

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS

STATE OF LOUISIANA

2015 AUG 18 P 3:00

NO: \_\_\_\_\_

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

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

VS.

STEVEN S. ELLOIE AND LATONYA JASON ELLOIE

---

**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 Steven S. Elloie and Latonya Jason Elloie, 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 June 3, 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 (hereinafter "FEMA grant funds") were paid to Defendants by HMGP on or about November 4, 2010 for the specific purpose of Individual Mitigation Measures (hereinafter "IMM") at their home located at 7700 Hickman Street, New Orleans, Louisiana 70127. *Exhibit B.*

5.

Photographs dated April 3, 2015 show that although the FEMA grant funds were received, Defendants' home was not mitigated. *Exhibit C (in globo).*

6.

Three (3) separate collection letters were mailed to Defendants at 7700 Hickman Street, New Orleans, Louisiana 70127, which was the address submitted by them when they applied for the HMGP grant. The first letter dated February 27, 2014 was mailed to Defendants informing them that the FEMA grant funds had to be returned to the State of Louisiana. *Exhibit D (in globo).*

7.

The second letter dated March 21, 2014 was mailed to Defendants. *Exhibit E (in globo).*

8.

The third letter dated April 13, 2015 was sent by Certified Mail 7014 0510 0001 1417 1782. The Return Receipt was signed April 15, 2015. *Exhibit F (in globo).*

9.

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

10.

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.

11.

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 by the State of Louisiana.

12.

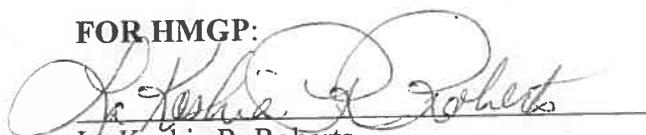
HMGP requests that the debt of \$7,500, owed by Steven S. Elloie and Latonya Jason Elloie to HMGP, be recognized and that judgment in favor of HMGP be granted, directing Defendants to return and pay the FEMA grant funds to the State, in full.

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

- a. That this Honorable Court declare that Defendants, Steven S. Elloie and Latonya Jason Elloie, are non-compliant with the Voluntary Participation Agreement signed by them;
- b. That this Honorable Court declare that Defendants, Steven S. Elloie and Latonya Jason Elloie, are indebted to HMGP in the amount of \$7,500 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, Steven S. Elloie and Latonya Jason Elloie, be ordered to return the \$7,500 HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendants, Steven S. Elloie and Latonya Jason Elloie, in the full sum of \$7,500;
- e. That Defendants, Steven S. Elloie and Latonya Jason Elloie, be assessed all costs and fees associated with this matter; and
- f. That the Court grant such other relief as is just and proper.

Respectfully submitted:

**FOR HMGP:**



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

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

T. Randolph Richardson (Special Counsel)  
Bar Roll No. 11245  
Law Office of T. Randolph Richardson  
1010 Common Street, Suite 3000  
New Orleans, Louisiana 70112  
Telephone: 504-212-4163  
Facsimile: 504-581-7083  
trichar994@aol.com

CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS  
STATE OF LOUISIANA

FILED  
AUG 18 P 3:00

NO: \_\_\_\_\_

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

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

VS.

STEVEN S. ELLOIE AND LATONYA JASON ELLOIE

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 17<sup>th</sup> 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.

PLEASE SERVE:

STEVEN S. ELLOIE  
7700 HICKMAN STREET  
NEW ORLEANS, LOUISIANA 70127

LATONYA JASON ELLOIE  
7700 HICKMAN STREET  
NEW ORLEANS, LOUISIANA 70127

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

Complete and return this form by mail to:

OCD-DRU HMGP Program  
P.O. Box 5098  
Baton Rouge, LA 70821-5098

FILED

2015 AUG 18 P 3:00

CLERK  
DISTRICT COURT

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: (_____) _____	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 2.

SECTION 2: PROGRAM ELIGIBILITY

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

- 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.
- Homeowner selected *Road Home* Option 1 – “Keep Our Home”.
- Homeowner still owns the home that was eligible for *Road Home* benefits.
- 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.
- Homeowner agrees to comply with all OCD-DRU HMGP guidelines.

Page 1 of 2

EXHIBIT

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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 \_\_\_\_\_ (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:

7700 Hickman St.      New Orleans      Orleans      70127 (the "Property").  
Street                                  City                                  Parish                                  ZIP

I/We currently plan to participate in the OCD-DRU HMGP Award program. I/We understand that the installation of approved mitigation measures at this property with an OCD-DRU HMGP Award is:

- Voluntary in nature;
- That I/We are under no obligation to participate;
- That I/We may drop out of the program at any time before receiving an award;
- That 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 before cost will be reimbursed that I/We must sign an OCD-DRU HMGP Covenant.

Stevie Ellice                                  [Signature]                                  6/3/10  
Applicant or Co-Applicant NAME                                  Applicant or Co-Applicant SIGNATURE                                  Date

Latonya E. Ellice                                  [Signature]                                  6/3/10  
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

ACTION: R SCREEN: OPVY USERID: Z107K58

08/04/15 07:42:39 AM

O P E N P V L I N E A R C H I V E

VENDOR= 622 00 VOUCHER NO= 107 PVQ00042192 FISC YEAR= 11  
VENDOR INVOICE= HM0300003576 LINE NO= 01  
DESCRIPTION: 06HH014162

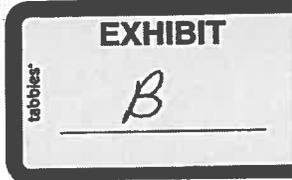
FUND: 107 AGENCY: 107 ORG/SUB-ORG: 3070 APPR UNIT: 300  
ACTIVITY: FUNCTION: OBJ/SUB-OBJ: 3655 REV SRC:  
SUB-REV: BS ACCOUNT: REPT-CATEGORY: HM03 JOB NO:  
PROJECT: FED AID NUMBER:

QUANTITY: 0.000  
DISCOUNT TYPE:

FREIGHT AMOUNT: 0.00  
VOUCHER LINE AMOUNT: 7,500.00  
DISCOUNT AMOUNT: 0.00  
WITHHELD LINE AMOUNT: 0.00  
LIEN/LEVY AMOUNT: 0.00  
DISBURSED AMOUNT: 7,500.00  
CLOSED AMOUNT: 7,500.00

LAST CHECK/MW NO: EF00000530553  
REFERENCE TRANS ID:  
REFERENCE VI ID: VI HM0300003576

DATE: 11 05 10 NO OF CHECKS WRITTEN: 1  
LINE: COMM LINE: DATE:  
COMM LINE: DATE:



ACTION: R SCREEN: OPVX USERID: Z107K58 08/04/15 07:42:00 AM  
O P E N P A Y M E N T V O U C H E R A R C H I V E I N Q U I R Y  
VENDOR= 622 00 VOUCHER NUMBER= 107 PVQ00042192  
FISC YEAR= 11  
NAME: STEVEN ELLOIE  
ADDRESS: 7700 HICKMAN ST

CITY: NEW ORLEANS STATE: LA ZIP: 70127  
VOUCHER DATE: 11 04 10 VOUCHER TYPE: 1 EFT IND/TYPE: Y / 99  
SCHED PYMT DATE: 11 04 10 BUDGET FY: 11 HOLD PYMT IND:  
OFFSET LIAB ACCT: 6335 FREIGHT IND:  
CHECK CATEGORY: 99 SINGLE CHECK IND: N

VOUCHER AMOUNT:	7,500.00	TOTAL QUANTITY:	0.000
DISCOUNT AMOUNT:	0.00	FREIGHT AMOUNT:	0.00
WITHHELD AMOUNT:	0.00	TAX CODE:	
CLOSED AMOUNT:	7,500.00	USE TAX AMOUNT:	0.00
OUTSTANDING AMOUNT:	0.00	CLOSED DATE:	11 05 10
AGPS CREATED:		LIEN/LEVY:	
ACTUAL DELIVERY DATE:	10 18 10	REMIT TO VENDOR:	
		REMIT TO AMOUNT:	0.00
		REMIT TO VOUCHER:	

