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**Affirmative Fair Housing Marketing Plan (“AFHMP Long Form”)**

**Fair and Equitable Housing Office (FEHO)**

**Preface: Required Attachments**

**Check all attachments included: (Failure to submit necessary documents may result in a delay in obtaining FEHO approval of your marketing Plan)**

Census Demographic Data

Division of Human Rights Senior Housing Exemption Letter (if applicable)

Tenant/Resident Selection Plan (if standalone document(s))-Must be conformed to HCR policies including assessment of applicants with a history of criminal justice involvement and negative credit history available [here](https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement--assessment-policies).

Referral and/or supportive services agreement for Special Needs Set-Aside Units

Documentation supporting any occupancy preference requested for the project (if applicable)

Reasonable Accommodation Plan, Policies and Forms

Assistance Animal Policy and/or Pet Policy (if standalone documents)

Copies of advertising/marketing materials to be used:

All Advertisements and Marketing Materials, with translations

Proof that project has been posted on NYHousingSearch.gov

Most Recent Fair Housing Training Certificates

Smoking Policy (if separate)

Sample Community Contact Letter for LLA Populations and Persons with Mobility, Hearing and/or Vision Impairment

☐Copies of written applications and screenshots of any online application forms (if applicable), along with translations

Other Attachment (name): Click here to enter text.

Other Attachment (name): Click here to enter text.

Other Attachment (name): Click here to enter text.

Space for Relevant Explanation:

Click here to enter text.



**\*\*\*\*Please complete all sections\*\*\*\***

Please consult HCR’s Affirmative Fair Housing Marketing Plan Guide for Managing Agents, Owners, and Developers, located at <https://hcr.ny.gov/fair-housing>, for guidance and requirements in developing your Affirmative Fair Housing Marketing Plan.

Please note that, in order to proceed to occupancy and lease-up of HCR-funded units, *you are required to obtain HCR approval of an Affirmative Fair Housing Marketing Plan prior to marketing, occupancy and lease-up.* Further, you must advertise any housing lottery for the duration of the approved marketing period, generally 60 days, as established by New York State Homes and Community Renewal’s Fair and Equitable Housing Office (FEHO).

**Section 1 – Project Identification**

**1a. Project Name:** Click here to enter text

**Project Address:** Click here to enter text.

**HCR Project ID Number:** Click here to enter text.

**1b.**  **Developer (Company):** Click here to enter text.

Name of Contact & Title: Click here to enter text.

Address: Click here to enter text.

Phone Number: Click here to enter text.

Email Address: Click here to enter text.

**1c. Owner (if different than Developer):** Click here to enter text.

Name of Contact & Title: Click here to enter text.

Address: Click here to enter text.

Phone Number: Click here to enter text.

Email Address: Click here to enter text.

**1e. Managing Agent:** Click here to enter text.

In house  3rd Party OR  Affiliate

Name of Contact: Click here to enter text.

Address: Click here to enter text.

Phone Number: Click here to enter text.

Email Address: Click here to enter text.

**1f. Entity responsible for Affirmative Fair Housing Marketing:**

Owner  Managing Agent  Marketing Agent  Other Entity Name & contact info

**To whom should correspondence concerning this AFHMP be sent? Indicate Name, Address (including City, State & Zip Code), Telephone Number, & Email Address:**

Click here to enter text.

**1g. Provide a one-paragraph summary project narrative (Units, AMIs, funding, etc.):**

Click here to enter text.

**1h. Total Number of Units in Project:** Click here to enter text.

**Number of HCR-funded Units:** Click here to enter text.

**Number of Market Rate Units, if applicable:** Click here to enter text.

**Number of Other Units, if applicable:** Click here to enter text.

**Total Number of Buildings in Project:** Click here to enter text.

**1i. Project Type (check all that apply):**

New Construction

Occupied Rehabilitation (tenants in place) Enter no. of units occupied

Rehabilitation (no tenants in place)

Small Rental Development Initiative (SRDI)Click here to enter text.

RAD

Rehabilitation of Federally Assisted Public Housing

Mitchell Lama (currently an Article II development)

Seniors 55 and older: Enter no. of units and % for seniors 55+

Seniors 62 and older: Enter no. of units and % for seniors 62+

Supportive Housing (with onsite funded supportive services) Explain

Other Special Needs Housing (w/o a funded on-site supportive services award) Explain

Other Click here to enter text.

NOTE: If the project has age-restricted units, you must obtain a waiver pursuant to the New York Human Rights Law through the New York Division of Human Rights.

**1j. Project Funding Sources (including tax abatements and credits):**

HCR: Click here to enter source & amount

NY State (non-HCR): Click here to enter source & amount

Federal (for example, Section 8 PBV, HOME, Federal Housing Trust Fund, etc.):

Click here to enter source of Federal funding

Local government(if HPD/HDC see note below): Click here to enter source & amount

Private (non-government): Click here to enter source & amount

Other:Click here to enter source & amount

NOTE: If project is co-funded by New York City through Housing Preservation and Development (HPD) and/or Housing Development Corporation (HDC), consult with your HCR representative about a different HPD-specific form before continuing.

**Section 2 – Marketing Program & Direction of Marketing Activity**

**2a. Affirmative Fair Housing Marketing Plan:**

1. Plan Type: Choose an item.

NOTE: If Amended is selected in question 2a(1), answer questions 2–5 below; if New, proceed to 2b

1. Date of the first Approved AFHMP: Enter Date
2. Reason(s) for current update:

Click here to enter text.

