

STATE OF LOUISIANA

NO: 80,210

DIV. E
JUDGE
TIMOTHY S. MARCEL
DEPUTY
2015 JUL 20 AM 11:34
FILE FOR RECORD
CLERK OF COURT
ST. CHARLES PARISH, LA.

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

VS.

ANTOINETTE DICKERSON TATE AND
RONNIE PAUL DICKERSON

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 Antoinette Dickerson Tate and Ronnie Paul Dickerson, both major domiciliaries of St. Charles 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 10, 2010, to participate in HMGP and to receive HMGP grants. 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 of \$25,875.00 were paid to Defendants by HMGP on or about November 1, 2010 and December 20, 2010 for the specific purpose of Elevation Measures and Individual Mitigation Measures (hereinafter "Elevation /IMM") at their home located at 724 Turtle Creek Lane, St. Rose, LA 70087. Defendants received \$18,375.00 for Elevation and \$7,500.00 for IMM. Defendants returned \$14,375.00 leaving a balance due and owing to HMGP of \$11,500.00 (hereinafter "FEMA Grant Funds"). *Exhibit B (in globo)*.

5.

Photographs dated February 24, 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 at P.O. Box 82, St. Rose, LA 70087, which was the address submitted by them when they applied for the HMGP grant. The first letter dated February 28, 2014 was mailed informing Defendants that the FEMA Grant Funds in the amount of \$11,500.00 had to be returned to the State of Louisiana. *Exhibit D (in globo)*.

7.

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

8.

The third letter dated April 13, 2015 was mailed Certified Mail 7014 0510 0001 1417 1805 and the Return Receipt signed April 16, 2015. *Exhibit F (in globo)*.

9.

The fourth letter dated May 13, 2015 was mailed Certified Mail 7014 0510 0001 1415 9582 and the Return Receipt signed May 15, 2015. *Exhibit G (in globo)*.

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.

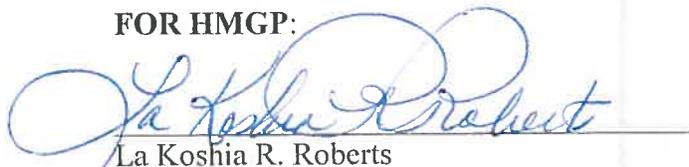
HMGP requests that the debt of \$11,500.00 owed by Defendants to HMGP be recognized and that judgment in favor of HMGP be granted, directing Defendants to return and pay the FEMA Grant Funds to the State, in full.

ALL PREMISES CONSIDERED, WHEREFORE, HMGP PRAYS:

- a. That this Honorable Court declare that Defendants, Antoinette Dickerson Tate and Ronnie Paul Dickerson, are non-compliant with the Voluntary Participation Agreement signed by them;
- b. That this Honorable Court declare that Defendants, Antoinette Dickerson Tate and Ronnie Paul Dickerson, are indebted to HMGP in the amount of \$11,500.00 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, Antoinette Dickerson Tate and Ronnie Paul Dickerson, be ordered to return the \$11,500.00 HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendants, Antoinette Dickerson Tate and Ronnie Paul Dickerson, in the full sum of \$11,500.00;
- e. That Defendants, Antoinette Dickerson Tate and Ronnie Paul Dickerson, 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)

PLEASE SERVE:

**ANTOINETTE DICKERSON TATE AND
RONNIE PAUL DICKERSON
724 TURTLE CREEK LANE
ST. ROSE, LOUISIANA 70087**

STATE OF LOUISIANA

DIV. E

NO: 80,210

JUDGE
DIVISION MOTHY S. MARCEL

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

FILE FOR RECORD
CLERK OF COURT
ST. CHARLES PARISH, LA.
2015 JUL 20 AM 11: 34
DEPUTY *[Signature]*

VS.

ANTOINETTE DICKERSON TATE AND
RONNIE PAUL DICKERSON

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 14th DAY OF July 2015 IN NEW ORLEANS,
LOUISIANA.

[Signature]

Craig P. Taffaro, Jr.

[Signature]

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

**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 06HH007850

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:

- 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.

EXHIBIT
tabbles
 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 6/10/10 (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:

724 Junete Creek St. Rose St. Charles 70087 (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:

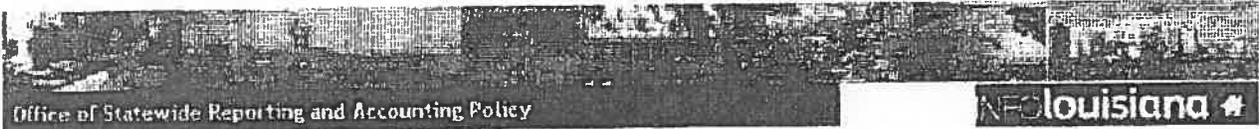
- Property owner has been notified that the reconstructed structure total square footage cannot exceed 10% of the total square footage of the original structure on or before the date of the event for which funding is authorized.
- Property owner has been notified that the maximum award amount is \$100,000, less duplication of benefits.
- Property owner confirms that the information described in the preceding paragraphs has been explained and the information is understood.

