

Ministry of Colleges and Universities Student Financial Assistance Branch

# 2021-22 OSAP: **History of Canadian Residency** for Student and Spouse

### **Purpose**

Use this form if any of the following apply to you:

- You selected either of the following residency responses when you applied for the Ontario Student Assistance Program (OSAP):
  - · 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.
- You selected "I have always lived in Ontario" when you applied for OSAP and your Social Insurance Number starts with 1, 2, 3, 7 or 9.

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 of Colleges and Universities (the ministry) to determine if you meet the Ontario residency requirements for OSAP purposes.

#### How to submit this form

### **Upload it online:**

Log into the OSAP website and go to your application to use the "Print or upload documents" button.

### Submit a paper copy:

### 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**

If you have submitted an OSAP Application for Full-Time Students, this form and all attachments (if applicable) must be received by your financial aid office or the ministry no later than 40 days before before the end of your 2021-22 study period.

If you have submitted an OSAP Application for Micro-credentials, this form and all attachments (if applicable) must be received no later than 5 days after the end of your 2021-22 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

ourse load (or 40% or more if you are a student with a permanent disability).		
	n A: Student and spouse information	
	Student information  al Insurance Number: Ontario Education Number (OEN), if assigned:	
,	al instrance runiber. Ontano Education runiber (OEIV), il assigned.	
Looi	name:	
Las		
Firs	name:	
1. I	lave you lived in Canada for your entire life?	
[	Yes - go to question 4	
	No No	
2. I	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	
	What is the name of the school you plan to attend or are currently attending for your 2021-22 study period?	
5. \$	Student number at your school:	
	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. F	From what province or territory in Canada did you receive this financial assistance?	

When completing this form, full-time postsecondary studies means taking at least 60% of a full

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Note:

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8.	What were the start and end dates of financial assistance?	of your postsecondary studie	s when you received this
	Month Year M	onth Year	
	From: To:		
9.	Have you ever received student fina country other than Canada?  Yes	ncial assistance for full-time	postsecondary studies from a
	No - go to Part 2: Information a	about your spouse.	
10	. From what country did you receive t	his financial assistance?	
11	. What were the start and end dates of financial assistance?	of your postsecondary studie	s when you received this
	Month Year Mo	onth Year	
	From: To:		
Part 2	: Information about your spouse		
	Has your spouse lived in Canada for	their entire life?	
	Yes - go to Section B: Current		
	☐ No		
13	.Has your spouse lived in Canada fo	r the last five years?	
	Yes - go to Section B: Current	address.	
	☐ No		
14	. When did your spouse arrive in Can	ada?	
	Month Year		
Socti	on B: Current address		
	section, provide information based o	n where vou are currently liv	ina.
	reet number and name or rural route:	•	Apartment:
Stı	reet number and name or rural route:		
Cit	ty or town:		Province or state:
Co	ountry:		Postal code or zip code:
		9.3	

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15. When did you live at the above address?						
Month Year Month	Year					
From: To:						
16. 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 full-time postsecondar study period while living at this address						
Month Year	Month Year					
From: To	:					
17. Is your spouse living with you at this add	ress?					
Yes						
No - Required documentation: Prov page. Include their street name state and country where they ar current address. Include the info	and number, apartment number living, as well as the date th	per, city/town, province/ ey moved to their				
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.						
Required documentation: Spouse did not live	e with you at any point duri	ng the past 5 years				
Provide your spouse's address information for during the past 5 years. Include the street nam province/state and country they were living at, information on a separate page and include it were separated.	e and number, apartment nur as well as the dates they were	nber, city/town,				
Previous address #1:						
Street number and name or rural route:		Apartment:				
City or town:		Province or state:				
Country:	(C   I					

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 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:  No			
20. Did your spouse live with you at this address for the entire time you live	ved there?		
Yes			
No - Required documentation: See the start of Section C for wh must provide with this form.	at information you		
Previous address #2:			
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 From: To:			
22. 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			

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23. Did your spouse live with you at this address for the entire time you lived there?		
☐ Yes		
No - Required documentation: See the start of Section C for who must provide with this form.	at information you	
Previous address #3:		
Street number and name or rural route:	Apartment:	
City or town:	Province or state:	
Country:		
27. When did you live at the above address?		
Month Year From: To:		
28. 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 full-time postsecondary study period while living at this address		
Month Year Month Year From: To: No		
29. Did your spouse live with you at this address for the entire time you lived there?		
Yes		
□ No - Required documentation: See the start of Section C for what information you must provide with this form.		

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Section D: Spouse and Student declaration and Signat	ures
Part 1: Spouse	
I declare that the information provided about me on this form, a complete and true.	s well as on any attachments is
Spouse first name:	
Spouse last name:	
Signature of spouse:	Date:
·	Day Month Year
Part 2: Student	
I declare that the information provided on this form, as well as and true.	on any attachments is complete
Signature of student:	Date:
	Day Month Year
Your personal information, as well as the information on your sp finance the Ontario Student Assistance Program (OSAP) as se	

Use of Personal Information on your OSAP application and in accordance with the consents you signed on your OSAP application. The Ministry of Colleges and Universities administers and finances OSAP under the legal authority set out on your OSAP application. 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,

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Thunder Bay, Ontario, P7B 6G9; 807-343-7260.

Social Insurance Number: