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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 DESCRIBE:  County List County:        OTHER DESCRIBE:  **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 with out 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): | | | |
| 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 tenant based rental assistance?   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

Instructions: For demographic data from the 2010 Census, please see <http://factfinder2.census.gov/main.html>. To find data by Census Tract, County, Metropolitan Statistical Area (MSA), or other level:

1. Click “Geographies on the left.
2. Click “Address” Tab and enter the address of the project and then click “GO”.
3. Select the level of interest (Census Tract, County, MSA, or other) and then close the “Select Geographies” box. (**DO NOT select more than one level at a time**)
4. Click the first “Profile of General Population and Housing Characteristics: 2010” also known as DP-1.
5. Record the information in Worksheet 1 for that level, click “Back to Search” in the top left corner, then click “Clear all Selections” in the “Selections” Box in the top left corner.
6. Start process again to retrieve the next level of data (County, MSA, or other).

To collect information about the percentage of **persons with disabilities** repeat above steps 1 through 3 to select your level of interest (Census Tract, County, MSA, etc…) then:

1. Click “Topics” on the left.
2. Click “People”.
3. Click “Disability” and then click the “Disability” link directly beneath it.
4. **For Census Tract** – Select the first “Disability” Status by Sex: 2000 or QT-P21. Please note that the most recent information for census tract is from 2000. In this section report percent with a disability for both sexes for population 5 years and over.

**For County or MSA**- Select the first “Selected Social Characteristics in the United States” or DP02 and report the percent of the total civilian non-institutionalized population with a disability.

1. Record the information in Worksheet 1 and then click “Back to Search” in the top left corner, then click the “X” next to the level in the “Your Selections” box, but **KEEP** “DISABILITY” as a selection.
2. Repeat for next level of data (County, MSA, or other).

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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 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) (*one group per row 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: |