



**Lincoln Land Community College**

## **2026-2027 HOUSING PLAN**

### **Student Information**

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)	SSN OR STUDENT ID	DATE OF BIRTH
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### **Where will you live while you attend LLCC?**

Living off campus

Living with parent

### **Signature**

STUDENT SIGNATURE (REQUIRED – Sign printed form.)	DATE
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Questions about how to complete this form?

Call 217-786-2237 or 800-727-4161.

Text 217-786-2237.

[www.llcc.edu/financial-aid](http://www.llcc.edu/financial-aid)

Return completed form to:

LLCC Financial Aid  
5250 Shepherd Road  
Springfield, IL 62703

[financial.aid@llcc.edu](mailto:financial.aid@llcc.edu)  
*Electronic forms only accepted from LLCC email addresses.*

217-786-2229 fax