Purpose
Use this form if you selected one of the following answers in Part 2 of Section C: Residency Information on your 2016-2017 OSAP Application for Full-Time Students:

- Item 325: I reside in Ontario AND and I have resided in Canada for less than 12 months in a row; or
- Item 330: I reside in Ontario AND none of the previous statements apply to me.

How to Complete this Form
This form is made up of 4 sections. This is what is needed in each section:

- **Section A:** basic information about yourself, as well as the name of the school that you’re attending or will be attending during your 2016-2017 study period.
- **Section B:** information about where you are currently living in Canada.
- **Section C:** information about all of the addresses you previously lived at since you first arrived in Canada. If you’ve had more than 3 previous addresses you must provide the details on a separate sheet and attach it to this form.
- **Section D:** your signature to confirm that you each agree with the declaration statement.

**Definition: Full-time postsecondary studies**
You’re in full-time postsecondary studies if you’re taking at least 60% of a full course load (or 40% or more if you are a student with a permanent disability).

Where to Send this Form
**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 Advanced Education and Skills Development, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, ON P7B 6G9.

Deadline
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 2016-2017 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 Advanced Education and Skills Development, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, ON P7B 6G9.

General inquiry telephone service is available Monday to Friday, 8:30 AM – 4:30 PM (Eastern Standard Time)
- Toll-free in North America: 1-877-OSAP-411 (1-877-672-7411)
- Telephone Device for the Deaf (TDD): 1-800-465-3958
Section A: Student’s Information

Social Insurance Number: ____________________________
Ontario Education Number (OEN), if assigned: ____________________________

Last name: ____________________________________________

First name: ____________________________________________

Information about Student’s School and Program

What is the name of the school you plan to attend or are currently attending for your 2016-2017 study period?

__________________________________________________________________________

Student number at your school: ____________________________

Section B: Student Current Address

Provide information on where you are currently living in Canada.

Street number and name or rural route: ____________________________

Apartment: ____________________________

Street number and name or rural route: ____________________________

Province: ____________________________

City or town: ____________________________

Postal code: ____________________________

When did you move to this address?

Month Year

While living at this address, did you ever take full-time postsecondary studies?

☐ Yes — Indicate the dates you were in full-time postsecondary studies:

From: Month Year To: Month Year

☐ No
Section C : Previous Address Details

List all of the addresses where you previously lived (i.e., where you lived before moving to your current address) since you first arrived to live in Canada. List your previous addresses starting with your most recent address. If you have had more than 3 addresses since you first arrived in Canada, provide the details on a separate sheet and attach it to this form.

**Previous Address #1:**

Street number and name or rural route: ________________________________

Apartment: ________________________________

City or town: ________________________________

Province or state: ________________________________

Country: ________________________________

When did you live at the above address?

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Year</td>
</tr>
</tbody>
</table>

While living at this address, did you ever take full-time postsecondary studies?

☐ Yes — Indicate the dates you were in full-time postsecondary studies:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Year</td>
</tr>
</tbody>
</table>

☐ No

**Previous Address #2:**

Street number and name or rural route: ________________________________

Apartment: ________________________________

City or town: ________________________________

Province or state: ________________________________

Country: ________________________________

When did you live at the above address?

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Year</td>
</tr>
</tbody>
</table>

While living at this address, did you ever take full-time postsecondary studies?

☐ Yes — Indicate the dates you were in full-time postsecondary studies:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Year</td>
</tr>
</tbody>
</table>

☐ No
2016-2017 OSAP: Student Residency History

Social Insurance Number: ____________________________

Previous Address #3:

Street number and name or rural route: ____________________________

City or town: ____________________________

Country: ____________________________

Apartment: ____________________________

Province or state: ____________________________

When did you live at the above address?

From: ____________________________ To: ____________________________

Month Year Month Year

While living at this address, did you ever take full-time postsecondary studies?

☐ Yes — Indicate the dates you were in full-time postsecondary studies:

From: ____________________________ To: ____________________________

Month Year Month Year

☐ No

Section D: Student Declaration and Signature

I declare that the information provided regarding my residency history is complete and true.

Signature of student: ____________________________

Date: ____________________________

Month Day Year

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 form and in accordance with the consents you signed on your OSAP application form. The Ministry of Training Colleges and Universities administers and finances OSAP under the legal authority set out on your OSAP application form. If you have any questions about the collection, use and disclosure of your personal information, contact the Director, Student Financial Assistance Branch, Ministry of Training Colleges and Universities, PO Box 4500, 189 Red River Road, Thunder Bay, ON P7B 6G9; (807) 343-7260.