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

2025-2026 Illinois Residency Verification

Student Name: (Please print)		Loyola ID: (Your 11-digit Loyola ID number begins 0000)
Illinois resi residence to Chicago.	dence to be eligible for the State of Illinois Mo determine your eligibility for the MAP Grant following documents may be used to prove Ill	parent(s) of dependent students) must provide documentation of their onetary Award Program (MAP) Grant. We must verify your state of t. State of Residence does not affect tuition charges at Loyola University linois residency, however, more than one may be necessary to document
for Federal	Student Aid (FAFSA) was completed to be confirmed The FAFSA was filed on March 1, 2025, document	ont student must reside in Illinois on the date the Free Application onsidered an Illinois resident. Intation must show your parent(s) was an Illinois resident on or before
Check do	ocument being submitted and attach to this for	m (only one is required for dependent students):
	Parent's Illinois or federal income tax return	n 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	
immediatel 2026 schoo	y prior to the first day of school to be consider	red an Illinois for at least 12 consecutive months red an Illinois resident. To be an Illinois resident for the 2025—s months of Illinois residency prior to August 30, 2025. The documents listed below.
Check all	l document(s) being submitted and attach to the	is form:
	12 months' utility bills	
	Residential lease(s) covering 12 month peri	od
	12 months' wage and tax statements (IRS for	form W-2)
	12 months' statement of benefits history fro	om the Illinois Department of Public Aid
	12 months' statement of benefits from the I	llinois Department of Employment Security
	ndependent students: The above types of documen aychecks and three months' Public Aid statements.	tation may be combined to equal 12 months of items, for example nine
Certification	n Statement:	
All the information equested, w	mation provided by me or any other person on this	form is accurate and complete to the best of my knowledge. If ovided on this form. Failure to provide the requested information
Student Signature*		Date
Parent Signature*		Date
*m 1 1	dicital circumtures and made accountable	

*Typed and digital signatures and not acceptable

IL 2026