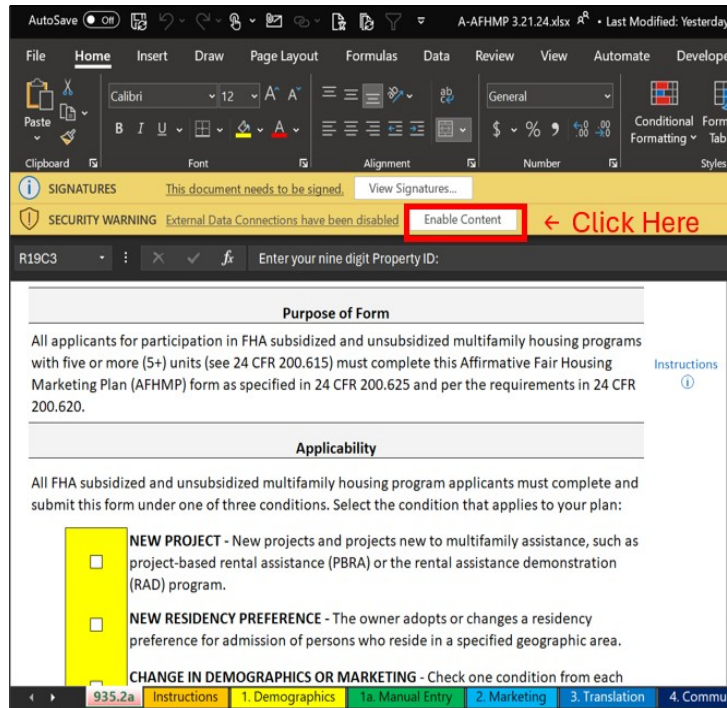


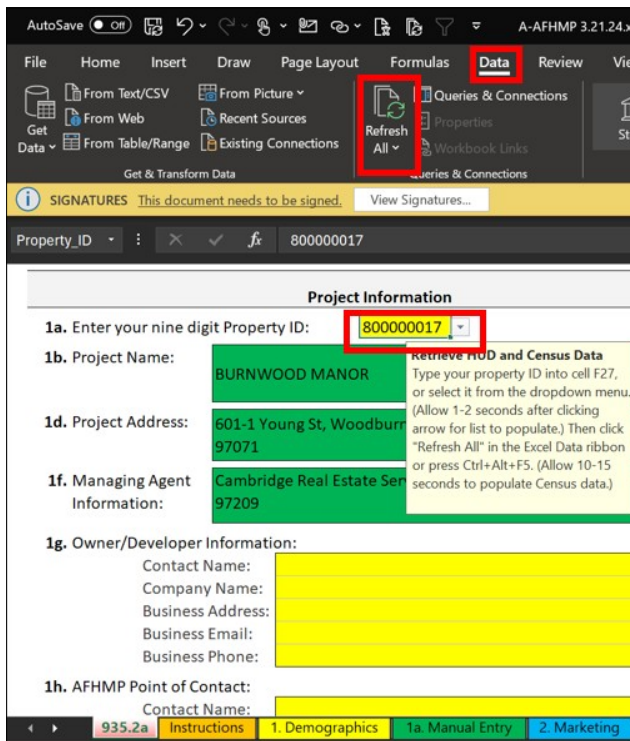
**This automated form connects directly to HUD and US Census data for your development. Please note that automated features are not supported on browser/web-based versions of Excel, Google Sheets, or Apple Numbers.**

**Upon first use, complete the following steps to configure data connections.**

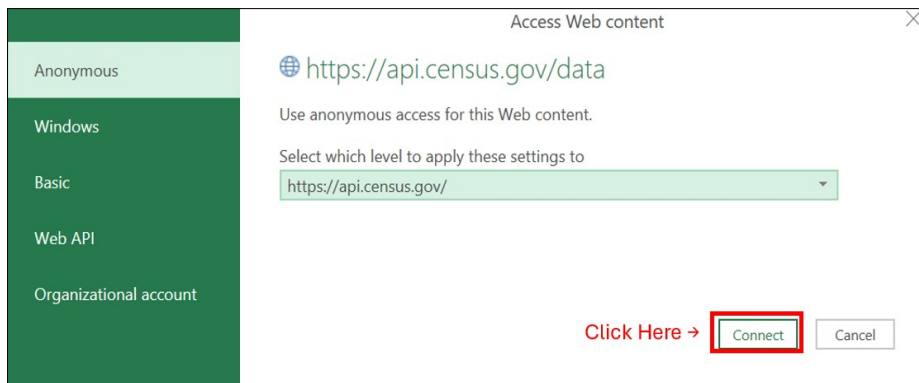
**1. Click “Enable Content” in the banner at the top of Excel.** This allows the form to connect to the Census Bureau website (data.census.gov)



**2. Enter your nine-digit property ID in Question 1a on Worksheet 935.2a.** If you need assistance locating your property ID, contact your Account Executive in the Office of Multifamily Housing. After entering a nine-digit property ID, go to the Data Ribbon and click “Refresh All.” You can also press CTRL+Alt+F5 to refresh. This will request the demographic information from the Census for your property’s geography.

