

	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		

RESIDENTIAL RELOCATION RECORD

Project Name EMAN Parcel No. RS-3-7 Advisor CD
 Client's Name COREY WALTER Phone _____
 Address 2722 N. VANCOUVER Ethn W Age 61

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

Family Composition

Total Number in Family 1
 wife, husband

Other:

Relation	Age	Relation	Age

Economic Data

Employer \$ _____
 Address _____
 Other Source of Income MCW \$ 122-
 _____ \$ _____
 Total Monthly Income \$ (122-)

- 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 5-16-72 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 1-1-71
 Date of Acquisition _____
 Date of letter of intent _____
 Date of move 6-1-72

DWELLING UNIT FROM WHICH RELOCATED

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

✓ Age of Housing Unit _____

Size of Habitable Area 2000

Furnished with claimant's furniture
 YES NO

Total Number of Rooms 3 Rent Paid \$ 58- Utilities _____

Number of Bedrooms 1 Monthly Housing Payments \$ _____ Taxes _____

Liens \$ _____ (please explain) _____

Acquisition Price \$ _____ Amenities _____

REPLACEMENT DWELLING UNIT

Address 3625 N. BORTHWICK LPA Referred _____ Self Referred _____

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

Outside city Outside state

Age of Housing Unit _____

Size of Habitable Area _____

No. of Rooms _____ No. of Bedrooms _____

HAP

For Claimants Who Purchased

Purchase Price of Replacement Dwelling \$ _____

Taxes \$ _____

RHP or TACO (including incidental costs) \$ _____

For Claimants Who Rented

Rent \$ 14⁰⁰

Utilities \$ _____

Total Rent Assistance \$ 3,301.44

Amount of Annual Payment \$ 825.36

No. of Housing Referrals to:

_____ Standard Sales

1 Standard Rent

Agency Referrals:

MCW HAP _____ OTHER (_____)

_____ Food Stamp _____ Legal Aid Other (BANK)

Benefits Received

Date 6-7-72 Ck # 421 EH Type TACO Amount \$ 825.36

Date " Ck # " Type MC Amount \$ 245.00

Date _____ Ck # _____ Type _____ Amount \$ _____

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME COREY, Walter RELOCATION ADVISOR CD
 ADDRESS 2722 N. Vancouver PHONE _____ PROJECT NAME Emanuel Hospital
 SEX M ETHN white VETERAN _____ AGE 61 PARCEL NO. RS-3-7
 MARITAL STATUS single TENURE tenant
 DISABILITY mental INDIV x FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING X FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW May 16, 1972 DATE INFO PAMPHLET DELIVERED 5/16/72
 NOTICE TO MOVE 5/16/72 DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY Mrs. Mary Jane Engal 3523 Locust Ave. Tacoma Washington or
F. A. Corey, U.S. Navy, San Francisco

DATE ON SITE: <u>January 1, 1971</u>
INITIATION OF NEGOTIATIONS: <u>May 17, 1971</u>
DATE OF ACQUISITION: _____

ECONOMIC DATA

Employer _____ \$ _____
 Address _____
 MCW Program 4 County 26-007801-1-A4 122.00
 Social Security _____
 Pension _____
 Other _____
 TOTAL MONTHLY INCOME \$ 122.00

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

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

Age of Structure _____ No. Rooms 3
 No. Bedrooms 1 Furn. X Unfurn. _____
 Utilities \$ _____
 Monthly Payments (Rent) \$ 58.00
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 2000 sq.ft.

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

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 3625 N. Borthwick Phone _____ Date of Move 7/1/72

WHERE RELOCATED:

				S	SS
Same City	X	Subsidized Sales		X	
Outside City		Subsidized Rental			
Out of State		Public Housing	X		
		Private Rental			
		Private Sales			

Furnished ___ Unfurnished ___ Number of Rooms ___ Number of Bedrooms 1 Habitable Area ___

Utilities \$ _____ Monthly Payments (Rent) \$ 14.00 Purchase Price \$ _____

Age of Structure: _____ Taxes \$ _____ Equity \$ _____ Distance Moved Away 14 blocks

