

# Application for Full-time Students for Canada and Ontario Student Loans

You are considered a full-time student if you are taking 60 per cent or more of a full course load.

Office Use Only: 095	Institution code



Print in black ink.

## Section A: Personal Information

<b>100</b> Social Insurance Number	<b>105</b> Student number, if you have been given one	
<input type="text"/>	<input type="text"/>	
<b>110</b> Last name	<input type="text"/>	
<b>115</b> First name	<input type="text"/>	
<b>120</b> Permanent mailing address (street, rural route, or post office box)	<b>125</b> Apartment	
<input type="text"/>	<input type="text"/>	
<b>130</b> City, town, or post office	<b>135</b> Province	
<input type="text"/>	<input type="text"/>	
<b>140</b> Postal code	<b>145</b> Area code and telephone number	<b>150</b> In which language do you prefer to receive correspondence?
<input type="text"/>	<input type="text"/>	1. <input type="checkbox"/> English 2. <input type="checkbox"/> French
<b>155</b> Date of birth	<b>160</b> Gender	
<input type="text"/> Day      Month      Year	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	
<b>165</b> Do you have a permanent disability? The definition of "permanent disability" can be found on page 11 of the OSAP guide. (You may choose not to answer this question.)	<b>166</b> Are you a deaf student planning to attend a postsecondary institution outside Canada? (See page 6 of the OSAP guide for details.)	
1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
<b>170</b> What is your current citizenship status? (Please see page 11 of the OSAP guide for details.)		
1. <input type="checkbox"/> Canadian citizen 2. <input type="checkbox"/> Permanent resident ( <b>Attach a copy of your Canadian Immigration Record.</b> ) 3. <input type="checkbox"/> Student visa		
<b>175</b> When did you or will you last attend high school on a full-time basis?	<b>("Full-time" means 60 per cent or more of a regular high school program.) If you left high school at any time and were out of high school for at least one full year, enter the date on which you first left high school.</b>	
<input type="text"/> Month      Year		
<b>180</b> Have you ever taken full-time postsecondary studies? ("Full-time postsecondary studies" means 60 per cent or more of a full course load.)	<b>185</b> If you indicated "Yes" in item 180, enter the date that you last attended a postsecondary institution on a full-time basis (that is, taking 60 per cent or more of a full course load).	
1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	<input type="text"/> Month      Year	
<b>190</b> Have you ever had a Canada Student Loan?	<b>195</b> Are you currently in default on a Canada Student Loan and/or an Ontario Student Loan? (Please see pages 16 and 17 of the OSAP guide.)	
1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	

1999-2000

--	--	--	--	--	--	--	--	--	--

## Section B: Current Status Information

Check the **one** statement that **best** describes your current status. Read and follow the instructions that pertain to that statement carefully.

- 200** **You are married.** Answer item 215.  
Your spouse must fill out Sections K and M.

Supporting Documentation:

You must attach to this application a copy of your marriage certificate.

If you checked this statement, go to Section C, Part 1.

- 215** What is the date your marriage or common-law relationship began?

Day	Month	Year					

- 210** **You are in a common-law relationship.** Answer item 215.  
Your common-law partner must fill out Sections K and M.

For OSAP purposes, you are living in a common-law relationship if (a) you and your common-law partner have been living together for at least 3 years, or (b) you and your common-law partner are raising any children of whom you both are the natural parents.

Supporting Documentation:

You must attach to this application an affidavit signed by you and your common-law partner confirming that you have been living together for at least 3 years or are raising any children of whom you both are the natural parents.

If you checked this statement, go to Section C, Part 1.

- 220** **You are a sole-support parent.**

For OSAP purposes, you are considered a sole-support parent if you have any dependent children living with you full-time during your study period, AND you are single, separated, divorced, or widowed.

