



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 a household income which does not exceed 50% of Rutherford County's median income for the household size
- 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 repair 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.org.

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.



Application for Assistance

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. 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

Is this person(s) on a "Managed Medicaid" program?
 Yes No

If yes, who? _____

III. 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 _____

IV. 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 check each box for needed repairs and explain the problem you are having with requested service. If you need more space, please explain on a separate sheet of paper.

Door Repair or Replacement _____

Electrical Repair _____

Outlet Repair or Replacement _____

Rewire Home _____

Service Upgrade _____

Switch Repair/Replacement _____

Floor Repair _____

Holes in Floor/Subfloor Repair _____

Floor Covering Replacement (Carpet, Vinyl, etc) _____

Foundation Repair _____

Handicap Modification _____

Doorway Widening _____

Grab Bars _____

Tub Modification _____

Wheelchair Ramp _____

Other _____

HVAC Repair/Replacement _____

Heating or AC issues _____

Duct Issues _____

Plumbing Repair _____

Faucet Repair or Replacement _____

Leaky Pipe Repair _____

Toilet Repair _____

Shower/Tub Issues _____

Water Heater Repair/Replacement _____

Roof Repair Is your roof: Metal? Shingle Trailer Roof but not shingles

Actively Leaking? Missing Shingles but no leak? No current leaks

Septic Repair/Replacement _____

Siding Repair/Replacement Is your home: Metal Vinyl Wood Other

Needs Paint Needs repair but not replacement Needs Replacement



- Well Repair/Replacement _____
- Window Repair/Replacement _____
- Other requested repairs _____

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

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 consent for RHP to provide information/photos to RHP’s funding partners, as it relates to this project and funding. Please note, most of RHP’s funding sources require that provide data or and photo “proof” that a project has been completed.
5. 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.
6. 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
7. 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.



828-248-3431
PO Box 1525, Rutherfordton, NC 28139
www.RutherfordHousingPartnership.org

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you include one month worth of paystubs for everyone in your house? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did you include last year's Tax Returns for everyone living in the house? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a mortgage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, did you include a Mortgage Billing Statement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Directions to your house: _____



COVID-19 Client Survey

In an effort determine how the COVID-19 Pandemic has impacted local families and if your family will qualify for any funding made available for COVID relief, please complete the following survey.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Have you or any one in your household tested positive for COVID-19? • Yes • No

Have you, or anyone in your household lost a job or income due to COVID-19? • Yes • No

If yes, approximately what percent of your total household income was impacted? • <10%
• 10%-25%
• 25%-50%
• 50%-75%
• >75%

Have you, or anyone in your household, had increased medical expenses due to COVID-19? • Yes • No

If yes, approximately what percent of your total household income was spent on increased medical expenses? • <10%
• 10%-25%
• 25%-50%
• 50%-75%
• >75%

During the COVID-19 pandemic, has your family been impacted in any of the following ways:

- Buy more than normal quantities of cleaning supplies
- Spend additional money on utilities due to increased usage of being at home
- Delay a home repair due to ongoing hardships related to the COVID-19 pandemic
- Consolidate households (family members moving into your home) due to loss of income
- Buy internet to accommodate online learning or working remotely
- Decreased hours at work due to COVID-19
- Increased costs for (circle all that apply) hand sanitizer face masks gloves face shields

Together we are making homes safe and accessible

Participation Agreement

Dear Homeowner,

You are submitting an application to participate in the Rutherford Housing Partnership (“RHP”) Critical Repair Program (“Program”). The critical repair needs that you and your family are faced with are very important to you and to us. This letter serves to review some of the Program requirements and expectations. This letter is not a contract or a commitment to starting your needed repairs. The goal of this letter is to establish some understanding of our program and expectations.

I. Project Cost and Payment

Every project completed by RHP and our partners includes repayment. The cost of the project is determined by RHP Staff or contractors upon inspection of stated needs. Repayment for our services comes in many forms which may include a forgivable loan for larger repair needs and/or a sliding scale repayment plan for other repair needs. The Sliding Scale Repayment Plans looks like the following:

- 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)
- Families who make 31%-40% of the area median income, their repayment is 20% the project cost.
(Example: a \$1000 project will cost a family \$200)
- Families who make 41%-50% the area median income, their repayment is 25% the project cost.
(Example: a \$1000 project will cost a family \$250)
- A family can take as much time as needed for repayment, with a minimum payment of \$10/month.

If a family refuses to certify final project documentation, whether loan documents or project closeout documents, family will be disqualified from future repair opportunities.

II. Time Frame

Due to the need of our program in the community, we typically have a long waiting list. As such, we can not promise a time frame for repairs. However, upon acceptance into the program you will remain on our waiting list until your project is complete or you request to be removed from our list. Please do not call or stop by the office trying to determine the status of your application. Repeatedly harassing the RHP Program Manager or staff to get your repair faster will result in your removal from our waiting list as it limits the amount of time RHP staff can spend on current projects. A letter will go out two times a year updating your family on the status of your application.

