

CHECKLIST OF DOCUMENTATION REQUIRED FOR APPLICATION SUBMISSION

Copies of the following documents must be provided as applicable:

Applicant Information

Program/Project Description

Program/Project Budget (if multiple funding sources list entire budget with costs allocated to specific source)

CHDO Operating Expense and Documentation (Attachment A)

Request and commitment letters from other funding sources, if applicable

Program/Project Timeline (Attachment C)

Status of Previous Projects/Programs (Attachment D)

Disclosure of Potential Conflicts of Interest Policy (a copy of organization's policy)

Concurring Resolution by Board to submit application (Attachment B)

Service area map, if applicable (**area benefit criteria only**)

Current Organizational Chart

IRS Tax determination letter: 501(c)(3)

Current Bylaws and Articles of Incorporation

Most recent independent audit (if less than \$500,000 received in federal funds) **OR**;

Most recent audited financial statement (if more than \$500,000 received in federal funds)

Auditor's management letter

Current list of Board of Directors – including terms.

Record Retention Policy addressing terms and methods for securing federal files

Housing Projects Only:

Affirmative Marketing Plan for five (5) or more housing units (Attachment M)

Property Management Agreement, if applicable

Tenant selection policy

Housing Acquisition, Construction or Rehabilitation Projects:

Program/Project Budget (if multiple funding sources list entire budget with costs allocated to specific source) (Attachment K)

Sources and Uses of Financing (Attachments G-K)

Pro-forma, Summary Debt Service Analysis, Ten-Year Operating, Ten-Year Operating Debt Service (Attachments F-K)

Documentation indicating notification to local neighborhood

Transitional Housing, plan for moving tenants to self-sufficiency, if applicable

Architect certification that units meet Section 504 requirements, if applicable (Attachment L)

Uniform Relocation Act notices

Copies of drawing/plans and specs for construction projects and substantial rehabilitation projects).

City of Salem
HOME Application for Funding
2010-2011

FOR STAFF ONLY
Project # _____
Date R'vd _____
Eligible _____

1. TITLE AND SPONSOR:

Name: _____

Address: _____

Contact: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Authorized Representative Signature: _____

Application Contact Name/Email address: _____

2. ORGANIZATION TYPE: (check one)

501(c)(3) non-profit

for profit, public

CHDO

Other

3. ORGANIZATION'S IDENTIFICATION

TAX ID #

ORGANIZATION'S DUNS #

4. TOTAL FUNDING REQUEST:

CHDO Operating (if checked, complete Attachment A)

5. FUNDING PRIORITY: If submitting multiple applications, please indicate **your** priority:

Funding Priority

6. TYPE OF PROJECT: (Select only one from A through L and one subgroup, if applicable)

- A. New construction
Rental housing
- B. Rehabilitation
Alteration, improvement or modification of an existing structure
- C. Reconstruction
Rebuilding a structure on the same lot where housing is standing
Construct or repair foundations
- D. Conversion
Converting an existing structure from another use to affordable residential housing if extended beyond existing structure.
- E. Acquisition of Property
- F. Demolition
- G. Relocation costs
Permanent relocation assistance
Temporary relocation assistance
- H. Project related soft costs
Architectural, Engineering, other related professional services
Project audit costs
- I. Other – Please describe:

Will the proposed project: YES NO

- Help prevent homelessness?
- Help the homeless?
- Help those with HIV or AIDS?
- Primarily help persons with disabilities?

Who will this project serve:

Target Population Income Level (number of units)

- | | |
|---------------------------|---------------------------|
| At or below 80% of median | At or below 60% of median |
| At or below 50% of median | At or below 30% of median |
| No income | Total units |

Total Number of People expected to be served

Total Number of households expected to be served

Ethnic Populations

Please indicate total number project will serve.

White

African American

Asian

American Indian or Alaska Native

Native Hawaiian

Hispanic/Latino

Other

Russian

Special Needs Beneficiaries (if applicable):

Elderly (over 62)

Frail Elderly

Disabled

Homeless

Rental Housing Projects Only:

Age of Property

If any structures are over 50 years old, the project must be reviewed by the State Historic Preservation Office (SHPO). The City will contact SHPO for you.

