

	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		

R E S U M E

DATE April 21, 1972

NAME WOODS, E. Jamesetta

It had been reported to us that Mrs. E. Jamesetta, formerly of 323 N. Russell, had resided at that address ~~after~~ ^{prior to initiation of negotiation} the date of loan and grant. We therefore made a follow-up on Mrs. Woods and traced her to her new location thinking she was eligible for relocation benefits. After some time it became apparent that Mrs. Woods might not be eligible for benefits; her former landladies receipt book showed that Mrs. Woods moved out of the project area in August of 1970 and not August of 1971 as had been previously reported; therefore, she was not eligible for benefits. Mrs. Woods was made aware of the error and advised that she was not eligible for any benefits.

(signed)

A. Gordon
worker

MEMO TO FILE:

FROM: A. Gordon

Re: 6 month time eligibility requirement - E. Jamesetta Woods

The claimant, E. Jamesetta Woods, who resided in the project at 323 N. Russell from December 15, 1970 to August 1, 1971 was not contacted by the PDC prior to her move from the project.

Mrs. Woods was unemployed at the time she moved, and left no forwarding address. Tracing was difficult because she had moved in with a friend. Through continuous contact with her former land lady and friends we were finally able to contact her at 2404 N. Vancouver Avenue in March of 1972. At which time she was informed of the benefits available and made claim for moving expenses and RHP-TACO.

AG

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER W. Gordon PROJECT NO. R-20 PARCEL E 4-8

NAME Woods, E. Jamesette ADDRESS 333 N Russell APT NO. upper Right

PHONE 282-6244 INITIAL INTERVIEW 1/15/71 SEX F W B NW AGE 35

U.S. CITIZEN ALIEN VETERAN SERVICEMAN DATE ON SITE 12-15-69

OUT 8-1-70

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name Emanuel Hosp. \$
 Address (nurses aide)
 MCW Caseworker Dianna Gentry 280-6045
 Social Security
 Va. Fed. Mult Co.
 Pension: Name
 Other: Name

TOTAL MONTHLY INCOME

Rent 50.00, Inc. Heat 0.00 Water 1.00 Gas Gar Elec Unfurn Furn No. Rms 4

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered by

Notify in case of accident:

Name Shue Parkman Address 2404 N. Van Arman Ave Phone 282-6244

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 hsg. with refusal of further aid

Standard sales housing

Sub-standard sales hsg.

Out-of-town

Address unknown, abandoned

Evicted, no further assistance

Other (explain)

REMAINING ON CASELOAD:

Address unknown, tracing

Evicted, further assistance contemplated

Temporarily relocated by LPA

within project: address

outside project: address

FAMILY REFUSED ADDITIONAL ASSISTANCE: Date Worker

RELOCATION REFERRALS:

Address	Inspection Certified By	Date
<u>5843 N. E 10th Ave.</u>	<u> </u>	<u>3/31/72</u>

NEW ADDRESS: Zip Phone

1/15/71 flyer delivered by James Croley

2/11/71 survey: will rent apt, \$65 month (has no car). JR

3/23/72 Interviewed James Etta Elewise Woods a DuPlacée who moved from 327 N. Russell St to 2404 N. Vancouver. Formerly a Nurse's Aid at Emanuel Hospital but was injured by a shot and unable to work, therefore she moved into sub-standard housing with a Mr. Fatham where she has 0 income. Having lived in the project area is eligible for all benefits. Mrs Woods made an appointment to come into our office 3/29/72.

3/29/72 Mrs Woods was in our office today. Stated she was interested in a low rent supplement apt. A one bedroom apt in North or Northeast Area. Verification of income requested from Welfare Case Worker Truman Finley. As soon as income can be determined, Mrs Wood will be taken to HAP for making application.

3/31/72 Mrs Woods was taken to HAP. Application was made and apt. accepted at 5843 N.E. 10th Ave.

