



Housing and Redevelopment Authority  
of the City of Saint Paul, Minnesota:  
Redevelopment project files

**Copyright Notice:**

This material may be protected by copyright law  
(U.S. Code, Title 17). Researchers are liable for any  
infringement. For more information, visit  
[www.mnhs.org/copyright](http://www.mnhs.org/copyright).

242.3  
SS. 96.5

2 4 2. 3 0

9 6. 5 6

3 5 0. 0 0

6 0. 0 0

1 4 3. 0 0

8 9 1. 8 6

- med.

- U.D.

- Emp

\* up

*File  
Parcel  
Folder*

401 Selby Avenue  
\*\*\*\*\*

\*\*\*\*\* 223-4741

August 2, 1966

Mr. Louis Bidon  
1458 Hazelwood Avenue  
Saint Paul, Minnesota 55106

Re: Relocation Adjustment Payment Claim  
Mt. Airy - Minn. 1-10  
Parcel No. 5-4  
627 Wales

Dear Mr. Bidon:

We are in receipt of your relocation adjustment payment claim dated in June, 1966.

We are sorry to advise you that we have examined the relocation adjustment payment claim and have found that you will not be eligible to participate in this program, because you are over the income limitations as set forth in the regulations.

The most income you could have and still be eligible for your adjustment payment is \$5,460. In reviewing your claim, we note that your income is approximately \$7,283.00 after applicable deductions and; therefore, \$1,823 over income limitation.

If you have any questions regarding your claim, please call me at 223-4741.

Sincerely,

Robert A. Tobin  
Relocation Officer

RT/kb

cc: McKay - C.O. Files - R. Files - L. Peterson - Reading ✓



# HOUSING AND REDEVELOPMENT AUTHORITY

OF THE CITY OF SAINT PAUL, MINNESOTA

55 EAST FIFTH STREET  
SAINT PAUL, MINN. 55101

223-5218

B. WARNER SHIPPEE  
Executive Director

*Louis Bidon*

*8/1/66 Not Elig' - over income*

*1965 Income 8,175 less \$892 = 7,283.-*

*1 - B.R. schedule \$5460 or*

*approx. \$1,823 over.*

We are sorry to advise you that we have examined the relocation adjustment payment claim recently submitted by you and have found that you are not eligible to participate in this program for the following reason:

If you have any questions regarding the program, please feel free to call on us at the Relocation Office.

Sincerely,

Robert A. Tobin  
Relocation Officer





# HOUSING AND REDEVELOPMENT AUTHORITY

## OF THE CITY OF SAINT PAUL, MINNESOTA

B. WARNER SHIPPEE  
Executive Director

55 EAST FIFTH STREET  
SAINT PAUL, MINN. 55101

223-5218

June 7, 1966

EUGENE R. LAMBERT  
Chairman  
HARRY P. STRONG JR.  
PATRICK J. TOWLE  
JOHN W. GREENMAN  
ORVILLE E. ANDERSON  
JAMES J. DALGLISH  
FRANK L. LOSS

REPLY TO:  
401 Selby Avenue

Louis Bidon  
1458 Hazelwood Avenue  
Saint Paul, Minnesota

Re: 627 Wales  
Mt. Airy - Minn. 1-10  
Parcel No. 5-4

May 5, 1966, we wrote you a letter which gave you notice that you may be eligible to receive cash benefits up to \$500.00. These cash payments are made available under a recently enacted housing law, to former residents of an Urban Renewal area or Public Housing site acquisition area.

In order to determine eligibility and to begin making payments for these cash benefits, we will require your signature on the necessary claim forms.

Please call Miss Boyle at 223-4741 on receipt of this letter so an appointment can be made to determine your eligibility for these cash benefits.

Sincerely,

Robert A. Tobin  
Relocation Officer

HOUSING AND REDEVELOPMENT AUTHORITY

IN THE CITY OF SAINT PAUL, MINNESOTA

Photo - Rootel

REPLY TO:

you may be eligible for a loan which will pay your portion of the cost of the project. The loan is for up to \$500,000. There are no interest charges on the loan. The loan is repaid by the project. The loan is repaid by the project. The loan is repaid by the project.

In order to determine eligibility and to begin making payments for these loans, you will need to provide your signature on the necessary forms.

Please call this office at 225-4761 on receipt of this letter so we can begin the process of determining your eligibility for these loans.

Robert A. Rootel  
Deputy Director



B. WARNER SHIPPEE  
Executive Director

# HOUSING AND REDEVELOPMENT AUTHORITY

## OF THE CITY OF SAINT PAUL, MINNESOTA

55 EAST FIFTH STREET  
SAINT PAUL, MINN. 55101

223-5218

REPLY TO:  
321 Marshall Avenue  
223-4741

May 5, 1966

Re: 627 Wales  
Mt. Airy - Minn. 1-10  
Parcel No. 5-4

EUGENE R. LAMBERT  
Chairman  
HARRY P. STRONG JR.  
PATRICK J. TOWLE  
JOHN W. GREENMAN  
ORVILLE E. ANDERSON  
JAMES J. DALGLISH  
FRANK L. LOSS

Louis Bidon  
1458 Hazelwood Avenue  
Saint Paul, Minnesota

The Housing Act of 1964 contains a provision which permits Relocation Adjustment Payments up to \$500.00 to be made to help certain families and elderly individuals acquire decent, safe and sanitary housing when they move because of public housing site acquisition. The payment is in addition to reimbursement for moving expenses.

These new payments may be made if:

1. You moved from the public housing site area on or after Jan. 27, 1966.
2. Your total family income, or your income as an elderly individual, is within certain specified limits.
3. You are residing in a decent, safe and sanitary private dwelling.

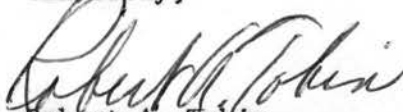
If you are not a member of a family, but are a person living by yourself, you may qualify as an "elderly individual" if you are 62 years of age or over.

Enclosed are three copies of Form H-6141.1, Claim for Relocation Adjustment Payment. Two copies of the form must be completed for our office, so that we may determine your eligibility for a Relocation Adjustment Payment. Keep the other copy for your records.

If you would like help in filling out this form, please call 223-4741 for an appointment and a member of our staff will be happy to assist you. The Relocation Office is open Monday through Friday from 8:00 A.M. to 4:30 P.M., and on Thursday night to 6:30 P.M. Bring with you or mail copies of your 1965 income tax returns filed by you and other members of your family, together with any other personal records which relate to your family's income. If you are an elderly individual, bring your birth certificate or other proof of age.

You should do this promptly because your claim for this payment must be submitted within 60 days of the receipt of this letter. If you have any questions, please call 223-4741, Miss Boyle.

Sincerely,

  
Robert A. Tobin  
Relocation Officer

May 5, 1966  
PUBLIC HOUSING ADMINISTRATION  
Housing and Home Finance Agency

**CLAIM FOR RELOCATION ADJUSTMENT PAYMENT**  
(Families and Elderly Individuals)

LOCAL AUTHORITY  
HOUSING & REDEVELOPMENT AUTHORITY  
OF THE CITY OF SAINT PAUL  
55 EAST 5th STREET

PROJECT NUMBER  
SAINT PAUL, MINNESOTA 55101  
Mt. Airy - Minn. 1-10

INSTRUCTIONS: Complete all applicable items on pages 1 and 2 and sign certification in Item 8, page 1. Consult the Local Authority as to whether a Claimant's Report of Condition of Dwelling (Page 3) is required to be completed and submitted with this claim. (Pages 4 and 5 are for Local Authority use only.)

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

Louis Bidon

2. DATE OF MOVE

12/2/64

3. ADDRESS FROM WHICH YOU MOVED

a. Address 627 Wales (5-4)

b. Apt., Floor, or Room No. \_\_\_\_\_

c. Date you moved  
into this address 12-2-64

4. ADDRESS TO WHICH YOU MOVED

a. Address 1458 Hazelwood

b. Apt., Floor, or Room No. \_\_\_\_\_

c. Number of rooms occupied (excluding  
bathrooms, hallways, and closets): 4

d. Number of  
bedrooms: 2

e. Monthly rental: \$ \_\_\_\_\_

f. Name and address of landlord (or landlord's authorized agent) to whom  
rent is payable

CUSHING DR. 17,900  
Bought  
Owner 65.00

5. (Complete for family)

Number of Persons in Family 2

No. of Adults 2 No. of Minors 0

6. (Complete for individual)

DATE OF BIRTH: \_\_\_\_\_

7. INCOME FOR DETERMINING RELOCATION ADJUSTMENT PAYMENT

(Enter amount of "D" on reverse of form or amount so determined on Application for Admission  
to Low-Rent Housing)

\$ \_\_\_\_\_

8. 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.

DATE

Louis Bidon  
SIGNATURE OF HEAD OF FAMILY OR OF ELDERLY INDIVIDUAL

(Over)

# INCOME FOR RELOCATION ADJUSTMENT PAYMENT PURPOSES<sup>1/</sup>

(The items below are to be filled in only if the claimant's "Income for Relocation Adjustment Payment Purposes" has not previously been determined in connection with an Application for Admission to Public Housing.)

## I. TO BE FILLED IN BY CLAIMANT

### A. TOTAL INCOME OF EACH MEMBER OF FAMILY:

1. NAME	2. MINOR		3. SOURCE, RATE, AND TYPE OF INCOME	4. ESTIMATED INCOME	
	YES	NO		(A) PAST 12 MOS.	(B) NEXT 12 MOS.
LOUIS-BIDON		✓	TINN-TINNING Co.	\$5769.16	\$
PAULINE BIDON		✓	CROSSWAYS 2 NC	\$2298.75	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

### B. DEDUCTIONS:

1. NAME	2. TYPE AND SOURCE	3. AMOUNT ANTICIPATED NEXT 12 MOS.
DR. ARCT	DEAFIST	\$40.00
DR. COCHRANE	Eye Spec	\$20.00
DR. HILGER	THREAT	\$10.00
DR. JOHNSON	Eye	\$20.00
WILLIAMS-CATICAL	ALASS	\$58.75
UNION - DARS		\$60.00
Safety - SHOS & LAUNDING UNIFORMS		143.02
4. TOTAL DEDUCTIONS		\$

<sup>1/</sup>Income for Relocation Adjustment Payment Purposes is the same as "Income for Rent" as defined by the Local Authority: that is, total family income less deductions and exemptions allowed for rent.

## C. ANTICIPATED ANNUAL EXEMPTIONS

Minors without income ..... \$  
Income of Minors ..... \$  
Adults without income ..... \$  
Income of Adults ..... \$  
Other (specify) ..... \$

TOTAL \$

D. Income for Relocation Adjustment Payment Purposes  
(D = A - (B + C))

## II. LOCAL AUTHORITY USE

### A. ANTICIPATED ANNUAL INCOME

\$  
\$  
\$  
\$  
\$  
\$  
\$

TOTAL \$

### B. ANTICIPATED ANNUAL DEDUCTIONS

\$  
\$  
\$  
\$  
\$  
\$  
\$

TOTAL \$

TOTAL \$

\$



**May 5, 1966**  
**PUBLIC HOUSING ADMINISTRATION**  
Housing and Home Finance Agency

**CLAIM FOR RELOCATION ADJUSTMENT PAYMENT**  
**(Families and Elderly Individuals)**

**HOUSING & REDEVELOPMENT AUTHORITY**  
**LOCAL AUTHORITY**  
**OF THE CITY OF SAINT PAUL**  
**55 EAST 5th STREET**  
**SAINT PAUL, MINNESOTA 55101**  
**PROJECT NUMBER**  
**Mt. Airy - Minn. 1-10**

**INSTRUCTIONS:** Complete all applicable items on pages 1 and 2 and sign certification in Item 8, page 1. Consult the Local Authority as to whether a Claimant's Report of Condition of Dwelling (Page 3) is required to be completed and submitted with this claim. (Pages 4 and 5 are for Local Authority use only.)

