

	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		

ORDER OF CONTENTS - RESIDENTIAL FILES

- RELOCATION RECORD
- RECORD OF PERSONAL INTERVIEW, ETC.
- CLAIMS - HOUSING
CLAIM FORMS
 - SUPPORTING DOCUMENTS FOR CLAIM
 - INSPECTION LETTERS
 - VERIFICATION OF INCOME, ETC.
 - AUTHORIZATION LETTERS
 - COPY OF WARRANT
 - RELEASE LETTER
- CLAIMS - MOVING
CLAIM FORMS
 - INVENTORY
 - RELEASE OF PERSONAL PROPERTY
 - COPY OF WARRANT
 - MEMO TO FILE
 - MISC. CORRESPONDENCE
- ADDITIONAL INFORMATION
 - TAX AND/OR TITLE PRINT OUTS, ETC.
 - ORIGINAL SURVEY FORM
 - LETTER OF INTENT
 - RECEIPT OF INFORMATION STATEMENT OR BROCHURE

Please add to file record & Resume

7/10/75 - Delivered Mrs. Bessie William's 4th and Final
T.A.P. Payment today - Found her in
much the same circumstances as always
~~and it was very interesting~~

Close file (12)

R E S U M E

DATE 12-13-72

NAME Williams, Mrs. Bennie (Alton)

Due to Mr. Williams being the son of the owner of the property he made little effort to move until the property was sold. Also Mr. Williams became involved with the law, and had other problems. His wife did most of the looking for apt. and probably with their one child occupy an apt. at 837 N.E. Hancock. They were hard to contact and finding a place was made difficult because of the two dogs that they own.

220-6049
ELVIS GIBSON

(signed)

C.D.

worker

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. E-4-1 Advisor _____
 Client's Name Williams, Alton Phone _____
 Address 2653 W. Gantenbein Ethn Black Age 27

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

Family Composition

Total Number in Family 3

2 wife, husband

Other: Relation Age Relation Age

wife	23		
son	7		

Economic Data

Employer \$ _____

Address _____

Other Source of Income welfare \$ 183⁰⁰

Total Monthly Income \$ (183⁰⁰)

- 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 5-24-70 Date of info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

9-1-67

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

Date of initiation of negotiations for purchase of property

5-12-71

Date of Acquisition

10-6-72

Date of letter of Intent

Date of move

12-2-72

DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	
Private Rental	X	Duplex	
Other		Multiple Family	X

Age of Housing Unit over 60
 Size of Habitable Area over 1000 sq ft
 Furnished with claimant's furniture
 YES NO

Total Number of Rooms 5 Rent Paid \$ 65⁰⁰ Utilities 6⁰⁰
 Number of Bedrooms 2 Monthly Housing Payments \$ _____ Taxes _____
 Liens \$ _____ (please explain) _____
 Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 837 NE Hancock LPA Referred Self Referred _____

Private Sales		Single Family	
Private Rental	X	Duplex	
Other		Multiple Family	X

Outside city Outside state
 ✓ Age of Housing Unit 2 YRS
 ✓ Size of Habitable Area 600-800 sq. ft.
 ✓ No. of Rooms 5 No. of Bedrooms 2

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____
 Taxes \$ _____
 RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ _____
 Utilities \$ _____
 Total Rent Assistance \$ _____
 Amount of Annual Payment \$ _____

No. of Housing Referrals to:

_____ Standard Sales
4 Standard Rent

Agency Referrals:

_____ MCW HAP _____ OTHER (_____)
 _____ Food Stamp _____ Legal Aid _____ Other (_____)

Benefits Received

Date _____ Ck # _____ Type _____ Amount \$ _____
 Date _____ Ck # _____ Type _____ Amount \$ _____
 Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Williams, Alton RELOCATION ADVISOR CD
 ADDRESS 2653 N. Gantenbein PHONE 282-4185 PROJECT NAME Emanuel
 SEX M ETHN B VETERAN _____ AGE 27 PARCEL NO. E-4-1
 MARITAL STATUS M TENURE t/o
 DISABILITY _____ INDIV _____ FAMILY x
 ELIGIBLE FOR: PUBLIC HOUSING x FHA 235 _____
 RENT SUPPLEMENT x OTHER _____
 INITIAL INTERVIEW ~~2-11-71~~ 5-24-72 DATE INFO PAMPHLET DELIVERED 2-11-71
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>9-1-67</u>
INITIATION OF NEGOTIATIONS: <u>5-15-71</u>
DATE OF ACQUISITION: <u>10-6-72</u>

