APPLICATION FOR ALABAMA SUN BUCKS BENEFITS

Complete one application per household.
Please use a blue or black pen, not a pencil or marker.
How to fill form bubbles: **Correct** ● **Incorrect** ⊘⊗✓

Important!

- **You can apply faster online:** Go to www.alabama-sunbucks.com to start your application or get more information.
- **Required information:** Questions marked with a star '*' are required. If you do not answer required questions marked with a **'*'**, your application will take longer to be processed.
- **Complete all required pages, SIGN your application and send to:**
  - Email: support@alabama-sunbucks.com; or
  - Mail: P. O. Box 241089, Montgomery, Alabama, 36124-1089

What is Summer EBT?

Alabama SUN Bucks (S-EBT) is a new, annual grocery benefits program to help families buy food for their school-aged children during the summer. Families will get a one-time payment of $120 per eligible child. Households that participate in SNAP, TANF, or Medicaid through the school demonstration project can be automatically eligible and don't need to apply. Children who are in foster care, enrolled in migrant programs, known by the school to be experiencing homelessness or are attending a Head Start program can also be automatically eligible for Alabama SUN Bucks.

Before You Start - Please review this information to help us process your application.

1. **Use of 'Household':** Household means a group of people, related or not, who live together and share things like food and money.
2. **Tips for what you need to have ready:**

Child Information

- Names and dates of birth
- School and district where each child finished the school year

Household Income

- Income information for all adults and children in the household (see page 2 & 3 for sources of income)

Household Mailing Address

- This address will be used to mail notices and S-EBT cards
- If you moved, apply for benefits in the State where your child finished the school year

3. **Indicate Preferred Contact Method & Notice Language:**
   - You can select your preferred contact method. Submit this page with your application.
   - Phone & Email messages are available in English or Spanish. English will be the default language for Phone & Emails unless Spanish is selected.

Preferred Notice Language?

○ English ○ Español / Spanish

Preferred Contact Method?

○ Email ○ Phone

Do you need help filling out this application due to disability? Do you need an interpreter? If yes, please ask for help by calling 1-800-443-3536.

Income Guidelines

The following federal income requirements are used to determine a child's eligibility for Alabama SUN Bucks. A household's total gross income, before taxes and deductions are taken out, needs to be at or below these amounts to be deter-mined eligible for Alabama SUN Bucks. Households with incomes at or below the income limit may be eligible for Summer EBT.

Income Eligibility Guidelines
[Effective from July 1, 2026 to June 30, 2027]

Household Size	Income/Earnings				
	Annual	Monthly	Twice per Month	Bi-Weekly	Weekly
1.....	29,526	2,461	1,231	1,136	568
2.....	40,034	3,337	1,669	1,540	770
3.....	50,542	4,212	2,106	1,944	972
4.....	61,050	5,088	2,544	2,349	1,175
5.....	71,558	5,964	2,982	2,753	1,377
6.....	82,066	6,839	3,420	3,157	1,579
7.....	92,574	7,715	3,858	3,561	1,781
8.....	103,082	8,591	4,296	3,965	1,983
For each additional family member, add....	10,508	876	438	405	203

Income Sources and Examples

Adult Income Sources

Earnings from Work
- Salary, wages, cash bonuses, tips, commissions
- Net income from self-employment (farm or business)

If you are in the U.S. Military:
- Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances)
- Allowances for off-base housing, food, and clothing

Public Assistance / Unemployment / Alimony / Child Support
- Unemployment benefits
- Workers' compensation
- Supplemental Security Income (SSI)
- Alimony payments
- Child support payments
- Veterans benefits
- Strike benefits

Pensions / Retirement / Other Sources
- Social Security/Disability (including railroad retirement and black lung benefits)
- Private pensions or disability benefits
- Income from trusts or estates
- Annuities
- Investment income
- Earned interest
- Rental income
- Regular cash payments from outside household

Child Income Sources:
Money received from outside your household that is paid **DIRECTLY** to your children.

- A child has a regular full or part-time job where they earn a salary or wages
- A child is experiencing blindness or a disability and receives Social Security benefits
- A child receives Social Security benefits because their parent is living with a disability, is retired, or is deceased
- A friend or extended family member regularly gives a child spending money
- A child receives regular income from a private pension fund, annuity, or trust

Alabama SUN Bucks (EBT) Penalties

If you do the following	You will lose food benefits
• Hide information or make false statements; • Use Electronic Benefits Transfer (EBT) cards that • belong to someone else; • Use food benefits to buy alcohol or tobacco; • Trade or sell benefits or EBT cards; • Dump containers only for the cash redemption value; • Resell food bought with food benefits for cash.	• 12 months for the first offense; • 24 months for the second offense; • Permanently for the third offense.
• Trade food benefits for controlled substances such as drugs.	• 24 months for the first offense; • Permanently for the second offense.
• Trade food benefits for firearms, ammunition or explosives.	• Permanently
• Trade, buy or sell food benefits of $500 or more.	• Permanently.
• Give false information about who you are or where you live so you can get extra food benefits.	• 10 years for each offense.

