

# Housing Authority of Portland



## No-Smoking Policy Transition Toolkit

May 2009

The following forms were shared with the American Lung Association in Oregon,  
for use by their smokefree multi-unit housing initiative.

This initiative has been generously funded by the American Legacy Foundation and the Northwest Health Foundation. For more information, please visit: [.smokefreehousingNW.com](http://smokefreehousingNW.com)



REAL ESTATE  
OPERATIONS

## **Important Notice** **Revision of the Public Housing Lease** **February 3, 2009**

The Housing Authority of Portland (HAP) is revising your Public Housing Lease. This revision will affect where residents may smoke by establishing a no smoking addendum that prohibits smoking inside apartment units, on patios, porches or balconies and within 10 feet of your apartment building.

You may obtain a copy of the No Smoking Addendum by contacting your site manager. A copy of the No Smoking Addendum is also posted in your apartment community's lobby, community room or common area.

You may comment on this proposed lease revision. Your comments must be in writing and received by HAP before 4:30 pm on April 3, 2009. HAP will consider all written comments before the adoption of the no smoking addendum. If you wish to submit written comments, please submit them to:

Housing Authority of Portland  
Real Estate Operations, Lease Revision Comments  
135 SW Ash St  
Portland, OR 97204

You will soon be receiving an announcement from your site manager with the date and time of a resident meeting to discuss this lease revision. You are encouraged to attend this meeting to give your comments and to ask questions regarding this change. If you need special help due to a disability, or you need an interpreter, please contact your Site Manager.

If you need assistance or an interpreter to complete this form, inform staff or call the telephone number listed below.

Si necesita asistencia o un intérprete para completar este formulario, comuníquese al personal o llame al teléfono que ve más abajo.

Если вам нужна помощь или переводчик для заполнения формы, сообщите нашим сотрудникам или позвоните по указанному ниже телефону.

Nếu bạn cần giúp đỡ hoặc một thông dịch viên để điền hoàn chỉnh đơn này, hãy thông báo cho nhân viên hoặc gọi theo số điện thoại dưới đây.

503-288-5750 or TTY 503-802-8554

HOUSING AUTHORITY  
OF PORTLAND

135 SW Ash St.  
Portland, OR 97204

Tel 503.802.8300  
TTY 503.802.8554

[www.hapdx.org](http://www.hapdx.org)





## No Smoking Policy Q & A / Cessation Resource List

### **Why does HAP want to implement a no smoking policy?**

#### Support from the “Healthy Air Survey”

In February 2008 all HAP public housing residents were surveyed about their smoking behaviors and how they felt about a no smoking policy. The results showed that the majority of residents do not smoke, the majority of residents understood that secondhand smoke was harmful, and that the majority of residents showed support for an indoor no smoking policy. These results indicated to HAP that public housing residents were interested in and would support no smoking policies.

#### Health and Safety of our Residents and Site Staff

Smoking and secondhand smoke are well known human health hazards. Allowing smoking within apartment units exposes all residents and HAP site staff to these known carcinogens. Additionally indoor smoking poses a significant safety risk and is the #1 cause of residential fires in Oregon.

### **How will I be affected by the new policy?**

#### No Smoking Areas

The no smoking policy would prohibit smoking in the following areas: common areas, including but not limited to community rooms, community bathrooms, lobbies, reception areas, hallways, laundry rooms, reception areas, stairways, offices and elevator, within all apartment units, and within 10 feet of building(s) including entry ways, porches, balconies and patios.

#### Residents, guests, visitors, service personnel and employees

This policy applies to everyone who visits, lives and works at HAP public housing properties. Residents would also be responsible for informing their guests of the no smoking policy.

### **What will I need to do?**

#### Sign the No Smoking Lease Addendum

Residents will need to sign the “No Smoking Lease Addendum” that specifies that smoking will be prohibited in all indoor areas, your apartment unit, and within 10 feet of the building. Residents will need to sign the lease addendums by June 30, 2009 and the new policy would take effect on August 1, 2009.

#### How to comply with the new policy

The new no-smoking policy **does not mean** that residents will have to quit smoking in order to live in public housing. The new policy will only prohibit indoor smoking. Residents will still be able to smoke outside as long as they were at least 10 feet away from any building entry ways.

#### Smoking Cessation Resources

If a resident is interested in quitting smoking, your site staff and resident service coordinator(s) will be able to provide you with smoking cessation resources. Resident service coordinators have been provided with training in smoking cessation support and are available as a resource for residents during this transition. The Oregon Tobacco Quitline is also an excellent starting place for smoking cessation resources. Please see the back of this sheet for a listing of free and low cost smoking cessation resources.

