

	DESCRIPTION	ROLL NO	ODOMETER
A 3-16	CLARK, L.C. 227 N. FARGO		
E-3-6	CLARK, RAY E. 2649 N. COMMERCIAL #2		
RS 3-5	CLINTON, LEO C. 2732 N. VANCOUVER		
R 9-3	COLLINS, FRED 3137 N. GANTENBEIN		
A-2-4	COOK, LESTER 3102 N. GANTENBEIN		
E 4-8	COOPER, BERTHA 323 N. RUSSELL		
RS 3-7	COREY, WALTER 2722 N. VANCOUVER		
E 4-8	CORLEY, FREDERICKA 327 N. RUSSELL		
E 3-7	CORNWELL, ALLEN 542 N. KNOTT		
RS 4-7	COUEY, SEARCY 111 N. RUSSELL #1		
A -3-9	CRITTENDEN, BETTY JEAN 3222 N. GANTENBEIN		
RS 4-9	DAVENPORT, CLARENCE 7 N. RUSSELL #2		
	DAVIS, FLOYD W. 2860 N. WILLIAMS AVENUE		
RS 4-9	DEMME, FRANK 7 N. RUSSELL		
A-4-7	DENSON, JEWEL (MRS.) 3316 N. GANTENBEIN		
A-2-4	DENT, DAVID 3110 N. GANTENBEIN		
A 3-5	DeWEESE, CARL 232 N. COOK		
A 2-8	DIAL, OSCAR 3111 N. VANCOUVER		

Moved No trace

RESIDENTIAL RELOCATION RECORD

Project Name EMAN Parcel No. A-2-4 Advisor AG
 Client's Name COOK, LESTER Phone _____
 Address 3102 N. GANTENBERG Ethn B Age 20
 Male Family Married Renter/Occupant
 Female Individual Single Owner/Occupant

Family Composition

Total Number in Family 1
 _____ wife, husband

Other: Relation Age Relation Age

Relation	Age	Relation	Age

Economic Data

Employer \$ _____
 Address _____
 Other Source of Income MUSICIAN \$ _____
 Total Monthly Income \$ (_____)

Eligible for Public Housing YES NO Presently Receiving Welfare YES NO
 Eligible for Welfare YES NO Other Assistance _____
 Eligible for (Other) YES NO _____

Claimant was displaced from real property within the project area on or after date of pertinent contract for Federal assistance and/or date of HUD approval of budget for project:

YES NO

Date of initial interview _____ Date of Info pamphlet delivery _____
 Date Notice to Move given _____ Date Effective _____ Expires _____

CLAIMANT'S INITIAL DATE OF OCCUPANCY

(a) for owner-occupants - indicate initial date of occupancy and ownership

Date of initiation of negotiations for purchase of property 4 mo
 Date of Acquisition 5-20-71
COND
9-14-72
 Date of letter of intent _____
 Date of move _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME COOK, Lester RELOCATION ADVISOR AG
 ADDRESS 3102 N. Gantenbein PHONE _____ PROJECT NAME Emanuel ORE. R-20
 SEX M ETHN black VETERAN _____ AGE 20 PARCEL NO. A-2-4
 MARITAL STATUS single TENURE tenant
 DISABILITY _____ INDIV FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW _____ DATE INFO PAMPHLET DELIVERED _____
 NOTICE TO MOVE _____ DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY _____

DATE ON SITE: <u>4 months.</u>
INITIATION OF NEGOTIATIONS: _____
DATE OF ACQUISITION: _____

ECONOMIC DATA

FAMILY COMPOSITION

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

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

	S	SS
Subsidized Sales		X
Subsidized Rental		
Public Housing		
Private Rental	X	
Private Sales		

Age of Structure _____ No. Rooms 4
 No. Bedrooms _____ Furn. Unfurn _____
 Utilities \$ 7.25
 Monthly Payments (Rent) \$ 65.00
 Acquisition Price \$ _____
 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.	

1st Lt. Army Recruiting
221-2267
221-3894

RESIDENTIAL RELOCATION RECORD

(1)

RELOCATION WORKER _____

PROJECT NO. R-20 PARCEL A-2-4

NAME Cook, Foster ADDRESS 3102 N. Gantnerheim APT NO. ✓

PHONE none INITIAL INTERVIEW _____ SEX F W _____ NW B AGE 20

U.S. CITIZEN _____ ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE 4 mos.

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name _____ \$ _____
 Address _____
 MCH Caseworker _____
 Social Security _____
 Va. Fed. Mult Co. _____
 Pension: Name _____
 Other: Name _____

TOTAL MONTHLY INCOME _____

Rent 65.00, Inc. Heat _____ Water _____ Gas 3 Gar _____ Elec 4.25 Unfurn _____ Furn ✓ No. Rms 4

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

221 CERTIFICATE OF ELIGIBILITY: Date delivered _____ by _____

Notify in case of accident:
 Name _____ 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

NEW ADDRESS: _____ Zip _____ Phone _____

HOUSING RESOURCES SURVEY

**RELOCATION ASSISTANCE NEEDS OF RESIDENTS OF
EMANUEL HOSPITAL PROJECT AREA**

(To be filled in for each dwelling unit in the Project Area)

