FILED

2015 AUG 3 A 9:45

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

NO: 2015-7377 DIVISION: CIVIL 11

DISTRICT COURT

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

VS.

PAUL LEONARD BANKS AND YVONNE C. BANKS

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 Defendants in this case are Paul Leonard Banks and Yvonne C. Banks, majors domiciled in Orleans Parish, who voluntarily participated in HMGP to mitigate their 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.

Defendants executed a Voluntary Participation Agreement (hereinafter "VPA") on April 20, 2010 to participate in HMGP and to receive an HMGP grant. Defendants 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 $7,500.00 were paid to Defendants by HMGP on or about August 9, 2010 for the specific purpose of Individual Mitigation Measures (hereinafter "IMM") at their home located at 3111 Blair Street, New Orleans, LA 70131. As of this date Defendants have a balance due to HMGP of $7,500.00 (hereinafter "FEMA Grant Funds"). *Exhibit B.*

5.

Photographs dated April 20, 2015 show that although the FEMA Grant Funds were received, Defendants' home was not mitigated. *Exhibit C (in globo).*

6.

Four (4) separate collection letters were mailed to Defendants. The first letter dated April 29, 2013 was sent by Certified Mail 7012 3050 0001 2085 1766 and informed Defendants that the FEMA Grant Funds in the amount of $7,500.00 had to be returned to the State of Louisiana. Said letter was marked "Unclaimed" and returned to HMGP. *Exhibit D (in globo).*

7.

The second letter dated August 14, 2013 was sent by Certified Mail 7012 3460 0000 1289 9718. Said letter was marked "Unclaimed" and returned to HMGP. *Exhibit E (in globo).*

8.

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

9.

The fourth letter dated April 13, 2015 was sent by Certified Mail 7014 3490 0000 4613 5058. Said letter was delivered and the Return Receipt was signed on April 17, 2015.

10.

Defendants have failed to respond to the letters and have failed to return the funds to the State.

11.

Defendants' failure to return the FEMA Grant Funds has resulted in Defendants 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 Defendants will result in reimbursement to FEMA being required by the State of Louisiana.

13.

HMGP requests that the debt of $7,500.00, owed by Paul Leonard Banks and Yvonne C. Banks to HMGP, be recognized and that judgment in favor of HMGP be granted, directing Defendants 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 Defendants, Paul Leonard Banks and Yvonne C. Banks, are non-compliant with the Voluntary Participation Agreement signed by them;

b. That this Honorable Court declare that Defendants, Paul Leonard Banks and Yvonne C. Banks, are indebted to HMGP in the amount of $7,500.00 because of their failure to mitigate their home according to their agreement to abide by HMGP guidelines, including using HMGP funds for their intended purpose;

c. That Defendants, Paul Leonard Banks and Yvonne C. Banks, be ordered to return the $7,500.00 HMGP grant to HMGP, in full;

d. That there be judgment rendered herein in favor of HMGP and against Defendants, Paul Leonard Banks and Yvonne C. Banks, in the full sum of $7,500.00;

e. That Defendants, Paul Leonard Banks and Yvonne C. Banks, 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

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)

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

FILED

STATE OF LOUISIANA

2015 AUG -3 A 9:45

NO:_____ DIVISION: CIVIL

CIVIL DISTRICT COURT

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

VS.

PAUL LEONARD BANKS AND YVONNE C. BANKS

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 30th DAY OF July 2015 IN NEW ORLEANS, LOUISIANA.

_____
Craig P. Taffaro, Jr.

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

PLEASE SERVE:

PAUL LEONARD BANKS
2552 RIDGECREST RD.
MARRERO, LA 70072

YVONNE C. BANKS
2552 RIDGECREST RD.
MARRERO, LA 70072

FILED

2015 JUL -3 A 9:45

CIVIL DISTRICT COURT

OCD-DRU
HAZARD MITIGATION PROGRAM
VOLUNTARY PARTICIPATION AGREEMENT (VPA)

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

Road Home # 06HH 097405

SECTION 1: Mitigation ELECTION (check one)

☐ I/We have sold the home that was damaged during the storm and therefore will not be participating in the OCD-DRU HMGP Award Program.
☐ I/We am not interested in receiving an OCD-DRU HMGP Award
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: (504) 267-7835 Cell Phone: (504) 610-4907

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 2.**

SECTION 2: PROGRAM ELIGIBILITY

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. (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.

b. Homeowner selected *Road Home* Option 1 – "Keep Our Home".

c. Homeowner still owns the home that was eligible for *Road Home* benefits.

d. The structure is located in a FEMA designated ABFE area or the mitigation activity is deemed cost beneficial according to FEMA guidelines. (IMMs are not required to undergo a cost benefit analysis since FEMA has determined all IMMs to be globally cost beneficial for this grant.

e. Homeowner agrees to comply with all OCD-DRU HMGP guidelines.

06HH097405 PAUL BANKS
VPA

EXHIBIT
A

SECTION 3: I AM INTERESTED IN PARTICIPATING IN THE FOLLOWING PROGRAM/S:

____ Pilot Reconstruction ✓ Elevation ✓ Individual Mitigation Measures (IMM)

SECTION 4: VPA STATEMENT OF COMPLIANCE

This Agreement of Voluntary Participation is made on 4.20.10 (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:

3111 Blair Street New orleans Orleans 70131 (the "Property").

Street City Parish ZIP

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

- 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 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 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.**

For Pilot Reconstruction Projects:

- Property owner has been notified that the reconstructed structure total square footage cannot exceed 10% of the total square footage of the original structure on or before the date of the event for which funding is authorized.
- 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.

