



PO Box 5265
Kingsport, Tennessee 37663
Phone: 423-239-7689 ext. 802
Fax: 423-239-4953
Website: www.holstonhabitat.org
E-mail: info@holstonhabitat.org

Dear Homeownership Program Applicant,

Enclosed is an application for Holston Habitat for Humanity's homeownership program. **This round of applications will select individuals and families for a single-family home to be built at 1035 Glendale Street, Bristol, TN, two single-family homes, and four duplexes to be built off Moorland Dr. in Johnson City. Construction of the Johnson City homes will begin in early 2027. Please complete and return this application to the Holston Habitat office by 5:00 p.m. on Friday, June 26, 2026. Applications received after this date and time, no matter the postmark, will not be considered.** Please submit any of the documents listed below that apply to you, along with your completed application. Applicants who are self-employed or independent contractors may be required to provide additional documentation, along with what is listed below. If you or another member of your household is self-employed or an independent contractor, please call 423-239-7689 ext. 802 to find out what additional documentation is required. **Missing documents will affect your application process, leading to longer wait time and/or your application being denied.**

Included N/A

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. A copy of your payroll stubs for the last 2 months or a letter from your employer detailing your gross pay (<i>before taxes</i>) for the last 2 months |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. A copy of your 2024 and 2025 IRS 1040 income tax return forms |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. A benefit statement outlining the amount of Social Security you receive |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. A benefit statement outlining the amount of SSI you receive |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. A benefit statement outlining the number of Families First you receive |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. A statement outlining any other income received in your household (<i>child support, alimony, VA benefits, Section 8 Homeownership Voucher, pension, etc.</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. A copy of your Divorce Decree (<i>for applicants who are divorced</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. One of the following verifications of legal residency:
a. A copy of your driver's license (<i>or state-issued ID</i>) AND a copy of your Social Security card (<i>or certified copy of birth certificate</i>)
b. A copy of your U.S. Passport (<i>or U.S. Passport Card</i>)
c. A copy of your Permanent Resident Card (<i>or Alien Registration Receipt Card</i>) |

Once you have completed this application and gathered **all** required documents, follow the instructions on the back of this page to return it.

Please read the back of this page!

- Send by mail—Please be sure to allow enough days for your application to arrive in the mail. **Remember that applications must be received by 5:00 p.m. on Friday, June 26th, 2026. Applications received after this date, no matter the postmark, will not be considered.** Please note that your application packet will likely require more than one stamp. We recommend you check with your local Post Office to ensure proper postage is paid so that your application can move through the postal system promptly. Application packets should be addressed to:

**Holston Habitat for Humanity
P.O. Box 5265
Kingsport, TN 37663**

- Drop off in person—Applications may be dropped off in-person from 9:00 - 5:00, Monday to Thursday, at the Holston Habitat for Humanity administrative office located at 100 Greenwood Lane in Kingsport. **If you arrive outside of normal business hours or there is no one available to receive your application, place it in the secure drop box on the front door (painted blue). Lift the metal flap and place it in the slot.**
- **DO NOT** return completed applications to one of our ReStore locations.

If you need help filling out your application, please contact us at 423-239-7689 ext. 802 or familyservices@holstonhabitat.org to schedule an appointment. **Applicants who walk into the office without an appointment may have to wait or return at another time in order to receive assistance.**

Thank you for your interest in Holston Habitat's homeownership program. We look forward to receiving your application!

Sincerely,

Director of Programs



Holston Habitat for Humanity is 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, sex, sexual orientation, gender identity, age, disability, religion, national origin, familial status, marital status, or sources of income.



Homeownership Program Application
 Phone: 423.239.7689 ext. 802
 Email: familyservices@holstonhabitat.org
 Website: www.holstonhabitat.org

Please return this application to:
 Holston Habitat for Humanity
 P.O. Box 5265
 Kingsport, TN 37663



Please complete this application so that we can determine if you qualify for homeownership through Holston Habitat for Humanity. Please fill out the application as completely and accurately as possible. All information will be kept confidential.

