

RECEIVED
AUG 24 2015
T.P.C.C.

STATE OF LOUISIANA

NO: 175951

DIVISION: C

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

VS.

MARYLAND MELISSA HOWARD

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 Maryland Melissa Howard, 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 two Voluntary Participation Agreement (hereinafter "VPA"), one on April 19, 2008 and one on July 15, 2009, 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.*

JUAN W. PICKETT
JUDGE, DIVISION C

4.

FEMA grant funds in the amount of \$35,748.50 were paid to Defendant by HMGP on or about June 8, 2010 for the specific purpose of Elevation Measures (hereinafter "Elevation") at her home located at 120 Mozart Drive, Houma, Louisiana 70363. *Exhibit B.*

5.

Photographs dated February 19, 2015 show that although the FEMA Grant Funds were received, Defendant's home was not mitigated. *Exhibit C (in globo).*

6.

Five (5) separate collection letters were mailed to Defendant at 120 Mozart Drive, Houma, Louisiana 70363, which was the address submitted by her when she applied for the HMGP grant. The first letter dated July 9, 2013 was sent by Certified Mail 7012 3460 0000 1290 2180 and informed Defendant that the FEMA grant funds had to be returned to the State of Louisiana. Said letter was delivered and the Return Receipt was signed on July 12, 2013. *Exhibit D (in globo).*

7.

The second letter dated August 14, 2013 was sent by Certified Mail 7012 3460 0000 1289 9619. The Return Receipt was signed on August 17, 2013. *Exhibit E (in globo).*

8.

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

9.

The fourth letter dated March 5, 2015 was sent by Certified Mail 7013 3020 0001 8974 2638. Said letter was delivered and the Return Receipt was signed on March 7, 2015. *Exhibit G (in globo).*

10.

The fifth letter dated April 15, 2015 was sent by Certified Mail 7014 0510 0001 1417 0914. Said letter was delivered and the Return Receipt was signed on April 16, 2015. *Exhibit H (in globo).*

11.

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

12.

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.

13.

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 by the State of Louisiana.

14.

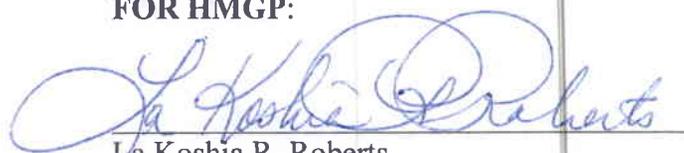
HMGP requests that the debt of \$35,748.50, owed by Maryland Melissa Howard to HMGP, be recognized and that judgment in favor of HMGP be granted, directing Defendant to return and pay the FEMA grant funds to the State, in full.

ALL PREMISES CONSIDERED, WHEREFORE, HMGP PRAYS:

- a. That this Honorable Court declare that Defendant, Maryland Melissa Howard, non-compliant with the Voluntary Participation Agreement signed by her;
- b. That this Honorable Court declare that Defendant, Maryland Melissa Howard, is indebted to HMGP in the amount of \$35,748.50 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, Maryland Melissa Howard, be ordered to return the \$35,748.50 HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendant, Maryland Melissa Howard, in the full sum of \$35,748.50;
- e. That Defendant, Maryland Melissa Howard, 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, Louisiana 70112
Telephone: 504-212-4163
Facsimile: 504-581-7083
trichar994@aol.com

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

FILED
AUG 24 2015
/S/ SHANNON FOLSE

Deputy Clerk of Court
Parish of Terrebonne, LA

32ND JUDICIAL DISTRICT COURT FOR THE PARISH OF TERREBONNE

STATE OF LOUISIANA

NO: _____

DIVISION: _____

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

VS.

MARYLAND MELISSA HOWARD

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 17th DAY OF August 2015 IN NEW ORLEANS,
LOUISIANA.



Craig P. Taffaro, Jr.



La Koshia Reconda Roberts

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

FILED
AUG 24 2015

/S/ SHANNON FOLSE
Deputy Clerk of Court
Parish of Terrebonne, LA

PLEASE SERVE:

MARYLAND MELISSA HOWARD
120 MOZART STREET
HOUMA, LOUISIANA 70363

Road Home Applicant No.: 06HH189837

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

SECTION 1: ELEVATION ELECTION (check one)

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

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

Applicant or Co-applicant Name _____ Applicant or Co-Applicant signature _____ Date _____
Home Phone: (____) _____ Cell Phone: (____) _____
Are you signing as an agent with the Power of Attorney for an applicant? YES NO
If signing as agent with Power of Attorney (POA):
Agent name (person w/ POA) _____ Agent signature _____ Date _____

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

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

1. The status of elevation work to my home is: (Select the one answer that most closely fits your situation)
- As of March 16, 2006, I have completed or will have completed elevation of my home to meet the latest elevation standards in my community.
 - As of March 16, 2006, I will have started, but not completed, elevation of my home to meet the latest elevation standards in my community.
 - I do not plan to start elevation of my home to meet the latest elevation standards in my community before March 16th. I expect to start by _____.
2. My home to be elevated 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

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

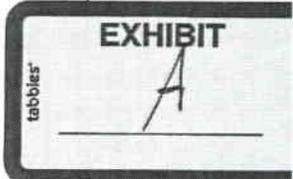
Voluntary Participation Agreement
Statement of Compliance

This Agreement of Voluntary Participation is made on 4/19/08 (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:
Democrat Dr. Houma Terrebonne 70363 (the "Property").
Street City Parish ZIP

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

Shannon Folsie
Applicant or Co-Applicant Name _____ Applicant or Co-Applicant Signature _____ Date 4/19/08
Are you signing as an agent with the Power of Attorney for an applicant? YES NO
If signing as agent with Power of Attorney (POA):
Agent name (person w/ POA) _____ Agent signature _____ Date _____

FILED
AUG 24 2005
S/ SHANNON FOLSE
Deputy Clerk of Court
Parish of Terrebonne, LA



Road Home Applicant No.: 06HH 184837

Route to the DRU Response Team

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

QC

SECTION 1: ELEVATION ELECTION (check one)

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

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

Maryland Howard Applicant or Co-applicant Name
 Home Phone: (985) 368-8981 Applicant or Co-Applicant signature
 Cell Phone: (985) 381-5585 Date 7-15-09
 Are you signing as an agent with the Power of Attorney for an applicant? YES NO
 If signing as agent with Power of Attorney (POA):

Agent name (person w/ POA) _____ Agent signature _____ Date _____

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

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

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

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

2. My home to be elevated 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

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

**Voluntary Participation Agreement
Statement of Compliance**

This Agreement of Voluntary Participation is made on _____ (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:

120 Mozart Dr. Houma Terrebonne 70363 (the "Property").
 Street City Parish ZIP

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

Maryland Howard Applicant or Co-Applicant Name
 Applicant or Co-Applicant signature _____ Date 7-15-09

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

Agent name (person w/ POA) _____ Agent signature _____ Date _____

06H1189837

MARYLAND HOWARD

07/15/09

VPA



07/15/09118983711111110

Payee Detail

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

Payee Remittance Address:
 120 MOZART DR
 HOUMA, LA 70363

Check/EFT Number: AD 0003633287
Check/EFT Date: 06/06/2010
Status Change Date: //
Status: Outstanding

Check/EFT Line Details:
 (click on agency for contact information) **Check/EFT Total:** 35,748.50

