

EXEMPT

22ND JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. TAMMANY

STATE OF LOUISIANA

NO: 2015-12971

DIVISION: D

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

FILED

JUL 20 2015

VS.

LISHA ROBERTSON

MALISE PRIETO - CLERK
Deputy CONNIE GENNARO

**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 Lisha Robertson, a major domiciliary of St. Tammany 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 December 5, 2007, 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 Grant Funds in the amount of \$7,482.68 (hereinafter "FEMA Grant Funds") were paid to Defendant by HMGP on or about September 24, 2010 for the specific purpose of Individual Mitigation Measures (hereinafter "IMM") at her home located at 37522 Lopez Street, Slidell, LA 70458. *Exhibit B.*

5.

Photographs dated April 3, 2015 show that although the FEMA Grant Funds were received, Defendant's home was not mitigated. *Exhibit C (in globo).*

6.

Four (4) separate collection letters were mailed to Defendant at 37522 Lopez Street, Slidell, LA 70458, which was the address submitted by her when she applied for the HMGP grant. The first letter dated April 25, 2013 informed Defendant that the FEMA Grant Funds had to be returned to the State of Louisiana. *Exhibit D (in globo).*

7.

The second letter dated June 5, 2013 was sent Certified Mail 7012 3050 0001 2084 7776. Said letter was marked "Unclaimed" and returned to HMGP. *Exhibit E (in globo).*

8.

The third letter dated March 21, 2014 was sent. *Exhibit F (in globo).*

9

The fourth letter dated April 13, 2015 was sent Certified Mail 7014 0510 0001 1417 0648 and delivery was accepted by Defendant on April 15, 2015. *Exhibit G (in globo).*

10.

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

11.

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.

12.

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.

13.

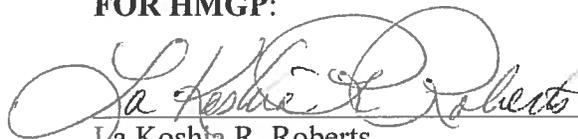
HMGP requests that the debt of \$7,482.68, owed by Lisha Robertson to HMGP, be recognized and that judgment in favor of HMGP be granted, directing Defendant to return and pay the FEMA Grant Funds to the State, in full.

ALL PREMISES CONSIDERED, WHEREFORE, HMGP PRAYS:

- a. That this Honorable Court declare that Defendant, Lisha Robertson, is non-compliant with the Voluntary Participation Agreement signed by her;
- b. That this Honorable Court declare that Defendant, Lisha Robertson, is indebted to HMGP in the amount of \$7,482.68 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, Lisha Robertson, be ordered to return the \$7,482.68 HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendant, Lisha Robertson, in the full sum of \$7,482.68;
- e. That Defendant, Lisha Robertson, 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

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

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

22ND JUDICIAL DISTRICT COURT FOR THE PARISH OF ST. TAMMANY

NO: 2015-12971 STATE OF LOUISIANA

DIVISION: D

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

FILED

VS.

JUL 20 2015

LISHA ROBERTSON

MALISE PRIETO-CLERK
Deputy
JOYNNIE GENNARO

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 15th DAY OF July 2015 IN
New Orleans, Orleans Parish, LOUISIANA.



Craig P. Taffaro, Jr.



La Koshia Reconda Roberts
Notary Public
Bar Roll No. 26715
My Commission expires at death.



PLEASE SERVE:

LISHA ROBERTSON
37522 LOPEZ STREET
ST. TAMMANY, LOUISIANA 70458

Statement of Voluntary Participation

JUL 20 2015

Applicant ID: 06HH053265

MALISE PRIETO-CLERK
D. S. GONNIE GENNARO

Instructions: If you are interested in receiving funding to complete a hazard mitigation project, complete, sign and return this form. Fill in today's date, your name(s) as "Applicant[s]" and the municipal address where you plan to complete your HMGP project and sign and date the form on the "Property Owner Signature" line.

This Statement of Voluntary Participation is made on 5th day of Dec., 2017, by Disha Roberts, as "Applicant[s]" to the Hazard Mitigation Grant Program for the funding of Elevation, Reconstruction and Individual Mitigation Measures.

The Applicant[s] hereby affirms that he/she/they are owner/owners of the property bearing the municipal address 37322 Lopez Street, Glendale, CA 90458, hereinafter known as [the] "Property."

The Applicant [s] understand[s] that the elevation of this Property under the Hazard Mitigation Grant Program is voluntary in nature, and that he/she/they are under NO obligation to participate, and that he/she/ they may drop out of the program at any time before he/she/they receives Hazard Mitigation Grant funding.

The Applicant[s] currently plans to participate in the Hazard Mitigation Grant Program.

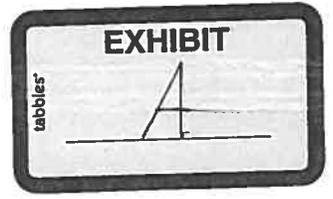
NOTE: Once the structure is elevated the Homeowner is required to secure and maintain a flood insurance policy.

Disha Roberts
Property Owner Signature

12-5-2017
Date

Property Owner Signature

Date



Office of Statewide Reporting and Accounting Policy **NFC Louisiana**

Logout 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:
 37522 LOPEZ ST
 SLIDELL, LA 70458

Check/EFT Number: AD 00003884031
Check/EFT Date: 09/24/2010
Status Change Date: // **Status:** Outstanding

Check/EFT Line Details:
 (click on agency for contact information) **Check/EFT Total:** 7,482.68

Total Number of Lines : 1

Agency	Document ID	Ref Doc ID	Invoice #	Comments	Line Amount
107	PVQ00041230		11M0300003141	09HM083266	7,482.68

[ISD Calendar \(CY\)](#) [Help Desk](#) [GASS 34 and 35](#) [Search OSRAP](#) [Contacts](#)

