U.S. CENSUS BUREAU

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration



THE American Community Survey

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

This form asks for information about the people who are living or staying at the address on the mailing label and about the house, apartment, or mobile home located at the address on the mailing label.



If you need help or have questions about completing this form, please call **1-800-354-7271**. The telephone call is free.

Telephone Device for the Deaf (TDD): Call 1–800–582–8330. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-877-833-5625.

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

USCENSUSBUREAU

Start Here

Last Name

Please print today's date.

Month Day Year

Please print the name and telephone number of the person who is filling out this form. We may contact you if there is a question.

First Name MI
Area Code + Number

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

Number of people

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

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

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



List of Resid	ents	1 How is this person related to Person 1? Mark (X) ONE	d E box.	What is this person's sex?	What is this person's age and what is this person's date of birth? Please report babies as age 0 when the child is less than 1 year old.	
	apartment is ow	Person living or staying here in who yned, being bought, or rented. If the yme of any adult living or staying he Responsible to the person 1	re is no such person,	☐ Male ☐ Female	Age (in years) Print numbers in boxes. Month Day Year of birth	
Person 2 Last Name (Please print) First Name	MI	Relationship of Per Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild	son 2 to Person 1. Parent-in-law Son-in-law, daughter-in-law Other relative Roomer or boarder Housemate or roommate Unmarried partner Other nonrelative	☐ Male ☐ Female	Age (in years) Print numbers in boxes. Month Day Year of birth	
Person 3 Last Name (Please print) First Name	MI	Relationship of Per Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild	Parent-in-law Son-in-law, daughter-in-law Other relative Roomer or boarder Housemate or roommate Unmarried partner Other nonrelative	☐ Male ☐ Female	Age (in years) Print numbers in boxes. Month Day Year of birth	
Person 4 Last Name (Please print) First Name	MI	Relationship of Per Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild	son 4 to Person 1. Parent-in-law Son-in-law, daughter-in-law Other relative Roomer or boarder Housemate or roommate Unmarried partner Other nonrelative	☐ Male ☐ Female	Age (in years) Print numbers in boxes. Month Day Year of birth	
Person 5 Last Name (Please print) First Name	MI	Relationship of Per Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild	Parent-in-law Son-in-law, daughter-in-law Other relative Roomer or boarder Housemate or roommate Unmarried partner Other nonrelative	☐ Male ☐ Female	Age (in years) Print numbers in boxes. Month Day Year of birth	
the	ir names in the spa	In five people living or staying here, print aces for Person 6 through Person 12. more information about them.	Person 7 Last Name (Please print)		rson 8 Name (Please print)	
First Name	MI		First Name	MI First	t Name MI	

4	NOTE: Please answer BOTH Question 4 abore For this survey, Hispanic origins are Is this person of Hispanic, Latino, or Spanish origin?	ut Hispanic origin and Question not races. What is this person's race?		
	No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin − Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ✓	White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. ✓	Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. →	□ Native Hawaiian □ Guamanian or Chamorro □ Samoan □ Other Pacific Islander − Print race, for − example, Fijian, Tongan, and so on. □ Some other race − Print race. ✓
	No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin − Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ✓	White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. ✓	Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. →	Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander — Print race, for — example, Fijian, Tongan, and so on. Some other race — Print race.
	No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.	White Black, African Am., or Negro American Indian or Alaska Native − Print name of enrolled or principal tribe.	Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. →	Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander — Print race, for — example, Fijian, Tongan, and so on. Some other race — Print race.
	No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin − Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ✓	White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. □	Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. →	Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander — Print race, for — example, Fijian, Tongan, and so on. Some other race — Print race.
	No, not of Hispanic, Latino, or Spanish origin Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.	White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe. ✓	Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. →	Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander — Print race, for — example, Fijian, Tongan, and so on. Some other race — Print race.
	Person 9 Last Name (Please print) Last Name (Please print)		me (Please print)	Person 12 Last Name (Please print)
	First Name MI First Name	MI First Na	me MI	First Name MI



Housing



Housing information helps your community plan for police and fire protection.