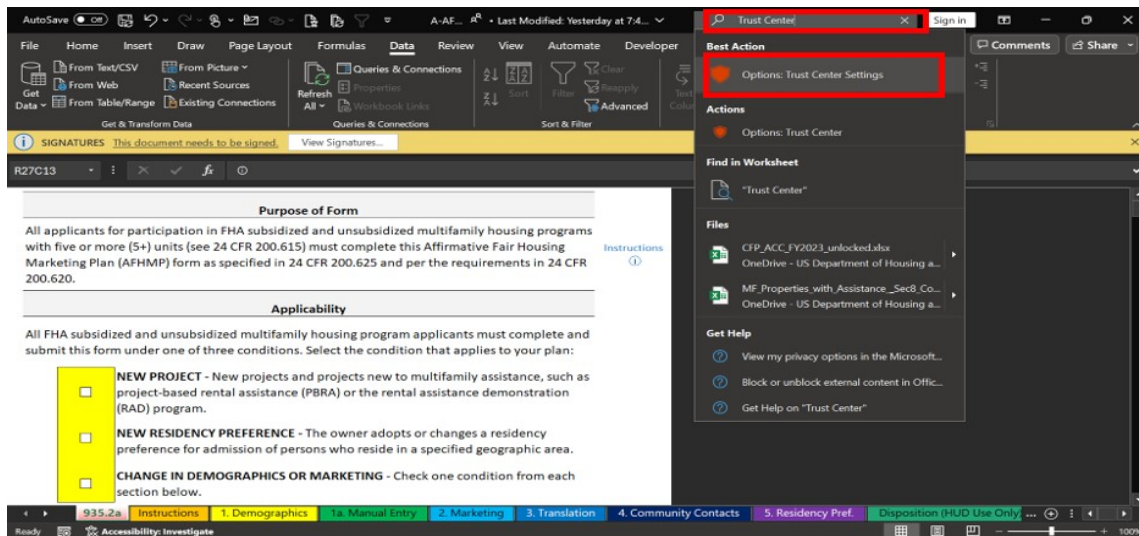


3. Click “Connect” in the “Access Web Content” Dialogue Box. Since the form is accessing publicly available Census data, anonymous access is permitted.

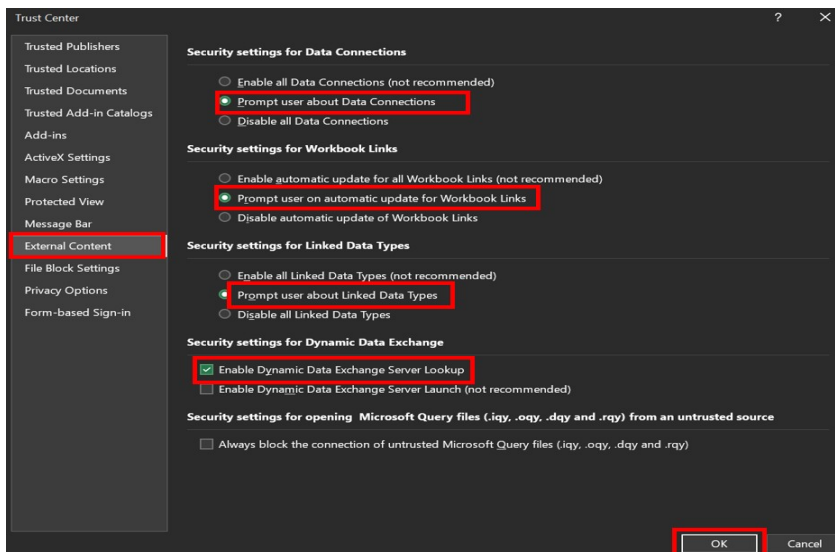


4. Select “Public” from the drop-down menu on the “Privacy Levels” dialogue box, then click “Save.” The Census data used by the form is publicly accessible.





3. Click “External Content”, then confirm that your settings are configured as pictured. (The first three radio buttons should be set to “Prompt User”. The first box under “Dynamic Data Exchange” should be checked.)



4. Click “Ok” and then restart Microsoft Excel. You should now receive the security warning and be able to successfully run the external data query.

### Purpose of Form

All applicants for participation in FHA subsidized and unsubsidized multifamily housing programs with five or more (5+) units (see 24 CFR 200.615) must complete this Affirmative Fair Housing Marketing Plan (AFHMP) form as specified in 24 CFR 200.625 and per the requirements in 24 CFR 200.620.

### Applicability

All FHA subsidized and unsubsidized multifamily housing program applicants must complete and submit this form under one of three conditions. Select the condition that applies to your plan:

- NEW PROJECT** - New projects and projects new to multifamily assistance, such as project-based rental assistance (PBRA) or the rental assistance demonstration (RAD) program.
- NEW RESIDENCY PREFERENCE** - The owner seeks to adopt or change a residency reference for admission of persons who reside or work in a specified geographic area.
- CHANGE IN OWNERSHIP, DEMOGRAPHICS, OR MARKETING** - Check one condition from each section below.

**One of the following three applies:**

- Five years have elapsed since HUD approved the plan, OR
- The jurisdiction updated its Consolidated Plan, OR
- The demographics of the Housing Market Area (HMA) have significantly changed.

**AND one of the following two applies:**

- The owner has reason to believe that current marketing is not reaching a group least likely to apply for housing, OR
- The advertising, publicity or outreach are no longer appropriate and require modification or expansion.

### Project Information

1a. Enter your nine digit Property ID:

1b. Project Name:

1c. Contract Number:

1d. Project Address:

1e. Date of Initial Occupancy:

1f. Managing Agent Information:

1g. Owner/Developer Information:

Contact Name:

Company Name:

Business Address:

Business Email:

Business Phone:

1h. AFHMP Point of Contact:

Contact Name:

Company Name:

Business Address:

Business Email:

Business Phone:

1i. Does this property have an elderly or disability restriction or preference? If yes, attach the regulatory agreement or other supporting documentation (see instructions), and/or your Tenant Selection Plan.

1j. If applicable, describe elderly or disability restrictions or preferences and how you apply them (e.g., define the qualification criteria for each restriction/preference and how they interact, state the age cutoff for any elderly restriction/preference, explain if any household member can qualify, note if restrictions/preferences apply across the project or are limited to certain units, etc.) (500 characters)

1k. Please submit photos of Project Site Signs. Below, check all locations where you will display the Project Site Sign.

Entrance to Project     Model Unit     Real Estate Office     Rental Office     Other (please specify)

**AFHMP Information**

2a. Date of Last Approved AFHMP:

*If this is the initial AFHMP for this property, skip this question.*

**2b.** Please discuss the effectiveness of your most recent AFHMP to reach groups identified as least likely to apply. (1000 characters)

**Marketing Information**

**Dates of Marketing Campaign:** Marketing must not begin without an approved AFHMP. For all projects, marketing should begin at least sixty (60) days before any period of time when you will accept applications.

**3a.** Date marketing began or will begin:

**3b.** Date applications will start being accepted (if applicable):

**3c.** Have you attached a copy of your marketing budget to this submission? If not, provide justification in Question 13: Additional Considerations.

**Marketing to Groups Least Likely to Apply**

**Affirmative Marketing for Racial and Ethnic Groups**

Before completing the next section, review and verify the demographic information automatically provided in Worksheet 1: Demographics. If data does not auto-populate, confirm the property ID entered in Cell F26 on 935.2a, click *Refresh All* on the data ribbon, or press CTRL + ALT + F5. Then, use the data to determine which racial and ethnic groups might be disproportionately less likely than the general population to know about and apply for units at the property.

