

Ministry of Colleges and Universities Student Financial Assistance Branch

2024-25 OSAP: **History of Canadian Residency** for Student

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 any period you resided in Canada. 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 and/or Ontario Learn and Stay Grant purposes. Transcripts and/or proof of address may be requested at any point during the review process.

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 2024-25 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 2024-25 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 (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

oad (d Iisabil	or 40% or more if you are a student with a permanent disability or a persistent or prolonged lity).				
ecti	on A: Student's information				
So	cial Insurance Number: Ontario Education Number (OEN), if assigned:				
La	st name:				
Fir	st name:				
1.	Have you lived in Canada for your entire life?				
	Yes - go to question 3				
	□ No				
2.	When did you arrive in Canada?				
	Month Year				
3.	What is the name of the school you plan to attend or are currently attending for your 2024-25 study period?				
4.	Student number at your school:				
5.	Have you ever received student financial assistance for full-time postsecondary studies from a Canadian province or territory other than Ontario?				
	Yes				
	No - go to question 8				
6.	From what province or territory in Canada did you receive this financial assistance?				
7.	What were the start and end dates of your postsecondary studies when you received this financial assistance?				
	Month Year Month Year				
	From: To:				

Social Insurance Number:

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

2024-25 OSAP: Student Residency History

Note:

8.	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				
9. From what country did you receive this financial assistance?					
10.	What were the start and end dates of your postsecondary stu financial assistance?	dies when you received this			
	Month Year Month Year From: To:				
Secti	ion B: Current address				
	section, provide information based on where you are currently	•			
Str	reet number and name or rural route:	Apartment:			
Str	reet number and name or rural route:				
Cit	ty or town:	rovince or state:			
Co	ountry:	ostal or zip code:			
11.	When did you move to this address? Month Year				
12.	. While living at this address, did you take any full-time postsed	condary studies?			
	Yes If "Yes", provide the start and end dates of your mo study period while living at this address Month Year Month Year	•			
	From: To:				

Social Insurance Number:

2024-25 OSAP: Student Residency History

In this section, provide information based on all of the other addresses (excluding your current address) that you lived at in Canada. Start with your most recent address and work backward to the oldest.						
 If you need more text space: Print extra copies of this page and attactorm. If you were in full-time postsecondary studies: Please ensure you details of the last province/territory you lived in for a minimum of 12 more full-time postsecondary studies. 	demonstrate the					
Previous address #1:						
Street number and name or rural route:	Apartment:					
City or town:	Province or state:					
Country:	Postal or zip code:					
13. When did you live at the above address?						
Month Year Month Year From: To:						
14. 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						
15. If you were not a Canadian Citizen, Permanent Resident, or Protected Person when you resided at the address provided above, please specify your Canadian residency status during that period.						
Study Permit						
☐ Work Permit						
Other						

Social Insurance Number:

2024-25 OSAP: Student Residency History

Section C: Previous address details

Other

2024-25 OSAP: Student Residency History	Social Insurance Num	ber:						
Previous address #3:								
Street number and name or rural route:		A	Apartment:					
City or town:		F	Province or s	tate:				
Country:		F	ostal or zip	code:				
19. When did you live at the above address	?							
Month Year Month	Year							
From: To:								
20. While living at this address, did you take	e any full-time postse	econdary stu	idies?					
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:	Го:							
 If you were not a Canadian Citizen, Per you resided at the address provided ab- status during that period. 								
Study Permit								
Work Permit								
Other								
Section D: Student declaration and si	ignature							
I declare that the information provided on this f	•	true.						
Note: if you are completing this form electronic Adobe Reader or your PDF program to add yo		ign" feature	or "Digital ID)" in				
Signature of student:		Date: Day N	∕lonth Ye	ar				
L								

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.