ŧ	Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.	Answer questions 4–6 ONLY if this is a one-family house or a mobile home; otherwise, SKIP to question 7.	How many bedrooms are in this house, apartment, or mobile home; that is, how many bedrooms would you list if this house, apartment, or mobile home were on the market for sale or rent?
	Which best describes this building? Include all apartments, flats, etc., even if vacant. A mobile home A one-family house detached from any other house A one-family house attached to one or more houses	How many acres is this house or mobile home on? Less than 1 acre → SKIP to question 6 1 to 9.9 acres 10 or more acres	 No bedroom 1 bedroom 2 bedrooms 3 bedrooms 4 bedrooms 5 or more bedrooms
	A building with 2 apartments A building with 3 or 4 apartments A building with 5 to 9 apartments A building with 10 to 19 apartments A building with 20 to 49 apartments A building with 50 or more apartments Boat, RV, van, etc.	9 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property? None \$1 to \$999 \$1,000 to \$2,499 \$2,500 to \$4,999 \$5,000 to \$9,999 \$10,000 or more	Does this house, apartment, or mobile home have COMPLETE plumbing facilities; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower? Yes, has all three facilities No Does this house, apartment, or mobile home have COMPLETE kitchen facilities;
2	About when was this building first built? 2005 or later 2000 to 2004 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 1939 or earlier	Is there a business (such as a store or barber shop) or a medical office on this property? Yes No How many rooms are in this house, apartment, or mobile home? Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.	that is, 1) a sink with piped water, 2) a stove or range, and 3) a refrigerator? Yes, has all three facilities No
3	When did PERSON 1 (listed in the List of Residents on page 2) move into this house, apartment, or mobile home? Month Year	1 room	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household? None 1 2 3 4 5 6 or more

Housing (continued)

Which FUEL is used MOST for heating this house, apartment, or mobile home? Gas: from underground pipes serving the neighborhood Gas: bottled, tank, or LP Electricity Fuel oil, kerosene, etc. Coal or coke Wood Solar energy Other fuel No fuel used 4 a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home? Last month's cost – Dollars \$	for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars lncluded in rent or condominium fee No charge or these fuels not used At any time DURING THE PAST 12 MONTHS, did anyone in this household receive Food Stamps? Yes → What was the value of the Food Stamps received during the past 12 months? Past 12 months' value – Dollars No No No No No No No N	Answer questions 18a and b ONLY IF you PAY RENT for this house, apartment, or mobile home. Otherwise, SKIP to question 19. a. What is the monthly rent for this house, apartment, or mobile home? Monthly amount – Dollars Monthly amount – Dollars Monthly amount – Dollars Monthly amount – Dollars Survival Residue of this property that is house apartment, or mobile home. Otherwise, SKIP to and the next page. What is the value of this property; that is, how much do you think this house and lot, apartment, or mobile home and lot, would sell for if it were for sale? Less than \$10,000 \$10,000 to \$14,999 \$25,000 to \$24,999 \$25,000 to \$24,999 \$35,000 to \$34,999 \$35,000 to \$34,999 \$50,000 to \$49,999 \$60,000 to \$69,999 \$70,000 to \$79,999 \$80,000 to \$89,999 \$90,000 to \$99,999 \$100,000 to \$124,999 \$125,000 to \$124,999
c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.	No Is this house, apartment, or mobile home –	\$50,000 to \$59,999 \$60,000 to \$69,999 \$70,000 to \$79,999 \$80,000 to \$89,999 \$90,000 to \$99,999