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount
RHP			\$
TACO (Rental)	421 EH	6/7/72	\$ 825.36
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Rental)			\$
TACO (Sales)			\$
Fixed Moving	421 EH	6/7/72	\$ 245.00
Actual Move			\$
Storage			\$
Incidental			\$
Interest			\$

Purchase Price \$ _____

Down Payment \$ _____

RHP \$ 3,301.44

Total Down - \$ _____

Total Mortgage \$ _____

TOTAL RHP: 3,301.44

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

INTERVIEW REGISTER

Date

Relocation
Worker

5/16/72

Contacted Mr. Walter Corey at his residence. He rents a three room apt. at 2722 N. Vancouver Ave. He lives in substandard condition - very bad. Had welfare case worker send verification of income.

5/25/72

Took Mr. Corey to see apartment after going and getting the key. (Had to take the key back to St. Johns)

5/31

HAP assured us the apartment would be available until 1:00 p.m. June 1, 1972

6/1/72

Went out to HAP, St. Johns office to sign Mr. Corey into Housing. He now has a safe, sanitary, decent place to live. He needs furniture and can buy it with his moving allowance. Called Mrs. Longly about putting Mr. Corey on money management. I don't believe he has the ability to take care of his monthly bills and not get behind.

6/8/72

Mr. Corey's check came in today. He can now buy all the things he needs for setting up housekeeping in his new home.

6/9/72

Mr. Corey's condition is such that he needs to be hand carried to the bank to cash his check. I took him to the U. S. National Bank. They were reluctant to cash his check because he had no identification. I was able to persuade the bank that he was the individual for whom the check was written.

Mr. Corey opened a savings account and deposited \$700. The balance he used to buy clothing and outfit an apartment with furniture.

5/31/73

Second Toco payment not paid -
due to his death in Feb. 1973



PUBLIC WELFARE DIVISION
MULTNOMAH DISTRICT—MODEL CITIES BRANCH OFFICE

DEPARTMENT OF HUMAN RESOURCES

5022 N. VANCOUVER AVENUE • • PORTLAND, OREGON • • 97217

TOM McCALL
GOVERNOR

ANDREW F. JURAS
Administrator

DEPARTMENT OF
HUMAN RESOURCES

JACOB TANZER
Director

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

CHET DANIELS
235 N. MONROE
PORTLAND, OR. 97227

JUNE 1, 1973

MR. DANIELS,

THIS IS TO CONFIRM THAT WALTER COREY,
BORN DECEMBER, 1910, DIED ON FEBRUARY 2,
1973.

Frances E. Tongley
Welfare Assistance Worker II
280-6043

6966

MEMORANDUM

Date October 16, 1972

TO: FILE
FROM: Chester Daniels
SUBJECT: Walter Corey

Mr. Walter Corey was initially interviewed at his residence at 2722 N. Vancouver Ave. on May 16, 1972. The inspection of his living quarters was prompted by several letters and visits from the County Health Department and the City Bureau of Buildings. Also, Mr. Corey was eligible for relocation benefits which possibly would aid his present housing condition.

Upon viewing the apartment for the first time, I could readily see the deficiencies in the structure. The plumbing was very bad and the electricity did not meet City Code requirements. However, these were just minor compared to Mr. Corey's living condition and habits. The whole apartment and the furniture had a film of smoke soot over it. He had to boil water to cook, bathe, etc. His bed had no sheets or pillow cases. The mattress was caked with human and cat excretion. The odor was beyond my ability to endure. In my opinion, Mr. Corey had allowed himself to become a hermit or recluse and had dispensed with any form of hygiene.

In conversation with Mr. Corey, it was brought out that the landlord had moved him in from another similar location. He had rented from this landlord for many years at various places. Seemingly, the same living conditions had prevailed previously.

