



SMOKE-FREE MULTI-UNIT HOUSING RECOGNITION APPLICATION

In accordance with a Resolution passed by the **County of Sacramento** on April 10, 2007, multi-unit housing with a **minimum of 50% of existing units designated as non-smoking, including private patios and balconies**, will receive a certificate and public recognition. Sacramento County Chronic Disease Prevention Program will implement this award process.

TO BE ELGIBLE FOR THIS AWARD:

- ***YOUR APARTMENT COMMUNITY MUST HAVE A MINIMUM OF 50% EXISTING UNITS SET ASIDE AS NON-SMOKING***
- ***YOUR APARTMENT COMMUNITY MUST BE LOCATED WITHIN THE SACRAMENTO COUNTY UNINCORPORATED AREA;***
- ***A BLANK LEASE OR RENTAL AGREEMENT OR AN ADDENDUM MUST BE ATTACHED TO THIS APPLICATION INDICATING THE NO SMOKING RESTRICTION***

APARTMENT COMMUNITY NAME _____

ADDRESS: *(include zip code)* _____

PHONE: _____ **email** _____

CONTACT(s): *(owner and/or manager)*

NUMBER OF UNITS RENTED: _____

NUMBER OF SMOKE-FREE UNITS _____ **Percentage smoke-free** _____

Are the smoke-free units next to each other?

Yes **No**

Are common areas smoke-free?

Yes **No**

Signature of Applicant

Date

SEND COMPLETED APPLICATION TO:

**Sacramento County Chronic Disease Program
9719 Lincoln Village Dr. Ste. 300
Sacramento, CA 95827
or fax to (916) 875-6001**

? QUESTIONS ? Contact Sacramento County at (916) 875-5869

Do not write below this line.

Certificate delivered to applicant on _____

Method (mail? presentation?) _____

Signature

Date