University of Illinois Springfield – Office of Financial Assistance

One University Plaza, MS UHB 1015 -- Springfield, Illinois 62703-5407 -- Phone: (217) 206-6724 https://www.uis.edu/cost-aid/financial-aid

2022-2023 Confirmation of Student Illinois Residency

For Priority Processing Submit Form within 15 business days

Section A – St	udent Information	(Please print cle	arly)	
Last Name	First Name	M.I.		Email
Street Address		City	State	Zip Code
2. Please upload all	d do: tire worksheet. You must documents at the same on every page of 8 ½ x	e time.	stions and the form mu	ust be <u>SIGNED</u> .
Section B - St	udent Illinois Resid	dency Confirmat	ion	
According to your leg	gal state of residence, p	lease complete the fo	ollowing questions and	I attach the appropriate documenatio
My state of legal resproceed to Section	idence is Illinois: YES [C).	☐ NO ☐ (If No , ple	ease indicate your stat	e of legal residence: and
Month and year you	became a legal residen	t of Illinois:	th Year	_
	ollowing <i>current</i> docum			only):
☐ Valid Illinois ☐ Utility bill in ☐ Rent/mortg ☐ Illinois auto ☐ Residential ☐ State of Illir ☐ Illinois vote ☐ Property ta: ☐ State of Illir ☐ Wage and to ☐ Statement of	age bill in the applicant's registration card; lease in the applicant's nois Identification Card is r's registration card; or	llinois REAL ID Drive i.e. electric, gas, wate s name; name; ssued by the Secreta r federal tax transcrip n W-2) or Miscellane the Illinois Departme	er, refuse, phone (land ary of State; t ous Income Statement nt of Healthcare and F	
Financial Aid tab. WI 1. C 2. I	pad this form and suppo then submitting documer clearly print UIN on eve nclude all appropriate mation provided on this	ntation: ery page of 8 ½ x 11 signatures.	legible copies.	vice Student Requirements under the
Student Signature		Date		
ENTER YOUR 9	-DIGIT UIN 💙			
2223 S	ILR-O N			