CD:sh

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

N^o 421 EH

DATE June 7, 1972

PAY TO **Walter Corey**

\$ 1,070.36

DOLLARS

TO THE TREASURER OF THE
 CITY OF PORTLAND, OREGON

AUTHORIZED SIGNATURE
NON-NEGOTIABLE

AUTHORIZED SIGNATURE

Portland Development Commission 224-4800

DETACH BEFORE DEPOSITING CHECK

DATE	INVOICE OR CONTRACT NOS.	DESCRIPTION	AMOUNT
		Reimbursement per Claim for Relocation Payment filed. Move from 2722 N. Vancouver (RS-3-7). RHP for Tenants - Total approved \$3,301.44 1st annual payment \$825.36	
		Dislocation allowance 200.00	
		Fixed moving payment - Individual <u>45.00</u>	
			<u>\$1,070.36</u>

Account Distribution

NO.	TITLE	AMOUNT
E1501	Relocation Payments (EH)	\$1,070.36
	(RHP \$825.36)	
	(Fixed Payment - Individual \$245.00)	

x Walter G Corey
REC, 6-9-1977

JMS

RELOCATION PAYMENT

Project: Emanuel ORE R-20 Parcel: RS 3-7

Payable to: Walter Corey

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>3301.44</u> ; Annual amount.	\$	<u>825.36</u>
or Purchase:	\$	<u> </u>
<u>X</u> Fixed Moving Payment	\$	<u>45.00</u>
<u>X</u> Dislocation Allowance.	\$	<u>200.00</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 Walter Corey Less - \$ *

Move from 2722 N. Vancouver Total \$ 1070.36

Accounting: Indicate symbol & Acct. No.
F1501 Relocation Payment; Project Cost *()

CLAIM FOR REPLACEMENT HOUSING PAYMENT
FOR TENANTS AND CERTAIN OTHERS

NAME, ADDRESS, AND ZIP CODE OF DISPLACING AGENCY:

Portland Development Commission
1700 SW Fourth Avenue
Portland, Oregon 97201

PROJECT NAME (if applicable)

Emanuel Hospital Project

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

COREY, Walter

Family Individual

2. DWELLING UNIT FROM WHICH YOU MOVED

PARCEL NO. RS-3-7

- a. Address: 2722 N. Vancouver, Portland, Oregon 97227
b. Apartment or room number: ---
c. Number of bedrooms: 1

- d. Monthly rental: \$58.00
e. Date you moved out of this dwelling: June 1, 1972
Month-Day-Year

3. DWELLING UNIT TO WHICH YOU MOVED (RENTAL)

- a. Address (include ZIP Code): 3625 N. Borthwick, Portland, Oregon 97227
b. Apartment or room number: ---
c. Number of bedrooms: 1

- d. Monthly rental: \$ 14.00
e. Date you moved into this dwelling: June 1, 1972
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.

6/1/72
Date

x Walter Corey
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 Walter Corey

Parcel No. RS-3-7

NAME OF LOCAL AGENCY PDC

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

Tenant's initial date of rental: January 1, 1971

Date of Acquisition: n/a

Owner-Occupant's initial date of ownership: _____

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, 1971

Date of Initiation of Negotiations: May 7, 1971

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 (HAP)

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 \$ 3,301.44 is authorized.

6-5-72
Date

[Signature]
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	<u>7/7/72</u>	<u>421 EN</u>	\$ <u>825.36</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 Emerald

PROJECT NO. R-20

1. Full name of claimant: _____

Family Individual

Walter Corry

2. Dwelling unit from which you moved: _____

Parcel No. RS 37

a. Address 2722 N. Vancouver
Portland

c. Number of bedrooms 1

d. Monthly rental \$ 58.00

b. Apartment or room number _____

e. Date displaced June 1, 1972

3. Dwelling unit to which you moved (RENTAL)

a. Address 3625 N. Bondwick
Portland, Oregon

c. Number of bedrooms 1

d. Monthly rental \$ 14.00

b. Apartment or room number _____

e. Date moved in June 1, 1972

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, 1971

Date of acquisition N/A

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, 1971

Date of initiation of negotiations May 17, 1971

3. Is replacement housing standard? Yes No

If previously substandard, date found standard _____

4. Certification: H.A.P.

(Amount of this claim \$ 825.36)

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

NAME AND ADDRESS OF CLAIMANT:

Walter Carey
2722 N. Vancouver

COMPUTATION PREPARED BY:

C. Daniels
Name
6/1/72
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
25% of adjusted monthly income, whichever is less. \$ 28.97

Computation

3. Line 1 minus Line 2, multiplied by 48

Line 1	\$ <u>97.75</u>	
Line 2	\$ <u>28.97</u>	-
	\$ <u>68.78</u>	
	X <u>48</u>	=
		\$ <u>3301.44</u>

4. Base amount (if amount on Line 3 is \$4,000 or more,
enter \$4,000. If amount on Line 3 is less than
\$4,000, enter amount on Line 3.) \$ 3301.44

5. Minus adjustments (Attach full explanation) - \$ _____

6. Amount of rental assistance payment
(Line 4 minus Line 5) \$ 3301.44

7. Annual Payment \$ 825.36

(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.