Supporting Documentation:

If you are separated, you must attach to this application a copy of your legal separation agreement or a signed affidavit. If you are divorced, you must attach proof of divorce. The documentation must include the date of separation and details of the custody arrangements. If you are widowed or have never been married, attach a letter confirming that your child or children will be living with you full-time during your 1999-2000 study period. If you are unable to provide legal separation agreements or divorce papers, you must provide the following: (1) a letter detailing the custody arrangements of the child or children, confirming that the child or children will be residing with you full-time during the study period applied for, and, if applicable, the date of separation; and (2) a copy of the federal government's child tax benefit stub which indicates that you are the parent receiving the benefit and the child or children included in the benefit.

If you checked this statement, go to Section C, Part 2.

- 230** **You are separated, divorced, or widowed, AND you have NO dependent children living with you.**

Supporting Documentation:

If you are separated, you must attach to this application a copy of your legal separation agreement or a signed affidavit. If you are divorced, you must attach proof of divorce.

If you checked this statement, go to Section C, Part 2.

- 235** **You have been out of high school for at least 5 years as of the start of your 1999-2000 study period.**

If you checked this statement, go to Section C, Part 2.

- 240** **You have been out of high school for at least 4 years as of the start of your 1999-2000 study period.**

Your parent(s) must fill out Sections J and M in order for you to be eligible for Ontario Student Loans.

If you checked this statement, go to Section C, Part 3.

- 250** **You have not been a full-time student at a high school or postsecondary institution for at least 12 months in a row on 2 or more occasions.** Your parent(s) must fill out Sections J and M in order for you to be eligible for Ontario Student Loans.

If you checked this statement, go to Section C, Part 3.

- 260** **You are a current or former Crown Ward, or BOTH of your parents are deceased.**

If you checked this statement, go to Section C, Part 2.

- 270** **None of the above statements applies to you.** Your parent(s) must fill out Sections J and M.

If you checked this statement, go to Section C, Part 3.

1999-2000

--	--	--	--	--	--	--	--	--	--

## Section C: Residency Information

Based on the item you checked in Section B, check the **one** statement that best describes your current residency situation.

**Part 1:** If you checked item 200 or 210 in Section B, check the **one** statement in Part 1 that best describes your current residency situation:

- 300 You have lived in Ontario for at least 12 months in a row up to the beginning of your full-time postsecondary studies.
- 310 Your spouse has lived in Ontario for at least 12 months in a row up to the beginning of your 1999-2000 study period, and your spouse was not enrolled in full-time postsecondary studies during this 12-month period.
- 330 You now live in Ontario, but neither of the above statements applies to you.\*

*If you checked one of the above statements, go to Section D.*

**Part 2:** If you checked item 220, 230, 235, or 260 in Section B, check the **one** statement in Part 2 that best describes your current residency situation:

- 300 You have lived in Ontario for at least 12 months in a row up to the beginning of your full-time postsecondary studies.
- 330 You now live in Ontario, but the above statement does not apply to you.\*

*If you checked one of the above statements, go to Section D.*

**Part 3:** If you checked item 240, 250, or 270 in Section B, check the **one** statement in Part 3 that best describes your current residency situation:

- 300 You have lived in Ontario for at least 12 months in a row up to the beginning of your full-time postsecondary studies.
- 320 Your parent(s), step-parent, legal guardian(s), or official sponsor(s) has lived in Ontario for at least 12 months in a row up to the beginning of your 1999-2000 study period.
- 330 You now live in Ontario, but neither of the above statements applies to you.\*

*If you checked one of the above statements, go to Section D.*

\*You are not considered to be a resident of Ontario for OSAP purposes. If you have lived in another province, you must contact that province's student assistance program to see if you are eligible to apply. See page 4 of the OSAP guide for details.





1999-2000

--	--	--	--	--	--	--	--	--	--

## Section F: Personal Identification Number

A Personal Identification Number (PIN) is required as part of the security features on the OSAP Web site. The PIN is required to ensure your personal information is kept strictly confidential. If you wish to check the status of your application on the OSAP Web site, you must create and enter a 5-digit number in item 416. Keep a record of this number in a secure place. See page 9 of the OSAP guide for details.

