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. JAMESETTA 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			

RESIDENTIAL RELOCATION RECORD

Project Name _____ Parcel No. RS-4-9 Advisor JMc

Client's Name Williams, Theo Phone _____

Address 7 N. Russell Ethn B Age 47

☒ 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

_____ $

MCW $ 122.00

Total Monthly Income $ (122.00)

Eligible for Public Housing ☒ YES ☐ NO

Eligible for Welfare ☒ YES ☐ NO

Eligible for (Other) ☐ YES ☐ NO

Presently Receiving Welfare ☒ YES ☐ NO

Other Assistance _____

Claimant was displaced from real property within the project area on or after date of pertinent contract for Federal assistance and/or date of HUD approval of budget for project:

☒ YES ☐ NO

Date of initial interview 1-14-72 Date of info pamphlet delivery _____

Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY 5-16-69

(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 7-22-71

Date of letter of intent _____

Date of move 2-10-72

AGENCY ACTION:		REASONS:
Appeals		
Evicted		
Refused Assistance		
Address Unknown (tracing)		
Other (death, etc.)		

TEMPORARY RELOCATION

Within Project	
Outside Project	

Date Moved In 1/9/72
Address 2406 N Williams
Reason Fire in old apartment

REPLACEMENT DWELLING UNIT

Client Referred _____ LPA Referred _____

Address 561 N. Skidmore Phone _____ Date of Move 2/10/72

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

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms 1 Habitable Area ___

Utilities $ _____ Monthly Payments (Rent) $ 22.00 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)	302 EH	2/24/72	$ 401.16
TACO (Rental)			$
TACO (Rental)			$
TACO (Rental)			$
TACO (Sales)			$
Fixed Moving	28627 G	1/14/72	$ 215.00
Actual Move			$
Storage			$
Incidental			$
Interest			$

TOTAL BENEFITS RECEIVED $ _____

TOTAL RHP: $1,604.64

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

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date		Relocation Worker
10/18/71	Tried to contact Mr. Williams, but he was not at home.	
10/26	Mr. Williams was not at home when I tried to contact him today. Charley Thomas, manager of the apartment building, informed me that [redacted] seldom stayed at home. He showed me the inside of Mr. Williams' apartment. It was quite filthy and definitely unsanitary. I called the health department and referred his case to them.	
1/14/72	Mr. Williams was burned out of his apartment and we have found emergency temporary housing at 240(5) N. Williams. He has welfare due for his disability. - Apartment 2405 N. Williams is substandard.	
1/72	Carried Mr. Williams to HAP where he was given an apartment at 561 N. Skidmore. He accepted the apartment and put up a deposit and the first months rent. Mr. Williams moved in February 10, 1972.	
5/1/72	NOTE TO THE FILE --- Mr. Williams is dead. File closed. He died from a long list of ailments that has plaqued his health stemming from his military service duty; [redacted]. Chet Daniels	

URBAN REDEVELOPMENT FUND–PROJECT EXPENDITURES–EMANUEL HOSPITAL, ORE. R-20

Warrant Number

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

No. 302 EH

DATE February 24, 1972

PAY TO Theo Williams $401.16

DOLLARS

TO THE TREASURER OF THE
CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per claim for RHP for Tenants. From 7 N. Russell (Parcel RS-4-9).	
		Total approved $1,604.64	
		1st Annual Payment	$401.16

Account Distribution

NO.	TITLE		AMOUNT
E 1501	Relocation Payment (RHP)	(EH)	$401.16

Theo Williams

2-24-72

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 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
WILLIAMS, Theo
_____ Family ___x___ Individual

2. DWELLING UNIT FROM WHICH YOU MOVED
a. Address: 7 North Russell, Portland Oregon
b. Apartment or room number: 7
c. Number of bedrooms: 1
PARCEL NO. RS-4-9
d. Monthly rental: $ 52.00
e. Date you moved out of this dwelling: 1/14/72 (Month-Day-Year)

