

Census 2010 American Samoa

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

**This is the official form for all people at this address.
It is easy, and your answers are protected by law.**

The "Informational Copy" shows the content of the Census 2010 questionnaire for American Samoa. Each household will receive a form, which includes 51 questions relating to population characteristics and 24 questions relating to housing characteristics. The content of the form resulted from reviewing the 2000 census data, consulting with federal and non-federal data users, and conducting tests.

For additional information about Census 2010 in American Samoa, please write to the Director, U.S. Census Bureau, Washington, DC 20233.

Use a blue or black pen.

Start here

Do NOT mail this form, your completed form will be picked up by a census worker.

The Census must count every person living in American Samoa on April 1, 2010.

Before you answer Question 1, count the people living in this house, apartment, or mobile home using our guidelines.

- Count all people, including babies, who live and sleep here most of the time.

The Census Bureau also conducts counts in institutions and other places, so:

- Do not count anyone living away either at college or in the Armed Forces.
- Do not count anyone in a nursing home, jail, prison, detention facility, etc., on April 1, 2010.
- Leave these people off your form, even if they will return to live here after they leave college, the nursing home, the military, jail, etc. Otherwise, they may be counted twice.

The Census must also include people without a permanent place to stay, so:

- If someone who has no permanent place to stay is staying here on April 1, 2010, count that person. Otherwise, he or she may be missed in the census.

1. How many people were living or staying in this house, apartment, or mobile home on April 1, 2010?

Number of people

→ Please turn the page and print the names of all the people living or staying here on April 1, 2010.

Please fill out your form promptly. A census worker will visit your home to pick up your completed questionnaire or assist you if you have questions.

The U.S. Census Bureau estimates that, for the average household, this form will take about 64 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this burden to: Paperwork Reduction Project 0607-0000, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to Paperwork@census.gov; use "Paperwork Project 0607-0000" as the subject.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget.

OMB No. 0000-0000: Approval Expires 00/00/0000

Form **D-61 AS**



797001

List of Persons

→ Please be sure you answered Question 1 on the front page before continuing.

2. Please print the names of all the people who you indicated in Question 1 were living or staying here on April 1, 2010.

Example — Last Name

C R U Z

First Name MI

J O H N J

Start with the person living here who owns or rents this house, apartment, or mobile home. If the owner or renter lives somewhere else, start with any adult living here. This will be Person 1.

Person 1 — Last Name

[]

First Name MI

[]

Person 2 — Last Name

[]

First Name MI

[]

Person 3 — Last Name

[]

First Name MI

[]

Person 4 — Last Name

[]

First Name MI

[]

Person 5 — Last Name

[]

First Name MI

[]

Person 6 — Last Name

[]

First Name MI

[]

Person 7 — Last Name

[]

First Name MI

[]

Person 8 — Last Name

[]

First Name MI

[]

Person 9 — Last Name

[]

First Name MI

[]

Person 10 — Last Name

[]

First Name MI

[]

Person 11 — Last Name

[]

First Name MI

[]

Person 12 — Last Name

[]

First Name MI

[]

→ Next, answer questions about Person 1. If you did not have room to list everyone who lives in this house, apartment, or mobile home, please tell this to the census worker when you are visited. The census worker will complete a census form for the additional people.



797002

Person 1

1. What is this person's name? *Print the name of Person 1 from page 2.*

Last Name

First Name

MI

2. What is this person's telephone number? *We may contact this person if we don't understand an answer.*

Area Code + Number

 - -

3. What is this person's sex? Mark ONE box.

- Male
- Female

4. 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.*

Age on April 1, 2010

Print numbers in boxes.

Month Day Year of birth

5. What is this person's ethnic origin or race?

(For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.)

6. Where was this person born? *Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.*

7. Is this person a CITIZEN or NATIONAL of the United States?

- Yes, born in this Area – *SKIP to question 10a*
- Yes, born in the United States or another U.S. territory or commonwealth
- Yes, born elsewhere of U.S. parent or parents
- Yes, a U.S. citizen by naturalization
- No, not a U.S. citizen or national (permanent resident)
- No, not a U.S. citizen or national (temporary resident)

8. When did this person come to this Area to stay? If this person has entered the Area more than once, what is the latest year? *Print numbers in boxes.*

Year

9. What was this person's MAIN reason for moving to this Area? Mark ONE box.

- Employment
- Military
- Subsistence activities
- Missionary activities
- Moved with spouse or parent
- To attend school
- Medical
- Housing
- Other

10a. Where was this person's mother born? *Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.*

b. Where was this person's father born? *Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.*

11. Is this person a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard? *Active duty does NOT include training for the military Reserves or National Guard.*

- Yes, dependent of an active-duty member of the Armed Forces
- Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
- No



797003

Person 1 – Continued

12a. At any time since February 1, 2010, has this person attended school or college? *Include only pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.*

- No, has not attended since February 1 – *SKIP to question 13*
- Yes, public school, public college
- Yes, private school, private college, home school

b. What grade or level was this person attending? Mark ONE box.