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW 6-6-73 HELBA JONES
 Social Security Marie Gordon 183.00
 Pension _____
 Other Stalmaker _____
 TOTAL MONTHLY INCOME \$ 183.00

FAMILY COMPOSITION

Name	Relation	Age
Bennie	W	23
Keith	S	7

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure _____ No. Rooms 5
 No. Bedrooms 2 Furn. _____ Unfurn. x
 Utilities \$ 40.00
 Monthly Payments (Rent) \$ 65.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms
<u>17 & N.E. Hancock</u>	
<u>837 N.E. Hancock</u>	

AGENCY REFERRALS

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

AGENCY ACTION:

REASONS:

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

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In _____
 Address _____
 Reason _____

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred x

Address 837 N.E. Hancock Phone _____ Date of Move 12-13-72

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 ___ Habitable Area ___

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

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

Name of Moving Company _____ Name of Realtor _____

TOTAL APPROVED \$4,000.00

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	638 EH	12-27-72	\$ 1000.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	"	"	\$ 420.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
11/29/73	<p>Mrs. Bennie Williams was contacted by making numerous calls and inquiries in the area. A card was left with her father, Benjamin Baker, who promised to have his daughter get in touch with our office. Mrs. Williams called and plans to find an apartment for an inspection and would call as soon as she had found a standard place, as she had moved recently from her former address.</p>	
	<p>Called Alton Williams' father - left message to ask Mr. Williams to call. He stated that he would get in touch as soon as he had found standard housing. He was looking for an apartment. Would call again 3/8/74.</p>	AG
3/25/74	<p>A house at 5322 N.E. 13th was inspected by request and a referral by client. Owner, Mr. Talmadge Harris, 7866 S.E. 67th, was present at time of inspection.</p>	AG
3/26/74	<p>Letter from Bureau of Buildings which gave one condition in non-compliance with City regulations. The front and rear exterior steps lack handrails.</p>	AG
4/1/74	<p>Mr. Williams was made aware of the condition. Also, a call was made to Talmadge Harris.</p>	AG
5/8/74	<p>A letter was mailed to Mr. and Mrs. Alton Williams re processing of their 2nd annual rent assistance payment and a 90-day notice of ineligibility deadline of Aug. 8, 1974.</p>	AG
2/4/75	<p>Found Alton Williams at 5322 N.E. 13th Ave. This was same address inspected for them last year.</p>	SCD
2/14/75	<p>Delivered third annual TACO payment in the amount of \$1,000 to Bennie Williams today.</p>	SCD

INTERVIEW REGISTER

Date		Relocation Worker
1-15-71	Flyer delivered by James Crolley. Would like meeting.	
2-11-71	<u>Survey:</u> Mr. Williams presently unemployed - Would like 3 bedroom house, all on one floor, basement, N or N.D. area for \$105/mo. On busline (no car).	JC
5-24-72	Mr. Williams came in after work to find out his claim or benefits. 5 - 6 pm Gave him the information and as nearly as possible tried to give him an idea using his present situation as an examply.	CD
6-19-72	Husband - Mr. Williams said his wife lives at 82 N.E. Morris - Contacted the wife and she said that she would be in tomorrow morning. Would consider HAP housing.	
6-20-72	Did not show for appointment.	
6-22-72	Went out to find Mrs. Williams and find out what PDC could do to help them move. Went to house at 2653 N. Gantembein and found no one there. Went to the address at 82 N.E. Morris and found Mrs. Williams. I explained their benefits to her. She agreed to go and put application in with HAP for 2 bedroom house or apt.	
6-23-72	She did go with me to put application in at the Housing Authority. They took her application and gave her several locations which she could have they were on N. Beach and on N.E. 50th. After seeing them she turned them down. Have not taken anything from HAP.	
12-13-72	Mrs. Williams will move to 837 N.E. Hancock, December 13, 1972. She also requested that the relocation payment be made out to her because it appears that her husband will have to go to jail in a few weeks - his case comes up in court soon. Got inspection back from Bureau of Buildings - everything is good and meets City Code.	CD
8/29/73	<p><i>Further Documentation</i> Moved into apt. 837 NE Hancock on 12/12/72 as indicated by the application for reviewed by me (CD) and verified by the manager, Mrs Gilliam - 288-8646. It was indicated that they were evicted three or four Month ago by Mrs Gilliam. She eventually provided an eviction letter which indicated March 1, 1975 as the date the apt should be vacated. (Weston Construction)</p>	

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 1084 EH

DATE July 2, 1975

PAY TO **Bennie J. Williams**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RHP for Tenants filed. Move from 2653 N. Gantenbein (Parcel E 4-1).	
		Total approved 4th and FINAL payment	\$4,000.00
			\$1,000.00

Bennie J. Williams 5322 7E13¹⁴

July 10, 1975

Account Distribution

NO.

