



Office of Financial Aid and Veteran Services  
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2025-2026  
 Illinois Residency  
 Dependent Student

**Forms can be submitted by mail, fax (217/373-3807), or delivered in person.  
 To ensure your privacy, DO NOT submit forms through email.**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Student's ID Number

**Illinois Residency Verification**

The Illinois Student Assistance Commission (ISAC) requires students to verify Illinois residency.

For a dependent student to be considered an Illinois resident, his/her parent from the 2025-26 Free Application for Federal Student Aid (FAFSA) must physically reside in Illinois and Illinois must be his/her true, fixed, and permanent home.

Example: A dependent student is attending an institution with an academic year starting on August 18, 2025: their parent(s) must have resided in Illinois from August 18, 2024 through August 17, 2025.

You must submit a copy of one of the acceptable documents listed below.

- Parent's Illinois driver's license or Valid State of Illinois Identification Card **issued prior to 8/18/2024**
- Utility or rent bills in the parent's name **issued between 8/18/2023 and 8/18/2024**
- Illinois Auto Registration for the parent **issued between 8/18/2023 and 8/18/2024**
- Parent's Statement of benefits history from the Illinois Department of Healthcare and Family Services, Illinois Department of Employment Security, or Social Security Administration **issued between 8/18/2023 and 8/18/2024**
- Parent's residential lease **issued between 8/18/2023 and 8/18/2024**
- Parent's Illinois voter's registration card **issued between 8/18/2023 and 8/18/2024**
- Parent's property tax bill **issued between 8/18/2023 and 8/18/2024**

**Signatures**

I certify that all the information reported on this form is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

**Handwritten signatures are required. Electronic signatures will not be accepted.**