



# THE American Community Survey

**This form asks for information about the people who are living or staying at the address on the mailing label and about the house, apartment, or mobile home located at the address on the mailing label.**



**If you need help or have questions about completing this form,** please call **1-800-354-7271**. The telephone call is free.

**Telephone Device for the Deaf (TDD):**  
Call 1-800-582-8330. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al **1-877-833-5625**. Usted también puede pedir un cuestionario en español o completar su entrevista por teléfono con un entrevistador que habla español.

For more information about the American Community Survey, visit our web site at: <http://www.census.gov/acs/www/>

## Start Here

**PLEASE COMPLETE THIS FORM AND RETURN IT AS SOON AS POSSIBLE AFTER RECEIVING IT IN THE MAIL.**



**Please print today's date.**

Month Day Year

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**Please print the name and telephone number of the person who is filling out this form. We may contact you if there is a question.**

Last Name

First Name

MI

--	--

Area Code + Number

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**How many people are living or staying at this address?**

- **INCLUDE** everyone who is living or staying here for more than 2 months.
- **INCLUDE** anyone else staying here who does not have another usual place to live.
- **EXCLUDE** anyone who is living somewhere else for more than 2 months, such as a college student living away.

**Number of people**



**Fill out pages 2 and 3 for EVERYONE who is living or staying at this address, including yourself.**

If no one is living or staying here for more than 2 months, complete only pages 4, 5, and 6 and return this questionnaire.



# List of Residents

**1** How is this person related to Person 1?

**2** What is this person's sex?

**3** What is this person's date of birth and what is this person's age?

## Person 1

Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.

Last Name (Please print)

First Name

MI

Person 1

Male  
 Female

Print numbers in boxes.

Month Day Year of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please report babies as age 0 when the child is less than 1 year old.

Age (in years)

## Person 2

Relationship of Person 2 to Person 1.

Last Name (Please print)

First Name

MI

- |   |  |
|---|--|
| <input type="checkbox"/> Husband or wife            | <input type="checkbox"/> Parent-in-law               |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Son-in-law, daughter-in-law |
| <input type="checkbox"/> Adopted son or daughter    | <input type="checkbox"/> Other relative              |
| <input type="checkbox"/> Stepson or stepdaughter    | <input type="checkbox"/> Roomer or boarder           |
| <input type="checkbox"/> Brother or sister          | <input type="checkbox"/> Housemate or roommate       |
| <input type="checkbox"/> Father or mother           | <input type="checkbox"/> Unmarried partner           |
| <input type="checkbox"/> Grandchild                 | <input type="checkbox"/> Other nonrelative           |

Male  
 Female

Print numbers in boxes.

Month Day Year of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please report babies as age 0 when the child is less than 1 year old.

Age (in years)

## Person 3

Relationship of Person 3 to Person 1.

Last Name (Please print)

First Name

MI

- |   |  |
|---|--|
| <input type="checkbox"/> Husband or wife            | <input type="checkbox"/> Parent-in-law               |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Son-in-law, daughter-in-law |
| <input type="checkbox"/> Adopted son or daughter    | <input type="checkbox"/> Other relative              |
| <input type="checkbox"/> Stepson or stepdaughter    | <input type="checkbox"/> Roomer or boarder           |
| <input type="checkbox"/> Brother or sister          | <input type="checkbox"/> Housemate or roommate       |
| <input type="checkbox"/> Father or mother           | <input type="checkbox"/> Unmarried partner           |
| <input type="checkbox"/> Grandchild                 | <input type="checkbox"/> Other nonrelative           |

Male  
 Female

Print numbers in boxes.

Month Day Year of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please report babies as age 0 when the child is less than 1 year old.

Age (in years)

## Person 4

Relationship of Person 4 to Person 1.

