

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.

### 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 the U.S. Virgin Islands 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 42 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



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Form D-13 VI

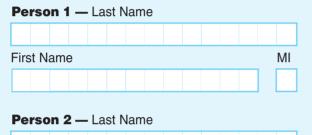
## **List of Persons**

2

- → 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. Frample – Last Name

C R U Z										
First Name										
JOHN	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.



First Name													MI

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	t	Namo		
Ferson 3	- Lasi	Thame		
First Name				MI
i iist Name				
Person 10	<b>) —</b> La	st Name	)	
First Name				MI
Person 1	I — La	st Name	)	
First Name				MI
Person 12	<b>2 —</b> La	st 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.

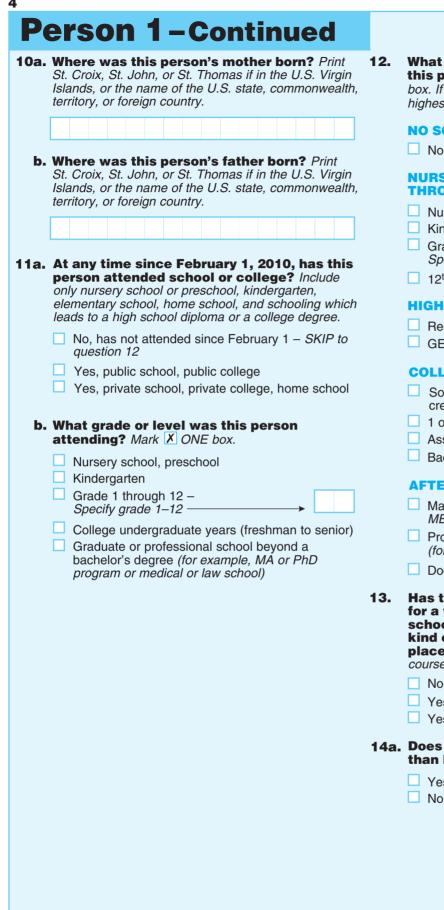


#### Form D-13 VI

F	Person 1		
1.	What is this person's name? Print the name of Person 1 from page 2.         Last Name         First Name       MI	6.	<ul> <li>What is this person's race? Mark X one or more boxes.</li> <li>White</li> <li>Black, African Am., or Negro</li> <li>American Indian or Alaska Native - Print name of enrolled or principal tribe. </li> </ul>
2.	What is this person's telephone number?       We may contact this person if we don't understand an answer.         Area Code + Number       -	,	<ul> <li>Asian Indian</li> <li>Chinese</li> <li>Filipino</li> <li>Japanese</li> <li>Korean</li> </ul>
3.	<ul> <li>What is this person's sex? Mark I ONE box.</li> <li>Male</li> <li>Female</li> </ul>		<ul> <li>Vietnamese</li> <li>Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. <i></i><sub>₹</sub></li> </ul>
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, 2010Print numbers in boxes.MonthDayYear of birth		<ul> <li>Native Hawaiian</li> <li>Guamanian or Chamorro</li> <li>Samoan</li> <li>Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on. ∠</i></li> </ul>
-	NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this census, Hispanic origins are not races. Is this person of Hispanic, Latino, or Spanish	7.	<ul> <li>Some other race – Print race. <i>✓</i></li> <li>Where was this person born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory,</li> </ul>
	<ul> <li>origin?</li> <li>No, not of Hispanic, Latino, or Spanish origin</li> <li>Yes, Puerto Rican</li> </ul>		or foreign country.
	<ul> <li>Yes, Dominican</li> <li>Yes, Mexican, Mexican Am., Chicano</li> <li>Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Cuban, Nicaraguan, Salvadoran, Spaniard, and so on. z</li> </ul>	8. 9.	<ul> <li>Is this person a CITIZEN of the United States?</li> <li>Yes, born in the U.S. Virgin Islands – <i>SKIP to question 10a</i></li> <li>Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands</li> <li>Yes, born abroad of U.S. parent or parents</li> <li>Yes, a U.S. citizen by naturalization</li> <li>No, not a U.S. citizen (permanent resident)</li> <li>No, not a U.S. citizen (temporary resident)</li> <li>When did this person come to the U.S. Virgin Islands to stay? If this person has entered the U.S. Virgin Islands more than once, what is the latest year? <i>Print numbers in boxes.</i></li> </ul>

3

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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**

No schooling completed

#### **NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12**

- Nursery school, preschool
- Kindergarten
- Grade 1 through 11 -Specify grade 1-11 -
- 12<sup>th</sup> 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)
- 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.

  - Yes, in the U.S. Virgin Islands
  - Yes, not in the U.S. Virgin Islands

#### 14a. Does this person speak a language other than English at home?

- Yes
- No SKIP to question 15a



### Person 1-Continued

	/hat is this language?	17a.	Is this person of serious difficul
			Yes
(F	For example: French, Spanish, Chinese, Italian)		🗖 No
c. H	ow well does this person speak English? Very well	b.	Is this person b serious difficul glasses?
	Vell Not well Not at all		Yes No
	id this person live in this house or partment 1 year ago (on April 1, 2009)?		er questions 18a- Otherwise, SKIP i
	Person is under 1 year old – <i>SKIP to question 16</i> Yes, this house – <i>SKIP to question 16</i> No, different house	18a.	Because of a p condition, does difficulty conce making decisio
	/here did this person live 1 year ago?		<ul><li>Yes</li><li>No</li></ul>
0	ame of the Island in the U.S. Virgin Islands, r the name of U.S. State, commonwealth, erritory, or foreign country	b.	Does this perso walking or clim
			<ul><li>Yes</li><li>No</li></ul>
c. N	ame of city, town, or village	c.	Does this perso bathing?
L			Yes
of he E	this person CURRENTLY covered by any the following types of health insurance or ealth coverage plans? Mark "Yes" or "No" for ACH type of coverage in items a–g. Yes No		No er question 19 if th wise, SKIP to que
of ho E, a.	If the following types of health insurance or ealth coverage plans? Mark "Yes" or "No" for ACH type of coverage in items a–g.         Yes No         Insurance through a current or former employer or union (of this person or another family member)		er question 19 if th wise, SKIP to que Because of a p condition, does
of he E,	If the following types of health insurance or ealth coverage plans? Mark "Yes" or "No" for ACH type of coverage in items a–g.         Yes No         Insurance through a current or former employer or union (of this person or	Other	er question 19 if th wise, SKIP to que Because of a p
of he E, a. b.	it the following types of health insurance or ealth coverage plans? Mark "Yes" or "No" for ACH type of coverage in items a–g.       Yes No         A CH type of coverage in items a–g.       Yes No         Insurance through a current or former employer or union (of this person or another family member)       Image: Compare the compare the compare the compare the company (by this person or another family member)         Insurance company (by this person or another family member)       Image: Compare the compare the compare the compare the compare the company (by this person or another family member)         Medicare, for people 65 and older, or       Image: Compare the company compare the compare the company compare the compare the company compare the com	Other 19.	er question 19 if th wise, SKIP to que Because of a p condition, does doing errands a doctor's office
b. c.	It the following types of health insurance or ealth coverage plans? Mark "Yes" or "No" for ACH type of coverage in items a–g.       Yes No         Insurance through a current or former employer or union (of this person or another family member)       Image: Second Secon	Other	er question 19 if the wise, SKIP to question, does doing errands a doctor's office Yes No What is this pe Now married Widowed
b. c.	It the following types of health insurance or ealth coverage plans? Mark "Yes" or "No" for ACH type of coverage in items a–g.       Yes No         Insurance through a current or former employer or union (of this person or another family member)       Yes No         Insurance purchased directly from an insurance company (by this person or another family member)       Image: Company (by this person or another family member)         Medicare, for people 65 and older, or people with certain disabilities       Image: Company kind of federal government-assistance plan for those with low incomes or a	Other 19.	er question 19 if the wise, SKIP to quest Because of a p condition, does doing errands a doctor's office Yes No What is this pe Now married
b. c. d.	It the following types of health insurance or ealth coverage plans? Mark "Yes" or "No" for ACH type of coverage in items a–g.       Yes No         ACH type of coverage in items a–g.       Yes No         Insurance through a current or former employer or union (of this person or another family member)       Image: Company (by this person or another family member)         Insurance company (by this person or another family member)       Image: Company (by this person or another family member)         Medicare, for people 65 and older, or people with certain disabilities       Image: Company (by this person or another family member)         Medicaid, Medical Assistance, or any kind of federal government-assistance plan for those with low incomes or a disability       Image: Company (by the care is a company to the care is company to t	Other 19.	er question 19 if the wise, SKIP to question, does doing errands a doctor's office Yes No What is this pe Now married Widowed Divorced
of h( E, a. b. c. d. f.	<b>i</b> the following types of health insurance or ealth coverage plans? Mark "Yes" or "No" for ACH type of coverage in items a–g.       Yes No         A CH type of coverage in items a–g.       Yes No         Insurance through a current or former employer or union (of this person or another family member)       Image: Company (by this person or another family member)         Insurance purchased directly from an insurance company (by this person or another family member)       Image: Company (by this person or another family member)         Medicare, for people 65 and older, or people with certain disabilities       Image: Company kind of federal government-assistance plan for those with low incomes or a disability         TRICARE or other military health care       Image: Company health care	Other 19.	er question 19 if the wise, SKIP to question, does doing errands a doctor's office Yes No What is this per Widowed Divorced Separated Never married If this person is has she ever has Do not count step
e. f.	It the following types of health insurance or ealth coverage plans? Mark "Yes" or "No" for ACH type of coverage in items a–g.       Yes No         ACH type of coverage in items a–g.       Yes No         Insurance through a current or former employer or union (of this person or another family member)       Image: Company (by this person or another family member)         Insurance purchased directly from an insurance company (by this person or another family member)       Image: Company (by this person or another family member)         Medicare, for people 65 and older, or people with certain disabilities       Image: Company (by this person or another family member)         Medicaid, Medical Assistance, or any kind of federal government-assistance plan for those with low incomes or a disability       Image: Company (by this person or another family member)         TRICARE or other military health care       Image: Company (by this person or another family member)         Any other type of health insurance or       Image: Company (by this person or another family member)	Other 19. 20.	er question 19 if the wise, SKIP to question, does doing errands a doctor's office Yes No What is this pe Now married Widowed Divorced Separated Never married If this person is has she ever has Do not count step adopted.
e. f.	It the following types of health insurance or ealth coverage plans? Mark "Yes" or "No" for ACH type of coverage in items a–g.       Yes No         ACH type of coverage in items a–g.       Yes No         Insurance through a current or former employer or union (of this person or another family member)       Image: Company (by this person or another family member)         Insurance purchased directly from an insurance company (by this person or another family member)       Image: Company (by this person or another family member)         Medicare, for people 65 and older, or people with certain disabilities       Image: Company (by this person or another family member)         Medicaid, Medical Assistance, or any kind of federal government-assistance plan for those with low incomes or a disability       Image: Company (by this person or another family member)         TRICARE or other military health care       Image: Company (by this person or another family member)         Any other type of health insurance or       Image: Company (by this person or another family member)	Other 19. 20.	er question 19 if the wise, SKIP to question, does doing errands a doctor's office Yes No What is this per Widowed Divorced Separated Never married If this person is has she ever has Do not count step

- deaf or does he/she have Ity hearing?
  - blind or does he/she have Ity seeing even when wearing

-c if this person is 5 years old or to question 47.

- hysical, mental, or emotional s this person have serious entrating, remembering, or ons?
  - on have serious difficulty nbing stairs?
  - on have difficulty dressing or

his person is 15 years old or over. stion 47.