**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**

**Louis Bidon**

**2. DATE OF MOVE**

**12/2/64**

**3. ADDRESS FROM WHICH YOU MOVED**

a. Address **627 Wales (5-4)**

b. Apt., Floor, or Room No. \_\_\_\_\_

c. Date you moved  
into this address \_\_\_\_\_

**4. ADDRESS TO WHICH YOU MOVED**

a. Address **1458 Hazelwood**

b. Apt., Floor, or Room No. \_\_\_\_\_

c. Number of rooms occupied (excluding  
bathrooms, hallways, and closets): \_\_\_\_\_

d. Number of

bedrooms: \_\_\_\_\_

e. Monthly rental: \$ \_\_\_\_\_

f. Name and address of landlord (or landlord's authorized agent) to whom  
rent is payable

**5. (Complete for family)**

Number of Persons in Family \_\_\_\_\_

No. of Adults \_\_\_\_\_ No. of Minors \_\_\_\_\_

**6. (Complete for individual)**

DATE OF BIRTH: \_\_\_\_\_

**7. INCOME FOR DETERMINING RELOCATION ADJUSTMENT PAYMENT**

(Enter amount of "D" on reverse of form or amount so determined on Application for Admission  
to Low-Rent Housing)

\$ \_\_\_\_\_

**8. 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.

DATE

SIGNATURE OF HEAD OF FAMILY OR OF ELDERLY INDIVIDUAL

(Over)



I. TO BE FILLED IN BY CLAIMANT

## II. LOCAL AUTHORITY USE

[illegible]

## 5. TOTAL FAMILY INCOME:

to

## TOTAL \$\_\_\_\_\_

1. NAME	2. TYPE AND SOURCE	3. AMOUNT ANTICIPATED NEXT 12 MOS.
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	4. TOTAL DEDUCTIONS	\$

TOTAL \$\_\_\_\_\_

### C. ANTICIPATED ANNUAL EXEMPTIONS

Minors without income . . . . .	\$ _____
Income of Minors . . . . .	\$ _____
Adults without income . . . . .	\$ _____
Income of Adults . . . . .	\$ _____
Other (specify) . . . . .	\$ _____

TOTAL \$\_\_\_\_\_

**D. Income for Relocation Adjustment Payment Purposes**  
(D = A - (B + C))

**May 5, 1966**  
**PUBLIC HOUSING ADMINISTRATION**  
Housing and Home Finance Agency

**CLAIM FOR RELOCATION ADJUSTMENT PAYMENT**  
(Families and Elderly Individuals)

**HOUSING & REDEVELOPMENT AUTHORITY**  
**LOCAL AUTHORITY**  
**OF THE CITY OF SAINT PAUL**  
**55 EAST 5th STREET**  
**SAINT PAUL, MINNESOTA 55101**

**PROJECT NUMBER**  
**Mt. Airy - Minn. 1-10**

**INSTRUCTIONS:** Complete all applicable items on pages 1 and 2 and sign certification in Item 8, page 1. Consult the Local Authority as to whether a Claimant's Report of Condition of Dwelling (Page 3) is required to be completed and submitted with this claim. (Pages 4 and 5 are for Local Authority use only.)

**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**

**Louis Bidon**

**2. DATE OF MOVE**

**12/2/64**

**3. ADDRESS FROM WHICH YOU MOVED**

a. Address **627 Wales (5-4)**

b. Apt., Floor, or Room No. \_\_\_\_\_

c. Date you moved  
into this address \_\_\_\_\_

**4. ADDRESS TO WHICH YOU MOVED**

a. Address **1458 Hazelwood**

b. Apt., Floor, or Room No. \_\_\_\_\_

c. Number of rooms occupied (excluding  
bathrooms, hallways, and closets): \_\_\_\_\_

d. Number of  
bedrooms: \_\_\_\_\_ e. Monthly rental: \$ \_\_\_\_\_

f. Name and address of landlord (or landlord's authorized agent) to whom  
rent is payable

**5. (Complete for family)**

Number of Persons in Family \_\_\_\_\_

No. of Adults \_\_\_\_\_ No. of Minors \_\_\_\_\_

**6. (Complete for individual)**

**DATE OF BIRTH:** \_\_\_\_\_

**7. INCOME FOR DETERMINING RELOCATION ADJUSTMENT PAYMENT**

(Enter amount of "D" on reverse of form or amount so determined on Application for Admission  
to Low-Rent Housing)

\$ \_\_\_\_\_

**8. 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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF HEAD OF FAMILY OR OF ELDERLY INDIVIDUAL

(Over)

I. TO BE FILLED IN BY CLAIMANT

## II. LOCAL AUTHORITY USE

[illegible]

5. TOTAL FAMILY INCOME:

13

TOTAL \$\_\_\_\_\_

1. NAME	2. TYPE AND SOURCE	3. AMOUNT ANTICIPATED NEXT 12 MOS.
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	4. TOTAL DEDUCTIONS	\$

TOTAL \$\_\_\_\_\_

### C. ANTICIPATED ANNUAL EXEMPTIONS

Minors without income . . . . .	\$ _____
Income of Minors . . . . .	\$ _____
Adults without income . . . . .	\$ _____
Income of Adults . . . . .	\$ _____
Other (specify) . . . . .	\$ _____

TOTAL \$\_\_\_\_\_

**D. Income for Relocation Adjustment Payment Purposes**  
(D = A - (B + C))



# HOUSING AND REDEVELOPMENT AUTHORITY

OF THE CITY OF SAINT PAUL, MINNESOTA

Notification of Relocation Adjustment

Payment made on May 5, 1966 by: XB

Answered on \_\_\_\_\_ by: \_\_\_\_\_

*M. Bidon on hospital until 7/10/66*

*776-8651*

B. WARNER SHIPPEE  
Executive Director

Louis Bidon  
1458 Hazelwood Avenue  
Saint Paul, Minnesota

*8/1/66  
Not Elig.  
over income  
sent letter  
(Lp)*

REPLY TO:  
321 Marshall Avenue  
223-4741

May 5, 1966

Re: 627 Wales  
Mt. Airy - Minn. 1-10  
Parcel No. 5-4

55 EAST FIFTH STREET  
SAINT PAUL, MINN. 55101

223-5218

EUGENE R. LAMBERT  
Chairman  
HARRY P. STRONG JR.  
PATRICK J. TOWLE  
JOHN W. GREENMAN  
ORVILLE E. ANDERSON  
JAMES J. DALGLISH  
FRANK L. LOSS

The Housing Act of 1964 contains a provision which permits Relocation Adjustment Payments up to \$500.00 to be made to help certain families and elderly individuals acquire decent, safe and sanitary housing when they move because of public housing site acquisition. The payment is in addition to reimbursement for moving expenses.

These new payments may be made if:

1. You moved from the public housing site area on or after Jan. 27, 1966.
2. Your total family income, or your income as an elderly individual, is within certain specified limits.
3. You are residing in a decent, safe and sanitary private dwelling.

If you are not a member of a family, but are a person living by yourself, you may qualify as an "elderly individual" if you are 62 years of age or over.

Enclosed are three copies of Form H-6141.1, Claim for Relocation Adjustment Payment. Two copies of the form must be completed for our office, so that we may determine your eligibility for a Relocation Adjustment Payment. Keep the other copy for your records.

If you would like help in filling out this form, please call 223-4741 for an appointment and a member of our staff will be happy to assist you. The Relocation Office is open Monday through Friday from 8:00 A.M. to 4:30 P.M., and on Thursday night to 6:30 P.M. Bring with you or mail copies of your 1965 income tax returns filed by you and other members of your family, together with any other personal records which relate to your family's income. If you are an elderly individual, bring your birth certificate or other proof of age.

You should do this promptly because your claim for this payment must be submitted within 60 days of the receipt of this letter. If you have any questions, please call 223-4741, Miss Boyle.

Sincerely,

*Robert A. Tobin*  
Robert A. Tobin  
Relocation Officer



# HOUSING AND REDEVELOPMENT AUTHORITY

OF THE CITY OF SAINT PAUL, MINNESOTA

B. WARNER SHIPPEE  
Executive Director

55 EAST FIFTH STREET  
SAINT PAUL, MINN. 55101

223-5218

June 7, 1966

EUGENE R. LAMBERT  
Chairman  
HARRY P. STRONG JR.  
PATRICK J. TOWLE  
JOHN W. GREENMAN  
ORVILLE E. ANDERSON  
JAMES J. DALGLISH  
FRANK L. LOSS

REPLY TO:  
401 Selby Avenue

Louis Bidon  
1458 Hazelwood Avenue  
Saint Paul, Minnesota

Re: 627 Wales  
Mt. Airy - Minn. 1-10  
Parcel No. 5-4

May 5, 1966

\_\_\_\_\_, we wrote you a letter which gave you notice that you may be eligible to receive cash benefits up to \$500.00. These cash payments are made available under a recently enacted housing law, to former residents of an Urban Renewal area or Public Housing site acquisition area.

In order to determine eligibility and to begin making payments for these cash benefits, we will require your signature on the necessary claim forms.

Please call Miss Boyle at 223-4741 on receipt of this letter so an appointment can be made to determine your eligibility for these cash benefits.

Sincerely,

Robert A. Tobin  
Relocation Officer



Form 1040

## U.S. Individual Income Tax Return

1965

for the year January 1-December 31, 1965 or other taxable year beginning.....  
1965, ending....., 19..... US Treasury Department—Internal Revenue Service

First name and initial (If joint return, use first names and middle initials of both) **Louis J and Pauline** Last name **Bidon** Your social security number (Husband's if joint return) **701 09 7828**

Home address (Number and street or rural route) **1458 Hazelwood Ave** Your occupation & present employer **Maintenance**

City, town or post office, and State **St Paul Minn 55106** Postal ZIP code **55106** Wife's number, if joint return **477 03 2238**

Enter the name and address used on your return for 1964 (if the same as above, write "Same"). If none filed, give reason. If changing from separate to joint or joint to separate returns, enter 1964 names and addresses. **Same** Wife's occupation & present employer **Waitress**

**Filing Status**—check one:

1a ☐ Single

1b ☐ Married filing joint return (even if only one had income)

1c ☐ Married filing separately. If your husband or wife is also filing a return give his or her first name and social security number.

1d ☐ Unmarried Head of Household

1e ☐ Surviving widow(er) with dependent child

**Exemptions** Regular 65 or over Blind

2a Yourself ☒ ☐ ☐ Enter number of exemptions checked **2**

2b Wife ☒ ☐ ☐

3a First names of your dependent children who lived with you.....

3b Number of other dependents (from page 2 Part I, line 3) **2**

4 Total exemptions claimed **2**

**Income**

5 Wages, salaries, tips, etc. If not shown on attached Forms W-2 attach explanation **8067 91**

6 Other income (from page 2, Part II, line 9) **106 83**

7 Total (add lines 5 and 6) **8174 74**

8 Adjustments (from page 2, Part III, line 5) **8174 74**

9 Total income (subtract line 8 from line 7) **8174 74**

**Tax Computation**

10 Tax Table—If you do not itemize deductions and line 9 is less than \$5,000, find your tax from tables in instructions. Do not use lines 11 a, b, c, or d. Enter tax on line 12.

11 Tax Rate Schedule—

11a If you itemize deductions, enter total from page 2, Part IV. If you do not itemize deductions, and line 9 is \$5,000 or more enter the larger of:

(1) 10 percent of line 9 or;

(2) \$200 (\$100 if married and filing separate return) plus \$100 for each exemption claimed on line 4, above.

The deduction computed under (1) or (2) is limited to \$1,000 (\$500 if married and filing separate return).

11b Subtract line 11a from line 9 **1914 29**

11c Multiply total number of exemptions on line 4, above, by \$600 **1200 00**

11d Subtract line 11c from line 11b. Enter balance on this line. (Figure your tax on this amount by using tax rate schedule on page 11 of instructions.) Enter tax on line 12. **5060 45**

12 Tax (from either Tax Table, see line 10, or Tax Rate Schedule, see line 11) **821 49**

**Tax Credits**

13 Total credits (from page 2, Part V, line 5) **821 49**

14 Income tax (subtract line 13 from line 12) **821 49**

15 Self-employment tax (Schedule C-3 or F-1) **821 49**

16 Total tax (add lines 14 and 15) **938 63**

17a Total Federal income tax withheld (attach Forms W-2) **938 63**

17b 1965 Estimated tax payments (Include 1964 overpayment allowed as a credit) (Office where paid)

17c Total (add lines 17a and 17b) **938 63**

**Tax Due or Refund**

18 If payments (line 17c) are less than tax (line 16), enter Balance Due. Pay in full with this return **117 14**

19 If payments (line 17c) are larger than tax (line 16) enter Overpayment **117 14**

20 Amount of line 19 you wish credited to 1966 Estimated Tax **117 14**

21 Subtract line 20 from line 19. Apply to: ☐ U.S. Savings Bonds, with excess refunded or ☒ Refund only

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

Sign here **Donald L. Johnson** Date.....