You may enter alternate geographies on Worksheet 1a; however, you must explain the reasoning for using different geographies in Question 13: Additional Considerations.

**4a.** Check the boxes for **all** groups under-represented at the property, on the property's waiting list, or in the property's census tract compared to the population of the Housing Market Area (HMA) and Expanded Housing Market Area (EHMA) as indicated by the data in Worksheet 1 or Worksheet 1a. (Check all that apply.)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White, Non-Hispanic
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**Marketing Activities**

- 4b. Complete Worksheet 2, describing your efforts to market your property to for each racial or ethnic group identified in Question 4.

Is Worksheet 2 complete?

**Affirmative Marketing to Individuals with Disabilities, Families with Children, and Other Demographic Groups**

- 5a. Describe your efforts to affirmatively market units to households that include individuals with disabilities (e.g., including information about accessible features in advertisements). You should describe the marketing materials used and the geographic reach of the marketing. (500 characters)

- 5b. Describe your efforts to affirmatively market units to families with children (e.g., providing information in advertisements about nearby childcare centers, recreation centers, libraries, schools, or playgrounds). You should describe the marketing materials used and the geographic reach of the marketing. (500 characters)

- 5c. If there are demographic groups that are prevalent in your HMA or EHMA but underrepresented at your property that have not yet been discussed in this AFHMP (e.g., religious groups), please list any such groups and describe your efforts to affirmatively market available units to them, including the marketing materials used and the geographic reach of the marketing. (500 characters)



**Translation for LEP Groups**

6. Does your property have a Language Access Plan (LAP) and does your LAP call for the translation of marketing and application materials? If so, please describe these efforts. The data for your geography found in Worksheet 3 can inform your LAP and which language groups require translated materials. (500 characters)

**Community Contacts**

7a. Complete Worksheet 4 to describe the community contacts to whom you will provide marketing materials and blank applications.

Have you completed Worksheet 4 with at least two community contacts for each targeted population?

7b. Provide the name and contact details for a primary community outreach partner who will assist with affirmative marketing. Potential community outreach partners may include any entity with expertise in affirmative marketing or otherwise advancing fair housing (e.g., housing counseling agencies, fair housing organizations, or local continuum of care providers). Community contacts listed in Question 7a may also serve as primary community outreach partners if they work specifically to advance fair housing. Please describe how the primary community outreach partner will assist with outreach regarding your property. (1000 characters)

Name:

Email Address:

Phone Number:

**Assistance and Activities:**

### Application Procedures

**8a. Application Availability** - The items below list recommended practices for equity in application distribution. Please check all the practices that your property engages in.

- Applications are available at the property after 5 p.m. and/or on weekends
- Applications are available in non-English languages
- Applications are available in accessible formats (e.g., Braille, electronic accessible versions)
- Applications are distributed by mail
- Applications are available on a public facing website
- Applications may be picked up without an appointment
- Applications are available at public sites (e.g., community centers, libraries, PHAs) throughout the HMA
- Applications are emailed or otherwise distributed to community contacts

**8b. Application Submission** - Check all that apply.

- Applications can be submitted by mail
- Applications can be submitted at the property after 5 p.m. and/or on weekends
- Applications can be submitted over the internet
- Applications can be submitted by email
- Applications can be submitted in person at locations other than the property (e.g., PHAs, community centers)

### Tenant Selection

**9a.** Describe how you will make potential applicants and the public aware of preferences and screening criteria that impact tenant selection. (For subsidized properties, this includes your tenant selection plan.) Specify where your Tenant Selection Plan will be available to applicants/public. This may include advertising materials, property website, or the rental application. (500 characters)

**9b.** Has your staff received training on the application and tenant selection policies and practices following the project's occupancy policy, including any residency preferences? If yes, provide copies of training materials with your submission.

**9c.** What staff positions are/will be responsible for tenant selection? (250 characters)

**Residency Preference**

**10a.** Is the property requesting or does it currently have a HUD-approved residency preference? If no, skip to Question 11 and leave Worksheet 5 blank.

[Redacted]

**10b.** Residency Preference Status:

[Redacted]

**10c.** What is the geographic area of the residency preference?

[Redacted]

**10d.** Have you attached residency preference language from your tenant selection plan? (Required for approval).

[Redacted]

**10e.** Is the residency preference area the same as the EHMA identified in Worksheet 1?

[Redacted]

**10f.** Why does the property need a residency preference for the geography described in 10c? (500 characters)

[Redacted]

**10g.** Is Worksheet 5 complete with information about your residency preference?

[Redacted]

**Staff**

**11.** Describe AFHMP/Fair Housing Training that has been or will be provided about fair housing and other applicable civil rights requirements per 24 CFR 200.620. (500 characters)

[Redacted]

**Evaluation**

- 12.** Describe the steps you will take to monitor and evaluate the success of your affirmative marketing activities between AFHMP submissions. Include the data you will look at, the metrics you will use to evaluate your progress, and how often you will evaluate your progress. (1500 characters)

[Redacted area for question 12]

**Additional Considerations**

- 13.** Is there anything else you would like to tell us about your AFHMP and how you will market your program to those least likely to apply for housing? (1000 characters)

[Redacted area for question 13]

- 14.** The AFHMP must be available for public inspection at the sales or rental office (24 CFR 200.625), and HUD recommends that you make the AFHMP available on a public-facing website. State where the AFHMP is available (including the web address for any websites) and describe how someone can request a copy. (250 characters)

[Redacted area for question 14]

URL(s) Posted:

[Redacted input fields for URL(s) Posted]

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**AFHMP Implementation, Review, and Update**

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By signing this form, you agree to implement your AFHMP, to review your AFHMP every five (5) years, and to update and resubmit your AFHMP when required to ensure continued compliance with our Affirmative Fair Housing Marketing Regulations (see 24 CFR Part 200, Subpart M).

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**Certification**

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I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct, that the Owner/Developer will undertake the actions specified in this AFHMP, and that the Owner/Developer will comply with all applicable fair housing and civil rights requirements, see 24 CFR 5.105(a). **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

X  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Submission (mm/dd/yyyy)

\_\_\_\_\_  
Name of the Person Submitting this AFHMP

\_\_\_\_\_  
Title and Name of Company

This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget (OMB) control number.

