

32ND JUDICIAL DISTRICT COURT FOR THE PARISH OF TERREBONNE

STATE OF LOUISIANA

NO: 175060

DIVISION: _____

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

VS.

PATRICIA PAYNE

**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 Patricia Payne, a major domiciliary of Terrebonne 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 January 30, 2010, 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.*

**JOHN R. WALKER
JUDGE - DIVISION B**

4.

FEMA Grant Funds in the amount of \$3,886.00 (hereinafter "FEMA Grant Funds") were paid to Defendant by HMGP on or about September 16, 2010 for the specific purpose of Individual Mitigation Measures (hereinafter "IMM") at her home located at 507 Margaret Street, Houma, LA 70360. *Exhibit B.*

5.

Photographs dated March 27, 2015 show that although the FEMA Grant Funds were received, Defendant's home was not mitigated. *Exhibit C (in globo).*

6.

Three (3) separate collection letters were mailed to Defendant at 507 Margaret Street, Houma, LA 70360, which was the address submitted by her when she applied for the HMGP grant. The first letter dated December 16, 2014 Certified Mail 7013 2630 0000 7456 4080 informed Defendant that the FEMA Grant Funds had to be returned to the State of Louisiana. Said letter was received on December 17, 2014. *Exhibit D (in globo).*

7.

The second letter dated January 31, 2015 was sent Certified Mail 7014 2120 0000 5792 5409. Said letter was received on February 3, 2015. *Exhibit E (in globo).*

8.

The third letter dated April 13, 2015 was sent Certified Mail 7014 2120 0004 5100 8340. Said letter was received on April 16, 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.

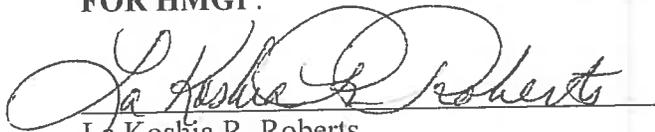
HMGP requests that the debt of \$3,886.00, owed by Patricia Payne to HMGP, be recognized and that judgment in favor of HMGP be granted, directing Defendant to return and pay the FEMA Grant Funds to the State, in full.

ALL PREMISES CONSIDERED, WHEREFORE, HMGP PRAYS:

- a. That this Honorable Court declare that Defendant, Patricia Payne, is non-compliant with the Voluntary Participation Agreement signed by her;
- b. That this Honorable Court declare that Defendant, Patricia Payne, is indebted to HMGP in the amount of \$3,886.00 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, Patricia Payne, be ordered to return the \$3,886.00 HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendant, Patricia Payne, in the full sum of \$3,886.00;
- e. That Defendant, Patricia Payne, 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:



LaKoshia 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

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

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

PLEASE SERVE:

**PATRICIA PAYNE
507 MARGARET STREET
HOUMA, LA 70360**

FILED

JUL 27 2015

KAREN L. PICOU
Deputy Clerk of Court
Parish of Terrebonne, LA

32nd JUDICIAL DISTRICT COURT FOR THE PARISH OF TERREBONNE

STATE OF LOUISIANA

NO: 175060

DIVISION: _____

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

VS.

PATRICIA PAYNE

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 22nd 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.

FILED

JUL 27 2015

MS/KAREN L. PICOU
Deputy Clerk of Court
Parish of Terrebonne, LA

**Office of Community Development Disaster Recovery Unit (OCD-DRU)
HAZARD MITIGATION GRANT PROGRAM (HMGP)
VOLUNTARY PARTICIPATION AGREEMENT (VPA)**

Complete and return this form by mail to:
OCD-DRU HMGP
P. O. Box 1089
Hammond, LA 70404-1089

Road Home Number 06HH 170714

SECTION 1: MITIGATION ELECTION (check one)

- I/We am/are **NOT** interested in participating in the OCD-DRU Hazard Mitigation Grant Program (HMGP).
- I/We have sold the home that was damaged during the storm and therefore will not be eligible to participate in the program.

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

Applicant or Co-Applicant NAME Applicant or Co-Applicant SIGNATURE Date

Applicant or Co-Applicant NAME Applicant or Co-Applicant SIGNATURE Date

Home Phone: (_____) _____ Cell Phone: (_____) _____

Are you signing as an agent with Power of Attorney (POA) for an applicant? YES .NO If signing as agent with Power of Attorney:

Agent NAME (person with POA) Agent SIGNATURE Date

I/WE AM/ARE INTERESTED IN RECEIVING AN OCD-DRU HMGP AWARD. IF YOU CHECK THIS BOX, YOU NEED TO MEET ALL CRITERIA IN SECTION 3.

SECTION 2: I AM INTERESTED IN PARTICIPATING IN THE FOLLOWING PROGRAM(S):

____ Pilot Reconstruction Elevation ____ Individual Mitigation Measures (IMM)

SECTION 3: PROGRAM ELIGIBILITY

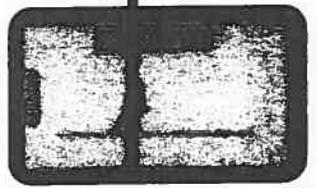
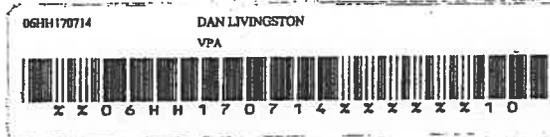
1. The status of mitigation work to my home is: (Select the one answer that most closely fits your situation)
 - As of March 16, 2008, I had completed my mitigation activity of my home to meet the latest elevation standards in my community.
 - As of March 16, 2008, I had started—but not completed—the mitigation activity of my home to meet the latest elevation standards in my community.
 - I expect to start my mitigation activity by _____
2. My home was initially constructed: (mark all that apply)
 - During or before 1964
 - After 1964
 - My damaged home from the time of the storm has been demolished or cleared.
 - Don't know

FILED

JUL 27 2015

/s/ KAREN L. PICOU

Deputy Clerk of Court
Parish of Terrebonne, LA



A homeowner must meet ALL of the following criteria to be considered for the OCD-DRU HMGP Award:

- a. Applicant is eligible for Road Home Program benefits as part of the Homeowner Assistance Program.
- b. Homeowner selected *Road Home* Option 1 -- "Keep Our Home."
(NOTE: Even if a homeowner received a zero award letter from Road Home, that homeowner may still be eligible for money through the OCD-DRU HMGP.)
- c. Homeowner still owns the home that was eligible for *Road Home* benefits or has acquired the home along with an assignment of Road Home rights. (NOTE: Assignment of Rights is only applicable to Elevation or IMM activities.)
- d. The structure is located in a FEMA designated ABFE area or the mitigation activity is deemed cost beneficial according to FEMA guidelines.
- e. Be cleared by FEMA.
- f. Homeowner agrees to comply with all HMGP guidelines as set forth by FEMA, GOHSEP and OCD.

