

B

STATE OF LOUISIANA

NO: 15 0730

DIVISION: \_\_\_\_\_

STATE OF LOUISIANA-DIVISION OF ADMINISTRATION,  
OFFICE OF COMMUNITY DEVELOPMENT,  
DISASTER RECOVERY UNIT -  
HAZARD MITIGATION GRANT PROGRAM

FILED

VS.

JUN 25 2015

ELOISE JACKSON

*Randy S. Nunez*  
CLERK OF COURT  
ST. BERNARD PARISH

PETITION FOR DECLARATORY JUDGMENT AND FOR  
JUDGMENT TO RECOVER HAZARD MITIGATION  
GRANT PROGRAM FUNDS

NOW INTO COURT, through undersigned counsel, comes Petitioner, the State of Louisiana, Office of Community Development, Disaster Recovery Unit - Hazard Mitigation Grant Program (hereinafter "HMGP"), which respectfully files this Petition for Declaratory Judgment and for Judgment to Recover Hazard Mitigation Grant Program Funds. In support, HMGP respectfully represents:

1.

The Defendant in this case is Eloise Jackson, a major domiciliary of St. Bernard Parish, who voluntarily participated in HMGP to mitigate her home after Hurricane Katrina.

2.

HMGP is a mitigation program funded by FEMA and is administered by the State of Louisiana, the grantee. HMGP assists homeowners whose homes were damaged as a result of Hurricanes Katrina and Rita. It also helps homeowners in coastal Louisiana protect their homes from damage, which may occur in future natural disasters, by elevating their homes, reconstructing safer structures, or installing individual mitigation measures. The State of Louisiana serves as the funding vehicle by which FEMA funds are awarded to eligible homeowners.

3.

Defendant executed a Voluntary Participation Agreement (hereinafter "VPA") on July 27, 2008 to participate in HMGP and to receive an HMGP grant. Defendant also agreed to comply with all HMGP guidelines, which includes using HMGP funds for their intended purpose. *Exhibit A.*



4.

FEMA funds (hereinafter "FEMA Grant Funds") in the amount of \$7,009.00 were paid to Defendant by HMGP on or about February 22, 2011 for the specific purpose of Individual Mitigation Measures (hereinafter "IMM") at her home located at 5636 4<sup>th</sup> Street, Violet, LA 70092. *Exhibit B.* Applicant has made a payment of \$87.26, leaving a balance of FEMA Grant Funds due and owing in the amount of \$6,921.74.

5.

Photographs dated April 7, 2015 show that although the FEMA Grant Funds were received, Defendants' home was not mitigated. *Exhibit C.*

6.

Three (3) separate collection letters were mailed to Defendant at 5636 4<sup>th</sup> Street, Violet, LA 70092, which was the address submitted by her when she applied for the HMGP grant. The first letter dated December 16, 2013 was sent Certified Mail 7011 1150 0001 2125 4760 and was received on December 20, 2013. *Exhibit D (in globo).*

7.

The second letter dated March 21, 2014 informed Defendant that the FEMA Grant Funds had to be returned to the State of Louisiana. *Exhibit E (in globo).*

8.

The April 13, 2015 demand letter was sent Certified Mail 7013 3020 0000 6500 5468 and delivery was accepted on April 14, 2015. *Exhibit F (in globo).*

9.

Defendant has failed to respond to the letters and has failed to return the funds to the State.

10.

Defendant's failure to return the FEMA Grant Funds has resulted in Defendant owing to HMGP the FEMA Grant Funds, which must be recovered by HMGP, the State program charged with distributing FEMA funds for mitigation projects.

11.

HMGP must account to FEMA for all funds issued to homeowners. Failure of HMGP to recover the FEMA Grant Funds from Defendant will result in reimbursement to FEMA being required by the State of Louisiana.



12.

HMGP requests that the debt of \$6,921.74 owed by Eloise Jackson to HMGP be recognized and that judgment in favor of HMGP be granted, directing Defendant to return and pay the FEMA Grant Funds to the State, in full.

**ALL PREMISES CONSIDERED, WHEREFORE, HMGP PRAYS:**

- a. That this Honorable Court declare that Defendant, Eloise Jackson, non-compliant with the Voluntary Participation Agreement signed by her;
- b. That this Honorable Court declare that Defendant, Eloise Jackson, is indebted to HMGP in the amount of \$6,921.74 because of her failure to mitigate her home according to her agreement to abide by HMGP guidelines, including using HMGP funds for their intended purpose;
- c. That Defendant, Eloise Jackson, be ordered to return the \$6,921.74 HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendant, Eloise Jackson the full sum of \$6,921.74 ;
- e. That Defendant, Eloise Jackson, be assessed all costs and fees associated with this matter; and
- f. That the Court grant such other relief as is just and proper.

Respectfully submitted:

**FOR HMGP:**



La Koshia R. Roberts  
Bar Roll No. 26715  
State of Louisiana, through  
its Division of Administration  
2021 Lakeshore Drive, Suite 100  
New Orleans, Louisiana 70122  
Telephone: (504) 284-4022  
Facsimile: (504) 284-4091  
[LaKoshia.Roberts@la.gov](mailto:LaKoshia.Roberts@la.gov)

T. Randolph Richardson (Special Counsel)  
Bar Roll No. 11245  
Law Office of T. Randolph Richardson  
1010 Common Street, Suite 3000  
New Orleans, LA 70112  
Phone: 504-212-4163  
Fax: 504-581-7083  
Email: [trichar994@aol.com](mailto:trichar994@aol.com)

**PUBLIC ENTITY/FEE EXEMPT  
(La.R.S. 13:4521 and 13:5112)**

**PLEASE SERVE:**

**ELOISE JACKSON  
5636 4<sup>th</sup> STREET  
VIOLET, LA 70092**



34<sup>TH</sup> JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. BERNARD

**B**

STATE OF LOUISIANA

NO: ~~15~~ 0730

DIVISION: \_\_\_\_\_

STATE OF LOUISIANA-DIVISION OF ADMINISTRATION,  
OFFICE OF COMMUNITY DEVELOPMENT,  
DISASTER RECOVERY UNIT –  
HAZARD MITIGATION GRANT PROGRAM

VS.

ELOISE JACKSON

FILED

JUN 25 2015  
Klaudia Canavella  
CLERK OF COURT  
ST. BERNARD PARISH

VERIFICATION

CONSIDERING THE FOREGOING PETITION FOR RECOVERY OF HAZARD  
MITIGATION GRANT PROGRAM FUNDS:

I, CRAIG P. TAFFARO, JR., Director of the State of Louisiana’s Hazard Mitigation  
Grant Program, declare under penalty of perjury that the representations made in the foregoing  
Petition are true and correct to the best of my knowledge, belief and understanding.

THUS DONE ON THIS 24<sup>th</sup> DAY OF June 2015 IN New Orleans,  
Orleans Parish, LOUISIANA.

C. Taffaro, Jr.  
Craig P. Taffaro, Jr.

La Koshia Reconda Roberts  
La Koshia Reconda Roberts

Notary Public  
Bar Roll No. 26715  
My Commission expires at death.



**HMGP AWARD FORM**  
Complete and return this form by mail to:  
Elevation Programs  
PO Box 5098  
Baton Rouge, LA 70821-5098



RECEIVED AUG 06 2008

**SECTION 1: ELEVATION ELECTION (check one)**

- I have sold the home that was damaged during the storm and therefore will not be participating in the HMGP Award Program.
- I am **not** interested in receiving an HMGP Award

IF YOU CHECKED EITHER OF THE ABOVE: STOP, SIGN BELOW AND RETURN THIS FORM, OTHERWISE CONTINUE.

