

Ministry of Colleges and Universities Student Financial Assistance Branch

# 2023-24 OSAP: **History of Canadian Residency** for Student and Spouse

# **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):
  - I live in Ontario AND my spouse and I have resided in Canada for less than 12 months in a
  - I live in Ontario AND my spouse 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 OSAP purposes.

### How to submit this form

# **Upload it online:**

Log into the OSAP website and go to your 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:

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, 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.

### **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:

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

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 and spouse information
Part 1: Student information
Social Insurance Number: Ontario Education Number (OEN), if assigned:
Last name:
First name:
<ul><li>1. Have you lived in Canada for your entire life?</li><li>Yes - go to question 4</li><li>No</li></ul>
<ul><li>2. Have you lived in Canada for the last five years?</li><li>Yes - go to question 4</li><li>No</li></ul>
3. When did you arrive in Canada?  Month Year  Line Line Line  Month Month Year  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:
<ul> <li>6. Have you ever received student financial assistance for full-time postsecondary studies from a Canadian territory or province other than Ontario?</li> <li>Yes</li> <li>No - go to question 9</li> </ul>
7. From what province or territory in Canada did you receive this financial assistance?

When completing this form, full-time postsecondary studies means taking at least 60% of a full

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Note:

8.	What were the start and end dates of your postsecondary studies w financial assistance?	hen you received this
	Month Year Month Year	
	From: To:	
9.	Have you ever received student financial assistance for full-time post country other than Canada?  Yes  No - go to Part 2: Information about your spouse.	stsecondary studies from a
10.	From what country did you receive this financial assistance?	
11.	What were the start and end dates of your postsecondary studies w financial assistance?	hen you received this
	Month Year Month Year From: To:	
Part 2	: Information about your spouse	
12.	Has your spouse lived in Canada for their entire life?	
	Yes - go to <b>Section B: Current address</b> .	
13.	Has your spouse lived in Canada for the last five years?	
	Yes - go to <b>Section B: Current address</b> .	
14.	When did your spouse arrive in Canada?	
	Month Year	
Secti	ion B: Current address	
	section, provide information based on where you are currently living	
St	reet number and name or rural route:	Apartment:
St	reet number and name or rural route:	
Cit	ty or town:	Province or state:
Co	ountry:	Postal code or zip code:

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2023-24 OSAP: Student/Spouse Residency History Social Insurance Number:					
15. When did you live at the above address?					
Month Year Month Year From: To:					
16. 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					
17. Is your spouse living with you at this address?					
Yes					
No - Required documentation: Provide your spouse's current act page. Include their street name and number, apartment num state and country where they are living, as well as the date to current address. Include the information when submitting your spouse's current address.	nber, city/town, province/ they moved to their				
Section C: Previous address details					
In this section, provide information based on all of the other addresses (excladdress) that you lived at for the past 5 years.  Start with your most recent address and work backward to the oldest. If you extra copies of this page and attach it to your form.					
Required documentation: Spouse did not live with you at any point du	ring the past 5 years				
Provide your spouse's address information for any time period that they did not live with you during the past 5 years. Include the street name and number, apartment number, city/town, province/state and country they were living at, as well as the dates they were there. Provide this information on a separate page and include it when submitting your form.					
Previous address #1:					
Street number and name or rural route:	Apartment:				
City or town:	Province or state:				
Country:					

18. When did you live at the above address?				
Month Year Month Year				
From: To:				
19. While living at this address, did you take any full-time postsecondary s	tudies?			
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				
20. Did your spouse live with you at this address for the entire time you live	ed there?			
	od 11010.			
Yes				
☐ No - Required documentation: See the start of Section C for what	t information you			
must provide with this form.				
Previous address #2:				
Street number and name or rural route:	Apartment:			
City or town.	Drovings or state:			
City or town:	Province or state:			
Country:				
21. When did you live at the above address?				
Month Year Month Year				
Month Year Month Year From: To:				
From: To:				
From: To: 22. While living at this address, did you take any full-time postsecondary s				
From: To: 22. While living at this address, did you take any full-time postsecondary so Yes If "Yes", provide the start and end dates of your most recent				
From: To: To: 22. While living at this address, did you take any full-time postsecondary so Yes If "Yes", provide the start and end dates of your most recent study period while living at this address				
From: To: 22. While living at this address, did you take any full-time postsecondary so Yes If "Yes", provide the start and end dates of your most recent				

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3. Did your spouse live with you at this address for the entire time you lived there?					
Yes					
No - Required documentation: See the start of Section C for what must provide with this form.	at information you				
Previous address #3:					
Street number and name or rural route:	Apartment:				
City or town:	Province or state:				
Country:					
27. When did you live at the above address?					
Month Year Month Year From: To:					
28. While living at this address, did you take any full-time postsecondary s	tudies?				
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					
29. Did your spouse live with you at this address for the entire time you liv	ed there?				
Yes					
No - Required documentation: See the start of Section C for what must provide with this form.	at information you				

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dection b. Spouse and student decid attoriand signatures	
Part 1: Spouse	
I declare that the information provided about me on this form, as well a complete and true.	as on any attachments is
Spouse first name:	
Spouse last name:	
Signature of spouse:	Date:
	Day Month Year
Part 2: Student	
I declare that the information provided on this form, as well as on any and true.	attachments is complete
Signature of student:	Date:
	Day Month Year
Your personal information, as well as the information on your spouse	will be used to administer and

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Section D: Shouse and student declaration and signatures

Your personal information, as well as the information on your spouse, 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 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.