

	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		

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Halseth, Anna RELOCATION ADVISOR JC
 ADDRESS 3217 N. Gantenbein PHONE _____ PROJECT NAME _____
 SEX F ETHN W VETERAN _____ AGE 85 PARCEL NO. R-8-11
 MARITAL STATUS W TENURE OWNER
 DISABILITY _____ INDIV x FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 8-11-72 DATE INFO PAMPHLET DELIVERED 8-4-72
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY Ella Baeckel, 1217 N. E. 193rd. 665-5950 (h) 255-9814 (o)

DATE ON SITE:	<u>1943</u>
INITIATION OF NEGOTIATIONS:	<u>Received by [unclear]</u>
DATE OF ACQUISITION:	<u>SEP 13/1964</u>

ECONOMIC DATA

FAMILY COMPOSITION

Employer _____ \$ _____
 Address _____
 MCW _____
 Social Security _____ 119.90
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ _____

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

		S	SS
Subsidized Sales	Single Family	<u>x</u>	
Subsidized Rental	Multiple Family		
Public Housing	Duplex		
Private Rental	Mobile Home		
Private Sales			

Age of Structure 68 No. Rooms 6
 No. Bedrooms 4 Furn. x Unfurn. _____
 Utilities \$ _____
 Monthly Payments (Rent) \$ _____
 Acquisition Price \$ 5500
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms

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

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 900 N. E. 81st. Rm. 251 Phone 253-0478 Date of Move 9-13-69 12/71

WHERE RELOCATED:

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

Furnished X Unfurnished _____ Number of Rooms 1 Number of Bedrooms _____ Habitable Area _____

Utilities \$ _____ Monthly Payments (Rent) \$ 135.00 Purchase Price \$ _____

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

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			\$
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
8-11-72	Mrs. Halseth came in with her daughter Mrs. Balchel to get info and signed papers.	JC
8-14-72	She called in S. S. #.	
8-15-72	Verified Income as Social Security.	
8-16-72	Inspection: qualified by State of Oregon who license homes for the aged. according to state regulation.	
9-8-72	Got signature on claim from Mrs. Halseth, who was at her son's house because she wasn't feeling to well.	
11-28-72	Talked to Mrs. Baeckel about Public Housing for Mrs. Halseth. She will call HAP to make application. We will wait for results.	

RELOCATION PAYMENT

Project: Emanuel Parcel: R-8-11

Payable to: Anna S. Halseth

Amount

For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners (if separate claim)	\$ <u> </u>
<u>X</u> RHP for Tenants & Certain Others:	
Rental: Total approved \$ <u>3324.96</u> , Annual amount.	\$ <u>831.24</u>
or Purchase:	\$ <u> </u>
<u> </u> Fixed Moving Payment	\$ <u> </u>
<u> </u> Dislocation Allowance.	\$ <u> </u>
<u> </u> Actual Moving Costs.	\$ <u> </u>
<u> </u> Storage Costs (if separate claim).	\$ <u> </u>
<u> </u> Business: Moving Expenses.	\$ <u> </u>
<u> </u> Business: In Lieu Payment.	\$ <u> </u>
<u> </u> Business: Storage Costs.	\$ <u> </u>
<u> </u> Business: Loss of Property	\$ <u> </u>
<u> </u> Business: Searching Expenses	\$ <u> </u>

Name of Client Anna S. Halseth Less - \$ *

Move from 3217 N. Gartenheer Total \$ 831.24

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

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY: PROJECT NAME (if applicable)
Portland Development Commission Emanuel Hospital
1700 S. W. Fourth Avenue
Portland, Oregon PROJECT NUMBER: 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

Anna Halseth

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. R-8-11

a. Address: 3217 N. Gantenbein
b. Apartment or room number: _____
c. Number of bedrooms: 4

d. Monthly rental: \$ 41.25
e. Date you moved out of this dwelling: September 13, 1969
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

a. Address (include ZIP Code): _____
900 N. E. 81st Rm 251
b. Apartment or room number: _____
c. Number of bedrooms: 1

d. Monthly rental: \$ 135.00
e. Date you moved into this dwelling: December 1971
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.