1. APPLICANT INFORMATION

Physical Address: _____ Primary Phone: _____
 City, State & Zip: _____ Alternate Phone: _____
 Mailing Address: _____ Email: _____
 (If different than above)

Applicant	Co-Applicant
Full Name: _____ _____	Full Name: _____ _____
Name You Go By: _____	Name You Go By: _____
Social Security Number: _____ - _____ - _____	Social Security Number: _____ - _____ - _____
Date of Birth: _____	Date of Birth: _____
Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> <small>(single/widowed/divorced)</small>	Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> <small>(single/widowed/divorced)</small>
Number of years living in Tri-Cities? _____	Number of years living in Tri-Cities? _____

Children & other adults living with you who would live in your Habitat house:

Name	Date of Birth	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Desired location for Habitat house:

Bristol
 Elizabethton
 Johnson City
 Kingsport
 Other: _____
(please specify)

2. 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. "Sweat equity" is work contributed toward the Habitat ministry and may include helping with construction, working in the Habitat office, working in the Habitat ReStores, attending homeownership classes, or other approved activities. **I am willing to complete the required sweat equity hours:**

Applicant: Yes No Co-Applicant: Yes No

3. EMPLOYMENT INFORMATION

Applicant	Co-Applicant
Current Employer: _____	Current Employer: _____
Address: _____ _____	Address: _____ _____
Business Phone: _____	Business Phone: _____
Years on this job: _____	Years on this job: _____
Income BEFORE taxes: \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> 2 weeks <input type="checkbox"/> month	Income BEFORE taxes: \$ _____ per <input type="checkbox"/> week <input type="checkbox"/> 2 weeks <input type="checkbox"/> month

If at CURRENT employer less than 1 year, provide the following for your PREVIOUS employer:

Previous Employer: _____	Previous Employer: _____
Address: _____ _____	Address: _____ _____
Business Phone: _____	Business Phone: _____

4. OTHER MONTHLY INCOME (do not list the same money twice)

Income source:	Applicant	Co-Applicant	Others in household (specify who)
Wages	 	 	\$ _____ Who: _____
Social Security	\$ _____	\$ _____	\$ _____ Who: _____
SSI/Disability	\$ _____	\$ _____	\$ _____ Who: _____
Families First	\$ _____	\$ _____	\$ _____ Who: _____
Child Support	\$ _____	\$ _____	\$ _____ Who: _____
Alimony	\$ _____	\$ _____	\$ _____ Who: _____
Other (specify): _____	\$ _____	\$ _____	\$ _____ Who: _____
Other (specify): _____	\$ _____	\$ _____	\$ _____ Who: _____
Other (specify): _____	\$ _____	\$ _____	\$ _____ Who: _____

If you receive child support, alimony or separate maintenance do you want this included in Habitat's ability to repay analysis? Yes No

5. ASSETS (including bank, savings & loan, credit unions, stocks, retirement plans, etc.)

Financial Institution	Asset Type (checking/savings, CD, stocks, retirement, etc.)	Acct. #	Balance/Value

6. MONTHLY HOUSEHOLD EXPENSES:

Electricity \$ _____ per month	Rent/Mortgage \$ _____ per month	Insurance \$ _____ per month
Water \$ _____ per month	Cable/Streaming \$ _____ per month	Child Care \$ _____ per month
Land Line \$ _____ per month	Internet \$ _____ per month	Child Support \$ _____ per month
Cell Phone \$ _____ per month	Gas/Oil (heating) \$ _____ per month	Alimony \$ _____ per month
Other (specify): _____ \$ _____ per month	Other (specify): _____ \$ _____ per month	

7. DEBTS

To whom do you and the co-applicant owe money?
(car payments, student loans, medical bills, credit cards, furniture & appliances, etc.)

Creditor: _____	Creditor: _____	Creditor: _____
Monthly Payment: _____	Monthly Payment: _____	Monthly Payment: _____
Unpaid Balance: _____	Unpaid Balance: _____	Unpaid Balance: _____
Months Left to Pay: _____	Months Left to Pay: _____	Months Left to Pay: _____
Creditor: _____	Creditor: _____	Creditor: _____
Monthly Payment: _____	Monthly Payment: _____	Monthly Payment: _____
Unpaid Balance: _____	Unpaid Balance: _____	Unpaid Balance: _____
Months Left to Pay: _____	Months Left to Pay: _____	Months Left to Pay: _____

8. DECLARATIONS

Please check the box that best answers the following questions for you and the co-applicant:

	Applicant	Co-Applicant
a. Do you have any debt because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you declared bankruptcy within the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying alimony, child support, or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you a co-signer or endorser on any loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any questions a through f, or "no" to question g, please explain on a separate paper.