Sign here **ADULTS - TAX SERVICE** Date.....

Sign here **622 3842** Signature of preparer other than taxpayer. Address **2765 Merrill Street ST. PAUL, MINN. - 55113** Date.....



# **PART I. Exemptions** Complete only for dependents claimed on line 3b, page 1

Form 1040 1965 Page 2

(a) NAME (If more space is needed attach schedule)	(b) Relationship	(c) Months lived in your home. If born or died during year write "B" or "D"	(d) Did dependent have income of \$600 or more?	(e) Amount YOU furnished for dependent's support, if 100% write "ALL"	(f) Amount furnished by OTHERS including dependent.
1				\$	\$
2					

3 Total number of dependents listed above. Enter here and on page 1, line 3b. ▶▶▶▶

## **PART II. Income from all sources other than wages, salaries, etc.**

**Dividends and Other Distributions**

A Gross amount

B Nontaxable and capital gain distributions

C Subtract item B from item A. Give details in lines 1a through 1d

Explanation of C (Write (H), (W), (J), for stock held by husband, wife, or jointly)

1a Qualifying dividends (name of payer)

Total qualifying

1b Subtract \$100. If joint return see instructions

1c Balance (but not less than zero)

1d Nonqualifying dividends (name of payer)

Total nonqualifying

2 Total dividends (add lines 1c and 1d) ▶▶▶▶

3 Interest (name of payer)

C and N W Railway Credit Union 21 83

Total interest income ▶▶▶▶ 21 83

4 Pensions and annuities, rents and royalties, partnerships, & estates or trusts (Schedule B)

5 Business income (Schedule C) ▶▶▶▶

6 Sale or exchange of property (Schedule D) ▶▶▶▶

7 Farm income (Schedule F) ▶▶▶▶

8 Other sources (state nature)

Tips as waitress 85 00

Total other sources ▶▶▶▶

9 Add lines 2 through 8. Enter here and on page 1 line 6. ▶▶▶▶ 106 83

## **PART III. Adjustments**

1 "Sick pay" included in line 5, page 1 (attach Form 2440 or other required statement)

2 Moving expenses (attach Form 3903)

3 Employee business expense (attach Form 2106 or other statement)

4 Payments by self-employed persons to retirement plans, etc. (attach Form 2950SE)

5 Total adjustments (lines 1 through 4). Enter here and on page 1, line 8.

**EXPENSE ACCOUNT INFORMATION**—If you had an expense allowance or charged expenses to your employer, check here ☐ and see page 7 of instructions.

## **PART IV. Itemized deductions**—Use only if you do not use tax table or standard deduction.

**Medical and dental expense.**—Attach itemized list. Do not enter any expense compensated by insurance or otherwise. **NOTE:** If you or your wife are 65 or over, or if either has a dependent parent 65 or over, see page 8 of instructions for possible larger deduction:

1 Enter excess, if any, of medicine and drugs over 1% of line 9, page 1 (See note above)

2 Other medical, dental expenses (include hospital insurance premiums)

3 Total (add lines 1 and 2)

4 Enter 3% of line 9, page 1 (See note above)

5 Subtract line 4 from line 3; see page 8 of instructions for maximum limitation ▶▶▶▶

**Contributions.**—Cash—including checks, money orders, etc. (itemize)

1 Total cash contributions

2 Other than cash (see instructions for required statement). Enter total of such items here

3 Total contributions (add lines 1 and 2—see instructions for limitations) ▶▶▶▶

**Taxes.**—Real estate

State and local gasoline

General sales

State and local income

Personal property

Total taxes ▶▶▶▶

**Interest expense.**—Home mortgage

Other (itemize)

Total interest expense ▶▶▶▶

**Other deductions.**—(see page 9 of instructions)

Total other deductions ▶▶▶▶

**TOTAL DEDUCTIONS** (for page 1, line 11a) ▶▶▶▶

## **PART V. Credits**

1 Retirement income credit (Schedule B)

2 Investment credit (Form 346B)

3 Foreign tax credit (Form 1116)

4 Tax-free covenant bonds credit

5 Total credits (add lines 1 through 4). Enter here and on page 1, line 13.

ADDRESS 1458 Hazelwood St Paul Minn

SCHEDULE OF CONTRIBUTIONS	
CHURCH <u>St Louis and St Marys</u>	375 00
UNITED APPEAL	35 00
CHRISTMAS & EASTER SEALS	5 00
BOY AND GIRL SCOUTS	2 00
HEART ASSOCIATION	
SALVATION ARMY	
D.A.V. & V.F.W., AMERICAN LEGION	
CAMP FIRE GIRLS	
AMERICAN CANCER	3 00
MULTIPLE SCLEROSIS	2 00
CEREBAL PALSY	20 00
ALL OTHERS	
TOTAL CONTRIBUTIONS	443 00

SCHEDULE OF MEDICAL AND DENTAL EXPENSES		280 00
DRUGS AND SUPPLIES		\$
HOSPITAL INSURANCE		
DENTIST	Dr Scott	40 00
	Dr Cochrane	20 00
	Dr Hilger	10 00
	Dr Johnson	20 00
	Williams Optical	38 15
EYE GLASSES		
NURSES FEES		
TRANSPORTATION EXPENSE (FED.)		
LODGING (STATE ONLY)		
		408 15
TOTAL MEDICAL EXPENSES		\$
LESS: REIMBURSEMENTS RECEIVED		
NET MEDICAL EXPENSES		\$ 408 15

SCHEDULE OF INTEREST	
HOME MORTGAGE Chgo N W R R Cr Union	\$ 333 56
AUTO LOAN	
BANK Northern State Power	25 70
Sears Roebuck	37 87
Coleman Loan	21 67
Cardozos	51 75
N W Natl Bank	57 80
TOTAL INTEREST.....	\$ 528 35

SCHEDULE OF TAXES		
REAL ESTATE TAX ON MINNESOTA PROPERTY	\$ 298	72
CAR LICENSE	28	00
TRANSPORTATION TAX		
PERSONAL PROPERTY		
GASOLINE TAX	95	00
ADMISSIONS - TELEPHONE	25	00
TOTAL MINNESOTA	\$ 446	72

SALES TAX		
GASOLINE	95	00
STATE-INCOME	255	06

SCHEDULE OF OTHER DEDUCTIONS AUTHORIZED BY LAW	
UNION DUES	60 00
SAFETY EQUIPMENT & UNIFORMS	143 00
ACCOUNTING FEES	10 00
CASUALTY LOSS (LESS \$100)	
EDUCATIONAL EXPENSES	
CHILD CARE (FED.)	
ALIMONY	
EMPLOYMENT AGENCY FEE	
TUITION & TRANSPORTATION (STATE)	
TOTAL OTHER DEDUCTIONS	213 00

CONTRIBUTIONS  
MEDICAL AND DENTAL EXPENSES (LESS 4% OF INCOME) \$ 8174 74 X 4%  
INTEREST  
TAXES  
OTHER DEDUCTIONS  
TOTAL DEDUCTIONS

FEDERAL	STATE
\$ 443 00	\$ 443 00
81 16	108 15
528 35	528 35
648 78	146 72
213 00	213 00
1914 29	2039 22

3

# U.S. INFORMATION RETURN FOR CALENDAR YEAR 1965

(See Instructions on Form 1096)

Copy B  
For Payee

**TO WHOM PAID** Type or print name and address. If account is for multiple payees with different surnames or it includes the name of a fiduciary, trust or estate, designate the name of the individual or entity to whom the identifying number belongs.

**BY WHOM PAID**  
(Name, address, and identifying number)

Type or print taxpayer identifying number →

Louis Bidon  
1458 Hazelwood  
St. Paul, Minn.

194

C & NW RAILWAY CREDIT UNION  
275 East Fourth St. - Room 607  
St. Paul, Minnesota 55101 41-0459645

**SCHEDULE A**

1. Dividends and other distributions

2. Interest

3. Patronage dividends and certain other distributions by cooperatives

**SCHEDULE B**

4. Salaries, fees, commissions, prizes, awards, or other compensation. Do not include amounts reported on Form W-2

5. Rents and royalties

6. Annuities, pensions, and other fixed or determinable income

7. Foreign Items

21.83

App. I.R.S. 5-27-65 (OVER) Form 1096

U.S. Treasury Department, Internal Revenue Service

41-0644316

Minn. 821948

Crossways, Inc.

103 East 1st National Bank Bldg.

St. Paul, Minnesota

**WAGE AND TAX STATEMENT 1965**Type or Print  
EMPLOYER'S  
identification  
number, name  
and address

Copy C—For employee's records.

Type or print EMPLOYEE'S social security no., name, and address below.

477-03-2238  
Pauline Bidon  
627 Wales St.  
St. Paul, Minnesota

No. of  
Depen-  
dents

State Total Wages If Different From Federal

Single/Married

Excludable Sick Pay

City Tax Withheld

(If None, Enter "0" or "None")

**INCOME TAX INFORMATION****SOCIAL SECURITY INFORMATION**

State Tax Withheld

320.10

2,298.75

82.79

2,298.75

31.20

Federal income tax with-  
heldWages<sup>1</sup> paid subject to with-  
holding in 1965Other compensation<sup>2</sup>  
paid in 1965F.I.C.A. employee  
tax withheldTotal F.I.C.A. wages  
paid in 1965<sup>3</sup><sup>1</sup>Before payroll deductions or "sick pay" exclusions.

<sup>2</sup>The block marked "Other compensation" is for use in reporting salary or other compensation which was not subject to withholding and which was heretofore reported on Form 1099. Add this item to wages in figuring the amount to be reported as wages and salaries on your income tax return.

FORM W-2—U. S. Treasury Department, Internal Revenue Service APP. 1-15-65

<sup>3</sup>If your wages were subject to social security taxes, but are not shown, your social security wages are the same as wages shown under "Income Tax Information," but not more than \$4,800.

Keep this copy as part of your tax records.



## HOUSING &amp; REDEVELOPMENT AUTHORITY

PHA-2974  
Page 1 of 5  
January 1965

May 5, 1966

PUBLIC HOUSING ADMINISTRATION  
Housing and Home Finance AgencyCLAIM FOR RELOCATION ADJUSTMENT PAYMENT  
(Families and Elderly Individuals)

LOCAL AUTHORITY

CITY OF SAINT PAUL  
55 EAST 5th STREET  
SAINT PAUL, MINNESOTA 55101

PROJECT NUMBER

Mt. Airy - Minn. 1-8B

INSTRUCTIONS: Complete all applicable items on pages 1 and 2 and sign certification in Item 8, page 1. Consult the Local Authority as to whether a Claimant's Report of Condition of Dwelling (Page 3) is required to be completed and submitted with this claim. (Pages 4 and 5 are for Local Authority use only.)

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

Walter &amp; Louise Jones

## 2. DATE OF MOVE

4/25/64

## 3. ADDRESS FROM WHICH YOU MOVED

a. Address 199 Mt. Airy (8-12)

b. Apt., Floor, or Room No. <sup>1st</sup> ~~2nd~~ floor duplexc. Date you moved ~~4/25/64~~into this address ~~4/25/64~~*my husband lived there  
all his life*

## 4. ADDRESS TO WHICH YOU MOVED

a. Address 431 E. Minnehaha

b. Apt., Floor, or Room No. <sup>2nd</sup> ~~1st~~ fl. duplexc. Number of rooms occupied (excluding  
bathrooms, hallways, and closets): 5

d. Number of

bedrooms: 2e. Monthly rental: \$ 75.00f. Name and address of landlord (or landlord's authorized agent) to whom  
rent is payable*Iran. Mroozak  
429 E. Minnehaha*

## 5. (Complete for family)

Number of Persons in Family \_\_\_\_\_

No. of Adults \_\_\_\_\_

No. of Minors \_\_\_\_\_

## 6. (Complete for individual)

DATE OF BIRTH: 9/15/04

## 7. INCOME FOR DETERMINING RELOCATION ADJUSTMENT PAYMENT

(Enter amount of "D" on reverse of form or amount so determined on Application for Admission  
to Low-Rent Housing)

\$ \_\_\_\_\_

8. 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.

