**Administrator Name:** Click here to enter text.

**Housing Market/Service Area:** Click here to enter text.

**Program and Activity (Choose from Dropdown Menu):** Choose an item.

**Is this Affirmative Marketing Plan a resubmission of a previously approved Plan without any changes or updates?** Yes/No

**1.** **Identify “Least Likely to Apply” Populations per** [**10 TAC §20.9(d)(1)(A)**](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=10&pt=1&ch=20&rl=9)**:**

The Colonia Self Help Center in [Insert Location] identifies “Persons with Disabilities” and “Households with Children” as “Least Likely to Apply” populations. All Program Administrators are required to affirmatively market to households with persons with disabilities. According to the 2017 American Community Survey, in the counties served by TDHCA through Colonia Self Help Centers (El Paso, Val Verde, Maverick, Webb, Starr, Hidalgo, Cameron, and Willacy), the average household size is 3.4 while the average household size outside of these counties is 2.8. In the served counties listed above, the average family household size is 3.9. Outside of those listed counties, the average family household size is 3.4. This means that larger households, which are more likely to be households with children, are more prevalent in the Center’s service area.

**2. List at least three community contacts at organizations for outreach. These organizations must primarily serve the “Least Likely to Apply” populations identified in Item 2 per** [**10 TAC §20.9(d)(1)(B)**](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=10&pt=1&ch=20&rl=9)**. Community contacts may be organizations like local nonprofits, chambers of commerce, businesses, churches, and community centers serving the “Least Likely to Apply” population. If you cannot list three contacts, document why you were not able to do so.**

**Name of Type of Population**

**Name of Contact Organization Organization Address Phone Targeted**

Click here to enter text.

Click here to enter text.

Click here to enter text.

**Explanation if three contacts not listed:** Explain why you were unable to name three contacts.

**3. Describe your waitlist policies including any Department approved preferences per** [**10 TAC §20.9(c)(1)**](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=10&pt=1&ch=20&rl=9) **or limited assistance as necessary to assist a household with a disability in accordance with** [**24 CFR §8.4(d)(1)(iv)**](https://www.gpo.gov/fdsys/pkg/CFR-2003-title24-vol1/xml/CFR-2003-title24-vol1-part8.xml#seqnum8.4)**. Include any requests for department approval of any preferences, a description of the neutral random selection process, length of application period, and requests for exemptions from any of the above to respond to a disaster.**

Click here to enter text.

**4. Describe how you will evaluate the success of your outreach efforts. What information will you collect from applicants and how will you use that data to determine whether or your outreach efforts are reaching your “Least Likely to Apply” populations per** [**10 TAC §20.9(d)(1)(C)**](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=10&pt=1&ch=20&rl=9)**:**

Click here to enter text.

**5. Describe the fair housing training your staff are required to attend per** [**10 TAC §20.9(d)(1)(D)**](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=10&pt=1&ch=20&rl=9)**:**

Click here to enter text.

**Date:** Click here to enter text.

**Name (print) and Title:** Click here to enter text.

**Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Optional Attachments/Questions**

**List your marketing strategies you will use for outreach per** [**10 TAC §20.9(d)(1)(B)**](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=10&pt=1&ch=20&rl=9) **(Optional. Use only if the administrator plans to perform affirmative marketing through media outlets).**

**Media Outlet Type of Media Duration and Time Targeted Population**

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.