

Affirmative Fair Housing Marketing Plan (FORM AA-5)

Applicant Name: _____	
Project Name: _____	
1. INTRODUCTION	
DECD and CHFA are legislatively mandated under Section 8-37ee of the Connecticut General Statutes and the Connecticut Fair Housing Act, 46a-64b et seq. to promote fair housing choice and racial and economic integration in all housing funded in whole or in part by the state of Connecticut. Further, owners of state assisted housing are responsible for including in their Affirmative Fair Housing Marketing Plan provisions for the recruitment of an applicant pool that includes residents of municipalities of relatively high populations of those that would be least likely to apply. These groups include White (Non-Hispanic) and members of minority groups: Blacks (Non-Hispanic), American Indians/Alaskan Natives, Hispanics and Asian/Pacific Islanders in the Metropolitan Statistical Area (MSA) or housing market area who may be subject to housing discrimination. At least 20 percent of the units must be targeted to the group(s) identified as “least likely to apply.” Groups “least likely to apply” include people with disabilities and families with children.	
2. APPLICATION AND PROJECT IDENTIFICATION	
A. Applicant Information	B. Project or Application Number:
Name:	Number of Units:
Address (City, State & Zip Code):	Price or Rental Range of Units From \$ To \$
Telephone #:	
C. Project Information	D. Date of Initial Occupancy
Name of Project	Approximate Starting Dates Advertising: Occupancy:
Address (City, State & Zip Code)	
County:	E. Managing/Sales Agent Name:
Census Tract:	Managing/Sales Agent Address: (City, State & Zip Code)
F. Housing or Expanded Housing Market Area	

3. DETERMINING TYPE OF AFFIRMATIVE MARKETING PLAN			
A. Indicated type of Project: <input type="checkbox"/> Project Plan <input type="checkbox"/> Single family scattered site units			
4. DIRECTION OF MARKETING ACTIVITY			
A. Complete Worksheet 1 (attached) to determine who is least likely to apply.			
B. Indicate below which group(s) in the housing market area are least likely to apply for the housing because of its location and other factors without special outreach efforts.			
<input type="checkbox"/> White (non-Hispanic); <input type="checkbox"/> Black Non-Hispanic; <input type="checkbox"/> American Indian or Alaskan natives; <input type="checkbox"/> Hispanic; <input type="checkbox"/> Asian or Pacific Islander; <input type="checkbox"/> People with disabilities; <input type="checkbox"/> Families with children (See instructions if this is elderly or elderly/disabled housing)			
5. MARKETING PROGRAM			
A. COMMERCIAL MEDIA			
Check the media to be use to advertise the availability of this housing.			
<input type="checkbox"/> Newspaper(s)/Publication(s) <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Web-based ads <input type="checkbox"/> Other (specify)			
NAME OF NEWSPAPER RADIO OR TV STATION (1)	RACIAL/ETHNIC IDENTIFICATION OF READERS/AUDIENCE (2)	SIZE/DURATION OF ADVERTISING (3)	MEDIA TARGETED TO PEOPLE WITH DISABILITIES/FAMILIES WITH CHILDREN (4)
B. BROCHURE, SIGNS, AND FAIR HOUSING POSTER:			
(1) Will brochures, leaflets, or handouts be used to advertise? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy.			
(2) For project sign; Indicate sign size _____ Attach a photograph of project sign.			
(3) Fair Housing Posters which include both state and federally protected classes must be conspicuously displayed whenever sales/rentals and showings take place.			
Where will they be displayed? <input type="checkbox"/> Sales/Rental Office(s); <input type="checkbox"/> Real Estate Office(s); <input type="checkbox"/> Model Unit(s); <input type="checkbox"/> Other_____			

C. COMMUNITY CONTACTS			
<p>To further inform the group(s) least likely to apply about the availability of the housing, the applicant agrees to establish and maintain contact with the groups/organizations listed below that are located in the housing market area of SMSA. If more space is needed, attach an additional sheet. Notify DECD of any changes in this list. Attach a copy of correspondence to be mailed to these groups/organizations. (Provide all requested information).</p>			
Name of Group/Organization (1)	Group Identification (2)	Approximate Date of Contact or Proposed Contact (3)	Person Contacted or To Be Contacted (4)
Address & Telephone # (5)	Method of Contact (6)	Indicate how organization will assist in implementing the marketing programs (7)	
6. ANTICIPATED OCCUPANCY/RESULTS			
<p>State in number of units the racial/ethnic mix of occupants anticipated as a result of the implementation of this affirmative marketing plan.</p> <p>[] White (non-Hispanic); [] Black Non-Hispanic; [] American Indian or Alaskan natives; [] Hispanic; [] Asian or Pacific Islander; [] People with disabilities; [] Families with children (See instructions for Block 4B if this is elderly or elderly/disabled housing);</p>			
7. EVALUATION OF MARKETING ACTIVITIES			
<p>Explain the evaluation process you will use to determine whether your marketing activities have been successful in attracting the group(s) least likely to apply, how often you will make this determination, and how you will make decisions about future marketing based on the evaluation process.</p>			

8. EXPERIENCE AND STAFF INSTRUCTIONS

A. Staff training and Assessment: AFHMP

- 1) Has staff been trained on the AFHMP? Yes No
- 2) Is there ongoing training on the AFHMP and the fair housing laws?
 Yes No
- 3) If yes, who provides it?
- 4) Do you periodically assess staff skills, including their understanding of the AFHMP and their responsibilities to use it? Yes No
- 5) If yes, how and how often?

B. Tenant Selection Training/Staff

- 1) Has staff been trained on tenant selection in accordance with the project's occupancy policy? Yes No
- 2) What staff positions are/will be responsible for tenant selection?

9. ADDITIONAL CONSIDERATIONS (To be submitted by housing operator, if different from applicant)

- A. Submit a Fair Housing Policy Statement.
- B. Submit a list of fair housing trainings attended by staff.
- C. Submit an Affirmative Action Policy Statement.
- D. Submit an ADA Grievance Procedure.
- E. Submit an ADA Notice.
- F. Tenant Selection Methodology

10. SIGNATURES (By signing this form, the applicant agrees, after appropriate consultation with DECD to change any part of the AFHMP covering a multifamily project to assure continued compliance with the CT Fair Housing Regulations).	
Signature of Person Submitting Plan:	
Name (Type or Print):	
Title and Company:	
Date:	
FOR DECD USE ONLY	
Approved by:	Disapproved by:
Signature:	Signature:
Name:	Name:
Title:	Title:
Date:	Date: