

**Affirmative Fair Housing
Marketing Plan
Section 232**

**U.S. Department of Housing
and Urban Development**
Office of Residential
Care Facilities

OMB Approval No. 2502-0605
(exp. 03/31/2018)

Public reporting burden for this collection of information is estimated to average six (6) hours per initial response and four (4) hours for updated plans. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation which must be submitted to HUD for approval, and is necessary to ensure that viable Projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Warning: Any person who knowingly presents a false, fictitious, or fraudulent statement or claim in a matter within the jurisdiction of the U.S. Department of Housing and Urban Development is subject to criminal penalties, civil liability, and administrative sanctions.

PURPOSE:

It is the policy of the Department to administer its FHA housing programs affirmatively, as to achieve a condition in which individuals of similar income levels in the same housing market area have a like range of housing choices available to them regardless of their race, color, religion, sex, disability, familial status or national origin. Each applicant for participation in FHA subsidized and unsubsidized housing programs shall pursue affirmative fair housing marketing policies in soliciting buyers and tenants, in determining their eligibility, and in concluding sales and rental transactions.

INSTRUCTIONS:

All projects must complete Section A: Project Overview. Projects with Assisted Living, Board and Care, Intermediate Care, and Independent Living units/beds must complete Section B. Projects with Skilled Nursing units/beds must complete Section C. All projects must complete Section D: Certifications.

Italicized text found between these characters <<EXAMPLE>> is instructional in nature, and may be deleted from the final version submitted. Please use the gray shaded areas (e.g.,) for your response. Double click on a check box and then change the default value to mark selection (e.g.,)

Section A: Project Overview

FHA number:	
Project name:	
Project location:	<<street address, city, county, and state>>

Proposed Project

Type of facility:	<input type="checkbox"/>	Skilled Nursing (SNF):		beds		units
	<input type="checkbox"/>	Assisted Living (AL):		beds		units
	<input type="checkbox"/>	Board & Care (B&C):		beds		units
	<input type="checkbox"/>	Memory Care:		beds		units
	<input type="checkbox"/>	Independent Living (IL):		beds		units
Total:				beds		units
Resident Type:	<input type="checkbox"/>	Elderly	Comments:			
	<input type="checkbox"/>	Disabled				
	<input type="checkbox"/>	Mixed (Elderly/Disabled)				
Type of Plan:	<input type="checkbox"/>	Initial Plan				
	<input type="checkbox"/>	Updated Plan				
For Existing projects, select below the reason advertising will be used:						
	<input type="checkbox"/>	To fill existing unit vacancies				
	<input type="checkbox"/>	To place applicants on a waiting list		Which currently has () individuals		
	<input type="checkbox"/>	To reopen a closed waiting list		Which currently has () individuals		

Does this project receive or propose to receive federal funding in addition to FHA Insurance (e.g. Community Development Block Grant, Project Based Rental Assistance, etc.)?
Note: Medicare and Medicaid are not considered federal funding for purposes of this question.

- No
 Yes, Explain

Is the owner requesting a residency preference? (note that a residency preference is defined as an occupancy preference based on geographic location of the residents).

- No
 Yes, Complete Appendix 2

Purpose of this transaction: << e.g. *The purpose of this transaction is to construct a new Assisted Living Facility OR The purpose of this transaction is to add 30 assisted living beds to an existing 100 bed facility.*>>

Project Owner or Developer:

Entity Name: _____
Contact Name: _____
Email: _____
Phone: _____
Mailing address: _____

Entity Responsible for Marketing:

Name: _____
Contact Name: _____
Email: _____
Phone: _____
Mailing address: _____

Section B: Assisted Living, Board and Care, Memory Care & Independent Living

Not Applicable, Skip this Section

Demographics

Project's Census Tract:

Project's City:

Project's County:

Project's State:

Housing Market Area (e.g. city, county, metropolitan division, etc.): Describe:

Expanded Housing Market Area (e.g. metropolitan statistical area, metropolitan division): Describe:

Demographic Analysis

Program Guidance:

Use data from the most recent decennial Census. To obtain demographic information from the 2010 Census, go to www.factfinder.census.gov. Click on 'advanced search' and then 'show me all.' Type in 'QT-P3' into the 'topic or table name' field and select 'Race and Hispanic or Latino Origin: 2010.' From the data set "2010 SF1 100% Data" Use the "Geographies" option to run this report based on your project's census tract, city, and county. Note that the Census Bureau refers to cities as "places."

Utilizing current resident and applicant data (if applicable) as well as census data for the census tract, city, and county, complete the below table utilizing percentages.

Table 1 Demographic Analysis

Demographic Characteristics	Project's Residents	Project's Applicant Data	Project's Census Tract	Housing Market Area	Expanded Housing Market Area
White					
Black or African American					
American Indian and Alaska Native					
Asian					
Native Hawaiian and Other Pacific Islander					
Some Other Race					
Two or More Races					
Hispanic or Latino (of any race)					
Other (specify)					

Additional Demographic Information

Resident Data as of (date) . Number of Residents:

Applicant Data as of (date) . Number of Applicants:

Please indicate whether racial groups (White, Black or African American, American Indian and Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, Some Other Race, Two or More Races) include persons of Hispanic or Latino origin in Table 1.

