

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> : REQUIRED	
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>APPLICANTS SIGNATURE: DATE:</p>	
PREPARER'S NAME:	PHONE NUMBER:
<p><i>Return: Completed Application, Report of Legal Blindness, certificate of Discharge, Proof of Residency & Marriage & Death certificates (if spouse applying) to:</i></p>	<p>NYS Division of Veterans' Affairs c/o Blind Annuity #2 Empire state Plaza, 17th Floor Albany, NY 12223</p>

Jan 15