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Student ID # **Last Name** **First Name**

2016-2017 VERIFICATION OF STATE OF LEGAL RESIDENCE–DEPENDENT STUDENT

PLEASE PRINT OR TYPE IN BLACK INK!

ALL QUESTIONS PERTAIN TO PARENT
PARENT ANSWERS ALL QUESTIONS - STUDENT DOES NOT

Because your **PARENT'S** state of legal residence is in question for state eligibility, verification is required. Please have your supporting **PARENT** mark the appropriate box and provide the address where that **PARENT** resided at the time your Free Application for Federal Student Aid (FAFSA) was completed. *Failure to complete this form will delay the processing of your aid.*

ANSWER ALL APPLICABLE QUESTIONS BELOW

1. As of 9-1-15 my state of legal residence was not Illinois. My state of legal residence was _____.

OR

2. At the time of filing the FAFSA my (our) Illinois address was _____.
3. I BECAME AN ILLINOIS RESIDENT ON THIS DATE (MO/YR):___._____

***Please have your PARENT attach a copy of:**

1) His/Her (valid) driver's license or State of Illinois Identification Card

AND

2) A copy of the 2015 Illinois tax form filed verifying your PARENT'S residency.

I/We certify that the above information is a true and correct statement.

_____ _____
Student's Signature **Date**

_____ _____
Father's/Step-Father's Signature **Date**

_____ _____
Mother's/Step-Mother's Signature **Date**

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