YES NO NA

Is property currently occupied?

Is property located in a flood zone?

Are there existing structures on the project site?

Will any structures be retained or demolished?

If retained, do the plans or specs include any work that might interfere with the historic integrity of the structure(s)?

Does this project consist of transitional housing?

(If yes, a plan for moving tenants to self-sufficiency must be submitted with this application.)

If a new construction project with 5 or more units, or a rehabilitation project with 5 or more units, do the specs or plans address Section 504 requirements?

Has project architect certified that units meet Section 504 requirements?

Are 5% of **total** units (not just HOME units) accessible?

Are an additional 2% of **total** units accessible for the blind and deaf?

Total number of accessible units in this project:

If project involves occupied units:

Does either a residential or commercial tenant currently occupy the property?

Has a tenant survey been completed for each unit or commercial space?

Are proposed rents greater than 30% of tenant's income?

(If yes, then tenants are economically displaced.)

Was a General Information Notice sent to each tenant?

Will any tenants be **temporarily** displaced?

If yes, how many?

Will any tenants be **permanently** displaced?

If yes, how many?

Have funds been budgeted for relocation and are they reflected in the "Sources and Uses" proforma page?"

If project includes acquisition of land or improvements:

Has all Uniform Relocation Act (URA) notices been sent to seller?

If the land purchase has closed, was the URA notice sent to seller?

(All notices signed by seller must be submitted with this application)

Lead Paint Issues for Rehabilitation Projects

YES NO NA

Was the project built prior to 1978?

Has it been tested for a presence of lead paint?

If yes, by whom?

Date tested?

If not, what are the plans for do so and when?

How much was budgeted for lead paint assessment, stabilization and final clearance? What method was employed to arrive at the budget figure?

How much has been budgeted for temporary relocation of tenants during lead paint work?

What method was employed to arrive at the budget figure?

Is a lead paint plan included in your Rehabilitation Assessment?

Attach lead paint test results to your Rehabilitation Assessment (if testing has been performed).

RENTAL PROJECT COST

Total HOME funds requested (Line a)

Total value of other resources

Total project cost

Value of In-Kind donations
(Describe in narrative)

Minimum number of HOME assisted units

Total Project Cost

Less offsite costs

Less Community building costs (if detached from housing)

Less Commercial space costs

Total HOME eligible cost amount (Line b)

HOME request divided by HOME eligible costs equals % of units that are HOME assisted

Line (a) ÷ Line (b) = %
 ÷ = % (Line c)

Total number of units in project x the % of HOME assisted units equals minimum number of HOME assisted units.

Total units x Line (c) = number of HOME units

x = (Line d)

Verify that the HOME subsidy limit, based on the number of HOME assisted units in Line (d) equals or exceed the HOME request. (See program year subsidy limits below)
 (HOME subsidy per unit type x number of HOME assisted units)

- (Subsidy limit for bedroom unit) x =
- (Subsidy limit for bedroom unit) x =
- (Subsidy limit for bedroom unit) x =
- (Subsidy limit for bedroom unit) x =

(Line e)

2009 HUD Subsidy Limits

	Unit Type	Subsidy limit based on unit type
221(d)(3)	0	\$128,092
	1	\$147,688
	2	\$178,115
	3	\$227,993
	4	\$253,993

HOME subsidy total from Line (e) equals or exceed HOME request from Line (b)? If not, recalculate and increase number of HOME units in Line (e).

Minimum number of HOME assisted units (greater of Line (d) or Line (e)). (Line f)

New % of HOME assisted units? (if different from Line (c) above). (Line g)

If your project has more than five (5) units, at least 20% of the units will need to be Low Home rent units (round up). Total # High Total # Low

HOME Assisted Units

# of HOME Assisted Units	Bedroom Size	% of Median	Combined rent & utility allowance	Low HOME Rent	High HOME Rent

Are the HOME assisted units dispersed throughout the project?

Number of separate buildings in the project.

