



Affordable Homeownership Program 2026 Application Overview

Hometown Habitat for Humanity offers an affordable housing program that builds and sells safe, decent, affordable homes to qualifying partner families & individuals. Our program is made possible through community support, donations, and volunteers who work in partnership with our homebuyers. Habitat is not a giveaway program: we sell our homes at their appraised value using a 0% interest loan.

The qualifications to join Habitat for Humanity’s affordable housing program include:

1. I have a need for affordable housing - one or more of the following:

- I have not owned my own home within the last 3 years
- My rent and utilities cost too much
- My current housing is overcrowded
- My current housing needs critical repairs

2. I have the ability to pay for a Habitat home - all of the following:

- I have no court judgments filed against me
- I have not declared bankruptcy in the last 3 years
- I have a good history of making payments on time
- My household has had a steady monthly income for the last year
- My household’s pre-tax income falls within these 2025 HUD Area Median Income (AMI) guidelines:

Household Size	Wilkes County, NC — Qualifying Income Ranges	
	50% AMI (lowest)	80% AMI (highest)
1	\$ 26,750	\$ 42,800
2	\$ 30,600	\$ 48,900
3	\$ 34,400	\$ 55,000
4	\$ 38,200	\$ 61,100
5	\$ 41,300	\$ 66,000
6	\$ 44,350	\$ 70,900
7	\$ 47,400	\$ 75,800
8	\$ 50,450	\$ 80,700

3. I am willing to partner with Habitat - if selected, I will do all of the following:

- I agree to attend all required homebuyer education classes
- Each applicant in my household agrees to complete 250 hours of “sweat equity”
- I agree to pay for the first year of homeowners insurance before purchasing a home
- I currently live or work in Surry County, Wilkes County, or Yadkin County in NC
- I would like to live in the Town of Wilkesboro**, where the next Habitat homes will be built

To apply, submit completed application with proof-of-income documents

Hometown Habitat for Humanity (HHFH) - 336-838-3044

www.HometownHabitat.org





HOMETOWN HABITAT FOR HUMANITY
 320 COTHREN STREET
 WILKESBORO, NC 28697
 (336) 838-3044

Application FOR HOUSING



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

Dear Applicant: We need you to complete this application to determine if you qualify for a Habitat for Humanity house. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION	
Applicant	Co-applicant
Applicant's Name	Co-applicant's Name
Social Security Number _____ Home Phone _____ Age _____	Social Security Number _____ Home Phone _____ Age _____
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)
Dependents and others who will live with you (not listed by co-applicant)	Dependents and others who will live with you (not listed by applicant)
Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	Name _____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____ Age _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
Present Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of Years _____	Number of Years _____
If Living at Present Address for Less Than Two Years, Complete the Following	
Last Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	Last Address (street, city, state, ZIP code) _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of Years _____	Number of Years _____

2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Received: _____
 More Information Requested? Yes No
 Date Application Completed: _____
 Accepted Denied

Date Letter Sent: _____
 Date of Home Visit: _____
 Date Letter Sent: _____

3. WILLINGNESS TO PARTNER

To be considered for a Habitat home, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in building your home and the homes of others is called "sweat equity," and may include clearing the lot, painting, helping with construction, working in the Habitat office, attending homeownership classes or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:

	Yes	No
Applicant:	<input type="checkbox"/>	<input type="checkbox"/>
Co-applicant:	<input type="checkbox"/>	<input type="checkbox"/>

4. PRESENT HOUSING CONDITIONS

Number of bedrooms (please circle) 1 2 3 4 5

Other rooms in the place where you are currently living:

Kitchen Bathroom Living Room Dining Room Other (please describe) _____

If you rent your residence, what is your monthly rent payment? \$ _____ /month

(Please supply a copy of your lease or a copy of a money order receipt or canceled rent check.)

Name, address and phone number of current landlord: _____

In the space below, describe the condition of the house or apartment where you live. Why do you need a Habitat home?

5. PROPERTY INFORMATION

If you own your residence, what is your monthly mortgage payment? \$ _____ /month Unpaid Balance \$ _____

Do you own land? No Yes (If yes, please describe, including location) _____

Is there a mortgage on the land? No Yes If yes: Monthly Payment \$ _____ Unpaid Balance \$ _____

If you are approved for a Habitat home, how should your name(s) appear on the legal documents?

6. EMPLOYMENT INFORMATION

Applicant		Co-applicant	
Name and Address of Current Employer	Years on This Job	Name and Address of Current Employer	Years on This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone
If Working at Current Job Less Than One Year, Complete the Following Information			
Name and Address of Last Employer	Years on This Job	Name and Address of Last Employer	Years on This Job
	Monthly (Gross) Wages \$		Monthly (Gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone

7. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Gross Monthly Income	Applicant	Co-Applicant	²Others in Household	³Monthly Bills	Monthly Amount
¹ Base Employment Income	\$	\$	\$	Rent	\$
TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunch	
Alimony				Average Credit Card Payment	
Child Support				Student Loans	
Other				Alimony/Child Support	
Total	\$	\$	\$	Total	\$

¹Self-employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

³Please attach copies of last month's bills.

²List additional household members over 18 who receive income:

Name	Age	Monthly Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

8. SOURCE OF DOWN PAYMENT AND CLOSING COSTS

Where will you get the money to make the down payment (for example, savings or parents)? If you borrow the money, who will you borrow it from, and how will you pay it back?

9. ASSETS

List Checking and Savings Accounts Below

Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$
Name and Address of Bank, Savings & Loan, or Credit Union:	Name and Address of Bank, Savings & Loan, or Credit Union:
Account Number: Balance \$	Account Number: Balance \$

Applicant's name _____

Co-applicant's name _____

13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please Read This Statement Before Completing the Box Below: The following information is requested by the federal government for loans related to the purchase of homes, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> I do not wish to furnish this information Race/National Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian AND Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) _____
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Birthdate: ____ / ____ / ____	Birthdate: ____ / ____ / ____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)

To Be Completed Only By the Person Conducting the Interview

This application was taken by: <input type="checkbox"/> Face-to-face Interview <input type="checkbox"/> By Mail <input type="checkbox"/> By Telephone	Interviewer's Name (print or type)
	Interviewer's Signature Date
	Interviewer's Phone Number