

	DESCRIPTION	ROLL NO	ODOMETER
	EMANUEL PROJECT NEWSPAPER ARTICLES 1971 THROUGH 1974		
RS 3-1	AMERICAN PLATING COMPANY 2751 N. WILLIAMS		
A-2-4	ABLE, VERA 3106 N. GANTENBEIN		
RS-4-4	ADAMS, JEWELL D. 102 N. KNOTT, APT. D		
E-4-10	ALLEN, ALICE 2627 N. GANTENBEIN		
E-4-10	ALLEN, ANNIE J. 2627 N. GANTENBEIN		
E-4-10	ALLEN, DONALD R. 2627 N. GANTENBEIN		
RS 5-3	ALLEN, R. J. 2632 N. GANTENBEIN		
AB 3-6	ALTMANNS, JOHN S. 405 N. STANTON		
A 2-4	BARBER, MARY 3106 N. GANTENBEIN		
RS 4-7	BASS, LEE ETTA 111 N. RUSSELL #2		
A 4-6	BATES, BILLY 3320 N. GANTENBEIN		
E 3-1	BELL, LEONARD 500 N. KNOTT		
R-10-1	BENNETT, LOUIS 3147 N. COMMERCIAL		
R 9-4	BERG, JOHANN 320 N. FARGO		
A 3-19	BIELAN, ROBERT LEE 3213 N. VANCOUVER		
A 4-8	BOOKER, ELNORA 259 N. COOK		
A-4-11	BOWLES, EVIE 233 N. COOK		



DWELLING UNIT FROM WHICH RELOCATED

Private Sales		Single Family	
Private Rental	X	Duplex	
Other		Multiple Family	X

✓ Age of Housing Unit OVER 60  
 ✓ Size of Habitable Area 110 #  
 Furnished with claimant's furniture  
 ✓  YES  NO

Total Number of Rooms 1 Rent Paid \$ 25.00 Utilities \_\_\_\_\_  
 Number of Bedrooms 0 Monthly Housing Payments \$ \_\_\_\_\_ Taxes \_\_\_\_\_  
 Liens \$ \_\_\_\_\_ (please explain) \_\_\_\_\_  
 Acquisition Price \$ \_\_\_\_\_ Amenities \_\_\_\_\_

REPLACEMENT DWELLING UNIT

Address 1305 NE BRAZEE LPA Referred  Self Referred \_\_\_\_\_

Private Sales		Single Family	
Private Rental	X	Duplex	
Other		Multiple Family	X

Outside city  Outside state   
 ✓ Age of Housing Unit OVER 40  
 ✓ Size of Habitable Area 110 #  
 No. of Rooms 1 No. of Bedrooms 0

For Claimants Who Purchased

For Claimants Who Rented

Purchase Price of Replacement Dwelling \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_  
 RHP or TACO (including incidental costs) \$ \_\_\_\_\_

Rent \$ 25.00  
 Utilities \$ \_\_\_\_\_  
 Total Rent Assistance \$ 1,795.20  
 Amount of Annual Payment \$ 448.80

No. of Housing Referrals to:

Agency Referrals: ✓ NONE

\_\_\_\_\_ Standard Sales \_\_\_\_\_ MCW \_\_\_\_\_ HAP \_\_\_\_\_ OTHER ( \_\_\_\_\_ )  
1 Standard Rent \_\_\_\_\_ Food Stamp \_\_\_\_\_ Legal Aid \_\_\_\_\_ Other ( \_\_\_\_\_ )

Benefits Received

Date 9-29-71 Ck # 27054 Type MC Amount \$ 215.00  
 Date 1-5-72 Ck # 231EH Type TACO Amount \$ 448.80  
 Date \_\_\_\_\_ Ck # \_\_\_\_\_ Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

**RESIDENTIAL RELOCATION RECORD**

CLIENT'S NAME BIELLEN, Robert Lee RELOCATION ADVISOR CD  
 ADDRESS 3213 N. Vancouver PHONE 284-2414 PROJECT NAME Emanuel ORE R-20  
 SEX M ETHN B VETERAN \_\_\_\_\_ AGE 40 PARCEL NO. A 3-19  
 MARITAL STATUS Single TENURE Roomer  
 DISABILITY X INDIV X FAMILY \_\_\_\_\_  
 ELIGIBLE FOR: PUBLIC HOUSING \_\_\_\_\_ FHA 235 \_\_\_\_\_  
 RENT SUPPLEMENT \_\_\_\_\_ OTHER \_\_\_\_\_  
 INITIAL INTERVIEW September 22, 1971 DATE INFO PAMPHLET DELIVERED 9/22/71  
 NOTICE TO MOVE No DATES EFFECTIVE ----- EXPIRATION DATE -----  
 NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_