Paul Banks	Paul Banks	4/20/10
Applicant or Co-Applicant NAME	Applicant or Co-Applicant SIGNATURE	Date
Yvonne Banks	Yvonne Banks	4/20/10
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

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2015 JUL -3 A 9:46

CIVIL DISTRICT COURT

Office of Statewide Reporting and Accounting Policy

NFOlouisiana

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:
3111 BLAIR ST
NEW ORLEANS, LA 70131

Check/EFT Number: EF 00000509723
Check/EFT Date: 08/09/2010
Status Change Date: 08/09/2010
Status: Cleared

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

Check/EFT Total: 7,500.00

Total Number of Lines : 1

Agency	Document ID	Ref Doc ID	Invoice #	Comments	Line Amount
107	PVD00036485		HM0300001835	05HH097405	7,500.00

ISIS Calendar (CY) | Help Desk | GASB 34 and 35 | Search OSRAP | Contacts

EXHIBIT

tabbies

B

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2015 JUL -3 A 9:46

CIVIL
DISTRICT COURT

73 TIME OF OBSERVATION: 3:[illegible]

OCD DRU HMGP
IMM FINAL INSPECTION CHECK LIST

APPLICANT ID: [illegible]

DAMAGED PROPERTY ADDRESS: [illegible] ST NO 20131

DAMAGED PROPERTY COORDINEATES: LATITUDE: LONGITUDE:

Home Occupied: Yes No

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

Impact	Accordion	Bertha	Colonial	Roll-Down	Panel	Screen	[illegible] Windows

Total Number of Windows Not Mitigated:

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

Solid	Door with Glass	[illegible] of Doors

Total Number of Doors with Glass Not Mitigated:

