

	DESCRIPTION	ROLL NO	ODOMETER
PARCEL NO. A-3-20	WASHINGTON, CLEO 3217 N. VANCOUVER		
PARCEL NO. E-3-8	WASHINGTON, KATHRYN 2648 N. KERBY		
PARCEL NO. A-3-6	WEDGE, RAYMOND D. 242 N. COOK		
PARCEL NO. R-10-9	WESLEY, ROOSEVELT 535 N. MORRIS		
PARCEL NO. R-10-9	WHITCOMB, SCOTT 535 N. MONROE		
PARCEL NO. A-3-12	WHITE, CARMEN 253 N. FARGO		
PARCEL NO. A-2-4	WHITE, DOUGLAS & EVELYN (HAUGHT, EVELYN) 3100 N. GANTENBEIN		
PARCEL NO. A-3-2	WHITE, LOUISE 216 N. COOK		
PARCEL NO. RS-4-9	WILLIAMS, ALONZO 7 N. RUSSELL		
PARCEL NO. E-4-1	WILLIAMS, ALTON & BENNIE 2653 N. GANTENBEIN		
PARCEL NO. A-3-18	WILLIAMS, T.C. 203 N. FARGO		
PARCEL NO. RS-4-9	WILLIAMS, THEO 7 N. RUSSELL		
PARCEL NO. E-4-8	WOODS, E. JAMESSETTA 323 N. RUSSELL		
PARCEL NO. A-2-9	WOODS, WILLIAM H. JR. 3117 N. VANCOUVER		
PARCEL NO. A-3-3	WOODWARD, NEBBIE 3227 N. GANTENBEIN		
PARCEL NO. A-3-8	WRIGHT, WILLIAM R. 30 N. KNOTT		
PARCEL NO. A-4-4	YARBOROUGH, MRS. BOBBIE 252 N. IVY		
PARCEL NO. A-3-7	YOUNG, DAVE 248 N. COOK		

R E S U M E

DATE 8/3/71

NAME YOUNG, Dave

Mr. Young has been a pleasure to work with. He made his mind up as early as the PDC survey (2/13/71) and kept to his plan all during negotiations on his house. PDC purchased his house and shortly thereafter (7/30/71) Mr. Young retired. He was shown houses by Joe Reid and for sometime Reid had the notion that Mr. Young wanted a house. Sometime prior to the beginning of acquisition of property at Emanuel, Mr. Young signed an earnest money receipt and posted one dollar (\$1.00) as escrow money. Negotiations, started his mind was made up and never once did he hesitate. Mr. Young has moved and is now on a trip to visit his children in California. He said "after he comes back he wants to go east to visit a brother. All in all he is happy that he can retire and enjoy life at this time. After giving him his check for moving expense, he again stated that the apartment and rent supplement was just what he wanted. He did not want the responsibilities of a house. PDC has released the \$200. held by escrow. This should close our file on Dave Young.

(signed)

C. D.

worker

**RESIDENTIAL RELOCATION RECORD**

Project Name \_\_\_\_\_ Parcel No. A-3-7 Advisor CU  
 Client's Name Young, Dave Phone 288-2126  
 Address 248 N. Cook Ethn B Age 62

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

Family Composition

Total Number in Family 1  
 \_\_\_\_\_ wife, husband

Other:    Relation    Age    Relation    Age

Relation	Age	Relation	Age

Economic Data

Employer Rich Mfg. \$ 640 -  
 Address \_\_\_\_\_  
 Other Source of Income \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total Monthly Income \$ (640 -)

- Eligible for Public Housing     YES     NO      Presently Receiving Welfare     YES     NO  
 Eligible for Welfare           YES     NO      Other Assistance \_\_\_\_\_  
 Eligible for (Other)           YES     NO      Soc. Sec. Retirement

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 5-21-71      Date of Info pamphlet delivery 5/21/70  
 Date Notice to Move given \_\_\_\_\_      Date Effective \_\_\_\_\_ Expires \_\_\_\_\_

CLAIMANT'S INITIAL DATE OF OCCUPANCY \_\_\_\_\_ 15 yrs  
 (a) for owner-occupants - indicate initial date of occupancy and ownership  
 Date of initiation of negotiations for purchase of property \_\_\_\_\_ 5-17-71  
 Date of Acquisition \_\_\_\_\_ 6-30-71  
 Date of letter of Intent \_\_\_\_\_  
 Date of move \_\_\_\_\_ 8-2-71

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Housing Unit 1910

Size of Habitable Area 1044

Furnished with claimant's furniture  
 YES  NO

Total Number of Rooms 6 Rent Paid \$ \_\_\_\_\_ Utilities \_\_\_\_\_

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

Liens \$ \_\_\_\_\_ (please explain) \_\_\_\_\_

Acquisition Price \$ 5,000 Amenities \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Address 606 N.E. Sacramento #3 LPA Referred \_\_\_\_\_ Self Referred \_\_\_\_\_

Private Sales		Single Family	
Private Rental		Duplex	
Other <u>Rent Supplement</u>	<input checked="" type="checkbox"/>	Multiple Family	<input checked="" type="checkbox"/>

Outside city  Outside state

✓ Age of Housing Unit 3 yrs

✓ Size of Habitable Area 650 sq ft

✓ No. of Rooms 3 No. of Bedrooms 1

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ \_\_\_\_\_

Taxes \$ \_\_\_\_\_

RHP or TACO (including incidental costs) \$ \_\_\_\_\_

For Claimants Who Rented

Rent \$ 49<sup>00</sup>

Utilities \$ \_\_\_\_\_

Total Rent Assistance \$ 4000<sup>-</sup>

Amount of Annual Payment \$ 1000<sup>-</sup>

No. of Housing Referrals to:

\_\_\_\_\_ Standard Sales

2 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 YOUNG, Dave RELOCATION ADVISOR CD  
 ADDRESS 248 N. Cook PHONE 288-2126 PROJECT NAME Emanuel ORE. R-20  
 SEX M ETHN black VETERAN \_\_\_\_\_ AGE 62 PARCEL NO. A-3-7  
 MARITAL STATUS \_\_\_\_\_ TENURE owner  
 DISABILITY \_\_\_\_\_ INDIV X FAMILY \_\_\_\_\_  
 ELIGIBLE FOR: PUBLIC HOUSING \_\_\_\_\_ FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT \_\_\_\_\_ OTHER \_\_\_\_\_  
 INITIAL INTERVIEW 5/12/71 DATE INFO PAMPHLET DELIVERED \_\_\_\_\_  
 NOTICE TO MOVE \_\_\_\_\_ DATES EFFECTIVE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_

DATE ON SITE: <u>15 years</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: <u>June 30, 1971</u>

ECONOMIC DATA

Employer Rich Mfg. (25years) \$ 640.00  
 Address 888 N. Columbia  
 MCW \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ 640.00

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure 1910 No. Rooms 6  
 No. Bedrooms 3 Furn.   Unfurn    
 Utilities \$ \_\_\_\_\_  
 Monthly Payments (Rent) \$ \_\_\_\_\_  
 Acquisition Price \$ 5,000.00  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

Size of Habitable Area 1044 sq. ft.