Antoinette Dickerson ICB Antoinette Dickerson 6/10/10
Applicant or Co-Applicant NAME Applicant or Co-Applicant SIGNATURE Date

Kenric D. Dickerson Bonnie P. Rose 6/10/10
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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- Forms
- Popular Report
- Positions and Procedures Manual
- OSRAP Memos
- Supplemental Report
- Vendor Training Manual

Payee Detail

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

Payee Remittance Address:
 724 TURTLE CREEK
 ST ROSE, LA 70067

Check/EFT Number: EF 00000529749
Check/EFT Date: 11/01/2010
Status Change Date: 11/01/2010
Status: Cleared

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

Check/EFT Total: 18,375.00

Total Number of Lines : 1

Agency	Document ID	Ref Doc ID	Invoice #	Comments	Line Amount
107	PVQ00041704		HM0300003347	06HH007850	18,375.00

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





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- [OSRAP Manual](#)
- [Financials](#)
- [Vendor Training Manual](#)

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Payee Detail

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

Payee Remittance Address:
 724 TURTLE CREEK
 ST ROSE, LA 70067

Check/EFT Number: EF 00000542139
Check/EFT Date: 12/20/2010
Status Change Date: 12/20/2010
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	PVQ00042704		HM0300003910	06HH007850	7,500.00

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

06HH007850

ANTOINETTE TATE
Printout from OSRAP



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State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

Time of Observation: 11:00 AM
Weather Conditions: _____

10. Check-In Observation

Applicant ID: 22411 007850

Damaged Property Address: 724 FURLOCK LN (St. Rose) 70087

Date of Plans: _____

Foundation Type: Open Slab Slab Separation

Check List for Check-In Milestone

- General Site Condition
- Type of Slab
- Which MO Project is Closest to
- Contractor Activity
- Take Photographs