HUD's review of an AFHMP does not mean that HUD has determined the Owner/Developer/Manager to be compliant with fair housing or civil rights laws or other requirements. The Owner/Developer/Manager is always required to comply with all applicable civil rights laws and regulations.

## General Instructions and Tips

Complete **Worksheet 935.2A**, starting at the top and working down. Yellow highlighted cells indicate user-fillable fields, which will change to a paler yellow when information is entered. Complete all applicable yellow-highlighted questions. Green highlighted cells indicate information pulled from HUD systems. Verify the accuracy of all project information populated from HUD systems and manually correct any errors in the form itself and with your local Office of Multifamily Housing. Narrative response boxes will note if there is a character limit.

- You may attach text for any narrative question in a Microsoft Word file.
- You may wish to compose responses in word processing software and paste them into Excel.
- The recommended view setting for the form is **Normal**.
- Use the hyperlinks denoted by text and symbols in Column M to navigate between sections of the form.
- To move to the next line within a cell, press ALT + Enter.

This is **HUD version ###**, updated on XX/XX/XXXX.

Submit completed form to: **Local HUD Field Office**, Attention: **Director, Office of Housing**

## Purpose of Form

The purpose of this Affirmative Fair Housing Marketing Plan (AFHMP) is to help achieve a condition in which individuals of similar income levels in the same Housing Market Area (HMA) have a similar range of housing choices available to them regardless of race, color, national origin, religion, sex (including sexual orientation and gender identity), familial status, or disability. The AFHMP helps owners/agents effectively market available housing opportunities to groups that are otherwise least likely to apply. Affirmative fair housing marketing and planning is part of all new construction, substantial rehabilitation, and existing project marketing and advertising activities.

As specified in this Plan, an Affirmative Fair Housing Marketing program shall be in effect for each multifamily project throughout the term of the mortgage or assistance (24 CFR 200.620(a)). The HUD-approved AFHMP must be available for public inspection at the sales or rental offices of the property (24 CFR 200.625) and should be posted on a public-facing website. The owner may not revise the AFHMP without HUD's approval.

## Applicability

All FHA subsidized and unsubsidized multifamily housing program participants must complete and submit the form and worksheets. Indicate the reason for submitting this AFHMP using the appropriate check boxes in the Applicability section.

Properties must review their AFHMP every five years, when the local jurisdiction updates its Consolidated Plan, when there are significant changes in the demographics of the project, the local HMA, or the Expanded Housing Market Area (EHMA), or when a new entity assumes ownership of the property. When reviewing an AFHMP, consider the current demographics of the HMA to determine if there have been demographic changes in the population in terms of race, color, national origin, religion, sex, familial status, or disability. Then, determine if the groups least likely to apply for the housing are still the groups identified in the AFHMP, whether the advertising and community contacts cited in the current AFHMP are still appropriate, and whether you should modify or expand the advertising sources.

Entities assuming ownership of an assisted or insured property should submit a signed and dated letter of intent to operate under the existing AFHMP if demographics and groups least likely to apply are unchanged and current marketing practices are still appropriate.

Any project seeking to adopt a residency preference or change an existing residency preference must also submit the AFHMP form for HUD approval.

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### Project Information

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**Question 1a.** Enter your nine digit property ID, or select it from the dropdown menu. Then click *Refresh All*, located in the *Data* section of the Microsoft Excel Ribbon. You can also retrieve data by pressing CTRL + ALT + F5. Allow 5-15 seconds for the form to retrieve HUD and Census data. Contact your local HUD Multifamily Office if you need assistance locating your property ID. Click the [Read Me](#) worksheet for instructions to configure external data connections.

**Questions 1b - 1f:** Verify that information populated from HUD systems is accurate. Correct errors on the AFHMP form through manual input and in HUD Active Partners Performance System (APPS). Only complete block 1f if a Managing Agent is implementing the AFHMP. (The Managing Agent cannot be the applicant.) **Note:** HUD updates the Multifamily data used to auto-populate the AFHMP form quarterly, so corrections submitted through APPS will not immediately show on the form. If you refresh the project information and Census data, you must re-correct any errors in these fields. For technical assistance with corrections, see HUD APPS Industry User Guide:

<https://www.hud.gov/sites/documents/IUGGUIDE.PDF>

**Questions 1g - 1h:** Manually input the owner/developer information and AFHMP point of contact. Include mailing address, phone number, and email address.

**Questions 1i - 1j:** Indicate whether the property has an elderly or disability preference or whether HUD has approved an occupancy restriction based on age or disability. If yes, attach a copy of the regulatory agreement or other supporting documentation specified in Multifamily Handbook 4350.3 Section 3-18:

<https://www.hud.gov/sites/documents/43503c3HSGH.PDF#page=52>



Describe how the restrictions and/or preferences are administered. Include details such as the age cutoff, whether qualification is limited to heads of household, how restrictions/preferences interact, how many units are set aside for non-qualifying households, or any other relevant details. You may also attach your Tenant Selection Plan if it contains this information.

**Question 1k:** You must display the Project Site Sign in an obvious position with the HUD-approved Equal Housing Opportunity logo, slogan, or statement (24 CFR 200.620(f)). You should indicate where you will display the Project Site Sign, the size of the sign, and the size of the logo, slogan, or statement. Attach photographs of project site signs to your submission.

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### AFHMP Information

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**Question 2a:** Provide the date that the HUD Office of Fair Housing and Equal Opportunity Approved your most recent AFHMP. See the final page of the AFHMP Form HUD-935.2A.

**Question 2b:** Explain the effectiveness of the most recent AFHMP and if it has successfully attracted those groups identified as least likely to apply. Discuss whether marketing efforts reached the groups least likely to apply and led to them applying to and living at the property, and if not, why not.

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### Marketing Information

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**Questions 3a - b:** For all projects, advertising should begin at least sixty (60) days before the commencement of any period during which you will accept applications. State the projected date that marketing will begin. Include the approximate date you will accept applications. Marketing must not start without an approved AFHMP.

**Question 3c:** Attach a copy of the marketing budget for this property. The budget should include the amounts spent on general marketing and the amounts for the marketing activities described in this AFHMP. If the project does not have a marketing budget, explain in Question 13: Additional Considerations.