Last Name (Please print)

First Name

MI

- |   |  |
|---|--|
| <input type="checkbox"/> Husband or wife            | <input type="checkbox"/> Parent-in-law               |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Son-in-law, daughter-in-law |
| <input type="checkbox"/> Adopted son or daughter    | <input type="checkbox"/> Other relative              |
| <input type="checkbox"/> Stepson or stepdaughter    | <input type="checkbox"/> Roomer or boarder           |
| <input type="checkbox"/> Brother or sister          | <input type="checkbox"/> Housemate or roommate       |
| <input type="checkbox"/> Father or mother           | <input type="checkbox"/> Unmarried partner           |
| <input type="checkbox"/> Grandchild                 | <input type="checkbox"/> Other nonrelative           |

Male  
 Female

Print numbers in boxes.

Month Day Year of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please report babies as age 0 when the child is less than 1 year old.

Age (in years)

## Person 5

Relationship of Person 5 to Person 1.

Last Name (Please print)

First Name

MI

- |   |  |
|---|--|
| <input type="checkbox"/> Husband or wife            | <input type="checkbox"/> Parent-in-law               |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Son-in-law, daughter-in-law |
| <input type="checkbox"/> Adopted son or daughter    | <input type="checkbox"/> Other relative              |
| <input type="checkbox"/> Stepson or stepdaughter    | <input type="checkbox"/> Roomer or boarder           |
| <input type="checkbox"/> Brother or sister          | <input type="checkbox"/> Housemate or roommate       |
| <input type="checkbox"/> Father or mother           | <input type="checkbox"/> Unmarried partner           |
| <input type="checkbox"/> Grandchild                 | <input type="checkbox"/> Other nonrelative           |

Male  
 Female

Print numbers in boxes.

Month Day Year of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please report babies as age 0 when the child is less than 1 year old.

Age (in years)

## Person 6

→ If there are more than five people, list them here. We may call you for more information about them.

Last Name (Please print)

First Name

MI

## Person 7

Last Name (Please print)

First Name

MI

## Person 8

Last Name (Please print)

First Name

MI



**NOTE: Please answer BOTH Question 4 about Hispanic origin and Question 5 about race. For this survey, Hispanic origins are not races.**

**4** Is this person of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin  
 Yes, Mexican, Mexican Am., Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, another Hispanic, Latino, or Spanish origin — *Print origin, for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↴

**5** What is this person's race? Mark (X) one or more boxes.

- White  
 Black, African Am., or Negro  
 American Indian or Alaska Native — *Print name of enrolled or principal tribe.* ↴  
 Asian Indian  
 Chinese  
 Filipino  
 Japanese  
 Korean  
 Vietnamese  
 Other Asian — *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* →


- Native Hawaiian  
 Guamanian or Chamorro  
 Samoan  
 Other Pacific Islander — *Print race, for example, Fijian, Tongan, and so on.* ↴  
 Some other race — *Print race.* ↴ ↴


- No, not of Hispanic, Latino, or Spanish origin  
 Yes, Mexican, Mexican Am., Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, another Hispanic, Latino, or Spanish origin — *Print origin, for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↴

- White  
 Black, African Am., or Negro  
 American Indian or Alaska Native — *Print name of enrolled or principal tribe.* ↴  
 Asian Indian  
 Chinese  
 Filipino  
 Japanese  
 Korean  
 Vietnamese  
 Other Asian — *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* →


- Native Hawaiian  
 Guamanian or Chamorro  
 Samoan  
 Other Pacific Islander — *Print race, for example, Fijian, Tongan, and so on.* ↴  
 Some other race — *Print race.* ↴ ↴


- No, not of Hispanic, Latino, or Spanish origin  
 Yes, Mexican, Mexican Am., Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, another Hispanic, Latino, or Spanish origin — *Print origin, for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↴

- White  
 Black, African Am., or Negro  
 American Indian or Alaska Native — *Print name of enrolled or principal tribe.* ↴  
 Asian Indian  
 Chinese  
 Filipino  
 Japanese  
 Korean  
 Vietnamese  
 Other Asian — *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* →


