



2026-2027  
FINANCIAL AID  
SAI APPEAL

**Student Information:**

\_\_\_\_\_  
Last Name                                      First Name                                      M.I.                                      LTCC ID Number

**Explanation**

Your financial aid eligibility for 2026-2027 aid year was determined based upon 2024 income data reported on a Financial Aid Application (FAFSA/CADAA/CCPG) and the resulting Student Aid Index (SAI). If you have experienced a loss of household income since 2024 due to "special circumstances," you may request an SAI Appeal to determine your current ability to pay for college. Personal expenses for lifestyle choices and consumer goods (e.g, credit card/loan payments) are not considered unusual or special circumstances. The appeal process may result in a change to data elements reported on your financial aid application resulting in a change to your SAI. If your appeal is approved, any changes to your award will be effective for the 2026-2027 aid year. The Lake Tahoe Community College Financial Aid Administrator's decision is made on a case-by case basis, will be final, and cannot be appealed to the U.S. Dept. of Education.

**Instructions**

Complete the SAI Appeal process only if your (or your parent(s) if you are a dependent student) income will be **less** in 2025, 2026, or 2027 than the 2024 income reported on your 2026-2027 application.

- 1 . Complete and sign this SAI Appeal form.
- 2 . Provide supporting documentation.
- 3 . Attach a statement explaining the circumstances that caused an involuntary loss of income since 2024.

**Supporting Documents (examples):**

- Letter of separation from former employer.
- Letter stating lay-off or reduction in work hours.
- Copy of Severance pay received.
- Unemployment or Disability Award Letters.
- Divorce agreement designating family and/or child support.
- Any other documents to clarify your situation.

**Statement Explaining Circumstances that Caused Loss of Income (Attach another sheet if needed):**

**Certification:**

As certified by the signature(s) below, all information provided by myself or others is true and complete to the best of my/our knowledge. I understand that the LTCC Financial Aid Office may request additional documentation to verify the attached information.

**Note:** If you are a dependent student, your parent must also sign this form.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_