

Ministry of Colleges and Universities Student Financial Assistance Branch

OSAP Application Update: Request to Use Parent's Estimated Income

Purpose

Normally your parent's 2019 income information is used when assessing your 2020-21 OSAP Application for Full-Time Students. Use this form to request that your parent's estimated 2020 income be used instead of their 2019 income.

You can make this request if your parent's financial situation changed in 2020 because of unexpected and/or one-time circumstances, such as:

- loss of income as a result of the COVID-19 pandemic;
- loss of full-time employment and/or new employment at a lower pay rate;
- illness, accident or retirement; and/or
- receipt of a severance package, insurance settlement or other one-time income payout.

In order to complete this form, you must have already submitted a 2020-21 OSAP Application for Full-Time Students.

Required documents

Your parent must provide documentation (e.g. letter from employer, legal documents) that supports the circumstances that led to a change in income. An original signature is required to complete the form.

Verification of income

The ministry verifies income information provided for your application. If your parent's 2019 income can't be verified with the Canada Revenue Agency (CRA), they must complete the 2020-21 Parental Income Verification: Canadian Non-taxable and/or Foreign Income form.

If the ministry cannot verify your parent's estimated 2020 income within 12 months from the start of your 2020-21 study period, any Ontario Student Grant you receive will be converted to a loan that you must repay.

If your parent's final verified 2020 income is greater than the estimate you provide, your OSAP will be reassessed using their actual 2020 income, and grants you have received based on the lower estimate may be converted to loans.

How to submit this form

You can upload your completed form online. Log into the OSAP web site and go to your application to use the "Print or upload documents" button. Or, you can submit a paper copy as follows:

If you're going to a school in Ontario:

Send your completed form and all required documents to your school's financial aid office.

If you're going to a school outside of Ontario:

Send your completed form and required documents to: Student Financial Assistance Branch, Ministry of Colleges and Universities, PO Box 4500, 189 Red River Road, 4th Floor, Thunder Bay, Ontario, P7B 6G9.



Ministry of Colleges and Universities Student Financial Assistance Branch

OSAP Application Update: Request to Use Parent's Estimated Income

Deadline

This form and all required documents must be received by your financial aid office or the ministry no later than 40 days before the end of your 2020-21 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

| Social Insurance Number | | | |
|-------------------------|--|--|--|

Section A: Student's information

Student's personal information

| Social Insurance Number: | |
|--|--------------------|
| | |
| Ontario Education Number (OEN), if assigned to you: | |
| | |
| Last name: | |
| | |
| First name: | |
| | |
| Student's mailing address | |
| Street number and name, rural route, or post office box: | Apartment: |
| | |
| Street number and name, rural route, or post office box: | Province or state: |
| | |
| City, town, or post office: | |
| | |
| Postal code or zip code: | |
| | |
| Country: | |
| | |
| Area code and telephone number: | |
| | |
| Student's study period details | |
| What is the name of the school you plan to attend or are curren for your 2020-21 study period? | tly attending |
| | |
| Student number at your school: | |
| | |

Social Insurance Number:

Student's declaration

- I have given complete and true information on this form.
- I understand that I am responsible for providing all required supporting documentation as indicated on this form or as directed by my financial aid office or the ministry.
- I understand that if my review request is approved, my OSAP application will be reassessed based on my parent's estimated income provided on this form. This estimated income would be used because non-recurring and/or unexpected circumstances have occurred and my parent's prior year income does not accurately reflect our family's current income situation.
- I understand that the ministry will verify my parent's 2020 estimated income with Canada Revenue Agency (CRA) or through other means when income information becomes available.
- I understand that if my application is reassessed after my parent's 2020 estimated income is verified, it may affect my eligibility for OSAP and the type and amount of financial assistance I may receive.
- I understand that if the income I have reported or my parent(s) have reported cannot be verified to the satisfaction of the Minister, the full amount of my Ontario Student Grants will be converted to loan.
- If I received financial assistance in excess of my entitlement, I will be responsible for the
 repayment of the amount of excess financial assistance received and I acknowledge that any
 future amount of financial assistance I am entitled to receive may be reduced by the amount
 owed.
- I understand that any grants that I receive may be converted into loans if I do not meet
 the terms and conditions of the Ontario Student Grants in the Ontario Student Grants and
 Ontario Student Loans Regulation under the Ministry of Training, Colleges and Universities
 Act and the terms and conditions of the Canada Student Grant in the Canada Student
 Financial Assistance Regulations under the Canada Student Financial Assistance Act.