Number of HOME units in each building.

Are HOME assisted units distributed by bedroom size?

For example, if a project contains 2 & 3 bedroom units and 16% of the 2 bedroom units are HOME assisted, then 16% of the 3 bedroom units should be HOME assisted.

Do 80% of the HOME assisted units have rents at or below the high HOME limits?

Do 20% of the HOME assisted units have rents at or below the low HOME limits?

Are the HOME funds being used with LIHTC?

Will the 130% LIHTC bonus be claimed?

Are the HOME funds being removed from the LIHTC basis?

If not removed from LIHTC basis is only the 4% credit being claimed?

Attach an additional page if additional space is needed for the following:

7. PERFORMANCE MEASUREMENT OUTCOME STATEMENT

Create an outcome statement that summarizes the program or project goals, objectives, and outcomes (i.e. **describe number of clients served, their income limits and what service you will provide**).

8. SITE LOCATION:

Provide a street address or other locational information indicating specifically where the activity is physically being carried out. For activities not located at a specific street address, provide beginning and ending points, e.g. James Street from 5th to 10th Street. **ZIP CODES AND CENSUS TRACTS MUST BE INCLUDED FOR EACH SITE LOCATION.**

9. DETAILED DESCRIPTION OF PROJECT:

In concise, measurable, and quantifiable terms, describe the work to be accomplished with the funds requested, including specific physical description if applicable, along with a detailed line item budget. **Administrative costs must include an itemized budget breakdown.**

10. NATURE OF PROBLEM/REMEDY: If the project is proposed to remedy a problem, provide a detailed description of the nature of the problem, and indicate how the proposed project will correct the situation. Attach additional paper if necessary.

11. PROJECT SCHEDULE

Estimated Date Project will begin

Estimated Completion Date

Attachment B
Concurring Resolution

The purpose of the Resolution form is to have on record a statement confirming that the applicant has formally requested a grant and/or loan, has designated an official to perform the required duties between the applicant and the City of Salem, Urban Development Department and has assured, where applicable, the provision of local matching funds. In addition, the applicant will comply with all other provisions of the HOME application.

Resolution of the _____ authorizing
Name of Operating Agency/Municipality
the filing of an application for funds with the City of Salem, Urban Development Department.

WHEREAS, the _____ is
desirous of obtaining funds from the City of Salem, Urban Development Department in the
amount of _____ under the Federal Housing and Community
Development Act as amended.

NOW, THEREFORE, BE IT RESOLVED, that the
_____ does hereby formally request a funding from the City of Salem Urban Development Department.

BE IT FURTHER RESOLVED, that the
_____ does hereby designate _____ as the official to sign
and file all applications and forms between the
_____ and the City of Salem Urban Development Department.

BE IT FURTHER RESOLVED, that the
_____ will assure, where applicable, the provision of the full local share of the project costs.

Adopted this _____ day of _____, _____, by the _____

ATTEST: _____
Signature (Must **not** be the same as Authorized Official) _____ Title

Attachment E
2009 INCOME LIMITS

Effective: March 19, 2009 (MFI-\$58,200)

Number in Household	30% of Median (Extremely Low Income)		50% of Median (Very Low Income, CDBG)		60% of Median (HOME Maximum Income)		80% of Median (Low Income, CDBG)	
	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly
1	12,200	1016.67	20,350	1,695.83	24,420	2,035.00	32,600	2,716.67
2	13,950	1,162.50	23,300	1,941.67	27,960	2,330.00	37,250	3,104.17
3	15,700	1308.33	26,200	2,183.33	31,440	2,620.00	41,900	3,491.67
4	17,450	1,454.17	29,100	2,425.00	34,920	2,910.00	46,550	3,879.17
5	18,850	1,570.83	31,450	2,620.83	37,740	3,145.00	50,250	4,187.50
6	20,250	1,687.50	33,750	2,812.5	40,500	3,375.00	54,000	4,500.00
7	21,650	1,804.17	36,100	2,008.33	43,320	3,610.00	57,700	4,808.33
8	23,050	1,920.83	38,400	3,200.00	46,080	3,840.00	61,450	5,120.83