416 Enter a 5-digit number of your choice (do not use letters):

--	--	--	--	--

## Section G: Information on Applicant's Children

You must complete this section if you have any dependent children living with you (and your spouse or common-law partner, if applicable) during your study period. Complete this section only if you checked item 200, 210, or 220 in Section B.

How many dependent children\* (e.g., 1, 2, 3) in each age group will be living full time with you (and your spouse or common-law partner, if applicable) during your 1999-2000 study period?

400 0-11 years of age

410 12 years of age or older

405 For the children in item 400, what is the total amount you expect to pay for child care (day care) during your 1999-2000 study period?

--	--	--	--	--

\*For OSAP purposes, dependent children are pre-school children and children attending elementary or high school, who are under 16 years of age. Children 16 years of age or older either must be full-time (taking 60 per cent or more of a full course load) high school or postsecondary students, or must have a disability to be considered dependent children. Children who have been out of high school for 5 or more years are not considered dependent.

## Important Reminder

*A \$10 application fee is required; staple a cheque or money order made payable to the Minister of Finance to page 12 of this application. DO NOT SEND CASH. Your application will not be processed unless this fee is received by the Ministry of Education and Training. See page 2 of the OSAP guide for details.*

If you will be studying in Ontario, send your completed OSAP application to the financial aid office of the institution you plan to attend. **Do not send your completed OSAP application to the Student Support Branch, if you are studying in Ontario.** Addresses and telephone numbers of the financial aid offices of Ontario universities and colleges of applied arts and technology are listed on pages 19 and 20 of the OSAP guide.

If you are planning to study outside Ontario or Canada, please refer to page 11 of the OSAP guide for details.

If you submit an OSAP application to more than one institution, you must advise each financial aid office in writing that you will or will not be enrolling at that institution.



1999-2000

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## Section J: Information from Parents

If you checked item 240 or 250 in Section B, you will be considered for a Canada Student Loan. However, to be considered for an Ontario Student Loan, your parent(s), step-parent, legal guardian(s), or official sponsor(s) must complete this section. If you checked item 270 in Section B, your parent(s) must complete this section in order for you to be considered for both Canada and Ontario Student Loans.

**800** What is the *current* marital status of your parent(s)?

1.  Married, remarried, or common-law **▶** Both parents must fill out the rest of this section and sign the declaration in Section M.  
 2.  Divorced\*    3.  Separated\*  
 4.  Widowed    5.  Single **▶** One parent must fill out the rest of this section and sign the declaration in Section M.

\*The parent with whom the applicant currently lives *or* last lived, *or* who last supported the applicant, must complete the rest of this section and sign the declaration in Section M.

### Parents' Children

**805** How many dependent children\* (e.g., 1, 2, 3), including the applicant, do you have?

**815** How many dependent children\*, including the applicant, are taking postsecondary studies?

\*For OSAP purposes, dependent children are pre-school children, children attending elementary school, and children in high school who are under 16 years of age. Children 16 years of age or older must be full-time (taking 60 per cent or more of a full course load) high school or postsecondary students, or must have a disability to be considered dependent children. Children who have been out of high school for five or more years are not considered dependent.

### Social Insurance Number (SIN)

**820** Father/Stepfather/Legal guardian/Official sponsor

**825** Mother/Stepmother/Legal guardian/Official sponsor

**830**  Check if father does not have an SIN.

**835**  Check if mother does not have an SIN.

### Annual Income

Enter the annual income for each parent, as reported on his or her 1998 Canadian individual income tax return.

