**ATTACHMENT A-2: MARKETING AGENT APPROVAL REQUEST FORM**

*This form must be submitted to HPD/HDC with the Notice of Intent to Begin Marketing (NOI).*

Date:

**Project Information:**

Developer:

Project Name:

Project Address**:**

**PROPOSED ENTITY RESPONSIBLE FOR MARKETING AND RESIDENT SELECTION**

1. **Period of Responsibility (check all that apply):**

Initial lease-up or sales  Ongoing re-rentals or resales

*Note: If different entities will be responsible for initial vs. ongoing resident selection, please submit a version of this form for each entity.*

1. **Entity Information**

Name: Tax ID Number:

Address:

Phone: Email:

Relationship to Developer:

Independent contractor or agent  Subsidiary or affiliate of developer

Developer in-house staff  Other:

Entity appears on the [Marketing Agent Pre-Qualified List](https://www.nyc.gov/site/hpd/services-and-information/marketing-agent-pql.page) (Required)?

Yes

No

If no, did the entity submit an application? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Qualifications**
2. **Experience Marketing Affordable Housing.** Please list all projects currently in marketing/lease-up. You may add additional rows to the table below if needed.

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| --- | --- | --- | --- | --- |
| Project Name & Address | Agency Monitor (HPD, HDC, NYS HFA, etc.) | # of Affordable Units Marketed | Date assigned as marketing agent or NOI submitted to Agency | Percentage of Lease-up Completion |
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1. **Staff Capacity and Expertise**
   1. Number of marketing staff anticipated to work on this project:
   2. Is there a staff member dedicated to compliance and monitoring?  Yes  No
   3. Marketing staff who have completed industry training in HUD eligibility requirements and other trainings relevant to marketing affordable housing:

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Member Name** | **Provider of Training** | **Name of Training** | **Date** |
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**Dedicated Office Space.** The Agent must have a dedicated appointment space that is accessible to people with disabilities and have satisfactory organizational capacity to ensure applicant confidentiality.

|  |  |  |  |
| --- | --- | --- | --- |
| **Address(es) of Office Space** | **Number of Phone Lines Available** | **Office Equipment Onsite**  (Scanner & Lockable Storage Trunk) | **Accessibility Features of Office Space**  (Physical & Language) |
|  |  |  |  |

1. **Additional Qualifications or Expertise.** In the space below, provide any further information to support your proposal of the above Marketing Agent:

**Questionnaire**

Please provide all applicable information:

* Owner/Sponsor information (including Tax ID Number, contact name and telephone number)
* Developers information (including Tax ID Number, contact name and telephone number)
* Marketing Agent information (including Tax ID Number, contact name and telephone number)
* The HPD/HDC program and project manager associated with this development
* If project is scheduled to receive a 421a tax exemption what is the TEO # and what date did you submit the application?
* Are there any program partners or other agencies affiliated with this development?
* Is this new construction or rehab/renovation?
* How many units will there be in the building?
* Is this a tax credit project?
* Are there HOME units in this project?
* Are there homeless set aside units in this project?
* What is the construction status/expected completion date?
* Expected TCO
* Placed in Service Date and/or Qualified Occupancy date **(Tax Bond)**
* Expected lease-up date
* Email contact and names of all parties who should be invited to the marketing meeting (include HPD Program):