TITLE

AMOUNT

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: E 4-1

PAYABLE TO: Mrs. Bernice Williams

For: RHP for Homeowners	\$	_____
Incidental Expenses for Homeowners or Tenants.	\$	_____
<input checked="" type="checkbox"/> RHP - Tenants & Certain Others - Rental: Total approved \$ <u>1000.</u> ; Annual amount \$ <u>1000.00</u>	\$	_____
RHP - Tenants & Certain Others - Downpayment	\$	_____
Settlement Costs (on acquisition by LPA only).	\$	_____
Interest Expense	\$	_____
Fixed Moving Payment	\$	_____
Dislocation Allowance.	\$	_____
Actual Moving Costs.	\$	_____
Storage Costs.	\$	_____
Business: Moving Expenses.	\$	_____
Business: In Lieu Payment.	\$	_____
Business: Storage Costs.	\$	_____
Business: Loss of Property	\$	_____
Business: Searching Expenses	\$	_____

Name of Client Mrs. Bernice Williams Family Less - \$ _____ *

Move from 2653 M. Stanton Individual Total \$ 1000.00

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

J.C.W.

0500 x10 250

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels
(Relocation Advisor)

DATE May 27, 1975

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

RE: Mrs. Bennie Williams
(Displacee) Emanuel

5322 N. E. 13th Ave.
(Address)

No. 4th & Final
(annual payment)

\$ 1,000.00
(amount)

December 1976
(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: Still lives at the same address

Date Inspected: _____ Condition: _____ Standard _____ Substandard

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

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

Comments: _____

SIGNED: Bennie Williams
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: 6/25/75

DATE: 6/25/75

TO: Bob Douglas

DATE: 6/25/75

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:

96

TO: Bennie Williams

PROJECT: Emanuel

FOR: 4th & Final TACO Payment

AMOUNT: 1000.00

SIGNED: Samuel Daniels
B.C.W.

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

NAME OF CLAIMANT Mrs. Bennie Williams Parcel No. E4-1
 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: 9-1-67
 Date of Acquisition: October 6, 1972
 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: 9-1-67
 Date of Initiation of Negotiations: 5-12-71

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:
Dec. 6, 1972
 Month-Day-Year

4. CERTIFICATION OF LOCAL AGENCY
 This is to certify that, where required, the property occupied by the claimant has been inspected. I further certify that I have examined this claim and have found it to be in accord with the applicable provisions of Federal Law and the regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is hereby approved and payment in the amount of \$ 4,000.00 is authorized. (105)
12-21-72 Date [Signature] Authorized Signature TCW

5. RECORD OF PAYMENTS

	<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
a. Claimant moved to rental unit			
(1) Lump-sum payment	_____	_____	\$ _____
(2) Annual payment			
1st Year	<u>12/27/72</u>	<u>638EH</u>	\$ <u>1,000.00</u> BJ
2nd Year	<u>6-26-74</u>	<u>946EH</u>	\$ <u>1,000.00</u> (946) 945.40
3rd Year	<u>2-12-75</u>	<u>1010EH</u>	\$ <u>1,000.00</u>
4th Year	<u>7-2-75</u>	<u>1084EH</u>	\$ <u>1,000.00</u>
b. Claimant moved to unit he purchased	_____	_____	\$ _____
c. Homeowner temporarily displaced	_____	_____	\$ _____

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.

6/20/72
Date

X Arthur 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.)

