required of renter

Advance rent \$ _____, other \$ _____

Rental information obtained from

Tenant _____, 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

assessors records filed in
apartment house file.

SCD

Charlie
771-2606

RE M I N D E R !

RELOCATION STAFF MEETING

TUESDAY, APRIL 11TH

8:30

EMANUEL SITE OFFICE

(Featuring coffee and donuts!)

Tentative Agenda:

1. Personnel policy
2. HAP eligibility
3. Survey forms and surveys
4. Stokes case: long distance moves

229-6783
6536

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER Jim McIntosh ORIGIN OF CASE R-20 PARCEL RS 4-9

NAME Alanzo, Williams ADDRESS 7 N. Russell APT NO. 2

PHONE _____ INITIAL INTERVIEW _____ SEX M MINORITY GROUP B
born 1929

AGE 42 U.S. CITIZEN ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE Jan 1, 1970

FAMILY COMPOSITION		
Name	Relation	Age

Employer: Name _____ \$ _____
 Address _____
 MCW Caseworker Diane Finley 87.85
 Social Security _____ 88.00
 Va. _____ Fed. _____ Mult. Co. _____
 Pension: Name _____
 Other: Name _____

TOTAL MONTHLY INCOME

Own: _____ Power Co. _____ Type Fuel _____ Garbage Co. _____
 Rent: 54.55 Inc. Heat Water Gas Gar Elec _____ Unfurn _____ Furn No. Rms 2

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 emergency:
 Name _____ Address _____ Phone _____

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 hgs. _____
 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: 2404 N VANCOUVER 281-1991 Simpson Apr 26
 Zip _____ Phone _____

New rent or purchase price: _____ No. of rooms _____ S _____ SS _____

INTERVIEW REGISTER

Date

Relocation
Worker

10/11 Contacted Diane Finley, Mr. Williams caseworker at the Model Cities Multi-Service Center. I was primarily interested in obtaining basic information on Mr. Williams social, psychological, and physical needs, however Mrs. Finley was unable to be of any assistance in this matter. Her caseload is so large that she is unable to keep current information on all her clients.

1/15 Flyer delivered by Ted Parker

Survey: manager refused to let us interview tenants. J.C.

10/18 Tried to contact Mr. Williams today but he was not at home. Mc.

1/14/72 Last Night there was a Gas or oil fire at 4 N. Russell
All Tenant will have to be move immediately. talk
Mr William told him of his moving benefits. Also
advised him of his Rent Assistance.

1/14/72 Paid Mr. Williams his Moving Allowance + Found
that he was also Eligible for Rent Assistance

1/14/72 Made Claim for ^{Rent} assistance

2/9/72 Paid Rent assistance to Mr William
4/5/72 Mr. Williams come in and said that He had
lost his Welfare grant and had no money to pay
Rent - found that welfare had taken him off
Program because he received Rent assistance
and Moving Money. - To get him reinstated
on the welfare program we had to go to safety
and get new interpretation of old regulation
4/12/72 Mr Chittenton indicated there was a full
understanding as to how the relocation
benefits affected people on any welfare
program. To this end he agree to reinstate
Mr Williams and reimburse him for money
lost over past two months.