HOUSING REFERRALS

Address	Bedrooms
<u>Beta-Apt. #2 (rent supplement)</u>	
<u>903 N. E. Failing</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 \_\_\_\_\_

Address 606 N. E. Sacramento #3 Phone 288-2126 Date of Move 8/2/71

WHERE RELOCATED:

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

Furnished \_\_\_ Unfurnished \_\_\_ Number of Rooms \_\_\_ Number of Bedrooms \_\_\_ Habitable Area \_\_\_

Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ 49.00 Purchase Price \$ \_\_\_\_\_

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

Name of Moving Company \_\_\_\_\_ Name of Realtor \_\_\_\_\_

BENEFITS RECEIVED

TOTAL RHP: \$4,000.00

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	354 EH	3/27/72	\$ 1,000.00
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	26382 G	8/3/71	\$ 460.00
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

- 2/15/71 SURVEY: Will retire when we buy house - then would like to rent one bedroom apartment close to conveniences.
- 5/12/71 Made an appointment for negotiation of sale for 4:00 p.m., Monday, 5/17/
- 5/17 Signed option. Wants public housing.
- 5/25 Mr. Young went to see some rent supplement housing. He decided on a one bedroom apartment (Apt. #2- Beta). Some problem with Joe Reid. Lady claims Mr. Young has agreed to buy her place. Must check this out.
- 6/28/71 Mr. Young has had a thing going on with Joe Reid. It appears to me that Reid has some kind of hold over Mr. Young and wants him to buy a house at 903 N. E. Failing. In the presence of Mr. Jones of our office, Mr. Young said he wanted to rent. Then after Joe Reid came in later and Mr. Young came back to the office, from the Escrow office, Mr. Reid began to persuade Mr. Young to buy a house. It is not too clear whether Mr. Young wants to buy a house or rent. I have a copy of an earnest money agreement signed by Mr. Young dated December 21, 1970. Also, I have a copy of rent supplement application. Have appointment with Mr. Young 6/29/71 for further discussion and to get number from receipt of tax payment on house on Cook Street.
- 6/30 Took receipt of tax payment on Young's house to Pioneer Title Co. Took Mr. Young to Title & Trust Co.
- 7/1 Went with inspectors to see house at 903 N. Failing. Has only need of check off valve on water tank. Clean and good condition. Only in a very bad area, could not recommend this house because of this. Was notified by Title & Trust Co. that Mr. Young's check was in the mail.
- 7/8 Mr. Young shipped deep freezer to San Jose, Calif., also, Mr. Young wants remaining furniture moved to 606 N. E. Sacramento.
- 8/2 Dave Young moved today to his rent supplement apartment.
- 8/3 Mr. Young came in and said his gun, a 22 caliber colt was missing, and also a coffee pot. He mentioned that he did not receive correct change - 10.00 short.
- 8/3 Mr. Young came in and picked up his check for moving cost \$260, plus \$200 dislocation allowance. There are other benefits for Mr. Young We have the keys to his property and plan to look out for his interests in finding his stolen articles, mentioned above.
- 8/15 Found lost property.



INTERVIEW REGISTER

Date

Relocation  
Worker

2-30-73

Dave Young had a stroke in December 1972., and was placed in Veterans Hospital on Portland. After several months he was moved to a rest home and was there about a month before he had a heart attack and had to go back to the Vets Hospital. He was in bad shape. Mr. Young told me when I last talked to him that Mr. & Mrs. Rivers were handling his affairs. I called Mr. Rivers and set up an appointment with Lebal Aid (Mrs. Ennes). She suggested that if Dave Young wanted a new will to draw up one and have him sign it befor witness. Also, Mrs. Ennis agreed to get Mrs. & MR. appointed executors of his estate with power of attorney.

Went with Mr. & Mrs. Rivers to have Dave Young sign his new will. Also, witness his signature with Mr. Lowell Eatman and one other man who was a patient at Vets Hospital. Dave was very alert and said several times he wanted to will Mr. & MRS. Rivers everything and told them to take care of the \$1000 check PDC gave him.

CD



TO WHOM IT MAY CONCERN:

I, DAVE YOUNG, being of sound mind, do change my existing will and all others that may exist. Let it be known that henceforth I will and bequeath all my worldly goods, money and personal effects, except that amount of money necessary to bury me, to Mr. Alfred Rivers Sr. and to Mrs. Lessie B. Rivers, my brother-in-law and sister-in-law.

\_\_\_\_\_  
DAVE YOUNG

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
1973.

my commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public for Oregon

LAST WILL AND TESTAMENT

W I L L

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
PORTLAND, OREGON 97201

N<sup>o</sup> 712 EH

DATE March 12, 1973

\$ 1,000.00

PAY TO Dave Young

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 248 N. Cook (Parcel A-3-7).  Total approved 2nd annual payment <i>[Signature]</i> \$4,000.00  Received 3/30/73	\$1,000.00  <u>\$1,000.00</u>

*Dave Young excepted his check for \$1,000, and then promptly turn it over to Mrs Mrs Alfred Rivers*

**Account Distribution**

*of 4025 N. E 9th Ave - Dave Young indorsed his Check in the presents of: C. Daniel, Lowell & Strawn*

RELOCATION PAYMENT

PROJECT: Emanuel

PARCEL: A-3-7

PAYABLE TO: Dave Young

For: <u>    </u> RHP for Homeowners . . . . .	\$	_____
<u>    </u> Incidental Expenses for Homeowners or Tenants. . . . .	\$	_____
<u>  </u> RHP - Tenants & Certain Others - Rental: Total approved <u>\$4000</u> ; Annual amount <u>\$1,000.00</u> <sup>red.</sup>	\$	<u>1,000.00</u>
<u>  </u> RHP - Tenants & Certain Others - Downpayment . . . . .	\$	_____
<u>    </u> Settlement Costs (on acquisition by LPA only). . . . .	\$	_____
<u>    </u> Interest Expense . . . . .	\$	_____
<u>    </u> Fixed Moving Payment . . . . .	\$	_____
<u>    </u> Dislocation Allowance. . . . .	\$	_____
<u>    </u> Actual Moving Costs. . . . .	\$	_____
<u>    </u> Storage Costs. . . . .	\$	_____
<u>    </u> Business: Moving Expenses. . . . .	\$	_____
<u>    </u> Business: In Lieu Payment. . . . .	\$	_____
<u>    </u> Business: Storage Costs. . . . .	\$	_____
<u>    </u> Business: Loss of Property . . . . .	\$	_____
<u>    </u> Business: Searching Expenses . . . . .	\$	_____