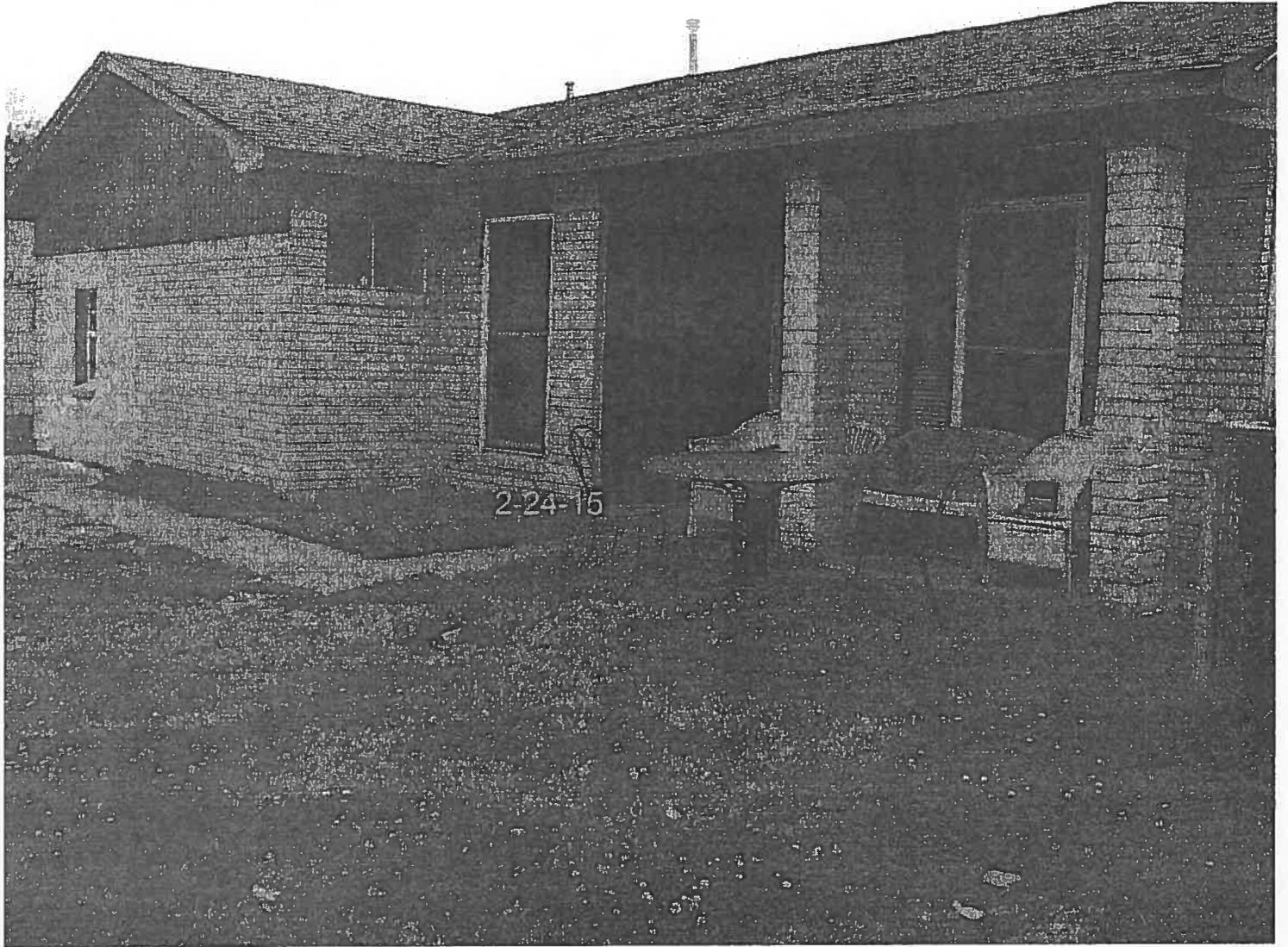
General Site Condition

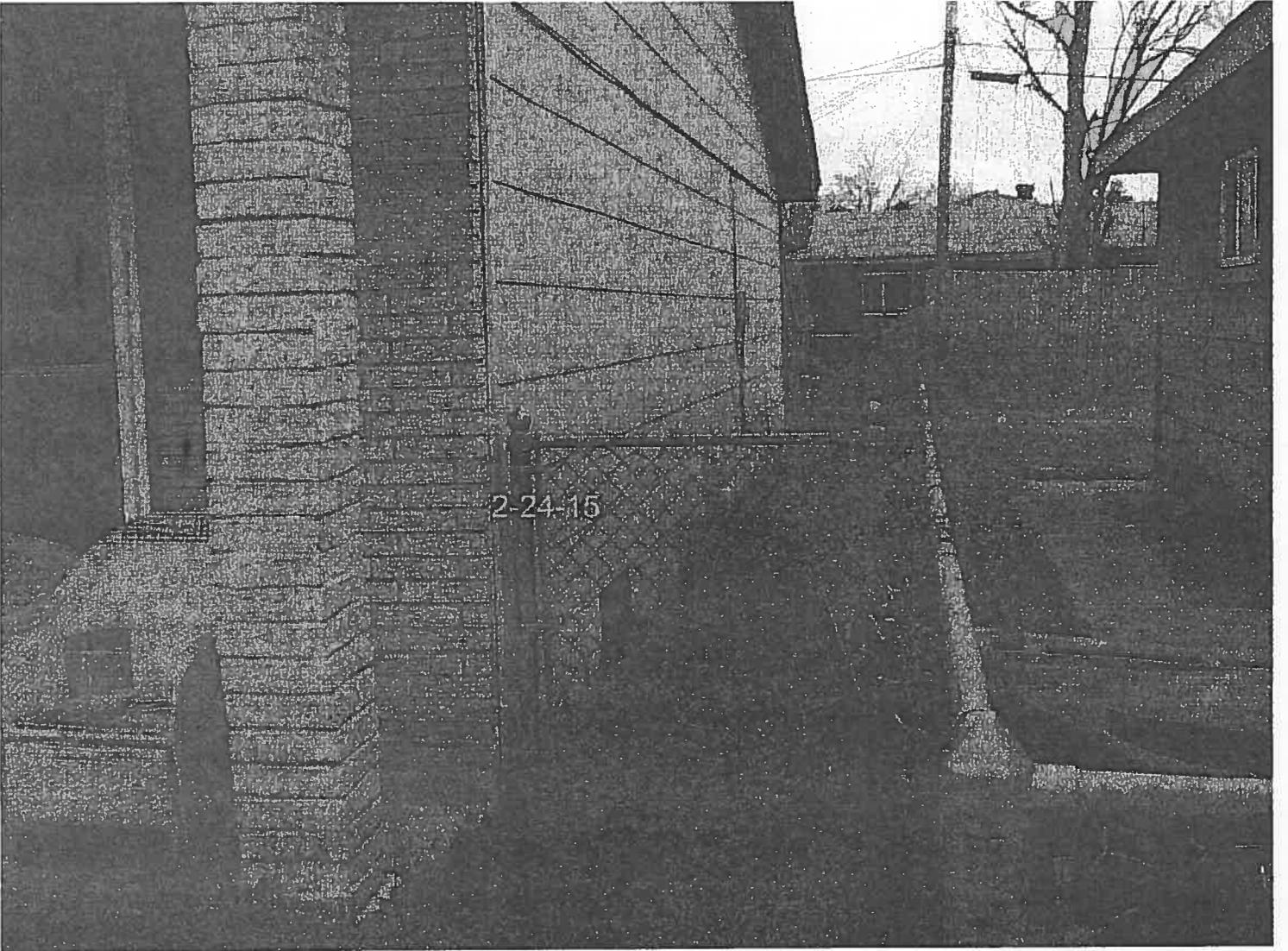
Determine which Milestone Observation the Project is closest to:

If the contractor is currently working, does the site appear to have recent activity?