**If either parent's annual income is expected to be lower in 1999, an estimate of the 1999 income may be entered. Specify in item 850 and/or item 855 whether the amount entered for each parent is the actual 1998 income or an estimate of the 1999 income. Enter amounts in dollars only; do not indicate cents.**

**If both parents are completing this section and the total combined income entered in items 840 AND 845 is less than \$6,200, the parents must attach a letter and supporting documentation indicating how the family's daily living costs are being met. If only one parent is completing this section and the total income entered in item 840 OR 845 is less than \$6,200, that parent must attach a letter and supporting documentation indicating how the family's daily living costs are being met.**

### Total income (line 150 on income tax return)

**840** Father/Stepfather/Legal guardian/Official sponsor

**845** Mother/Stepmother/Legal guardian/Official sponsor

**850** 1.  Actual 1998 income    2.  Estimated 1999 income

**855** 1.  Actual 1998 income    2.  Estimated 1999 income

**860** If the main source of income in either item 840 or item 845 is provincial social assistance, indicate the type of assistance received:

1.  Ontario Disability Support Program (Family Benefits for Disabled-GAINS D)    2.  Family Benefits    3.  General Welfare/Ontario Works  
 4.  Other (specify)

### Deductions and Tax

Enter the amount of deductions and tax payable for each parent, as reported on his or her 1998 Canadian individual income tax return. If an estimated 1999 income is entered in either item 840 or item 845, leave the father's and/or mother's deductions and tax items blank (870 to 895, below). Do not include deductions listed in items 420 and 421 of the income tax report form.

### Deduction for Canada Pension Plan (CPP) (line 308 and 310)

**870** Father/Stepfather/Legal guardian/Official sponsor

**875** Mother/Stepmother/Legal guardian/Official sponsor

### Deduction for Employment Insurance (line 312)

**880**

**885**

### Total Income Tax Payable (line 435)

**890**

**895**



1999-2000

--	--	--	--	--	--	--	--	--	--

## Section L: Consents, Instruction, Declarations, and Signatures of Applicant

### Collection and Use of Personal Information

The ministry uses relevant personal and tax information, including your Social Insurance Number, to administer the Ontario Student Assistance Program (OSAP). This includes determining eligibility; verifying the application, any loans approved, grants or bursaries issued, and loans forgiven; maintaining and auditing your OSAP file; and collecting loans, overpayments, and repayments. The ministry collects and uses this information under the authority of the Ministry of Colleges and Universities Act, R.S.O. 1990, c. M. 19, and Regulations 773, 774, and 775; the Financial Administration Act, R.S.O. 1990, c. F. 12, as amended; the Canada Student Financial Assistance Act, S.C. 1994, c. 28; and the Canada Student Financial Assistance Regulations, SOR 95-329, as amended. The ministry may also use relevant personal information to administer the Canada Millennium Scholarship Fund under the authority of the Budget Implementation Act, 1998, S.C. 1998, c. 21. If you have any questions about the collection or use of this information, contact the Director, Student Support Branch, Ministry of Education and Training, PO Box 4500, Thunder Bay ON P7B 6G9.

### Applicant's Consent to the Indirect Collection and Disclosure of Personal Information

- I agree that until my loans, overpayments, and repayments are repaid, the ministry can collect and exchange personal information about me, including my Social Insurance Number, with any government or branch of government (federal, provincial, or municipal) and any persons (including persons at educational institutions that I attend, financial institutions that hold my student loan(s), and collection agencies operated or retained by the federal and provincial governments) for the sole purposes of administering OSAP.
- For the sole purpose of administering the Canada Millennium Scholarship Fund, I agree that the ministry may collect and exchange personal information about me with the Canada Millennium Scholarship Foundation.

### Applicant's Instruction to Obtain a Consumer Report

- This is my instruction authorizing the ministry to obtain information about my credit history from a consumer reporting agency for the purpose of determining whether I am eligible for an Ontario Student Loan and/or a Canada Student Loan.

### Applicant's Declaration

- I must have assistance to continue my postsecondary studies, and I will use this assistance to pay my academic fees first and then to cover educational and living costs related to my studies.
- I acknowledge and agree that the educational institution must forward the full amount of any refund of fees to the lending institution that holds my student loan(s) for credit against such loan(s).
- I will not receive student financial assistance from any other province, state, or country while receiving OSAP assistance.
- I will notify the financial aid administrator in writing if my academic, financial, family, or study-period status changes because I understand that these changes may affect my assessment. In addition, I agree to provide supporting documentation that the ministry or financial aid administrator may request.
- If the ministry finds, through verification or audit, that my assessment is inaccurate for any reason, I will repay all or part of my grant, loan or bursary. In addition, if there is a change in my circumstances that results in my having received approval for loans in excess of my entitlement, the excess will be deducted from the approval for future loans for which I may be eligible.
- I have given complete and true information on this form, and I understand that failure to do so may prevent my getting assistance in the future.
- I am responsible to provide to my financial aid office or the ministry, all required supporting documentation as requested on this application form.
- I will keep a copy of my application and all supporting documentation in the event that I am required to produce this information for audit and verification purposes.

