



**Model Smoke-Free Policy
for
Public Housing Authorities in Minnesota**

To insure that quality of air and the safety of residents in _____, the _____ public housing authority has declared that _____ located at _____ is a smoke-free building. Smoking is not permitted in any area of the building including apartments [except for residents with temporary exemptions from this policy, as described below]. Smoking is only permitted in specifically designated areas, if any, outside of the building.

Adopted: _____

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_____ Housing Authority

[Date]

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1. Smoking is not permitted anywhere in the building, including apartments, in accordance with the following guideline. Effective on [date of adoption], all current residents, all employees, all guests, and all new residents of [building name] after this date will be prohibited from smoking anywhere in the building, including in apartment units. [Any current resident as of [date of adoption of policy] who smokes must sign and date two (2) copies of the temporary smoking exemption form allowing them to smoke in their apartment. One copy should be returned to the Housing Authority office for placement in resident's file. This exemption will continue only until the date of the resident's lease renewal, at which time the smoke-free policy will also apply to the resident.]
2. [This section applies if exemption policy is provided.] Any resident with an approved exemption must not smoke in any unit other than their own. Any resident with an approved exemption must not allow anyone not on their lease to smoke in their unit at any time; this includes guests and other residents.
3. Any deviation from the smoke-free policy by any tenant, a member of their household, or their guest will be considered a lease violation. Three (3) violations will result in eviction.
4. "No Smoking" signs will be posted outside and inside the building.
5. Smoking outside the building is limited to the following area(s), if any: [describe location].
6. If a resident smells tobacco smoke in any place in the building, they are to report this to the office as soon as possible. Management will seek the source of the smoke and take appropriate action.
7. [This section applies if exemption policy is provided.] For the health and safety of the [name] Housing Authority employees and their representatives, no resident shall have any type of tobacco or related product burning at such time as any employee or representative of the [name] Housing Authority enters and remains in your apartment unit. If any resident refuses to put out the burning tobacco or related product prior to the employee or representative entering the apartment, or if the resident lights a tobacco or related product while an employee or representative remains in the apartment, the employee or representative shall vacate your apartment immediately and shall not return until such time as there is no longer any tobacco or related product burning. This may result in a delay of services in your apartment.
8. New residents will be given two (2) copies of the smoke-free policy. After review, the tenant will sign both copies and return one to the [name] Housing Authority's office. The copy will be in the resident's file.
9. Upon adoption of this policy, all residents presently living in [name of building] will be given two copies of the policy. After review, the resident will sign both copies and return one to the [name] Housing Authority's office for placement in the resident's file.

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RESIDENT CERTIFICATION

I have read and understand the above smoke-free policy and I agree to comply fully with the provisions of the policy. I understand that failure to comply may constitute reason for termination of my lease.

Resident Signature: _____

Apartment Number: _____ Date: _____

[name of Housing Authority]
TEMPORARY SMOKING EXEMPTION FORM

Resident Name: _____

Apartment Number: _____

As a current resident of [name of building] and a smoker, I am requesting a temporary exemption from the [name of building] smoke-free policy adopted on [date of adoption]. I understand that my exemption will only apply to me and not to my guests. I also realize that my exemption will only allow me to smoke in my own apartment or in designated smoking areas outside the building, if any.

Further, I understand that should I move to another apartment in the building, or should I leave [name of building] as a resident and then return as a new resident at a later time, my exemption will be permanently lost.

Further, I understand that this exemption is temporary and will expire on the date of my lease renewal, at which time I will be required to adhere to the smoke-free policy adopted on [date of adoption].

Resident Signature: _____

Date: _____

[Housing Authority Representative Signature]: _____

Date: _____