Sept 8, 1972
Date

x Mrs. Anna S. Halseth
Signature of Claimant (s)

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

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

Anna Halseth
900 N.E. 81st Ave 251

COMPUTATION PREPARED BY:

Cornelia James
Name
8-11-72
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 \$ 41.25
25% of adjusted monthly income, whichever is less. 28.48

Computation

3. Line 1 minus Line 2, multiplied by ^{Rent}48 Income

Line 1	\$ <u>97.75</u>	9775	
Line 2	\$ <u>41.25</u>	2848	
	\$ <u>56.50</u>	6927	
X	<u>48</u>		

2712.00
3324.96
 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.) \$ 2712.00
 5. Minus adjustments (Attach full explanation) - \$ 3324.96
 6. Amount of rental assistance payment (Line 4 minus Line 5) 3324.96
\$ 2712.00
 7. Annual Payment \$ 678.00
831.24
- (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.

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

NAME OF CLAIMANT Anna Halseth

Parcel No. R-8-11

NAME OF LOCAL AGENCY Portland Development Co.

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

Tenant's initial date of rental: _____

Date of Acquisition: September 13, 1969

Owner-Occupant's initial date of ownership: 1943

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: 1943

Date of Initiation of Negotiations: _____

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 \$3324.96 is authorized.

Jb

Date	Authorized Signature		
5. RECORD OF PAYMENTS			
	<u>Date of Payment</u>	<u>Check Number</u>	<u>Amount</u>
a. Claimant moved to rental unit			
(1) Lump-sum payment	_____	_____	\$ _____
(2) Annual payment			
1st Year	_____	_____	\$ _____
2nd Year	_____	_____	\$ _____
3rd Year	_____	_____	\$ _____
4th Year	_____	_____	\$ _____
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. 2-20

1. Full name of claimant: Anna Halseth Family Individual

2. Dwelling unit from which you moved: Parcel No. R-8-11
 a. Address 3217 N. Guntenther c. Number of bedrooms 4
 b. Apartment or room number _____ d. Monthly rental \$ 41.25
 e. Date displaced Sep 13, 1969

3. Dwelling unit to which you moved (RENTAL)
 a. Address 900 N.E. 81st Ave 251 c. Number of bedrooms 1
 b. Apartment or room number _____ d. Monthly rental \$ 135.00
 e. Date moved in Dec 1971

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

5. For Code Enforcement or Voluntary Rehabilitation (include ZIP)
 a. Address from which you moved _____
 b. Address to which you moved _____
 c. Date of move _____
 d. Monthly rental for temporary unit: \$ _____
 e. Require temporary housing for more than 3 months? Yes No
 If yes, total number of months in temporary housing _____ months

Incidental expenses.

<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 _____
 Date of acquisition Sep 13, 1969
 Owner-occupant's initial date of ownership 1943

2. Did claimant own or rent 90 days prior to initiation of negotiations? Yes No
 Date of rental or purchase Sep 13, 1969
 Date of initiation of negotiations _____

3. Is replacement housing standard? Yes No
 If previously substandard, date found standard _____

4. Certification:
 (Amount of this claim \$ _____)

December 27, 1972

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

Attention: Mr. Robert Jones

Dear Mr. Yerkovich:

Re: Anna S. Halseth
Model Cities - Emanuel Hospital Displacee

Enclosed is a claim for a relocation payment for Mrs. Anna Halseth, who was displaced from her former residence at 3217 N. Gantenbain by the Emanuel Hospital Project on September 13, 1969.

The Emanuel Hospital Urban Renewal Project is not authorized to pay relocation costs to anyone who moved prior to April 23, 1971. Therefore, through its Second Action Year Relocation Plan, Model Cities has provided for relocation payments to those persons displaced by the Project during the period that Model Cities had a relocation plan but prior to April 23, 1971. Mrs. Halseth's move is covered by the Second Action Year Model Cities Relocation Plan. Displacee is eligible to receive the following payments under the provisions of the Housing and Urban Development Act of 1968:

Fixed moving payment	\$ 142
Additional Relocation Payment	<u>1,000</u>
Total	\$1,142

Under the provisions of the Act, the Additional Relocation Payment should have been paid in equal monthly installments over a two-year period beginning September 13, 1969. However, because of the delay in providing assistance the time by which the last payment should have been made has passed. We are, therefore, asking for a lump sum payment.