Less - \$ \_\_\_\_\_\*

Total \$1,000.00

Name of Client Dave Young

Move from 248 N. Cook

Accounting: Indicate symbol and Accounting No. 0600 E60 901 Relocation Payment; 1,000.00 Project Cost \*( \_\_\_\_\_ )

RHP-2ND ANNUAL



NOTICE OF RHP-TACO YEARLY PAYMENT

TO: Chet Daniels DATE February 9, 1973  
(Relocation Advisor)

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

RE: Dave Young 606 N. E. Sacramento  
(Displacee) (Address)

No. 2 \$ 1,000 3/27/73  
(annual payment) (amount) (date due)

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

Present Address: 5737 NE 37th Ave. (Nursing Home)  
Date Inspected: 3/7/73 Condition:  Standard  Substandard  
If substandard: (1) Date reinspected and found standard \_\_\_\_\_  
or (2) Displacee notified of ineligibility:  yes  no

Comments: Mr. Dave Young has moved to Jallo's Nursing Home  
where he is recuperating from a stroke.

SIGNED: [Signature] (Displacee) SIGNED: Samuel Daniels (Relocation Advisor)  
DATE: 3/7/73 DATE: 3/7/73

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
FROM: \_\_\_\_\_

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: Dave Young  
PROJECT: Emanuel Hospital Project  
FOR: Taco  
AMOUNT: \$1000.

SIGNED: Samuel Daniels  
BCW



CLAIM FOR REPLACEMENT HOUSING PAYMENT  
FOR TENANTS AND CERTAIN OTHERS

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

PROJECT NAME (if applicable) Emanuel Project Office  
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

YOUNG, Dave

Family  Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. A-3-7

- a. Address: 248 N. Cook, Portland, Oregon 97227  
b. Apartment or room number: ---  
c. Number of bedrooms: 3

- d. Monthly rental: \$ -0-  
e. Date you moved out of this dwelling: 8-2-71  
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

- a. Address (include ZIP Code): 606 N. E. Sacramento, Portland, Oregon 97227  
b. Apartment or room number: # 3  
c. Number of bedrooms: 49.00

- d. Monthly rental: \$ 49.00  
e. Date you moved into this dwelling: 8-2-71  
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

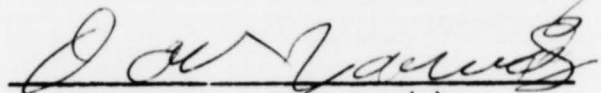
- a. Address of dwelling unit from which you moved: \_\_\_\_\_  
b. Address of dwelling unit to which you moved (include ZIP code): \_\_\_\_\_  
c. Date of move: \_\_\_\_\_  
Month-Day-Year

- 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.

3/13/72

Date

  
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)
	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$ <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:

Dave Young  
606 N.E. Sacramento

COMPUTATION PREPARED BY:

C Daniels  
Name  
3/10/72  
Date

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

Required Information

1. Monthly gross rental for comparable unit \$ 162.70  
 (cost based on:  Schedule 3 Bedrm.  
 Comparative  
 Other)
  
2. Base monthly rental for claimant's former dwelling, or  
 25% of adjusted monthly income, whichever is less. \$ 41.42  
Economic Rent = 37.50  
25% of income = 39.24
3. Line 1 minus Line 2, multiplied by 48 (37.50)

Line 1	\$ <u>162.70</u>	
Line 2	- \$ <u>41.42</u>	37.50
	\$ <u>121.28</u>	125.20
	X <u>48</u>	
		6009.60
		\$ <u>5721.44</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.) \$ 4000.00
  
5. Minus adjustments (Attach full explanation) - \$ \_\_\_\_\_
  
6. Amount of rental assistance payment  
 (Line 4 minus Line 5) \$ 4000.00
  
7. Annual Payment \$ 1000.00

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

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

TCO-5 Purchase Price \$5,000  
 A3-7 Max. RHP eligible \$12,887  
 Page 5.  
 Economic Rent  $\frac{3}{4}$  of 19% x \$5,000 = 37.50/month



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

NAME OF CLAIMANT YOUNG, Dave

Parcel No. A-3-7

NAME OF LOCAL AGENCY PDC

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

Tenant's initial date of rental: ~~1/1/52~~

Date of Acquisition: 7/1/71

Owner-Occupant's initial date of ownership: 1/1/52

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: 1/1/52

Date of Initiation of Negotiations: 5/17/71

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:

\_\_\_\_\_  
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.

3-24-72  
Date

[Signature]  
Authorized Signature

**5. RECORD OF PAYMENTS**

a. Claimant moved to rental unit

(1) Lump-sum payment

(2) Annual payment

1st Year

2nd Year

3rd Year

4th Year

Date of Payment	Check Number	Amount
_____	_____	\$ _____
<u>3/27/72</u>	<u>354EH</u>	\$ <u>1,000.00</u> 58
<u>3/12/73</u>	<u>712EH</u>	\$ <u>1,000.00</u> 58
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

b. Claimant moved to unit he purchased

\_\_\_\_\_ \$ \_\_\_\_\_

c. Homeowner temporarily displaced

\_\_\_\_\_ \$ \_\_\_\_\_



WORKSHEET FOR ALL TCO CLAIMS

NAME AND ADDRESS OF DISPLACING AGENCY \_\_\_\_\_

PROJECT NAME Emanuel

PROJECT NO. R-20

1. Full name of claimant: \_\_\_\_\_ Family  Individual

Dave Young

2. Dwelling unit from which you moved: Parcel No. A-3-7

a. Address 248 N. Cook  
Portland, Oregon

c. Number of bedrooms 3

d. Monthly rental \$ \_\_\_\_\_

b. Apartment or room number \_\_\_\_\_

e. Date displaced 8/2/71

3. Dwelling unit to which you moved (RENTAL)

a. Address 606 NE Sacramento  
Apt 3 - Portland, Oregon

c. Number of bedrooms 1

d. Monthly rental \$ 49.00

b. Apartment or room number Apt 3

e. Date moved in 8/2/71

4. Dwelling unit to which you moved (PURCHASE)

a. Address \_\_\_\_\_

c. Downpayment \$ \_\_\_\_\_

d. Incidental expenses \$ \_\_\_\_\_

b. Number of bedrooms \_\_\_\_\_

e. Date of purchase \_\_\_\_\_

5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)

a. Address from which you moved \_\_\_\_\_

b. Address to which you moved \_\_\_\_\_

c. Date of move \_\_\_\_\_

d. Monthly rental for temporary unit: \$ \_\_\_\_\_

e. Require temporary housing for more than 3 months?  Yes  No

If yes, total number of months in temporary housing \_\_\_\_\_ months

Incidental expenses.

