|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Applicant Name & Address (including City, State and Zip Code)**            , | | 1. **HOME Project Number** | |
| 1. **Target Number of Households Assisted:** | |
| 1. **Date of this Marketing Plan** | |
| 1. **Participating Jurisdiction (PJ):**   Contact:      , PJ Name:      , Address:   1. Phone #     , EMAIL: | | | |
| 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 9.** | | | |
| 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 apply for rental assistance without special outreach efforts (check all that apply)   White  Black/African American  Hispanic/Latino  Asian  American Indian/Alaska 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 Tenant Based Rental Assistance) **Attach ad copies and brochures to this plan.**   Newspaper/Publications  Radio  TV  OTHER | | | |
| ***Name of Newspaper, Publication, Radio or TV Station*** | ***Identify Group Targeted by Advertisement/Audience?*** | | ***Duration and Dates of Ads*** |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| 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**.  HUD’s Fair Housing Poster must be conspicuously displayed. Where will one or more poster(s) be located? | | | |

|  |
| --- |
| 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. Tenant Selection: What staff positions are/will be responsible for tenant based rental assistance selection?   List Name & Title:      , |
| 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).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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) |  |  |  |  |

|  |  |
| --- | --- |
| 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: |

**Sample Outline for Tenant Selection Plan and Outreach Strategy**

**To Include with Admin Plan**

***Note:*** *Agencies offering TBRA must have a written description of how tenants will be selected for the TBRA program. Agencies offering TBRA must also develop a marketing and outreach strategy that specifies how the program will be marketed, paying particular attention to fair housing issues and requirements. This outline assumes a single document that is used for both of these purposes.*

**Key TBRA Policies Affecting Marketing and Tenant Selection**

1. Program Eligibility: Describe how the special needs and/or disability status of households will be established. Special needs status may be verified and documented by the applicant or other applicable agency such as a homeless or domestic violence shelter, while disability status must be verified by a service agency such as a community mental health agency.
2. Preferences. Describe any established local preferences and how they will be used.
3. Application Procedures. Describe the waiting list that will be used. If a separate TBRA waiting list is established, please describe:

* How the program will be announced. (Opening and closing of waiting lists must be publicly announced.)
* Where applications will be taken. (e.g., in one central location, accommodations for elderly/handicapped, etc.)
* When applications will be accepted. (e.g., on a continuing basis, for a limited time, only during certain hours, etc.)
* The method of application. (e.g., in-person, by mail, using interviews, etc.)

1. Occupancy Standards (**sample only**)

|  |  |  |
| --- | --- | --- |
|  | **Persons in Household** | |
| **Voucher Size** | **Minimum** | **Maximum** |
| 0 BR | 1 | 1 |
| 1 BR | 1 | 2 |
| 2 BR | 2 | 4 |
| 3 BR | 4 | 6 |
| 4 BR | 6 | 8 |
| 5 BR | 8 | 10 |

Unit Assignment Policies (**sample only**). Unit assignments will be made on the following basis:

* Persons of the opposite sex, other than spouses, will not be required to share the same bedroom.
* Children of the opposite sex above the age of six will not be required to share the same bedroom.
* Children will not be required to share a bedroom with a parent.
* An unborn child may be considered for the purpose of assigning the bedroom size.
* Larger size units than indicated by these policies may be assigned if the applicant provides documentation that a larger unit is needed for health/medical reasons.

1. Voucher Expirations and Extensions.

The agency should establish a deadline for use of the Voucher, and describe the circumstances under which extensions will be granted. (Include any other established policies that affect how program participants will be selected.)

1. Termination of Tenancy and Tenant Moves.

* State the agency’s policy with respect to owner termination of tenancy.
* State the agency’s policy with respect to tenant evictions. Will the family be permitted to receive assistance in another dwelling, or will a tenant-caused eviction also terminate the household’s eligibility for assistance?
* State the agency’s policy with respect to tenant moves. What kind of notice must the family give? Under what circumstances will the household be eligible for continued assistance?

**II. Outreach to Potential Applicants**

**III. Outreach to Owners**

1. Identify barriers to landlord participation.
2. Outreach Activities.

Describe the outreach steps that will be taken to reach owners of rental property throughout the community. For example:

* Media (newspaper, television, radio, etc.) advertisement, news releases and public service announcements. (Be sure to include both media serving the population in general and media sources that support a particular group.)
* Public meetings and/or contacts with appropriate community organizations and institutions (e.g., apartment managers associations, chamber of commerce, etc.)
* Identify any special outreach planned for owners of units outside of areas of low-income and minority concentration.

**IV. Compliance with Section 504 Accessibility Requirements**

Describe how the program administrator will comply with Section 504 requirements including:

* Providing information materials in alternative formats (large print, on tape, etc.);
* Communicating with hearing impaired applicants; and
* Making reasonable accommodations to applicants with disabilities.