



Step 1: Students

List only students here. You will be asked to add other children, including infants and those in day care in Step 3.

Students in **Foster care** and those who meet the definition of **Homeless, Migrant, or Runaway** are automatically eligible for Summer EBT

List the names of the students in your household who attend an Arizona school that offers the National School Lunch and Breakfast Program and are applying for Summer EBT benefits. (if more spaces are required for additional names, attach another sheet of paper)

Student Name _____ First, Middle, Last

School Name _____ School Attended in 24-25 School Year

Date of Birth Grade ID# _____ student ID

month day year

Check All That Apply: ☐ Foster ☐ Homeless ☐ Migrant ☐ Runaway

Student Name _____ First, Middle, Last

School Name _____ School Attended in 24-25 School Year

Date of Birth Grade ID# _____ student ID

month day year

Check All That Apply: ☐ Foster ☐ Homeless ☐ Migrant ☐ Runaway

Student Name _____ First, Middle, Last

School Name _____ School Attended in 24-25 School Year

Date of Birth Grade ID# _____ student ID

month day year

Check All That Apply: ☐ Foster ☐ Homeless ☐ Migrant ☐ Runaway

Student Name _____ First, Middle, Last

School Name _____ School Attended in 24-25 School Year

Date of Birth Grade ID# _____ student ID

month day year

Check All That Apply: ☐ Foster ☐ Homeless ☐ Migrant ☐ Runaway

Step 2: Programs

If any household members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to Step 3

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Case Number:

Please enter a number that's between 1 and 8 digits long. (This may begin with a 0.)

☐ SNAP ☐ TANF ☐ FDIPIR

Step 3: Other Kids

Other than the students listed in Step 1, are there any other children in your household?

Don't forget to include:

- students that are in grade 12 or below and attend school in a state other than Arizona, or children who are homeschooled
- children that attend day care or pre-school, or are not of school age, including infants
- anyone 18 years of age or younger living in your household that does not currently attend school

Child's Name _____ First, Middle, Last ☐ Foster Child

Child's Name _____ First, Middle, Last ☐ Foster Child

Child's Name _____ First, Middle, Last ☐ Foster Child

Step 4: Income

Report income for ALL household members (Skip this step if you answered "Yes" to Step 2.

Are you unsure what income to include here?

- flip to page 2 of this application and review the charts titled "Sources of Income" for more information.
- the "Sources of Income for Children" chart will help you with the Child Income Section.
- the "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

A. Child Income: \$ _____ Frequency: ☐ weekly ☐ bi-weekly ☐ 2x month ☐ monthly

Total Child GROSS income

Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in Step 1 and Step 3 here. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

B. All Adult Household Members (including yourself): List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Names of Adult Household Members (First and Last)	GROSS Earnings from Work		Frequency:		Public Assistance/ Child Support/Alimony		Frequency:		Pensions/Retirement/ All Other Income		Frequency:	
	\$		weekly	bi-weekly	2x month	monthly	\$		weekly	bi-weekly	2x month	monthly
	\$		☐	☐	☐	☐	\$		☐	☐	☐	☐
	\$		☐	☐	☐	☐	\$		☐	☐	☐	☐
	\$		☐	☐	☐	☐	\$		☐	☐	☐	☐
	\$		☐	☐	☐	☐	\$		☐	☐	☐	☐

C. Total Household Members
(Children and Adults) _____

OPTIONAL: Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN ☐

Step 5: Contact

Contact Information and Adult Signature

I Certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that I am not already receiving Summer EBT benefits in another state, territory, or ITO. I understand that officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose Summer EBT benefits.

Mailing Address _____

Email Address _____

Apt # _____

City _____

State _____

Zip Code _____

Daytime Phone _____

Printed First and Last Name of Custodial Parent or Authorized Representative

X _____
Signature of Adult Completing Form

Today's Date _____

Step 6: Optional | Children's Racial and Ethnic Identities

We are required to ask for information about your child(ren)'s race and ethnicity. This information is important and helps make sure we are fully serving our community. Responding to this section is optional and does not affect your child(ren)'s eligibility for free & reduced-price meals or SUN Bucks.

Mark one or more racial identities: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White **Mark one or more ethnic identities:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

INSTRUCTIONS FOR APPLYING

Please use these instructions to help you complete the Arizona Summer EBT (SUN Bucks) Application - Summer 2026. You only need to submit one application per household. The application must be filled out completely to certify your children for SUN Bucks benefits.