**I have read and understood this section and my signature attests to my consent to the indirect collection and disclosure of my personal information, to my written instruction to obtain a consumer report, and that my declaration is true.**

Signature of Applicant

Date

725

--	--	--	--	--	--

Sign in black ink.

Day Month Year

### Applicant's Consent to the Indirect Collection and Disclosure of Information from Income Tax Returns

- Without limitation, I authorize Revenue Canada to release to the Ministry of Education and Training taxpayer information from any portion of my 1999 and 2000 income tax returns that pertains to information given by me on this application form. This information will be used solely for the purpose of verifying information on this application form and for the administration and enforcement of OSAP under the Ministry of Colleges and Universities Act.

Signature of Applicant

Date

726

--	--	--	--	--	--

Sign in black ink.

Day Month Year

1999-2000

--	--	--	--	--	--	--	--	--	--

## Section M: Consents, Declarations, and Signatures of Spouse or Common-law Partner or Parent(s)

### Collection and Use of Personal Information

The ministry uses relevant personal and tax information, including your Social Insurance Number, to administer the Ontario Student Assistance Program (OSAP). This includes determining eligibility; verifying the application, any loans approved, grants or bursaries issued, and loans forgiven; maintaining and auditing your OSAP file; and collecting loans, overpayments, and repayments. The ministry collects and uses this information under the authority of the Ministry of Colleges and Universities Act, R.S.O. 1990, c. M. 19, and Regulations 773, 774, and 775; the Financial Administration Act, R.S.O. 1990, c. F. 12, as amended; the Canada Student Financial Assistance Act, S.C. 1994, c. 28; and the Canada Student Financial Assistance Regulations, SOR 95-329, as amended. The ministry may also use relevant personal information to administer the Canada Millennium Scholarship Fund under the authority of the Budget Implementation Act, 1998, S.C. 1998, c. 21. If you have any questions about the collection or use of this information, contact the Director, Student Support Branch, Ministry of Education and Training, PO Box 4500, Thunder Bay ON P7B 6G9.

### Spouse's Consent to the Indirect Collection and Disclosure of Personal Information

- I have given complete and true information on this form.
- I will notify the applicant's financial aid administrator in writing if my financial status changes.
- I have read the Collection and Use of Personal Information section, and I understand that my personal information will be used to administer OSAP.
- I understand that all information provided is subject to verification and audit by the Ministry of Education and Training, and for this purpose I agree that the ministry can collect and exchange personal information about me with any government or branch of government, or any person.
- I understand the personal information that is relevant to a reassessment or an appeal may be shown to the applicant, if the applicant appeals his or her assessment or if the ministry makes a reassessment for financial assistance.

I have read all parts of this section and my signature attests to my consent to the indirect collection and disclosure of my personal information and that my declaration is true.

Signature of spouse or common-law partner

960

Sign in black ink.

Date

Day Month Year

### Spouse's Consent to the Indirect Collection and Disclosure of Information from Income Tax Returns

- Without limitation, I authorize Revenue Canada to release to the Ministry of Education and Training taxpayer information from any portion of my 1999 and 2000 income tax returns that pertains to information given by me on this application form. This information will be used solely for the purpose of verifying information on this application form and for the administration and enforcement of OSAP under the Ministry of Colleges and Universities Act.

Signature of spouse or common-law partner

961

Sign in black ink.