DATE ON SITE: <u>May 1, 1970</u>
INITIATION OF NEGOTIATIONS: <u>May 17, 1971</u>
DATE OF ACQUISITION: <u>September 22, 1971</u>

ECONOMIC DATA

Employer \_\_\_\_\_ \$ \_\_\_\_\_  
 Address \_\_\_\_\_  
 MCW Caseworker-Mrs. Abel 110.00  
 Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_  
 Other \_\_\_\_\_  
 TOTAL MONTHLY INCOME \$ 110.00

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure <sup>OVER</sup> 60 No. Rooms 2 1  
 No. Bedrooms 0 Furn. \_\_\_\_\_ Unfurn. \_\_\_\_\_  
 Utilities \$ None  
 Monthly Payments (Rent) \$ 25.00  
 Acquisition Price \$ \_\_\_\_\_  
 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_  
 Liens \$ \_\_\_\_\_

Size of Habitable Area 110 sq ft (1 Room)

HOUSING REFERRALS

Address	Bedrooms
<u>1305 NE BRAZEE</u>	<u>0</u>

AGENCY REFERRALS

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 X  
 Address 1305 N.E. Brazee St. Phone \_\_\_\_\_ Date of Move 9/22/71

WHERE RELOCATED:

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

Furnished \_\_\_\_\_ Unfurnished X Number of Rooms \_\_\_\_\_ Number of Bedrooms 2 Habitable Area 110  
 Utilities \$ \_\_\_\_\_ Monthly Payments (Rent) \$ 25.00 Purchase Price \$ \_\_\_\_\_  
 Age of Structure: over 40 Taxes \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_ Distance Moved Away 20 blocks  
 Name of Moving Company \_\_\_\_\_ Name of Realtor \_\_\_\_\_

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	231 EH	1/5/72	\$ 448.80
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving			\$
Actual Move	27054 G	9/29/72	\$ 215.00
Storage			\$
Incidental			\$
Interest			\$

Total  
1,795.20

Purchase Price \$ \_\_\_\_\_  
 Down Payment \$ \_\_\_\_\_  
 RHP \$ \_\_\_\_\_  
 Total Down - \$ \_\_\_\_\_  
 Total Mortgage \$ \_\_\_\_\_

TOTAL BENEFITS RECEIVED \$ 663.80

REALTOR: \_\_\_\_\_ ESCROW CO. \_\_\_\_\_ OFFICER \_\_\_\_\_

INTERVIEW REGISTER

Date		Relocation Worker
2/10/71	SURVEY: See "George Lee" file.	
9/21/71	Mr. Bielin came in and said he was moving with George Lee to an apartment at 1305 N. E. Brazee. Mr. Beilin is under doctors care and receives welfare. It also appears that he is a wine drinker and spends most of his time and money indulging in this as a life style.	CD
9/29/71	Paid Mr. Bielin his moving money of \$215.	
11/18	Received inspection from city building department and found the apartment met city standards. Made out claim for rent assistance and filed same.	
1/5/72	Paid rent assistance payment for this year.  Seemingly, he moved to a better place to live and certainly a better house and surroundings. But I doubt if this move will change his habits or life style. - Mr. Bielin was pleasant to work with and responded to all that was asked of him.	
	Chet Daniels	
	Memo to the File: Mr. Bielen is dead. He suffered from a service connected disability and it seems that this eventually caught up with him.	

Roemer

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER C. Daniels PROJECT NO. Ore.R-20 PARCEL A-3-19

NAME BIELIN, Robert ADDRESS 3213 N. Vancouver APT NO.

PHONE 284-2414 INITIAL INTERVIEW 9/22/71 SEX M W NW B AGE 41

U.S. CITIZEN  ALIEN  VETERAN  SERVICEMAN  DATE ON SITE Jan 1 1969

FAMILY COMPOSITION

Name	Relation	Age
<i>disabled</i>		

Employer: Name  \$   
 Address   
 MCW Caseworker Mrs Able 122.00  
 Social Security [REDACTED]  
 VA. Fed. Mult Co.  
 Pension: Name   
 Other: Name   
 TOTAL MONTHLY INCOME 122.00

Rent 25.00, Inc. Heat  Water  Gas  Gar  Elec  Unfurn  Furn  No. Rms 0

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)  
 Over 62  Disabled(Soc.Sec.def.)  Income below limits  Assets below limits

221 CERTIFICATE OF ELIGIBILITY: Date delivered  by

Notify in case of accident:

Name George Lee Address 1305 NE Brozee Phone 284-2414

Information Statement given to  on  by

Notice to move given to  on  by

Payments: Amount \$  Check No.  Date delivered  Moved by self  (or)  
 moved by moving company  (Phone)

REMOVED FROM CASELOAD: (Date)

Refused assistance

Relocated in:

Low-rent public housing

Other perm. public housing

Standard priv. rent hsg.