2015-12971D
FILED

JUL 20 2015

MALISE PRIETO-CLERK
 DeputyS/~~CONNIE GENNARO~~



2015-12971 D

FILED

JUL 20 2015

MALISE PRIETO-CLERK
Deputy ~~SACCNIE GENNARO~~

OCD DRU HMO
ITEM FINAL INSPECTION CHECKLIST

APPLICANT ID: DANA 053201

DAMAGED PROPERTY ADDRESS: 375M 1000 ST. N. W. WASH DC

DAMAGED PROPERTY COORDINATES: LATITUDE _____ LONGITUDE _____

Home Occupied: Yes / No

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

Impact	Aluminum	4-3-15	Colonial	Roll-Down	Panel	Screen	

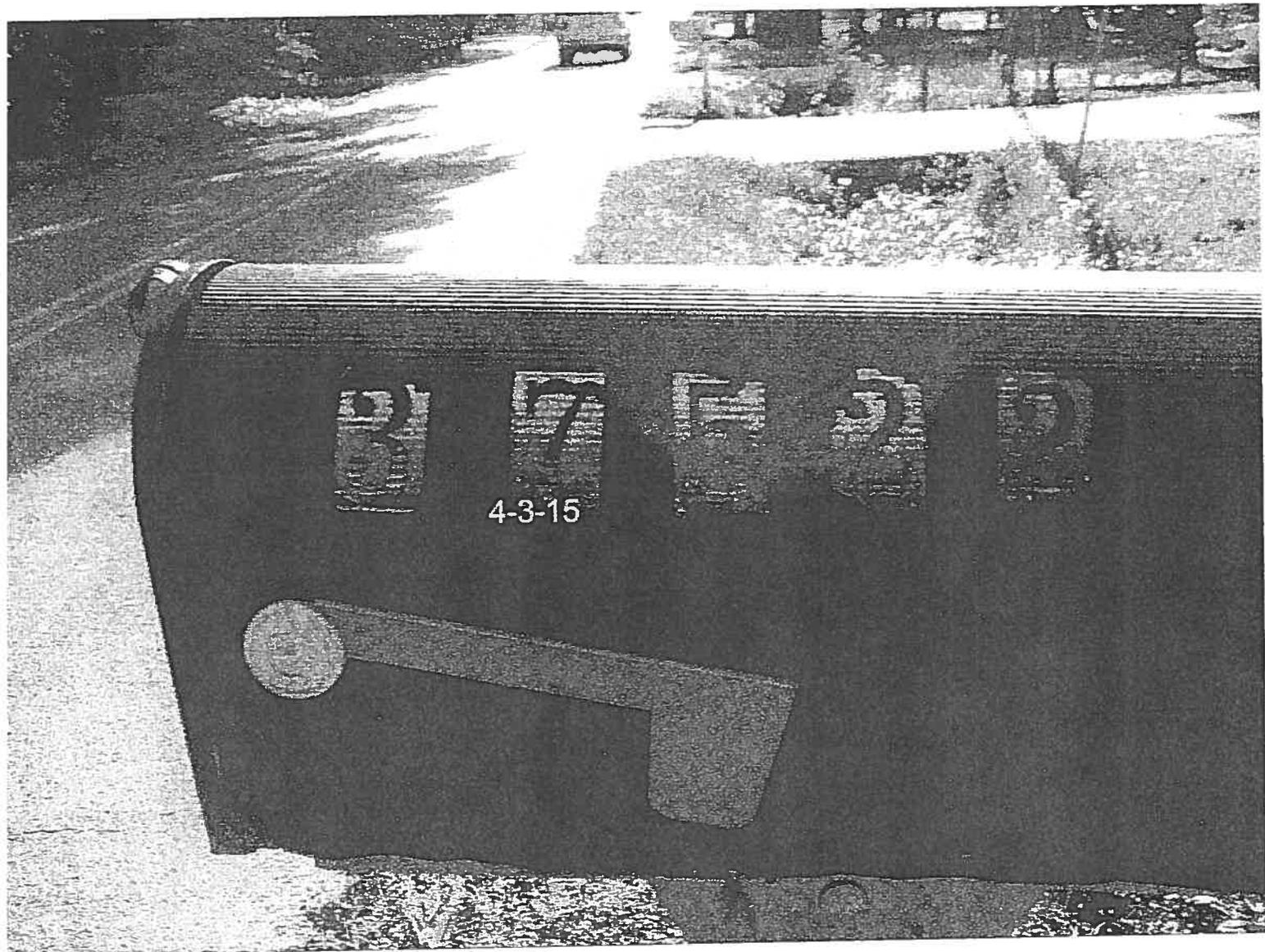
Total Number of Windows Not Mitigated: _____

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

Door with Glass	101

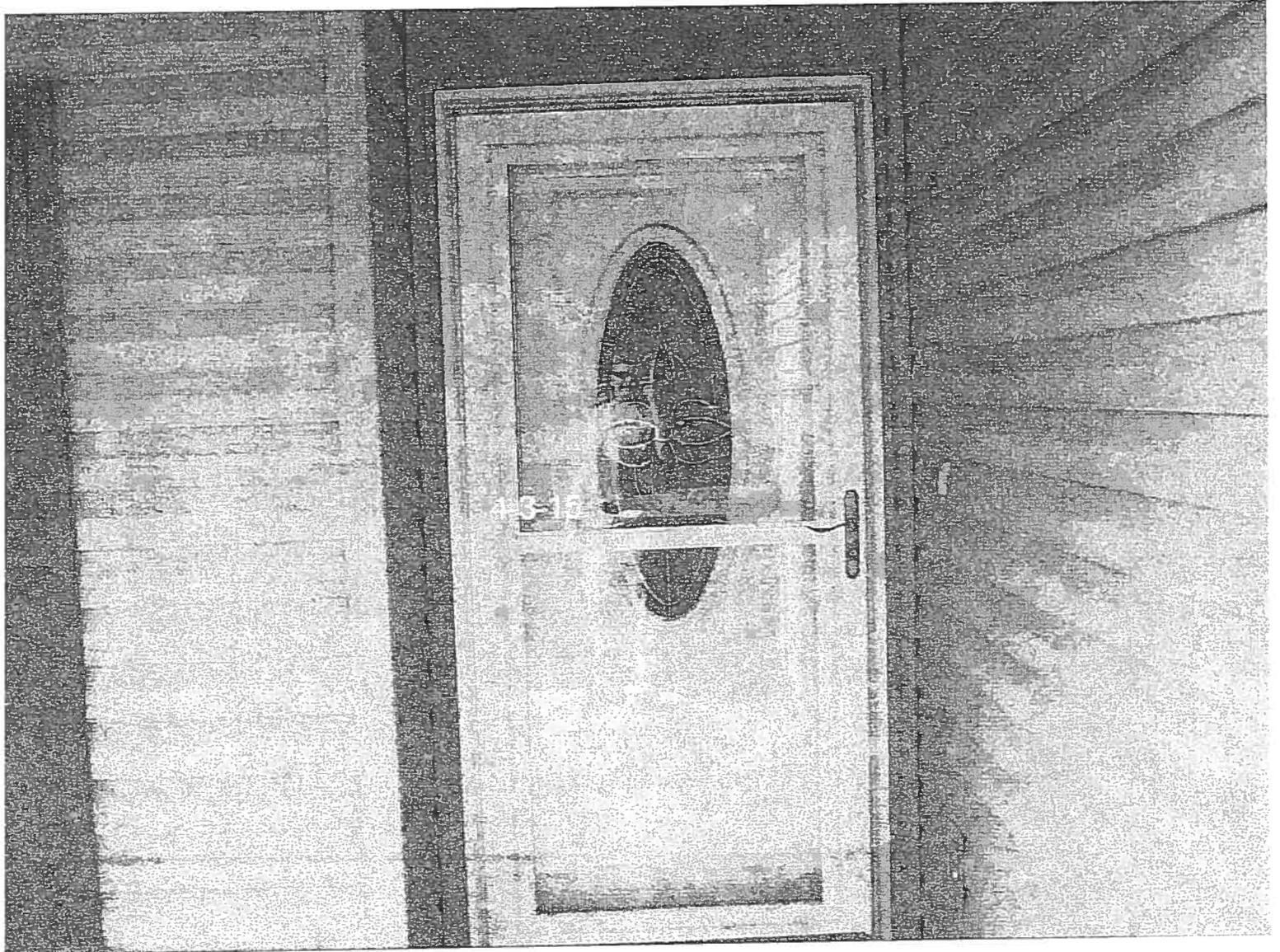
Total Number of Doors with Glass Not Mitigated: _____