TIME OF OBSERVATION

OCD DRU HMGP  
IMM FINAL INSPECTION CHECK LIST

APPLICANT ID

21-271-514/102

DAMAGED PROPERTY ADDRESS

7700 HACKMAN ST

DAMAGED PROPERTY COORDINATES: LATITUDE

LONGITUDE

Home Occupied

Yes

No

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

Impact	Accordion	Bertha	Colonial	Roll-Down
		43	15	

Total Number of Windows Not Mitigated

Doors - Count the number of doors & itemize by product

Solid	Door with Glass	Total # of Doors

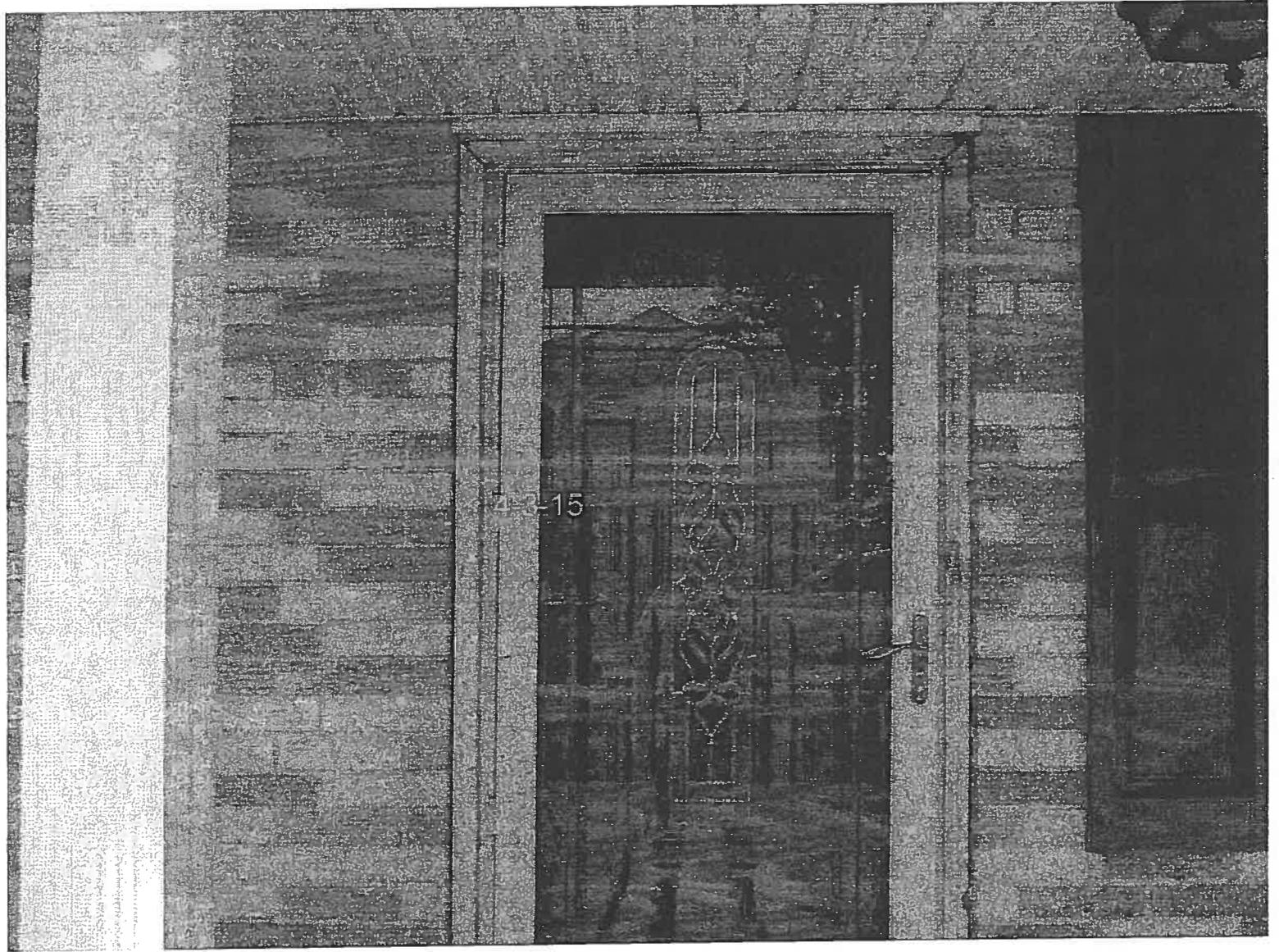
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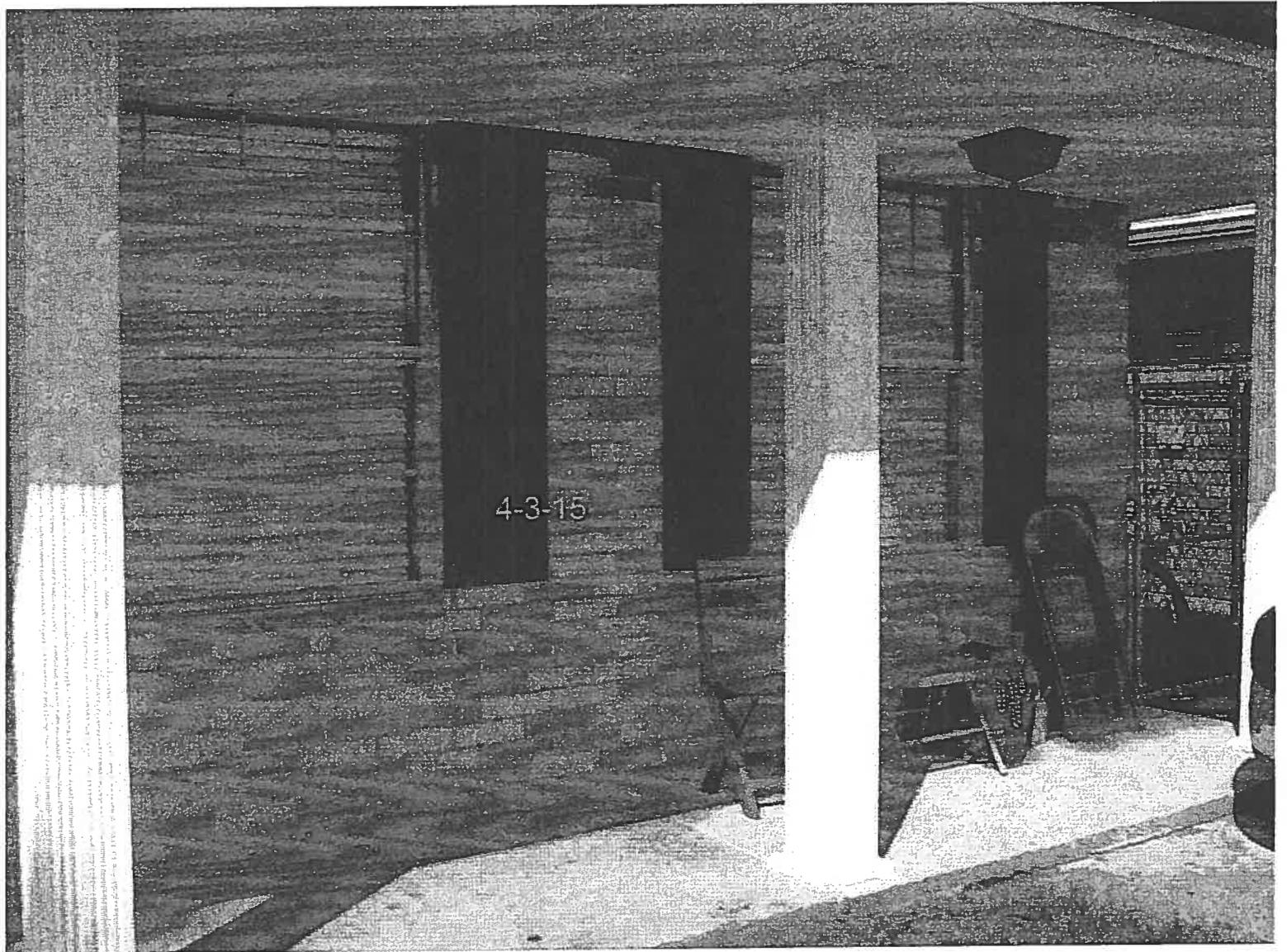
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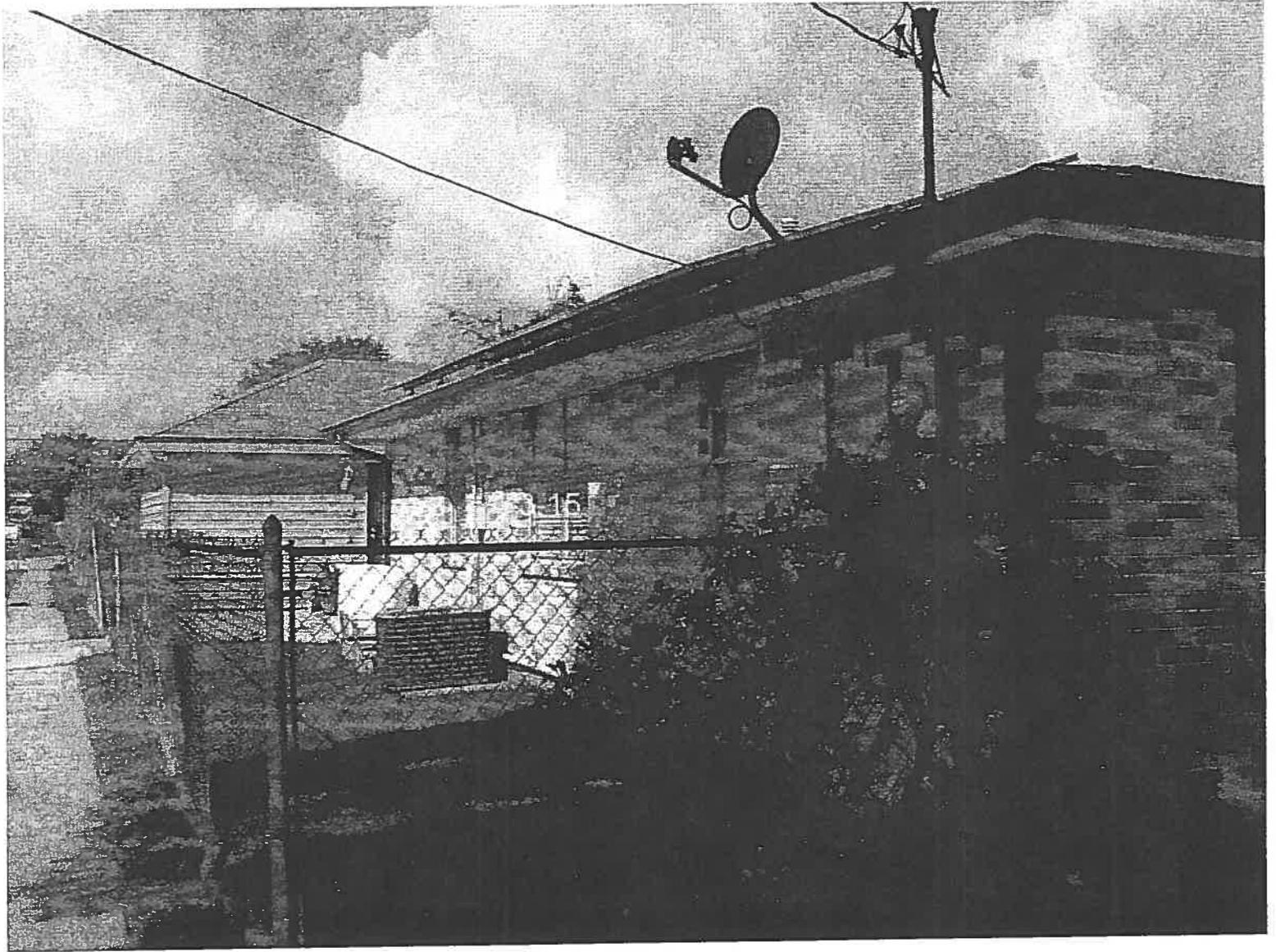


