

**2009-10 VERIFICATION OF STATE OF LEGAL RESIDENCE  
DEPENDENT STUDENT**

**PLEASE PRINT OR TYPE IN BLACK INK!**

**STUDENT'S NAME**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Soc. Sec. #

\_\_\_\_\_  
EIU ID#

**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 QUESTIONS BELOW!**

1. At the time of filing the FAFSA, my (our) state of legal residence was not Illinois. It 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 driver's license or State of Illinois Identification Card AND**

**2) a copy of the 2008 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

MAIL THIS FORM TO EASTERN ILLINOIS UNIVERSITY, OFFICE OF FINANCIAL AID, 600 LINCOLN AVE,  
CHARLESTON, IL 61920-3099. FAX 217-581-6422.

**ILD**