



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/office-for-children/sacc

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

Table with 3 columns: Description, Gross Per Pay Period, Gross Annual Total. Rows include Mother's/Guardian's Salary, Father's/Guardian's Salary, Alimony/Child Support, and Other Income.

Gross Annual Household Total: Line A + (plus) Line B + (plus) Line C + (plus) Line D Line E \$ _____

Deductions

Number of children under the age of 18 in the household _____ x (multiplied by) \$4,150 Line F \$ _____

Adjusted Household Income: Line E - (minus) Line F Line G \$ _____

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 _____

