



U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

THE American Community Survey

Please complete this form and return it as soon as possible after receiving it in the mail.

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**.

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

U S C E N S U S B U R E A U



Start Here

➔ **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** yourself if you are living here for more than 2 months.
- **INCLUDE** anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
- **DO NOT INCLUDE** anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

Number of people

➔ **Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.**

FORM **ACS-1(X)Seq**
(12-19-2006)

OMB No. 0607-0936
Approval Expires 12/31/2009

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.)

1 What is Person 1's name?

Last Name (Please print) First Name MI

2 How is this person related to Person 1?

Person 1

3 What is Person 1's sex? Mark (X) ONE box.

Male Female

4 What is Person 1's age and what is Person 1's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.

Age (in years) Month Day Year of birth

NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 1 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, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↘

6 What is Person 1'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. ↘

- | | | |
|--|---|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↘ | <input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. ↘ | |

Some other race – Print race. ↘

Person 2

1 What is Person 2's name?

Last Name (Please print) First Name MI

2 How is this person related to Person 1? Mark (X) ONE box.

- | | |
|---|--|
| <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 or 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 |

3 What is Person 2's sex? Mark (X) ONE box.

Male Female

4 What is Person 2's age and what is Person 2's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.

Age (in years) Month Day Year of birth

NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 2 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, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↘

6 What is Person 2'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. ↘

- | | | |
|--|---|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↘ | <input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. ↘ | |

Some other race – Print race. ↘



Person 3

Person 4

1 What is Person 3's name?

Last Name (Please print) First Name MI

2 How is this person related to Person 1? Mark (X) ONE box.

- | | |
|---|--|
| <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 or 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 |

3 What is Person 3's sex? Mark (X) ONE box.

- Male Female

4 What is Person 3's age and what is Person 3's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.

Age (in years) Month Day Year of birth

NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 3 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, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↘

6 What is Person 3'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.* ↘

- | | | |
|---|--|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> ↘ | <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↘ | |

- Some other race – *Print race.* ↘

1 What is Person 4's name?

Last Name (Please print) First Name MI

2 How is this person related to Person 1? Mark (X) ONE box.

- | | |
|---|--|
| <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 or 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 |

3 What is Person 4's sex? Mark (X) ONE box.

- Male Female

4 What is Person 4's age and what is Person 4's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.

Age (in years) Month Day Year of birth

NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 4 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, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↘

6 What is Person 4'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.* ↘

- | | | |
|---|--|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> ↘ | <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↘ | |

- Some other race – *Print race.* ↘



Person 5

1 What is Person 5's name?

Last Name (Please print) First Name MI

2 How is this person related to Person 1? Mark (X) ONE box.

- | | |
|---|--|
| <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 or 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 |

3 What is Person 5's sex? Mark (X) ONE box.

- Male Female

4 What is Person 5's age and what is Person 5's date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.

Age (in years) Month Day Year of birth

NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 5 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, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↘
-

6 What is Person 5'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.* ↘
-

- | | | |
|---|--|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> ↘ | <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↘ | |

- Some other race – *Print race.* ↘
-

→ **If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12. We may call you for more information about them.** ↘

Person 6

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 7

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 8

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 9

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 10

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 11

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 12

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)



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 on page 2) move into this house, apartment, or mobile home?

Month	Year

A Answer questions 4–6 ONLY 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



Housing (continued)

13 Which **FUEL** is used **MOST** for heating this house, apartment, or mobile home?

- Gas: from underground pipes serving the neighborhood
- Gas: bottled, tank, or LP
- Electricity
- Fuel oil, kerosene, etc.
- Coal or coke
- Wood
- Solar energy
- Other fuel
- No fuel used

14 a. **LAST MONTH**, what was the cost of electricity for this house, apartment, or mobile home?

Last month's cost – Dollars

\$.00
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OR

- Included in rent or condominium fee
- No charge or electricity not used

b. **LAST MONTH**, what was the cost of gas for this house, apartment, or mobile home?

