

OSAP Financial Income Change Request Form

Student ID Number: _____

Last Name: _____ First Name: _____

Income Information: Do NOT include GST/HST rebates, Child Tax Benefits, income tax refunds, or funding from OSAP.

A) Income Received During 2024: Total gross income from line 150 of your 2024 Canadian Income Tax Return: \$ _____

Total 2024 non-taxable income: \$ _____

B) Income Received Before Study Period: Start Date: _____ End Date: _____
(Usually 16 weeks before classes)

Income from Ontario Disability Support Program (ODSP) or Ontario Works (OW):

No Yes → Amount: \$ _____

→ **Type of Government Income:** Ontario Works Ontario Disability Support Income

C) Study Period Income: Start Date: _____ End Date: _____

(i) Expect to earn more than \$5,600 per term during your study period (i.e. \$11,200 for two terms): No Yes → Amount: \$ _____

(ii) Bursaries, Scholarships and Awards (outside of Seneca): No Yes → Amount: \$ _____

(iii) Government Income: No Yes → Amount: \$ _____

→ **Type of Government Income:**

Employment Insurance WSIB Canada Pension Plan Ontario Works

Second Career Ontario Disability Support Income Other _____
Please specify

D) Assets: (i) As of the first day of your study period you have Registered Retirement Savings Plans (RRSPs)?

No Yes → Amount: \$ _____

(ii) As of the first day of your study period you have other assets?

No Yes → Amount: \$ _____

MUST COMPLETE: Reason(s) for making changes: _____

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I have read the above statement and hereby authorize the release of information contained herein to the above mentioned.

Signature: _____ Date: _____