1. Date of Initial Occupancy:Enter Date
2. Are you seeking to remarket the project?

YES. Why? Choose an item. **OR** Other -– Explain

* 1. Number of units seeking to remarket, if applicable: Enter no.
  2. Number of individuals currently on a waiting list: Enter Text

NO Enter Explanation

**2b. Key Dates**

1. **Estimated Date of Occupancy:** Enter Date
2. **Planned fair housing marketing period commencement date:** Enter Date

*(The marketing and application period can run concurrently and must run for at least 60 days before the application due date).* ***This form must be approved by FEHO before marketing activities can commence****.*

1. **Planned application due date or closing of application period:** Enter Date

*(Project must advertise the housing lottery for the duration of the approved marketing period, and ensure that the* ***final advertisement announcing the lottery is posted on HCR’s website at least 60 days prior to the tenant application due date****. Contact your HCR representative to confirm that this process is completed.)*

1. **Planned lottery date for initial tenant selection, if applicable:** Enter Date

(*Must be at least 10 business days after the close of the application period*)

1. **Location/method of planned lottery:** Click here to enter text.

**Space for additional explanation (if necessary):**

Click here to enter text.

**2c.** Provide name and/or staff position responsible for Affirmative Fair Housing Marketing compliance.

Click here to enter text.

**Section 3 – Demographics of Project and Housing Market Area**

Affirmative fair housing marketing should attract applicants who are underrepresented in the Primary Market Area’s demographics. A good marketing strategy will cast a wide net. HCR requires the use of Primary and Secondary Market Area community-based groups, labor unions, disability advocates, civic, non-profit and religious organizations, Neighborhood and Rural Preservation Companies, and/or other groups and individuals in the community that have direct contact with the project’s Least Likely to Apply (LLA) populations. Outreach should be conducted in the language understood by LLAs.

**3a**. **Housing Market Area:**

(1) What is the Primary Housing Market Area (e.g. county, town or city) from which you intend to draw applicants? Click here to enter text.

(2) What is the Expanded Secondary Housing Market Area (e.g. city, county or state) from which you intend to draw applicants to increase the diversity of individuals reached by your marketing efforts?Click here to enter text.

**3b. Provide the demographic data of the Primary Housing Market Area.** *(Use the most recent American Community Survey 5-Year Estimates available* [*here*](https://data.census.gov/cedsci/table?q=United%20States&g=0100000US&tid=ACSDP5Y2018.DP05&vintage=2018)*[[1]](#footnote-2) (modified for your Market Area) or for NYC projects, the Community District Profiles available* [*here*](https://communityprofiles.planning.nyc.gov/)*[[2]](#footnote-3)*)

|  |  |  |
| --- | --- | --- |
| **Demographic** | **% in Primary Housing Market Area** | **% in Expanded Secondary Housing Market Area** |
| White | Enter Percentage% | Enter Percentage% |
| Black or African American (non-Hispanic) | Enter Percentage% | Enter Percentage% |
| American Indian or Alaska Native | Enter Percentage% | Enter Percentage% |
| Asian | Enter Percentage% | Enter Percentage% |
| Native Hawaiian or Other Pacific Islander | Enter Percentage% | Enter Percentage% |
| Hispanic or Latino | Enter Percentage% | Enter Percentage% |

Printout of demographic data entered in table above is attached to this AFHMP.

**3c. Based on demographic data of the Primary Housing Market Area, which populations have you identified as the Least Likely to Apply (LLA) without special outreach efforts?**

Click here to enter text.

**3d. Proposed Marketing Activities: Community Contacts:**

Complete and submit **Worksheet 1** to describe your use of community contacts to market the project to those Least Likely to Apply populations, and, if applicable, individuals with mobility and/or hearing/visual disabilities.

Attach sample community contact letter(s) and email(s) to be used as part of outreach.

**3e. Does your community contacts letter/outreach/email contain the following?**

Total number of affordable units available

Address

Number and type of Accessibility Units (as applicable)

Income, Rent and Occupancy information (approved by HCR)

Application Deadline

A copy of the application OR a link to the application online (can be a pdf) in English, Spanish and the language to be understood by the Community Contact’s constituencies and/or those Least Likely to Apply populations.

Date and time of lottery

Process of lottery (how they can access viewing the lottery)

Logos: HCR, accessibility, fair housing, smoke free

Attachments with marketing/advertising materials in English, Spanish and the language that will be understood by the Community Contact’s constituencies and/or those Least Likely to Apply populations.

**3f. Proposed Marketing Activities: Methods of Advertising:**

Complete and submit **Worksheet 2** to describe your proposed methods of advertising that will be used to market to those Least Likely to Apply.

Confirm that all advertising and marketing materials are to be produced in English, Spanish and other languages so as to be understood by the Least Likely to Apply populations.

Attach all copies of advertisements, radio and television scripts, Internet advertisements, websites, and brochures, etc.

Confirm that Project will use the Standard Ad in English, Spanish and the LLA language, all available here: <https://hcr.ny.gov/marketing-plans-policies#standard-advertisement>. Guidance to complete the advertisements are also available.

Confirm that Project will translate the relevant highlighted portions in the foreign-language Standard Ads as well as use the Standard English Ad.

**3g. How will outreach efforts to Least Likely to Apply populations be documented? (e.g. call logs and email archives). These must be kept for HCR’s site compliance reviews.**

Click here to enter text.

**3h. Proposed Marketing Activities: Languages used in advertising to reach Least Likely to Apply populations (other than English):**

Click here to enter text.

**Section 4 – Supportive Housing, Special Needs & Accessible Units**

**4a. Supportive Housing & Special Needs Preference Units**

“Supportive Housing Units” are units for which there is service and operating funding awarded for supportive services through such sources as the Empire State Supportive Housing Initiative (ESSHI), Office for People with Developmental Disabilities (OPWDD), Office of Mental Health (OMH), or who otherwise have HCR Supportive Housing Opportunities Program (SHOP) funding. *Since these units are filled exclusively by a centralized referral system, it is not required that they be publicly marketed*. (“N/A” can be entered in all fields that involve public marketing with respect to these units)

“Special Needs Preference Units” are those for which the developer committed in its application for funding to create a priority in tenant selection for persons with specific special needs. These are units that do not have an operating/supportive services award to fund the supportive services. An experienced service provider shall refer prospective tenants with Special Needs to the project and provide some level of supportive services pursuant to a written agreement approved by New York State. **Unless otherwise approved by FEHO, these units must still be marketed to the general population since members of the public who are in the Special Needs population should also be able to take advantage of the admissions preference**.[[3]](#footnote-4)

