Census 2010

Commonwealth of the Northern Mariana Islands

The "Informational Copy"

shows the content of the

for the Commonwealth of

the Northern Mariana

receive a form, which

includes 51 questions

relating to population

characteristics and 24

Census 2010 questionnaire

Islands. Each household will

questions relating to housing

characteristics. The content

reviewing the 2000 census

data, consulting with federal and non-federal data users.

of the form resulted from

and conducting tests.

U.S. Census Bureau.

Washington, DC 20233.

For additional information

about Census 2010 in the

Northern Mariana Islands.

please write to the Director.

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 Commonwealth of the Northern Mariana 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 47 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this burden to: Paperwork Reduction Project 0607-0000, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to Paperwork@census.gov; use "Paperwork Project 0607-0000" as the subject.

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

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

Form D-61 CNMI



List of Persons

- → Please be sure you answered Question 1 on the front page before continuing.
- 2. Please print the names of all the people who you indicated in Question 1 were living or staying here on April 1, 2010.

Example — Last Name

\mathcal{C}	R	U	Z						
Fire	st N	am	е						MI
J	0	H	N						J

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

Pe	rso	n 1	· —	La	St I	vam	ie				
Firs	t N	ame	е								MI

Person 2	2 — Last	Name
----------	-----------------	------

Davis and Allanda

First Na	ame		MI
_		 ^	

Person 5 –	- Last Maille	~
First Name		MI

Person 4 — Last Name	
First Name	MI

														Ш
Do	Person 5 — Last Name													
Person 5 — Last Name														
First Name												MI		

Person 6 — Last Name

Person 8 — Last Name

F	First Name													MI	
Person 7 — Last Name															

L												
F	=irs	t N	ame	Э					(1		MI
								_				
ı							//)		>	

First Name	MI

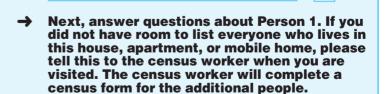
Person 9 Last Name	
First Name	MI

))						
	Perso	n 10 -	– Last	Name			

Fire	st Na	ame	Э						MI

Per	son 1	1 -	– L	ast	Naı	me				
First	Name	е								MI







797102

Person 1

1.	What is this person's name? Print the name of Person 1 from page 2.	7.	Is this person a CITIZEN or NATIONAL of the United States?
	Last Name		☐ Yes, born in this Area – SKIP to question 10a
			Yes, born in the United States or another U.S. territory or commonwealth
	First Name MI		Yes, born elsewhere of U.S. parent or parents
			Yes, a U.S. citizen by naturalization
			No, not a U.S. citizen or national (permanent resident)
2.	What is this person's telephone number? We may	У	No, not a U.S. citizen or national (temporary resident)
	contact this person if we don't understand an answer.	8.	When did this person come to this Area to
	Area Code + Number		stay? If this person has entered the Area
			more than once, what is the latest year? Print numbers in boxes.
	What is this may and a ser May V ONE have		Year
3.	What is this person's sex? Mark X ONE box.		
	☐ Male ☐ Female		
4	What is this person's age and what is this	9.	What was this person's MAIN reason for moving to this Area? Mark X ONE box.
4.	person's date of birth? Please report babies as		□ Employment
	age 0 when the child is less than 1 year old.		☐ Military
	Age on April 1, 2010		Subsistence activities
			Missionary activities
	Print numbers in boxes.	1	Moved with spouse or parent To attend school
	Month Day Year of birth	1)/,	Medical
			Housing
			Other
5.	What is this person's ethnic origin or race?	10a.	Where was this person's mother born? Print the
			name of the island (village in American Samoa),
			U.S. state, commonwealth, territory, or foreign country.
	(For example: Chamorro, Sámoah, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan,	b.	Where was this person's father born? Print the
	Tongan, and so on.)		name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
_	Williams and Aleida an		
6.	Where was this person forn? Print the name of the island (village in American Samoa), U.S. state,		
	commonwealth, territory, or foreign country.	11.	Is this person a dependent of an active-duty
		• • • •	or retired member of the Armed Forces of the
			United States or of the full-time military Reserves or National Guard? Active duty does
	V		NOT include training for the military Reserves or
			National Guard.
			Yes, dependent of an active-duty member of the Armed Forces
			Yes, dependent of retired member of the Armed
			Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces
			Reserve
			□ No
			= = = = =



