



## Virginia Towers, LLC.

Leasing Office 500 Virginia Avenue Suite 101 Towson, MD 21286 410-321-9661 Office 410-583-5803 Fax  
To enter the building from the ramp, please dial 1000

Thank you for your interest in choosing **Virginia Towers Apartments**. Attached is our housing application that you requested. **Virginia Towers is a Smoke-Free Community. Virginia Towers prohibits ownership of firearms and weapons inside of our facilities.**

We accept federal funding from the U. S. Department of Housing and Urban Development (HUD) and therefore do not accept vouchers or certificates. We have our own in-house HUD Rental Assisted Housing Program.

### **Income Eligibility**

Your gross annual income is an essential factor in qualifying you for residency in our community. HUD sets the income limits and are revised annually. In HUD properties, the resident pays 30% of their adjusted gross income in rent. HUD requires that property managers incorporate the most recently published income limits when determining eligibility. Income limits are updated annually. This property serves households whose income meets the low, very low and extremely low-income limits. Applicants can review the current income limits by accessing the following website: [www.huduser.org/datasets/il.html](http://www.huduser.org/datasets/il.html)

### **Age Eligibility**

An applicant must be 62 years or older at the time of application.

### **Application Instructions**

The application must be filled out entirely, legibly, and accurately. Include all information for each intended tenant and co-tenant. If a section of the application does not apply to your household, please write NONE or N/A for that question. All applicants and co-tenant need to sign their full name on the last page of the application. Included with your application should be an enlarged copy of your State Issued photo Identification and Social Security Card. Your Birth Certificate should not be enlarged. Application processing is administered under the guidance of the Tenant Selection Plan. A copy of this Plan can be found posted in the Rental Office. **Please note that we do not accept applications via fax.** You must write legibly. DO NOT USE WHITE OUT, LIQUID PAPER, OR CORRECTION TAPE anywhere on the application. If you need to correct a mistake, you should cross one line thru the information and write the revised information neatly to it and initial near the change.

Should you have any questions while filling out this application or require assistance, please call us at 410-321-9661. We will be happy to assist you in any way that we can.

Sincerely,

Virginia Towers Apartment Management Team



This property does not discriminate based on disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the department of Housing and Urban Development's regulations implementing Section 504 (CFR, part 8 dated June 2, 1988) Attn: The Maryland Disabilities 217 E. Redwood Street, Suite 1300, Baltimore, Maryland 21202 410-767-3660 TTY: 1-800-637-4113

# Virginia Towers Apartments

500 Virginia Avenue  
Towson, MD 21286

Phone: (410) 321-9661

Fax: (410) 583-5803

## FOR OFFICE USE ONLY

Application Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_ am/pm (circle one)

Associate receiving application: \_\_\_\_\_

*Virginia Towers is a Smoke-Free Community*  
**PLEASE PRINT CLEARLY**

*Faxed applications are not ACCEPTED*

### A. GENERAL INFORMATION (Fill in all that applies to you as Head of Household)

1. Applicant Name: \_\_\_\_\_  
(Print name as it appears on Social Security Card)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

2. Present Address: \_\_\_\_\_  
(Street) (Apt. #)

\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone Number: \_\_\_\_\_  
(Home) (Work) (Cell)

3. How long have you lived at present address? \_\_\_\_ Years from \_\_\_\_ to \_\_\_\_

(a) If you have lived at the above address less than 5 years, list your previous address:

\_\_\_\_\_  
(Street) (Apt. #)

\_\_\_\_\_  
(City) (State) (Zip Code)

(b) \_\_\_\_\_  
(Street) (Apt. #)

\_\_\_\_\_  
(City) (State) (Zip Code)

4. Are you employed? Yes \_\_\_\_ No \_\_\_\_ Do you own a car? Yes \_\_\_\_ No \_\_\_\_

5. Check which size unit you are applying for \_\_\_\_ 1 BR \_\_\_\_ 2 BR

6. How did you hear about Virginia Towers Apartments? \_\_\_\_\_

7. Will you be bringing a pet to live with you? Yes \_\_\_\_ No \_\_\_\_ (If so, the pet cannot weigh more than 25 lbs.)

8. Have you ever been convicted of illegal drug use or any other criminal activity? Yes \_\_\_\_ No \_\_\_\_

a. Date of conviction? \_\_\_\_\_ State where conviction occurred? \_\_\_\_\_



9. Are you required to sign up as a registrant Sex Offender? Yes ☐ No ☐  
a. Date of conviction? \_\_\_\_\_ State where conviction occurred? \_\_\_\_\_