Last month's cost – Dollars

\$.00
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OR

- Included in rent or condominium fee
- Included in electricity payment entered above
- No charge or gas not used

c. **IN THE PAST 12 MONTHS**, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.

Past 12 months' cost – Dollars

\$.00
----	--	--	--	--	--	--	--	--	-----

OR

- Included in rent or condominium fee
- No charge

d. **IN THE PAST 12 MONTHS**, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.

Past 12 months' cost – Dollars

\$.00
----	--	--	--	--	--	--	--	--	-----

OR

- Included in rent or condominium fee
- No charge or these fuels not used

15 At any time **DURING THE PAST 12 MONTHS**, did anyone in this household receive Food Stamps?

- Yes → **What was the value of the Food Stamps received during the past 12 months?**

Past 12 months' value – Dollars

\$.00
----	--	--	--	--	--	--	--	--	-----

- No

16 Is this house, apartment, or mobile home part of a condominium?

- Yes → **What is the monthly condominium fee?** For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.

Monthly amount – Dollars

\$.00
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OR

- None
- No

17 Is this house, apartment, or mobile home –

- Owned by you or someone in this household with a mortgage or loan?
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented for cash rent?
- Occupied without payment of cash rent? → **SKIP to C**

B Answer questions 18a and b **ONLY IF** you **PAY RENT** for this house, apartment, or mobile home. Otherwise, **SKIP** to question 19.

18 a. **What is the monthly rent for this house, apartment, or mobile home?**

Monthly amount – Dollars

\$.00
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b. **Does the monthly rent include any meals?**

- Yes
- No

C Answer questions 19–23 **ONLY IF** you or someone else in this household **OWNS** or **IS BUYING** this house, apartment, or mobile home. Otherwise, **SKIP** to **E** on the next page.

19 **What is the value of this property; that is, how much do you think this house and lot, apartment, or mobile home and lot, would sell for if it were for sale?**

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$34,999
- \$35,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 to \$124,999
- \$125,000 to \$149,999
- \$150,000 to \$174,999
- \$175,000 to \$199,999
- \$200,000 to \$249,999
- \$250,000 or more – Specify ↘

\$.00
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Housing (continued)

20 What are the annual real estate taxes on THIS property?

Annual amount – Dollars

\$.00
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OR

None

21 What is the annual payment for fire, hazard, and flood insurance on THIS property?

Annual amount – Dollars

\$.00
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OR

None

22 a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

- Yes, mortgage, deed of trust, or similar debt
- Yes, contract to purchase
- No → SKIP to question 23a

b. How much is the regular monthly mortgage payment on THIS property?
Include payment only on FIRST mortgage or contract to purchase.

Monthly amount – Dollars

\$.00
----	--	--	--	--	--	--	--	--	--	-----

OR

No regular payment required → SKIP to question 23a

c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?

- Yes, taxes included in mortgage payment
- No, taxes paid separately or taxes not required

d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?

- Yes, insurance included in mortgage payment
- No, insurance paid separately or no insurance

23 a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?

- Yes, home equity loan
- Yes, second mortgage
- Yes, second mortgage and home equity loan
- No → SKIP to **D**

b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?

Monthly amount – Dollars

\$.00
----	--	--	--	--	--	--	--	--	--	-----

OR

No regular payment required

D Answer question 24 ONLY IF this is a MOBILE HOME. Otherwise, SKIP to **E**.

24 What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site?
Exclude real estate taxes.

Annual costs – Dollars

\$.00
----	--	--	--	--	--	--	--	--	--	-----

E Answer questions 25a–c ONLY IF you listed at least one person on page 2. Otherwise, SKIP to page 24 for the mailing instructions.

25 a. Do you or any member of this household live or stay at this address year round?

- Yes → SKIP to the questions for Person 1 on the next page
- No

b. How many months a year do members of this household stay at this address?

