

	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

CLIENT'S NAME DEMME, Frank RELOCATION ADVISOR J. McIntosh
 ADDRESS 7 N. Russell PHONE _____ PROJECT NAME Emanuel Ore. R-20
 SEX M ETHN _____ VETERAN _____ AGE 61 PARCEL NO. RS 4-9
 MARITAL STATUS S 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 Charles Thomas, 7 N. Russell

DATE ON SITE:	_____
INITIATION OF NEGOTIATIONS:	<u>5/27/71</u>
DATE OF ACQUISITION:	<u>7/22/71</u>

ECONOMIC DATA

Employer Unemployed \$ _____
 Address _____
 MCW _____
 Social Security _____
 Pension _____
 Other _____
Assessor's Data 150.00
TOTAL MONTHLY INCOME \$ _____

FAMILY COMPOSITION

Name	Relation	Age

DWELLING UNIT FROM WHICH RELOCATED

Subsidized Sales	Single Family	S	SS	Age of Structure _____	No. Rooms <u>1</u>
Subsidized Rental	Multiple Family			No. Bedrooms _____	Furn. <u>X</u> Unfurn _____
Public Housing	Duplex			Utilities \$ _____	Monthly Payments (Rent) <u>\$54</u>
Private Rental	Mobile Home			Acquisition Price \$ _____	Taxes \$ _____
Private Sales				Equity \$ _____	Liens \$ _____

Size of Habitable Area _____

HOUSING REFERRALS

Address	Bedrooms

AGENCY REFERRALS

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

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 _____ Phone _____ Date of Move _____

WHERE RELOCATED:

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

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

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

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

Name of Moving Company _____ Name of Realtor _____

BENEFITS RECEIVED

Type	Ck #	Date	Amount	Purchase Price	\$ _____
RHP			\$		
TACO (Rental)			\$	Down Payment	\$ _____
TACO (Rental)			\$		
TACO (Rental)			\$	RHP	\$ _____
TACO (Rental)			\$		
TACO (Sales)			\$	Total Down	- \$ _____
Fixed Moving			\$		
Actual Move			\$	Total Mortgage	\$ _____
Storage			\$		
Incidental			\$		
Interest			\$		

TOTAL BENEFITS RECEIVED \$ _____

REALTOR: _____ ESCROW CO. _____ OFFICER _____

RESIDENTIAL RELOCATION RECORD

RELOCATION WORKER J. W. McIntosh ORIGIN OF CASE Emanuel PARCEL RS 4-9

NAME Demme, Frank ADDRESS 7 N. Russell APT NO. 5

PHONE _____ INITIAL INTERVIEW _____ SEX M MINORITY GROUP _____

AGE 61 U.S. CITIZEN ALIEN _____ VETERAN _____ SERVICEMAN _____ DATE ON SITE _____

FAMILY COMPOSITION

Name	Relation	Age

Employer: Name Unemployed \$ _____
 Address _____
 MCW Caseworker _____
 Social Security _____
 Va. _____ Fed. _____ Mult. Co. _____
 Pension: Name _____
 Other: Name _____
 Assessor's Data _____ 150.00

TOTAL MONTHLY INCOME

Own: _____ Power Co. _____ Type Fuel _____ Garbage Co. _____
 Rent: \$54. Inc. Heat _____ Water _____ Gas _____ Gar _____ Elec _____ Unfurn _____ Furn No. Rms 1

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 emergency:
 Name Charles Thomas Address 7 N. Russell 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) _____

<p>REMOVED FROM CASELOAD: _____ (Date) _____</p> <p>Refused assistance _____</p> <p>Relocated in:</p> <p>Low-rent public housing _____</p> <p>Other perm. public housing _____</p> <p>Standard priv. rent. hsg. _____</p> <p>Sub-standard priv. rent hgs. with refusal of further aid _____</p> <p>Standard sales housing _____</p> <p>Sub-standard sales hgs. _____</p> <p>Out-of-town _____</p> <p>Address unknown, abandoned _____</p> <p>Evicted, no further assistance _____</p> <p>Other (explain) _____</p>	<p>REMAINING ON CASELOAD:</p> <p>Address unknown, tracing _____</p> <p>Evicted, further assistance contemplated _____</p> <p>Temporarily relocated by LPA _____</p> <p>within project: _____ address _____</p> <p>outside project: _____ address _____</p> <p>FAMILY REFUSED ADDITIONAL ASSISTANCE: Date _____ Worker _____</p>
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RELOCATION REFERRALS:

Address	Inspection Certified By	Date

NEW ADDRESS: _____ Zip _____ Phone _____

New rent or purchase price: _____ No. of rooms _____ \$ _____ SS _____

INTERVIEW REGISTER

Date		Relocation Worker
1/5	Flyer delivered by Ted Parker.	J.C.
10/15	<p>Survey: received information from manager - Thomas, J.C.</p> <p>I called County Health Department to gain information on reputation of McCarthy Nursing Home where Mr. Demme is currently staying. They seemed to think that it was a fairly reputable establishment. However, it was suggested that a trust be established for Mr. Demme. The department seemed to believe that if the benefits due Mr. Demme were paid to the nursing home various complications might arise if he should decide to move. Called the McCarthy Nursing Home and they said that Mr. Demme has no relatives in town. Called Welfare Office regarding location of Demme's relatives. They will call back.</p>	J. Mc
10/21	<p>The County Welfare Office did not return my call. I drove to the McCarthy Nursing Home and talked to the receptionist. She informed me that Mr. Demme was an alcoholic and was committed by the County Health Department. Their records do not indicate that he has any living relatives. When asked how long he was to stay, the nurse replied that he would be there for an indefinite length of time. The nurse introduced me to Mr. Demme who occupies a four-bedroom ward in the basement of the home. I told him who I was and informed him that he was entitled to various benefits from the City. He was very reluctant to admit that he was eligible for anything. He was very difficult to understand at times and often seemed disinterested. He said that he had been living on N. Russell but did not acknowledge that he knew Mr. Charley Thomas. Mr. Demme mentioned that he was living in a house owned by his parents, a Mr. William and Mrs. Helma Demme, who paid the rent. I was told to give them the benefits, that he (Frank Demme) had nothing coming to him.</p>	J. Mc.
10/26	<p>I talked with Mr. Thomas, manager of 7 N. Russell concerning Frank Demme. Mr. Thomas said that Mr. Demme's mother has been dead for at least four years. Mr. Thomas offered to assist in locating a relative of Mr. Demme.</p>	J. Mc

4-26-72

RESIDENTIAL RELOCATION RECORD

Project Name EMAN Parcel No. RS-4-9 Advisor JCC Jmc

Client's Name DEMME, FRANK Phone _____

Address 7 N RUSSELL Ethn _____ 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

Relation	Age	Relation	Age

Economic Data

Employer _____ \$ _____

Address _____

Other Source of Income

ASSESSOR'S DATA \$ 150.-

Total Monthly Income \$ (150.-)

Eligible for Public Housing YES NO

Eligible for Welfare YES NO

Eligible for (Other) YES NO

Presently Receiving Welfare YES NO

Other Assistance _____

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 5-22-71

Date of Acquisition 7-22-71

Date of letter of intent _____

Date of move _____

September 7, 1976

Ms. Cheryl Zirkle
Public Welfare
P.O. Box 16514
Portland, Oregon 97216

Dear Ms. Zirkle:

Subject: Frank Denne

Enclosed is our Warrant No. 1124 EH in the amount of \$8.50, representing a refund for rent overpaid by Mr. Denne. He paid rent for the period of September 1, 1971 through September 15, 1971 but vacated on September 10, 1971.

We are sending this check to you in accordance with my conversation with Mr. Mark Anderson who indicated that Mr. Denne is on a finance management program.

It is my understanding that Mr. Denne resides at Carevista, 9911 S.E. Mt. Scott Boulevard.

If further explanation is needed, please feel free to call me.

Very truly yours,

James C. Crolley
Relocation Advisor

JCC:ch
Encl.

