



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

## 2026-2027 HOUSING PLAN

### Student Information

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)

SSN OR STUDENT ID

DATE OF BIRTH

### Where will you live while you attend LLCC?

Living off campus

Living with parent

### Signature

STUDENT SIGNATURE (**REQUIRED – Sign printed form.**)

DATE