9.	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?

rson's marital status?

s female, how many babies ad, not counting stillbirths? children or children she has

lumber of children



## **Person 1**-Continued

- 22a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
  - Yes

6

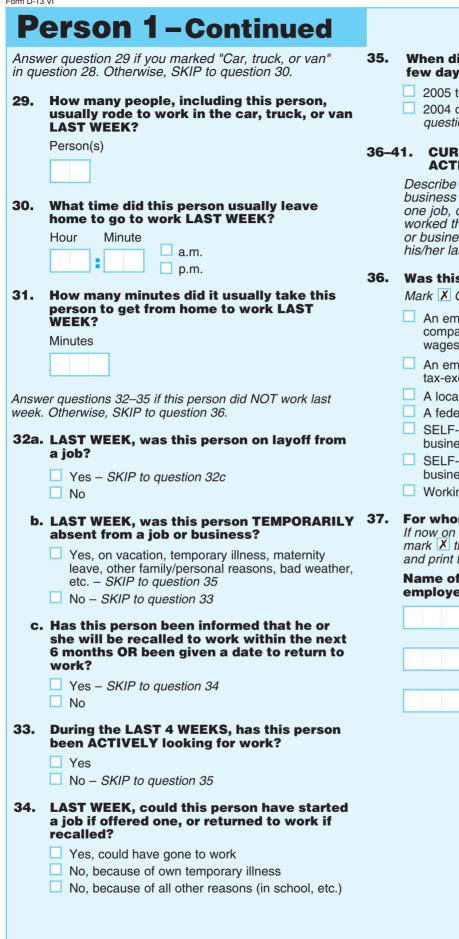
- No SKIP to question 23
- b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
  - Yes
  - No SKIP to question 23
- **C.** How long has this grandparent been responsible for the(se) grandchild(ren)? 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
- 23. 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 25a
  - □ No, never served in the military *SKIP to question 26a*
- 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.
  - 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

- 25a. Does this person have a VA service-connected disability rating?
  - Yes (such as 0%, 10%, 20%, . . ., 100%)
  - No SKIP to question 26a
  - 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

### 26a. LAST WEEK, did this person work for pay at a job (or business)?

- Yes SKIP to question 27
- No, did not work (or retired)
- **b. LAST WEEK, did this person do ANY work for** pay, even for as little as one hour?
  - Yes
  - No SKIP to question 32a
- 27. 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. Name of the island in the U.S. Virgin Islands, or name of U.S. state, commonwealth, territory, or foreign country
  - b. Name of city, town, or village
- **28.** 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.
  - Car, truck, or van
  - Bus (including Vitran or Vitran Plus)
  - Taxicab
  - Motorcycle
  - Safari or taxi bus
  - Ferryboat or water taxi
  - Plane or seaplane
  - Walked
  - Worked at home SKIP to question 36
  - Other method





- 2005 to 2010
- 2004 or earlier, or never worked SKIP to question 45

#### 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 iob or business since 2005.

#### 36. Was this person -

Mark X ONE box.

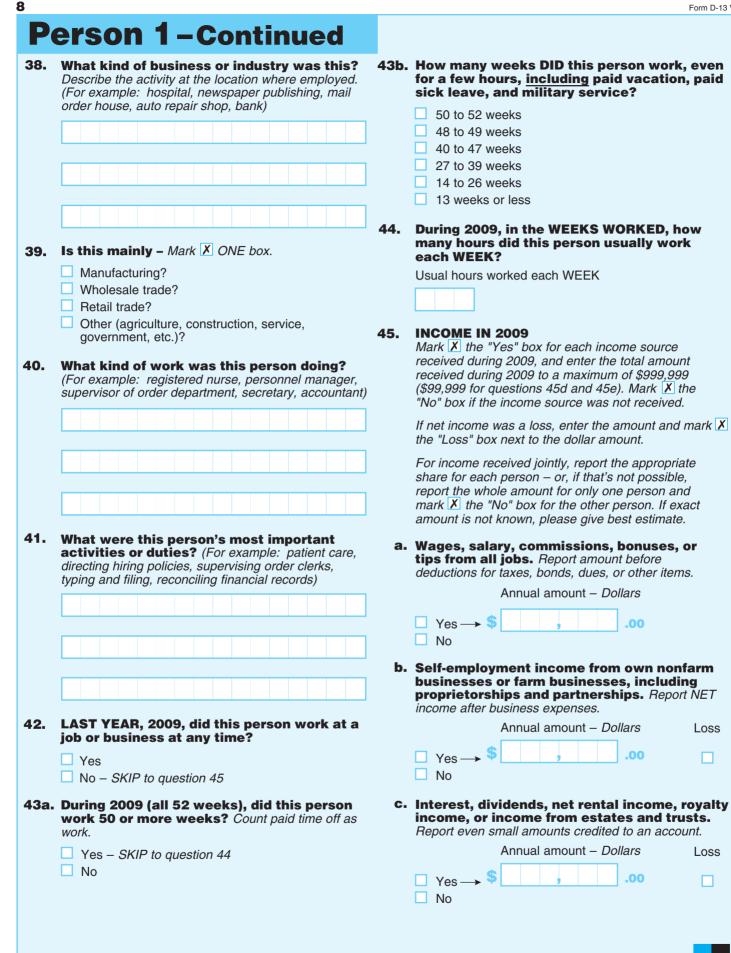
- An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?
- An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- A local GOVERNMENT employee (territorial, etc.)?
- A federal GOVERNMENT employee?
- SELF-EMPLOYED in own 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?

#### 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





43b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?

- 50 to 52 weeks

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Loss

Loss

D-13 VI, Page 8, Pantone Cyan (10%, 50% & 100%)

Ρ	erson 1-Continued		
45d.	Social Security or Railroad Retirement.	48.	About when was this building first built?
	Annual amount – Dollars		2009 or 2010
	e e		2000 to 2008
	$\Box \text{ Yes} \rightarrow \$ \00$		1990 to 1999
	□ No		1980 to 1989
e.	Any public assistance or welfare payments		1970 to 1979
	from the state or local welfare office,		960 to 1969
	including Supplemental Security Income		1950 to 1959
	(SSI).		1940 to 1949
	Annual amount – <i>Dollars</i>		1939 or earlier
	□ Yes→ \$	49.	When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?
			2009 or 2010
f.	Retirement, survivor, or disability pensions.		2000 to 2008
	Do NOT include Social Security.		1990 to 1999
	Annual amount – Dollars		1980 to 1989
	□ Yes→\$00		1970 to 1979
			1969 or earlier
			ver questions 50–52 if this is a HOUSE or a
g.	Any other sources of income received	МОВ	BILE HOME. Otherwise, SKIP to question 52.
	regularly such as Veterans' (VA) payments, unemployment compensation, child support,	50.	How many acres is this house or mobile
	<b>or alimony.</b> Do NOT include lump-sum payments such as money from an inheritance or sale of a home.	001	home on?
	Annual amount – Dollars		Less than 1 acre – SKIP to question 52
			1 to 9.9 acres
	□ Yes → \$		10 or more acres
	□ No	51.	
46.	What was this person's total income during		agricultural products from this property?
	<b>2009?</b> Add entries in questions 45a–45g; subtract		None None
	any losses. If net income was a loss, enter the amount and mark $\overline{X}$ the "Loss" box next to the dollar amount.		□ \$1 to \$999
			\$1,000 to \$2,499
	Annual amount – <i>Dollars</i> Loss		\$2,500 to \$4,999
	□ None OR \$		□ \$5,000 to \$9,999
			\$10,000 or more
Pleas	se answer questions 47–71 about your household.	52.	Is there a business (such as a store or
47.	Which best describes this building? Include all		barber shop) or a medical office on this
77.	apartments, flats, etc., even if vacant.		property?
	A mobile home		Yes
	<ul> <li>A mobile nome</li> <li>A one-family house detached from any other house</li> </ul>		🔲 No
	A one-family house attached to one or more houses		
	A building with 2 apartments		
	A building with 3 or 4 apartments		
	<ul> <li>A building with 5 to 9 apartments</li> </ul>		
	A building with 10 to 19 apartments		
	A building with 20 or more apartments		
	A boat or houseboat		
	RV, van, etc.		

P	erson 1-Continued		
53a.	<ul> <li>How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.</li> <li>INCLUDE bedrooms, kitchens, etc.</li> <li>EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.</li> <li>1 room</li> <li>2 rooms</li> <li>3 rooms</li> </ul>	57.	Wh ho Ma
	<ul> <li>4 rooms</li> <li>5 rooms</li> <li>6 rooms</li> <li>7 rooms</li> <li>8 rooms</li> <li>9 or more rooms</li> </ul>	58a. b.	Do ha if c
b.	<b>How many of these rooms are bedrooms?</b> 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 X "No bedroom."		ha ap
54.	<ul> <li>No bedroom</li> <li>1 bedroom</li> <li>2 bedrooms</li> <li>3 bedrooms</li> <li>4 bedrooms</li> <li>5 or more bedrooms</li> </ul> Does this house, apartment, or mobile home	59a.	<b>Do</b>
34.	have –		
	Yes No         a. Hot and cold running water?         b. A flush toilet?         c. A bathtub or shower?         d. A sink with a faucet?         e. A stove or range?         f. A refrigerator?	b.	Du ho an
55.	<ul> <li>Does this house, apartment, or mobile home have telephone service from which you can both make and receive calls?</li> <li>Yes, a cell or mobile phone only</li> </ul>	60.	
	<ul> <li>Yes, a landline only</li> <li>Yes, both a cell or mobile phone and a landline</li> <li>No</li> </ul>	61.	
56.	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of your household? None 1 2 3 4 5		

#### hich FUEL is used MOST for cooking in this use, apartment, or mobile home? ark 🗴 ONE box.

- Gas: bottled or tank
- Electricity
- Fuel oil, kerosene, etc.
- Wood or charcoal
- Other fuel
- No fuel used

### you or any member of this household

ve a home computer or laptop? Count only computer is in working condition.

- Yes
- No SKIP to question 59a

#### you or any member of this household ve an Internet connection at this house, artment, or mobile home?

- Yes
- No

#### you get water from – Mark X ONE box.

- A public system only?
- A public system and cistern?
- A cistern, tanks, or drums only?
- A public standpipe?
- Some other source (an individual well or spring)?
- ring the past month, did anyone in this use, apartment, or mobile home purchase **y water from –** Mark X all that apply.
  - A water delivery vendor?
  - A supermarket or grocery store?
  - Neither of the above

#### 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

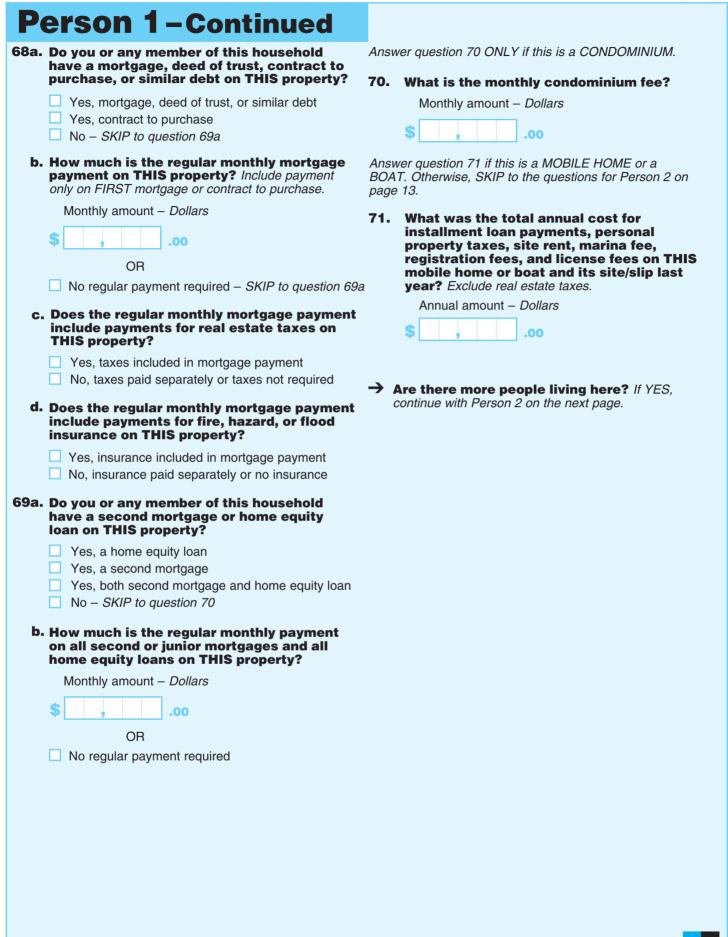
#### this living quarters part of a condominium?