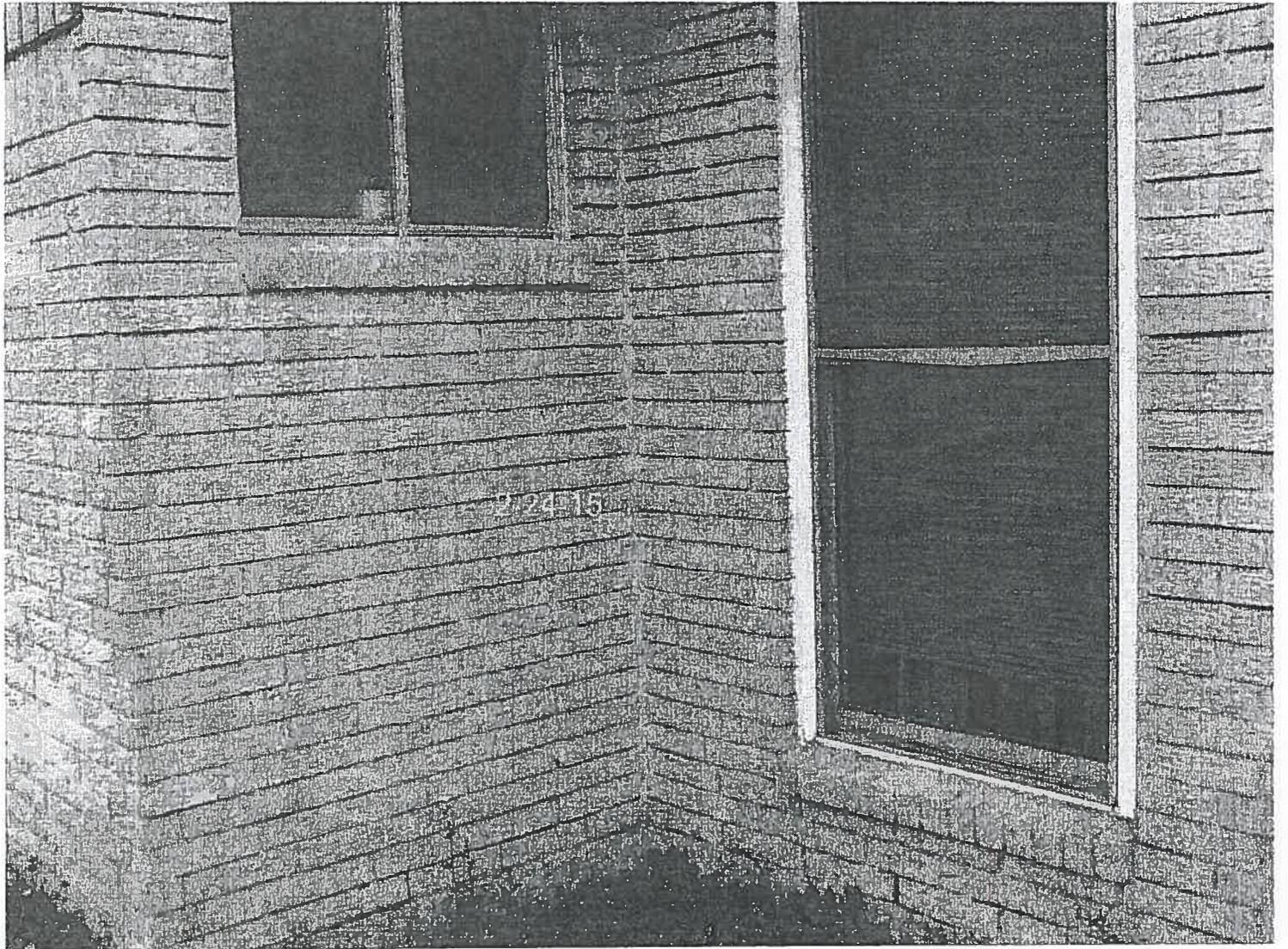


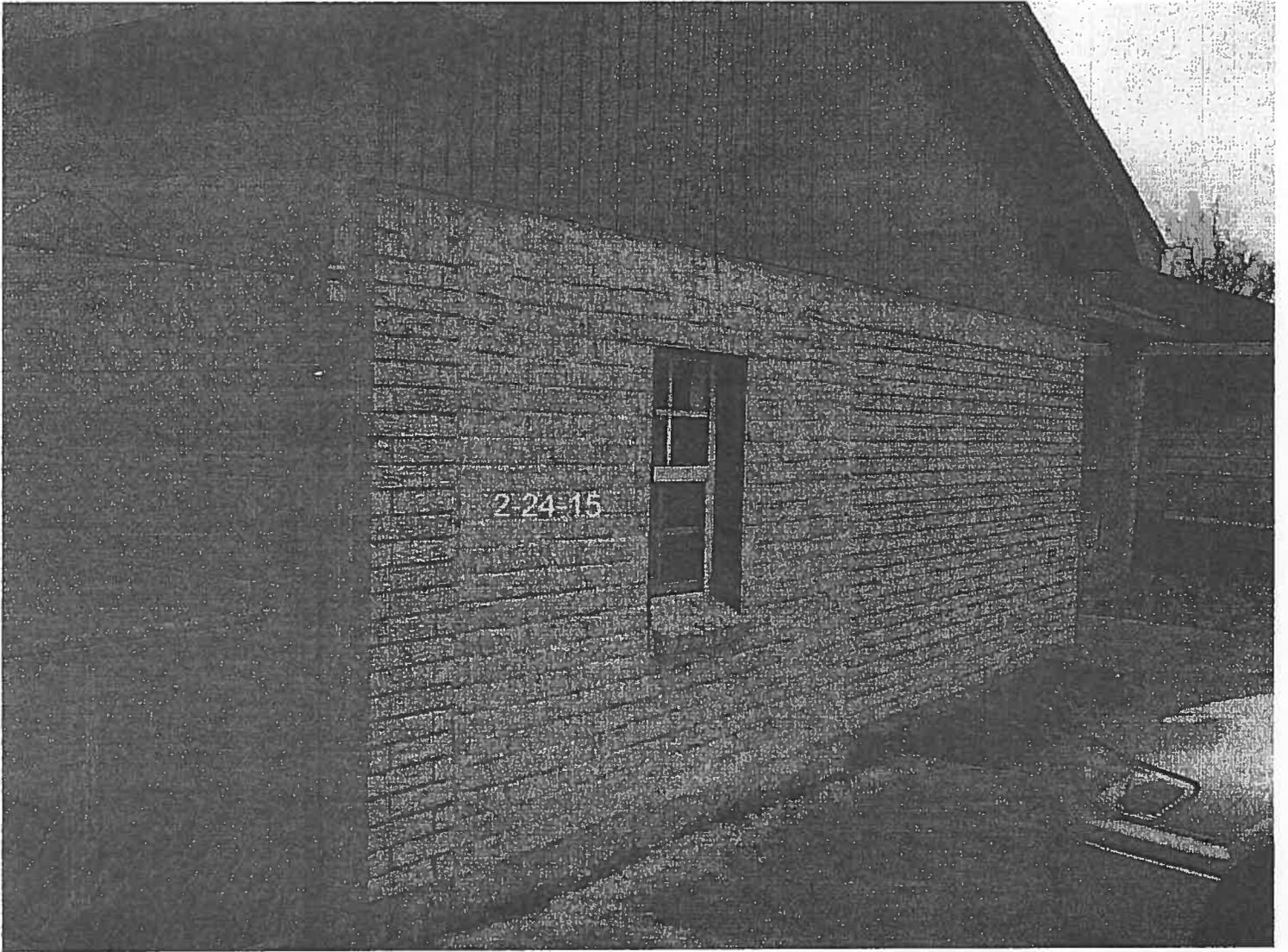






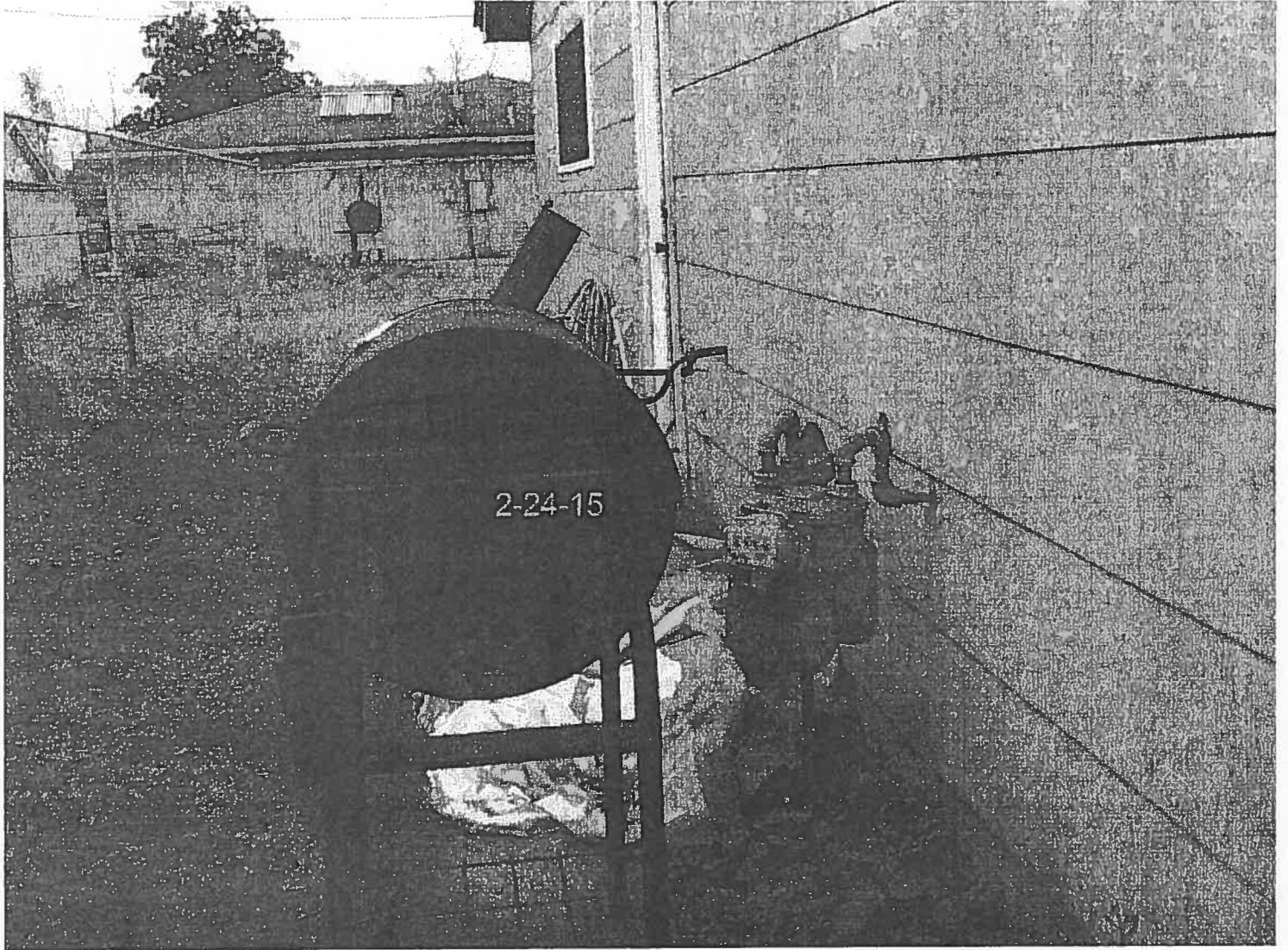
2-24-15



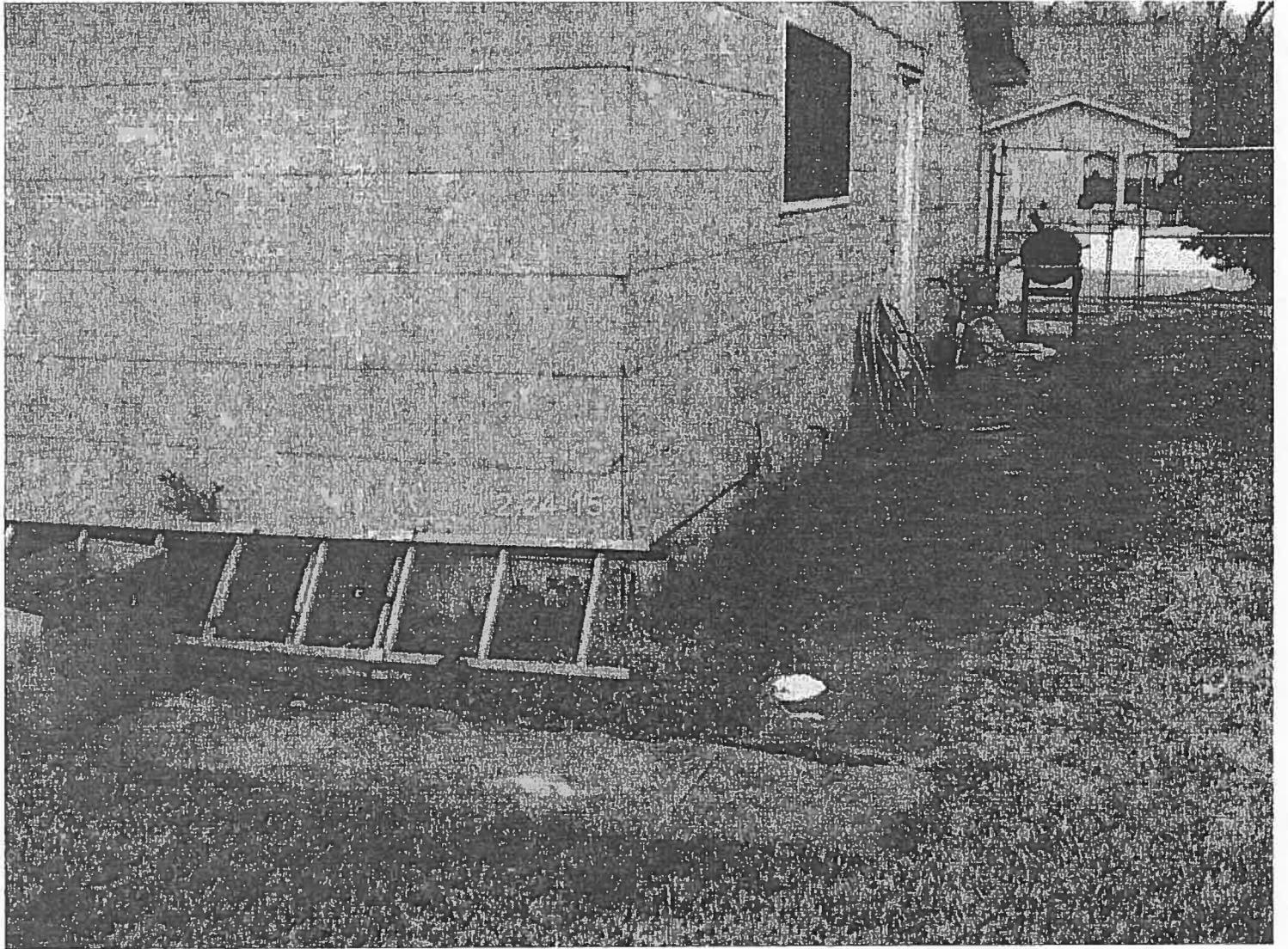