Fill in the table below regarding the Supportive Housing and Special Needs Preference that have been approved:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Target Population**  (e.g. Persons who are frail elderly, Homeless, etc.) | **Number of Units** | **Agency, Program &/or Document Requiring the Unit**  (e.g. ESSHI, OPWDD, HCR Regulatory Agreement, Commitment Letter, etc.) | **Supportive Services/ Referral Organization** |
| **Supportive Housing Units** | Enter Text | Enter Text | Enter Text | Enter Text |
| **Special Needs Preference Units** | Enter Text | Enter Text | Enter Text | Enter Text |

1. A copy of the referral and/or services agreement, is attached to this submission.
2. Other than the population described in the “Target Population” column above, will the Supportive Services/Referral Organization impose other demographic or geographic limitations on the referrals based on, for example, the population they serve? (e.g. only women, only men, only singles without children, only from a specific area or county)? Please describe.

**Click here to enter text.**

**4b. Accessible Units for those with Mobility and/or Hearing/Vision Impairments**

“Accessible Units” refer to units that, pursuant to the terms of the Project’s HCR funding, are fully accessible, adapted and move-in ready for applicants with mobility or hearing/visual impairments. This term also refers to units that must be built pursuant to the 5% and 2% accessibility design requirements under Section 504 of the Rehabilitation Act of 1973. *These units are subject to marketing and outreach requirements but must first be given to applicants who need the units.* The Project must get a waiver from HCR for each unit not filled by someone who needs the features. The waiver will be granted only in limited instances where it has been determined that thorough outreach efforts have been conducted, which still did not yield eligible applicants.

1. Total # of Accessible Units for People with Mobility Impairments: Enter Text
2. Total # of Accessible Units for People with Vision or Hearing Impairments: Enter Text

**4c. Marketing and Outreach for the Accessible Units:** For the Accessible Units, confirm and/or indicate the following:

1. Describe the efforts to market the units to persons with mobility, hearing and/or vision impairment and how those on-going efforts will be documented.

**Click here to enter text.**

1. Confirm that all marketing materials list the availability and number of accessible units.
2. Confirm that community contacts marketing and outreach will be conducted **to at least 3** independent living centers or other organizations that serve persons with mobility, hearing and/or vision impairment, which are included in Worksheet 1 (attached).
3. Confirm that advertising will be conducted to media outlets that target persons with mobility, hearing and/or vision impairment, which are included in Worksheet 2 (attached).
4. Confirm that for occupied buildings, a preference for these Accessible Units will be given first to current tenants (if applicable), and then to those on the waiting list who are in need of the special design features of the unit.

1. Confirm that the project has identified a source of referrals for the Accessible Units that can make referrals to the general applicant pool and/or waiting list of the Project.

* 1. Name(s) of referral agency/(ies) and/or organization(s): **Enter Text**

1. Confirm that for vacancies of these units, outreach and marketing to contacts listed in Worksheet 1 and other referral sources will be conducted for Accessible Units if there is nobody on the waiting list who requires the accessibility design features.
2. Confirm that if the combined effort of marketing, outreach and referrals have not yielded sufficient applicants for the available Accessible Units, you will notify HCR and provide documentation as to efforts made to fill these units. HCR will then decide on appropriate course of action to fill these units including the provision of a waiver.

**4d. Establishing Disability or Impairment for Unit Eligibility:** Confirm and/or indicate the following:

Indicate management’s policy for verifying a person’s disability or impairment to determine eligibility for the Accessible Set-Aside Units.

Click here to enter text.

* 1. Confirm that you will limit the inquiry to only that information which is needed to establish eligibility. For example, you may ask applicants if they have a disability, and if, in light of their disability, they will benefit from the features of the available Accessible Units.
  2. Confirm that you will ask for verification of disability (if necessary and the disability is not readily apparent) only *after* a tenant or applicant has asked that their disability or impairment be considered.

**Section 5 – Occupancy Preference**

It should be noted that tenant selection and occupancy preferences – even when not intentionally discriminatory – may in practice deny equal housing opportunity or perpetuate segregation without justification and thus be prohibited by the Fair Housing Act and the New York State Human Rights Law. HCR’s approval of any AFHMP containing any project-requested tenant selection or occupancy preferences does not constitute legal advice or its imprimatur of legality of the preference.

**5a.** **Other Preferences:** Is the owner requesting any other Occupancy Preference for a specific type of applicant? (These include residency, artist, workforce, school district, zip code, mobility status, homelessness, domestic violence, veteran status and/or any other admission preference based on where the project is or a characteristic of the target applicant pool)[[4]](#footnote-5)

Yes

No. If you answered NO, proceed to Section 6

**5b.** Was the Occupancy Preference included and approved in the Project’s AFHMP Pre-Closing Short Form?  **Choose an item.**

* + Have there been any changes to the occupancy preference you indicated in your AFHMP Short Form?  **Choose an item.**

**5c.** What type of Occupancy Preference(s) is/are requested? Enter Text

**5d.** To how many units will the Occupancy Preference(s) apply? (List for each preference requested)

Enter Text

**5e.** If you are requesting more than 1 Occupancy Preference, how do they interplay with each other and the larger application pool? (i.e. points awarded for each preference, etc.)

Enter Text

**5f.** What are the time limits on the Occupancy Preference(s)? (i.e. available only at lease-up, perpetual?)

Enter Text

**5g.** Is the Occupancy Preference the requirement of any source of funding or regulatory agency? Which? Please specify the policy and/or law.

Click here to enter text.

**5h.** What is the reason/justification for having an Occupancy Preference? (Please provide specific policy goals, their source, and any support to show that the preference would not have a disparate impact on protected classes in violation of the Fair Housing Act and the New York State Human Rights Law)

Click here to enter text.

**5i.** What is the geographic area for the Occupancy Preference?

Click here to enter text.

