**Housing Authority of the**

**Town of Harrison**

**Smoke-Free Policy**

**Adopted: \_\_\_\_\_**

**Resolution: \_\_\_\_\_**

1. **Introduction**

The Housing Authority of the Town of Harrison (“Housing Authority”) has adopted this Smoke-Free Policy, which incorporates all applicable Federal, State, and local laws and regulations governing smoking. This Policy has been designed to reduce the risks of fire and secondhand smoke, reduce maintenance costs, and help maintain a decent, safe, and sanitary living environment for all residents. This Policy applies to all Housing Authority residents, guests, visitors, officers, employees, volunteers, contractors, and vendors.

1. **Definitions**

The term “smoking” means inhaling, exhaling, breathing, carrying, or possessing any lighted cigar, cigarette, pipe, other tobacco product, or similar lighted product in any manner or in any form. The term includes the use of an electronic smoking device that creates an aerosol or vapor, in any manner or in any form.

The term “electronic smoking device” means any product containing or delivering nicotine or any other substance intended for human consumption that can be used by a person in any manner for the purpose of inhaling vapor or aerosol from the product. The term includes any such devices, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-hookah, or vape pen, or under any other product name or descriptor.

1. **General Requirements**
2. **Buildings**

All interior areas of public housing buildings and administrative offices shall be completely smoke-free. Smoking is prohibited in all units and in the common areas of the buildings, including but not limited to, community rooms, community bathrooms, hallways, stairways, fire escapes, and offices.

1. **Grounds**

Smoking is prohibited anywhere within twenty-five (25) feet of a Housing Authority building.

1. **Marijuana**

The smoking or use of marijuana has been and remains prohibited on all Housing Authority property, including all interior areas of public housing buildings and administrative offices, and all grounds within twenty-five (25) feet of such buildings. The smoking of marijuana, using any means, will be considered a violation of this Policy in addition to constituting a substantial violation of the Lease. The “Violations” section below does not apply to a violation of this Policy for marijuana use. The Housing Authority is entitled to take appropriate tenancy action under the Lease and New Jersey law for the prohibited use of marijuana on Housing Authority property.

1. **Violation of Policy**

This Policy shall be incorporated into the Residential Housing Lease and the Housing Authority’s Rules and Regulations. Violation of this Policy shall be considered a lease violation and a violation of the Rules and Regulations of the Housing Authority. Appropriate action may be taken in accordance with applicable New Jersey State Law and Federal Regulations for violation of this Policy. Such action can include lease termination and eviction, as set forth below.

Penalties for violating the Smoke-Free Policy:

First Offense: Written Warning

Second Offense: Second Written Warning

Third Offense: Notice to Cease

Fourth Offense: Lease Termination and Eviction Proceedings

1. **Amendments and Revisions**

This Policy may be amended or revised from time to time by the Housing Authority’s Board of Commissioners. The Housing Authority will notify residents of all proposed amendments and/or revisions to the Policy in accordance with 24 C.F.R. 966.5.

**RECEIPT OF SMOKE-FREE POLICY**

I hereby acknowledge that I have received a copy of the **Housing Authority’s Smoke-Free Policy**. I have read, understand, and agree to comply with the terms of the Smoke-Free Policy. I understand that a violation of this Policy may result in the termination of my Lease, and other actions authorized by law. I understand that I am legally and financially responsible for any property damage and/or bodily injury caused by my smoking in violation of this Policy.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**