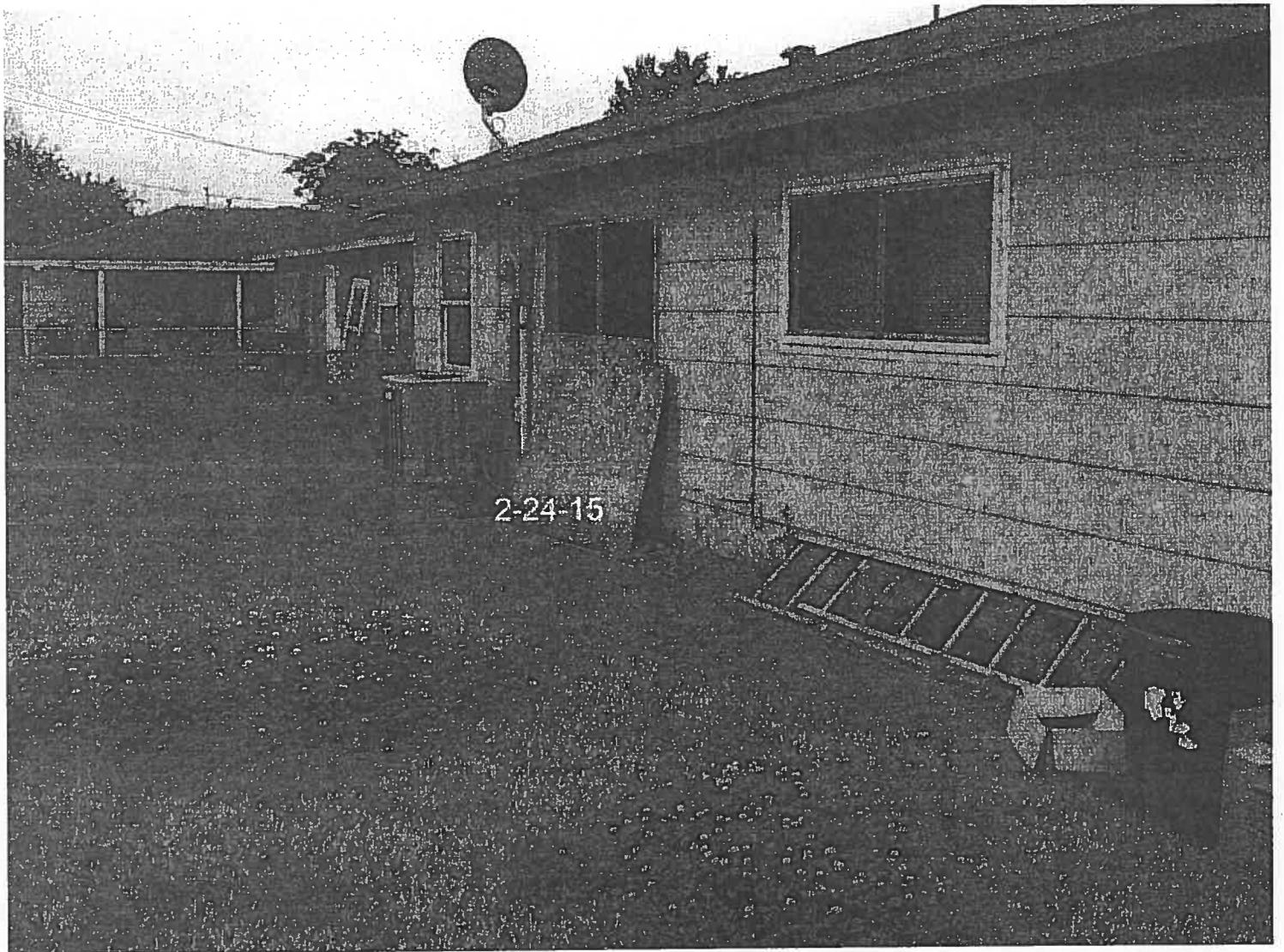
A black and white photograph showing a building behind a chain-link fence. The fence is in the foreground, and the building is in the background. The date "2-24-15" is printed on the fence. The building has a window and a door. The image is grainy and has a high-contrast, almost solarized appearance.

