SAMPLE

MINNESOTA HOUSING FINANCE AGENCY
AFFIRMATIVE FAIR HOUSING MARKETING PLAN

1. INTRODUCTION

State and Federal Affirmative Fair Housing Marketing Regulations require that each applicant subject to these Regulations carry out an Affirmative Marketing Program to attract prospective buyers or tenants of all minority and non-minority groups to the housing that the applicant is providing. These groups include African American/Black, American Indian/Alaskan Native, Asian, Hispanic/Latino, Native Hawaiian/Pacific Islander or White in the Standard Metropolitan Statistical Areas (SMSA) or housing market area who may be subject to housing discrimination on the basis of race, color, creed, religion, sex, national origin, marital status, status with regard to public assistance, disability, sexual orientation, or familial status.

2. APPLICATION AND PROJECT IDENTIFICATION:

A. NAME OF APPLICANTS **XXX Limited Partnership or Owner Name**	*B. MINNESOTA HOUSING DEVELOPMENT (D) #* **D 1234** *NUMBER OF UNITS (Indicate family, elderly, etc.)* **54 - Family**
ADDRESS (Include City, State and ZIP Code) **9999 Address Lane** **St. Cloud, MN 55923**	*PRICE OR RENTAL RANGE OF UNITS:* *FROM $* **400 TO $600**
TELEPHONE NUMBER **208-345-6789**	*D. FOR MULTIFAMILY HOUSING ONLY:* ☐ELDERLY ☒NON-ELDERLY
C. PROJECT NAME **Stars & Stripes Apartments** SAMPLE	*E. APPROXIMATE STARTING DATES* ADVERTISING **01-13** OCCUPANCY **02-13** *F. NAME OF MANAGING/SALES AGENT (when applicable)* **Great Housing Management Company**
LOCATION / ADDRESS (Include City, State and ZIP Code) **4545 West 7th Street** **Minneapolis, MN 55422**	*ADDRESS (Include City, State and ZIP Code)* **6767 South Lawn Avenue** **St. Paul, MN 55101**
COUNTY **Hennepin**	*G. MINNESOTA HOUSING PROGRAM (s) USED TO FINANCE* **Tax Credits and LMIR First Mortgage**

3. TYPE OF AFFIRMATIVE MARKETING PLAN

☒ Project Plan ☐ Annual Plan (for single family scattered site units)

NOTE: A separate Annual Plan must be developed for each area in which the housing is to be built.

☐Minority Area ☐ White (non-minority) Area ☐ Mixed Area (with % minority residents)

(See # 3 Supplemental Instructions for %)

4. DIRECTION OF MARKETING ACTIVITY

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.

☒ Black/African American ☒American Indian/Alaskan Native ☐Asian

☒ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐White ☐Other

☐ Persons with Disabilities ☐ Families with Children

* *Failure to complete each section will delay approval of the AFHMP.*

5. MARKETING PROGRAM

A. COMMERCIAL MEDIA

Check the media to be used to advertise the availability of this housing.

☐ Electronic Media ☒ Newspaper(s)/Publication(s) ☐ Radio ☐ TV ☐ Billboard(s) ☐ Other (Specify)

NAME OF NEWSPAPER, RADIO OR TV STATION, etc.	RACIAL/ETHNIC IDENTIFICATION OF READERS/AUDIENCE	SIZE/DURATION OF ADVERTISING
Asian Times	**Asian**	**4 X 3**

B. BROCHURES, SIGNS AND HUD'S FAIR HOUSING POSTER:

(1) Will brochures, leaflets, or handouts be used to advertise? ☐ Yes ☐ No. If yes, attach a copy or submit when available.
(2) For project site sign, indicate sign size x ; Logotype size x .
(3) HUD's Fair Housing Poster must be conspicuously displayed wherever sales/rentals andshowings take place. Fair Housing Posters will be displayed in the ☐ Sales/Rental Office(s); ☐ Real Estate Office(s); ☐Model Unit(s); ☐ Other (Specify)

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C. COMMUNITY CONTACTS

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 or SMSA. f more space is needed, attach an additional sheet. Notify Minnesota Housing of any changes in this list. Attach a copy of correspondence to be mailed to these groups/organizations. (Provide all requested information.)

NAME OF GROUP/ORGANIZATION	RACIAL/ETHNIC IDENTIFICATION	APPROXIMATE DATE OF CONTACT OR PROPOSED CONTACT	PERSON CONTACTED OR TO BE CONTACTED
List a min. of 3 groups as indicated in Sec. 4 "Marketing Activity", those groups determined to be "least to apply" without special ourtreach.			**A specific person & method of contact need to be indicated**

ADDRESS AND TELEPHONE NUMBER	METHOD OF CONTACT	INDICATE SPECIFIC FUNCTION OF GROUP/ORGANIZATION WILL UNDERTAKE IN IMPLEMENTING THE MARKETING PROGRAM

6. FUTURE MARKETING ACTIVITIES (Rental Units Only)

Check the block(s) that best describe future marketing activities to fill vacancies as they occur after the project has been initially occupied.

☒ Newspapers/Publications ☐ Radio ☐ TV ☐ Brochures/Leaflets/Handouts ☒ Site Signs

☒ Community Contacts ☐ Others *(Specify)*

7. EXPERIENCE AND STAFF INSTRUCTIONS

A. Indicate any experience in marketing housing to the group(s) identified as "least likely to apply". (See page 1, number 4).

NONE, if applicable (or)

We currently manage and/or own two other developments.

1) "Wonder Apartments" in Long Prairie, MN which is 80 apartments and has 18 % current minority households.

2) "Spotless Townhomes" in International Falls, MN which is 20 townhomes and has 20 % minority households.

B. Indicate training to be provided to staff on federal, state and local fair housing laws and regulations, as well as this Affirmative Fair Housing Marketing Plan. Attach a copy of the instructions to staff regarding fair housing.

8. ADDITIONAL CONSIDERATIONS:

9. ANTICIPATED OR ACTUAL RESIDENT DEMOGRAPHICS

Please list the number of persons **(by head of household)**. Use real numbers not percentages that you anticipate will occupy or presently occupy the units as a result of your affirmative marketing efforts. The total number by Group(s) cannot exceed the total number of units occupied.

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9 a) Below relates directly to the total development unit count.

☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Hispanic/Latino

☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other

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9 b) Below would not necessarily equal total unit count.

☐ Persons w/disability ☐ Families w/children ☐ Persons on Public Assistance

10. SIGNATURES

By signing this form, the applicant agrees, after appropriate consultation with Minnesota Housing, to change any part of the plan covering a project to assure continued compliance with affirmative fair housing marketing regulations.

SIGNATURE OF PERSON SUBMITTING PLAN

NAME *(TYPE OR PRINT)*

TITLE AND COMPANY

DATE

MINNESOTA HOUSING USE ONLY

APPROVAL BY	DISAPPROVAL BY
SIGNATURE	SIGNATURE
NAME (TYPE OR PRINT)	NAME (TYPE OR PRINT)
TITLE	TITLE

DATE	DATE

SAMPLE