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

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

Determination

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

Tenant's initial date of rental 1/1/52

Date of acquisition 7/1/71

Owner-occupant's initial date of ownership 1/1/52

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 May 17, 1971

3. Is replacement housing standard?  Yes  No

If previously substandard, date found standard 8/2/70

4. Certification: Bureau of Building

(Amount of this claim \$ 4000.00 )



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
SOCIAL SECURITY ADMINISTRATION

1221 S.W. Twelfth  
Portland, Oregon 97205

REFER TO:

March 7, 1972

Dear Mr. Daniels,

RE: Dave Young

Records in the social security office have established  
your date of birth as 5/22/08,  
your monthly benefit rate as \$174.40.

Your first month of entitlement was EX 8/71.

Sincerely yours,

*Mrs. Boyce*  
Mrs. Boyce,  
Service Representative

CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

March 10, 1972

BUREAU OF BUILDINGS  
CITY HALL

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

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

Attn: Chet Daniels

Re: 606 N. E. Sacramento Street

Dear Sirs:

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

Our inspector reports the one bedroom unit, designated as Apartment #3, is in standard condition and complies with City Housing Regulations at this time.

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden  
Chief Housing Inspector.

CMC:vm

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

Nº 354 EH

DATE March 27, 19 72

PAY TO **Dave Young**

\$ 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. From 248 N. Cook (Parcel A-3-7)  Total approved <span style="float: right;">\$4,000.00</span> 1st Annual Payment	<u>\$1,000.00</u>

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payment (RHP)	\$1,000.00

*Dave Young*

*3/28/72*

*AC*

*MA*



**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

Nº 26382 G

DATE August 3, 19 71

PAY TO THE  
 ORDER OF

**Dave Young**

\$ **460.00**

DOLLARS

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

**NON-NEGOTIABLE**

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Relocation payments per claims filed. Move from 248 N. Cook, own furn. (Parcel A-3-7) to 606 N. E. Sacramento. Dislocation Allowance Fixed Payment	\$200.00 260.00 <u>\$460.00</u>

**Account Distribution**

NO.	TITLE	AMOUNT
E1501	Relocation Payments (EH) ( <del>moving</del> - Ind.)	\$460.00

*Dave Young*  
 8-3-71

*BD*

*EDRJK*

esj

FOR LOCAL AGENCY USE ONLY

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CLAIM FOR RELOCATION PAYMENT

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Dave Young  
606 N.E. Sacramento Apt.#2  
Portland, Oregon

NAME OF LOCAL AGENCY

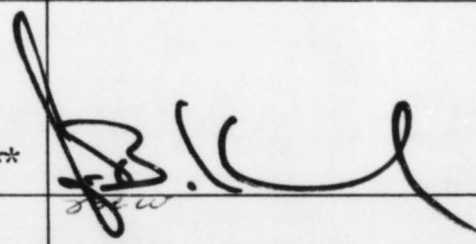
Portland Development Commission

INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.

A. Does claimant meet all timing requirements for eligibility?  YES  NO  
If "No," explain:

B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 200.00 **		8-2-71
b. Reimbursement for actual direct loss of property	\$		
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/3/71	26382C	\$ 200.00			\$

D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED

\*\* DISLOCATION ALLOWANCE





**FOR LOCAL AGENCY USE ONLY**

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

**CLAIM FOR RELOCATION PAYMENT**

(Certification of Eligibility and Record of Payments -- Families and Individuals)

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Dave Young  
606 N.E. Sacramento Apt. #2  
Portland, Oregon

NAME OF LOCAL AGENCY

Portland Development Commission

*INSTRUCTIONS: Attach completed Form HUD-6140.2 to completed Form(s) HUD-6140.1 filed by claimant.*

A. Does claimant meet all timing requirements for eligibility?  YES  NO  
If "No," explain:

**B. 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:

ITEM	AMOUNT	AUTHORIZED SIGNATURE	DATE
1. Initial claim, moving expenses and direct loss of property a. Reimbursement for moving expenses, including, if applicable, storage and related costs in the amount of \$ _____	\$ 260.00	<i>[Signature]</i>	8-2-71
b. Reimbursement for actual direct loss of property	\$	<i>[Signature]</i>	
2. Supplementary claim(s) for storage costs:			
3. Final claim, reimbursement for moving expenses covering storage and related costs	\$		

**C. RECORD OF PAYMENTS MADE (Total payments may not exceed \$200)**

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
8/3/71	263826	\$ 260.00			\$

**D. EXPLANATION OF ANY DIFFERENCE BETWEEN AMOUNTS CLAIMED AND AMOUNTS APPROVED**

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
**CLAIM FOR RELOCATION PAYMENT**  
 (Families and Individuals)

HUD-6140.1  
(4-66)

NAME AND ADDRESS OF LOCAL AGENCY (Include ZIP code) Portland Development Commission 1700 S.W. fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) Emanuel Project
	PROJECT NUMBER Ore. R-20

**INSTRUCTIONS:** If this claim is for a **FIXED PAYMENT**, complete Items 1 through 6 and Item 12. If this claim is for reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property, complete Items 1 through 12. If an item does not apply, write "None" in the space. If a Relocation Adjustment Payment will also be claimed, complete Form HUD-6141.1, Claim for Relocation Adjustment Payment, and attach it to this form.

**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 (1) Dave Young	2. DATE(S) OF MOVE August 2, 1971
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address 248 N. Cook b. Apt., Floor, or Room No. <u>House</u> c. Was it furnished with your own furniture? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>6</u> e. Date you moved into this address: <u>1952</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 606 N.E. Sacramento b. Apt., Floor, or Room No. <u>2</u> c. Were household goods moved to or from storage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete Block B on reverse side of this form.

5. TYPE OF PAYMENT CLAIMED

Check a or b after consulting local agency:

a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property

b. Fixed Payment (May not be made if storage costs are involved)

Check c if applicable:

c. Supplementary claim for reimbursement of storage costs

6. TOTAL CLAIM (If claim is for Fixed Payment, consult local agency. If claim is for reimbursement of actual moving expenses, direct loss of property, and/or storage costs, enter sum of Lines 11a, 11b, 6 rooms \$ 260.00 and 11c below.)

