U.S. CENSUS BUREAU

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration



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/

USCENSUSBUREAU

Start Here

Last Name

Please print today's date.

Month Day Year

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.

First Name MI

- 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

Area Code + Number

Fill out pages 2 and 3 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)FOD1** (03-27-2007)

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



List of Residents	How is this person related to Person 1? Mark (X) ONE b	рох.	What is this person's sex?	What is this person's age and what is this person's date of birth? Please report babies as age 0 when the child is less than 1 year old.	
apartment is ow	Person living or staying here in whose yned, being bought, or rented. If there ime of any adult living or staying here X Person 1	is no such person,	☐ Male ☐ Female	Age (in years) Print numbers in boxes. Month Day Year of birth	
Person 2 Last Name (Please print) First Name MI		n 2 to Person 1. Parent-in-law Son-in-law or daughter-in-law Other relative Roomer or boarder Housemate or roommate Unmarried partner Other nonrelative	☐ Male ☐ Female	Age (in years) Print numbers in boxes. Month Day Year of birth	
Person 3 Last Name (Please print) First Name MI	Biological son or daughter	n 3 to Person 1. Parent-in-law Son-in-law or daughter-in-law Other relative Roomer or boarder Housemate or roommate Unmarried partner Other nonrelative	☐ Male ☐ Female	Age (in years) Print numbers in boxes. Month Day Year of birth	
Person 4 Last Name (Please print) First Name MI	Biological son or daughter Adopted son or daughter	n 4 to Person 1. Parent-in-law Son-in-law or daughter-in-law Other relative Roomer or boarder Housemate or roommate Unmarried partner Other nonrelative	☐ Male ☐ Female	Age (in years) Print numbers in boxes. Month Day Year of birth	
Person 5 Last Name (Please print) First Name MI	Biological son or daughter	Parent-in-law Son-in-law or daughter-in-law Other relative Roomer or boarder Housemate or roommate Unmarried partner Other nonrelative	☐ Male ☐ Female	Age (in years) Print numbers in boxes. Month Day Year of birth	
their names in the spa	more information about them.	Person 7 Last Name (Please print) First Name	Last	Name (Please print) Name MI	

•	For this survey, Hispanic origins are	out Hispanic origin and Question 5 about race. not races. What is this person's race? Mark (X) one or more boxes.	
	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. ✓	White Asian Indian Native Hawaiian Black, African Am., or Negro Chinese Guamanian or Chamorro American Indian or Alaska Native − Print name of enrolled or principal tribe. Korean Vietnamese Other Asian − Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. →	on. —
	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. ✓	White Asian Indian Native Hawaiian Black, African Am., or Negro Chinese Guamanian or Chamorro American Indian or Alaska Native — Print name of enrolled or principal tribe. Filipino Samoan Korean Other Pacific Islander — Print race example, Fijian, Tongan, and so on Some other race — Print race. Vietnamese Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. →	on. —
	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. ✓	White Asian Indian Native Hawaiian Black, African Am., or Negro Chinese Guamanian or Chamorro American Indian or Alaska Native — Print name of enrolled or principal tribe. Filipino Samoan Japanese Other Pacific Islander — Print race example, Fijian, Tongan, and so Korean Some other race — Print race. Vietnamese Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. →	on. —
	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. ✓	White Asian Indian Guamanian or Chamorro American Indian or Alaska Native — Print name of enrolled or principal tribe. Native — Print name of toencolled or principal tribe. Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander — Print race example, Fijian, Tongan, and so on. → Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander — Print race example, Fijian, Tongan, and so on. →	on. ———
	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. ✓	White Asian Indian Guamanian or Chamorro Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. Korean Vietnamese Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. →	on. —
	Person 9 Last Name (Please print) Last Name (Please print)		
	First Name MI First Name	MI First Name MI First Name	MI