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Authorization and Release of Information—Applicant

I hereby authorize any person, employee, or officer of any agency, association, or institution to disclose my personal information to Holston Habitat for Humanity upon written request and provision of this authorization and release. Information that I authorize the release of includes:

1. Verification of my past and/or present employment
2. References from my past and/or present landlords
3. Information regarding past and/or present criminal or public law violations, including sex offender registry checks
4. Verification of public assistance

This authorization is executed with full knowledge and understanding that Holston Habitat for Humanity and/or its agents will take measures to protect the aforementioned information from unauthorized disclosure to any parties not having a legitimate need for it in the discharge of the business, duties or responsibilities of Holston Habitat for Humanity.

I RELEASE the aforementioned persons, corporators, agencies, associations, and institutions, as well as their employees, agents, and representatives from any and all liability or damages resulting from any decision made by Holston Habitat for Humanity and/or any of its agents on account of compliance or any attempts at compliance with this authorization.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid for twenty-four (24) months from the date it is signed.

Date

Street Address (not P.O. Box)

Print name of Applicant

City State Zip

Signature of Applicant

Area Code Telephone Number

Social Security Number

Date of Birth



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Authorization and Release—Co-Applicant

I hereby authorize any person, employee, or officer of any agency, association, or institution to disclose my personal information to Holston Habitat for Humanity upon written request and provision of this authorization and release. Information that I authorize the release of includes:

5. Verification of my past and/or present employment
6. References from my past and/or present landlords
7. Information regarding past and/or present criminal or public law violations, including sex offender registry checks
8. Verification of public assistance

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Date

Street Address (not P.O. Box)

Print name of Applicant

City State Zip

Signature of Applicant

Area Code Telephone Number

Social Security Number

Date of Birth

Information for Government Monitoring Purposes

Applicant Name _____ Co-Applicant Name _____

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: We are requesting the following information in order to monitor our compliance with federal equal credit opportunity and fair housing laws. You are not required to provide this information. We will not take this information (or your decision not to provide it) into account in connection with your application or credit transaction. The law provides that a lender may not discriminate based on this information or whether you choose to provide it. If you choose not to provide the information, under federal regulations, we are required to note it on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary Birthdate: _____ / _____ / _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary Birthdate: _____ / _____ / _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-bottom: 1px solid black; padding: 5px;">Interviewer's name (print or type)</td> <td style="width: 20%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 5px;">Interviewer's signature</td> <td style="border-bottom: 1px solid black; padding: 5px; text-align: right;">Date</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Interviewer's phone number</td> </tr> </table>	Interviewer's name (print or type)		Interviewer's signature	Date	Interviewer's phone number	
Interviewer's name (print or type)							
Interviewer's signature	Date						
Interviewer's phone number							

I have read and understand the notices, disclosures, and statements listed below:

Applicant Signature

Date

Co-Applicant Signature

Date

Equal Credit Opportunity Act Notice

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that monitors compliance with this law concerning this company is the Federal Trade Commission, with offices at:



Southeast Region
Federal Trade Commission
Suite 1500
225 Peachtree Street, NE
Atlanta, GA 30303

OR

Federal Trade Commission
Equal Credit Opportunity
Washington, DC 20580

You need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so. However, because we operate a Special Purpose Credit Program, we may request and require, in order to determine an applicant's eligibility for the program and the affordable mortgage amount, information regarding the applicant's marital status; alimony, child support, and separate maintenance income; and the spouse's financial resources.

Accordingly, if you receive income from these sources and do not provide this information with your application, your application will be considered incomplete, and we will be unable to invite you to participate in the Habitat program.

Right to Receive Copy of Appraisal

Holston Habitat for Humanity may order an appraisal or other property valuation to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

Privacy Statement

Holston Habitat for Humanity recognizes that privacy and confidentiality are important to our applicants, homebuyers, tenants, and homeowners. While collecting, storing, and retrieving applicant, homebuyer, tenant, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications, law enforcement checks and payment history – internal controls are maintained to ensure security and confidentiality. We collect nonpublic personal information about you from the following sources:

- Information we receive from you verbally, on applications and on other forms;
- Information through your transactions with us and third parties; and
- Information we receive from consumer-reporting agencies.

We may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as accountants, auditors, and mortgage servicing agents;
- Closing attorneys and title companies;
- Insurance providers;
- Consumer-reporting and/or credit-reporting agencies; and
- Nonprofit organizations and government agencies for grant purposes.

We do not disclose any nonpublic personal information about you with anyone for any purpose that is not specifically permitted by law.

Holston Habitat for Humanity's employees and volunteers are subject to a privacy policy regarding confidentiality, and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law. Holston Habitat for Humanity does not share personal information with marketing companies.

****The following page is yours to keep. Please detach and retain for your records.****

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