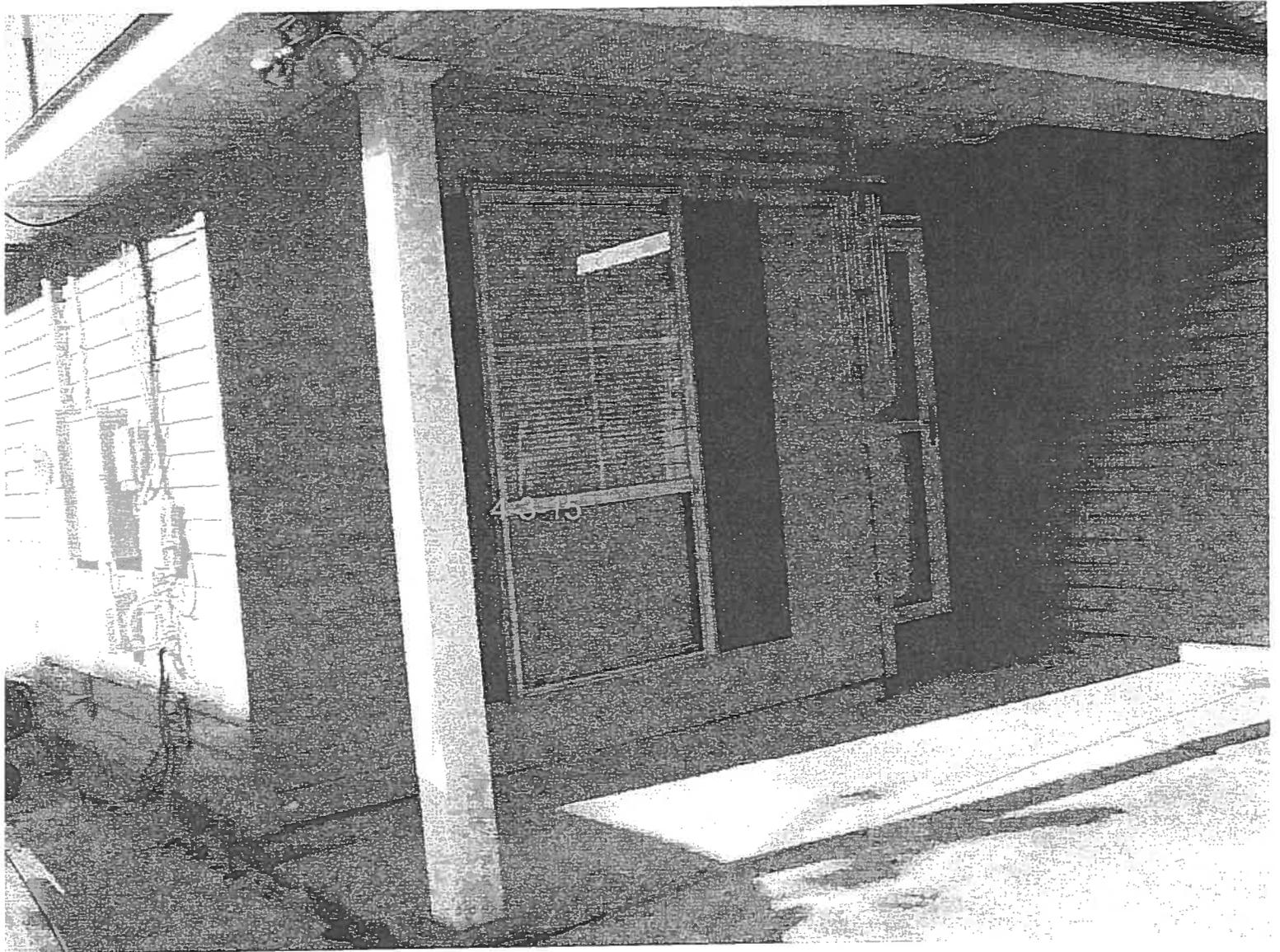


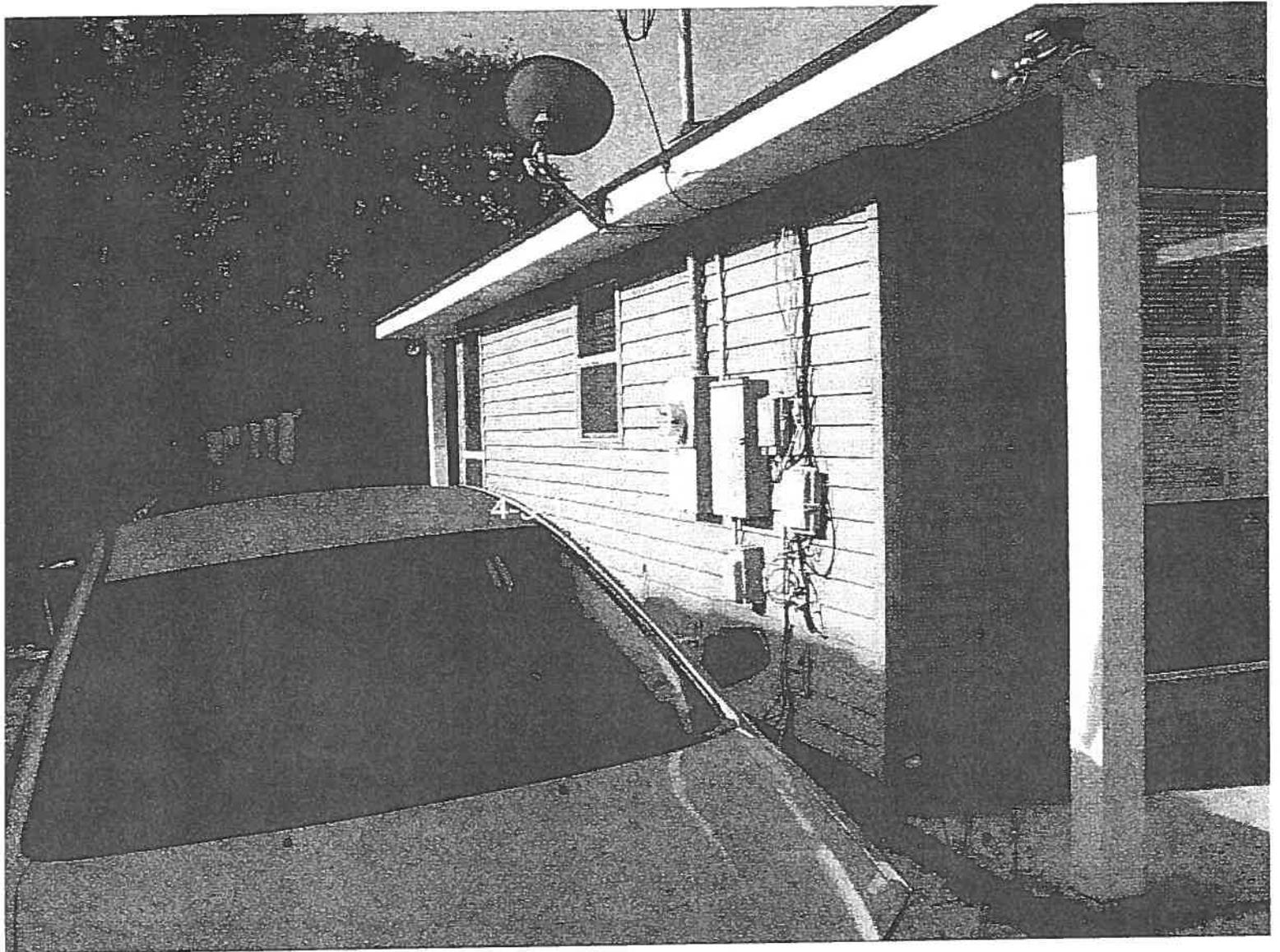


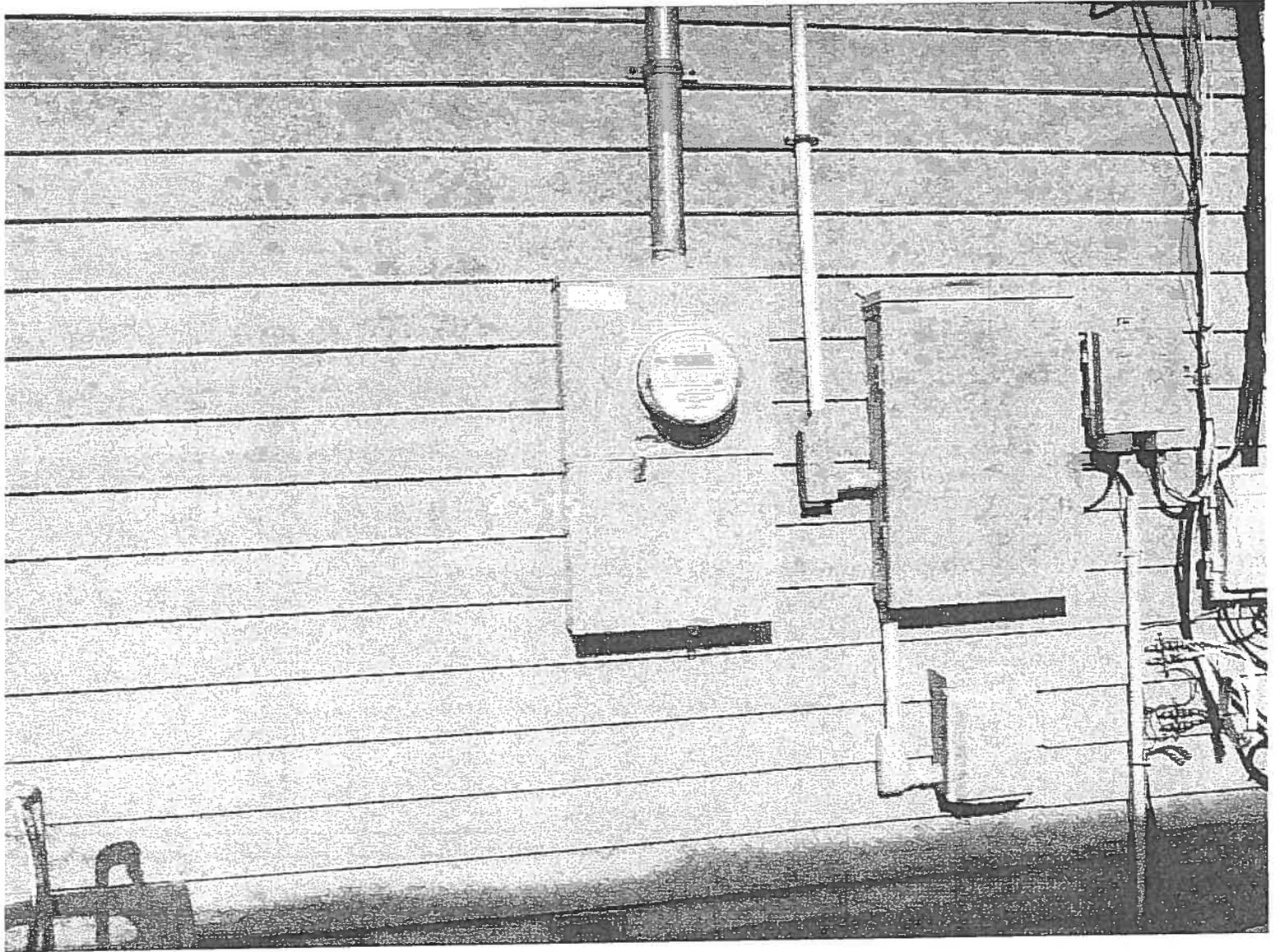


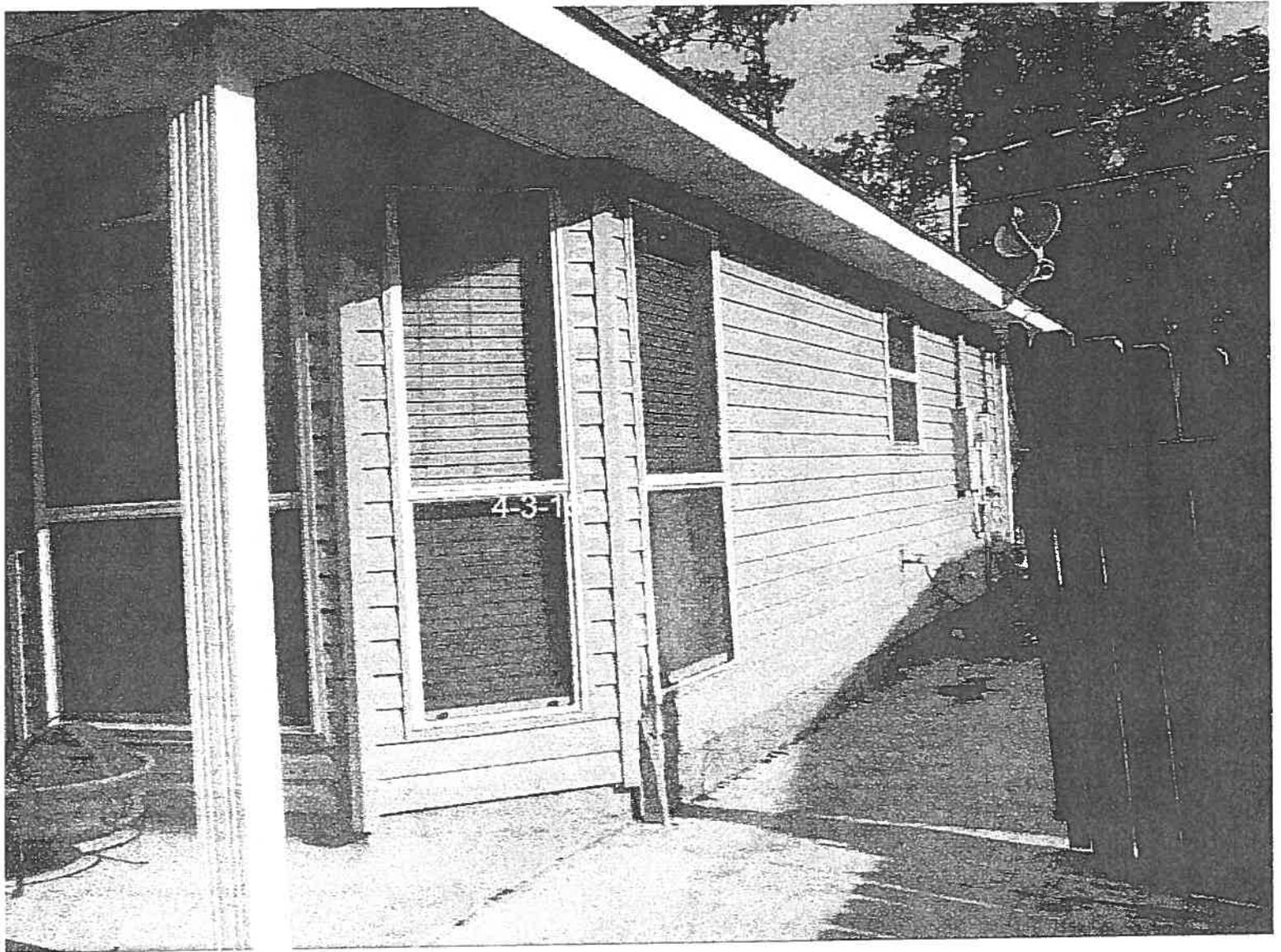
4-3-15

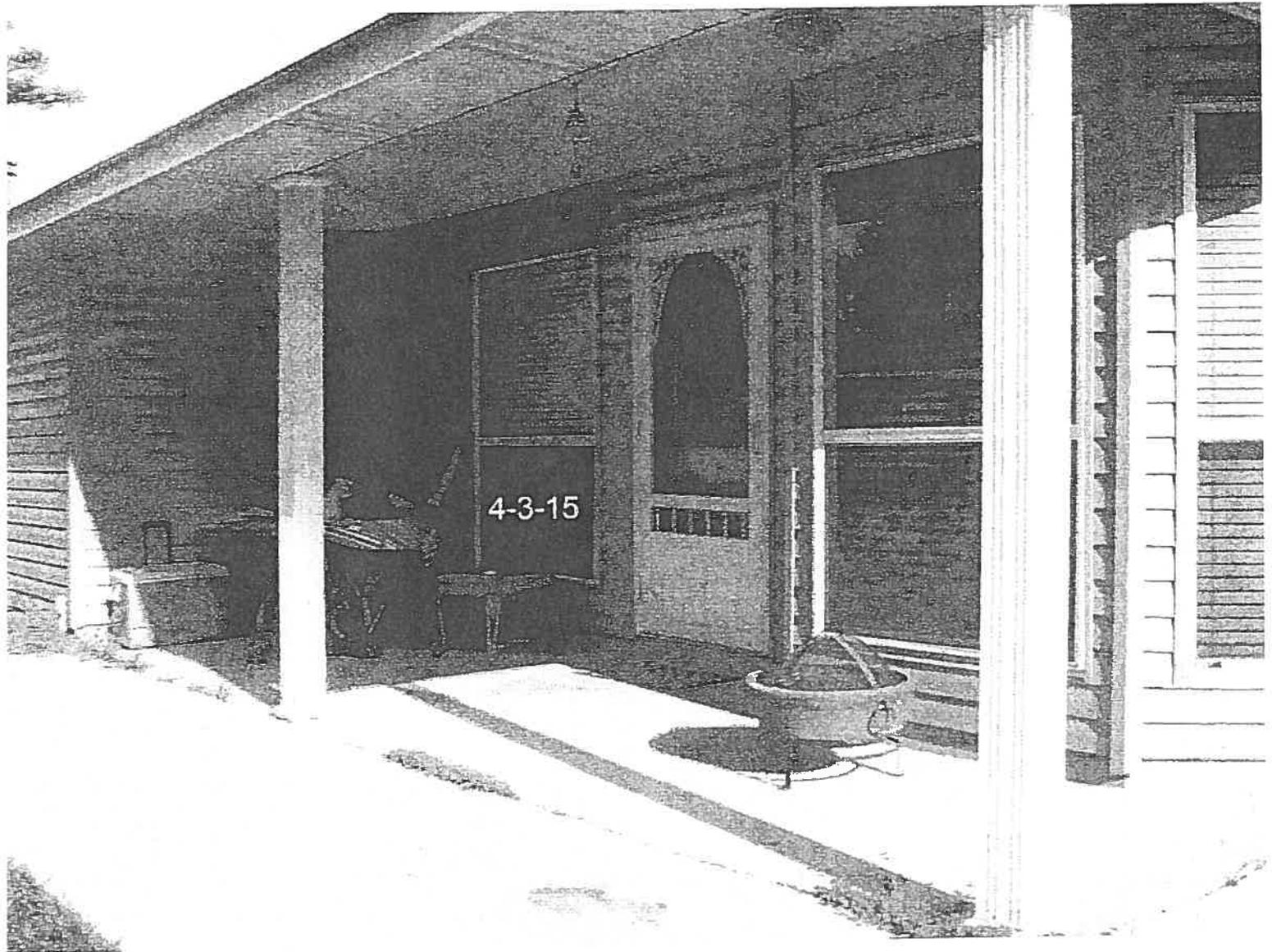




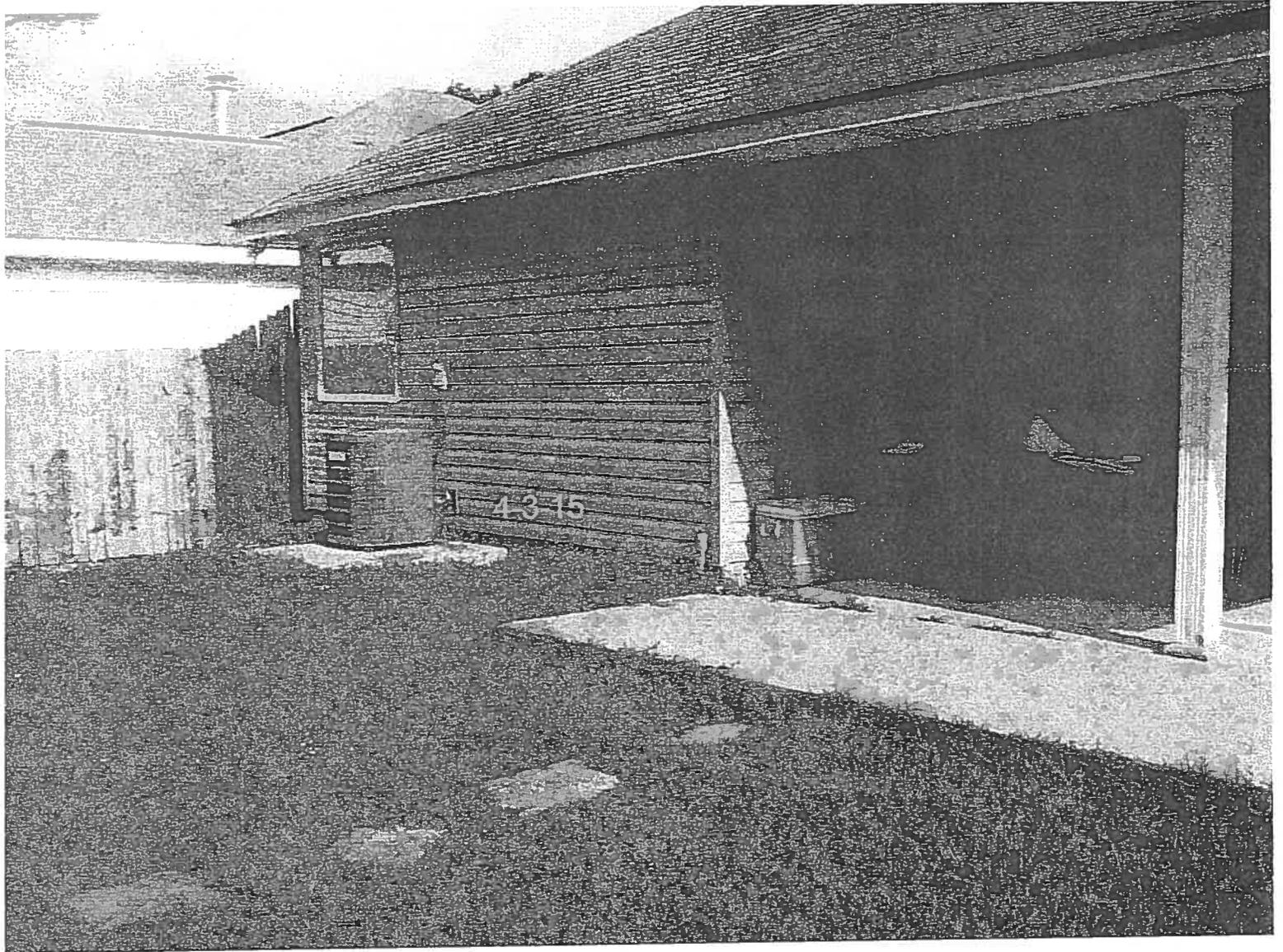




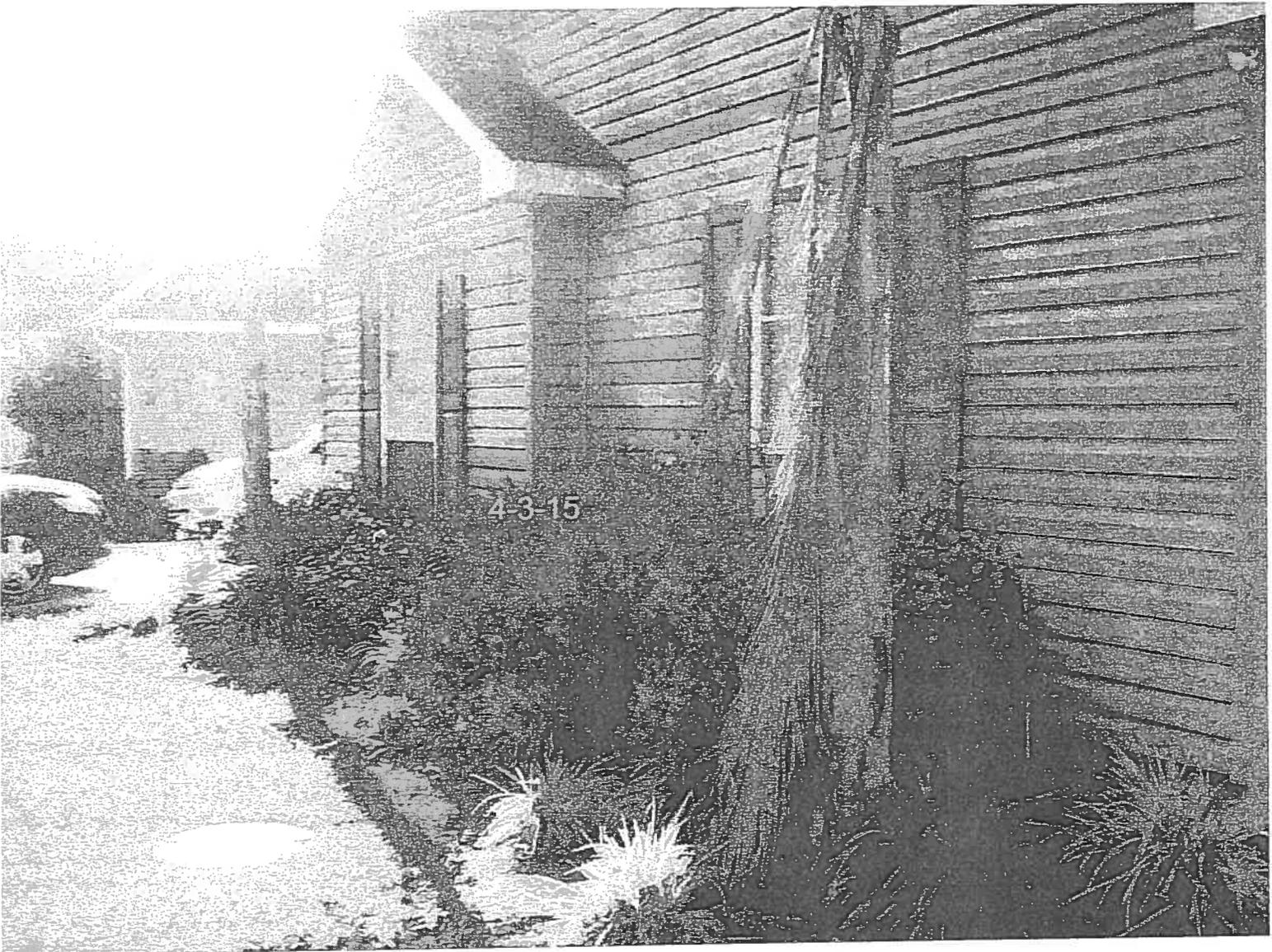




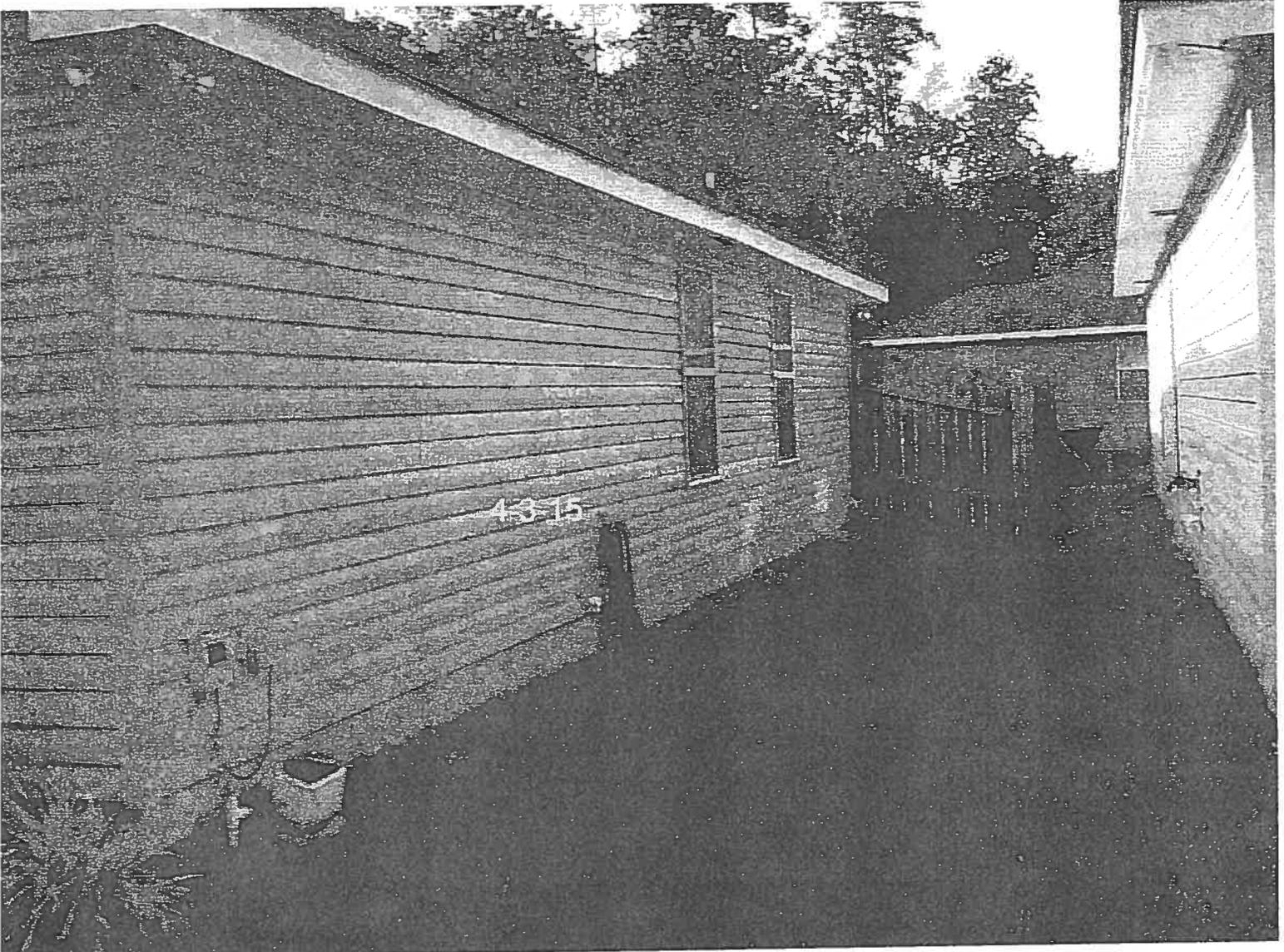
4-3-15

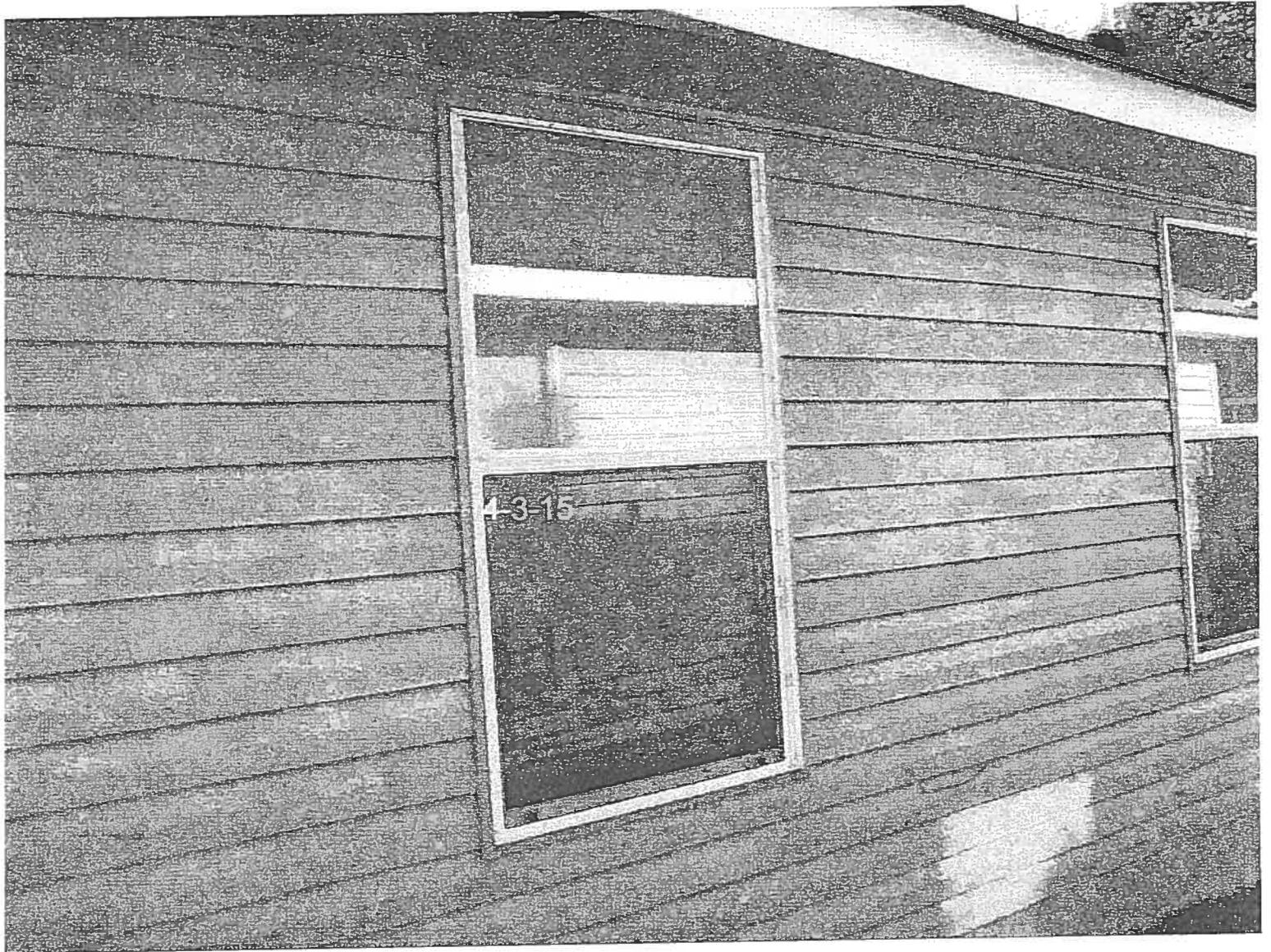






4-3-15





4-3-15

OCH OUP INCEP
 DIVISIONAL INSPECTOR GENERAL
 1000 ...
 ...

...
 ...
 ...
 ...

Model	Accession	Make	Model	Hull	Panel	Siren
				100		

4-3-15

Total Number of Doors with Glass Not Muffled
 ...
 ...

Total Number of Doors with Glass Not Muffled
 ...

Electric Muffler or Bell
 (See Motor Specifications)

Muffler Muffled
 Yes No

Repair Concern Valid
 Yes No

Additional Notes

OBSERVABLE (Please Print)

...
 ...



State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BAYON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-350-0846 •
 hazardmitigation@mitigateala.org

April 25, 2013

