

<b>FOR OFFICE</b>	___ In-District ___ Out-of-District ___ Out-of-State ___ Out-of-Country
<b>USE ONLY</b>	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.

<u>Category I</u>	<u>Category II</u>	
Valid Illinois Driver's License Valid Illinois State ID Voter Registration card	Payroll stub Previous year Federal/State tax return Employer W-2 form	Utility bill Bank statement Rental contract/lease Residential property tax bill

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:

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

Do you own a car? \_\_\_\_\_ Where is it registered? \_\_\_\_\_

**Parent's Address:**

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

**EMPLOYMENT** .....

Are you presently employed? \_\_\_\_\_ Full-time  Part-time  How long? \_\_\_\_\_  
Employer \_\_\_\_\_ Phone # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Starting Date of Employment: \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Full-time  Part-time  How long? \_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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