Housing

7	Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.	Answer questions 4–6 ONLY if this is a one-family house or a mobile home; otherwise, SKIP to question 7.	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?
2 3	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 Boat, RV, van, etc. About when was this building first built? 2005 or later 2000 to 2004 1990 to 1999 1980 to 1999 1990 to 1999 1960 to 1969 1950 to 1959 1940 to 1949 1939 or earlier When did PERSON 1 (listed in the List of Residents on page 2) move into this house, apartment, or mobile home? Month Year	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 No more acres	on the market for sale or rent? No bedroom bedroom bedrooms bedrooms bedrooms bedrooms bedrooms bedrooms bedrooms born more bedrooms 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 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 Is there telephone service available in this house, apartment, or mobile home from which you can both make and receive calls? Yes No

Housing (continued)

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	for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars	Answer questions 18a and b ONLY IF you PAY RENT for this house, apartment, or mobile home. Otherwise, SKIP to question 19. a. What is the monthly rent for this house, apartment, or mobile home? Monthly amount – Dollars b. Does the monthly rent include any
a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home? Last month's cost – Dollars OR Included in rept or condeminium fee	12 MÓNTHS, 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	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.
Included in rent or condominium fee No charge or electricity not used No charge or electricity not used No charge or electricity not used Included in home? Last month's cost − Dollars S	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 □ OR □ None □ No	9 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 \$99,999 \$100,000 to \$124,999 \$125,000 to \$149,999 \$175,000 to \$174,999 \$175,000 to \$199,999 \$200,000 to \$249,999 \$250,000 or more - Specify

Housing (continued)

20	What are the annual real estate taxes on THIS property? Annual amount – Dollars	d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?	Answer questions 25a—c ONLY IF you listed at least one person on page 2. Otherwise, SKIP to page 24 for the mailing instructions.
	OR None	Yes, insurance included in mortgage paymentNo, insurance paid separately or no insurance	
21	What is the annual payment for fire, hazard, and flood insurance on THIS property? Annual amount – Dollars OR None	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	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
	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.	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 OR No regular payment required	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 ▼
	Monthly amount – Dollars	Answer question 24 ONLY IF this is a MOBILE HOME. Otherwise, SKIP to E. 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	Continue with the questions about PERSON 1 on the next page.

Please copy the name of Person 1 from the List of Residents on page 2, then continue answering questions below. Last Name	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.	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.
First Name MI	NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school	This question focuses on this person's BACHELOR'S DEGREE. In which of the followin major fields did this person receive his/her BACHELOR'S DEGREE(S)? Mark (X) "Yes" or "No" box for each category.
Where was this person born? In the United States – Print name of state.	Kindergarten Grade 1 through 11 – Specify grade 1 – 11	A. Biological, Agricultural, Physical, Earth, or Other Natural Sciences b. Health, Nursing, or Medical Fields
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE	c. Engineering, Computer Sciences, or Mathematical Sciences d. History, Arts, or Humanities e. Psychology, Economics, or Other Social Sciences
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	Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)	f. Business or Management g. Education or Education Administration h. Some other major field – Specify
When did this person come to live in the United States? Print numbers in boxes. Year a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or college degree. No, has not attended in the last 3 months → SKIP to question 11	AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD)	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) 4 a. Does this person speak a language other than English at home? ☐ Yes
Yes, public school, public college Yes, private school, private college, home school b. What grade or level was this person attending? Mark (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 – Specify grade 1 – 12		 No → SKIP to question 15 b. What is this language? For example: Korean, Italian, Spanish, Vietnames c. How well does this person speak English? Very well Well Not well Not at all
College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)		

Person 1 (continued)