- Yes
- No



6 or more

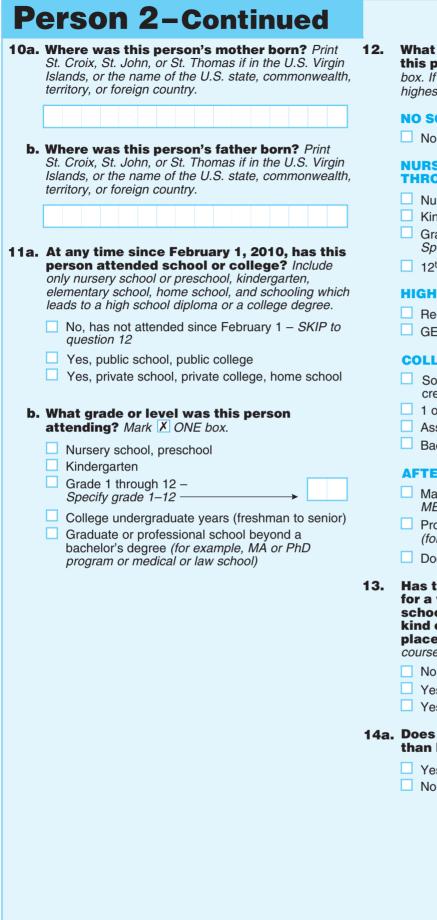
P	erson 1-Continued		
62a.	What is the average monthly cost for electricity for this house, apartment, or mobile home?	Ansv mob	ver questions 64a and 64b if this house, apartment, or ile home is RENTED. Otherwise, SKIP to question 65.
	Average monthly cost – <i>Dollars</i>	64a	• What is the monthly rent for this house, apartment, or mobile home? Monthly amount – <i>Dollars</i>
	OR		\$00
	<ul> <li>Included in rent or condominium fee</li> <li>No charge or electricity not used</li> </ul>	b.	<ul> <li>Does the monthly rent include any meals?</li> <li>Yes</li> </ul>
b.	What is the average monthly cost for gas for this house, apartment, or mobile home?		No
	Average monthly cost – <i>Dollars</i>	65-7	<b>71.</b> Answer questions 65–71 if you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to the questions for Person 2.
	OR Included in rent or condominium fee	65.	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?
	<ul> <li>Included in electricity payment entered above</li> <li>No charge or gas not used</li> </ul>		Amount – Dollars
c.	What is the average monthly cost for water and sewer for this house, apartment, or		\$ , ,
	mobile home? Average monthly cost – <i>Dollars</i>	66.	What were the real estate taxes on THIS property last year?
	\$ ,		Annual amount – <i>Dollars</i>
	OR		\$00
	<ul> <li>Included in rent or condominium fee</li> <li>No charge</li> </ul>		OR None
d.	What is the average monthly cost for oil, coal, kerosene, wood, etc. for this house, apartment, or mobile home?	67.	What was the annual payment for fire, hazard, and flood insurance on THIS property?
	Average monthly cost – <i>Dollars</i>		Annual amount – <i>Dollars</i>
	\$00		\$00
	OR		OR None
	<ul> <li>Included in rent or condominium fee</li> <li>No charge or these fuels not used</li> </ul>		
63.	Is this house, apartment, or mobile home – Mark X ONE box.		
	<ul> <li>Owned by you or someone in this household with a mortgage or loan? <i>Include home equity loans</i>.</li> <li>Owned by you or someone in this household free and clear (without a mortgage or loan)?</li> </ul>		
	<ul><li>Rented?</li><li>Occupied without payment of rent?</li></ul>		





#### Form D-13 VI

Person 2	
<b>1. What is this person's name?</b> Print the name of Person 2 from page 2.	6. What is this person's race? Mark X one or more boxes.
Last Name	U White
	Black, African Am., or Negro American Indian or Alaska Native – Print name of
First Name MI	enrolled or principal tribe. $_{\overrightarrow{V}}$
<b>2. How is this person related to Person 1?</b> Mark X ONE box.	<ul> <li>Asian Indian</li> <li>Chinese</li> </ul>
Husband or wife Son-in-law or	Eilipino
Biological son or daughter daughter-in-law	Japanese
Adopted son or daughter Other relative	Korean
Stepson or stepdaughter Roomer or boarder	
Brother or sister Housemate or	Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
Father or mother     roommate     Grandchild     Unmarried partner	
Grandchild Unmarried partner	
	Native Hawaiian
<b>3. What is this person's sex?</b> Mark X ONE box.	Guamanian or Chamorro
Male	Samoan
E Female	Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. $\vec{k}$
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	Some other race – Print race. K
Print numbers in boxes.	
Month Day Year of birth	<b>7. Where was this person born?</b> <i>Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.</i>
$\rightarrow$ NOTE: Please answer BOTH Question 5 about	
Hispanic origin and Question 6 about race. For this census, Hispanic origins are not races.	8. Is this person a CITIZEN of the United States?
5. Is this person of Hispanic, Latino, or Spanish origin?	Yes, born in the U.S. Virgin Islands – SKIP to question 10a
<ul> <li>No, not of Hispanic, Latino, or Spanish origin</li> <li>Yes, Puerto Rican</li> </ul>	Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands
Yes, Dominican	Yes, born abroad of U.S. parent or parents
Yes, Mexican, Mexican Am., Chicano	Yes, a U.S. citizen by naturalization
<ul> <li>Yes, another Hispanic, Latino, or Spanish origin –</li> </ul>	No, not a U.S. citizen (permanent resident)
Print origin, for example, Argentinean, Colombian, Cuban, Nicaraguan, Salvadoran, Spaniard,	No, not a U.S. citizen (temporary resident)
and so on. $\overline{k}$	9. When did this person come to the U.S. Virgin
	Islands to stay? If this person has entered the U.S. Virgin Islands more than once, what is the latest year? <i>Print numbers in boxes.</i>
	Year



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**

No schooling completed

#### **NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12**

- Nursery school, preschool
- Kindergarten
- Grade 1 through 11 -Specify grade 1-11 -
- 12<sup>th</sup> 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)
- 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.

  - Yes, in the U.S. Virgin Islands
  - Yes, not in the U.S. Virgin Islands

#### 14a. Does this person speak a language other than English at home?

- Yes
- No SKIP to question 15a



### **Person 2–Continued**

. What is this language?	
miat is this language:	17a. Is this person deaf or does he/she have serious difficulty hearing?
	☐ Yes
(For example: French, Spanish, Chinese, Italian)	□ No
How well does this person speak English?	b. Is this person blind or does he/she have serious difficulty seeing even when wearin glasses?
Well       Not well	☐ Yes ☐ No
<ul><li>Not at all</li><li>Did this person live in this house or</li></ul>	Answer questions 18a–c if this person is 5 years old or over. Otherwise, SKIP to the question 47.
apartment 1 year ago (on April 1, 2009)?	192 Resource of a physical mantal or emotions
<ul> <li>Person is under 1 year old – SKIP to question 16</li> <li>Yes, this house – SKIP to question 16</li> <li>No, different house</li> </ul>	18a. Because of a physical, mental, or emotiona condition, does this person have serious difficulty concentrating, remembering, or making decisions?
Where did this person live 1 year ago?	☐ Yes □ No
Name of the Island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth territory, or foreign country	<ul> <li>b. Does this person have serious difficulty walking or climbing stairs?</li> </ul>
	☐ Yes
	□ No
Name of city, town, or village	c. Does this person have difficulty dressing or bathing?
	□ Yes
Is this person CURRENTLY covered by any	No
of the following types of health insurance or	
health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-g	Answer question 19 if this person is 15 years old or over Otherwise, SKIP to question 47.
health coverage plans? Mark "Yes" or "No" for	19. Because of a physical, mental, or emotiona condition, does this person have difficulty
<ul> <li>health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a–g.</li> <li>a. Insurance through a current or former employer or union (of this person or another family member)</li> <li>b. Insurance purchased directly from an insurance company (by this person or another family by the person</li></ul>	<ul> <li>Otherwise, SKIP to question 47.</li> <li><b>19.</b> 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?</li> </ul>
<ul> <li>health coverage plans? <i>Mark</i> "Yes" or "No" for <i>EACH type of coverage in items a–g.</i> Yes No</li> <li>a. Insurance through a current or former employer or union (of this person or another family member)</li></ul>	<ul> <li>Otherwise, SKIP to question 47.</li> <li><b>19.</b> Because of a physical, mental, or emotiona condition, does this person have difficulty doing errands alone such as visiting a</li> </ul>
<ul> <li>health coverage plans? <i>Mark</i> "Yes" or "No" for <i>EACH type of coverage in items a–g.</i> Yes No</li> <li>a. Insurance through a current or former employer or union (of this person or another family member)</li></ul>	<ul> <li>Otherwise, SKIP to question 47.</li> <li><b>19.</b> 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?</li> <li>Yes</li> </ul>
<ul> <li>health coverage plans? <i>Mark</i> "Yes" or "No" for <i>EACH type of coverage in items a–g.</i> Yes No</li> <li>a. Insurance through a current or former employer or union (of this person or another family member)</li></ul>	<ul> <li>Otherwise, SKIP to question 47.</li> <li>19. 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?</li> <li>Yes</li> <li>No</li> <li>20. What is this person's marital status?</li> <li>Now married</li> </ul>
<ul> <li>health coverage plans? <i>Mark</i> "Yes" or "No" for <i>EACH type of coverage in items a–g.</i> Yes No</li> <li>a. Insurance through a current or former employer or union (of this person or another family member)</li></ul>	<ul> <li>Otherwise, SKIP to question 47.</li> <li>19. 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?</li> <li>Yes</li> <li>No</li> <li>20. What is this person's marital status?</li> <li>Now married</li> <li>Widowed</li> </ul>
<ul> <li>health coverage plans? <i>Mark "Yes" or "No" for EACH type of coverage in items a–g.</i> Yes No</li> <li>a. Insurance through a current or former employer or union (of this person or another family member)</li></ul>	<ul> <li>Otherwise, SKIP to question 47.</li> <li>19. 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?</li> <li>Yes</li> <li>No</li> <li>20. What is this person's marital status?</li> <li>Now married</li> <li>Widowed</li> <li>Divorced</li> </ul>
<ul> <li>health coverage plans? <i>Mark</i> "Yes" or "No" for <i>EACH type of coverage in items a–g.</i> Yes No</li> <li>a. Insurance through a current or former employer or union (of this person or another family member)</li></ul>	<ul> <li>Otherwise, SKIP to question 47.</li> <li>19. 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?</li> <li>Yes</li> <li>No</li> <li>20. What is this person's marital status?</li> <li>Now married</li> <li>Widowed</li> </ul>
<ul> <li>health coverage plans? <i>Mark</i> "Yes" or "No" for <i>EACH type of coverage in items a–g.</i> Yes No</li> <li>a. Insurance through a current or former employer or union (of this person or another family member)</li></ul>	<ul> <li>Otherwise, SKIP to question 47.</li> <li>19. 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? <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>20. What is this person's marital status? <ul> <li>Now married</li> <li>Widowed</li> <li>Divorced</li> <li>Separated</li> <li>Never married</li> </ul> </li> <li>21. If this person is female, how many babies has she ever had, not counting stillbirths?</li> </ul>
<ul> <li>health coverage plans? <i>Mark</i> "Yes" or "No" for <i>EACH type of coverage in items a–g.</i> Yes No</li> <li>a. Insurance through a current or former employer or union (of this person or another family member)</li></ul>	<ul> <li>Otherwise, SKIP to question 47.</li> <li>19. 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? <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>20. What is this person's marital status? <ul> <li>Now married</li> <li>Widowed</li> <li>Divorced</li> <li>Separated</li> <li>Never married</li> </ul> </li> <li>21. If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.</li> </ul>
<ul> <li>health coverage plans? <i>Mark</i> "Yes" or "No" for <i>EACH type of coverage in items a–g.</i> Yes No</li> <li>a. Insurance through a current or former employer or union (of this person or another family member)</li></ul>	<ul> <li>Otherwise, SKIP to question 47.</li> <li>19. 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? <ul> <li>Yes</li> <li>No</li> </ul> </li> <li>20. What is this person's marital status? <ul> <li>Now married</li> <li>Widowed</li> <li>Divorced</li> <li>Separated</li> <li>Never married</li> </ul> </li> <li>21. If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has</li> </ul>



# **Person 2–Continued**

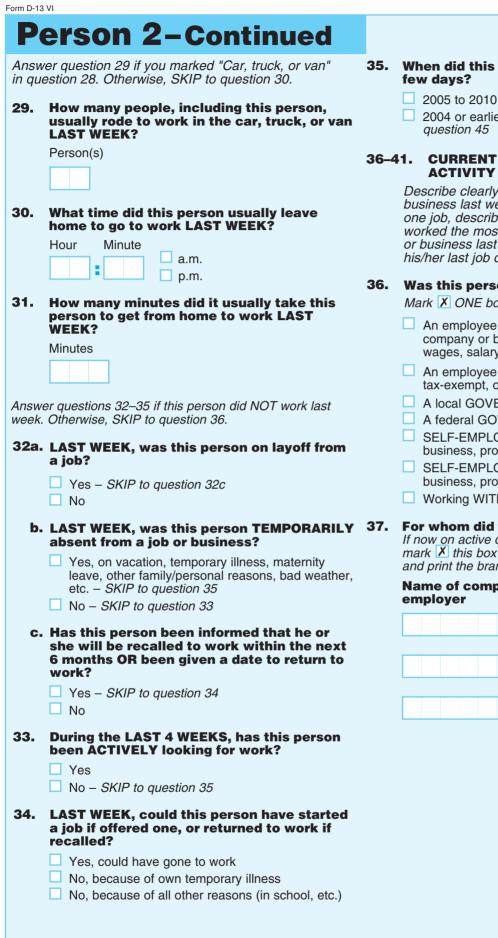
- 22a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
  - Yes
  - No SKIP to question 23
  - b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
    - Yes
    - No SKIP to question 23
  - **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
- 23. 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 25a
  - □ No, never served in the military *SKIP to question 26a*
- 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.
  - 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

- 25a. Does this person have a VA service-connected disability rating?
  - Yes (such as 0%, 10%, 20%, . . ., 100%)
  - No SKIP to question 26a
  - 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

### **26a. LAST WEEK**, did this person work for pay at a job (or business)?

- Yes SKIP to question 27
- No, did not work (or retired)
- **b. LAST WEEK, did this person do ANY work for** pay, even for as little as one hour?
  - Yes
  - No SKIP to question 32a
- 27. 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. Name of the island in the U.S. Virgin Islands, or name of U.S. state, commonwealth, territory, or foreign country
  - b. Name of city, town, or village
- 28. 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.
  - Car, truck, or van
  - Bus (including Vitran or Vitran Plus)
  - Taxicab
  - Motorcycle
  - Safari or taxi bus
  - Ferryboat or water taxi
  - Plane or seaplane
  - Walked
  - Worked at home SKIP to question 36
  - Other method





- 2004 or earlier, or never worked SKIP to

#### CURRENT OR MOST RECENT JOB ΔCTIVITY

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.