SECTION 4: VPA STATEMENT OF COMPLIANCE

This Agreement of Voluntary Participation is made on 7/23/10 (date). I/We am/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:

104 Pellegrain St Chauvin Terrebonne 70344 (the "Property").
Street City Parish ZIP

I/We currently plan to participate in the OCD-DRU HMGP Program. I/We understand the following concerning participation in OCD-DRU HMGP Program:

- The program is voluntary in nature;
- I/We are under no obligation to participate;
- I/We may drop out of the program at any time before receiving an award;
- The program reimburses cost of mitigation measures, homeowner must complete measures in accordance with program guidelines and request reimbursement from OCD-DRU's HMGP;
- Due to limited funding, IMM will be serviced on a "first come, first serve" basis until all funding is exhausted.

I/We understand that before cost will be reimbursed that an OCD-DRU HMGP Covenant must be signed, which requires the property owner to obtain and maintain flood insurance. The OCD-DRU HMGP will be recorded with Conveyance Records in the parish where the property is located.

I/We understand that property inspections are required for processing through the OCD-DRU HMGP and grant the program permission to take the necessary photos of my structure.

For Pilot Reconstruction Projects:

- Property owner has been notified that the following policy, listed in the June 2006 Pilot Reconstruction Guidance Section 2.3.7, has been rescinded by FEMA effective December 11, 2009: "Pilot Reconstruction activities must result only in an approximation of the original square footage of the structure, and that the square footage of the resulting structure shall be no more than 10 percent greater than that of the original structure."
- Property owner has been notified that the maximum award amount is \$100,000, less duplication of benefits.
- Property owner confirms that the information described in the preceding paragraphs has been explained and the information is understood.

DANIEL R. LIVINGSTON
Applicant or Co-Applicant NAME

Daniel R. Livingston
Applicant or Co-Applicant SIGNATURE

7-23-2010
Date

Applicant or Co-Applicant NAME

Applicant or Co-Applicant SIGNATURE

Date

Are you signing as an agent with Power of Attorney (POA) for an applicant? YES NO If signing as agent with Power of Attorney:

Agent NAME (person with POA)

Agent SIGNATURE

Date



- Vendor Search Home
- About Us
- Other Useful Links
- Account Information
- Forms
- Popular Report
- Policies and Procedures Manual
- OSRAP News
- Statewide Report
- Vendor Training Manual

[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:
 104 PELLIGRIN ST
 CHAUVIN, LA 70344 3339

Check/EFT Number: AD 00003943131
Check/EFT Date: 02/11/2011
Status Change Date: //
Status: Outstanding

Check/EFT Line Details:
 (click on agency for contact information)

Check/EFT Total: 27,578.40

Total Number of Lines : 1

Agency	Document ID	Ref Doc ID	Invoice #	Comments	Line Amount
107	PVQB0045085		HM0300005574	06HH170714	27,578.40

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

FILED

JUL 27 2015

AS/ KAREN L. PICOU

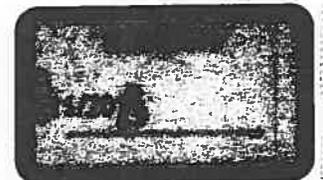
Deputy Clerk of Court
Parish of Terrebonne, LA

06HH170714

DAN LIVINGSTON
Printout from OSRAP



https://wwwprd.doa.louisiana.gov/vendsearch/detail.cfm?check_number=00003943131





State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • (504) 387-5312 • FAX: (504) 387-5313
hazardmitigation@mitigation.org

Time of Observation: 12:00 PM
Weather Conditions: _____

10.1 Check-In Observation

Applicant ID: _____
Damaged Property Address: 170714
Date of Plans: 109 RECEIVED ST (CRAWLED)

Foundation Type: Open Slab

Check List for Check-In Mitigation: 5-1-15

FILED

JUL 27 2015

BY: KAREN L. PICOU

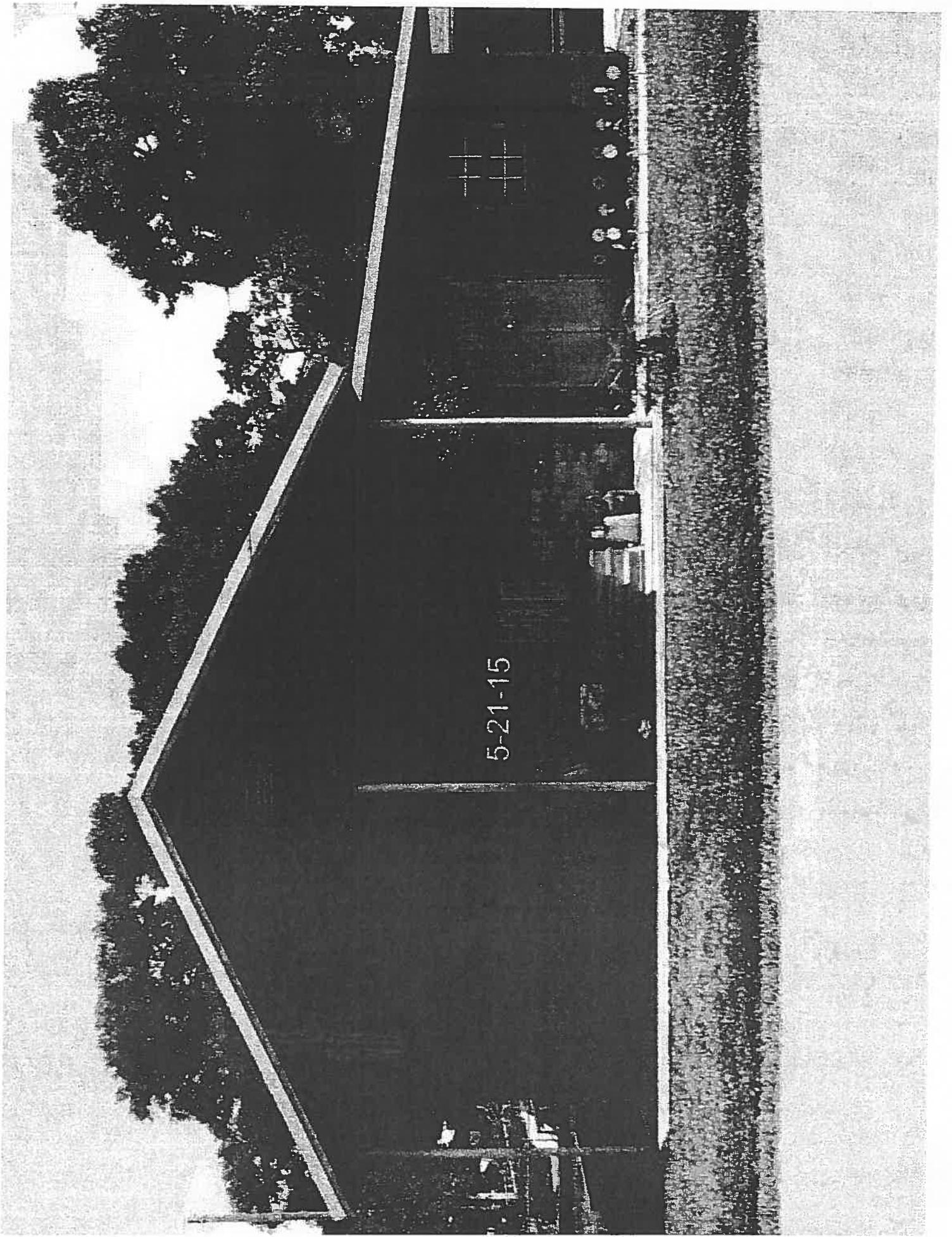
Deputy Clerk of Court
Parish of Terrebonne, LA

