

APPENDIX 3
Attachment A

Office of Fair Housing and Equal Opportunity
and
Office of Multifamily Housing

Review of Affirmative Fair Housing Marketing Plan (AFHMP)
(For Multifamily Housing Staff Only)

Authority: 24 CFR 200

Multifamily Housing (Housing) field staff uses this checklist as a guide for reviewing the Affirmative Fair Housing Marketing Plan (AFHMP). The AFHMP and applicable attachments are submitted for: 1) a new project; or 2) when one is updated for an existing project, in accordance with Item #8 on the AFHMP and 24 CFR 200.620. If necessary, the Reviewer should contact FHEO to provide technical assistance. A sign-off by the Housing Director indicates that the Reviewer has reviewed the plan for completeness and internal consistency. After it is signed, the AFHMP, all attachments, and any residency preference requests should be provided to FHEO.

Project Name: _____

FHA Number: _____

Contract Number: _____

REMS Number: _____

Type of Development: Rental Coop Elderly Only Disabled Only
 Elderly/Disabled Family Other(Specify)_____

Total Number of Units: ____ Total Subsidized Units: ____

Type of Federal Financial Assistance:
 Section 8 Section 202 Section 202/8 Section 202/PAC
 Section 202 PRAC Section 811 Section 221(d)(3)BMIR Section 236

Number of Units of Each Size: 0 BR ____ 1 BR ____ 2 BR ____
3 BR ____ 4 BR ____ 5 BR ____
Other (Specify)____

Date of First Occupancy: _____

Purpose of AFHMP:
 New Project Update (If update, please provide an explanation) ____

Instructions: The Reviewer uses this checklist as a guide for reviewing the AFHMP (form HUD 935.2). Indicate “Complete” or “Incomplete” in the appropriate column for each item as it corresponds to the AFHMP. Please note that “Complete” means that the Item on the Form HUD 935.2 is completed. “Incomplete” means it is not completed and the Reviewer may notate comments as appropriate. Additional information from the 935.2 should not be copied.

AFHMP (Form HUD-935.2) ITEM NUMBER	COMPLETE*	INCOMPLETE*	COMMENTS
1. Background			
a. Applicant’s Name, Address, Phone Number			
b. Project Name and Location			
c. Project/Application Number			
d. Number of Units			
e. Rental Range			
f. Elderly only/Family/Mixed Elderly and Disabled			
g. For new construction or unoccupied projects: Starting dates for advertising and occupancy (Note under “Comments.”) For Existing/Occupied Projects: Write NA under “Comments.”			Starting Date for Advertising: Anticipated Occupancy:
h. Housing Market Area			
i. Census Tract			
j. Management Name and Address			
2. Type of AFHMP			
a. “New” checked if initial plan; “Update” if it is a revised plan			
b. The racial/ethnic demographics of the area is completed			
Reviewer should consider what he/she knows about the area, and decide if the racial/ethnic demographics are accurately completed. Explain. Reviewer should seek guidance from FHEO, if needed. Responses to this item should be considered when reviewing Item 3.			

AFHMP (Form HUD-935.2) ITEM NUMBER	COMPLETE	INCOMPLETE	COMMENTS
3. Direction of Marketing Activity:			
<p>Note to Reviewer: In addition to checking whether the item is complete or incomplete, review the following and put your comments in the column indicated.</p> <p>The response to this Question on the AFHMP form should be those demographic groups that are known to have a presence in the area <i>and</i> determined to be least likely to apply for occupancy at the project.</p> <p>Reviewer should consider what he/she knows about the area, and decide if the groups checked meet this requirement. Explain. Reviewer should seek guidance from FHEO, if needed.</p> <p>Reviewer should also check these responses against the responses to Question 4 to determine if the appropriate outreach is conducted to reach the specified groups. Explain.</p>			

AFHMP (Form HUD-935.2) ITEM NUMBER	COMPLETE	INCOMPLETE	COMMENTS
<p>4. Marketing program: a. Commercial Media (Newspapers, Publications, Radio, TV, Billboards, etc.). Note to Reviewer: The Reviewer should be certain one or more boxes are checked and all three columns have responses. The various responses should be consistent with each other and support the responses to Question 3.</p>			
<p>b. Brochures, signs, fair housing poster. Check whether Sections (1), (2), and (3) are all completed.</p> <p>Are all sections consistent with each other and the responses to Question 3?</p>			Yes ____ No ____
(1) Are required samples attached?			Yes ____ No ____
<p>If yes, are the samples consistent with responses to Question 3 and other items in the AFHMP?</p>			Yes ____ No ____
(2) Is a photo of a project sign attached?			Yes ____ No ____
<p>c. Community Contacts Reviewer should be certain all sections are completed, are consistent with each other and consistent with responses to Question #3.</p>			

AFHMP (Form HUD-935.2) ITEM NUMBER	COMPLETE	INCOMPLETE	COMMENTS
<p>5. Future Marketing Activities</p> <p>Check if the responses are complete and determine whether the responses are consistent with responses to Questions 3 and 4?</p>			<p>Yes___ No___</p>
<p>6. Staff experience and Staff Instruction</p> <p>Check whether this item is completed, then answer the following questions, based on checked responses, and explain under “Comments,” if necessary:</p>			
<p>a. Do staff members have experience (with affirmative fair housing marketing)?</p>			<p>Yes ____ No ____</p>
<p>b. (i) Are requested subjects for future training attached?</p>			<p>Yes ____ No ____</p>
<p>(ii) Is a copy of the instructions provided to staff regarding fair housing attached?</p>			<p>Yes ____ No ____</p>
<p>7. Additional Considerations: If this Question is answered, note the groups specified as requiring additional outreach.</p>			
<p>8. Signature and Title of Person Certifying to Statement in #8, which is located above the signature block.</p>			

Reviewer: Sign and Date under “Reviewed.” Your signature means you’ve reviewed the Plan for “completion and internal consistency.”

If a residency preference request is included, forward the request along with the completed AFHMP and your review of the request to FHEO.