

Purpose

Use this form if any of the following apply to you:

- You selected one of the following residency responses when you applied for the Ontario Student Assistance Program (OSAP) and/or the Ontario Learn and Stay Grant:
 - I live in Ontario AND I have lived in Canada for less than 12 months in a row;
 - I live in Ontario AND I have not lived in any Canadian province for 12 months in a row; or
 - I live in Ontario AND none of the previous statements apply to me.
- You selected “I have always lived in Ontario” and your Social Insurance Number starts with 2, 3, 7 or 9.

Because of the response you selected, you must provide details on your Canadian residency history for the past five years. Information about any full-time postsecondary studies you have taken during that time is also required.

The information will be used by the Ministry of Colleges and Universities (the ministry) to determine if you meet the Ontario residency requirements for the purposes of OSAP and/or the Ontario Learn and Stay Grant.

How to submit this form

Upload it online:

Log into the OSAP website and go to your OSAP and/or Ontario Learn and Stay Grant application to use the “Print or upload documents” button.

Submit a paper copy:

If you’re going to a school in Ontario:

Send this completed form and all attachments (if applicable) to your school’s financial aid office.

If you’re going to a school outside of Ontario (only applicable for OSAP students):

Send this completed form and all attachments (if applicable) to: Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, Ontario, P7B 6G9.

Deadline

If you have submitted an OSAP Application for Full-Time Students and/or an application for the Ontario Learn and Stay Grant, this form and all attachments (if applicable) must be received by your financial aid office or the ministry no later than 40 days before the end of your 2023-24 study period.

If you have submitted an OSAP Application for Micro-credentials, this form and all attachments (if applicable) must be received no later than 5 days after the end of your 2023-24 study period.

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Questions?

If you're going to a school in Ontario:

Contact the financial aid office at your school.

If you're going to a school outside Ontario (only applicable for OSAP students):

Contact the ministry at: Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, Ontario, P7B 6G9.

General inquiry telephone service is available Monday to Friday, 8:30 AM – 4:30 PM (Eastern Time)

- Telephone: 807-343-7260.
- Toll-free in North America: 1-877-OSAP-411 or 1-877-672-7411
- TTY: 1-800-465-3958

Note:

When completing this form, full-time postsecondary studies means taking at least 60% of a full course load (or 40% or more if you are a student with a permanent disability or a persistent or prolonged disability).

Section A: Student's information

Social Insurance Number:

Ontario Education Number (OEN), if assigned:

Last name:

First name:

1. Have you lived in Canada for your entire life?

Yes - go to question 4

No

2. Have you lived in Canada for the last five years?

Yes - go to question 4

No

3. When did you arrive in Canada?

Month Year

4. What is the name of the school you plan to attend or are currently attending for your 2023-24 study period?

5. Student number at your school:

6. Have you ever received student financial assistance for full-time postsecondary studies from a Canadian territory or province other than Ontario?

Yes

No - go to question 9

7. From what province or territory in Canada did you receive this financial assistance?

8. What were the start and end dates of your postsecondary studies when you received this financial assistance?

	Month	Year		Month	Year														
From:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									To:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								

9. Have you ever received student financial assistance for full-time postsecondary studies from a country other than Canada?

Yes

No - go to **Section B: Current address**

10. From what country did you receive this financial assistance?

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11. What were the start and end dates of your postsecondary studies when you received this financial assistance?

	Month	Year		Month	Year														
From:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									To:	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								

Section B: Current address

In this section, provide information based on where you are currently living.

Street number and name or rural route:

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Apartment:

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Street number and name or rural route:

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City or town:

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Province or state:

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Country:

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Postal or zip code:

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12. When did you move to this address?

Month Year

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13. While living at this address, did you take any full-time postsecondary studies?

Yes If "Yes", provide the start and end dates of your most recent full-time postsecondary study period while living at this address

Month Year Month Year

From:

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 To:

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No

Section C: Previous address details

In this section, provide information based on all of the other addresses (excluding your current address) that you lived at for the past 5 years.

Start with your most recent address and work backward to the oldest. If you need more space, print extra copies of this page and attach it to your form.

Previous address #1:

Street number and name or rural route:

Apartment:

City or town:

Province or state:

Country:

Postal or zip code:

14. When did you live at the above address?

Month Year Month Year

From: To:

15. While living at this address, did you take any full-time postsecondary studies?

Yes If "Yes", provide the start and end dates of your most recent full-time postsecondary study period while living at this address

Month Year Month Year

From: To:

No

Previous address #2:

Street number and name or rural route:

Apartment:

City or town:

Province or state:

Country:

Postal or zip code:

16. When did you live at the above address?

Month Year Month Year

From: To:

17. While living at this address, did you take any full-time postsecondary studies?

Yes If "Yes", provide the start and end dates of your most recent full-time postsecondary study period while living at this address

Month Year Month Year

From: To:

No

Form for Social Insurance Number with 11 vertical bars for digits.

Previous address #3:

Street number and name or rural route:

Form for street number and name with 26 vertical bars.

Apartment:

Form for apartment number with 6 vertical bars.

City or town:

Form for city or town with 26 vertical bars.

Province or state:

Form for province or state with 5 vertical bars.

Country:

Form for country with 18 vertical bars.

Postal or zip code:

Form for postal or zip code with 10 vertical bars.

18. When did you live at the above address?

Form for question 18 with labels 'Month' and 'Year' for 'From' and 'To'.

19. While living at this address, did you take any full-time postsecondary studies?

Yes If "Yes", provide the start and end dates of your most recent full-time postsecondary study period while living at this address

Form for question 19 'Yes' response with labels 'Month' and 'Year' for 'From' and 'To'.

No

Section D: Student declaration and signature

I declare that the information provided on this form is complete and true.

Note: if you are completing this form electronically, use the "Fill & Sign" feature or "Digital ID" in Adobe Reader or your PDF program to add your signature.

Signature of student:

Form for student signature with 58 vertical bars.

Date:

Form for date with labels 'Day', 'Month', 'Year' and 9 vertical bars.

Your personal information will be used to administer and finance the Ontario Student Assistance Program (OSAP) as set out in the notice of Collection and Use of Personal Information on your OSAP application and in accordance with the consents you signed on your OSAP application. The Ministry of Colleges and Universities administers and finances OSAP under the legal authority set out on your OSAP application. If you have any questions about the collection, use and disclosure of your personal information, contact the Director, Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, Thunder Bay, Ontario P7B 6G9; 807-343-7260.