HOME PROGRAM RENTS

Unit Size	Low HOME Rent (eff. 3/19/09)	High HOME Rent (eff. 3/19/09)	Fair Market Rents (FMR) (eff. 03/19/09)
Single Room Occupancy (SRO, Studio)	508	508	508
One Bedroom	545	564	564
Two Bedroom	655	675	675
Three Bedroom	756	950	981
Four Bedroom	843	1040	1183
Five Bedroom	931	1129	1360
Six Bedroom	1018	1219	1538

**Attachment F
Proforma**

Required for Single Family or Multi Family Rental

Median Income Rents (GROSS Rents)

No of People	No of Bedrooms	Median Rents as of January 2009			Median Income*
		30%	50%	80%	

Utility Allowances

Unit Size	Multifamily		Single Family	
	New	Existing	New	Existing

Application

30% MFI Net Rents

No of Bedrooms	Multifamily		Single Family	
	New	Existing	New	Existing
Studio				
1 BR				
2 BR				
3 BR				
4 BR				

50% MFI Net Rents

No of Bedrooms	Multifamily		Single Family	
	New	Existing	New	Existing
Studio				
1 BR				
2 BR				
3 BR				
4 BR				

60% MFI Net Rents

No of Bedrooms	Multifamily		Single Family	
	New	Existing	New	Existing
Studio				
1 BR				
2 BR				
3 BR				
4 BR				

* Make sure to update median charts each year! New medians come out in Dec/Jan and can be found on HUD's website (www.huduser.com)

Net Rent Charts by Income (these have a utility allowance deducted)

Attachment G
Summary Debt Service Analysis
 Proforma Continued

OPERATING EXPENSES					
Unit Size	No. of Units	Sq Footage	Mo Rent	% of MFI	Annual Rent
0 BR					
1 BR					
2 BR					
3 BR					
4 BR					
Other Income					
Total Gross Income					
Vacancy					
Adjusted Gross Income					
Operating Exp			Per unit		
NOI					
DEBT SERVICE					
Net Operating Income					
			First Mortgage Target Debt Cover		
Principle		Interest		Amortization	Debt Service
First Mortgage					
Bank Loan					
Total Permanent Loan					
				Actual Debt Cover:	
Second Mortgage					
City of Salem loan					
Totals					
Cash Flow					

Attachment H
Ten-Year Operating Proforma
Proforma Cont.

										Inflation factor on Income:		
										Inflation factor on Expenses:		
		Per Unit	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
RENTAL INCOME												
	Gross Rental Income											
	Other Income											
	Less Vacancy	%										
	Net Rental Income											
EXPENSES												
	Insurance											
	Resident Services											
	Utilities: Common Areas											
	Water & Sewer											
	Electricity											
	Maintenance/Repair											
	Property Management											
	Garbage											
	Advertising											
	Exterior/yard care											
	Property Taxes											
	Security											
	Replacement Reserves											
	Misc											
	TOTAL EXPENSES											
	Net Operating Income											

Attachment I
Ten-Year Operating Proforma
Proforma Cont.

DEBT SERVICE										
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Bank Loan										
Principal Paid										
Interest Paid										
Total										
Loan with										
Principal Paid										
Interest Paid										
Total										
City of Salem loan										
Principal Paid										
Interest Paid										
Total										
Total Loans										
Total Principal										
Total Interest										
Total Paid										
Overall Debt Cover										
Project Cash Flow										
Cash Flow Available for split										
Amount to City										
Total Cash Flow to Developer										

**Attachment J
Multi-Family Project Budget**

	Per Unit	Total Costs	Soft Costs
Acquisition			
Purchase Price			
Construction Costs			
Demolition			
Construction			
Construction Contingency			
Soft Costs			
Development Costs			
Environmental Study			
Survey			
Market Study			
Building Permits/Fees			
SDCs			
Engineering			
Soils Report/Geotechnical			
Construction Bond			
Insurance During Construction			
Third Party Fees			
Architect Design			
Legal			
Loan Fees			
Closing costs: const loan			
Closing costs: perm loan			
Inspections			
Const/ bridge loan fees			
Pre-paid interest			
Pre-paid property tax			
Const loan interest			
Perm. Loan Origination Fees			
Other Soft Costs			
Developer Fee			
Relocation Expenses			
Property Insurance			
Lease Up			
Operating Reserve			
Property Appraisal			
Initial Deposit to rep reserves			
TOTAL			