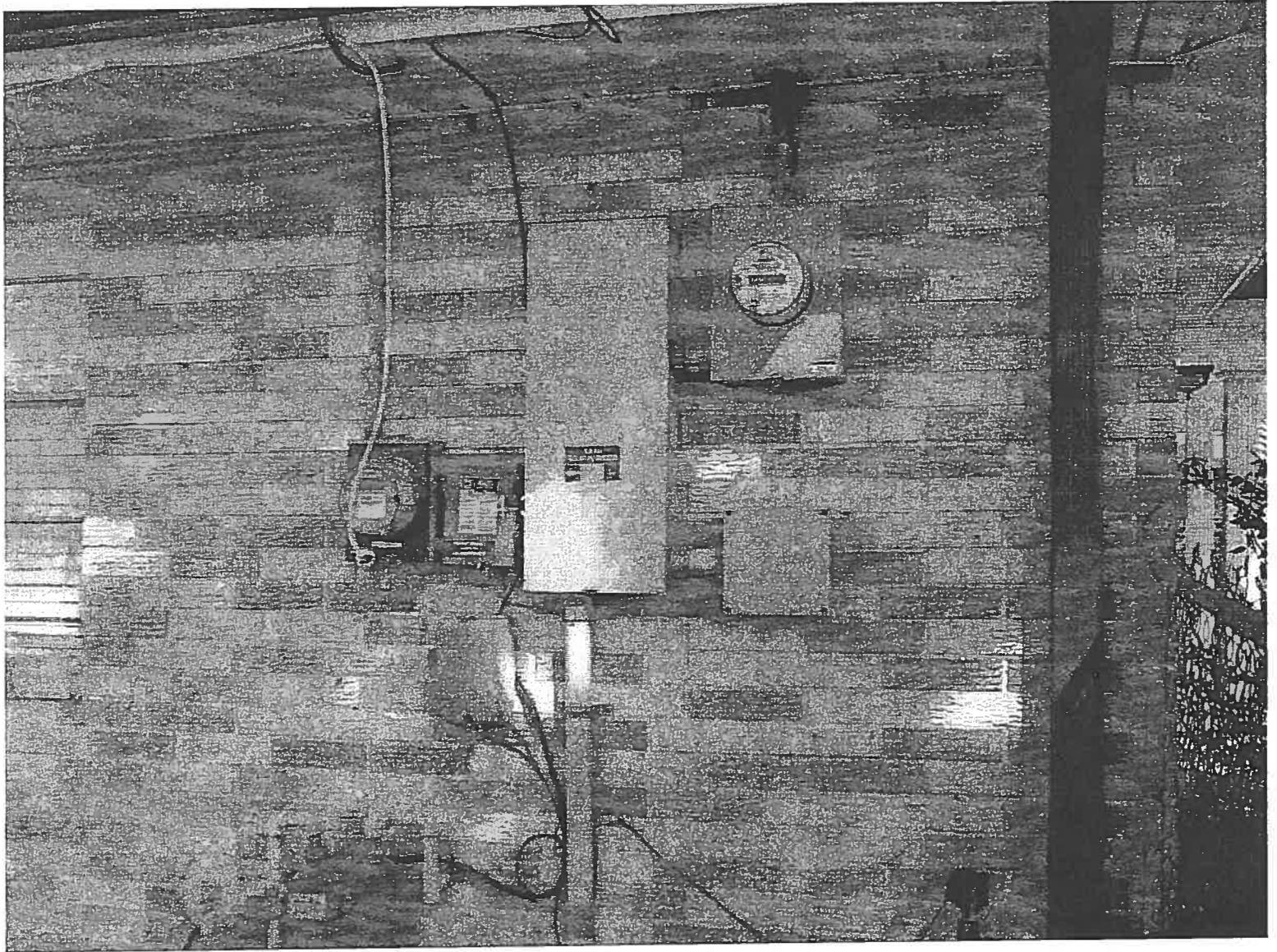


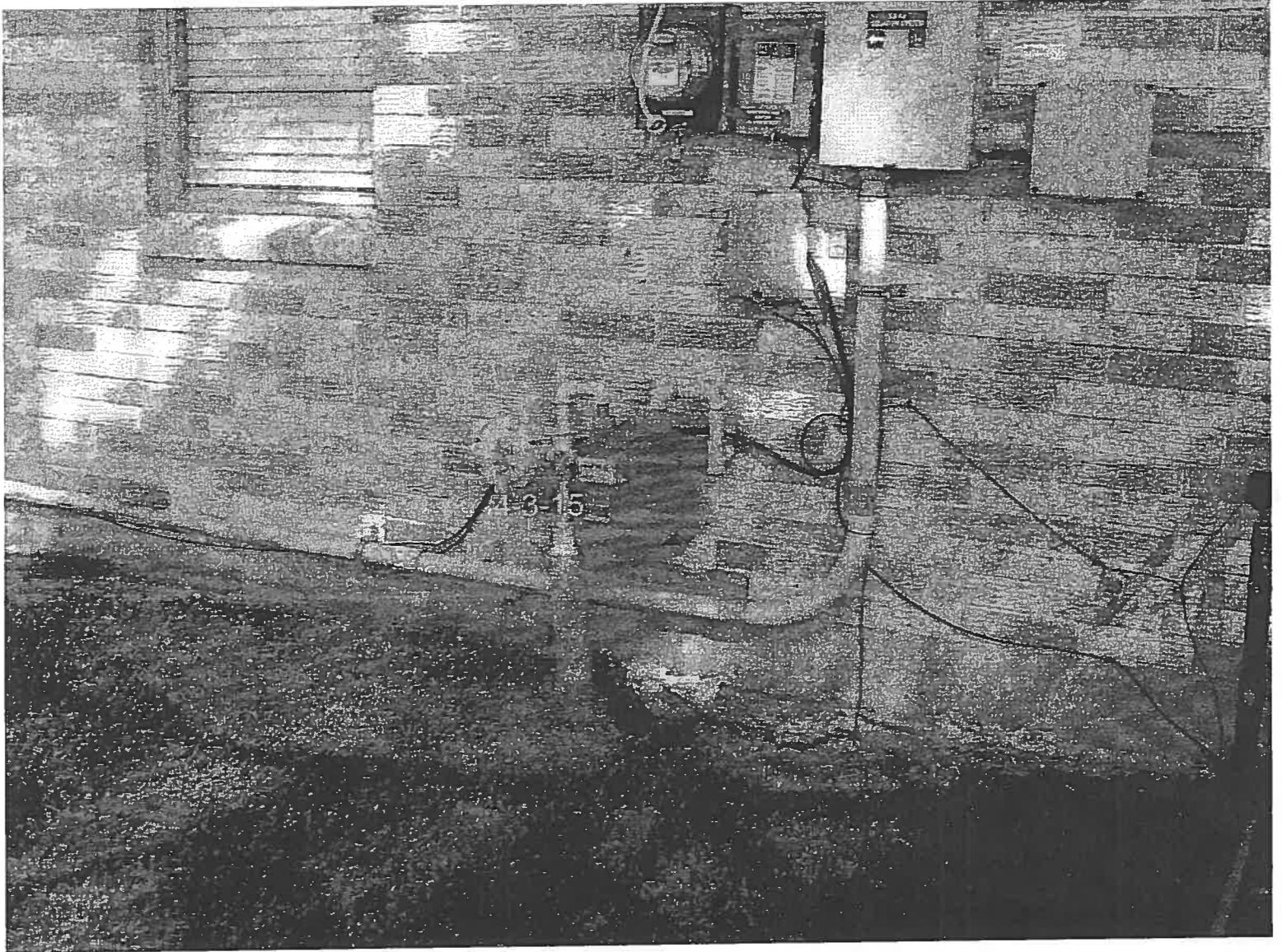
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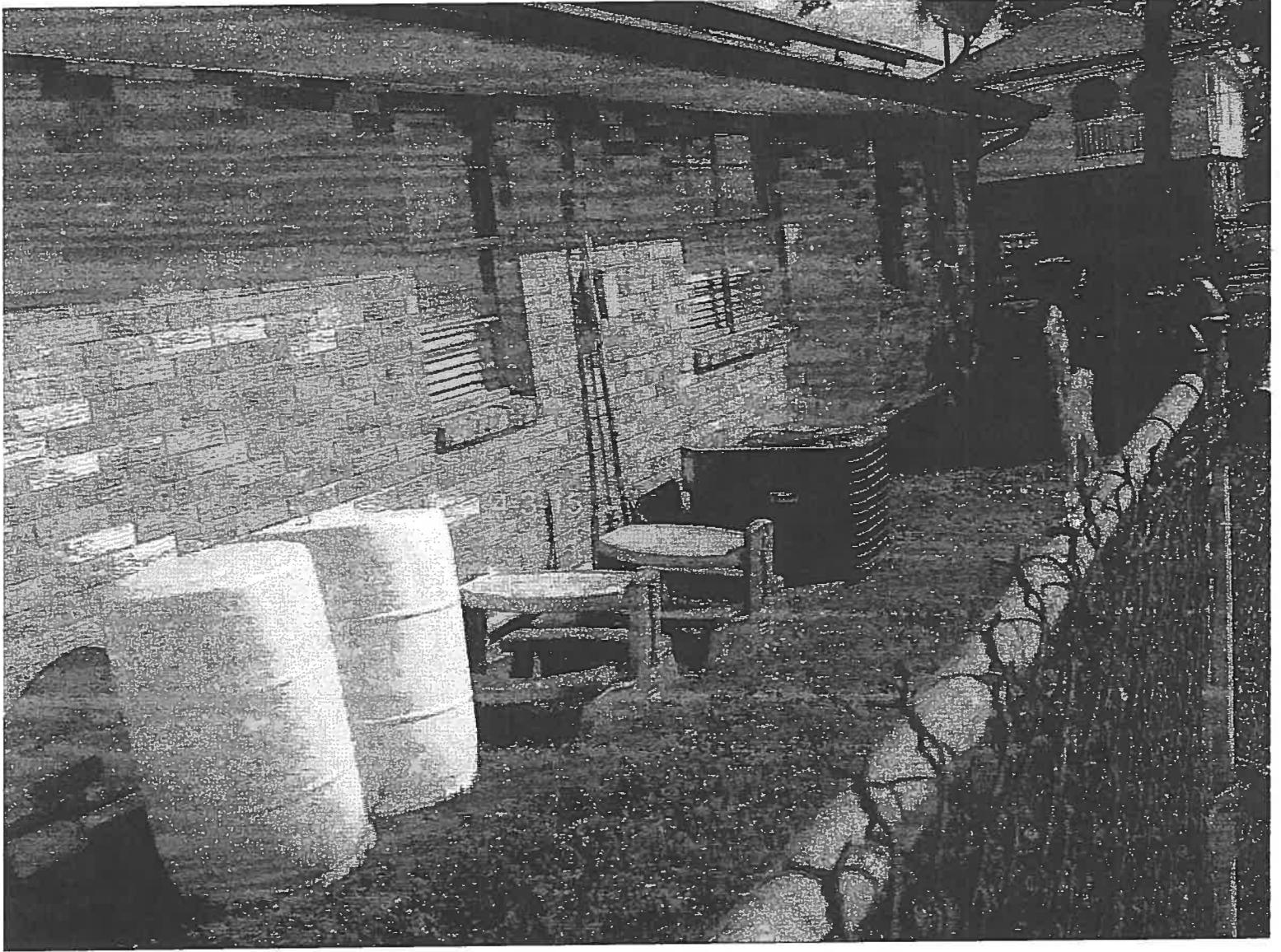
Vertical text strip on the left edge of the photograph, containing faint, illegible characters.

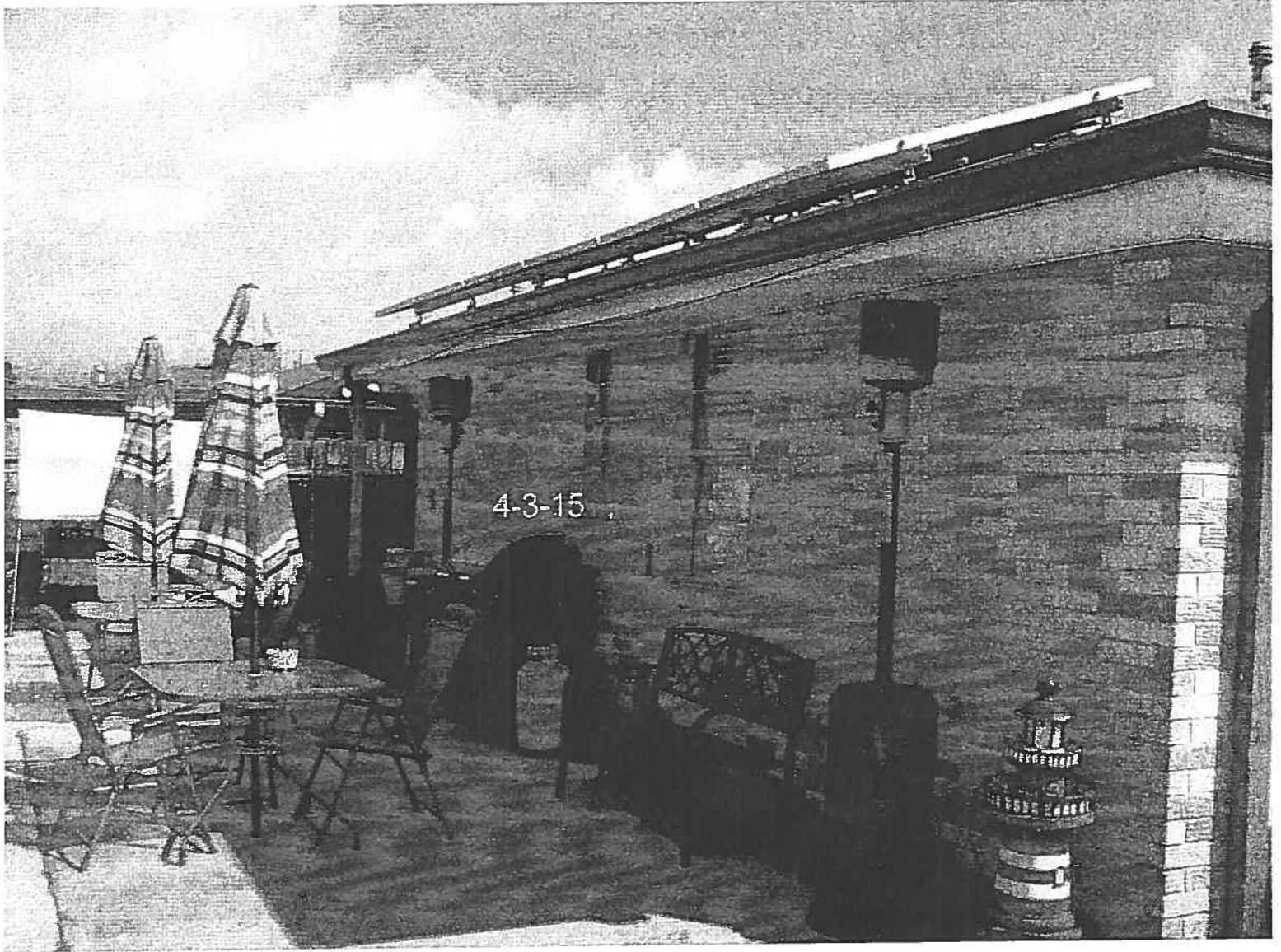


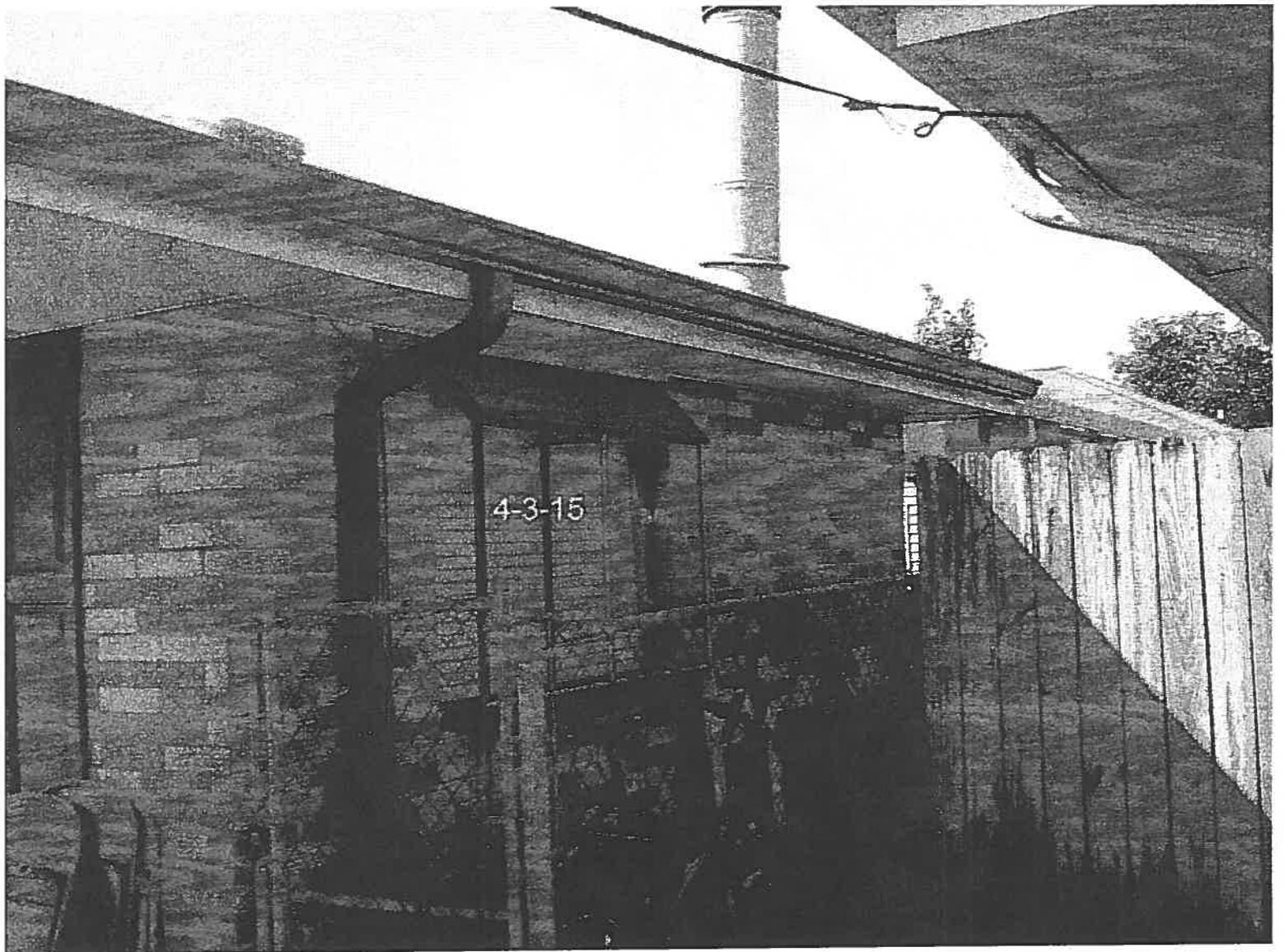












4-3-15



CD 100 1000

CD 100 1000

CD 100 1000

ACTUAL ASY ID

DAMAGE TO PROPERTY ADDRESS

DAMAGED PROPERTY RECORD NUMBER

Home Occ (ptal)

Yes No

Count the number of window openings and termite by rod of type below.

