

## AFFIDAVIT OF SOLE-SUPPORT STATUS

PROVINCE OF ONTARIO, CANADA  
 IN THE MATTER OF THE ONTARIO STUDENT ASSISTANCE PROGRAM (OSAP)

I, \_\_\_\_\_ (Student First/Last Name), \_\_\_\_\_ (Student Number), residing  
 at \_\_\_\_\_ (Complete Address),  
 make an oath and state the following:

I am the biological parent of:

CHILD(REN) FIRST/LAST NAME	DATE OF BIRTH

I am not married or currently living in common-law, I have been separated or divorced, if applicable, since \_\_\_\_\_ (Date of Separation/Divorce).

I am the sole support parent of the above-named child(ren), who will reside with me \_\_\_\_\_ %  
 (1-100%) of the time during my study period at the following address:  
 \_\_\_\_\_ (Complete Address).

Declared before me in the city of \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

**Commissioner Signature:**

**Student Signature:**

Provide stamp, embossed seal, or LSO#