- General Site Condition
- Type of Slab
- Visual MGI Project's Closest to
- Occurrence Activity
- Take Photographs

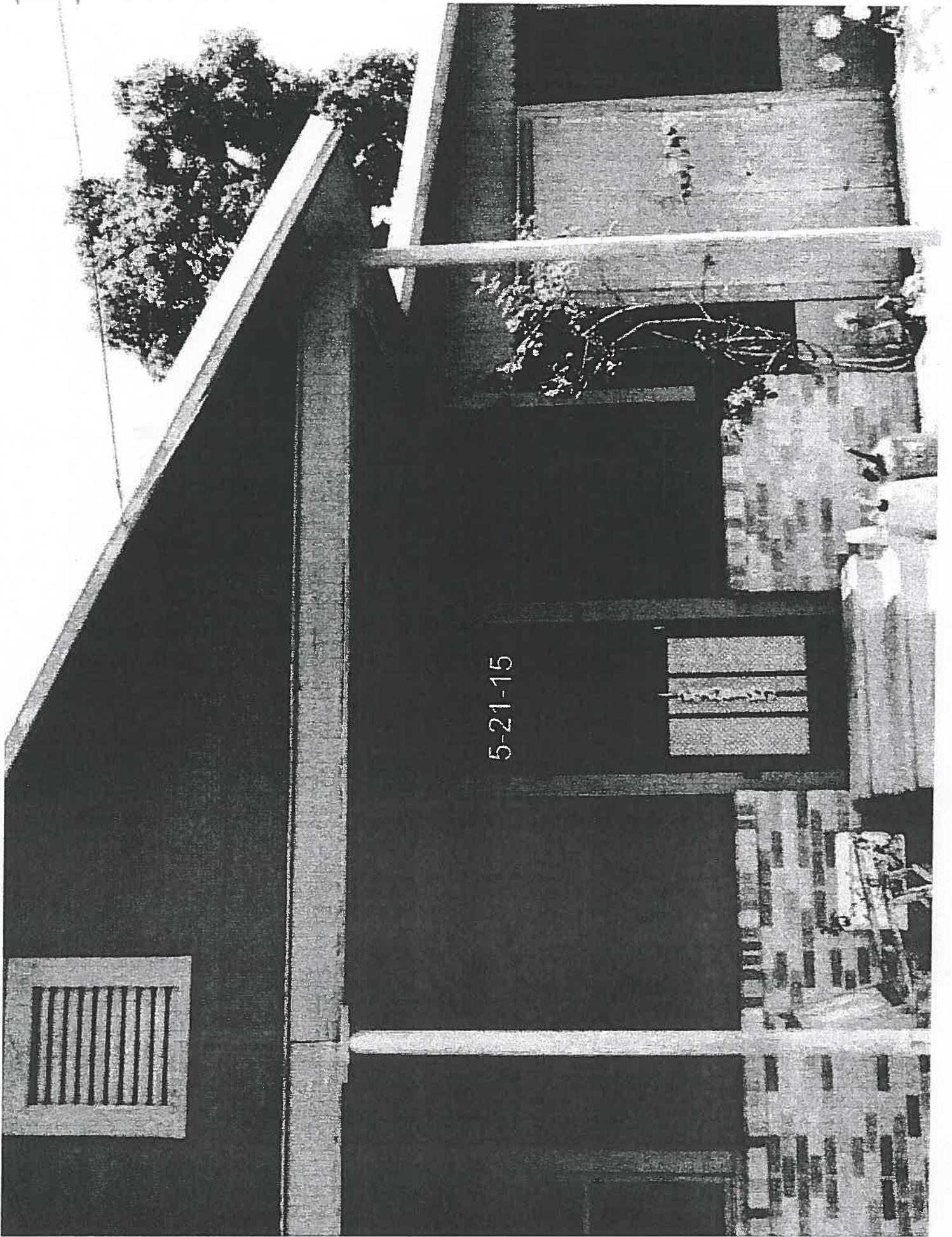
General Site Condition

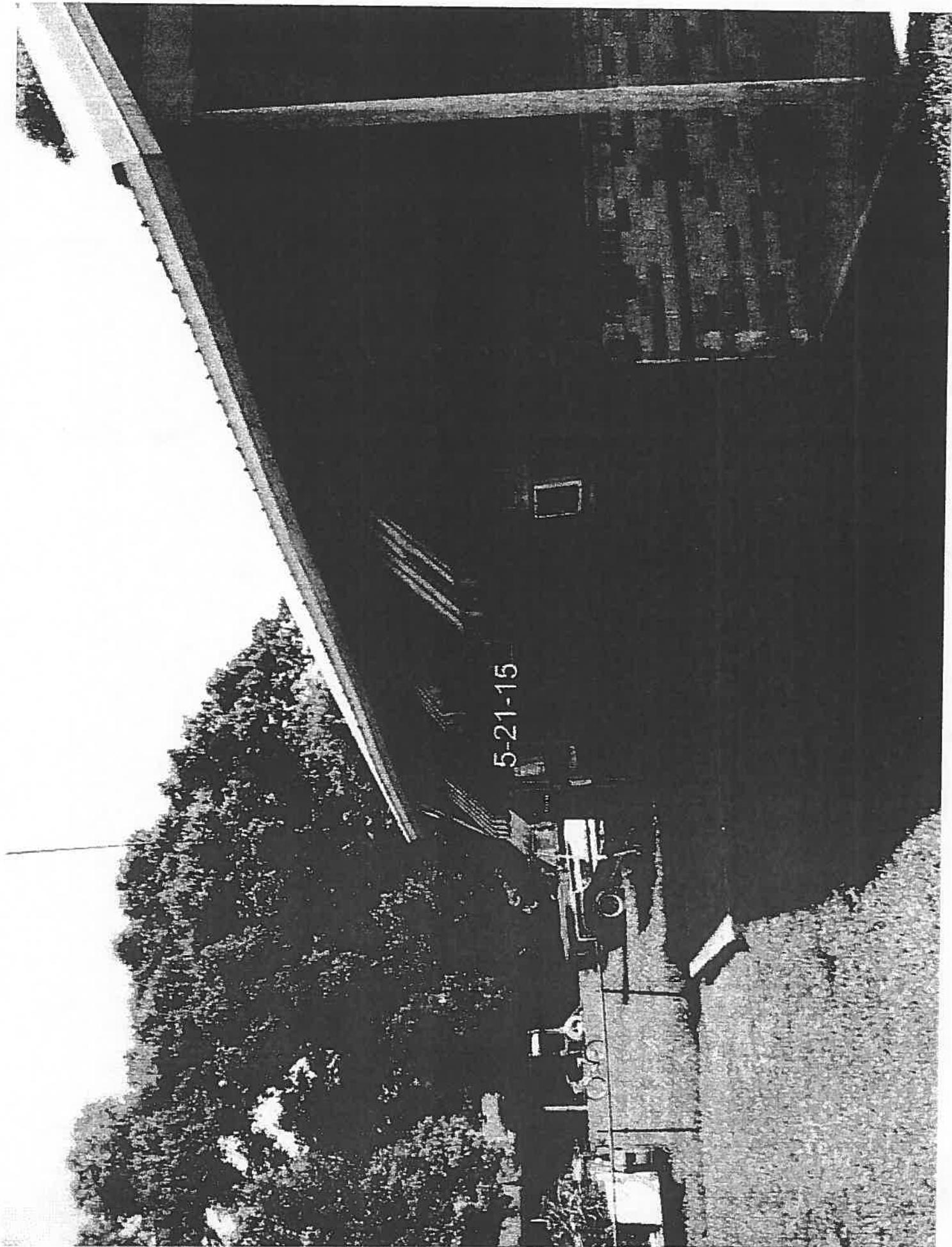
Description of Mitigation Observed on Property: _____

