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| --- | --- | --- | --- |
| 1. **Applicant Name & Address (including City, State and Zip Code)**            , | | | 1. **HOME Project Number** |
|
| 1. **Target Number of Assisted Buyers:** |
|
| 1. **Person Responsible for marketing plan and marketing oversight:**   Contact:      , Company:      , Address:  Phone #      , Email: | | | |
|
| 1. **Marketing Target Area**   City/Town List Name:        MSA List Name:  County/Counties List County/Counties:        Other List Information:  **STOP!! FILL OUT WORKSHEET 1 PRIOR TO COMPLETING SECTION 6 Targeted Marketing** | | | |
|
| 1. **Targeted Marketing Activity** Indicate demographic group(s) that are present in the housing market area or expanded market area that are least likely to purchase a home 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:       (Specify demographic group not on this form) | | | |
| 1. **Marketing Program: Commercial Media** Check the type of media to be used to advertise the availability of Homebuyer Program. **Attach ad copies.**   Newspaper/Publications  Radio  TV  Other | | | |
| **Name of Newspaper, Publication, Radio or TV Station** | **Identify Group Targeted by Advertisement/Audience?** | **Duration and Dates of Ads** | |
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| 1. **Marketing Program: Brochures and HUD Fair Housing Poster**   Will brochures, letters, or handouts be used to advertise?  Yes  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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| 1. **AFHMP/Fair Housing Act Staff Instruction/Training:** Please describe AFHM/Fair Housing Act staff training, already provided or to be provided, to whom it was/will be provided, content of training, and the dates of past and anticipated training. Please attach copies of any AFHM/Fair Housing staff training materials.   Description: |
| 1. **How will you annually assess the success of your Affirmative Marketing efforts?**   Please explain: |
| 1. **What corrective action will be taken where the Affirmative Fair Housing efforts are not met?**   Please explain: |
| 1. **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 least likely to apply for the program?   Explain: |
| 1. **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 & Title Date |
| **Iowa Finance Authority ONLY - Reviewed and Approved by:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name & Title Date |

WORKSHEET 1 - DETERMINING DEMOGRAPHIC GROUPS LEAST LIKELY TO APPLY

Reference IFA HOME AFHMP Guide for instructions on how to pull census data.

|  |  |  |  |
| --- | --- | --- | --- |
| **Demographic Characteristics** | **Census Tract** | **Housing Market Area** | **Expanded Housing Market Area** |
| % White |  |  |  |
| % Black or African American |  |  |  |
| % Hispanic or Latino |  |  |  |
| % Asian |  |  |  |
| % American Indian or Alaskan Native |  |  |  |
| % Native Hawaiian or Pacific Islander |  |  |  |
| % Persons 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 identified in Section 6:**   * **Identify at least one community contact organization for every group checked you will use to facilitate outreach and identify group targeted.** * **Provide name, full address, their telephone number and email.** * **Specify previous and on-going experience working with the group listed in the first column** | |
| **Targeted Demographic Group(s) (*based on Section 6 checked demographic groups*)** | **Community Contact(s)** – **FOLLOW DIRECTIONS ABOVE**. |
|  | Organization/Company:  Contact Name and Title:  Address:  City, State, Zip:  Phone:       Email:  Describe previous and ongoing experience working with targeted demographic in column on left: |
|  | Organization/Company:  Contact Name and Title:  Address:  City, State, Zip:  Phone:       Email:  Describe previous and ongoing experience working with targeted demographic in column on left: |
|  | Organization/Company:  Contact Name and Title:  Address:  City, State, Zip:  Phone:       Email:  Describe previous and ongoing experience working with targeted demographic in column on left: |
|  | Organization/Company:  Contact Name and Title:  Address:  City, State, Zip:  Phone:       Email:  Describe previous and ongoing experience working with targeted demographic in column on left: |
|  | Organization/Company:  Contact Name and Title:  Address:  City, State, Zip:  Phone:       Email:  Describe previous and ongoing experience working with targeted demographic in column on left: |
|  | Organization/Company:  Contact Name and Title:  Address:  City, State, Zip:  Phone:       Email:  Describe previous and ongoing experience working with targeted demographic in column on left: |