PORTLAND DEVELOPMENT COMMISSION

1700 S.W. FOURTH AVENUE
 PORTLAND, OREGON 97201

Nº 1124 EH

DATE November 19, 19 75

PAY TO **Frank Denne**

\$ 8.50

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
		Rent refund - Vacated 9-10-71 Paid \$25.50 - 9/1/71 to 9/15/71 - Parcel RS-4-9 - 7 N. Russell	\$8.50

Account Distribution

NO.	TITLE	AMOUNT
E1122	A/R - Tenants	\$8.50

Handwritten initials

PORTLAND DEVELOPMENT COMMISSION

MEMORANDUM

Date November 12, 1975

TO: Bob Douglas - Accounting

FROM: Beverly Buell

SUBJECT: Rent Refund - Frank Demme -
Bell Rose Home for the Aged

Emanuel Project ORE. - R-20
Parcel #RS-4-9
7 N. Russell

Please issue a warrant in the amount of \$8.50 in favor of Frank Demme for rent refund. Mr. Demme's rent was paid from 9-1-71 to 9-15-71 in the amount of \$25.50. He vacated the property on 9-10-71 and therefore is due a refund of \$8.50.

We have located Mr. Demme in the above nursing home, and Jim Crolley has learned that he is now competent to receive his refund.

BJB:ch

E 1122 A/C REC-TENANTS

BD

12-6-73 Mr. Frank Semme

I call welfare to locate Frank. He is located at Beech Rose Home at 6005 S.E. 136th, 97236

Phone 761-1155

Caseworker - (Mrs. ^{Jean Semme} Sharon Muller) - 257-4216
She indicated that he is coherent & understand what is said. He is an alcoholic. He does have a sister who never visit him or inquire about him. He would be allowed to put this reballoon money in a saving account and managed by his case worker because he would spend it all & take off, if he had control of this money. Case worker would like to be informed of any funds that are given to him.

Mr 73

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 _____ Date of survey _____ Tabulator _____ Date tabulated _____
 Dwelling Unit No. 10 Structure No. 3 Census Block No. 78 Census Tract No. 22A
 Street Address 7 N Russell Apartment No. 5

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>Demmie, Frank</u>	<u>Head of household</u>	<u>56</u>	<u>M</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: Distance

<u>Names of jobholders</u>	<u>Names of employers</u>	<u>Street address where jobs are located</u>	<u>to work</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>No job</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total family or household income per month	\$ _____	\$ <u>150.00 est</u>

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

1. Location (indicate approximate cross streets) _____
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 _____, kitchen _____, dining room _____, living room _____, number of bathrooms _____, total sq. ft. in dwelling unit _____
7. Other characteristics W O B I M

date on site: _____

HOUSING RESOURCES SURVEY
 To be Filled in For Each Dwelling Unit in All Survey Areas

Date _____

Analyst _____ Surveyed _____ Tabulator _____ Date _____

Dwelling Unit No. 10 Structure No. 3 Census Block No. 78 Census Tract No. 22A

Street Address 7 N Russell Apartment No. 5

Legal Description _____

NAME OF OCCUPANT: Frank Demme NAME & ADDRESS OF OWNER: Steven Mathieu NAME & ADDRESS OF PROP. MGR: _____

7 N Russell #5 308 Pacific Blvd. _____

TELEPHONE: _____ TELEPHONE: 228-5219 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>
<u> </u> Apt. in a house	<u> </u>
<u> </u> Apt. in apt. bldg.	<u> </u>
<input checked="" type="checkbox"/> Apt. in comm. bldg.	<u> 9 </u>
<u> </u> Mobile home or trailer	<u> </u>

This structure has stories (do not count basement)

II. OCCUPANCY STATUS OF DWELLING UNIT

 Owner occupied

Renter occupied

 Vacant

III. SIZE OF DWELLING UNIT

6565 Sq. ft. in first floor (county figure)

13130 Sq. ft. in dwelling unit (if more than 1 floor)

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

 No. of bathrooms

 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

 3/30/67 Date of last appraisal

 1894 Date structure was originally built

 Date of any major alterations

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>10,400</u>	\$ _____
Improvements	<u>14,560</u>	_____
Total	<u>24,960</u>	_____

 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	\$ _____	_____	\$ _____
Electricity	_____	\$ _____	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Heat (oil, or other)	_____	_____	_____
Total	\$ _____	\$ _____	\$ <u>54.00</u>

Deposits required of renter

Advance rent \$ _____, other \$ _____

Rental information obtained from

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

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.