Note to all applicants/respondents: This form was developed with Nuance, the official HUD software for the creation of HUD forms. HUD has made available instructions for downloading a free installation of a Nuance reader that allows the user to fill-in and save this form in Nuance. Please see http://portal.hud.gov/hudportal/documents/huddoc?id=nuancereaderinstall.pdf for the instructions. Using Nuance software is the only means of completing this form.

Affirmative Fair Housing Marketing Plan (AFHMP) - Multifamily Housing

U.S. Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity

1a. Grantee Name & Address (including City, County, State, Zip Code, Telephone No. & email address)	**1b. Rental Assistance Contract Number**
	1c. No. of Units

1d. Entity Responsible for conducting Outreach and Referral (check all that apply)

Grantee   Service Provider   Other (specify)

Entity Name, Contact Person and Position (if known), Address (including City, County, State & Zip Code), Telephone Number & Email Address

1e. If the outreach is performed by any other entity other than the Grantee, explain how the Grantee will monitor their activities to ensure compliance with affirmative fair housing outreach requirements. Enter "N/A" in the field below if not applicable.

1f. To whom in the Grantee's office should approval and other correspondence concerning this AFHMP be sent? Indicate Name, Address (including City, State & Zip Code), Telephone Number & E-Mail Address.

2a. Affirmative Fair Housing Marketing Plan

Plan Type   Date of the First Approved AFHMP:

Reason(s) for current update:

2b. Outreach Start Date

Grantees should not begin accepting applications prior to conducting the marketing and outreach activities identified in the approved AFHMP.

Date Outreach will begin (xx/xx/xxxx)

Date Grantee will begin accepting applications (xx/xx/xxxx)

Note: Only Fiscal Year 12 Demonstration Grantees are
permitted to accept applications prior to conducting
marketing and outreach activities identified in the
approved AFHMP.

3a. Target Areas (check one):   **Statewide**   **Other (specify)**

.

3b. Target Population(s)

3c. Is all or some of the Target Population(s) covered by a Settlement Agreement?   **No**   **Yes**

3d. Demographics of Target Population(s)

(check all that apply)

White   American Indian or Alaska Native   Asian   Black or African American

Native Hawaiian or Other Pacific Islander   Hispanic or Latino

Families with Children (under age 18)   Other ethnic group, religion, sex, etc. (specify)

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3e. Data Source(s) used to obtain the demographic characteristics.

4a. Identify the demographic group in the target population(s) that are least likely to apply.

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4b. For each demographic group in the target population(s) that are least likely to apply, provide a description of how the program will be marketed to eligible individuals in the target population(s).

5a. Fair Housing Poster

The Fair Housing Poster must be prominently displayed in all offices/locations in which rental activity takes place (24 CFR 200.620(e)). Check below all locations where the Poster will be displayed.

Rental Office　　　　Grantee Office　　　　Model Unit　　　　Other (specify)

5b. Affirmative Fair Housing Marketing Plan

The AFHMP must be available for public inspection at all rental offices/locations (24 CFR 200.625). Check below all locations where the AFHMP will be made available.

Rental Office　　　　Grantee Office　　　　Model Unit　　　　Other (specify)

5c. Project Owner Compliance to display Fair Housing Poster and the AFHMP

Explain how you will ensure that every project owner will prominently display the Fair Housing Poster and AFHMP.

6. Evaluation of Marketing Activities

Explain the evaluation process you will use to determine whether your outreach activities have been successful in attracting individuals in the target population(s) who are least likely to apply, including who will be responsible for conducting this evaluation, when this evaluation will be conducted and how the results of this evaluation will inform future marketing activities.

7. Additional Considerations. Is there anything else you would like to tell us about your AFHMP to help ensure that your program is marketed to eligible persons in the target population(s) who are least likely to apply for the program? Please attach additional sheets, as needed.

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8. Review and Update

By signing this form, the grantee agrees to implement its AFHMP, and to review and update its AFHMP in accordance with the instructions to item 8 of this form in order to ensure continued compliance with HUD's Affirmative Fair Housing Marketing Regulations (see 24 CFR Part 200, Subpart M). The Grantee also certifies that training will be provided to staff/entities that provide outreach to target population(s) for the purpose of enrollment in the 811 PRA program. Training will consist of affirmative fair housing outreach requirements and the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act and the American with Disabilities Act. I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (See 18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

_____

Signature of person submitting this Plan & Date of Submission (mm/dd/yyyy)

Name (type or print)

Title & Name of Company

For HUD-Office of Housing Use Only	**For HUD-Office of Fair Housing and Equal Opportunity Use Only**
Reviewing Official:	
	Approval Disapproval
_____	_____
Signature & Date (mm/dd/yyyy)	Signature & Date (mm/dd/yyyy)
Name (type or print)	Name (type or print)
Name	
Title	Title

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