Sub-standard priv. rent hsg. with refusal of further aid

Standard sales housing

Sub-standard sales hsg.

Out-of-town

Address unknown, abandoned

Evicted, no further assistance

Other (explain)

REMAINING ON CASELOAD:

Address unknown, tracing

Evicted, further assistance contemplated

Temporarily relocated by LPA within project:

Address

outside project:

Address

FAMILY REFUSED ADDITIONAL ASSISTANCE.  
 Date  Worker

RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: 1305 NE Brozee Zip  Phone 284-2414

DATE

NOTES

C/W

2/11/71

Survey: See George Lee file

WSJ



**RESIDENTIAL RELOCATION RECORD**

*Roomer*

RELOCATION WORKER C. Daniels

PROJECT NO. 006 R-20 PARCEL # 319

NAME Blekin Robert Lee ADDRESS 3215 N Vancouver APT NO. 5

PHONE 284-2414 INITIAL INTERVIEW 9/21/71 SEX M W    NW B AGE 40

U.S. CITIZEN  ALIEN  VETERAN  SERVICEMAN  DATE ON SITE May 1, 1970  
2/4

**FAMILY COMPOSITION**

Name	Relation	Age

Employer: Name   \$    
 Address    
 MCW Caseworker Mrs Abel 110.00  
 Social Security    
 Va. Fed. Mult Co.    
 Pension: Name    
 Other: Name    
 TOTAL MONTHLY INCOME 110.00

Rent 25.00, Inc. Heat None Water   Gas   Gar   Elec   Unfurn  Furn  No. Rms  

ELIGIBILITY FOR PUBLIC HOUSING: (yes or no)  
 Over 62  Disabled (Soc. Sec. def.)  Income below limits  Assets below limits

221 CERTIFICATE OF ELIGIBILITY: Date delivered   by  

Notify in case of accident: Name   Address   Phone  

Information Statement given to   on   by  

Notice to move given to   on   by  

Payments: Amount \$   Check No.   Date delivered   Moved by self  (or) moved by moving company  (Phone)  

**REMOVED FROM CASELOAD:** (Date)  

Refused assistance  

Relocated in:  

Low-rent public housing  

Other perm. public housing  

Standard priv. rent. hsg.  

Sub-standard priv. rent hgs. with refusal of further aid  

Standard sales housing  

Sub-standard sales hsg.  

Out-of-town  

Address unknown, abandoned  

Evicted, no further assistance  

Other (explain)  

**REMAINING ON CASELOAD:**

Address unknown, tracing  

Evicted, further assistance contemplated  

Temporarily relocated by LPA  

within project:   address  

outside project:   address  

**FAMILY REFUSED ADDITIONAL ASSISTANCE:**  
 Date   Worker  

**RELOCATION REFERRALS:**

Address	Inspection Certified By	Date
<u>1305 NE Bronze</u>		

NEW ADDRESS:   Zip   Phone

2/10/71 survey: see "George Lee" file.

9/21/71 Mr. Berlin came in and said he was moving with George Lee to a Apt. at 1305 N.E. Brazee. Mr. Berlin is under doctors care and receives Welfare. It also appears that he is a wine drinker and spends most of his time & money indulging in this as a life style.

9/29/71 Paid Mr. Berlin his Moving money of \$215.

Nov. 18, 71 Received Inspection from City Building Dept. and found Apt. met City standards. Made out claim for rent Assistance and filled same.

Jan 5, 1972 Paid rent Assistance payment for this year.

Closed Seemingly, he move to a better place to live and certainly a better house & surroundings. But I doubt if this move will change his ~~to~~ habits or life style — Mr Berlin was pleasant to work with and responded to all that was asked of him.

