



Fairfax County Office for Children

School Age Child Care

12011 Government Center Pkwy., Suite 936, Fairfax, VA 22035

Phone: 703-449-8989 • Fax: 703-653-1304

www.fairfaxcounty.gov/ofc

FINANCIAL INFORMATION FORM

Mother's Name: _____ Father's Name: _____

Guardian/Contributing Household Member (Name & Relationship): _____

Child(ren)'s Name(s): _____ Home Phone: _____

Work Phone (Mother): _____ Work Phone (Father): _____

Cell Phone (Mother): _____ Cell Phone (Father): _____

Billing Address: _____ SACC Account #: _____

Email Address: _____ SACC Center Name: _____

Household Income Information

Table with columns: (Check one), Per Pay Period (gross), Gross Annual Total. Rows include Mother's/Guardian's Salary, Father's/Guardian's Salary, Alimony/Child Support, Other Income, Gross Annual Household Total, Deductions, and Adjusted Income.

I certify that the above 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 the loss of SACC subsidy. I will notify SACC Registration within 10 days if there is any change in the information provided. 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.

Parent/Guardian Signature _____ Date _____



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Reasonable accommodations made upon request; call 703-449-1414 or TYY 711.



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