

Carl Bernofsky, Ph.D.
109 Southfield Road, Apt. 51H
Shreveport, LA 71105

May 22, 2009

Paul Rainwater
Executive Director
Louisiana Recovery Authority
150 3rd Street, Suite 200
Baton Rouge, LA 70801

Re: Road Home Disaster Assistance

Dear Mr. Rainwater:

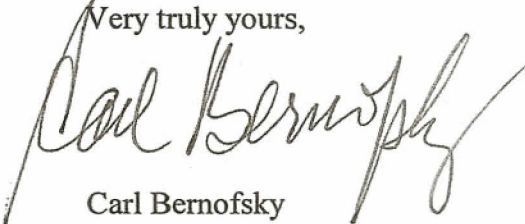
I was pleased to read in today's issue of the New Orleans *Times-Picayune* that you are committed to resolving issues that still remain concerning Road Home.

I have made several fruitless attempts to seek a determination of what options, if any, my wife and I would have in recovering at least part of the loss we suffered as a result of having to sell our damaged property in New Orleans after Hurricane Katrina. We are both senior citizens.

Attached are copies of letters that I have sent to the Road Home Program with details of our circumstances. None of them have been answered.

I should be most grateful if you can assist me with my request for information.

Very truly yours,



Carl Bernofsky
Tel: (318) 869-3871

Attachments:

Letter to Road Home Program, August 1, 2008
Letter to Road Home Appeals Department, August 19, 2008
Letter to Office of Community Development, November 11, 2008
Brief Description of Claim

Exhibit I
Bernofsky v. Road Home

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>
<p>1. Article Addressed to:</p> <p><i>Mr. Paul Rainwater Executive Director Louisiana Recovery Authority 150 3rd street, Suite 200 Baton Rouge, LA 70801</i></p>	<p>B. Received by, (Printed Name) C. Date of Delivery</p> <p><i>Jim RECEIVED</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; color: red;">MAY 25 2009</p> <p style="text-align: center; color: blue;">Louisiana Recovery Authority</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7008 1830 0002 0934 1646</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	