

# Application for Ontario Debt Reduction in Repayment

Ministry of Training, Colleges and Universities

Section 1: Applicant and Inco	ome Informatio	on						
Section 1 must be completed by al.	l applicants. See	Instructio	ns sheet for re	equired supporting docu	ımentation.			
Last name			First name		Social Insurance Number			
Number and street						1 1	Apartment	
City, town, or post office					Province		Postal code	<u> </u>
0.9, .0, 0. p. 0								
Area code and telephone number	Extension number	E-mail ac	droce		In which lang	ANGLIE	<u> </u>	
Area code and telephone number	Extension number	L-IIIali ac	uress		do you wish	to receive	English	
					corresponde		French	
Do you reside in Canada*?  Yes No						ımber of peop ur immediate		
* You are considered to be residing	in Canada if you ar	o a mamba	or of the Canadi	an military stationed abroa	(15)		spouse and deper	ndent children)
or participating in an International li					lu			
What is your marital status?								
☐ Single ☐ Married ☐	In a common-lav	v relationsh	niD (See instructions	s sheet for definition)				
				,				
Family Gross Annual Income Prior to								
Enter income for the 12-month period out this application on November 15, 2								
required supporting documentation.								
Note: If you received Ontario Student I application by 12 and enter it below. You	oans Plan Interest ou are required to p	r Reliet for t provide pro	ne 12 montns p of of income for	orior to this DRR applicatio r the month prior to the mo	n, muitiply yol nth of the app	ur income tor dication.	tne montn pi	10r to this
,,	, ,	·		,	• • •			
Applicant's gross annu	ual income \$							
	•							
Spouse's gross annu	ual income 🏻 🔝							
Oth	er income \$							
Section 2: Spouse Student L	oan Informatio	n .						
Section 2 must be completed by ap			able For each	h type of student loan o	utstandina i	ndicate if th	e loan is in i	aood
standing (see Instructions sheet for								
documentation.  Loan type:	Is the	oan in god	od standing?	Monthly payment a	amount:			
		—		1				
Ontario Student I	_oan	Yes	No	\$ _				
Canada Student	Loan	Yes	No	\$				
Gariada Giddoni				<del> </del>				
Part-Time Canada Student	Loan	Yes	No	\$       <u> </u>				
	_			·				
Canada-Ontario Integrated Student	Loan	Yes	No	\$				
				• 1	ĺ			
Other provincial or territorial student	loan	Yes	No	\$				
Section 3: Applicant's Other	Student Loans	s						
Section 3 must be completed by ap			ng student loa	ans from another Canad	lian province	or territory.	. For each s	tudent loan
indicate if the loan is in good stand	ing (see Instructi	ons sheet	for definition)	and amount you are pa				
required supporting documentation	-		-	•				
Province or territory:	Is the	oan in god	od standing?	Monthly payment a	amount:			
		Yes	No	\$       1				
1				· · · · · · · · · · · · · · · · · · ·				
		Yes	No	\$				
		Yes 🗆	No	<b>e</b>   , , , ,				

## **Section 4: Notice, Declaration and Signatures**

Section 4 must be read and signed by all applicants. It must also be read and signed by the applicant's spouse, if applicable.

#### **Notice of Use of Personal Information**

Your personal information provided on this application form and in all other communications related to this application and award of financial assistance, including your Social Insurance Number, is used by the Ministry of Training, Colleges and Universities to administer and finance the Ontario Student Assistance Program (OSAP). The ministry also uses your personal information in respect of this and previous applications and awards of assistance to conduct policy analysis, evaluation and research related to all aspects of the program. The ministry may use contractors or auditors for any of these activities. The applicant's financial institution also uses your personal information to administer OSAP.

Administration includes: determining the applicant's eligibility for and award of financial assistance; verifying the application; verifying any award of financial assistance and any relief granted from any payment the applicant is required to make; considering any applications for review relating to the applicant's financial assistance or eligibility for relief from any payment; maintaining and auditing the applicant's file; collecting loans, overpayments, and repayments; enforcing the legislation set out below and the applicant's agreements with the ministry and the applicant's financial institution. Financing includes: funding or arranging funding of the programs.

The ministry administers OSAP under the authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, c. M.19, as amended, R.R.O. 1990, Reg. 773, Reg. 774, and Reg. 775, as amended, and O. Reg. 268/01, as amended; and the Financial Administration Act, R.S.O. 1990, c. F. 12, as amended. If you have any questions about the collection or use of this information, contact the Director, Student Support Branch, Ministry of Training, Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, ON P7B 6G9.

#### **Applicant's Declaration**

- I have given complete and true information on this form and I will keep a copy of the application and all required supporting documentation in the event that I am required to produce this information for audit and verification purposes.
- I understand that I am responsible for providing all required supporting documentation as indicated on the application or as directed by the applicant's financial institution or the ministry.
- I understand that if I fail to provide complete and true information or fail to fulfill any obligations respecting the repayment of any loan or overpayment, the ministry may restrict me from receiving assistance in the future, including the Ontario Student Opportunity Grant, and may take legal action and may require me to repay any assistance that I received. I further understand that it is an offence to knowingly provide false information for the purpose of obtaining or receiving OSAP assistance. If convicted, I may be liable for a fine of up to \$25,000 and one year in prison.

### **Applicant's Signature**

Applicant's signature

I have read and understood the Notice of Use of Personal Information and Applicant's Declaration and my signature attests that my declaration is complete and true.

Month

Year

Date

Day

X	from your last study period end date
Spouse's Signature	
have read and understood the Notice of Use of P	ersonal Information and I have given complete and true information on this form.
First name of spouse	Last name of spouse
Spouse's signature	Date Day Month Year

# Section 5: Applicant's Student Loan Information

Section 5 must be completed by the financial institution holding the applicant's Ontario Student Loan(s). If your Canada Student Loans are held at another financial institution, see instruction sheet for required supporting documentation.

Loan type:	Is the loan in good standing as of the date of application?	Monthly loan payment: (amortized over 15 years)	Current principal outstanding:		
Ontario Student Loan	Yes No	\$	\$		
Canada Student Loan	Yes No	\$			
Part-Time Canada Student Loan	Yes No	\$			
Financial institution number					
Financial institution official's signature	Date D	ay Month Year			