BreatheEasy Georgia Smoke-free Recognition Program





Thank you for your interest in BreatheEasy Georgia Smoke-Free Recognition and your commitment to providing a healthy environment for your residents and staff.

Complete this application and the supporting documents checklist. Return the application and all applicable supporting documents via one of the following options:

- Email to: info@breatheeasygahomes.org
- Mail to: BreatheEasy GA Homes, 1518 Clifton Road NE, Mailstop 1518-002-5AA, Atlanta, GA 30322

Indicate your Smoke-Free Recognition Le	evel:		
Gold: Breathe easy everywhere: No smok	ing throughout the entire community.		
Silver: Breathe easy where you live and p	lay: No smoking anywhere except in de	signated areas 25 feet f	rom buildings and amenities.
☐ Bronze : Breathe easy in your home: No s	moking inside units and indoor and outd	oor common areas.	
Property Name*:	Management Compa	ny:	
Property Address:	City:		State:
Zip Code:	Property or Company website:		
Mailing address (if different from rental proposition	erty address):		
Name:	Title:		
Phone:	Email:		
Signature:		Date:	
Has this property been smoke-free since Date of Policy Adoption:	opening? Yes No How many units does the p	property have?	
Which of the following describe your prop	perty/ies? (Check all that apply)		
Public housing Mark	et rate Affordable (privately	owned/ operated)	Other:
We plan to list all recognized properties of lf you do NOT want to be listed, check he		address and website	provided above).
How did you hear about the BreatheEasy ☐ Colleague ☐ Apartment Association	Department of	☐ Internet search	☐ Other:

* If you have multiple smoke-free properties and would like to submit a single application, email info@breatheeasygahomes.org