

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Department/Organization Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally apply for benefits under the Persons with Disabilities (PWD) program. My name is [Your Name], and I am a resident of [Your City/State]. I have a [briefly describe your disability, e.g., medical condition or physical impairment], which has significantly impacted my daily life and ability to work.

[Provide a brief overview of your situation, including how your disability affects your life, any medical documentation you have, and why you are requesting these benefits.]

I have attached the necessary documentation, including medical records, personal statements, and any other pertinent information to support my application.

I appreciate your attention to this matter and look forward to your positive response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any additional information.

Thank you for your consideration.

Sincerely,  
[Your Name]