Household Application for Sun Bucks

1. List all students living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by checking the appropriate box. Include any personal income received by the student and check the correct box for how often it is received.

Student's Last Name	Student's First Name	MI	Foster	Homeless	Migrant	Date of Birth	School	Grade	Student Monthly Income	Weekly	Bi-Weekly	2x Monthly	Monthly
			☐	☐	☐				$	☐	☐	☐	☐
			☐	☐	☐				$	☐	☐	☐	☐
			☐	☐	☐				$	☐	☐	☐	☐
			☐	☐	☐				$	☐	☐	☐	☐
			☐	☐	☐				$	☐	☐	☐	☐

2. If any member of your household currently participates in TANF / SNAP / MEDICAID, please write your case number here:
3. List the names of all other household members, enter income (in whole dollars) and check how often it is received.

All other household members **not** listed above.			Earnings from work (before deductions)	Weekly	Bi-Weekly	2x Monthly	Monthly	Public Assistance, child support, alimony	Weekly	Bi-Weekly	2x Monthly	Monthly	Other income (pensions, retirement, Social Security, etc.)	Weekly	Bi-Weekly	2x Monthly	Monthly
Last Name	First Name	MI															
			$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
			$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
			$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
			$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
			$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

I certify (promise) that all information on this application is true, that all income is reported, and that no one included on this application is receiving Summer EBT in another state or from another agency. I understand that this information is given in connection with the receipt of federal funds and that some information included may be verified. I am aware that if I purposely give false information, I may be liable to pay any monies received and may be prosecuted under applicable state and federal law.

ADULT HOUSEHOLD MEMBER SIGNATURE	DATE	ADULT HOUSEHOLD MEMBER'S PRINTED NAME	EMAIL ADDRESS
STREET ADDRESS		CITY, STATE, ZIP CODE	PHONE NUMBER

Income Eligibility Guidelines July 1, 2025 – June 30, 2026 (adjusted annually)

Household Size	Annual	Monthly	2x Monthly	Bi-Weekly	Weekly
1	$ 28,953	$ 2,413	$ 1,207	$ 1,114	$ 557
2	$ 39,128	$ 3,261	$ 1,631	$ 1,505	$ 753
3	$ 49,303	$ 4,109	$ 2,055	$ 1,897	$ 949
4	$ 59,478	$ 4,957	$ 2,479	$ 2,288	$ 1,144
5	$ 69,653	$ 5,805	$ 2,903	$ 2,679	$ 1,340
6	$ 79,828	$ 6,653	$ 3,327	$ 3,071	$ 1,536
7	$ 90,003	$ 7,501	$ 3,751	$ 3,462	$ 1,731
8	$ 100,178	$ 8,349	$ 4,175	$ 3,853	$ 1,927
Each additional	$ 10,175	$ 848	$ 424	$ 392	$ 196

If your household income is at or below Income Eligibility Guidelines, your child(ren) may qualify for SUN Bucks.

If you have moved or intend to move out of state, apply in the state your child will attend school before the next summer period.

If you need help completing this application, a non-household member may complete this form for you as your authorized representative.

Incomplete forms will delay processing.

We are required to ask about your children's race or ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for Summer EBT.

Ethnicity (check one):

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more):

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The **Richard B. Russell National School Lunch Act** requires that we use information from this application to determine who qualifies for Summer EBT (SUN Bucks) benefits. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Some children qualify for Summer EBT without an application. Please contact your State or ITO to get Summer EBT for a foster child, and children who are homeless, migrant, or runaway.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the responsible state or local agency that administers the program where or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.