### SPOUSE OR CO-TENANT INFORMATION

10. Spouse or Co-tenant Name: \_\_\_\_\_  
(Print name as it appears on social security card)  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

11. Present Address: \_\_\_\_\_  
(Street) (Apt. #)  
\_\_\_\_\_  
(City) (State) (Zip code)

12. How long have you lived at present address? \_\_\_\_\_ Years from \_\_\_\_\_ to \_\_\_\_\_

(a) If you have lived at the above address less than 5 years, list your previous address:

\_\_\_\_\_  
(Street) (Apt. #)  
\_\_\_\_\_  
(City) (State) (Zip Code)

(b) \_\_\_\_\_  
(Street) (Apt. #)  
\_\_\_\_\_  
(City) (State) (Zip Code)

13. Are you employed? Yes ☐ No ☐  
14. Do you own a car? Yes ☐ No ☐  
15. Have you ever been convicted of illegal drug use or any other criminal activity? Yes ☐ No ☐  
b. Date of conviction? \_\_\_\_\_ State where conviction occurred? \_\_\_\_\_  
16. Are you required to sign up as a registrant Sex Offender? Yes ☐ No ☐  
b. Date of conviction? \_\_\_\_\_ State where conviction occurred? \_\_\_\_\_

### B. CONTACTS:

List below two relatives or friends who know how to contact you:

NAME: _____	NAME: _____
RELATIONSHIP: _____	RELATIONSHIP: _____
ADDRESS: _____	ADDRESS: _____
CITY/STATE/ZIP: _____	CITY/STATE/ZIP: _____
PHONE: _____	PHONE: _____

**C. HOUSEHOLD COMPOSITION & CHARACTERISTICS**

List yourself, as Head of Household, and all persons who will be living with you in this apartment:

Full Name	Last 4 digits of Social Security #	Birth Date	Birth Place (State)	Age	Sex	Relationship

**D. APARTMENTS FOR PHYSICALLY CHALLENGED PERSONS**

Apartments for physically challenged persons are units which are designed and designated for physically disabled persons who handicap results in a functional limitation in access and use of the building. Do you need the special features of a mobility/hearing impaired apartment?

Yes \_\_\_\_\_ No \_\_\_\_\_

**E. CURRENT HOUSING STATUS/NEED**

1. Do you plan to have anyone live with you who is not listed on this application? Yes \_\_\_ No \_\_\_  
If yes, please name and explain: \_\_\_\_\_
2. Does anyone live with you **NOW** who is not listed on this application? Yes \_\_\_ No \_\_\_  
If yes, please name and explain: \_\_\_\_\_
3. Have you or the co-tenant ever been evicted: Yes \_\_\_ No \_\_\_  
If yes, please explain the circumstances: \_\_\_\_\_
4. Why do you wish to move? \_\_\_\_\_  
\_\_\_\_\_
5. Are you now living in a government assisted unit? Yes \_\_\_ No \_\_\_  
Do you presently have a Section 8 voucher or certificate? Yes \_\_\_ No \_\_\_
6. Has your or your co-tenant's residency or governmental assistance in an assisted housing program ever been terminated for fraud, non-payment of rent, or failure to comply with recertification procedures?  
Yes \_\_\_ No \_\_\_
7. Current Landlord's Name: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

8. If your current landlord is a family member or you have lived with your current landlord for less than five (5) years, please provide us with the following information for your previous landlord.

Previous Landlord's Name: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Landlord's Phone Number: \_\_\_\_\_

Previous Landlord's Name: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Landlord's Phone Number: \_\_\_\_\_

Previous Landlord's Name: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Landlord's Phone Number: \_\_\_\_\_

Previous Landlord's Name: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Landlord's Phone Number: \_\_\_\_\_

#### F. INCOME INFORMATION

Answer each of the following questions. For each Yes answer, please provide detailed information requested in the charts that follow the list of questions.