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.	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. 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.
Does this person have any of the following long-lasting conditions: a. Blindness, deafness, or a severe vision or hearing impairment? b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? 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: a. Learning, remembering, or concentrating? b. Dressing, bathing, or getting around inside the home? H Answer question 17 if this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 10.	September 2001 or later August 1990 to August 2001 (including Persian Gulf War) September 1980 to July 1990 Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 31 Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 31 Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 31 Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 31 Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 31 Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 31 Taxicab Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 24 Worked at home → SKIP to question 24 Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 31 Answer question 24 if you marked "Car, truck, or van" in question 23. Otherwise, SKIP to question 25. What time did this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s) Person(s)
person have any difficulty in doing any of the following activities: a. Going outside the home alone to shop or visit a doctor's office? b. Working at a job or business?	a. Address (Number and street name) How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes Minutes
Now married Widowed Divorced Separated Never married	b. Name of city, town, or post office Answer questions 27–30 if this person did NOT work last week. Otherwise, SKIP to question 31. c. Is the work location inside the limits of that city or town? a. LAST WEEK, was this person on layoff from a job?
Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or Nation 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	al No, outside the city/town limits d. Name of county b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
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 21 No, never served in the military → SKIP to question 21	e. Name of U.S. state or foreign country Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 30 No → SKIP to question 28 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 29 No

Person 1 (continued)

28	Has this person been looking for work during the last 4 weeks? ☐ Yes ☐ No → SKIP to question 30	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	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
29	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	reality of company, business, or caller ampleyer	Yes → S Loss No TOTAL AMOUNT for past 12 MONTHS
	Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	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	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
3 0	When did this person last work, even for a few days?	manufacturing, bank)	☐ Yes → S ☐ Loss☐ No TOTAL AMOUNT for past 12 MONTHS
	 Within the past 12 months 1 to 5 years ago → SKIP to question 33 Over 5 years ago or never worked → SKIP to question 39 	manufacturing?	d. Social Security or Railroad Retirement. ☐ Yes → \$.00
3	During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service. Weeks	 □ wholesale trade? □ retail trade? □ other (agriculture, construction, service, government, etc.)? 	No TOTAL AMOUNT for past 12 MONTHS e. Supplemental Security Income (SSI). ☐ Yes → \$
32	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	No TOTAL AMOUNT for past 12 MONTHS f. Any public assistance or welfare payments from the state or local welfare office.
	Usual hours worked each WEEK	activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,	Yes → \$.00 No TOTAL AMOUNT for past 12 MONTHS g. Retirement, survivor, or disability pensions.
K	Answer questions 33–38 if this person worked in the past 5 years. Otherwise, SKIP to question 39. 33–38 CURRENT OR MOST RECENT JOB	typing and filing, reconciling financial records) INCOME IN THE PAST 12 MONTHS.	Do NOT include Social Security. ☐ Yes → No TOTAL AMOUNT for past 12 MONTHS
	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.	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.)	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.
33	Was this person – Mark (X) ONE box.	Mark (X) the "No" box to show types of income NOT received.	☐ Yes → \$.00
	 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.)? 	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.	No TOTAL AMOUNT for past 12 MONTHS 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.
	 □ a state GOVERNMENT employee? □ a Federal GOVERNMENT employee? □ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? 	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	None OR TOTAL AMOUNT for past Loss 12 MONTHS
	 SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? □ working WITHOUT PAY in family business or farm? 	Yes → S .00 No TOTAL AMOUNT for past 12 MONTHS	Continue with the questions for Person 2 on the next page. If only 1 person is listed in the List of Residents, SKIP to page 24 for mailing instructions.

6	Please copy the name of Person 2 from the List of Residents on page 2, then continue answering questions below. Last Name	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	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.
7	First Name MI Where was this person born? In the United States – Print name of state. Outside the United States – Print name of foreign	Nursery or preschool through grade 12 Nursery school Kindergarten Grade 1 through 11 - Specify grade 1 - 11 12th grade - NO DIPLOMA	This question focuses on this person's BACHELOR'S DEGREE. In which of the following major fields did this person receive his/her BACHELOR'S DEGREE(S)? Mark (X) "Yes" or "No" box for each category. Yes No a. Biological, Agricultural, Physical, Earth, or Other Natural Sciences b. Health, Nursing, or Medical Fields c. Engineering, Computer Sciences, or Mathematical Sciences
8	Is this person a CITIZEN of the United States?	HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential	d. History, Arts, or Humanities e. Psychology, Economics, or Other Social Sciences f. Business or Management g. Education or Education Administration
	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	COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)	Education Administration h. Some other major field – Specify
9	When did this person come to live in the United States? Print numbers in boxes. Year	AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD)	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian,
1	a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or 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, home school	14	Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) a. Does this person speak a language other than English at home? ☐ Yes ☐ No → SKIP to question 15 b. What is this language?
	b. What grade or level was this person attending? Mark (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 – Specify grade 1 – 12 College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)		For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well Not well Not at all

