

Ministry of Colleges and Universities Student Financial Assistance Branch

2024-25 OSAP: **History of Canadian Residency** for Student and Parent(s)

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 my parent(s) and I have lived in Canada for less than 12 months in a row;
 - I live in Ontario AND my parent(s) 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 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 the end of your 2024-25 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 2024-25 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, or a persistent or prolonged disability).
Section A: Student and parent information
Part 1: Student 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 3
☐ No
2. When did you arrive in Canada?
Month Year
Have you ever received student financial assistance for full-time postsecondary studies from a Canadian province or territory other than Ontario? Yes
☐ No - go to question 6
4. From what province or territory in Canada did you receive this financial assistance?
5. What were the start and end dates of your postsecondary studies that you received this financial assistance?
Month Year From: To:
6. Have you ever received student financial assistance for full-time postsecondary studies from a country other than Canada?
Yes
7. From what country did you receive this financial assistance?

Social Insurance Number:

2024-25 OSAP: Student/Parent(s) Residency History

Note:

2024-25 OSAP: Student/Parent(s) Residency History	Social Insurance Numbe	r:		
8. What were the start and end dates of yo financial assistance?	our postsecondary studio	es when you	ı received	this
Month Year Mon	th Year			
Part 2: Information about your parent(s)				
Refer to your OSAP Application to see which Parent 2.	n of your parent(s) are li	sted as Par	ent 1 and	/or
Parent 1 information				
9. Has Parent 1 lived in Canada for their ent	tire life?			
Yes - go to question 11.No				
10.When did Parent 1 arrive in Canada?				
Month Year				
Parent 2 information				
11. Has Parent 2 lived in Canada for their en	tire life?			
Yes - go to Section B: Current addrNo	ess			
12.When did Parent 2 arrive in Canada?				
Month Year				

Social Insurance Number:					

2024-25 OSAP: Student/Parent(s) Residency History

Section B: Current address

In this section, provide information based on where you are currently live	ving.
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:
13. When did you live at the above address?	
Month Year Month Year	
From: To:	
14. While living at this address, did you take any full-time postsecondar	ry studies?
Yes If "Yes", provide the start and end dates of your most recestudy period while living at this address	ent full-time postsecondary
Month Year Month Year	
From: To:	
No	
15. Are your parent(s) living with you at this address?	
☐ Yes	
□ No - Required documentation: Provide your parent(s) current page. Include their street name and number, apartment nu state and country where they are living, as well as the date current address. Include the information when submitting your parent.	imber, city/town, province/ e they moved to their

		1	l .	ı		
2024-25 OSAP: Student/Parent(s) Residency History	Social Insurance Nur	nber:				
Section C: Previous address details						
n this section, provide information based on all you and your parents lived at in Canada.	other addresses (e	excluding your o	current ad	dress)) that	
 If you need more space: Print extra copie If you or your parents were in full-time p demonstrate the details of the last province minimum of 12 months outside of full-time p If parent(s) did not live with you at any p page, provide your parent's address inform you. Include the street name and number, country where they were living, as well as to on a separate page and include it when sull 	costsecondary stu- e/territory you and/costsecondary stu- coint while residir ation for any time apartment number he dates they were	udies: Please e or your parents dies. ng in Canada: (period that they , city/town, prove there. Provide	ensure you lived in fo On a sepa / did not livince/ stat	or a arate ve witl e and		
Previous address #1:						
Street number and name or rural route:		Apartment:				
City or town:		Province or St	ate:			
Country:		Postal code or	zip code.			
16. When did you live at this address?						
Month Year Montl	n 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 From: To	Month Year					

18. 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 must provide with this form.

☐ No

Yes

2024-25 OSAP: Student/Parent(s) Residency History Social Insurance Number:
19. If you were not a Canadian Citizen, Permanent Resident, or Protected Person when yo resided at the address provided above, please specify your Canadian residency status during that period.
Study Permit
Work Permit
Other
20. If your parents were not a Canadian Citizen, Permanent Resident, or Protected Person when they resided at the address provided above, please specify their Canadian residency status during that period.
Parent 1
Study Permit
Work Permit
Other
Parent 2
Study Permit
Work Permit
Other

024-25 OSAP: Student/Parent(s) Residency History	Social Insurance Number:	
Previous address #2:		
Street number and name or rural route:		Apartment:
City or town:		Province or state:
Country:		
21. When did you live at this address?		
Month Year Moi	nth Year	
From: To:		
22. While living at this address, did you ta The start and study period while living at this address, did you take the start and study period while living at this start and start and study period while living at this start and start	d end dates of your most red s address: Month Year	
From:	To:	
☐ No		
23. Did your parent(s) live with you at this	address for the entire time	you lived there?
☐ Yes		
No - Required documentation: S must provide with this form.	See the start of Section C for	what information you
24. If you were not a Canadian Citizen, Peresided at the address provided above that period.		
Study Permit		

25.	If your parents were not a Canadian Citizen, Permanent Resident, or Protected Person when they resided at the address provided above, please specify their Canadian residency status during that period.
	Parent 1
	Study Permit
	Work Permit
	Other
	Parent 2
	Study Permit
	Work Permit
	Cth an

24-25 OSAP: Student/Parent(s) Residency History	Social Insurance Number:	
Previous address #3:		
Street number and name or rural route:		Apartment:
City or town:		Province or state:
Country:		
26. When did you live at the above addre	ess?	
Month Year Mor	nth Year	
From: To:		
7. While living at this address, did you take Yes If "Yes", provide the start and study period while living at the Month Year From: No	d end dates of your most rece	
28. Did your parent(s) live with you at this	address for the entire time yo	ou lived there?
Yes		
No - Required documentation: S must provide with this form.	ee the start of Section C for w	vhat information you
29. If you were not a Canadian Citizen, Per resided at the address provided above, that period.		
Study Permit		
Work Permit		

30	. If your parents were not a Canadian Citizen, Permanent Resident, or Protected Person when they resided at the address provided above, please specify their Canadian residency status during that period.
	Parent 1
	Study Permit
	Work Permit
	Other
	Parent 2
	Study Permit
	Work Permit

2024-25 OSAP: Student/Parent(s) Residency History

Social Insurance Number:

I declare that the information provided about me on this form, as well a complete and true.	as on any attachments 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 and in accessigned on your OSAP application. The Ministry of Colleges and University OSAP under the legal authority set out on your OSAP application. If you the collection, use and disclosure of personal information, contact the	ut in the notice of Collection cordance with the consents you ersities administers and finances ou have any questions about

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:

2024-25 OSAP: Student/Parent(s) Residency History

Part 1: Parent(s)

Section D: Parental and student declarations and signatures