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### Marketing to Groups Least Likely to Apply

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#### Affirmative Marketing for Racial and Ethnic Groups

**Question 4a:** Using the information from the completed Worksheet 1, identify the demographic group(s) least likely to apply for the housing without special outreach efforts by checking applicable boxes. Significant under-representation of any demographic group depends on the project size and the specific demographics of the neighborhood, HMA, and EHMA. You can select multiple underrepresented groups as the least likely to apply.

Worksheet 1 should populate the project's demographic data and the racial and ethnic composition of the project's census tract, HMA, and EHMA. It is important to confirm the accuracy of the current demographic composition of the project's residents and to manually enter the project's applicant (or waitlist) data. If the *Current Residents* column says 'Enter Data', the information is unavailable in HUD's system and should be entered manually.

Compare each row across the columns on Worksheet 1 to identify any under-represented group(s) in the project's current residents (if applicable), applicants, and/or in the census tract relative to the surrounding HMA and EHMA, i.e., those group(s) "least likely to apply" for the housing without targeted outreach and marketing.

"Least likely to apply" means that there is an identifiable presence of a specific demographic group in the HMA, but members of that group are not likely to apply for the housing without targeted outreach, including marketing materials in other languages for limited English proficient individuals, and alternative formats for persons with disabilities. Reasons for not applying may include insufficient information about housing opportunities, language barriers, or transportation impediments.

The applicable HMA and EHMA are pre-populated based on the property ID. The default entries show the project's Census Place (e.g. population centers such as municipalities, cities, towns, villages, or Zip Code Tabulation Areas for unincorporated places) as the HMA. The EHMA is the Metropolitan or Micropolitan Statistical Area (MSA). The form will use the County as the EHMA if the project is outside an MSA. An HMA is an area from which a multifamily housing project owner/agent may reasonably expect to draw a substantial number of tenants. An EHMA is a larger geographic area, such as a Metropolitan Division or a Metropolitan Statistical Area, which may provide additional demographic diversity regarding race, color, national origin, religion, sex, familial status, or disability.

You may enter alternate geographies on Worksheet 1a; however, you must explain the reasoning for using different geographies in Question 13: Additional Considerations.

### **Marketing Activities**

**Question 4b:** Complete Worksheet 2 by identifying the group(s) you are targeting for marketing. This will include the groups identified in Question 4a. For each targeted population, describe the marketing material (e.g., brochure, color advertisement, 30-second radio ad, website, social media, listserv, email blast). Advertising strategies that employ a variety of forms and cover a broad geographic area are more likely to reach potential applicants equitably and avoid perpetuating segregation or exclusion. Proposed platforms should include print and digital services (e.g., website postings and digital listing services, social media ads, flyers, newspaper ads, billboards, etc.) Indicate the media where the marketing will appear as precisely as possible. For example, name the newspaper where you will place an advertisement and the location where you will post or distribute flyers, or the online group you will post in. Include the geographic reach of the chosen outlet/method. You may add additional worksheets to list more than 12 activities.

Attach additional pages, if necessary, for further explanation. Attach copies of advertising or marketing materials. All advertising depicting persons shall depict persons of a variety of demographics (e.g., persons of various racial, ethnic, and religious groups; persons of all genders; same-sex couples; families with children; and individuals with disabilities).

### **Affirmative Marketing to Individuals with Disabilities, Families with Children, and Other Demographic Groups**

**Question 5a:** Describe measures to affirmatively market units to households that include individuals with disabilities. This may include information about accessible features in advertisements, providing marketing materials and applications to community contacts who serve people with disabilities, or providing information about locally available supportive services or medical care. (List community contacts on Worksheet 4 in response to Question 7a.)

**Question 5b:** Describe measures to affirmatively market units to families with children. This may include depicting images of families with children in advertisements and providing information in advertisements about on-property or nearby childcare centers, playgrounds, schools, recreation centers, libraries, or schools, or providing materials to community contacts who serve families with children. (List community contacts on Worksheet 4 in response to Question 7a.)

**Question 5c:** If there is an identifiable presence of protected class groups in the HMA or EHMA not included in Worksheet 1, specify those groups and describe the efforts used to affirmatively market to them. You may use the most current data from the American Community Survey's 5-year estimates. However, you may also use local knowledge or another data source, such as HUD's Affirmatively Furthering Fair Housing Tool, or local government data.

### **Translation for LEP Groups**

**Question 6:** The data in Worksheet 3 shows groups with limited English proficiency in the HMA and EHMA, including the number and share of persons who speak each language. Compare significant language groups with others deemed least likely to apply and translate marketing materials as necessary. This information can help you determine which languages to translate marketing materials into and design an effective Language Access Plan (LAP) for your property. HUD strongly encourages all assisted and insured properties to develop LAPs. Indicate whether your property has an LAP.

Under Title VI of the Civil Rights Act of 1964, all HUD-assisted multifamily housing must provide meaningful access to persons with limited English proficiency (LEP). Providing translation services and other language assistance to LEP persons can also help avoid national origin discrimination under the Fair Housing Act at both assisted and unassisted properties. See HUD's Fair Housing Act LEP Guidance:

<https://www.hud.gov/sites/documents/LEPMEMO091516.pdf>

NOTE: Review of the LAP is beyond the scope of the AFHMP submission and approval process. For additional information, see HUD's LEP Guidance:

<https://www.govinfo.gov/content/pkg/FR-2007-01-22/pdf/07-217.pdf>

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### Community Contacts

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**Question 7a:** Complete Worksheet 4 with **at least two organizations** as community contacts for each targeted marketing population. Include two community contacts for each of the following: (a) the racial and ethnic groups you identified in response to Question 4a; (b) households that include individuals with disabilities; (c) families with children; and (d) any other demographic groups you identified in response to Question 5c. You may add or attach additional sheets if necessary.

When selecting your community contacts, consider how best to reach the various subgroups within the targeted populations. You should employ a variety of organizations covering the HMA and EHMA to reach potential applicants and avoid perpetuating segregation or exclusion. Examples include food banks, legal aid offices, emergency shelters, health clinics, employers, advocacy organizations and other agencies, local governmental offices, housing authorities, and community gathering places (e.g., senior centers, recreation centers, libraries, schools, and places of worship). As many organizations serve only a subset of eligible residents, the more organizations that you contact, the more likely marketing efforts are to reach a diverse pool of applicants across the market area.

