

# Equal Opportunity Housing Plan

## Application Review/Monitoring Checklist

U.S. Department of Housing  
and Urban Development  
Office of Fair Housing and Equal Opportunity

Name of Reviewer	Status of Review <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted <input type="checkbox"/> Additional Information
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	Yes	No
<b>1. PHA Identification</b>		
a. Are names, addresses, phone numbers given?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is PHA area of operation stated?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is number of units given by bedroom distribution?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the plan signed by a PHA representative?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is a signed form HUD-916 attached?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Objective I - Outreach to Eligible Families</b>		
a. Are name and type of media to be used stated?	<input type="checkbox"/>	<input type="checkbox"/>
b. Has the PHA identified a group or groups less likely to apply?	<input type="checkbox"/>	<input type="checkbox"/>
(1) If not, in the reviewer's opinion, are there persons less likely to apply which the PHA should identify?	<input type="checkbox"/>	<input type="checkbox"/>
(2) If yes, note the group or groups of persons:		
(3) If a group(s) has/have been identified as less likely to apply, has the PHA indicated the special outreach actions to be taken to inform persons in this group(s)?	<input type="checkbox"/>	<input type="checkbox"/>
If no, list specific deficiencies:		
c. Has the PHA indicated whether or not an "expected to reside" need has been identified in the local HAP?	<input type="checkbox"/>	<input type="checkbox"/>
d. If there is an "expected to reside" need in the applicable local HAP, has the HAP indicated the special outreach methods to be used to inform such persons of housing opportunities through its program?	<input type="checkbox"/>	<input type="checkbox"/>
If no, list specific deficiencies:		
e. Has the PHA described the actions to be taken to provide certificate holders with information on the locations and characteristics of neighborhoods in which suitable units may be found and the listings the PHA maintains of available units?	<input type="checkbox"/>	<input type="checkbox"/>
If no, list specific deficiencies:		
f. Has the PHA described the methods to be used to assist families who are unable to find a unit and request the PHA's assistance?	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Objective II - Housing Opportunities for Families Outside Areas of Low Income and Minority Concentration</b>		
a. Are the name and type of media to be used stated?	<input type="checkbox"/>	<input type="checkbox"/>
b. Has the PHA described specific actions to be taken to contact and develop working relationships with local owners, real estate and civic, charitable or neighborhood organizations in particular, to secure listings of units in areas other than low-income and minority areas?	<input type="checkbox"/>	<input type="checkbox"/>
c. Has the PHA described specific action(s) to be taken to emphasize the benefits and explain the requirements of the program to owners and brokers, including the equal opportunity requirements?	<input type="checkbox"/>	<input type="checkbox"/>
If no, describe specific deficiencies.		

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <b>4. Objective III - Equal Opportunity in taking applications and in the selection of certificate holders or applicants to be referred to owners of vacant moderately rehabilitated units.</b> |                          |                          |
| a. Has the PHA described the system to be used for taking, processing and filing applications?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Has the PHA described the preference or priority categories and methods for selection of certificate holders?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5. Objective IV - Services and Assistance to Families alleging they have encountered discrimination.</b>   |                          |                          |
| a. Has the PHA described the action(s) to be taken to inform certificate holders of local, state, and Federal fair housing laws and the use of HUD-903 / HUD-903-A?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Has the PHA indicated what assistance in finding a unit it will provide to the certificate holder who alleges discrimination is preventing him/her from finding a unit?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Has the PHA indicated the person(s) who will give assistance to the certificate holder in filing out the form HUD-903 / HUD-903-A and the training received by such persons?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, list specific deficiencies.  |                          |                          |

**Use of Fair Housing Organizations**

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|---|--------------------------|--------------------------|
| 1. Has the PHA indicated whether or not it intends to subcontract with a fair housing organization?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If the PHA intends to subcontract, has the PHA indicated what services the fair housing organization will provide?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If the PHA intends to subcontract, has the PHA listed the name of the subcontractor and the estimated amount of the contract on line 240 of HUD-52671, Section 8 Housing Assistance Payments Program, Initial Estimate of Required Annual Contributions? | <input type="checkbox"/> | <input type="checkbox"/> |

**Recordkeeping Requirements.** The submission of the certificate, form HUD-916 and a signed EOHP serves as a PHA's indication that it intends to maintain all of the necessary records on the following:

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|---|--------------------------|--------------------------|
| 1. All newspaper and paper advertisements relative to the availability of the program.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. All applications received, nature and date of eligibility determination and date applicant is selected as a certificate holder or family eligible to participate in the Moderate Rehabilitation Program (maintained for a three-year period beginning with the date of determination of eligibility, records pertaining to ineligible applicants). | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the PHA indicated whether or not it intends to design a system for monitoring and evaluating the implementation of its Plan?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the PHA indicate the contacts made with community organizations, employers, union halls, etc., which the PHA made as part of the PHA's special outreach efforts to attract persons whom the PHA identified as less likely to apply or "expected to reside?"   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the PHA provide a listing of the names of owners, real estate broker associations and other organizations contacted?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the PHA maintain a listing for at least a one-year period of all units offered by owners?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The PHA provides specific types of assistance to:  |                          |                          |
| a. Certificate holders who desire to move into neighborhoods outside an area of minority or low- income concentration;  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Certificate holders who cannot find an approvable unit and request such assistance;  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Families who allege that discrimination is preventing them from finding an approvable unit or from moving into a moderately rehabilitated unit?  | <input type="checkbox"/> | <input type="checkbox"/> |