- Native Hawaiian  
 Guamanian or Chamorro  
 Samoan  
 Other Pacific Islander — *Print race, for example, Fijian, Tongan, and so on.* ↴  
 Some other race — *Print race.* ↴ ↴


- No, not of Hispanic, Latino, or Spanish origin  
 Yes, Mexican, Mexican Am., Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, another Hispanic, Latino, or Spanish origin — *Print origin, for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↴

- White  
 Black, African Am., or Negro  
 American Indian or Alaska Native — *Print name of enrolled or principal tribe.* ↴  
 Asian Indian  
 Chinese  
 Filipino  
 Japanese  
 Korean  
 Vietnamese  
 Other Asian — *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* →


- Native Hawaiian  
 Guamanian or Chamorro  
 Samoan  
 Other Pacific Islander — *Print race, for example, Fijian, Tongan, and so on.* ↴  
 Some other race — *Print race.* ↴ ↴


- No, not of Hispanic, Latino, or Spanish origin  
 Yes, Mexican, Mexican Am., Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, another Hispanic, Latino, or Spanish origin — *Print origin, for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↴

- White  
 Black, African Am., or Negro  
 American Indian or Alaska Native — *Print name of enrolled or principal tribe.* ↴  
 Asian Indian  
 Chinese  
 Filipino  
 Japanese  
 Korean  
 Vietnamese  
 Other Asian — *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* →


- Native Hawaiian  
 Guamanian or Chamorro  
 Samoan  
 Other Pacific Islander — *Print race, for example, Fijian, Tongan, and so on.* ↴  
 Some other race — *Print race.* ↴ ↴


**Person 9**

Last Name (Please print)

First Name

MI

**Person 10**

Last Name (Please print)

First Name

MI

**Person 11**

Last Name (Please print)

First Name

MI

**Person 12**

Last Name (Please print)

First Name

MI



When you are finished, turn the page and continue with the Housing section.

# Housing



Housing information helps your community plan for police and fire protection.

→ Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.

**1 Which best describes this building?**

Include all apartments, flats, etc., even if vacant.

- A mobile home
- A one-family house detached from any other house
- A one-family house attached to one or more houses
- A building with 2 apartments
- A building with 3 or 4 apartments
- A building with 5 to 9 apartments
- A building with 10 to 19 apartments
- A building with 20 to 49 apartments
- A building with 50 or more apartments
- Boat, RV, van, etc.

**2 About when was this building first built?**

- 2005 or later
- 2000 to 2004
- 1990 to 1999
- 1980 to 1989
- 1970 to 1979
- 1960 to 1969
- 1950 to 1959
- 1940 to 1949
- 1939 or earlier

**3 When did PERSON 1 (listed in the List of Residents on page 2) move into this house, apartment, or mobile home?**

Month Year

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**A** Answer questions 4–6 if this is a one-family house or a mobile home; otherwise, SKIP to question 7.

**4 How many acres is this house or mobile home on?**

- Less than 1 acre → SKIP to question 6
- 1 to 9.9 acres
- 10 or more acres

**5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?**

- None
- \$1 to \$999
- \$1,000 to \$2,499
- \$2,500 to \$4,999
- \$5,000 to \$9,999
- \$10,000 or more

**6 Is there a business (such as a store or barber shop) or a medical office on this property?**

- Yes
- No

**7 How many rooms are in this house, apartment, or mobile home? Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.**

- 1 room
- 2 rooms
- 3 rooms
- 4 rooms
- 5 rooms
- 6 rooms
- 7 rooms
- 8 rooms
- 9 or more rooms

**8 How many bedrooms are in this house, apartment, or mobile home; that is, how many bedrooms would you list if this house, apartment, or mobile home were on the market for sale or rent?**

- No bedroom
- 1 bedroom
- 2 bedrooms
- 3 bedrooms
- 4 bedrooms
- 5 or more bedrooms