Material	Quantity	Bartha	Colony	Do it	Jan	Screen

Not Standard Windows Not Standard

Count the number of doors and windows and termite by product type below

Material	Quantity	Bartha	Colony	Do it	Jan	Screen

Count the number of doors and windows and termite by product type below

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Count the number of doors and windows and termite by product type below

Count the number of doors and windows and termite by product type below



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

2/27/2014

06HH014162

STEVEN ELLOIE  
LATONYA ELLOIE  
7700 Hickman St.  
NEW ORLEANS, LA 70127

**SUBJECT: Verification of Mitigation Grant Funds  
7700 HICKMAN STREET NEW ORLEANS, LA 70127**

Dear STEVEN ELLOIE:

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 IMM grant(s):

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)	\$7,500.00
Reconstruction Grant	\$0.00	Reconstruction Grant	\$0.00
<b>Total HMGP Funds Received</b>	<b>\$7,500.00</b>	<b>Total Hazard Mitigation Benefit</b>	<b>\$7,500.00</b>

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH014162 is \$7,500.00.

EXHIBIT

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

**Your response must be postmarked within fifteen (15) days of the date at the top of this notification letter. If you have additional questions regarding this letter, please call (504) 284-4054 or send email to [donald.linski@LA.gov](mailto:donald.linski@LA.gov) 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, DISASTER RECOVERY UNIT HMGP ON OR BEFORE 3/14/2014.

Road Home ID: 06HH014162

Applicant Name: STEVEN ELLOIE  
Co-Applicant Name: LATONYA ELLOIE  
Address: 7700 HICKMAN STREET NEW ORLEANS, LA 70127

Case Manager: Donald Linski

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 HMGP. I have enclosed my certified check, made payable to "Louisiana Division of Administration - HMGP", in the amount of \$7,500.00 mailed to:

Division of Administration  
Office of Community Development  
Hazard Mitigation Grant Program  
2021 Lakeshore Drive, Ste. 100  
New Orleans, LA 70122

I agree with the finding that an overpayment has occurred but cannot make full payment at this time. Please review my proposed repayment plan which is attached.

I disagree with the finding of an overpayment of my Hazard Mitigation grant and have enclosed supporting documents. The following factors used to calculate my award are incorrect:

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

\_\_\_\_\_



State of Louisiana

**HAZARD MITIGATION GRANT PROGRAM**

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

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](http://www.hamiltonrelay.com/states/la_howto.htm).

AN EQUAL OPPORTUNITY EMPLOYER

**EXHIBIT**

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State of Louisiana

**HAZARD MITIGATION GRANT PROGRAM**

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

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

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	«Elevation Gross Paid»	Elevation Grant	«Elevation Adjusted»
Individual Mitigation Measures (IMM)	«IMM Gross Paid»	Individual Mitigation Measures (IMM)	«IMM Adjusted»
Reconstruction Grant	«Recon Gross Paid»	Reconstruction Grant	«Recon Adjusted»
<b>Total HMGP Funds Received</b>	«Gross Paid»	<b>Total Hazard Mitigation Benefit</b>	«Net Amount»

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

Confirmed by: *Joanna P. Rogers*

App ID	App First Name	App Last Name	Mailing Address	Mailing City	Mailing State	Mailing Zip
06HH093527	JOSEPH	ALLEN	3130 PAUGER ST	NEW ORLEANS	LA	70119
06HH072298	JONAS	AUSTIN	3000 CLOUET STREET	NEW ORLEANS	LA	70126
06HH177696	LARRY	AUTHEMENT	4112 HWY 90 E	Des Allemands	LA	70030
06HH069455	MANUEL	AVILA	121 BAYLOR PL SAME	Kenner	LA	70065
06HH105292	RAECHEL	BALLESTAS	604 N. Sibley St.	Metairie	LA	70003
06HH116898	TERRIE	BARRETT	804 SHREWSBURY RD.	NEW ORLEANS	LA	70121
06HH162679	MICHAEL	BERRY	90 UVALDE RD APT 504	HOUSTON	TX	77015-1421
06HH053436	GAIL	BOLES	2901 MANSFIELD AVENUE	NEW ORLEANS	LA	70131
06HH085942	LIONEL	BROWDER	1076 COTTON GIN CT	LAWRENCEVILLE	GA	30045-3453
06HH148751	ROSALIND	BROWN	660 OAKWOOD DR	Terrytown	LA	70056
06HH058744	DOUGLAS	BRYANT	7121 W Tamaron Blvd	NEW ORLEANS	LA	70128
06HH062223	JANET	BUTLER	5052 ROCHESTER DR	MARRERO	LA	70072
06HH109965	DEBRA	CAMPBELL	4115 N. JOHNSON STREET	NEW ORLEANS	LA	70119
06HH126870	RONALD	CELIOUS	133 Terry Parkway	Terrytown	LA	70056
06HH061160	CHARLES	CLARK	8509 PALM ST	NEW ORLEANS	LA	70118
06HH129674	HEZEKIAH	CLARK	9926 E. Wineaton Circle	NEW ORLEANS	LA	70127
06HH063317	JERRY	CLINE	13 C GWC HOLMES	SELMA	AL	36701
06HH14101	EVELYN	CROCKETT	3923 THIRD ST	NEW ORLEANS	LA	70125
06HH104523	JOE	DAVIS	58 Normandy Drive	Kenner	LA	70065
06HH191100	TYRAN	DENYS	2153 Sauvage Ave	Marrero	LA	70072
06HH16428	LISA	DESALVO	4916 Hastings St	Metairie	LA	70006
06HH007850	RONNIE	DICKERSON	P.O. BOX 82	ST. ROSE	LA	70087
06HH060599	PATRICIA	DILLON	1112 N HOWARD AVE	METAIRIE	LA	70003-5626
06HH076608	GEORGE	DORSEY	6039 KUEBEL DR	NEW ORLEANS	LA	70126
06HH124380	LEE	DORSEY	60 NERON PLACE APT B	NEW ORLEANS	LA	70118
06HH141689	KENNEETH	DUMAS	16011 Nehr Ave. Apt. A	Baton Rouge	LA	70816
06HH084586	EUGENE	EARLY	49 CLIFFORD CT	WESTWEGO	LA	70094-5513
06HH014162	STEVEN	ELLOIE	7700 Hickman St.	NEW ORLEANS	LA	70127
06HH019595	BRIAN	FISHER	2721 REPUBLIC ST	New Orleans	LA	70119
06HH120907	MARGARET	FLEMINGS	1630 Mansfield st	Marrero	LA	70072
06HH197366	LATONJA	FRANCOIS	2403 CAVALIER CROSSING	LITHONIA	GA	30038
06HH112992	ANTOINETTE	GARRETT	3817 W. Louisiana State Drive	Kenner	LA	70065
06HH117508	CELINA	GLADDEN	8834-36 PALMETTO ST	NEW ORLEANS	LA	70118
06HH217171	LYKETTA	GOLDEN	5075 Bowdon Street	Marrero	LA	70072





