

	DESCRIPTION	ROLL NO	ODOMETER
COUNTY HEALTH	CODE ENFORCEMENT CASELOAD VACANT DWELLING 1124 N.E. FAILING		
COUNTY HEALTH	CODE ENFORCEMENT CASELOAD VACANT DWELLING 4036 N. KERBY		
COUNTY HEALTH	CODE ENFORCEMENT CASELOAD VACANT DWELLING 5313 N. MICHIGAN		
COUNTY HEALTH	CODE ENFORCEMENT CASELOAD VACANT DWELLING 3613 N. MICHIGAN		
COUNTY HEALTH	CODE ENFORCEMENT CASELOAD VACANT DWELLING 4521 N. E. 14TH PLACE		
COUNTY HEALTH	CODE ENFORCEMENT CASELOAD VACANT DWELLING 2517 S.E. PINE		
	EMANUEL HOSPITAL PROJECT MODEL CITIES ACTION CLIPPINGS & CORRESPONDENCE		
MODEL CITIES EMANUEL AB 2-2	BILLINGS, WILLIAM O. 528 N. MORRIS 1972		
MODEL CITIES EMANUEL RS 8-2	GREEN, CLEO 219 N. STANTON 1972		
MODEL CITIES EMANUEL R 8-11	HALSETH, ANNA 3217 N. GANTENBEIN 1972		
MODEL CITIES EMANUEL RS 8-2	McPHERSON, DONALD 219 N. STANTON 1972		
MODEL CITIES EMANUEL R-10-12	MASON, FLORENCE JACK 513 N. MONROE 1972		
MODEL CITIES BETA II HOUSING PROJ.	CONE, ELVIN 545 N. E. SACRAMENTO 1972		
MODEL CITIES CODE ENFORCE MENT AH-15-15	CURRY, ROBERT 114 N. E. BEECH & 16 1973		
MODEL CITIES BETA II HOUSING PROJ.	DYER, MATTIE (MRS.) 515 N.E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	ELLETT, MATHA (MRS.) 622 N. E. BRAZEE 1972		
MODEL CITIES BETA II HOUSING PROJ.	FRISON, CLAUDE E. 527 N. E. SACRAMENTO 1972		
MODEL CITIES BETA II HOUSING PROJ.	McDONALD, WILLIAM (DECEASED) 533 N. E. SACRAMENTO 1972		

NAME OF CLAIMANT _____

PROJECT _____

RELOCATION ADVISOR _____

CHECKLIST FOR RELOCATION FILES - INDIVIDUALS

- _____ Copy of Notice to Acquire/Vacate
- _____ Copy of Real Estate Option (for owner/occupant only)
- _____ Signed RECEIPT from displacee for information statement or brochure
- _____ INTERVIEW SHEET - filled out
- _____ Recorded personal interviews
- _____ Copies of all correspondence with displacee

- _____ Verification of Income
- _____ Request for HAP assistance
- _____ FHA displacee qualifying form - rent supplement
- _____ City inspection letter on replacement housing
- _____ Copy of earnest money offer on replacement housing
- _____ Letter of Assignment (when claim payable to other than claimant)
- _____ Other:

- _____ Moving authorization letters
- _____ Dwelling unit inventory sheet
- _____ Log sheet for day of move (for professional move)
- _____ Release of personal property
- _____ DATE OF MOVE Prior to 4/23/71 (after 1/2/71)
- _____ Keys turned into: _____
- _____ Utilities shut off
- _____ Escrow releases, grants and amounts withheld
- _____ Verify no rent outstanding
- _____ Other:

- _____ Settlement Costs
- _____ Incidental Expenses
- _____ Interest Expense (owner/occupant only)

9/26/72 DATE FILE CLOSED

R E S U M E

DATE 9-26-72

NAME Billings, Mr. & Mrs. William O.

Mrs. Billings is suffering from cancer and, although she has expressed the need for an operation, she continues to hold down a job. Mr. Billings [REDACTED] [REDACTED] doesn't want any problems that would cause pressure on him. He wants to live within his social security retirement. Both of these people were very nice to work with and I would like to do anything possible to help them find contentment within the bounds of the Relocation Act of 1970. "They will contact me if they decide to submit RHP claim," Mr. Billings said. So, I will leave it at that and close the file.