Months

--	--

c. What is the main reason members of this household are staying at this address?

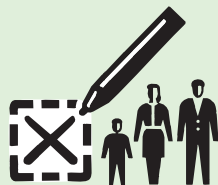
- This is their permanent address
- This is their seasonal or vacation address
- To be close to work
- To attend school or college
- Looking for permanent housing
- Other reason(s) – Specify ↴

--

➔ Continue with the questions about PERSON 1 on the next page.



Person 1



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

- ➔ Please copy the name of Person 1 from 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 11.
 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 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 11.

- 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 question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 11.

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"/> |

H Answer question 18 ONLY IF this person is female and 15–50 years old. Otherwise, SKIP to question 19a.

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

- Yes
 No

19 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 20

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 20

c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

20 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 23
 No, never served in the military → SKIP to question 23

21 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

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

- Less than 2 years
 2 years or more

23 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 29

24 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

25 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 33 |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

I Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.

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

Person(s)

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

Hour Minute

 :

- a.m.
 p.m.

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

Minutes

J Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.

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

- Yes → SKIP to question 29c
 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 32
 No → SKIP to question 30

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 31
 No



Person 1 (continued)

30 Has this person been looking for work during the last 4 weeks?

- Yes
 No → SKIP to question 32

31 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
 No, because of own temporary illness
 No, because of all other reasons (in school, etc.)

32 When did this person last work, even for a few days?

- Within the past 12 months
 1 to 5 years ago → SKIP to question 35
 Over 5 years ago or never worked → SKIP to question 41

33 During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service.

Weeks

34 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?

Usual hours worked each WEEK

K Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 41.

35–40 CURRENT OR MOST RECENT JOB ACTIVITY.

Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

35 Was this person – Mark (X) ONE box.

- an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?
 an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?
 a local GOVERNMENT employee (city, county, etc.)?
 a state GOVERNMENT employee?
 a Federal GOVERNMENT employee?
 SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
 SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
 working WITHOUT PAY in family business or farm?

36 For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box →
 and print the branch of the Armed Forces.

Name of company, business, or other employer

37 What kind of business or industry was this?

Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

38 Is this mainly – Mark (X) one box.

- manufacturing?
 wholesale trade?
 retail trade?
 other (agriculture, construction, service, government, etc.)?

39 What kind of work was this person doing?

(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

40 What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

41 INCOME IN THE PAST 12 MONTHS.

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

- Yes → No
 TOTAL AMOUNT for past 12 MONTHS

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

- Yes → Loss
 TOTAL AMOUNT for past 12 MONTHS

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

- Yes → Loss
 TOTAL AMOUNT for past 12 MONTHS

d. Social Security or Railroad Retirement.

- Yes → No
 TOTAL AMOUNT for past 12 MONTHS

e. Supplemental Security Income (SSI).

- Yes → No
 TOTAL AMOUNT for past 12 MONTHS

f. Any public assistance or welfare payments from the state or local welfare office.

- Yes → No
 TOTAL AMOUNT for past 12 MONTHS

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

- Yes → No
 TOTAL AMOUNT for past 12 MONTHS

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

- Yes → No
 TOTAL AMOUNT for past 12 MONTHS

42 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box.

- None OR Loss
 TOTAL AMOUNT for past 12 MONTHS

Continue with the questions for Person 2 on the next page. If only 1 person is listed on pages 2, 3, and 4, SKIP to page 24 for mailing instructions.



Person 2



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

- ➔ Please copy the name of Person 2 from 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 3 on page 14.
 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 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 3 on page 14.

- 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 2 (continued)

G Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 3 on page 14.

- 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"/> |

H Answer question 18 ONLY IF this person is female and 15–50 years old. Otherwise, SKIP to question 19a.

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

- Yes
 No

- 19** 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 20

- 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 20

- c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

- 20** 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 23
 No, never served in the military → SKIP to question 23

- 21** 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

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

- Less than 2 years
 2 years or more

- 23** 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 29

- 24** 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

- 25** 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 33 |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

I Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.