State of Louisiana

**HAZARD MITIGATION GRANT PROGRAM**

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

April 13, 2015

06HH014162  
STEVEN ELLOIE  
7700 HICKMAN STREET  
NEW ORLEANS LA 70127

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

Dear STEVEN ELLOIE:

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 7700 HICKMAN STREET NEW ORLEANS.

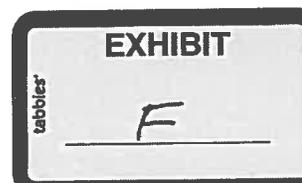
You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of **\$7,500.00**. However, you have continuously disregarded these notices. You have also been given the opportunity to execute a re-payment agreement which would allow you to satisfy your debt 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.

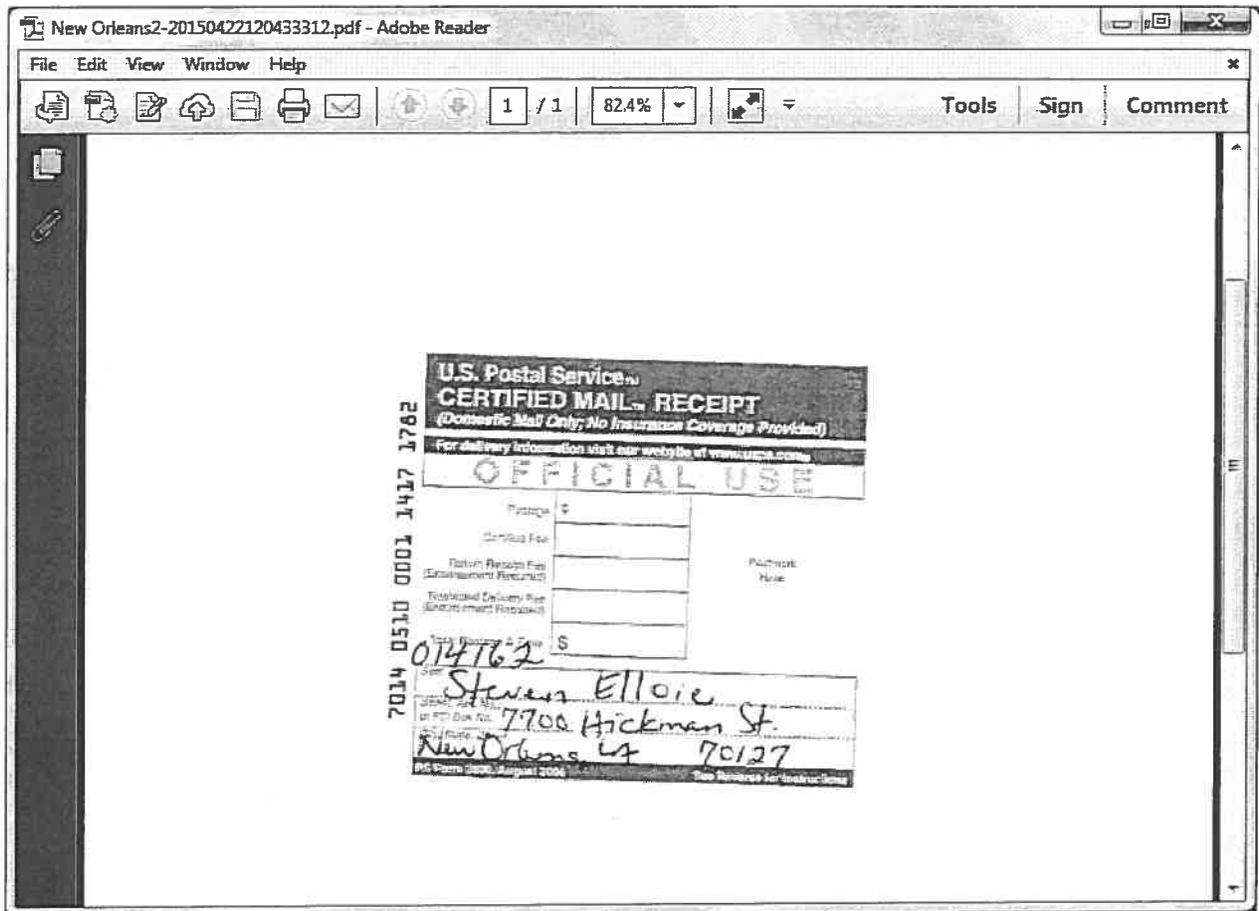
Sincerely,

La Koshia R. Roberts  
Attorney for HMGP



06HH014162

7700 HICKMAN STREET



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>x <i>SE Elloie</i></p>	
<p>1. Article Addressed to:</p> <p>Steven Elloie 7700 Hickman St. New Orleans, LA 70127</p> <p>014162</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (transfer from service label)</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>PS Form 3811, July 2013</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>Domestic Return Receipt</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7014 0510 0001 1417 1782</p>	



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Tracking Number: 70140610000114171782



## Delivered

### Product & Tracking Information

Postal Product: **Certified Mail™**

DATE/TIME	STATUS OF ITEM	LOCATION
April 15, 2015, 1:56 pm	Delivered	NEW ORLEANS, LA 70127
View this item's package details for April 15, 2015 in NEW ORLEANS, LA 70127.		
April 14, 2015, 1:24 am	Departed USPS Facility	NEW ORLEANS, LA 70113
April 13, 2015, 7:53 pm	Arrived at USPS Facility	NEW ORLEANS, LA 70113

### Available Actions

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Tracking (or receipt) number

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