How Often Was Income Received?												Sources of Income for Children		
HOUSEHOLD INCOME INFORMATION: Your children may qualify for Summer EBT benefits if your household income falls at or below the limits on this chart.	Household Size*	Weekly		Bi-Weekly		2x Month		Monthly		Annually		A. Child income Report all income earned by children in the household. Refer to the chart below titled "Sources of Income for Children" and report the combined gross income for all children listed in Step 1 and Step 3 on the line marked "Total Child GROSS Income." Child Income is money received from outside your household that is paid directly to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report. If children do not receive income, enter '0' or leave these boxes empty. If you leave this part blank, it will mean that you have no income to report for any children in the household. Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.	Type of Income	Examples
		Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced			
	1	\$392	\$557	\$783	\$1,114	\$848	\$1,207	\$1,696	\$2,413	\$20,345	\$28,953			
	2	\$529	\$753	\$1,058	\$1,505	\$1,146	\$1,631	\$2,292	\$3,261	\$27,495	\$39,128			
	3	\$667	\$949	\$1,333	\$1,897	\$1,444	\$2,055	\$2,888	\$4,109	\$34,645	\$49,303			
	4	\$804	\$1,144	\$1,608	\$2,288	\$1,742	\$2,479	\$3,483	\$4,957	\$41,795	\$59,478			
	5	\$942	\$1,340	\$1,883	\$2,679	\$2,040	\$2,903	\$4,079	\$5,805	\$48,945	\$69,653			
	6	\$1,079	\$1,536	\$2,158	\$3,071	\$2,338	\$3,327	\$4,675	\$6,653	\$56,095	\$79,828			
	7	\$1,217	\$1,731	\$2,433	\$3,462	\$2,636	\$3,751	\$5,271	\$7,501	\$63,245	\$90,003			
	8	\$1,354	\$1,927	\$2,708	\$3,853	\$2,934	\$4,175	\$5,867	\$8,349	\$70,395	\$100,178			
Add. members add:	\$138	\$196	\$275	\$392	\$298	\$424	\$596	\$848	\$7,150	\$10,175				

Sources of Income for Adults			
B. Adult Household Members and Income: Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in Step 1 and Step 3. List one name per line and write both first and last name in each box. If you need additional lines, attach a second piece of paper with all required information for additional household members. Report gross income (amount before taxes and deductions) for each adult on the same line where the name is listed. Then, fill in the circle to indicate if the earnings are received weekly, bi-weekly (every other week), 2x month (2 payments per month), or monthly. The chart below gives examples of the different types of income for adults. If someone does not receive income, enter '0' or leave these boxes empty.	Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
	- Salary, wages, cash bonuses - Net income from self-employment (farm or business) For military families: - Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances) - Allowances for off-base housing, food, and clothing	- Unemployment benefits - Workers Compensation - Supplemental Security Income (SSI) - Cash Assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability - Income from trusts or estates - Annuities - Investment Income - Earned Interest - Rental Income - Regular cash payments from outside household

C. Total number of Household Members and SSN: Report the total number of people in your household (all adults and children) in the one box. This must match the number of household members listed in Step 1, Step 3, and Step 4. Please provide the last four digits of the Social Security Number for the person that signed the application. If that person does not have a Social Security Number, please check the box labeled 'No SSN' please note, responding to the Social Security Number section is optional and does not affect your children's eligibility for Summer EBT Benefits.

Contact Information and Adult Signature: All applications must be signed by an adult household member. By signing the application, that household member is promising that all information has been truthfully and completely reported. Please sign, date and print your name. Provide your contact information including your address if this information is available. If you have no permanent address, this does not make your children ineligible for Summer EBT Benefits. Sharing a phone number, email address, or both is optional but providing it helps us reach you quickly if we need to contact you.

Additional Support/Help		
For card issues such as activating your card, checking balance, changing pin, reporting lost/stolen/damaged card, or to request a replacement card call 1-888-997-9333	For Summer EBT support, call 833-648-4406.	Please contact your child's school for questions about eligibility, mailing address, or date of birth.

The Richard B. Russell National School Lunch Act requires that we use information from this application to determine who qualifies for Summer EBT 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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