*[illegible] does not require solid doors to be mitigated

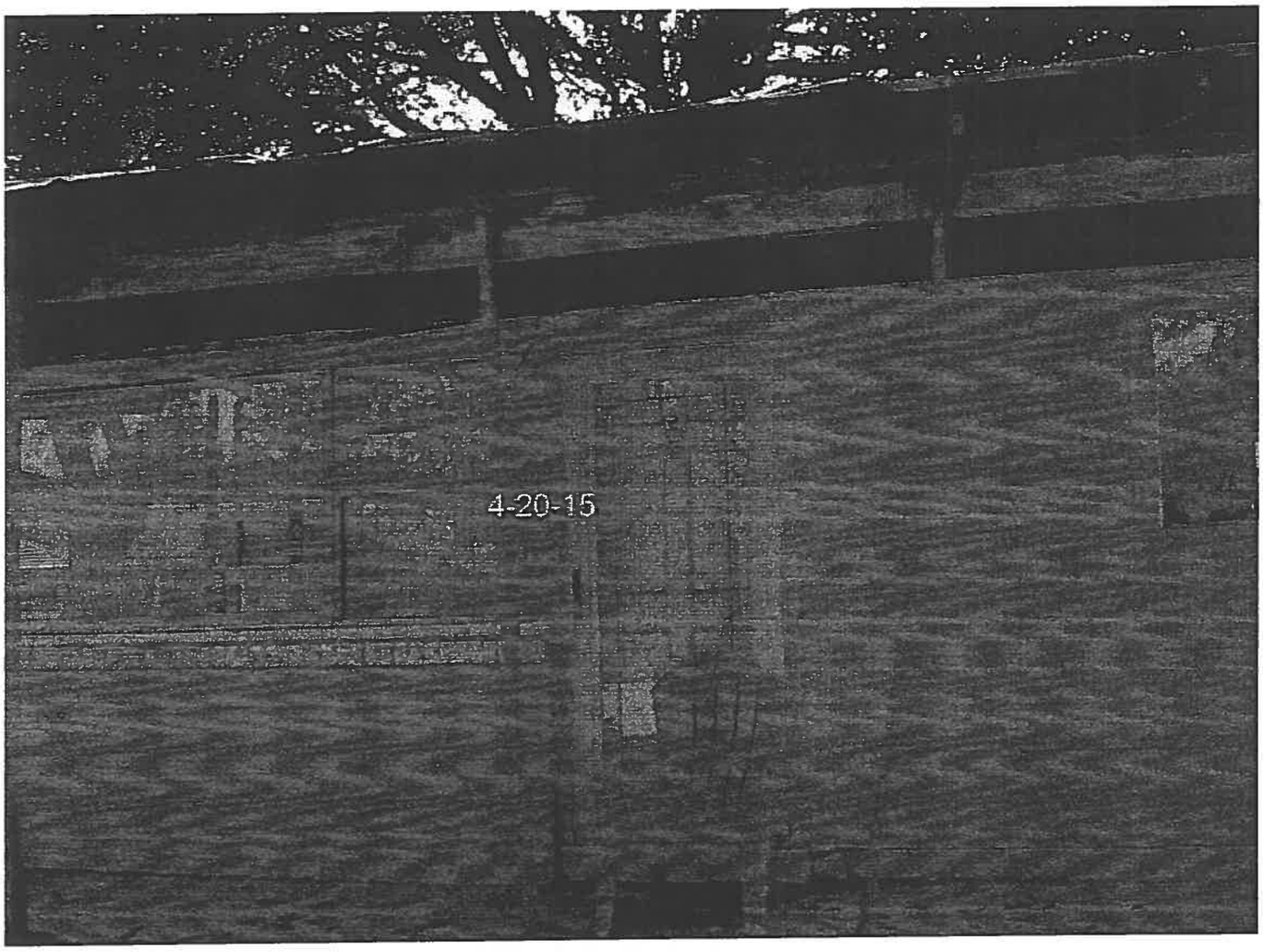
Electric Meter on Structure: Yes No

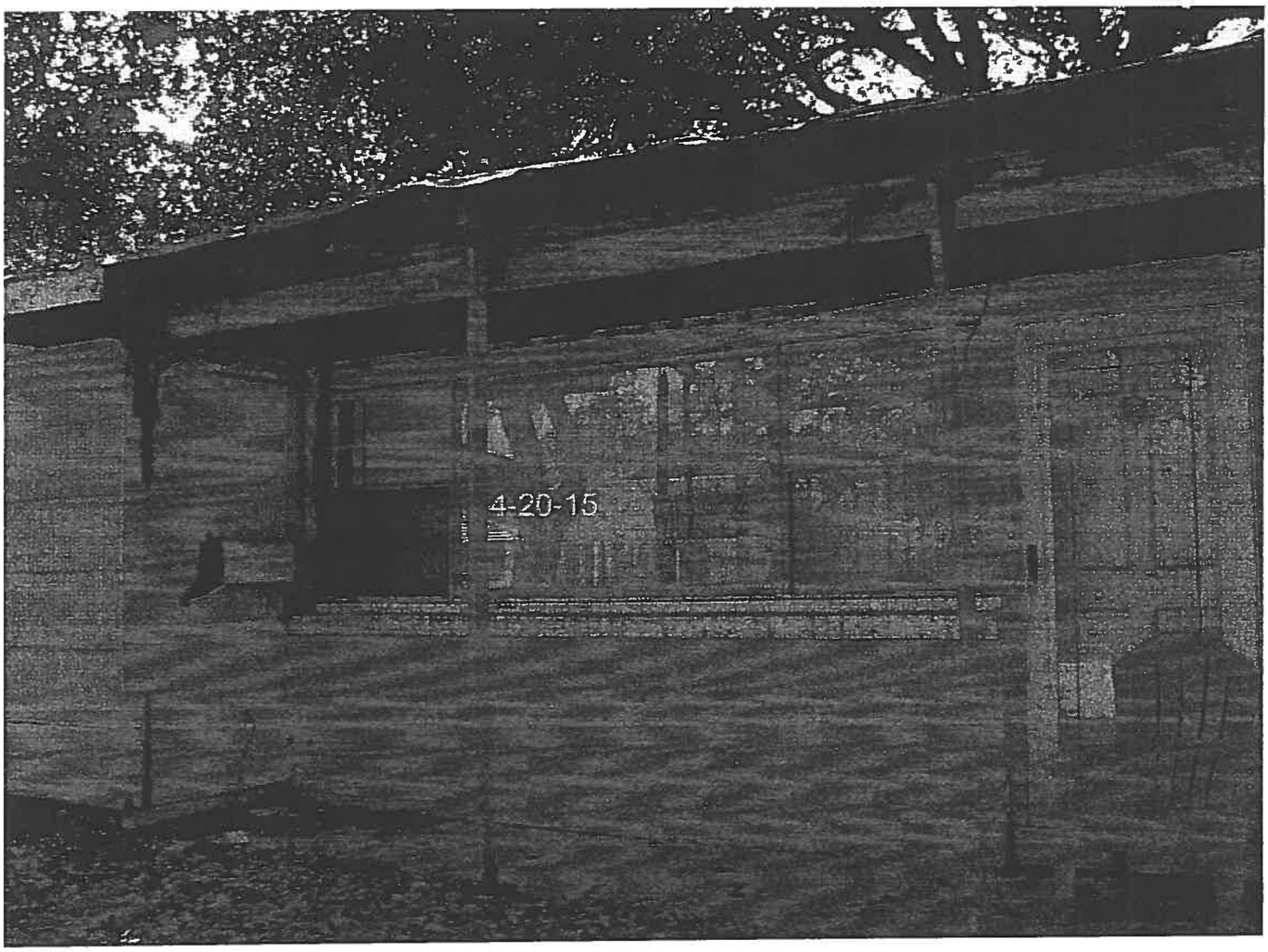