You can also be fined up to $250,000 or put in prison for up to 20 years or both, for doing these things. You may also be charged under other federal laws.

If you knowingly do the following	You may be
• Use EBT cards that are not yours; • Transfer your EBT cards to other people; • Acquire or possess EBT cards that are not yours.	• Guilty of a felony or misdemeanor; • Fined; • Put in prison; • Ineligible for food benefits for a period of time.

Questions?

Please call the Alabama SUN Bucks Call Center at 1-800-443-3536. The Call Center is open Monday through Friday from 7.00 a.m. to 6.00 p.m. CST.

Items with * are required fields.

STEP 1- CHILD INFORMATION

List each child in your household.

For each child listed, report total gross income if any (before taxes and deductions) in whole dollars (no cents) only. This can include earnings from work, Supplemental Security Income and other income. 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 the listed child has no income to report.

To find your student's SSID number, you will need to log into your PowerSchool Parent web portal. Your student's SSID number will be located at the top of your portal under the student's name. The SSID is only for students enrolled in public and charter schools.

CHILD 1

First Name *

MI **Last Name ***

Date of Birth (MM/DD/YY) **SSN**

Name of School Attended During End of School Year

Name of School District

Income Source(s) **Statewide Student Identifier (SSID)**

Child Income

$

Weekly Bi- Weekly Monthly Twice per Month Annually

Do you want to apply for Alabama SUN Bucks benefits for this child?

Yes No

Ethnicity/Racial Heritage (Optional)

Black or African American

Asian

Hispanic or Latino

Middle Eastern or North African

American Indian or Alaska Native

Native Hawaiian or Pacific Islander

White

CHILD 2

First Name *

MI **Last Name ***

Date of Birth (MM/DD/YY) **SSN**

Name of School Attended During End of School Year

Name of School District

Income Source(s) **Statewide Student Identifier (SSID)**

Child Income

$

Weekly Bi- Weekly Monthly Twice per Month Annually

Do you want to apply for Alabama SUN Bucks benefits for this child?

Yes No

Ethnicity/Racial Heritage (Optional)

Black or African American

Asian

Hispanic or Latino

Middle Eastern or North African

American Indian or Alaska Native

Native Hawaiian or Pacific Islander

White

CHILD 3

First Name *

MI **Last Name ***

Date of Birth (MM/DD/YY) **SSN**

Name of School Attended During End of School Year

Name of School District

Income Source(s) **Statewide Student Identifier (SSID)**

Child Income

$

Weekly Bi- Weekly Monthly Twice per Month Annually

Do you want to apply for Alabama SUN Bucks benefits for this child?

Yes No

Ethnicity/Racial Heritage (Optional)

Black or African American

Asian

Hispanic or Latino

Middle Eastern or North African

American Indian or Alaska Native

Native Hawaiian or Pacific Islander

White

STEP 2 - HOUSEHOLD ADULTS AND INCOME

List each adult in the household and their income (before taxes and deductions).

A. Do you or any of your household members participate in any of these programs: Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF)?

If NO -> Continue to Step B

If YES -> Please provide your ONE case number: _____

B. List all household adults (including yourself). For each adult listed, report total gross income if any (before taxes and deductions) in whole dollars (no cents) 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 the listed household person has no income to report.**

C. Did you apply for Free or Reduced-Price Meals during this school year?

◯ Yes ◯ No

If YES, were you:

◯ Approved for free meals through a school meal application

◯ Approved for reduced meals through a school meal application

◯ Denied for free or reduced meals through a school meal application

Total Adult Members _____ ***Total Child Members*** _____

ADULT 1

First Name * _____ **MI** _____ **Last Name *** _____

Date of Birth (MM/DD/YY) ☐☐ / ☐☐ / ☐☐ **SSN** _____

Earnings from Work *

$ _____

◯ Weekly ◯ Bi- Weekly ◯ Monthly ◯ Twice Per Month ◯ Annually

Public Assistance, Unemployment, Child Support & Alimony *

$ _____

◯ Weekly ◯ Bi- Weekly ◯ Monthly ◯ Twice Per Month ◯ Annually

Pensions, Retirement, Social Security, Supplemental Security Income & Other Income *

$ _____

◯ Weekly ◯ Bi- Weekly ◯ Monthly ◯ Twice Per Month ◯ Annually

ADULT 2

First Name *

MI

Last Name *

Date of Birth (MM/DD/YY)