III. Family Participation

As part of participation in our program, homeowners and their families will be asked to write a “Thank you” letters or, if there are children in the home, to color a thank you card or a holiday card that we can send to participating volunteers and donors.

IV. Surveys and Questionnaires

RHP periodically uses surveys and questionnaires to improve our services and to report on program goals. Your participation in surveys and questionnaires, while not mandatory, will help RHP with our reporting requirements and to help us improve our programs.

V. Agreement of Needed Repairs

Your application indicated the repairs that your family identified. Prior to beginning your work, an RHP staff member created a scope of work for your project. The Scope of Work is the work the RHP is agreeing to complete at the start of your repair project. RHP does have the right to change the scope of work to add or remove projects based on the critical repair need of the project. Families can not add projects to their existing application once work has begun. In the event that a family has a new critical repair need, a family must submit a new application no sooner than 2 years after the completion of their last repair project.

VI. Safe Work Environment

Throughout the completion of the work on your home a clean, safe, professional and respectful work environment is required. RHP reserves the right to send home anyone that it believes is under the influence of drugs or alcohol, is physically or verbally abusive to others or themselves, or is disparaging RHP, RHP programs or RHP Staff, or is failing to act in a safe manner. The decision to bar individuals from the site rests solely with the Construction Site Supervisor. While work is being completed on your home, all residents must treat the house as an active construction site during working hours unless in a designated "safe zone". Appropriate clothing and footwear will be required during these hours. Further consequences for those who appear to be under the influence, are acting in an abusive or violent manner, or who are acting in an unsafe manner may result in being withdrawn from the Program.

VII. Discrimination and Favoritism

RHP does not discriminate in employment or services with regard to race, creed, sex, color, national origin, disability, religion or sexual orientation in accordance with applicable state and federal laws, nor does RHP tolerate discriminatory behavior by its employees, volunteers or clients. All RHP activities, including rating and ranking applications, inviting bids, selecting contractors and resolving complaints, will be conducted in a fair, open and non-discriminatory manner, entirely without regard to race, creed, sex, color, national origin, religion, sexual orientation, or political affiliation. RHP respects our neighbor's right to freedom of speech, but this does not include hate speech or symbolism. Hate demonstrated or displayed by employees, volunteers, or those who have applied for assistance, will not be tolerated.

VIII. Program Acceptance

Acceptance into the Program is based on the information contained in your application. In the event that the Program discovers that information contained in your application was inaccurate or deceitful, RHP reserves the right to terminate your application.

Thank you for being a part of our program. We are looking forward to helping your family receive the critical repairs that you have requested.

This letter was read and understood on: _____
(Today's Date)

Applicant Signature: _____ **Date:** _____

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



PO Box 1525
Rutherfordton, NC 28139
www.rutherfordhousingpartnership.org
Office: (828) 248-3431

Client Respect Agreement

Rutherford Housing Partnership (RHP) is committed to providing home repair services in a welcoming and inclusive environment for all clients. We understand that individuals come from different backgrounds and histories, and we respect and value these differences. Therefore, we have a zero-tolerance policy for any form of discrimination, harassment, or abuse based on any aspect of diversity, equity, or inclusion, including but not limited to race, ethnicity, gender, sexual orientation, age, disability, religion, or national origin.

As a client of RHP, you have the responsibility to treat our staff, volunteers, contractors, and community stakeholders with dignity and respect at all times. If any staff member, volunteer, contractor or community stakeholder feels that you or your family has treated them in a racist, derogatory, or inappropriate way, RHP will take immediate action to address the situation. We reserve the right to remove our workers, contractors, or volunteers from the repair project, and you will be held responsible for the costs of repairs made thus far.

We believe that everyone has the right to feel safe and respected in their work environments, and we are committed to upholding this principle. Please understand that inappropriate behavior or conduct can compromise the safety and well-being of our staff, volunteers, contractors, and community stakeholders, and we will take all necessary measures to ensure their safety and well-being while providing home repair services.

If you have any concerns or questions regarding this agreement, please reach out to our program management staff at 828-248-3431 or info@rhpwnc.org.

Please note that RHP also has a separate policy for our staff members to respect clients. If you feel that an RHP staff member is in violation of this policy, please reach out to our program management staff at the same contact information.

I acknowledge that I have read and understand the Rutherford Housing Partnership's Client Respect Agreement, and I agree to treat RHP staff, volunteers, contractors, and community stakeholders with dignity and respect at all times while receiving home repair services.

This letter was read and understood on: _____
(Today's Date)

Applicant Signature: _____ **Date:** _____

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

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



828-248-3431
PO Box 1525, Rutherfordton, NC 28139
www.RutherfordHousingPartnership.org

I feel that my home limits my engagement in my neighborhood and community.	○	○	○	○	○	○
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35. Is there anything else you would like to tell us about your home?