	Housing (continued)		
2	What are the annual real estate taxes on THIS property? Annual amount – Dollars OR None	d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property? Yes, insurance included in mortgage payment No, insurance paid separately or no insurance	Answer questions 25a—c ONLY IF you listed at least one person on page 2. Otherwise, SKIP to page 24 for the mailing instructions.
2	What is the annual payment for fire, hazard, and flood insurance on THIS property? Annual amount – Dollars OR None a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property? Yes, mortgage, deed of trust, or similar debt Yes, contract to purchase No → SKIP to question 23a b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property? Yes, home equity loan Yes, second mortgage Yes, second mortgage and home equity loan No → SKIP to D b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property? Monthly amount – Dollars OR No regular payment required	a. Do you or any member of this household live or stay at this address year round? □ Yes → SKIP to the questions for Person 1 on the next page □ No b. How many months a year do members of this household stay at this address? Months □ This is the main reason members of this household are staying at this address? □ This is their permanent address □ This is their seasonal or vacation address □ To be close to work □ To attend school or college □ Looking for permanent housing □ Other reason(s) — Specify ✓
	Monthly amount – Dollars Solution OR □ No regular payment required → SKIP to question 23a	Answer question 24 ONLY IF this is a MOBILE HOME. Otherwise, SKIP to E. What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? Exclude real estate taxes. Annual costs – Dollars \$.00	Continue with the questions about PERSON 1 on the next page.



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

Please copy the name of Person 1 from the List of Residents on page 2, then continue answering questions below. Last Name	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. No schooling completed	a. Did this person live in this house or apartment 1 year ago? □ Person is under 1 year old → SKIP to the questions for Person 2 on page 10.
First Name MI	Nursery school to 4th grade5th grade or 6th grade7th grade or 8th grade	 Yes, this house → SKIP to F No, outside the United States - Print name of foreign country, or Puerto Rico, Guam, etc., below; then SKIP to F
Where was this person born? In the United States – Print name of state. Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	 9th grade 10th grade 11th grade 12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (for example: GED) Some college credit, but less than 1 year 1 or more years of college, no degree Associate degree (for example: AA, AS) 	No, different house in the United States b. Where did this person live 1 year ago? Name of city, town, or post office
S Is this person a CITIZEN of the United States? Yes, born in the United States → SKIP to 10a Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of American parent or parents Yes, U.S. citizen by naturalization	 Bachelor's degree (for example: BA, AB, BS) Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) 	c. Did this person live inside the limits of the city or town? Yes No, outside the city/town limits Name of county
9 When did this person come to live in the United States? Print numbers in boxes. Year	What is this person's ancestry or ethnic origin?	Name of state ZIP Code
a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten,	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 10.
elementary school, and schooling which leads to a high school diploma or a college degree. No, has not attended in the last 3	than English at home?	Does this person have any of the following long-lasting conditions:
months → SKIP to question 11 Yes, public school, public college Yes, private school, private college	YesNo → SKIP to question 14	a. Blindness, deafness, or a severe vision or hearing impairment?
b. What grade or level was this person attending? Mark (X) ONE box. Nursery school, preschool	b. What is this language?	b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
Kindergarten Grade 1 to grade 4 Grade 5 to grade 8 Grade 9 to grade 12 College undergraduate years (freshman to	For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well	condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: a. Learning, remembering, or
senior) Graduate or professional school (for example: medical, dental, or law school)	☐ Not well ☐ Not at all	concentrating? b. Dressing, bathing, or getting around inside the home?

Person 1 (continued)

T			
G	Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 10.	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.
THE H	Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: a. Going outside the home alone to shop or visit a doctor's office? b. Working at a job or business?	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)	Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 33 Ferryboat Other method Taxicab
18	to question 19a. Has this person given birth to any children in the past 12 months?	☐ January 1947 to June 1950 ☐ World War II (December 1941 to December 1946) ☐ November 1941 or earlier	Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.
	☐ Yes ☐ No	In total, how many years of active-duty military service has this person had? Less than 2 years	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
19	 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 20 b. Is this grandparent currently responsible for most of the basic needs of any 	2 years or more	to go to work LAST WEEK? Hour Minute
	grandchild(ren) under the age of 18 who live(s) in this house or apartment? Yes No → SKIP to question 20 c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more	 No → SKIP to question 29 At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name) 	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	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	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. b. Name of city, town, or post office	Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33. a. LAST WEEK, was this person on layoff from
	☐ 3 or 4 years ☐ 5 or more years	c. Is the work location inside the limits of that city or town?	a job? ☐ Yes → SKIP to question 29c ☐ No
20	Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. Yes, now on active duty	Yes No, outside the city/town limits d. Name of county	b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 32
	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	e. Name of U.S. state or foreign country	 No → SKIP to question 30 c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
	 No, training for Reserves or National Guard only → SKIP to question 23 No, never served in the military → SKIP to question 23 	f. ZIP Code	Yes → SKIP to question 31No