- Pre-kindergarten
- 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)

13. What is the highest degree or level of school this person has COMPLETED? Mark ONE box. *If currently enrolled, mark the previous grade or highest degree received.*

NO SCHOOLING COMPLETED

- No schooling completed

PRE-KINDERGARTEN THROUGH GRADE 12

- Pre-kindergarten
- Kindergarten
- Grade 1 through 11 –
Specify grade 1–11 →
- 12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

- 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)

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)

14. Has this person completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? *Do not include academic college courses.*

- No
- Yes, in this Area
- Yes, not in this Area

15a. Does this person speak a language other than English at home?

- Yes
- No – *SKIP to question 16a*

b. What is this language?

(For example: Chamorro, Samoan, Carolinian, Tongan)

c. Does this person speak this language at home more frequently than English?

- Yes, more frequently than English
- Both equally often
- No, less frequently than English
- Does not speak English

16a. Did this person live in this house or apartment 1 year ago (on April 1, 2009)?

- Person is under 1 year old – *SKIP to question 17*
- Yes, this house – *SKIP to question 17*
- No, different house

b. Where did this person live 1 year ago?

Print the name of the island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and SKIP to question 17.

c. Name of city, town, or village



797004

Person 1 – Continued

17. Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a–h.

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Local medical programs for indigents | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – <i>Specify</i> ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

18a. Is this person deaf or does he/she have serious difficulty hearing?

- Yes
- No

b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

- Yes
- No

Answer questions 19a–c if this person is 5 years old or over. Otherwise, SKIP to question 49.

19a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

b. Does this person have serious difficulty walking or climbing stairs?

- Yes
- No

19c. Does this person have difficulty dressing or bathing?

- Yes
- No

Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to question 49.

20. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
- No

21. What is this person's marital status?

- Now married
- Widowed
- Divorced
- Separated
- Never married

22. If this person is female, how many babies has she ever had, not counting stillbirths?

Do not count stepchildren or children she has adopted.

None OR Number of children

23a. 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 24

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 24

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



797005

Person 1 – Continued

24. 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 26a
- No, never served in the military – SKIP to question 27a

25. When did this person serve on active duty in the U.S. Armed Forces? Mark 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

26a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ..., 100%)
- No – SKIP to question 27a

b. What is this person's service-connected disability rating?

- 0 percent
- 10 or 20 percent
- 30 or 40 percent
- 50 or 60 percent
- 70 percent or higher

27a. LAST WEEK, did this person work for pay at a job (or business)? If "Yes," also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc.. NOT primarily for commercial purposes. Mark ONE box.

- Yes, worked for pay; did NO subsistence activity – SKIP to question 28
- Yes, worked for pay AND did subsistence activity – SKIP to question 28
- No, did NOT work for pay at a job or business (or was retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Mark ONE box.

- Yes, worked for pay; did NO subsistence activity
- Yes, worked for pay AND did subsistence activity
- No, did NOT work for pay; did subsistence activity – SKIP to question 33a
- No, did NOT work for pay; did NO subsistence activity – SKIP to question 33a

28. At what location did this person work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week.

a. Name of the island, U.S. state, commonwealth, territory, or foreign country

b. Name of city, town, or village

29. How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark the box of the one used for most of the distance.

- Car, truck, or private van/bus
- Public van/bus
- Boat
- Taxicab
- Motorcycle
- Bicycle
- Walked
- Worked at home – SKIP to question 37
- Other method



797006

Person 1 – Continued

Answer question 30 if you marked "Car, truck, or private van/bus" in question 29. Otherwise, SKIP to question 31.

30. How many people, including this person, usually rode to work in the car, truck, or private van/bus LAST WEEK?

Person(s)

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

Hour Minute a.m. p.m.
 :

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

Minutes

Answer questions 33–36 if this person did NOT work last week. Otherwise, SKIP to question 37.

33a. LAST WEEK, was this person on layoff from a job?

Yes – SKIP to question 33c
 No

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

Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 36
 No – SKIP to question 34

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 35
 No

34. During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?

Yes
 No – SKIP to question 36

35. 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.)

36. When did this person last work, even for a few days? Do not include subsistence activity.

- 2010
- 2009
- 2008
- 2005 to 2007
- 2000 to 2004 – SKIP to question 46
- 1999 or earlier – SKIP to question 46
- Never worked; or did subsistence only – SKIP to question 46

37–42. 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 since 2005.

37. Was this person – Mark 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 or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?
- 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?