| Signature of student: | Date: | | |
|-----------------------|-------|-----|------|
| | Month | Day | 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.

| Social Insurance Number: | | | | |
|--------------------------|--|--|--|--|

Section B: Parent's estimated income

| Parent 1: Reason for change in income |
|--|
| Loss of income as a result of the COVID-19 pandemic |
| ☐ Separation or divorce of parents results in change in employment of custodial parent |
| Loss of full-time employment and/or new employment at a lower pay rate |
| ☐ Illness, injury, or parental leave |
| Retirement |
| Receipt of a severance package, insurance settlement, or other one-time income payout |
| Significant change in annual income related to self-employment, (for example, farming or any other type of self-employment where income fluctuates significantly) |
| Other: Provide a brief description of your circumstances below: |
| Required documentation Parents must provide the following: If the reason for the change in income is "loss of income as a result of the COVID-19 pandemic", provide a letter or copy of a notice of layoff from their employer, or proof of approval or receipt of Employment Insurance or the Canada Emergency Response Benefit (a copy of a statement or screenshot showing CERB deposit is acceptable). For all other reasons, provide documentation confirming the circumstances indicated, such as a letter from their employer, proof of approval or receipt of government support program, legal documents, Second Career Agreement, proof of sale of property, etc. |
| |
| Parent 1 |
| First name: |
| |
| Last name: |
| |
| Social Insurance Number: |

Parent 1 estimated 2020 income

Parent must enter an estimate of their 2020 total income from January 1, 2020 to December 31, 2020. Enter the amount in dollars only; do not indicate cents or use periods or commas. If parent expects to enter information on line 21000 (deduction for elected split-pension amount) on their 2020 income tax returns, subtract the amount that will be entered on line 21000 from the amount that will be entered on line 15000 and enter this as the estimated income amount.

If your parent's final verified 2020 income is greater than the estimate you provide, your OSAP will be reassessed using their actual 2020 income, and grants you have received based on the lower estimate may be converted to loans.

Estimated total income as will be reported on line 15000 of 2020 Canadian income tax return:

Government income replacement programs, including Employment Insurance, the Canada Emergency Response Benefit, and the Canada Emergency Student Benefit are taxable income and should be included here.

Do not include non-taxable benefits or refundable tax credits (e.g. Canada Child Benefit, Ontario Trillium Benefit)

| Estimated Canadian non-taxable income and/or foreign income (taxable and non-taxable) hat will not be reported on parent 1's 2020 Canadian income tax return: |
|---|
| |

| Social Insurance Number: | | | |
|--------------------------|--|--|--|

Section B: Parent's estimated income (continued)

Parent 2: Reason for change in income Loss of income as a result of the COVID-19 pandemic Separation or divorce of parents results in change in employment of custodial parent Loss of full-time employment and/or new employment at a lower pay rate Illness, injury, or parental leave Retirement Receipt of a severance package, insurance settlement, or other one-time income payout Significant change in annual income related to self-employment, (for example, farming or any other type of self-employment where income fluctuates significantly) Other: Provide a brief description of your circumstances below:

Required documentation

Parents must provide the following:

- If the reason for the change in income is "loss of income as a result of the COVID-19
 pandemic", provide a letter or copy of a notice of layoff from their employer, or proof of
 approval or receipt of Employment Insurance or the Canada Emergency Response Benefit (a
 copy of a statement or screenshot showing CERB deposit is acceptable).
- For all other reasons, provide documentation confirming the circumstances indicated, such as a letter from their employer, proof of approval or receipt of government support program, legal documents, Second Career Agreement, proof of sale of property, etc.

Parent 2

| First na | me: | | | | | | | | | | | | | |
|----------|-------|-----|------|-----|------|---|---|---|---|--|--|--|--|--|
| | II | | | | | | I | Ī | 1 | | | | | |
| Last na | me: | | | | | | | | | | | | | |
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| Social I | nsura | nce | . Nu | umb | oer: | : | | | | | | | | |
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Parent 2 estimated 2020 income

Parent must enter an estimate of their 2020 total income from January 1, 2020 to December 31, 2020. Enter the amount in dollars only; do not indicate cents or use periods or commas. If parent expects to enter information on line 21000 (deduction for elected split-pension amount) on their 2020 income tax returns, subtract the amount that will be entered on line 21000 from the amount that will be entered on line 15000 and enter this as the estimated income amount.

If your parent's final verified 2020 income is greater than the estimate you provide, your OSAP will be reassessed using their actual 2020 income, and grants you have received based on the lower estimate may be converted to loans.

