

**Purpose**

Use this form if you selected either of the following residency responses on your 2019-20 OSAP Application for Full-Time Students:

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

Because of the response you selected, you must provide details on your Canadian residency history for the past five years. Information about any full-time postsecondary studies you have taken during that time is also required.

The information will be used by the ministry to determine if you meet the Ontario residency requirements for OSAP purposes.

**How to submit this form**

You can upload your completed form online. Log into the OSAP website and go to your application to use the “Print or upload documents” button. 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 Colleges and Universities, 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 2019-20 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).

**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 4

No

2. Have you lived in Canada for the last five years?

Yes - go to question 4

No

3. When did you arrive in Canada?

Month    Year

4. What is the name of the school you plan to attend or are currently attending for your 2019-20 study period?

5. Student number at your school:

6. Have you ever received student financial assistance for full-time postsecondary studies from a Canadian territory or province other than Ontario?

Yes

No - go to question 9

7. From what province or territory in Canada did you receive this financial assistance?

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

From:             To:

9. Have you ever received student financial assistance for full-time postsecondary studies from a country other than Canada?

Yes  
 No - go to **Section B: Current address**

10. From what country did you receive this financial assistance?

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

From:             To:

**Section B: Student 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:

12. When did you live at the above address?

From:             To:

13. 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  
 From:             To:

No

**Section C : Previous address details**

In this section, provide information based on all of the other addresses (excluding your current address) that you lived at for the past 5 years.

Start with your most recent address and work backward to the oldest. If you need more space, print extra copies of this page and attach it to your form.

**Previous address #1:**

Street number and name or rural route:

Apartment:

City or town:

Province or state:

Country:

Postal or zip code:

14. When did you live at the above address?

Month      Year                      Month      Year  
 From: 

     
 To:

15. 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

**Previous address #2:**

Street number and name or rural route:

Apartment:

City or town:

Province or state:

Country:

Postal or zip code:

16. When did you live at the above address?

Month      Year                      Month      Year  
 From: 

     
 To:

17. 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

**Previous address #3:**

Street number and name or rural route:

Apartment:

City or town:

Province or state:

Country:

Postal or zip code:

18. When did you live at the above address?

From:  Month  Year  To:  Month  Year

19. 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

From:  Month  Year  To:  Month  Year

No

**Section D : Student declaration and signature**

I declare that the information provided on this form is complete and true.

Signature of student:

Date:

Day Month 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 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 Colleges and Universities, PO Box 4500, 189 Red River Road, Thunder Bay, Ontario P7B 6G9; 807-343-7260.