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	Person 1 (continued)		
3	Has this person been looking for work during the last 4 weeks? ☐ Yes ☐ No → SKIP to question 32	If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
3	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	Name of company, business, or other employer	Yes → S Loss No TOTAL AMOUNT for past 12 MONTHS
	Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. ☐ Yes → \$ Loss
32	few days?	manufacturing, bank)	No TOTAL AMOUNT for past 12 MONTHS
	 Within the past 12 months 1 to 5 years ago → SKIP to question 35 Over 5 years ago or never worked → SKIP to question 41 	manufacturing?	d. Social Security or Railroad Retirement. ☐ Yes → \$.00
33	During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service. Weeks	wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?	No TOTAL AMOUNT for past 12 MONTHS e. Supplemental Security Income (SSI). ☐ Yes → \$
34	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	No TOTAL AMOUNT for past 12 MONTHS f. Any public assistance or welfare payments from the state or local welfare office.
	40	activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,	No TOTAL AMOUNT for past 12 MONTHS g. Retirement, survivor, or disability pensions.
K	Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 41.	typing and filing, reconciling financial records)	Do NOT include Social Security. ☐ Yes → \$
	35-40 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.	INCOME IN THE PAST 12 MONTHS. Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	No TOTAL AMOUNT for past 12 MONTHS h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
3	Was this person – Mark (X) ONE box.	Mark (X) the "No" box to show types of income NOT received.	Yes → \$.00 No TOTAL AMOUNT for past
	an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization? a local GOVERNMENT employee (city, county, etc.)? a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED	If net income was a loss, mark the "Loss" box to the right of the dollar amount. For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person. a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	12 MONTHS What was this person's total income during the PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box. None OR TOTAL AMOUNT for past
-	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	for taxes, bonds, dues, or other items.	Loss 101AL AMOUNT

☐ Yes →

No

SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?

working WITHOUT PAY in family business or farm?

Continue with the questions for Person 2 on the next page. If only 1 person is listed in the List of

Residents, SKIP to page 24 for mailing instructions.