**9 Does this house, apartment, or mobile home have COMPLETE plumbing facilities; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower?**

- Yes, has all three facilities
- No

**10 Does this house, apartment, or mobile home have COMPLETE kitchen facilities; that is, 1) a sink with piped water, 2) a stove or range, and 3) a refrigerator?**

- Yes, has all three facilities
- No

**11 Is there telephone service available in this house, apartment, or mobile home from which you can both make and receive calls?**

- Yes
- No

**12 How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?**

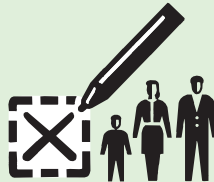
- None
- 1
- 2
- 3
- 4
- 5
- 6 or more







# Person 1



Your answers are important! Every person in the American Community Survey counts.

- Please copy the name of Person 1 from the List of Residents on page 2, then continue answering questions below.

Last Name

First Name

MI

- 7 Where was this person born?

In the United States – Print name of state.

Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.

- 8 Is this person a CITIZEN of the United States?

- Yes, born in the United States → SKIP to 10a  
 Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas  
 Yes, born abroad of American parent or parents  
 Yes, U.S. citizen by naturalization  
 No, not a citizen of the United States

- 9 When did this person come to live in the United States? Print numbers in boxes.

Year

- 10 a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.

- No, has not attended in the last 3 months → SKIP to question 11  
 Yes, public school, public college  
 Yes, private school, private college

- b. What grade or level was this person attending? Mark (X) ONE box.

- Nursery school, preschool  
 Kindergarten  
 Grade 1 to grade 4  
 Grade 5 to grade 8  
 Grade 9 to grade 12  
 College undergraduate years (freshman to senior)  
 Graduate or professional school (for example: medical, dental, or law school)

- 11 What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

- No schooling completed  
 Nursery school to 4th grade  
 5th grade or 6th grade  
 7th grade or 8th grade  
 9th grade  
 10th grade  
 11th grade  
 12th grade – NO DIPLOMA  
 HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent (for example: GED)  
 Some college credit, but less than 1 year  
 1 or more years of college, no degree  
 Associate degree (for example: AA, AS)  
 Bachelor's degree (for example: BA, AB, BS)  
 Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  
 Professional degree (for example: MD, DDS, DVM, LLB, JD)  
 Doctorate degree (for example: PhD, EdD)

- 12 What is this person's ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

- 13 a. Does this person speak a language other than English at home?

- Yes  
 No → SKIP to question 14

- b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

- c. How well does this person speak English?

- Very well  
 Well  
 Not well  
 Not at all

- 14 a. Did this person live in this house or apartment 1 year ago?

- Person is under 1 year old → SKIP to the questions for Person 2 on page 10.  
 Yes, this house → SKIP to **F**  
 No, outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc., below; then SKIP to **F**

No, different house in the United States

- b. Where did this person live 1 year ago?

Name of city, town, or post office

- c. Did this person live inside the limits of the city or town?

- Yes  
 No, outside the city/town limits

Name of county

Name of state

ZIP Code

**F** Answer questions 15 and 16 if this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 10.

- 15 Does this person have any of the following long-lasting conditions:

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| a. Blindness, deafness, or a severe vision or hearing impairment?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? | <input type="checkbox"/> | <input type="checkbox"/> |

- 16 Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| a. Learning, remembering, or concentrating?              | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dressing, bathing, or getting around inside the home? | <input type="checkbox"/> | <input type="checkbox"/> |



## Person 1 (continued)

**G** Answer questions 17 and 18 if this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 10.

**17** Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Going outside the home alone to shop or visit a doctor's office? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Working at a job or business?                                    | <input type="checkbox"/> | <input type="checkbox"/> |