797103

12a.	At any time since February 1, 2010, has this person attended school or college? Include only pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. No, has not attended since February 1 – SKIP to question 13 Yes, public school, public college Yes, private school, private college, home school	14.	Has this person completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. No Yes, in this Area Yes, not in this Area
b.	What grade or level was this person attending? Mark NONE box.	15a.	Does this person speak a language other than English at home?
13.	attending? Mark NONE box. Pre-kindergarten Kindergarten Grade 1 through 12 – Specify grade 1–12 College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school) What is the highest degree or level of school this person has COMPLETED? Mark NONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed PRE-KINDERGARTEN THROUGH GRADE 12 Pre-kindergarten Kindergarten Grade 1 through 11 – Specify grade 1–11 12th grade – NO DIPLOMA	c.	Yes No – SKIP to question 16a What is this language? (For example: Chamorio, Samoan, Carolinian, Tongan) Does this person speak this language at home more frequently than English? Yes, more frequently than English Both equally often No, less frequently than English Does not speak English Did this person live in this house or apartment 1 year ago (on April 1, 2009)? Person is under 1 year old – SKIP to question 17 Yes, this house – SKIP to question 17 No, different house Where did this person live 1 year ago?
	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)	c.	Print the name of the island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and SKIP to question 17. Name of city, town, or village



797104

17.	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h.		Does this person have difficulty dressing or bathing? Yes			
	a. Insurance through a current or former employer or union (of this person or another family member)		☐ No r question 20 if this person is 15 years old or over. rise, SKIP to question 49.			
	b. Insurance purchased directly from an insurance company (by this person or another family member)	20.	Because of a physical, mental, or emotional condition, does this person have difficulty			
	c. Medicare, for people 65 and older, or people with certain disabilities □ □		doing errands alone such as visiting a doctor's office or shopping?			
	d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability]	☐ Yes ☐ No			
	e. TRICARE or other military health care .	21.	What is this person's marital status?			
	f. VA (including those who have ever used or enrolled for VA health care) \Box]	Now married Widowed			
	g. Local medical programs for indigents	[Divorced))			
	h. Any other type of health insurance or	Ī	Separated			
	health coverage plan – Specify]	Never married			
			if this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has			
			ådopted.			
18a.	Is this person deaf or does he/she have serious difficulty hearing?		None OR Number of children			
_	☐ Yes ☐ No	(Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?			
b.	Is this person blind or does he she have serious difficulty seeing even when wearing	ı	Yes			
	glasses?	i	No – SKIP to question 24			
	□ Yes		- No ONI to question 24			
Answ	No er questions 19a c if this person is 5 years old or	1	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?			
over.	Otherwise, SKIP to question 49.		Yes			
19a.	Because of a physical, mental, or emotional		No – SKIP to question 24			
	condition, does this person have serious		- No ONI to question 24			
	difficulty concentrating, remembering, or making decisions?		How long has this grandparent been responsible for the(se) grandchild(ren)? /f			
	Yes		the grandparent is financially responsible for more than one grandchild, answer the question for the			
	□ No		grandchild for whom the grandparent has been responsible for the longest period of time.			
D.	Does this person have serious difficulty walking or climbing stairs?	1	Less than 6 months			
			6 to 11 months			
	☐ Yes	[1 or 2 years			
	□ No	[3 or 4 years			
		[5 or more years			



797105

24.	Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. Yes, now on active duty	27a.	LAST WEEK, did this person work for pay at a job (or business)? If "Yes," also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark NONE box. Yes, worked for pay; did NO subsistence
25.	 Yes, on active duty during the last 12 months, but not now Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard only − SKIP to question 26a No, never served in the military − SKIP to question 27a 	b.	activity – SKIP to question 28 Yes, worked for pay AND did subsistence activity – SKIP to question 28 No, did NOT work for pay at a job or business (or was retired) LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Mark X ONE box.
26a.	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 Does this person have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%) 100% No - SKIP to question 27a What is this person's service-connected disability rating? 0 percent 10 or 20 percent 50 or 60 percent 70 percent or higher	a.	Yes, worked for pay; did No subsistence activity Yes, worked for pay AND did subsistence activity No, did NOT work for pay; did subsistence activity - SKIR to question 33a No, did NOT work for pay; did NO subsistence activity - SKIP to question 33a At what location did this person work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where the or she worked most last week. Name of the island, U.S. state, commonwealth, territory, or foreign country Name of city, town, or village How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark \(\beta \) the box of the one used for most of the distance. Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle Walked Worked at home - SKIP to question 37 Other method



