



**Addendum
Smoke-Free Units**

Due to the known health effects of second-hand tobacco smoke, the increased risk of fire and increased maintenance costs:

- a) Smoking is prohibited by tenants, members of the tenant’s household, visitors, guests, contractors, and business invitees inside of private units designated as smoke-free, on a balcony or patio, and
 - i. within **5 metres** (16 feet) of the windows, doors, and air intakes of any single, duplex, or townhouse dwelling; and
 - ii. within **9 metres** (30 feet) of any apartment building, including building entrances and exits; and
 - iii. within **20 metres** (66 feet) of public housing playgrounds.
- b) Smoking is also prohibited in all enclosed public spaces such as building common areas, as per the *Smoke-Free Ontario Act*.
- c) **“Smoking”** is defined as inhaling, exhaling, breathing, or carrying any lit cigar, cigarette, pipe, vaporizer (i.e. e-cigarette), hookah, shisha, or other tobacco, marijuana, herbal or similar products in any manner, or in any form.
- d) **“Business Invitee”** shall include, but is not limited to, any contractor, tradesperson, agent, household worker, or other person hired by the United Counties of Leeds and Grenville, the tenant, or resident to provide a service or product.
- e) Smoking areas at apartment buildings are designated where public housing cigarette receptacles (i.e. butt stop), and outdoor seating are located **no closer than** the above distances from the building.

I hereby acknowledge that I have read and understand the above no-smoking terms, and I agree to comply fully with it, recognizing it is a material term of my tenancy agreement dated

____ / ____ / ____
dd mm yyyy

I understand that failure to comply with the no-smoking policy constitutes a breach of a material term of my tenancy agreement, and may be cause for ending my tenancy.

This Addendum forms part of, and is a material term of the Lease Agreement for (unit address):

Street	Unit No.
City/Town	Postal Code

Landlord: The Corporation of the United Counties of Leeds and Grenville, Community and Social Services, Housing Department, 200-25 Central Avenue West, Brockville, ON K6V 4N6

Tenant(s):

Last Name	First and middle name(s)
Signature	Date (dd/mm/yyyy)

Tenant(s):

Last Name	First and middle name(s)
Signature	Date (dd/mm/yyyy)

Attach this form to the Lease Agreement