#### 36. Was this person -

Mark X ONE box.

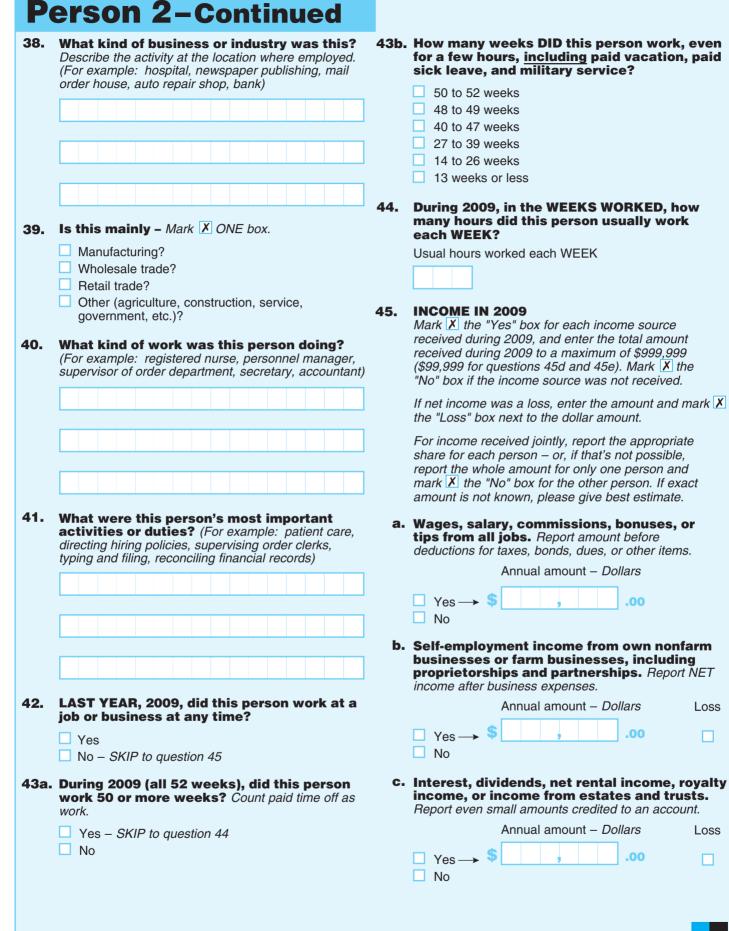
- An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?
- An employee of a PRIVATE NOT-FOR-PROFIT. tax-exempt, or charitable organization?
- A local GOVERNMENT employee (territorial, etc.)?
- A federal GOVERNMENT employee?
- SELF-EMPLOYED in own 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?

#### 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





43b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?

- 50 to 52 weeks

- 13 weeks or less

18

.00

-00

797318

Loss

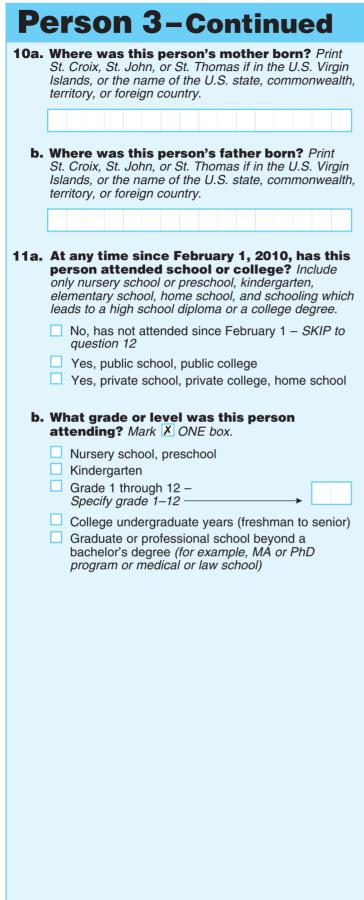
Loss

P	erson 2-Continued
45d.	Social Security or Railroad Retirement.
	Annual amount – Dollars
	- •
	□ Yes→ \$
	□ No
e.	Any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI).
	Annual amount – <i>Dollars</i>
	□ Yes → \$
f.	<b>Retirement, survivor, or disability pensions.</b> <i>Do NOT include Social Security.</i>
	Annual amount – <i>Dollars</i>
	□ Yes → \$
	Any other sources of income received
	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
	$\square \text{ No}$
46.	<b>What was this person's total income during</b> <b>2009?</b> Add entries in questions 45a–45g; subtract any losses. If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount.
	Annual amount – Dollars Loss
	□ None OR \$
47.	<b>Are there more people living here?</b> If YES, continue with person 3.



Person 3	
1. What is this person's name? Print the name of Person 3 from page 2. Last Name          First Name       MI         First Name       MI         Mark X ONE box.       Son-in-law or daughter         Biological son or daughter       Other relative         Stepson or stepdaughter       Roomer or boarder         Brother or sister       Housemate or roommate         Grandchild       Unmarried partner         Parent-in-law       Other nonrelative         3. What is this person's sex? Mark X ONE box.       Other nonrelative         Adopted con or daughter       Other nonrelative         Brother or sister       Housemate or roommate         Brother or sister       Other nonrelative         Branchchild       Unmarried partner         Grandchild       Other nonrelative         3. What is this person's sex? Mark X ONE box.       Male         Female       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	<ul> <li>6. What is this person's race? Mark  is one or more boxes.</li> <li>White</li> <li>Black, African Am., or Negro</li> <li>American Indian or Alaska Native – Print name of enrolled or principal tribe. <i>y</i></li> <li>Asian Indian</li> <li>Chinese</li> <li>Filipino</li> <li>Japanese</li> <li>Korean</li> <li>Vietnamese</li> <li>Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. <i>y</i></li> <li>Native Hawaiian</li> <li>Guamanian or Chamorro</li> <li>Samoan</li> <li>Other Pacific Islander – Print race, for example, <i>Fijian, Tongan, and so on. y</i></li> <li>Some other race – Print race. <i>y</i></li> <li>Mere was this person born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.</li> </ul>
<b>person's date of birth?</b> Please report babies as age 0 when the child is less than 1 year old. Age on April 1, 2010 Print numbers in boxes.	<ul> <li>7. Where was this person born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory,</li> </ul>
<ul> <li>NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this census, Hispanic origins are not races.</li> <li>Is this person of Hispanic, Latino, or Spanish origin?</li> </ul>	<ul> <li>8. Is this person a CITIZEN of the United States</li> <li>Yes, born in the U.S. Virgin Islands – SKIP to question 10a</li> </ul>
<ul> <li>No, not of Hispanic, Latino, or Spanish origin</li> <li>Yes, Puerto Rican</li> <li>Yes, Dominican</li> <li>Yes, Mexican, Mexican Am., Chicano</li> <li>Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Cuban, Nicaraguan, Salvadoran, Spaniard, and so on. z</li> </ul>	<ul> <li>Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands</li> <li>Yes, born abroad of U.S. parent or parents</li> <li>Yes, a U.S. citizen by naturalization</li> <li>No, not a U.S. citizen (permanent resident)</li> <li>No, not a U.S. citizen (temporary resident)</li> <li>9. When did this person come to the U.S. Virgin Islands to stay? If this person has entered th U.S. Virgin Islands more than once, what is the latest year? Print numbers in boxes. Year</li> </ul>





**12.** 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**

No schooling completed

#### NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12

- Nursery school, preschool
- Kindergarten
- Grade 1 through 11 Specify grade 1–11
- 12<sup>th</sup> 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)
- 13. 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 the U.S. Virgin Islands
- Yes, not in the U.S. Virgin Islands

### 14a. Does this person speak a language other than English at home?

- Yes
- No SKIP to question 15a

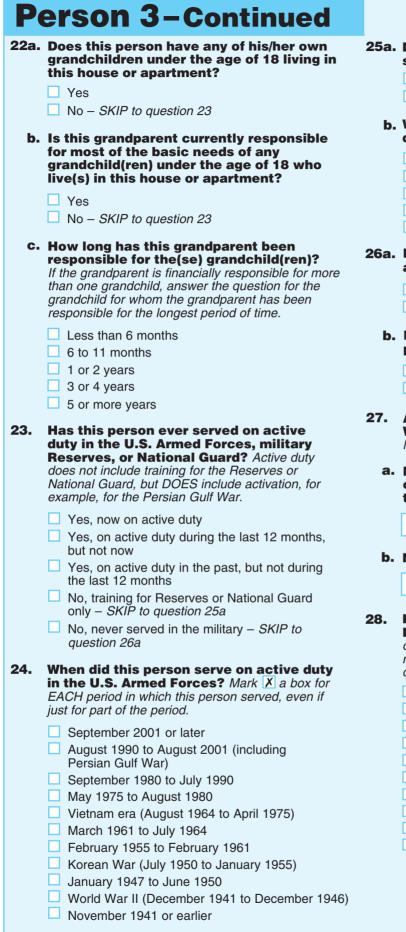


### **Person 3–Continued**

22

#### 14b. What is this language? 17a. Is this person deaf or does he/she have serious difficulty hearing? Yes No No (For example: French, Spanish, Chinese, Italian) b. Is this person blind or does he/she have c. How well does this person speak English? serious difficulty seeing even when wearing glasses? Very well Well Yes Not well No Not at all Answer questions 18a-c if this person is 5 years old or 15a. Did this person live in this house or over. Otherwise, SKIP to the question 47. apartment 1 year ago (on April 1, 2009)? 18a. Because of a physical, mental, or emotional Person is under 1 year old – SKIP to question 16 condition, does this person have serious Yes, this house – SKIP to question 16 difficulty concentrating, remembering, or No, different house making decisions? Yes b. Where did this person live 1 year ago? No Name of Island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, b. Does this person have serious difficulty territory, or foreign country walking or climbing stairs? Yes No c. Name of city, town, or village c. Does this person have difficulty dressing or bathing? Yes No 16. Is this person CURRENTLY covered by any of the following types of health insurance or Answer question 19 if this person is 15 years old or over. health coverage plans? Mark "Yes" or "No" for Otherwise, SKIP to question 47. EACH type of coverage in items a-g. Yes No a. Insurance through a current or former 19. Because of a physical, mental, or emotional employer or union (of this person or condition, does this person have difficulty another family member) ..... doing errands alone such as visiting a **b.** Insurance purchased directly from an doctor's office or shopping? insurance company (by this person or Yes another family member) No c. Medicare, for people 65 and older, or people with certain disabilities 20. What is this person's marital status? d. Medicaid, Medical Assistance, or any Now married kind of federal government-assistance plan for those with low incomes or a Widowed disability ..... Divorced e. TRICARE or other military health care . Separated Never married f. VA (including those who have ever used or enrolled for VA health care) 21. If this person is female, how many babies g. Any other type of health insurance or has she ever had, not counting stillbirths? health coverage plan - Specify Z Do not count stepchildren or children she has adopted. None OR Number of children





### 25a. Does this person have a VA

- service-connected disability rating?
  - Yes (such as 0%, 10%, 20%, . . ., 100%)
  - No SKIP to question 26a

### 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

### 26a. LAST WEEK, did this person work for pay at a job (or business)?

- Yes SKIP to question 27
- No, did not work (or retired)
- b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
  - Yes
  - No SKIP to question 32a
- 27. 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. Name of the island in the U.S. Virgin Islands, or name of U.S. state, commonwealth, territory, or foreign country
  - b. Name of city, town, or village

  - B. 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.
    - Car, truck, or van
    - Bus (including Vitran or Vitran Plus)
    - Taxicab
    - Motorcycle
    - Safari or taxi bus
    - Ferryboat or water taxi
    - Plane or seaplane
    - Walked
    - Worked at home SKIP to question 36
    - Other method



### **Person 3–Continued**

Answer question 29 if you marked "Car, truck, or van" in question 28. Otherwise, SKIP to question 30.

- 29. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
  - Person(s)

24

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

Hour		Minute	_
	۱.,		🔲 a.m
			D.m

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

Minutes

Answer questions 32–35 if this person did NOT work last week. Otherwise, SKIP to question 36.

32a. LAST WEEK, was this person on layoff from a job?
Yes - SKIP to question 32c

No .

- b. LAST WEEK, was this person TEMPORARILY 37. absent from a job or business?
  - Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 35
  - No SKIP to question 33
- 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 34
 No

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

Yes

No – SKIP to question 35

- 34. 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.)