Yes

No

Targeted Marketing Activities—Groups Least Likely to Apply Without Special Outreach Efforts

Program Guidance:

Based on the above information indicate which demographic groups are least likely to apply for housing at your project without special outreach efforts (check all that apply). “Least likely to apply” means there is an identifiable presence of a specific demographic group, but members of the group are not likely to apply for the housing without targeted outreach (because of language barriers, insufficient information about the property, etc.).

Example 1: If the **demographic analysis section above** indicates that the Expanded Housing Market Area consists of 20% African Americans who would qualify otherwise (e.g. are age and income qualified, and need assistance with activities of daily living) for the housing and only 2% currently reside in the facility, this group would be listed as “least likely to apply.”

Example 2: If the **demographic analysis section above** indicates that the Housing Market Area consists of 80% white, 15% African American and 5% Hispanic who would qualify otherwise (e.g. are age and income qualified, and need assistance with activities of daily living) for the housing and only 3% African American and Hispanic persons currently reside in the census tract, both African American and Hispanic would be listed as “least likely to apply.”

Targeted Marketing—Groups Least likely to apply for housing in the subject project without special outreach (Choose all that apply)

- White
- Black or African American
- American Indian and Alaska Native
- Asian
- Native Hawaiian and Other Pacific Islander
- Hispanic or Latino
- Other (Specify):

Community Contacts or Referrals

Program Guidance:

Community contacts are social service agencies, religious bodies, advocacy groups, community centers, referral relationships, etc. **Provide at least one community contact per group listed in the targeted marketing section above.** Include a date of last/initial contact to assure that affirmative marketing efforts occur concurrently with any general marketing efforts.

Contact Organization:

Contact Name:

Email:

Phone:

Mailing address:

Targeted Group Served:

Experience with Group Served: e.g. The organization has worked with X population for the past 20 years and is a leader in X, Y and Z.

Date of last/initial contact:

Contact Organization:

Contact Name:

Email:

Phone:

Mailing address:

Targeted Group Served:

Experience with Group Served: e.g. The organization has worked with X population for the past 20 years and is a leader in X, Y and Z.

Date of last/initial contact:

Contact Organization:

Contact Name:

Email:

Phone:

Mailing address:

Targeted Group Served:

Experience with Group Served: e.g. The organization has worked with X population for the past 20 years and is a leader in X, Y and Z.

Date of last/initial contact:

Required attachment(s) for this Section:

- Copies of the correspondence (including letters, emails, etc.) to the community contacts/referrals.

Proposed Marketing Activities

Program Guidance:

For each targeted group listed in the Targeted Marketing section, state the means of advertising that you will use as applicable to that group. If the marketing will be on a website, provide a link to the website. Attach copies of the marketing materials to this plan. If marketing materials are not yet available attach materials from other projects.

Method of Advertising	Targeted Group
e.g. XYZ Newspaper	
e.g. XYZ Facebook page	
e.g. brochures/flyers	
e.g. advertising website address	

Required attachment(s) for this Section:

- Copies of newspaper ads, websites, brochures, flyers, etc.

Section C: Skilled Nursing and Intermediate Care Facilities

Not Applicable, Skip this Section

Program Guidance:

The Market Area is comprised of both the Primary Market Area (PMA) and Secondary Market Area (SMA).

The PMA is the area that a majority of the project's demand will be drawn from considering physical barriers, density of population, linkages and the location of competing facilities. This is typically where 80% of the project's residents would reside before moving to the residential care facility.

The SMA is the area that the rest of the project's residents would reside before moving to the residential care facility.

Include a map(s) showing the Market Area with hospital locations noted. This information can be obtained from an appraisal, market study, or resident origin list.

Market Area

<<Describe primary market area, pay close attention to the area from which the existing competitors are drawing their residents.>>

Insert Market Area Map(s) with hospital locations noted.

Program Guidance:

Identify all hospitals in the Primary Market Area (PMA) and Secondary Market Area (SMA). The project should utilize all hospitals in the PMA and SMA for referrals to assure they are reaching out to the maximum number of potential residents. If a project has chosen not to reach out to all hospitals in the area, please explain reasons why.

Include the name of the discharge planner and/or key physicians (indicate specialty). Only one email address, phone and mailing address is needed for each referral source.

Targeted Referrals:

Hospitals & Physicians (indicate specialty)

Contact Organization:

Contact Name(s):

Email:

Phone:

Mailing address:

Medical Specialty (if applicable):

Targeted Referrals:

Hospitals & Physicians (indicate specialty)

Contact Organization:

Contact Name(s):

Email:

Phone:

Mailing address:

Medical Specialty (if applicable):

Targeted Referrals:

Hospitals & Physicians (indicate specialty)

Contact Organization:

Contact Name(s):

Email:

Phone:

Mailing address:

Medical Specialty (if applicable):

Proposed Marketing Activities

Program Guidance:

Attach copies of brochures and a screen shot of the project’s website and/or social media including web address. If brochures and/or website are not yet designed, provide examples from other projects. All advertising must include either the HUD approved Equal Housing Opportunity logo, slogan or statement and all advertising depicting persons shall depict persons of majority and minority groups, including both sexes in accordance with 24 CFR 200.620 (a).

Method of Advertising
e.g. brochures/flyers
e.g. advertising website address
e.g. social media website address

Required attachment(s) for this Section:

- Copies of websites, social media, brochures, flyers, etc.

Section D: Certifications

I certify to the following with respect to the Affirmative Fair Housing Marketing Plan submitted for the project:

1. The Fair Housing poster will be prominently displayed in all offices in which admission or rental activity pertaining to the project or facility takes place in accordance with 24 CFR 200.620(e).
2. The approved Affirmative Fair Housing Marketing Plan will be available for public inspection at the admission or rental office in accordance with 24 CFR 200.625.
3. The project site signs, if any, will display in a conspicuous position the HUD approved Equal Housing Opportunity logo, slogan or statement in accordance with 24 CFR 200.620(f).
4. All advertising will include either the HUD approved Equal Housing Opportunity logo, slogan or statement and all advertising depicting persons shall depict persons of majority and minority groups, including both sexes in accordance with 24 CFR 200.620 (a).
5. The project will maintain a nondiscriminatory hiring policy in recruiting from both minority and majority groups, including both sexes and individuals with disabilities, for staff engaged in the sale or rental of properties in accordance with 24 CFR 200.620(b).
6. All employees and agents will be instructed in writing and orally in the policy of nondiscrimination and fair housing in accordance with 24 CFR 200.620(c).
7. I understand that failing to comply with the requirements of 24 CFR 200.600 makes me liable to sanctions authorized by the regulations, rules or policies governing the program pursuant to which the application was made, including but not limited to denial of further participation in departmental programs and referral to the Department of Justice for suit by the United States for injunctive or other appropriate relief. HUD will enforce compliance through the procedures outlined in 24 CFR part 108. I understand that this certification serves as Notification of Intent to Begin Marketing pursuant to 24 CFR 108.15.

Signatures

By signing this form, the applicant/respondent agrees to implement its AFHMP, in accordance with program obligations in order to ensure continued compliance with HUD's Affirmative Fair Housing Marketing Regulations (see 24 CFR Part 200, Subpart M). 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).

Authorized Signatory: Name

Title

Signature

Date (mm/dd/yyyy)

Required Attachments

- Project Site Sign Photo or Rendering from Plans & Specifications**
If not yet available, include a statement that this is not yet available.
- Copies of Marketing Materials from Marketing Section**
If marketing materials are not yet available as the project is new, provide copies of marketing materials for other facilities that will be substantially similar.
- Copies of Correspondence from the Community Contacts/Referrals Section**
Copies of the correspondence (including letters, emails, etc.) to the community contacts/referrals.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

This Affirmative Fair Housing Marketing Plan is approved.

Authorized HUD Approval Signature:

Date:

Appendix 1

Equal Housing Opportunity Insignia

It is a requirement of 24 CFR 200.640 that the project include an Equal Housing Opportunity Logo, the Equal Housing Opportunity statement, and the Equal Opportunity slogan.

Equal Housing Opportunity logo:

Equal Housing Opportunity statement: “We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, or national origin.”

Equal Housing Opportunity slogan: “Equal Housing Opportunity”

Equal Housing Opportunity logo:



Appendix 2 Residency Preference

Program Guidance:

This section is only applicable to projects requesting a residency preference.

When requesting a residency preference (see also 24 CFR 5.655(c)(1)) for residency preference requirements. The requirements in 24 CFR 5.655(c)(1) will be used by HUD as guidelines for evaluating residency preferences consistent with the applicable HUD program requirements.

1. Type of Residency Preference:

New

Revised

Continuation of Existing Preference

2. Is the residency preference area the same as the AFHMP housing/expanded housing market area identified in Table 1?

Yes

No

3. Is the residency preference area the same as the residency preference of the local PHA in whose jurisdiction the project is located in?

Yes

No

4. What is the geographic area of the residency preference?

5. What is the reason for having a residency preference?

6. How do you plan to periodically evaluate your residency preference to ensure that it is in accordance with the non-discrimination and equal opportunity requirements in 24 CFR 5.105(a)?

Table 2 Demographic Analysis with Residency Preference
Use data from Table 1 to complete the below table

Demographic Characteristics	Project's Residents	Project's Applicant Data	Project's Census Tract	Housing Market Area	Expanded Housing Market Area	Residency Preference Area
White						
Black or African American						
American Indian and Alaska Native						
Asian						
Native Hawaiian and Other Pacific Islander						
Some Other Race						
Two or More Races						
Hispanic or Latino (of any race)						
Other (specify)						

Additional Demographic Information

Resident Data as of (date) . Number of Residents:

Applicant Data as of (date) . Number of Applicants:

Please indicate whether racial groups (White, Black or African American, American Indian and Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, Some Other Race, Two or More Races) include persons of Hispanic or Latino origin in Table 2.

Yes

No