/ /

SSN

Earnings from Work *

$

Weekly Bi- Weekly Monthly Twice Per Month Annually

Public Assistance, Unemployment, Child Support & Alimony *

$

Weekly Bi- Weekly Monthly Twice Per Month Annually

Pensions, Retirement, Social Security, Supplemental Security Income & Other Income *

$

Weekly Bi- Weekly Monthly Twice Per Month Annually

ADULT 3

First Name *

MI

Last Name *

Date of Birth (MM/DD/YY)

/ /

SSN

Earnings from Work *

$

Weekly Bi- Weekly Monthly Twice Per Month Annually

Public Assistance, Unemployment, Child Support & Alimony *

$

Weekly Bi- Weekly Monthly Twice Per Month Annually

Pensions, Retirement, Social Security, Supplemental Security Income & Other Income *

$

Weekly Bi- Weekly Monthly Twice Per Month Annually

STEP 3 - SIGNATURE AND CONTACT INFORMATION

Provide your signature and printed name to certify the application. List the best way to contact you. The mailing address listed will be used to send the Alabama SUN Bucks card.

By signing, "I certify (promise) that all information on this application is true, and that all income has been reported. I understand that this information is given in connection with the receipt of Federal funds, and that the Alabama SUN Bucks officials may verify (confirm) the information. I am aware that if I purposely give false information, the participant may lose benefits, and I may be prosecuted under applicable State and Federal laws."

Adult Signature *

Today's Date (MM/DD/YY)

☐☐ / ☐☐ / ☐☐

Adult First Name *

Adult Last Name *

Phone Number

Date of Birth (MM/DD/YY)

☐☐ / ☐☐ / ☐☐

Household Mailing Address Line 1

Household Mailing Address Line 2

City

State

ZIP Code

Email Address

SSN

Use of Information Statement, Categorical Eligibility Statement, and Information Disclosure Statement

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.

USDA Non-Discrimination Statement

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, 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), should contact the responsible state or local agency that administers the program 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. This institution is an equal opportunity provider.

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

Fax:

(833) 256-1665 or (202) 690-7442

Email:

Program.Intake@usda.gov

Questions?
Please call the Alabama SUN Bucks Call Center at 1-800-443-3536. The Call Center is open Monday through Friday from 7.00 a.m. to 6.00 p.m. CST.

This page is only required if you are using an authorized representative to help fill out and submit your application.

(Optional) Authorized Representative Signature – You may choose someone to be an authorized representative. An authorized representative is someone that you know that can help you apply and submit information.

By signing, "I certify (promise) that all information on this application is true, and that all income has been reported. I understand that this information is given in connection with the receipt of Federal funds, and that the Alabama SUN Bucks officials may verify (confirm) the information. I am aware that if I purposely give false information, the participant may lose benefits, and I may be prosecuted under applicable State and Federal laws."

A. Do you want to give permission to an authorized representative to apply for benefits for you?

○ Yes ○ No

B. If YES -> Please have the authorized representative fill out their information below:

Representative First Name: **MI** **Last Name:**

Phone Number:

Application Disclaimers and Statements

Rights and Liability of an Authorized Representative

An authorized representative may do things such as the following for the client(s): Sign and submit applications, report changes, and receive copies of notices and other communication.

An authorized representative acts on behalf of the client(s) for the Alabama SUN Bucks program they apply for or receive. This will apply to all clients on the case. The authorized representative listed on this form will replace any previously designated authorized representatives on the case. The person or organization that is chosen as the authorized representative will remain the authorized representative until:

- A client on the case tells Alabama that they want to end this approval; or
- The authorized representative tells Alabama that they want to end this approval; or
- The person or organization is no longer permitted to act as the client's authorized representative

If the authorized representative knowingly withholds, gives wrong, or incomplete information to Alabama SUN Bucks and the information results in an overpayment, the Parent/Guardian will have to pay back benefits that they should not have received.

The authorized representative must maintain the confidentiality of any information provided by Alabama SUN Bucks regarding anyone listed on the application or case as well as adhere to any other relevant state and federal laws concerning conflicts of interest and confidentiality of information.

CHILD 4 - (EXTRA SPACE) STEP 1 CHILD INFORMATION

First Name *

MI **Last Name ***

Date of Birth (MM/DD/YY) **SSN**

Name of School Attended During End of School Year

Name of School District

Income Source(s) **Statewide Student Identifier (SSID)**

Child Income

$

Weekly Bi- Weekly Monthly Twice per Month Annually

Do you want to apply for Alabama SUN Bucks benefits for this child?

