



**Project Name:** \_\_\_\_\_ **OHFA Project Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Owner Name:** \_\_\_\_\_

\_\_\_\_\_ **Name of Contact Completing Form:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Contact Email:** \_\_\_\_\_

**Demographic Groups Least Likely to Apply**

**Housing Market Area:** \_\_\_\_\_

Is Housing Market Area selection based on? ☐ Population/Density ☐ Multiple Sites/Census Tracts ☐ Other: \_\_\_\_\_

Has there been a significant change in the demographics to: the Project? ☐ Yes ☐ No

the Housing Market Area? ☐ Yes ☐ No

Indicate which demographic group(s) from the housing market area that have changed. (Check all that apply.)

- ☐ White ☐ American Indian/ Alaskan Native ☐ Native Hawaiian/ Other Pacific Islander  
☐ Asian ☐ Black or African American ☐ Hispanic/ Latino ☐ Persons with Disabilities  
☐ Households with Minor Children ☐ Other underserved group, religion etc. (specify): \_\_\_\_\_

State Protected Classes: ☐ Ancestry ☐ Military Status Local Protected Classes/Underserved: \_\_\_\_\_

**Community Contacts for Marketing and Outreach**

Have there been any changes to community contacts used for Outreach or Marketing? ☐ Yes ☐ No If yes, list below:

*The organization name, name of contact person, title, address, email and telephone number.*

**Methods of Advertising**

Have there been any changes to advertising methods used? ☐ Yes ☐ No If yes, list below:

*The Name of Media Organization, Type, and Size and Duration of Advertising.*

**Evaluation of Marketing**

Has the evaluation of marketing been effective? ☐ Yes ☐ No If No, explain the issues and any changes:



**Staff Instruction/Fair Housing Training:**

Provide a list of the attendees and dates of trainings. Documentation of fair housing training must be supplied.

**Signature and Acknowledgment**

By signing this form, the owner/owner agent acknowledges that they have reviewed and found no need for updates, unless noted, to the AFHMP.

*Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.*

\_\_\_\_\_  
Owner/Owner Agent Signature

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date of Submission

**For OHFA Use Only**

\_\_\_\_\_  
Approved By Signature

\_\_\_\_\_  
Approval Date

\_\_\_\_\_  
Approved By Name (type or print)