Gas Meter on Structure: Yes No

EXHIBIT

C

4-20-15


4-20-15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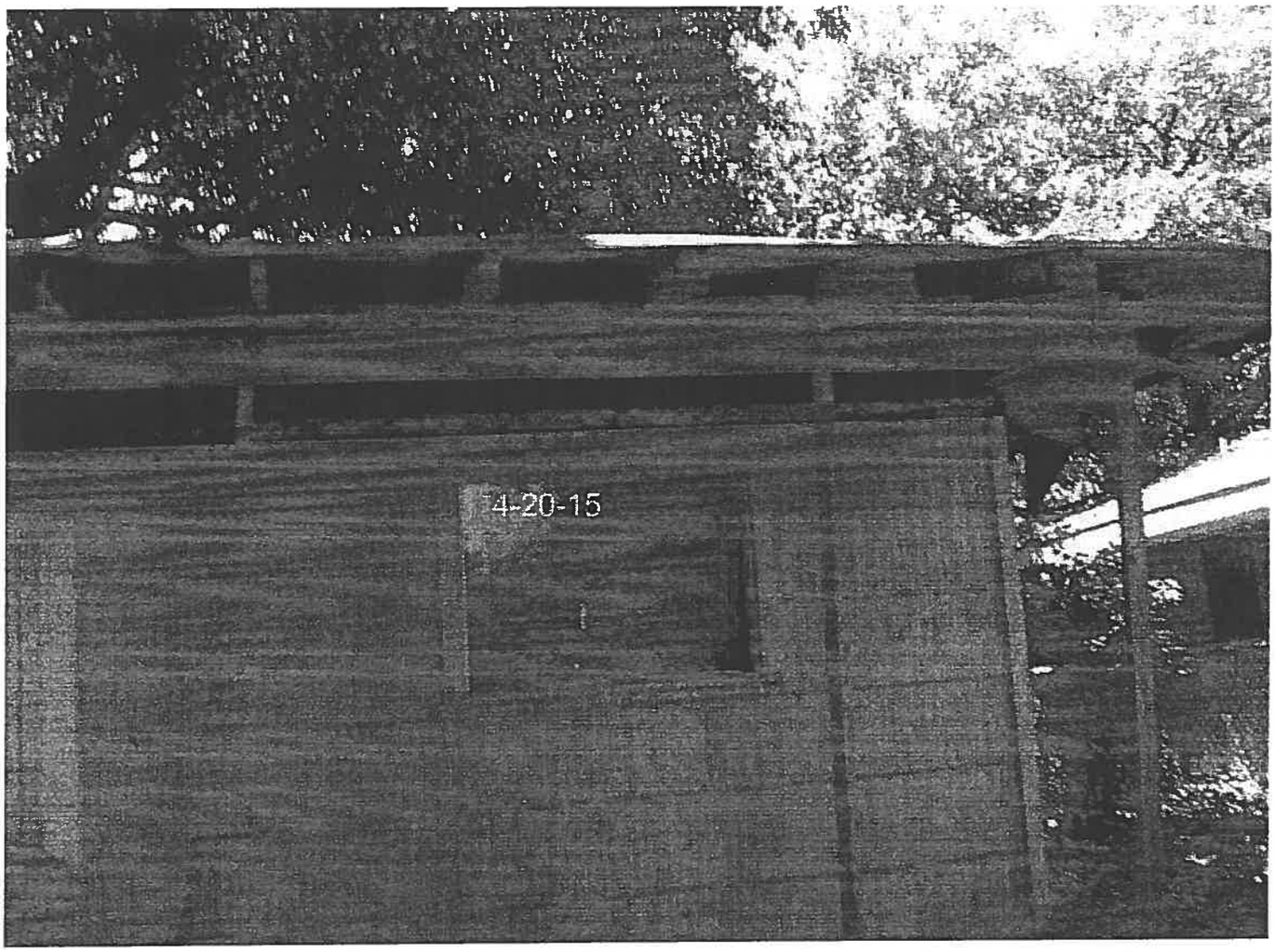
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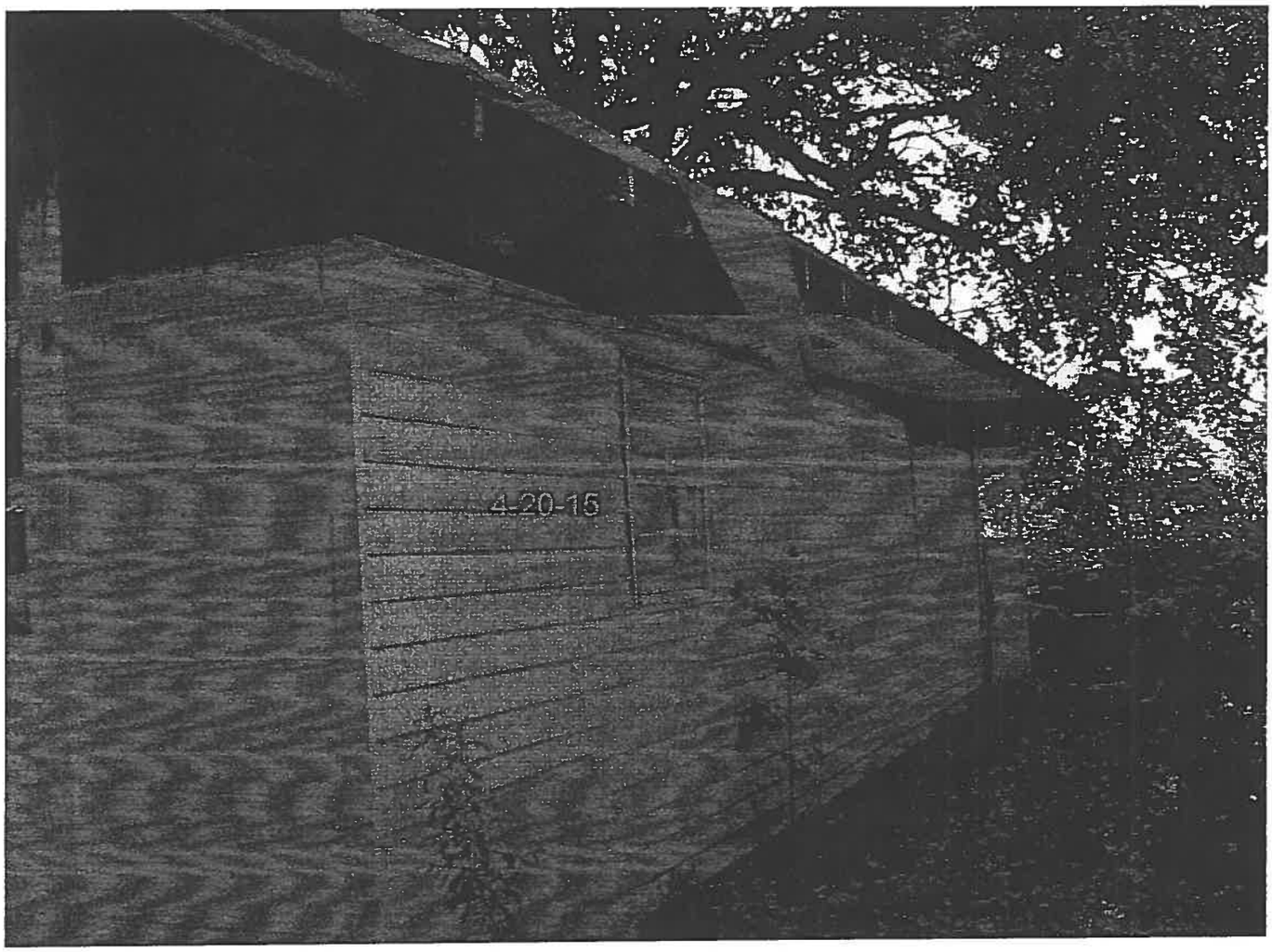
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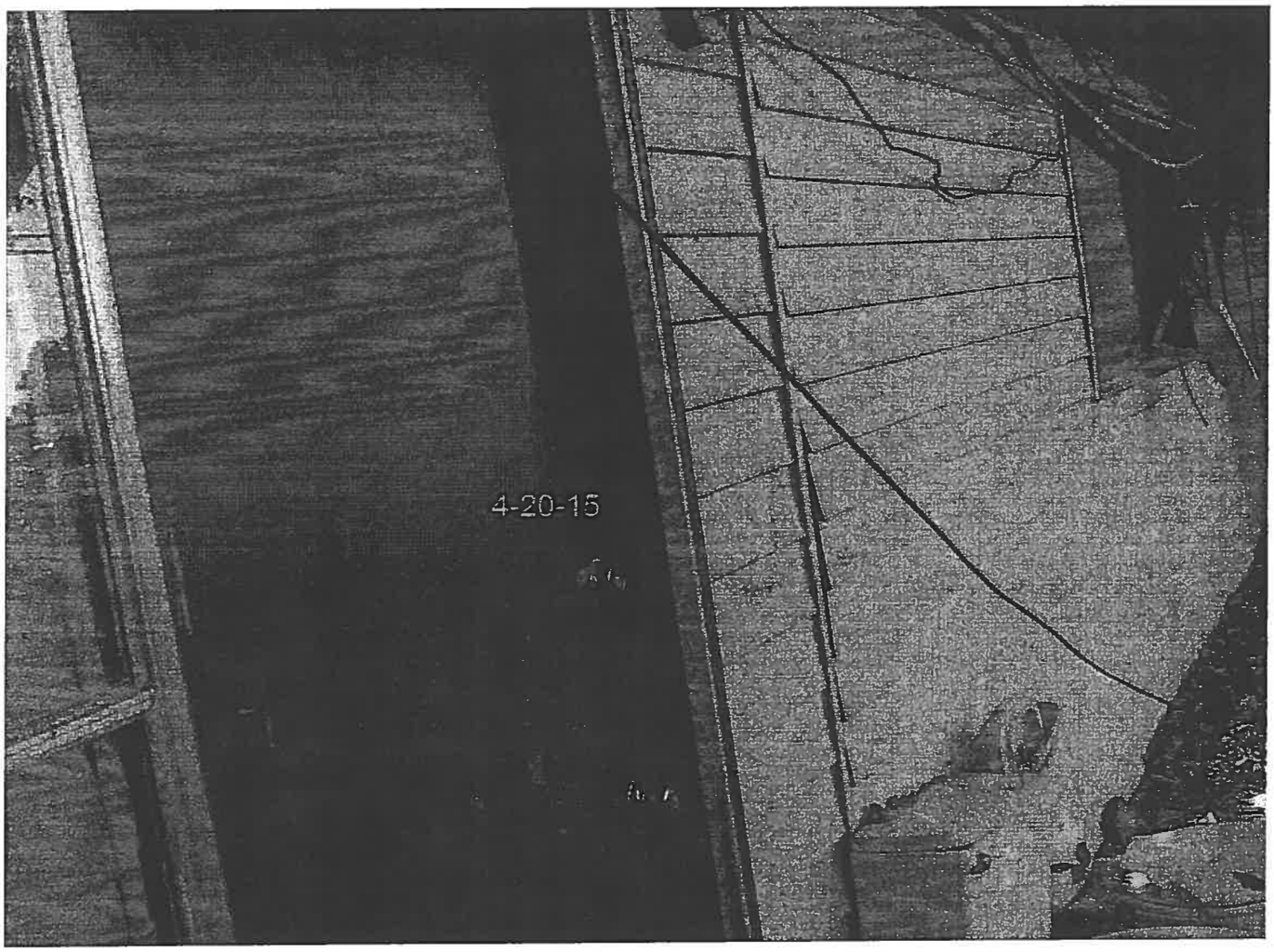
