

LANGUAGE ASSISTANCE PLAN

4 Factor Analysis:

1. # or portion of **LIMITED ENGLISH PROFICIENCY (LEP)** persons served or encountered: _____;
2. Frequency with which LEP persons come in contact with program, activity, or service: _____;
3. Nature & importance of program, activity or service:
The services provided by _____ are important because they relate to a client's need for, or continued provision of, affordable housing.
4. Resources available & costs involved: _____.

Language Assistance Plan (LAP)

1. LAP are needed for the following languages spoken: _____;
2. In our organization the following people/titles are most likely to interact or encounter LEP persons for the following purposes:

Name or Title / Activity or Purpose

_____/_____

_____/_____

_____/_____

_____/_____

3. LEP Assistance will be provided as follows:

- Bilingual staff Interpretation Services Written Translations
 Use of "I Speak" Cards Other: _____ Other: _____

4. The following documents will be/are translated:

- Model Lease Tenant Rights & Responsibilities Application Form
 Eviction Notice Annual Income Certification Form Security Notices

Notice of Availability of LEP Services

Waiting List Info.

Disclaimer

Inspection Notices

Lead Based Paint Info.

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

Other: _____

5. The following HUD translated documents will be utilized:

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- _____

Organization/Company Name: _____

Address: _____

Phone: _____

Contact Person: _____

Email: _____

Name & Title of Certifying Individual: _____ / _____

Signature: _____

Date: _____