**DO NOT COMPLETE ITEMS 7 THROUGH 11 IF THIS IS A CLAIM FOR FIXED PAYMENT**

7. NAME OF MOVING COMPANY (OR PERSON)	8. MOVER'S TELEPHONE NO.	9. ADDRESS OF MOVING COMPANY (OR PERSON)
---------------------------------------	--------------------------	--

10. METHOD OF PAYMENT, MOVING BILL (Check one)

a. I have paid the moving charges, as evidenced by the attached itemized receipt or paid bill from the mover, and I therefore request reimbursement.

b. I have not paid the moving charges, and I therefore request that the attached itemized moving bill be paid directly to the mover, in accordance with arrangements made in advance, and with my consent, between the local agency and the mover.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. MOVING COST (Must be supported by attached receipt(s) or unpaid voucher from mover if local agency is to pay mover directly.)	\$
b. STORAGE COST (Must be supported by attached receipt(s) or unpaid voucher from storage company if local agency is to pay storage company directly.)	\$
c. DIRECT LOSS OF PROPERTY CLAIMED (If any claim is made here, the Statement of Claim on reverse side of this form must be completed.)	\$

12. 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.

6/7/71  
Date

*Dave Young*  
Signature of claimant

## Dwelling Unit Inventory

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

### Miscellaneous (List Items)

<u>2 T.V. Sets</u>	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COMMENTS:



DATED this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 248  
N. Cook, 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.

\_\_\_\_\_  
(Signature)  
by: [Signature]

CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

97204

July 2, 1971

BUREAU OF BUILDINGS  
CITY HALL

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

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

Re: 903 N.E. Failing Street

Attn: Mr. Crowley

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, one bedroom, single-family dwelling at the above address.

Our inspector reports the structure complies with City Housing regulations at this time except for obvious deficiencies in the plumbing installation. It will be necessary that you request an inspection from the plumbing division for this certification.

Please notify the Housing Division of the Bureau of Buildings, 2200 N.E. 24 Avenue, Telephone 288-6077, when the corrections have been completed under proper permit, so that a letter of certification may be issued.

Yours truly,

C. N. CHRISTIANSEN  
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden  
Chief Housing Inspector

CHF :mfm  
cc: Plumbing Division

REC'D  
7-7-71

6-3-71

(date)

Gentlemen:

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

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

Thank you.

Sincerely,

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(address)  
\_\_\_\_\_

-----  
6-3-71

(date)

To: Portland Development Commission

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

Employee's name: Dave Young

Total earnings for 1970: \$ 7401.87

Estimated earnings for current year: \$ 7344.00

CONFIDENTIAL

Hannet S. Myers  
(authorized signature)  
Paymaster



OWNER'S  
EARNST MONEY RECEIPT

RECEIVED OF Portland Ave - Dec 21, 1971  
Dave Young

hereinafter mentioned as the purchaser,  
the sum of \_\_\_\_\_ (\$ \_\_\_\_\_) Dollars  
as earnest money and in part payment for the purchase of the following described real estate situated in the  
City of Portland, County of Mult., State of Ore.  
and more particularly described as follows, to-wit:

903 NE Failing

which we have this day sold to the said purchaser  
for the sum of Fifty Seven Hundred Fifty & No/100 Dollars \$ 57.50 ;  
on the following terms, to-wit: The earnest money hereinabove received for \$ \_\_\_\_\_ ;  
upon acceptance of title and delivery of deed or delivery of contract . . . \$ \_\_\_\_\_ ; \$ \_\_\_\_\_ ;  
balance of Fifty Seven Hundred Fifty Dollars \$ 57.50 ;  
payable as follows

subject to sub it Dave Young  
House to P.D.C Emanuel

A title insurance policy from a reliable company insuring marketable title in the seller is to be furnished the purchaser forthwith  
at seller's expense; preliminary to closing, seller may furnish a title insurance company's title report showing its willingness to issue title  
insurance, and such report shall be conclusive evidence as to status of seller's title. No Exception

It is agreed that if the title to the said premises is not marketable, or cannot be made so within thirty days after notice, with  
a written statement of defects, is delivered to seller, the earnest money herein received for shall be refunded. But if the title to  
said premises is marketable, and the purchaser neglects or refuses to comply with any of the conditions of this sale within  
days and to make payments promptly, as hereinabove set forth, then the earnest money herein received for shall be forfeited to the  
seller as liquidated damages, and this contract shall thereupon be of no further binding effect.

The property is to be conveyed by good and sufficient deed free and clear of all liens and encumbrances to date, except Zoning  
Ordinances, building restrictions, taxes due and payable for the current fiscal year and No Exceptions

Seller and purchaser agree to pro rate the taxes which become due and payable for the current fiscal year on a fiscal year basis. Rents,  
interests and premiums for existing insurance shall be pro rated on a calendar year basis. Adjustments are to be made as of the date of  
the consummation of the sale herein or delivery of possession, whichever first occurs. Closing

Possession of said premises is to be delivered to purchaser on or before \_\_\_\_\_, 19 \_\_\_\_\_. Time is of the essence  
hereof. This contract is binding upon the heirs, executors, administrators and assigns of the purchaser and seller. However, the purchaser's  
rights herein are not assignable without written consent of seller. In any suit or action brought on this contract, the prevailing party  
shall be entitled to recover reasonable attorney's fees to be fixed by the court, and if an appeal is taken from any judgment or decree  
entered therein, the prevailing party shall be entitled to recover such sum as the appellate court shall adjudge as reasonable attorney's  
fees.

Special conditions: \_\_\_\_\_

644-7300

Joe M. Reed

Owners

I hereby agree to purchase the above property and to pay the price of  
Fifty Seven  
Hundred Fifty & No/100 Dollars as specified above.  
(\$ 57.50)

Address 249 N. Kubly  
288-2126  
Phone \_\_\_\_\_

Purchaser Dave Young



## Dwelling Unit Inventory

<u>QUANTITY</u>	
<u>3</u>	Beds & Springs
<u>3</u>	Bedroom Chair
<u>1</u>	Breakfast Table
<u>4</u>	Breakfast Table Chairs
<u>3</u>	Bridge Lamp & Shade
<u>1</u>	Buffet
_____	Chest of Drawers
<u>1</u>	Coffee Table
<u>1</u>	Couch
_____	Davenport
_____	Desk
<u>1</u>	Dining Table
<u>4</u>	Dining Chairs
<u>4</u>	Dresser
<u>1</u>	End Table
_____	Floor Lamp & Shade
<u>3</u>	Mirror

