



Hastings County
 Community and Human Services, Housing Services
 228 Church Street, PO Bag 6300, Belleville ON K8N 5E2

Tel: (613) 966-1311
 TF: 1-800-267-0575
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**Hastings County Community and Human Services
 Hastings Local Housing Corporation
 Administrative Policies and Procedures**

SUBJECT : Alterations Policy (formerly Improvements Policy)		
APPROVED BY : Hastings County Council		
POLICY #: HLHC 1		
ORIGINAL ISSUED	SUPERCEDES	CURRENT VERSION
May 2007	May 2021	June 2022

PURPOSE

To inform tenants of the need to contact the Hastings Local Housing Corporation (HLHC) to request and receive written permission prior to making any alterations or additions to the interior or exterior of the unit or building.

SCOPE

The policy applies to the units directly managed by the HLHC.

REQUIREMENT

If the tenant makes alterations with the approval of the HLHC, prior to vacating the leased premises, the tenant shall restore the leased premises to the condition that the unit was in before the alterations had been made. Any restorations or work completed as a result of this policy shall meet all health, safety and any other standards required by law and shall conform in type and quality of workmanship and materials to those that exist in the residential complex. If the tenant fails to restore the leased premises, the HLHC may do all the restoration work and may charge the tenant the entire cost of the restorations. Upon the tenant vacating the unit, all alterations that are not restored to previous conditions shall become the property of the HLHC, without any compensation to the tenant.

If the tenant makes any alterations without written approval of the HLHC, the Landlord may do all the necessary work to restore the unit to the condition it was in prior to the alterations being made. The tenant may be charged the entire cost of the restoration.

RESPONSIBILITY

Prior to any repainting or future alterations of the unit, the Alterations Request Form (attached) must be completed by the tenant and reviewed by the HLHC in consultation with Facilities & Capital Infrastructure. An Alterations & Accommodation Review Committee (AARC) has been established for this purpose.



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The tenant is to be reminded that failure to restore the leased premises to the condition that the unit was in before the alterations had been made, may result in the entire cost of the restorations being charged back to the tenant.

As a requirement of this policy, the tenant must be in good standing which refers to the below:

- Tenant must have lived in the unit for 12 months;
- Tenant has not been given an eviction notice within the last six months;
- Tenant does not owe arrears or any other money to Hastings Local Housing Corporation or any other Social Housing Provider in Ontario;
- Tenant has paid its rent in full and on time for the last six months;
- There is no damage to the unit for six months;
- There are no record(s) of complaint(s) of disturbing neighbours or harassing staff in last six months;
- Tenant has an active tenant insurance policy in place;
- Tenant is not in contravention of the lease.

REFERENCES

Residential Tenancies Act, 2006



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Alterations Request Form

(Must be completed and approved in writing before any work commences)

Any work done will be to a standard acceptable to the Hastings Local Housing Corporation and will be inspected upon completion and any repairs or changes will be my/our responsibility.

All carpet and vinyl flooring temporarily installed cannot be secured to the existing flooring by any means. The exception to this is the use of removable double sided tape to eliminate a safety concern in high traffic areas. Peel and stick vinyl flooring is prohibited.

I agree to return the unit to the approved colour scheme if painted; or restore the unit to its prior condition for all other alterations made prior to vacating the suite. I understand that failure to restore the leased premises may result in the entire cost of restoration being charged to my account.

Having read the above and being familiar with the Alterations Policy, I/we ask permission to paint, or alter my/our unit as described below.

Address & Phone # _____

Description of Improvement/Alteration (provide specific location and materials to be used etc.):

Date: _____

Tenant(s) Name (print): _____

Tenant(s) Signature: _____

Completion of this document, does not approve the request. You will be notified in writing if your request has been approved or denied.

RETURN TO: COMMUNITY AND HUMAN SERVICES
HOUSING SERVICES
Postal Bag 6300, 228 Church Street,
Belleville, ON K8N 5E2

IN OFFICE USE: Date Reviewed by Alterations/Accommodation Committee: _____

AARC Decision: Approved or Denied (circle)

Follow Up Inspection Date: _____

Facilities Supervisor Signature: _____