

## Purpose

Use this form if you selected one of the following answers in **Part 1** of Section C: Residency Information on your 2017-18 OSAP Application for Full-Time Students:

- Item 325: I reside in Ontario AND my spouse 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 2017-18 study period.
- **Section B:** information about where you and your spouse are currently living in Canada.
- **Section C:** information about all of the addresses you and your spouse previously lived at since you first arrived in Canada. If you've had more than 3 previous addresses or you and your spouse were not living at the same address, you must provide the details on a separate sheet and attach it to this form.
- **Section D:** your signature and your spouse's 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).

## Required Documents

If you and your spouse did not live at the same address at any point since you first arrived in Canada, you must provide their address details, including the dates your spouse lived at the address provided. Provide this information on a separate sheet and attach it to this form.

## How to Submit this Form

You can upload your completed form online. Log into the OSAP web site and go to your application to use the "Print/Upload" option. Or, you can submit a paper copy as follows:

### 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, Ontario, 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 2017-18 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, Ontario, P7B 6G9.

General inquiry telephone service is available Monday to Friday, 8:30 AM – 4:30 PM (Eastern Standard Time)

- Telephone: 807-343-7260.
- Toll-free in North America: 1-877-OSAP-411 or 1-877-672-7411
- Telephone Device for the Deaf (TTY): 1-800-465-3958



Grid for Social Insurance Number

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 and/or your spouse was not living with you at the same address, provide the details on a separate sheet and attach it to this form.

Previous Address #1:

Street number and name or rural route:

Grid for street number and name or rural route

Apartment:

Grid for apartment number

City or town:

Grid for city or town

Province or state:

Grid for province or state

Country:

Grid for country

When did you live at the above address?

Form for dates lived at address (From: Month Year To: 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:

Form for dates of full-time postsecondary studies (From: Month Year To: Month Year)

No

Did your spouse also live at this address during the time listed?

Yes

No - Required documentation: Provide details of where your spouse was living and submit it with this form.

Previous Address #2:

Street number and name or rural route:

Grid for street number and name or rural route

Apartment:

Grid for apartment number

City or town:

Grid for city or town

Province or state:

Grid for province or state

Country:

Grid for country

When did you live at the above address?

Form for dates lived at address (From: Month Year To: 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:

Form for dates of full-time postsecondary studies (From: Month Year To: Month Year)

No

Did your spouse also live at this address during the time listed?

Yes

No - Required documentation: Provide details of where your spouse was living and submit it with this form.

**Previous Address #3:**

Street number and name or rural route:

\_\_\_\_\_

Apartment:

\_\_\_\_\_

City or town:

\_\_\_\_\_

Province or state:

\_\_\_\_\_

Country:

\_\_\_\_\_

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

Did your spouse also live at this address during the time listed?

Yes

No - **Required documentation:** Provide details of where your spouse was living and submit it with this form.

**Section D : Spouse and Student Declaration and Signatures**

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

Signature of spouse:

\_\_\_\_\_

Date:

Month	Day	Year
_____	_____	_____

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 Advanced Education and Skills Development 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 Advanced Education and Skills Development, PO Box 4500, 189 Red River Road, Thunder Bay, Ontario, P7B 6G9; 807- 343-7260.