(signed) _____

worker

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME BILLINGS, William O. RELOCATION ADVISOR C. Daniels
 ADDRESS 528 N. Morris PHONE 285-3513 PROJECT NAME Emanuel ORE R-20
 SEX M ETHN W VETERAN AGE 68 PARCEL NO. AB 2-2
 MARITAL STATUS Married TENURE Owner
 DISABILITY INDIV FAMILY X
 ELIGIBLE FOR: PUBLIC HOUSING FHA 235
 RENT SUPPLEMENT X OTHER
 INITIAL INTERVIEW June 23, 1972 DATE INFO PAMPHLET DELIVERED 6/23/72
 NOTICE TO MOVE DATES EFFECTIVE EXPIRATION DATE
 NOTIFY IN CASE OF EMERGENCY Connie K. Billings 285-3513

DATE ON SITE: <u>February 1, 1950</u>
INITIATION OF NEGOTIATIONS: <u>January 2, 1971</u>
DATE OF ACQUISITION: <u>January 29, 1971</u>

ECONOMIC DATA

Employer \$
 Address
 MCW
 Social Security 170.00
 Pension
 Other Connie K. Billings is a Nurse 400.00
 TOTAL MONTHLY INCOME \$ 570.00

FAMILY COMPOSITION

Name	Relation	Age
Connie	Wife	63

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 No. Rooms 6
 No. Bedrooms 3 Furn. Unfurn
 Utilities \$
 Monthly Payments (Rent) \$
 Acquisition Price \$ 13,000
 Taxes \$ Equity \$ Free & Clear
 Liens \$

Size of Habitable Area

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

New add: 5539 N. Commercial

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 5539 N. Commercial Phone 285-3513 Date of Move 2/1/71

WHERE RELOCATED:

				S	SS
Same City		Subsidized Sales		Single Family	
Outside City		Subsidized Rental		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) \$ _____ Purchase Price \$ _____

Age of Structure: _____ Taxes \$ _____ Equity \$ _____ Distance Moved Away 51 blocks

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	#16161	6/23/70	\$ 460.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ _____

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL BENEFITS RECEIVED \$ 460.00

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date

Relocation
Worker

William O. Billings - 528 N. Morris
 4/18/72 - First chance to explain benefits - Moved prior to April 23, 71.
 Moving expense \$260.00 *but After Jan. 2, 1971*
 Moving allowance 200.00
 Moving Total.....\$460.00

Owner/Occ. Eligible under schedule	\$17,887.00
Received for old home	13,000.00
Payed for new home	10,500.00

Had to fence yard	\$ 550.00
Carpet (down stairs)	600.00
Many electrical problems	60.00
Paid for repairs and improvements	\$1210.00

4/18/72 Reason Mr. Billings purchased this house is because at the time he feared high taxes. His situation seems to be that he had very little advise and did not know whether the house was standard or not. Now he complains of poor wiring and a need for a 220 outlet put in. I am sending a building inspector out so he can know the condition the home is in. In buying this house they were unable to use their stove (electric).

Mrs. Billings has an income that would not allow her to get a grant to remodel their home. She and Mr. Billings do not want to get in debt to buy another home and feel that selling this house would be too much of a job for them because they are expecting Mrs. Billings to go into the hospital for major surgery soon, Possible cancer. However, I made an appointment with our re-hab advisors and they felt that if she retires and her income was only Social Security, etc. she could apply for the grant (Rehabilitation advisors were Greg Watson and Wilson Smith).

Building inspector found only minor things, not enough to call the place sub standard.

Emanuel Hospital and Model Cities agreed to help Mr. & Mrs. Billings, although they were not on the Project cite when the project officially began. To this end P.D.C. has tried to reconstruct their move to accord Mr. & Mrs. Billings their benefit under the relocation Act of 1970.

6/23/72 Mr. Billings was given his check for moving allowance & expenses. He and his wife were happy about receiving the money. I reviewed the possibility of re-habilitation work being done on their home and Mr. Billings stated that his wife would work on as far as she could till she had cancer and it was just a matter of time until she had to quit. If she retired or had to retire, he would contact Mr. Wilson Smith of Re-Hab-P.D.C.

I left them very happy and content that we had done all we could under the circumstances.

7/26/72 -----
 Talked to Mrs. Billings and indicateds she would like to sell her present home and buy another. I advised her that a time element existed and that she would have to make the claim within that period of time. I told her that because of the nature of her claim I would have to find out what the time limits would be. She said she would talk it over with her husband and have him get in touch with me in a few days.

Husband called back and said to go ahead and close file. Indicated he could not see any possibility of their being able to move in next 6 moths.

INTERVIEW REGISTER

Date

Relocation
Worker

6-12-
72

Okayed for both their names on check.

Mr. and Mrs. Billings want to process the claim for Relocation Moving Expenses and Allowance.