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

Person(s)

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

Hour Minute

 :

- a.m.
 p.m.

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

Minutes

J Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.

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

- Yes → SKIP to question 29c
 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 32
 No → SKIP to question 30

- 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 31
 No



Person 2 (continued)

30 Has this person been looking for work during the last 4 weeks?

- Yes
- No → SKIP to question 32

31 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
- No, because of own temporary illness
- No, because of all other reasons (in school, etc.)

32 When did this person last work, even for a few days?

- Within the past 12 months
- 1 to 5 years ago → SKIP to question 35
- Over 5 years ago or never worked → SKIP to question 41

33 During the PAST 12 MONTHS, how many WEEKS did this person work? *Count paid vacation, paid sick leave, and military service.*

Weeks

34 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?

Usual hours worked each WEEK

K Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 41.

35–40 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

35 Was this person – Mark (X) ONE box.

- an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?
- an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?
- a local GOVERNMENT employee (city, county, etc.)?
- a state GOVERNMENT employee?
- a Federal GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- working WITHOUT PAY in family business or farm?

36 For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.

Name of company, business, or other employer

37 What kind of business or industry was this?

Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

38 Is this mainly – Mark (X) one box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

39 What kind of work was this person doing?

(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

40 What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

41 INCOME IN THE PAST 12 MONTHS.

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

Yes → \$.00
 No TOTAL AMOUNT for past 12 MONTHS

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

Yes → \$.00 Loss
 No TOTAL AMOUNT for past 12 MONTHS

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

Yes → \$.00 Loss
 No TOTAL AMOUNT for past 12 MONTHS

d. Social Security or Railroad Retirement.

Yes → \$.00
 No TOTAL AMOUNT for past 12 MONTHS

e. Supplemental Security Income (SSI).

Yes → \$.00
 No TOTAL AMOUNT for past 12 MONTHS

f. Any public assistance or welfare payments from the state or local welfare office.

Yes → \$.00
 No TOTAL AMOUNT for past 12 MONTHS

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

Yes → \$.00
 No TOTAL AMOUNT for past 12 MONTHS

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

Yes → \$.00
 No TOTAL AMOUNT for past 12 MONTHS

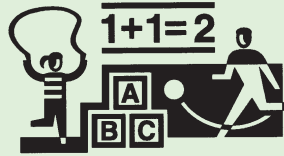
42 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box.

None OR \$.00
 Loss TOTAL AMOUNT for past 12 MONTHS

Continue with the questions for Person 3 on the next page. If only 2 people are listed on pages 2, 3, and 4, SKIP to page 24 for mailing instructions.



Person 3



Information about children helps
your community plan for child care,
education, and recreation.

- ➔ Please copy the name of Person 3 from page 3, 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 4 on page 17.
 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 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 4 on page 17.

- 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 3 (continued)

G Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 4 on page 17.

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"/> |

H Answer question 18 ONLY IF this person is female and 15–50 years old. Otherwise, SKIP to question 19a.

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

- Yes
 No

19 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 20

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 20

c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

20 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 23
 No, never served in the military → SKIP to question 23

21 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

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

- Less than 2 years
 2 years or more

23 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 29

24 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

25 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 33 |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

I Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.

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

Person(s)

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

Hour Minute

 :

- a.m.
 p.m.

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

Minutes

J Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.

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

- Yes → SKIP to question 29c
 No

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

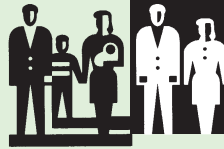
- Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 32
 No → SKIP to question 30

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 31
 No



Person 4



Knowing about age, race, and sex helps your community better meet the needs of everyone.

- ➔ Please copy the name of Person 4 from page 3, 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 5 on page 20.
 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 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 5 on page 20.

- 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 4 (continued)

G Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 5 on page 20.

