



14. CERTIFICATION BY THE COMMISSION FOR THE BLIND & VISUALLY HANDICAPPED NUMBER:	
15. NAME OF APPLICANT'S NEXT OF KIN (Friend or Relative) <i>(Not Spouse)</i> : <b>REQUIRED</b>	
16. NEXT OF KIN TELEPHONE NUMBER:	
<p>I certify that the above statements are true and complete; and I make these statements with the knowledge that willfully issuing a false or fraudulent statement is a misdemeanor pursuant to New York State Law.</p> <p><b>APPLICANTS SIGNATURE:</b> <span style="float: right;"><b>DATE:</b></span></p>	
<b>PREPARER'S NAME:</b>	<b>PHONE NUMBER:</b>
<p><i>Return: Completed Application, Report of Legal Blindness, certificate of Discharge, Proof of Residency &amp; Marriage &amp; Death certificates (if spouse applying) to:</i></p>	<p><b>NYS Division of Veterans' Services c/o Blind Annuity #2 Empire state Plaza, 17<sup>th</sup> Floor Albany, NY 12223</b></p>

APR 19