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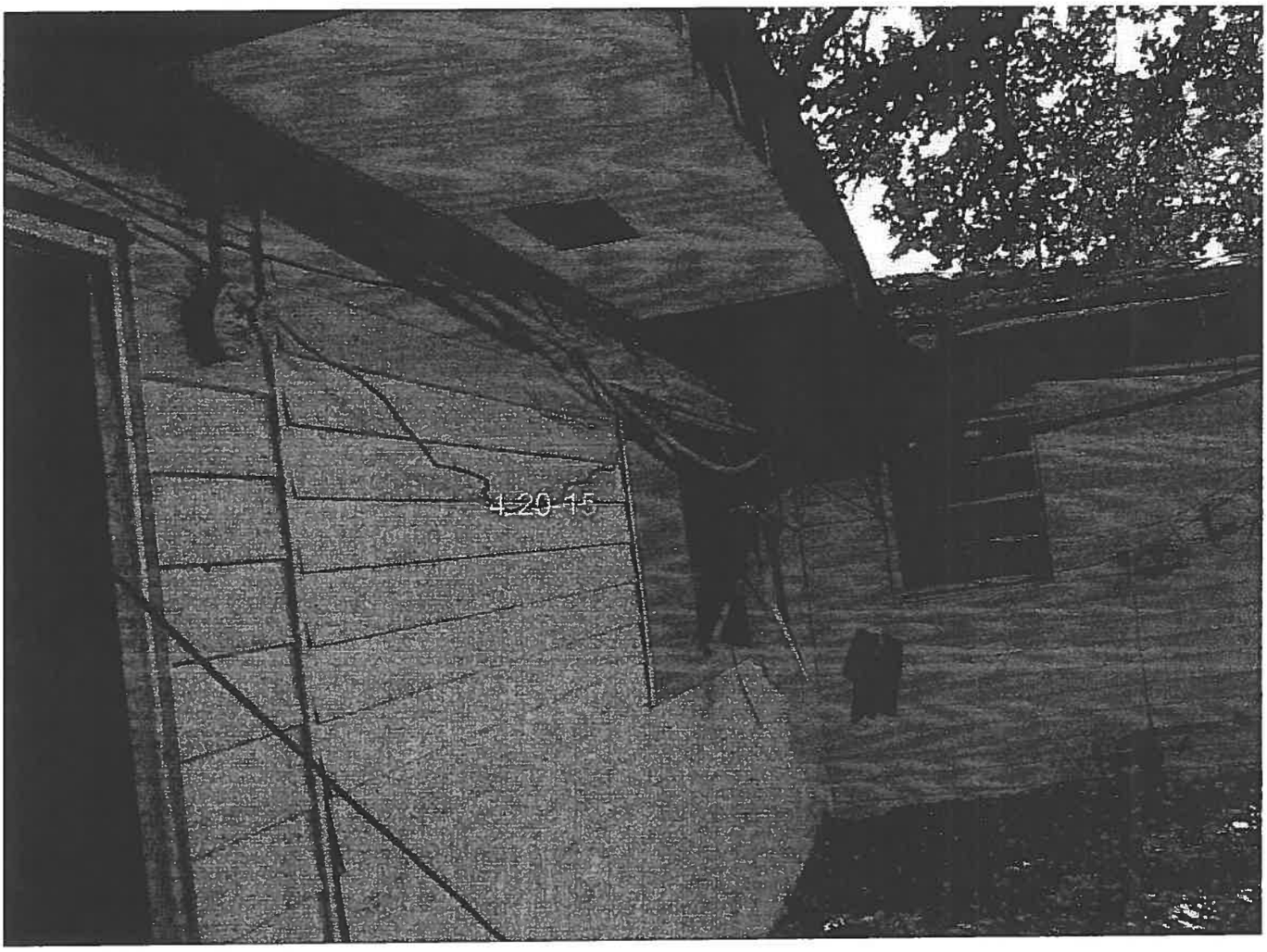
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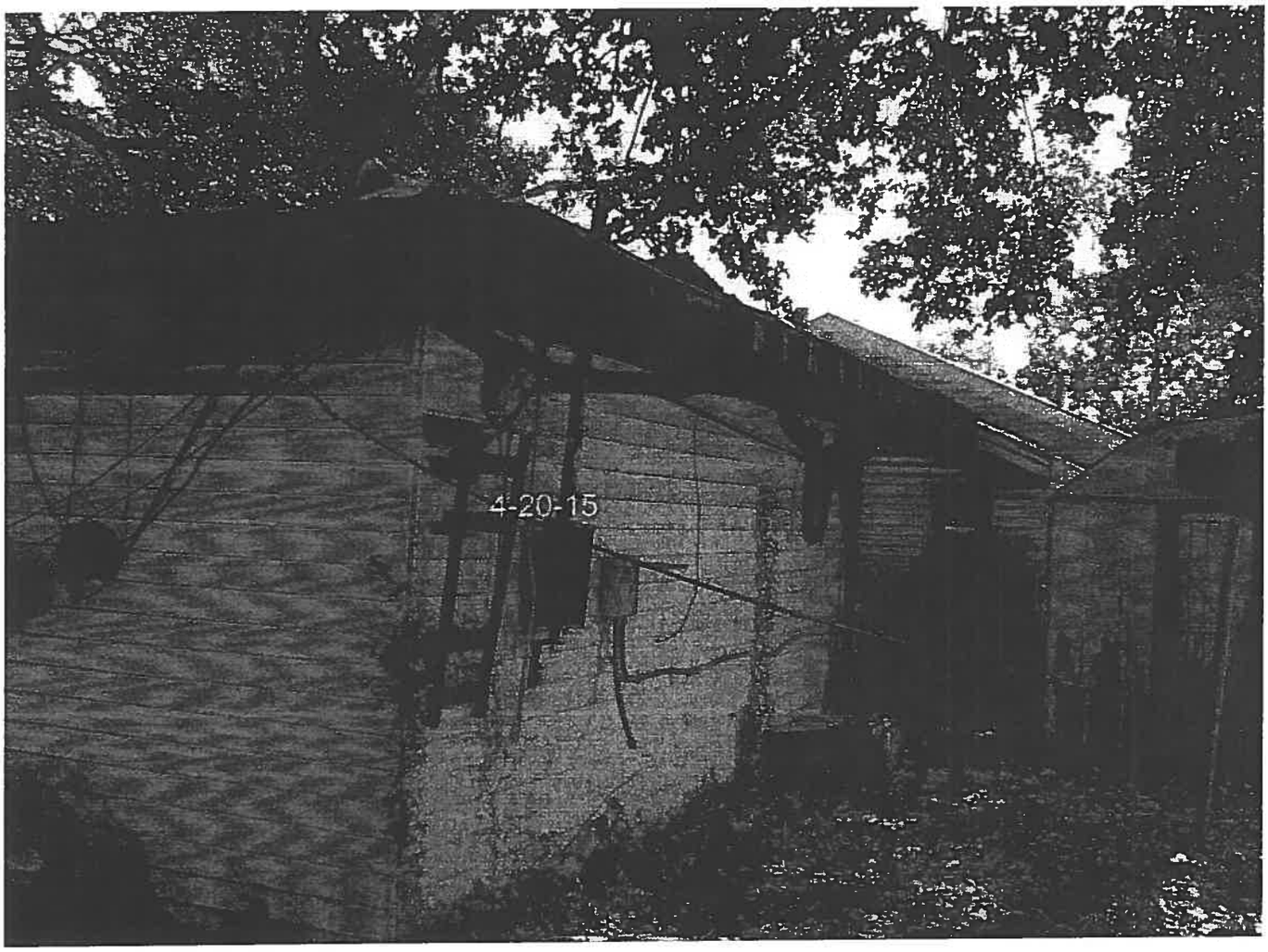