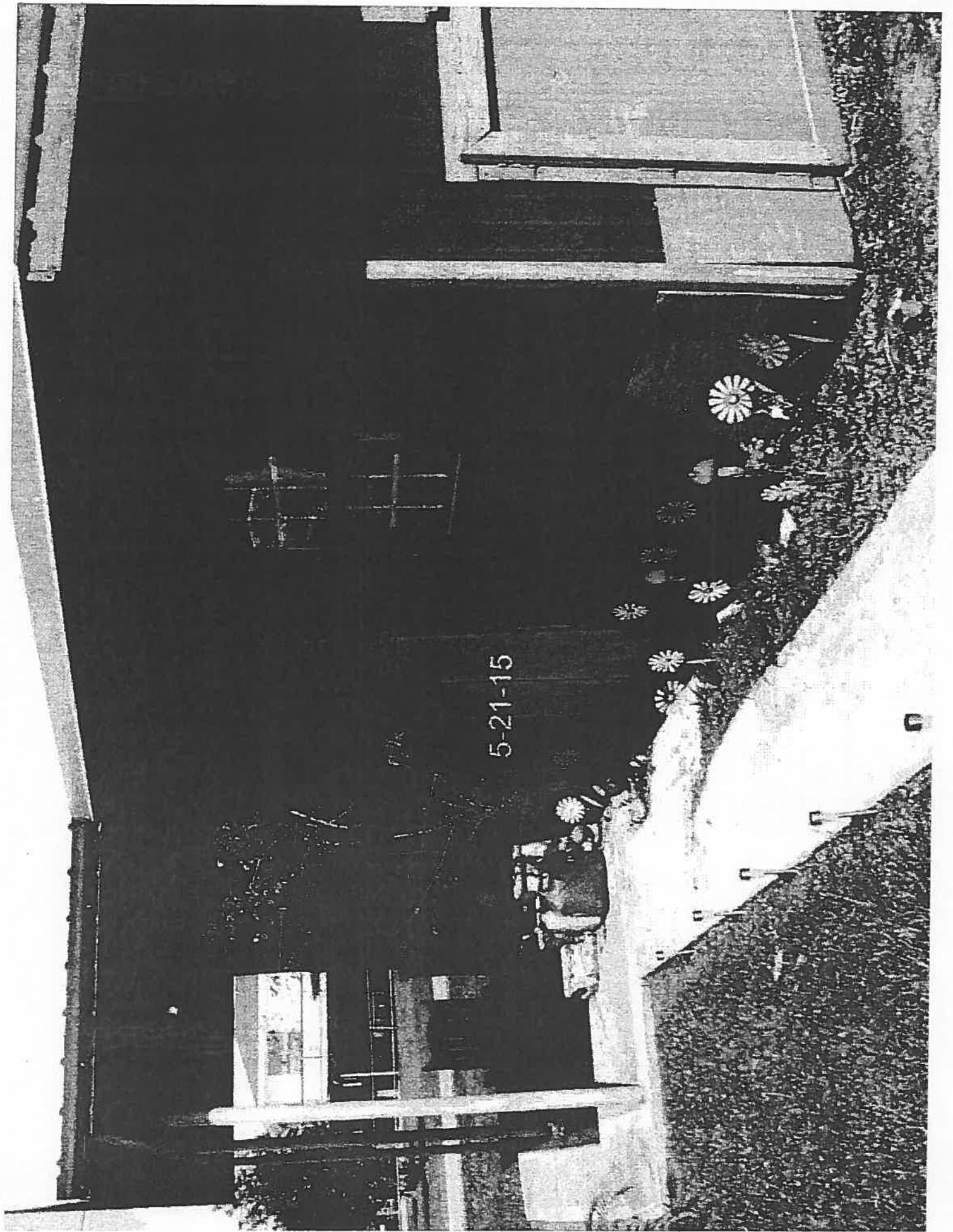
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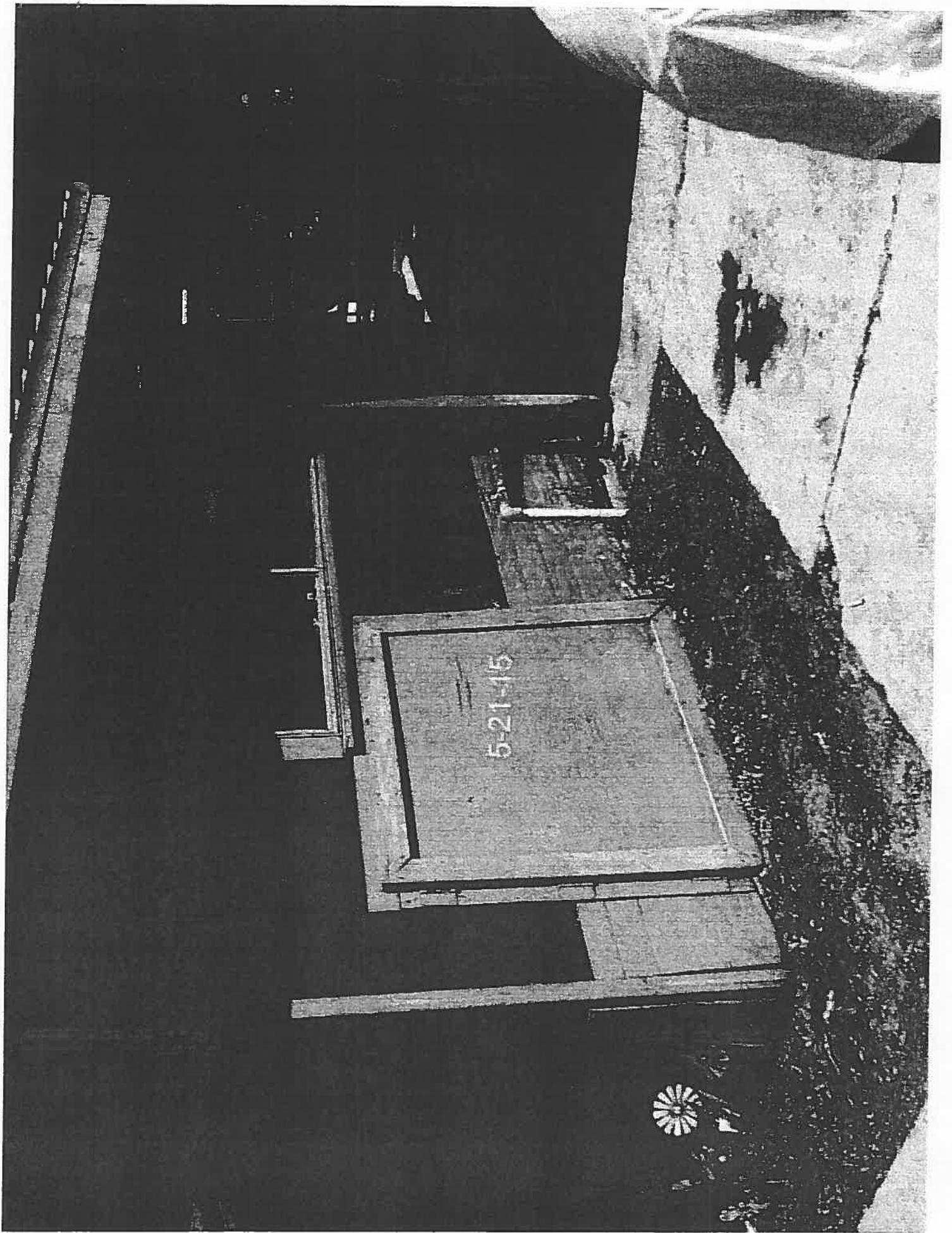


