

Ministry of Colleges and Universities Student Financial Assistance Branch

# 2019-20 OSAP: **History of Canadian Residency** for Student and Parent(s)

# **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 my parent(s) 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 residency history for the past 5 years, as well as for your parent(s) who are included on your OSAP application. 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 complete this form

This form has 4 sections. You will be completing all sections.

If you and your parent(s) did not live at the same address at any time during the past 5 years, their address details, including the dates they lived at the address, must be provided in addition to your own address details.

Both you and your parent(s) must sign this form and any attachments provided.

### 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

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 and parent information
Part 1: Student information
Social Insurance Number: Ontario Education Number (OEN), if assigned:
Last name:
First name:
<ul><li>1. Have you lived in Canada for your entire life?</li><li>Yes - go to question 4</li><li>No</li></ul>
<ul><li>2. Have you lived in Canada for the last five years?</li><li>Yes - go to question 4</li><li>No</li></ul>
3. When did you arrive in Canada?  Month Year  Line Line Line  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:
<ul> <li>6. Have you ever received student financial assistance for full-time postsecondary studies from a Canadian territory or province other than Ontario?</li> <li>Yes</li> </ul>
No - go to question 9
7. From what province or territory in Canada did you receive this financial assistance?

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Note:

-	
	What were the start and end dates of your postsecondary studies when you received this financial assistance?
	Month Year Month Year
	From: To:
	Have you ever received student financial assistance for full-time postsecondary studies from a country other than Canada?  Yes
	No - go to Part 2: Information about your parent(s).
10.	From what country did you receive this financial assistance?
	What were the start and end dates of your postsecondary studies when you received this financial assistance?
	Month Year  From: To:
Part 2:	Information about your parents
Refer to	o your <b>2019-20 OSAP Application for Full-Time Students</b> to see which of your parent(s) ed as Parent 1 and/or Parent 2.
Parent	1 information
12	Has Parent 1 lived in Canada for their entire life?
	Yes - go to question 15.
[	No
13.	Has Parent 1 lived in Canada for the last five years?
	Yes - go to question 15.
	□ No
14.	When did Parent 1 arrive in Canada?
	Month Year

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Parent 2 information	
15. Has Parent 2 lived in Canada for their entire life?	
Yes - go to Section B: Current address  No	
16. Has Parent 2 lived in Canada for the last five years?	
Yes - go to <b>Section B: Current address</b> No	
17. When did Parent 2 arrive in Canada?  Month Year	
Section B: Student current address	
In this section, provide information based on where you are currently living	g.
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:
18. When did you live at the above address?	
Month Year Month Year	
From: To:	
19. While living at this address, did you take any full-time postsecondary s	studies?
Yes If "Yes", provide the start and end dates of your most recent study period while living at this address	full-time postsecondary
Month Year Month Year	
From: To: No	
20. Are your parent(s) living with you at this address?	
☐ Yes	
No - <b>Required documentation:</b> Provide your parent(s) current ad page. Include their street name and number, apartment number state and country where they are living, as well as the date the current address. Include the information when submitting you	per, city/town, province/ ney moved to their

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address) that you lived at for the past 5 years. Start with your most recent address and work backward to the oldest. If you n extra copies of this page and attach it to your form.	0,
Required documentation: Parent(s) did not live with you at any point du	ring the past 5 years
Provide your parent's address information for any time period that they did n the past 5 years. Include the street name and number, apartment number, ci state and country where they were living, as well as the dates they were thei information on a separate page and include it when submitting your form.	ty/town, province/
Previous address #1:	
Street number and name or rural route:	Apartment:
City or town:	Province or state:
Country:	
21. When did you live at the above address?	
Month Year Month Year From: To:	
22. While living at this address, did you take any full-time postsecondary s	tudies?
Yes If "Yes", provide the start and end dates of your most recent study period while living at this address	full-time postsecondary
Month Year Month Year From: To: No	
23. Did your parent(s) live with you at this address for the entire time you I	ived there?
☐ Yes	
No - Required documentation: See the start of Section C for what must provide with this form.	at information you

In this section, provide information based on all of the other addresses (excluding your current

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Section C: Previous address details

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Previous address #2:		
Street number and name or rural route:		Apartment:
City or town:		Province or state:
Country:		
	<u> </u>	
24. When did you live at the above address	s?	
Month Year Montl	n Year	
25. While living at this address, did you tak	e any full-time postsecondary	studies?
Yes If "Yes", provide the start and study period while living at the		nt full-time postsecondary
Month Year From:	Month Year To:	
No		
26. Did your parent(s) live with you at this	address for the entire time you	ı lived there?

No - Required documentation: See the start of Section C for what information you must provide with this form.

☐ Yes

29. Did your parent(s) live with you at this address for the entire time you lived there?

No - Required documentation: See the start of Section C for what information you

☐ Yes

must provide with this form.

complete and true.	as on any allachments is
Parent 1	
Parent 1 first name:	
Parent 1 last name:	
Signature of Parent 1:	Date: Day Month Year
Parent 2	
Parent 2 first name:	
Parent 2 last name:	
Signature of Parent 2:	Date: Day Month Year
Part 2: Student	
I declare that the information provided on this form, as well as on any and true.	attachments is complete
Signature of student:	Date:
	Day Month Year
Your personal information, as well as the information on your parent(s and finance the Ontario Student Assistance Program (OSAP) as set of	

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 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.

Social Insurance Number:

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Part 1: Parent(s)

Section D: Parental and student declarations and signatures

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