### **35.** When did this person last work, even for a few days?

- 2005 to 2010
- 2004 or earlier, or never worked SKIP to question 45

#### 36–41. 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.

#### **36.** Was this person –

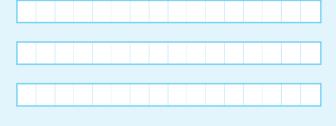
Mark 🗡 ONE box.

- 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 GOVERNMENT employee (territorial, 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?

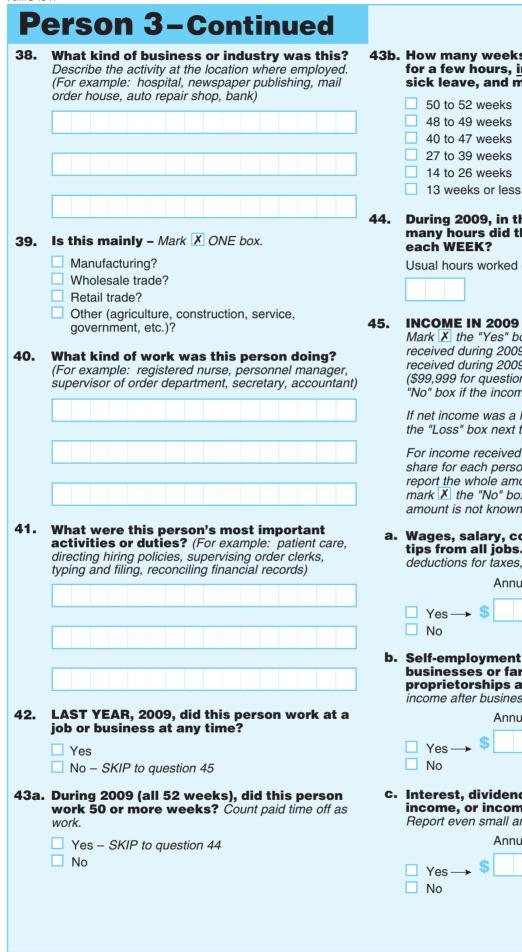
#### 7. For whom did this person work?

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

### Name of company, business, or other employer







- 50 to 52 weeks

- During 2009, in the WEEKS WORKED, how many hours did this person usually work

Usual hours worked each WEEK

#### **INCOME IN 2009**

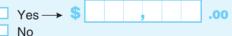
Mark X the "Yes" box for each income source received during 2009, and enter the total amount received during 2009 to a maximum of \$999.999 (\$99,999 for questions 45d and 45e). Mark X the "No" box if the income source was not received.

If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount.

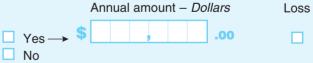
For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark X the "No" box for the other person. If exact amount is not known, please give best estimate.

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

Annual amount - Dollars



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



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



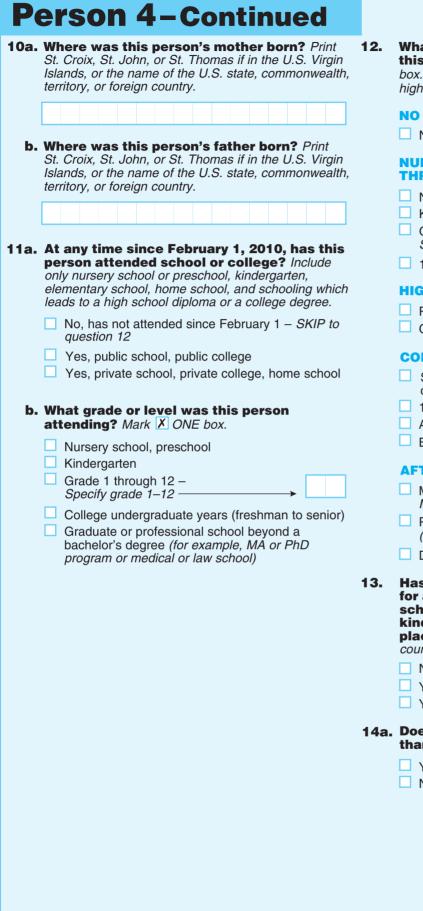
öd.	Social Security or Railroad Retirement.
	Annual amount – <i>Dollars</i>
	□ Yes→ \$
	$ Yes \rightarrow \phi $
_	
e.	Any public assistance or welfare payments from the state or local welfare office,
	including Supplemental Security Income (SSI).
	Annual amount – <i>Dollars</i>
	□ Yes→ \$
Τ.	<b>Retirement, survivor, or disability pensions.</b> <i>Do NOT include Social Security.</i>
	Annual amount – Dollars
	□ Yes→ \$
~	Any other sources of income received
9-	regularly such as Veterans' (VA) payments,
	unemployment compensation, child support, or alimony. Do NOT include lump-sum payments
	unemployment compensation, child support, or alimony. Do NOT include lump-sum payments such as money from an inheritance or sale of a home.
	or alimony. Do NOT include lump-sum payments
	<b>or alimony.</b> Do NOT include lump-sum payments such as money from an inheritance or sale of a home.
	or alimony. Do NOT include lump-sum payments such as money from an inheritance or sale of a home. Annual amount – Dollars
<b>.</b>	or alimony. Do NOT include lump-sum payments such as money from an inheritance or sale of a home. Annual amount – Dollars ○ Yes → \$
5.	or alimony. Do NOT include lump-sum payments such as money from an inheritance or sale of a home. Annual amount – Dollars ○ Yes → \$
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<b>).</b>	or alimony. Do NOT include lump-sum payments such as money from an inheritance or sale of a home. Annual amount – Dollars ○ Yes → \$
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	or alimony. Do NOT include lump-sum payments such as money from an inheritance or sale of a home. Annual amount – Dollars Yes → \$



#### Form D-13 VI

Person 4	
Person 4         1. What is this person's name? Print the name of Person 4 from page 2.         Last Name         First Name       MI         First Name       MI         Husband or wife       Son-in-law or daughter         Biological son or daughter       Other relative	<ul> <li>6. What is this person's race? Mark X one or more boxes.</li> <li>White</li> <li>Black, African Am., or Negro</li> <li>American Indian or Alaska Native - Print name of enrolled or principal tribe. </li> <li>Asian Indian</li> <li>Chinese</li> <li>Filipino</li> <li>Japanese</li> <li>Korean</li> </ul>
<ul> <li>Stepson or stepdaughter</li> <li>Brother or sister</li> <li>Father or mother</li> <li>Grandchild</li> <li>Parent-in-law</li> <li>Roomer or boarder</li> <li>Housemate or roommate</li> <li>Unmarried partner</li> <li>Other nonrelative</li> </ul>	<ul> <li>Vietnamese</li> <li>Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. </li> </ul>
<ul> <li>3. What is this person's sex? Mark X ONE box.</li> <li>Male</li> <li>Female</li> </ul>	<ul> <li>Native Hawaiian</li> <li>Guamanian or Chamorro</li> <li>Samoan</li> <li>Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. </li> </ul>
<ul> <li>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</li> </ul>	Some other race – <i>Print race.</i> $$
Print numbers in boxes. Month Day Year of birth	<b>7. Where was this person born?</b> Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.
<ul> <li>NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this census, Hispanic origins are not races.</li> <li>5. Is this person of Hispanic, Latino, or Spanish origin?</li> </ul>	<ul> <li>8. Is this person a CITIZEN of the United States?</li> <li>Yes, born in the U.S. Virgin Islands – SKIP to question 10a</li> </ul>
<ul> <li>No, not of Hispanic, Latino, or Spanish origin</li> <li>Yes, Puerto Rican</li> <li>Yes, Dominican</li> <li>Yes, Mexican, Mexican Am., Chicano</li> <li>Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian,</li> </ul>	<ul> <li>Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands</li> <li>Yes, born abroad of U.S. parent or parents</li> <li>Yes, a U.S. citizen by naturalization</li> <li>No, not a U.S. citizen (permanent resident)</li> <li>No, not a U.S. citizen (temporary resident)</li> </ul>
Cuban, Nicaraguan, Salvadoran, Spaniard, and so on. 7	9. When did this person come to the U.S. Virgin Islands to stay? If this person has entered the U.S. Virgin Islands more than once, what is the latest year? Print numbers in boxes. Year

797327



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**

No schooling completed

#### **NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12**

- Nursery school, preschool
- Kindergarten
- Grade 1 through 11 -Specify grade 1-11 -
- 12<sup>th</sup> 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)
- 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 the U.S. Virgin Islands
  - Yes, not in the U.S. Virgin Islands

#### 14a. Does this person speak a language other than English at home?

- Yes
- No SKIP to question 15a



#### Form D-13 VI

### Person 4-Continued

14b.	What is this language?	17a. Is this person deaf or does he/she have serious difficulty hearing?
		☐ Yes
	(For example: French, Spanish, Chinese, Italian)	
c.	How well does this person speak English?	b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?
	Well	
	Not well	
	Not at all	
15a.	Did this person live in this house or apartment 1 year ago (on April 1, 2009)?	Answer questions 18a–c if this person is 5 years old or over. Otherwise, SKIP to the question 47.
	_	18a. Because of a physical, mental, or emotional
	<ul> <li>Person is under 1 year old – SKIP to question 16</li> <li>Yes, this house – SKIP to question 16</li> <li>No, different house</li> </ul>	condition, does this person have serious difficulty concentrating, remembering, or making decisions?
h	Where did this person live 1 year ago?	Yes
<b>D</b> .	where did this person live T year ago:	No No
	Name of the Island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth territory, or foreign country	, b. Does this person have serious difficulty walking or climbing stairs?
		Ves
		No
c.	Name of city, town, or village	c. Does this person have difficulty dressing or bathing?
10		└── Yes └── No
16.	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–g. Yes No	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to question 47.
	<ul> <li>Insurance through a current or former employer or union (of this person or another family member)</li> </ul>	<b>19.</b> Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a
	<b>b.</b> Insurance purchased directly from an insurance company (by this person or another family member)	doctor's office or shopping?
	c. Medicare, for people 65 and older, or	No
	people with certain disabilities	20. What is this person's marital status?
	d. Medicaid, Medical Assistance, or any	
	kind of federal government-assistance	Now married
	plan for those with low incomes or a disability	Widowed
	·	
	e. TRICARE or other military health care .	Separated
	<b>f.</b> VA (including those who have ever used or enrolled for VA health care)	Never married
	<b>g.</b> Any other type of health insurance or health coverage plan – <i>Specify</i> $\mathbf{r}$	<b>21.</b> If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted
		adopted.           None         OR         Number of children



29

# **Person 4–Continued**

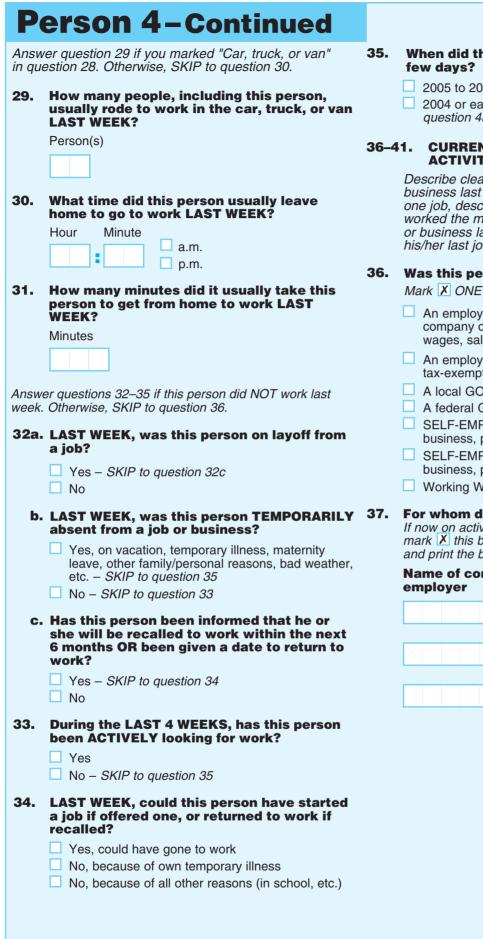
- 22a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
  - Yes
  - No SKIP to question 23
  - b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
    - Yes
    - No SKIP to question 23
  - **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
- 23. 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 25a
  - □ No, never served in the military *SKIP to question 26a*
- 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.
  - 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

- 25a. Does this person have a VA service-connected disability rating?
  - Yes (such as 0%, 10%, 20%, . . ., 100%)
  - No SKIP to question 26a
  - **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

### 26a. LAST WEEK, did this person work for pay at a job (or business)?

- Yes SKIP to question 27
- No, did not work (or retired)
- **b. LAST WEEK, did this person do ANY work for** pay, even for as little as one hour?
  - Yes
  - No SKIP to question 32a
- 27. 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. Name of the island in the U.S. Virgin Islands, or name of U.S. state, commonwealth, territory, or foreign country
  - b. Name of city, town, or village
- 28. 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.
  - Car, truck, or van
  - Bus (including Vitran or Vitran Plus)
  - Taxicab
  - Motorcycle
  - Safari or taxi bus
  - Ferryboat or water taxi
  - Plane or seaplane
  - Walked
  - Worked at home SKIP to question 36
  - Other method





### When did this person last work, even for a

- 2005 to 2010
- 2004 or earlier, or never worked SKIP to question 45

#### 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 iob or business since 2005.

#### 36. Was this person -

Mark X ONE box.

