

Ministry of Colleges and Universities Student Financial Assistance Branch

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 my spouse and I have resided in Canada for less than 12 months in a row;
 - 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 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 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 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:

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 and spouse information

Part 1: Student information

Social Insurance Number:	Ontario Education Number (OEN), if assigned:
Last name:	
First name:	
1. Have you lived in Canada for yo	ur entire life?
Yes - go to question 3	
No	
2. When did you arrive in Canada?	
Month Year	
3. Have you ever received student fi from a Canadian province or territ	nancial assistance for full-time postsecondary studies tory other than Ontario?
Yes	
No - go to question 6	
4. From what province or territory in	Canada did you receive this financial assistance?
5. What were the start and end date financial assistance?	s of your postsecondary studies that you received this
Month Year	Month Year
From: To:	
6. Have you ever received student fi from a country other than Canada	inancial assistance for full-time postsecondary studies
Yes	
No - go to Part 2: Informatio	n about your spouse.
7. From what country did you receiv	e this financial assistance?

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

	Month	Year	Mon	th Year	
From:			То:		

Part 2: Information about your spouse

9. Has your spouse lived in Canada for their entire life?

Yes - go to	Section B	: Current	address
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No

- 10. When did your spouse arrive in Canada?

Month	Year			

Section B: Current address

No

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

Street number and name or rural route:	Apartment:
Street number and name or rural route:	
City or town:	Province or state:
Country:	Postal code or zip code:
11. When did you move to this address? Month Year	
12. While living at this address, have you taken any full-time postse	condary studies?
Yes - If yes, provide the start and end dates of your most re postsecondary study period while living at this address	
Month Year Month Year	
From:	

13. Is your spouse living with you at this address?

Yes

No - **Required documentation:** Provide your spouse's current address on a separate page. Include their street name and number, apartment number, city/ town, province/state and country where they are living, as well as the date they moved to their current address. Include the information when submitting your

Section C: Previous address details

In this section, provide information based on all other addresses (excluding your current address) that you and your spouse lived at in Canada.

- If you need more text space: Print extra copies of this page and attach it to your form.
- If you or your spouse were in full-time postsecondary studies: Please ensure you
 demonstrate the details of the last province/territory you and/or your spouse lived in for a minimum
 of 12 months outside of full-time postsecondary studies.
- If your spouse did not live with you at any point while residing in Canada: On a separate page, provide your spouse's address information for any time period that they did not live with you. Include the street name and number, apartment number, city/town, province/state and country where they were living, 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:	Postal code or zip code:
14. When did you live at this address?	
Month Year Month Year From: To:	
15. While living at this address, did you take any full-time post	secondary studies?
Yes - If "Yes", provide the start and end dates of your postsecondary study period while living at this ad-	
Month Year Month Yea From:	ar I
□ No	

16. 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 information you must provide with this form.
- 17. 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 Pe	ermit													
Work Pe	rmit													
Other		L	ĩ	Î.	1	Ĭ.	Ê	Î	T	ĩ	Ĩ	1	1	

18. If your spouse was not a Canadian Citizen, Permanent Resident, or Protected Person when they resided at the address provided above, please specify their Canadian residency status during that period.

Study Permit	
Work Permit	
Other	

Previous address #2:

Street number and name or rural route:	Apartment:
City or town:	Province or state:
Country:	
19. When did you live at this address?	



2024-25 OSAP: Student/Spouse Residency History Social Insurance Number:
20. 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
21. 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 information you must provide with this form.
22. 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
 If your spouse was not a Canadian Citizen, Permanent Resident, or Protected Person when they resided at the address provided above, please specify their Canadian residency status during that period.
Study Permit
Work Permit
Other

Social Insurance Number:

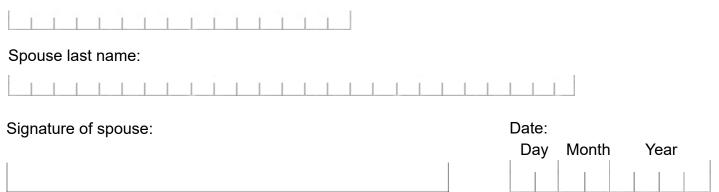
Previous address #3:
Street number and name or rural route: Apartment:
City or town: Province or state:
Country:
24. When did you live at this address?
Month Year Month Year From:
25. While living at this address, did you take any full-time postsecondary studies?
Yes - If "Yes", provide the start and end dates of your most recent full-time postsecondary study period while living at this address:
Month Year From:
 No 26. 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 information you must provide with this form.
27. 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
28. If your spouse was not a Canadian Citizen, Permanent Resident, or Protected Person when they resided at the address provided above, please specify their Canadian residency status during that period.
Study Permit
Work Permit
Other

Section D: Spouse and student declaration and signatures

Part 1: Spouse

I declare that the information provided about me on this form, as well as on any attachments is complete and true.

Spouse first name:



Part 2: Student

I declare that the information provided on this form, as well as on any attachments is complete and true.

Signature of student:	Date:	
	Day Month Year	
		and it

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.