

Ministry of Training, Colleges and Universities

Request for Review: Adjust Living Allowance

Purpose of this form

This form is to be used to request a review of the financial aid that has been determined from the information on your 2012-2013 OSAP application. This review will consider adjustments to the pre-study and/or study period living allowance costs.

| will consider adjustments to the pre-study and | d/or study period living allowar | nce costs. | | | |
|--|---|--|--|---|---|
| Student and School Information (to be con | npleted in full by the studen | nt) | | | |
| Student's First Name | Student's Last N | Student's Last Name | | Social Insurance Number | |
| Name of School | 1 | | | Student Number | |
| Note: pre-study period and study period dates Application Summary available through your or | | | | ify these dates ch | neck your OSAP |
| Pre-study Period Start Date (yyyy/mm/dd) End | Date (yyyy/mm/dd) | Current Study Period Start Date (yyyy/mm/c | End [| Date (yyyy/mm/dd | 1) |
| Instructions to the student: 1. Select one (or more) of the review type identified. If your situation does not fit school outside of Ontario must contact | into any of the following cated | | | | |
| You must provide the following require a letter from you explaining your livin proof of your living expenses (i.e., reapplicable. | ng circumstances in the pre-si | tudy and/or study period, | as applicable; AND | | , |
| 3. You MUST ensure that the documental be considered. You must make sure the clearly noted. | | | | | |
| Type of Review Request (select one): I am a single independent student living Additional documentation required: a letter from your parent(s) which collect room and board; AND proof of room and board payment statements from both you and you | confirms their address and th | at you reside with them described and/or | luring the pre-study pe | es of cashed che | ques and/or bank |
| I am a single dependent student who depre-study period Additional documentation required: a statement from your employer of | loes not live with my parent(s) | in the pre-study period b | ecause I have full-time | e employment aw | ray from home in the |
| I am a single dependent student who do (Note: parental home must be more that document this in your letter of explanate | an 40km away from your scho | | | | |
| I am a single dependent student who d a bedroom, I share a bedroom with mo Additional documentation required: | | during the study period b | pecause my parent's h | ome is overcrowd | ded (e.g., I do not have |
| a letter from your parent(s) explain | ning your living circumstances | s in the study period. | | | |
| Submitting and Deadlines: Requests for reviews, including all documents study period starts, but it will not be processe outside of Ontario must submit their review reschool's financial aid office. | d if the required documentation | on can only be provided o | nce your studies have | started. Student | s attending school |
| Declaration and Signature of Student | | | | | |
| The personal information provided in connect Ontario Student Assistance Program (OSAP) determining eligibility; verifying the applicatior file; collecting loans, overpayments, and repa Student Loans Service Centre. The ministry as amended, R.R.O. 1990, Reg. 773, Reg. 77 1990, c. F. 12, as amended; the <i>Canada Stuc</i> SOR 95-329, as amended; and the <i>Budget In</i> information, contact the Director, Student Fina Floor, Thunder Bay, ON P7B 6G9. | This information is being coll a, any loans approved, grants yments; and auditing the adm idministers OSAP under the a 74, and Reg. 775, as amender tent Financial Assistance Act, applementation Act, 1998, S.C. | lected and will be used by, bursaries, or scholarship ininistration of OSAP by or authority of the <i>Ministry of</i> d, and O. Reg. 268/01, as S.C. 1994, c. 28, as amended. 1998, c. 21, as amended. | with the ministry to admin os issued, and loans for on behalf of your edu- it Training, Colleges and so amended; s. 10.1 of anded; the Canada Stu d. If you have any quest | ister and enforce orgiven; maintainin cational institution d Universities Act, the Financial Adnident Financial Assitions about the c | OSAP, including: ng and auditing your n and the National , R.S.O. 1990, c. M.19, ninistration Act, R.S.O. sistance Regulations, collection or use of this |
| I declare that I have given complete and tree Signature of Student | ue information on this form | | umentation yyyy/mm/dd) | | |
| X | | | | | |
| Poto Possived (vany/mm/dd) | | Day -1 | udy Living Alleman | (CAU) | Amount |
| Date Received (yyyy/mm/dd) Date Reviewed(yyyy/mm/dd) FAA Name | | A | | Not Approved | Amount \$ Amount |
| Date Neviewed(yyyy/iiiii/dd) | | | Period Living Allowand Approved | ce (KAH) Not Approved | \$ |

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