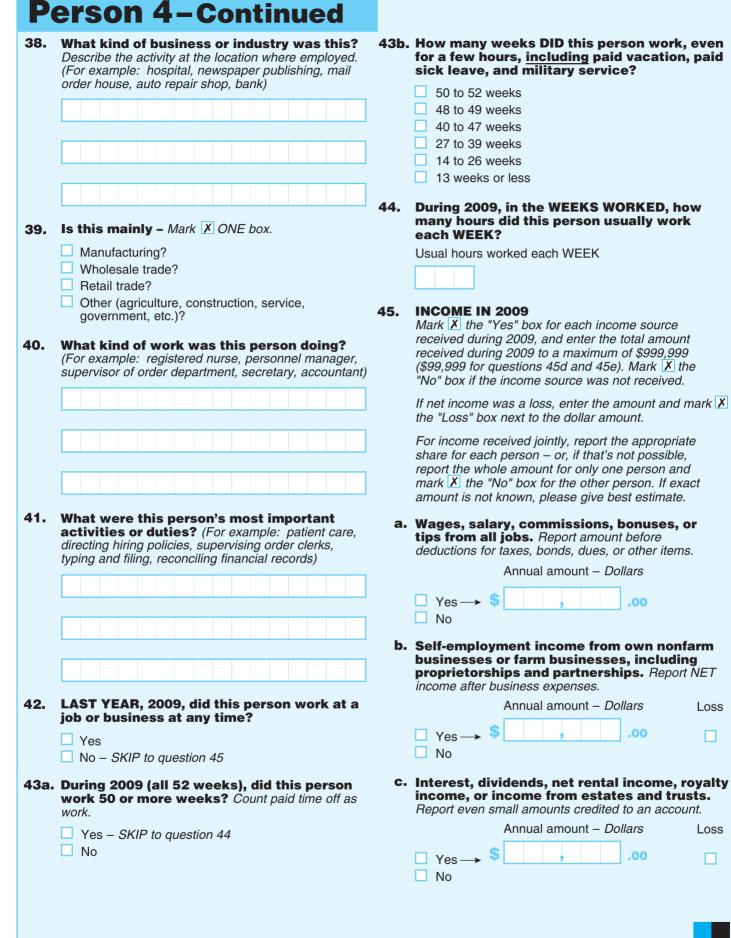
- An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?
- An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- A local GOVERNMENT employee (territorial, etc.)?
- A federal GOVERNMENT employee?
- SELF-EMPLOYED in own 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?

#### 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





43b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?

- 50 to 52 weeks

32

00

-00

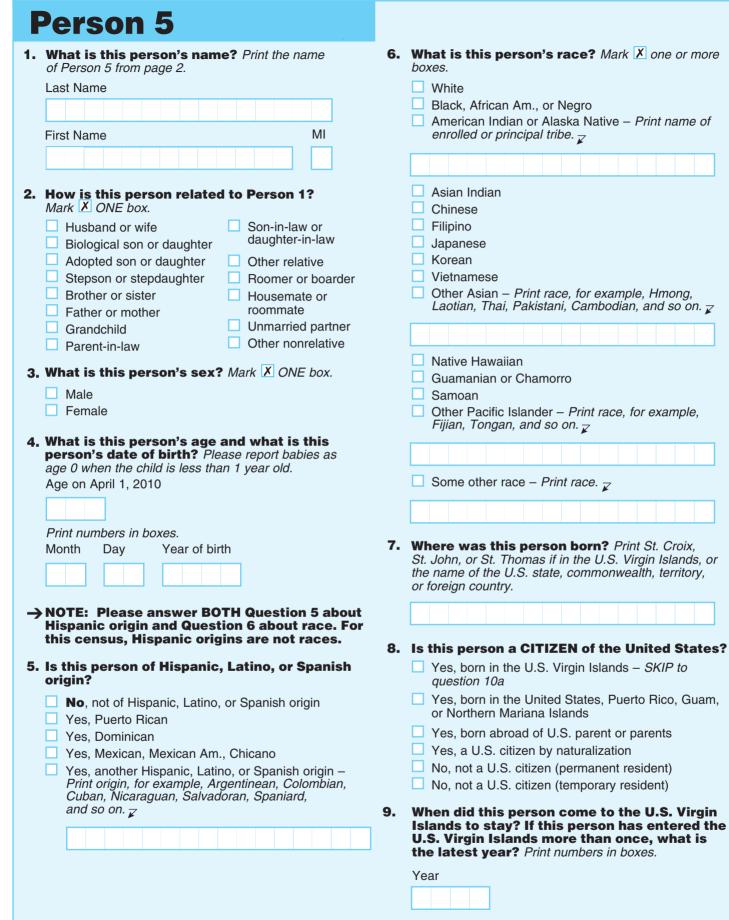
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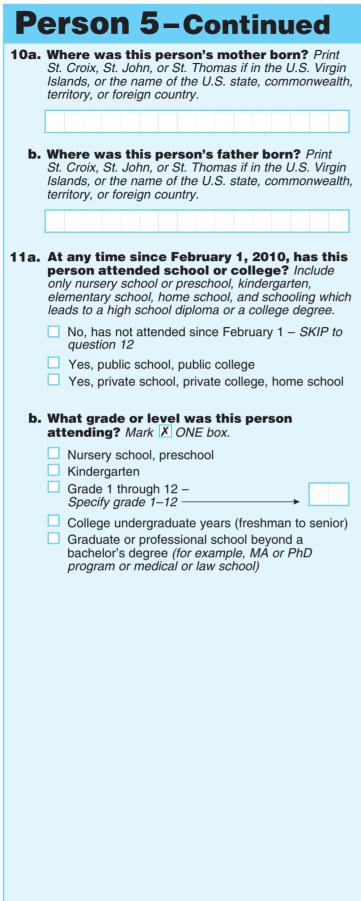
Loss

Loss

Annual amount - Dollars   Yes →   No   Any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (ssi). Annual amount - Dollars Yes → Image: Security Income (ssi). Annual amount - Dollars Yes → Image: Security. Annual amount - Dollars Image: Security. Image: Security. Annual amount - Dollars Image: Security. Image: Security. Annual amount - Dollars Image: Security. Image: Security. Image: Security. Annual amount - Dollars Image: Security. Image: Sec	Annual amount - Dollars Yes → \$	Annual amount - Dollars Yes → \$	Annual amount - Dollars Yes → \$	Annual amount - Dollars Yes → \$	Annual amount - Dollars Yes → \$	Annual amount - Dollars Yes → \$	Annual amount - Dollars Yes → \$	<ul> <li>Yes → \$</li></ul>	Annual amount - Dollars Yes → \$	P	erson 4-Continued
<ul> <li>Yes → \$</li></ul>	<ul> <li>Yes → \$</li></ul>	<ul> <li>Yes → \$</li></ul>	<ul> <li>Yes → \$</li></ul>	<ul> <li>Yes → \$</li></ul>	<ul> <li>Yes → \$ , .00</li> <li>No</li> <li>e. Any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI).</li> <li>Annual amount - Dollars <ul> <li>Yes → \$ , .00</li> <li>No</li> </ul> </li> <li>f. Retirement, survivor, or disability pensions. Do NOT include Social Security. <ul> <li>Annual amount - Dollars</li> <li>Yes → \$ , .00</li> <li>No</li> </ul> </li> <li>g. 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. <ul> <li>Annual amount - Dollars</li> <li>Yes → \$ , .00</li> <li>No</li> </ul> </li> <li>g. 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. <ul> <li>Annual amount - Dollars</li> <li>Yes → \$ , .00</li> <li>No</li> </ul> </li> <li>5. What was this person's total income during 2009? Add entries in questions 45a-45g; subtract any losses. If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount. <ul> <li>Annual amount - Dollars</li> <li>Loss</li> <li>None OR \$ , .00</li> </ul> </li> <li>6. Are there more people living here? If YES,</li> </ul>	<ul> <li>Yes → \$ , .00</li> <li>No</li> <li>e. Any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI).</li> <li>Annual amount - Dollars <ul> <li>Yes → \$ , .00</li> <li>No</li> </ul> </li> <li>f. Retirement, survivor, or disability pensions. Do NOT include Social Security. <ul> <li>Annual amount - Dollars</li> <li>Yes → \$ , .00</li> <li>No</li> </ul> </li> <li>g. 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. <ul> <li>Annual amount - Dollars</li> <li>Yes → \$ , .00</li> <li>No</li> </ul> </li> <li>g. 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. <ul> <li>Annual amount - Dollars</li> <li>Yes → \$ , .00</li> <li>No</li> </ul> </li> <li>5. What was this person's total income during 2009? Add entries in questions 45a-45g; subtract any losses. If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount. <ul> <li>Annual amount - Dollars</li> <li>Loss</li> <li>None OR \$ , .00</li> </ul> </li> <li>6. Are there more people living here? If YES,</li> </ul>	<ul> <li>Yes → \$ ,,,,,,,</li></ul>	<ul> <li>Yes → \$ ,,,,,,,</li></ul>	<ul> <li>Yes → \$</li></ul>	5d.	Social Security or Railroad Retirement.
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<ul> <li>Yes → \$</li></ul>	<ul> <li>Yes → \$ ,,,,,,,</li></ul>	<ul> <li>Yes → \$ ,,,,,,,</li></ul>	<ul> <li>Yes → \$ ,,,,,,,</li></ul>	<ul> <li>Yes - \$</li></ul>	<ul> <li>Yes → \$ ,,,,,,,</li></ul>	<ul> <li>Yes → \$ ,,,,,,,</li></ul>	<ul> <li>Yes → \$ ,,,,,,,</li></ul>	<ul> <li>Yes → \$ ,,,,,,,</li></ul>	<ul> <li>Yes - \$</li></ul>	e.	from the state or local welfare office, including Supplemental Security Income
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Are there more people living here? If YES,	Are there more people living here? If YES,	• Are there more people living here? If YES,	• Are there more people living here? If YES,	Are there more people living here? If YES,	• Are there more people living here? If YES,	• Are there more people living here? If YES,	Are there more people living here? If YES,	Are there more people living here? If YES,	Are there more people living here? If YES,		Annual amount – Dollars Loss
<b>Are there more people living here?</b> If YES, continue with person 5.	<b>Are there more people living here?</b> If YES, continue with person 5.	<b>Are there more people living here?</b> If YES, continue with person 5.	<b>Are there more people living here?</b> If YES, continue with person 5.	<b>Are there more people living here?</b> If YES, continue with person 5.	<b>Are there more people living here?</b> If YES, continue with person 5.	<b>Are there more people living here?</b> If YES, continue with person 5.	<b>Are there more people living here?</b> If YES, continue with person 5.	<b>Are there more people living here?</b> If YES, continue with person 5.	Are there more people living here? If YES, continue with person 5.		□ None OR \$
											<b>Are there more people living here?</b> If YES, continue with person 5.