1. Does any member of your household work full time, part time, or seasonally? Yes \_\_\_ No \_\_\_
2. Does any member of your household expect to work during the next twelve (12) months? Yes \_\_\_ No \_\_\_
3. Does any member of your household work for someone who pays them in cash? Yes \_\_\_ No \_\_\_
4. Does any member of your household receive or expect to receive unemployment? Yes \_\_\_ No \_\_\_
5. Does any member of your household receive or expect to receive alimony? Yes \_\_\_ No \_\_\_
6. Does any member of your household receive or expect to receive SSI or Public Assistance? Yes \_\_\_ No \_\_\_
7. Does any member of your household receive or expect to receive income from Social Security? Yes \_\_\_ No \_\_\_
8. Does any member of your household receive or expect to receive income from a pension or annuity?  
Yes \_\_\_ No \_\_\_
9. Does any member of your household receive or expect to receive regular contributions from organizations or from individuals not living in the unit?  
Yes \_\_\_ No \_\_\_
10. Does any member of your household receive income from assets including interest or dividends from checking or savings accounts, Certificates of Deposits, stocks, bond, mortgages, or income from rental property, real estate, or business ventures? Yes \_\_\_ No \_\_\_



For each person who will be living in the unit, please list the type and amount of **Gross Income** each person expects to receive monthly. Use the chart below:

Income Source	Head of Household	Spouse	Co-tenant
	\$ /mo.	\$ /mo.	\$ /mo.
Social Security (SSA)			
Supplemental Security (SSI)			
Pension			
Annuity			
Wages/Salaries, etc.			
Recurring Cash Contributions			
Welfare Assistance			
Alimony			
Unemployment Benefits			

**G. ASSET INFORMATION:**

For each asset a household member has enter the requested information in the chart below:

**1. BANK ACCOUNTS: Checking, Savings, CD's, Money Market, IRA, etc.**

Type of Account	Bank Name	Balance	Interest Rate
		\$	%
		\$	%
		\$	%
		\$	%

**2. SECURITIES/STOCKS:**

Name of Company	# of Shares	Price Per Share	Annual Dividend
		\$	
		\$	
		\$	
		\$	

**3. BONDS:**

Denomination Amounts	Number of Bonds

**4. PROPERTY OWNED:**

Do you own a home or real estate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the full address:

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

What is the current Market Value of this property? \$ \_\_\_\_\_

5. Have you sold or given away any assets for less than its Fair Market Value in the past two (2) years? Yes \_\_\_\_\_ No \_\_\_\_\_

Asset	Fair Market Value	Amount Received
	\$	\$
	\$	\$

6. MEDICAL EXPENSES:

1. If you presently have any of the following medical expenses which you pay OUT OF POCKET and are not reimburse, please fill in the following requested information:

Medical Expense	Monthly Out of Pocket Cost
Medicare Insurance	\$
AARP Insurance	\$
Blue Cross/Blue Shield Insurance	\$
Other Medical Insurance	\$
Physician Visit	\$
Home Health Care Cost	\$
Prescriptions/Non-prescriptions	\$
Transportation for Medical Visits	\$
Dental Expenses	\$
Eyeglasses, Hearing Aids, batteries	\$
Monthly Payments on Medical Bills	\$
Rental of Medical Equipment	\$

2. Do you receive Medical Assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

7. APPLICATION CERTIFICATION:

I certify that the unit I occupy will be my only residence. I understand that the above information is being collected to determine my eligibility for housing. I authorize the owner to verify all information provided on the application and to contact previous or current landlords or other sources of credit and verification information which may be release to appropriate Federal, State or local agencies. As a condition of consideration for housing, a criminal background check will be required. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law.

\_\_\_\_\_  
(Signature of Head of Household)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Spouse or Co-Tenant)

\_\_\_\_\_  
(Date)



# Virginia Towers Apartments

## Background Investigation Consent Form

I, \_\_\_\_\_ hereby authorize Virginia Towers and/or its agents to make an independent investigation of my background, references, past and/or current employment, education, credit, criminal or police records, sex offender registry, and all public records for the purpose of confirming the information contained on my application which may be material to my qualifications.

