

Office of Fair Housing and Equal Opportunity and
Office of Multifamily Housing

Review of Affirmative Fair Housing Marketing Plan (AFHMP)
(For Multifamily Housing Staff Only)

Authority: 24 CFR part 200, subpart M (200.600 et seq.)

Multifamily Housing (Housing) field staff use this checklist as a guide for reviewing the Affirmative Fair Housing Marketing Plan (AFHMP) (form HUD 935.2A). The AFHMP and applicable attachments are submitted for: 1) new or substantial rehabilitation projects; or 2) when updated for an existing project, in accordance with Item #9 on the AFHMP and 24 CFR 200.620. If necessary, the Reviewer should contact FHEO for technical assistance. After completing review, this review document, the AFHMP, and all attachments should be submitted to FHEO. Thank you for your assistance.

Project Name: _____

FHA Number: _____

Contract Number: _____

REMS Number: _____

Type of Development: Rental _____ Coop _____ Elderly Only _____
Disabled Only _____ Elderly/Disabled _____ Family _____
Other (Specify): _____

Total Number of Units: _____ Total Subsidized Units: _____

Type of Federal Assistance: _____ Section 8 _____ Section 202 _____ Section 202/8
_____ Section 202/PAC _____ Section 202/811 _____ Section 811
_____ Section 221(d)(3)BMIR _____ Section 236 _____ Other (Specify): _____

Number of Units of Each Size: _____ 0 BR _____ 1 BR _____ 2 BR
_____ 3 BR _____ 4 BR _____ Other (Specify): _____

Date of First Occupancy: _____

Purpose of AFHMP: _____ New or Substantial Rehabilitation Project
_____ Update (Reason for Update): _____

Instructions: The MFH Reviewer uses this checklist as a guide for reviewing completeness and internal consistency of the AFHMP (form HUD 935.2A). For each item in the AFHMP, indicate in the appropriate column whether the item is complete or incomplete. Wherever indicated in the directions, also review for internal consistency and respond as instructed. Please note that “complete” means that the item on the Form HUD 935.2A is completed accurately based on the reviewer’s existing knowledge and available information. “Incomplete” means it is not completed and/or the reviewer detects an obvious error. The reviewer should note, in the Comments Section, the reason the item was determined incomplete. If an item is not applicable, this should be noted as a comment. Information from the 935.2A should not be copied onto this form (e.g., do not copy an address). Please use additional sheets for explanation, if necessary.

AFHMP (Form HUD-935.2A) ITEM NUMBER	COMPLETE	INCOMPLETE	COMMENTS
1. Background			
a. Project Name & Address?			
b. Project Contract Number?			
c. Number of Units?			
d. Census Tract indicated?			
e. Housing/Expanded Housing Market Area indicated?			
f. Managing Agent Name, Address, Telephone Number, & Email Address?			
g. Applicant/Owner/Developer Name, Address, Telephone Number, & Email Address?			
h. Entity responsible for marketing?			
i. Name, Address, Telephone Number, & Email Address of Contact Person?			

AFHMP (Form HUD-935.2A) ITEM NUMBER	COMPLETE	INCOMPLETE	COMMENTS
2. Type of AFHMP			
a. Type of AFHMP (Initial or Updated) indicated? If update, Reasons for Update provided?			
Do the reasons for update appear to be accurate? Yes _____ No _____ (Explain)			
b. HUD-Approved Occupancy of the Project indicated?			
c. Date of Initial Occupancy (For New Construction or Unoccupied Projects)?			Date of Initial Occupancy:
d. Advertising Start Date with all sub-items completed?			Starting Date for Advertising:
If initial occupancy, is the advertising start date at least ninety days prior to occupancy? Yes _____ No _____			
3 Demographic and Marketing Analysis			
a Demographics of Project and Marketing Area: Worksheet 1			
<p>NOTE: Wherever possible, the owner should have obtained demographic data from a local planning office, Community Development Block Grant Consolidated Plan, or another official source such as the U.S. Census Bureau.</p> <p>Based on the reviewer's existing knowledge, and the instructions above, does it appear that Worksheet 1 was completed and utilized in identifying under-represented individuals on line 3b?</p> <p>Yes _____ No _____ (Please Explain Further if Necessary Below).</p>			

AFHMP (Form HUD-935.2A) ITEM NUMBER	COMPLETE	INCOMPLETE	COMMENTS
4. Residency Preference & Proposed Marketing Activities If Residency Preference is not requested, write "Not Applicable" under "Comments" and proceed to Item 4.b.			
4.a.(1) Type of Residency Preference (e.g., new, revised, continued preference) identified?			
4.a.(2) Residency Preference identified in relation to AFHMP Market Area &/or PHA Residency Preference Area?			
4.a.(3) Geographic Area for Residency Preference identified?			
4.a.(4) Reason for Residency Preference explained?			
4.a.(5) Plan for Evaluating Residency Preference in accordance with civil rights requirements of 24 CFR 5.105(a) explained?			
<p>Worksheet 2: Residency Preference: If the owner is asserting a residency preference, did the owner provide demographic data comparing the residency preference area with the project's residents, applicant data, census tract, housing market area, and expanded housing market area? Yes ___ No ___</p> <p>Do you believe Worksheet 2 was accurately completed in support of the residency preference? Yes ___ No ___ (Please Explain Further if Necessary Below).</p>			

AFHMP (Form HUD-935.2A) ITEM NUMBER	COMPLETE	INCOMPLETE	COMMENTS
4b Proposed Marketing Activities: Community Contacts (Worksheet 3)			
Note: Is Worksheet 3 completed, indicating community contacts for the identified target marketing groups? Yes ____ No ____ (Please Explain Further if Necessary)			
4c Proposed Marketing Activities: Methods of Advertising (Worksheet 4)			
Note: Is Worksheet 4 completed, indicating methods of advertising to the identified target marketing groups? Yes ____ No ____ (Please Explain Further if Necessary)			
5. Displaying of Poster, AFHMP, & Project Site Sign			
a. Fair Housing Poster indicated where displayed?			
b. AFHM Plan indicated where available for inspection?			
c. Project Site Sign with Equal Housing Opportunity logo, slogan or statement indicated where displayed?			
6. Evaluation of Marketing Activities			
Evaluation process for assessing marketing success discussed?			
7. Marketing Staff			
a. Identified marketing staff?			
b.1 Has staff training on AFHMP occurred?			
b.2 Has staff been instructed on non-discrimination and Fair Housing policies?			
b.3 Indication of who provides AFHM and fair housing training?			
b.4 Periodic skills assessment on AFHMP and Fair Housing indicated?			
b.5 Frequency and method of skills assessment indicated?			

c.1 Staff training on tenant selection & residency preferences?			
c.2 Staff positions identified for tenant selection?			
d. Description of AFHM/Fair Housing training materials, trainers, and trainees? Sample of training materials provided?			
AFHMP (Form HUD-935.2A) ITEM NUMBER	COMPLETE	INCOMPLETE	COMMENTS
8. Additional Considerations			
Other efforts described, if any, that are planned to attract those least likely to apply?			
9. Review and Update			
Name, Title, and Signature			
Reviewer Assessment			
<p>What is your overall assessment of this AFHMP? Based on your knowledge of the project, do the activities described in this plan seem appropriate and sound for achieving the goals of affirmative fair housing marketing?</p>			

Reviewer: _____
Signature and Title of Reviewing Official

Date

Your signature indicates that you reviewed the Plan for completeness and internal consistency.