THE CITY OF
PORTLAND



OREGON

DEPARTMENT OF
FINANCE AND
ADMINISTRATION

NEIL GOLDSCHMIDT
MAYOR

BUREAU OF
BUILDINGS

C.N. CHRISTIANSEN
DIRECTOR

June 14, 1974

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

Attention: Alma Gordon

Re: 5322 N. E. 13 Avenue

Gentlemen:

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

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

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidde
Chief Housing Inspector

JHM: rz

cc: Mr. Talmadge Harris
7866 S. E. 67 Avenue

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 1010 EH

DATE February 12, 19 75

PAY TO **Bennie J. Williams**

\$ 1,000.00

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON



AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission

224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for RMP for Tenants filed. Move from 2653 N. Centenbein (Parcel E-4-1). Total approved \$4,000.00 3rd annual payment	\$1,000.00

Bennie J. Williams 2-14-75

Account Distribution

NO. _____ TITLE _____ AMOUNT _____

RELOCATION PAYMENT

PROJECT: Emergency

PARCEL: E 4-1

PAYABLE TO: Mrs. Bennie Williams

For: RHP for Homeowners	\$	
Incidental Expenses for Homeowners or Tenants.	\$	
RHP - Tenants & Certain Others - Rental: Total approved ^{3rd} \$4000 ⁰⁰ ; Annual amount	\$	1000 ⁰⁰
RHP - Tenants & Certain Others - Downpayment	\$	
Settlement Costs (on acquisition by LPA only).	\$	
Interest Expense	\$	
Fixed Moving Payment	\$	
Dislocation Allowance.	\$	
Actual Moving Costs.	\$	
Storage Costs.	\$	
Business: Moving Expenses.	\$	
Business: In Lieu Payment.	\$	
Business: Storage Costs.	\$	
Business: Loss of Property	\$	
Business: Searching Expenses	\$	

Name of Client Mrs. Bennie Williams Family Less - \$ _____ *

Move from 0653 N. Gantebasis Individual Total \$ 1000⁰⁰

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

0600 X10 901

JGW

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels
(Relocation Advisor)

DATE November 20, 1974

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

RE: Mrs. Bennie Williams (Emanuel)
(Displacee)

5322 N.E. 13th Ave.
(Address)

No. 3rd
(annual payment)

\$1,000.00
(amount)

December, 1974
(date due)

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

Present Address: Same as above

Date Inspected: 6/14/74 Condition: Standard Substandard

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

or (2) Displacee notified of ineligibility: yes no

Comments: Mrs Bennie Williams came in and signed this notice of Taco
yearly payment. She said she lives at the above address.
People at this address, ^{listed} above indicate that she lives there with her
husband.

SIGNED: Bennie J. Williams
(Displacee)

SIGNED: Samuel Daniels
(Relocation Advisor)

DATE: 2-5-75

DATE: 2/6/74

TO: Bob Douglas

DATE: 2/6/74

FROM: Chet Daniels

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

TO: Bennie Williams

PROJECT: Emanuel

FOR: 3rd annual payment

AMOUNT: 1,000.⁰⁰

JB

BCW

SIGNED: Samuel Daniels

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 946 EH

DATE June 26, 19 74

PAY TO **Alton and Bennie Williams**

\$ **945.40**

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 2653 N. Gantenbein (Parcel E4-1). Total approved \$4,000.00 Second annual installment \$1,000.00 Less rent owed PDC <u>(54.60)</u> <i>Bennie J Williams</i>	\$945.40

Account Distribution

NO.

TITLE

AMOUNT

NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels
(Relocation Advisor)

DATE November 23, 1973

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

RE: Mrs. Bennie Williams
(Displacee)

837 N.E. Hancock
(Address)

No. 2nd
(annual payment)

\$ 1,000
(amount)

12/27/73
(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: 5322 N.E. 13th Ave.

Date Inspected: 5/30/74 Condition: Standard Substandard

If substandard: (1) Date reinspected and found standard 6/14/74

or (2) Displacee notified of ineligibility: yes no

Comments: The Displacees are now occupying standard housing at the above address.

SIGNED: Bennie Williams
(Displacee)

SIGNED: Alma Gordon
(Relocation Advisor)

DATE: 5/30/74

DATE: 5/30/74

TO: Bob Douglas

DATE: 6/18/74

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: Alton & Bennie Williams

PROJECT: Espanola

FOR: 2nd Annual TACO Payment

AMOUNT: \$945.40

1024

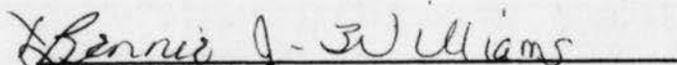
SIGNED: Alma Gordon
aw

November 5, 1973

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

Gentlemen:

You are hereby authorized to withhold from my Replacement Housing
Payment for Tenants rent owed by me from 11-1-72 to 12-12-72 at
2653 N. Gantenbein in the amount of \$54.60.