4/10/72 After checking receipts with her former landlady there was found to be some errors as to her moving date from this address. The receipts shown show that she had moved out before the project was begun. Therefore our follow up information proves Mrs E. Jamesetta Woods does not meet eligibility criteria as stated in requirements by HUD.

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

Deleted
Res. # 1
1/3/72

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 E. Jamesetta Woods
3. Name _____
4. Address 2404 N. Vancouver Ave.
5. Number of persons in family 1
6. Total monthly assistance case closed 317.72
7. Date assistance began _____
8. Date assistance to terminate 317.72

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

Gordon Gilbertson
(Signature) (Date)

328.72
(Date)

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 Individual
WOODS, E. Jamesetta

2. DATE(S) OF MOVE 8-1-71

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. E-4-8
a. Address 323 N. Russell, Portland 97227
b. Apartment, Floor, or Room Number --
c. Was it furnished with your own furniture?
 Yes No
d. Number of rooms occupied (ex-
cluding bathrooms, hallways,
and closets: 4
e. Date you moved into this
address: 12/15/70

4. DWELLING UNIT TO WHICH YOU MOVED
a. Address (include ZIP Code) 2404 N. Vancouver, Portland 97212
b. Apartment, Floor, or Room Number --- #24
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 60.00
(Consult local agency) Total \$ 60.00

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 appli-
cable 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.

4-5-72
Date

Mrs. E. Jamesetta Woods
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:

E. Jamesetta Woods
2404 N. Vancouver
Portland, Oregon 97212

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>60.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>260.00</u>	<u>260.00</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
		\$			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Woods, E. Jamisetta Project R 20
 2. Date(s) of move 8-1-72 Parcel No. E 4-8
 3. Dwelling unit from which you moved:
 Address 323 W. Russell No. of rooms 4
 Furnished Unfurnished Date you moved into this unit 12-15-70
 4. Dwelling unit to which you moved:
 Address 2401 N. Vancouver Ave. Apt. 24
 Were goods moved to or from storage? Yes No
 5. Total claim \$ 260.00

FIXED PAYMENT: \$200 + \$ 60.00 = \$ 260.00

ACTUAL MOVING COSTS

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

STORAGE COSTS

Name, address and ZIP code of storage company _____

- A. Type of claim
 initial supplementary final
 B. Storage period
 1. Total period: _____ months. Check one: Actual Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____
 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)

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

PDC - Elma Gordon 235 N. MONROE

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 E. Jamesella Woods
3. Name _____
4. Address _____
5. Number of persons in family 1
6. Total monthly assistance 88.00
7. Date assistance began 4-1-72
8. Date assistance to terminate 6-30-72

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

R. A. ...
(Caseworker)
4.3.72
(Date)

mc
(Dept.)

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

Woods, James Etta Louise

2. Dwelling unit from which you moved:

Parcel No. E 4-8

a. Address 323 N. Russell

c. Number of bedrooms 1

d. Monthly rental \$ 50.00

b. Apartment or room number _____

e. Date displaced _____

DATE OUT 8-1-71

3. Dwelling unit to which you moved (RENTAL)

a. Address 2404 N. Vancouver St

c. Number of bedrooms _____

d. Monthly rental \$ _____

b. Apartment or room number _____

e. Date moved in _____

4. Dwelling unit to which you moved (PURCHASE)

(Rental) HAP

a. Address 5843 N.E. 107th

c. Downpayment \$ _____ No of bedrooms

d. Incidental expenses \$ _____ Rental

b. Number of bedrooms 1

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 Dec 15, 1970

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 _____

Date of initiation of negotiations June 10, 1971 mailed Henry Buhler

3. Is replacement housing standard? Yes No

If previously substandard, date found standard _____ Attorney

4. Certification:

(Amount of this claim \$ _____)

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY: PROJECT NAME (if applicable)

PROJECT NUMBER:

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

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. E-4-8

- a. Address: 323 N. Russell, Portland, Oregon 97227
b. Apartment or room number:
c. Number of bedrooms:

- d. Monthly rental: \$ 50.00
e. Date you moved out of this dwelling: Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

- a. Address (include ZIP Code): 2404 N. Vancouver, Portland, Oregon 97212
b. Apartment or room number: --
c. Number of bedrooms:

- d. Monthly rental: \$
e. Date you moved into this dwelling: 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.

4-4-72
Date

Mrs. J. J. Hoods
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:

Woods, E. Jametta
323 N. Russell

COMPUTATION PREPARED BY:

A.S.
Name

Date

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

Required Information

1. Monthly gross rental for comparable unit \$ 97.75
 (cost based on: Schedule
 Comparative
 Other)

2. Base monthly rental for claimant's former dwelling, or \$ 20.90
 25% of adjusted monthly income, whichever is less.

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>97.75</u>	
Line 2	\$ <u>20.90</u>	
	\$ <u>76.85</u>	
	X <u>48</u>	
		\$ <u>3,688.80</u>

4. Base amount (if amount on Line 3 is \$4,000 or more, enter \$4,000. If amount on Line 3 is less than \$4,000, enter amount on Line 3.) \$ 3,688.80

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

6. Amount of rental assistance payment (Line 4 minus Line 5) \$ 3,688.80

7. Annual Payment \$ 922.20

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

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

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

No furniture

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 JC Date of survey 2/11/71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 10 Structure No. 7 Census Block No. 76 Census Tract No. 22A
 Street Address 323 N. Russell Apartment No. upper right

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:

	<u>Name</u>	<u>Family relation</u>	<u>Age</u>	<u>Sex</u>	<u>Occupation</u>
1.	<u>Elise Woods</u>	<u>Head of household</u>	<u>28</u>	<u>F</u>	<u>NURSE AIDE</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: Distance

<u>Names of jobholders</u>	<u>Names of employers</u>	<u>Street address where jobs are located</u>	<u>to work</u>
<u>ELOISE</u>	<u>EMANUEL HOSP</u>	_____	<u>2 blk</u>
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Names of persons in this household who have income from any source</u>	<u>Amount of income per month</u>	
	<u>In month before this survey</u>	<u>In an average month during 1970</u>
_____	<u>\$ 350.</u>	\$ _____
_____	_____	_____
<u>Total family or household income per month</u>	<u>\$ 350 estimated</u>	\$ _____

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

1. Location (indicate approximate cross streets) _____
2. Transportation, number of autos owned NO, use bus _____, walk
3. Will rent house _____, apartment , expect to pay rent, including utilities, at \$ 65 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

E-4

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

Analyst OC Date 2/11/71 Surveyed 2/11/71 Tabulator _____ Date _____
 Dwelling Unit No. 10 Structure No. 7 Census Block No. 76 Census Tract No. 22A
 Street Address 323 N. Russell Apartment No. #4
 Legal Description _____

NAME OF OCCUPANT: Eloise Woods NAME & ADDRESS OF OWNER: Lucille Johnson NAME & ADDRESS OF PROP. MGR: _____
321 N. Russell
 TELEPHONE: none TELEPHONE: 284-8301 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	
<u>X</u> Apt. in apt. bldg. or plex	<u>4</u>
___ Apt. in comm. bldg.	
___ 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

___ Sq. ft. in first floor (county figure)
836 Sq. ft. in dwelling unit (if more than 1 floor)
4 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
1902 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>3010</u>	\$ _____
Improvements	<u>6240</u>	_____
Total	<u>9250</u>	_____

2344 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>50.00</u>	_____	\$ _____
Electricity	_____	\$ _____	_____
Gas	_____	_____	_____
Water <u>w/rent</u>	_____	_____	_____
Heat (oil, or other) <u>gas</u>	_____	_____	_____
Total	\$ <u>50.00</u>	\$ <u>15.00</u>	\$ <u>65.00</u>

Deposits required of renter
 Advance rent \$ _____, 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

