

<b>FOR OFFICE USE ONLY</b>	<input type="checkbox"/> In-District <input type="checkbox"/> Out-of-District <input type="checkbox"/> Out-of-State <input type="checkbox"/> Out-of-Country
	Approved Date _____ Changed Date _____ Effective Term _____

ICC Staff Member \_\_\_\_\_

### RESIDENCY QUESTIONNAIRE

**Supporting Documentation**-Please submit a copy of one item from each category below with this questionnaire. Each item of documentation must have the student's name a current address printed on it. Residence within Community College District 514 must be secured 30 days prior to the beginning of the term for which the change is being requested.

<u>Category I</u>	<u>Category II</u>
<ul style="list-style-type: none"> <li>• Valid Illinois Driver's License</li> <li>• Valid Illinois State ID</li> <li>• Voter Registration card</li> </ul>	<ul style="list-style-type: none"> <li>• Payroll stub</li> <li>• Previous year Federal/State tax return</li> <li>• Employer W-2 form</li> <li>• Utility bill</li> <li>• Bank statement</li> <li>• Rental contract/lease</li> <li>• Residential property tax bill</li> </ul>

**The issue date for documents in Category I and Category II must be at least 30 days prior to the start date of the semester to be considered for a change of residency. If the issue date is later than 30 days prior to the start of the semester, a residency change will be considered for the next semester.**

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

**Current Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

➤ How long have you resided at your current address? \_\_\_\_\_

➤ How long have you continuously resided in the local area? \_\_\_\_\_

**List your two previous addresses:**

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

➤ Period of residence: From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

➤ Period of residence: From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

**RELATED INFORMATION**

Age \_\_\_\_\_ Marital Status \_\_\_\_\_

Are you a veteran? \_\_\_\_\_

Do you have any dependents? \_\_\_\_\_

Are you a dependent of anyone? \_\_\_\_\_

Are you registered to vote? \_\_\_\_\_

Where? \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_

Address appearing on driver's license:

Do you own a car? \_\_\_\_\_

Street: \_\_\_\_\_

Where is it registered? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Parent(s) Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**EMPLOYMENT** .....

Are you presently employed? \_\_\_\_\_  Full-time  Part-time How long? \_\_\_\_\_

Employer \_\_\_\_\_ Starting Date of Employment: \_\_\_\_\_

Phone # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Previous Employer: \_\_\_\_\_  Full-time  Part-time How long? \_\_\_\_\_

Phone # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**EDUCATION** .....

Have you previously attended another college or university? \_\_\_\_\_

If yes, where? \_\_\_\_\_

Dates of attendance: From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Are you currently attending another college or university? \_\_\_\_\_

If yes, where? \_\_\_\_\_

Dates of attendance: From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Please state your reason(s) for locating your residence within this College district. Use an attachment if necessary:

International students do not have access to any additional waiver scenarios that have been identified previously.

I hereby swear that the aforementioned statements are accurate and complete. I realize that Illinois Central College must submit the above information to the Department of Internal Revenue, if requested; and grant Illinois Central College permission to request information from the Department of Internal Revenue if necessary.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date