Bennie Williams

THE CITY OF
PORTLAND



OREGON

DEPARTMENT OF
FINANCE AND
ADMINISTRATION

NEIL GOLDSCHMIDT
MAYOR

BUREAU OF
BUILDINGS

C.N. CHRISTIANSEN
DIRECTOR

Reinspection 5/30/74

March 26, 1974

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

Attn: Alma Gordon

Re: 5322 N. E. 13 Avenue

Gentlemen:

As the result of a displaced person and at your request, an inspection was made by the Housing Division of the one-story, wood frame, two-bedroom, single-family dwelling and detached garage at the above address.

Our inspector reports the following conditions are in noncompliance with City regulations:

1. The front and rear exterior steps lack the required handrails.

Please notify the Housing Division of the Bureau of Buildings, 2200 N. E. 24 Avenue, Telephone 288-6077, when the corrections have been completed and a reinspection may be made.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidder
S. J. Chegwidder
Chief Housing Inspector

JHM:vm

cc: Mr. Talmadge Harris
7866 S. E. 67 Avenue

May 8, 1974

Mr. & Mrs. Alton Williams
5322 N. E. 13th
Portland, Oregon 97211

Dear Mr. & Mrs. Williams:

Your claim for the second annual rent assistance payment in the amount of \$1,000 cannot be processed because of your move to substandard housing. The Relocation Act of 1970 provides that if ineligibility is solely because of a move to substandard housing, a claimant must be given 90 days in which to move to a suitable standard dwelling unit or bring the unit into conformance with approved relocation standards. This letter is to notify you that 90 days from this date (or August 8, 1974) we will discontinue our efforts to help you find standard replacement housing and that you will not be eligible to receive the balance of your rent assistance payment in the total amount of \$3,000. After this date your case will be closed and eligibility cannot be reestablished.

if you have any questions, or if we can be of any further assistance to you in locating decent, safe and sanitary housing, please call.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ:b

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

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

Portland Development Comm.

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 _____
2. Applicant for housing _____
3. Name Bennie Williams
4. Address 67 N. E. Morris
5. Number of persons in family 2
6. Total monthly assistance \$165⁰⁰
7. Date assistance began -
8. Date assistance to terminate Unknown

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

R. Soll for M. Gordon
(Caseworker) (Dept.)
6-19-72
(Date)

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

December 6, 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. Chegwidan, Chief

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

Attn: Chet Daniels

Re: 837 N. E. Hancock Street

Gentlemen:

As the result of a displaced person and at your request, an inspection was made by the Housing Division of the two-bedroom apartment at the above address.

Our inspector reports the unit is in standard condition and complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwidan
S. J. Chegwidan
Chief Housing Inspector

CMS:vm
cc: Mr. Cecil Gilliam, Manager
827 N. E. Hancock Street

52-55512

(For Local Agency Use Only)

DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT
FOR MOVING EXPENSES (FAMILIES AND INDIVIDUALS)

NAME AND ADDRESS OF CLAIMANT:

Mr. Alton Williams
2653 N. Gantenbien
Portland, Oregon

NAME OF LOCAL AGENCY:

Portland, Development Commission

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

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

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

Yes No

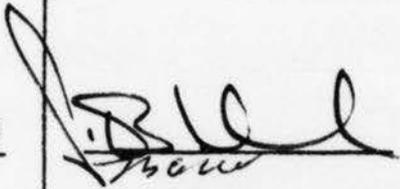
If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(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>220.00</u>			<u>12-21-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>420.00</u>	<u>420.00</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>12/27/72</u>	<u>638 EA</u>	<u>\$ 420.00</u>	<u>AD</u>		\$

Dwelling Unit Inventory

<u>QUANTITY</u>		<u>QUANTITY</u>	
<u>2</u>	Beds & Springs		Night Stand
	Bedroom Chair		Occasional Chair
<u>1</u>	Breakfast Table		Overstuffed Chair
<u>3</u>	Breakfast Table Chairs		Overstuffed Rocker
	Bridge Lamp & Shade	<u>1</u>	Range
	Buffet	<u>1</u>	Refrigerator: Brand _____
<u>4</u>	Chest of Drawers		Rocker
<u>2</u>	Coffee Table	<u>1</u>	Rug & Pad: Size <u>9x12</u>
<u>1</u>	Couch		Stool
	Davenport	<u>3</u>	Table Lamp & Shade
	Desk		Table, small
	Dining Table		Vanity & Bench
	Dining Chairs	<u>3</u>	Suitcases
<u>1</u>	Dresser		Trunks
<u>3</u>	End Table	<input checked="" type="checkbox"/>	Cartons, Boxes, Etc.
	Floor Lamp & Shade	<input checked="" type="checkbox"/>	Clothes
<u>1</u>	Mirror	<input checked="" type="checkbox"/>	Bedding & Linens