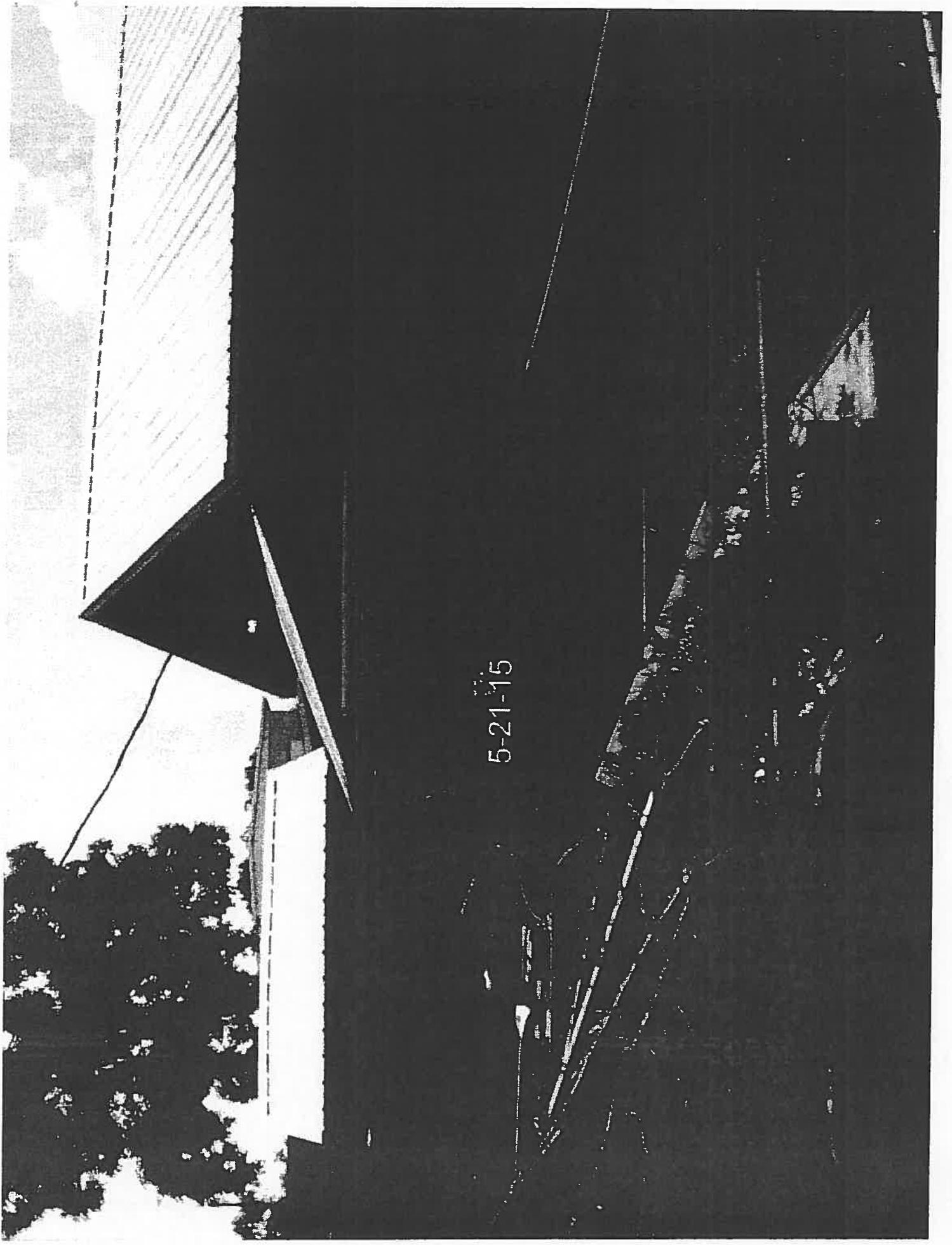
5-21-15



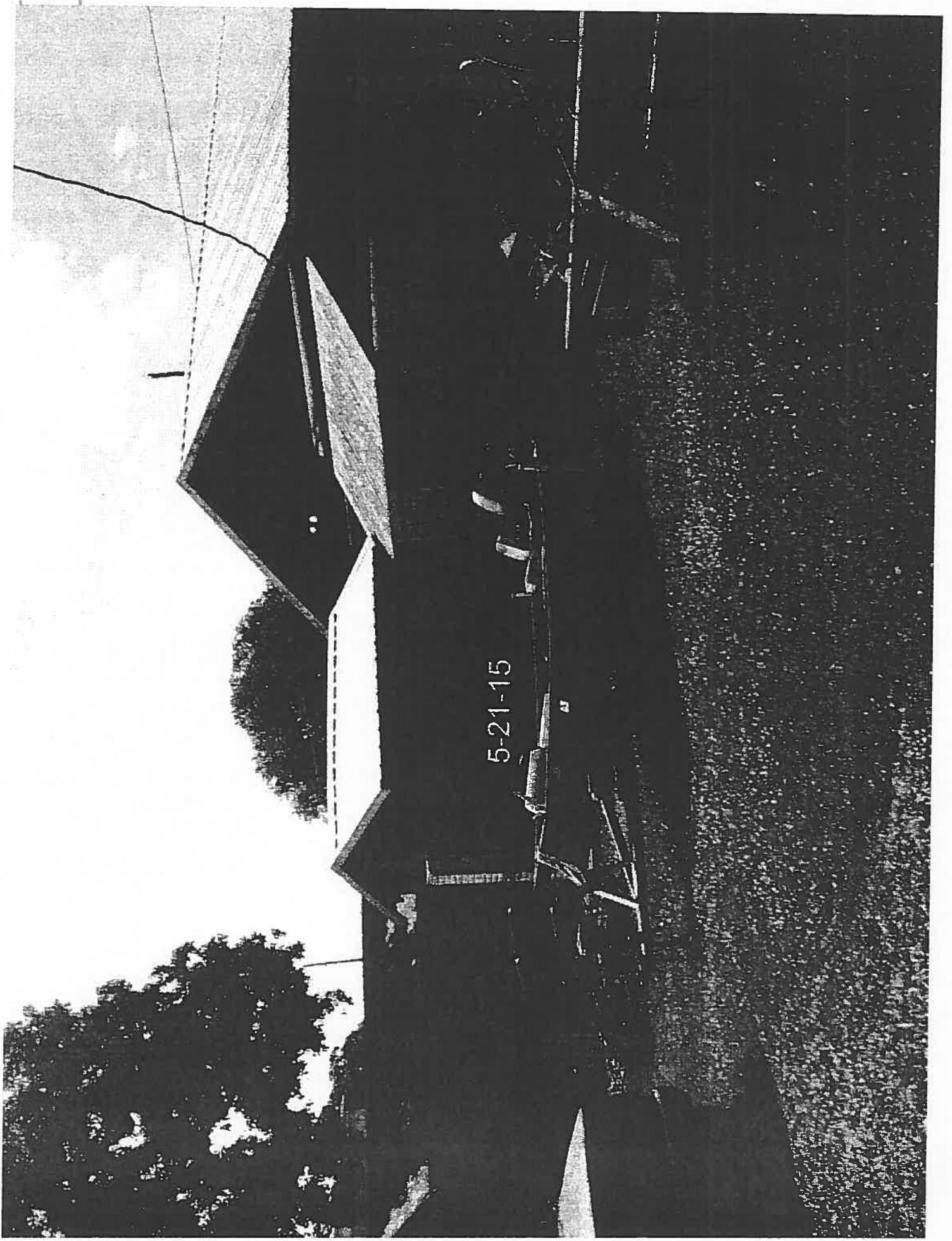




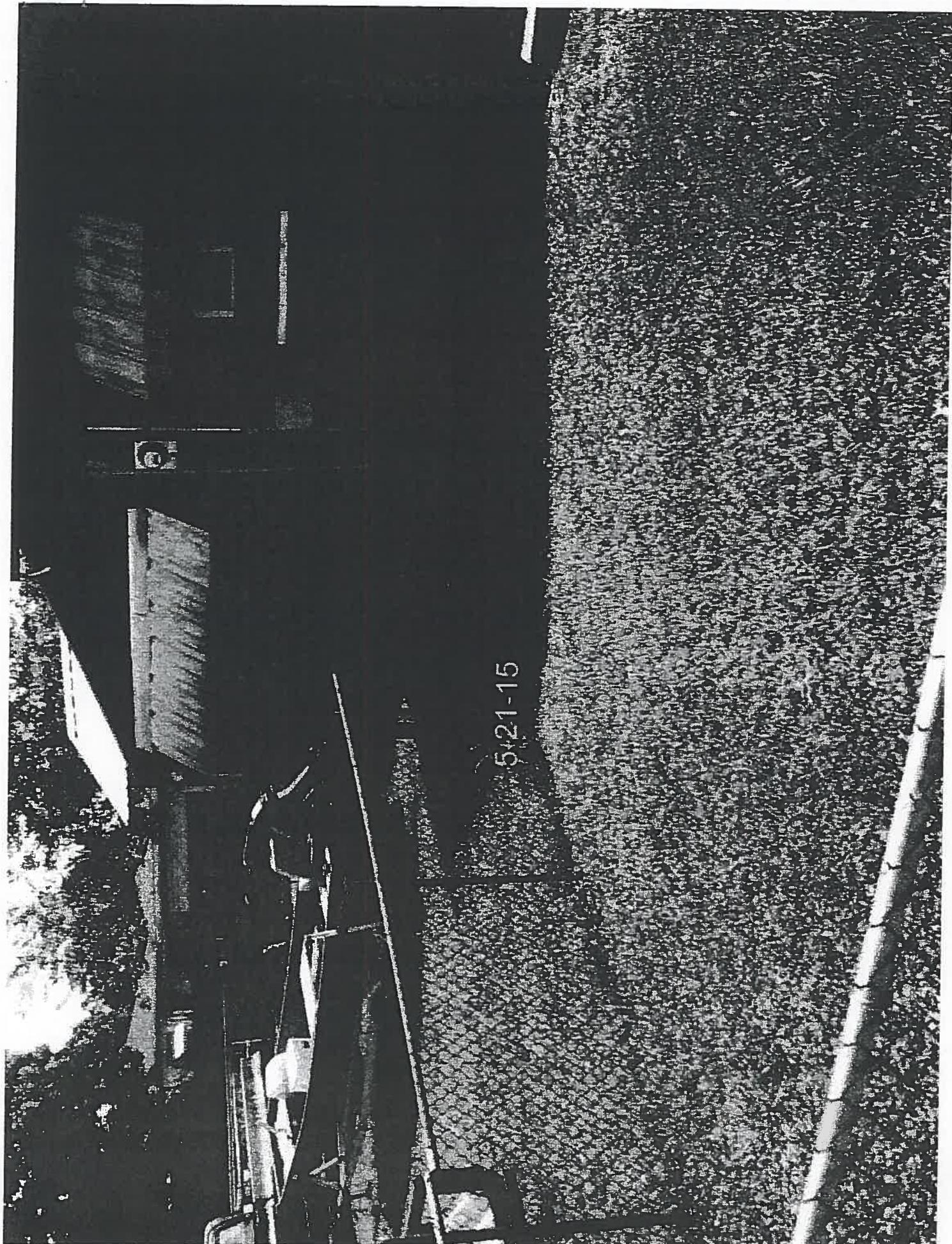




5-21-15



5-21-15



5421-15



State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 834-8312 • FAX 225-330-0846 •
 hazardmitigation@mitigationla.org

November 25, 2013

Road Home ID: 06HH170714

DAN R LIVINGSTON
 104 PELLGRAIN ST
 CHAUVIN, LA 70344

SUBJECT: Verification of Mitigation Grant Funds

Dear DAN R LIVINGSTON:

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-DRETHMGP 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:

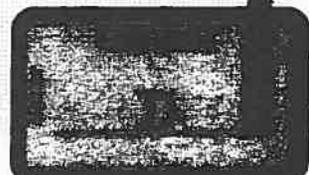
HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$27,578.40	Elevation Grant	\$0.00
Individual Mitigation Measures (IMM)	\$0.00	Individual Mitigation Measures (IMM)	\$0.00
Reconstruction Grant	\$0.00	Reconstruction Grant	\$0.00
Total HMGP Funds Received	\$27,578.40	Total Hazard Mitigation Benefit	\$0.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH170714 is \$27,578.40.