*July 25-66*  
DATE*Mrs Louise K. Jones*  
SIGNATURE OF HEAD OF FAMILY OR OF ELDERLY INDIVIDUAL

(Over)

PHA-2974

**D. Income for Relocation Adjustment Payment Purposes**  
(D = A - (B + C))

May 5, 1966

PUBLIC HOUSING ADMINISTRATION  
Housing and Home Finance Agency

CLAIM FOR RELOCATION ADJUSTMENT PAYMENT  
(Families and Elderly Individuals)

HOUSING & REDEVELOPMENT AUTHORITY  
LOCAL AUTHORITY  
OF THE CITY OF SAINT PAUL  
55 EAST 5th STREET

SAINT PAUL, MINNESOTA 55101

Mt. Airy - Minn. 1-8B

INSTRUCTIONS: Complete all applicable items on pages 1 and 2 and sign certification in Item 8, page 1. Consult the Local Authority as to whether a Claimant's Report of Condition of Dwelling (Page 3) is required to be completed and submitted with this claim. (Pages 4 and 5 are for Local Authority use only.)

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

Walter & Louise Jones

2. DATE OF MOVE

4/25/64

3. ADDRESS FROM WHICH YOU MOVED

a. Address 199 Mt. Airy (8-12)

b. Apt., Floor, or Room No. \_\_\_\_\_

c. Date you moved  
into this address \_\_\_\_\_

4. ADDRESS TO WHICH YOU MOVED

a. Address 431 E. Minnehaha

b. Apt., Floor, or Room No. \_\_\_\_\_

c. Number of rooms occupied (excluding  
bathrooms, hallways, and closets): \_\_\_\_\_

d. Number of

bedrooms: \_\_\_\_\_

e. Monthly rental: \$ \_\_\_\_\_

f. Name and address of landlord (or landlord's authorized agent) to whom  
rent is payable

5. (Complete for family)

Number of Persons in Family \_\_\_\_\_

No. of Adults \_\_\_\_\_ No. of Minors \_\_\_\_\_

6. (Complete for individual)

DATE OF BIRTH: \_\_\_\_\_

7. INCOME FOR DETERMINING RELOCATION ADJUSTMENT PAYMENT

(Enter amount of "D" on reverse of form or amount so determined on Application for Admission  
to Low-Rent Housing)

\$ \_\_\_\_\_

8. 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.

DATE

SIGNATURE OF HEAD OF FAMILY OR OF ELDERLY INDIVIDUAL

(Over)



# INCOME FOR RELOCATION ADJUSTMENT PAYMENT PURPOSES<sup>1/</sup>

(The items below are to be filled in only if the claimant's "Income for Relocation Adjustment Payment Purposes" has not previously been determined in connection with an Application for Admission to Public Housing.)

## I. TO BE FILLED IN BY CLAIMANT

### A. TOTAL INCOME OF EACH MEMBER OF FAMILY:

1. NAME	2. MINOR		3. SOURCE, RATE, AND TYPE OF INCOME	4. ESTIMATED INCOME	
	YES	NO		(A) PAST 12 MOS.	(B) NEXT 12 MOS.
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

### B. DEDUCTIONS:

1. NAME	2. TYPE AND SOURCE	3. AMOUNT ANTICIPATED NEXT 12 MOS.
		\$
		\$
		\$
		\$
		\$
		\$
		\$
4. TOTAL DEDUCTIONS		\$

<sup>1/</sup> Income for Relocation Adjustment Payment Purposes is the same as "Income for Rent" as defined by the Local Authority: that is, total family income less deductions and exemptions allowed for rent.

### C. ANTICIPATED ANNUAL EXEMPTIONS

Minors without income ..... \$ \_\_\_\_\_  
 Income of Minors ..... \$ \_\_\_\_\_  
 Adults without income ..... \$ \_\_\_\_\_  
 Income of Adults ..... \$ \_\_\_\_\_  
 Other (specify) ..... \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

D. Income for Relocation Adjustment Payment Purposes  
(D = A - (B + C))

## II. LOCAL AUTHORITY USE

### A. ANTICIPATED ANNUAL INCOME

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

### B. ANTICIPATED ANNUAL DEDUCTIONS

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

\$ \_\_\_\_\_

May 5, 1966

PUBLIC HOUSING ADMINISTRATION  
Housing and Home Finance Agency

CLAIM FOR RELOCATION ADJUSTMENT PAYMENT  
(Families and Elderly Individuals)

HOUSING & REDEVELOPMENT AUTHORITY  
OF THE CITY OF SAINT PAUL  
55 EAST 5th STREET

PROJECT NUMBER  
SAINT PAUL, MINNESOTA 55101

Mt. Airy - Minn. 1-8B

INSTRUCTIONS: Complete all applicable items on pages 1 and 2 and sign certification in Item 8, page 1. Consult the Local Authority as to whether a Claimant's Report of Condition of Dwelling (Page 3) is required to be completed and submitted with this claim. (Pages 4 and 5 are for Local Authority use only.)

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

Walter & Louise Jones

2. DATE OF MOVE

4/25/64

3. ADDRESS FROM WHICH YOU MOVED

a. Address 199 Mt. Airy (8-12)

b. Apt., Floor, or Room No. \_\_\_\_\_

c. Date you moved  
into this address \_\_\_\_\_

4. ADDRESS TO WHICH YOU MOVED

a. Address 431 E. Minnehaha

b. Apt., Floor, or Room No. \_\_\_\_\_

c. Number of rooms occupied (excluding  
bathrooms, hallways, and closets): \_\_\_\_\_

d. Number of  
bedrooms: \_\_\_\_\_ e. Monthly rental: \$ \_\_\_\_\_

f. Name and address of landlord (or landlord's authorized agent) to whom  
rent is payable

5. (Complete for family)

Number of Persons in Family \_\_\_\_\_

No. of Adults \_\_\_\_\_ No. of Minors \_\_\_\_\_

6. (Complete for individual)

DATE OF BIRTH: \_\_\_\_\_

7. INCOME FOR DETERMINING RELOCATION ADJUSTMENT PAYMENT

(Enter amount of "D" on reverse of form or amount so determined on Application for Admission  
to Low-Rent Housing)

\$ \_\_\_\_\_

8. 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.

DATE

SIGNATURE OF HEAD OF FAMILY OR OF ELDERLY INDIVIDUAL

(Over)

I. TO BE FILLED IN BY CLAIMANT

## II. LOCAL AUTHORITY USE

[illegible]

## 5. TOTAL FAMILY INCOME:

## 2. TYPE AND SOURCE

3. AMOUNT  
ANTICIPATED  
NEXT 12 MOS.

## TOTAL \$

	BY TYPE AND SOURCE	NEXT 12 MOS.
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	4. TOTAL DEDUCTIONS	\$

## TOTAL \$

### C. ANTICIPATED ANNUAL EXEMPTIONS

Minors without income . . . . .	\$ _____
Income of Minors . . . . .	\$ _____
Adults without income . . . . .	\$ _____
Income of Adults . . . . .	\$ _____
Other (specify) . . . . .	\$ _____

TOTAL

D. Income for Relocation Adjustment Payment Purposes

$$(D = A - (B + C))$$



B. WARNER SHIPPEE  
Executive Director

# HOUSING AND REDEVELOPMENT AUTHORITY

## OF THE CITY OF SAINT PAUL, MINNESOTA

Notification of Relocation Adjustment  
Payment made on May 5, 1966 by: JP  
Answered on 1/1/66 by: JB

55 EAST FIFTH STREET  
SAINT PAUL, MINN. 55101

223-5218

EUGENE R. LAMBERT  
Chairman  
HARRY P. STRONG JR.  
PATRICK J. TOWLE  
JOHN W. GREENMAN  
ORVILLE E. ANDERSON  
JAMES J. DALGLISH  
FRANK L. LOSS

REPLY TO:  
321 Marshall Avenue  
223-4741

May 5, 1966

Sylvester Davis  
185 Mt. Airy Street  
St. Paul, Minnesota

Re: 185 Mt. Airy  
Mt. Airy - Minn. 1-8B  
Parcel No. 8-9

*Remailed 8-31-66  
847 Agate St.  
10/24 sent for up etc*

*11/1/66 Not Elig  
own income -  
no phone*

The Housing Act of 1964 contains a provision which permits Relocation Adjustment Payments up to \$500.00 to be made to help certain families and elderly individuals acquire decent, safe and sanitary housing when they move because of public housing site acquisition. The payment is in addition to reimbursement for moving expenses.

These new payments may be made if:

1. You moved from the public housing site area on or after Jan. 27, 1964.
2. Your total family income, or your income as an elderly individual, is within certain specified limits.
3. You are residing in a decent, safe and sanitary private dwelling.

If you are not a member of a family, but are a person living by yourself, you may qualify as an "elderly individual" if you are 62 years of age or over.

Enclosed are three copies of Form H-6141.1, Claim for Relocation Adjustment Payment. Two copies of the form must be completed for our office, so that we may determine your eligibility for a Relocation Adjustment Payment. Keep the other copy for your records.

If you would like help in filling out this form, please call 223-4741 for an appointment and a member of our staff will be happy to assist you. The Relocation Office is open Monday through Friday from 8:00 A.M. to 4:30 P.M., and on Thursday night to 6:30 P.M. Bring with you or mail copies of your 1965 income tax returns filed by you and other members of your family, together with any other personal records which relate to your family's income. If you are an elderly individual, bring your birth certificate or other proof of age.

You should do this promptly because your claim for this payment must be submitted within 60 days of the receipt of this letter. If you have any questions, please call 223-4741, Miss Boyle.

Sincerely,

*Robert A. Tobin*  
Robert A. Tobin  
Relocation Officer





# HOUSING AND REDEVELOPMENT AUTHORITY

OF THE CITY OF SAINT PAUL, MINNESOTA

Notification of Relocation Adjustment

Payment made on May 5, 1966 by: AB

Answered on 7/12 by: AB

55 EAST FIFTH STREET  
SAINT PAUL, MINN. 55101

223-5218

B. WARNER SHIPPEE  
Executive Director

Gerald Pignato  
179 Mt. Airy - Dwn.  
St. Paul, Minnesota

*8/31/66 Not elig-  
moved in 1962 to ph.  
(S)*

REPLY TO:  
321 Marshall Avenue  
223-4741

May 5, 1966

Re: 179 Mt. Airy  
Mt. Airy - Minn. 1-8B  
Parcel No. 8-7

EUGENE R. LAMBERT  
Chairman  
HARRY P. STRONG JR.  
PATRICK J. TOWLE  
JOHN W. GREENMAN  
ORVILLE E. ANDERSON  
JAMES J. DALGLISH  
FRANK L. LOSS

The Housing Act of 1964 contains a provision which permits Relocation Adjustment Payments up to \$500.00 to be made to help certain families and elderly individuals acquire decent, safe and sanitary housing when they move because of public housing site acquisition. The payment is in addition to reimbursement for moving expenses.

These new payments may be made if:

1. You moved from the public housing site area on or after Jan. 27, 1964.
2. Your total family income, or your income as an elderly individual, is within certain specified limits.
3. You are residing in a decent, safe and sanitary private dwelling.

If you are not a member of a family, but are a person living by yourself, you may qualify as an "elderly individual" if you are 62 years of age or over.

Enclosed are three copies of Form H-6141.1, Claim for Relocation Adjustment Payment. Two copies of the form must be completed for our office, so that we may determine your eligibility for a Relocation Adjustment Payment. Keep the other copy for your records.

If you would like help in filling out this form, please call 223-4741 for an appointment and a member of our staff will be happy to assist you. The Relocation Office is open Monday through Friday from 8:00 A.M. to 4:30 P.M., and on Thursday night to 6:30 P.M. Bring with you or mail copies of your 1965 income tax returns filed by you and other members of your family, together with any other personal records which relate to your family's income. If you are an elderly individual, bring your birth certificate or other proof of age.