Date

Day Month Year

### Consent of Parent(s) to the Indirect Collection and Disclosure of Personal Information

- I have given complete and true information on this form.
- I will notify the applicant's financial aid administrator in writing if my financial status changes.
- I have read the Collection and Use of Personal Information section, and I understand that my personal information will be used to administer OSAP.
- I understand that all information provided is subject to verification and audit by the Ministry of Education and Training, and for this purpose I agree that the ministry can collect and exchange personal information about me with any government or branch of government, or any person.
- I understand that personal information that is relevant to a reassessment or an appeal may be shown to the applicant, if the applicant appeals his or her assessment or if the ministry makes a reassessment for financial assistance.

I have read all parts of this section and my signature attests to my consent to the indirect collection and disclosure of my personal information and that my declaration is true.

831 Last name of father/stepfather/legal guardian/official sponsor

832 Initial

833 Father's postal code

834 Father's date of birth

896 Signature of father

Date

Day Month Year

Sign in black ink.

Day Month Year

836 Last name of mother/stepmother/legal guardian/official sponsor

837 Initial

838 Mother's postal code

839 Mother's date of birth

897 Signature of mother

Date

Day Month Year

Sign in black ink.

Day Month Year

### Consent of Parent(s) to the Indirect Collection and Disclosure of Information from Income Tax Returns

- Without limitation, I authorize Revenue Canada to release to the Ministry of Education and Training taxpayer information from any portion of my 1998 and 1999 income tax returns that pertains to information given by me on this application form. This information will be used solely for the purpose of verifying information on this application form and for the administration and enforcement of OSAP under the Ministry of Colleges and Universities Act.

Signature of father

Date

Signature of mother

Date

898

899

Sign in black ink.

Day Month Year

Sign in black ink.

Day Month Year

--	--	--	--	--	--	--	--	--	--

1999-2000

Staple your \$10 application fee cheque or money order made payable to the Minister of Finance here. (Do not send cash).

Make cheque payable to Minister of Finance

Enter your Social Insurance Number

NAME ADDRESS CITY, PROVINCE, POSTAL CODE

PAY TO THE ORDER OF Minister of Finance \$ 10.00

ten dollars \*\*/100 DOLLARS

MEMO 123-456-789

June 15 10 99

[Signature]

Enter current date

Enter \$10.00

Sign the cheque

**Office Use Only Section**

<input type="checkbox"/> 090 Date received at FAO Day Month Year	<input type="checkbox"/> 010 \$10 application fee received
<input type="checkbox"/> 011 SIN card (out of country students only)	<input type="checkbox"/> 012 Proof of disability (40-59%)
<input type="checkbox"/> 014 Marriage certificate	<input type="checkbox"/> 015 Affidavit of common-law status
<input type="checkbox"/> 017 Divorce agreement or signed affidavit	<input type="checkbox"/> 018 Proof of children (sole-support parent students only)
<input type="checkbox"/> 019 Undischarged bankruptcy	<input type="checkbox"/> 020 Employment Insurance letter
<input type="checkbox"/> 022 Letter from band council on Native Student Support Program costs	<input type="checkbox"/> 023 Family income less than \$6,200 letter
	<input type="checkbox"/> 024 3+ vehicle letter
	<input type="checkbox"/> 013 Canadian Immigration Record
	<input type="checkbox"/> 016 Separation agreement or signed affidavit
	<input type="checkbox"/> 021 Workplace Safety & Insurance Board letter

**Office Use Only for Private Postsecondary Institutions in Ontario**

<input type="checkbox"/> 001 Cost code	<input type="checkbox"/> 002 Year entering	<input type="checkbox"/> 003 Study period starting date Day Month Year	<input type="checkbox"/> 004 Weeks	<input type="checkbox"/> 005 Percentage course load %
<input type="checkbox"/> 006 Institution signature	Date Day Month Year	MET approval	Date Day Month Year	

**Office Use Only for Public Universities and Colleges in Ontario**

<input type="checkbox"/> 001 Cost Code	<input type="checkbox"/> 002 Year Entering	<input type="checkbox"/> 006 Institution signature	Date Day Month Year
Field	Changes	Field	Changes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>