FILED

JUL 27 2015

AS/ KAREN L. PICOU
 Deputy Clerk of Court
 Parish of Terrebonne, LA



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 504-284-4020 or send email to ray.bordelon@mitigata.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/ODU 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 willfully 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) 224-8312 at least five business days prior to any scheduled meeting. The TDD number for the hearing impaired is 1-800-946-5277. Additional information regarding the use of the Louisiana Relay service can be found at the following link: <http://www.hardofhearing.com/statelouisiana.html>.

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 December 30, 2013.

Road Home ID: 06HH170714

DAN R LIVINGSTON
104 PELLGRAIN ST
CHAUVIN, LA 70344

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 \$27,578.40 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:

DAN LIVINGSTON

104 PELLGRAIN STREET

CHAUVIN, LA 70344

170714

2. Article Number
(Transfer from service label)

7012 3050 0001 2091 0128

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

Agent

Addressee

B. Received by *[Handwritten Name]*
[Handwritten Signature]

C. Date of Delivery

11-24-05

D. Is delivery address different from item 1? Yes

No

If YES, enter delivery address below:

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.C.D.

4. Restricted Delivery? *(Extra Fee)* Yes

No

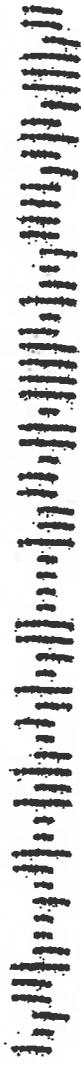
UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

OCD DRU HMGP
P.O. BOX 5098
BATON ROUGE, LA 70821





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 13, 2013

Road Home ID: 06HH170714

MOLLY A LIVINGSTON
 104 PELLGRAIN ST
 CHAUVIN, LA 70344

SUBJECT: Verification of Mitigation Grant Funds

Dear MOLLY A LIVINGSTON:

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.