Total Number of Lines : 1

Agency	Document ID	Ref Doc ID	Invoice #	Comments	Line Amount
107	PVQ00038027		HM030001268	D6H-1189637	35,748.50

https://www.prd.louisiana.gov/vcndsearch/detail.cfm?check_number=0003633287

6/8/2010

FILED

AUG 24 2015

/S/ SHANNON FOLSE

Deputy Clerk of Court
 Parish of Terrebonne, LA

EXHIBIT
B

TIME OF OBSERVATION: 9/0/15

OCD DRU HMGR
IMM FINAL INSPECTION CHECK LIST

APPLICANT ID: OGMH 189837

DAMAGED PROPERTY ADDRESS: 120 MITCHELL DR (MORNING) 70363

DAMAGED PROPERTY COORDINATES: 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	Total Windows
			2-19-15				

Total Number of Windows Not Mitigated:

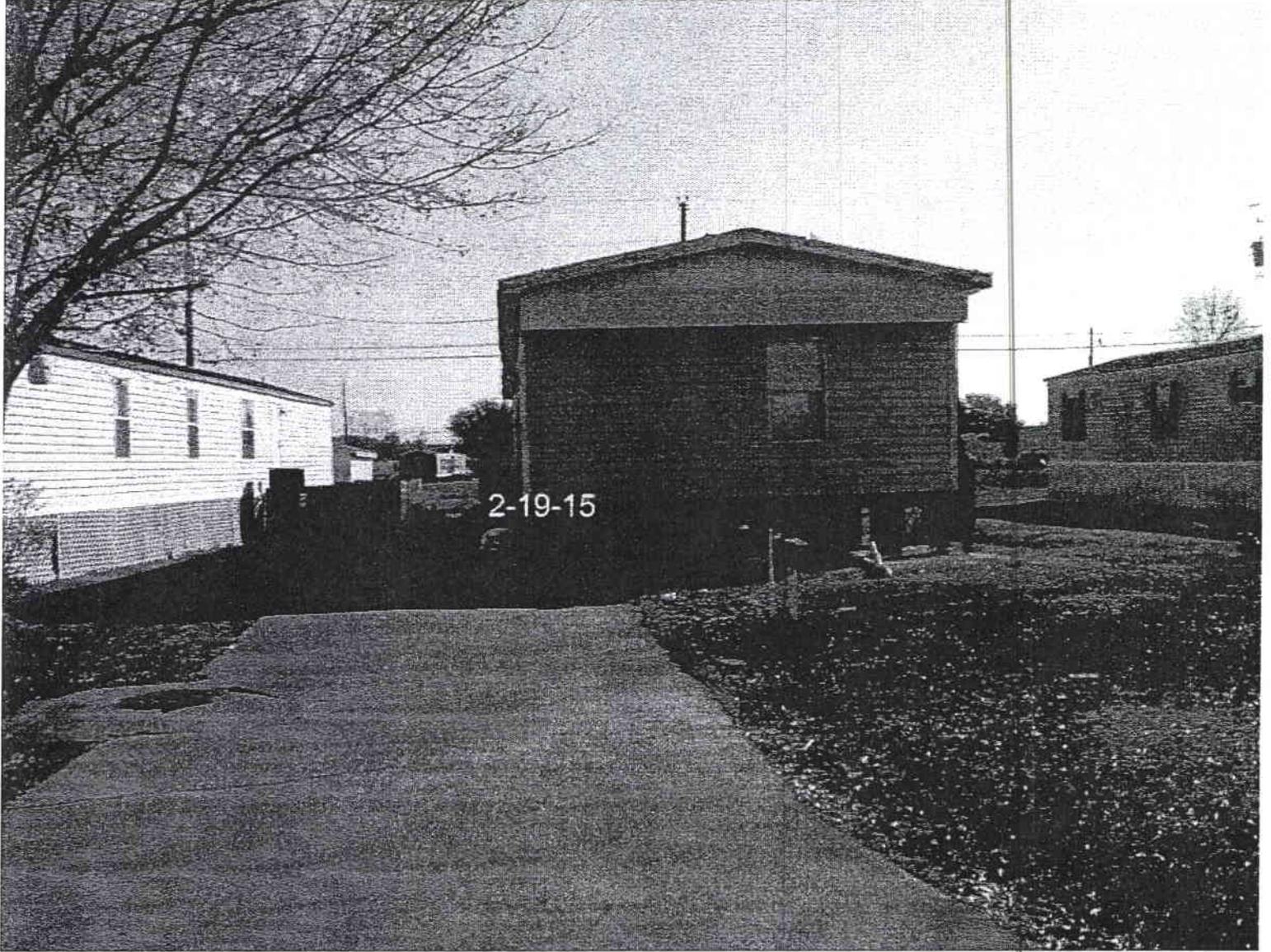
Doors - Count the number of doors & itemize by product type below:

Solid	Door with Glass	Total

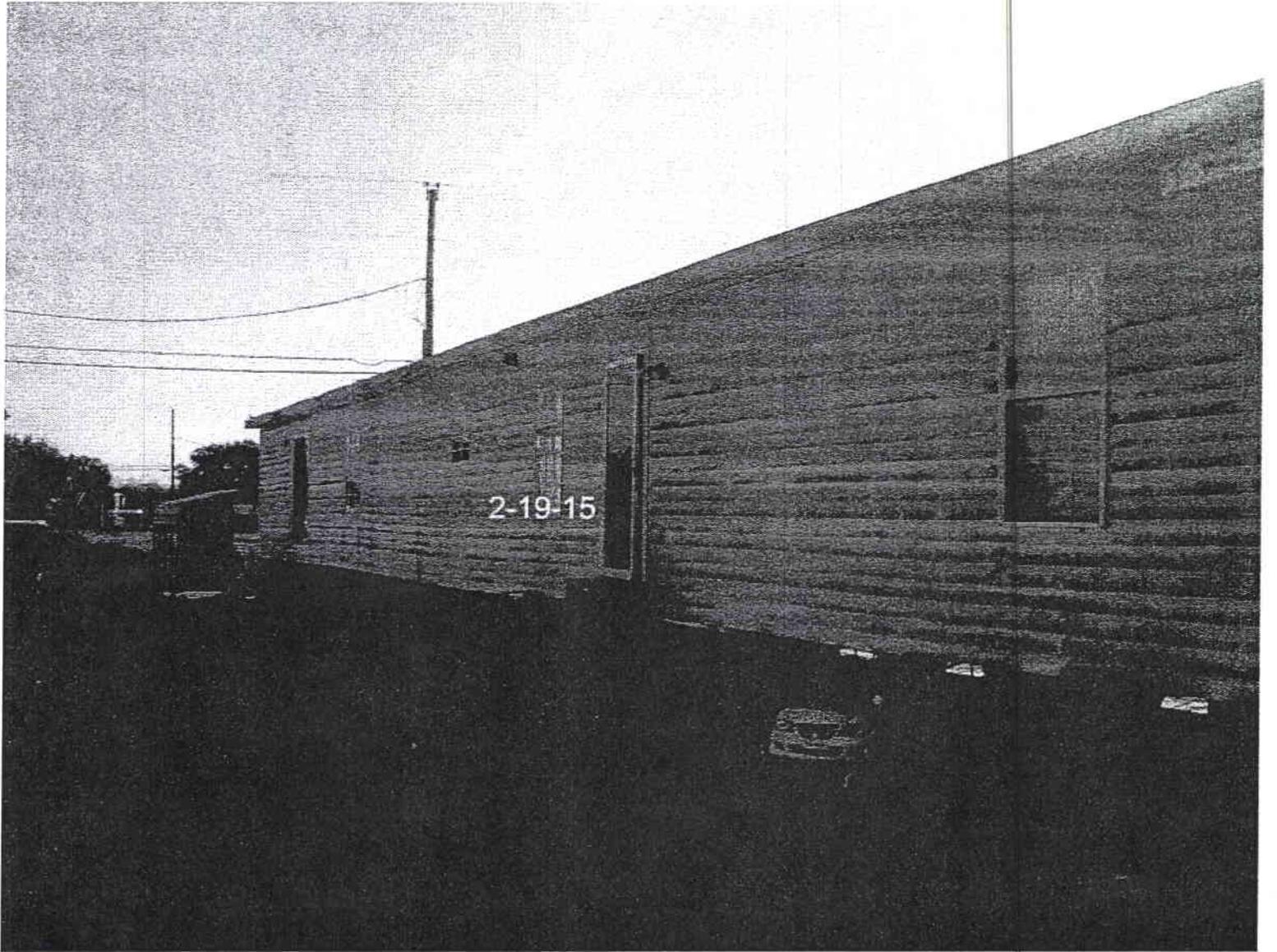
FILED
AUG 24 2015

/S/ SHANNON FOLSE
Deputy Clerk of Court
Parish of Terrebonne, LA

EXHIBIT
C

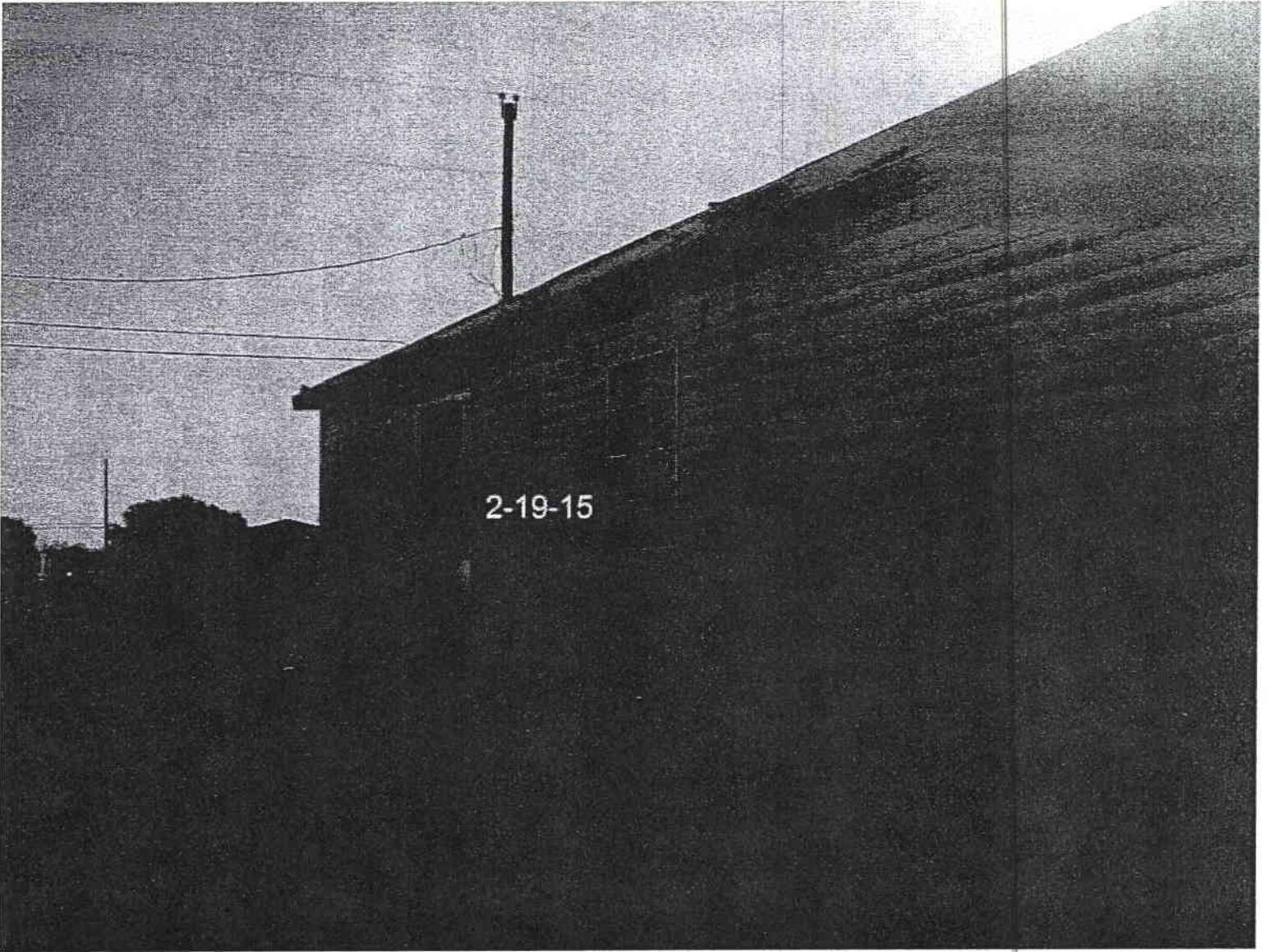


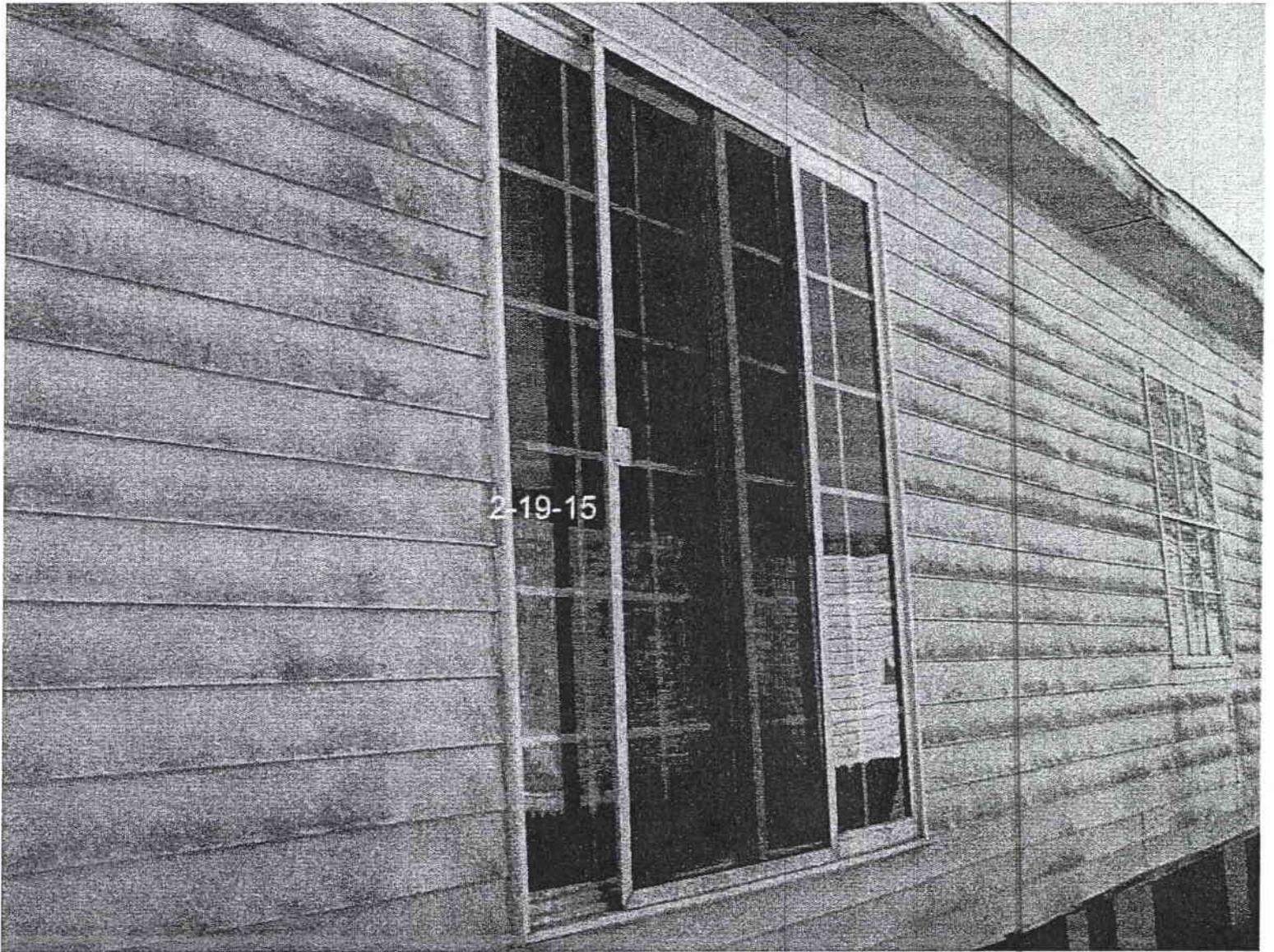
2-19-15

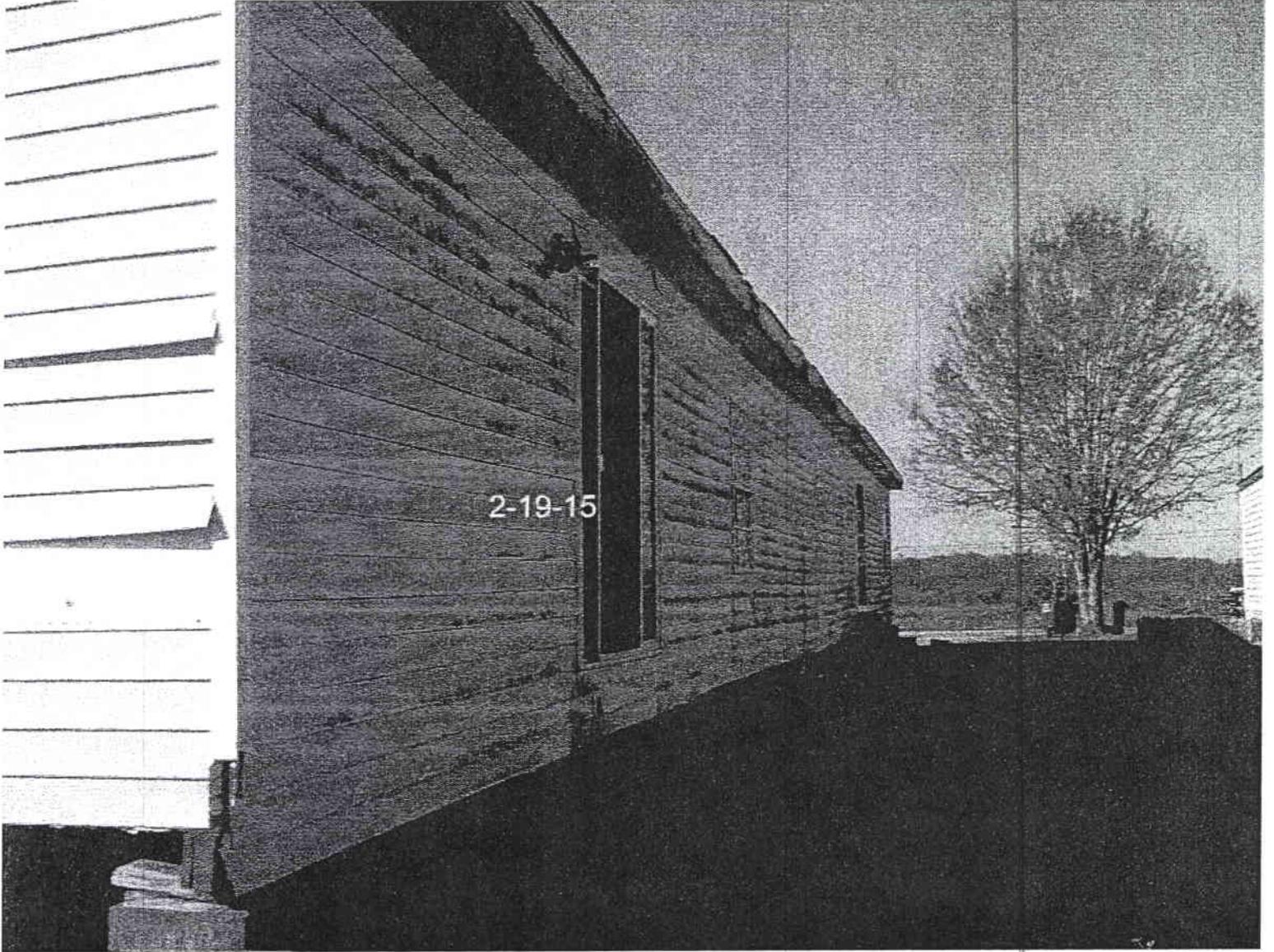


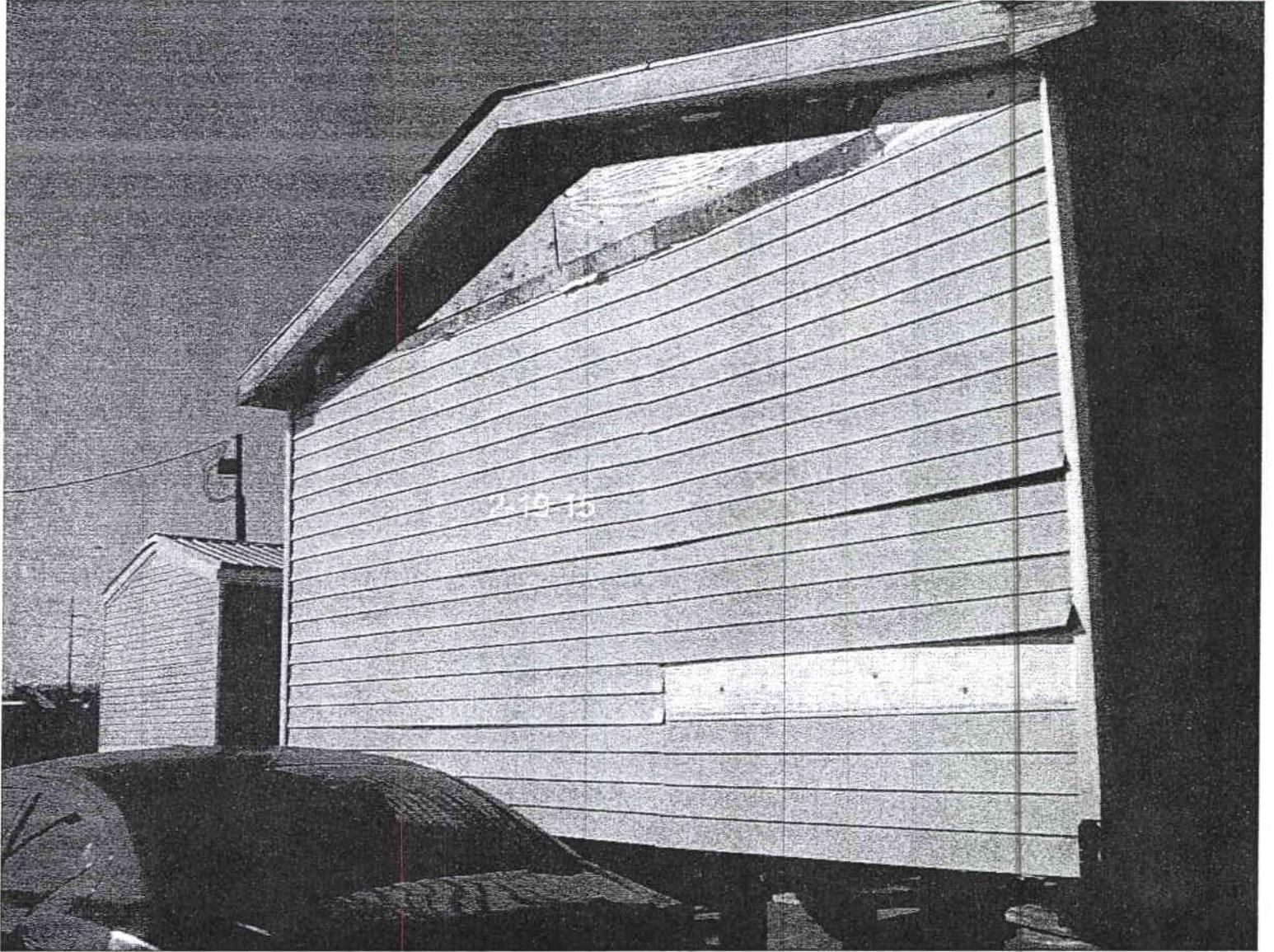


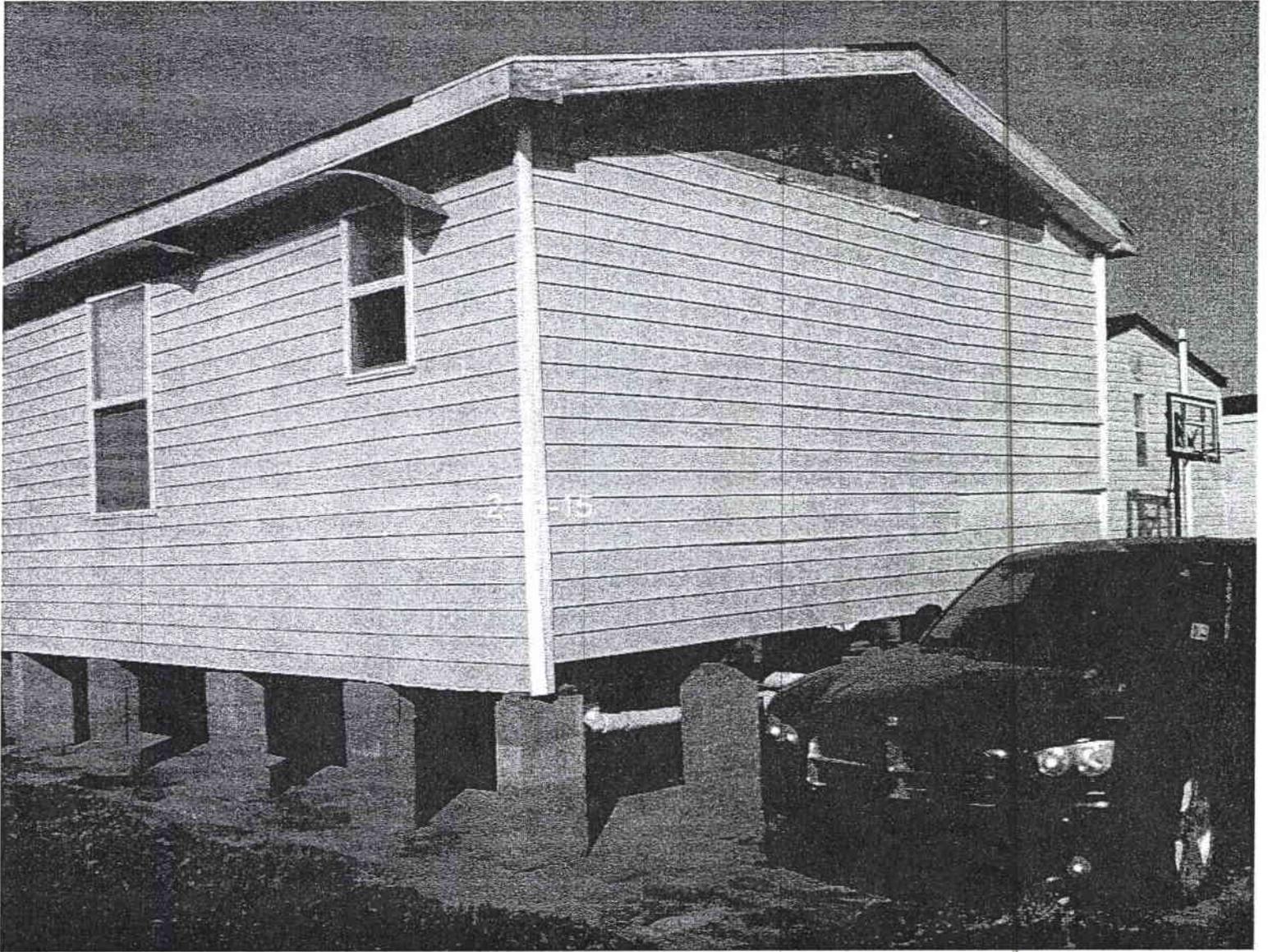
2-19-15

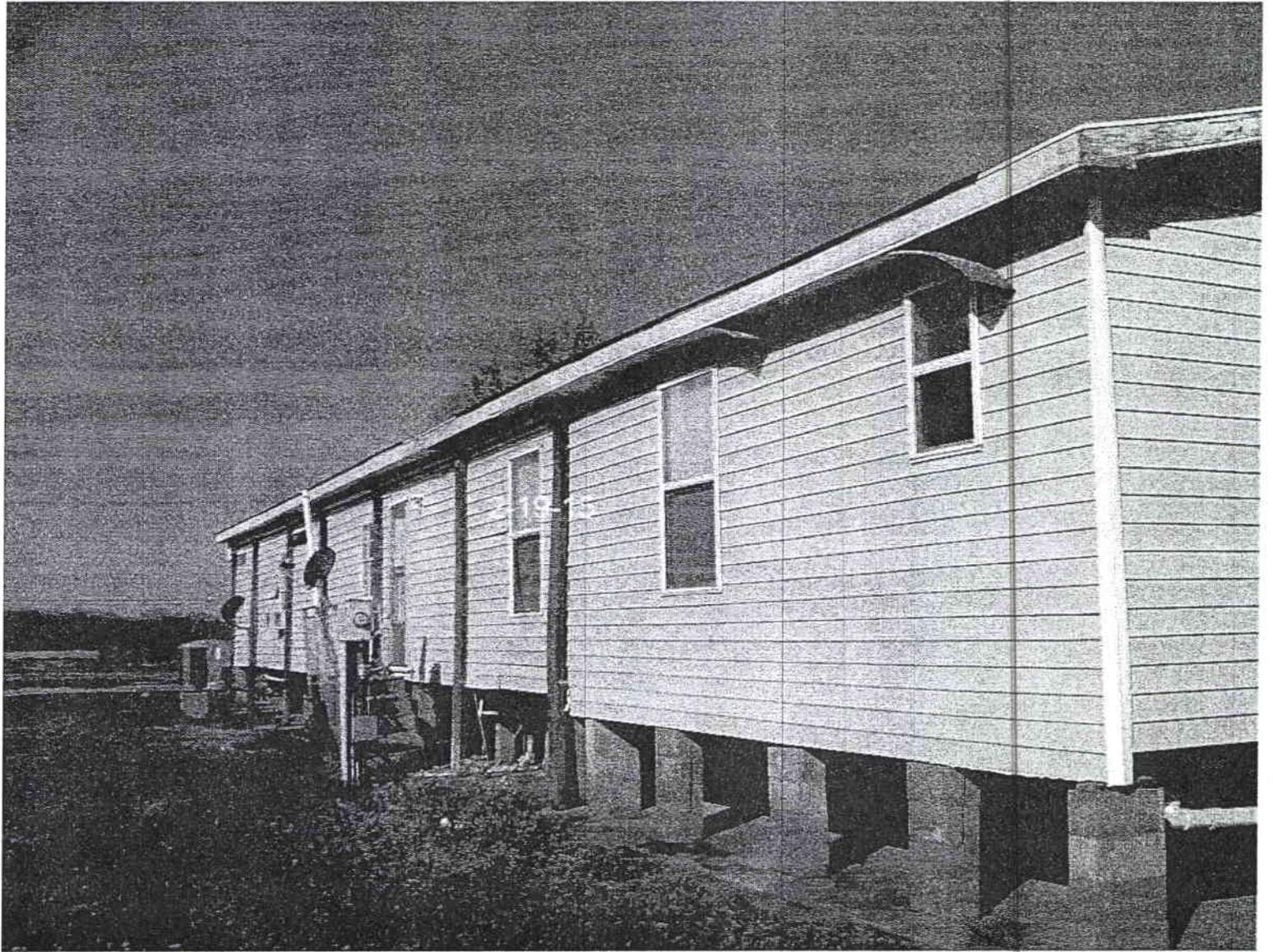


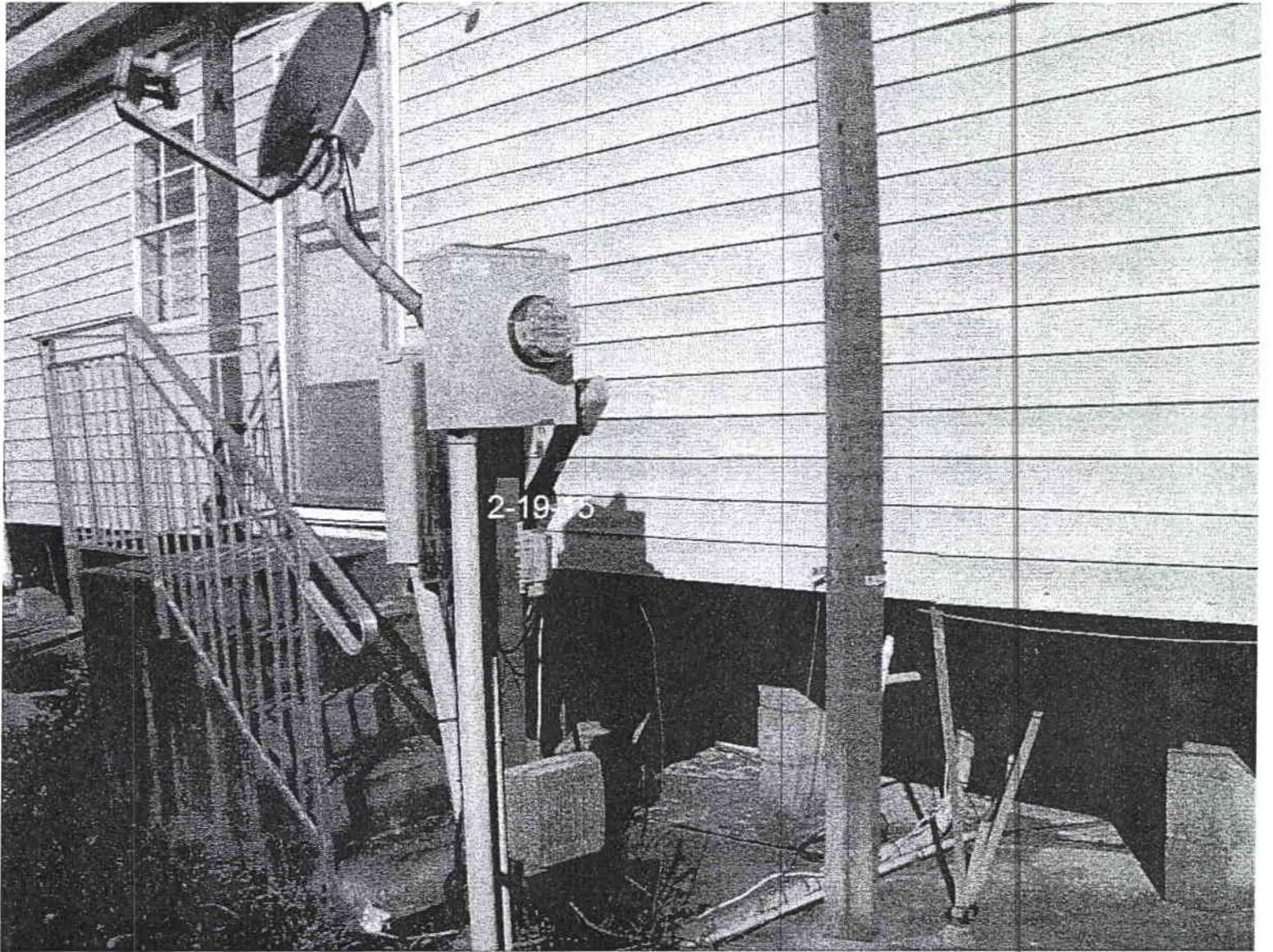




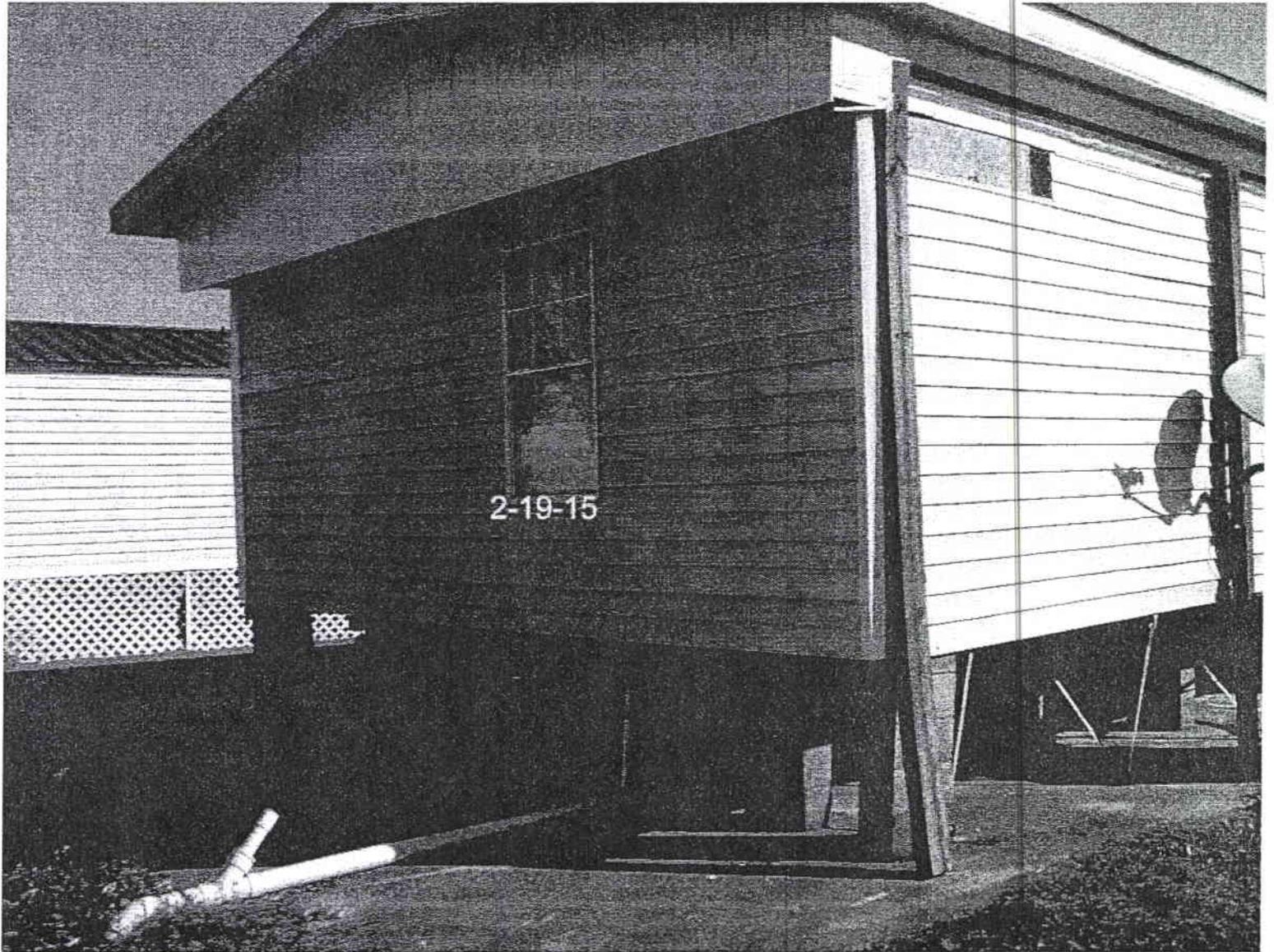
















State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

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

July 9, 2013

Road Home ID: 06HH189837

MS MARYLAND MELISSA HOWARD
 120 MOZART DR
 HOUMA, LA 70363

SUBJECT: Verification of Mitigation Grant Funds

Dear MS MARYLAND MELISSA HOWARD:

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	\$35,748.50	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	\$35,748.50	Total Hazard Mitigation Benefit	\$0.00

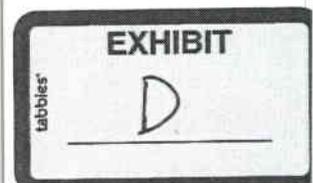
Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH189837 is \$35,748.50.

FILED

AUG 24 2015

/S/ SHANNON FOLSE

Deputy Clerk of Court
 Parish of Terrebonne, LA



7012 3460 0000 1290 2180

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

CERTIFIED MAIL



7012 3460 0000 1290 2180

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 Deidra Davis, 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 225-330-0719 or send email to deidra.davis@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 (677) 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 August 13, 2013.

Road Home ID: 06HH189837

MS MARYLAND MELISSA HOWARD
120 MOZART DR
HOUMA, LA 70363

Case Manager: Deidra Davis

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 \$35,748.50 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:

MARYLAND HOWARD
120 MOZART DR
HOUMA, LA 70363
189837

2. Article Number

(Transfer from service label)

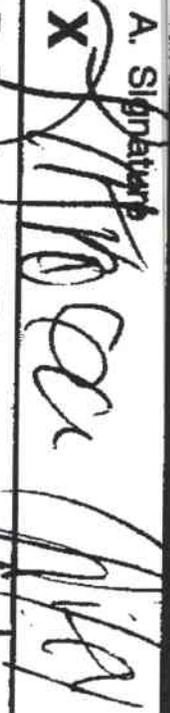
7012 3460 0000 1290 2180

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature 	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) M. F. ...	C. Date of Delivery 7-12-73

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

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-336-0846 •
 hazardmitigation@mitigatela.org

August 14, 2013

Road Home ID: 06HH189837

MS MARYLAND MELISSA HOWARD
 120 MOZART DR
 HOUMA, LA 70363

SECOND NOTICE

SUBJECT: Verification of Mitigation Grant Funds

Dear MS MARYLAND MELISSA HOWARD:

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	\$35,748.50	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	\$35,748.50	Total Hazard Mitigation Benefit	\$0.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH189837 is \$35,748.50.

FILED
 AUG 24 2015
 /S/ SHANNON FOLSE
 Deputy Clerk of Court
 Parish of Terrebonne, LA

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 Deidra Davis, 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.

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Sincerely,

Office of Community Development - HMGP

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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: 06HH189837

MS MARYLAND MELISSA HOWARD
120 MOZART DR
HOUMA, LA 70363

Case Manager: Deidra Davis

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 \$35,748.50 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 9619

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

CERTIFIED MAIL™



7012 3460 0000 1289 9619

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:

MARYLAND HOWARD
120 MOZART DR
HOUMA, LA 70363
189837

2. Article Number

(Transfer from service label)

7012 3460 0000 1289 9619

PS Form 3811, February 2004

Domestic Return Receipt

102595-02.M-1.5A.D

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Xp DeVanle Howard

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-17-03

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes

No

3. Service Type

Certified Mail

Registered

Insured Mail

Express Mail

Return Receipt for Merchandise

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes



State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

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

«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,

[Handwritten signature]

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

Enclosure

FILED

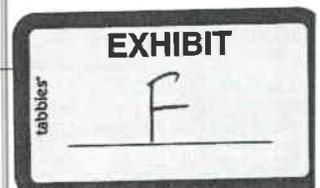
AUG 24 2015

/S/ SHANNON FOLSE

Deputy Clerk of Court
Parish of Terrebonne, LA

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.





State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

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

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

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	«Elevation_Gross_Paid»	Elevation Grant	«Elevation_Adjusted»
Individual Mitigation Measures (IMM)	«IMM_Gross_Paid»	Individual Mitigation Measures (IMM)	«IMM_Adjusted»
Reconstruction Grant	«Recon_Gross_Paid»	Reconstruction Grant	«Recon_Adjusted»
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*
Nancy Caldwell