Net Daniel

WORKSHEET FOR ALL TCO CLAIMS

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

PROJECT NAME Emanuel Project

PROJECT NO. R-20

1. Full name of claimant: Ronnie W. Morgan Family  Individual
2. Dwelling unit from which you moved: Parcel No. H-3-19  
 a. Address 3213 N. Vancouver c. Number of bedrooms 1  
Portland, Ore. d. Monthly rental \$ 25.00  
 b. Apartment or room number \_\_\_\_\_ e. Date displaced 7/28/71
3. Dwelling unit to which you moved (RENTAL)  
 a. Address 2428 NE Rodney c. Number of bedrooms 1  
Portland, Oregon d. Monthly rental \$ \_\_\_\_\_  
 b. Apartment or room number \_\_\_\_\_ e. Date moved in 7/28/71
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 1/1/69  
 Date of acquisition 9/22/71  
 Owner-occupant's initial date of ownership \_\_\_\_\_
2. Did claimant own or rent 90 days prior to initiation of negotiations?  Yes  No  
 Date of rental or purchase Jan, 1, 1969  
 Date of initiation of negotiations 5/17/71
3. Is replacement housing standard?  Yes  No  
 If previously substandard, date found standard \_\_\_\_\_
4. Certification:  
 (Amount of this claim \$ \_\_\_\_\_)

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

N<sup>o</sup> 231 EH

DATE January 5, 1972

PAY TO **Robert Bielen**

\$ 448.80

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 filed for RHP for Tenants. From 3213 N. Vancouver (Parcel A-3-19)  Total approved \$1,795.20 1st year annual payment	<u>\$448.80</u>

**Account Distribution**

NO.	TITLE	AMOUNT
E 1501	Relocation Payments (EH)	\$448.80

*RB*

*Robert Bielen*

*JMA*

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 Project  
1700 S. W. Fourth Avenue  
Portland, Oregon 97201 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  
BIELIN, Robert  Family  Individual

2. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. A-3-19  
a. Address: 3213 N. Vancouver, Portland, Oregon 97227 d. Monthly rental: \$ 25.00  
b. Apartment or room number: (roomer) e. Date you moved out of this dwelling: 9/22/71  
c. Number of bedrooms: -0- Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)  
a. Address (include ZIP Code): 1305 N.E. Brazee, Portland, Oregon 97212 d. Monthly rental: \$ 25.00  
b. Apartment or room number: (roomer) e. Date you moved into this dwelling: 9/22/71  
c. Number of bedrooms: -0- Month-Day-Year

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

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.

11/26/71  
Date

Robert B. Miller  
Signature of Claimant (s)

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

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

1/ Enter this amount in Block 4, Line d.

Listing of enclosed documents in support of amounts entered in Column (d) above:  
(Documentation must be provided to support any claim for incurred costs.)

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

Name of Claimant BIELEN, Robert Parcel No. A-3-19

Name of Local Agency Portland Development Commission

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

Tenant's initial date of rental: January 1, 1969  
Month-Day-Year

Date of Acquisition: \_\_\_\_\_  
Month-Day-Year

Owner-Occupant's initial date of Ownership: \_\_\_\_\_  
Month-Day-Year

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: January 1, 1969  
Month-Day-Year

Date of Initiation of Negotiations: ~~XXXXXXXXXX~~ 5/17/71  
Month-Day-Year

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 \$1,795.20 is authorized.

12-30-71  
Date

*[Handwritten Signature]*  
Authorized Signature

5. **RECORD OF PAYMENTS**

	Date of Payment	Check Number	Amount
a. Claimant moved to rental unit			
(1) Lump-sum payment			\$ _____
(2) Annual payment			
1st Year	<u>1/5/72</u>	<u>231EH</u>	<u>\$ 448.80</u>
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 Emmanuel Project

PROJECT NO. R-20

1. Full name of claimant:

Family  Individual

Robert Bielin

2. Dwelling unit from which you moved:

Parcel No. A-3-19

a. Address 3213 N Vancouver Ave  
Portland, Oregon

c. Number of bedrooms 0

d. Monthly rental \$ 25.00

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

e. Date displaced Sept 22, 1971

3. Dwelling unit to which you moved (RENTAL)

a. Address 1305 NE Bronze Street  
Portland, Oregon 97212

c. Number of bedrooms 0

d. Monthly rental \$ 25.00

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

e. Date moved in Sept. 22, 1971

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 Jan 1, 1969

Date of acquisition ?