MS LISHA ANN ROBERTSON
 37522 LOPEZ ST
 SLIDELL, LA 70458

Road Home ID: 06HH053265
 2015-129710
FILED

JUL 20 2015

MALISE PRIETO-CLERK
 Deputy
 SIOCCNIE GENNARO

SUBJECT: Verification of Mitigation Grant Funds

Dear MS LISHA ANN ROBERTSON:

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).

- Grant funds were not used for the purposes intended and/or in accordance with the policies of the Hazard Mitigation Grant Program.

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)	\$7,482.68	Individual Mitigation Measures (IMM)	\$0.00
Reconstruction Grant	\$0.00	Reconstruction Grant	\$0.00
Total HMGP Funds Received	\$7,482.68	Total Hazard Mitigation Benefit	\$0.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH053265 is \$7,482.68.



7012 3050 0001 2090 5223

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7012 3050 0001 2090 5223

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 Dwayne Manogin, 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 225-330-0774 or send email to dwayne.manogin@mitigatela.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

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 May 30, 2013.

Road Home ID: 06HH053265
MS LISHA ANN ROBERTSON
37522 LOPEZ ST
SLIDELL, LA 70458

Case Manager: Dwayne Manogin

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 \$7,482.68 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:



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
2015-1297
JUL 20 2015

MALISE PRIETO-CLERK
Dep. S/C CONNIE GENARO

June 5, 2013

Road Home ID: 06HH053265

MS LISHA ANN ROBERTSON
37522 LOPEZ ST
SLIDELL, LA 70458



SUBJECT: Verification of Mitigation Grant Funds

Dear MS LISHA ANN ROBERTSON:

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).

- Required documents to process your grant were not supplied to the Hazard Mitigation Grant Program.

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

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant		Elevation Grant	
Individual Mitigation Measures (IMM)		Individual Mitigation Measures (IMM)	