Please have a check drawn payable to Anna S. Halseth in the amount of \$1,142 and send to our office for delivery to the client and for noting of our records.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure

RELOCATION PAYMENT

UNDER OLD LAW

Project: Model Cities / Emanuel Parcel: 12-8-11

Payable to: Anna S. Halseth

	Amount
For: <u> </u> RHP for Homeowners	\$ <u> </u>
<u> </u> Incidental Expenses for Homeowners (if separate claim)	\$ <u> </u>
<u> X </u> RHP For Tenants & Certain Others: <i>(written out)</i>	<u> </u>
Rental: Total approved \$ <u>1000</u> ; Annual amount.	\$ <u>1000</u>
or Purchase:	\$ <u> </u>
<u> X </u> Fixed Moving Payment	\$ <u>142</u>
<u> </u> Dislocation Allowance.	\$ <u> </u>
<u> </u> Actual Moving Costs.	\$ <u> </u>
<u> </u> Storage Costs (if separate claim).	\$ <u> </u>
<u> </u> Business: Moving Expenses.	\$ <u> </u>
<u> </u> Business: In Lieu Payment.	\$ <u> </u>
<u> </u> Business: Storage Costs.	\$ <u> </u>
<u> </u> Business: Loss of Property	\$ <u> </u>
<u> </u> Business: Searching Expenses	\$ <u> </u>

Name of Client Anna S. Halseth Less - \$ *

Move from 3217 N. Gantenbein *M10* Total \$ 1642

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

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT DETERMINATION OF ELIGIBILITY AND COMPUTATION OF ADDITIONAL RELOCATION PAYMENT	NAME OF CLAIMANT Anna Halseth
	NAME OF DISPLACING AGENCY Portland Development Commission
	<i>INSTRUCTIONS: Attach completed Form HUD-6141.3 to claimant's copy of Form HUD-6141.1 and, if applicable, Form HUD-6141.2</i>

DETERMINATION OF ELIGIBILITY (Attach an explanation of any entries which differ from claimant's entries on Form HUD-6141.1)

1. If there is low-rent public housing in the locality, complete Column (1). If there is housing assisted under the Federal rent supplement program in the locality, complete Column (2).

	LOW-RENT PUBLIC HOUSING (1)	FEDERAL RENT SUPPLEMENT HOUSING (2)
a. Date claimant filed application for housing		
b. Check and complete if applicable	<input checked="" type="checkbox"/> APPLICATION FOR HOUSING NOT PROCESSED. <i>(Explain under "Remarks")</i>	<input checked="" type="checkbox"/> APPLICATION FOR HOUSING NOT PROCESSED. <i>(Explain under "Remarks")</i>
c. If application processed, complete the following, as appropriate:		
Date claimant determined eligible		
Date claimant determined ineligible		
Will a suitable unit be available by the time the claimant is prepared to move?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

* If "Yes" is checked, an Additional Relocation Payment may not be made and the remainder of this form need not be completed.

	YES	NO
d. Is claimant unable to secure a dwelling unit in low-rent public housing?		
e. Is claimant unable to secure a dwelling unit in housing assisted under Federal rent supplement program?	X	
2. Relocation housing (Attach copy of Dwelling Inspection Record or, if claimant moved outside locality, claimant's report of condition of dwelling on Form HUD-6141.2)		
<i>(Complete, if appropriate)</i>		
a. DATE UNIT INSPECTED		
b. IS UNIT STANDARD?	X	
3. DOES CLAIMANT MEET ALL TIMING REQUIREMENTS FOR ELIGIBILITY? <i>(If "No," explain:)</i>	X	
4. CLAIMANT'S TOTAL ADJUSTED GROSS INCOME ANTICIPATED TO BE RECEIVED DURING NEXT 12-MONTH PERIOD. (Line 2c, reverse side) (Attach verification data)		
Is 20% of the claimant's adjusted gross income less than Line 1, reverse side?		
ELDERLY OR HANDICAPPED INDIVIDUALS (Complete either 5 or 6)		
5. WAS ELDERLY INDIVIDUAL 62 YEARS OF AGE OR OVER AT THE TIME OF DISPLACEMENT? (Attach verification of age)		
6. IS THE INDIVIDUAL HANDICAPPED? (Attach verification data)		

PREPARED BY: <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="border-bottom: 1px solid black; width: 15%;"></div> <div style="border-bottom: 1px solid black; width: 25%; text-align: center;"> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 15%; text-align: center;">Date</div> <div style="width: 25%; text-align: center;">Name</div> </div>	If claimant is eligible for an Additional Relocation Payment (all applicable "Yes" boxes in right-hand column must be checked), execute certification on reverse side of this page and compute and record payments in the appropriate spaces.
---	---

CERTIFICATION OF DISPLACING AGENCY

I CERTIFY that I have examined this 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, this claim is hereby approved and payment of the amount shown on Line 9 below is authorized.