Person 2 (continued)

G	Answer questions 15 and 16 if this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 3 on page 13.	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. 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.
	Because of a physical, mental, or emotional	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 27a 25 What time did this person usually leave home to go to work LAST WEEK? If this person worked at more than one location print where he or she worked most last
18	condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: a. Going outside the home alone to shop or visit a doctor's office? b. Working at a job or business? What is this person's marital status? Now married Widowed	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 Answer questions 27–30 if this person did
19	□ Divorced □ Separated □ Never married 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	NOT work last week. Otherwise, SKIP to question 31. c. Is the work location inside the limits of that city or town? ☐ Yes ☐ No, outside the city/town limits d. Name of county
	 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 21 No, never served in the military → SKIP to question 21 	 b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 30 No → SKIP to question 28 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 29 No

Person 2 (continued)

28	Has this person been looking for work during the last 4 weeks?	If now on active duty in the Armed Forces, mark (X) this box →	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET
	YesNo → SKIP to question 30	and print the branch of the Armed Forces. Name of company, business, or other employer	income after business expenses.
29	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	Name of company, business, of other employer	Yes → S Loss No TOTAL AMOUNT for past 12 MONTHS
	Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	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	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
30	When did this person last work, even for a few days?	manufacturing, bank)	Yes → S Loss No TOTAL AMOUNT for past
	 Within the past 12 months 1 to 5 years ago → SKIP to question 33 Over 5 years ago or never worked → SKIP to question 39 	Is this mainly – Mark (X) one box. manufacturing?	12 MONTHS d. Social Security or Railroad Retirement. Yes → \$.00
31	During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid	wholesale trade? retail trade?	No TOTAL AMOUNT for past 12 MONTHS
	vacation, paid sick leave, and military service. Weeks	other (agriculture, construction, service, government, etc.)?	e. Supplemental Security Income (SSI). ☐ Yes → \$
	3	(For example: registered nurse, personnel manager,	No TOTAL AMOUNT for past 12 MONTHS
32	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	supervisor of order department, secretary, accountant)	f. Any public assistance or welfare payments from the state or local welfare office.
	Usual hours worked each WEEK		Yes → \$.00
	38	What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,	No TOTAL AMOUNT for past 12 MONTHS g. Retirement, survivor, or disability pensions.
K	Answer questions 33–38 if this person worked in the past 5 years. Otherwise, SKIP to question 39.	typing and filing, reconciling financial records)	Do NOT include Social Security.
	33–38 CURRENT OR MOST RECENT JOB	INCOME IN THE PAST 12 MONTHS.	No TOTAL AMOUNT for past
	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.	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.)	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.
33	Was this person – Mark (X) ONE box.	Mark (X) the "No" box to show types of income NOT received.	☐ Yes → \$.00
	an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	No TOTAL AMOUNT for past 12 MONTHS What was this person's total income during the
	an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization? a local GOVERNMENT employee (city, county, etc.)?	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.	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 .
	a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	None OR STOTAL AMOUNT for past 12 MONTHS
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business or farm?	Yes → S .00 No TOTAL AMOUNT for past 12 MONTHS	Continue with the questions for Person 3 on the next page. If only 2 people are listed in the List of Residents, SKIP to page 24 for mailing instructions.

