

FHEO- AFFIRMATIVE FAIR HOUSING MARKETING REPORT



1. Report Date: _____
2. Owner/Management Agency Name and Address: _____

 Telephone Number: _____ Contact Email: _____
3. Project Identification (check all that apply): ☐ Elderly ☐ Disabled ☐ Family
4. Project Name: _____
5. Project Address: _____
6. FHA Number: _____ Contract Number: _____
7. Total Number of Units: _____ Subsidized Units: _____ Accessible Units: _____
8. Applicant Characteristics (include an attachment, if necessary):

	Total Applicants	White (non-Hispanic)	Black/African American (non-Hispanic)	Hispanic/Latino	Native Hawaiian/Pacific Islander (non-Hispanic)	Asian (non-Hispanic)	American Indian/ Alaska Native (non-Hispanic)
A. Current Occupancy							
B. Total Number of Applicants							
C. Disposition of Applications:							
1. Number for Processing							
2. Applications Accepted							
3. Applications Rejected							
D. Reasons Rejected:							
1. Non-Income Eligible							
2. Family Size							
3. Tenant Selection Criteria							
4. Other (Specify)							

(The information on this form has been verified and is accurate to the best of my knowledge.)
 (Please Return this Form Two (2) Weeks Following All Selections.)

Name (please print) _____

Title _____

Signature _____ Date _____

Phone Number _____ Email _____