**5j.** Demographics for the population targeted by the requested Occupancy Preference *must* be provided to HCR as part of your assessment that the preference does not perpetuate a discriminatory impact on a protected class.

Please provide the demographic make-up of the individuals eligible for the preference.

White: Enter Percentage%

American Indian or Alaska Native: Enter Percentage%

Asian: Enter Percentage%

Black or African American: Enter Percentage%

Native Hawaiian or Other Pacific Islander: Enter Percentage%

Hispanic or Latino: Enter Percentage%

Persons with Disabilities: Enter Percentage%

Families with Children: Enter Percentage%

Other ethnic group, religion, etc. Enter Percentage%

(NOTE: Demographics for each of the populations in the Occupancy Preferences request must be provided. Provide additional demographics in 5n, below)

**5k**. How do you plan to periodically evaluate your Occupancy Preference(s) to ensure that it does not perpetuate a discriminatory impact on protected classes?

Click here to enter text.

**5l.** Anything else that we should know about the requested Occupancy Preference(s)?

Click here to enter text.

**Section 6 – Application, Lottery & Tenant Selection Procedures**

**6a. Application Procedures**

1. How will applications be made available to prospective tenants? (who to contact and where applications may be obtained, including if online and the website url(s)).

Click here to enter text.

1. Will applications be made available electronically?  YES NO (If Yes, Check all that apply)

|  |  |
| --- | --- |
| By emailed PDF | Through an online form |

1. Confirm that the paper application, any electronic applications (if any), and translations for each are attached to this form. (Screenshots or PDFs of online applications are acceptable).
2. For each format of the applications (paper and electronic), confirm the following:
   1. They will be available with the same ease-of-access in English, Spanish and the language(s) used by those Least Likely to Apply.
      1. Which languages? Click here to enter text.
   2. They include the application deadline and lottery date and time, with a method to view the lottery. (See 6b below).
   3. That applicants can fill out which bedroom sizes they are applying for. This means that an applicant can apply for more than 1 bedroom size as long as their family meets the occupancy standards and income eligibility, or they have a reasonable accommodation for a bigger unit.
   4. They do not include questions with regard to any status that may be protected under fair housing laws (e.g. marital status) that are not necessary to determine eligibility or lottery/waiting list order.
   5. That any race/ethnicity questions are optional.
   6. That the following documents are provided with each application.
      1. Reasonable Accommodation Disclosure: Applicants must be notified in writing of their right to request reasonable accommodations and modifications based on their disability, as required by N.Y. Executive Law § 170-d. Along with the including it with the application, it must also be included with the lease. Notice requirements and a form notice are available [here](https://dhr.ny.gov/law-2021#notice-of-tenant's-rights-to-reasonable-accommodation).
      2. HCR’s “Notice of Occupancy Rights under the Violence Against Women Act” (or comparable form) in the language of the Application, and
      3. The VAWA Certification Form, both available [here](https://hcr.ny.gov/marketing-plans-policies#violence-against-women-act)[[5]](#footnote-6)
3. Describe the process by which applications will be received and logged.

Click here to enter text.

1. Fees. List any application, background or credit check fees collected for HCR-supported units (Note that certain HCR policies and New York State law limits what fees can be collected – See p. 10 of AFHMP Guidance): Click here to enter text.
2. Confirm that the application availability and how to access the application has been posted to NYHousingSearch.gov and will be live at the commencement of marketing.
   1. Screenshot of such information is attached to this AFHMP application.
3. Confirm that all applications submitted by the application deadline will be included in the lottery and that no tenant screening will be conducted prior to the lottery.
4. Confirm that all application forms comply with HCR’s AFHMP Guidelines, including its Justice Involvement, Credit, VAWA and Reasonable Accommodations Policies.

**6b. Public Lottery Requirement**

For any new construction or project conducting initial lease-up, tenant selection must be conducted through a public lottery, and not on a first-come-first-served basis. See Section VI.a of HCR’s AFHMP Guidelines for requirements.

*Skip to 6c if not conducting Tenant Selection for New Construction or Initial Lease-Up*

1. Describe how, when and where the lottery will be conducted.[[6]](#footnote-7)

Click here to enter text.

1. Confirm that the lottery will be conducted by a trained and experienced staff of the Owner, Developer or Marketing Agent.

Name of person supervising lottery and their employer

NOTE: In certain limited exceptions, projects undertaking initial tenant selection will not be required to conduct a lottery or may access modified lottery procedures (e.g., if the scale of those applying is too great, when full rent-up of the project is expected to take in excess of 6 months). *HCR FEHO must approve each request for modified lottery procedures based on the specific project*.

**Running the Lottery**

1. How will the digital and paper applications received by the deadline be logged?

Click here to enter text.

1. How will the lottery be run? (i.e. what mechanism will do the randomization)

Click here to enter text.

**After Lottery is Run**

1. How will the lottery log be generated?

Click here to enter text.

* 1. Confirm that the lottery log generated will not change and that you will work off this log to evaluate applicants and select residents.
  2. Confirm that you will select all prospective residents from the lottery log in numerical order, with exceptions only for permitted set-asides and preferences, which are outlined in Sections 4 and 5 above.
  3. Confirm that applicants can be on the waiting list for more than 1 bedroom size as long as their family composition meets the occupancy requirements of the project, they are income eligible for that bedroom size and/or they have a reasonable accommodation for that bedroom size.
  4. Confirm that the lottery log will be available for HCR staff to review and monitor.

1. Describe steps to be taken to process applications in lottery order, including any consideration of set-asides and occupancy preferences described in Sections 4 and 5 above.

Click here to enter text.

1. Describe how applicants will be notified of their lottery status and how they can find out any updates to their lottery status.

Click here to enter text.

1. What will be done with applications of applicants in excess of the number of available units? (i.e. Will they be put on a waitlist in lottery log order and then subsequent applications after those are exhausted will be selected on a first-come first-served order? Or will they receive notification of future remarketing?)

Click here to enter text.

* 1. Will a waitlist be maintained? Choose an item.
     1. If so, please provide the term, and the method and frequency of updating.

