

Property Name:			
City		County:	
Development #:	D		
Owner Name:			
Management Company:			
Name and contact of person completing AFHMP			
Housing Marketing Area			

Please reference your current AFHMP for the questions below:

1. Has the current Housing Marketing Area changed since the last update?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has there been a significant change in the demographics to the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has there been a significant change in the demographics to the Housing Marketing Area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have there been changes to community contacts used for outreach or marketing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have there been changes to your marketing methods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have your marketing efforts been effective?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has staff fair housing training continued as provided in the current AFHMP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Except for question #6, if you answered Yes to any of the questions listed above, you must update your AFHMP and send it to Minnesota Housing staff.	

Signature and Acknowledgement

By signing this form, I acknowledge that I have reviewed the above-property's AFHMP and found no need for updates. I hereby certify that all information stated herein is true and accurate.

Signature	Date	Email
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