

***Please return within 10 business days

2005-2006

SACC Financial Information Form

Office for Children • School Age Child Care Program • 12011 Government Center Pkwy., Suite 930 • Fairfax, VA 22035
SACC Registration 703-449-8989 FAX 703-324-3007

- Families must meet eligibility requirements as outlined on the Financial Explanation Sheet and in the parent handbook.
- Please refer to the SACC Financial Explanation Sheet for directions on how to complete this form. Additional documentation may be required based on information submitted.
- This form is not required if your household income is above \$48,000 per year.

Mother's Name _____ Father's Name _____

Guardian/Contributing Household Member (Name & Relationship) _____

Child's Name(s) _____ Home # _____

Cell # _____ Work #'s _____ / _____
(Mother) (Father)

Billing Address _____

SACC Account # _____ E-Mail address _____

Household Income Information Worksheet

| | (Circle one) | Per pay period (gross) | Gross Annual Total |
|--|-------------------------------------|------------------------|--------------------|
| Mother's/Guardian's (Salary) | weekly bi-weekly bi-monthly monthly | \$ _____ | \$ _____ |
| Father's/Guardian's (Salary) | weekly bi-weekly bi-monthly monthly | \$ _____ | \$ _____ |
| Alimony/Child Support | weekly bi-weekly bi-monthly monthly | \$ _____ | \$ _____ |
| Other Income (please explain) _____ | | | \$ _____ |
| Gross Annual Household Total | | (line 1) | \$ _____ |
| Deductions: | | | |
| Number of children under the age of 18 in the household X \$3,150.00 | | (line 2) | (-) \$ _____ |
| Adjusted Income: | | (line 1 minus line 2) | (=) \$ _____ |

I certify that this income information is a true and accurate statement of the financial status and composition of my household. I understand that giving inaccurate or erroneous information may result in loss of SACC services. I will notify SACC Registration within 10 days if any information changes. I understand that any fee reduction resulting from changes in the household income information will become effective from the point of receipt forward, and will not be retroactive.

I certify that I meet all the eligibility requirements for the SACC program.

Parent/Guardian Signature _____ Date _____

Questions? Call SACC Registration at (703) 449-8989
www.fairfaxcounty.gov/childcare/sacc.htm