

Purpose

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

- You selected one of the following residency responses when you applied for the Ontario Student Assistance Program (OSAP) and/or the Ontario Learn and Stay Grant:
 - I live in Ontario AND I have lived in Canada for less than 12 months in a row;
 - I live in Ontario AND I have not lived in any Canadian province for 12 months in a row; or
 - I live in Ontario AND none of the previous statements apply to me.
- You selected “I have always lived in Ontario” and your Social Insurance Number starts with 2, 3, 7 or 9.

Because of the response you selected, you must provide details on your Canadian residency history for any period you resided in Canada. 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 and/or Ontario Learn and Stay Grant purposes. Transcripts and/or proof of address may be requested at any point during the review process.

How to submit this form

Upload it online:

Log into the OSAP website and go to your OSAP and/or Ontario Learn and Stay Grant 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 (only applicable for OSAP students):

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 and/or an application for the Ontario Learn and Stay Grant, 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 2025-26 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 2025-26 study period.

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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 (only applicable for OSAP students):

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 or a persistent or prolonged disability).

Section A: Student's information

Ontario Education Number (OEN), if assigned:

Grade	Number of Students
1	4
2	6
3	5
4	8
5	6
6	9

A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting the data points from the frequency table.

- ☐
- No

-

-
- A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting data points.

-
- A horizontal number line with 11 equally spaced tick marks. The tick marks are labeled with integers from 0 to 10, starting from the left. The line is intended for plotting a probability distribution.

- ☐ No - go to question 8

- From:** Month Year **To:** Month Year

8. 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**

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

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

From:

Month	Year
<input type="text"/>	<input type="text"/>

 To:

Month	Year
<input type="text"/>	<input type="text"/>

Section B: 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:

11. When did you move to this address?

Month Year

12. 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

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 in Canada.

Start with your most recent address and work backward to the oldest.

- **If you need more text space:** Print extra copies of this page and attach it to your form.
- **If you were in full-time postsecondary studies:** Please ensure you demonstrate the details of the last province/territory you lived in for a minimum of 12 months outside of full-time postsecondary studies.

Previous address #1:

Street number and name or rural route:

Apartment:

City or town:

Province or state:

Country:

Postal or zip code:

13. When did you live at the above address?

From:

Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 To:

Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

14. 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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 To:

Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ No

15. If you were not a Canadian Citizen, Permanent Resident, or Protected Person when you resided at the address provided above, please specify your Canadian residency status during that period.

☐ Study Permit

☐ Work Permit

☐ Other

A horizontal number line with vertical tick marks at every integer from 0 to 10. The line starts at 0 on the left and ends at 10 on the right.

A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting data points.

| | | | | | |

From: Month Year To: Month Year

☐ 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☐ Study Permit☐ Work Permit[illegible]

Previous address #3:

Street number and name or rural route:

Apartment:

City or town:

Province or state:

Country:

Postal or zip code:

19. When did you live at the above address?

Month Year Month Year
From: To:

20. 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

21. If you were not a Canadian Citizen, Permanent Resident, or Protected Person when you resided at the address provided above, please specify your Canadian residency status during that period.

☐ Study Permit☐ Work Permit☐ Other **Section D: Student declaration and signature**

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

Note: if you are completing this form electronically, use the "Fill & Sign" feature or "Digital ID" in Adobe Reader or your PDF program to add your signature.

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 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 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.