Please copy the name of Person 3 from the List of Residents on page 2, then continue answering questions below. Last Name	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	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.
First Name MI	No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school	BACHELOR'S DEGREE. In which of the following of fields did this person receive his/her BACHELOR'S DEGREE(S)? Mark (X) "Yes" or "I box for each category.
Where was this person born? In the United States – Print name of state.	☐ Kindergarten ☐ Grade 1 through 11 – Specify grade 1 – 11 —	A. Biological, Agricultural, Physical, Earth, or Other Natural Sciences b. Health, Nursing, or Medical Fields
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	☐ 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE	c. Engineering, Computer Sciences, or Mathematical Sciences d. History, Arts, or Humanities e. Psychology, Economics, or Other Social Sciences
s 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	Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE	f. Business or Management g. Education or Education Administration h. Some other major field – Specify
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 When did this person come to live in the United States? Print numbers in boxes. Year	□ Some college credit, but less than 1 year of college credit □ 1 or more years of college credit, no degree □ Associate's degree (for example: AA, AS) □ Bachelor's degree (for example: BA, BS) AFTER BACHELOR'S DEGREE □ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	What is this person's ancestry or ethnic orig
a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD)	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) a. Does this person speak a language other
a high school diploma or 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, home school		than English at home? ☐ Yes ☐ No → SKIP to question 15 b. What is this language?
b. What grade or level was this person attending? Mark (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 - Specify grade 1 - 12		For example: Korean, Italian, Spanish, Vietnan c. How well does this person speak English? Very well Well Not well Not at all

Person 3 (continued)

G	Answer questions 15 and 16 if this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 4 on page 16.	20	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.	23	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.
15 H H T	b. Dressing, bathing, or getting around inside the home?	21 22	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	24	Car, truck, or van
18	person have any difficulty in doing any of the following activities: a. Going outside the home alone to shop or visit a doctor's office? b. Working at a job or business? What is this person's marital status? Now married Widowed Divorced Separated Never married		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	25	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes Answer questions 27–30 if this person did NOT work last week. Otherwise, SKIP to question 31.
19	Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or Nation 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 21 No, never served in the military → SKIP to question 21	nal	Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code	27	a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 27c No 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 30 No → SKIP to question 28 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 29 No

Person 3 (continued)

28	Has this person been looking for work during the last 4 weeks? ☐ Yes ☐ No → SKIP to question 30	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	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
29	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	reality of company, business, or caller ampleyer	Yes → S Loss No TOTAL AMOUNT for past 12 MONTHS
	Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	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	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
3 0	When did this person last work, even for a few days?	manufacturing, bank)	☐ Yes → S ☐ Loss☐ No TOTAL AMOUNT for past 12 MONTHS
	 Within the past 12 months 1 to 5 years ago → SKIP to question 33 Over 5 years ago or never worked → SKIP to question 39 	manufacturing?	d. Social Security or Railroad Retirement. ☐ Yes → \$.00
3	During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service. Weeks	 □ wholesale trade? □ retail trade? □ other (agriculture, construction, service, government, etc.)? 	No TOTAL AMOUNT for past 12 MONTHS e. Supplemental Security Income (SSI). ☐ Yes → \$
32	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	No TOTAL AMOUNT for past 12 MONTHS f. Any public assistance or welfare payments from the state or local welfare office.
	Usual hours worked each WEEK	activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,	Yes → S .00 No TOTAL AMOUNT for past 12 MONTHS g. Retirement, survivor, or disability pensions.
K	Answer questions 33–38 if this person worked in the past 5 years. Otherwise, SKIP to question 39. 33–38 CURRENT OR MOST RECENT JOB	typing and filing, reconciling financial records)	Do NOT include Social Security. ☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past
	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.	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.)	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.
33	Was this person – Mark (X) ONE box.	Mark (X) the "No" box to show types of income NOT received.	☐ Yes → \$.00
	 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.)? 	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.	No TOTAL AMOUNT for past 12 MONTHS 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.
	 □ a state GOVERNMENT employee? □ a Federal GOVERNMENT employee? □ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? 	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	None OR TOTAL AMOUNT for past Loss 12 MONTHS
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business or farm?	Yes → \$.00 No TOTAL AMOUNT for past 12 MONTHS	Continue with the questions for Person 4 on the next page. If only 3 people are listed in the List of Residents, SKIP to page 24 for mailing instructions.

