

ARIZONA PIONEERS' HOME



Qualifying Documents

Miner Qualifying Financially

THE MISSION OF THE ARIZONA PIONEERS' HOME IS TO PROVIDE A HOME FOR ARIZONA PIONEERS AND DISABLED MINERS THAT DELIVERS THE OPTIMAL PHYSICAL, EMOTIONAL, AND SPIRITUAL CARE IN A HOMELIKE AND COMPASSIONATE ENVIRONMENT. QUALITY CARE IS PROVIDED IN A PROFESSIONAL MANNER, PROTECTING DIGNITY AND HONORING THE PERSONAL DIRECTIVES OF EACH RESIDENT, WHILE CONSIDERING THE UNIQUENESS OF EACH INDIVIDUAL

300 S McCormick St. Prescott, AZ 86303

Main: (928) 445-2181 FAX (928) 778-1148

Hello,

This is the Qualifying Documents packet for Miners Qualifying Financially. These documents help our staff to determine if you meet the requirements of residency as stated in the Arizona Revised Statute 41-942 .

- ☐ Affidavit for Mining Employment
- ☐ Miner's Financial Attestation

Once you have these completed, please fill out the packet entitled Application for Admission.

As always, feel free to contact us with any questions.

Thank you,

Linda Meyer
Administrative Services
Arizona Pioneers' Home
928-277-2721
linda.meyer@aph.az.gov

AFFIDAVIT OF MINING EMPLOYMENT

A.R.S. 41-942. Qualifications for admission to hospital; definitions

- A. A person, under the order of the Governor, may be admitted to the Hospital for Disabled Miners who:
1. Has been a resident while in the occupation of mining in this state.
 2. Is a citizen or legal resident of the United States.
 3. Has reached the age of sixty years or more, and is financially unable to support himself, or has suffered incapacitating injuries arising from and in the course of mining.
- B. Based on available space and funding, the governor may approve a person for admission to the hospital for miners with disabilities who has not yet reached the age of sixty years but otherwise qualifies for admission under subsection A.
- C. For the purposes of this section:
1. "Claim" has the same meaning prescribed in section 27-301.
 2. "Mine" has the same meaning prescribed in section 27-301.
 3. "Mining":
 - a. Has the same meaning prescribed in section 27-301.
 - b. Does not include performing executive, administrative, support or clerical functions for the owner or operator of a mine, unless a person who performs executive, administrative, support or clerical functions for the owner or operator of the mine had significant environmental exposure to mining activities that could be detrimental to a person's health.
 - c. Does not include activities performed by an owner of a private mining claim who did not actually work the claim.

Date: _____

Name: _____
Last First Middle Initial

Address: _____
Street City Zip

Cell Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

References: (List names and addresses of friends or relatives who can verify that you have been in the occupation of mining and have lived in Arizona as required by State law.)

Name: _____ Relationship: _____

FULL Address/Phone: _____

Name: _____ Relationship: _____

FULL Address/Phone: _____

AFFIDAVIT OF MINING EMPLOYMENT (continued)

When applying to the Arizona Hospital for Disabled Miners, an applicant must provide information about working in the occupation of mining, showing that they meet the State requirements for admission. Please provide the following:

Mining Employment History

Dates	Company	Job Title	City
Dates	Company	Job Title	City
Dates	Company	Job Title	City

Total Number of years worked in the mining industry: _____

List any other information that will substantiate and verify you worked in the occupation of mining:

☐ I understand the Arizona Pioneers' Home may require documentation to verify mining employment.

Certification

I certify that, to the best of my knowledge, I meet the qualifications for admission to the Arizona Hospital for Disabled Miners at the Arizona Pioneers' Home. (Check appropriate box)

- ☐ I have been a resident of the State of Arizona while in the occupation of mining.
- ☐ I physically participated in mining activities to develop or extract materials from a mine, or I performed executive, administrative, support or clerical functions for the owner or operator of a mine *in which there was significant environmental exposure to mining activities*, that could be detrimental to a person's health.
- ☐ I am a citizen or legal resident of the United States.
- ☐ I have reached the age of sixty (60) or more years.
- ☐ I am under sixty (60) years of age and request exception based on A.R.S. 41-492-B.
- ☐ I have suffered an incapacitating injury (or illness) arising from the occupation of mining.
- ☐ I am financially unable to support myself.

By submitting this affidavit, I certify and swear that I meet the above qualifications and am submitting this application so that I may become a resident of the Arizona Miners Hospital if it appears that I possess all of the qualifications.