Miscellaneous (List Items)

<u>TV.</u>	_____	_____
<u>Stoves</u>	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

COMMENTS:

WORKSHEET FOR ALL MOVING CLAIMS

PDC
1700 SW 4th
Part one

1. Name Mr & Mrs. Altan Williams Project Emanuel Hospital
 2. Date(s) of move 12/12/72 Parcel No. E4-1
 3. Dwelling unit from which you moved:
 Address 2653 N. Gantenbren No. of rooms 5
 Furnished Unfurnished Date you moved into this unit 9/1/67
 4. Dwelling unit to which you moved:
 Address 837 N.E. Hancock
 Were goods moved to or from storage? Yes No

Project
ORE R-20

5. Total claim \$ 220.00

 FIXED PAYMENT: \$200 + \$ 220. = \$ 420.

ACTUAL MOVING COSTS

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

STORAGE COSTS

- Name, address and ZIP code of storage company _____
 A. Type of claim
 initial supplementary final
 B. Storage period
 1. Total period: _____ months. Check one: Actual Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____
 C. Storage Costs

		<u>Approved</u>
1. Monthly rate	\$ _____	\$ _____
2. Total costs actually incurred	\$ _____	\$ _____
3. Amount previously received	\$ _____	\$ _____
4. Amount claimed (line 2 minus 3)	\$ _____	\$ _____

 D. Description of Property Stored: please list on back of this sheet.
 E. Method of Payment
 reimburse client (attach receipt or paid bill)
 pay storage company directly (attach bill)

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emanuel

PROJECT NO. R-20

1. Full name of claimant: Mr. & Mrs. Alton Williams Family Individual
2. Dwelling unit from which you moved: Parcel No. E4-1
 a. Address 2653 N. Gantenbein c. Number of bedrooms 2
Portland Oregon d. Monthly rental \$ 65
 b. Apartment or room number e. Date displaced Dec 12, 1972
3. Dwelling unit to which you moved (RENTAL)
 a. Address 837 N.E Hancock c. Number of bedrooms 2
Portland, Oregon d. Monthly rental \$ 155.00
 b. Apartment or room number e. Date moved in Dec 12, 1972
4. Dwelling unit to which you moved (PURCHASE)
 a. Address c. Downpayment \$
 d. Incidental expenses \$
 b. Number of bedrooms e. Date of purchase
5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)
 a. Address from which you moved
 b. Address to which you moved
 c. Date of move
 d. Monthly rental for temporary unit: \$
 e. Require temporary housing for more than 3 months? Yes No
 If yes, total number of months in temporary housing months

Incidental expenses.

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

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

Determination

1. Did claimant rent or own at time of acquisition? Yes No
 Tenant's initial date of rental 9/1/67
 Date of acquisition Oct 6, 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 9/1/67
 Date of initiation of negotiations 5/12/71
3. Is replacement housing standard? Yes No
 If ~~previously~~ substandard, date found standard Dec. 16, 1972
4. Certification: Bureau of Buildings
 (Amount of this claim \$ 4000.00)

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

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:
Portland Development Commission
1700 S.W. 4th
Portland, Oregon 97210

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

Mr. Alton Williams

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. E4-1

a. Address: 2653 N. Gantenbein
Portland, Oregon
b. Apartment or room number: _____
c. Number of bedrooms: 2

d. Monthly rental: \$ 65.00
e. Date you moved out of this dwelling: Dec. 12, 1972
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): 837 N.E.
Hancock
b. Apartment or room number: _____
c. Number of bedrooms: 2

d. Monthly rental: \$ 155.00
e. Date you moved into this dwelling: Dec. 12, 1972
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

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

NAME AND ADDRESS OF CLAIMANT:

Alton Williams
2653 N Cantonment

COMPUTATION PREPARED BY:

C Daniels 11/28/72
(Name) (Date)

COMPUTATION CHECKED BY:

(Name) (Date)

Adjusted Base \$ 96.⁰⁰
(Show computation on back)