You should do this promptly because your claim for this payment must be submitted within 60 days of the receipt of this letter. If you have any questions, please call 223-4741, Miss Boyle.

Sincerely,

*Robert A. Tobin*  
Robert A. Tobin  
Relocation Officer



B. WARNER SHIPPEE  
Executive Director

# HOUSING AND REDEVELOPMENT AUTHORITY

## OF THE CITY OF SAINT PAUL, MINNESOTA

Notification of Relocation Adjustment

Payment made on May 5, 1966 by: LB

Answered on 10/31/66 by: Sp

55 EAST FIFTH STREET  
SAINT PAUL, MINN. 55101

223-5218

EUGENE R. LAMBERT  
Chairman  
HARRY P. STRONG JR.  
PATRICK J. TOWLE  
JOHN W. GREENMAN  
ORVILLE E. ANDERSON  
JAMES J. DALGLISH  
FRANK L. LOSS

REPLY TO:  
321 Marshall Avenue  
223-4741

May 5, 1966

Mr. Bernard Jones  
181 Mt. Airy Street  
St. Paul, Minnesota

Re: 181 Mt. Airy  
Mt. Airy - Minn. 1-8B  
Parcel No. 8-8

*Spoke to Mrs. V.  
(sister-in-law) -  
Jones moved  
to Philadelphia*

*over 2 yrs ago - she has not heard  
from them or does not have a forwarding address -*

The Housing Act of 1964 contains a provision which permits Relocation Adjustment Payments up to \$500.00 to be made to help certain families and elderly individuals acquire decent, safe and sanitary housing when they move because of public housing site acquisition. The payment is in addition to reimbursement for moving expenses. *but they had marital*

These new payments may be made if:

1. You moved from the public housing site area on or after Jan. 27, 1964. *no children*
2. Your total family income, or your income as an elderly individual, is within certain specified limits. *so file as*
3. You are residing in a decent, safe and sanitary private dwelling. *Not Elig - under 62*

If you are not a member of a family, but are a person living by yourself, you may qualify as an "elderly individual" if you are 62 years of age or over. *62*

Enclosed are three copies of Form H-6141.1, Claim for Relocation Adjustment Payment. Two copies of the form must be completed for our office, so that we may determine your eligibility for a Relocation Adjustment Payment. Keep the other copy for your records. *(Sp)*

If you would like help in filling out this form, please call 223-4741 for an appointment and a member of our staff will be happy to assist you. The Relocation Office is open Monday through Friday from 8:00 A.M. to 4:30 P.M., and on Thursday night to 6:30 P.M. Bring with you or mail copies of your 1965 income tax returns filed by you and other members of your family, together with any other personal records which relate to your family's income. If you are an elderly individual, bring your birth certificate or other proof of age.

You should do this promptly because your claim for this payment must be submitted within 60 days of the receipt of this letter. If you have any questions, please call 223-4741, Miss Boyle.

Sincerely,

*Robert A. Tobin*  
Robert A. Tobin  
Relocation Officer





# HOUSING AND REDEVELOPMENT AUTHORITY

## OF THE CITY OF SAINT PAUL, MINNESOTA

B. WARNER SHIPPEE  
Executive Director

55 EAST FIFTH STREET  
SAINT PAUL, MINN. 55101

223-5218

EUGENE R. LAMBERT  
Chairman  
HARRY P. STRONG JR.  
PATRICK J. TOWLE  
JOHN W. GREENMAN  
ORVILLE E. ANDERSON  
JAMES J. DALGLISH  
FRANK L. LOSS

June 7, 1966

REPLY TO:  
401 Selby Avenue

Mr. Bernard Jones  
181 Mt. Airy Street  
St. Paul, Minnesota

Re: 181 Mt. Airy  
Mt. Airy - Minn. 1-8B  
Parcel No. 8-8

May 3, 1966, we wrote you a letter which gave you notice that you may be eligible to receive cash benefits up to \$500.00. These cash payments are made available under a recently enacted housing law, to former residents of an Urban Renewal area or Public Housing site acquisition area.

In order to determine eligibility and to begin making payments for these cash benefits, we will require your signature on the necessary claim forms.

Please call Miss Boyle at 223-4741 on receipt of this letter so an appointment can be made to determine your eligibility for these cash benefits.

Sincerely,

Robert A. Tobin  
Relocation Officer



# HOUSING AND REDEVELOPMENT AUTHORITY

OF THE CITY OF SAINT PAUL, MINNESOTA

B. WARNER SHIPPEE  
Executive Director

Richard Koethe  
603 L'Orient Street  
St. Paul, Minnesota

Notification of Relocation Adjustment

Payment made on May 5, 1966 by: RB

Answered on 12/2/66 by: RB

Not Elig - moved out 8/63

*No record RB*

REPLY TO:

321 Marshall Avenue

223-4741

May 5, 1966

Re: 603 L'Orient

Mt. Airy - Minn. 1-8B

Parcel No. 8-18

55 EAST FIFTH STREET  
SAINT PAUL, MINN. 55101

223-5218

EUGENE R. LAMBERT  
Chairman

HARRY P. STRONG JR.

PATRICK J. TOWLE

JOHN W. GREENMAN

ORVILLE E. ANDERSON

JAMES J. DALGLISH

FRANK L. LOSS

The Housing Act of 1964 contains a provision which permits Relocation Adjustment Payments up to \$500.00 to be made to help certain families and elderly individuals acquire decent, safe and sanitary housing when they move because of public housing site acquisition. The payment is in addition to reimbursement for moving expenses.

These new payments may be made if:

1. You moved from the public housing site area on or after Jan. 27, 1964.
2. Your total family income, or your income as an elderly individual, is within certain specified limits.
3. You are residing in a decent, safe and sanitary private dwelling.

If you are not a member of a family, but are a person living by yourself, you may qualify as an "elderly individual" if you are 62 years of age or over.

Enclosed are three copies of Form H-6141.1, Claim for Relocation Adjustment Payment. Two copies of the form must be completed for our office, so that we may determine your eligibility for a Relocation Adjustment Payment. Keep the other copy for your records.

If you would like help in filling out this form, please call 223-4741 for an appointment and a member of our staff will be happy to assist you. The Relocation Office is open Monday through Friday from 8:00 A.M. to 4:30 P.M., and on Thursday night to 6:30 P.M. Bring with you or mail copies of your 1965 income tax returns filed by you and other members of your family, together with any other personal records which relate to your family's income. If you are an elderly individual, bring your birth certificate or other proof of age.

You should do this promptly because your claim for this payment must be submitted within 60 days of the receipt of this letter. If you have any questions, please call 223-4741, Miss Boyle.

Sincerely,

*Robert A. Tobin*  
Robert A. Tobin  
Relocation Officer



B. WARNER SHIPPEE  
Executive Director

# HOUSING AND REDEVELOPMENT AUTHORITY

## OF THE CITY OF SAINT PAUL, MINNESOTA

Notification of Relocation Adjustment  
Payment made on May 5, 1966 by: LB  
Answered on 5-10-66 by: LB

*Ineligible - under 62. (I.H.)*

REPLY TO:  
321 Marshall Avenue  
223-4741

May 5, 1966

Re: 199 Mt. Airy  
Mt. Airy - Minn. 1-8B  
Parcel No. 8-12

55 EAST FIFTH STREET  
SAINT PAUL, MINN. 55101

223-5218

EUGENE R. LAMBERT  
Chairman  
HARRY P. STRONG JR.  
PATRICK J. TOWLE  
JOHN W. GREENMAN  
ORVILLE E. ANDERSON  
JAMES J. DALGLISH  
FRANK L. LOSS

Walter Jones  
431 East Minnehaha  
St. Paul, Minnesota

The Housing Act of 1964 contains a provision which permits Relocation Adjustment Payments up to \$500.00 to be made to help certain families and elderly individuals acquire decent, safe and sanitary housing when they move because of public housing site acquisition. The payment is in addition to reimbursement for moving expenses.

These new payments may be made if:

1. You moved from the public housing site area on or after Jan. 27, 1964.
2. Your total family income, or your income as an elderly individual, is within certain specified limits.
3. You are residing in a decent, safe and sanitary private dwelling.


If you are not a member of a family, but are a person living by yourself, you may qualify as an "elderly individual" if you are 62 years of age or over.

Enclosed are three copies of Form H-6141.1, Claim for Relocation Adjustment Payment. Two copies of the form must be completed for our office, so that we may determine your eligibility for a Relocation Adjustment Payment. Keep the other copy for your records.

If you would like help in filling out this form, please call 223-4741 for an appointment and a member of our staff will be happy to assist you. The Relocation Office is open Monday through Friday from 8:00 A.M. to 4:30 P.M., and on Thursday night to 6:30 P.M. Bring with you or mail copies of your 1965 income tax returns filed by you and other members of your family, together with any other personal records which relate to your family's income. If you are an elderly individual, bring your birth certificate or other proof of age.

You should do this promptly because your claim for this payment must be submitted within 60 days of the receipt of this letter. If you have any questions, please call 223-4741, Miss Boyle.

Sincerely,

  
Robert A. Tobin  
Relocation Officer



B. WARNER SHIPPEE  
Executive Director

Daniel Barrett  
340 South Saratoga  
Saint Paul, Minnesota

# HOUSING AND REDEVELOPMENT AUTHORITY

## OF THE CITY OF SAINT PAUL, MINNESOTA

Notification of Relocation Adjustment  
Payment made on 5-5-66 by: LB

Answered on 5-9-66 by: LB

*via phone*

*will be used from date of receipt if they pay house*

REPLY TO:  
321 Marshall Avenue  
223-4741  
May 5, 1966

Re: 621 Wales  
Mt. Airy - Minn. 1-10  
Parcel No. 5-6

55 EAST FIFTH STREET  
SAINT PAUL, MINN. 55101

223-5218

EUGENE R. LAMBERT  
Chairman  
HARRY P. STRONG JR.  
PATRICK J. TOWLE  
JOHN W. GREENMAN  
ORVILLE E. ANDERSON  
JAMES J. DALGLISH  
FRANK L. LOSS

The Housing Act of 1964 contains a provision which permits Relocation Adjustment Payments up to \$500.00 to be made to help certain families and elderly individuals acquire decent, safe and sanitary housing when they move because of public housing site acquisition. The payment is in addition to reimbursement for moving expenses.

These new payments may be made if:

1. You moved from the public housing site area on or after Jan. 27, 1964.
2. Your total family income, or your income as an elderly individual, is within certain specified limits.
3. You are residing in a decent, safe and sanitary private dwelling.

If you are not a member of a family, but are a person living by yourself, you may qualify as an "elderly individual" if you are 62 years of age or over.

Enclosed are three copies of Form H-6141.1, Claim for Relocation Adjustment Payment. Two copies of the form must be completed for our office, so that we may determine your eligibility for a Relocation Adjustment Payment. Keep the other copy for your records.

If you would like help in filling out this form, please call 223-4741 for an appointment and a member of our staff will be happy to assist you. The Relocation Office is open Monday through Friday from 8:00 A.M. to 4:30 P.M., and on Thursday night to 6:30 P.M. Bring with you or mail copies of your 1965 income tax returns filed by you and other members of your family, together with any other personal records which relate to your family's income. If you are an elderly individual, bring your birth certificate or other proof of age.

You should do this promptly because your claim for this payment must be submitted within 60 days of the receipt of this letter. If you have any questions, please call 223-4741, Miss Boyle.

Sincerely,

*Robert A. Tobin*  
Robert A. Tobin  
Relocation Officer





B. WARNER SHIPPEE  
Executive Director

# HOUSING AND REDEVELOPMENT AUTHORITY

OF THE CITY OF SAINT PAUL, MINNESOTA

Notification of Relocation Adjustment  
Payment made on May 5, 1966 by: KB  
Answered on Miss Phone by: KB

Not Elig.

"Over Income"

5/12/66

REPLY TO:  
321 Marshall Avenue  
223-4741

May 5, 1966

Re: 97 E. Arch  
Mt. Airy - Minn. 1-10  
Parcel No. 4-9

55 EAST FIFTH STREET  
SAINT PAUL, MINN. 55101

223-5218

EUGENE R. LAMBERT  
Chairman  
HARRY P. STRONG JR.  
PATRICK J. TOWLE  
JOHN W. GREENMAN  
ORVILLE E. ANDERSON  
JAMES J. DALGLISH  
FRANK L. LOSS

Steve Satack  
511 North Century  
St. Paul, Minnesota 55119

The Housing Act of 1964 contains a provision which permits Relocation Adjustment Payments up to \$500.00 to be made to help certain families and elderly individuals acquire decent, safe and sanitary housing when they move because of public housing site acquisition. The payment is in addition to reimbursement for moving expenses.