Signature of Resident/Resident's Representative _____ Date: _____

Subscribed and sworn to before me this _____ day of _____ A.D., 20 _____.

My commission expires _____ Notary Public: _____

Miner's Financial Attestation

In order to come to the Arizona Pioneers' Home as a Miner Qualifying Financially, we need a completed Miner's Financial Attestation form and the required accompanying documentation.

A complete list of required documentation begins on page eight (8) of this packet. If you need help with getting copies made, just bring your documents to my office and I will copy them for you.

- **Only FULL statements will be accepted.** Please do not turn in partial statements, just the 1st page of a statement, screenshots of transactions, or photos of all or parts of the statements. *Anything other than full statements will not be accepted.* For auditing purposes, if the statement says "1 of 6 pages", we must have all 6 pages.
- If you don't have the bank statements for whatever reason, there are two ways to get new copies of statements.
 - You can either call the bank and ask them to send them to you (or the Pioneers' Home).
 - **Or**
 - If you do online banking, you can download them and then email them to our office.
- Some things on the list won't apply to you. That's okay...don't worry about those!
- Account numbers on bank statements can be blacked out... if you do so, *please leave the last 4 numbers visible.*

I am available for questions if you have them, so please don't hesitate to ask. Thanks!

Linda Meyer
Administrative Services
Room 216
928-277-2721
linda.meyer@aph.az.gov

The following sources of income are considered:

INCOME
Social Security/SSI payments
Wages
Income/profit from owning a business
Pensions
Annuities
Dividends
RMD (mandatory deduction from investments)
Rental property income
Federal/State income tax refunds
Interest earned: Checking/savings/credit union accounts
Interest earned: Money market accounts
Interest earned: Owned house/property
Interest earned: Sale of house/property
Interest earned: Other interest-bearing accounts

- ▶ Income sources: We will need bank/financial statements for the most recent three (3) months prior to the date of the Application for Admission, and tax documents showing any income (monthly or annual), and documentation from any of the sources listed below.
- ▶ Social Security Benefit Letter: The Social Security Administration sends out a Benefit Letter every December which will show the new amount the applicant will receive for the new year.

MINER'S FINANCIAL ATTESTATION FORM

- The Miner's Financial Attestation form is required upon admission for any miner requesting residency at Home based on financial need.
- Please fill in as much detail as you can and return the Attestation form with supporting documentation.
 - The documentation referred to is the bank/financial statements that are listed beginning on page eight (8). They include bank (checking/savings/money market) statements, the Social Security Benefit Letter, etc.
 - The list of documents you are saving should match the information you list on this form.
- *For every entry you put on the Attestation form, a financial statement/document is required to go with it.* Please sort through the statements before turning them in and make sure they match what was filled in on the Miner's Financial Attestation.
- This form must be filled out and signed by either the applicant or the applicant's representative

REQUIRED DOCUMENTATION

A statement for each of the following is required (if applicable):

INCOME:

- ❑ **BANK ACCOUNTS:** Bank/financial statements for ALL active checking, savings and money market accounts for the FULL months of January, February and March of 2025. Account numbers on bank/financial statements can be blacked out... if you do so, leave the last 4 numbers visible.
- ❑ **TRUST ACCOUNTS:** We require copies of legal documents declaring what assets/accounts are contained within, who the trustee is and who the beneficiaries are.
- ❑ **SOCIAL SECURITY:** The Social Security Benefit Letter is sent out in December to everyone by the Social Security Administration.
- ❑ **WAGES:** All wages are considered income. We need copies of your last three (3) paychecks.
- ❑ **IF YOU OWN A BUSINESS:** All profit generated by a business is considered income. You will need to turn in the most recent three months of all checking, savings, money market accounts, and any other financial accounts related to your business. We also require a copy of the previous year's State and Federal taxes for your business. We need a copy of the FULL return for both. Only the entire return will be accepted.
- ❑ **PENSION:** If you receive one or more pensions, a statement showing your monthly pension earnings for each account is required.
- ❑ **INVESTMENT INCOME (including ANNUITIES and/or DIVIDENDS):** Financial account statements for ALL active investment accounts are required showing the amount earned, the dates and the name of the company/financial institution. Turn in the most recent three (3) statements.
- ❑ **RETIREMENT PLAN AND IRA REQUIRED MINIMUM DISTRIBUTIONS:** Required minimum distributions (RMDs) are the minimum amounts you must withdraw from your retirement accounts each year. We will need a copy of the statement from the retirement plan or IRA that shows the RMD for the year 2025.
- ❑ **RENTAL PROPERTY INCOME:** If you receive rental property income from a house or property, submit a copy of the rental agreement and the last three (3) months of statements for the account the income is deposited into.

