



Home Repair Program

Frequently Asked Questions

WHAT IS RUTHERFORD HOUSING PARTNERSHIP?

RHP is a local non-profit organization founded in 1995 by a group of concerned citizens who believe strongly that everyone has a right to safe and livable housing. RHP assists low-income homeowners with urgent home repairs. In many cases, volunteers provide labor and RHP will provide materials. In many cases, materials are purchased with donated funds.

WHAT TYPES OF HOME REPAIRS CAN I GET?

Our Repair Program helps homeowners who make less than 50% the area median income and are affected by age, disability or family circumstances and struggles, to fix and maintain the integrity of their homes. Types of projects that we work on include, but are not limited to:

- Wheelchair ramps and home accessibility
- Roof repair or replacement
- Floor and wall repair/replacement
- Bathroom modifications
- And much more

2022 Income Guidelines

# of People Living in Household	Maximum Allowable Income
1	\$22,900
2	\$26,200
3	\$29,450
4	\$32,700
5	\$35,350
6	\$37,950
7	\$40,550
8	\$43,200

Source: U.S. Department of Housing and Urban Development, FY 2020 Income Limits

DO I QUALIFY?

To be eligible for assistance from Rutherford Housing Partnership, applicants:

- must reside within Rutherford County
- must be willing to pay back a small loan for the cost of materials.
- must have both owned and occupied the home in need of repair for a minimum of 2 years prior to application.
- must be current on their property taxes and/or be current on a payment plan with the County for any past due property taxes.
- must have urgent repair needs that threaten the life or safety of occupants (accessibility needs, leaky roofs, unsafe porches and/or railings, rotten floors, unsafe electrical or plumbing issues, etc.)
- must have a special need (i.e. be elderly, handicapped, disabled or veteran, etc.)

HOW DO I APPLY?

Interested applicants should contact Rutherford Housing Partnership for an application for our Repair Program. The Program Manager will determine if an applicant is eligible for our program and the Project Manager will inspect the home to assess the project requirements and cost. The applicant's information and the project requirements and cost will be evaluated for qualification. A letter determining your qualification for our program will be sent to the applicant once a



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completed application has been received. Due to the demand for our program, there is an extensive waiting list and applicants are assessed based on the urgency of their need using an approved applicant screening.

HOW DO YOU GET THE MATERIALS NEEDED?

Some families will qualify for a statewide program that will help fund the repairs on their homes. Most of these programs use a forgivable loan, forgive over 5 years. For other families, RHP works to get donations of materials and labors.

Families are asked to repair a small portion of the repair costs. The rate of repayment is as follows:

- Families who make 0%-10% the area median income, their repayment is 5% the project cost. (Example: a \$1000 project will cost a family \$50)
- Families who make 11%-20% the area median income, their repayment is 10% the project cost. (Example: a \$1000 project will cost a family \$100)
- Families who make 21%-30% the area median income, their repayment is 15% the project cost. (Example: a \$1000 project will cost a family \$150)
- A family can take as much time as needed for repayment, with a minimum payment of \$10/month.

If your family is in need of help, but does NOT have the ability to repay, your family will remain on the waiting list until it can qualify for a state loan repair program.

Families are ineligible to receive additional home repairs until the previous repair loan has been repaid OR 2 years has passed, whichever is longer.

WHAT IF SOMEONE I KNOW NEEDS THIS PROGRAM?

If someone you know needs a Home Repair, please have them contact RHP by phone or email. Our phone is 828-248-3431 and our email is info@rutherfordhousingpartnership.com.

WHAT IF THE HOMEOWNER DOESN'T LIVE IN RUTHERFORD COUNTY?

At this time, Rutherford Housing Partnership is only able to help residents in Rutherford County, NC. To find other programs that might be able to help you, please call 211. They will be able to direct you to the closest home repair program that serves your geographic area.



2023 Application for Assistance

****Referred by Town of Rutherfordton for Rutherfordton Redevelopment****

Please complete all the information below for everyone who lives in your home.

