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Student ID (E Number)

Last Name

First Name

## 2022-2023 VERIFICATION OF PARENT ILLINOIS RESIDENCY

## FOR DEPENDENT STUDENT

In order for a dependent student to be eligible for the Monetary Award Program (MAP), the PARENT whose information is included on the student's Free Application for Federal Student Aid (FAFSA) must be a resident of the State of Illinois. It is this office's responsibility to ensure that all MAP recipients meet this requirement set forth by the Illinois Student Assistance Commission (ISAC). For a dependent student to be considered an Illinois resident: the PARENT of the dependent student must physically reside in Illinois and Illinois must be their true, fixed, and permanent home.

## Failure to complete this form will delay the processing of your aid.

## ALL QUESTIONS PERTAIN TO PARENT

A.	At the time of filing the FAFSA, my/our state of legal residence was not	Illinois. My/Our state of
le	gal residence was:	
	(Skip the documentation section, sign the form and submit it to the Of Scholarships.)	fice of Financial Aid and
	———— OR ———	
В1	. At the time of filing the FAFSA my/our Illinois address was:	
B2	. I/we became an Illinois resident on this date (MO/YR):	
	DOCUMENTATION:	
Ple	ease have your PARENT attach a copy of ONE of the following documen	ts:
1.	His/Her (valid) Illinois Driver's License or State of Illinois Identification ( October 2021	Card, issued prior to
2.	A copy of his/her 2021 Illinois (state) tax form filed verifying your PARE	:NT'S residency
3.	2020 W2 (Wage and Tax Statement)	
4.	Rental Lease agreement with Illinois address, dated prior to October 2	2021
5.	Illinois Voters Registration Card	
	I/We certify that the above information is a true and corre	ect statement.
STUDENT	SIGNATURE	DATE
PARENT 1	SIGNATURE	DATE
PARENT 2	SIGNATURE	DATE

Complete and sign this form, then submit it to our office in person (Student Services Building East Wing), via email at **finaidverification@eiu.edu** or by fax at 217-581-6422.