**12.** 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**

No schooling completed

#### NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12

- Nursery school, preschool
- Kindergarten
- Grade 1 through 11 Specify grade 1–11
- 12<sup>th</sup> 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)
- 13. 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 No

- Yes, in the U.S. Virgin Islands
- Yes, not in the U.S. Virgin Islands

### 14a. Does this person speak a language other than English at home?

- Yes
- No SKIP to question 15a

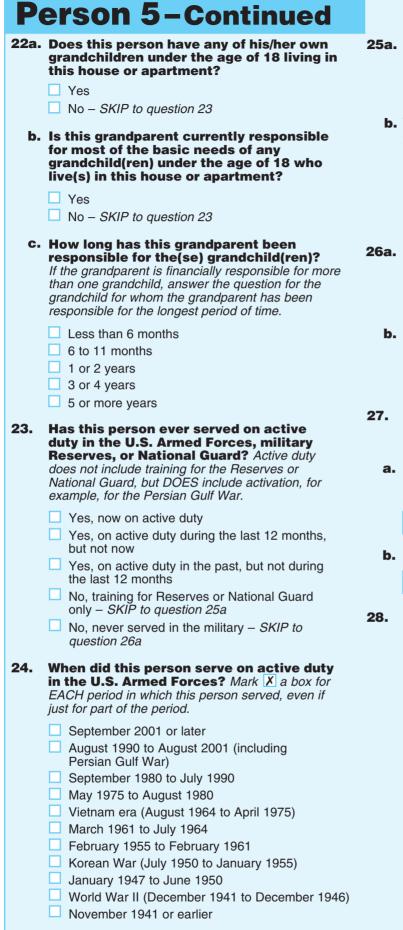


### **Person 5–Continued**

		L
14b.	What is this language?	17a. Is this person deaf or does he/she have serious difficulty hearing?
		Ves
	(For example: French, Spanish, Chinese, Italian)	□ No
		<b>b.</b> Is this person blind or does he/she have
c.	How well does this person speak English?	serious difficulty seeing even when wearing
	Very well	glasses?
	Well	Yes
	Not well     Not at all	No
		Answer questions 18a–c if this person is 5 years old or
15a.	Did this person live in this house or apartment 1 year ago (on April 1, 2009)?	over. Otherwise, SKIP to the question 47.
	Person is under 1 year old – SKIP to question 16	18a. Because of a physical, mental, or emotional condition, does this person have serious
	Yes, this house – SKIP to question 16	difficulty concentrating, remembering, or
	No, different house	making decisions?
b.	Where did this person live 1 year ago?	Yes
		No No
	Name of the Island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth territory, or foreign country	b. Does this person have serious difficulty walking or climbing stairs?
		□ No
c.	Name of city, town, or village	c. Does this person have difficulty dressing or bathing?
16.	Is this person CURRENTLY covered by any	□ No
10.	of the following types of health insurance or	
	<b>health coverage plans?</b> Mark "Yes" or "No" for EACH type of coverage in items a–g.	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to question 47.
	<b>a.</b> Insurance through a current or former	
	employer or union (of this person or another family member)	<b>19.</b> Because of a physical, mental, or emotional condition, does this person have difficulty doing exceede along each or wighting of
	<b>b.</b> Insurance purchased directly from an insurance company (by this person or	doing errands alone such as visiting a doctor's office or shopping?
	another family member)	
	<b>c.</b> Medicare, for people 65 and older, or	No
	people with certain disabilities	<b>20.</b> What is this person's marital status?
	<b>d.</b> Medicaid, Medical Assistance, or any kind of federal government-assistance	Now married
	plan for those with low incomes or a	Widowed
		Divorced
	e. TRICARE or other military health care .	Separated Never married
	<b>f.</b> VA (including those who have ever used or enrolled for VA health care)	21. If this person is female, how many babies
	<ul> <li>g. Any other type of health insurance or health coverage plan – Specify <i> </i></li></ul>	has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.
		None OR Number of children



797336



- service-connected disability rating?
  - Yes (such as 0%, 10%, 20%, . . ., 100%)
  - No SKIP to question 26a
- 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

### 26a. LAST WEEK, did this person work for pay at a job (or business)?

- Yes SKIP to question 27
- No, did not work (or retired)
- b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
  - Yes
  - No SKIP to question 32a
- **27.** 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. Name of the island in the U.S. Virgin Islands, or name of U.S. state, commonwealth, territory, or foreign country
  - b. Name of city, town, or village

  - B. 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.
    - Car, truck, or van
    - Bus (including Vitran or Vitran Plus)
    - Taxicab
    - Motorcycle
    - Safari or taxi bus
    - Ferryboat or water taxi
    - Plane or seaplane
    - Walked
    - Worked at home SKIP to question 36
    - Other method



## **Person 5–Continued**

Answer question 29 if you marked "Car, truck, or van" in question 28. Otherwise, SKIP to question 30.

- 29. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
  - Person(s)
- **30.** What time did this person usually leave home to go to work LAST WEEK?

Hour	Minu	ute
		🚽 🗌 a.m.
	•	p.m

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

Minutes

Answer questions 32–35 if this person did NOT work last week. Otherwise, SKIP to question 36.

32a. LAST WEEK, was this person on layoff from a job?
Yes - SKIP to question 32c

- b. LAST WEEK, was this person TEMPORARILY 37. absent from a job or business?
  - Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 35
  - No SKIP to question 33
- 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 34
 No

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

Yes

No – SKIP to question 35

- 34. 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.)

### **35.** When did this person last work, even for a few days?

- 2005 to 2010
- 2004 or earlier, or never worked *SKIP to question 45*

#### 36–41. 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.

#### 36. Was this person -

Mark 🗡 ONE box.

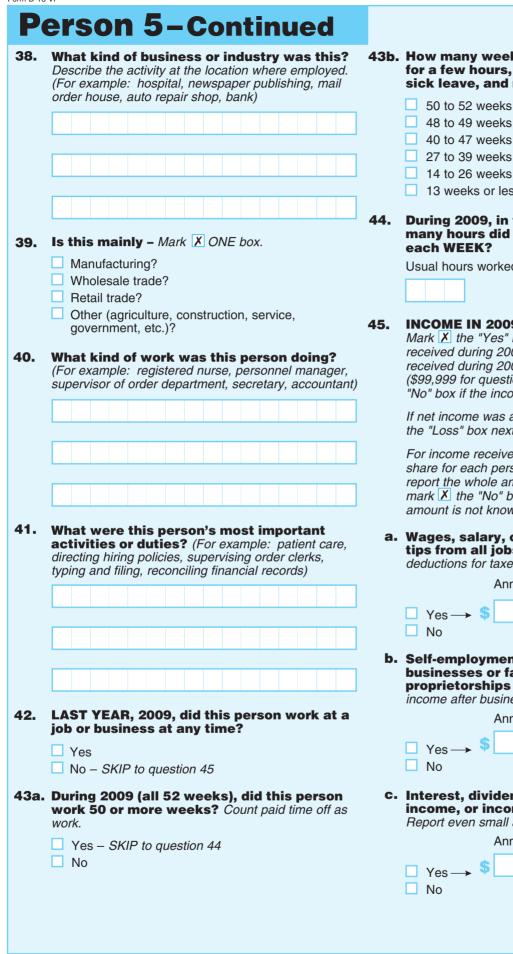
- An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?
- An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- A local GOVERNMENT employee (territorial, etc.)?
- A federal GOVERNMENT employee?
- SELF-EMPLOYED in own 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?

#### **37.** For whom did this person work?

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

### Name of company, business, or other employer





#### 43b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?

- 50 to 52 weeks
- 48 to 49 weeks
- 40 to 47 weeks

- 13 weeks or less

### During 2009, in the WEEKS WORKED, how many hours did this person usually work

Usual hours worked each WEEK

#### **INCOME IN 2009**

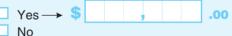
Mark X the "Yes" box for each income source received during 2009, and enter the total amount received during 2009 to a maximum of \$999.999 (\$99,999 for questions 45d and 45e). Mark X the "No" box if the income source was not received.

If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount.

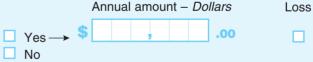
For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark X the "No" box for the other person. If exact amount is not known, please give best estimate.

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

Annual amount - Dollars



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



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



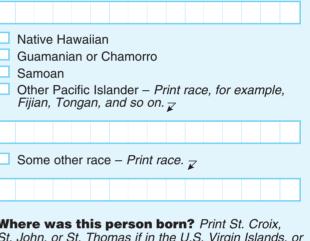
(11-25-2008)

5d.	Social Security or Railroad Retirement.
	Annual amount – <i>Dollars</i>
	□ Yes → \$
e.	Any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI).
	Annual amount – <i>Dollars</i>
	□ Yes → \$ , .00 □ No
f.	<b>Retirement, survivor, or disability pensions.</b> Do NOT include Social Security.
	Annual amount – <i>Dollars</i>
	□ Yes → \$ .00
g.	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
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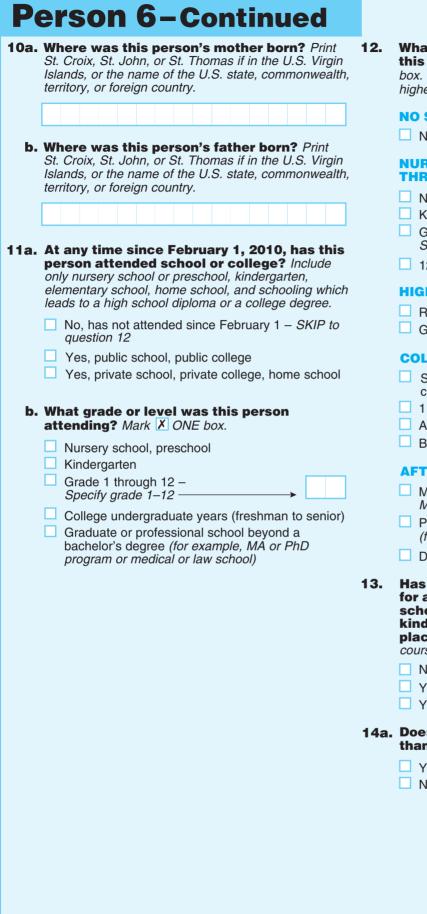
#### Form D-13 VI

Person 6	
<ol> <li>What is this person's name? Print the name of Person 6 from page 2.</li> <li>Last Name</li> </ol>	<ul> <li>6. What is this person's race? Mark X one or more boxes.</li> <li>White</li> </ul>
First Name MI	<ul> <li>Black, African Am., or Negro</li> <li>American Indian or Alaska Native – Print name of enrolled or principal tribe.</li> </ul>
<b>2. How is this person related to Person 1?</b> Mark X ONE box.	Asian Indian Chinese
<ul> <li>Husband or wife</li> <li>Biological son or daughter</li> <li>Adopted son or daughter</li> <li>Stepson or stepdaughter</li> <li>Brother or sister</li> <li>Father or mother</li> <li>Grandchild</li> <li>Other nonrelative</li> <li>Other nonrelative</li> </ul>	<ul> <li>□ Filipino</li> <li>□ Japanese</li> <li>□ Korean</li> <li>□ Vietnamese</li> <li>□ Other Asian - Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. </li> </ul>
3. What is this person's sex? Mark X ONE box.	<ul><li>Native Hawaiian</li><li>Guamanian or Chamorro</li></ul>
<ul> <li>Male</li> <li>Female</li> </ul>	<ul> <li>Samoan</li> <li>Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. ✓</li> </ul>
<ul> <li>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</li> </ul>	Some other race – <i>Print race. ∡</i>
Print numbers in boxes. Month Day Year of birth	7. Where was this person born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.
→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For	
this census, Hispanic origins are not races. 5. Is this person of Hispanic, Latino, or Spanish	<ul> <li>8. Is this person a CITIZEN of the United States</li> <li>Yes, born in the U.S. Virgin Islands – SKIP to</li> </ul>
origin? <ul> <li>No, not of Hispanic, Latino, or Spanish origin</li> <li>Yes, Puerto Rican</li> </ul>	<ul> <li>question 10a</li> <li>Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands</li> </ul>
<ul> <li>Yes, Dominican</li> <li>Yes, Mexican, Mexican Am., Chicano</li> <li>Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Cuban, Nicaraguan, Salvadoran, Spaniard,</li> </ul>	<ul> <li>Yes, born abroad of U.S. parent or parents</li> <li>Yes, a U.S. citizen by naturalization</li> <li>No, not a U.S. citizen (permanent resident)</li> <li>No, not a U.S. citizen (temporary resident)</li> </ul>
and so on. $\mathbf{F}$	9. When did this person come to the U.S. Virgin Islands to stay? If this person has entered th U.S. Virgin Islands more than once, what is the latest year? <i>Print numbers in boxes.</i>
	Year



- omas if in the U.S. Virgin Islands, or .S. state, commonwealth, territory,
- **CITIZEN of the United States?** 
  - e U.S. Virgin Islands SKIP to
  - e United States, Puerto Rico, Guam, ariana Islands
  - ad of U.S. parent or parents
  - zen by naturalization
  - citizen (permanent resident)
  - citizen (temporary resident)
- erson come to the U.S. Virgin ? If this person has entered the nds more than once, what is Print numbers in boxes.