12-21-72
Date

[Signature]
Authorized Signature

COMPUTATION OF ADDITIONAL RELOCATION PAYMENT

1. Average annual gross rental for standard dwelling unit of size required by claimant (From approved Form HUD-6148)		\$1637.
2. Annual Income		
a. Verified total annual income	\$ <u>1438.80</u>	
b. Total deductions (\$300 for each minor)	\$ _____	
c. Adjusted gross income (Line 2a minus Line 2b)		\$1438.80
3. 20% of adjusted gross income (Line 2c times 0.20)		\$ 287.76
4. Line 1 minus Line 3		\$1349.24
5. Total Additional Relocation Payment for first 12 months (If amount on Line 4 is less than \$500, enter amount of Line 4; if Line 4 is \$500 or more, enter \$500.)		\$ 500.00
6. Less any advance payment		\$ -0-
7. Remaining balance to be divided into 12 monthly payments to be paid in the first 12 months, unless a lump-sum payment is made.		\$ 500.00
8. Total Additional Relocation Payment for the second 12-month period. (Amount shown on Line 5)		\$ 500.00
9. Total Additional Relocation Payment to be paid over 24-month period. (Line 5 times 2)		\$1000.00

RECORD OF PAYMENTS MADE

DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT
LUMP-SUM OR ADVANCE PAYMENT			LUMP-SUM PAYMENT		
MONTHLY PAYMENTS			MONTHLY PAYMENTS		
1			13		
2			14		
3			15		
4			16		
5			17		
6			18		
7			19		
8			20		
9			21		
10			22		
11			23		
12			24		

TOTAL PAYMENT FOR FIRST YEAR MAY NOT EXCEED LINE 5, INCLUDING ANY LUMP-SUM PAYMENT.

TOTAL PAYMENT FOR SECOND YEAR MAY NOT EXCEED LINE 5, INCLUDING ANY LUMP-SUM PAYMENT.

REMARKS (Use this space to explain any lump-sum payment and for any other explanatory comments. Attach additional sheets if necessary.)

No units available

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)

Model Cities - Emanuel

PROJECT NUMBER

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

Anna Halseth

2. DATE(S) OF MOVE

September 13, 1969

3. ADDRESS FROM WHICH YOU HAVE MOVED

a. Address

3217 N. Gantenbein

b. Apt., Floor, or Room No. _____

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

d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 7

e. Date you moved into this address: 1943

4. ADDRESS TO WHICH YOU HAVE MOVED

a. Address (include ZIP code)

900 N. E. 81st 97213

b. Apt., Floor, or Room No. _____

c. Were household goods moved to or from storage? Yes 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, and 11c below.)

\$ 142.00

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.

11/29/72
Date

Mrs. Anna S. Halseth
Signature of claimant

(Over)

Dear Applicant:

Enclosed is a receipt verifying that your application has been placed on the waiting list for Housing Assistance.

We are sorry to tell you that perhaps it will be a year or more before we can house you.

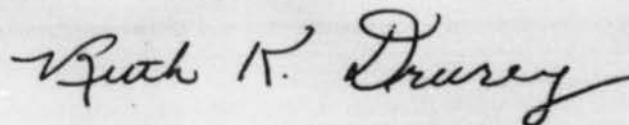
When your name reaches the top of the waiting list, it will be necessary for you to provide the Housing Authority with written verification of income and assets.

If your address and/or phone number changes, please call the Rental Division, 288-7111, immediately, to enable us to keep your application accurate and up to date.

A check list is enclosed for your convenience.

Sincerely,

Gene W. Rossman, Executive Director



Ruth K. Drurey, Director Rental Division

RKD:sk
Enclosure

Fred M. Rosenbaum, *Chairman*

COMMISSIONERS

Mrs. Florine M. Dahlke, *Vice-Chairman*

Lyndon R. Musolf

Leonard L. Gibson

Thomas J. Malloy

John D. McLeod

James O. Brooks

Richard J. Brownstein, *Legal Counsel*

Gene W. Rossman, *Executive Director*

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97227
PHONE 258-8169

Social Security Administration
1221 S. W. 12th Avenue
Portland, Oregon 97201

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 monthly social security benefits and verify my birthdate.

My social security number is: [REDACTED]

My birth date is: March 10, 1887

My place of birth is: Tray, Idaho

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

Thank you.

Sincerely,

Mrs. Anna S. Halseh
(name)
1217 N.E. 193
(address)
Portland, Ore. 97230

8/14/72
(date)

TO: Portland Development Commission

The records of this office indicate that ANNA S. HALSETH, is entitled to receive monthly benefits in the amount of \$*119.90; and that adequate documentation has been provided to verify this person's birth date as stated above, or, if different from the date above, as 3/10/87

* AFTER DEDUCTION OF \$5.80 FOR MEDICARE

SOCIAL SECURITY ADMINISTRATION

by Karl Peterson CR

Benefit in 1970 was \$111.20 and Medicare.

