**AFFIRMATIVE FAIR HOUSING MARKETING PLAN (AFHMP)**

**HOME – Tenant Based Rental Assistance (TBRA)**

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| **1. Applicant Name & Address (including City, State and Zip Code)** | | **2. HOME Project Number:** | |
| **3. Target Number of Assisted Units:** | |
| **4. Date of this Marketing Plan:** | |
| **5. Participating Jurisdiction (PJ):**  **Contact:**  **Company:**  **Address:**  **Phone:**  **Email:** | | | |
| **6. Person Responsible for Marketing Plan and Marketing Oversite:**  **Contact:**  **Company:**  **Address:**  **Phone:**  **Email:** | | | |
| **7. Marketing target area:**  **City/Town, list name:**       **MSA, describe:**  **County, list county:**       **Other, describe:**  **STOP!! FILL OUT WORKSHEET 1 PRIOR TO COMPLETING SECTION 8** | | | |
| **8. Targeted Marketing Activity (indicate demographic group(s) that are present in the housing market area or expanded market area that are least likely to learn of HOME funding for Tenant Based Rental Assistance without special outreach efforts (check all that apply)**  **White**  **Black/African American**  **Hispanic/Latino**  **Asian**  **American Indian or Alaskan Native**  **Native Hawaiian/Other Pacific Islander**  **Persons with Disabilities**  **Families with Children**  **Other – Specific ethnic group, religion, etc. (specify):** | | | |
| **9. Marketing Program: Advertising Methods (Check the type of media to be used to advertise the availability of Tenant Based Rental Assistance (TBRA), (attach ad copies).**  **Newspaper/Publications**  **Radio**  **TV**  **Other, list:** | | | |
| **Name of Newspaper, Publication, Radio or TV Station, Other** | **Identify the group targeted by advertisement/audience?** | | **Duration and dates of ads** |
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| **10. Marketing Program: Brochures and HUD Fair Housing Poster**  **Will brochures, letters or handouts be used to advertise?**  **Yes or** **No If “yes” attach a copy of each document.**  **HUD’s Fair Housing Poster must be conspicuously displayed. Where will one or more poster(s) be located?** | | | |

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| **11. AFHMP/Fair Housing Act Staff Instruction/Training: Please describe AFHMP/Fair Housing Act staff training:**  **Already has been provided, list date:**       **Will be provided, list date:**        **Who provided or will provide training:**  **Attach copies of any AFHMP / Fair Housing staff training materials.** |
| **12. How will you annually assess the success of your Affirmative Marketing efforts?**  **Explain:** |
| **13. What corrective action will be taken where the affirmative fair housing efforts were not met?**  **Explain:** |
| **14. Tenant Selection: What staff positions are/will be responsible for Tenant Based Rental Assistance selection?**  **List staff positions:** |
| **15. 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 lease likely to apply for Tenant Based Rental Assistance?**  **Explain:** |
| **16. Implementation and Review: By signing this form, the respondent agrees to implement its AFHMP, and to review and update its AFHMP to ensure continued compliance with HUD’s Affirmative Fair Housing Marketing Regulations (see 24 CFR Part 200, Subpart M).**  **NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**  **SIGNATURE and DATE of Person Submitting this Plan:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name:**       **Date**  **Title:** |
| **Iowa Finance Authority ONLY – Reviewed and Approved by:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Nancy Peterson, LIHTC Analyst Date** |

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**WORKSHEET 1 – DETERMINING DEMOGRAPHIC GROUPS LEAST LIKELY TO APPLY**

Geographic Areas

The US Census Bureau’s American Fact Finder can be located at:

<http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

We suggest using a Guided Search, then click on “GET ME STARTED”

**To Locate Race and Ethnicity Percentages:**

Step 1 – ***Start*** - Choose: I'm looking for information about people. Click on NEXT.

Step 2 – ***Topics*** – Click on NEXT when looking for Race and Ethnicity data.

Step 3 – ***Geographic Area*** – Choose a specific area (Census Tract; City or Town; County or MSA). After selecting each geographic selection – *Add to Your Selections*. Each geographic category can be added individually or combined. Click on NEXT.

Step 4 – ***Race/Ethnicity Groups*** – Select from Basic Groups. Choose: Alaska Native, American Indian, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Pacific Islander, White, then click on NEXT.

Step 5 – ***Search Results*** - Use the most current ACS Demographic and Housing Estimates – DP01 if new census; otherwise most current DP05.

Step 6- ***Table Viewer*** – Brings up the report. You can print or download the report.