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)
a. Address (include ZIP Code): 561 N. Skidmore, Portland, Oregon
b. Apartment or room number: _____
c. Number of bedrooms: 1
d. Monthly rental: $ X 22.00
e. Date you moved into this dwelling: 2/10/72 (Month-Day-Year)

4. DWELLING UNIT TO WHICH YOU MOVED (PURCHASE)
a. Address (include ZIP Code): _____
b. Number of bedrooms: _____
c. Downpayment: $ _____
d. Incidental expenses (total from table on next page): $ _____
e. Date you purchased this dwelling: _____

5. INFORMATION IN SUPPORT OF CLAIM OF HOMEOWNER TEMPORARILY DISPLACED BECAUSE OF CODE ENFORCEMENT OR VOLUNTARY REHABILITATION
a. Address of dwelling unit from which you moved: _____
b. Address of dwelling unit to which you moved (include ZIP code): _____
c. Date of move: _____ (Month-Day-Year)
d. Monthly rental for temporary unit: $ _____
e. Will you require temporary housing for more than 3 months? _____ Yes _____ No
If "Yes", total number of months you will require temporary housing: _____ months

6. I submit this information in support of a claim for a Replacement Housing Payment under Section 204 of P.L. 91-646, and I certify under the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, that the information submitted herewith has been examined by me and is true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

2/14/72
Date

Theo Williams
Signature of Claimant(s)

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

	COSTS INCURRED BY CLAIMANT			FOR LOCAL AGENCY USE
Item (a)	Charged to Claimant on Closing Statement (b)	Paid Directly by Claimant (c)	Amount Claimed (Col. (b) + (c) (d)	Amount Approved (e)
	$	$	$	$
TOTAL	$	$	$ 1/	$

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.)

2

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

NAME AND ADDRESS OF CLAIMANT:

Theo Williams

7 N. Russel

COMPUTATION PREPARED BY:

C. Daniels
Name

2/14/72
Date

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

Required Information

1. Monthly gross rental for comparable unit (cost based on: ✓ Schedule ____ Comparative ____ Other) — $ 62.40

2. Base monthly rental for claimant's former dwelling, or 25% of adjusted monthly income, whichever is less. — $ 28.97
   25% of adjusted Mo. income

Computation

3. Line 1 minus Line 2, multiplied by 48

   Line 1 $ 62.40
   Line 2 − $ 28.97
   $ 33.43
   X 48
   — $ 1604.64

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.) — $ 1604.64

5. Minus adjustments (Attach full explanation) — − $ −0−

6. Amount of rental assistance payment (Line 4 minus Line 5) — $ 1604.64

7. Annual Payment — $ 401.16

   (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.

TCO-5

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

NAME OF CLAIMANT Theo Williams 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? x Yes ___ No

   Tenant's initial date of rental: May 16, 1969

   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? x Yes ___ No

   Date of Rental or Purchase: May 16, 1969

   Date of Initiation of Negotiations: 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.) x 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 $ 1,604.64 is authorized.

   2-17-72
   Date

   [signature]
   Authorized Signature

5. RECORD OF PAYMENTS

	Date of Payment	Check Number	Amount
a. Claimant moved to rental unit			
(1) Lump-sum payment			$
(2) Annual payment			
1st Year $401.16	2-24-72	30LEN	$ 401.16
2nd Year			$
3rd Year			$
4th Year			$
b. Claimant moved to unit he purchased			$
c. Homeowner temporarily displaced			$

J.S.

WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY

PROJECT NAME Emanuel

PROJECT NO. R-20

1. Full name of claimant: ____Family ✓ Individual

Theo William

2. Dwelling unit from which you moved: Parcel No. RS-4-9
   a. Address 7 N. Russell, Portland Oregon
   b. Apartment or room number 7
   c. Number of bedrooms 1
   d. Monthly rental $ 52.00
   e. Date displaced

3. Dwelling unit to which you moved (RENTAL)
   a. Address 561 N. Skidmore, Portland, Oregon
   b. Apartment or room number
   c. Number of bedrooms 1
   d. Monthly rental $ 22.00
   e. Date moved in 2-10-72

4. Dwelling unit to which you moved (PURCHASE)
   a. Address
   b. Number of bedrooms
   c. Downpayment $
   d. Incidental expenses $
   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.

