

**Affirmative Fair Housing Marketing Plan**  
District of Columbia



**D.C. Department of Housing and Community Development**  
Office of Program Monitoring - Fair Housing and Equal Opportunity

1a. Applicant's Name, Address (including city, state & zip code) & phone number	1c. Project/Application Number	1d. Total No. of Units
	1e. Rental/Sales Range from _____ to _____	1f. Total FHA Accessible Units
	1g. Approximate Starting Dates of Advertising	
	Occupancy Date:	

1b. Project's Name, Location (include Census tract, ANC, EZ/EC, PPA, or other special target designation associated with project location)	1h. Housing Market Area to be targeted (Ward & Neighborhood)	1i. Census tract (s) of targeted outreach areas
	1j. Managing Agent Rental/Sales Name & Address (including Ward (if DC))	

Census Tract: \_\_\_\_\_ ANC: \_\_\_\_\_

<p><b>2. Type of Affirmative Marketing Plan</b> (check all that apply)</p> <p>a. Project Plan: <input type="checkbox"/> New <input type="checkbox"/> Updated</p> <p>b. Annual Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> White (non-minority) Area</p> <p><input type="checkbox"/> Minority Area</p> <p><input type="checkbox"/> Mixed Area (with _____ % minority residents)</p>	<p><b>3. Direction of Marketing Activity</b> (Indicate which group(s) in the District of Columbia housing market area are <b>LEAST LIKELY TO APPLY</b> for the housing because of its location and other factors <i>without special outreach</i> efforts)</p> <p><input type="checkbox"/> White <input type="checkbox"/> Families with Children <input type="checkbox"/> African - Ethiopian</p> <p><input type="checkbox"/> Black or African American <input type="checkbox"/> Asian - Vietnamese <input type="checkbox"/> Asian - Chinese</p> <p><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Persons with Disabilities <input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other _____</p>
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4a. **Marketing Program: Commercial Media** (Check the type of media, if any, to be used to advertise the availability of this housing to the target group(s) under #3)

Newspapers/Publications  Radio  TV/Billboards  Website  Other (specify) \_\_\_\_\_

\* Provide a separate list of commercial media to be used in your marketing campaign to the mainstream/general population.

Name of Newspaper, Radio, TV Station, or Website	Group Identification of Readers/Audience	Size/Duration of Advertising

4b. **Marketing Program: Brochures, Signs, and HUD's EHO Fair Housing Poster**

(1) Will brochures, letters, flyers, or handouts be used to advertise? Yes  No

If "Yes", attach a copy of material(s) or indicate date when copy of material(s) will be sent to DHCD Fair Housing Division:

(2) Project Site Sign: indicate size  X  ; Indicate EHO logo type size  X  Attach a photograph of project sign or indicate date to be submitted to DHCD- Fair Housing Division. Date: \_\_\_\_\_

(3) HUD's Fair Housing Poster must be NOTICEABLY displayed wherever sales/rentals and showings take place. Fair Housing Posters will be displayed in the \_\_\_\_\_ Sales/Rental Office  Real Estate Office  Model Unit  Other (specify) \_\_\_\_\_

4c. **Community Contacts.** To further inform the GROUP(S) LEAST LIKELY TO APPLY and to know about the availability of the housing, the applicant agrees to establish and maintain contacts with the groups/organizations listed below that are located in the housing market area. Applicant MUST provide all requested information. Attach a copy of correspondence to be mailed to these groups/ organizations. if one is not available, provide date when it will be sent to the community contact \_\_\_\_\_ and send copy to DHCD/FHEO Division. Attach an additional sheet, if needed. Submit to DHCD/FHEO any contact changes to this list.

Name of Organization	Group Identification Primary ethnic group(s) served	Approximate date of marketing	Person Contacted to provide marketing assistance (name, e-mail address)
Address & Phone Number	Method of Contact		Indicate the specific function the Group/Organization will undertake in implementing the marketing program

4d. **Community Contacts -Tracking of Referrals-** If assistance by above listed groups is to disseminate marketing information on behalf of Applicant and to submit referrals; the applicant must state how they will keep track of: (1) marketing activities by the community group and (2) candidates referred by these organizations.

5. Future Marketing Activities (**Rental Units Only**) Mark the box(s) that best describe marketing activities to fill vacancies as they occur after the project has been initially occupied.

- Newspapers/Publications     Radio     TV  
 Brochures/Leaflets/Handouts     Internet / fax blast (circle one)  
 Site Signs     Community Contacts     Other (Specify)

6. Experience and Staff Instructions (See instructions)    **Check if completed**

- 6a. On separate sheets, indicate **affirmative marketing experience** of staff to selected groups identified under Question #3.
- 6b. On a separate sheet, indicate previous training or training to be provided to staff (approximate dates) on the Federal, State and local fair housing laws and regulations, as well as this AFHMP. **Attach a copy of your instructions to staff regarding fair housing and equal opportunity.**

7. **Additional Considerations** Attach additional sheets as needed.

8. **NOTICE of Intent to Begin Marketing.** Notice will be submitted to the Fair Housing Division on :

9. **Review and Update** By signing this form, the applicant agrees to review their AFHM Plan on a three to five year basis and update as needed to ensure continued compliance with DHCD's Affirmative Fair Housing Marketing policies (DHCD reserves the right to request an updated Plan within that time frame and henceforth)..

Signature of person submitting this Plan:

Date:

Name (type or print)

Title & Name of Company

**For DHCD- Office of Program Monitoring/ Fair Housing Division Use Only**

Approval By	Disapproval By
Signature & Date	Signature & Date
Name of Officer or Designee	Name of Officer or Designee
Title:	Title