Owner-occupant's initial date of ownership \_\_\_\_\_

2. Did claimant own or rent 90 days prior to initiation of negotiations?  Yes  No

Date of rental or purchase Jan 1, 1969

Date of initiation of negotiations 5/17/71

3. Is replacement housing standard?  Yes  No

If previously substandard, date found standard Nov. 18, 1971

4. Certification: Bureau of Buildings

(Amount of this claim \$ ~~7044.12~~ 1795.20)

TCO-7

See Geo. Lee's folder for letter from Bur. of Bldg.



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

NAME AND ADDRESS OF CLAIMANT:

Robert Bielin  
1305 N.E. Brazee

COMPUTATION PREPARED BY:

C Daniels  
Name  
11/24/71  
Date

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

Required Information

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

~~\$ 62.33~~  
62.40

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

25.00  
~~\$ 28.97~~

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>62.40</u>	
Line 2	<del>\$ 28.97</del> 25.00	
	<u>\$ 33.43</u>	37.40
X	<u>48</u>	

1795.20  
~~\$ 1604.64~~

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

1795.20  
~~\$ 1604.64~~

5. Minus adjustments (Attach full explanation)

- \$           

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

1795.20  
~~\$ 1604.64~~

7. Annual Payment

448.80 ~~\$ 411.16~~

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

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

CONNIE McCREADY  
COMMISSIONER  
DEPARTMENT OF PUBLIC UTILITIES



CITY OF PORTLAND  
OREGON

07804

November 18, 1971

BUREAU OF BUILDINGS

CITY OF PORTLAND

E. B. CHRISTENSEN, Director

Assistant Director  
C. C. GARDNER, Chief

Assistant Director  
R. A. HARRINGTON, Chief

Assistant Director  
George H. WILSON, Chief

Assistant Director  
Albert G. GIBSON, Chief

Assistant Director  
S. J. CHRISTENSEN, Chief

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

Re: 1305 N. E. Bruce Street (apartment)  
2508 N. E. 13 Avenue

Attn: Chet Daniels

Dear Sirs:

As a result of a displaced person and at your request, an inspection was made of the two-bedroom apartment in the two-story, wood frame, two-family dwelling at the above address.

Our inspector reports the structure and the apartment are in standard condition and comply with the City Housing Regulations at this time.

Yours truly,

E. B. CHRISTENSEN  
BUILDING DEPARTMENT DIRECTOR

JHM:ms

cc: Mr. Fred Wilson  
2508 N. E. 13 Ave.  
cc: Mr. George Lee  
1305 N. E. Bruce Street  
cc: Portland Dev. Commission  
5630 N. E. Union Ave.

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

POST OFFICE BOX 349  
PORTLAND, OREGON 97207

*Portland Development*  
*235 N. Monroe*

~~Housing Authority of Portland~~  
~~8928 N. Woolsey~~  
Portland, Oregon 97203

Gentlemen:

In accordance with the procedure adopted for adjusting rentals for persons receiving public assistance, this letter is to certify that the persons named below have been accepted for assistance by the Multnomah County Welfare Commission. This is not to be construed as a guarantee of the payment of rental for any period by the Multnomah County Public Welfare Commission. It is understood that this information is confidential and will be used only for the purpose for which it is provided.

1. Name *Robert Belin*
2. Address *3551 N. Albina*
3. No. of persons in family *1*
4. Total monthly assistance *\$122<sup>00</sup>*
5. Date assistance to begin *Da going*
6. Date assistance to terminate *No Further Medical*

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION  
Gordon Gilbertson, Administrator

*Quita Axel* *MC*  
(Caseworker) (Dept.)

**PORTLAND DEVELOPMENT COMMISSION**

1700 S.W. FOURTH AVENUE  
 PORTLAND, OREGON 97201

No 27054 G

DATE September 29, 1971

PAY TO THE  
 ORDER OF

**Robert Lee Biel in**

\$ **215.00**

**DOLLARS**

**NON-NEGOTIABLE**

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

Portland Development Commission · 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per claim for relocation - move from 3213 N. Vancouver (A-3-19) to 1305 NE Brazee ... Dislocation allowance <span style="float: right;">\$200.00</span> Fixed payment - <del>XXXXXXXX</del> unfurn. <span style="float: right;"><u>15.00</u></span> <span style="margin-left: 400px;"><i>AL</i></span>	\$215.00

**Account Distribution**

NO.	TITLE	EH	AMOUNT
E1501	Relo Payment (Fixed - Ind.) Unfurn.	EH	\$215.00

*AL*

*BO*

**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)

Robert Lee Bielin  
1305 N. E. Brazee  
Portland, Oregon 97212

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 **	<i>R.L.C.</i>	9-28-71
b. Reimbursement for actual direct loss of property	\$	<i>scw</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
9/29/71	271546	\$ 200.00	11/1		\$