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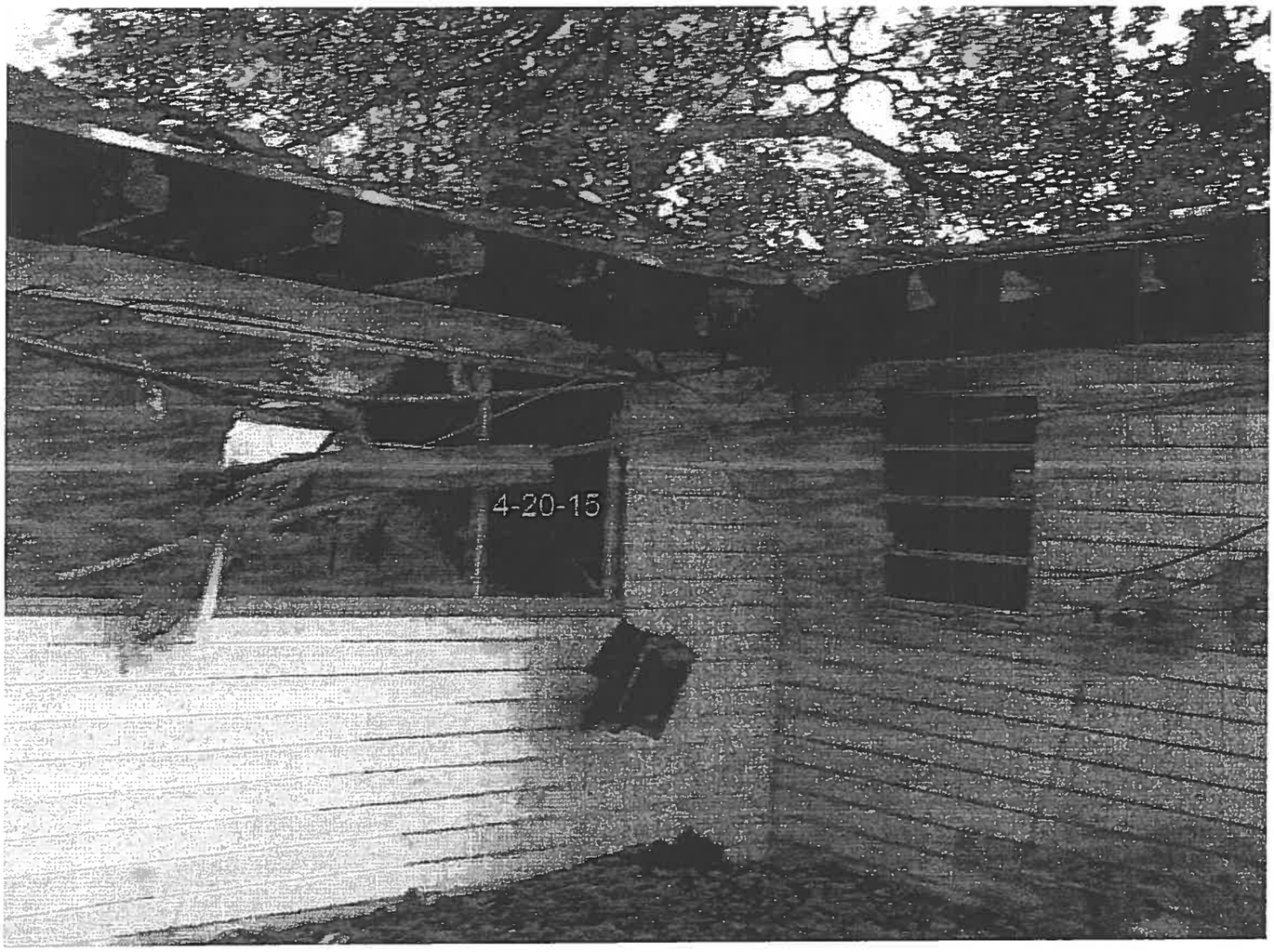
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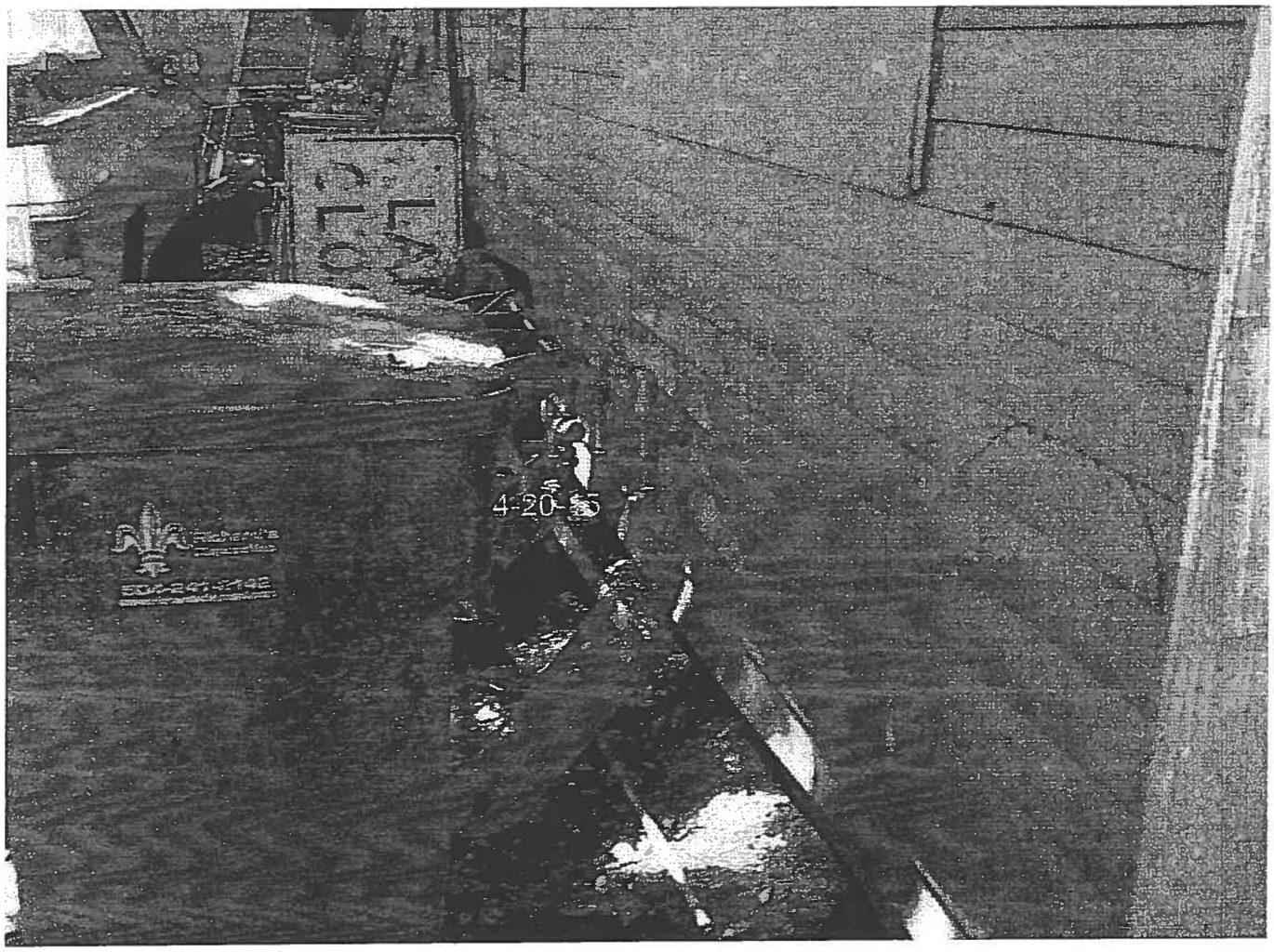
4-20-85