Other benefits due an owner/occupant would mean either buying a new home and having a substantial mortgage or trying to sell their house and regain the money paid to them for the house in the Emanuel Project. They feel that this would be too much of a hardship on them, since Mrs. Billings, the only one working, will probably go in for an operation soon.

June 15, 1972

Mr. George Yerkovich
City Auditor
City Hall
Portland, Oregon 97204

Attention: Robert Jones

Dear Mr. Yerkovich:

We refer to the June 12, 1972 letter to you from Mr. Charles Jordan, Executive Director of the Model Cities Agency, authorizing you to make relocation payments to five Emanuel Hospital displacees.

A schedule showing names, addresses and estimated amount of relocation payment is attached. We have also enclosed a completed claim form for moving expense for William O. and Connie K. Billings. The Billings may file a claim for a replacement housing payment at a later date.

Please have a warrant issued payable to the Billings in the amount of \$460. The warrant should be sent to us for noting of our files and delivery to the Billings.

Very truly yours,

Benjamin C. Webb
Chief of Relocation and
Property Management

BCM:ch
Enclosure

*Rec'd check 16161 -
Connie Keller Billings
Wm. A. Billings*

6-11-72 23 d's Day

RELOCATION PAYMENT

Project: Model Cities - Emanuel Parcel: _____

Payable to: William O. and Connie K. Bellings Amount

For: _____	RHP for Homeowners	\$ _____
_____	Incidental Expenses for Homeowners (if separate claim)	\$ _____
_____	RHP for Tenants & Certain Others:	
	Rental: Total approved \$ _____; Annual amount.	\$ _____
	or Purchase:	\$ _____
<u>X</u>	Fixed Moving Payment	\$ <u>260.00</u>
<u>X</u>	Dislocation Allowance.	\$ <u>200.00</u>
_____	Actual Moving Costs.	\$ _____
_____	Storage Costs (if separate claim).	\$ _____
_____	Business: Moving Expenses.	\$ _____
_____	Business: In Lieu Payment.	\$ _____
_____	Business: Storage Costs.	\$ _____
_____	Business: Loss of Property	\$ _____
_____	Business: Searching Expenses	\$ _____

Name of Client William O. and Connie K. Bellings Less - \$ _____ *

Move from 528 N. Morris Total \$ 460.00

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

(For Local Agency Use Only)

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

NAME AND ADDRESS OF CLAIMANT:

Mr. and Mrs. William O. Billings
5539 N. Commercial
Portland, Oregon 97217

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 <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>260.00</u>			<u>6-12-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>460.00</u>	<u>460.00</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	_____	_____	_____

WSP

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

Model - Cities
Emanuel Project

1. Name Connie K. Billing Project Emanuel Project
 2. Date(s) of move 2/1/71 Parcel No. R-20
 3. Dwelling unit from which you moved:
 Address 528 N. Morris No. of rooms 6
 ___ Furnished Unfurnished Date you moved into this unit 2/1/50
 4. Dwelling unit to which you moved:
 Address 5539 N. Commercial
 Were goods moved to or from storage? ___ Yes No
 5. Total claim \$ 460.00

 FIXED PAYMENT: \$200 + \$260.00 = \$460.00

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)

Dwelling Unit Inventory

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

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

Miscellaneous (List Items)

Che
TV
Radio
Lawn furniture

COMMENTS:

CONNIE McCREADY
COMMISSIONER
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND
OREGON

97204

May 9, 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

Re: 5539 N. Commercial Avenue

Attn: Mr. Chet Daniels

Dear Sirs:

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

Our inspection indicates the structures are in compliance with City Housing regulations at this time.

Yours truly,

C. N. CHRISTIANSEN
BUILDING INSPECTIONS DIRECTOR

S. J. Chegwiddden
Chief Housing Inspector

JHM:ms

cc: Mr. William Billings
5539 N. Commercial Ave.

R E C E I P T

I hereby acknowledge receipt of a copy of the Portland Development
Commission's INFORMATIONAL STATEMENT FOR PERSONS AND FIRMS DOING
BUSINESS WITHIN PROJECT BOUNDS and SUPPLEMENTAL SELF-MOVE INSTRUCTIONS .

Wm A. Billings
Firm

by

Title

6/23/72
date

RECEIVED

JUN 14 1972

PORTLAND DEVELOPMENT COMMISSION

EX. DIR.	
A. DIR.	
D. OPER.	<i>2/11/72</i>
SP. ASST.	

