

HARRIETSTOWN HOUSING AUTHORITY

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SARANAC LAKE, NEW YORK 12983-2373



LAKE FLOWER APARTMENTS
ALGONQUIN APARTMENTS
SECTION 8 RENTAL ASSISTANCE

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HARRIETSTOWN HOUSING AUTHORITY SMOKE-FREE POLICY

1. Purpose.

This policy, which complies with the U.S. Department of Housing and Urban Development's Smoke-Free Public Housing Rule (24 CFR Part 965 and Part 966), intends to:

- Improve indoor air quality in housing;
- Benefit the health of public housing residents, visitors, and staff;
- Reduce the risk of fire; and
- Lower maintenance costs.

2. Definitions.

2.1 **Electronic Cigarettes.** Handheld electronic devices that vaporize a flavored liquid. The user inhales the vapor. Also known as e-cigarettes, e-cigs, electronic nicotine delivery systems, electronic non-nicotine delivery systems, or personal vaporizers.

2.2 **Prohibited Tobacco Products.**

- a. Items that involve the ignition and burning of tobacco leaves, such as, but not limited to, cigarettes, cigars, and pipes.
- b. To the extent not covered in (a), above, waterpipes (hookahs).

2.3 **Smoking.** The inhaling, exhaling, using, carrying, or disposing of any activated or lighted electronic cigarette or prohibited tobacco product as defined herein.

3. Implementation of Policy.

Smoking is prohibited everywhere inside buildings owned by the Harrietstown Housing Authority. Smoking is prohibited everywhere outside on properties owned by the Harrietstown Housing Authority.

4. Applicability of Policy.

All individuals including but not limited to residents, visitors, guests, aides, employees, and contractors are required to comply with this policy. Residents are responsible for their own visitors, guests, and aides.

5. Lease.

This policy is deemed part of the lease between the tenant and the Housing Authority. Those living in the Lake Flower and Algonquin apartments at the time this policy goes into effect will have signed a lease addendum, in effect, making this a part of the lease.

6. Enforcement.

6.1 **Smoking Incident Report Form.** All complaints of smoking, in order to be addressed by the Housing Authority, must be submitted in writing on the attached form to Housing Authority staff. All submitted complaints will be investigated.

6.2 **Resident Recourse.** A resident who feels injured by someone's smoking can bring a claim directly against another resident based on secondhand smoke intrusion. The resident bringing the claim can get a court order requiring that the smoking resident stop the smoke infiltration or the resident may be able to recover monetary damages.

7. Penalties.

The following graduated system of penalties will be applied when a resident fails to comply with this policy.

7.1 **First Offense.** For a first offense failing to comply with this policy, which is a violation of the lease, a fine of \$50 will be charged.

7.2 **Second Offense.** For a second offense failing to comply with this policy, which is a violation of the lease, the individual's lease will be terminated.

8. Grievances.

A tenant aggrieved by a decision of the Housing Authority, as the decision pertains to this policy, may request an informal settlement of grievance and, if deemed appropriate by the tenant, a hearing using the procedure set forth in the Housing Authority's Admissions and Continuing Occupancy Plan (ACOP) and available in the Housing Authority's office.

9. Disclaimer.

The Housing Authority is not the guarantor of this policy. While the Housing Authority will do all it can to enforce this policy, it cannot, and shall not, be liable for claims brought by residents injured because of policy violations unknown to the Housing Authority.

HARRIETSTOWN HOUSING AUTHORITY SMOKING INCIDENT REPORT

Name of Individual *SEEN* or *SUSPECTED OF* (circle one) smoking: _____

Date and Time of Incident: _____

Where was the individual (check one)?

_____ In an apartment. If an apartment, which apartment? _____

_____ Indoor common area – please specify _____

_____ Outdoors on Housing Authority property – please specify _____

Where were you at the time? _____

Remarks/Detailed Description of Incident:

Your Name: _____ Date: _____

Address: _____ Phone: _____

Signature: _____

Please submit to Debbie Zerrahn, Housing Assistant