

**Income recertification must be submitted each July (regardless of start date) and as changes occur throughout the year. You must notify SACC registration within 10 business days of any changes in weekly hours worked, income or family size.**

**SACC SLIDING FEE APPLICATION**

Mother's Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian/Contributing Household Member (Name & Relationship): \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Child(ren)'s Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

**SACC Account #:** \_\_\_\_\_

**Household Income Information**

	(Circle one)	Gross Per Pay Period	Gross Annual Total
<u>Mother's/Guardian's Salary</u>	weekly   bi-weekly   bi-monthly   monthly	\$ _____	<b>Line A</b> \$ _____
Employment start date _____			
<u>Father's/Guardian's Salary</u>	weekly   bi-weekly   bi-monthly   monthly	\$ _____	<b>Line B</b> \$ _____
Employment start date _____			
<u>Alimony/Child Support</u>	weekly   bi-weekly   bi-monthly   monthly	\$ _____	<b>Line C</b> \$ _____
<u>Other Income</u> (please explain) _____			<b>Line D</b> \$ _____
<b>Gross Annual Household Total:</b> Line A + (plus) Line B + (plus) Line C + (plus) Line D			<b>Line E</b> \$ _____
<b>Deductions</b>			
Number of children under the age of 18 in the household _____ x (multiplied by) \$4,150			<b>Line F</b> \$ _____
<b>Adjusted Household Income:</b> Line E – (minus) Line F			<b>Line G</b> \$ _____

I have read and understand the eligibility requirements for the SACC program. I certify that all adults in the household meet the eligibility requirements. I also 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 loss of eligibility for reduced fees and/or repayment. I will notify SACC Registration within 10 business days if there is any change in the information provided.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