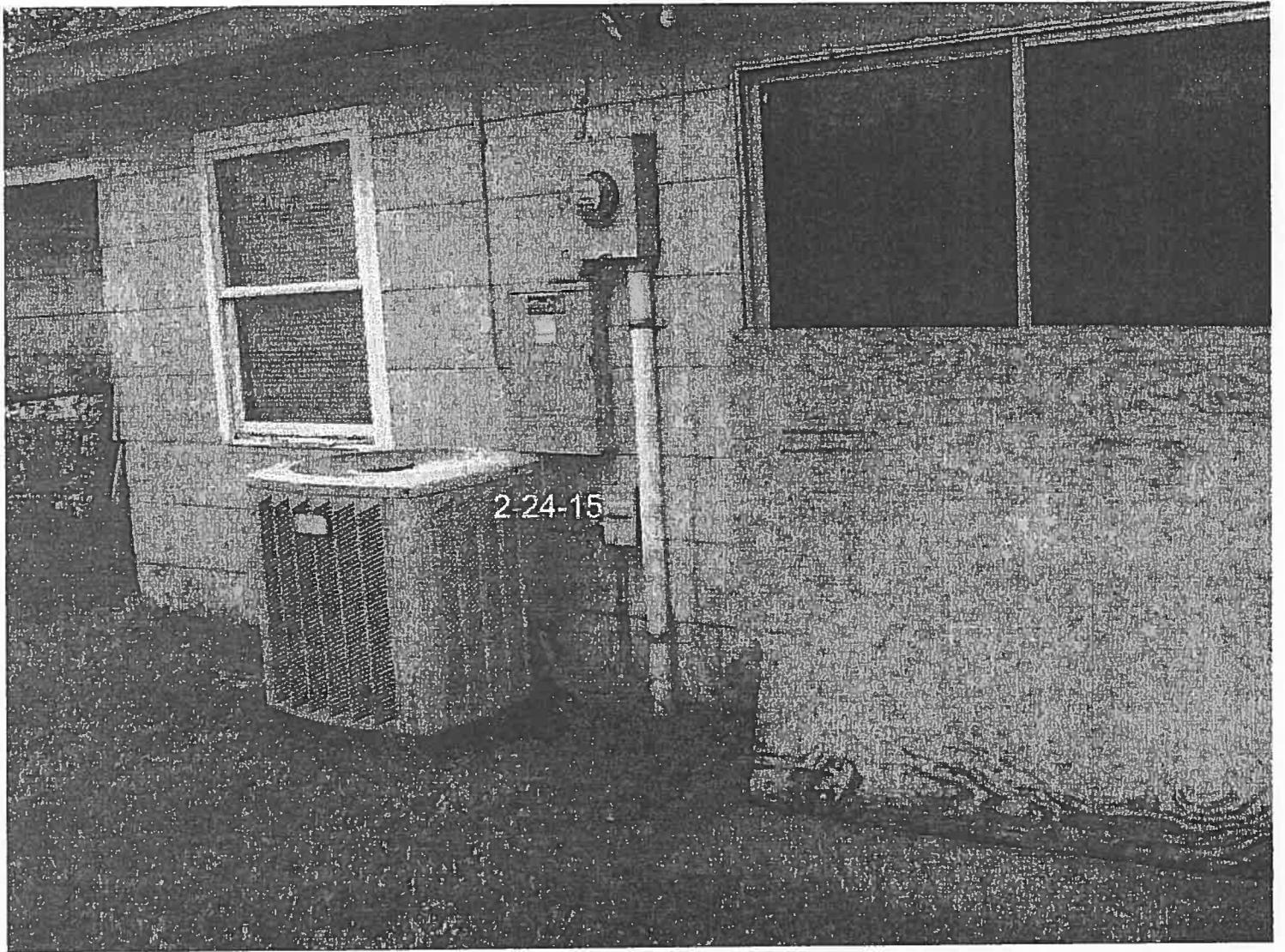
2-24-15













State of Missouri
Hazard Mitigation Grant Program

10.1 Check-In Observation
Applicant ID: 06703

Damaged Property Address: 224 Prince St

Date of Photo: 06/15/07

Foundation Type: Open

Check List for Check-In Mitigation: Slab

General Site Condition: No more to report / no more to report

Type of Slab: Slab

Which AIC Project is Closest to: None

Closest to: None

Take Photographs: Yes

General Site Condition: No more to report / no more to report

Determine with Mitigation Observation the Project is closest to: None

Is the contractor currently working, does the site appear to have recent activity: No/working

Any issues present while conducting the Observation: None

Other Notes/Comments: None

Inspector: [Signature]

Date: 06/15/07

City: St. Louis

County: St. Louis

Project ID: 06703

Project Name: 224 Prince St

Project Address: 224 Prince St

Project City: St. Louis

Project County: St. Louis

Project State: MO

Project Zip: 63103

Project Phone: [None]