<u>QUANTITY</u>	
<u>2</u>	Night Stand
_____	Occasional Chair
<u>2</u>	Overstuffed Chair
_____	Overstuffed Rocker
<u>1</u>	Range
<u>1</u>	Refrigerator: Brand _____
<u>1</u>	Rocker
<u>2</u>	Rug & Pad: Size _____
_____	Stool
_____	Table Lamp & Shade
_____	Table, small
_____	Vanity & Bench
_____	Suitcases
_____	Trunks
<input checked="" type="checkbox"/>	Cartons, Boxes, Etc.
<input checked="" type="checkbox"/>	Clothes
<input checked="" type="checkbox"/>	Bedding & Linens

### Miscellaneous (List Items)

<u>deep Freez</u>	_____
<u>T.V. 2</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____
_____
_____
_____
_____
_____

COMMENTS:



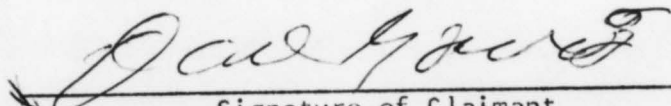
Notice to: Portland Development Commission

I (we) have read your letter describing the relocation benefits that may be available under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, to those displaced on or after January 2, 1971. I (we)

(check one)

- Request that you process my (our) claim for an interim relocation payment. I (we) understand that you will advise me (us) promptly when and if a revised claim may be submitted for adjustments on the basis of the new Act and in accordance with the implementing regulations.
- Will defer filing a claim until you are able to make the full payments authorized by the new Act. I understand that you will advise me (us) promptly when you are authorized to make full payments authorized by such Act.

6/2/71  
Date

  
Signature of Claimant  
(If more than one claimant, each should sign)

(Return this form to PDC)

YOUNG

MEMORANDUM

May 27, 1971

TO: CET & BW  
FROM: WSJ  
SUBJECT: Emanuel Hospital Project - Summary of Relocation  
Situation In Each Parcel With Signed Option to Date

VACANT PARCELS

RS-4-1 2629-39 N. Williams Avenue  
A-3-14 241 N. Fargo

BUSINESSES

Wallace Building Wreckers  
Parcel # RS-3-9  
(Tenant)

This company, a demolition contractor, maintains an office outside the project area and uses the building in the project as a warehouse and retail outlet for material salvaged from its wrecking operations. The owner of the business, Mr. D. E. Wallace, has indicated that this operation in the project is not of major concern to him and seems unworried about the prospects of moving. This company has low requirements for a replacement building, being interested mainly in just a place to keep used materials and should present no real difficulty in relocating.

Wallace Building Wreckers is currently on PDC's bid mailing list for demolition jobs.

Western Food Equipment Company  
Parcel # A-4-1  
(Tenant)

This company is a warehousing wholesale distributor and manufacturer's representative for food and dairy equipment. WSJ has been in close contact with this business since January 1970. The company recently purchased land at 181st and N.E. San Rafael in the Rockwood Industrial area across the street from the present John Deere Tractor plant.

## Western Food Equipment Co. (continued)

A new building, of possibly twice the size of present facilities, will be constructed on this site. The company has been placed in contact with Mr. Clyde Sanders of SBA and will most likely be receiving assistance through a displaced business loan. The relocation of this company will mainly be dependent on the construction schedule of the new building.

HOUSEHOLDS - (Assigned to Jim Crolley)

HART, John H.  
3141 N. Gantenbein  
Parcel # R-9-2

Mr. and Mrs. John Hart, black, is retired and on disability. They have lived in this house for three years. Mr. Hart is 59 and Mrs. Hart is 51. They have six children, ages 17 - 6. Their income includes Social Security, Disability, Social Security for minor dependents and Welfare.

The Hart's have purchased a home at 3318 N. Missouri, part of the family lives there and part lives in the other house. The house they purchased has not been inspected by the City. If it does not pass inspection there is a possibility they will purchase another house. They are to receive \$5,500.00 for their home plus RHP. Relocation benefits will cover their moving expense in full. It appears that all details can be worked out as soon as they are ready to proceed

PACE, Theodore P.  
3217 N. Vancouver Avenue  
Parcel # A-3-20

Mr. and Mrs. Pace are black and have lived in this house for nineteen years. Mr. Pace is 71, Mrs. Pace around 68. He is retired and receives Social Security and she does occasional domestic work. They are foster parents for two teenage boys, Alfred Anthony 18 and Robert E. Lee 16, both white and attend public school.

Mr. and Mrs. Pace plan to purchase a house at 3416 N.E. 14th. An inspection by the City has been made. There are three minor sub-standard conditions to be corrected. They are; safety handrail to second story, approved pressure relief valve and drainpipe, and heating facilities to fourth bedroom on second story. They are receiving \$6,500.00 for their home plus have applied for an additional \$600.00 because of reappraisal due to some improvements. Relocation benefits will cover their moving expense in full and they will be able to pay cash for their new home, which is \$9,500.00, as he will receive \$5,000.00 on RHP.



HOUSEHOLDS - Assigned to Jim Crolley (continued)

MALONE, Cherry A.  
3303 N. Vancouver  
Parcel #A-4-13

Cherry Malone is single, 40 years old, black, mother of two children. She does sewing and odd jobs and states her income is approximately \$200.00 per month. She has about \$3,000.00 equity in her home in the project.

Mrs. Malone is presently in the hospital and will be unable to move immediately. She has signed an earnest money agreement for a \$16,300 house at N.E. 12th and Failing. Under the old regulations Mrs. Malone would receive a \$5,000 Replacement Housing Payment, however, by the time she is ready to move we should be operating under the new regulations and that payment could be increased to \$9,171.00. She may be able to use the balance of the purchase price on a FHA 235 Loan. Mrs. Malone's moving costs will be covered by the relocation benefits for moving expenses.

MONTAGUE, Charles  
319 N. Fargo  
Parcel #R-8-10

Mr. Montague is a single, white, 75 year old home owner. He moved into his home in the project area 10 years ago after being displaced from the South Auditorium Urban Renewal Project. He receives \$171.40 per month from Social Security.

Mr. Montague is purchasing a home at N.E. 10th and Shaver which appears to be standard. (A City Inspection has been ordered but not completed). He is receiving \$6,500.00 for his house in the project, and is paying \$6,750.00 for his new home. Relocation benefits will cover his moving costs in full and he will be able to pay cash for his new home as he will receive a \$9,046.00 RHP. There appears to be no problems with this case. Mr. Montague is satisfied with his new home and will suffer no financial loss because of his displacement.

HOUSEHOLDS - (Assigned to Chet Daniels)

TURNER, Queen E.  
260 N. Ivy  
Parcel #A-4-4

Mrs. Turner, age 45, black, is a tenant. She has lived at this address for two years. She would like to buy if possible. Has a roomer, one man, 56 years old. Mrs. Turner has an income of about \$300.00, the roomer earns about \$500.00. They are both friendly and receptive.