**Attachment K
Multi-Family Sources and Uses of Financing**

SOURCES OF FINANCING		
	Total	Per Unit
Permanent Loan		
Perm Loan w/OAHTC		
City of Salem HOME Loan		
Developer Loan		
Subtotal of loans		
Housing Trust Fund		
Low Income Tax Credits		
City of Salem HOME grant		
Permit/Fee Waivers		
Other Grant		
Other Grant		
Subtotal of donated funds		
Total Sources		

USES OF FINANCING		
	Total	Per Unit
Acquisition		
Construction		
Const Contingency		
Developer Fee		
Soft Costs		
Total Uses		
SURPLUS/GAP		
Total City Investment		

PROJECT ANALYSIS SECTION		No of Units	Total Sq Ft	Total People	Total BR's
	Total	Per Unit	Per Sq Ft	Per Person	Per Bedroom
Total Project Cost					
Construction Cost (inc Cont)					
Soft Costs (inc Dev Fee)					
Land/Acquisition Cost					

Purpose/Instructions: In accordance with City of Salem funding criteria and as required by HUD, this form is used for each housing project funded with Community Development Block Grant (CDBG) or HOME funds to assure compliance with SECTION 504 UFAS requirements. ALL housing projects with 5 or more units must meet criteria established in 24 CFR Part 8.

This form is to be completed by the Architect of Record and the Developer upon the City of Salem design review approval of the final project design and prior to release of HUD funding and City of Salem Notice to Proceed.

Project: _____ Date: _____
 Developer: _____ Phone# _____
 Architect: _____ Phone# _____

1. Are CDBG or HOME funds designated for this project? Yes No
2. Does this project include 5 or more residential dwelling units? Yes No
3. Does this project involve **new construction** and/or **renovation** ?
4. Account for all units, number of adaptable and accessible units by type:

Project Unit Inventory			
Unit Type	Total Units	Adaptable Units	Accessible Units
Studio Units			
1 Bedroom Units			
2 Bedroom Units			
3+ Bedroom Units			
Other			
Total All Units			

5. If an existing building, are alterations required to meet 504/UFAS standards?
Yes No
 - A. Section 504 requires application of UFAS if substantial alterations are made on a project with 15 or more units.
 - B. Section 504 applies if cost of alterations is 75% or more of the replacement cost of the completed facility. When this level of alterations occurs, then all areas of UFAS will be applicable.
 - C. If there are fewer than 15 units or the costs of alterations is less than 75% of the replacement cost, then alterations to the units, to the maximum extent possible and feasible, are to be made. If alteration to single elements or spaces of a dwelling unit, when considered together, amount of an alteration of a dwelling unit, the entire unit shall be made accessible. This applies to the following areas of a dwelling unit:
 - Renovation of whole kitchens, or at least replacement of kitchen cabinets.
 - Renovation of the bathroom.