797106

Answer question 30 if you marked "Car, truck, or 36. When did this person last work, even for a private van/bus" in question 29. Otherwise, SKIP to few days? Do not include subsistence activity. question 31. 2010 2009 30. How many people, including this person, 2008 usually rode to work in the car, truck, or 2005 to 2007 private van/bus LAST WEEK? 2000 to 2004 – SKIP to question 46 Person(s) 1999 or earlier – SKIP to question 46 Never worked; or did subsistence only – SKIP to question 46 What time did this person usually leave home to go to work LAST WEEK? 37-42. CURRENT OR MOST RECENT JOB ACTIVITY Hour Minute Describe clearly this person's chief job activity or a.m. business last week. If this person had more than p.m. one job, describe the one at which this person worked the most hours. If this person had no job How many minutes did it usually take this or business last week, give information for person to get from home to work LAST his/her last job or business since 2005. **WEEK?** Minutes 37. Was this person - Mark X ONE box. An employee of a PRIVATE FOR-PROFIT Answer questions 33-36 if this person did NOT work last company or business or of an individual, for week. Otherwise, SKIP to question 37. wages, salary, or commissions? An employee of a PRIVATE NOT-FOR-PROFIT, 33a. LAST WEEK, was this person on layoff from tax-exempt, or charitable organization? a job? A local or territorial GOVERNMENT employee Yes – SKIP to question 33c (territorial/commonwealth, etc.)? ☐ No A federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED b. LAST WEEK, was this person TEMPORABILY business, professional practice, or farm? absent from a job or business? SELF-EMPLOYED in own INCORPORATED Yes, on vacation, temporary illness, maternity business, professional practice, or farm? leave, other family/personal reasons bad weather, ■ Working WITHOUT PAY in family business or farm? etc. - SKIP to question 36 ■ No – SKIP to question 34 For whom did this person work? If now on active duty in the Armed Forces, c. Has this person been informed that he or mark X this box she will be recalled to work within the next and print the branch of the Armed Forces. 6 months OR been given a date to return to Name of company, business, or other work? employer Yes – SKIP to question 35 No **During the LAST 4 WEEKS, has this person** been ACTIVELY looking for work? ■ No – SKIP to question 36 35. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)



797107

Person 1 – Continued

39.	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)	44b.	How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include subsistence activity.
			50 to 52 weeks
			48 to 49 weeks
			40 to 47 weeks
			27 to 39 weeks
			14 to 26 weeks
			13 weeks or less
40.	Is this mainly – Mark ✗ ONE box. ☐ Manufacturing?	45.	During 2009, in the WEEKS-WORKED, how many hours did this person usually work each WEEK? Do not include subsistence activity.
	Wholesale trade?		Usual hours worked each WEEK
	☐ Retail trade? ☐ Other (agriculture, construction, service,		
	government, etc.)?	46.	INCOME IN 2009
41.	What kind of work was this person doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)		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 46d and 46e). Mark X the "No" box if the income source was not received.
		(7	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
		\Diamond	mark X the "No" box for the other person. If exact amount is not known, please give best estimate.
42.	What were this person's most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)	a.	Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.
	ming, reconciling mancial records		Annual amount - Dollars
			☐ Yes → \$.00
			□ No
		b.	Self-employment income from own nonfarm
			businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
43.	LAST YEAR, 2009, did this person work at a		Annual amount – Dollars Loss
73.	job or business at any time? Do not include		Annual amount – Dollars Loss
	subsistence activity.		□ Yes→\$.00
	_		i res -
	Yes		□ No
	□ No – SKIP to question 46	_	Interest dividends not rental income revolts
44a.	During 2009 (all 52 weeks), did this person work 50 or more weeks? Count paid time off as	C.	Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
	work. Do not include subsistence activity.		Annual amount – Dollars Loss
	Yes – SKIP to question 45		□ Vaa
	□ No		Yes → No