HOUSEHOLDS - (Assigned to Chet Daniels) - continued

PRUITT, Laverne  
248 N. Ivy  
Parcel #A-4-4

We have very little information on Mrs. Pruitt. She was a member of EDPA and refused to give information during the survey. A hostile person.

YARBOROUGH, Bobbie M.  
252 N. Ivy  
Parcel #A-4-4

Mrs. Yarborough is a tenant and has lived on site for 12 years. Income consists of old age pension, \$105.00 per month. She would like to get a two bedroom house. Her present rent is \$47.50 per month. Very much against small apartment, wants to keep her furniture. She has been brainwashed by landlord into believing nothing will happen and that no sale is forthcoming. She has consented to go out and look for new place.

FISCHMAN, Steven  
553 N. Knott  
Parcel #E-2-7

Mr. and Mrs. Fischman are tenants at this address. He is a student and she works for Bonneville. She earns about \$500.00 per month. They would like to buy a house if possible.

BATES, Billy  
3320 N. Gantenbein  
Parcel #A-4-6

Mr. Bates a 36 year old black man with two teenage sons. He would like to buy a house if possible, but would take a two bedroom apartment. He has lived in the area less than one year and when relocated would prefer to move closer to Pendleton Woolen Mills, his place of employment.

YOUNG, Dave  
248 N. Cook  
Parcel #A-3-7

Mr. Young, a single 62 year old black man, is presently employed earning \$640.00 per month. He plans to retire after his home is purchased by PDC and move into an apartment. He is presently making application for a one bedroom "rent supplement" apartment. This will enable him to pay rent based on 25% of his income when he retires and to retain the \$5,000.00 price paid for his home in the project. His moving costs will be covered by relocation payments.

HOUSEHOLDS - (Assigned to Chet Daniels) - continued

CLARK, Ray E.  
2649 N. Commercial Ct.  
Parcel #E-3-6

Mr. Clark is 22 years old. Moved on site April 24th. He is working and earning about \$85.00 per week from Bob Pederson of Pick-Up Parts on N.E. Cully. The living condition and housekeeping of their present apartment is very bad. Need two bedroom apartment. Will qualify for public housing or low income rental.

GRANVILLE, Verta  
2653 N. Commercial Ct.

Has lived on site since March 1971. Mrs. Granville has two children. They live in four room apartment with bath. She is expecting another baby soon. She is on Welfare and receives \$165.00 per month. Wants to move to HAP housing.



May 26, 1971

Rich Mfg. Co.  
866 N. Columbia Blvd.  
Portland, Oregon

Attention: Personnel

Re: YOUNG, Dave  
248 N. Cook  
Portland, Oregon

Gentlemen:

Enclosed are two forms for verifying Mr. Young's income. On one form put his current income, on the other put the benefits he will receive upon retirement.

Very truly yours,

Chat Daniels

CD:lb  
Enclosures

640  
2/0  
1/1  
1/1  
1/1  
1/1

**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 1089 Date of survey 2/13/71 Tabulator \_\_\_\_\_ Date tabulated \_\_\_\_\_  
 Dwelling Unit No. 3 Structure No. 2 Census Block No. 23 Census Tract No. 22A  
 Street Address 248 N. Cook Apartment No. \_\_\_\_\_

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

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

*will retire as soon as we buy house then will rent - Ready to go as soon*

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

Name	Family relation	Age	Sex	Occupation
1. <u>Dave Young</u>	<u>Head of household</u>	<u>62</u>	<u>M</u>	<u>as we give him the money</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

Names of jobholders	Names of employers	Street address where jobs are located	to work
<u>Dave Young</u>	<u>Rich Manufacturing</u>	<u>866 N. Columbia</u>	<u>2 mi</u>
_____	_____	<u>worked 25 years at same place</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>Dave Young</u>	<u>\$ 640</u>	<u>\$ 640</u>
_____	_____	_____
<b>Total family or household income per month</b>	<b>\$ 640</b>	<b>\$ 640</b>

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

1. Location (indicate approximate cross streets) close to corner
2. Transportation, number of autos owned 1, use bus \_\_\_\_\_, walk \_\_\_\_\_
3. Will rent house \_\_\_\_\_, apartment X, expect to pay rent, including utilities, at \$ 75 per mo. (Furniture is owned, yes X, no \_\_\_\_\_, stove and refrigerator owned, yes X, no \_\_\_\_\_)
4. Will buy house in price range \$ no, 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 1, kitchen ✓, dining room \_\_\_\_\_, living room ✓, number of bathrooms 1, total sq. ft. in dwelling unit \_\_\_\_\_
7. Other characteristics W O (B) I M

*date on site: at least 15 years*



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

Analyst \_\_\_\_\_ Date \_\_\_\_\_  
 Surveyed \_\_\_\_\_ Tabulator \_\_\_\_\_ Date \_\_\_\_\_  
 Dwelling Unit No. 3 Structure No. 2 Census Block No. 23 Census Tract No. 22A  
 Street Address 248 N. Cook Apartment No. \_\_\_\_\_  
 Legal Description \_\_\_\_\_

NAME OF OCCUPANT: \_\_\_\_\_ NAME & ADDRESS OF OWNER: Young, David & Sara Anne NAME & ADDRESS OF PROP. MGR: \_\_\_\_\_  
 (Name)  
 TELEPHONE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 INTERVIEWED? ( ) Yes ( ) No INTERVIEWED? (X) Yes ( ) No INTERVIEWED? ( ) Yes ( ) No

**I. DESCRIPTION OF STRUCTURE**

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

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

**II. OCCUPANCY STATUS OF DWELLING UNIT**

Owner occupied  
 \_\_\_\_\_ Renter occupied  
 \_\_\_\_\_ Vacant

**III. SIZE OF DWELLING UNIT**

694 Sq. ft. in first floor (county figure)  
1044 Sq. ft. in dwelling unit (if more than 1 floor)  
6 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)  
1 No. of bathrooms  
3 No. of bedrooms (rooms used mainly for sleeping)

**IV. ASSESSOR'S MARKET VALUATION DATA**

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

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ <u>880</u>	\$ _____
Improvements	<u>3530</u>	_____
Total	<u>4410</u>	_____

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

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

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

**V. RENTAL RATE FOR THIS RENTED UNIT**

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

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**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



AND APPRAISAL 1968

MARKET DATA		ADJUSTMENTS	IND. VALUE
IDENTIFICATION	DATE		

MONTHLY RENTAL S	X GRM	S	IND. VALUE
<b>ZONING SITE ADJUSTMENTS</b>			
ROAD TYPE D G			
TOPOGRAPHY 3 A.G			
VIEW			
OTHER			
DEPTH FACTOR			
STANDARD DEPTH			
EFFECTIVE DEPTH			