Reconstruction Grant		Reconstruction Grant	
Total HMGP Funds Received		Total Hazard Mitigation Benefit	

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH053265 is \$7,482.68.



7012 3050 0001 2084 7776

PLACE STICKER ON TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL



7012 3050 0001 2084 7776

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 Dwayne Manogin, 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 fifteen (15) days of the date at the top of this notification letter. If you have additional questions regarding this letter, please call 225-330-0774 or send email to dwayne.manogin@mitigatela.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.hdm.org/la/comstimes4e_hawto.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 June 25, 2013.

Road Home ID: 06HH053265

MS LISHA ANN ROBERTSON
37522 LOPEZ ST
SLIDELL, LA 70458

Case Manager: Dwayne Manogin

Please select one (1) option below. This form must be returned within fifteen (15) 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 \$7,482.68 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:



USPS Tracking™



Customer Service ›
Have questions? We're here to help.



Get Easy Tracking Updates ›
Sign up for My USPS.

Tracking Number: 70123050000120847776

Product & Tracking Information

Postal Product:

Features:
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
August 19, 2013 , 1:57 pm	Delivered	BATON ROUGE, LA 70801

Your item was delivered at 1:57 pm on August 19, 2013 in BATON ROUGE, LA 70801.

August 17, 2013 , 11:07 am	Available for Pickup	BATON ROUGE, LA 70821
August 17, 2013 , 10:18 am	Arrived at Unit	BATON ROUGE, LA 70802
August 16, 2013 , 11:28 pm	Departed USPS Facility	BATON ROUGE, LA 70826
August 16, 2013 , 9:36 am	Arrived at USPS Facility	BATON ROUGE, LA 70826
August 15, 2013 , 1:59 pm	Unclaimed	SLIDELL, LA 70458

Available Actions

Track Another Package

Tracking (or receipt) number

Track It

Manage Incoming Packages

Track all your packages from a dashboard.
No tracking numbers necessary.