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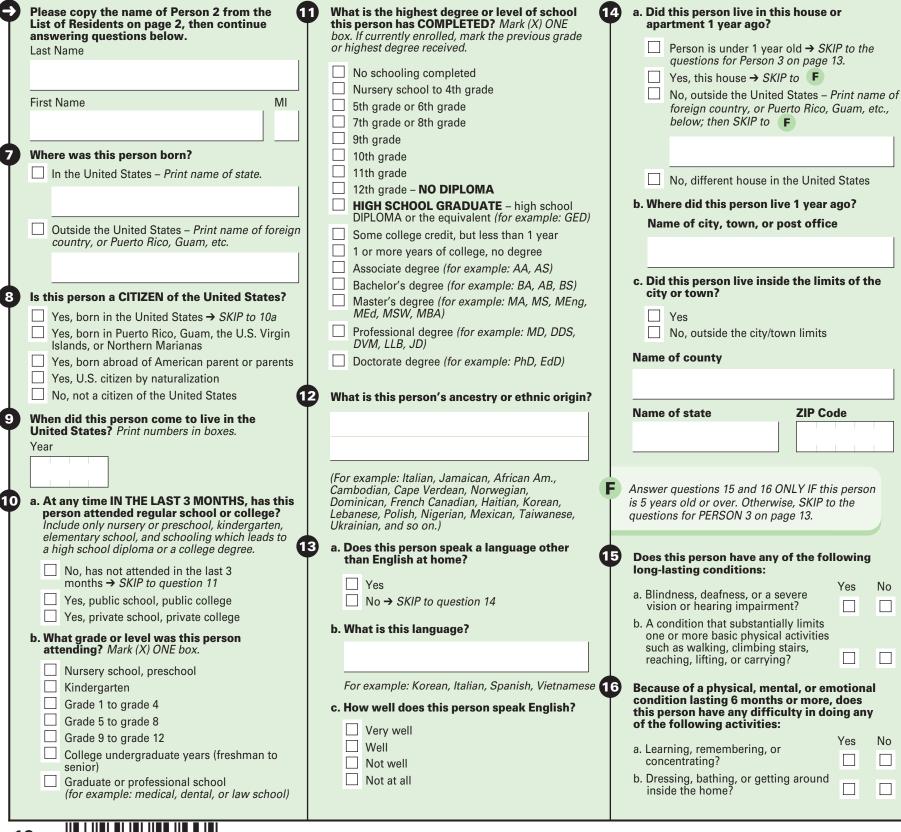
TOTAL AMOUNT for past 12 MONTHS

Survey information helps your community

schools, and more.

get financial assistance for roads, hospitals,

Person 2

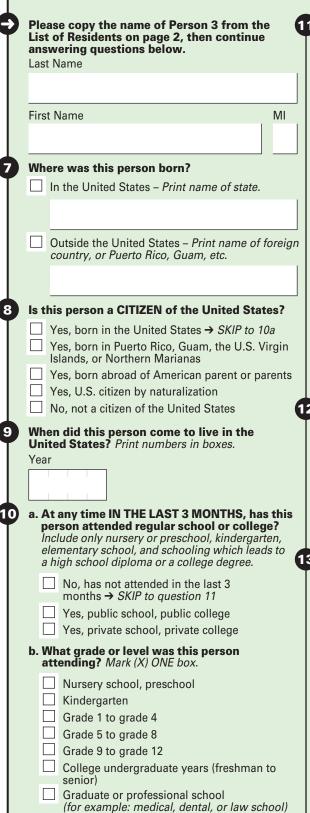


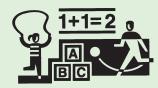
Person 2 (continued)

G	Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 3 on page 13.	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.
(F)	Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: a. Going outside the home alone to shop or visit a doctor's office? b. Working at a job or business?	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	Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 33 Ferryboat Other method Taxicab
13	female and 15–50 years old. Otherwise, SKIP to question 19a. Has this person given birth to any children in the past 12 months?	Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier	Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.
1	Yes No a. Does this person have any of his/her own grandchildren under the age of 18 living in	In total, how many years of active-duty military service has this person had? Less than 2 years 2 years or more	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
	grandchildren under the age of 18 living in this house or apartment? ☐ Yes ☐ No → SKIP to question 20 b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who	LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.	What time did this person usually leave home to go to work LAST WEEK? Hour Minute a.m.
	live(s) in this house or apartment? Yes No → SKIP to question 20 c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the	No → SKIP to question 29 At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name)	p.m.
	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	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. b. Name of city, town, or post office	Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33. a. LAST WEEK, was this person on layoff from a job?
20	□ 5 or more years 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	c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of county	 Yes → SKIP to question 29c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 32 No → SKIP to question 30
	Yes, on active duty during the last 12 months, but not now Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard only → SKIP to question 23 No, never served in the military → SKIP to question 23	e. Name of U.S. state or foreign country f. ZIP Code	c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work? ☐ Yes → SKIP to question 31 ☐ No

Person 2 (continued)