**A separate form is required for each person who will occupy the unit.**

### **PLEASE PRINT CLEARLY**

Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip-Code \_\_\_\_\_

Date of Birth MM/D/YY \_\_\_\_\_ \*Sex \_\_\_\_\_ \*Race \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License or State ID Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Previous Address, if current address is less than 5 years \_\_\_\_\_

Other states you have lived in during the past 15 years \_\_\_\_\_

X \_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Have you ever been convicted of a felony or crime? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently on probation, parole or suspended sentence for any conviction? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Note: The above information is required to insure positive identification and is in no manner used as a qualification.



# Emergency Contact

OMB Control # 2502-0581  
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

## SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:

\* Email Address

Mailing Address:

Telephone No:

Cell Phone No:

Name of Additional Contact Person or Organization:

Emergency Contact:

Address:

Telephone No:

Cell Phone No:

\* E-Mail Address (if applicable):

Relationship to Applicant:

Reason for Contact: (Check all that apply)

☐ Emergency

☐ Unable to contact you

☐ Termination of rental assistance

☐ Eviction from unit

☐ Late payment of rent

☐ Assist with Recertification Process

☐ Change in lease terms

☐ Change in house rules

☐ Other: \_\_\_\_\_

**Commitment of Housing Authority or Owner:** If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

**Confidentiality Statement:** The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

**Legal Notification:** Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3526). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)



## **STUDENT STATUS AFFIDAVIT**

**RESIDENT NAME** \_\_\_\_\_

**RESIDENT ADDRESS** \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS. BY SIGNING THIS FORM YOU UNDERSTAND THAT PROVIDING FALSE INFORMATION AND MAKING FALSE STATEMENTS MAY BE CAUSE FOR DENIAL AND STATE OR FEDERAL CRIMINAL PENALTIES MAY APPLY.**

- 
1. Yes \_\_\_ No \_\_\_ Are you currently enrolled as a full time student?
  2. Yes \_\_\_ No \_\_\_ Will you become enrolled as a full time student within the next 12 months?

---

**A. If you answered NO to the questions above:**

Yes \_\_\_ No \_\_\_ Should my situation change and I become a full time student, I will immediately notify Management.

---

**B. If you answered YES to either question please answer the following:**

1. Yes \_\_\_ No \_\_\_ Are you married and have filed a joint tax return?
2. Yes \_\_\_ No \_\_\_ Are you a single parent filing head of household on your taxes? (You have a child who is not counted as a dependant on another person's tax return. A copy of the tax return must be attached.)
3. Yes \_\_\_ No \_\_\_ Are you enrolled in a job-training program receiving assistance under the Job Training Partnership Act (JTPA) or a similar federal, state or local program?
4. Yes \_\_\_ No \_\_\_ Are you receiving Aid for Families with Dependent Children (AFDC) benefits or other benefits under Title IV of the Social Security Act?

**RESIDENT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_



To determine if an applicant or any member of an applicant's household is subject to a lifetime registration under any state sex offender registration program, **please check all states in which any household member has resided.**

**Applicant #1 Name:** \_\_\_\_\_

☐ Alabama  
☐ Alaska  
☐ Arizona  
☐ Arkansas  
☐ California  
☐ Colorado  
☐ Connecticut  
☐ Delaware  
☐ Florida  
☐ Georgia  
☐ Hawaii  
☐ Idaho  
☐ Illinois

☐ Indiana  
☐ Iowa  
☐ Kansas  
☐ Kentucky  
☐ Louisiana  
☐ Maine  
☐ Maryland  
☐ Massachusetts  
☐ Michigan  
☐ Minnesota  
☐ Mississippi  
☐ Missouri  
☐ Montana

☐ Nebraska  
☐ Nevada  
☐ New Hampshire  
☐ New Jersey  
☐ New Mexico  
☐ New York  
☐ North Carolina  
☐ North Dakota  
☐ Ohio  
☐ Oklahoma  
☐ Oregon  
☐ Pennsylvania  
☐ Rhode Island

☐ South Carolina  
☐ South Dakota  
☐ Tennessee  
☐ Texas  
☐ Utah  
☐ Vermont  
☐ Virginia  
☐ Washington  
☐ West Virginia  
☐ Wisconsin  
☐ Wyoming  
☐ Washington, DC