Analyst GC Date of survey 3-1-71 Tabulator _____ Date tabulated _____
 Dwelling Unit No. 9 Structure No. 8 Census Block No. 28 Census Tract No. 22A
 Street Address 2102 N Gantembein Apartment No. -

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

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

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

	<u>Name</u>	<u>Family relation</u>	<u>Age</u>	<u>Sex</u>	<u>Occupation</u>
1.	<u>LESTER COOK</u>	<u>Head of household</u>	<u>20</u>	<u>M</u>	<u>MUSICIAN</u>
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____

C. Family Income And Extent Of Travel To Locations Of Employment:

1. Jobholders in this household, employers and location of jobs:			<u>Distance</u>
<u>Names of jobholders</u>	<u>Names of employers</u>	<u>Street address where jobs are located</u>	<u>to work</u>
_____	<u>WORK WEEK ENDS</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Names of persons in this household who have income from any source</u>	<u>Amount of income per month</u>	
	<u>In month before this survey</u>	<u>In an average month during 1970</u>
_____	<u>\$ 200.-</u>	<u>\$ _____</u>
_____	_____	_____
_____	_____	_____
<u>Total family or household income per month</u>	<u>\$ _____</u>	<u>\$ _____</u>

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

1. Location (indicate approximate cross streets) N & N E
2. Transportation, number of autos owned ---, use bus , walk
3. Will rent house , apartment , expect to pay rent, including utilities, at \$ _____ per mo. (Furniture is owned, yes , no , stove and refrigerator owned, yes , no)
4. Will buy house in price range \$ _____, down payment of \$ _____, monthly payment of \$ _____
5. If now buying this house, how much are payments on contract or mortgage monthly \$ _____
6. Size of unit to be sought, number of bedrooms 2, kitchen 1, dining room 1, living room 1, number of bathrooms 1, total sq. ft. in dwelling unit _____
7. Other characteristics W O (B) I M

HOUSING RESOURCES SURVEY

To be Filled in For Each Dwelling Unit in All Survey Areas

Date _____

Analyst _____ Surveyed _____ Tabulator _____ Date _____

Dwelling Unit No. 9 Structure No. 2 Census Block No. 28 Census Tract No. 22 A

Street Address 3102 N Gantenbein Apartment No. _____

Legal Description _____

NAME OF OCCUPANT: LESTER COOK NAME & ADDRESS OF OWNER: Stanford O. & Evelyn Spratten NAME & ADDRESS OF PROP. MGR: _____

7102 N Gantenbein 2625 SW Ravensview Dr.

TELEPHONE: 282-9507(wik) TELEPHONE: 223-3249 TELEPHONE: _____

INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No INTERVIEWED? () Yes () No

I. DESCRIPTION OF STRUCTURE

<u> </u> Kind of dwelling unit	<u> </u> No. of units in bldg.
<u> </u> One-family house	
<u> </u> Apt. in a house	
<input checked="" type="checkbox"/> Apt. in apt. bldg. or plex	<u>4</u>
<u> </u> Apt. in comm. bldg.	
<u> </u> Mobile home or trailer	

This structure has 2 stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

 Owner occupied

Renter occupied

 Vacant

III. SIZE OF DWELLING UNIT

1680 Sq. ft. in first floor (county figure)

840 Sq. ft. in dwelling unit (if more than 1 floor)

4 Total no. of rooms (include kitchen, dining, living and bedrooms, exclude bathrooms)

1 No. of bathrooms

2 No. of bedrooms (rooms used mainly for sleeping)

IV. ASSESSOR'S MARKET VALUATION DATA

A. Dates or period of time

1971 Period market value data applicable

5/8/67 Date of last appraisal

1906 Date structure was originally built

B. Market value data for one-family dwelling

	Market value	Computed value per sq. ft.
Land	\$ _____	\$ _____
Improvements	_____	_____
Total	_____	_____

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

	Market value for entire structure	Computed value per sq. ft. for this dw. unit
Land	\$ <u>4260</u>	\$ _____
Improvements	<u>2960</u>	_____
Total	<u>7220</u>	_____

3360 Sq. ft. of all d. u. in this structure

_____ Sq. ft. of commercial space and value of commercial space: Land \$ _____, improvements \$ _____, total \$ _____.

V. RENTAL RATE FOR THIS RENTED UNIT

Monthly average	Cash rent	Utilities	Total paid by renter
Rent	\$ <u>65.00</u>		\$ _____
Electricity		\$ <u>4.35</u>	_____
Gas			_____
Water	<u>w/rent</u>		_____
Heat (oil, or other)	<u>Gas</u>	<u>3.00</u>	_____
Total	\$ <u>65.00</u>	\$ <u>7.35</u>	\$ <u>72.35</u>

Deposits required of renter

Advance rent \$ 65.00, other \$ _____

Rental information obtained from

Tenant , owner _____, manager _____, or estimated from assessor's data _____.

VI. FOR SALE INFORMATION FOR THIS HOUSE THAT IS OCCUPIED BY OWNER OR RENTER

Listed with broker, yes _____, no _____

Advertised by owner, yes _____, no _____

Cash asking price \$ _____

Period house has been for sale, months _____

VII. REMARKS

assessor's records filed in
apartment house file.