I. Applicant Information

Name of Applicant: _____ **Date:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Name of Spouse/Co-Applicant: _____

Is mailing address the same? YES NO

Address (If different): _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Name of Contact Person Not Residing with You: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____ **Email Address:** _____

Relationship to Applicant: _____

II. Property Information

Is your home (check one): Concrete Wood frame Modular (on permanent foundation) Mobile/Manufactured

Do you (check one): Own Rent Have a life estate live in the house but it is owned by another family member

How many years have you owned the house? _____ **What year was home built?** _____

Are you on: City Water Well Water Septic System City Sewer

How do you heat your home? Oil Gas Propane Electric Wood Other _____

III. Urgent Repair Needs

RHP's program is designed to address critical, urgent needs in the home. Our program is not designed to address cosmetic issues. Please list the needed repairs and why they are critical to your home. If you need more space, please continue the list on a separate sheet of paper.

Need 1: _____

Need 2: _____

Need 3: _____

Need 4: _____

Need 5: _____

Need 6: _____

IV. Household Information

Please complete the following table and include everyone who lives in the home, including applicant. If needed, include additional names on a separate sheet of paper.

Name (First, MI, Last)	Sex	Birthdate	Age	Last 4 of Social Security #	Race	Relationship to Owner	Check if:	
							Veteran	Disabled
1.								
2.								
3.								
4.								
5.								
6.								

List any disabilities: _____

Medicaid

Is anyone in your home on Medicaid?

- Yes
- No

If yes, who? _____

Is this person(s) on a "Managed Medicaid" program?

- Yes
- No

V. Household Income

Please complete the income table, include income for everyone living in the home and include:

- *Employment/Income Information for all adult members of the household:*
 - *Copies of Paycheck Stubs for the past month for all wage earners*
 - *Copies of signed complete set of your last year's Federal Income Tax Returns, including all schedules for all persons in the household, W-2's, 1099's, etc.*
- *Other Income Documentation (provide copy of Award Letter, etc.):*
 - *Social Security/SSI/Disability*
 - *Interests on Savings Accounts/Income Earning Accounts*

Source(s) of Income	No. 1	No.2	No. 3	No. 4	No. 5	No. 6
Wages/Income (Yearly)						
Social Security (Yearly)						
Disability Payments (Yearly)						
Retirement/Pension (Yearly)						
Unemployment Income (Yearly)						
Child Support (Yearly)						
Other Earned Income (Yearly)						



VI. Mortgage and Taxes

Please provide a copy of your mortgage statement. If your mortgage is paid off, write "No Mortgage".

Name(s) that appears on the Title-Deed: _____

Bank/Mortgage Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Original Amount: _____ Approximate Balance: _____ Monthly Payment: _____

Are taxes and insurance included in your mortgage payment? YES NO

Is your mortgage current? YES NO

Have you ever been in foreclosure? YES NO

Are your taxes current? YES NO If no, are you on a payment plan? YES NO

Are your wages being garnished to pay late taxes? YES NO

VII. Additional Information

Are you or a family member connected to a church? YES NO If yes, what church? _____

Would church volunteers be able to help? YES NO

Do you live near a church? YES NO If yes, what church? _____

Do you require help with your daily needs, such as a family caregiver or nurse? YES NO

If yes, what is the name of your helper? Name: _____ Phone: _____

Have you applied to RHP in the past? YES NO

Have you been assisted by RHP in the past? YES NO

VIII. Applicant Certifications

I/We, the undersigned, specifically acknowledge and agree that:

- All forms and copies of documents obtained to complete this application for assistance are the property of Rutherford Housing Partnership(RHP);
- Verification and re-verification of any information contained in the application may be made at any time by the RHP from any source named in this application in any of the material facts which I/we have represented herein should it change prior to signing contracts.

Certification: I/We hereby certify that...

1. I/We own and occupy the home described above as my primary residence.
2. The above information is complete and true to the best of my knowledge.
3. This information is provided to qualify me/us for help from Rutherford Housing Partnership Inc. The program is intended to assist very low-income homeowners with special needs in correcting substandard housing conditions which pose a threat to their life or safety or in performing accessibility modifications or other repairs necessary to allow a homeowner facing displacement to remain in his or her own home safety.
4. I/We give permission for RHP Inc. personnel to access information to verify the contents of this application and to facilitate the repair of my home.
5. I/We understand that RHP is not required to correct all deficiencies in my home nor make the entire home conform to any local, state or federal housing quality standards
6. I/We understand that it is my/our responsibility to keep this application updated every two years for continued consideration for assistance.