25% of adjusted monthly income \$ 34.80

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

Required Information

- | | | |
|---|-------------------------------------|-----------------------------|
| 1. Actual monthly rental for claimant's replacement dwelling | | <u>\$ 155.</u> |
| 2. Monthly rental for comparable dwelling unit, | <input type="checkbox"/> | |
| or | | |
| Monthly rental for dwelling unit based on HUD-approved schedule | <input checked="" type="checkbox"/> | <u>\$ 156.⁰⁰</u> |
| <u>125 + 31 = 156</u>
<u>Rent + Util.</u> | | |
| 3. Base monthly rental for claimant's previous dwelling | <input type="checkbox"/> | |
| or | | |
| 25% of adjusted monthly income, whichever is less | <input checked="" type="checkbox"/> | <u>\$ 34.80</u> |

Computation

- | | | | |
|---|------|-----------------------------|------------------------------|
| 4. Line 1 or Line 2, whichever is less | | <u>\$ 155.⁰⁰</u> | |
| 5. Minus Line 3 | | - <u>\$ 34.80</u> | |
| 6. Multiplied by 48 | 48 X | <u>\$ 120.20</u> | = <u>\$ 5769.60</u> |
| 7. Base amount (if amount on Line 6 is \$4,000 or more, enter \$4,000 on Line 7. If amount on Line 6 is less than \$4,000, enter amount on Line 7. | | | <u>\$ 4000.⁰⁰</u> |
| 8. Minus adjustments (attach full explanation). | | - <u>\$ -</u> | |
| 9. Amount of rental assistance payment (Line 7 minus Line 8) | | | <u>\$ 4000.⁰⁰</u> |
| 10. Annual payment
(Enter this amount in the space provided in Block 3 on page one of Replacement Housing Payment for Tenants and Certain Others). | | | <u>\$ 1000.⁰⁰</u> |

NOTE: If the amount on Line 9 is less than \$500, a lump-sum payment is to be made. If the amount on Line 9 is more than \$500, divide the payment by four. The resultant amount is the total of each of four annual payments to be made. Enter on Line 10.

JWA 0600 560 901
 RELOCATION PAYMENT

Project: Emanuel Parcel: F 4-1

Payable to: Mrs. Bessie Williams

	<u>Amount</u>
For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners (if separate claim)	\$ <u> </u>
<input checked="" type="checkbox"/> RHP for Tenants & Certain Others:	
Rental: Total approved \$ <u>4000.00</u> ; Annual amount.	\$ <u>1000.00</u>
or Purchase:	\$ <u> </u>
<input checked="" type="checkbox"/> Fixed Moving Payment	\$ <u> </u>
<input checked="" type="checkbox"/> Dislocation Allowance.	\$ <u>220.00</u>
<u> </u> Actual Moving Costs.	\$ <u>200.00</u>
<u> </u> Storage Costs (if separate claim).	\$ <u> </u>
<u> </u> Business: Moving Expenses.	\$ <u> </u>
<u> </u> Business: In Lieu Payment.	\$ <u> </u>
<u> </u> Business: Storage Costs.	\$ <u> </u>
<u> </u> Business: Loss of Property	\$ <u> </u>
<u> </u> Business: Searching Expenses	\$ <u> </u>
Name of Client <u>Mr & Mrs. Alton Williams</u>	Less - \$ <u> </u> *
Move from <u>2653 N. Garden beam</u>	Total \$ <u>1420.00</u>

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

Dated this 20 day of June, 1972.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 2653 N.
Gantenbier - up, 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.

Alton Williams

PORTLAND DEVELOPMENT COMMISSION

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

October 25, 1972

Mr. and Mrs. Alton Williams
2653 N. Gantenbein
Portland, Or. 97227

Dear Mr. and Mrs. Williams:

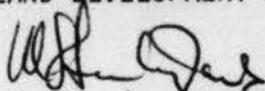
The premises you are now occupying at the above subject address are within the boundaries of the Emanuel Hospital Urban Renewal Project. Ownership (possession) of this property was vested in (granted) the Portland Development Commission on October 6, 1972.

Present plans of the Portland Development Commission call for demolition of the structure which you occupy at the earliest possible date. The most recent regulations of the Department of Housing and Urban Development governing this project stipulate that lawful occupants shall not be required to surrender possession without at least 90 days written notice from the local commission. This letter is therefore to advise you that we require you to surrender possession of the above subject premises not later than February 1, 1973. Any extension of this date must have the written approval of the Commission.

