Office of Student Financial Aid | 9501 S. King Dr., ADM 207 | Chicago, IL 60628-1598 | Ph: 773.995.2304 | Fax: 773.995.3574 | E-mail: csu-finaid@csu.edu

## 2024-2025 VERIFICATION OF <u>STUDENT</u> ILLINOIS RESIDENCY

The Illinois Student Assistance Commission (ISAC) requires that for an **independent** student to be considered a resident of Illinois s/he must have: **physically resided in Illinois (at the time of application), and has so resided for 12 continuous full months immediately prior to the start of the academic year for which assistance is requested and Illinois must be his/her true, fixed, and permanent home. Students who are in a graduate or post-baccalaureate program are not eligible for MAP.** 

STUDENT INFORMATION (PLEASE PRINT CLEARLY):

Student Last Name First Name	M.I.	CSU Identification Number	
Street Address	City	State	Zip Code
My state of legal residence is Illinois:   Yes  skip the Illinois Residency Documentation section		= =	· · · · · · · · · · · · · · · · · · ·
Student Illinois Residency Confirmation: Indep been a resident of Illinois prior to August 21, 20	•	red to submit documentation co	ertifying they have
Please indicate the month and y	ear you began residir	ng in Illinois Month	/ Year
ILI	LINOIS RESIDENCY DOCUME	NTATION	
PLEASE COMPLETE THIS FORM IN ITS ENTIRETY. IN	ICLUDE STUDENT'S NAME AN	ID CSU ID NUMBER ON ALL ATTAG	CHED DOCUMENTS.
You may drop off, mail, fax or scan and e-mail rethe top of this form.  Submit only <i>one</i> item, listed below, to verify			
attaching to verify Illinois residency:  o IL Driver's License	0	2023 W2 forms	
IL State Identification Card	0	2023 State of IL Taxes	
<ul> <li>IL Auto Registration Card</li> </ul>	0	2023 Federal 1040 (not IRS Ta	
""	0	IL Property Tax Bill	x Return Transcript)
<ul> <li>IL Voter Registration Card</li> </ul>			x Return Transcript)
<ul> <li>IL Voter Registration Card</li> <li>ILPublic Aid: Statement of Benefits</li> </ul>	0	IL Department of Employmen of Benefits	
<u> </u>	0	IL Department of Employmen	t Security: Statement
<ul> <li>ILPublicAid:Statement of Benefits</li> </ul>	ame o	IL Department of Employmen of Benefits Other (subject to approval/ac Aid office)	t Security: Statement ceptance by the Fin.