



Student Name: _____

Last 4 Digits of Social Security Number: _____

In order to qualify for an Illinois Student Assistance Commission (ISAC) Monetary Award Program (MAP) Grant as an independent student for the 2011-2012 award year, ISAC rules requires that the student resided in Illinois for 12 consecutive months prior to July 1, 2011. The Financial Aid Office must verify the student meets the ISAC eligibility criteria. Therefore, please complete the statement below, attach one of the listed forms of documentation to this form, sign the Certification Statement, and return this form to our office as soon as possible.

THE STUDENT MUST COMPLETE THE FOLLOWING:

1. Is the **student** currently residing in the State of Illinois? () yes () no
2. The **student** must attach one of the following documents which verifies their Illinois residency:
 - A copy of the student's Illinois Driver's License or Illinois State ID. *If the student has a renewal sticker attached to the back of the license, a copy of the front and the back of the license is required.*
 - **VERY IMPORTANT:** The Driver's License or State ID must have been issued prior to July 1, 2010.
 - If you select to fax a copy of your License or State ID, please note we can only accept a faxed copy if we are able to read all dates and information printed on the license/ID. Licenses and IDs do not fax well due to the small fonts and we encourage you to enlarge the copy of the license/ID before you fax it to our office.
 - Copies of residential leases verifying an Illinois address for you for 12 months prior to July 1, 2010.
 - A copy of the 2010 Illinois Tax Return. *Please sign and date.*
 - Property tax bill
 - Statement of benefits from:
 - (1) Illinois Department of Public Aid
 - (2) Social Security Administration

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ABOUT MY ILLINOIS RESIDENCY IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

STUDENT'S SIGNATURE: _____ DATE: _____

***You may choose to forfeit your Illinois State Monetary Award if you do not wish to, or cannot, provide proof of Illinois residency. Other Federal Assistance would not be affected by this forfeiture.

I DO NOT WISH TO VERIFY MY ILLINOIS RESIDENCY AND HEREBY FORFEIT MY ILLINOIS STATE MONETARY AWARD.

Student's Signature DATE