

# A Home Repair Program For Low Income, Elderly, and Disabled People

## \*Frequently Asked Questions\*

### HOW DO I APPLY?

Interested applicants should complete the information on the back of this FAQ sheet and mail it or drop it off at Gateway Wellness Foundation, 135 S. Main Street in Marion, 28752. You can also return it to the church from which you originally received it. This form can also be found on Gateway's website, [www.gatewaywellnessfoundation.org](http://www.gatewaywellnessfoundation.org). Once the application is received, someone from the Home Repair Partnership will contact you to set up an interview, to assess the need and your eligibility. Due to the high demand for this program, there may be a waiting list.

### WHAT TYPES OF HOME REPAIRS CAN I GET?

The Home Repair Partnership helps homeowners who make less than 50% of the area median income and are affected by age, disability, or family circumstances. 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

### HOW DO YOU GET THE MATERIALS NEEDED?

Gateway Wellness Foundation, in conjunction with state funding and local donations, is able to provide any needed professional labor and all materials to help local families. If your family needs help but would like to contribute a small monthly repayment towards the cost of materials, that money goes directly towards helping other local, struggling families. However, this is not a requirement of the program.

### WHAT IS THE HOME REPAIR PARTNERSHIP?

The Home Repair Partnership is a home repair program funded by Gateway Wellness Foundation and executed by McDowell County churches and other volunteers. HRP assists low-income homeowners with urgent home repairs. It provides materials, labor, and repairs.

Income Guidelines	
# of People Living in the Household	Maximum Allowable Income
1	\$24,500
2	\$28,000
3	\$31,500
4	\$35,000
5	\$37,800
6	\$40,600
7	\$43,400
8	\$46,200

### DO I QUALIFY?

To be eligible for assistance from The Home Repair Partnership, applicants must:

- ❖ reside within McDowell County
- ❖ have both owned and occupied the home in need of repair for a minimum of 2 years prior to application.
- ❖ be current on their property taxes and/or be current on a payment plan with the County for any past due property taxes.
- ❖ have a household income which does not exceed 50% of North Carolina's median income for the household size.
- ❖ 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.)
- ❖ have a special need (i.e., be elderly, handicapped, disabled, veteran, single mother, etc.)

### WHAT IF THE HOMEOWNER DOESN'T LIVE IN MCDOWELL COUNTY?

At this time, The Home Repair Partnership is only able to help residents in McDowell 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.

### WHAT IF SOMEONE I KNOW NEEDS THIS PROGRAM?

If someone you know needs a Home Repair, please have them contact Gateway Wellness Foundation by phone or email. Our phone is (828) 237-9274 and our email is [s.valle@gatewaywf.org](mailto:s.valle@gatewaywf.org).

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## Application for Home Repair Assistance

Please complete all the information below.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Put an X in the correct box. Do you:  Own  Rent  Have a life estate  Live in the house but it is owned by another family member

How many people live in the house: \_\_\_\_\_

How many years have you owned the house? \_\_\_\_\_

### **Urgent Repair Needs**

RP'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:

### **Applicant Certifications**

I specifically acknowledge that the above information is complete and true to the best of my knowledge.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Please drop this application off at the church you got it from, or mail it to Gateway Wellness Foundation, 135 S. Main Street, Marion, NC 28752. Someone will contact you to set up an interview to assess your eligibility and repair needs.