- **FEDERAL/STATE TAX RETURNS:** If you filed State or Federal taxes for 2024, we need a copy of the FULL return for both, even if you did not receive a refund. Only the entire return will be accepted.

- **CDs/INTEREST BEARING ACCOUNTS:** : Bank/financial statements for ALL CDs and interest-bearing accounts for the months of January, February and March of 2025.

- **LOAN PAYMENTS OR RECEIVABLE PAYMENTS FROM OTHERS:** Documentation showing the amount earned, the dates and the name of the individual/company/financial institution is required.

- **HOUSE/PROPERTY VALUE:** The Resident Financial Disclosure has a section for the address of your house/property.
 - If the applicant owns/sold a house/property independently:
 - ♦ Current ownership: Fair Market Value of the house/property will be assessed and charge interest of 100% of the value and add this to the monthly income of the resident.
 - ♦ Sale of house/property: Any profits from the sale of a house or property (before or after admission to the Arizona Pioneers' Home), will not be considered as income. If/when the house is sold (two years before or after admission), the interest earned on the monies from the sale of the house will be considered as income during residency (whether or not the resident keeps the money).
 - If the house was jointly owned/sold between the applicant and any other person:
 - ♦ Current ownership: Fair Market Value of the house/property will be assessed and charge interest of 50% of the value and add this to the monthly income of the resident.
 - ♦ Sale of house/property: Any profits from the sale of a house or property (before or after admission to the Arizona Pioneers' Home), will not be considered as income. If/when the house is sold (two years before or after admission), the interest earned on the monies from the sale of the house will be considered as income during residency (whether or not the resident keeps the money).

- **ASSETS:** Have you disposed of any assets with a value greater than \$1000, (property or money) in the past 24 months? If yes, documentation from the individual/company/financial institution involved is required.

- **ACCOUNTS OR INCOME NOT LISTED ABOVE:** Financial statements showing the amount earned, the dates and the name of the company/financial institution are required.

MINER'S FINANCIAL ATTESTATION

Applicant's name: _____ DOB: _____

ACCOUNT INFORMATION

The last 4 digits of the account number for each account is required

Include financial accounts for all investments: stocks, bonds, mutual funds, certificates of deposit, real estate investment trusts, money market funds, commodities, futures, options or any other types of investments.

Type of Account	Last 4 digits of account #	Name of Financial Institution	Current Balance	Interest Rate % OR reinvested?
Checking			\$	
Checking			\$	
Savings			\$	
Savings			\$	
Money Market			\$	
Money Market			\$	
CD			\$	
CD			\$	
Retirement (IRA etc.)			\$	
Retirement (IRA etc.)			\$	
Brokerage or Investment			\$	
Brokerage or Investment			\$	
Other			\$	
Other			\$	

****Please write additional information on a separate page****

MINER'S FINANCIAL ATTESTATION

Applicant's name: _____ DOB: _____

INCOME SUMMARY

Dividends, interest and capital gains must be disclosed even if reinvested

SOURCE OF PAYMENT	NAME OF FINANCIAL INSTITUTION/COMPANY OR INDIVIDUAL	NET AMOUNT RECEIVED	Received MONTHLY, QUARTERLY, ANNUALLY? OR REINVESTED ?
Social Security	Social Security Administration	\$	
Supplemental Security Income (SSI)		\$	
Disability payments		\$	
Wages		\$	
Income/profit from owning a business		\$	
Retirement/Pensions		\$	
Life Insurance payments		\$	
Annuities		\$	
Dividends		\$	
Brokerage/investment accounts		\$	
Retirement accounts, (includes RMD payments)		\$	
Rental property income		\$	
Federal/State income tax refunds		\$	
Other		\$	
Other		\$	
Other		\$	

***Please write additional information on a separate page**

MINER'S FINANCIAL ATTESTATION

Applicant's name: _____ DOB: _____

PERSON COMPLETING THE FORM (FOR FOLLOW-UP IF NEEDED):

Name: _____

Relation to the applicant: _____

Phone: _____

Email: _____

I certify that the statements I have made on this Resident Financial Disclosure are true, complete and correct to the best of my knowledge and belief.

Signature of Applicant/Applicant's Representative (POA)

Date