Click here to enter text.

1. Confirm that all applications and applicants’ personal and private information (Arrest or conviction records, child support payments, health status, social security number, etc.) are stored securely and will be kept confidential. How?

Click here to enter text.

**6c. Tenant Selection Procedures (See Section VI HCR’s** [**AFHMP Guidelines**](https://hcr.ny.gov/afhmp-guidance)**):**

Tenant Selection Procedures explained in this section and/or in a separate Tenant Selection Plan must comply with New York State’s policies when assessing those with justice involvement and negative credit history, available [here](https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement--assessment-policies). The relevant worksheets, notices and 14-day time periods for additional information must be utilized in any procedures outlined.

1. Does the project have a stand-alone tenant selection policy or plan? Choose an item. *If so, please conform the document with HCR’s AFHMP Guidelines, including its Justice Involvement, Credit, VAWA and Reasonable Accommodations policies, and provide a copy*.
2. If you answered “Yes,” attach copy of Tenant Selection Policy or Procedure that is in conformance with HCR’s policies.
3. Describe how tenant eligibility will be determined (e.g., income certification employment verification, creditworthiness). Include considerations of HCR’s Justice Involvement, Credit and VAWA policies as outlined in the AFHMP Guidelines, Section VI.c, d and e.

Click here to enter text.

1. Describe the characteristics that cause an applicant to be rejected from consideration. Include considerations of HCR’s Justice Involvement, Credit and VAWA policies as outlined in the AFHMP Guidelines, Section VI.c, d and e.

Note: Pursuant to Section 296(16) of the [New York State Human Rights Law](https://dhr.ny.gov/law), and in addition to HCR’s Justice Involvement Policy, it is unlawful to inquire about or deny housing to an applicant on the basis of:any prior arrests or criminal accusations that have been resolved in the applicant’s favor, youthful offender adjudications, pending arrests with adjournments in contemplation of dismissal and a variety of sealed convictions.

Click here to enter text.

1. Will you use any tenant screening services like CoreLogic, TurboTenant, RentRedi, any of the services provided by the credit agencies?  YES  NO
   1. If YES, provide the name of the service Click here to enter name of tenant screening service
   2. Confirm the following:
      1. The service does not query eviction/housing court history
      2. The service complies with HCR’s Credit and Justice Involvement Assessment policies and the NYS Human Rights law regarding prohibited inquiries into criminal system backgrounds
2. Confirm that all applicants who submit an application with missing information will be given an opportunity to cure before being denied.
3. How will the applicant be informed of, and a request made for, missing information/documentation on their application?

Click here to enter text.

1. How many days will applicant be provided to respond (specify business or calendar days)? Click here to enter text.
2. Confirm that the application and tenant selection procedures DO NOT request or base eligibility on immigration/citizenship information *unless* specifically required by program funding (for example, federal funding such as Section 8 project-based vouchers).
3. If requesting immigration/citizenship information, enter the program funding that specifically required this information as a basis for eligibility.

Click here to enter text.

1. Assessing Applicants with Justice Involvement or Negative Credit:
   1. Do you check credit history or criminal system history of applicants?
      1. Credit History:  YES  NO
      2. Criminal System History*:*  YES  NO
   2. If YES to either above, *before the applicant is denied*,
      1. Confirm that you will conduct an individualized assessment based on HCR’s worksheets for its [justice involvement](https://hcr.ny.gov/feho-worksheet-criminal-convictions) and [credit](https://hcr.ny.gov/FEHO-Credit-Worksheet) policies. Only after failing the individualized assessment can the applicant be denied.
      2. Confirm that you will provide 14 business days for applicant to provide additional information so that the individualized assessment can be conducted. A sample Request for Additional Information can be found on the last pages of the [AFHMP Guidelines](https://hcr.ny.gov/afhmp-guidance).
      3. Confirm that you will provide the relevant Know Your Rights materials for the justice involvement and [credit](https://hcr.ny.gov/KYR-Credit) policies with Request for Additional Information – documents (including translations) available here: <https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement--assessment-policies>.
   3. If YES to Credit History:
      1. Does this project report rent payments to credit agencies to build credit (for example, through Esusu, Yardi, Jetty, Rent Dynamic, or becoming a data furnisher)  YES  NO
      2. If YES, Confirm the following:
         1. Only positive rent payments are reported to the credit agencies.
         2. There is no cost to the tenant for such reporting.

**6d. Application Denial**

1. How is the applicant notified of their denial and their right to an appeal?

Click here to enter text.

* 1. Confirm that all applicants will be provided with HCR’s Know Your Rights materials for HCR’s justice involvement and [credit](https://hcr.ny.gov/KYR-Credit) policies with their notification of denial. Documents (with translations) available [here](https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement--assessment-policies.).
  2. Confirm that all applicants will be provided with HCR’s “Notice of Occupancy Rights under the Violence Against Women Act” (or comparable form) and a VAWA Certification Form, both available [here](https://hcr.ny.gov/marketing-plans-policies#violence-against-women-act),[[7]](#footnote-8) with the notice of denial.

1. Describe the appeals process, including deadlines for appeal, who will be handling the appeals process, how applicants will be notified, etc.

NOTE: All denied applicants must be notified and given an opportunity to appeal. Appeals should be handled by a different person than the person who made the initial determination in tenant selection. Furthermore, in the case an applicant is denied as a result of a justice involvement or credit check, they must be granted 14 business days to appeal such determination.

Click here to enter text.

**6e**. **Tenant Selection Training/Staff:**

1. Has staff been trained on tenant selection in accordance with the project’s occupancy policy and this AFHMP?

Choose an item.

1. What staff positions are/will be responsible for initial determinations in tenant selection?

Click here to enter text.

1. What staff positions are/will be responsible for appeals in tenant selection?

Click here to enter text.