Applicant or Co-applicant Name \_\_\_\_\_

Applicant or Co-Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Are you signing as an agent with the Power of Attorney for an applicant?  
If signing as agent with Power of Attorney (POA):

JUN 25 2008 NO

Agent name (person w/ POA) \_\_\_\_\_

Agent signature \_\_\_\_\_

*Corinne J. Dwyer*  
CH. DEPUTY CLERK  
ST. BERNARD PARISH

I AM INTERESTED IN RECEIVING A HMGP AWARD. IF YOU CHECK THE BOX, YOU NEED TO COMPLETE SECTION 2 & 3

**SECTION 2:** Complete this section only if you are interested in receiving an HMGP Award

1. The status of elevation work to my home is: **(Select the one answer that most closely fits your situation)**

- As of March 16, 2008, I have completed or will have completed elevation of my home to meet the latest elevation standards in my community.
- As of March 16, 2008, I will have started, but not completed, elevation of my home to meet the latest elevation standards in my community.
- I do not plan to start elevation of my home to meet the latest elevation standards in my community before March 16th. I expect to start by January 2009.

2. My home to be elevated was initially constructed: **(mark all that apply)**

- During or before 1964
- My damaged home from the time of the storm has been demolished or cleared.
- After 1964
- Don't know

**SECTION 3:** Complete this section only if you are interested in receiving an HMGP Award

**Voluntary Participation Agreement**  
**Statement of Compliance**

This Agreement of Voluntary Participation is made on July 27, 2008 (date). I/we are the owner of the following property, eligible for Road Home assistance and damaged by Hurricane Katrina and/or Rita at the following municipal address:

5636 4th street violet La St. Bernard 70092 (the "Property").  
Street City Parish ZIP

We currently plan to participate in the HMGP Award program. I/we understand that the elevation of this Property with an HMGP Award is voluntary in nature; that I/we are under no obligation to participate; and that I/we may drop out of the program at any time before receiving an award. I/we understand that once the home is elevated that I/we must secure and maintain a flood insurance policy.

Eloise Jackson  
Applicant or Co-Applicant Name

Eloise Jackson  
Applicant or Co-Applicant signature

7-27-08  
Date

Are you signing as an agent with the Power of Attorney for an applicant?  
If signing as agent with Power of Attorney (POA):

YES  NO

Agent name (person w/ POA) \_\_\_\_\_

Agent signature \_\_\_\_\_

Date \_\_\_\_\_







Office of Statewide Reporting and Accounting Policy

NFO Louisiana

Logoff

Payee Locations

Payee Search

Payments

Help

### Payee Detail

Sort the information below by clicking on the column headers. Click on the agency number below for contact information.

**Payee Remittance Address:**

5636 4TH ST  
VIOLET, LA 70092

**Check/EFT Number:** AD 00003948984

**Check/EFT Date:** 02/22/2011

**Status Change Date:** //

**Status:** Outstanding

**Check/EFT Line Details:**

(click on agency for contact information)

**Check/EFT Total:** 7,009.00

Total Number of Lines : 1

Agency	Document ID	Ref Doc ID	Invoice #	Comments	Line Amount
107	PVQ0004E1B3		HM0300006439	06HH042473	7,009.00

ISIS Calendar (CY)

Help Desk

GASB 34 and 35

Search OSRAP

Contacts

**FILED**

JUN 25 2015

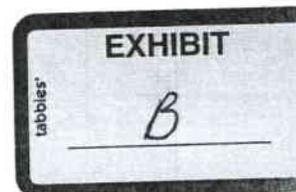
*Comin Dancer*  
CH. DEPUTY CLERK  
ST. BERNARD PARISH

06HH042473

CLOISE JACKSON  
Printout from OSRAP



% % 0 6 H H 0 4 2 4 7 3 % % % % % 7 5



2/22/2011



**FILED**

JUN 25 2015

CH. DEPUTY CLERK  
ST. BERNARD PARISH

PROPERTY ID: 042475

DAMAGED PROPERTY ADDRESS: 5636 FOURTH ST. VICTOR 70022

DAMAGED PROPERTY COORDINATES: LATITUDE: \_\_\_\_\_

LONGITUDE: \_\_\_\_\_

Home Occupied: Yes  No

Windows - Count the number of window openings and itemize by product type below:

Impact	Accordion	Bertna	Colonial	Roll-Down	Panel	Screen	Total # of Windows

Total Number of Windows Not Mitigated: \_\_\_\_\_

Doors - Count the number of doors & itemize by product type below:

Solid	Door with Glass	Total # of Doors

Total Number of Doors with Glass Not Mitigated: \_\_\_\_\_

\*HMGP does not require solid doors to be mitigated

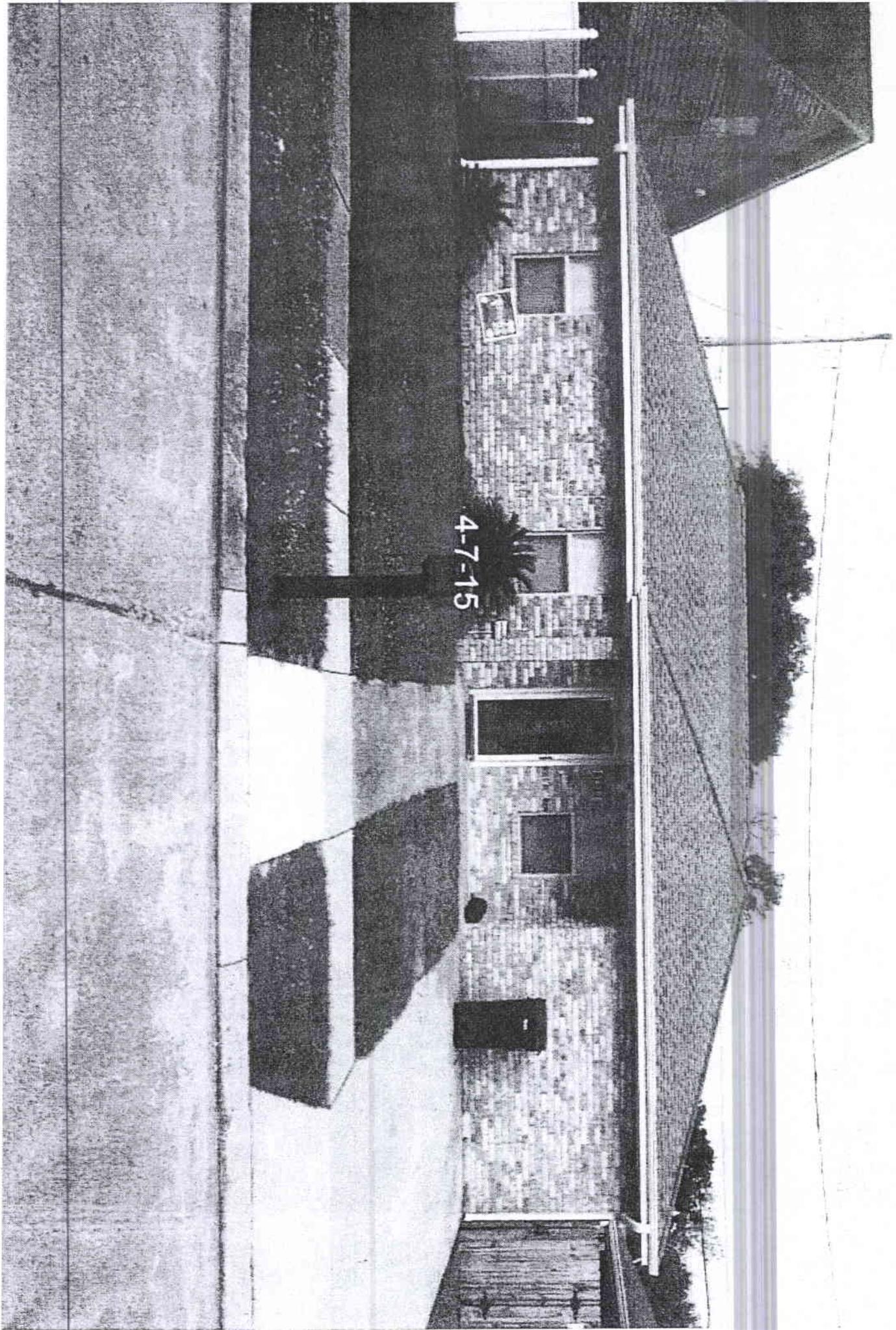
OCD DRU HMGP  
IMMUNAL INSPECTION CHECK LIST