OCW copy to
gh copy to
W&L copy to

June 12, 1972

Mr. George Yerkovich
City Auditor
City Hall
Portland, Oregon 97204

Attention: Charles Spears
Robert Jones

Dear Mr. Yerkovich:

By this letter, you are authorized by the City Demonstration Agency (CDA), to implement a system of payment for relocation benefits for the five (5) Emanuel Hospital displacees at an estimated cost of \$31,025. The CDA is aware of the fact that increased allotment of \$20,000, from the previous budgeted \$20,247 for relocation payments will not have that much of an effect on the budget.

Upon receipt of appropriate documents you may prepare C-4 requisition form and initiate the issuance of warrants. If you have any questions regarding the procedure or its implementation do not hesitate to contact Mr. Michael Henniger, Physical Program Coordinator or Mr. Elvin Roberts, Administrative Management Coordinator.

Sincerely,

Charles Jordan
Executive Director

cc:
John Jordan/Portland Development Commission
Ben Webb/Portland Development Commission
A. Raubeson/Deputy Director
M. Henniger/Physical Coordinator
E. Marmoth/MC Coordinator
6/12/72

gh
Official Files



Title Insurance Company of Oregon

425 S. W. Fourth Avenue / Portland, Oregon 97204
Phone 222-3651

title insurance
escrows

WASHINGTON COUNTY OFFICE
12012 S.W. CANYON ROAD
BEAVERTON, OREGON 97005
646-8181

EAST SIDE OFFICE
29 N. E. 122ND AVENUE
PORTLAND, OREGON 97230
256-9103

CLACKAMAS COUNTY OFFICE
112-11TH STREET
OREGON CITY, OREGON 97045
666-5243

ESCROW INSTRUCTIONS

No. 264614

The parties hereto signing these instructions authorize you to proceed accordingly and agree to the terms hereof.
It is understood that you assume no responsibility as to the genuineness of the signatures to any papers which you have to file for record, or for any mechanic's liens or attached accounts which may be filed subsequent to date of your title examination, or for any restrictions or limitations or regulations or change of restrictions, limitations or regulations, created by Ordinance, if any, passed by the City Commissioners of the municipality in which the premises are situated, or as to the right of any parties in possession, or whose interest does not appear of record.

I/WE hand you herewith \$ 10,500.00 less \$500.00 paid down

which you are authorized to pay to the order of Fourth Church of Christ, Scientist, Portland, Ore.

or legal representatives, when you have for the account of Connie Keller Billings

the following:

WARRANTY DEED/BILL OF SALE

covering the following described property in Multnomah County, State of Oregon, to-wit:
A part of Lots 4 and 5, Block 10, Piedmont, in the City of Portland,
more particularly described in Title Insurance Company report No. 264614,
dated February 2, 1971

together with an OWNER'S/PURCHASER'S/MORTGAGEE'S policy of title insurance on your usual form with a liability of
\$10,500.00 showing title vested in Connie Keller Billings

free and clear of incumbrances, except building and use restrictions, easements, zoning and building laws and ordinances, if any, printed conditions and exceptions contained in form of title insurance policy herein provided for, and

I/WE agree to pay the following:

1. \$ nil Mortgagee's title insurance.
2. \$ 1.50 Recording charges.
3. \$ 30.50 Escrow fee. (1/2)
4. \$ _____
5. \$ _____

Paid No L now

You are to prorate as of February 5, 1971 Earned/Uncearned

\$ <u>104.30</u> Taxes.	unearned portion of 1970-71 taxes (debit)
\$ <u>42.45</u> Fire insurance.	unearned premium (debit)
\$ <u>nil</u> Fuel.	
\$ <u>nil</u> Rents.	

*Jim
ants.*

*Over for additional instructions, if any.

Your authority hereunder shall be continuous until such time as we or either of us shall have made written demand upon you for the return of money or instruments deposited by us. But in the event that this escrow shall not be fully settled and closed within twelve months from date hereof, then you may at your option return all monies and documents deposited herein to the respective parties depositing the same and your liability hereunder shall thereupon forever cease and terminate. In the event that any controversy should arise between the parties hereto or with any third person, you shall not be required to determine the same or to take any action in the premises, but you may await settlement of any such controversy by joint instructions of the parties or by appropriate legal proceedings. In the event that you should become a party to any such legal proceedings, we jointly and severally agree to pay and to hold you harmless from and against any and all costs, charges, damages, attorneys' fees or other expense which you in good faith may incur.

Dated this 4th day of February, 19 71

Address: _____

_____, 19 ____ We hereby acknowledge receipt of the above money, documents and instructions.

Title Insurance Company of Oregon