Project Fax: [None]

Project Email: [None]

Project Website: [None]

Project Notes: [None]



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

2/28/2014

06HH007850

RONNIE DICKERSON
P.O. BOX 82
ST. ROSE, LA 70087

**SUBJECT: Verification of Mitigation Grant Funds
724 TURTLE CREEK ROAD ST. ROSE, LA 70087**

Dear RONNIE DICKERSON:

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 Elevation & IMM grant(s):

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$18,375.00	Elevation Grant	\$4,000.00
Individual Mitigation Measures (IMM)	\$7,500.00	Individual Mitigation Measures (IMM)	\$7,500.00
Reconstruction Grant	\$0.00	Reconstruction Grant	\$0.00
Total HMGP Funds Received	\$25,875.00	Total Hazard Mitigation Benefit	\$11,500.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH007850 is \$11,500.00.



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 Sayre Phinney, 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) 284-4034 or send email to sayre.phinney@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 3/15/2014.

Road Home ID: 06HH007850

Applicant Name: RONNIE DICKERSON

Co-Applicant Name:

Address: 724 TURTLE CREEK ROAD ST. ROSE, LA 70087

Case Manager: Sayre Phinney

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 \$11,500.00 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@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,

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

Enclosure

OCD-DRU HMGP is a federally-funded program. Providing false or misleading information in an attempt to fraudulently obtain HMGP funds is a federal violation and will be prosecuted to the full extent of the law. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. Because the HMGP program is a federally funded program, applicants are subject to Title 18, Section 1001 of the U.S. Code.

The Office of Community Development Disaster Recovery Unit does not discriminate on the basis of race, color, national origin, sex, age, religion or disability, and provides, upon request, reasonable accommodation, including auxiliary aids and services, to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. Any persons requiring special needs assistance should contact a Call Center Specialist, at (877) 824-8312 at least five business days prior to any scheduled meeting. The TDD number for the hearing impaired is 1-800-846-5277. Additional information regarding the use of the Louisiana Relay service can be found at the following link: http://www.hamiltonrelay.com/states/la_howto.htm.

AN EQUAL OPPORTUNITY EMPLOYER

EXHIBIT

tabbies

E



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):

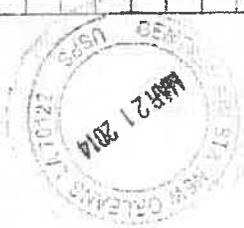
HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	«Elevation Gross Paid»	Elevation Grant	«Elevation Adjusted»
Individual Mitigation Measures (IMM)	«IMM Gross Paid»	Individual Mitigation Measures (IMM)	«IMM Adjusted»
Reconstruction Grant	«Recon Gross Paid»	Reconstruction Grant	«Recon Adjusted»
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».

AN EQUAL OPPORTUNITY EMPLOYER

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
06HH072288	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	680 OAKWOOD DR	Terrytown	LA	70056
06HH058744	DOUGLAS	BRYANT	7121 W Tamarron 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. Wheaton Circle	NEW ORLEANS	LA	70127
06HH063317	JERRY	CLINE	13 C GWC HOLMES	SELMA	AL	36701
06HH114101	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
06HH116428	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	MEAIRIE	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	KENNETH	DUMAS	16011 Nohru Ave. Apt. A	Baton Rouge	LA	70816
06HH084586	EUGENE	EARLY	49 CLIFFORD CT	WESTVEGO	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

06HH007850
RONNIE DICKERSON
PO BOX 82
ST. ROSE LA 70087

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

Dear RONNIE DICKERSON:

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 724 TURTLE CREEK ROAD ST. ROSE.

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



7014 0510 0001 1417 1805

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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 007850
 to: Ronnie Dickerson
 Street, Apt. No.,
 or PO Box No. P.O. Box 82
 City, State, ZIP+4[®] St Rose, LA 70087

PS Form 3800, August 2005

See Reverse for Instructions

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. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X</i> <i>W.D. Tate</i>	
1. Article Addressed to: <i>Ronnie Dickerson</i> <i>P.O. Box 82</i> <i>St. Rose, LA 70687</i> <i>007850</i>	B. Received by (Printed Name) <i>W.D. Tate</i>	C. Date of Delivery <i>4-16-15</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 2013	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 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7014 0510 0001 1417 1805		
Domestic Return Receipt		





State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

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

5/13/2015

06HH007850
RONNIE PAUL DICKERSON
PO BOX 82
ST. ROSE, LA 70087

Re: Collection of Outstanding Debt in the Amount of \$4,000.00

Dear RONNIE PAUL DICKERSON:

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 724 TURTLE CREEK ROAD, ST. ROSE, 70087.

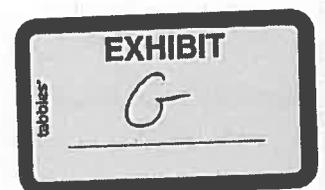
You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of \$4,000.00. However, you have continuously disregarded these notices. You have also been given the opportunity to execute a re-payment agreement which would allow you to satisfy your debt within 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



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

Postmark
Here

Sent to Rennie Dickerson
Street, Apt. No.,
or PO Box No. P.O. Box 82
City, State, ZIP+4® St Rose, LA 70087

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. 	A. Signature X <u>Dominique</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <u>Ronnie Dickerson</u> <u>P.O. Box 82</u> <u>St. Rose, LA 70087</u> <u>007850</u>	B. Received by (Printed Name)	C. Date of Delivery <u>5-15-15</u>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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	
PS Form 3811, July 2013	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7014 0510 0001 1415 9582 Domestic Return Receipt	