- 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"/> |

H Answer question 18 ONLY IF this person is female and 15–50 years old. Otherwise, SKIP to question 19a.

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

- Yes
 No

- 19** 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 20

- 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 20

- c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

- 20** 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 23
 No, never served in the military → SKIP to question 23

- 21** 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

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

- Less than 2 years
 2 years or more

- 23** 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 29

- 24** 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

- 25** 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 33 |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

I Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.

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

Person(s)

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

Hour Minute

 :

- a.m.
 p.m.

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

Minutes

J Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.

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

- Yes → SKIP to question 29c
 No

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

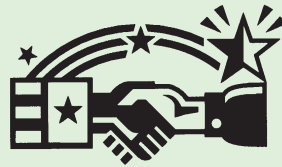
- Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 32
 No → SKIP to question 30

- 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 31
 No



Person 5



Your answers help your community plan for the future.

- ➔ Please copy the name of Person 5 from page 4, 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 mailing instructions on page 24.
 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 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 24.

- 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 5 (continued)

G Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 24.

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"/> |

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- Yes
 No

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- Yes
 No → SKIP to question 20

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 20

c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

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20 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.

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 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier

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

- Less than 2 years
 2 years or more

23 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 29

24 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

25 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 33 |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

I Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.

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

Person(s)

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

Hour Minute

 :

- a.m.
 p.m.

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

Minutes

J Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.

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

- Yes → SKIP to question 29c
 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 32
 No → SKIP to question 30

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 31
 No



Person 5 (continued)

30 Has this person been looking for work during the last 4 weeks?

- Yes
 No → SKIP to question 32

31 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
 No, because of own temporary illness
 No, because of all other reasons (in school, etc.)

32 When did this person last work, even for a few days?

- Within the past 12 months
 1 to 5 years ago → SKIP to question 35
 Over 5 years ago or never worked → SKIP to question 41

33 During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service.

Weeks

34 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?

Usual hours worked each WEEK

K Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 41.

35–40 CURRENT OR MOST RECENT JOB ACTIVITY.

Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

35 Was this person – Mark (X) ONE box.

- an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?
 an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?
 a local GOVERNMENT employee (city, county, etc.)?
 a state GOVERNMENT employee?
 a Federal GOVERNMENT employee?
 SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
 SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
 working WITHOUT PAY in family business or farm?

36 For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.

Name of company, business, or other employer

37 What kind of business or industry was this?

Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

38 Is this mainly – Mark (X) one box.

- manufacturing?
 wholesale trade?
 retail trade?
 other (agriculture, construction, service, government, etc.)?

39 What kind of work was this person doing?

(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

40 What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

41 INCOME IN THE PAST 12 MONTHS.

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

- Yes → No
- TOTAL AMOUNT for past 12 MONTHS

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

- Yes → \$ Loss
- TOTAL AMOUNT for past 12 MONTHS

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

- Yes → \$ Loss
- TOTAL AMOUNT for past 12 MONTHS

d. Social Security or Railroad Retirement.

- Yes → \$ No
- TOTAL AMOUNT for past 12 MONTHS

e. Supplemental Security Income (SSI).

- Yes → \$ No
- TOTAL AMOUNT for past 12 MONTHS

f. Any public assistance or welfare payments from the state or local welfare office.

- Yes → \$ No
- TOTAL AMOUNT for past 12 MONTHS

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

- Yes → \$ No
- TOTAL AMOUNT for past 12 MONTHS

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

- Yes → \$ No
- TOTAL AMOUNT for past 12 MONTHS

42 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box.

- None OR \$ Loss
- TOTAL AMOUNT for past 12 MONTHS

Now continue with the mailing instructions on page 24.



**Page 23 is intentionally
left blank**



Mailing Instructions

→ Please make sure you have...

- listed all names and answered the questions on pages 2, 3, and 4
- answered all Housing questions
- answered all Person questions for each person.

→ 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 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0936" 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)Seq (12-19-2006)