**18** What is this person's marital status?

- Now married  
 Widowed  
 Divorced  
 Separated  
 Never married

**H** Answer question 19 if this person is female and 15–50 years old. Otherwise, SKIP to question 20a.

**19** Has this person given birth to any children in the past 12 months?

- Yes  
 No

**20** a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes  
 No → SKIP to question 21

b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

- Yes  
 No → SKIP to question 21

**21** Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty  
 Yes, on active duty during the last 12 months, but not now  
 Yes, on active duty in the past, but not during the last 12 months  
 No, training for Reserves or National Guard only → SKIP to question 24  
 No, never served in the military → SKIP to question 24

**22** When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later  
 August 1990 to August 2001 (including Persian Gulf War)  
 September 1980 to July 1990  
 May 1975 to August 1980  
 Vietnam era (August 1964 to April 1975)  
 March 1961 to July 1964  
 February 1955 to February 1961  
 Korean War (July 1950 to January 1955)  
 January 1947 to June 1950  
 World War II (December 1941 to December 1946)  
 November 1941 or earlier

**23** In total, how many years of active-duty military service has this person had?

- Less than 2 years  
 2 years or more

**24** LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.

- Yes  
 No → SKIP to question 30a

**25** At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.

a. Address (Number and street name)

If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

b. Name of city, town, or post office

c. Is the work location inside the limits of that city or town?

- Yes  
 No, outside the city/town limits

d. Name of county

e. Name of U.S. state or foreign country

f. ZIP Code

**26** How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

- |   |   |
|---|---|
| <input type="checkbox"/> Car, truck, or van       | <input type="checkbox"/> Motorcycle                           |
| <input type="checkbox"/> Bus or trolley bus       | <input type="checkbox"/> Bicycle                              |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked                               |
| <input type="checkbox"/> Subway or elevated       | <input type="checkbox"/> Worked at home → SKIP to question 34 |
| <input type="checkbox"/> Railroad                 | <input type="checkbox"/> Other method                         |
| <input type="checkbox"/> Ferryboat                |   |
| <input type="checkbox"/> Taxicab                  |   |

**I** Answer question 27 if you marked "Car, truck, or van" in question 26. Otherwise, SKIP to question 28.

**27** How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?

Person(s)

**28** What time did this person usually leave home to go to work LAST WEEK?

Hour Minute

 : 

- a.m.  
 p.m.

**29** How many minutes did it usually take this person to get from home to work LAST WEEK?

Minutes

**J** Answer questions 30–33 if this person did NOT work last week. Otherwise, SKIP to question 34.

**30** a. LAST WEEK, was this person on layoff from a job?

- Yes → SKIP to question 30c  
 No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 33  
 No → SKIP to question 31

c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes → SKIP to question 32  
 No