Applicant Name

Applicant Signature

Date

Co-Applicant Name

Co-Applicant Signature

Date



IX. Optional

The following information concerning race and ethnicity is requested for statistical and reporting purposes only and has no bearing on the approval of this application.

- Race:** American Indian/Alaskan Native Asian Black/African American
 Native Hawaiian/Pacific Islander White/Caucasian Prefer not to answer
- Ethnicity:** Hispanic/Latino Not Hispanic/Latino Prefer not to answer

X. Consent to Release Information

Photo Release: RHP relies on community support in the form of funding and volunteers. When we can tell the family stories or share pictures we improve our ability to engage the community through press releases, annual appeal letters, social media posts and more.

RHP staff and volunteers may include my name and address when it shares details about the repairs needed in my home with potential volunteers or other work crews.

I consent to have photographs taken of myself and/or my household by RHP: Yes No

I consent to have photographs of me and/or my household used on social media for promotional purposes: Yes No

Sharing Names and Addresses: We occasionally need to share your name, address and details about needed repairs with volunteer teams who are looking for projects they feel they are able to repair. We never share any other information with volunteers or professionals working on our projects.

General Site Photos: Photos of volunteers working at your home may occasionally be used on Facebook and press releases.

If you have any questions, please feel free to call us at the number above. If you qualify for assistance, we will send you a letter.

Address: _____

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

Application Verification Checklist

Before sending in your completed application, verify the following:

- Did you fill out the form and include everyone living in your household? Yes No
- Did you include one month worth of paystubs for everyone in your house? Yes No
- Did you include last year's Tax Returns for everyone living in the house? Yes No
- Do you have a mortgage? Yes No
- If yes, did you include a Mortgage Billing Statement? Yes No

Directions to your house: _____

Healthy Housing Survey

Thank you for taking the time to complete this survey. We are conducting this survey to learn more about the health and well-being of residents in this community. This survey will take about 10-15 minutes to complete and will help us respond to future needs of our community. Also, please note, this survey is for survey purposes only. We do not share your answers with Social Services or any other community programs. We will provide the same survey at the end of your project to assess whether your repair created change for your household.

RESIDENT SATISFACTION

We'd like to start out by asking you a few questions about your experiences and feelings about the property.

1. How long have you lived in this property?
 - Less than a year
 - 1-3 years
 - 4-5 years
 - 6-10 years
 - 10+ years

2. Overall, how satisfied are you with the following aspects of your property:

	Very Satisfied	Somewhat Satisfied	Not at all Satisfied	N/A
Your overall home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The outside appearance of your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The energy efficiency of your home (stays cool in summer and warm in winter)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your bathroom (no leaks, plumbing works)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your kitchen (appliances work, you have space to cook healthy meals)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your roof (no leaks, keeps your family dry)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your floors (no holes, floors feel strong)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Windows and doors (they are in good condition, open and close)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Right now, how likely are you to recommend this neighborhood to someone else as a good place to live?
 - Definitely would
 - Probably would
 - Probably would not
 - Definitely would not

4. How safe would you say you feel walking in the community near your home during the day time?
 - Very safe
 - Somewhat safe
 - Somewhat unsafe
 - Very unsafe

5. How safe would you say you feel walking in the community near your home at night?
- Very safe
 - Somewhat safe
 - Somewhat unsafe
 - Very unsafe

YOUR HEALTH

The following are questions about your health and well-being. They include general questions about your overall health.

6. Would you say that in general your health is ...?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
7. During the past 30 days, for about how many days have you felt healthy enough to do your usual activities?
- All the time
 - A little more than half the time
 - Half the time
 - Less than half

OVERALL LIFE SATISFACTION

For the next four questions please let us know how satisfied with your overall life situation.

8. Five to ten years ago, I was _____ with the path my life was on.
- Extremely Satisfied
 - Very Satisfied
 - Somewhat Satisfied
 - Neutral
 - Somewhat Dissatisfied
 - Very Dissatisfied
 - Extremely Dissatisfied
9. Currently, I am _____ with the path my life is currently on
- Extremely Satisfied
 - Very Satisfied
 - Somewhat Satisfied
 - Neutral
 - Somewhat Dissatisfied
 - Very Dissatisfied
 - Extremely Dissatisfied

10. Thinking of the future, I am hopeful that I will be _____ with how my life will be.
- Extremely Satisfied
 - Very Satisfied
 - Somewhat Satisfied
 - Neutral
 - Somewhat Dissatisfied
 - Very Dissatisfied
 - Extremely Dissatisfied
11. Now think about your financial situation. How satisfied are you with your current situation?
- Extremely Satisfied
 - Very Satisfied
 - Somewhat Satisfied
 - Neutral
 - Somewhat Dissatisfied
 - Very Dissatisfied
 - Extremely Dissatisfied
12. How strongly do you agree with this statement? “I lead a purposeful and meaningful life.” Do you...
- Strongly agree
 - Agree
 - Slightly agree
 - Neither agree nor disagree
 - Slightly disagree
 - Disagree
 - Strongly disagree

MEDICAL CONDITIONS

These questions relate to specific medical conditions you may be managing.

13. Has a doctor or nurse expressed concern that your living conditions may be contributing to your physical health conditions?
- Yes
 - No
 - I don't know
 - I don't want to answer
14. Has a doctor or nurse expressed concern that your living conditions may be contributing to your mental health conditions, such as depression?
- Yes
 - No
 - I don't know
 - I don't want to answer

15. Do you agree or disagree with the following statement: conditions in my home make it difficult to live a healthy life?
- Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree

EATING HABITS

The following are questions about food and your eating habits. There are no right or wrong answers.

16. In general, would you say that your eating habits are...?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
17. On a typical day, how many times do you eat fruit (not including juice)?
- Three or more times a day
 - About twice a day
 - About once a day
 - Less than once a day
 - Never
18. On a typical day, how often do you include vegetables of any type (either cooked or raw) in the meals you eat?
- Three or more times a day
 - About twice a day
 - About once a day
 - Less than once a day
 - Never
19. If you wanted to eat fresh fruits and vegetables, how easy would it be for you to do so?
- Very easy
 - Somewhat easy
 - Somewhat difficult
 - Very difficult
20. What prevents you from having the opportunity to eat healthy?
- Nothing, I eat healthy
 - Healthy foods are too far away
 - I don't know how to prepare fresh foods
 - My kitchen/living situation makes it difficult to prepare healthy foods.
 - Other _____

21. Do you agree or disagree with the following statement: conditions in my home make it difficult to engage in healthy eating, cook healthy meals, or store, in cabinets or refrigerator, healthy produce?
- Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree

PHYSICAL ACTIVITY

The following the questions are about how you get physical activity on the property and how easy it is to get around.

22. How physically fit do you feel?
- Very fit
 - Somewhat fit
 - Somewhat unfit
 - Very unfit
23. How often do you exercise in ways that are appropriate to your level of ability?
- Often
 - Sometimes
 - Rarely
 - Never
24. Do you agree or disagree with the following statement: conditions in my home make it difficult to engage in physical activity?
- Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
25. This question asks about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground. In the past 12 months, how many times have you fallen in your home or around your property?
- None
 - 1-2 times
 - 3-4 times
 - 5 or more times

RESPIRATORY HEALTH

Now we'd like to ask you some questions about your respiratory health.

26. Do you or anyone living in your home experience the following? Check all that apply.
- Breathlessness
 - Coughing
 - Chest tightness
 - Wheezing
 - Other allergic reactions
27. If yes, do those symptoms go away when you leave your home for an hour or more?
- Yes, within a few hours
 - Yes, if gone a few days
 - No, they stay the same
28. If yes to Question 26, do you think conditions in your home contribute to your respiratory conditions?
- Yes
 - No
 - Maybe
 - I don't know

CHILDREN'S HEALTH

The following questions ask about the health of children 18 years and younger currently living with you.

29. How many children under 18 years of age currently live in your household?
- None
 - 1
 - 2
 - 3
 - 4 or more
30. Has a doctor, nurse, or other health professional ever told you a child currently living in your household has asthma?
- Yes
 - No
 - Don't know
31. Has a doctor or nurse ever told you that a child currently living in your home has a problem with lead in their blood?
- Yes
 - No



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35. Is there anything else you would like to tell us about your home?
