

ILLINOIS RESIDENCY INDEPENDENT STUDENT 2025-26

FINANCIAL AID OFFICE STUDENT SERVICES BUILDING MAIL CODE 4702 1263 LINCOLN DRIVE CARBONDALE, IL 62901

618/453-4334

FAO.SIU.EDU

INDEPENDENT

Student Name ____

Student ID Number/Dawg Tag _____

Date_

Dear Financial Aid Applicant:

Information from your 2025-26 financial aid application indicates you may be eligible for an offer from the State of Illinois (IL) Monetary Award Program (MAP) Grant.

Illinois residency requirements for the State of IL MAP Grant are summarized as follows:

"Resident of Illinois" - An independent student is a resident of Illinois if the applicant **physically resides within the state of Illinois (at the time of application), and has so resided for a period of twelve continuous, full months immediately prior to the start of the academic year for which assistance is requested and Illinois is his or her true, fixed and permanent home.** When an applicant does not qualify as a resident of Illinois and the applicant is a member of the U.S. Armed Forces or a foreign missionary, or a spouse of the aforementioned individual, then the applicant's residency shall be determined in accordance with the current rules of the Illinois Student Assistance Commission (contact the SIU Financial Aid Office for specific details.)

The following documentation must be provided to this office to verify Illinois residency for the applicable time period.

One or more of the documents listed below may be used to provide proof that an applicant is an Illinois resident. For an independent student applicant, **THE DATES RECORDED ON THE DOCUMENTS MUST INDICATE THE APPLICANT HAS RESIDED IN ILLINOIS PRIOR TO AUGUST 2024, THROUGH THE PRESENT TIME.**

- A) A valid signed 2024 State of Illinois tax return
- B) Illinois high school or college transcript
- C) Illinois Driver's License
- D) Utility or rent bills in the applicant's name
- E) Illinois Auto Registration Card
- F) Residential lease in the applicant's name
- G) 2024 Wage and Tax Statements (IRS Form W-2)
- H) Statement of benefits history from the Illinois Department of Healthcare and Family Services
- I) State of Illinois Identification Card issued by the Illinois Secretary of State
- J) Statement of benefits from the Illinois Department of Employment Security
- K) Statement of benefits from the Social Security Administration
- L) Illinois voter's registration card
- M) Property tax bill
- N) DD Form 214 or other Military Separation documentation
- O) 2024 IRS Form 1099 Miscellaneous Income Statement

Eligibility for state offers from the State of IL MAP Grant cannot be processed until Illinois residency has been verified. If none of this acceptable documentation is available, students may appeal to the Illinois Student Assistance Commission.

____ I do not meet the requirements for Illinois residency to receive a State of IL MAP Grant.

 Student Signature ______ Date _____

 NOTE: Signatures must be handwritten. Computer fonts are not acceptable.

If you have questions, feel free to contact the Financial Aid Office.

Mail documentation or submit using our secure document upload on www.fao.siu.edu