**Applicant #2 Name:** \_\_\_\_\_

☐ Alabama  
☐ Alaska  
☐ Arizona  
☐ Arkansas  
☐ California  
☐ Colorado  
☐ Connecticut  
☐ Delaware  
☐ Florida  
☐ Georgia  
☐ Hawaii  
☐ Idaho  
☐ Illinois

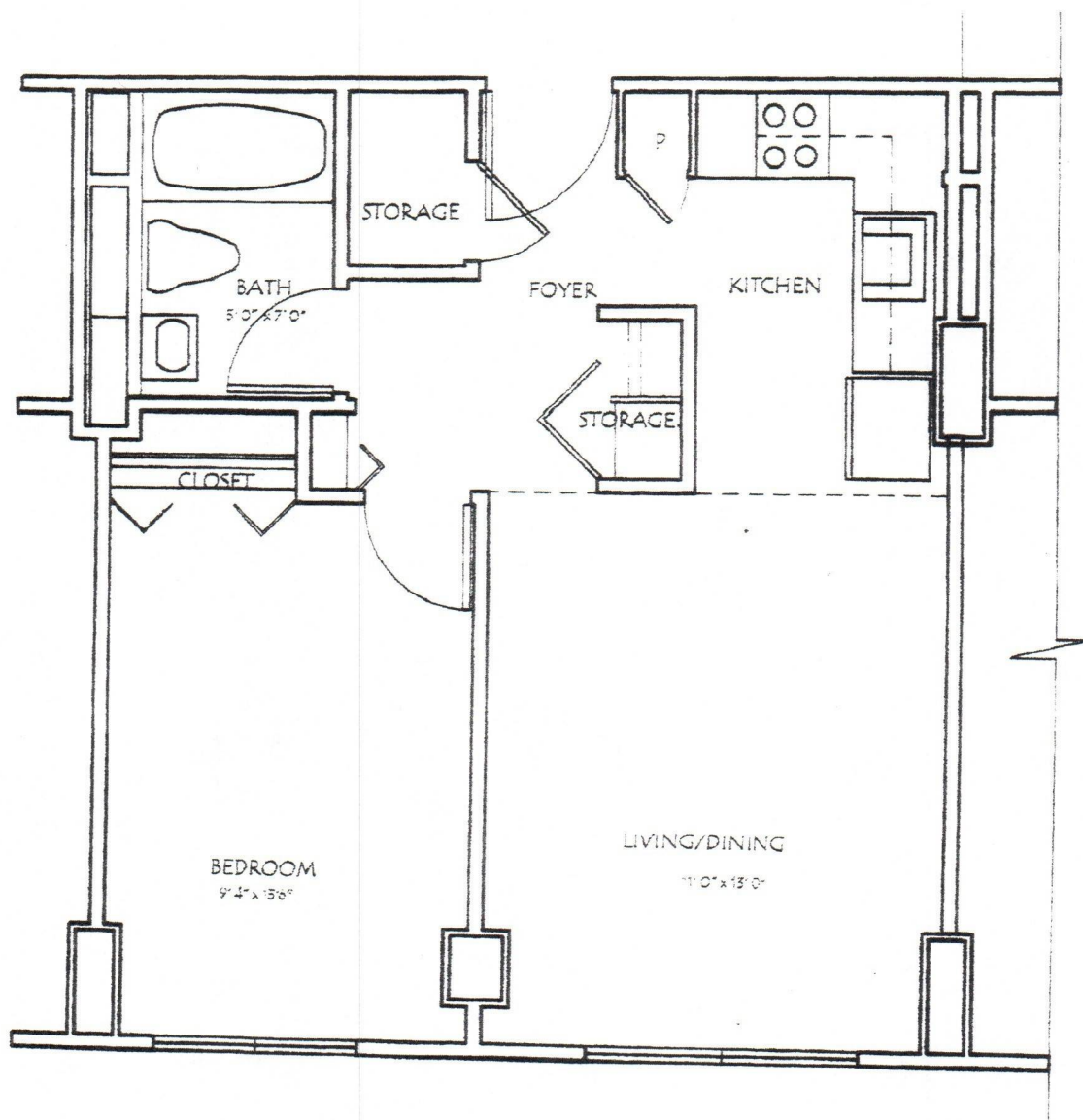
☐ Indiana  
☐ Iowa  
☐ Kansas  
☐ Kentucky  
☐ Louisiana  
☐ Maine  
☐ Maryland  
☐ Massachusetts  
☐ Michigan  
☐ Minnesota  
☐ Mississippi  
☐ Missouri  
☐ Montana