TIME OF OBSERVATION: 6:10:00 AM

EXHIBIT

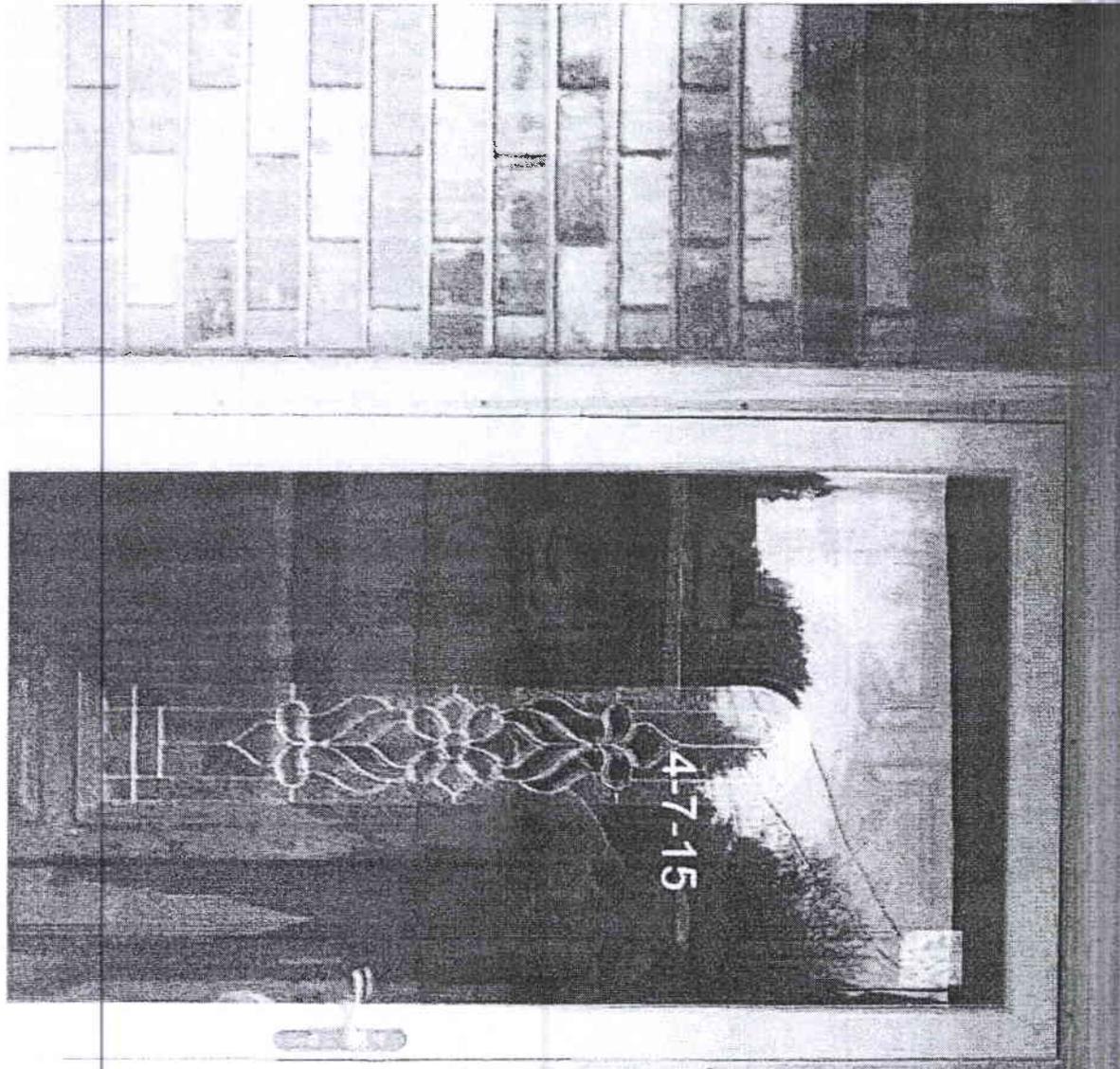
tabbies





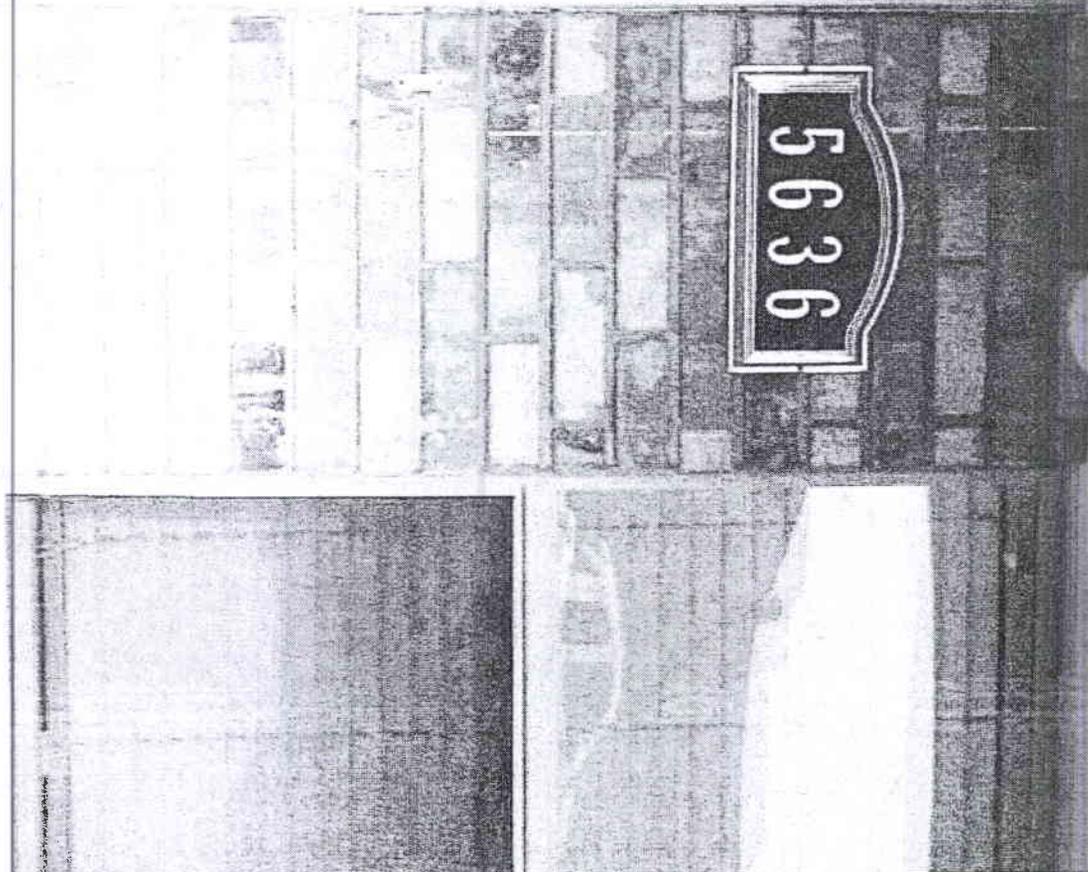
4-7-15





4-7-15

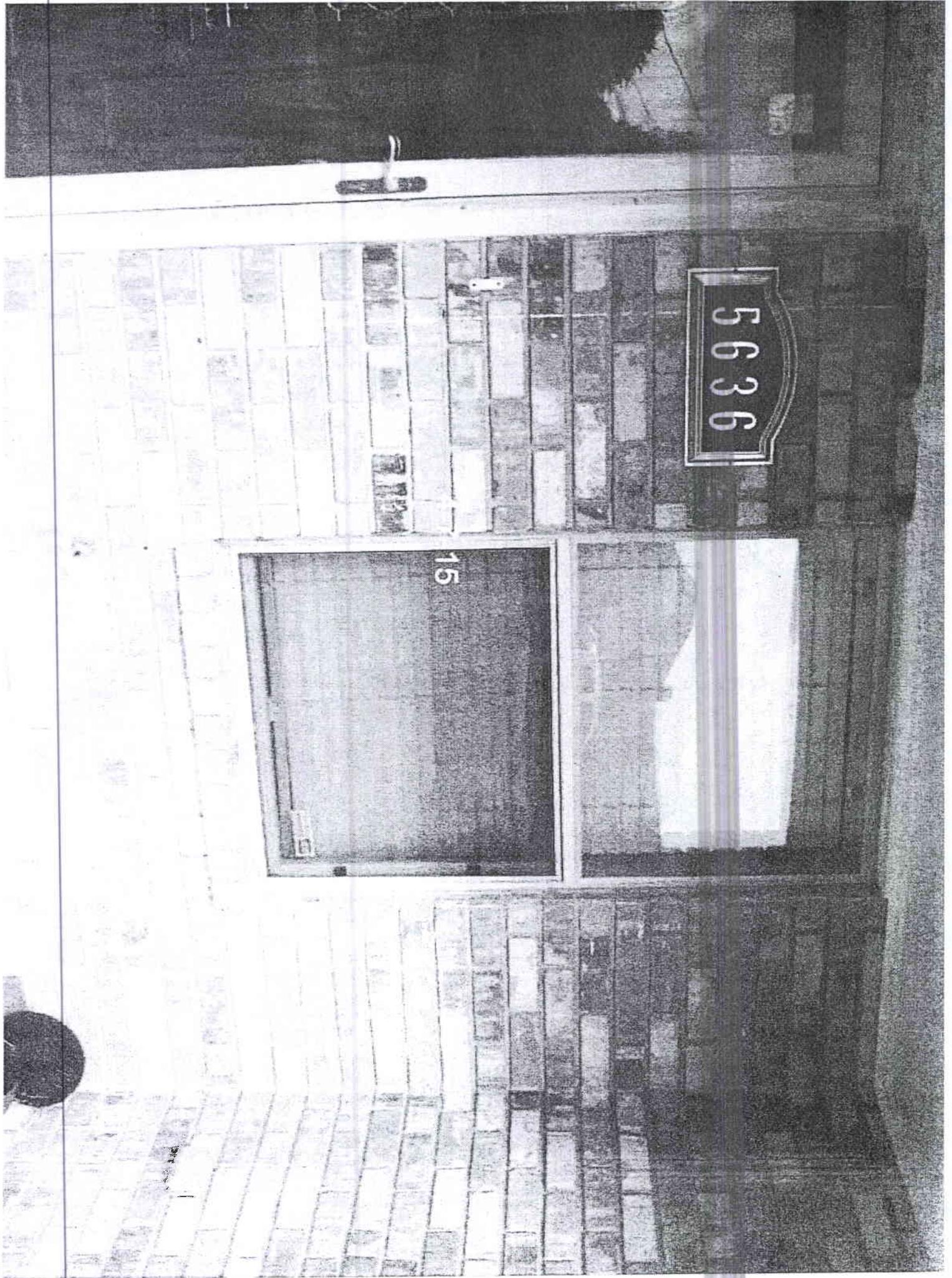
5636



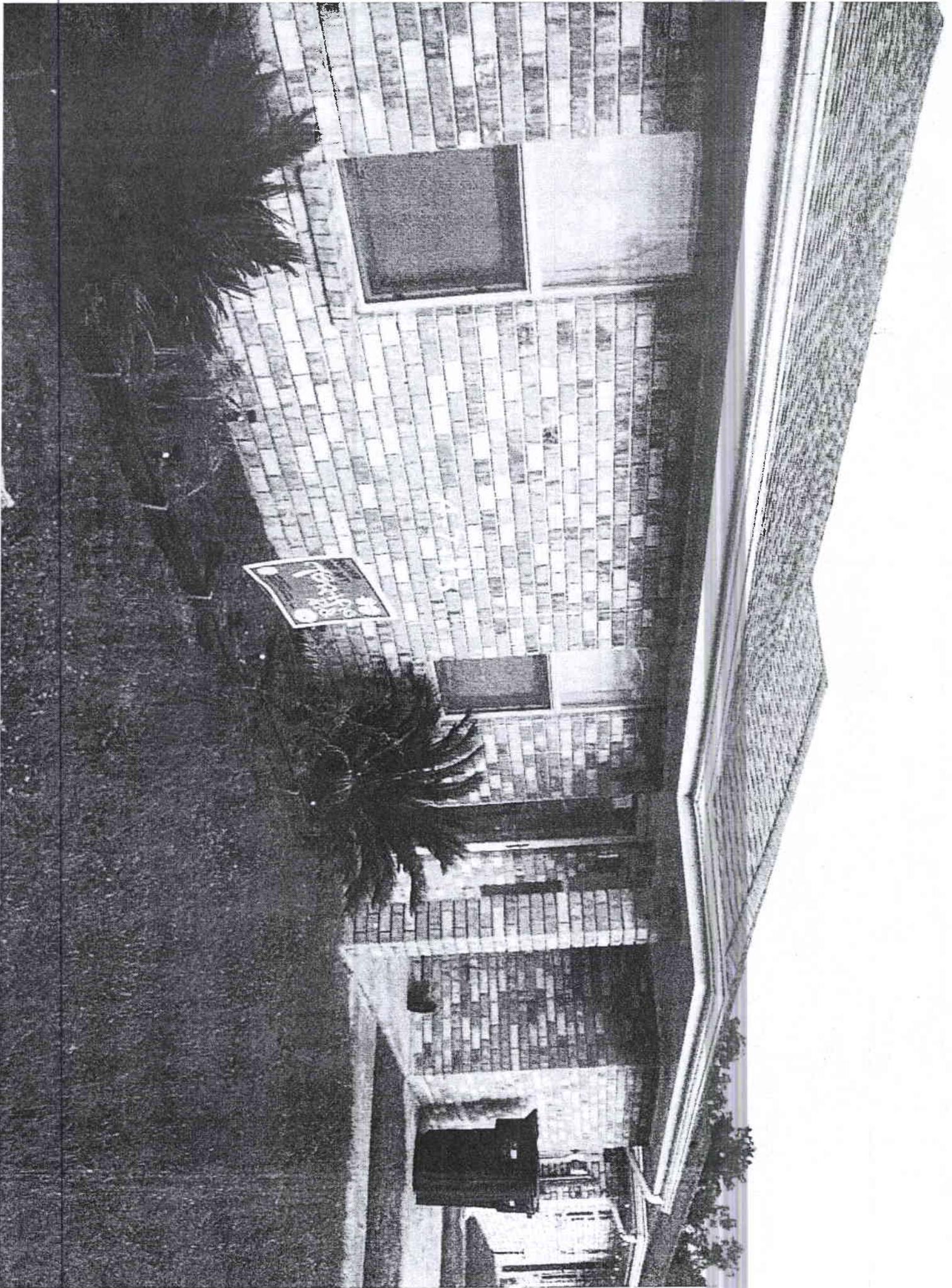


5636

15





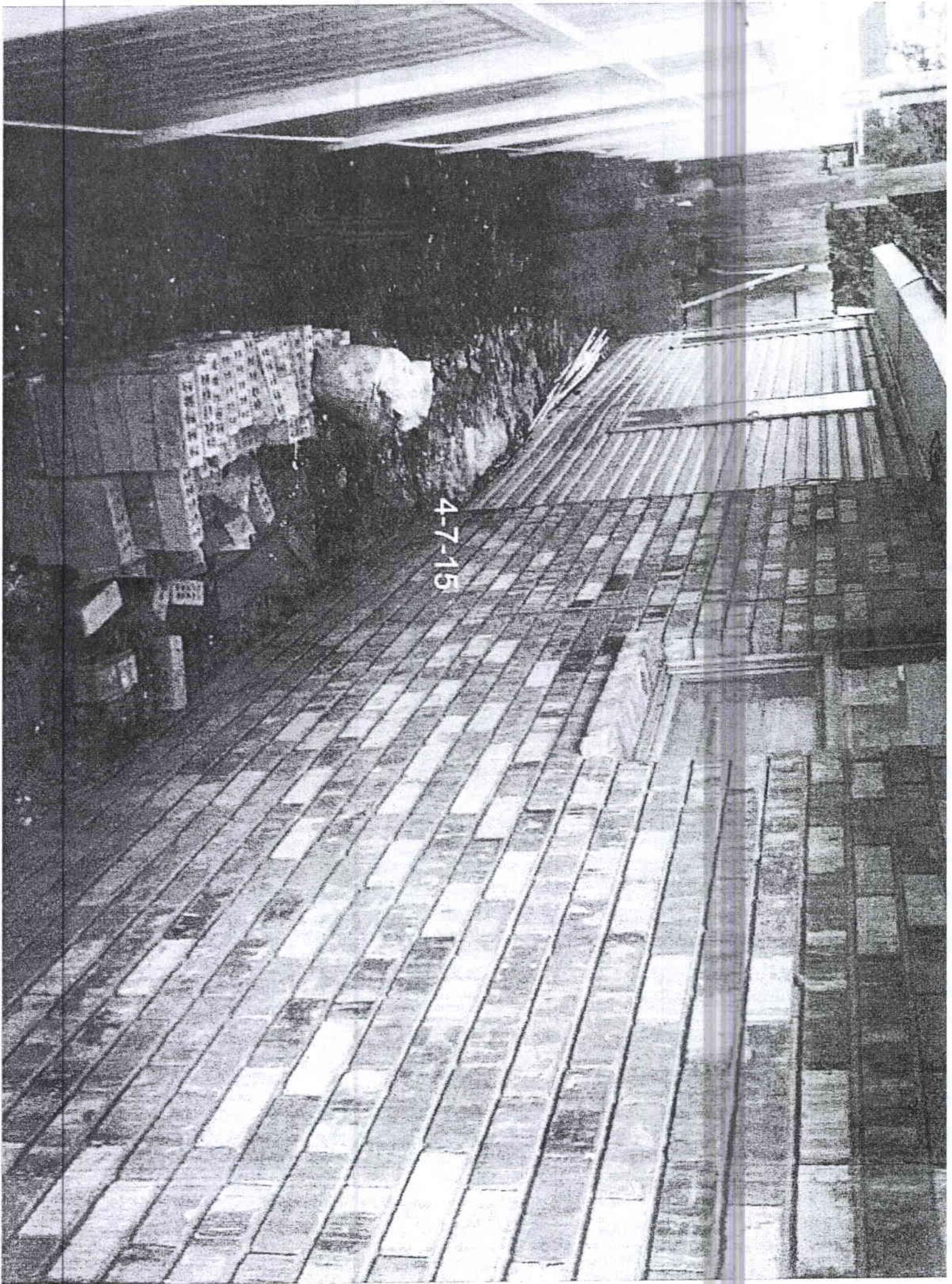




4-7-15

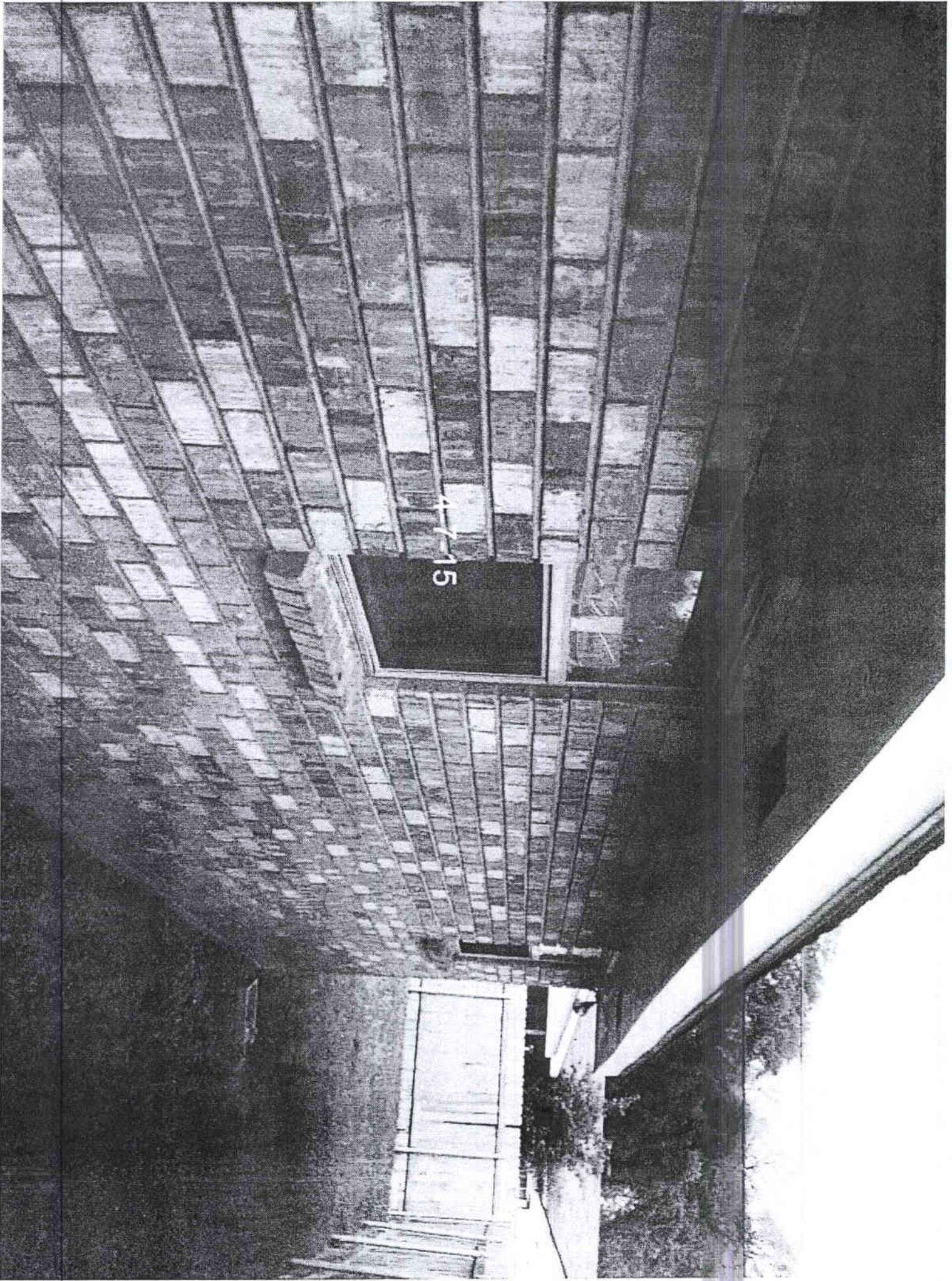






4-7-15



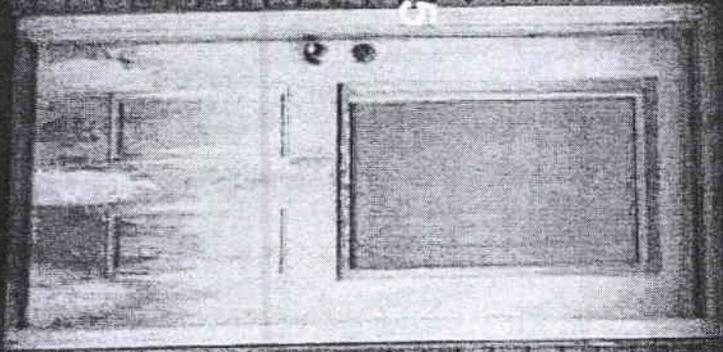




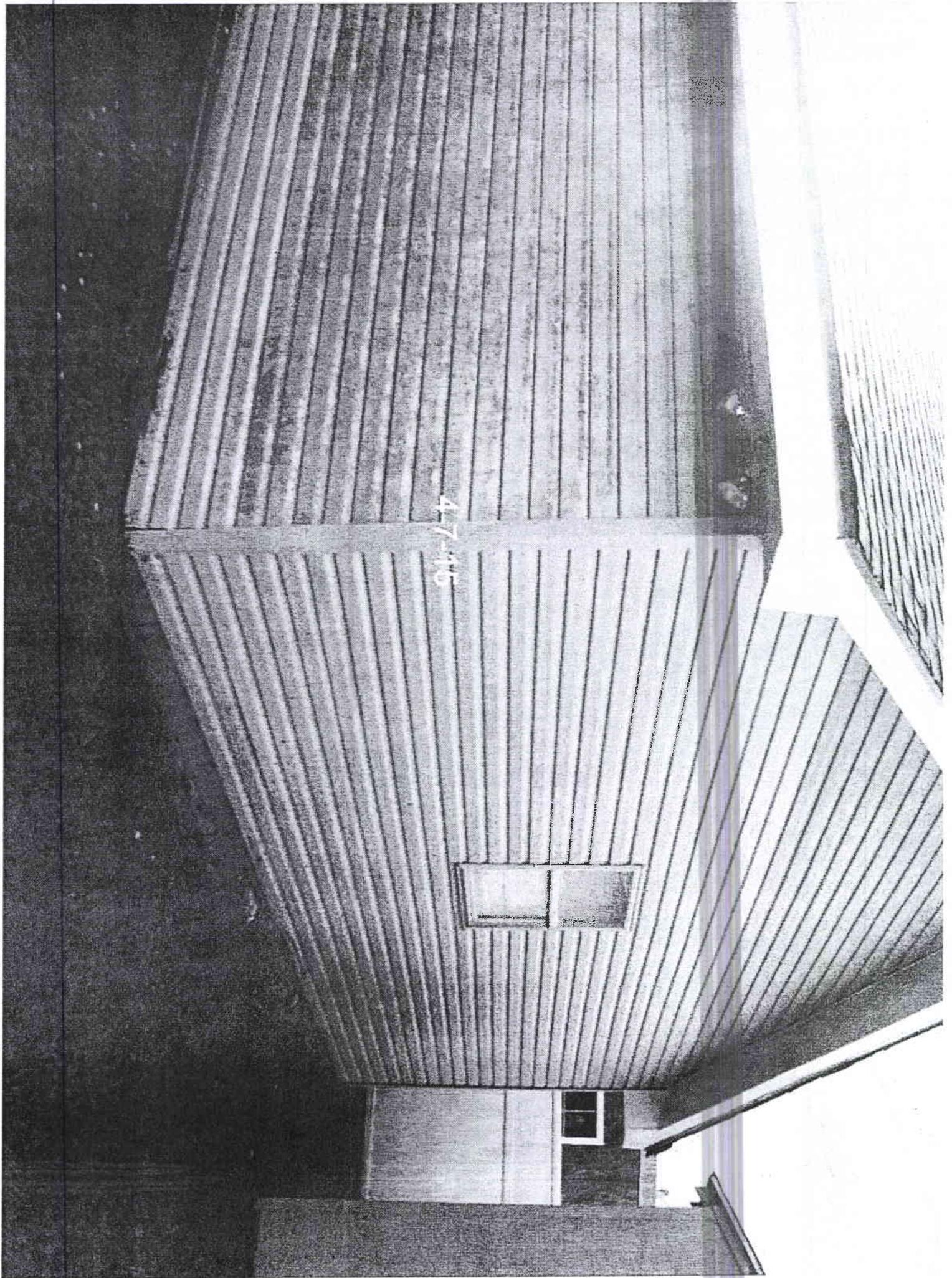




4-7-15









*Over 60*

OCD DRU HMGP  
IMM FINAL INSPECTION CHECKLIST

6 TIME OF OBSERVATION

10:00 AM

APPLICANT ID: 06HH 042475

DAMAGED PROPERTY ADDRESS: 5636 FOURTH ST. Victor 70692

DAMAGED PROPERTY COORDINATES: LATITUDE: \_\_\_\_\_ LONGITUDE: \_\_\_\_\_

Home Occupied: Yes  No

Windows - Count the number of window openings and itemize by product type below:

Impact	Accordion	E-Ortha	Colonial	Roll-Down	Panel	Screen	Total # of Windows
							P

Total Number of Windows Not Mitigated: 8

Doors - Count the number of doors & itemize by product type below:

Solid	Door with Glass	Total # of Doors
0	3	3