## Smoking Cessation Community Resources - Multnomah County

Resource Name	Address1	Contact1	Phone	Operation Hours	Languages	Cost	Other Interventions
Adventist Medical Center	10123 SE Market St., PORTLAND OR, 97216	Ed Hoover	5032564000	Day, Evening	English	\$20.00	Ongoing weekly support group
Providence Smoking Cessation Class	Providence Portland Medical Center, PORTLAND OR, 97526		5035746595	Evening classes	English	\$225 public/ \$15 Providence Health Plan members	
Freedom from Tobacco	Kaiser Permanente Health Ed. Services, 7201 N. Interstate Ave. PORTLAND OR, 97217	Anita Lesser	5032403906 Main- EXT. 2	Mon- Fri., 8am-5pm (appt required)	English	\$65-\$125 (members, non-members)	Self-help materials, FFT Kit, Community Resources, health coach, telephone
Acupuncture Pain & Rehab Center	4055 SW Garden Home Rd., PORTLAND OR, 97219	Dr.Marcelle Chiasson	5032453156	M, W, F: 9am to 6pm	English, Spanish, French	\$70 1st visit, \$60 2nd visit	Acupuncture, herbs
Freedom From Smoking www.lungoregon.org	American Lung Association Of Oregon, 7420 SW Bridgeport Rd. #200 TIGARD, OR, 97224	Cheri Owen	5037186152	M-F, 8:30am-5pm (Register online, lungusa.org)	English, & written Spanish	Free	Web-based, refer to ORQL, brochures, videos to borrow, self-help, materials from internet.
QUIT HELPER Study www.kpchr.org/quithelper	Ctr for Health Research at KP, 3800 North Interstate Avenue PORTLAND OR, 97227	Chris Caitlin QuitHelper@kpchr.org	8663560211	24 hours/day	English	Free	Telephone counseling; Self-Help Materials; Brochures; Internet Materials
American Heart Association	1200 N.W. Naito Parkway #220 PORTLAND OR, 97209	Reception	5032330100	M-F 8:30AM-5PM	English, some materials in Spanish	Free	Free brochures, Referrals to community resources.
Oregon Tobacco Quitline	<a href="http://www.oregonquitline.org">www.oregonquitline.org</a>	Staff	18007848669			Free	
West Side Health Center	426 SW Stark Street, 5th floor, PORTLAND OR, 97204	Susan Montgomery	5039883064 x22045	Variable	English	Free to some OHP members; other insurance companies may be billed.	
Veterans Affairs	3710 SW US Veterans Road, PORTLAND OR, 97207		8002735300			Free to veterans	
American Cancer Society	Community Education, 330 SW Curry St PORTLAND OR, 97201		5032956422	M-F 8AM- 10PM. SAT/SUN 10AM-8PM	English and Spanish.	Free.	
Nicotine Anonymous	various locations www.nicotine-anonymous.org	Recording	5033232110		English	Free--self-supporting w/contributions	
Free & Clear			8002922336	5am-9pm PST, 7 days a week.	All.		National phone-based smoking cessation program
Multnomah County Health Information and Referral Line www.smokefree.gov	426 SW Stark Street, 7th floor, PORTLAND OR, 97526		5039883816				



# NO SMOKING LEASE ADDENDUM

Date \_\_\_\_\_ Property name \_\_\_\_\_ Unit number \_\_\_\_\_

Resident name(s) \_\_\_\_\_

Resident address \_\_\_\_\_

*The following terms, conditions and rules are hereby incorporated into the Rental Agreement for the above unit effective August 1, 2009.*

1. **No-smoking policy** – Due to the increased risk of fire, increased maintenance costs, and the health effects of secondhand smoke, Landlord is adopting the following No-Smoking Policy, which prohibits smoking in any interior common areas, including but not limited to community rooms, community bathrooms, lobbies, reception areas, hallways, laundry rooms, reception areas, stairways, offices and elevator, within all living units, and within 10 feet of building(s) including entry ways, porches, balconies and patios. This policy applies to all residents, guests, visitors, service personnel and employees.
2. **Definition** – 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.
3. **Landlord not a guarantor of smoke free environment** – Resident acknowledges that Landlord's adoption of a No-Smoking Policy, and the efforts to designate portions of the Property as non-smoking do not make the Landlord or any of its managing agents the guarantor of Resident's health or of the smoke free condition of the non-smoking portions of the Property. However, Landlord will take reasonable steps to enforce the No-Smoking Policy. Landlord is not required to take steps in response to smoking unless Landlord has actual knowledge of the smoking and the identity of the responsible Resident.
4. **Landlord disclaimer** – Resident acknowledges that Landlord's adoption of a non-smoking living environment, and the efforts to designate portions of the Property as non-smoking does not in any way change the standard of care that the Landlord has under applicable law to render the Property any safer, more habitable or improved in terms of air quality standards than any other rental premises. Landlord specifically disclaims any implied or express warranties that the Property will have any higher or improved air quality standards than any other rental property. Landlord cannot and does not warranty or promise that the Property will be free from secondhand smoke. Resident acknowledges that Landlord's ability to police, monitor or enforce this Addendum is dependent in significant part on voluntary compliance by Residents and Residents' guests. Residents with respiratory ailments, allergies or other condition relating to smoke are put on notice that Landlord does not assume any higher duty of care to enforce this Addendum than any other Landlord obligation under the rental agreement.
5. **Lease violation** – Residents are responsible for the actions of their household, their guests and visitors. Failure to adhere to any of the conditions of this Addendum will constitute both a material non-compliance with the rental agreement and a serious violation of the Rental Agreement. In addition, Resident will be responsible for all costs to remove smoke odor or residue upon any violation of this Addendum.