- If a bathtub or shower is replaced or added, or a toilet and flooring is replaced, then at least 5% or one (1) unit shall be made accessible. (Depending upon the total number of units renovated).
- D. When the entire unit is not being altered, 100% of the single elements being altered must be made accessible until 5%, or at least one (1) unit in the development is accessible.
 - E. Section 504 requires 5% of the dwelling units, or at least one (1) unit, to meet UFAS. The criteria address meeting the needs for persons with mobility disabilities. An additional 2% of the dwelling units, or at least one (1) unit (whichever is greater) must be accessible for persons with hearing or visual disabilities.
 - F. Section 504 defines an accessible dwelling unit as a unit that is located on an accessible route and can be approached, entered and used by individuals with physical disabilities. This includes public and common areas of a housing site. Every effort must be made to provide all unit types on all floors and locations of the site readily adaptable and/or accessible.
 - G. Alterations to existing facilities must, to the maximum extent feasible, be made accessible to ensure that such facilities are readily accessible to and useable by persons with disabilities. Units that are accessible and/or adaptable must first be provided to those individuals with disabilities who need the features of those units. The unit is to be first offered to a qualified individual(s) who currently resides in a non-accessible unit in the same project or comparable project under the same operation. If there are no such persons currently residing in the housing project, then an offer is to be made to the next available qualified individual(s) with disabilities on a waiting list. Non-disabled applicants shall be passed over until all disabled prospective tenants have been notified of the accessible unit's availability.
 - H. Renovations for adaptability and/or accessibility are not required if making these alterations have little likelihood of being accomplished without removing or altering a load-bearing structural member.
6. Describe the rehabilitation work to achieve compliance. Attach documentation as needed.
 7. If this is rehabilitation on an existing facility, identify physical obstacles in the project and facility that limit the accessibility of programs or activities to individuals with disabilities.
 8. Describe, in detail, the methods that will be used to make the facility(s) accessible.
 9. For rehabilitation of an existing facility, specify the schedule for taking the steps necessary to achieve compliance with Section 24 CFR Part 8 and the UFAS criteria. If the time period of the transition plan is longer than one year, identify steps that will be taken during each year of the transition period.
10. **Definitions per 24 CFR Part 8:**
- A. Accessible means that the unit is located on an accessible route and when designed, constructed, or altered or adapted can be approached, entered, and used by individuals with physical handicaps.
 - B. Accessible route means a continuous, unobstructed path connecting accessible elements and spaces in a building or facility that complies with the space and reach requirements of applicable UFAS standards. An accessible route that serves only accessible units occupied by persons with hearing or vision impairments need not comply with those requirements intended to effect accessibility for persons with mobility impairments.
 - C. Adaptability means the ability of certain elements of a dwelling unit such as kitchen counters, sinks, and grab bars to be added to, raised, lowered, or otherwise altered, to accommodate the needs of persons with or without handicaps, or to accommodate the needs of persons with different types or degrees of disability. In a unit adaptable for a hearing impaired person, the wiring for visible emergency alarms may be installed but the alarms need to not be installed until such time as the unit is made ready for occupancy by a hearing impaired person.

- D. Alteration means any change in a facility or its permanent fixtures or equipment. It includes, but is not limited to:
- i. Remodeling
 - ii. Renovation
 - iii. Rehabilitation
 - iv. Reconstruction
 - v. Changes or rearrangements in structural parts and extraordinary repairs
- Alteration does not include normal maintenance or repairs, reproofing, interior decoration, or changes to the mechanical systems.
- E. Facility means all or any portion of buildings, structures, equipment, roads, sidewalks, parking lots, or other real or personal property or interest in the property, which is a component of the Federal funding.
- F. Project means the whole of one or more residential structures and appurtenant structures, equipment, roads, sidewalks, parking lots and spaces such as common areas, laundry facilities, management office(s), and exercise facilities covered by a single contract for Federal financial assistance or application for assistance, or are treated as a whole for processing purposes, whether or not located on a common site.
- G. Multi-family housing project means a project/facility containing five or more dwelling units.
- H. Replacement cost of the completed facility means the current cost of construction and equipment for a newly constructed or remodeled housing facility. Construction and equipment costs do not include the cost of land, demolition, site improvements, non-dwelling facilities, and administrative or "soft" costs for project development activities.

