

VoteNY

Dear

On Tuesday, November 8, New York State will hold critical elections that will choose candidates up and down the ballot.

Voting by mail is easy and convenient. To ensure public health, registered voters in the state of New York are currently eligible to request an absentee ballot to vote by mail. All you need to do is:

1. **Review and complete the enclosed absentee ballot application.** In Section 1, mark “temporary illness or physical disability” to request a ballot be mailed to you because of COVID-19. For your convenience, we have filled in your name and address on the application. If any of the prefilled information is incorrect, simply cross it out and enter the correct information.
2. **Sign the form** in blue or black ink in Section 8.
3. Use the provided preaddressed, postage-paid envelope to mail the completed form to your County Board of Elections. **No additional postage is necessary.**

This application must be either personally delivered to your county board of elections not later than the day before the election, or received by letter, telefax, or through the absentee request portal **not later than October 24**. Once you’ve submitted your absentee ballot request form, your county board of elections will send you a ballot by mail that you can complete and return to vote without ever leaving your home — **no waiting in line**.

You can track the status of your application at absenteeballot.elections.ny.gov.

Thank you for being a voter.

– *New York State Democratic Committee*

NEW YORK STATE VOTER ASSISTANCE PROGRAM

Voting absentee is as easy as 1–2–3

Voting by mail is simple, convenient, and safe.

STEP 1

Fill out, sign, and mail the application on the reverse side of this paper. Your application must be personally delivered to your county board of elections by November 7th, or received by letter, telefax, or through the absentee request portal no later than October 24th.

STEP 2

The Board of Elections will mail you a ballot.

STEP 3

Complete the ballot, and mail it back to the Board of Elections.

See reverse for your application to vote absentee.

New York State Absentee Ballot Application

Please print clearly. See detailed instructions.

To receive an absentee ballot: **In-Person** - Application must be personally delivered to your county board of elections not later than the day before the election. **By Mail** - Application must be received by your county board of elections not later than the 15th day before the election.

The ballot itself must either be personally delivered to the board of elections in your county no later than the close of polls on election day, or postmarked by a governmental postal service not later than the day of the election and received no later than 7 days after the election.

BOARD USE ONLY:

Town/City/Ward/Dist: _____

Registration No: _____

Party: _____

voted in office

1. I am requesting, in good faith, an absentee ballot due to (check one reason):

absence from county or New York City on election day

temporary illness or physical disability **COVID-19 concern**

permanent illness or physical disability

duties related to primary care of one or more individuals who are ill or physically disabled

resident or patient of a Veterans Health Administration Hospital

detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony

2. absentee ballot(s) requested for the following election(s) :

Primary Election only

General Election only

Special Election only

Any election held between these dates: absence begins: ____/____/____ absence ends: ____/____/____

3. last name or surname: _____ first name: _____ middle initial: _____ suffix: _____

4. date of birth MM/DD/YYYY: _____ county where you live: **Kings** phone number (optional): _____ email (optional): _____

5. address where you live (residence) street: _____ apt: _____ city: **Brooklyn** state: **NY** zip code: **11213**

6. Delivery of Primary Election Ballot (check one)

I authorize (give name): _____ to pick up my ballot at the board of elections.

Mail ballot to me at: (mailing address)

street no. street name apt. city state zip code

7. Delivery of General (or Special) Election Ballot (check one)

I authorize (give name): _____ to pick up my ballot at the board of elections.

Mail ballot to me at: (mailing address)

street no. street name apt. city: **Brooklyn** state: **NY** zip code: **11213**

Applicant Must Sign Below

8. I certify that I am a qualified and a registered (and for primary, enrolled) voter; and that the information in this application is true and correct and that this application will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

Sign Here: **X** _____ Date: ____/____/____

If applicant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed: By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability or because I am unable to read. I have made, or have the assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed. See detailed instructions.)

Date: ____/____/____ Name of Voter: _____ Mark: _____

I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him or her to be the person who affixed his or her mark to said application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

(address of witness to mark)

(signature of witness to mark)