

**IOWA DEPARTMENT OF NATURAL RESOURCES**

Customer Service Section
6200 Park Ave Ste 200, Des Moines IA 50321
(515) 725-8200 | www.iowadnr.gov

For Department Use Only

DNR #:		Issued By:	
Code #:	<input type="checkbox"/> 830 <input type="checkbox"/> 831	Date Issued:	

FREE ANNUAL RESIDENT HUNTING AND FISHING LICENSE APPLICATION

For residents of Iowa who are permanently disabled and low income or over 65 and low income.

License is valid from issue date until January 10th of the following year.

If completing online, please use the "TAB" key to navigate your way through this form. Do not press Enter.

APPLICANT INFORMATION:

Full Name: _____ Phone #: _____
Address: _____
City/State/Zip: _____ County: _____
*Social Security #: _____ Iowa DL/ID #: _____ Birth Date: _____
DNR Customer # (if known): _____ Email: _____
Eye Color: _____ Height: _____ ft. _____ in. Weight: _____ lbs. Gender: ☐ Male ☐ Female

*The Iowa Department of Natural Resources is required to collect social security numbers from all persons obtaining a hunting, fishing or other recreational license under section 252J.8 of the Code of Iowa and 42 US Code 666(a)(13). Your social security number will serve as your principal identification number to determine your eligibility for licenses. It will be provided to law enforcement agencies and the Iowa Child Support Collection Unity to establish, modify, and enforce child support obligations and to collect liabilities owed to the state or a state agency. It **WILL NOT** appear on your license.

SECTION 1: Eligibility Requirements

Low Income-For the purpose of obtaining this license, you are considered low income if your total household income falls below the federal poverty level guidelines. (See chart below)

Size of Family Unit	Income Unit
1 Person	\$15,060 per year/\$1,255 per month
2 Persons	\$20,440 per year/\$1,703.34 per month
3 Persons	\$25,820 per year/\$2,151.67 per month
4 Persons	\$31,200 per year/\$2,600 per month
5 Person	\$36,580 per year/\$3,048.34 per month
Add \$5,380 per year for each additional person in the family.	

Permanently Disabled - For the purpose of obtaining this license, a person is defined as permanently disabled if the person has been found under the provisions of the Federal Social Security Act, Title II, or any public or private pension system to have a permanent physical or mental condition which prevents that person from engaging in the person's occupation or qualifies that person for retirement.

SECTION 2: Checklists

Please complete the checklist below. Each step will need to be completed in order to be considered for this license. Once you have completed this checklist, please submit your application to one of the offices listed on page 2 of this form or you may fax the completed application to 515-725-8201 or email it to Webmaster@dnr.iowa.gov.

- ☐ I have read Section 1
- ☐ I am including a photocopy of my driver's license or state-issued ID proving my qualifying age
- ☐ I am including a copy of my Notice of Decision letter from DHS showing my countable income (Please complete section 4 if you are not receiving food stamps, Medicaid or other state assistance)
- ☐ I am including a photocopy of my current Award Letter from the Social Security Administration showing I am receiving disability compensation (contact the DNR if you only receive a private pension for your disability)
- ☐ I have completed Section 4 (If you are not receiving food stamps, Medicaid, or other state assistance)
- ☐ I have signed the application

SECTION 3: Acknowledgement Statement (Please checkmark next to each statement)

- ☐ I understand that this license will only be issued after verification of my eligibility and that this license will be valid only until January 10 of the following year. I understand that I must apply every year I want to receive this license.
- ☐ I understand that I will need to purchase additional privileges (e.g. tags, stamps, etc.) to hunt waterfowl, deer or turkey in Iowa. I understand I will need to purchase a Trout Fee to fish for or possess trout.
- ☐ I understand that if born after January 1st, 1972, I must show proof of having successfully completed an approved hunter safety course if I want to acquire a hunting license or combination hunting and fishing license through this application.
- ☐ I give Iowa Department of Health & Human Services permission to share with the Iowa Department of Natural Resources confidential information about my household income.
- ☐ I understand that providing false information on this application will make my license invalid and that I may be subject to fines and imprisonment for making a false entry in a public record in violation of Iowa Code 714.8(4), and for hunting, fishing, or trapping without a valid license in violation of relevant provisions of Iowa Code Chapter 483A.
- ☐ I understand that my license application will not be processed over-the-counter at a DNR office location and that it may take a minimum of two weeks to process the license application. I understand that my license will be mailed to me at the address listed on this application.

SECTION 4: Additional Affidavit. You do not need to fill out this section if you have a DHS Notice of Decision (You must provide all monthly household income information in the boxes below) Income documentation from all sources, including all family members living with you, is required to process your license application.

Name of all family members in your household with income:		Social Security Monthly Income	Any Additional Income
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
5		\$	\$
6		\$	\$
Total Monthly Household Income:		\$	\$

Total Number in Family: _____ (including all dependent children)

- ☐ I am not receiving food stamps, Medicaid nor other state assistance. I understand I may be required to show documentation of my social security statements, bank statements and/or other relevant income documentation to support my income claimed in the above chart and to verify income eligibility.
- ☐ I attest that the information provided regarding my annual household income is accurate and I am submitting with my application all relevant income documentation for verification of eligibility.
- ☐ I understand that providing false information on this application will render my license invalid and that I may be subject to fines and imprisonment for making a false entry in a public record in violation of Iowa Code 714.8(4), and for hunting, fishing, or trapping without a valid license in violation of Iowa Code 483A.

I swear and affirm that the information I have provided on and with this form is true and accurate. By signing this application, I acknowledge that I have read and understand all of the above statements.

Applicant Signature

Date

Please allow a minimum of two weeks to process mailed applications