UNIVERSITY OF TORONTO
OISE | ONTARIO INSTITUTE FOR STUDIES IN EDUCATION

# Financial Needs Assessment Form

**2023-2024**

## Privacy Statement

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University's Freedom of Information and Protection of Privacy Office at 416 946-5835, Room 104, McMurrich Bldg., 12 Queen's Park Crescent, Toronto, ON, M5S 1A8.

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## Personal Information

Name:

Email Address:

U of T Student Number (or Application Number):

Program Name:

Degree:

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## Expenses

Enter your expected expense amounts for the total number of months you will be registered in the academic year. Supporting documents are not required to claim the "Monthly Allowable Amount" or Academic Costs. Supporting documentation must be provided for "Additional Expenses.

**Number of Months Registered**

- Doctoral students should calculate their expenses on a 12-month period of study since OSAP for Doctoral students is assessed on a 12-month basis (for a standard academic year).
- Masters students should calculate their expenses on an 8 month period of study since OSAP for Masters students is calculated on an 8 month basis (for a standard academic year).
- Students who are registered for a single semester should calculate their expenses on a 4-month basis.

**Living Expenses**

Use Section 1 of Table 1 to calculate your general living expenses. Enter information only on the rows that are relevant to your living arrangements. The "Monthly Allowable Amounts" (A) provided are based on provincially determined (OSAP) allowable claims, for which rent, utilities, food, household supplies, cell & internet, transportation costs, etc. are accounted. Multiply the appropriate monthly allowable amount by the number of months registered to calculate the total amount for your period of study.

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**Table 1: Expenses**

| **Expense Categories and Descriptions** | **A:** Monthly Allowable Amount | **B:** # of Months Registered (4, 8, or 12) | **C: Total** (A x B = C) |
|---|---|---|---|
| **1) Living Arrangements**<br>Please select one of the following: | | | |
| Single with no housing costs | $686 | | |
| Single with housing costs | $2,795 | | |
| Partnered | $4,247 | | |
| Sole Support Parent | $2,795 | | |
| **If you have Dependent children please also provide information about them:** | | | |
| Number of dependents aged 0 12 = _____<br>• Multiply the number of dependents in this age range by $737 (the allowable amount) and then the months registered for Total) | (claim $737 per child) | | |
| Number of dependents aged 12-18 = _____<br>• Multiply the number of dependents in this age range by $737 (the allowable amount) and then the months registered for Total) | (claim $737 per child | | |
| **2) Academic Expenses** | | | |
| Tuition, incidental, system access and ancillary fees (Enter total only) | | | |
| Books and academic supplies (Enter total only) | | | |
| **3) Additional Expenses**<br>(documentation is required for expenses claimed in Section 3) | A) Monthly Amount | **B:** # of Months Registered (4, 8, or 12) | **C: Total** (A x B = C) |
| Daycare (maximum $547 per child):<br>Number of children in daycare = _____ | | | |
| Debt Servicing (50% of monthly required interest payments on credit cards and personal loans up to $250/month + 100% of monthly required interest payments on a student line of credit ) : | | | |
| Medical and Dental Costs not covered by health plans:<br>(Enter total only) | | | |
| Other Expense (specify below) :<br>_____ | | | |
| **TOTAL EXPENSES** (sections 1 – 3): | | | $ 0.00 |

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## Resources

Enter your expected resource amounts for the total number of months you will be registered in the academic year (which must be for the same timeframe [months registered] as the Expenses section).

### Table 2: Resources

| **Resource Categories and Descriptions** | **A:** Monthly Amount (if needed) | **B:** # of Months Registered (4, 8, or 12) | **C: Total** (A x B = C) |
|---|---|---|---|
| Student Loan (OSAP, other Province, US loan, other)<br>• A Notice of Assessment/Preliminary Assessment must be attached. Attach an explanation if no value is entered here. | | | |
| Available student line of credit/financial institution loan | | | |
| UTAPS or Professional Masters Grant | | | |
| Total Amount of graduate funding package<br>• A copy of funding letter must be attached | | | |
| Awards (e.g., SSHRC, OGS, departmental awards, other awards) that were not reported as part of funding package | | | |
| Employment Income from TA, GA and other assistantships that have not been reported a part of a graduate funding package | | | |
| Other Employment Income (after taxes and deductions)<br>• Report monthly income and calculate total | | | |
| Partner's Income (after taxes and deductions)<br>• Must be provided if partner expenses are claimed | | | |
| Child Support or government benefits related to children | | | |
| Funds received from family members | | | |
| Savings/accessible investments/RESP (amount for current year) | | | |
| Other Resources (specify below)<br>_____ | | | |
| **TOTAL RESOURCES (Table 2):** | | | $ 0.00 |
| Total Expenses (Table 1) | | | $ 0.00 |
| **CALCULATION OF FINANCIAL NEED**<br>(subtract Expenses from Resources) | | | $ 0.00 |

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## Residency Status

To be eligible for OSOTF awards, you must: i) be a Canadian Citizen/Permanent Resident of Canada/Protected Person, ii) demonstrate financial need, and iii) have one of the following residency statements apply to you. Check the statement that applies if the award you are applying for specifies Ontario residency as a requirement.

Check the one statement that best describes your current situation:

- ☐ I was born and raised in Ontario and/or have always resided in Ontario.
- ☐ I resided in Ontario for 12 consecutive months before becoming a post-secondary student.
- ☐ My partner/spouse has resided in Ontario for at least 12 consecutive months immediately before the last day of the month in which classes began for my most recent period of full-time post-secondary studies (i.e. current academic year) and, during this time, my partner was not enrolled in full-time postsecondary studies.
- ☐ I qualify as a dependent and my parent(s), step-parent(s), legal guardian(s), or official sponsor(s) has resided in Ontario for at least 12 consecutive months immediately before the last day of the month in which classes began for my most recent period of full-time post-secondary studies (i.e. current academic year).
- ☐ I live in Ontario now AND have lived in Canada for fewer than 12 months in a row.

If none of the preceding statements describes your current situation, please check this box: ☐

## Supporting Documents

Please submit with your application:

1. Documentation of any expenses claimed in Section 3 of Table 1 (Additional Expenses)
2. A copy of your Notice of Assessment/Preliminary Assessment for OSAP or other student loan program. If you are not receiving support from OSAP or another student loan program, attach an explanation.
3. If you are receiving a graduate funding package, attach a copy of your funding letter.

## Certification Statement and Signature

I certify that all information provided for this application is correct. I have read the Privacy Statement. I authorize the Selection Committee to examine my application/student file in connection with this Award application. I understand that if I am selected as a recipient of this award, then limited, general, biographical and academic information will be provided to the private donors who have established this award. I agree to the release of this information for this purpose.

**Digital Signature:**

**Alternate Signature:**
(Type or use an image of your signature here if you cannot use the digital signature)

**Date:**