

The Illinois Student Assistance Commission (ISAC) requires that all recipients of the Monetary Award Program (MAP) grant be residents of the State of Illinois. The Office of Undergraduate Financial Aid must ensure that all MAP recipients meet the Illinois residency requirements. For a dependent student to be considered an Illinois resident, the parent of the dependent student who is required to complete the Free Application for Federal Student Aid (FAFSA) and must physically reside in Illinois and Illinois must be his/her true, fixed, and permanent home. Please complete and sign this form, attach the appropriate documentation and return to our office as soon as possible.

A. Student Information

Student Name: _____ NU ID: _____

Permanent Address: _____

Student Email: _____ Student Phone: _____

B. Documentation

Please provide one of the following items listed below to verify Illinois residency. Be sure to mark the documentation with the student name and ID number. Please check the box indicating which type of documentation you are providing attached to this signed and completed form:

- | | |
|---|--|
| <input type="checkbox"/> Parent Illinois Driver's license | <input type="checkbox"/> Parent auto registration card |
| <input type="checkbox"/> Parent 2024 W-2 | <input type="checkbox"/> Parent residential lease |
| <input type="checkbox"/> Parent 2024 Tax Return Transcript | <input type="checkbox"/> Parent Statement of Benefits: Illinois Dept Employment Security |
| <input type="checkbox"/> Parent Utility bill | <input type="checkbox"/> Parent Statement of Benefits: Illinois Public Aid |
| <input type="checkbox"/> Parent State of Illinois Identification Card | <input type="checkbox"/> Parent voter registration card |

Certification Statement: Signing this form certifies that the information provided is accurate and complete. If requested, I agree to provide additional proof of information I have provided on this form.

Student's Parent Illinois Residency Confirmation

I _____ have been an Illinois resident since: _____ / _____.
Parent Name Month Year

Student Signature

Date

Parent Signature

Date