38. For whom did this person work?

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

Name of company, business, or other employer



797007

Person 1 - Continued

39. What kind of business or industry was this?
 Describe the activity at the location where employed.
 (For example: hospital, fish cannery, watchmaker,
 auto repair shop, bank)

40. Is this mainly – Mark ONE box.

- Manufacturing?
- Wholesale trade?
- Retail trade?
- Other (agriculture, construction, service,
government, etc.)?

41. What kind of work was this person doing?
 (For example: registered nurse, machine repairer,
 watchmaker, secretary, accountant)

42. What were this person's most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)

43. LAST YEAR, 2009, did this person work at a job or business at any time? Do not include subsistence activity.

- Yes
- No – SKIP to question 46

44a. During 2009 (all 52 weeks), did this person work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.

- Yes – SKIP to question 45
- No

44b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include subsistence activity.

- 50 to 52 weeks
- 48 to 49 weeks
- 40 to 47 weeks
- 27 to 39 weeks
- 14 to 26 weeks
- 13 weeks or less

45. During 2009, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Do not include subsistence activity.

Usual hours worked each WEEK

46. INCOME IN 2009

Mark the "Yes" box for each income source received during 2009, and enter the total amount received during 2009 to a maximum of \$999,999 (\$99,999 for questions 46d and 46e). Mark the "No" box if the income source was not received.

If net income was a loss, enter the amount and mark the "Loss" box next to 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. If exact amount is not known, please give best estimate.

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

Annual amount – Dollars

- Yes → \$ _____ .00
- No

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

Annual amount – Dollars

Loss

- Yes → \$ _____ .00
- No

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

Annual amount – Dollars

Loss

- Yes → \$ _____ .00
- No



797008

Person 1 – Continued

46d. Social Security or Railroad Retirement.

Annual amount – Dollars

Yes → \$, .00
 No

e. Any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI).

Annual amount – Dollars

Yes → \$, .00
 No

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

Annual amount – Dollars

Yes → \$, .00
 No

g. Any remittances. Include money from relatives outside the household or in the military.

Annual amount – Dollars

Yes → \$, .00
 No

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 sale of a home.

Annual amount – Dollars

Yes → \$, .00
 No

47. What was this person's total income during 2009? Add entries in questions 46a–46h; subtract any losses. If net income was a loss, enter the amount and mark the "Loss" box next to the dollar amount.

Annual amount – Dollars Loss

None OR \$, .00

48. During 2009, did this person GIVE or SEND money TO relatives or friends living outside of this Area? Do not include charitable contributions or money given to charitable organizations. If exact amount is not known, please give best estimate.

Annual amount – Dollars

Yes → \$, .00
 No

Please answer questions 49–75 about your household.

49. 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
- Two houses – **Applies only in American Samoa**
- Three or more houses – **Applies only in American Samoa**
- 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
- A container
- Boat, RV, van, etc.

50. About when was this building first built?

- 2009 or 2010
- 2000 to 2008
- 1990 to 1999
- 1980 to 1989
- 1970 to 1979
- 1960 to 1969
- 1950 to 1959
- 1940 to 1949
- 1939 or earlier

51. When did PERSON 1 (listed on page 2) move into this living quarters?

- 2009 or 2010
- 2000 to 2008
- 1990 to 1999
- 1980 to 1989
- 1970 to 1979
- 1969 or earlier

Answer question 52 if this is a HOUSE or a MOBILE HOME. Otherwise, SKIP to question 53a.

52. Is there a business (such as a store or shop) or a medical office on this property?

- Yes
- No



797009

Person 1 – Continued

53a. How many separate rooms are in this living quarters? Rooms must be separated by built-in archways or walls that extend from floor to ceiling.

- INCLUDE bedrooms, kitchens, etc.
- EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.

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

b. How many of these rooms are bedrooms?

Count as bedrooms those rooms you would list if this living quarters were for sale or rent. If this is an efficiency/studio apartment, mark "No bedroom."

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

54a. Do you have hot and cold piped water?

- Yes, in this unit
 Yes, in this building, not in unit
 No, only cold piped water in this unit
 No, only cold piped water in this building
 No, only cold piped water outside this building
 No piped water

b. Do you have a bathtub or shower?

- Yes, in this unit
 Yes, in this building, not in unit
 Yes, outside this building
 No

c. Do you have a flush toilet?

- Yes, in this unit – SKIP to question 55a
 Yes, in this building, not in unit – SKIP to question 55a
 Yes, outside this building – SKIP to question 55a
 No

d. What type of toilet facilities do you have?

- Outhouse or privy
 Other or none

55a. Are your MAIN cooking facilities located inside or outside this building? Mark ONE box.