App ID	App First Name	App Last Name	Mailing Address	Mailing City	Mailing State	Mailing Zip
06HH1196492	MELISSA	ADAMS	5125 Senac Drive	Metairie	LA	70003
06HH174539	JULIO	ALEGRIA	230 27th	Kenner	LA	70062
06HH056852	JEENN	ALEXIS	5010 PRESS DR	NEW ORLEANS	LA	70126
06HH023672	JEANNE	ALLEN	3336 Trinity Dr.	Kenner	LA	70065
06HH155204	LOUBERTHA	ALLEN	1933 PACE BLVD	NEW ORLEANS	LA	70114
06HH157524	REGINALD	ALLEN	2116 South Village Green Street	Harvey	LA	70058
06HH178676	JAMES	ALLEN	3248 BLOOMINGDALE CT	NEW ORLEANS	LA	70125
06HH088426	ANTHONY	ALMERICCO	2921 BUFFON ST	CHALMETTE	LA	70043
06HH061793	GEORGE	ALONZO	5013 SENAC DR	METAIRIE	LA	70003
06HH066138	MARCO	ALVAREZ	1700 HORTON RD	ALBERTVILLE	AL	35950 2564
06HH051905	THARISE	ANDERSON	5808 Milladom avenue	Marrero	LA	70072
06HH074522	VANESSA	ANDERSON	673 E NIAGARA CIR	GRETNA	LA	70056
06HH076448	JAMES	ANDERSON	1700 St. Maurice Ave.	NEW ORLEANS	LA	70117
06HH133970	JOANA	ANDERSON	P.O. BOX 1162	MCDONOUGH	GA	30253
06HH080046	LEAH	AUGUSTINE	3852 PEACHTREE CT	New Orleans	LA	70131
06HH015615	DORRELL	BACHEMIN	2038 HEATHER LANE	SLIDELL	LA	70461
06HH130149	ESTELL	BADGER	1644 MARINE ST	Marrero	LA	70072
06HH006345	PAULINE	BANKS	3106 MONROE STREET	NEW ORLEANS	LA	70118
06HH097405	PAUL	BANKS	2552 RIDGECREST RD	MARRERO	LA	70072 5373
06HH023830	MONIQUE	BARCONEY	3214 Camellia Avenue	Houma	LA	70363
06HH051289	CORNELIA	BARDALES	4114 Saint Elizabeth Dr	Kenner	LA	70065 1643
06HH015414	FELICIA	BARNES	P.O. Box 3056	Slidell	LA	70461 7045
06HH046648	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



06HH056174	LORRAINE	ELMORE	3709 agateway dr.	harvey	LA	70058
06HH156137	ANDONICIA	FARRIA	836 MYSTIC AVE	TERRYTOWN	LA	70056
06HH182424	MICHAEL	FIGURES	3298 CAREY ST	SLIDELL	LA	70458
06HH019962	CURTIS	FISHER	5201 Timber Crest Dr.	New Orleans	LA	70131
06HH055690	JEANETTE	FONTENOT	8559 GULF HWY 113	LAKE CHARLES	LA	70607 870
06HH055816	ANGELA	FORBES	11326 Buckingham Ave	Denham Springs	LA	70726
06HH064326	RACHEL	FOUNTAIN	1765 S. STEPHIE LN	LAKE CHARLES	LA	70765
06HH135038	SHIRLEY	FOUST-HELTON	310 Appletree Lane	Gretna	LA	70056
06HH008181	RACHAEL	FRANCIS	1447 HILL LARY DRIVE	SLIDELL	LA	70461
06HH025667	JESSE	FRANK	P. O. Box 871975	New Orleans	LA	70187
06HH065000	JERRY	FRAZIER	3841 Inwood Drive	Harvey	LA	70058
06HH058883	SHARON	GABRIEL	2036 LAFRENIERE ST	NEW ORLEANS	LA	70122
06HH005649	DEIDRE	GAINES	2120 Westbend Pkwy.	New Orleans	LA	70114
06HH172835	OLIVIA	GANT	128 GARDEMA LN	WAGGAMAN	LA	70094
06HH105410	MILDRED	GARCIA	35608 LAURENT RD	SLIDELL	LA	70460
06HH052088	DENISE	GASQUET	916 ST FERDINAND ST	N.O.	LA	70117
06HH135760	MICHAEL	GORDON	3708 sue ker drive	harvey	LA	70058
06HH152710	EVELYN	GOUDY	2076 SAUVAGE AVE	MARRERO	LA	70072
06HH160932	JOAN	GRAY	904 N Clark Ln	Westwego	LA	70094
06HH018426	WINNIFRED	GREEN	6322 KINGSTON CT.	New Orleans	LA	70131
06HH072302	GINA	GULLORY	4820 CRAIG AVE	METAIRIE	LA	70003
06HH047401	DENISE	HALL	1721 SULLIVAN DR	SLIDELL	LA	70460
06HH084519	MAHER	HAMDAN	508 LIVE OAK ST	METAIRIE	LA	70005
06HH043759	GLENDA	HAMLIN	620 Hunterbrook Dr	Gretna	LA	70056
06HH031461	LEKIZZIE	HARRIS	415 DRIFTWOOD CIRCLE	SLIDELL	LA	70458
06HH137026	DOROTHY	HARRIS	PO BOX 441	ST ROSE	LA	70087
06HH152425	ROSEMARY	HARRIS	2225 Hill St	Alexandria	LA	71301
06HH008034	KENYA	HARRY	4317 Carlier Avenue	New Orleans	LA	70122
06HH129134	SHERYL	HARVEY	3737 dulaney drive	Harvey	LA	70058
06HH160995	JENIEFLUR	HAYNES	3308 CONNECTICUT AVE	KENNER	LA	70065
06HH046609	BELINDA	HENDERSON	616 E MARLIN CT	TERRYTOWN	LA	70056
06HH119970	ANDREW	HILLS	PO BOX 742383	New Orleans	LA	70174
06HH037078	ORSON	HOOD	2238 lafranlere street	new orleans	LA	70122
06HH189837	MARYLAND	HOWARD	120 MOZART DRIVE	Houma	LA	70363
06HH046608	GAIL	HUNTER	7712 SCOTTWOOD DR	NEW ORLEANS	LA	70128





State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

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

March 5, 2015

MARYLAND HOWARD
120 MOZART DRIVE
HOUMA, LOUISIANA 70363

Re: Collection of Outstanding Debt in the Amount of \$35,748.50.

Dear MARYLAND HOWARD:

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 120 MOZART DRIVE.

You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of \$35,748.50. 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.

Please know that your file will be transferred to state and federal law enforcement agencies for prosecution.

Sincerely,

A handwritten signature in cursive script that reads "La Koshia R. Roberts".

La Koshia R. Roberts
Attorney for HMGP

EXHIBIT

tabbles

G

06HH 189837

9392 4268 1000 0202 E102

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Sent To <i>Maryland Howard</i>	
Street, Apt. No., or PO Box No. <i>120 Mozart Dr.</i>	
City, State ZIP+4 <i>Houma, LA 70363</i>	
PS Form 3800, August 2005 See Reverse for Instructions	

Prosecution Letter

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X Maryland Howard</i></p> <p>B. Received by (Printed Name) <i>MH</i></p> <p>C. Date of Delivery <i>3-2-25</i></p>
<p>1. Article Addressed to:</p> <p><i>Maryland Howard 120 Mozart Dr. Houma, LA 70363</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input 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 (Transfer from service label)</p>	<p><i>7013 3020 0001 8974 2638</i></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

06HH189837
MARYLAND HOWARD
120 MOZART DRIVE
HOUMA LA 70363

Re: Collection of Outstanding Debt in the Amount of **\$35,748.50**

Dear MARYLAND HOWARD:

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 120 MOZART DRIVE HOUMA.

You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of **\$35,748.50**. 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.

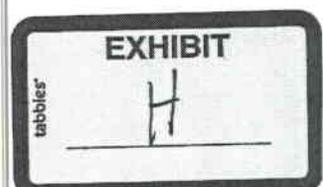
If payments have been paid pursuant to a payment agreement, then you should immediately contact the Program to verify the amount currently owed to the Program.

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
AUG 24 2015
/S/ SHANNON FOLSE
Deputy Clerk of Court
Parish of Terrebonne, LA



189 837

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:

Maryland Head
 120 Mozart Dr
 Glendale, CA 91203

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
W. J. [Signature]

B. Received by (Printed Name) *W. J.* C. Date of Delivery *4-16-15*

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 0510 0001 1417 0914