These new payments may be made if:

1. You moved from the public housing site area on or after Jan. 27, 1964.
2. Your total family income, or your income as an elderly individual, is within certain specified limits.
3. You are residing in a decent, safe and sanitary private dwelling.

If you are not a member of a family, but are a person living by yourself, you may qualify as an "elderly individual" if you are 62 years of age or over.

Enclosed are three copies of Form H-6141.1, Claim for Relocation Adjustment Payment. Two copies of the form must be completed for our office, so that we may determine your eligibility for a Relocation Adjustment Payment. Keep the other copy for your records.

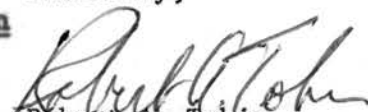
If you would like help in filling out this form, please call 223-4741 for an appointment and a member of our staff will be happy to assist you. The Relocation Office is open Monday through Friday from 8:00 A.M. to 4:30 P.M., and on Thursday night to 6:30 P.M. Bring with you or mail copies of your 1965 income tax returns filed by you and other members of your family, together with any other personal records which relate to your family's income. If you are an elderly individual, bring your birth certificate or other proof of age.

You should do this promptly because your claim for this payment must be submitted within 60 days of the receipt of this letter. If you have any questions, please call 223-4741, Miss Boyle.

\*

As our records indicate you moved outside the City of St. Paul, we are also enclosing one (1) copy of Claimant's Report of Condition of Dwelling. Please complete this form and return along with two copies of the claim form.

Sincerely,

  
Robert A. Tobin  
Relocation Officer



B. WARNER SHIPPEE  
Executive Director

# HOUSING AND REDEVELOPMENT AUTHORITY

OF THE CITY OF SAINT PAUL, MINNESOTA

Notification of Relocation Adjustment

Payment made on May 5, 1966 by: R.B.

Answered on May 5, 1966 by: R.B.

55 EAST FIFTH STREET  
SAINT PAUL, MINN. 55101

223-5218

EUGENE R. LAMBERT  
Chairman  
HARRY P. STRONG JR.  
PATRICK J. TOWLE  
JOHN W. GREENMAN  
ORVILLE E. ANDERSON  
JAMES J. DALGLISH  
FRANK L. LOSS

REPLY TO:  
321 Marshall Avenue  
223-4741

May 5, 1966

Re: 181 Mt. Airy  
Mt. Airy - Minn. 1-8B  
Parcel No. 8-8

Carmen Mauricio  
43 Mt. Airy  
St. Paul, Minnesota

*Not Elig. In  
Public Housing (Mt. Airy)*

The Housing Act of 1964 contains a provision which permits Relocation Adjustment Payments up to \$500.00 to be made to help certain families and elderly individuals acquire decent, safe and sanitary housing when they move because of public housing site acquisition. The payment is in addition to reimbursement for moving expenses.

These new payments may be made if:

1. You moved from the public housing site area on or after Jan. 27, 1964.
2. Your total family income, or your income as an elderly individual, is within certain specified limits.
3. You are residing in a decent, safe and sanitary private dwelling.

If you are not a member of a family, but are a person living by yourself, you may qualify as an "elderly individual" if you are 62 years of age or over.

Enclosed are three copies of Form H-6141.1, Claim for Relocation Adjustment Payment. Two copies of the form must be completed for our office, so that we may determine your eligibility for a Relocation Adjustment Payment. Keep the other copy for your records.

If you would like help in filling out this form, please call 223-4741 for an appointment and a member of our staff will be happy to assist you. The Relocation Office is open Monday through Friday from 8:00 A.M. to 4:30 P.M., and on Thursday night to 6:30 P.M. Bring with you or mail copies of your 1965 income tax returns filed by you and other members of your family, together with any other personal records which relate to your family's income. If you are an elderly individual, bring your birth certificate or other proof of age.

You should do this promptly because your claim for this payment must be submitted within 60 days of the receipt of this letter. If you have any questions, please call 223-4741, Miss Boyle.

Sincerely,

*Robert A. Tobin*  
Robert A. Tobin  
Relocation Officer



B. WARNER SHIPPEE  
Executive Director

# HOUSING AND REDEVELOPMENT AUTHORITY

## OF THE CITY OF SAINT PAUL, MINNESOTA

55 EAST FIFTH STREET  
SAINT PAUL, MINN. 55101

223 - 5218

June 7, 1966

REPLY TO:  
401 Selby Avenue

EUGENE R. LAMBERT  
Chairman  
HARRY P. STRONG JR.  
PATRICK J. TOWLE  
JOHN W. GREENMAN  
ORVILLE E. ANDERSON  
JAMES J. DALGLISH  
FRANK L. LOSS

Carmen Mauricio  
43 Mt. Airy  
Saint Paul, Minnesota

Re: 181 Mt. Airy  
Mt. Airy - Minn. 1-8B  
Parcel No. 8-8

May 5, 1966, we wrote you a letter which gave you notice that you may be eligible to receive cash benefits up to \$500.00. These cash payments are made available under a recently enacted housing law, to former residents of an Urban Renewal area or Public Housing site acquisition area.

In order to determine eligibility and to begin making payments for these cash benefits, we will require your signature on the necessary claim forms.

Please call Miss Boyle at 223-4741 on receipt of this letter so an appointment can be made to determine your eligibility for these cash benefits.

Sincerely,

Robert A. Tobin  
Relocation Officer



# HOUSING AND REDEVELOPMENT AUTHORITY

## OF THE CITY OF SAINT PAUL, MINNESOTA

Notification of Relocation Adjustment

Payment made on May 5 1966 by: R.B.

Answered on Via Phone by: HB

6-2-66

(May make appt. at later date)

55 EAST FIFTH STREET  
SAINT PAUL, MINN. 55101

223-5218

B. WARNER SHIPPEE  
Executive Director

REPLY TO:  
321 Marshall Avenue  
223-4741

EUGENE R. LAMBERT  
Chairman  
HARRY P. STRONG JR.  
PATRICK J. TOWLE  
JOHN W. GREENMAN  
ORVILLE E. ANDERSON  
JAMES J. DALGLISH  
FRANK L. LOSS

*not located*  
*7/28/66 Home visit by CHB,*  
*No claim, Not Eligible - May 5, 1966*  
Geraldine M. Rigali *over income.* Re: 621 Wales Street  
621 Wales Street  
St. Paul, Minnesota *File in parcel folder (Lp)* Mt. Airy - Minn. 1-10  
Parcel No. 5-6

The Housing Act of 1964 contains a provision which permits Relocation Adjustment Payments up to \$500.00 to be made to help certain families and elderly individuals acquire decent, safe and sanitary housing when they move because of public housing site acquisition. The payment is in addition to reimbursement for moving expenses.

These new payments may be made if:

1. You moved from the public housing site area on or after Jan. 27, 1964.
2. Your total family income, or your income as an elderly individual, is within certain specified limits.
3. You are residing in a decent, safe and sanitary private dwelling.

If you are not a member of a family, but are a person living by yourself, you may qualify as an "elderly individual" if you are 62 years of age or over.

Enclosed are three copies of Form H-6141.1, Claim for Relocation Adjustment Payment. Two copies of the form must be completed for our office, so that we may determine your eligibility for a Relocation Adjustment Payment. Keep the other copy for your records.

If you would like help in filling out this form, please call 223-4741 for an appointment and a member of our staff will be happy to assist you. The Relocation Office is open Monday through Friday from 8:00 A.M. to 4:30 P.M., and on Thursday night to 6:30 P.M. Bring with you or mail copies of your 1965 income tax returns filed by you and other members of your family, together with any other personal records which relate to your family's income. If you are an elderly individual, bring your birth certificate or other proof of age.

You should do this promptly because your claim for this payment must be submitted within 60 days of the receipt of this letter. If you have any questions, please call 223-4741, Miss Boyle.

Sincerely,

*Robert A. Tobin*  
Robert A. Tobin  
Relocation Officer



HOUSING AND REDEVELOPMENT AUTHORITY  
OF THE CITY OF SAINT PAUL, MINNESOTA

NOTICE OF VACANCY

DATE: 11-22-65

TO: Robert T Tobin

FROM: Allen Erickson

SUBJECT: Unit Vacant ☒ Building Vacant ☒

Parcel No. \_\_\_\_\_ Project No. MT. Airy Rehab

NAME: Ronald Johnson Status Family

Site Location: 89 E. Arch St. Unit House

New Location: 1264 Laura Ave Unit House

Date of Move: 11-15-65

There are now:

0 units occupied in the building. (☒ Residential ☐ Non-Residential)

These consist of:

0 Families

0 Individual Householders

0 Lodgers

0 Commercials          Other (                                  )

There are 1 vacant units. (Residential plus Non-Residential)

NOTE VACATE DATE ON TENANT LEDGER:

DISTRIBUTION:

Accounting \_\_\_\_\_  
Parcel File \_\_\_\_\_  
Tenant's File \_\_\_\_\_  
Vacancy File \_\_\_\_\_

Allen Erickson  
Relocation Worker

[Signature]  
Relocation Office Supervisor

          
Accounting

LB-11-22-65

*File in parcel folder*



B. WARNER SHIPPEE  
Executive Director

# HOUSING AND REDEVELOPMENT AUTHORITY

OF THE CITY OF SAINT PAUL, MINNESOTA

Notification of Relocation Adjustment  
Payment made on May 5 1966 by A.B.  
Answered on that know by:

55 EAST FIFTH STREET  
SAINT PAUL, MINN. 55101

223-5218

REPLY TO:

321 Marshall Avenue  
223-4741

May 5, 1966

Re: 179 Mt. Airy  
Mt. Airy - Minn. 1-8B  
Parcel No. 8-7

EUGENE R. LAMBERT  
Chairman  
HARRY P. STRONG JR.  
PATRICK J. TOWLE  
JOHN W. GREENMAN  
ORVILLE E. ANDERSON  
JAMES J. DALGLISH  
FRANK L. LOSS

Theresa Rudolph  
1119 Virginia Avenue  
St. Paul, Minnesota

The Housing Act of 1964 contains a provision which permits Relocation Adjustment Payments up to \$500.00 to be made to help certain families and elderly individuals acquire decent, safe and sanitary housing when they move because of public housing site acquisition. The payment is in addition to reimbursement for moving expenses.

These new payments may be made if:

1. You moved from the public housing site area on or after Jan. 27, 1964.
2. Your total family income, or your income as an elderly individual, is within certain specified limits.
3. You are residing in a decent, safe and sanitary private dwelling.

If you are not a member of a family, but are a person living by yourself, you may qualify as an "elderly individual" if you are 62 years of age or over.

Enclosed are three copies of Form H-6141.1, Claim for Relocation Adjustment Payment. Two copies of the form must be completed for our office, so that we may determine your eligibility for a Relocation Adjustment Payment. Keep the other copy for your records.

If you would like help in filling out this form, please call 223-4741 for an appointment and a member of our staff will be happy to assist you. The Relocation Office is open Monday through Friday from 8:00 A.M. to 4:30 P.M., and on Thursday night to 6:30 P.M. Bring with you or mail copies of your 1965 income tax returns filed by you and other members of your family, together with any other personal records which relate to your family's income. If you are an elderly individual, bring your birth certificate or other proof of age.

You should do this promptly because your claim for this payment must be submitted within 60 days of the receipt of this letter. If you have any questions, please call 223-4741, Miss Boyle.