Item	Charged to claimant	Paid by Claimant	Claimed	Approved
	$	$	$	$

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 May 16, 1968
   Date of acquisition
   Owner-occupant's initial date of ownership
2. Did claimant own or rent 90 days prior to initiation of negotiations? ✓ Yes ____No
   Date of rental or purchase May 16, 1968
   Date of initiation of negotiations
3. Is replacement housing standard? ✓ Yes ____No
   If previously substandard, date found standard
4. Certification: H.A.P.

   (Amount of this claim $ 1604.64)

TCO-7

MPW-160
Rev. 9-70

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 _____
2. Applicant for housing Thea Williams
3. Name _____
4. Address 561 N. Prescott
5. Number of persons in family one
6. Total monthly assistance $122.00
7. Date assistance began 8-1-71
8. Date assistance to terminate unknown

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

P. Lewis by M. Larson
(Caseworker) (Dept.)

2-11-72
(Date)

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
PORTLAND, OREGON 97201

No. 28627 G

DATE January 14, 1972

PAY TO THE ORDER OF Theo Williams

$ 215.00

DOLLARS

NON-NEGOTIABLE

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

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 15.00	$215.00

Account Distribution

NO	TITLE	AMOUNT
E 1501	Relocation Payments (EH) (Fixed - Unf. - Individual)	$215.00

I Leo Williams

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

Portland Development Commission
1700 SW 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 statment 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 __x__ Individual

WILLIAMS, Theo.

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 7

c. Was it furnished with your own furniture? ____ Yes __x__ No

d. Number of rooms occupied (excluding bathrooms, hallways, and closets: 1

e. Date you moved into this address: May 16, 1969

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) _____

b. Apartment, Floor, or Room Number _____

c. Were household goods moved to or from storage? ____ Yes __x__ No

If "Yes", complete table, "Statement of Claim for Storage Costs"

5. TOTAL CLAIM (if 5 b. marked above)

Dislocation Allowance	$200.00
Fixed Moving Payment (Consult local agency)	15.00
Total	$ 215.00

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

x Theo Williams
Signature of Claimant

M-1

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:
Theo Williams

NAME OF LOCAL AGENCY:
Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97227

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? __x__ 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 $ 15.00			
2. Dislocation allowance $ 200.00			
3. Total $ 215.00	215.00	Thos. E. Supt DCLW	1-14-7-
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
		$			$

Dwelling Unit Inventory

QUANTITY		QUANTITY	
_____	Beds & Springs	_____	Night Stand
_____	Bedroom Chair	_____	Occasional Chair
_____	Breakfast Table	_____	Overstuffed Chair
_____	Breakfast Table Chairs	_____	Overstuffed Rocker
_____	Bridge Lamp & Shade	_____	Range
_____	Buffet	_____	Refrigerator: Brand_____
_____	Chest of Drawers	_____	Rocker
_____	Coffee Table	_____	Rug & Pad: Size_____
_____	Couch	_____	Stool
_____	Davenport	_____	Table Lamp & Shade
_____	Desk	_____	Table, small
_____	Dining Table	_____	Vanity & Bench
_____	Dining Chairs	_____	Suitcases
_____	Dresser	_____	Trunks
_____	End Table	✓	Cartons, Boxes, Etc.
_____	Floor Lamp & Shade	✓	Clothes
_____	Mirror	✓	Bedding & Linens

No Furnishings

Miscellaneous (List Items)

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

COMMENTS:

RESIDENTIAL RELOCATION RECORD

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

NAME Williams, Theo ADDRESS 7 N. Russel APT NO. 7

PHONE _____ INITIAL INTERVIEW 1/14/72 SEX M MINORITY GROUP B

AGE 47 U.S. CITIZEN ___ ALIEN ___ VETERAN ___ SERVICEMAN ___ DATE ON SITE May 16 1969

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name _____ $ _____

Address _____

MCW ___ Caseworker 280-6044 Pat Lewis 122.00

Social Security _____

Va. ___ Fed. ___ Mult. Co. ___

Pension: Name _____

Other: Name _____

TOTAL MONTHLY INCOME 122.00

Own: ___ Power Co. _____ Type Fuel _____ Garbage Co. _____

Rent: X 52 Inc. Heat Furn Water Furn Gas Furn Gar ___ Elec Furn Unfurn ___ Furn X No. Rms 1

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)

Over 62 ___ Disabled (Soc.Sec.def.) ___ Income below limits ___ Assets below limits ___

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of 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, abondoned _____
- 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
~~Wash~~ N. Williams		1/14/72
3419 Apt 6		2/14/72
561 N Skidmore	A.H.P.	" "

NEW ADDRESS: _____

Zip Phone

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

INTERVIEW REGISTER

Date		Relocation Worker
10/18	Tried to contact Mr. Williams but he was not at home.	
10/26	Mr. Williams was not at home when I tried to contact him today. Charley Thomas, manager of the apartment building, informed me that Mr. Williams was an alcoholic and seldom stayed at home. He showed me the inside of Mr. Williams apartment. It was quite filthy and definitely unsanitary. Mr. Thomas felt that Mr. Williams should be committed to an institution. I called the health department and referred his case to them.	
1/14/73	Mr. Williams was born out of his apt. and We have found emergency temporary housing at 240(5) N. Williams. He gets Welfare due to his disability.	

I hereby acknowledge receipt of the Portland Development Commission INFORMATIONAL STATEMENT.

Theo W. Williams
Signature

1/14/72
Date

PDC-R27
9/8/66

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. 12 Structure No. 3 Census Block No. 78 Census Tract No. 22 A
Street Address 7 N Russell Apartment No. 7

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.	Williams Theo	Head of household	40	M	
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
	$	$
welfare		
Total family or household income per month	$	$ 150.00 est

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

PDC-HRS-3
1-15-71

date on site:

HOUSING RESOURCES SURVEY

To be Filled in For Each Dwelling Unit in All Survey Areas

Analyst _____ Date Surveyed _____ Tabulator _____ Date _____

Dwelling Unit No. 12 Structure No. 3 Census Block No. 78 Census Tract No. 22 A

Street Address 7 N Russell Apartment No. 7

Legal Description _____

NAME OF OCCUPANT:	NAME & ADDRESS OF OWNER	NAME & ADDRESS OF PROP. MGR:
Shea Williams	Steven Matthew	
7 N Russell #7	201 Pacific Bldg.	
TELEPHONE:	TELEPHONE: 223-5219	TELEPHONE:
INTERVIEWED? ( ) Yes ( ) No	INTERVIEWED? ( ) Yes ( ) No	INTERVIEWED? ( ) Yes ( ) No

I. DESCRIPTION OF STRUCTURE

Kind of dwelling unit	No. of units in bldg.
___ One-family house	
___ Apt. in a house	___
___ Apt. in apt. bldg.	___
✓ Apt. in comm. bldg.	9
___ Mobile home or trailer	

This structure has 2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

___ Owner occupied
✓ Renter occupied
___ Vacant

III. SIZE OF DWELLING UNIT

~~6565~~ Sq. ft. in first floor (county figure)
~~6565~~ Sq. ft. in dwelling unit (if more than 1 floor)
2 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)
___ No. of bathrooms
1 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
3/30/67 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	$ 10,400	$_____
Improvements	14,560	_____
Total	24,960	_____

~~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	$_____	$_____	$ 540

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

_____

_____

_____

PDC-HRS-1
1-15-71

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 288-8160

September 1, 1971

Mr. Theo 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 288-8160. 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