Total Number of Doors with Glass Not Mitigated: 3

\*HMGP does not require solid doors to be mitigated

Electric Meter on Structure: Yes  No

Gas Meter on Structure: Yes  No

IMM Criteria Met: Yes  No

Reason Criteria Not Met: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

OBSERVER NAME (Please print) Robert [Signature]

DATE 4-7-2014





State of Louisiana  
**HAZARD MITIGATION GRANT PROGRAM**

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •  
 hazardmitigation@mitigatela.org

December 16, 2013

Road Home ID: 06HH042473

MRS ELOISE JACKSON  
 5636 4TH STREET  
 VIOLET, LA 70092

**FILED**

JUN 25 2015

*Corinne Dancer*  
 CH. DEPUTY CLERK  
 ST. BERNARD PARISH

SUBJECT: Verification of Mitigation Grant Funds

Dear MRS ELOISE JACKSON:

A review has been completed on your Hazard Mitigation grant file in order to confirm you received the correct amount of grant funds. The grant requires that the homeowner meet specific requirements listed in the Alternative Payment Option Affidavit and Agreement. Failure to satisfy the conditions listed in the Alternative Payment Option Affidavit and Agreement and the OCD-DRU HMGP Covenant will place you in default of this agreement. In hopes that your input may prevent the need to seek a return of grant funds, please review the information below for accuracy and provide additional documentation as necessary.

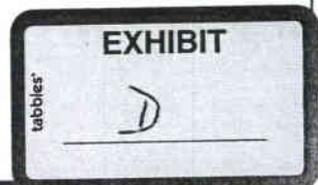
Our review has determined that the following apply to your grant(s).

- Homeowner did not comply with all the HMGP regulations set forth by OCD-DRU, GOHSEP and FEMA.

Due to the determination noted above, your grant values have been adjusted:

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$0.00	Elevation Grant	\$0.00
Individual Mitigation Measures (IMM)	\$7,009.00	Individual Mitigation Measures (IMM)	\$0.00
Reconstruction Grant	\$0.00	Reconstruction Grant	\$0.00
<b>Total HMGP Funds Received</b>	<b>\$7,009.00</b>	<b>Total Hazard Mitigation Benefit</b>	<b>\$0.00</b>

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH042473 is \$7,009.00.





Please understand that the State of Louisiana remains committed to ensuring that your application was processed in an accurate and fair manner, and in accordance with all governing laws, rules, and policies. We have assigned a case manager in our office, to work with you in connection with this request for input.

If you believe that the reason(s) stated above for the change of your grant amount is wrong, we need you to provide information for our consideration that shows the above finding is incorrect. Please return ATTACHMENT 1 (page 3 of this letter) with all supporting documentation to OCD for a final review.

**Your response must be postmarked within thirty (30) days of the date at the top of this notification letter. If you have additional questions regarding this letter, please call 504-284-4098 or send email to [ebony.farris@road2la.org](mailto:ebony.farris@road2la.org) for assistance.**

If you agree with the finding that an overpayment has occurred, you can return the funds as provided in Attachment 1. If you are unable to provide a full payment at this time, please contact your case manager for further instructions.

