

## 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, Universities, Research Excellence and Security (the ministry) to determine if you meet the Ontario residency requirements for OSAP and/or Ontario Learn and Stay Grant purposes. Transcripts, proof of status in Canada, 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, Universities, Research Excellence and Security, 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 2026-27 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 2026-27 study period.



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 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 2026-27 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

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:

### Section B: Current address

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 or zip code:

8. When did you move to this address?

Month Year

9. If you were not a Canadian Citizen, Permanent Resident, or Protected Person while residing at the address provided above, please specify your Canadian residency status during that period. Please complete all that apply:

Study Permit

Month Year Month Year

From:  To:

Work Permit

Month Year Month Year

From:  To:

Other (please specify):

Month Year Month Year

From:  To:

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

Yes If "Yes", provide the start and end dates of all full-time postsecondary study periods while living at this address

Month Year Month Year

From:  To:

**Note:** Please provide additional study periods on a separate page.

No





**Previous address #3:**

Street number and name or rural route:

Apartment:

City or town:

Province or state:

Country:

Postal or zip code:

17. When did you live at this address?

Month Year Month Year

From:  To:

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

Yes If "Yes", provide the start and end dates of all full-time postsecondary study periods while living at this address

Month Year Month Year

From:  To:

**Note:** Please provide additional study periods on a separate page.

No

19. If you were not a Canadian Citizen, Permanent Resident, or Protected Person while residing at the address provided above, please specify your Canadian residency status during that period. Please complete all that apply:

Study Permit

Month Year Month Year

From:  To:

Work Permit

Month Year Month Year

From:  To:

Other (please specify):

Month Year Month Year

From:  To:

**If you need more text space: Print extra copies of this page and attach it to your form.**

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**Section D: Student declaration and signature**

I declare that the information provided on this form, as well as on any attachments, 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:

Date:

Day Month Year

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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, Universities, Research Excellence and Security 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, Universities, Research Excellence and Security, PO Box 4500, 189 Red River Road, Thunder Bay, Ontario P7B 6G9; 807-343-7260.