



IOWA DEPARTMENT OF NATURAL RESOURCES

Licensing Section
502 East 9th Street, Des Moines, IA 50319-0034
(515) 725-8200 www.iowadnr.gov

Table with 4 columns: DNR #, Code #, Issued By, Date Issued. Includes checkboxes for codes 830 and 831.

FREE ANNUAL RESIDENT HUNTING AND FISHING LICENSE APPLICATION

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:

Form fields for Applicant Information: Full Name, Phone #, Address, City/State/Zip, County, Social Security #, Birth Date, Gender, Iowa Driver's License #, Eye Color, Height, Weight, Email.

*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). You 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

You are eligible to obtain a free hunting and/or fishing license if you meet ONE of the following requirements:

Please check the box that applies to you:

- I am a low income person who is at least 65 years of age (Go to Section 2)
I am a low income person who is permanently disabled (Go to Section 3)

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)

Table with 2 columns: Size of Family Unit, Income Unit. Rows for 1-5 persons with corresponding income thresholds.

** Add \$4,160 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: Checklist for a low income applicant who is at least 65 years of age

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.

- I have completed 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 5 if you are not receiving food stamps, Medicaid or other state assistance)
I have completed Section 4
I have signed the application

SECTION 3: Checklist for a low income applicant who is permanently disabled

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. You may also fax the completed application to 515-725-8201.

- I have completed Section 1
- 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 am including a photocopy of my Notice of Decision letter from DHS showing my countable income (Please complete section 5 if you are not receiving food stamps, Medicaid or other state assistance)
- I have completed Section 4
- I have signed the application

SECTION 4: 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 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.

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 _____

IOWA DNR LOCATIONS:

<p>NW Regional Office Spirit Lake Fish Hatchery 122 252nd Ave Spirit Lake, IA 51360 Phone: (712) 336-1840</p>	<p>NE Regional Office Manchester Fish Hatchery 22693 205th Ave Manchester, IA 52057 Phone: (563) 927-3276</p>		<p>DNR Central Office 502 E 9th St Des Moines, IA 50319 Phone: (515) 725-8200</p>	<p>SW Regional Office Cold Springs State Park 57744 Lewis Rd Lewis, IA 51544-5103 Phone: (712) 769-2587</p>
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(Please allow a minimum of two weeks to process mailed applications)

SECTION 5: INCOME VERIFICATION AFFIDAVIT

For persons applying for the Free Annual Resident Hunting and Fishing License

The Income Verification Affidavit **MUST** be completed by the applicant **ONLY** if the applicant is **NOT** currently receiving food stamps, Medicaid, nor other state assistance.

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: _____

*Social Security # or Valid

Iowa Driver's License #: _____

City/State/Zip: _____

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). You 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 5.1: (You must provide all yearly 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:				
Annual Wages or Compensation:	\$	\$	\$	\$
Annual Social Security:	\$	\$	\$	\$
Annual Retirement Income:	\$	\$	\$	\$
Annual Dividends and Interest:	\$	\$	\$	\$
Annual Income from Rents and Royalties:	\$	\$	\$	\$
Annual Other Cash Income/Gifts:	\$	\$	\$	\$
Total Annual Income per Family Member	\$	\$	\$	\$
Total Number in Family:		Total Yearly Household Income (Totals Above Added Together):	\$	

SECTION 5.2: (You must provide supporting documentation to verify the income listed in the chart above)

I am not receiving food stamps, Medicaid nor other state assistance. I am **including** 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.

SECTION 5.3: (You must mark next to ALL of the following statements as acknowledgement of your understanding.)

_____ 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 am acknowledging that I have read and understand all of the above statements.

Applicant Signature

Date