I-CARE, Inc.
URGENT REPAIR APPLICATION INSTRUCTIONS

Thank you for your interest in the Urgent Repair Program funded by the North Carolina Housing Finance Agency. This program provides roof replacements for eligible homeowners.

APPLICATION DEADLINE

Applications Accepted: September 1, 2026 – October 2, 2026

If you need assistance in completing this application, contact us at (704) 872-8141.

IDENTIFICATION

- ☐ Valid Photo ID (NC Driver's License or State ID
- ☐ Social Security Card
- ☐ Check all that apply: ☐ Member Disabled ☐ Veteran ☐ Owner 62+

  Proof of Disability: Provide medical documentation from a licensed physician verifying the disability.
  Veteran Status: Veterans must provide documentation verifying their military service.

HOUSEHOLD INCOME

Income information is required for all household members listed on the application eighteen or over, and for minor children receiving disability or other benefits. (We cannot accept bank statement as proof of income)

Submit ALL benefit/income that apply to each HOUSEHOLD MEMBER.

- ☐ Recent pay stubs that include year-to-date information (last 2-months) or complete Federal Tax returns
- ☐ Final pay stub if unemployed within the past 12-months
- ☐ Self-employed income - Schedule C or F (last 2 years) and current proof of income
- ☐ Unemployment/Worker's compensation for the last 12 months
- ☐ Current Social Security benefit award letter (SSA and SSI)
- ☐ Retirement, Pension, IRA, Dividend, or Annuity income (12 months history)
- ☐ Documentation of Alimony, TANF, Work First, child support, or OTHER income (12 months history)
- ☐ If no income: Request and complete a **Zero Income Affidavit**.

PROPERTY OWNERSHIP

- ☐ Deed recorded and stamped at the county courthouse.
- ☐ Certification of Title for a Mobile Home.

  If the land is separately owned, submit proof of ownership for the land.

HOW TO SUBMIT THE APPLICATION

Mail To: I-CARE, Inc., Post Office Box 7049, Statesville, NC 28687

Or Deliver in Person: 1415 Shelton Avenue, Statesville, NC

I-CARE, INC. community Action PARTNERSHIP

NORTH CAROLINA HOUSING FINANCE AGENCY
URGENT REPAIR PROGRAM
Application & Eligibility Certification

Applicant Data

Name of Homeowner(s) (First, MI, Last): _____

Street Address: _____

City: _____ County: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

If the Applicant was referred by someone other than self, complete the following:

Contact Name: _____ Phone: _____

Relationship to Owner: _____

Notes: _____

Household Membership

Name (First, MI, Last)	Sex	Birth Date	SS# (last 4 digits only)	Race Code*	Hispanic**	Relation to Homeowner
a.						
b.						
c.						
d.						
e.						
f.						
g.						

Gross Income Work Table	**Dollars / Household Member / MONTH**							
Source	a	b	c	d	e	f	g	Total
1) Wages								
2) Retirement/Pension								
3) Social Security								
4) Supplemental Security Income								
5) Public Assistance								
6) Child Support								
7) Interest								
8)								
9)								
10)								
Monthly Sub-Total (sum rows 1-10)								
Annual Sub-Total (12 x row above)								

Annual Gross Household Income (sum Annual Sub-Total for columns a-g):

Applicant Certifications

I hereby certify that:

1) I 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 for the Urgent Repair Program (Program). The Program is intended to assist low- and very low-income homeowners with special needs in correcting substandard housing conditions which pose an imminent threat to their life or safety or in performing accessibility modifications or other repairs necessary to prevent imminent displacement.
4) I give permission for _____ to access information to verify the contents of this application and to facilitate the repair of my home.
5) I understand that this Program loan may not rectify all deficiencies in my home nor make the home conform to any local, state or federal housing quality standards.
6) I have been advised that my gender, race and ethnicity will be determined based upon observation and/or surname if I do not self disclose the information.

_____ _____

Applicant Signature Date Co-Applicant Signature Date