Ohio Housing Finance Agency

Affirmative Fair Housing
Marketing Plan (AFHMP)

Project Name: _____ **OHFA Project Number:** _____

Address: _____

Number of Units: _____ **Number of Buildings:** _____

_____

Plan Type: ☐ Initial Plan ☐ Updated Plan

County: _____

Previous Plan Effective Date: _____

Reason(s) for update: _____

Owner Name & Address:

Entity Responsible for Marketing (check all that apply)

_____

☐ Owner ☐ Owner Agent ☐ Other (specify): _____

_____

_____

Contact information for this AFHMP? Include Name and Address

Phone: _____

_____

Email: _____

_____

Management Company Name & Address:

_____

Phone: _____

_____

Email: _____

_____

Approved Occupancy of the Project (check all that apply)

Phone: _____

☐ Elderly ☐ Family ☐ Disabled ☐ PSH

Email: _____

1A. Demographic Groups Least Likely to Apply

1B. Housing Market Area: _____

Housing Market Area selection is 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), which may be obtained from a local planning office, or other official source like the U.S. Census Bureau (https://www.census.gov/).

A map showing the Housing Market Area; the project and wait list demographic sources 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	Households with Minor 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 housing without special outreach efforts. *(Check all that apply.)*

☐ White ☐ American Indian/ Alaskan Native ☐ Native Hawaiian/ Other Pacific Islander

☐ Asian ☐ Black or African American ☐ Hispanic/ Latino ☐ Persons with Disabilities

☐ Households with Minor Children ☐ Other underserved group, religion etc. (specify): _____

State Protected Classes: ☐ Ancestry ☐ Military Status Local Protected Classes/Underserved: _____
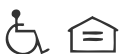
2A. Brochures, Signs and HUD's Fair Housing Poster

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

Location(s): _____

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 2b 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 name(s) of contact persons, addresses, telephone numbers, emails, and titles.* This may include a social service agency, religious body, advocacy group, community center, etc. **Attach correspondences to organizations.**

Target Population(s) *(least likely to apply)*	Community Contact(s) Information **May be applicable to multiple populations**	Explanation of how organization works with population(s) identified

2C. Methods of Advertising

For each targeted population, *include the Name of Media Organization, Size and 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) *(least likely to apply)*	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, frequency of evaluation, and how you will make decisions about future marketing.

3A. Marketing Staff

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

3B. Staff Training and Assessment: AFHMP

Have staff been trained on the AFHMP?   ☐ Yes   ☐ No   *If yes, list in 3d*

Have staff been instructed on fair housing policies as required by 24 CFR 200.620(c)?   ☐ Yes   ☐ No   *If yes, list in 3d*

Are staff skills assessed on the use of the AFHMP and the Fair Housing Act?   ☐ Yes   ☐ No   *If yes, list in 3d*

3C. Tenant Selection Training of Staff

What staff positions are/will be responsible for tenant selection? _____

Have staff been trained on tenant selection in accordance with the project's occupancy policy?   ☐ Yes   ☐ No

3D. Staff Instruction/Training

List the names of attendees and dates of trainings below. Provide documentation of fair housing training.

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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? Attach additional sheets, as needed.

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5. Signature and Acknowledgement

By signing this form, the owner/owner agent agrees to review its AFHMP every 5 years throughout the life of the OHFA compliance period and to update it 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. Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.

_____   _____   _____
Owner/Owner Agent Signature   Date of Submission

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

For OHFA Use Only

_____   _____
Signature   Date Approved (MM/DD/YYYY)

_____   _____
Name (type or print)   Title

For OHFA Use Only

☐ Approval

☐ Disapproval