

OSAP Affidavit Fact Statement and Worksheet

Version 1.0 | Reviewed September 2026

Organize facts for an affidavit requested in connection with an Ontario Student Assistance Program application or review.

General information only. This self help template is not legal advice and does not replace a form prescribed by law or required by a recipient.

Recipient verification. Use the exact document request shown in the student's OSAP account or provided by the financial aid office. OSAP requirements depend on the issue and application year. Confirm who must swear the affidavit, the facts required, supporting documents and submission deadline.

DO NOT SIGN. Sign only while the commissioner or notary is administering the oath, affirmation, or declaration. For remote commissioning, follow the commissioner's instructions.

Request details

Student name	[TYPE FULL LEGAL NAME]	Student number	[TYPE SCHOOL STUDENT NUMBER]
School	[TYPE POSTSECONDARY INSTITUTION]	Study period	[TYPE START AND END DATES]
OSAP year	[TYPE APPLICATION YEAR]	Deadline	[TYPE DOCUMENT DEADLINE]

Exact request	[TYPE COPY THE WORDING FROM THE OSAP ACCOUNT OR FINANCIAL AID OFFICE]
Affiant	[TYPE PERSON WHO MUST SWEAR OR AFFIRM THE FACTS AND RELATIONSHIP TO STUDENT]

Fact worksheet

1. [TYPE WHAT HAPPENED OR WHAT STATUS MUST BE CONFIRMED]
2. [TYPE WHEN IT BEGAN INCLUDING EACH IMPORTANT DATE]
3. [TYPE WHO WAS INVOLVED AND HOW THE AFFIANT KNOWS THE FACTS]
4. [TYPE WHAT CHANGED AND WHEN]
5. [TYPE CURRENT SITUATION AND ANY CONTINUING EFFECT]

Supporting documents

Documents available	[TYPE LIST LETTERS RECORDS CERTIFICATES OR OTHER SUPPORT]
Documents unavailable	[TYPE IDENTIFY ANY MISSING DOCUMENT AND EXPLAIN WHY]



Draft Affidavit

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Drafting instruction. Replace every placeholder with complete facts. Delete statements that do not apply. The commissioner or notary may require changes before commissioning.

DO NOT SIGN. Sign only when the commissioner or notary administers the oath or affirmation.

I, [TYPE AFFIANT FULL LEGAL NAME], of [TYPE MUNICIPALITY], in [TYPE PROVINCE TERRITORY OR COUNTRY], MAKE OATH AND SAY or SOLEMNLY AFFIRM THAT:

1. [TYPE I AM THE STUDENT OR DESCRIBE THE AFFIANT'S RELATIONSHIP TO THE STUDENT]
2. [TYPE IDENTIFY THE OSAP APPLICATION STUDY PERIOD AND DOCUMENT REQUEST]
3. [TYPE STATE THE FIRST RELEVANT FACT WITH DATES AND SOURCE OF KNOWLEDGE]
4. [TYPE STATE THE NEXT RELEVANT FACT]
5. [TYPE STATE THE CURRENT SITUATION AND ANY CHANGE REPORTED TO OSAP]
6. [TYPE IDENTIFY ATTACHED SUPPORTING DOCUMENTS OR STATE THAT NONE ARE ATTACHED]
7. [TYPE I MAKE THIS AFFIDAVIT TO SUPPORT THE SPECIFIC OSAP REQUEST IDENTIFIED ABOVE]

SWORN OR AFFIRMED before me at [TYPE MUNICIPALITY], in [TYPE PROVINCE TERRITORY OR COUNTRY], on [TYPE DATE].

Commissioner or notary signature

Print name, authority, appointment details, expiry and affix stamp or seal if required

Deponent or declarant signature

Sign only when directed

Final check

- ☐ The affidavit answers the exact OSAP request and uses the correct application year.
- ☐ The student's OSAP account or financial aid office confirms who must swear the affidavit.
- ☐ Dates, names and supporting documents are consistent and complete.
- ☐ The commissioned affidavit is uploaded or delivered through the approved channel by the deadline.