Sincerely,

*Robert A. Tobin*  
Robert A. Tobin  
Relocation Officer



# HOUSING AND REDEVELOPMENT AUTHORITY

OF THE CITY OF SAINT PAUL, MINNESOTA

B. WARNER SHIPPEE  
Executive Director

55 EAST FIFTH STREET  
SAINT PAUL, MINN. 55101

223-5218

June 7, 1966

EUGENE R. LAMBERT  
Chairman  
HARRY P. STRONG JR.  
PATRICK J. TOWLE  
JOHN W. GREENMAN  
ORVILLE E. ANDERSON  
JAMES J. DALGLISH  
FRANK L. LOSS

REPLY TO:  
401 Selby Avenue

Theresa Rudolph  
1119 Virginia Avenue  
Saint Paul, Minnesota

Re: 179 Mt. Airy  
Mt. Airy - Minn. 1-8B  
Parcel No. 8-7

May 5, 1966, we wrote you a letter which gave you notice that you may be eligible to receive cash benefits up to \$500.00. These cash payments are made available under a recently enacted housing law, to former residents of an Urban Renewal area or Public Housing site acquisition area.

In order to determine eligibility and to begin making payments for these cash benefits, we will require your signature on the necessary claim forms.

Please call Miss Boyle at 223-4741 on receipt of this letter so an appointment can be made to determine your eligibility for these cash benefits.

Sincerely,

Robert A. Tobin  
Relocation Officer

HOUSING AND REDEVELOPMENT AUTHORITY  
OF THE CITY OF SAINT PAUL, MINNESOTA

NOTICE OF VACANCY

DATE: 10-29-65

TO: Robert T. Tobin

FROM: Allen Erickson

SUBJECT: Unit Vacant ☒ Building Vacant ☒

Parcel No. Min. 1-8B Project No. MT. Airy Rehab.

NAME: Michael Ketchum Status Family

Site Location: 93 E. Arch St. Unit House

New Location: 502 W. 5th St. ~~Unit~~ Hastings, Minn.

Date of Move: 10-9-65

There are now:

0 units occupied in the building. (0 Residential        Non-Residential)

These consist of:

0 Families

0 Individual Householders

0 Lodgers

0 Commercials        Other (      )

There are 1 vacant units. (Residential plus Non-Residential)

NOTE VACATE DATE ON TENANT LEDGER:

DISTRIBUTION:

Accounting       

Parcel File       

Tenant's File       

Vacancy File       

Allen E. Erickson

Relocation Worker

Robert T. Tobin

Relocation Office Supervisor

Accounting



HOUSING AND REDEVELOPMENT AUTHORITY  
OF THE CITY OF SAINT PAUL, MINNESOTA

NOTICE OF VACANCY

DATE: 10-6-65

TO: Robert T Tobin

FROM: Allen Erickson

SUBJECT: Unit Vacant ☒ Building Vacant ☒

Parcel No. \_\_\_\_\_ Project No. MT. Airy Rehab.

NAME: Carl Ziemer Status Family

Site Location: 627 Wales Unit down

New Location: 365 N. Smith Ave. Unit upper

Date of Move: 10-2-65

There are now:

0 units occupied in the building. (☒ Residential ☐ Non-Residential)

These consist of:

☐ Families

☐ Individual Householders

☐ Lodgers

☐ Commercial ☐ Other (\_\_\_\_\_)

There are 2 vacant units. (Residential plus Non-Residential)

NOTE VACATE DATE ON TENANT LEDGER:

DISTRIBUTION:

Accounting \_\_\_\_\_

Parcel File \_\_\_\_\_

Tenant's File \_\_\_\_\_

Vacancy File \_\_\_\_\_

Allen Erickson  
Relocation Worker

[Signature]  
Relocation Office Supervisor

[Signature]  
Accounting

BR-101  
Revised (10-64)

Note: Please return to Allen for follow up - AZ

2B-11-10-65

HOUSING AND REDEVELOPMENT AUTHORITY  
OF THE CITY OF SAINT PAUL, MINNESOTA

NOTICE OF VACANCY

DATE: Oct 4, 1965

TO: R. Tolun

FROM: L. Peterson

SUBJECT: Unit Vacant ☒ Building Vacant ☒

Parcel No. \_\_\_\_\_ Project No. add. to Mt. Aery Home  
minn. 1-8B.

NAME: Thomas Valtierra Status Family

Site Location: 179 Mt. Aery Unit single fam. house

New Location: 155 E. Acker 687 1/2 Central Unit " "

Date of Move: August, 1965 rowhouse  
brick

There are now: September  
September 30, 1965

0 units occupied in the building. (☒ Residential ☐ Non-Residential)

These consist of:

☐ Families

☐ Individual Householders

☐ Lodgers

☐ Commercial ☐ Other (\_\_\_\_\_)

There are 1 vacant units. (Residential plus Non-Residential)

NOTE VACATE DATE ON TENANT LEDGER:

DISTRIBUTION:

Accounting \_\_\_\_\_  
Parcel File \_\_\_\_\_  
Tenant's file \_\_\_\_\_  
Vacancy file \_\_\_\_\_

Lari A. Peterson  
Relocation Worker

P. J. Hach  
Relocation Office Supervisor

L.B. - 10-4-65  
Accounting

BR-101

Revised (10-64)

HOUSING AND REDEVELOPMENT AUTHORITY  
OF THE CITY OF SAINT PAUL, MINNESOTA

NOTICE OF VACANCY

DATE: 8-28-65

TO: R. TOBIN

FROM: T. KANN

SUBJECT: Unit Vacant ☐ Building Vacant ☒

Parcel No. \_\_\_\_\_ Project No. \_\_\_\_\_

NAME: SABERKO, LEON Status M

Site Location: 69 Mt. AIRY Unit HOUSE

New Location: 1115 REANEY AVE. Unit \_\_\_\_\_

Date of Move: 8-28-65

There are now:

0 units occupied in the building. (☒ Residential ☐ Non-Residential)

These consist of:

0 Families

0 Individual Householders

0 Lodgers

0 Commercials ☐ Other (\_\_\_\_\_)

There are 1 vacant units. (Residential plus Non-Residential)

NOTE VACATE DATE ON TENANT LEDGER:

DISTRIBUTION:

Accounting \_\_\_\_\_  
Parcel File \_\_\_\_\_  
Tenant's File \_\_\_\_\_  
Vacancy File \_\_\_\_\_

Timothy O. Kann  
Relocation Worker

Robert A. Ashman  
Relocation Office Supervisor

L.B. - 8.31-65  
Accounting

HOUSING AND REDEVELOPMENT AUTHORITY  
OF THE CITY OF SAINT PAUL, MINNESOTA

NOTICE OF VACANCY

DATE: 7-28-65

TO: Relocation Officer

FROM: T. Vann

SUBJECT:           Unit Vacant ☒ Building Vacant ☒

Parcel No. \_\_\_\_\_ Project No. \_\_\_\_\_

NAME: Cooksey, Oliver Status M

Site Location: 623 Wales Unit House

New Location: 829 Selby Dn Unit 1st. Fl.

Date of Move: 7-24-65

There are now:

0 units occupied in the building. (☒ Residential ☐ Non-Residential)

These consist of:

0 Families

\_\_\_\_\_ Individual Householders

\_\_\_\_\_ Lodgers

\_\_\_\_\_ Commercial \_\_\_\_\_ Other (\_\_\_\_\_)

There are 1 vacant units. (Residential plus Non-Residential)

NOTE VACATE DATE ON TENANT LEDGER:

DISTRIBUTION:

Accounting \_\_\_\_\_  
Parcel File \_\_\_\_\_  
Tenant's File \_\_\_\_\_  
Vacancy File \_\_\_\_\_

T. O. Vann

Relocation Worker

  
Relocation Office Supervisor

Accounting \_\_\_\_\_



Scarlet Flame  
Phoenix  
Winterking

QUALITY COALS

*Always a Privilege to Serve You*

Sunny Home  
Blue Boy  
White Oak

Call or Write

LEO LOHMAR

646-7884

CARNEGIE DOCK & FUEL CO.

St. Paul

L  
Type up  
not a motion picture  
PD + Russ +  
m DA



WILLIAM R. CARTER JR.  
Executive Director

# HOUSING AND REDEVELOPMENT AUTHORITY

## OF THE CITY OF SAINT PAUL

November 23, 1962

55 EAST FIFTH STREET  
SAINT PAUL 1, MINN.

Capital 7-7523

HAROLD J. MORIARTY  
Chairman

CARL CUMMINS, JR.  
Vice Chairman

PATRICK J. TOWLE  
Secretary

JOHN W. GREENMAN  
Assistant Secretary

FRANK H. DELANEY  
Treasurer

Mr. Harold J. Drinkwine  
124 Arch Street  
Saint Paul 1, Minnesota

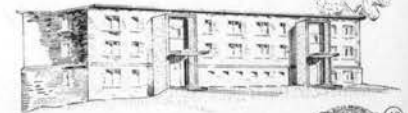
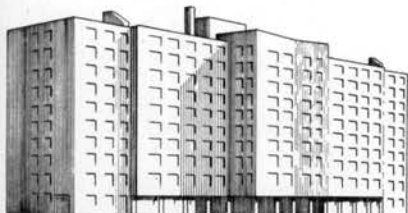
Dear Mr. Drinkwine:

The Housing and Redevelopment Authority has received tentative site approval for the construction of additional low-income housing for the elderly and families in the City of Saint Paul. A portion of this housing will be built on the property where you now live, and at a future date, will necessitate the purchase of this property.

Let me reassure you that at the present time the Authority is making arrangements to adequately assist you in the relocation of you and your family. In the very near future a representative of our Relocation Department will call on you personally, and he will have a time schedule that the Authority will follow and will also be prepared to answer all of your questions. We would ask that you cooperate with him and give him any information that he might need so that he can assist you in relocating to a suitable home that satisfies your needs and desires.

Sincerely yours,

*W. R. Carter, Jr.*  
W. R. Carter, Jr.  
Executive Director



223. Occupancy of Dwellings on Site and Demonstration of Feasibility of Relocation of Site Occupants

a. Occupancy of Dwelling

1. Present a reasonably sound estimate of the number of families to be displaced from the site, including at least the following data:

White   Negro   Other

Number of Families Living on Site  
Number Apparently Eligible for  
Public Low-Rent Housing  
Number Not Eligible

The data need not be given in the above form if more detailed information is available.

2. Give the sources of the above estimates.

b. Demonstration of Feasibility

1. If there are any families living on the proposed site give information sufficient to demonstrate the feasibility of relocating the families to be displaced from the site. (See Manual Section 209.1). This demonstration should be made separately for:

- (a) Families Apparently Eligible for Public Low-Rent Housing. For families apparently eligible for public low-rent housing all relocation, except directly into public housing, can be considered as temporary. For these families submit information on:

- (1) Turnover and vacancies in public low-rent projects;
- (2) Turnover and vacancies in private dwelling accommodations at equivalent rent levels; and
- (3) Probability of inducing families to double up in existing private housing until project is completed.

- (b) Families Not Eligible for Public Housing. For these families submit data on any new construction of and on turnover and vacancies in private dwelling accommodations of no worse condition than those on the site and within the financial means of the families to be displaced.

2. If any other substantial amount of relocation will take place from other sites in the locality before or during the time occupants of the site of this project are to be relocated, list the other sites and for each furnish:

- (a) The type of project (low-rent housing, urban redevelopment, express highway, etc.);
- (b) The approximate time of relocation;
- (c) The approximate number of families, by race; and
- (d) If available, information as to the number of families eligible and not eligible for public housing.

3. To complete the demonstration of the feasibility of relocation, relate the number of families to be relocated to the number of dwellings available. If it is necessary to depend on turnover in low-rent or other housing, the demonstration must also relate the time of relocation to the time of availability of other housing. If the relocation is to extend over a period of time, the demonstration must include a schedule showing the number of families to be relocated at different times. The demonstration must recognize any restrictions in the supply for families of minority groups. The demonstration must take into account the demands of any other relocation as described in Item 223b2.

224. Relocation Plan

Describe the proposals which the Local Authority considers necessary for providing the following: (See Manual Section 209.1).

- a. Personnel to handle relocation;
- b. Office at the site or elsewhere at which families may obtain information;
- c. Survey of site occupants to determine individual family rehousing needs and problems;
- d. Notification to families of the availability of advice and assistance in finding other quarters;
- e. Arrangements for obtaining information on vacancies;
- f. Inspection of any vacancies to which families not eligible for public low-rent housing are to be referred;
- g. Arrangements for obtaining the cooperation of other community agencies;
- h. Arrangements for coordinating the relocation activities of the Local Authority with those of any other local agency which is engaged in a relocation program;
- i. Any other actions deemed necessary by the Local Authority; and
- j. An estimate of the cost of relocation broken down by
  1. Administrative costs; and
  2. Costs of direct assistance (including estimated number of cases for which such assistance will be necessary).

