

**NYS Division of Veterans' Affairs
#5 Empire State Plaza, 28th Floor
Albany, New York 12223-1551
518-486-3602**

APPLICATION FOR BLIND ANNUITY

1. APPLICANT'S NAME:			
<i>(Veteran OR Unremarried Surviving Spouse)</i>	<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE</i>
2. APPLICANT'S ADDRESS:			
<i>NUMBER, STREET, APARTMENT NUMBER, PO BOX</i>			
<i>CITY/TOWN</i>	<i>COUNTY</i>	<i>STATE</i>	<i>ZIP CODE</i>
3. TELEPHONE:	4. DATE OF BIRTH:		
5. APPLICANT'S SOCIAL SECURITY NUMBER:			
6. VETERAN'S NAME:			
<i>(If different from Applicant)</i>	<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE</i>
7. VETERAN'S SOCIAL SECURITY NUMBER:			
8. QUALIFYING DATES OF SERVICE:	9. ARE YOU MARRIED? YES or NO		
		SPOUSE'S NAME:	
<i>FROM</i>	<i>TO</i>		
10. ARE YOU CURRENTLY RECEIVING VA DISABILITY BENEFITS? YES or NO			
11. IF YES: WHAT IS YOUR VA CLAIM NUMBER?			
12. NAME OF PHYSICIAN PROVIDING EVIDENCE OF VETERANS' LOSS OF SIGHT:			
13. ADDRESS OF PHYSICIAN:			
14. CERTIFICATION BY THE COMMISSION FOR THE BLIND & VISUALLY HANDICAPPED NUMBER:			
15. NAME OF APPLICANT'S NEXT OF KIN <i>(other than spouse)</i>:			
16. NEXT OF KIN TELEPHONE NUMBER:			
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.			
SIGNATURE:		DATE:	
PREPARER'S NAME:		PHONE NUMBER:	
<i>Return Completed Application, Report of Legal Blindness, Certificate of Discharge, Proof of Residency & Marriage & Death certificates (if spouse applying) to:</i>		NYS Division of Veterans' Affairs c/o Blind Annuity #5 Empire State Plaza, 28th Floor Albany, NY 12223-1551	