6	Please copy the name of Person 4 from the List of Residents on page 2, then continue answering questions below. Last Name	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	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.
9	First Name MI Where was this person born? In the United States – Print name of state. Outside the United States – Print name of foreign	Nursery or preschool through grade 12 Nursery school Kindergarten Grade 1 through 11 - Specify grade 1 - 11 12th grade - NO DIPLOMA	This question focuses on this person's BACHELOR'S DEGREE. In which of the following major fields did this person receive his/her BACHELOR'S DEGREE(S)? Mark (X) "Yes" or "No" box for each category. Yes No a. Biological, Agricultural, Physical, Earth, or Other Natural Sciences b. Health, Nursing, or Medical Fields c. Engineering, Computer Sciences, or Mathematical Sciences
Q	Is this person a CITIZEN of the United States?	HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential	d. History, Arts, or Humanities e. Psychology, Economics, or Other Social Sciences f. Business or Management g. Education or
	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	COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)	g. Education or Education Administration h. Some other major field − Specify □ □
9	When did this person come to live in the United States? Print numbers in boxes. Year	AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD)	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian,
10	a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or 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, home school	14	Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) a. Does this person speak a language other than English at home? ☐ Yes ☐ No → SKIP to question 15 b. What is this language?
	b. What grade or level was this person attending? Mark (X) ONE box. Nursery school, preschool Kindergarten Grade 1 through 12 – Specify grade 1 – 12 College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)		For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well Not well Not at all

Person 4 (continued)

G	Answer questions 15 and 16 if this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 5 on page 19.	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. 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.
	Does this person have any of the following long-lasting conditions: a. Blindness, deafness, or a severe vision or hearing impairment? b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? 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: a. Learning, remembering, or concentrating? b. Dressing, bathing, or getting around inside the home? Answer question 17 if this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 5 on page 19. Because of a physical, mental, or emotional condition lasting 6 months or more, does this	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 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 27a At what location did this person worked at more than one location print where he or she worked most last
Œ	person have any difficulty in doing any of the following activities: a. Going outside the home alone to shop or visit a doctor's office? b. Working at a job or business? What is this person's marital status? Now married	a. Address (Number and street name) How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes b. Name of city, town, or post office
19	 Widowed Divorced Separated Never married 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 21 No, never served in the military → SKIP to question 21 	Answer questions 27–30 if this person did NOT work last week. Otherwise, SKIP to question 31. c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of county b. LAST WEEK, was this person on layoff from a job? No LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 30 No → SKIP to question 28 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 29
		□ No

Person 4 (continued)

