



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

Tel: (613) 966-1311  
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[inquiry@hastingscounty.com](mailto:inquiry@hastingscounty.com)  
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**Hastings County Community and Human Services  
Hastings Local Housing Corporation  
Administrative Policies and Procedures**

<b>SUBJECT :</b> Alterations Policy (formerly Improvements Policy)		
<b>APPROVED BY :</b> Hastings County Council		
<b>POLICY #:</b> HLHC 1		
<b>ORIGINAL ISSUED</b>	<b>SUPERCEDES</b>	<b>CURRENT VERSION</b>
May 2007	June 2022	January 2025

**PURPOSE**

To inform tenants of their duty 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 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. Prior to any repainting of the unit, the Tenant Alterations Request to Paint 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.

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 for general alterations;
- Tenant must have lived in the unit for 5 years for painting requests;
- 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;
- The unit is free of any pest control issues;
- 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)*

**Instructions:**

**This form is required for households who are requesting to make alterations to their rental unit.**

Any work done will be to a standard acceptable to the Hastings Local Housing Corporation and may be subject to inspection 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 safety concerns in high traffic areas. Peel and stick vinyl flooring is prohibited.

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 alter my/our unit as described below.

Tenant(s) Name (print): \_\_\_\_\_

Address & Phone #: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

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

ATTN: PROPERTY SUPERVISOR

Postal Bag 6300, 228 Church Street, Belleville, ON K8N 5E2

**OR**

91 Creswell Drive, Trenton, ON K8V 3G5

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IN OFFICE USE:

Move in date: \_\_\_\_\_

Unit Size: \_\_\_\_\_

Date Reviewed by AARC: \_\_\_\_\_

AARC Decision:                       Approved    or     Denied (circle)

Follow Up Inspection Date: \_\_\_\_\_

Facilities Supervisor Signature: \_\_\_\_\_



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### **Tenant Alterations Request to Paint Form**

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

#### **Instructions:**

**This form is required for households who are requesting to paint their rental unit.**

**Tenant must have occupied the unit for at least 5 years.**

“Painting” refers to the use of designated paint products on interior walls only. Tenants are not permitted to paint baseboards, window framing, floors, ceilings, or any other surfaces.

All tenant requests to paint their unit (or a portion thereof) must be approved in writing by the joint Alterations and Accommodations Review Committee (AARC).

The approved paint colour is Benjamin Moore OC-52 Gray Owl or colour matched to Gray Owl by Vendor.

**As a requirement of the paint request, the tenant must be in good standing which refers to the below:**

- **Tenant must have occupied the unit for 5 years and be in good standing;**
- **Any damages to the unit must be repaired prior to the paint request being submitted;**
- **There are no ongoing maintenance issues in the unit;**
- **The unit is free of any pest control issues;**
- **Tenant is responsible for properly preparing the walls for painting prior to submitting the request to paint; and**
- **Tenant is not in contravention of the lease.**

#### **Minimum 5-year tenancy:**

- a) The Property Supervisor will receive the request and confirm the five-year tenancy is met and is presently in good standing and forward the request to the AARC who will review the request and provide the tenant with a written decision.
- b) If approved, the Tenant is responsible for all preparation including, repairs to the walls, cleaning of the area to be painted, moving of all furniture in the area to be painted and other requirements as directed by Facilities.
- c) Facilities/Maintenance may attend the unit to complete the eligibility inspection and confirm the unit is ready prior to painting.
- d) Any deviations from these conditions will be a violation of the lease and subject to tenant chargebacks.

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

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Tenant(s) Name (print): \_\_\_\_\_

Address & Phone #: \_\_\_\_\_

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

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Date: \_\_\_\_\_

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

ATTN: PROPERTY SUPERVISOR

Postal Bag 6300, 228 Church Street, Belleville, ON K8N 5E2

**OR**

91 Creswell Drive, Trenton, ON K8V 3G5

\*\*\*\*\*

IN OFFICE USE:

Move in date: \_\_\_\_\_

Unit Size: \_\_\_\_\_

Date Reviewed by AARC: \_\_\_\_\_

AARC Decision:                      Approved   or   Denied (circle)

Follow Up Inspection Date: \_\_\_\_\_

Facilities Supervisor Signature: \_\_\_\_\_