**To Locate Disability Percentages:**

Step 1 – Start - Choose: I'm looking for information about people. Click on NEXT.

Step 2 – Topics –

* Click on *Disability*
* Then select *Disability* from the list and it will add it to – *Your Selections*, click on NEXT.

Step 3 – Geographic Area – Choose a specific area (Census Tract; City or Town; County or MSA). Then *Add to* *Your Selections.*  Each geographic category can be added individually or combined. Click on NEXT.

Step 4 – Race/Ethnicity Groups – *Skip this Step* or click on NEXT.

Step 5 – Search Results – Select Disability Characteristics S1810 - Use the most current dataset if more than one dataset is shown.

Step 6- Table Viewer – The first line item of the report is “Total civilian noninstitutionalized population” use the percent with a disability.

**To locate the % of Families with Children under age of 18:**

Step 1 – Start - Choose: I'm looking for information about people. Click on NEXT.

Step 2 – Topics –

* Click on *Relationship*
* Then select *Family Type* from the list and it will add it to – *Your Selections*, click on NEXT.

Step 3 – Geographic Area – Choose a specific area (Census Tract; City or Town; County or MSA). Then *Add to* *Your Selections.* Each geographic category can be added individually or combined. Click on NEXT.

Step 4 – Race/Ethnicity Groups – *Skip this Step* or click on NEXT.

Step 5 – Search Results – Households and Families S1101 - Use the most current dataset if more than one dataset is shown.

Step 6- Table Viewer – on the report look for *SELECTED HOUSEHOLDS BY TYPE* then lists “Households with one or more people under 18 years”, use the “total” estimate percentage for the geographic region.

NOTE: This may not be the only way to pull demographic data from the census site. It is a simplified way to obtain. If you have questions on obtaining census information for your property, please contact Nancy Peterson at the Iowa Finance Authority (800)432-7230 or 515-725-4900.

NOTE: This is not the only way to pull demographic data from the census site but it’s a simplified method.

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| **Demographic Characteristics** | **Project’s Residents** | **Census Tract** | **Housing Market Area** | **Expanded Housing Market Area** |
| **% White** |  |  |  |  |
| **% Black or African American** |  |  |  |  |
| **% Hispanic or Latino** |  |  |  |  |
| **% Asian** |  |  |  |  |
| **% American Indian** |  |  |  |  |
| **% Alaskan Native** |  |  |  |  |
| **% Native Hawaiian or Pacific Islander** |  |  |  |  |
| **% Person with Disabilities** |  |  |  |  |
| **% Families with Children under the age of 18** |  |  |  |  |
| **% Other (specify)** |  |  |  |  |

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| **WORKSHEET 2 – PROPOSED MARKETING ACTIVITY – COMMUNITY CONTACTS**  **For EACH targeted demographic group selected in Section 6 (use additional sheets if necessary):**   * **List at least one community contact organization that will help you identify and provide targeted outreach for each population.** * **Provide name, full address, telephone number and email.** * **List the date of contact.** * **Specify previous and ongoing experience working with each targeted group listed in the first column.** * **Describe how they will assist the project with affirmative marketing.** | |
| **Targeted Demographic Group(s)**  **(use one group per row based on demographic groups selected in Section 6)** | **Community Contact – Must answer all field for each contact.** |
|  | **Organization/Company:**  **Contact Name and Title:**  **Address:**  **City, State, Zip:**  **Phone:**       **Email:**  **Date of Contact:**  **Describe previous and ongoing experience working with targeted demographic in column on left:**  **Describe the specific role they will play in assisting with the AFHMP:** |
|  | **Organization/Company:**  **Contact Name and Title:**  **Address:**  **City, State, Zip:**  **Phone:**       **Email:**  **Date of Contact:**  **Describe previous and ongoing experience working with targeted demographic in column on left:**  **Describe the specific role they will play in assisting with the AFHMP:** |
|  | **Organization/Company:**  **Contact Name and Title:**  **Address:**  **City, State, Zip:**  **Phone:**       **Email:**  **Date of Contact:**  **Describe previous and ongoing experience working with targeted demographic in column on left:**  **Describe the specific role they will play in assisting with the AFHMP:** |
|  | **Organization/Company:**  **Contact Name and Title:**  **Address:**  **City, State, Zip:**  **Phone:**       **Email:**  **Date of Contact:**  **Describe previous and ongoing experience working with targeted demographic in column on left:**  **Describe the specific role they will play in assisting with the AFHMP:** |