CONFIDENTIAL



HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

1400 S.W. 5th AVENUE • PORTLAND, OREGON • 97201 • Phone 229-5910

TOM McCALL
GOVERNOR

CORNELIUS C. BATESON
Administrator

EDWARD PRESS, M.D., MPH
Deputy Administrator
and
Public Health Officer

DEPARTMENT OF
HUMAN RESOURCES

JACOB TANZER
Director

DIVISIONS
Health
Children's Services
Corrections
Employment
Mental Health
Special Programs
Vocational Rehabilitation
Welfare

August 17, 1972

Mr. Jim Crolley
Portland Development Commission
235 North Monroe
Portland, Oregon 97226

Dear Mr. Crolley:

In response to your telephone request, the Baptist Manor located at 900 N.E. 81st Avenue, Portland, is currently licensed by our department as a home for the aged.

If you wish additional information, please contact me.

Sincerely,

(Mrs.) Dena Ulman,
Assistant Administrator
Health Facilities Licensing
and Certification

DU:vd

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) Anna Halseth 3217 N. Gantenbein Portland, Oregon 97227
	NAME OF LOCAL AGENCY Portland Development Commission 1700 S. W. Fourth Avenue
	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 \$ <u>142.00</u>	\$ 142.00		12-21-72
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
		\$			\$

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

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CLAIM FOR ADDITIONAL RELOCATION PAYMENT
(Families and Elderly or Handicapped Individuals)

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY Portland Development Commission 1700 S. W. Fourth Avenue Portland, Oregon 97201	PROJECT NAME (If applicable) Model Cities - Emanuel <hr/> PROJECT NUMBER
---	--

INSTRUCTIONS: Complete all applicable items, including reverse side of form, and sign certification in Block 7. Consult the displacing agency as to whether you need a Claimant's Report of Condition of Dwelling (Form HUD-6141.2) to complete and submit with this claim.

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 Anna Halseth	
2. DWELLING UNIT FROM WHICH YOU MOVED a. Address <u>3217 N. Gantenbein</u> <hr/> b. Apt. or Room No. _____ c. Date you moved into this dwelling: <u>1943</u> <i>Month-Day-Year</i> d. Date you moved out of this dwelling: <hr/> <i>Month-Day-Year</i>	3. DWELLING UNIT TO WHICH YOU MOVED a. Address (Include Zip Code) <u>900 N. E. 81</u> <u>Portland, Oregon 97213</u> <hr/> b. Apt. or Room No. _____ c. Number of bedrooms: <u>1</u> d. Monthly rental: \$ <u>135.00</u> e. Date you moved into this dwelling: <u>12-71</u> <i>Month-Day-Year</i>
4. (Complete if claim is for family) a. Number of persons in family _____ b. Number of minors _____ <i>(Who reside in your household, other than you or your spouse)</i>	5. (Complete if claim is for individual) Check and complete either a or b. <input checked="" type="checkbox"/> a. Elderly Date of birth: <u>3-20-87</u> <i>Month-Day-Year</i> <input type="checkbox"/> b. Handicapped <i>(Attach documentation)</i>

6. TOTAL ANNUAL INCOME (Total for individual or total for all family members)
(Enter total from reverse side of form)

\$ 1438.80

7. I submit this information in support of a claim for an Additional Relocation Payment under Section 114(c)(2) of the Housing Act of 1949, as amended, and I certify under the penalties and provisions of U.S.C. Title 18, Sec. 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, Sec. 1001, and any other applicable law, falsification of any item submitted herewith may result in forfeiture of the entire claim.

11/29/72
Date

X Mrs. Anna S. Halseth
Signature of head of family or elderly
or handicapped individual

ELEMENTS OF TOTAL ANNUAL INCOME

Show the total amount of income anticipated to be received during the 12 months after you move. Include amounts from all sources, as listed below. Include amounts to be withheld for taxes or other purposes. If this claim is for a family include the total amount of income anticipated to be received during the 12 months after you move by all members of your family except minors, other than you or your spouse, who are members of your immediate family and who reside in your household. If more space is required, attach additional sheets.