Developer Certification			
<i>I hereby certify that the information provided on this form is based on the submitted project design plans and is true and accurate, and that I am signing this form as an authorized representative of the Developer.</i>			
_____	_____	_____	_____
Printed Name	Title	Signature	Date
_____	_____	_____	_____
Printed Name	Title	Signature	Date

For City of Salem, Urban Development Use Only			
Received By: _____		Date: _____	
<input type="checkbox"/> Returned for clarifications/corrections as noted below by: _____		Date: _____	

<input type="checkbox"/> Revisions received by: _____		Date: _____	
I have reviewed the submitted project design drawings and verified the information herein provided by the Developer.			
_____	_____	_____	_____
Printed Name	Title	Signature	Date



Attachment M

Multi-Family Affirmative Fair Housing Marketing Plan

1 a. Applicant's Name, Address (including City, State & Zip Code) & Phone Number	1 c. Project/Application Number	1 d. Number of Units:
	1 e. Price or Rental Range From \$ _____ To \$ _____	1 f. For Multifamily Housing Only <input type="checkbox"/> Elderly <input type="checkbox"/> Non-Elderly <input type="checkbox"/> Disabled
	1 g. Approximate Starting Dates (mm/dd/yyyy) Advertising Occupancy	

1 b. Project's Name, Location (including City, State and Zip Code)	1 h. Housing Market Area:	1 i. Census Tract or area targeted
	1 j. Managing/Sales Agent's Name & Address (including City, State and Zip Code)	

2. Type of Affirmative Marketing Plan (check ALL that apply) <input type="checkbox"/> New <input type="checkbox"/> Updated <input type="checkbox"/> White Area (non-minority) <input type="checkbox"/> Minority Area <input type="checkbox"/> Mixed Area (with _____% minority residents)	3. Direction of Marketing Activity (Indicate 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 <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Persons with Disabilities <input type="checkbox"/> Families with Children
---	--

4 a. Marketing Program: Commercial Media (Check the type of media to be used to advertise the availability of this housing)

Newspapers/Publications Radio TV Billboards Other (specify) _____

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

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

(1) Will brochures, letters, 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 _____ Attach a photograph of project sign or submit when available.

(3) HUD's Fair Housing Poster must be conspicuously 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)

(4) Attach on a separate sheet the process or plan for applicant rejection. Include the written notification and grounds for determining ineligibility.

4 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. If more space is needed, attach an additional sheet. **Notify the CITY OF SALEM 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	Group Identification	Approximate Date (mm/dd/yyyy)	Person Contacted or to be Contacted

Group/Organization Address & Phone Number	Method of Contact	Indicate the specific function the Sponsor will undertake in implementing the AFHMP

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 Site Signs
 Community Contacts Other (specify)

6. Experience and Staff Instructions (See instructions)

6a. Staff has experience.
 Yes No

6b. On separate sheets, indicate training to be provided to staff on Federal, State and local fair housing laws and regulations, as well as this AFHM Plan. Attach a copy of the instructions to staff regarding fair housing.

7. Additional Considerations Attach additional sheets as needed.

8. Review and Update: By signing this form, the applicant agrees, after appropriate consultation with **CITY OF SALEM**, to change any part of the plan covering a multifamily project to ensure continued compliance with Section 200.620 of HUD's Affirmative Fair Housing Marketing Regulations

Signature of person submitting this Plan	Date of Submission (mm/dd/yyyy)
--	---------------------------------

Name (type or print)

Title & Name of Company

For OFFICIAL use Only: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	Signature & date
	Name (Print) & Title

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

The Affirmative Fair Housing Marketing (AFHM) Plan is needed to ensure that insured and subsidized developers are taking necessary steps to eliminate discriminatory practices involving federally insured and subsidized housing. No application for any housing project or subdivision insured or subsidized under the Department of Housing and Urban Development's (HUD) housing programs can be funded without an approved AFHM Plan (See the "Applicability" section in the instructions below.) The responses are required to obtain or retain a benefit under the Fair Housing Act, Section 808(e)(5) & (6) and 24 CFR Part 200, Subpart M. The form contains no questions of a confidential nature.

Applicability: This form is to be completed by all sponsors with five or more rental units and make records available to CITY OF SALEM and/or HUD upon request

Each applicant is required to carry out an affirmative program to attract prospective buyers or tenants of all minority and non-minority groups in the housing market area regardless of their race, color, religion, sex, national origin, disability, or familial status. Racial groups include White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander. Other groups in the housing market area who may be subject to housing discrimination include, but are not limited to, Hispanic or Latino, persons with disabilities, or families with children. The applicant shall describe in the AFHM Plan the proposed activities to be carried out during advance marketing, where applicable, and the initial sales and rent-up period. The Affirmative marketing program also should ensure that any group(s) of persons ordinarily **not** likely to apply for this housing without special outreach (See Part 3), know about the housing, feel welcome to apply and have the opportunity to buy or rent.