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**

No schooling completed

#### **NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12**

- Nursery school, preschool
- Kindergarten
- Grade 1 through 11 -Specify grade 1-11 -
- 12<sup>th</sup> 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)
- 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 the U.S. Virgin Islands
  - Yes, not in the U.S. Virgin Islands

#### 14a. Does this person speak a language other than English at home?

- Yes
- No SKIP to question 15a



### Person 6-Continued

	'hat i				33								a. Is this person of serious difficu
													Yes
(F	or ex	ample	e: Fre	ench,	Spa	nish	, Chii	nese	, Ital	lian)			🔲 No
<b>.</b> H	ow v	<b>vell c</b> / well	loes	s thi	s pe	rso	n spo	eak	Eng	glis	h?	t	b. Is this person serious difficul glasses?
	Wel Not	I											Yes No
	id thi	is pe								912			wer questions 18a- r. Otherwise, SKIP
		son is , this	und hous	er 1 se – 3	year SKIF	old -	- SKI	P to	que	-		18a	Because of a p condition, does difficulty conc making decision
	here			-			-		-				<ul><li>Yes</li><li>No</li></ul>
O	ame r the errito	nam	e of	f the	• U.S	5. st	ate,						Does this perso walking or clin
												]	Yes
- Na	ame	of ci	ty, i	towi	n, oi	' vill	age					c	Does this pers bathing?
													Yes
of he E/	this the ealth ACH i	follo cov type c	win erag	<b>g ty</b> ge p verag	pes lans ge in	of h ? M item	<b>ealt</b> ark " s a–g	<b>h in</b> Yes" 1.	sur or "l	anc No"	e or	Ansı	Yes No wer question 19 if th erwise, SKIP to que
of he E/	f <b>the</b> ealth A <i>CH</i> i Insu emp	follo cov type c	erage of content of three or u	<b>g ty</b> ge p verag ough nion	<b>pes</b> lans ge in a cu (of th	of h ? M item rrent	ealt ark " s a-g or fo	<b>h in</b> Yes" 1. rmer	sur or "l	anc No"	for	Ansı	No wer question 19 if th prwise, SKIP to que Because of a p condition, doe
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of ho E/ a. b. c. d. f.	f the ealth ACH a Insu emp anot Insu insu anot Med peop Med kind plan disa TRIC VA ( usec Any	follo cov type of rance loyer ther fa rance ther fa licare of wi licaid, of feo for th bility CARE	win erag of col e three or ui amily e pur con amily , for th ce Mee deral nose  c or c ding nrolle	g ty ge p verage pough nion mer chasing mer peop ertain dical dical di gov with those ed fo e of h	pes lans ge in a cu (of th nber ed d y (by nber disa Assi ernm low  milit e wh r VA mealth	of h item item rrrent inis po ) . irectli this ) . 5 anco bilitio stanco stancor heal h ansi	ealt ark " s a-g or fo erson y fror perso or or perso or or l olde es or assist mes o or or assist mes o or o perso or o perso o v o perso o v o perso o v o perso o v o perso o v o perso o v o perso o v o n perso o v o n perso o v o n perso o v o n perso o v o n perso o v o n perso o v o n perso o v o n perso o v o n perso o v o n o n o v o n o o n o o n o o n o o o o o o o o o	h in Yes" n or or n an on or  anyor cance or a care er re) e or	sur "/	anc No"	for	Ansı Othe <b>19.</b>	<ul> <li>No</li> <li>wer question 19 if therwise, SKIP to question, does doing errands doctor's office</li> <li>Yes</li> <li>No</li> <li>What is this person i has she ever h Do not count step</li> </ul>
b. c. d. f.	f the ealth ACH a Insu emp anot Insu insu anot Med peop Med kind plan disa TRIC VA ( usec Any	follo cov type of rance loyer her fa rance rance ther fa licare of wi licaid, of feo for th bility CARE fincluo d or e other	win erag of col e three or ui amily e pur con amily , for th ce Mee deral nose  c or c ding nrolle	g ty ge p verage pough nion mer chasing mer peop ertain dical dical di gov with those ed fo e of h	pes lans ge in a cu (of th nber ed d y (by nber disa Assi ernm low  milit e wh r VA mealth	of h item item rrrent inis po ) . irectli this ) . 5 anco bilitio stanco stancor heal h ansi	ealt ark " s a-g or fo erson y fror perso or or perso or or l olde es or assist mes o or or assist mes o or o perso or o perso o v o perso o v o perso o v o perso o v o perso o v o perso o v o perso o v o n perso o v o n perso o v o n perso o v o n perso o v o n perso o v o n perso o v o n perso o v o n perso o v o n perso o v o n o n o v o n o o n o o n o o n o o o o o o o o o	h in Yes" n or or n an on or  anyor cance or a care er re) e or	sur "/	anc No"	for	Ansı Othe <b>19.</b>	<ul> <li>No</li> <li>wer question 19 if therwise, SKIP to question, does doing errands doctor's office</li> <li>Yes</li> <li>No</li> <li>What is this person i has she ever hermined</li> </ul>

deaf or does he/she have Ity hearing?

blind or does he/she have Ity seeing even when wearing

-c if this person is 5 years old or to the guestion 47.

- hysical, mental, or emotional s this person have serious entrating, remembering, or ons?
  - on have serious difficulty nbing stairs?
  - on have difficulty dressing or

his person is 15 years old or over. stion 47.

9.	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?

rson's marital status?

s female, how many babies ad, not counting stillbirths? children or children she has

lumber of children



### **Person 6–Continued**

- 22a. 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 23
  - 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 23
  - 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
- 23. 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 25a
  - No, never served in the military SKIP to auestion 26a
- 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.
  - 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

- 25a. Does this person have a VA service-connected disability rating?
  - Yes (such as 0%, 10%, 20%, . . ., 100%)
  - No SKIP to question 26a
  - 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

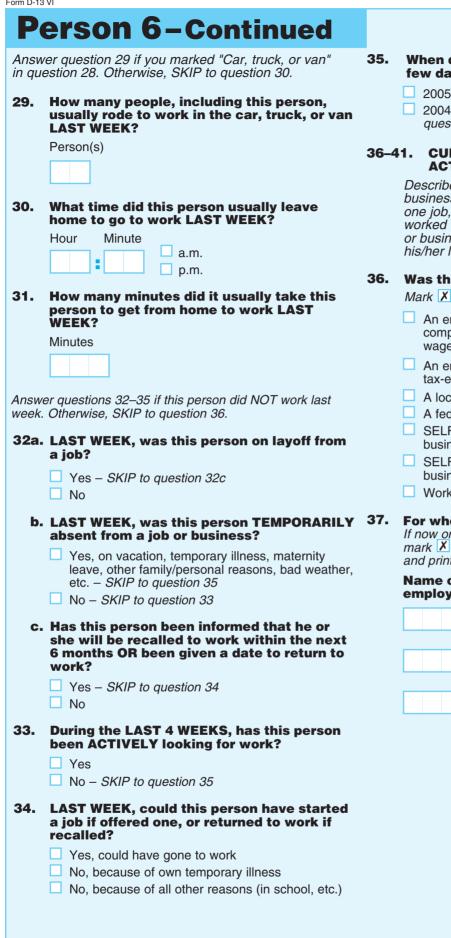
#### 26a. LAST WEEK, did this person work for pay at a job (or business)?

- Yes SKIP to question 27
- No, did not work (or retired)
- b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
  - Yes
  - No SKIP to question 32a
- 27. 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. Name of the island in the U.S. Virgin Islands. or name of U.S. state, commonwealth, territory, or foreign country
  - b. Name of city, town, or village
- 28. 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
  - 🔲 Car, truck, or van

distance.

- Bus (including Vitran or Vitran Plus)
- Taxicab
- Motorcycle
- Safari or taxi bus
- Ferryboat or water taxi
- Plane or seaplane
- Walked
- Worked at home SKIP to question 36
- Other method





- 2005 to 2010
- 2004 or earlier, or never worked SKIP to question 45

#### 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 iob or business since 2005.

#### 36. Was this person -

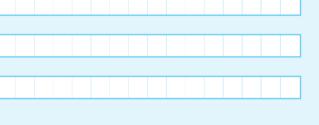
Mark X ONE box.

- An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?
- An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- A local GOVERNMENT employee (territorial, 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?

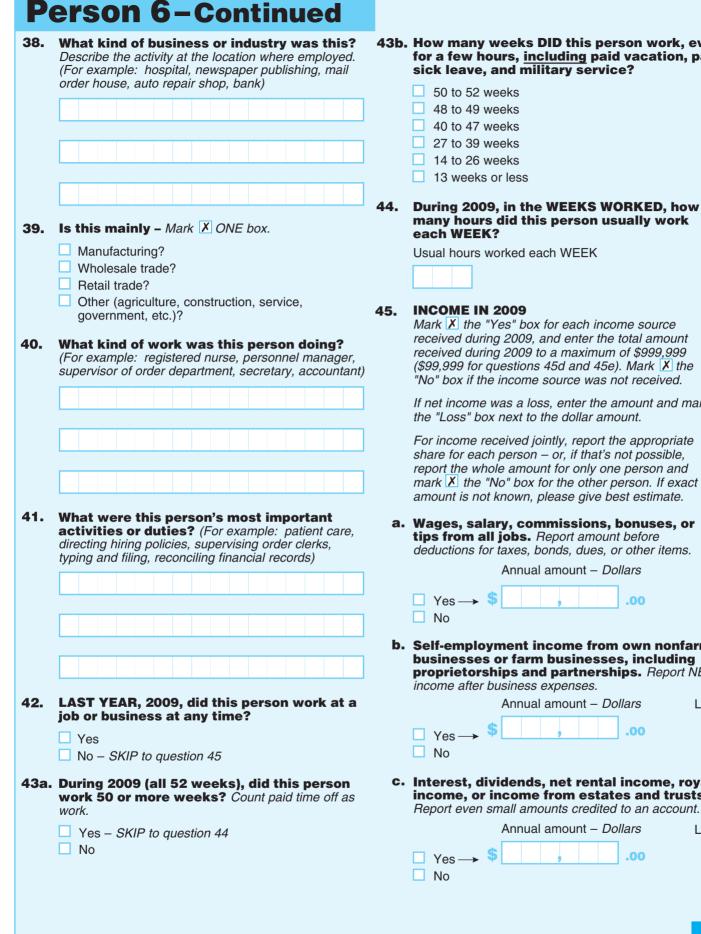
#### For whom did this person work?

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







# 43b, How many weeks DID this person work, even

for a few hours, including paid vacation, paid sick leave, and military service?

### many hours did this person usually work

Usual hours worked each WEEK

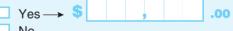
Mark X the "Yes" box for each income source received during 2009, and enter the total amount received during 2009 to a maximum of \$999,999 (\$99,999 for questions 45d and 45e). Mark 🗴 the "No" box if the income source was not received.

If net income was a loss, enter the amount and mark  $\mathbf{X}$ 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 X 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



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

> > .00

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



797346

46

	erson 6-Continued
45d.	Social Security or Railroad Retirement.
	Annual amount – Dollars
	□ Yes → \$ , .00
	No
е.	Any public assistance or welfare payments from the state or local welfare office,
	including Supplemental Security Income
	(SSI).
	Annual amount – Dollars
	□ Yes → \$
	□ No
f.	Retirement, survivor, or disability pensions.
	Do NOT include Social Security.
	Annual amount – <i>Dollars</i>
	$\Box$ Yes $\rightarrow$ \$ .00
	□ No
~	Any other sources of income received
g.	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 – <i>Dollars</i>
	$\Box$ Yes $\rightarrow$ \$ .00
46.	What was this person's total income during
	<b>2009?</b> Add entries in questions 45a–45g; subtract any losses. If net income was a loss, enter the amount
	and mark $\mathbf{X}$ the "Loss" box next to the dollar amount.
	Annual amount - Dollars Loss
	Annual amount – <i>Dollars</i> Loss
	- *
47.	None OR
47.	None OR <b>\$</b>
47.	None OR <b>\$</b>
¥7.	None OR <b>\$</b>
47.	None OR <b>\$</b>
17.	None OR <b>\$ 0000</b> .00 <b>Census 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</b>
47.	None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> OF Completing your official 2010 Census 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, the information for the additional
17.	None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> OF Completing your official 2010 Census 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, the information for the additional
47.	None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> OF Completing your official 2010 Census 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, the information for the additional
47.	None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> OF Completing your official 2010 Census 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, the information for the additional
47.	None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> OF Completing your official 2010 Census 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, the information for the additional
47.	None OR <b>\$</b>
47.	None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> OF Completing your official 2010 Census 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, the information for the additional
47.	None OR <b>\$</b>
¥7.	None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> None OR <b>\$ 0000</b> OF Completing your official 2010 Census 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, the information for the additional
17.	None OR <b>\$</b>
17.	None OR <b>\$</b>
7.	None OR \$



47

		FO	R OFFICE	E USE ON	ILY	
LCO	County	Block	AA		Map Spot	
Unit ID						
←	APPL	Y LABEL HE	RE	<b>→</b>		
House #	Road name					
	noau name					
Estate name					Plot #	House #
Physical landmark/Othe	er identifying infor	mation				
Island		_				ZIP Code
R3. Respondent	– 🗌 Lived h April 1,		Moved in (Refer to	after April 1, Card G)		s neighbor or other proxy
A. Status on April 1			B. POP on Apr	,	C. VACANT -	Which category best
1 = Occupied	aular				described April 1, 20	this vacant unit as of 10?
2 = Vacant – Re 3 = Vacant – Us	sual home else	where			<b>For ren</b>	
4 = Demolished 5 = Nonresident	tial		01–49 = 1 00 = Vacar	otal persons nt		, not occupied
6 = Empty mobi 7 = Uninhabitab	le (open to ele	ements,	<b>98 =</b> Delete <b>99 =</b> POP		For sale	e only ot occupied
condemned 8 = Duplicate	, under constru	uction)	00 - 1 01			sonal, recreational, or
						nal use rant workers
					Other v	
D. UHE E. MC	DV <b>F.</b> PI	<b>G.</b> REF	<b>H.</b> CO	I. REP J.	VDC <b>K.</b> JIC	1 <b>L.</b> JIC2
						<b>IIII I■ ■I I I■■I I■I</b> 797348