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Student ID (E Number) Last Name First Name

## 2024-2025 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 w legal residence was:	as not illinois. My/Our state of
(Skip the documentation section, sign the form and submit it to t	the Office of Financial Aid and
Scholarships.)	
———— OR ———	
B1. 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:	
Please have your PARENT attach a copy of ONE of the following do 1. His/Her (valid) Illinois Driver's License or State of Illinois Identifica October 2023	cuments: ation Card, issued prior to
2. A copy of his/her 2023 Illinois (state) tax form filed verifying your	PARENT'S residency
3. 2023 W2 (Wage and Tax Statement)	
4. Rental Lease agreement with Illinois address, dated prior to Octo	ober 2023
5. Illinois Voters Registration Card	
I/We certify that the above information is a true and	correct 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.