Yes No

Ethnicity/Racial Heritage (Optional)

Black or African American

Asian

Hispanic or Latino

Middle Eastern or North African

American Indian or Alaska Native

Native Hawaiian or Pacific Islander

White

CHILD 5 - (EXTRA SPACE) STEP 1 CHILD INFORMATION

First Name *

MI **Last Name ***

Date of Birth (MM/DD/YY) **SSN**

Name of School Attended During End of School Year

Name of School District

Income Source(s) **Statewide Student Identifier (SSID)**

Child Income

$

Weekly Bi- Weekly Monthly Twice per Month Annually

Do you want to apply for Alabama SUN Bucks benefits for this child?

Yes No

Ethnicity/Racial Heritage (Optional)

Black or African American

Asian

Hispanic or Latino

Middle Eastern or North African

American Indian or Alaska Native

Native Hawaiian or Pacific Islander

White

CHILD 6 - (EXTRA SPACE) STEP 1 CHILD INFORMATION

First Name *

MI **Last Name ***

Date of Birth (MM/DD/YY) **SSN**

Name of School Attended During End of School Year

Name of School District

Income Source(s) **Statewide Student Identifier (SSID)**

Child Income

$

Weekly Bi- Weekly Monthly Twice per Month Annually

Do you want to apply for Alabama SUN Bucks benefits for this child?

Yes No

Ethnicity/Racial Heritage (Optional)

Black or African American

Asian

Hispanic or Latino

Middle Eastern or North African

American Indian or Alaska Native

Native Hawaiian or Pacific Islander

White

CHILD 7 - (EXTRA SPACE) STEP 1 CHILD INFORMATION

First Name *

MI **Last Name ***

Date of Birth (MM/DD/YY) **SSN**

Name of School Attended During End of School Year

Name of School District

Income Source(s) **Statewide Student Identifier (SSID)**

Child Income

$

Weekly Bi- Weekly Monthly Twice per Month Annually

Do you want to apply for Alabama SUN Bucks benefits for this child?

Yes No

Ethnicity/Racial Heritage (Optional)

Black or African American

Asian

Hispanic or Latino

Middle Eastern or North African

American Indian or Alaska Native

Native Hawaiian or Pacific Islander

White

ADULT 4 - (EXTRA SPACE) STEP 2 HOUSEHOLD ADULTS AND INCOME

First Name * | **MI** | **Last Name ***

Date of Birth (MM/DD/YY) | **SSN**

Earnings from Work *

$

Weekly | Bi- Weekly | Monthly | Twice Per Month | Annually

Public Assistance, Unemployment, Child Support & Alimony *

$

Weekly | Bi- Weekly | Monthly | Twice Per Month | Annually

Pensions, Retirement, Social Security, Supplemental Security Income & Other Income *

$

Weekly | Bi- Weekly | Monthly | Twice Per Month | Annually

ADULT 5 - (EXTRA SPACE) STEP 2 HOUSEHOLD ADULTS AND INCOME

First Name * | **MI** | **Last Name ***

Date of Birth (MM/DD/YY) | **SSN**

Earnings from Work *

$

Weekly | Bi- Weekly | Monthly | Twice Per Month | Annually

Public Assistance, Unemployment, Child Support & Alimony *

$

Weekly | Bi- Weekly | Monthly | Twice Per Month | Annually

Pensions, Retirement, Social Security, Supplemental Security Income & Other Income *

$

Weekly | Bi- Weekly | Monthly | Twice Per Month | Annually

ADULT 6 - (EXTRA SPACE) STEP 2 HOUSEHOLD ADULTS AND INCOME

First Name * | **MI** | **Last Name ***

Date of Birth (MM/DD/YY) | **SSN**

Earnings from Work *

$

Weekly | Bi- Weekly | Monthly | Twice Per Month | Annually

Public Assistance, Unemployment, Child Support & Alimony *

$

Weekly | Bi- Weekly | Monthly | Twice Per Month | Annually

Pensions, Retirement, Social Security, Supplemental Security Income & Other Income *

$

Weekly | Bi- Weekly | Monthly | Twice Per Month | Annually

ADULT 7- (EXTRA SPACE) STEP 2 HOUSEHOLD ADULTS AND INCOME

First Name * | **MI** | **Last Name ***

Date of Birth (MM/DD/YY) | **SSN**

Earnings from Work *

$

Weekly | Bi- Weekly | Monthly | Twice Per Month | Annually

Public Assistance, Unemployment, Child Support & Alimony *

$

Weekly | Bi- Weekly | Monthly | Twice Per Month | Annually

Pensions, Retirement, Social Security, Supplemental Security Income & Other Income *

$

Weekly | Bi- Weekly | Monthly | Twice Per Month | Annually