INSTRUCTIONS

Part 1-Applicant and Project Identification. Blocks 1a through 1f-Self-Explanatory. Block 1g-the applicant should specify the approximate date for starting marketing activities to the groups targeted for special outreach and the anticipated date of initial occupancy (if unoccupied). Block 1h-the applicant should indicate the housing market area, in which the housing will be (is) located. Block 1i-the applicant may obtain census tract location information from local planning agencies, public libraries and other sources of census data. Block 1j-the applicant should complete only if a Managing/Sales Agent (the agent cannot be the applicant) is implementing the AFHM Plan.

Part 2-Type of Affirmative Marketing Plan. Applicants should indicate the status of the AFHM Plan, e.g. new or update.

All Plans should indicate the racial composition of the housing market area in which the housing will be (is) located by checking one of the three choices.

Part 3-Direction of Marketing Activity. Indicate which group(s) the applicant believes are least likely to apply for this housing without special outreach. Consider factors such as price or rental of housing, sponsorship of housing, racial/ethnic characteristics of housing market area in which housing will be (is) located, disability or familial status of eligible population, public transportation routes, etc.

Part 4-Marketing Program. The applicant shall describe the marketing program to be used to attract all segments of the eligible population, especially those groups designated in Part 3 of this AFHM Plan as least likely to apply. The applicant shall state: the type of media to be used, the names of newspaper/call letters of radio or TV stations; the identity of the circulation or audience of the media identified in the AFHM Plan (e.g., White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, Hispanic or Latino, persons with disabilities, and families with children) and the size or duration of newspaper advertising or length and frequency of broadcast advertising. Community contacts include individuals or organizations that are well known in the housing market area or the locality, that can influence persons within groups considered least likely to apply. Such contacts may include, but need not be limited to: neighborhood, minority and women's organizations, grass root faith-based or other community-based organizations, labor unions, employers, public and private agencies, disability advocates, schools and individuals who are connected with these organizations and/or are well known in the community. All written advertising shall display the Equal Housing Opportunity logo or the phrase "Equal Housing Opportunity." **Applicants should notify CITY OF SALEM** of any changes to the list in Part 4c of this AFHM Plan.

Part 5-Future Marketing Activities. Self-Explanatory.

Part 6-Experience and Staff Instructions.

- 6a. The applicant should indicate whether the sales/rental staffs have had previous experience in marketing housing to group(s) identified as least likely to apply for the housing.
- 6b. Describe the instructions and training provided or to be provided to sales/rental staff. This guidance to staff must include information regarding Federal, State and local fair housing laws and this AFHM Plan.

Copies of any written materials should be submitted with the AFHM Plan, if such materials are available. All records must be maintained for at least five years after a tenant has vacated.

Part 7-Additional Considerations. In this section describe other groups to which the housing may be marketed and efforts not previously mentioned which are planned to attract persons least likely to apply for the housing. Such efforts may include outreach activities to grass root faith-based or community-based organizations, and other ethnic groups with limited English proficiency (LEP).

Part 8-Review and Update. By signing, the applicant assumes full responsibility for the AFHM Plans implementation and required reviews and updates. With respect to the treatment of applicants, this company and staff will not discriminate against any individual or family because of race, color, national origin, religion, gender, disability, familial status or presence of children in a household. The attached Non Discrimination Employee certification form must be completed for each staff member and filed in an Affirmative Action folder.

Reasonable accommodations will be offered to all disabled persons who request accommodations due to disability at any time during the application, resident selection and renting process. Management will always attempt to reasonably accommodate the request of someone with a disability. CITY OF SALEM will monitor the implementation of this AFHM Plan at any time and request modification in its format or content, where deemed necessary.