

**Clarksville Housing Authority
Addendum to the Lease Agreement
Smoke-Free Housing Policy**

Unit: _____

F. NON SMOKING POLICY

To insure quality of air and safety of all public housing residents, pursuant to 24 CFR 965, Subpart G, Clarksville Housing Authority has declared that all buildings belonging to the Authority are smoke-free. The following will apply:

1. All current residents, all new residents, all employees, all guests, and all contractors are prohibited from smoking in all apartments, utility buildings, community buildings, and offices owned by the Housing Authority.
2. Smoking outside any building or apartment is allowed as long as it is 25 feet from the building or apartment.
3. Prohibited tobacco products include cigarettes, cigars, pipes, and water pipes (hookahs).
4. All residents, employees and guests are responsible for properly disposing of smoking product wrappings and residue, such as cigarette butts.
5. "No Smoking" signs will be posted as appropriate in common areas.
6. Evidence of a violation of this policy includes but is not limited to resident complaints, witness observation and odor and/or evidence of tobacco paraphernalia observed during unit maintenance visits and inspections.
7. The housing authority will provide referrals to smoking cessation services for any current residents who smoke and wish to quit.
8. All current and new residents living in Clarksville Housing Authority and all employees shall sign the Smoke-Free Policy Certification for placement in the resident's or employee's file and a copy will be provided to him/her.
9. Any deviation from this Smoke-Free Housing Policy by any resident, household member, or their guest will be considered a lease violation. Three (3) violations will result in eviction.
First violation will result in a verbal warning.
Second violation will result in a written warning.
Third violation will result in a final notice with intent to start eviction procedures.
10. Where possible and feasible, the housing authority will consider reasonable accommodation for disabled residents who smoke.

**Smoke-Free Certification
Resident Acknowledgement**

I certify that I have read the Smoke-Free Housing Policy and agree to fully abide by its provisions. I understand that residents are responsible for the actions of their household members, their guests and visitors. I understand that failure to adhere to any conditions of this policy will constitute a violation of the Clarksville Housing Authority Lease Agreement.

Head of Household (*signature*)

Date

Address

Spouse/Co-Head/Other Adult (*signature*)

Date

City

State

Zip