Community contacts may include non-profits, housing advocates, legal service organizations, social service agencies, religious organizations, and community centers. Community contacts can be organizations that work specifically with a group identified or organizations that work with a broad range of people but whose clients include a substantial number of people from the groups least likely to apply. For example, if you aim to market to a particular racial group, an organization that operates in a neighborhood with a concentration of residents of that group could be a community contact.

Specify the name of the organization and its address, phone number, and email. Include a description of which demographic each contact targets, how they work with the population, and what materials you provided to the organization (e.g., applications, flyers, advertisements). Include the date you contacted the community organization or the date they agreed to be a community contact for your project, as well as the method of contact with the organization (e.g., telephone, email, in-person visit).

**Question 7b:** While community contacts can help market toward specific demographic groups they serve, the primary community outreach partner should be an entity with expertise in affirmative marketing or otherwise advancing fair housing. This could be an organization or government entity that has an explicit mission or HUD-funded mandate to affirmatively further fair housing, such as a HUD-funded housing counseling agency, a state housing or economic development agency that receives CDBG funds, or a regional planning association that spans multiple jurisdictions or units of government. Community contacts listed in [Question 7a](#) may also serve as primary community outreach partners if they work specifically to advance fair housing. Include a description of your engagement and collaboration with the primary outreach partner and attach any correspondence or formal agreement you develop with this entity.

Examples of best affirmative practices that a primary partner might provide include mobility counseling, site tours, current resident testimonials and/or social engagements, financial assistance (e.g., application fees or security deposits), and centralized listings of multiple HUD-assisted properties. Primary partners should be engaged regularly throughout the marketing process and in subsequent marketing efforts until your development's next AFHMP approval.

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### Program-Specific Requirements

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Housing in the 202 and 811 programs must conduct outreach and marketing to local operators of homeless shelters (24 CFR 891.400). HUD encourages all other housing providers to do so as well.

Low-Income Housing Tax Credit (LIHTC) properties are expressly prohibited from discriminating against voucher holders. Owners are required to certify every year that they are adhering to that requirement (26 U.S.C. § 42(h)(6)(B)(v)).

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### Application Procedures

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**Question 8a:** This question contains a list of best practices for distributing applications to a broad range of people throughout the HMA or EHMA. Check all boxes indicating practices your property has adopted. While HUD does not require every practice for approval, insufficient application distribution can have the purpose or effect of excluding members of a protected group and may be grounds for disapproval. For example, if paper applications are only available at the development during business hours or by appointment, then distribution at other public locations with more flexible hours is likely required to avoid creating a barrier to working families, those without internet access, those who live farther away, or individuals with disabilities. HUD encourages housing providers to adopt as many of these best practices as feasible. If you have taken other steps to facilitate application distribution or acceptance, include those in the response to [Question 13: Additional Considerations](#).

**Question 8b:** This question contains a list of best practices for accepting applications from a broad range of people throughout the HMA. Check all boxes indicating practices your property has adopted. While HUD does not require every practice for approval, restrictive methods of receiving applications can have the purpose or effect of excluding members of a protected group and may be grounds for disapproval. HUD encourages housing providers to adopt as many of these best practices as feasible. If you have taken other steps to facilitate application distribution or acceptance, include those in the response to Question 13: Additional Considerations.

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### Tenant Selection

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**Question 9a:** Describe how you make potential applicants and the public aware of any preferences and screening criteria that impact tenant selection. Specify where this information is available, including advertising materials, the property website, or the rental application. You should also specify how you will make your Tenant Selection Plan available to potential applicants/public. Providing this information allows applicants to inform the housing provider of the preferences for which they qualify, as well as allowing the applicant to know if they do not qualify due to tenant selection criteria.

**Question 9b:** Indicate whether you have provided training to staff on tenant selection following the project's occupancy policy, including residency preferences.

**Question 9c:** Identify positions that are/will be responsible for tenant selection.

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### Residency Preference

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**Questions 10a - 10g:** A residency preference is a preference for admission of persons who reside or work in a specified geographic area (see 24 CFR 5.655(c)(1)(ii)). Indicate whether the project is seeking approval for a residency preference, and if so, specify if it is new, revised, or continuing. If you are seeking approval for a residency preference, indicate the preference area with a map delineating the precise area, state all reasons for having a residency preference, attach the residency preference language in your tenant selection plan, and complete Worksheet 5. You must ensure that the preference meets the nondiscrimination and equal opportunity requirements in 24 CFR 5.105(a) and 24 CFR 5.655(c)(1), that the preference area is no smaller than specified by any applicable program requirements, and does not have a negative discriminatory effect. Ensure that at least once a year, you examine the demographics of your residents to evaluate your residency preference for compliance with 24 CFR 5.105(a) and 24 CFR 5.655(c)(1)(iv).

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### Staff

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**Question 11:** Discuss AFHMP/Fair Housing training, including other applicable civil rights requirements per 24 CFR 200.620. Enter N/A if there is no training/training plan. Include:

- which staff have been or will be trained;
- the frequency of such training;
- who provides the training;
- the content of the training; and
- how you will assess staff competency in this area on an ongoing basis.

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### Evaluation

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**Question 12:** Explain the evaluation process to determine if you have successfully attracted those identified as least likely to apply, and how you will plan future marketing activities based on the evaluations. Include the data you will look at, the metrics you will use to evaluate your progress, and how often you will evaluate your progress.

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### Additional Considerations

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**Question 13:** Describe any efforts not previously mentioned to attract those individuals least likely to apply for the subject housing. If you changed the default geographies in Worksheet 1, if your project does not have a marketing budget or if you wish to elaborate on your application and tenant selection procedures, provide an explanation or justification in this section.

**Question 14:** The AFHMP must be available for public inspection at the sales or rental office (24 CFR 200.625). Provide the location and URL (if applicable) where the AFHMP will be available for public review. The Department recommends that you post the AFHMP on the property website so that it is available for public inspection.



