



## Illinois Smokefree Housing Recognition Consideration Form

To be considered for a Certificate of Recognition, the property manager/owner must submit this form and a copy of lease agreement or addendum that states smokefree policy. Email the completed form to [SmokeFree@LungIL.org](mailto:SmokeFree@LungIL.org) or by fax to 312-781-9250.

### Property Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Website \_\_\_\_\_

Management Company/Public Housing Authority Name \_\_\_\_\_

### Property Details

Number of Units \_\_\_\_\_

Is this property a senior living community?     Yes     No

Is this property income restricted?                       Yes     No

### Smokefree Status

Units

- 100% of units and common areas are smokefree. All resident lease agreements include smokefree policy
- Portion of units are smokefree. At least 50% of residents lease agreements include smokefree policy.
- Property is currently in process of adopting a smokefree policy to make units smokefree.

Grounds

- 100% of property grounds smokefree, includes manager, staff, tenants, guests and vendors.
- Smoking prohibited on property grounds within 15 feet of buildings, includes manager, staff, tenants, guests and vendors.
- Property is currently in process of adopting a smokefree policy to make property smokefree.

Date of Smokefree Policy Implementation \_\_\_\_\_

How was the policy implemented?     All at once                       Gradually as leases were renewed

Does the policy apply to all existing residents or new residents only? \_\_\_\_\_

- If only new residents, how many existing resident units are exempt from policy? \_\_\_\_\_

Smokefree policy section number/reference on lease/lease addendum \_\_\_\_\_

*Include copy of lease or lease addendum that includes smokefree policy.*

### Person Completing Form

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_