1. Has all staff who engage in the tenant selection process reviewed and/or been trained on:
   1. HCR’s Affirmative Fair Housing Marketing Plan: Guide for Managing Agents, Owners, and Developers ([AFHMP Guidelines](https://hcr.ny.gov/afhmp-guidance))? Choose an item.
   2. The applicable regulatory documents, including the occupancy policy for the project and this AFHMP? Choose an item.
   3. HCR’s Guide and Worksheet for Applying New York State’s Anti-Discrimination Policies When Assessing Applicants for State-Funded Housing Who Have Justice Involvement, available [here](https://hcr.ny.gov/marketing-plans-policies#credit-and-criminal-convictions-assessment-policies)? Choose an item.
   4. HCR’s Guide and Worksheet Materials for Applying New York State’s Credit Policy for Applicants to State-Funded Housing, available [here](https://hcr.ny.gov/marketing-plans-policies#credit-and-criminal-convictions-assessment-policies)? Choose an item.
2. Is all staff aware of the requirements of the [final rule](https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf) implementing the Violence Against Women Act of 2013 (VAWA), published by HUD on November 16, 2016, and prepared to implement all requirements (including documentation requirements) of the rule regardless of whether the project, assistance program or Owner, Developer and/or Marketing Agent meets the definition of “Covered housing program” or “Covered housing provider” under the rule, as the case may be? Choose an item.
3. Have your tenant selection policies and procedures been updated to comply with:
   1. HCR AFHMP Guidelines and all regulatory documents applicable to the project, including this AFHMP? Choose an item.
   2. HCR’s credit and justice involvement assessment policies? Choose an item.
   3. the abovementioned: VAWA protections and requirements? Choose an item.

**Section 7 – Reasonable Accommodation Policies**

**7a.** Does the project have stand-alone reasonable accommodation policies and/or forms?

Choose an item. *If so, please provide a copy for review*.

1. Copy of reasonable accommodations policies and forms are attached to this AFHMP (e.g. pet policies, reasonable accommodation request forms, etc.).

**7b.** Describe the process and timeline for how requests for reasonable accommodations will be handled, including the appeal process, and who will be authorized to approve or deny any such requests.

Click here to enter text.

1. Confirm that the reasonable accommodations policy uses the definition of disability under the New York Human Rights Law, in addition to any other definitions. That definition is: “(a) a physical, mental or medical impairment resulting from anatomical, physiological, genetic or neurological conditions which prevents the exercise of a normal bodily function or is demonstrable by medically accepted clinical or laboratory diagnostic techniques or (b) a record of such an impairment or (c) a condition regarded by others as such an impairment.”
2. Confirm that the reasonable accommodations policy only requires verification or additional information from tenant/applicant where the disability is not obvious or otherwise known to the housing provider, and/or the need for the requested accommodation is not readily apparent or known. In most cases, an individual’s medical records or detailed information about the nature of a person’s disability is not necessary for this inquiry.
3. Confirm that the reasonable accommodations policy does not limit verification documentation (if required) to those from medical professionals, but includes and accepts documentation from reliable third party professionals and agencies, including proof of SSI or SSD insurance benefits, a peer support group, a non-medical service agency, and a social worker, among others.
4. Confirm that applicants will be notified in writing of their right to request reasonable accommodations and modifications based on their disability, as required by N.Y. Executive Law § 170-d. This notice will be included with the application, and with the lease. Notice requirements and a form notice are available [here](https://dhr.ny.gov/law-2021#law4).

**7c.** Does the project have a Telecommunication Device for the Deaf (TDD) or an equally effective communication system? NOTE: If project has HUD Section 8 assistance, it is required to have TDD. Choose an item.

**7d.** Describe the policy for service animals and assistance animals for people with disabilities.

Click here to enter text.

1. Confirm that even if your building has a “no pets policy,” it will allow service and assistance animals in accordance with its reasonable accommodations policies.
2. Confirm that your policy does not allow fees to be charged for service and assistance animals.

**Section 8 – Smoking Policy**

All HCR funded projects shall be smoke-free. Owner shall commit to design and implement a policy prohibiting the use of any products or substances involving the ignition and burning of the product or substance within all interior areas of project buildings as well as in outdoor areas within 50 feet of inhabited project buildings, play areas, or any surrounding inhabited buildings or play areas outside of the project property. Project owners may also elect to prohibit the use of the aforementioned products or substances anywhere on the project property. Please note that smoke-free policies are still subject to reasonable accommodation laws.

Confirm that the smoke-free policy is attached to this AFHMP.

**Section 9 – AFHMP Availability & Record Keeping**

**9a. Confirm that following records will be maintained in the following manner:**

NOTE: This list is not inclusive of all records required to be kept for a minimum period of 5 years pursuant to HCR and other agency policy, as applicable.

1. Advertising: All advertising and records of dates of publication will be kept on file in the project’s management office and/or another location. Specify: **Specify Where**
2. Marketing Outreach Log: Records of marketing and outreach to community contacts and referral agencies (including dates and method of communication) will be kept in the management office and/or other location for inspection. Specify: **Specify Where**
3. The Affirmative Fair Housing Marketing Plan: A copy of this AFHMP, and all subsequent or updated versions, will be kept on file and provided to the Managing Agent. It will be made publicly available for inspection in the project’s management office and/or another location. Specify: **Specify Where**.
4. Lottery & Wait List: All records of the Lottery Log, Applicant Wait List and Transfer Wait List (if applicable) will be kept on file for inspection.
5. Discrimination Complaints: Records of complaints and resolutions by tenants and applicants alleging discrimination and/or improper conduct shall be retained for 5 years.
6. Fair Housing Training Certificates: All Fair Housing training certificates and materials shall be kept on file for 5 years and submitted with this submission for review.
7. Demographic Data: Voluntary data regarding race, ethnicity, disability and family composition collected shall be kept in the project’s file.
8. Applications and Associated Records: All applications and associated records must be kept for a minimum of 5 years. Such records include:
   1. A copy of the original application;
   2. A copy of the conviction record, credit history and other material obtained in connection with evaluating the application;
   3. Written notification to the applicant that he/she has the right to contest and provide more information in response to justice involvement information and/or credit report;
   4. The written evaluation/worksheet detailing the analysis and decision of the housing provider (such as a completed Justice Involvement and/or Credit Worksheet).
9. Admissions Information for Applicants with Criminal System Involvement: Records concerning (a) the number of applications received where the applicant had a criminal conviction or pending arrest, and (b) the number of those applicants accepted, denied, waitlisted or still under review. These will be collected by HCR for reporting.
10. Admissions Information for Applicants with Negative Credit Histories: (a) the number of applications where the applicant had a negative credit history (those below 580 or 500 for homeless individuals), and (b) the number of those applicants with negative credit histories accepted or denied as tenants, as well as completed worksheets for all accepted and denied applicants showing how the determination was made.