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## AFHMP Implementation, Review, and Update

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You must review your AFHMP every five years, when the local Community Development jurisdiction updates its Consolidated Plan, or sooner if there are significant changes in the demographics of the project or the local HMA. When reviewing the plan, you should consider the current demographics of the HMA to determine if there have been demographic changes in the population in terms of race, color, national origin, religion, sex, familial status, or disability. You will then determine if the population least likely to apply for the housing is still the population identified in the AFHMP, whether the advertising and publicity cited in the current AFHMP are still appropriate, or whether you should modify or expand those advertising sources. Even if the demographics of the HMA have not changed, you should determine if the current outreach currently is reaching those least likely to apply as measured by project occupancy and applicant data. One way of assessing the effectiveness of marketing efforts is to survey applicants as to how they learned of the property.

If the currently approved AFHMP 1) does not accurately identify the population(s) least likely to apply for the housing, 2) does not include advertising or outreach that is appropriate to reach the population(s) least likely to apply, or 3) the advertising source should be modified or expanded because the outreach currently being performed is not reaching those it is intended to reach, then the AFHMP should be updated and submitted to HUD for approval.

If, based on your review, you determine that you do not need to revise the AFHMP, you should maintain documentation of what you reviewed, what you found because of the review, and why no changes were required. You do not need to submit this information for HUD approval, but HUD may review this documentation upon request. HUD may review whether the recipient is conducting affirmative marketing per the AFHMP.

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## Certification

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To sign the AFHMP, right-click the Signature line and click [Sign](#). Alternatively, you may click [Print](#) or press [CTRL + P](#) to print the certification page of the AFHMP form. Sign and date the top line and print your name and title on the second line. Scan the signed signature page in PDF format and attach it to your emailed AFHMP submission.

By signing, you certify that all assume responsibility for implementing the information stated herein and that any information provided in the accompaniment herewith, is true, accurate, and complete. You certify that the Owner/Developer will undertake the actions specified in this AFHMP and comply with all applicable fair housing and civil rights requirements. You further agree to comply with all the AFHMP, Fair Housing Act, and all other applicable federal fair housing and civil rights requirements (that may include the Fair Housing Act, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act, among others).

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### Notice of Intent to Begin Marketing

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The AFHMP Compliance Regulations require you to submit notification of intent to begin marketing no later than ninety (90) days before the initiation of rental marketing activities (24 CFR 108.15). You will submit the Notification to the Office of Fair Housing and Equal Opportunity in the HUD Office servicing the locality of the proposed housing. Upon receipt of your Notification of Intent to Begin Marketing, the monitoring office will review any previously approved plan and may schedule a pre-occupancy conference. HUD will hold such a conference before initiation of sales/rental marketing activities. At this conference, HUD will review the previously approved AFHMP with you to determine if the plan and its proposed implementation require modification before marketing initiation to achieve the objectives of the AFHM regulation and the plan.

OMB approval of the AFHMP includes approval of this notification procedure as part of the AFHMP. The total designated burden hours for this AFHMP form include time for such notification.

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### Public Burden Statement

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The public reporting burden for this collection of information relating to the Affirmative Fair Housing Marketing Plan for Multifamily Housing is estimated to average four (4) hours for new plans and two (2) hours for updated plans. This includes the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, as well as completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to Colette Pollard, Reports Management Officer, REE, U.S. Department of Housing and Urban Development (HUD), 451 7th Street, SW, Washington, DC 20410. When providing comments, please refer to OMB Approval No. Number 2529-0013.

This collection of information is required under the Fair Housing Act for HUD to administer its programs and activities relating to Housing and Urban Development in a manner to affirmatively further fair housing and eliminate discriminatory practices involving federally insured and subsidized housing. This information will be used by HUD to ensure compliance with the statutory and regulatory requirements, and other legal authority by ensuring that builders and developers who are benefiting from HUD programs provide information on housing to prospective buyers and renters that are least likely to apply for the housing because of their race, color, religion, sex (including sexual orientation and gender identity), national origin, disability, or familial status. There are no assurances of confidentiality provided in this collection of information.

**Worksheet 1: Determining Demographic Groups Least Likely to Apply for Housing Opportunities**

The columns below show the percentage of demographic groups among the project’s residents, census tract, HMA, and EHMA. If the data in these columns does not auto-populate, confirm the property ID entered in Cell F26 on 935.2a, click *Refresh All* on the data ribbon or press CTRL + ALT + F5. Complete the column titled ‘Applicants’ and check the column titled ‘Current Residents’ for accuracy, correcting any errors you find. If the ‘Current Residents’ column says *Enter Data*, the information is unavailable in HUD’s system and should be entered manually. If the project is new construction or substantial rehabilitation and does not have current resident or applicant data, leave those two columns blank. If this sheet does not auto-populate, complete Worksheet 1a.

Use this information to identify any under-representation of certain demographic groups in terms of race, color, national origin, familial status, or disability. If there is a significant under-representation of any demographic group among project residents, current applicants, or the census tract related the HMA/EHMA, then you should target outreach and marketing towards groups least likely to apply.

Demographic Characteristics (%)	Current Residents	Applicants	Census Tract	HMA	EHMA
Black or African American					
American Indian and Alaska Native					
Asian	Enter Data				
Native Hawaiian and Other Pacific Islander	Enter Data				
Hispanic or Latino					
White alone					
Persons with Disabilities					
Families with Children					

**Worksheet 1a: Alternate Geographies for Determining Demographic Groups Least Likely to Apply for Housing Opportunities**

Complete **Worksheet 1a** ONLY if you wish to use an alternate geography from the default HMA/EHMA in **Worksheet 1**, or if you are prompted to manually complete the census tract/HMA/EHMA data. If you wish to use the default geographies from **Worksheet 1**, leave this worksheet blank. If the project is new construction or substantial rehabilitation and does not have current resident or applicant data, leave those columns blank.

The purpose of this information is to identify any under-representation of certain demographic groups in terms of race, color, national origin, familial status, or disability. The columns below indicate the percentage of demographic groups among the project's residents and census tract. If there is significant under-representation of any demographic group among project residents, current applicants, or the census tract in relation to the HMA/EHMA, then targeted outreach and marketing should be directed towards these individuals least likely to apply.

