

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.)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> White                          | <input type="checkbox"/> American Indian/ Alaskan Native                         | <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander |  |
| <input type="checkbox"/> Asian                          | <input type="checkbox"/> Black or African American                               | <input type="checkbox"/> Hispanic/ Latino                        | <input type="checkbox"/> Persons with Disabilities |
| <input type="checkbox"/> Households with Minor Children | <input type="checkbox"/> 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.*

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Owner/Owner Agent Signature

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Name of Company

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Name (type or print)

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Title

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Date of Submission

**For OHFA Use Only**

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Approved By Signature

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Approval Date

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Approved By Name (type or print)