\_\_\_\_\_  
RESIDENT SIGNATURE                      DATE

\_\_\_\_\_  
LANDLORD                                      DATE

\_\_\_\_\_  
RESIDENT SIGNATURE                      DATE

\_\_\_\_\_  
RESIDENT SIGNATURE                      DATE

\_\_\_\_\_  
RESIDENT SIGNATURE                      DATE

# NOTICE OF CONCERN: POSSIBLE NO SMOKING ADDENDUM VIOLATION

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*This is a courtesy notice of an unconfirmed lease violation and/or an apparent minor first time violation. This is not a lease termination notice. If HAP elects to serve an eviction notice for the violations discussed here, you will be served a lease termination notice.*

<DATE SERVED: Must be postmarked by U.S. mail. Notice is considered served at midnight.>

<Resident Name> and all other occupants  
<Address>  
<Portland>, OR <Zip>

This is a courtesy notice to inform you that it has come to the attention of your site manager that you may be in violation of the No Smoking Addendum in the following way(s):

HAP staff were informed that on **August 1, 2009** at approximately **4:00 pm** you were <smoking in your unit>, <smoking in the common areas>, OR <smoking within 10 feet of the building>. This is a serious lease violation of the No Smoking Addendum Policy 1-2.

If you violate the No Smoking Addendum again, it will result in a NOTICE OF FOR CAUSE

If you have questions about this notice, or would like to hear about free or low-cost smoking cessation programs available, please notify your Site Manager or Resident Service Coordinator.

At this time, no formal action is being taken by the Housing Authority of Portland (HAP) beyond this courtesy notice. We do stress, however, the importance of refraining from smoking in your unit, the common areas, and within 10 feet of the building. Failure to do so may be treated as a violation of material terms of your lease and may lead to termination of your lease.

By: Site Manager  
Site Manager, Housing Authority of Portland, Oregon

If you need assistance or an interpreter to complete this form, inform staff or call the telephone number listed below.

Si necesita asistencia o un intérprete para completar este formulario, comuníquese al personal o llame al teléfono que ve más abajo.

Если вам нужна помощь или переводчик для заполнения формы, сообщите нашим сотрудникам или позвоните по указанному ниже телефону.

Nếu bạn cần giúp đỡ hoặc một thông dịch viên để điền hoàn chỉnh đơn này, hãy thông báo cho nhân viên hoặc gọi theo số điện thoại dưới đây.

503-288-5750 or TTY 503-802-8554

**Referral Form**  
**From Property Management to Resident Services**

*Site staff,*

*Please submit this form by email or in a hard copy to your RSC. The sooner Resident Services is notified of an issue the more time we have to work out solutions. If time allows, please give us as much notice on infestations and inspections as possible.*

Site Staff Name \_\_\_\_\_

Resident Name \_\_\_\_\_

Date \_\_\_\_\_

Building/Unit # \_\_\_\_\_

Phone Number \_\_\_\_\_

Check the boxes that most describe the issue:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Verbal notice</b>   | <input type="checkbox"/> <b>Substance abuse issues</b>                    |
| <input type="checkbox"/> <b>Written warning letter (attached)</b>   | <input type="checkbox"/> <b>Smoking Cessation</b>                         |
| <input type="checkbox"/> <b>Lease Enforcement Notice (attached)</b>                                       | <input type="checkbox"/> <b>Housekeeping assistance needed</b>            |
| <input type="checkbox"/> <b>Pest infestation (type) _____</b><br><b>Treatment scheduled/when</b><br>_____ | <input type="checkbox"/> <b>GOALS/OHI Program Referral</b>                |
| <input type="checkbox"/> <b>Behavioral Issues</b>   | <input type="checkbox"/> <b>Housing Stability Workshop/Support Needed</b> |
| <input type="checkbox"/> <b>Physical Health</b>   | <input type="checkbox"/> <b>New Move In</b>                               |

Please describe the issue:

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**For Resident Services Use**  
**Return to Property Manager**

- Resolved**
- Unresolved**
- In Process**
- Other**

**Comments:** \_\_\_\_\_