2526	VII	D26
/5/h	XII	11/n

Student ID (E Number)

Last Name

First Name

## 2026-2026 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**

legal residence was:	0(() (5)		
(Skip the documentation section, sign the form and submit it to the	e 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 docu 1. His/Her (valid) Illinois Driver's License or State of Illinois Identificati October 2024	ments: on Card, issued prior to		
2. A copy of his/her 2024 Illinois (state) tax form filed verifying your P	ARENT'S residency		
3. 2024 W2 (Wage and Tax Statement)			
4. Rental Lease agreement with Illinois address, dated prior to Octob	er 2024		
5. Illinois Voters Registration Card			
I/We certify that the above information is a true and c	orrect statement.		
UDENT SIGNATURE	DATE		
RENT 1 SIGNATURE	DATE		
RENT 2 SIGNATURE			

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.

**EMAIL: FINAIDVERIFICATION@EIU.EDU** 

