

# OSAP CHANGE FORM

## Fall/Winter Term

### Personal Information

Last Name	<input type="text"/>	First Name	<input type="text"/>
Student Number	<input type="text"/>	UWO Email Address	<input type="text"/>

### Student Income Received DURING Study Period

**Note:** Do NOT include income from HST/GST rebates; Child Tax Benefit; Continued Care and Support for Youth payments; Universal Child Care Benefit; Ontario Child Care Benefit; Rental Opportunity for Ontario Families (ROOF); Registered Disability Savings Plan; Youth Employment Fund; Entrepreneurial grants to start a business; any loans or grants received through OSAP/Ontario Tuition Grant/Ontario Student Opportunity Grant.

Do you expect to earn more than \$11,200 during your study period (September to April) OR \$5600 per term (if enrolled in only one term)? If yes, indicate total amount here.

Total scholarships and/or awards during your study period

Do you expect to receive financial assistance from Government Programs during your study period? If yes, indicate amount and specify type of government benefits below:

- Employment Insurance  
  Ontario Works  
  Ontario Disability Support Program  
  Canada Pension Plan Benefit  
  Second Career  
 Loss of Earnings Benefit (WSIB)  
  Other (specify)

### Assets

Do you have a Registered Retirement Savings Plan? If yes, indicate total net value.

Do you have "other" assets? (Ex. tax-free savings accounts, GICs, Canada Savings Bonds, stocks, etc). If yes, indicate amount.

### Course Load/Status Change

Course Load Change? Indicate new course load.

Effective Date of Change?

Status Change? Indicate Full-Time vs. Part-Time status.

### Other

Other (please specify)

### Declaration and Signature of Student

I declare that I have given complete and true information on this form.

Signature of Student:  Date:

#### Completed form can be returned:

- 1) In Person: to the HIVE at Brescia
- 2) By Email: to brfinaid@uwo.ca

### For Office Use ONLY

Sent Online

Initials