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

\*\* Dislocation Allowance

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 (i) BIELIN, Robert Lee	2. DATE(S) OF MOVE 9/22/71
3. ADDRESS FROM WHICH YOU HAVE MOVED a. Address A 3-19 3213 N. Vancouver, Portland, Oregon b. Apt., Floor, or Room No. -- c. Was it furnished with your own furniture? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No d. Number of rooms occupied (excluding bathrooms, hallways, and closets): <u>1</u> e. Date you moved into this address: <u>May 1, 1970</u>	4. ADDRESS TO WHICH YOU HAVE MOVED a. Address (include ZIP code) 1305 NE Brazee, Portland, Oregon 97212 b. Apt., Floor, or Room No. -- 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:		Check c if applicable:
<input type="checkbox"/> a. Reimbursement for actual moving expenses (including storage costs, if applicable) and/or direct loss of property	<input type="checkbox"/> c. Supplementary claim for reimbursement of storage costs	X Dislocation Allowance
<input type="checkbox"/> b. Fixed Payment (May not be made if storage costs are involved)	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.)	
		\$ 200.00

**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)
---------------------------------------	--------------------------	--

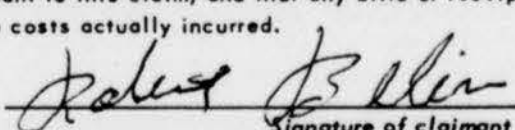
10. METHOD OF PAYMENT, MOVING BILL (Check one)

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.

9/24/71 Date  
 Signature of claimant

**FOR LOCAL AGENCY USE ONLY**

U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

NAME AND ADDRESS OF CLAIMANT (Include ZIP code)

Robert Lee Bielin  
1305 N. E. Brazee  
Portland, Oregon 97212

**CLAIM FOR RELOCATION PAYMENT**

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

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:

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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
9/29/71	270546	\$ 15.00	9/29/71		\$

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

\*\* Fixed payment





DETERMINATION OF PAYMENTS FOR OCCUPANTS OF  
GEORGE LEE ROOMING HOUSE, 3213 N. VANCOUVER

GEORGE LEE: operator of business, rented rooms in building he leased.  
\$340 He himself occupied one bedroom, kitchen, and back porch  
storage area along with storage in basement making him  
eligible on an individual move basis for a fixed payment  
of 3 rooms.

Mr. George Lee also owned all of furniture in the rest of  
the rooms in the building which were occupied by his tenants.  
He may be eligible for business relocation benefits.

ROBERT BIELIN: roomer, occupied one bedroom, furnished.  
\$215

ROBERT LEE: roomer, occupied one bedroom, furnished.  
\$215

EUGENE MORGAN: roomer, occupied one room, furnished. The room occupied  
\$215 would normally be considered living room.

RONNIE MORGAN: roomer, occupied one room, furnished. The room occupied  
\$215 would normally be considered dining room.

WSJ:slc

# PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE  
EMANUEL HOSPITAL PROJECT  
225 N. MONROE ST.  
PORTLAND, OREGON 97227  
PHONE 286-8100

September 1, 1971

Mr. Robert Bielen  
3213 N. Vancouver  
Portland, Oregon

Dear Mr. Bielen:

As you may know, you are situated in the Emanuel Hospital Project which is being carried out with assistance from the U. S. Department of Housing and Urban Development (HUD). The property which you presently occupy will be acquired some time in the future by the Portland Development Commission as part of the approved project plans for this area.

If you are in occupancy on the date the Portland Development Commission acquires the property in which you reside, or are in occupancy at the time of receipt of this letter, you may be eligible for relocation assistance. We strongly advise you to contact us before moving in order to determine your eligibility for benefits. A summary of the types of relocation payments for which you may be eligible is contained in the attached brochure.

We urge you not to form advance opinions as to the benefits and amounts to which you may be entitled. Certain conditions must be met before eligibility can be established and before the amount of benefits, if any, can be determined.

Please check with us before making any move. If you are unable to come during our regular office hours - 8:30 a.m. to 5:00 p.m., Monday through Friday, an alternate appointment can be arranged by calling 286-8100. Our office is located at 225 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin C. Webb  
Chief, Relocation and  
Property Management

BCW:ch  
Enclosure

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.

Robert F. Babin  
by RB

9/22/71  
date