ATTN: CHET DANIELS

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION

Post Office Box 349
Portland, Oregon 97207

Housing Authority of Portland
1605 N. E. 45th
Portland, Oregon 97213

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. Resident of the Housing Authority no
- 2. Applicant for housing yes
- 3. Name WALTER COREY
- 4. Address 2722 N. Vancouver
- 5. Number of persons in family 1
- 6. Total monthly assistance \$122.00
- 7. Date assistance began continuous
- 8. Date assistance to terminate continuous

MULTNOMAH COUNTY PUBLIC WELFARE COMMISSION
Gordon Gilbertson, Administrator

S. E. Longley (Caseworker) MC (Dept.)
5-16-72 (Date)

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

NAME, ADDRESS AND ZIP CODE OF LOCAL AGENCY
 Portland Development Commission
 1700 SW Fourth Avenue
 Portland, Oregon 97201

PROJECT NAME (if applicable)
 Emanuel Hospital Project
 Project Number: ORE R-20

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 statment 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
 COREY, Walter

2. DATE(S) OF MOVE _____

3. DWELLING UNIT FROM WHICH YOU MOVED PARCEL NO. RS-3-7
 a. Address _____ d. Number of rooms occupied (ex-
2722 N. Vancouver, Portland, Oregon 97227 cluding bathrooms, hallways,
 b. Apartment, Floor, or Room Number --- and closets: 3
 c. Was it furnished with your own furniture? e. Date you moved into this
 _____ Yes No address: Jan. 1, 1971

4. DWELLING UNIT TO WHICH YOU MOVED
 a. Address (include ZIP Code) _____ c. Were household goods moved to
3625 N. Borthwick, Portland, Oregon 97227 or from storage?
 b. Apartment, Floor, or Room Number --- _____ Yes No
 If "Yes", complete table,
 "Statement of Claim for Storage
 Costs"

5. TOTAL CLAIM (if 5 b. marked above)
 Dislocation Allowance \$200.00
 Fixed Moving Payment 45.00
 (Consult local agency) Total \$ 245.00

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 appli-
 cable law, falsification of any item in this claim or submitted herewith may result
 in forfeiture of the entire claim. I further certify that I have not submitted any
 other claim for, or received, reimbursement or compensation from any other source
 for any item of loss or expense paid pursuant to this claim, and that any bills or
 receipts submitted herewith accurately reflect moving services actually performed
 and/or storage costs actually incurred.

6/1/72

Date

Walter Corey
 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:

Walter Corey
3625 N. Borthwick
Portland, Oregon 97227

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>45.00</u>			<u>6-5-72</u>
2. Dislocation allowance \$ <u>200.00</u>			
3. Total \$ <u>245.00</u>	<u>245.00</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
<u>6/7/72</u>	<u>421 EH</u>	<u>\$ 245.00</u>			\$

WORKSHEET FOR ALL MOVING CLAIMS

1. Name Walter Conway Project Emergency
 2. Date(s) of move 6/1/72 Parcel No. RS.3-7
 3. Dwelling unit from which you moved:
 Address 2722 N. Vancouver No. of rooms 3
 Furnished Unfurnished Date you moved into this unit Jan. 1 1971

4. Dwelling unit to which you moved:
 Address 3625 N. Parkhurst
 Were goods moved to or from storage? Yes No

5. Total claim \$ 45.00

 FIXED PAYMENT: \$200 + \$45 = \$245.00

ACTUAL MOVING COSTS

6. Name of moving company (or person) _____
 7. Mover's telephone _____ 8. Mover's address _____
 9. Method of payment
 a. reimburse client (show paid bill)
 b. pay mover directly (show bill)
 c. let local agency contract with mover

