

DEPARTMENT OF THE INTERIOR
WAR RELOCATION AUTHORITY

APPLICATION FOR RELOCATION ASSISTANCE

To: ERNEST J. PALMEE (Project director)
BOISE IDAHO (Relocation officer)
(Relocation center)
(District office)

Date 2-15-46

Family number 16796

I, Mrs MAFU YAMADA, hereby apply for relocation assistance for the listed members of my family.

NAMES OF PERSONS FOR WHOM ASSISTANCE IS REQUESTED <small>(Name of applicant, when included, on line 1) (Give point of departure if other than point at which application is made)</small>	RELATIONSHIP TO APPLICANT	AGE	SEX	EVACUEE STATUS <small>SEE CODE*</small>	CHECK ONE WILL ACCOMPANY WILL LEAVE LATER	DESTINATION	THIS SECTION TO BE COMPLETED BY LEAVE OFFICER OR RELOCATION OFFICER				
							TRANS-PORTATION		SUB-SISTENCE		TOTAL
							COMMON CARRIER	AUTOMOBILE ALLOWANCE	MEALS EN ROUTE	RELOCATION SUBSISTENCE	
1. <u>Mac J. Yamada</u>	<u>sp</u>	<u>27</u>	<u>F</u>	<u>R</u>		<u>RENT, WASH</u>		<u>X</u>		<u>\$25.00</u>	
2. <u>Douglas J. "</u>	<u>son</u>	<u>2 1/2</u>	<u>M</u>	<u>X</u>		<u>" "</u>					
3. <u>Alan Kay "</u>	<u>son</u>	<u>1</u>	<u>M</u>	<u>X</u>		<u>" "</u>					
4.											
5.											
6.											
7.											
8.											
9.											

DO NOT WRITE BELOW THIS LINE

* CODE FOR EVACUEE STATUS:
R-Relocatee (Indefinite Leave)
V-Voluntary Evacuee
E-Exclude

Initial grant \$	1. Total for form 1930	\$
Later disbursement \$	2. Total for automobile travel	\$
Total \$	3. Total transportation grant	\$
Approved by	4. Total for meals en route	\$
Date	5. Total for relocation subsistence	\$
	6. Total subsistence grant (4 plus 5)	\$
	7. Total amount requested (3 plus 6)	\$
	8. Total cash grant (2 plus 6)	\$ <u>25.00</u>

Transportation grant paid date _____ Subsistence grant paid date _____
Voucher No. _____ Travel request No. _____ Voucher No. _____
Amount \$ _____ Amount \$ _____

(Over)

IF APPLICATION IS MADE FOR SUBSISTENCE GRANT, APPLICANT WILL FILL IN THIS SECTION

My earnings plus those of the members of my family listed in this application during the past 6 months have been \$ none; our resources in cash available for use on this trip include (1) currency on hand \$ _____; (2) funds in checking or savings accounts (such as banks, savings and loan associations, and postal savings accounts) \$ _____; (3) income expected within next 30 days from property investments or other sources than WRA cash advances (wage payments) or grants \$ 100.00 **TOTAL RESOURCES IN CASH*** \$ 400.00 I certify that neither I nor any member of my family listed in this application has any other resources in cash not stated herein. allotment

*"Resources in Cash" shall not be construed to include war bonds, securities, insurance policies, trust funds, nonrevenue-producing property, nor any type of property, personal or otherwise, not mentioned above as constituting "resources in cash."

I further certify that the following are the only PREVIOUS RELOCATION ASSISTANCE GRANTS received by me or listed members of my family. (If no such grant has been received, check here: None.)

PERSON RECEIVING GRANT	AMOUNT	WHERE MADE	DATE APPLIED FOR	DATE RECEIVED

IF TRAVEL IS BY PERSONALLY OWNED AUTOMOBILE

MILEAGE	NAMES OF RIDERS NOT LISTED ON PAGE 1	TRANSPORTATION ALLOWANCE		NUMBER OF DAYS SUBSISTENCE EN ROUTE
		At 5 Cents a Mile	Common Carrier Cost	
<u>500</u>		<u>\$25.00</u>	<u>\$13.13 (one fare)</u>	

Route 2 - KENT WASH
(Pre-evacuation address: Street, city, state)

Route 4 Box 124 - KENT WASH
(Address to which subsistence and grant check should be mailed)

If applicant is not center resident, state center in which he resided TULE LAKE

Date left center MAR 2, 1943 (Attached verification in file)

I AGREE to report any change in destination to the relocation officer for the district of actual destination and to surrender to him any unused portion of railroad tickets or travel grants and a proportionate amount of any subsistence grants made as a result of this application. If this application is for assistance to return to the evacuated area, I hereby certify that neither I nor any family member listed is excluded therefrom by military order.

I CERTIFY that all statements and information contained in this application are true and correct to the best of my knowledge. I have no property in government storage.

Date 2-15-46 Signature Muel Salgado Ymaza

Present address PO BOX 482 - ONTARIO OREGON

(TO BE FILLED IN BY WRA EMPLOYEE RECEIVING APPLICATION)

Destination Status Relocation plan approval Gasoline ration if by private car Property Form 156 none

Kent, Wash. R I have interviewed the applicant, examined all documents in support of this application and find that the applicant is eligible for travel grant and/or subsistence grant.

Date _____ Signature Gilbert L. McMill

CHECK LIST