## **Financial Aid Office**

1032 West Sheridan Road Sullivan Center Room 190 Chicago, Illinois 60660 Phone: 773.508.7704

Scan completed form and upload to https://forms.luc.edu/faoupload



Preparing people to lead extraordinary lives

## 2022-2023 Illinois Residency Verification

Student 1	Name:(Please print)	Loyola ID:(Your 11-digit Loyola ID nu	mber begins 0000)
documentat State of Res state of resid	General Assembly has mandated (23 Illinois a ion of their Illinois residency in order to be elisidency does not affect tuition charges at Loyo dency to determine your eligibility for the MA However, more than one may be necessary to determine the interval of the interva	gible for the State of Illinois Mon la University Chicago or federal t P Grant. <b>Any</b> of the following do	netary Award Program (MAP) Grant. financial aid. We need to verify your
Application the FAFSA	t student: The custodial parent(s) of a depen for Federal Student Aid (FAFSA) was comple was filed on November 17, 2021, you must pror before that date.	eted in order to be considered an	Illinois resident. For example, if
Check de	ocument being submitted and attach to this	s form (only one is required fo	r dependent students):
	Parent's Illinois or federal income tax return	with an Illinois address	•
	Illinois high school or college transcript for	student	
	Parent's Illinois driver's license		
	Parent's utility bills		
	Parent's rental lease		
immediately 2022–2023	ent student: An independent student must hat y prior to the first day of school in order to be school year, a student must document 12 contition must be provided with one or more of the	considered an Illinois resident. T nuous months of Illinois residence	o be an Illinois resident for the
Check al	ll documents being submitted and attach to	this form:	
	12 months' utility bills		
	Residential lease(s) covering 12 month period	od	
	12 months' wage and tax statements (IRS fo	orm W-2)	
	☐ 12 months' statement of benefits history from the Illinois Department of Public Aid		
	12 months' statement of benefits from the II	linois Department of Employmer	nt Security
example	independent students: The above types of doc nine months' paychecks and three months' Pul ion Statement:		equal 12 months of items, for
knowledge.	If requested, we agree to give proof of the inferequested information will result in the loss of	ormation we have provided on thi	
Student Signature		Da	te
Parent Signature		Da	te

IL 2023