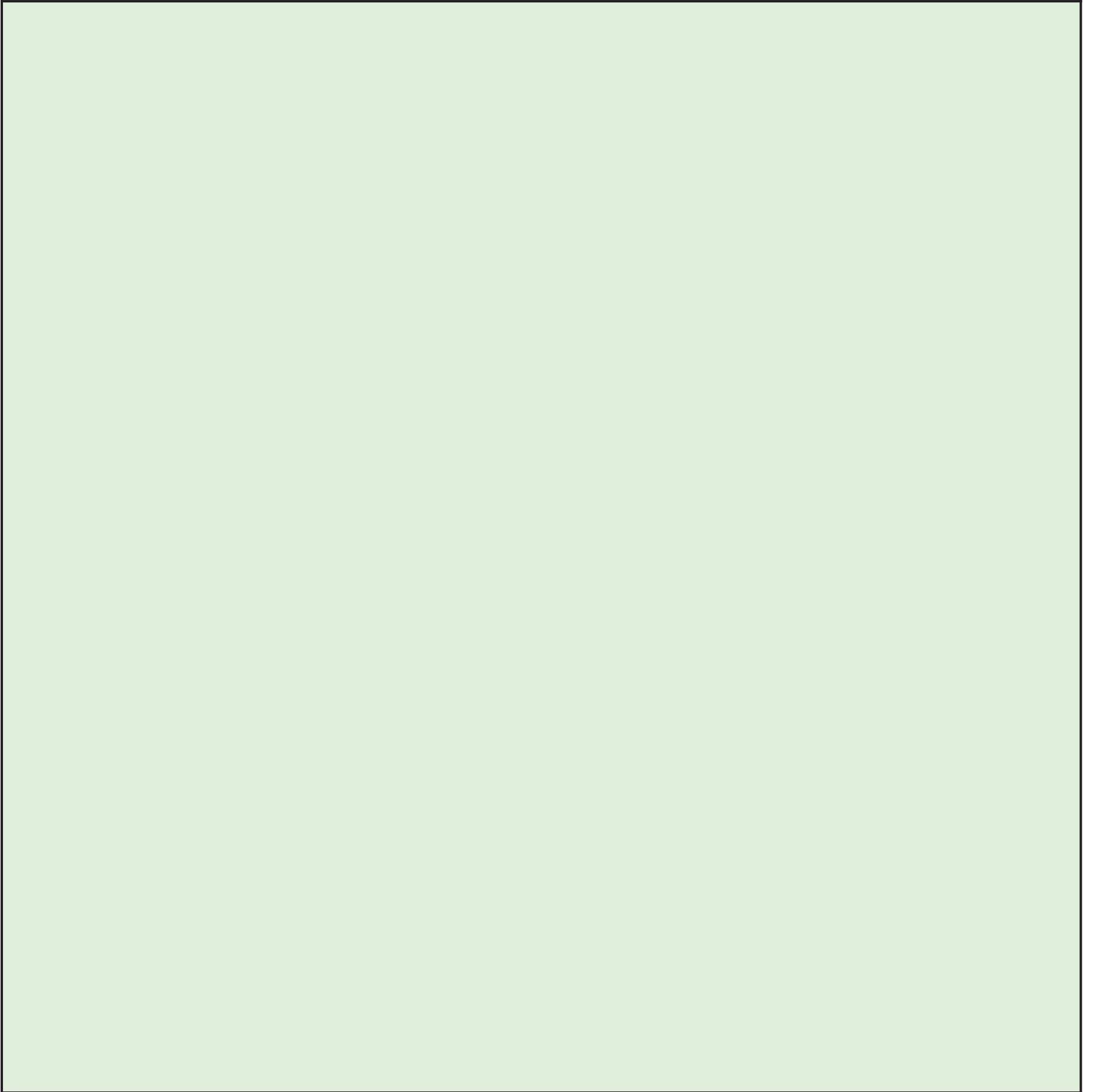
## Person 2



Survey information helps your community get financial assistance for roads, hospitals, schools, and more.

The balance of the questionnaire has questions for Person 2, Person 3, Person 4, and Person 5. The questions are the same as the questions for Person 1.





# Mailing Instructions

## → Please make sure you have..

- put all names on the List of Residents and answered the questions across the top of the page
- answered all Housing questions
- answered all Person questions for each person on the List of Residents.

## → Then...

- put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

**U.S. Census Bureau  
P.O. Box 5240  
Jeffersonville, IN 47199-5240**

- make sure the barcode above your address shows in the window of the return envelope.

**Thank you for participating in  
the American Community Survey.**

## For Census Bureau Use

POP

EDIT

PHONE

JIC1

JIC2

EDIT CLERK

TELEPHONE CLERK

JIC3

JIC4

The Census Bureau estimates that, for the average household, this form will take 38 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-XXXX, U.S. Census Bureau, 4700 Silver Hill Road, Stop 1500, Washington, D.C. 20233-1500. You may e-mail comments to [Paperwork@census.gov](mailto:Paperwork@census.gov); use "Paperwork Project 0607-0810" as the subject. Please **DO NOT RETURN** your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the bottom right on the front cover of this form.

Form ACS-1(X)Pro (8-25-2006)