☐ Nebraska  
☐ Nevada  
☐ New Hampshire  
☐ New Jersey  
☐ New Mexico  
☐ New York  
☐ North Carolina  
☐ North Dakota  
☐ Ohio  
☐ Oklahoma  
☐ Oregon  
☐ Pennsylvania  
☐ Rhode Island

☐ South Carolina  
☐ South Dakota  
☐ Tennessee  
☐ Texas  
☐ Utah  
☐ Vermont  
☐ Virginia  
☐ Washington  
☐ West Virginia  
☐ Wisconsin  
☐ Wyoming  
☐ Washington, DC



VIRGINIA TOWERS  
ONE BEDROOM FLOOR PLAN  
410.321.9661



SCALE: 1/4" = 1' - 0"





Bayview Management, LLC.

17 W. Pennsylvania Avenue, Suite 500 Towson, MD 21204 443-279-2200 Office 443-279-2204 Fax

7/27/2020

## Virginia Towers is SMOKE-FREE and has been since July 1, 2015.

**Smoking inside the building is PROHIBITED! Those of you who are smoking in your apartment, please know that we will terminate your lease for smoking in your apartment.**

Smoking is permitted on the side and rear of the buildings. Do Not smoke near the building entrances.

**What is secondhand smoke?** Secondhand smoke (sometimes called passive smoke, environmental tobacco smoke, or involuntary smoke) is a mixture of side stream smoke (the smoke from the burning tip of a cigarette or other smoked tobacco product) and mainstream smoke (smoke exhaled by a smoker that is diluted by the surrounding air) (1-3).

Major settings of exposure to secondhand smoke include workplaces, public places such as bars, restaurants and recreational settings, and homes (4). Workplaces and homes are especially important sources of exposure because of the length of time people spend in these settings. The home is a particularly important source of exposure for infants and young children. Children and nonsmoking adults can also be exposed to secondhand smoke in vehicles, where levels of exposure can be high. Exposure levels can also be high in enclosed public places where smoking is allowed, such as restaurants, bars, and casinos, resulting in substantial exposures for both workers and patrons (3).

In the United States, most secondhand smoke comes from cigarettes, followed by pipes, cigars, and other smoked tobacco products. **How is secondhand smoke exposure measured?** Secondhand smoke exposure can be measured by testing indoor air for respirable (breathable) suspended particles (particles small enough to reach the lower airways of the human lung) or individual chemicals such as nicotine or other harmful and potentially harmful constituents of tobacco smoke (3, 5).

Exposure to secondhand smoke can also be evaluated by measuring the level of biomarkers such as cotinine (a byproduct of nicotine metabolism) in a nonsmoker's blood, saliva, or urine (1). Nicotine, cotinine, and other chemicals present in secondhand smoke have been found in the body fluids of nonsmokers exposed to secondhand smoke.

**Does secondhand smoke contain harmful chemicals?** Yes. Many of the harmful chemicals that are in the smoke inhaled by smokers are also found in secondhand smoke (1, 3, 6, 7), including some that cause cancer (1, 3, 7, 8).

These include: Benzene, Tobacco-specific nitrosamines, Benzo[α]pyrene, 1,3-butadiene (a hazardous gas), Cadmium (a toxic metal), Formaldehyde, Acetaldehyde

Many factors affect which chemicals and how much of them are found in secondhand smoke. These factors include the type of tobacco used in manufacturing a specific product, the chemicals (including flavorings such as menthol) added to the tobacco, the way the tobacco product is smoked, and—for cigarettes, cigars, little cigars, and cigarillos—the material in which the tobacco is wrapped (1-3, 7).

X \_\_\_\_\_ DATE