Sign up for My USPS ›



HELPFUL LINKS

- Contact Us
- Site Index
- FAQs

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- Newsroom
- USPS Service Updates
- Forms & Publications
- Government Services
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- Postal Inspectors
- Inspector General
- Postal Explorer
- National Postal Museum
- Resources for Developers

LEGAL INFORMATION

- Privacy Policy
- Terms of Use
- FOIA
- No FEAR Act EEO Data





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

2015-12971D

FILED

JUL 20 2015

MALISE PRIETO-CLERK
 Deb/CONNIE GENARO

«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 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.

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@mitigarela.org

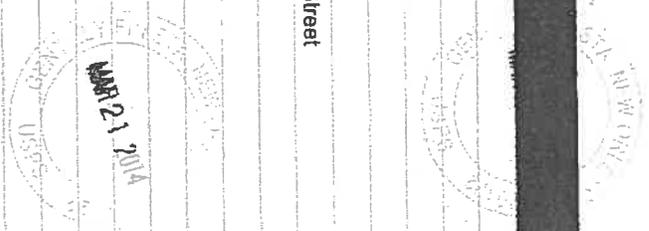
Our review has determined that the following apply to your «Grant_Type» grant(s):

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»
Total HMGP Funds Received	«Gross_Paid»	Total Hazard Mitigation Benefit	«Net_Amount»

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant «App_ID» is «Net_Amount».

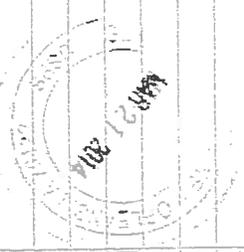
Confirmed by: *Sage King*
MMW *adward*

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 Thrilly Dr.	Kenner	LA	70065
06HH155204	LOUBERTHA	ALLEN	1933 PAGE 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	AL VAREZ	1700 HORTON RD	ALBERTVILLE	AL	35960 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	2562 RIDGECREST RD	MARRERO	LA	70072 5373
06HH023930	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	Sidell	LA	70461 7045
06HH046648	SHAMARIE	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
06HH054056	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





06HH227247	RICHARD	PRESTON	74 ELAINE DR	AVONDALE	LA	70094
06HH032524	ROBERT	RICKS	4759 LONGFELLOW DR	NEW ORLEANS	LA	70127
06HH053265	LISHA	ROBERTSON	37522 Lopez Street	Slidell	LA	70458
06HH020489	KATHRYN	RONDENO	21218 WILLOW/FORD PARK DR	KATY	TX	77450 5449
06HH109058	JOSEPH	RULI	1490 Granada Drive	New Orleans	LA	70122
06HH141765	TONETTE	RUSSEL	3899 Chrtswood lane	Harvey	LA	70058
06HH063420	OLIVEMAE	RYAN	1812 EDINBURGH ST	METAIRIE	LA	70001 6017
06HH067607	PHIL	SANDERS	2204 AP TUREAUD AVE	NEW ORLEANS	LA	70119
06HH162382	INEZ	SANDERS	3105 ALEX KORMAN BLVD	HARVEY	LA	70058
06HH015426	CLAUDIA	SAUCIER	PO Box 55743	Metairie	LA	70055
06HH036216	RISHA	SCALES	8947 BUNKER HILL RD	NEW ORLEANS	LA	70127
06HH051589	RITA	SCIONEAUX	1554 Hwy 307	Thibodaux	LA	70301
06HH058314	VERONICA	SCIONEAUX	2505 COLORADO DR	MARRERO	LA	70072
06HH099940	LISA	SCOTT	3320 REPUBLIC ST	New Orleans	LA	70122
06HH072739	SHANNON	SHEFFIELD	4801 NEW ORLEANS ST	NEW ORLEANS	LA	70122
06HH026638	DEXTER	SIMMONS	2072 Shady Lane Dr.	Jackson	MS	39204
06HH066844	EMELDA	SIMS	7576 ELMDALE RD	NEW ORLEANS	LA	70127
06HH048810	AQUANETTE	SINGLETON	3020 RUE PARC FONTAINE # 709	NEW ORLEANS	LA	70131
06HH124593	WANCHELLA	SMITH	1807 JOANN PL	New Orleans	LA	70114
06HH129036	QUANG	SMITH	2244 OAKMERE DR	HARVEY	LA	70058
06HH141273	PATRICIA	SPEER	2142 AARON CT	SEVERVILLE	TN	37876
06HH097764	LEONA	STEVENSON	352 MELBROOK	GRETNIA	LA	70056
06HH020231	LISA	SULLIVAN	673 E. Marlin Ct.	Terrylown	LA	70056
06HH158152	JAKORI	TAYLOR	1728 Wallington Dr.	Marrero	LA	70072
06HH065146	ALICE	THOMAS	5336 PASTEUR BLVD	NEW ORELANS	LA	70122
06HH071793	HEIDI	THOMAS	2828 OKLAHOMA DR	MARRERO	LA	70072
06HH203889	MARTHA	THOMAS	2421 W CAMELLIA DR	THIBODAUX	LA	70301
06HH044092	LUCIUS	THOMPSON	4611 nighthart st.	new orleans	LA	70127
06HH198328	JACOB	THONN	122 ROYAL OAK DR	SLIDELL	LA	70460
06HH098801	BONITA	THORNTON	6940 NEPTUNE COURT	New Orleans	LA	70126
06HH099755	PATRICIA	TILLMAN	4853 METROPOLITAN DR.	NEW ORLEANS	LA	70126
06HH092814	MALBERT	TOLLIVER	149 SOUTH WOOD DR	GRETNIA	LA	70056
06HH100251	JOHN	TOLLIVER	PO Box 641652	Kenner	LA	70064
06HH005281	SABRINA	TOOMER	2518 CALUDA LN	VIOLET	LA	70092 2957
06HH155346	PAULINE	TROSCLAIR	1604 SHIRLEY DR	New Orleans	LA	70114





State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

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

April 13, 2015

2015 FILED

JUL 20 2015

06HH053265
LISHA ROBERTSON
37522 LOPEZ STREET
SLIDELL LA 70458

MALISE PRIETO-CLERK
Deputy ~~SYCONNIE GENNARO~~

Re: Collection of Outstanding Debt in the Amount of **\$7,482.68**

Dear LISHA ROBERTSON:

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 37522 LOPEZ STREET SLIDELL.

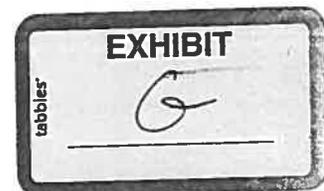
You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of **\$7,482.68**. However, you have continuously disregarded these notices. You have also been given the opportunity to execute a re-payment agreement which would allow you to satisfy your debt 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
Attorney for HMGP



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053 265

Sent to: Lisha Roberts

Street, Apt. No.,
or PO Box No. 37522 Lopez St

City, State, ZIP+4 Shedden, WA 98158

053 265

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:

Lisha Robertson
 37522 Lopez St
 Slidell, LA 70458

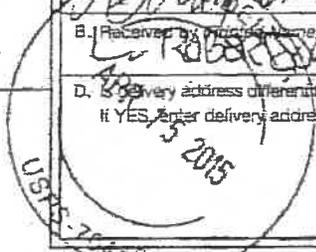
TE ME SIOE 2015

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Handwritten Signature]

B. Received by (Printed Name) *L. Robertson* C. Date of Delivery *4-15-15*

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



3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Required for all services) **001 1417 0148**