- Inside this building
 Outside this building
 No cooking facilities – SKIP to question 55c

b. What type of cooking facilities are these?

Mark ONE box.

- Electric stove
 Kerosene stove
 Gas stove
 Microwave oven and non-portable burners
 Microwave oven only
 Other (fireplace, hotplate, etc.)

c. Do you have a refrigerator in this building?

- Yes
 No

d. Do you have a sink with piped water in this building?

- Yes
 No

56. Does this living quarters have telephone service from which you can both make and receive calls?

- Yes, a cell or mobile phone only
 Yes, a landline only
 Yes, both a cell or mobile phone and a landline
 No

57. Do you have air conditioning?

- Yes, a central air-conditioning system (includes split-type)
 Yes, 1 individual room unit
 Yes, 2 or more individual room units
 No

58. 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



797010

Person 1 – Continued

59. Do you or any member of this household have a battery-operated radio? *Count car radios, transistors, and other battery-operated sets in working order or needing only a new battery for operation.*

- Yes
 No

60a. Do you or any member of this household have a home computer or laptop? *Count only if computer is in working condition.*

- Yes
 No – *SKIP to question 61*

b. Do you or any member of this household have an Internet connection at this living quarters?

- Yes
 No

61. Do you get water from – Mark **ONE** box.

- A public system only?
 A public system and catchment?
 A village water system only? – **Applies only in American Samoa**
 An individual well?
 A catchment, tanks, or drums only?
 Some other source (a standpipe, spring, river, creek, etc.)?

62. Is this building connected to a public sewer?

- Yes, connected to a public sewer
 No, connected to a septic tank or cesspool
 No, use other means

63. Is this living quarters part of a condominium?

- Yes
 No

64. What is the MAIN type of material used for the outside walls of this building? Mark **ONE** box.

- Poured concrete
 Concrete blocks
 Metal
 Wood
 Other

65. What is the MAIN type of material used for the roof of this building? Mark **ONE** box.

- Poured concrete
 Metal
 Wood
 Other

66. What is the MAIN type of material used for the foundation of this building? Mark **ONE** box.

- Concrete
 Wood pier or pilings
 Other

67a. What is the average monthly cost for electricity for this living quarters?

Average monthly cost – Dollars

\$, .00

OR

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

b. What is the average monthly cost for gas for this living quarters?

Average monthly cost – Dollars

\$, .00

OR

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

c. What is the average monthly cost for water and sewer for this living quarters?

Average monthly cost – Dollars

\$, .00

OR

- Included in rent or condominium fee
 No charge

d. What is the average monthly cost for oil, coal, kerosene, wood, etc. for this living quarters?

Average monthly cost – Dollars

\$, .00

OR

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

68. Is this living quarters – Mark **ONE** box.

- Owned by you or someone in this household with a mortgage or loan? *Include home equity loans.*
 Owned by you or someone in this household free and clear (without a mortgage or loan)?
 Rented?
 Occupied without payment of rent?



797011

Person 1 – Continued

Answer question 69 if this living quarters is RENTED. Otherwise, SKIP to question 70.

69. What is the monthly rent for this living quarters?

Monthly amount – Dollars

\$, .00

70–75. Answer questions 70–75 if you or someone else in this household OWNS or IS BUYING this living quarters. Otherwise, SKIP to the questions for Person 2.

70. About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?

Amount – Dollars

\$, , .00

71. What were the real estate taxes on THIS property last year?

Annual amount – Dollars

\$, .00

OR

None

72. What was the annual payment for fire, hazard, typhoon, and flood insurance on THIS property?

Annual amount – Dollars

\$, .00

OR

None

73a. 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 74a

73b. 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 74a

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, typhoon, or flood insurance on THIS property?

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

74a. Do you or any member of this household have a second mortgage or home equity loan on THIS property?

- Yes, a home equity loan
- Yes, a second mortgage
- Yes, both second mortgage and home equity loan
- No – SKIP to question 75

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

Answer question 75 ONLY if this is a CONDOMINIUM.

75. What is the monthly condominium fee?

Monthly amount – Dollars

\$, .00

→ **Are there more people living here?** If YES, continue with Person 2 on the next page.



Person 2

1. What is this person's name? *Print the name of Person 2 from page 2.*

Last Name

First Name

MI

2. How is this person related to Person 1? *Mark ONE box.*

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

**For Persons 3-6,
repeat questions
1-46 of Person 2.**



797013

Person 3

For Persons 3–6, repeat questions 1–51 of Person 2.

NOTE– *The content for Question 2 varies between Person 1 and Persons 2–6.*

Thank you for completing your official Census 2010 form. If there are more than six people living in this house or apartment, please make sure you have completed the form for the first six people. When the census worker visits your residence, he/she will obtain the information for the additional people.