**Section 10 – Evaluation of Marketing Activities**

**10a.** How will you assess the success of your marketing efforts to reach those LLA populations identified?

Click here to enter text.

**10b.** Who and/or which staff position will be responsible for conducting this assessment?

Click here to enter text.

**10c**.  Confirm that this assessment will be conducted annually.

**10d.** How will you make decisions about future marketing based on the evaluation process?

Click here to enter text.

**10e.** Detail what remedial efforts will be taken if LLA populations are insufficiently represented in the project:

Click here to enter text.

**Section 11 – Fair Housing Training**

**11a**. **Has staff received fair housing training within the past 12 months?** Choose an item.

1. Describe Affirmative Fair Housing Marketing and Fair Housing Act staff training that is provided. Identify who provided the training and how frequently it is provided, to whom it was/will be provided, and the dates of past and anticipated trainings:

Click here to enter text.

1. Attach copies of any AFHMP/Fair Housing staff training certificates.

1. If staff has not received fair housing training within the past 12 months, describe AFHMP and Fair Housing Act staff training that will provided and the dates of anticipated trainings:

Click here to enter text.

NOTE: Compliance with the fair housing training requirement can be demonstrated by viewing the NYS Fair and Equitable Housing Office Fair Housing Webinar, available <https://youtu.be/vrp5v5u-W_M>

**11b**. **Do you periodically assess staff skills on the use of the AFHMP and compliance with the Fair Housing Act and all applicable nondiscrimination requirements?** Choose an item.

1. If YES, how and how often?

Click here to enter text.

1. If NO, please describe actions to be taken to afford staff with proper AFHMP and Fair Housing training:

Click here to enter text.

**11c. A Fair Housing Poster must be prominently displayed in all offices in which sale or rental activity takes place, as required by federal regulation (24 CFR 110) and the Fair Housing Act. Check below all locations where the Poster will be displayed:**

Rental Office

Real Estate Office

Entrance to Project

Other (specify): Click here to enter text.

**Section 12 – Additional Considerations**

Please use this space to explain anything else that should be considered by HCR along with, or as part of, this AFHMP.

Click here to enter text.

**Section 14 – Certification of Continued Compliance and Modification of the AFHMP**

The Owner, Developer, Managing Agent (if applicable to project) and Marketing Agent (if applicable to project) (together, “We”), hereby certify the following:

We have read and are familiar with the requirements and provisions of the New York State Homes and Community Renewal Affirmative Fair Housing Marketing Plan Guidelines, and that all information stated herein and attached are true and accurate.

We understand that HCR’s approval of the project’s AFHMP is not intended to establish or to serve as legal advice. Nor does HCR’s approval of the project’s AFHMP establish compliance with the regulations, policies or procedures of other applicable agencies or entities with authority over the project, including but not limited to, the United States Department of Housing and Urban Development or other financial institutions.

The AFHMP and tenant selection procedures will be implemented as set forth herein and in accordance with all federal, New York State, and local fair housing laws and nondiscrimination requirements, including applicable HCR guidelines.

The AFHMP will be reviewed and updated in accordance with all applicable guidelines in order to ensure continued compliance with HCR’s policies and procedures and the HCR Mortgage and/or Regulatory Agreement.

We understand that HCR’s approval of a project’s AFHMP that contains tenant selection preferences is not intended to establish or serve as legal advice. Through its approval of the AFHMP, HCR is not providing its imprimatur of legality concerning the project’s tenant selection preferences or policies.

We understand that failure to comply with HCR’s policies and procedures and the HCR Mortgage and/or Regulatory Agreement shall subject the Owner, Developer and/or Marketing Agent to the fullest extent of the law including, but not limited to, HCR limiting or prohibiting the future participation of the undersigned, any subsidiaries or related entities in NYSHCR programs.

I, the signatory below, am duly authorized and have legal capacity to execute this Certification on behalf of the subject project’s Owner, Developer, Managing Agent (if applicable to project) and Marketing Agent (if applicable to project).

|  |  |
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| X  Signature | Check if signing electronically by typing name |
| X  Name of person submitting this plan |  |
| X  Title & Name of Company |  |
| Select Date |  |
| Date |  |