OCD DRC BMCP

BIM FINAL INSPECTION CHECK LIST

TIME OF OBSERVATION: [illegible]

APPLICANT ID: [illegible]

DAMAGED PROPERTY ADDRESS: [illegible]

DAMAGED PROPERTY COORDINATES: LATITUDE: _____ LONGITUDE: _____

Home Occupied: Yes ____ No ✓

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

Impact	Accordion	Hertha	Colonial	Roll-Down	Panel	Screen	[illegible]
							17

Total Number of Windows Not Mitigated: 17

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

Solid	Door with Glass	Door with Sidelight
7		

Total Number of Doors with Glass Not Mitigated: _____

[illegible]

Electric Meter on Structure: Yes ____ No ✓

Gas Meter on Structure: Yes ____ No ✓

Data Criteria Met: Yes ____ No ____

Flag on Criteria Not Met: _____

Additional Notes: _____

DATE: [illegible]

[illegible]

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2015 DEC -3 A 9:46

CIVIL DISTRICT COURT

State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • Baton Rouge, LA 70821-5098 • Toll Free (877) 824-8312 • Fax 225-330-8484
hazardmitigation@mitigatela.org

April 29, 2013

Road Home ID: 06HH097405

MR PAUL LEONARD BANKS
3111 BLAIR ST
NEW ORLEANS, LA 70131

SUBJECT: Verification of Mitigation Grant Funds

Dear MR PAUL LEONARD BANKS:

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)	$7,500.00	Individual Mitigation Measures (IMM)	$0.00
Reconstruction Grant	$0.00	Reconstruction Grant	$0.00
Total HMGP Funds Received	$7,500.00	**Total Hazard Mitigation Benefit**	$0.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH097405 is $7,500.00.

EXHIBIT

D

7012 3050 0001 2085 1766

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

CERTIFIED MAIL™

7012 3050 0001 2085 1766

Development

t Program

5098

CERTIFIED MAIL™

7012 3050 0001 2085 1766

U.S. POSTAGE PITNEY BOWES

ZIP 70802 $ 006.11⁰
02 1W
0001382559 APR 29 2013

JW
5-2-13

NIXIE 706 SE 1 00 05/21/13

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 70821509898 *2065-11153-29-39

7013182139

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 Reginald Webb, 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 225-330-0703 or send email to reginald.webb@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 June 3, 2013.

Road Home ID: 06HH097405

MR PAUL LEONARD BANKS
3111 BLAIR ST
NEW ORLEANS, LA 70131

Case Manager: Reginald Webb

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 $7,500.00 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:

_____

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2015 JUL -3 A 9:46

CIVIL DISTRICT COURT

State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-389-0846 •
hazardmitigation@mitigatela.org

August 14, 2013

Road Home ID: 06HH097405

SECOND NOTICE

MR PAUL LEONARD BANKS
3111 BLAIR ST
NEW ORLEANS, LA 70131

SUBJECT: Verification of Mitigation Grant Funds

Dear MR PAUL LEONARD BANKS:

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)	$7,500.00	Individual Mitigation Measures (IMM)	$0.00
Reconstruction Grant	$0.00	Reconstruction Grant	$0.00
Total HMGP Funds Received	$7,500.00	**Total Hazard Mitigation Benefit**	$0.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH097405 is $7,500.00.

EXHIBIT

E

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 Reginald Webb, 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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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.

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 September 3, 2013.

Road Home ID: 06HH097405

MR PAUL LEONARD BANKS
3111 BLAIR ST
NEW ORLEANS, LA 70131

Case Manager: Reginald Webb

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 $7,500.00 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:

_____

7012 3460 0000 1289 9718

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

CERTIFIED MAIL™

7012 3460 0000 1289 9718

mmunity Development
ry Unit
on Grant Program

A 70821-5098

CERTIFIED MAIL

7012 3460 0000 1289 9718

U.S. POSTAGE PITNEY BOWES
ZIP 70802 $ 006.11⁰
02 1W
0001382559 AUG 15 2013

DC
8/20/13

NIXIE 708 SE 1009 0009/26/13
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 70821509898 *2965-07916-15-39

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 JUL -3 A 9:46
CIVIL
DISTRICT COURT

«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.

EXHIBIT
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State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

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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: Saye King
Mary Alvarez

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	ALMERICO	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	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
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

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CIVIL DISTRICT COURT

State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

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

April 13, 2015

06HH097405
PAUL BANKS
2552 RIDGECREST RD
MARRERO LA 70072 5373

Re: Collection of Outstanding Debt in the Amount of **$7,500.00**

Dear PAUL BANKS:

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 3111 BLAIR STREET NEW ORLEANS.

You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of **$7,500.00**. 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
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7014 3490 0000 4613 5058

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

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

09705

Sent To Paul Banks

Street & Apt. No. or PO Box No. 2552 Ridgecrest Rd

City, State, ZIP+4 Marrero La 70072

PS Form 3800, July 2014 See Reverse for Instructions

097405

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:

Paul Banks
2552 Ridgecrest Rd.
Marrero, La 70072

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) PAUL BAN
C. Date of Delivery 4/17/15

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

2. Article Number (Transfer from service label) 7014 3490 0000 4613 5058

PS Form 3811, July 2013 Domestic Return Receipt