INCOME	NAMES AND SOCIAL SECURITY NUMBERS OF INDIVIDUAL OR OF ALL MEMBERS OF FAMILY							
	NAME:							
	Anna Halseth							
	NO.:	541-36-6146A						
Wages and salaries Amount	\$	\$	\$	\$	\$	\$	\$	\$
Name and address of employer								
Net income from operation of business	\$	\$	\$	\$	\$	\$	\$	\$
Pension or annuity Amount	\$	\$	\$	\$	\$	\$	\$	\$
Name and address of agency from which received								
Social Security payments <i>Per MO</i>	\$ 119.90	\$	\$	\$	\$	\$	\$	\$
Welfare payments	\$	\$	\$	\$	\$	\$	\$	\$
INVESTMENTS								
Dividends	\$	\$	\$	\$	\$	\$	\$	\$
Interest	\$	\$	\$	\$	\$	\$	\$	\$
Net income from real estate	\$	\$	\$	\$	\$	\$	\$	\$
OTHER								
Amount	\$	\$	\$	\$	\$	\$	\$	\$
Source								
TOTAL per year	\$ 1438.80	\$	\$	\$	\$	\$	\$	\$

TOTAL ANNUAL INCOME (Total for individual or sum of total for each member of family): $\$119.90 \times 12 = 1438.80$
(Carry forward to Block 6 on reverse side)

CLAIM FOR RELOCATION PAYMENT

1. NAME OF CLAIMANT

(I) (F) _____

2. DATE OF MOVE

Sep 13, 1969

3. ADDRESS FROM WHICH YOU HAVE MOVED

a. Address Parcel No. _____

3217 N. Gantenbein

b. Apartment No. _____

c. Goods: Furniture?
yes no _____ partially _____

d. Number of rooms 7

e. Date in 1943

4. NEW ADDRESS

a. Address Capitol Manor

990 N.E. 81th

Port. Oregon

b. Apartment No. 251

c. Goods moved from storage
yes _____ no

5. TYPE OF PAYMENT

_____ a. Moving expenses and/or loss of property.

b. Fixed payment.

_____ c. Storage costs.

6. TOTAL CLAIM

\$ 142.00

7. NAME OF MOVING CO.

8. TELEPHONE NUMBER

9. ADDRESS

10. METHOD OF PAYMENT - MOVING BILL ATTACHED: yes _____ no _____

_____ a. Reimburse claimant.

_____ b. Direct payment to movers.

11. AMOUNT OF ACTUAL COSTS AND/OR LOSS

a. Moving costs \$ _____

b. Storage costs _____

c. Direct loss of property \$ _____

DATE

24-166
1230

RELOCATION PAYMENT PLAN
(12/10/73)

ANNA S. HALSETH, JANUARY 4, 1973 MOVING COST & ADDITIONAL RELOCATION PAYMENT

AUD 10-825-300 6-71

31432⁴

REMITTANCE ADVICE

PLEASE DETACH BEFORE DEPOSITING →

PURCHASE ORDER		YOUR INVOICE NO.	GROSS AMOUNT OR CREDIT MEMO	DISCOUNT	NET AMOUNT	ACCOUNT DISTRIBUTION			
DATE	NUMBER					FUNO	FUNCTION	OBJECT	G/L
	CONTRACT 13487	RELOCATION PAYMENT							
12.73			1,142.00		1,142.00	513	6687399		319

CITY OF PORTLAND, OREGON

GEORGE YERKOVICH
AUDITOR OF THE CITY OF PORTLAND

JANUARY 11, 1973

* Anna S. Halseth

031432 - 1230 - 166 - 1 - 40008.3

Reed 1-9-73

PORTLAND DEVELOPMENT COMMISSION

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

Social Security Administration
1221 S. W. 12th Avenue
Portland, Oregon 97201

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 monthly social security benefits and verify my birthdate.

My social security number is: [redacted]

My birth date is: March 20, 1927

My place of birth is: Troy, Idaho

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

Thank you.

Sincerely,

Mrs. Anna S. Halseth
(name)
1217 N. E. 193
(address)
Portland Oregon 97230

(date)

TO: Portland Development Commission

The records of this office indicate that _____,
is entitled to receive monthly benefits in the amount of \$ _____;
and that adequate documentation has been provided to verify this person's birth
date as stated above, or, if different from the date above, as _____

SOCIAL SECURITY ADMINISTRATION

by _____

CONFIDENTIAL

12-19-72

26.

Mrs. Halseth sold her house to Emanuel Hospital, before the Urban Renewal Project was approved. She was paid \$5500.00 for her house with no other benefits. Under approval by Modellatic she is being paid moving expense & additional relocation payment at this time. all eligibilities requirements & inspection have been certified & documented.

