

*****Please return within 10 business days**

SACC Financial Information Form 2007-2008

Office for Children • School Age Child Care Program • 12011 Government Center Pkwy., Suite 930 • Fairfax, VA 22035
SACC Registration 703-449-8989 • FAX 703-324-3431

- 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 adjusted household income is above \$50,000 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 # _____ SACC Center Name _____

E-Mail addresses _____ / _____
(mother) (father)

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 \$3,300.00 (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

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