

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

2025-2026 VERIFICATION OF STUDENT 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
			licate your state of legal residence l rm and submit to the Office of Stude	
Student Illinois Residence been a resident of Illinois	•		equired to submit documentation o	certifying they have
Please indicate	the month and ye	ear you began res	siding in Illinois	_/
			Month	Year
		INOIS RESIDENCY DOC		
PLEASE COMPLETE THIS FO	ORM IN ITS ENTIRETY. IN	CLUDE STUDENT'S NAM	IE AND CSU ID NUMBER ON ALL ATTA	CHED DOCUMENTS.
You may drop off, mail, fa the top of this form.	ix or scan and e-mail re	quired documentation	i. Our address, fax number and e-ma	ail address are listed at
Submit only one item, lis attaching to verify Illinois		linois residency. Pleas	se check the box identifying the do	ocumentation you are
 IL Driver's Licer 	ise		 2024 W2 forms 	

 IL Driver's License 	 2024 W2 forms 	
 IL State Identification Card 	 2024 State of IL Taxes 	
 IL Auto Registration Card 	 2024 Federal 1040 (not IRS Tax Return Transcript) 	
 IL Voter Registration Card 	 IL Property Tax Bill 	
 ILPublicAid:Statement of Benefits 	 IL Department of Employment Security: Statement of Benefits 	
 Utility Bill or Lease in the applicant's name 	 Other (subject to approval/acceptance by the Fin. Aid office) 	

Student Signature: I certify that the information provided on this form, and any attachments, is true and correct.