



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 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 _____