COMPUTATIONS				
LAND DESCRIPTION	SIZE OR ACRES	BASIC UNIT VALUE	ADJUST. FACTORS	ADJ'D UNIT VALUE
25 X 50 @ 2015	500	500	S 40C	345
@ .90	1250	1125	-250	875

TOTAL AREA	SUB-TOTAL
	875
REMARKS	TOTAL APPR. VALUE
	850
	19 APPR. VALUE
	19 APPR. VALUE
	19 APPR. VALUE
APPRAISE 7A	19 APPR. VALUE

ACCOUNT NO 1-00990-0440	
CLASS 3-5 STORY 1/2	AREA 694
ADDRESS 248 N COOK	BASE FACTOR 10202
FDN Con Br W.P. BSMT Full 3 4 1 2 1 4	10 200
BSMT ROOMS Garage Doors	1250
FLOORS D S Lino Tile Hdwr Fr Con	1501
ROOF H F Alum Comp Shg Shk Tile Built-Up	
EXTER D Shks Siding Blk Struc Brk P.D.	270
INTER L B Drywall Jam Fr Hdwr BT WG	
PLUMB'G FACILITY Sink DW Toilet WB Tub Enc	Shower Enc St Lant. W.H.
Quantity	
HEAT H.W. Plge. Pipe Floor Oil Gas Elect. H A / 288	
FIREPLACE Ins O.S. S D T 1-5ty 2-5ty Fluc	
ATTIC 0 Unf Fin B.R. Bath Lav H 3 4 1 2 1 4	
2ND STY 3 R Bath Lav	
BAYS DORMERS	
MISC. V.F. & H R & O V.F. Tile	
OUTSIDE 200 BT Sprinkler YL	

FIRST FLOOR	GARAGE	TOTAL
Rec Hall	Class	12220
Serv Hall	Type	370
Liv Rm	Dim X	
Din Area	IMPS. AREA REPL COST ADJ REF COST	11850
Fam Rm	694 11850	29 3436
Nook		
Kitchen		
Utility		
Bedroom		
Bath		
Lav		
Den		

MISC.	BUILT	ADJUSTMENT	APPR. VALUE
Dim X	1910	19 65	3400
Fdn	PERM. NO.	Age 42	
Const.	PREV APPR 1962	Func.	19 APPR. VALUE
Roof	RENTAL	Econ -8	19 APPR. VALUE
MISC.		Cond -5	19 APPR. VALUE
Dim X		NET 29	19 APPR. VALUE
Fdn			19 APPR. VALUE
Const.			
Roof			

1 1-00990-0440 YOUNG, DAVE & SARA A

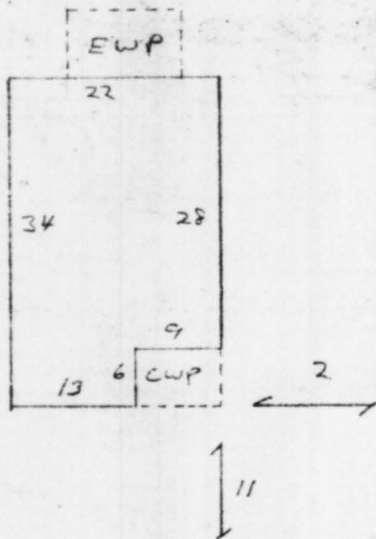
MAP: 2730  
 ZONE: A25  
 RATIO: 1401  
 LVY C: 001

248 N COOK ST  
 PORTLAND OREGON 97227

ALBINA ADD LOT BLOCK  
 E 25' OF 6 3

PROPERTY ADDRESS: 248 N COOK ST  
 PORTLAND

APPEALS:



1 1/20'

248 N. Cook AVE OR ST  
 FRONT OF BUILDING



REMARKS  
 G A P Narrow lot Crowded Dwellings  
 Not best land use  
 G A / Poor Cond in & out

SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS YEAR	MIN. RIGHTS	TIMBER	LAND	IMPS	TOTAL	SIGN. DATE
1968			850	3400	4250	11.2
1971			880	3,530	4410	UD

DATE	CHECKED	REVIEWED	BLOG COUNT	INDEX	RE-CHECKED	NOTIFIED
	FEB 21 '68	3-28-68				
BY	L. Fisher					

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.

John Young

5/21/71  
date





DATE	NOTES	C/W
2/15/71	Survey: Will retire when we buy house -then would like to rent one bedroom apt. close to conveniences.	WSJ
5/12/71	Made appointment for negotiation of sale for 4:00 p.m. Monday, 5/17/71	
5/17/71	Signed option. Wants public housing.	
5/25/71	Mr. Young went to see some rent supplement housing. He decided on a one bedroom apt. (Apt. #2-Beta). Some problem with Joe Reid. Lady claims Mr. Young has agreed to buy her place. Must check this out.	CD
6/28/71	Mr. Young has had a thing going on with Joe Reid. It appears to me that Reid has some kind of hold over Mr. Young and wants him to buy a house at 903 N.E. Failing. In the presence of Mr. Jones of our office Mr. Young said he wanted to rent. Then after Joe Reid came in later and Mr. Young came back to the office, from the Escrow office, Mr. Reid began to persuade Mr. Young to buy a house. It is not too clear whether Mr. Young wants to buy a house or rent. I have a copy of an earnest money agreement signed by Mr. Young dated Dec. 21, 1970. Also, I have a copy of rent supplement application. Have appointment with Mr. Young 6/29/71 for further discussion and to get number from receipt of tax payment on house on Cook Street.	Cd
6/30/71	Took receipt of tax payment on Young's house to Pioneer Title Co. Took Mr. Young to Title & Trust Co.	
7/1/71	Went with inspectors to see house at 903 N. Failing. Has only need of check off valve on water tank. Clean and good condition. Only in a very bad area, could not recommend this house because of this. Was notified by Title & Trust Co. that Mr. Young's check was in mail.	CD
7/8/71	Mr. Young shipped deep freezer to San Jose, Calif, also, Mr. Young wants remaining furniture moved to 606 N.E. Sacramento.	CD
8/2/71	Dave Young moved today to his rent supplement apartment.	CD
8/3/71	Mr. Young came in and said his gun a 22 caliber colt was missing also, a coffee pot. He mentioned that he did not receive correct change \$10.00 short.	
8/3/71	Mr. Young came in and picked up his check for moving cost \$260, plus \$200. dislocation allowance. There are <del>not</del> other benefits for Mr. Young We have the keys to his property and plan to look out for his interestes in finding his stolen articles, mentioned above.	CD
8/15/71	<i>Found lost <del>articles</del> Property</i>	