Estimated total income as will be reported on line 15000 of 2020 Canadian income tax return:

Government income replacement programs, including Employment Insurance, the Canada Emergency Response Benefit, and the Canada Emergency Student Benefit, are taxable income and should be included here.

Do not include non-taxable benefits or refundable tax credits (e.g. Canada Child Benefit, Ontario Trillium Benefit)

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|----|--|--------------------------------|--|---|---|-----------|----|
| | | non-taxable i rted on paren | | , | ` | n-taxable | e) |
| \$ | | | | | | | |

Parent's declaration

- I have given complete and true information on this form.
- I have provided all required supporting documentation required by this form.
- I understand that if this review request is approved, my child's OSAP application will be reassessed based on my estimated income provided on this form. This estimated income would be used because non-recurring and/or unexpected circumstances have occurred and my prior year income does not accurately reflect our family's current income situation.
- I understand that the ministry will verify my 2020 estimated income with Canada Revenue Agency (CRA) or through other means when income information becomes available.
- I understand that if my child's application is reassessed after my 2020 estimated income is verified, it may affect my child's eligibility for OSAP and the type and amount of financial assistance my child receives. Any grants that my child receives may be converted into loans if the reassessment results in a determination that my child is no longer eligible for the grants or that my child is no longer entitled to the amount of the grants received.
- I understand that any Ontario Student Grants that my child receives will be converted into loans if the 2020 estimated income I reported cannot be verified to the satisfaction of the Minister.

| Signature of parent 1: | Date: | | | | | | | | |
|-------------------------|----------------|--|--|--|--|--|--|--|--|
| Signature of parent 1: | Month Day Year | | | | | | | | |
| | | | | | | | | | |
| Signature of parent 2: | Date: | | | | | | | | |
| orginataro or paront 2. | Month Day Year | | | | | | | | |
| | | | | | | | | | |

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Lower Estimated Income Review : Letter to explain one-time circumstance & income estimate

(This form must be completed by each parent submitting an appeal)

| Student's Name | Student # | | |
|--|---|---|--|
| Parent's Name | | | |
| | | | |
| Please explain the unique circumstances that lead to (remember to attach proof – i.e. severance letter, p | | | |
| (romonius to attach proof not covorance rotter), p | noon on buyout puol | ago, necore e. zimprey | mon, otoly |
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| Provide details on how you calculated this year's e | estimated income | <u> </u> | |
| Source of (GROSS) income | Monthly/ weekly amount | X # Months/wks | Total for current |
| (attach proof of each source) Government income -specify: | \$ | X mos/wks. | year • \$ |
| | <u> </u> | | Ψ |
| | | | ο Φ |
| Pension income | \$ | X mos/wks | 2 \$ |
| Pension income Employment income | \$ | X mos/wks X mos/wks | 2 \$ 3 \$ |
| | | | |
| Employment income | \$ | X mos/wks | 3 \$ |
| Employment income Employment Insurance | \$ | X mos/wks X mos/wks. | 3 \$ 4 \$ |
| Employment income Employment Insurance Other – specify: Other – specify: | \$ \$ \$ for current year (1) | X mos/wks X mos/wks X mos/wks X mos/wks +2+3+4+5+6) | 3 \$ 4 \$ 5 \$ |
| Employment income Employment Insurance Other – specify: Other – specify: Total income | \$ \$ \$ for current year (1) | X mos/wks X mos/wks X mos/wks X mos/wks +2+3+4+5+6) | \$\$\$\$\$ |
| Employment income Employment Insurance Other – specify: Other – specify: Total income of the specific of t | \$ \$ \$ for current year (1) the official OSAP est | X mos/wks X mos/wks X mos/wks X mos/wks +2+3+4+5+6) | \$\$\$\$\$ |
| Employment income Employment Insurance Other – specify: Other – specify: Total income of the specify and the specific and | \$ \$ \$ for current year (1) the official OSAP est | X mos/wks X mos/wks X mos/wks X mos/wks +2+3+4+5+6) | \$\$\$\$\$ |

Protection of privacy

The information on this form is collected under the authority of the Nipissing University Act, 1992. The University uses relevant personal information on this form to administer scholarships, bursaries, awards, loans, work study, and OSAP for the purposes of determining eligibility, verifying the application and calculating entitlements. The personal information may be disclosed to employees of the university, donors, the federal government, and ministries of the Ontario government for the purpose of notification and verification of the application of any award. If you have any questions about the collection, use, and disclosure of this information please contact the Financial Aid Office, Nipissing University, 100 College Drive, North Bay, ON P1B 8L7, (705) 474-3450 ext. 4297.