Demographic Characteristics (%)	Current Residents	Applicants	Census Tract	HMA	EHMA
			(Enter Tract Number)	(Enter HMA)	(Enter EHMA)
Black or African American					
American Indian and Alaska Native					
Asian					
Native Hawaiian and Other Pacific Islander					
Hispanic or Latino					
White alone					
Persons with Disabilities					
Families with Children					

**Worksheet 2: Marketing Activities**

Complete Worksheet 2 by identifying the group(s) you are targeting for marketing identified in Question 4. For each targeted population, describe the marketing material (e.g., brochure, color advertisement, 30-second radio ad, website, social media, listserv, email blast). Indicate the media where the marketing will appear as precisely as possible. For example, name the newspaper where you will place advertisements and the location where you will post or distribute flyers, the online group you will post in. Include the geographic area of the chosen outlet/method. Attach copies of the marketing materials listed, including marketing you have translated to reach the groups least likely to apply. You may add additional worksheets if you need to list more than 12 activities.

Group(s) for Affirmative Marketing	Description of Material	Media Where Marketing Will Appear	Geographic Areas Marketing Will Reach

Affirmative Fair Housing Marketing Plan (AFHMP) - Multifamily Housing  
U.S. Department of Housing and Urban Development

Group(s) for Affirmative Marketing	Description of Material	Media Where Marketing Will Appear	Geographic Areas Marketing Will Reach



**Worksheet 3: Language Groups for Persons with Limited English Proficiency (LEP)**

Use [Worksheet 3](#) to determine if there are populations who need marketing and application materials translated into other languages. The cells in this worksheet will highlight for language groups in each geography level if **more than 1,000 individuals or 5% of the total population speaks English "less than very well."** If data does not auto-populate, confirm the property ID entered in Cell F26 on 935.2a, click Refresh All on the data ribbon, or press CTRL + ALT + F5.

	Census Tract	HMA	EHMA
<b>LEP Language Group</b>			
Total Population			
Spanish (#)			
Spanish (%)			
French, Haitian, or Cajun (#)			
French, Haitian, or Cajun (%)			
German or other West Germanic languages (#)			
German or other West Germanic languages (%)			
Russian, Polish, or other Slavic languages (#)			
Russian, Polish, or other Slavic languages (%)			
Other Indo-European languages (#)			
Other Indo-European languages (%)			
Korean (#)			
Korean (%)			
Chinese (incl. Mandarin, Cantonese) (#)			
Chinese (incl. Mandarin, Cantonese) (%)			
Vietnamese (#)			
Vietnamese (%)			
Tagalog (incl. Filipino) (#)			
Tagalog (incl. Filipino) (%)			
Other Asian and Pacific Island languages (#)			

Affirmative Fair Housing Marketing Plan (AFHMP) - Multifamily Housing  
U.S. Department of Housing and Urban Development

Other Asian and Pacific Island languages (%)	
Arabic (#)	
Arabic (%)	
Other and unspecified languages (#)	
Other and unspecified languages (%)	

**Worksheet 4: Community Contacts**

Complete Table 4 with **at least two** organizations as community contacts for each targeted population you have designated as least likely to apply. Groups least likely to apply are (a) the racial and ethnic groups you identified in response to Question 4a; (b) individuals with disabilities; (c) families with children; (d) any other demographic groups you identified in response to Question 5c. You may add or attach additional sheets if necessary.

Organization information	Target group	Service to the target group	Materials provided	Date contacted
Name				
Business Address 1				
Business Address 2				
City, State, Zip				
Business Email				
Business Phone				
Contact Method				
Name				
Business Address 1				
Business Address 2				
City, State, Zip				
Business Email				
Business Phone				
Contact Method				
Name				
Business Address 1				
Business Address 2				
City, State, Zip				
Business Email				
Business Phone				
Contact Method				
Name				
Business Address 1				
Business Address 2				
City, State, Zip				
Business Email				
Business Phone				
Contact Method				

Affirmative Fair Housing Marketing Plan (AFHMP) - Multifamily Housing  
U.S. Department of Housing and Urban Development

Organization information	Target group	Service to the target group	Materials provided	Date contacted
Contact Method				
Name				
Business Address 1				
Business Address 2				
City, State, Zip				
Business Email				
Business Phone				
Contact Method				
Name				
Business Address 1				
Business Address 2				
City, State, Zip				
Business Email				
Business Phone				
Contact Method				

Affirmative Fair Housing Marketing Plan (AFHMP) - Multifamily Housing  
U.S. Department of Housing and Urban Development

Organization information	Target group	Service to the target group	Materials provided	Date contacted
Name				
Business Address 1				
Business Address 2				
City, State, Zip				
Business Email				
Business Phone				
Contact Method				
Name				
Business Address 1				
Business Address 2				
City, State, Zip				
Business Email				
Business Phone				
Contact Method				
Name				
Business Address 1				
Business Address 2				
City, State, Zip				
Business Email				
Business Phone				
Contact Method				
Name				
Business Address 1				
Business Address 2				
City, State, Zip				
Business Email				
Business Phone				
Contact Method				

**Worksheet 5: Residency Preference Area**

**Complete Table 5 only if you wish to continue, revise, or add a residency preference**, which is a preference for admission of persons who reside or work in a specified geographic area (see 24 CFR 5.655(c)(1)). If the property has a residency preference, the preference must cannot operate as a requirement and must be in accordance with the non-discrimination and equal opportunity requirements at 24 CFR 5.105(a). A residency preference must not be based on how long an applicant has resided or worked in a residency preference area, and applicants who work in the area must be treated as residents. This table will help show how the percentage of the population in the residency preference area compares to the demographics of the project's residents, applicant data, census tract, HMA, and EHMA.

Demographic Characteristics (%)	Current Residents	Applicants	Census Tract	HMA	EHMA	Preference Area
Black or African American						
American Indian and Alaska Native						
Asian	Enter Data					
Native Hawaiian and Other Pacific Islander	Enter Data					
Hispanic or Latino						
White alone						
Persons with Disabilities						
Families with Children						

**Disposition**

For HUD-Office of Housing Use Only	For HUD-Office of Fair Housing and Equal Opportunity Use Only
	<p><input type="radio"/> Approved</p> <p><input type="radio"/> Disapproved</p>
<b>Signature &amp; Date (mm/dd/yyyy):</b>	<b>Signature</b> <input type="radio"/> Approved with conditions <b>_____ /yyyy):</b>
<b>Name (type or print):</b>	<b>Name (type or print):</b>
<b>Title:</b>	<b>Title:</b>
<b>Conditions of Approval:</b>	