

☐ I have signed the application

IOWA DEPARTMENT OF NATURAL RESOURCES

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

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			Issued				
DNR #:			By:				
Code #:	830	831	Date				
			Issued:				

FREE ANNUAL RESIDENT HUNTING AND FISHING LICENSE APPLICATION

For residents of Iowa who are permanently disabled and Iow income or over 65 and Iow 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:				c	County:		
*Social Security #: lowa DL/ID #:		Birth Date:					
DNR Customer # (If known	ı):		Email:				
Female *The lowa 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 lowa 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 lowa 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	-						
	se of obtaining this license, you a	re co	onsidered low	income if you	ur total househo	old income falls below the	
federal poverty level guidelines. (See chart below) Size of Family Unit Income Unit							
	1 Person		\$15,060 per y		per month		
	2 Persons		20,440 per ye				
	3 Persons		25,820 per ye		-		
	4 Persons		\$31,200 per y	ear/\$2,600 p	er month		
	5 Person	\$	36,580 per ye	ar/\$3,048.34	per month		
	Add \$5,380 per year for	each	additional pe	erson in the f	amily.		
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)							

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SECT	TION 3: Acknowledgement Statement (Ple	ease checkmark next to each sta	tement					
	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 lowa. I understand I will need to purchase a Trout Fee to fish for or possess trout.							
	I understand that if born after January 1^{st} , 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 lowa 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.							
	TION 4: Additional Affidavit. You do not n	•						
	u must provide all monthly household income			tion from all				
sour	rces, including all family members living with	you, is required to process your lice	Social Security	Any Additional				
	Name of all family members in your ho	usehold with income:	Monthly Income	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 lowa Code 714.8(4), and for hunting, fishing, or trapping without a valid license in violation of lowa 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					
IOWA DNR LOCATIONS:								
	NW Regional Off Spirit Lake Fish Hat 122 252 nd Ave Spirit Lake, IA 51 Phone: (712) 336-	SW Regional Office Cold Springs State Park 57744 Lewis Rd Lewis, IA 51544-5103 Phone: (712) 769-2587						

(Please allow a minimum of two weeks to process mailed applications)

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