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|  | DCA AFFIRMATIVELY FURTHERING FAIR HOUSING MARKETING PLAN | | | | | | | | |  |
|  | COMPLETE FORM AND SUBMIT TO: DCA Compliance Department, 60 Executive Park South, N.E. Atlanta, GA 30329 | | | | | | | | |  |
|  | 1. INTRODUCTION | | | | | | | | |  |
|  | Affirmatively Furthering Fair Housing Marketing Regulations require that each applicant subject to these regulations carry out an affirmative program to attract prospective buyers or tenants of all minority groups and non-minority groups to the housing that the applicant is providing regardless of race, color, religion, sex, national origin (including Limited English Proficiency (LEP)), disability or familial status. The applicant shall describe on this form the activities it proposes to carry out during advance marketing, where applicable, and the initial sales and rent-up period. | | | | | | | | |  |
|  | 2. APPLICATION AND PROJECT IDENTIFICATION | | | | | | | | |  |
|  | A. Applicant’s: | | | | | B. Project or Application Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Number of units \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Name | | | | |  | | | |  |
|  | Address( City, State, & Zip Code) | | | | | Price Range of Units:  From $\_\_\_\_\_\_\_\_\_\_\_\_ | | | | to $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Telephone Number (including area code) | | | | | D. For Multifamily Housing only:  \_\_\_\_\_\_\_\_ Elderly \_\_\_\_\_\_\_\_ Non-elderly | | | |  |
|  | Project  Name | | | | | E. Approximate Starting Dates  \_\_\_\_\_\_\_\_\_ Advertising \_\_\_\_\_\_\_\_\_ Occupancy | | | |  |
|  | C. Location/Address (include: City, State, and Zip Code) | | | | | F. Name of Managing Sales Agent | | | |  |
|  | County Census Tract | | | | | Address (include: City, State, and Zip Code) | | | |  |
|  | 3. TYPE OF AFFIRMATIVE MARKETING PLAN | | | | | | | | |  |
|  | □ Project plan □ Annual Plan (for single family scattered site units) | | | | | | | | |  |
|  | □ Minority □ White (non-minority) Area □ Mixed Area (with \_\_\_\_\_% minority residents) | | | | | | | | |  |
|  | 4. DIRECTION OF MARKETING ACTIVITY | | | | | | | | |  |
|  | Indicate below which group(s) in the housing market area is/are least likely to apply for the housing because of its location and other factors without special outreach projects. | | | | | | | | |  |
|  | □ White (non-Hispanic) □ Black (non-Hispanic) □ Hispanic □ American Indian or Alaskan Native □ Asian or Pacific Islander □ Persons with Disabilities □ Persons with Limited English Proficiency (LEP) | | | | | | | | |  |
|  | 5. MARKETING PROGRAM | | | | | | | | |  |
|  | **A. Commercial Media** | | | | | | | | |  |
|  | Check the media to be used to advertise the availability of this housing: | | | | | | | | |  |
|  | □ Newspaper(s)/Publications □ Radio □ TV □ Billboard(s) □ Other (specify) | | | | | | | | |  |
| Name of Newspaper, Radio or TV Station  (1) | | | Racial/Ethnic Identification of Readers/Audience  (2) | | Language(s) Spoken by Readers/Audience  (3) | | | Size/Duration of Advertising  (4) | | Language(s) of Advertising  (5) |
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|  | **B. Brochures, Signs and HUD’s Fair Housing Poster**  (1) Will brochures, leaflets, or handouts be used to advertise? \_\_\_\_\_\_Yes \_\_\_\_\_ No. If yes, attach a copy or submit when available.  (2) For project site sign: indicate sign size \_\_\_\_\_\_\_ x \_\_\_\_\_\_\_; Logotype size \_\_\_\_\_\_\_ x \_\_\_\_\_\_\_. Attach a photograph of project sign or submit when available. (3) HUD’s Fair Housing Poster must be conspicuously displayed whenever sales/rentals and showings take place. Fair Housing Posters will be displayed in the □ Sales Rental Offices(s); □ Real Estate Office(s); □ Model Unit(s) □ Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **C. Community Contacts**  To further inform the group(s) least likely to apply about the availability of the housing, the applicant agrees to establish and maintain contact with the groups & organizations listed below that are located in the housing market area or SMSA. If more space is needed, attach an additional sheet. Notify DCA of any changes in this list. Attach a copy of correspondence to be mailed to these groups/organizations. (Provide all requested information.) | | | | | | | | |  |
| Name of Group/Organization  (1) | | Racial/Ethnic  Identification  (2) | | Language(s) Spoken  (3) | | | Approximate Date of Contact  or Proposed Contact  (4) | | Person Contacted or to be Contacted  (5) | | |  |
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| C. Community Contacts, continued | | | |
| Address & Telephone  (6) | Method of Contacts  (7) | | Indicate the specific function Group/Organization will  undertake in implementing the Marketing Program  (8) |
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| 6. Future Marketing Activities | | | |
| Check the block(s) that best describe future marketing activities to fill vacancies as they occur after the project has been initially occupied.  □ Newspapers/Publications □ Radio □ TV □ Brochures/Leaflets/Handouts □ Site Signs  □ Community Contacts □ Others (specify) | | | |
| 7. Experience and Staff Instructions | | | |
| Indicate any experience in marketing housing to the group(s) identifies as least likely to apply □ Yes □ No  Indicate training to be provided to staff on Federal, state and local fair housing laws and regulations, as well as this AFFHM Plan. Attach a copy of the instructions to staff regarding fair housing. | | | |
| 8. Additional Considerations | | | |
|  | | | |
| By signing this form the applicant agrees, after appropriate consultation with DCA, to change any part of the plan covering a multifamily project to assure continued compliance with HUD’s Affirmatively Furthering Fair Housing Marketing Regulations.  Signature of person submitting plan\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name (type or print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title and Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| FOR DCA’s USE ONLY | | | |
| Approval by:  Signature | | Disapproval by:  Signature | |
| Name (type or print) | | Name (type or print) | |
| Title | | Title | |
| Date | | Date | |