**Section 15 - Worksheet Exhibits – Proposed Marketing Activities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Worksheet 1: Community Contacts**) (You may use a spreadsheet with the same columns instead of the worksheet below**.**)  For each LLA population, at least three (3) community contacts should be provided; and  If the project has Accessibility Units for those with mobility, hearing and/or vision impairment:   * At least 3 independent living centers or other organizations that serve such persons (<http://www.acces.nysed.gov/vr/independent-living-centers>) AND * The District Office for the NYS Commission for the Blind <https://ocfs.ny.gov/main/cb/district-contacts.asp> * The relevant Student and Youth Services Transition representative: <http://www.acces.nysed.gov/vr/student-and-youth-transition-services> * The relevant district office for the ACCESS-VR (Vocational Rehabilitation) program: <http://www.acces.nysed.gov/vr/district-offices> * The local NY Connects office: <http://www.nyconnects.ny.gov/contact-us> * All hospitals under the “Hospital” tab for the Project’s County AND Region that contain the word “rehabilitation” in the title: [https://profiles.health.ny.gov/](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprofiles.health.ny.gov%2F&data=05%7C01%7Cdaniel.cracco%40hcr.ny.gov%7C2a6d9fed63944b3a789f08db5d5d5845%7Cf46cb8ea79004d108ceb80e8c1c81ee7%7C0%7C0%7C638206427716178727%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=dRqmYFv05US5ddyOFj7BoH8IcBXPFobngc33rgPPDPo%3D&reserved=0) * All nursing homes under the “Nursing Homes” tab for the Project’s County AND Region that contain the word “rehabilitation” in the title: [https://profiles.health.ny.gov/](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fprofiles.health.ny.gov%2F&data=05%7C01%7Cdaniel.cracco%40hcr.ny.gov%7C2a6d9fed63944b3a789f08db5d5d5845%7Cf46cb8ea79004d108ceb80e8c1c81ee7%7C0%7C0%7C638206427716178727%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=dRqmYFv05US5ddyOFj7BoH8IcBXPFobngc33rgPPDPo%3D&reserved=0)   The following must also be included:   * Elected representatives (local, state and federal representatives), * The 5 closest public housing authorities and/or Section 8 offices, * The 5 closest organizations that serve homeless individuals; * The Veterans Center in the county: [https://veterans.ny.gov/office-locations](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fveterans.ny.gov%2Foffice-locations&data=05%7C01%7Cdaniel.cracco%40hcr.ny.gov%7Ccf3359f25b274e554a7008db085bb84c%7Cf46cb8ea79004d108ceb80e8c1c81ee7%7C0%7C0%7C638112962244635982%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=pUqe2SIsmUeRUsBlSJDeHuSpB8Jz3rmIgVTT75ddI68%3D&reserved=0) * The New York State Office of New Americans Community Navigators for the region: <https://www.newamericans.ny.gov/ona_Navigators/ona_Navigators.html> * The 2 closest Healthy Family New York Program Sites: <https://www.healthyfamiliesnewyork.org/sites2.htm> * The local Continuum of Care organization listed in this map: <https://caresny.org/continuum-of-care/#CoC-Planning-Map>. If there is no organization listed for the area, include the Balance of State Continuum of Care at [bos.nys@otda.ny.gov](mailto:bos.nys@otda.ny.gov). * The local agency on aging: https://aging.ny.gov/local-offices * The Neighborhood and Rural Preservation companies designated for your region. List available here: <https://hcr.ny.gov/neighborhood-and-rural-preservation-programs#neighborhood-and-rural-preservation-company-directory> * The Domestic Violence Service Providers in the county – See here for non-exclusive list: <https://hcr.ny.gov/system/files/documents/2018/11/hcrvawaresourcelist.pdf> * The local Department of Social Services – List available here: <https://ocfs.ny.gov/main/localdss.asp> * The Health Home agency for the county: <https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_map/index.htm> * The local Community Services and Re-Entry Services Office(s): <https://doccs.ny.gov/offices>     The appropriate number of Community Contact organizations will be determined on an individualized basis according to the local market area. Project can attach an excel sheet instead of using the table below.  ***Outreach may be conducted by email but a substantive email address must be included. For example, info emails (e.g., info@hospital.com), will not be accepted. The project should reach out to the local contact to determine the best way/address to convey available housing opportunities.*** | | | | | |
| **Target Population** | **Type or Org (see Categories, above)** | **Community Contact Name, Address, Email & Phone Number** | **Name of Contact Person** | **Method of Contact** | **Approximate Date of Contact** |
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| **Worksheet 2: Methods of Advertising** Complete the following table by identifying your targeted LLA marketing population(s), as indicated in Block 3f, as well as the methods of advertising that will be used to market to that population.  For each Method of Advertising, identify:   * the reason for choosing this media * any language(s) in which the material will be provided, * any alternative format(s) to be used (e.g. Braille, large print, etc.), * the logo(s) (as well as size) that will appear on the various materials.   Attach additional pages, if necessary, for further explanation. Please attach a copy of the advertising or marketing material. |

|  |  |  |
| --- | --- | --- |
| **Methods of Advertising** | **Targeted LLA Population** | **Other Information (specified above)** |
| **Newspaper(s)** |  |  |
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| **Radio Station(s)** |  |  |
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| **TV Station(s)** |  |  |
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| **Web-based & Social Media** |  |  |
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| **Bulletin Boards** |  |  |
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| **Brochures, Notices, Flyers** |  |  |
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| **Other (specify)** |  |  |
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(Add additional pages as necessary)

1. https://data.census.gov/cedsci/table?q=United%20States&g=0100000US&tid=ACSDP5Y2018.DP05&vintage=2018 [↑](#footnote-ref-2)
2. <https://communityprofiles.planning.nyc.gov/> [↑](#footnote-ref-3)
3. For Special Needs Preference units, additional preference will be given to those with special needs who are veterans or their spouse, which means those who have served in the armed forces of the United States:: (i)  for a period of at least 6 months (or any shorter period due to injury incurred in such service) and have been thereafter discharged or released therefrom under conditions other than dishonorable, or (ii) who have been discharged or released from service in the armed forces of the United States on the basis of their sexual orientation, gender identity or expression, consensual sexual conduct or consensual acts relating to sexual orientation, or the disclosure of statements, conduct, or acts by the individual that were prohibited by the armed forces of the United States at the time of discharge, or (iii) are the surviving spouses of either categories (i) or (ii). [↑](#footnote-ref-4)
4. For those projects with Mitchel Lama funding, priority will be given veterans as defined in the previous footnote. [↑](#footnote-ref-5)
5. <https://hcr.ny.gov/marketing-plans-policies#violence-against-women-act> [↑](#footnote-ref-6)
6. During the Covid pandemic, in-person lotteries are not required. Contact your HCR representative for a certification for live-streamed/recorded lotteries. [↑](#footnote-ref-7)
7. [https://hcr.ny.gov/marketing-plans-policies#violence-against-women-act](https://hcr.ny.gov/marketing-plans-policies%23violence-against-women-act) [↑](#footnote-ref-8)