We appreciate your assistance in connection with this request. Failure to respond will be interpreted as your confirmation of this calculation and determination, and may result in additional collection activities.

Sincerely,

Office of Community Development - HMGP



OCD-DRU HMGP is a federally-funded program. Providing false or misleading information in an attempt to fraudulently obtain HMGP funds is a federal violation and will be prosecuted to the full extent of the law. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. Because the HMGP program is a federally funded program, applicants are subject to Title 18, Section 1001 of the U.S. Code.

The Office of Community Development Disaster Recovery Unit does not discriminate on the basis of race, color, national origin, sex, age, religion or disability, and provides, upon request, reasonable accommodation, including auxiliary aids and services, to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. Any persons requiring special needs assistance should contact a Call Center Specialist, at (877) 824-8312 at least five business days prior to any scheduled meeting. The TDD number for the hearing impaired is 1-800-846-5277. Additional information regarding the use of the Louisiana Relay service can be found at the following link: [http://www.hamiltonrelay.com/states/la\\_howto.htm](http://www.hamiltonrelay.com/states/la_howto.htm).



Attachment 1

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT ON OR BEFORE **January 20, 2014.**

Road Home ID: 06HH042473

MRS ELOISE JACKSON  
5636 4TH STREET  
VIOLET, LA 70092

Case Manager:

Please select one (1) option below. This form must be returned within thirty (30) days of the date on this letter.

- I have elected to return the overpayment to the Office of Community Development, Disaster Recovery Unit. I have enclosed my certified check, made payable to "Louisiana Division of Administration - DRU", in the amount of \$7,009.00 mailed to:

Division of Administration  
Office of Community Development  
Hazard Mitigation Grant Program  
Finance Department  
P.O. Box 706  
Baton Rouge, Louisiana 70821

- I agree with the finding that an overpayment has occurred but cannot make full payment at this time. Please have my case manager contact me. My proposed repayment plan is attached.
- I disagree with the finding of an overpayment of my Hazard Mitigation grant and have enclosed supporting documents. The following factors used to calculate my award are incorrect:

\_\_\_\_\_

\_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

- I am not the primary applicant for this case. If checked, please state your relationship:

\_\_\_\_\_



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ELOISE JACKSON  
 5636 4TH STREET  
 VIOLET, LA 70092  
 06HH042473

2. Article Number

7011 1150 0001 2125 4760

Transfer from service label

PS Form 3811, February 2004

Domestic Return Receipt

102685-02-M:1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Eloise Jackson*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/20/13

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes





# State of Louisiana HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •  
hazardmitigation@mitigatela.org

**FILED**

JUN 25 2015

*Cornelia J. ...*  
CH. DEPUTY CLERK  
ST. BERNARD PARISH

«Date»

«App\_First\_Name» «App\_Last\_Name»  
«Mailing\_Address»  
«Mailing\_City», «Mailing\_State» «Mailing\_Zip»  
Road Home ID: «App\_ID»

**SUBJECT: Final HMGP Collection Attempt**

Dear «App\_First\_Name» «App\_Last\_Name»:

The Hazard Mitigation Grant Program has previously informed you of the need to reconcile the grant funds that were disbursed to you for your specific mitigation activity. The Program has previously sent you correspondence regarding the need to reconcile these funds. Because you have not responded, either through the return of grant funds or by providing satisfactory proof of completion of the funded mitigation activity, you are hereby notified that the Hazard Mitigation Grant Program is required to pursue collection of all funds.

You should be aware that the Hazard Mitigation Grant Program will use all available resources to recoup the grant funds disbursed to you including, but not limited to, collection agency services, wage garnishments, civil action, and income tax return liens.

This is the last correspondence you will receive from the Program in an attempt to collect these funds. Your file will then be referred to the appropriate agencies for collection efforts as well as review for potential criminal violations. All future correspondence will be directly from the appropriate collection agency.

A table has been attached describing the grant funds received and the related activity for those funds.

You may stop the above actions by immediately contacting the Hazard Mitigation Grant Program at (504) 284-4020 to make acceptable repayment arrangements. Once your file has been referred for collection, your ability to reconcile the funds directly with the Program will end.

Respectfully,

Craig P. Taffaro, Jr.  
Director, Hazard Mitigation Grant Program  
and Recovery Coordination

Enclosure

OCD-DRU HMGP is a federally-funded program. Providing false or misleading information in an attempt to fraudulently obtain HMGP funds is a federal violation and will be prosecuted to the full extent of the law. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. Because the HMGP program is a federally funded program, applicants are subject to Title 18, Section 1001 of the U.S. Code.

The Office of Community Development Disaster Recovery Unit does not discriminate on the basis of race, color, national origin, sex, age, religion or disability, and provides, upon request, reasonable accommodation, including auxiliary aids and services, to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. Any persons requiring special needs assistance should contact a Call Center Specialist, at (877) 824-8312 at least five business days prior to any scheduled meeting. The TDD number for the hearing impaired is 225-330-0846. Additional information regarding the use of the Louisiana Relay service can be found at the following link: [http://www.hamiltonrelay.com/states/la\\_howto.htm](http://www.hamiltonrelay.com/states/la_howto.htm).

AN EQUAL OPPORTUNITY EMPLOYER







# State of Louisiana

## HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •  
hazardmitigation@mitigatela.org

Our review has determined that the following apply to your «Grant\_Type» grant(s):

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	«Elevation_Gross_Paid»	Elevation Grant	«Elevation_Adjusted»
Individual Mitigation Measures (IMM)	«IMM_Gross_Paid»	Individual Mitigation Measures (IMM)	«IMM_Adjusted»
Reconstruction Grant	«Recon_Gross_Paid»	Reconstruction Grant	«Recon_Adjusted»
<b>Total HMGP Funds Received</b>	«Gross_Paid»	<b>Total Hazard Mitigation Benefit</b>	«Net_Amount»

**Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant «App\_ID» is «Net\_Amount».**



Confirmed by: *Sage King*  
*Mommy Allman*

App ID	App First Name	App Last Name	Mailing Address	Mailing City	Mailing State	Mailing Zip
06HH196492	MELISSA	ADAMS	5125 Senac Drive	Metairie	LA	70003
06HH174539	JULIO	ALEGRIA	230 27th	Kenner	LA	70062
06HH056852	GLENN	ALEXIS	5010 PRESS DR	NEW ORLEANS	LA	70126
06HH023672	JEANNE	ALLEN	3336 Trinity Dr.	Kenner	LA	70065
06HH155204	LOUBERTHA	ALLEN	1933 PACE BLVD	NEW ORLEANS	LA	70114
06HH157524	REGINALD	ALLEN	2116 South Village Green Street	Harvey	LA	70058
06HH178676	JAMES	ALLEN	3248 BLOOMINGDALE CT	NEW ORLEANS	LA	70125
06HH088426	ANTHONY	ALMERICCO	2921 BUFFON ST	CHALMETTE	LA	70043
06HH061793	GEORGE	ALONZO	5013 SENAC DR	METAIRIE	LA	70003
06HH066138	MARCO	ALVAREZ	1700 HORTON RD	ALBERTVILLE	AL	35950 2564
06HH051905	THARISE	ANDERSON	5808 Milladom avenue	Marrero	LA	70072
06HH074522	VANESSA	ANDERSON	673 E NIAGARA CIR	GRETNA	LA	70056
06HH076448	JAMES	ANDERSON	1700 St. Maurice Ave.	NEW ORLEANS	LA	70117
06HH133970	JOANA	ANDERSON	P.O. BOX 1162	MCDONOUGH	GA	30253
06HH080046	LEAH	AUGUSTINE	3852 PEACHTREE CT	New Orleans	LA	70131
06HH015615	DORRELL	BACHEMIN	2038 HEATHER LANE	SLIDELL	LA	70461
06HH130149	ESTELL	BADGER	1644 MARINE ST	Marrero	LA	70072
06HH006345	PAULINE	BANKS	3106 MONROE STREET	NEW ORLEANS	LA	70118
06HH097405	PAUL	BANKS	2552 RIDGECREST RD	MARRERO	LA	70072 5373
06HH023830	MONIQUE	BARCONEY	3214 Camellia Avenue	Houma	LA	70363
06HH051289	CORNELIA	BARDALES	4114 Saint Elizabeth Dr	Kenner	LA	70065 1643
06HH015414	FELICIA	BARNES	P.O. Box 3056	Slidell	LA	70461 7045
06HH046648	SHAMMARIE	BARNETT	329 PAT DR	AVONDALE	LA	70094
06HH024796	WILBERT	BASTIAN	5705 BACCICH ST	New Orleans	LA	70122
06HH101679	JUANITA	BATISTE	5818 Louis Prima West Drive	New Orleans	LA	70128
06HH148666	EARL	BATTLE	1100 MARTIN DR	MARRERO	LA	70072
06HH039940	REGINALD	BEACO	2601 ARTS ST	NEW ORLEANS	LA	70117 5529
06HH006134	MELANIE	BECNEL	3820 Red Cedar Lane	Harvey	LA	70058 1607
06HH023696	MICHAEL	BELL	8541 Morrison Rd	New Orleans	LA	70127
06HH104779	BETTY	BENDER	PO BOX 1544	SLIDELL	LA	70459
06HH063216	JOSEPH	BENOIT	102 W SEGURA ST	ERATH	LA	70533
06HH054058	PATRICIA	BICKHAM	5044 CLAYTON DR	BATON ROUGE	LA	70805
06HH106356	GEORGE	BICKHAM	4942 LURLINE STREET	NEW ORLEANS	LA	70127
06HH225286	MILDRED	BIRDEN	9461 CABILDO LN	WESTWEGO	LA	70094





06HH033816	BRENDA	HURST	1908 OLD PRIEUR STREET	NEW ORLEANS	LA	70116 1032
06HH048512	GLORIA	HURST	3241 ILLINOIS AVE	KENNER	LA	70065
06HH042473	ELOISE	JACKSON	5636 4TH STREET	VIOLET	LA	70092
06HH065805	EDDIE	JACKSON	3113 Washington St.	Kennedy Heights	LA	70065
06HH181379	KISSY	JACKSON	250 DIANNE DR	SAIN'T ROSE	LA	70087
06HH108220	BARBARA	JACKSON-OATES	5147 Timber Crest Dr.	New Orleans	LA	70131
06HH015660	MARY	JACOBS	6000 Music St	New Orleans	LA	70122
06HH065452	JULIA	JAMES	4638 LAUREL	NEW ORLEANS	LA	70115
06HH056230	JANICE	JASMIN	1001 Ames Blvd.	Marrero	LA	70072
06HH161720	CLETIS	JESSIE	152 Southern Ct	Avondale	LA	70094
06HH088643	ELVIN	JINKS	P O Box 223	HACKBERRY	LA	70645
06HH028878	ERONGELLA	JOHNSON	38 MORNING GLORY LANE	WAGGAMAN	LA	70094
06HH060088	JACQUELYN	JOHNSON	7805 BERG ST	NEW ORLEANS	LA	70128 1909
06HH135807	SEANDER	JOHNSON	1844 General Collins Ave	New Orleans	LA	70114
06HH082978	BRIDGETTE	JOHNSON-ROBINSON	4773 FLAKE AVE	NEW ORLEANS	LA	70127 3203
06HH009961	ZETELLA	JONES	2236 PRESSBURG ST	NEW ORLEANS	LA	70122 5406
06HH086627	ELTON	JONES	7571 ANNE MARIE CT	NEW ORLEANS	LA	70128
06HH194450	ROY	JONES	39 Davis Blvd.	Jefferson (Parish) Jefferson	LA	70121
06HH115110	TARAMA	JOSEPH	6172 Victorian Drive	Marrero	LA	70072
06HH165929	TANICA	JOSEPH	3401 Abbotswood Drive	Harvey	LA	70058
06HH052397	WALTER	KAGLER	2839 LAW STREET	NEW ORLEANS	LA	70117
06HH156282	RODNEY	KENT	2959 Memorial Park Drive	New Orleans	LA	70114
06HH185957	HERBERT	LAGRANGE	508 JAMIE BLD.	Avondale	LA	70094
06HH019414	CHARLES	LANDRY	1507 Bodenger Blvd.	New Orleans	LA	70114
06HH058459	CATHY	LANDRY	15839 ST ELMO RD	ERATH	LA	70533
06HH110581	NATALIE	LASSIEN	7400 glen leaf road lot 148	Shreveport	LA	71129
06HH084123	SONYA	LAUGAND	5324 ST ANTHONY AVE	NEW ORLEANS	LA	70122
06HH025519	GWENDOLYN	LEE	2000 Congress Street street	New Orleans	LA	70117
06HH067280	IVORY	LEE	13227 DWYER BLVD	NEW ORLEANS	LA	70129 1316
06HH058682	CHARLOTTE	LEWIS	6776 BUNDY RD	NEW ORLEANS	LA	70127
06HH126295	RONALD	LEWIS	P.O. BOX 1521	MARRERO	LA	70073
06HH159650	DONNA	LINDSEY	7500 Ebblde Dr.	New Orleans	LA	70126
06HH014781	DIONNE	LOUIS	20307 ATASCOSITA SHORES DRIVE	HUMBLE	TX	77346
06HH070956	ANDREW	LOVE	1025 TEAKWOOD DR	HARVEY	LA	70058
06HH197073	SHAWN	MADISON	1321 S LAUREL ST	METAIRIE	LA	70003





State of Louisiana  
**HAZARD MITIGATION GRANT PROGRAM**

2021 LAKESHORE DRIVE, SUITE 100, NEW ORLEANS, LA 70122 • PHONE: 504-284-4020

April 13, 2015

06HH042473  
ELOISE JACKSON  
5636 FOURTH STREET  
VIOLET LA 70092

**FILED**

JUN 25 2015

*Corinne Dancer*  
CH. DEPUTY CLERK  
ST. BERNARD PARISH

Re: Collection of Outstanding Debt in the Amount of **\$7,009.00**

Dear ELOISE JACKSON:

This letter is pursuant to your agreement to voluntarily participate in the State of Louisiana's Hazard Mitigation Grant Program ("HMGP") and to comply with all HMGP and Federal Emergency Management Agency ("FEMA") rules and guidelines, which includes the proper use of Federal grant funds for the mitigation of your home located at 5636 FOURTH STREET VIOLET.

You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of **\$7,009.00**. However, you have continuously disregarded these notices. You have also been given the opportunity to execute a re-payment agreement which would allow you to satisfy your debt within an agreed upon timeframe and at an agreed monthly amount. However, as of this date, you have failed to and/or refused to execute a re-payment agreement.

If payments have been paid pursuant to a payment agreement, then you should immediately contact the Program to verify the amount currently owed to the Program.

Please know that litigation and/or prosecution will be instituted against you for the collection of your unresolved debt.

Sincerely,

*La Koshia R. Roberts*

La Koshia R. Roberts  
Attorney for HMGP

EXHIBIT

tabbies

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**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

7013 3020 0000 6500 5468

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sum **042473**  
To: **Eloise Jackson**  
Street, Apt. No.,  
or PO Box No. **5636 FAIRH ST**  
City, State, ZIP+4 **Violet, LA 70092**



7013 3020 0000 6500 5468

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Eloise Jackson  
5636 Howard Street  
Violet, La 70092*

2. Article Number  
(Transfer from service label)

7013 3020 0000 6500 5468

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Eloise Jackson*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

*4/14/15*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Certified Mail®  Priority Mail Express™
- Registered  Return Receipt for Merchandise
- Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