FILED

JUL 27 2015

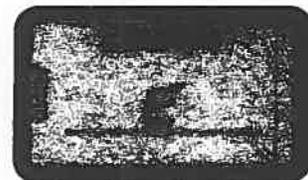
AS/ KAREN L. PICOU

Deputy Clerk of Court
 Parish of Terrebonne, LA

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Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH170714 is \$27,578.40.



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.

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Office of Community Development - HMGP

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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 17, 2014.

Road Home ID: 06HH170714

MOLLY A LIVINGSTON
104 PELLGRAIN ST
CHAUVIN, LA 70344

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 \$27,578.40 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:

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS (TIL) AT DOT OFFICE

CERTIFIED MAIL



7011 1150 0001 2125 3602

COMPLETE THIS SECTION ON RECEIPT

A. Signature Agent

X Addressee Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Receipt Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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:

DAN LIVINGSTON
104 PELLGRAIN ST
CHAUVIN, LA 70344
170714

2. Article Number

(Transfer from service label)

7011 1150 0001 2125 3602

PS Form 3811, February 2004

Domestic Return Receipt

10001-00-000-9000



USPS Tracking™



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



Get Easy Tracking Updates ›
Sign up for My USPS.

Tracking Number: 70111150000121253602

Updated Delivery Day: Tuesday, December 17, 2013

Product & Tracking Information

Available Actions

Postal Product:

Features:
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
December 16, 2013 , 1:33 pm	<u>Delivered</u>	CHALVIN, LA 70344
Your item was delivered at 1:33 pm on December 16, 2013 in CHALVIN, LA 70344.		
December 16, 2013 , 10:00 am	Out for Delivery	CHALVIN, LA 70344
December 16, 2013 , 9:50 am	Sorting Complete	CHALVIN, LA 70344
December 16, 2013 , 9:06 am	Arrived at Unit	CHALVIN, LA 70344
December 15, 2013 , 9:41 pm	Departed USPS Facility	NEW ORLEANS, LA 70113
December 14, 2013 , 4:12 pm	Arrived at USPS Facility	NEW ORLEANS, LA 70113
December 13, 2013 , 8:24 pm	Departed USPS Facility	BATON ROUGE, LA 70826
December 13, 2013 , 7:53 pm	Arrived at USPS Facility	BATON ROUGE, LA 70826

Track Another Package

Tracking (or receipt) number



Manage Incoming Packages

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

Sign up for My USPS ›



Search or Enter a Tracking Number



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

2/5/2015

DAN LIVINGSTON
104 PELLGRAIN STREET
CHAUVIN, LA 70344

Road Home ID: 06HH170714

SUBJECT: Final HMGP Collection Attempt

Dear DAN LIVINGSTON,

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. If you fail to return the \$27,578.40 owed to the State within five (5) calendar days 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) 284-4067 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

FILED

JUL 27 2015

/s/ KAREN L. PICOU

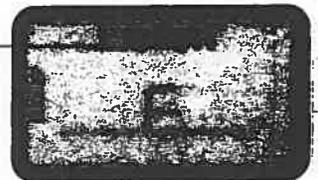
Deputy Clerk of Court
Parish of Terrebonne, LA

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@mitigatela.org

Our review has determined that the following apply to your Elevation grant(s) because the applicant performed no mitigation activity:

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$27,578.40	Elevation Grant	\$27,578.40
Individual Mitigation Measures (IMM)	\$ 0.00	Individual Mitigation Measures (IMM)	\$ 0.00
Reconstruction Grant	\$ 0.00	Reconstruction Grant	\$ 0.00
Total HMGP Funds Received	\$27,578.40	Total Hazard Mitigation Benefit	\$27,578.40

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH170714 is \$27,578.40.

Payment should be delivered to the following address:

State of Louisiana
Hazard Mitigation Grant Program
2021 Lakeshore Drive, Suite 100
New Orleans, La. 70122

AN EQUAL OPPORTUNITY EMPLOYER

170214	
<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to: <i>Dan Livingston</i> <i>104 Pellgrain Street</i> <i>Chauvin, LA 70344</i></p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input checked="" type="checkbox"/> <i>Wendy Livingston</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Wendy Livingston</i> C. Date of Delivery <i>2-7-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>E. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <small>(Transfer from service label)</small> 7014 2120 0000 5792 5218</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	



State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

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

April 13, 2015

06HH170714
DAN LIVINGSTON
104 PELLGRAIN STREET
CHAUVIN LA 70344

Re: Collection of Outstanding Debt in the Amount of **\$27,578.40**

Dear DAN LIVINGSTON:

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 104 PELLGRAIN STREET CHAUVIN.

You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of **\$27,578.40**. 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.

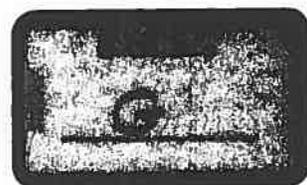
Sincerely,

La Koshia R. Roberts
Attorney for HMGP

FILED

JUL 27 2015

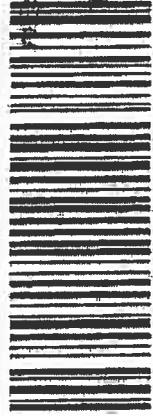
KAREN L. PICOU
Deputy Clerk of Court
Parish of Terrebonne, LA



LA Office of Community Development
Disaster Recovery Unit
Hazard Mitigation Grant Program
P.O. Box 5098
Baton Rouge, LA 70821-5098

Ref

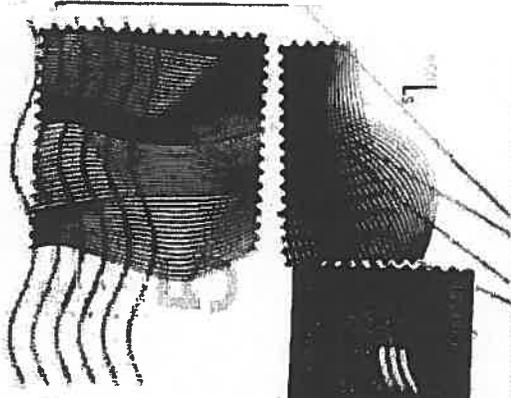
CERTIFIED MAIL™



7014 0510 0001 1416 7808

NEW ORLEANS LA 700

13 APR 2015 PM 2 L



NIXIE 708 SE 1009 0004/17/15

RETURN TO SENDER
REFUSED
UNABLE TO FORWARD

BC: 70821509898 *1565-05113-13-43

7082105098