28	Has this person been looking for work during the last 4 weeks? ☐ Yes ☐ No → SKIP to question 30	34	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.	b	. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
29	LAST WEEK, could this person have started a joif offered one, or returned to work if recalled?	b	Name of company, business, or other employer		Yes → S Loss No TOTAL AMOUNT for past 12 MONTHS
	Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	35	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	C	Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
30	When did this person last work, even for a few days?		manufacturing, bank)		Yes → Loss No TOTAL AMOUNT for past 12 MONTHS
	 Within the past 12 months 1 to 5 years ago → SKIP to question 33 Over 5 years ago or never worked → SKIP to 	36	Is this mainly – Mark (X) one box.	d	. Social Security or Railroad Retirement. ☐ Yes → \$.00
31	question 39 During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service.		 ☐ manufacturing? ☐ wholesale trade? ☐ retail trade? ☐ other (agriculture, construction, service, 	е	No TOTAL AMOUNT for past 12 MONTHS Supplemental Security Income (SSI).
	Weeks	37	government, etc.)? What kind of work was this person doing? (For example: registered nurse, personnel manager,		Yes → \$.00 No TOTAL AMOUNT for past 12 MONTHS
32	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?		supervisor of order department, secretary, accountant)	f	Any public assistance or welfare payments from the state or local welfare office.
	Usual hours worked each WEEK	333	What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,		Yes → S 1.00 No TOTAL AMOUNT for past 12 MONTHS Retirement, survivor, or disability pensions.
K	Answer questions 33–38 if this person worked in the past 5 years. Otherwise, SKIP to question 39.		typing and filing, reconciling financial records)	9	Do NOT include Social Security. □ Yes → \$.00
	33–38 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.	39	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.)	h	No TOTAL AMOUNT for past 12 MONTHS 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.
33	Was this person – Mark (X) ONE box.		Mark (X) the "No" box to show types of income NOT received.		Yes → \$.00 No TOTAL AMOUNT for past
	 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? 		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,	F 4	12 MONTHS What was this person's total income during the AST 12 MONTHS? Add entries in questions 41a to 1h; subtract any losses. If net income was a loss, enter
	a local GOVERNMENT employee (city, county, etc.)?a state GOVERNMENT employee?		report the whole amount for only one person and mark the "No" box for the other person. a. Wages, salary, commissions, bonuses, or tips	T to	ne amount and mark (X) the "Loss" box . None OR
	a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?		from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	[TOTAL AMOUNT for past Loss 12 MONTHS
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business or farm?		Yes → \$.00 No TOTAL AMOUNT for past 12 MONTHS	n R	continue with the questions for Person 5 on the ext page. If only 4 people are listed in the List of esidents, SKIP to page 24 for mailing astructions.

ACS-1(X)FOD1, Page 18, Base (Black)

List of Residents on page 2, then continue inswering questions below. ast Name	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.	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.
First Name MI	NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school	This question focuses on this person's BACHELOR'S DEGREE. In which of the following fields did this person receive his/her BACHELOR'S DEGREE(S)? Mark (X) "Yes" or "I box for each category.
Where was this person born? In the United States – Print name of state.	Kindergarten Grade 1 through 11 – Specify grade 1 – 11	a. Biological, Agricultural, Physical, Earth, or Other Natural Sciences b. Health, Nursing, or Medical Fields c. Engineering, Computer Sciences, or Mathematical Sciences
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	☐ 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE ☐ Regular high school diploma	d. History, Arts, or Humanities e. Psychology, Economics, or Other Social Sciences
s 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	☐ GED or alternative credential COLLEGE OR SOME COLLEGE ☐ Some college credit, but less than 1 year of college credit ☐ 1 or more years of college credit, no degree ☐ Associate's degree (for example: AA, AS) ☐ Bachelor's degree (for example: BA, BS)	g. Education or Education Administration h. Some other major field – Specify
Nhen did this person come to live in the Jnited States? Print numbers in boxes. Year A. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or 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, home school	AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD)	 (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese Ukrainian, and so on.) a. Does this person speak a language other than English at home? Yes No → SKIP to question 15 b. What is this language?
o. What grade or level was this person attending? Mark (X) ONE box.		For example: Korean, Italian, Spanish, Vietnan c. How well does this person speak English?

Person 5 (continued)