225. Interest of Members of Local Authority or Others in the Proposed Site

If no member, officer, or employee of the Local Authority or former member, officer, or employee of the Local Authority who ceased to be a member, officer, or employee within one year has any interest direct or indirect in any property planned to be included in the project, this fact should be stated here in full. If any such member, officer, or employee has acquired any such interest the statement shall include an exception clause stating in full detail the nature of any such interest.

226. Probable Acquisition Difficulties

Describe acquisition difficulties anticipated in connection with the proposed site, and the probable time required for acquiring the site.



223. DEMONSTRATION OF FEASIBILITY OF RELOCATING FAMILIES ON SITE

a. Accuracy of Housing

1.	white	Negro	Other
Number of families living on site	0	14	0
Number apparently eligible for public low-rent housing	0	14	0
Number not eligible	0	0	0

2. A physical survey of the sites is the source of the above estimate.

b. Demonstration of Feasibility

1. As scheduled above, the number of families to be relocated is 14, all with an income of less than the maximum permissible for low-rent housing. They are all negro families. Time of displacement of these families will occur when site approvals are secured. There is no reason to believe that this small number of families cannot be accommodated in public housing or in private housing, whichever the family prefers. Restrictions in the supply of housing for these families is not expected to be a problem. Nor is it expected that any great demand on available public housing or private housing will occur at one time.

(a) Does not apply as families can be relocated directly into public housing.

(b) All families are eligible for public housing.

2.

(a) Clearance along the route of Interstate Highway 994 will clear the following number of families:

(b)	Total Load	Individuals	Families	Time
East Seventh & Broadway	130	90	40	6-30-61
From Alamo west	135	10	125	9-30-61
Rice & Summit	75	40	35	12-31-61
	340	140	200	

(c) All are white

(d) Approximately 130 families and individuals are eligible for public housing (East Seventh Street & Broadway); 210 are not eligible.

Set up chart

What does this mean

Make a chart

3. During a years' time, the turnover is 26.04 per cent of the total of 1,285 low-rent public housing units. This would mean that during the year, 335 units would be vacated. With this rate of turnover, it is not expected that any peak demand will occur due to relocation of only twelve families. Relocation will occur over a short period of time for the sites, but free-way location will occur over a period of one and one-half years.

224. RELOCATION PLAN

- a. The Central Relocation and Information Service is staffed by the Director of Planning who is also the Relocation Officer, an Assistant Relocation Officer, Housing Locator and Clerk-Stenographer.
- b. The office is presently located at 1745 City Hall and Court House.
- c. A physical survey of the area indicates fourteen families will be displaced.
- d. The attached letter and brochure is sent to all families displaced by public action in the City of Saint Paul.
- e. Daily newspapers, private rental agencies and the physical examination of where rental vacancies are known to occur.
- f. Inspection and certification is made of all rental units by the Central Relocation staff before referral is made.
- g. A close working relationship is maintained with the various local agencies, i.e. Ramsey County Welfare Board, Red Cross - Saint Paul area, Health Council and other interested agencies.
- h. The Central Relocation and Information Service of the Housing and Redevelopment Authority of the City of Saint Paul, Minnesota, is prepared to assist all persons displaced in the City as a result of public action.

*Rental Estate Board?*

LIST OF MINN. 1-8 (MT. AIRY) (18 Parcels)

PARCEL NO.	ADDRESS	OWNER
4-8A	89 E. Arch St. (Not to be demolished)	Isabelle E. Beattie ✓
4-8B	93 E. Arch St. (Not to be demolished)	Florence C. Beattie ✓
4-9	97 E. Arch St. (Not to be demolished)	Steve J. & Rose Mary Satack ✓
5-4	627 Wales St. (Not to be demolished)	Louis J. & Pauline F. Bidon
5-5	623 Wales (Not to be demolished)	Gary I. Olson
5-6	621 Wales St. (Not to be demolished)	Humbert & Geraldine M. Rigali
5-7	617 Wales St. (Not to be demolished)	Myron E. Jones
6-11	75 Mt. Airy St. (Not to be demolished)	Agostino DeLisi- <i>Richard E. Davis</i>
6-12	69 Mt. Airy St. (Not to be demolished)	Lucille Ciresi
6-18	626 Wales St. <del>(Not to be demolished)</del>	Dr. Reuben J. Holm
6-19	124-128 E. Arch St. (Not to be demolished)	Harold J. Drinkwine
8-7	179 Mt. Airy St. (Not to be demolished)	Theresa E. Rudolph
8-8	181 Mt. Airy St. <del>(Not to be demolished)</del>	Gavino P. Medina
8-9	185 Mt. Airy St.	Cora M. Davis
8-10	187 Mt. Airy St.	Ivan Kowalinka
8-11	Vacant Lot (Mt. Airy St. (to be donated)	Housing & Redevelopment Authority
8-12	199 Mt. Airy St.	Walter W. Jones
8-18	599-601-603-605 L'Orient St.	Esther Bergmann ✓

6 to be Demolished





# HOUSING AND REDEVELOPMENT AUTHORITY

OF THE CITY OF SAINT PAUL, MINNESOTA

*Louise Jones - Minn 1-8B*

55 EAST FIFTH STREET  
SAINT PAUL, MINN. 55101

223-5218

B. WARNER SHIPPEE  
Executive Director

*Not Eligible - She under 62 -*

*(Rt - she will be 62 in a few days, but as I remember, Dr. Ramsey, stated age effective as of date of ratification on all retroactive). - correct?*

*[Signature]*

We are sorry to advise you that we have examined the relocation adjustment payment claim recently submitted by you and have found that you are not eligible to participate in this program for the following reason:

If you have any questions regarding the program, please feel free to call on us at the Relocation Office.

Sincerely,

Robert A. Tobin  
Relocation Officer



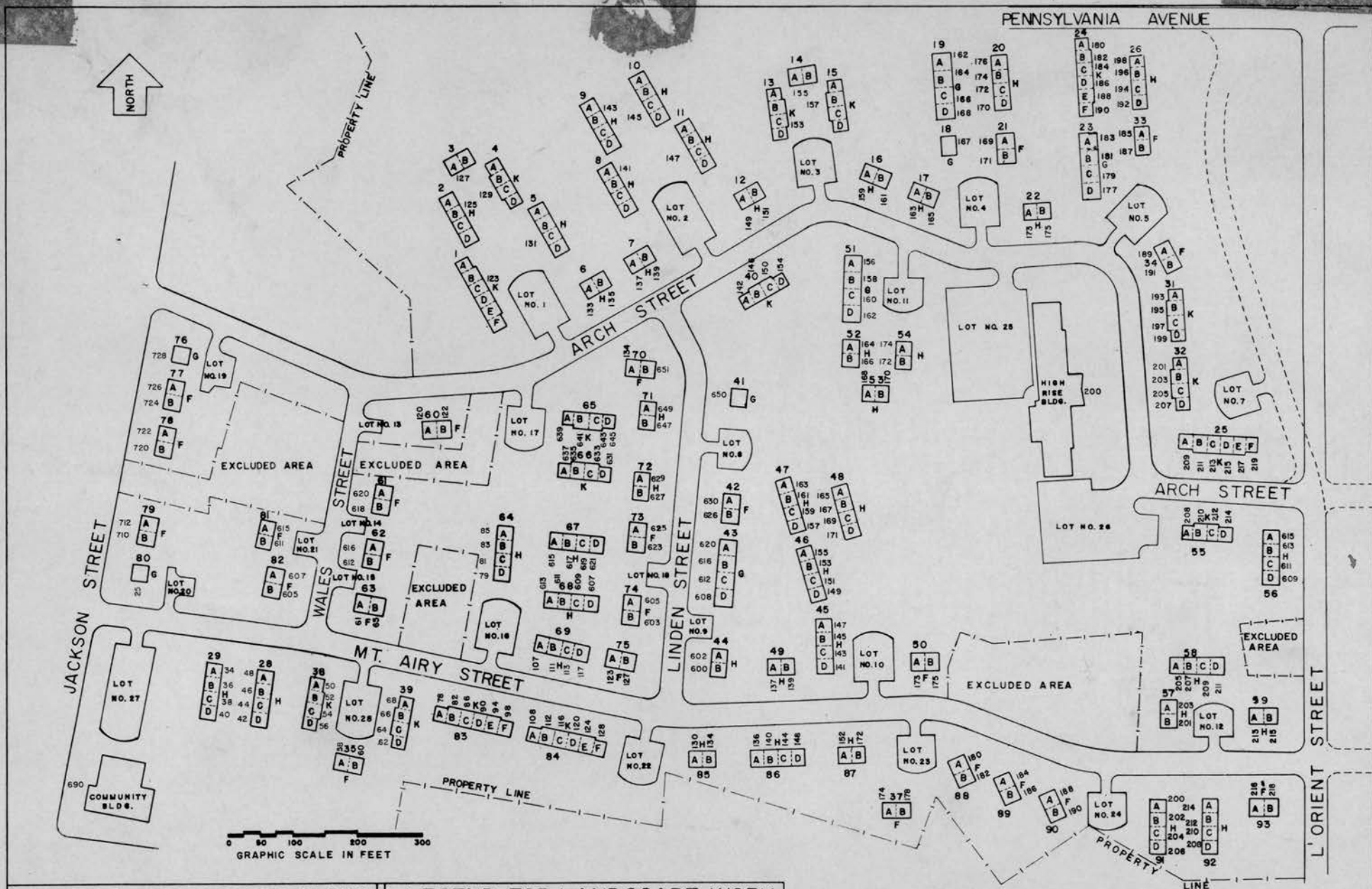
LB

see send app.

little

10

014  
104724



### LEGEND FOR CONSTRUCTION

OUTLINED- IN PROGRESS	
FILLED IN SOLID SAME COLOR FINISHED	
EXCAVATIONS AND FOUNDATIONS	BLACK
WALLS AND FLOORS	ORANGE
MISC. WORK PREVIOUS TO PLASTERING	GREEN
PLASTERING	BLUE
MISC. WORK AFTER PLASTERING	BROWN
PUNCH LIST ITEMS	RED

### LEGEND FOR LANDSCAPE WORK

OUTLINED - IN PROGRESS	
MATCHED SAME COLOR FINISHED	
PLANTING- TREES AND SHRUBS	YELLOW
LAWN WORK	PURPLE

PUBLIC HOUSING ADMINISTRATION  
HOUSING & HOME FINANCE AGENCY

HOUSING & REDEVELOPMENT AUTHORITY OF  
THE CITY OF ST. PAUL, MINNESOTA

11 July 1958

J.B.D. jr

MT. AIRY HOUSING PROJECT  
PROJECT NO. MINN.1-3

## HOUSE NUMBERS DIAGRAM

MINN. 1-8MT. AIRY EXCLUDED RESIDENTS

Isabelle Beattie	89 E. Arch
Louis Bidon	627 Wales
Lucille Ciresi	69 Mt. Airy
Rose Cramsie	599 L'Orient
Sylvester Davis	185 Mt. Airy
Dorothy Doten	185 Mt. Airy
Richard Drobinski	75 Mt. Airy
Sam Fedoruk	187 Mt. Airy
Sidney Finden, Sr.	605 L'Orient
Frank Fleischman	601 L'Orient
Waldemar Horner	605 L'Orient
Louise Jones	199 Mt. Airy
Myron Jones	617 Wales
Richard Koethe	603 L'Orient
Ivan Kowalenko	187 Mt. Airy
Magdelene Lemke	627 Wales (Up)
Carmen Mauricio	181 Mt. Airy (Up)
Rudolf Miller	85 E. Arch
Gary Olson	623 Wales
Albin Osmek	626 Wales
Gerald Pignato	179 Mt. Airy (Down)
Clarence Reis	93 E. Arch
Lester M. Remmen	626 Wales (Down)
Geraldine M. Rigali	621 Wales
Theresa Rudolph	179 Mt. Airy
Steve Satack	97 E. Arch
Manley Storey	124 Arch
Michael Teibel	199 Mt. Airy (Up)
John Valtierra	181 Mt. Airy (Down)