

Affirmative Fair Housing Marketing Plan (AFHMP)



Project Name:

OHFA Project Number:

Address:	Number of Units:	Number of Buildings:
County:	Plan Type: <input type="checkbox"/> Initial Plan <input type="checkbox"/> Updated Plan Previous Plan Effective Date: _____ Reason(s) for update: _____	
Owner Name & Address:	Entity Responsible for Marketing <i>(check all that apply)</i> <input type="checkbox"/> Owner <input type="checkbox"/> Agent <input type="checkbox"/> Other (specify) _____ Contact information for this AFHMP? Include Name and Address Phone: _____ Email: _____	
Management Company Name & Address:	Phone: _____ Email: _____ Approved Occupancy of the Project <i>(check all that apply)</i> <input type="checkbox"/> Elderly <input type="checkbox"/> Family <input type="checkbox"/> Disabled <input type="checkbox"/> PSH	
Phone: _____ Email: _____		

1a. Demographic Groups Least Likely to Apply

1b. Housing Marketing Area:

Is Housing Marketing Area selection based on? Population/Density Multiple Sites/Census Tracts Other _____

List the percentage of each demographic group for the project (if occupied), waiting list (if applicable), and housing market area (e.g. census tract, city, county). Can be obtained from a local planning office, or other official source like the U.S. Census Bureau <http://factfinder2.census.gov/main.html>

Map showing the Housing Market Area and the housing marketing area demographic source should also be attached.

Demographic Characteristics	White	American Indian or Alaskan Native	Native Hawaiian or Pacific Islander	Asian	Black or African American	Hispanic or Latino	Persons with Disabilities	Families with Children	Other (specify)
% Project									
% Waiting List									
% Housing Market Area									

Indicate which demographic group(s) in the housing market area is/are *least* likely to apply for the housing without special outreach efforts. *(check all that apply)*

- White American Indian/ Alaska Native Native Hawaiian/ Other Pacific Islander
 Asian Black or African American Hispanic/ Latino Persons with Disabilities Families with Children
 Other underserved group, religion etc. (specify) _____

State Protected Classes: Ancestry Military Status Local Protected Classes/Underserved: _____

2a. Brochures, Signs and HUD's Fair Housing Poster

The Fair Housing Poster must be prominently displayed in all offices in which sale or rental activity takes place.

Location(s): _____



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AFHMP is available for public inspection at the sales or rental office. Location(s): _____

Project Site Signs, if any, must display the HUD approved Equal Housing Opportunity (EHO) logo, slogan, or statement (24 CFR 200.620(f)). **Submit photo of project signs.** Location(s): _____

Will printed materials and advertising include: Equal Housing Opportunity logo or slogan? Yes No
 Use of alternative format (e.g. Braille, large print, etc.)? Yes No *If yes, list in 2c.*
 Use of multiple languages? Yes No *If yes, list in 2 b or c as applicable.*

2b. Community Contacts for Marketing and Outreach

For each targeted population least likely to apply, identify at least one community contact organization you will use to facilitate outreach to the particular group. **In addition to the organization name, state the names of contact persons, their addresses, their telephone numbers, and title of the contact person.** May include a social service agency, religious body, advocacy group, community center, etc. **Attach correspondences to organizations.**

Target Population(s)	Community Contact(s) Information: <i>May be applicable to multiple populations</i>		Explanation on why/how organization works with population(s) identified

2c. Methods of Advertising

For each targeted population, **include the Name of Media Organization, Size & Duration of Advertising, and the Type of Media.** Examples of media: newspaper, radio, billboards, website, etc. If pertinent include any language(s) in which the material will be provided or identify any alternative format(s) to be used (e.g. Braille, large print, etc.). **Attach copies of the advertising or marketing materials.**

Target Population(s)	Name of Media Organization	Size/Duration	Type of Media

2d. Evaluation of Marketing Activities

Explain the evaluation process used to determine whether your marketing activities have been successful in attracting individuals least likely to apply, how frequent is evaluation, and how you will make decisions about future marketing.



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3a. Marketing Staff

What staff positions are/will be responsible for affirmative marketing? _____

3b. Staff Training and Assessment: AFHMP

- (1) Has staff been trained on the AFHMP? Yes No *If yes, list in 5d.*
- (2) Has staff been instructed on fair housing policies as required by 24 CFR 200.620(c)? Yes No *If yes, list in 3d.*
- (3) Are staff's skills assessed on the use of the AFHMP and the Fair Housing Act? Yes No *If yes, list in 3d.*

3c. Tenant Selection Training/Staff

- (1) What staff positions are/will be responsible for tenant selection? _____
- (2) Has staff been trained on tenant selection in accordance with the project's occupancy policy? Yes No

3d. Staff Instruction/Training: Samples and Dates

Please provide documentation of fair housing training and list below the names of attendees and dates of trainings.

4. Additional Considerations

Is there anything else you would like to tell us about your AFHMP to help ensure that your program is marketed to those least likely to apply for housing in your project? Please attach additional sheets, as needed.

5. Signature and Acknowledgement

By signing this form, the agent/owner agrees to review its AFHM Plan at least once every 5 years throughout the life of the OHFA compliance period and to update it as needed in order to ensure continued compliance with HUD's Affirmative Fair Housing Marketing Regulations (see 24 CFR Part 200, Subpart M) and OHFA's policies. I hereby certify that all the information stated herein, as well as any information provided in the attached, is true and accurate.

Owner Signature _____
Date of Submission

Name (type or print) _____
Title _____
Name of Company

For OHFA Use Only		For OHFA Use Only
_____ Signature & Date (mm/dd/yyyy)		<input type="checkbox"/> Approval
_____ Name (type or print)	_____ Title	<input type="checkbox"/> Disapproval