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY

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

PROJECT NAME (if applicable)

Emanuel - Model Cities

Project Number:

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

Anna Halseth

2. DATE(S) OF MOVE
September 13, 1969

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. R-8-11

a. Address 3217 N. Gantenbein
Portland, Oregon

b. Apartment, Floor, or Room Number _____

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

d. Number of rooms occupied (excluding bathrooms, hallways, and closets): 8 7

e. Date you moved into this address: 1943

4. DWELLING UNIT TO WHICH YOU MOVED

a. Address (include ZIP Code) 900 S. E.
81st Portland, Oregon

b. ~~Apartment, Floor, or Room Number~~ 251

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	<u>\$200.00</u>	
Fixed Moving Payment	<u>260.00</u>	
(Consult local agency)		Total \$ <u>460.00</u>

6. I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me and are true, correct and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I have not submitted any other claim for, or received, reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

Sept 8, 1972
Date

Mrs Anna Halseth
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:

Anna Halseth
3217 N. Gantenbein
Portland, Oregon

NAME OF LOCAL AGENCY:

Portland Development Commission

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

1. Does claimant meet basic eligibility requirements? Yes No

If "No," explain:

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

Date items inspected: _____
Month-Day-Year

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

Yes No

If "Yes," explain basis for approved amount:

4. CERTIFICATION

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

(For Local Agency Use Only)

(Complete either A or B:)

Item	Amount <u>1/</u>	Authorized Signature	Date
A. Fixed Payment and Dislocation Allowance	\$		
1. Fixed payment \$ <u>260.00</u>			
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <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	_____	_____	_____

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 Anna Halseth Project Model City
 2. Date(s) of move Sep 13, 1969 Parcel No. R-8-11
 3. Dwelling unit from which you moved:
 Address 3217 N. Gentleman No. of rooms 7
 Furnished Unfurnished Date you moved into this unit 1943

4. Dwelling unit to which you moved:
 Address 900 S.E. 81st Rm 251
 Were goods moved to or from storage? Yes No

5. Total claim \$ 260.00

 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)

8-11-72

Dwelling Unit Inventory

4 Beds & Springs
6 Bedroom Chair
1 Breakfast Table
4 Breakfast Table Chairs
~~7-0-~~ Bridge Lamp & Shade
2 Buffet
2 Chest of Drawers
~~-0-~~ Coffee Table
~~7-0-~~ Couch
1 Davenport
1 Desk
1 Dining Table
6 Dining Chairs
6 Dresser
2 End Table
1 Floor Lamp & Shade
1 Mirror

 Night Stand
 Occasional Chair
1 Overstuffed Chair
1 Overstuffed Rocker
1 Range
1 Refrigerator: Brand Frigidaire
1 Rocker
~~-0-~~ Rug & Pad: Size
~~-0-~~ Stool
~~-0-~~ Table Lamp & Shade
~~-0-~~ Table, small
~~-0-~~ Vanity & Bench
2 Suitcases
2 Trunks
10 Cartons, Boxes, Etc.
~~2~~ Clothes
6 Bedding & Linens

Miscellaneous (List Items)

radio
TV
Washing Machine
Sewing Machine
ironing board
50 Postable oven

Oil Circulating Heater
Library table

COMMENTS: Inventory by Mrs Halseth
Mrs. Anna Halseth

Ella Baekle called re: Anna Halseth
(her mother) and they received a letter
(or call) from you some time ago ~~about~~ benefits
due and then they haven't heard any-
more. She's wondering if Anna
Halseth has anything coming or
not. Anna's number is: 253-0478.
Ella Baekle's number is 665-5950.
She works until 4 pm. I told her
you would call Anna tomorrow
during the day, or if you preferred
to talk to Ella Baekle that you
would call her after 4 tomorrow

SENDER: Be sure to follow instructions on other side

PLEASE FURNISH SERVICE(S) INDICATED BY CHECKED BLOCK(S)
(Additional charges required for these services)



Show to whom, date and address
where delivered



Deliver **ONLY**
to addressee

RECEIPT

Received the numbered article described below

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

078269

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

MAY 15 1972

SHOW WHERE DELIVERED (Only if requested, and include ZIP Code)

Wilbur WA 99185

No. 078269

RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

POSTMARK
OR DATE

SENT TO

Mrs Anna Halseth

STREET AND NO.

1st St., Box 356

P.O., STATE AND ZIP CODE

La Center, Wa. 9862

OPTIONAL SERVICES FOR ADDITIONAL FEES

RETURN
RECEIPT
SERVICES

1. Shows to whom and date delivered 15¢
With delivery to addressee only 65¢
2. Shows to whom, date and where delivered 35¢
With delivery to addressee only 85¢

DELIVER TO ADDRESSEE ONLY 50¢

SPECIAL DELIVERY (2 pounds or less) 45¢



POD Form 3800
July 1969

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

* GPO : 1969 O-358-312

May 11, 1972

Mrs. Anna Halseth
c/o Mrs. Gladys E. Gerstmann
Route 1, Box 356
La Center, Washington 98629

Dear Mrs. Halseth:

I have attempted to locate you thru other sources, but have not succeeded.

