



Fairfax County
School Age Child Care
 12011 Government Center Pkwy., Suite 936, Fairfax, VA 22035
 Phone: 703-449-8989 • Fax: 703-653-1304
ncssaccregistration@fairfaxcounty.gov

Unemployment Verification Form

This form is to be completed by the parent/guardian if they are unemployed/not working.

Parent/Guardian's Name: _____ Child(ren)'s Name(s): _____

SACC Account #: _____ Home Phone: _____ Cell Phone: _____

I _____ certify that I am currently unemployed/not working.
 Name

My last date of employment was (Month/Year) ____/____

I certify that the above income and employment status information is a true and accurate statement of the financial status of my household. I understand that giving inaccurate or erroneous information may result in loss of eligibility for reduced fees and/or repayment of the fees for services received. I will notify SACC Registration within 10 business days of any change in the information provided.

 Signature

 Date