797108

	erson 1 - Continued		
46d.	Social Security or Railroad Retirement.	Plea	se answer questions 49–75 about your household.
	Annual amount – <i>Dollars</i> Yes — \$.00	49.	Which best describes this building? Include all apartments, flats, etc., even if vacant.
			A mobile home
	No		
e.	Any public assistance or welfare payments		A one-family house detached from any other house
-	from the state or local welfare office,		A one-family house attached to one or more houses
	including Supplemental Security Income		☐ Two houses – Applies only in American Samoa
	(SSI). Annual amount – Dollars		☐ Three or more houses – Applies only in
	Authorite Bonaro		American Samoa
	☐ Yes → \$.00		A building with 2 apartments
	□ No		A building with 3 or 4 apartments
			A building with 5 to 9 apartments
f.	Retirement, survivor, or disability pensions.		A building with 10 to 19 apartments
	Do NOT include Social Security.		A building with 20 to 49 apartments
	Annual amount – <i>Dollars</i>		A building with 50 or more apartments
			A container
	☐ Yes → \$.00		☐ Boat, RV, van, etc.
	□ No	50.	About when was this building first built?
g.	Any remittances. Include money from relatives	00.	□ 2009 0r2010
_	outside the household or in the military.		2000 to 2008
	Annual amount – <i>Dollars</i>		1990 to 1999
			1980 to 1989
	☐ Yes → \$.00		
	□ No	((() 1970 to 1979
_			1960 to 1969
h.	Any other sources of income received regularly such as Veterans' (VA) payments,		1950 to 1959
	unemployment compensation, child support,		1940 to 1949
	or alimony. Do NOT include lump-sum payments	` `	1939 or earlier
	such as money from an inheritance or sale of a home.		William I'd DEDOON 4 (I's to do so so o)
	Annual amount – Dollars	51.	When did PERSON 1 (listed on page 2) move into this living quarters?
	☐ Yes→\$		2009 or 2010
			2000 to 2008
	No		1990 to 1999
47.	What was this person's total income during		1980 to 1989
	2009? Add entries in questions 46e-46h; subtract		1970 to 1979
	any losses. If net income was a loss, enter the amount		
	and mark X the "Loss" box next to the dollar amount.		1969 or earlier
	Annual amount - Dollars Loss		ver question 52 if this is a HOUSE or a MOBILE
	None OR \$ 1	HOIV	1E. Otherwise, SKIP to question 53a.
	None OR 5	52.	Is there a business (such as a store or shop)
48.	During 2009, did this person GIVE or SEND		or a medical office on this property?
	money TO relatives or friends living outside		☐ Yes
	of this Area? Do not include charitable contributions or money given to charitable organizations. If exact		□ No
	amount is not known, please give best estimate.		
	•		
	Annual amount - Dollars		
	C		
	Yes → 5 .00		
	No		

9

797109

10 Form D-61 CNMI

Person 1 – Continued

53a.	How many separate rooms are in this living quarters? Rooms must be separated by built-in archways or walls that extend from floor to ceiling.	55a.	Are your MAIN cooking facilities located inside or outside this building? Mark Y ONE box.
	INCLUDE bedrooms, kitchens, etc.		Inside this building
	 EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements. 		Outside this buildingNo cooking facilities – SKIP to question 55c
	☐ 1 room	_	
	2 rooms	b.	What type of cooking facilities are these?
	☐ 3 rooms		Mark ONE box.
	4 rooms		☐ Electric stove
	5 rooms		☐ Kerosene stove
	☐ 6 rooms		☐ Gas stove
	7 rooms		Microwave oven and non-portable burners
	□ 8 rooms		■ Microwave oven only
	9 or more rooms		Other (fireplace, horplate, etc.)
b.	How many of these rooms are bedrooms?	c.	Do you have a refrigerator in this building?
	Count as bedrooms those rooms you would list if this		☐ Yes (()
	living quarters were for sale or rent. If this is an efficiency/studio apartment, mark X "No bedroom."		□ No ·
	□ No bedroom	d.	Do you have a sink with piped water in this
	□ 1 bedroom		building?
	2 bedrooms		√ Yes
	☐ 3 bedrooms		MO
	☐ 4 bedrooms		
	5 or more bedrooms	56.	Does this living quarters have telephone service from which you can both make and receive calls?
54a.	Do you have hot and cold piped water?		_
	☐ Yes, in this unit		Yes, a cell or mobile phone only
	☐ Yes, in this building, not in unit		Yes, a landline only
	☐ No, only cold piped water in this unit		Yes, both a cell or mobile phone and a landline
	☐ No, only cold piped water in this building		□ No
	☐ No, only cold piped water outside this building	57.	Do you have air conditioning?
	☐ No piped water		Yes, a central air-conditioning system
b.	Do you have a bathtub or shower?		(includes split-type)
	☐ Yes, in this unit △ (()) →		Yes, 1 individual room unit
	Yes, in this building, not in unit		Yes, 2 or more individual room units
	☐ Yes, outside this building		□ No
	□ No	58.	How many automobiles, vans, and trucks of
		00.	one-ton capacity or less are kept at home for
C.	Do you have a flush toilet?		use by members of this household?
	☐ Yes, in this unit – SKIP to question 55a		None
	Yes, in this building, not in unit – SKIP to question 55a		<u> </u>
	☐ Yes, outside this building − <i>SKIP to question 55a</i>		2
	□ No		3
			□ 4 □ 5
d.	What type of toilet facilities do you have?		5 6 or more
	☐ Outhouse or privy		
	Other or none		



