University of Illinois Springfield – Office of Financial Aid 2024-2025 Confirmation of Parent Illinois Residency

For Priority Processing Submit Form within 15 business days

Section A – Student Information (Please print clearly)					
Last Name	First Name		M.I.	Email	
Street Address		City	State	Zip	o Code
2. Please upload all		ne time.	•	form must be <u>SIGNED</u> .	
Section B - Pa	rent Illinois Resi	dency Confir	mation (Parent re	efers to student's	parent)
According to your leg	al state of residence,	please complete	the following question	ons and attach the app	ropriate documentation.
My state of legal resi proceed to Section (dence is Illinois: YES	S NO (If N	o, please indicate yo	ur state of legal reside	nce:and
	•	ent of Illinois:	/		
			Month Yea		
	•		se check and submi	r <i>two only):</i> able form of docume	
Parent's Va Parent's Uti Parent's Re Parent's Re Parent's Re Parent's Re Parent's Re Parent's Re Parent's Sta Parent's Sta Parent's Va Parent's Sta Parent's Sta	lity bill in the applican nt/mortgage bill; nois auto registration of sidential lease in the ate of Illinois Identification of the perty tax bill ate of Illinois income the age and tax statement atement of benefits from the perty to be the statement of benefits from the statement of the statement	nse, valid Illinois t's name - i.e. ele card; applicant's name ation Card issued on card; or ax return or feder ts (IRS form W-2 story from the Illin	REAL ID Driver's Lice ectric, gas, water, refu e; by the Secretary of S ral tax transcript) or Miscellaneous Ind nois Department of He	ise, phone (land or cel	6 form 1099)
When submitting doc 1. C 2. Ir I certify that the inform	cumentation: learly print UIN on e nclude all appropriat	every page. se signatures. is form and any a	attachments are true a		
Student Signature		Date	Parent's Signat	ure	Date

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