My reason for locating you is to determine IF you might become eligible for relocation benefits for having moved from the Emanuel urban renewal project area.

Please contact me as soon as possible so that I may explain the program to you and determine your eligibility.

Sincerely,

James Crolley
Relocation Supervisor

JC:slc

1 1-71080-2330 / HALSETH, IVER & ANNA S

MAP: 2730
ZONE: A25
RATIO: 1411
LVY C: 001

3217 N GANTENBEIN AVE
PORTLAND, OREGON

97227

RIVERVIEW SUB

LOT BLOCK

S 54' OF

13 & 14 8

None

PROPERTY ADDRESS: ~~3217 N GANTENBEIN AVE~~
PORTLAND

APPEALS:



AVE OR ST

3217 N. GANTENBEIN AVE OR ST
FRONT OF BUILDING



SUMMARY - ASSESSED VALUATION - REAL PROPERTY

ASSESS YEAR	MAP RIGHTS	TIMBER	LAND	IMPS	TOTAL	ACQ. DATE
1968			3900	1600	5500	11/20/68
1970			3900	-	3900	11/20/70
1971			4050	-	4050	11/20/71

Not best land use

1970 Razed 1-13-70 Reid.

DATE 2 2 68 SIGN *Ann Peterson* DEPUTY

CHECKED	REVIEWED	BLDG COUNT	INDEX	RE-CHECKED	NOTIFIED

FEB 23 1968 MAY 14 1968

BY ANDREWS S MILLER

JUL 1 1968 KUBLI

IDENTIFICATION	DATE	ADJUSTMENTS	IND. VALUE
5500	9/69	D	696.727.

MONTHLY RENTAL	X GRM	S	IND. VALUE
ZONING		SITE ADJUSTMENTS	
ROAD TYPE	D O V		
TOPOGRAPHY	2 A B		
VIEW			
OTHER			
DEPTH FACTOR			
STANDARD DEPTH			
EFFECTIVE DEPTH			

COMPUTATIONS				VALUE
LAND DESCRIPTION	SIZE OF ACRES	BASIC UNIT VALUE	ADJUST FACTORS	ADJ'D UNIT VALUE
54 X 81 @ 20 FF		1080	-110	970
@ 70	4.374	3906		3906

TOTAL AREA	SUB-TOTAL	3906
REMARKS	SITE ADJ	
	TOTAL APPR VALUE	3900
	19 70 APPR VALUE	3900
	19 APPR VALUE	
	19 APPR VALUE	
APPRAISER	DA	42767

ACCOUNT NO		1-71080-2320	
CLASS	4	STORY	1
AREA	722		
ADDRESS	3217 N GARDEN ST		
BASE FACTOR	8169		
FND	WF	RCMT	11
FLOORS	5	Imo	Tile
ROOF	H H F	Alum	Camp Shk
EXTER	S Shk	Siding	Blk
INTER	Drywall	Trunk	Pl
PLUMB G FACILITY	Sink DW Toi	WB Tub	For
HEAT	H W	Boiler	Rad
FIREPLACE	Ins	CS	S D T
ATTIC	Ins	3 F	B
2ND STY	B R	Bath	Lox
BAYS	DORMERS		
MISC			
MISC	VERH	R & O	VE
OUTSIDE	SUR	B.T	Sprinkler

INSIDE FLOOR		GARAGE	
Bar Hall	Class		
Sec Hall	Typ		
Ex Ret	Dim	X	
Din Area	Floor		
Fam Rm	Const		
Knck	Roof		
Kitchen	Misc		
Unbr	Misc		
Bedroom	Misc		
Bath			
Toi			
Den			
1 Porch			
500			
732			12416
			131613

TOTAL DEPRECIATED REPLACEMENT COST		ADJUSTMENT		
Dim	X	BUILT 1904	Age 38	19 68
Fdn		PERM NO.		APPR. VALUE 1600
Const		PREV APPR 1962	Func	1970
Roof		D.P.R. RM MO RENTAL	Econ -24	APPR. VALUE 0
MISC.			Cond -1	19
Dim	X		NET 13	APPR. VALUE
Fdn				19
Const				APPR. VALUE
Roof				19

Raymond
 12416
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