	Answer greations 15 and 10 if this manner	When did this parson carry on seting duty in
G	Answer questions 15 and 16 if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 24.	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. 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.
15	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	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 Car, truck, or van Motorcycle Bus or trolley bus Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 31 Taxicab Answer question 24 if you marked "Car, truck, or van" in question 23. Otherwise, SKIP to question 25. How many people, including this person.
H	b. Dressing, bathing, or getting around inside the home?	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. LAST WEEK? Person(s)
T T	old or over. Otherwise, SKIP to the mailing instructions on page 24. 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 → SKIP to question 27a 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) What time did this person usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m.
18	A. Going outside the home alone to shop or visit a doctor's office? b. Working at a job or business? What is this person's marital status? Now married	How many minutes did it usually take this person to get from home to work LAST WEEK? 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
	Widowed Divorced Separated Never married	Answer questions 27–30 if this person did NOT work last week. Otherwise, SKIP to question 31. c. Is the work location inside the limits of that city or town? a. LAST WEEK, was this person on layoff from
19	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 No, outside the city/town limits Yes → SKIP to question 27c No LAST WEEK, was this person TEMPORARILY absent from a job or business?
	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 21 No, never served in the military → SKIP to question 21	e. Name of U.S. state or foreign country Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 30 No → SKIP to question 28 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 29 No

Person 5 (continued)

2 8	Has this person been looking for work during	34	For whom did this person work?		b. Self-employment income from own nonfarm
	the last 4 weeks?		If now on active duty in the Armed Forces, mark (X) this box \rightarrow		businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
	No → SKIP to question 30		and print the branch of the Armed Forces. Name of company, business, or other employer		
2	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?		Trains of company, saciness, or care employer		Yes → Loss No TOTAL AMOUNT for past 12 MONTHS
	 ☐ Yes, could have gone to work ☐ No, because of own temporary illness ☐ No, because of all other reasons (in school, etc.) 		What kind of business or industry was this? Describe the activity at the location where		c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
30			employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)		☐ Yes→ \$.00 ☐ Loss
	Within the past 12 months				No TOTAL AMOUNT for past 12 MONTHS
	☐ 1 to 5 years ago → SKIP to question 33	36	Is this mainly – Mark (X) one box.		d. Social Security or Railroad Retirement.
	Over 5 years ago or never worked → SKIP to question 39		manufacturing?		Yes → \$.00 No TOTAL AMOUNT for past
ঞ্জ	WEEKS did this person work? Count paid		wholesale trade? retail trade?		12 MONTHS
	vacation, paid sick leave, and military service. Weeks		other (agriculture, construction, service, government, etc.)?		e. Supplemental Security Income (SSI).
			What kind of work was this person doing?		Yes → S .00 No TOTAL AMOUNT for past
32	WORKED, how many hours did this person		(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)		12 MONTHS f. Any public assistance or welfare payments from the state or local welfare office.
	usually work each WEEK? Usual hours worked each WEEK				☐ Yes → \$.00
		38	What were this person's most important		No TOTAL AMOUNT for past
			activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,		12 MONTHS g. Retirement, survivor, or disability pensions.
K	Answer questions 33–38 if this person worked in the past 5 years. Otherwise, SKIP to question 39.		typing and filing, reconciling financial records)		Do NOT include Social Security. ☐ Yes → \$
	33–38 CURRENT OR MOST RECENT JOB	39	INCOME IN THE PAST 12 MONTHS.		No TOTAL AMOUNT for past 12 MONTHS
	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.		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.)		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.
4			Mark (X) the "No" box to show types of income NOT received.		□ Yes → \$.00
	an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?		If net income was a loss, mark the "Loss" box to the right of the dollar amount.	0	No TOTAL AMOUNT for past 12 MONTHS What was this person's total income during the
	an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?		For income received jointly, report the appropriate share for each person – or, if that's not possible,		PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter
	a local GOVERNMENT employee (city, county, etc.)?		report the whole amount for only one person and mark the "No" box for the other person.		the amount and mark (X) the "Loss" box .
	□ a state GOVERNMENT employee?□ a Federal GOVERNMENT employee?		a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions		None OR \$.00
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?		for taxes, bonds, dues, or other items.		TOTAL AMOUNT for past 12 MONTHS
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?		☐ Yes → \$.00		Now continue with the mailing instructions on page 24.
	working WITHOUT PAY in family business or farm?		No TOTAL AMOUNT for past 12 MONTHS		F9
-					

Pages 22 and 23 are intentionally left blank	



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 0607-0936, 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)FOD1 (03-27-2007)