If you have any questions or wish more information please call on us at 235 N. Monroe Street, telephone 288-8169. We want to cooperate with you to the fullest extent possible in finding a new location, assisting you in your move, and obtaining for you those benefits to which you are entitled under the regulations.

Very truly yours,

PORTLAND DEVELOPMENT COMMISSION


By: W. Stanley Jones

WSJ:slc

PORTLAND DEVELOPMENT COMMISSION

CITY OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
Phone 233-8100

September 1, 1971

Mr. Alton Williams
2653 N. Gartenbein
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 233-8100. 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

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 JK Date of survey 2-11-71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 7 Structure No. 5 Census Block No. _____ Census Tract No. _____
 Street Address 2653 N. Gantenbein Apartment No. Upper

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>ALTON Williams</u>	<u>Head of household</u>	<u>25</u>	<u>M</u>	<u>Unemployed</u>
2. <u>BENNIE WILLIAMS</u>	<u>Wife</u>	<u>21</u>	<u>F</u>	<u>_____</u>
3. <u>KEITH WILLIAMS</u>	<u>SON</u>	<u>6</u>	<u>M</u>	<u>Student</u>
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
_____	<u>unemployed</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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>Welfare</u>	\$ <u>183.00</u>	\$ <u>183.00</u>
_____	_____	_____
Total family or household income per month	\$ <u>183.00</u>	\$ _____

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

1. Location (indicate approximate cross streets) N.E. + N.
2. Transportation, number of autos owned NO, use bus , walk _____
3. Will rent house , apartment _____, expect to pay rent, including utilities, at \$ 105.00 per mo. (Furniture is owned, yes _____, no _____, stove and refrigerator owned, yes _____, no _____)
4. Will buy house in price range \$ _____, down payment of \$ _____, monthly payment of \$ _____
5. If now buying this house, how much are payments on contract or mortgage monthly \$ _____
6. Size of unit to be sought, number of bedrooms 3, kitchen 1, dining room 1, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit _____
7. Other characteristics W O B I M

ALL ON ONE FLOOR with Basement

date on site _____

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

Analyst JC Date 2-11-71 Surveyed 2-11-71 Tabulator _____ Date _____
 Dwelling Unit No. 7 Structure No. 5 Census Block No. 76 Census Tract No. 22A
 Street Address 2653 N. Gantenber Apartment No. Upper
 Legal Description _____

NAME OF OCCUPANT: "Bennie" Williams NAME & ADDRESS OF OWNER: Brooks, Blanche NAME & ADDRESS OF PROP. MGR: _____
 (African Wm) _____
 TELEPHONE: _____ TELEPHONE: _____ 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> X </u> Apt. in apt. bldg. or plex	<u> 2 </u>
<u> </u> Apt. in comm. bldg.	<u> </u>
<u> </u> Mobile home or trailer	

This structure has 2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

 Owner occupied
 X Renter occupied
 Vacant

III. SIZE OF DWELLING UNIT

 1058 Sq. ft. in first floor (county figure)
 1058 Sq. ft. in dwelling unit (if more than 1 floor)
 5 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
 1 No. of bathrooms
 2 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time
 1971 Period market value data applicable
 1967 Date of last appraisal
 1907 Date structure was originally built

B. Market value data for one-family dwelling

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

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

	Market value for entire structure	Computed value per sq. ft. for this dw. unit
Land	\$ <u> 2230 </u>	\$ _____
Improvements	<u> 4570 </u>	_____
Total	<u> 6800 </u>	_____

 2116 Sq. ft. of all d. u. in this structure
 _____ Sq. ft. of commercial space and value of commercial space: Land \$ _____, improvements \$ _____, total \$ _____.

V. RENTAL RATE FOR THIS RENTED UNIT

Monthly average	Cash rent	Utilities	Total paid by renter
Rent	\$ <u> 65.00 </u>	_____	\$ _____
Electricity	_____	\$ <u> 10.00 </u>	_____
Gas	_____	_____	_____
Water	_____	<u> 10.00 </u>	_____
Heat (oil, or other)	<u> GAS </u>	<u> 20.00 </u>	_____
Total	\$ <u> 65 </u>	\$ <u> 40 </u>	\$ <u> 105. </u>

Deposits required of renter
 Advance rent \$ 65.00 , other \$ _____

Rental information obtained from
 Tenant , owner _____, manager _____, or estimated from assessor's data _____.

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

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

VII. REMARKS

Assessor's records filed in
Arthur B. Ward file

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.

Arthur Williams

6/20/72
date