10. Amount actual costs
 a. Moving costs (attach receipt or voucher) \$ _____
 b. Cost of insurance (attach invoice) \$ _____
 c. Storage cost (attach receipt or voucher) \$ _____

 STORAGE COSTS

Name, address and ZIP code of storage company

A. Type of claim
 initial supplementary final

B. Storage period
 1. Total period: _____ months. Check one: Actual Estimated
 2. Date property moved to storage: _____
 3. Date property moved from storage: _____

C. Storage Costs		<u>Approved</u>
1. Monthly rate	\$ _____	\$ _____
2. Total costs actually incurred	\$ _____	\$ _____
3. Amount previously received	\$ _____	\$ _____
4. Amount claimed (line 2 minus 3)	\$ _____	\$ _____

D. Description of Property Stored: please list on back of this sheet.

E. Method of Payment
 reimburse client (attach receipt or paid bill)
 pay storage company directly (attach bill)

Dwelling Unit Inventory

 QUANTITY

 Beds & Springs

 Bedroom Chair

 Breakfast Table

 Breakfast Table Chairs

 Bridge Lamp & Shade

 Buffet

 Chest of Drawers

 Coffee Table

 Couch

 Davenport

 Desk

 Dining Table

 Dining Chairs

 Dresser

 End Table

 Floor Lamp & Shade

 Mirror

 QUANTITY

 Night Stand

 Occasional Chair

 Overstuffed Chair

 Overstuffed Rocker

 Range

 Refrigerator: Brand

 Rocker

 Rug & Pad: Size

 Stool

 Table Lamp & Shade

 Table, small

 Vanity & Bench

 Suitcases

 Trunks

 ✓ Cartons, Boxes, Etc.

 ✓ Clothes

 ✓ Bedding & Linens

Miscellaneous (List Items)

 Furnishing - but no Furniture

COMMENTS:

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
235 N. MONROE ST.
PORTLAND, OREGON 97207
PHONE 288-8100

September 1, 1971

Mr. Walter Corey
2722 N. Vancouver
Portland, Oregon

Dear Mr. Corey:

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 288-8100. Our office is located at 235 N. Monroe St.

We look forward to seeing you soon.

Very truly yours,

Benjamin C. Webb
Chief, Relocation and
Property Management

BCW:ch
Enclosure



INVOICE

NAME Walter Corey
 ADDRESS 3625 N. Northwick
 CITY Pontiac ZIP _____
 PHONE (H) _____ (O) _____

TYPE TRANSACTION Sales-Used
 ACCOUNT NUMBER _____
 BRANCH POF
 MANAGER APPROVAL _____

SALESMAN <u>BMT</u>	DATE ORDERED	DATE COMPLETED <u>6-9-72</u>	INVOICE NO. <u>09712</u>
------------------------	--------------	---------------------------------	-----------------------------

QUANTITY	DESCRIPTION	UNIT PRICE	RENTAL
	Sofa	01.	
	Loveseat	03.	
1	Daveno	05.	
	Chair A <input type="checkbox"/> B <input type="checkbox"/>		
	Tables	11.	
	Cocktail Table	11.	
	End Table	11.	
	Corner - Commode	11.	
	Desk	13.	
	TV Color <input type="checkbox"/> B&W <input type="checkbox"/>		
	Stereo Port. <input type="checkbox"/> Con <input type="checkbox"/>		
1	Din. Table W <input type="checkbox"/> M <input type="checkbox"/>		
2	Din. Chair W <input type="checkbox"/> M <input type="checkbox"/>		
	Room Divider	33.	
	Duo-bed	35.	
	Bar	39.	
	Dresser D. D. <input type="checkbox"/> T. D. <input type="checkbox"/>	41.	
1	Chest	43.	
	Headboard 3/3 <input type="checkbox"/> 4/6 <input type="checkbox"/> Q <input type="checkbox"/> K <input type="checkbox"/>	45.	
1	Frame	47.	
1	Mattress 3/3 <input type="checkbox"/> 4/6 <input type="checkbox"/> Q <input type="checkbox"/> K <input type="checkbox"/>	49.	
1	Box Springs 3/3 <input type="checkbox"/> 4/6 <input type="checkbox"/> Q <input type="checkbox"/>	49.	
	Nitestand	51.	
	Lamp	53.	
	Refrig.	59.	

