

**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>

**2023-2024 Confirmation of Student Illinois Residency**

For Priority Processing Submit Form within 15 business days

**Section A – Student Information (Please print clearly)**

Last Name First Name M.I. Email

Street Address City State Zip Code

**What you should do:**

- 1. Complete this entire worksheet. You must answer all the questions and the form must be SIGNED.
2. Please upload all documents at the same time.
3. Clearly print UIN on every page of 8 1/2 x 11 legible copies.

**Section B – Student Illinois Residency Confirmation**

According to your legal state of residence, please complete the following questions and attach the appropriate documentation.

My state of legal residence is Illinois: YES [ ] NO [ ] (If No, please indicate your state of legal residence: \_\_\_\_\_ and proceed to Section C).

Month and year you became a legal resident of Illinois: \_\_\_\_\_ / \_\_\_\_\_
Month Year

I have attached the following current documentation (please check and submit one only):

Please note, a Temporary Visitor Driver's License (TVDL) is NOT an acceptable form of documentation.

- [ ] Illinois high school or Illinois college transcript;
[ ] Valid Illinois driver's license, valid Illinois REAL ID Driver's License;
[ ] Utility bill in the applicant's name - i.e. electric, gas, water, refuse, phone (land or cell), or cable/internet;
[ ] Rent/mortgage bill in the applicant's name;
[ ] Illinois auto registration card;
[ ] Residential lease in the applicant's name;
[ ] State of Illinois Identification Card issued by the Secretary of State;
[ ] Illinois voter's registration card; or
[ ] Property tax bill
[ ] State of Illinois income tax return or federal tax transcript
[ ] Wage and tax statements (IRS form W-2) or Miscellaneous Income Statements (IRS form 1099)
[ ] Statement of benefits history from the Illinois Department of Healthcare and Family Services
[ ] Statement of benefits from the Social Security Administration

**Section C – Student Signature**

IMPORTANT: Upload this form and supporting documentation to Self-Service Student Requirements under the Financial Aid tab. When submitting documentation:

- 1. Clearly print UIN on every page of 8 1/2 x 11 legible copies.
2. Include all appropriate signatures.

I certify that the information provided on this form and any attachments are true and correct.

Student Signature Date

ENTER YOUR 9-DIGIT UIN [arrow]

2324 SILR-E N

Grid of 9 empty boxes for UIN entry.