797110

59.	Do you or any member of this household have a battery-operated radio? Count car radios, transistors, and other battery-operated sets in working order or needing only a new battery for	66.	What is the MAIN type of material used for the foundation of this building? Mark ONE box.
	operation. Yes No		☐ Wood pier or pilings ☐ Other
60a.	Do you or any member of this household have a home computer or laptop? Count only if computer is in working condition. Yes	67a.	What is the average monthly cost for electricity for this living quarters? Average monthly cost – Dollars
b.	No − SKIP to question 61Do you or any member of this household		OR Included in rent or condominium fee
	have an Internet connection at this living quarters? Yes	b.	■ No charge or electricity not used What is the average monthly cost for gas for
61.	Do you get water from - Mark X ONE box.		this living quarters? Average monthly cost – Dollars
	 A public system only? A public system and catchment? A village water system only? – Applies only in 		.00 OR
	American Samoa An individual well? A catchment, tanks, or drums only? Some other source (a standpipe, spring, river, creek, etc.)?		Included in rent or condominium fee Included in electricity payment entered above No charge or gas not used
62.	Is this building connected to a public sewer?	C.	What is the average monthly cost for water and sewer for this living quarters?
	Yes, connected to a public sewer No, connected to a septic tank or cesspool No, use other means		Average monthly cost – Dollars OR
63.	Is this living quarters part of a condominium? Yes		☐ Included in rent or condominium fee☐ No charge
64.	What is the MAIN type of material used for the outside walls of this building?	d.	What is the average monthly cost for oil, coal, kerosene, wood, etc. for this living quarters? Average monthly cost – Dollars
	Mark X CNE box. Poured concrete Concrete blocks		\$.00 OR
	☐ Metal ☐ Wood ☐ Other		☐ Included in rent or condominium fee ☐ No charge or these fuels not used
65.	What is the MAIN type of material used for the roof of this building? Mark X ONE box. Poured concrete	68.	 Is this living quarters - Mark X ONE box. □ Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
	Metal Wood Other		Owned by you or someone in this household free and clear (without a mortgage or loan)? Rented? Occupied without payment of rent?
			Occupied without payment of rent?



797111

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

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

Monthly amount – Dollars

Person 2.

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

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

Am	oun	t –	Dol	lars	;	
\$,			,		.00

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

Anr	nual	Dollars		
\$.00
		OR		
Noi	ne			

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

Annual amount - Dollars						
\$,			.00		
		(OR			
Nor	ne					

73a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

Yes, mongage, deed of trust, or similar debt
Yes, contract to purchase
☐ No – SKIR to question 74a

73b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.

Monthly amount – *Dollars*S

OR

No regular payment required – *SKIP to question 74a*

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

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

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

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

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

	166	(ii/Qii iniə property:
_	/	
/		Yes, a home equity loan
	1	Yes, a second mortgage
),) 🔲	Yes, both second mortgage and home equity loan
/		No – SKIP to question 75

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

Monthly amount – Dollars										
\$.00				
OR										
	No	reg	ulaı	r pa	yme	ent required	b			

Answer question 75 ONLY if this is a CONDOMINIUM.

75. What is the monthly condominium fee?

Monthly amount – *Dollars*



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



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Form D-61 CNMI

Person 2

1.	What is this person's name? Print the name of Person 2 from page 2. Last Name									
	First	Nam	e						N	ΛI
] [
2.	ONE B B B B B C C C C C C C C C C C C C C	box. Justa Jus	and o ical se ed se on or er or n child	r wife son or on or o stepo sister nothe	daug daugh daugh	hter ter	lto	Son-in-l daughte Other re Roomer Housen roomma Unmarr Other n	law or er-in-la elative r or bo nate o ate ied pa	aw e oarder or artner

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



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14

Person 3

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

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

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