*To be picked up.
BMTT.*

REASON FOR USE: OTHER THAN SALES INVOICE
All Sales Final
Rx in full cash BMTT

TOTALS →	<u>107.45</u>
DEPOSIT	
TOTAL	
SALES TAX	
TOTAL PRICE	
LESS DEPOSIT	
NET TO PAY	

RESIDENTIAL RELOCATION RECORD

CLIENT'S NAME Walter Corey RELOCATION ADVISOR C Daniels
 ADDRESS 2722 N. Vancouver PHONE _____ PROJECT NAME Emanuel
 SEX M ETHN W VETERAN _____ AGE 61 PARCEL NO. RC-3-7
 MARITAL STATUS Single TENURE 1 yr 5 Mo
 DISABILITY Mentally INDIV FAMILY _____
 ELIGIBLE FOR: PUBLIC HOUSING _____ FHA 235 _____
 RENT SUPPLEMENT _____ OTHER _____
 INITIAL INTERVIEW 5/16/72 DATE INFO PAMPHLET DELIVERED 5/16/72
 NOTICE TO MOVE 5/16/72 DATES EFFECTIVE _____ EXPIRATION DATE _____
 NOTIFY IN CASE OF EMERGENCY Mrs. Mary Jane Fogal - 3523 Locust Ave
or F.A. Corey - US. Navy - San Francisco Tecoma Wash

DATE ON SITE: Jan 1, 1971
 INITIATION OF NEGOTIATIONS: May 17, 1971
 DATE OF ACQUISITION: _____

ECONOMIC DATA

FAMILY COMPOSITION

Employer _____ \$ _____
 Address _____
 MCW Program 4 - County - 26 - 007801-1-A4 122.
 Social Security _____
 Pension Francis Langly
 Other 280-6043
 TOTAL MONTHLY INCOME \$ _____

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

	S	SS
Subsidized Sales		<input checked="" type="checkbox"/>
Subsidized Rental		
Public Housing		
Private Rental	<input checked="" type="checkbox"/>	
Private Sales		

Age of Structure over 40 yrs No. Rooms 3
 No. Bedrooms 1 Furn. Unfurn _____
 Utilities \$ owner pays
 Monthly Payments (Rent) \$ 27 1/2 58.
 Acquisition Price \$ _____
 Taxes \$ _____ Equity \$ _____
 Liens \$ _____

Size of Habitable Area 2000 sq ft

HOUSING REFERRALS

AGENCY REFERRALS

Address	Bedrooms
<u>3625 N. Berthwick</u>	<u>1 HAP.</u>

Name of Agency	Date
Multnomah County Welfare	<input checked="" type="checkbox"/>
Food Stamp Program	<input checked="" type="checkbox"/>
Housing Authority	<input checked="" type="checkbox"/>
Legal Aid	
FISH	
Health Dept.	<input checked="" type="checkbox"/>

5/16/72 Contacted Mr. Walter Corey at his residence. He rents
3 room at 2722 N. Vancouver Ave. He lives in substandard
conditions - Very bad. - Had Welfare Case worker
Send verification of income -

5/25 - Took Mr. Corey to see Apt, after going and getting
the key. (Had to take key back to St. John's)

5/31 H.A.P. assured the Apt. would be available till
1:00 PM June 1 1972

6/1/72 Went out to H.A.P. St. John's office to sign
Mr. Corey into Housing. He now has a safe
sanitary, decent place to live. He needs furniture
and can buy it with his Moving allowance
Called Mrs. Langly about putting Mr. Corey on
Money Management - I don't believe he has
the ability to take care of his monthly bills
and not get behind.

6/8/72 Mr. Corey's check came in today. He can now
buy all the things he need for setting up house
keeping in his new home.

6/9/72 Mr. Corey condition is such that he needs to be
hand carried to the bank to cash his check. I took him
to the U.S. National bank, they were reluctant to
cash his check because he had no identification. I was
able to persuade the bank that he was the individual
for whom the check was written.

Mr. Corey open a savings account and deposited \$100.
the balance he used to buy clothing and outfit
a apartment with furniture.