AFHMP Advertising Checklist

| Property Name | |
|--------------------------|--|
| Property Contract Number | |
| Owner Name | |
| Managing Agent Name | |
| Date of Analysis | |
| Reviewer Name | |
| AFHMP Last Update | |

Use this form to analyze the affirmative advertising practices for the previous 12 months.

| Advertising Source | Months Advertising Source was used | OA is Able to Demonstrate that Advertising Activity Occurred |
|--------------------|---------------------------------------|---|
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AFHMP Advertising Checklist

| Comments: | |
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