30	Has this person been looking for work during 36		b. Self-employment income from own nonfarm
T	the last 4 weeks?	If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.	businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
	No → SKIP to question 32	Name of company, business, or other employer	☐ Yes → \$.00 ☐ Loss
31	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?		No TOTAL AMOUNT for past 12 MONTHS
	Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
32	When did this person last work, even for a few days?	manufacturing, bank)	Yes → S Loss No TOTAL AMOUNT for past
	Within the past 12 months		12 MONTHS d. Social Security or Railroad Retirement.
	 1 to 5 years ago → SKIP to question 35 Over 5 years ago or never worked → SKIP to question 41 	Is this mainly – Mark (X) one box. manufacturing?	☐ Yes → \$.00
33	During the PAST 12 MONTHS, how many	wholesale trade?	☐ No TOTAL AMOUNT for past 12 MONTHS
	WEEKS did this person work? Count paid vacation, paid sick leave, and military service. Weeks	retail trade? other (agriculture, construction, service, government, etc.)?	e. Supplemental Security Income (SSI).
	39	What kind of work was this person doing? (For example: registered nurse, personnel manager,	Yes → No TOTAL AMOUNT for past 12 MONTHS
34)	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	supervisor of order department, secretary, accountant)	f. Any public assistance or welfare payments from the state or local welfare office.
	Usual hours worked each WEEK		☐ Yes → \$.00
	40	What were this person's most important activities or duties? (For example: patient care,	No TOTAL AMOUNT for past 12 MONTHS
K	Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP	directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
	to question 41.		Yes → \$.00
	35-40 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job	INCOME IN THE PAST 12 MONTHS.	☐ No TOTAL AMOUNT for past 12 MONTHS
	activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
35	Was this person – Mark (X) ONE box.	Mark (X) the "No" box to show types of income NOT received.	☐ Yes → \$.00
	an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	No TOTAL AMOUNT for past 12 MONTHS What was this person's total income during the
	an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization? a local GOVERNMENT employee (city,	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	PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box.
	county, etc.)? a state GOVERNMENT employee?	mark the "No" box for the other person.	
	a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	None OR TOTAL AMOUNT for past
	business, professional practice, or farm?		Loss 12 MONTHS
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business	☐ Yes → S	Continue with the questions for Person 3 on the next page. If only 2 people are listed in the List of Residents, SKIP to page 24 for mailing
	or farm?	12 MONTHS	instructions.





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

0	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.	apartment 1 year ago?
1	or highest degree received.	Person is under 1 year old → SKIP to the questions for Person 4 on page 16.
	No schooling completed	Yes, this house → SKIP to F
_	Nursery school to 4th grade	No, outside the United States – Print name of
	☐ 5th grade or 6th grade	foreign country, or Puerto Rico, Guam, etc.,
	7th grade or 8th grade	below; then SKIP to F
	☐ 9th grade	
	10th grade	
	11th grade	No, different house in the United States
	12th grade – NO DIPLOMA	h Mileans did this manner live 4 was a ma?
	HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent (for example: GED)	b. Where did this person live 1 year ago?Name of city, town, or post office
gn	Some college credit, but less than 1 year	
	1 or more years of college, no degree	
	Associate degree (for example: AA, AS)	. Did this warranting incide the limite of the
_	Bachelor's degree (for example: BA, AB, BS)	 c. Did this person live inside the limits of the city or town?
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	Yes
	Professional degree (for example: MD, DDS, DVM, LLB, JD)	No, outside the city/town limits
s	☐ Doctorate degree (for example: PhD, EdD)	Name of county
	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian,	Answer questions 15 and 16 ONLY IF this person
s	Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	is 5 years old or over. Otherwise, SKIP to the questions for PERSON 4 on page 16.
1 3	a. Does this person speak a language other than English at home?	long-lasting conditions:
	☐ Yes☐ No → SKIP to question 14	a. Blindness, deafness, or a severe vision or hearing impairment?
		b. A condition that substantially limits
	b. What is this language?	one or more basic physical activities
		such as walking, climbing stairs, reaching, lifting, or carrying?
		reaching, inting, or carrying:
	For example: Korean, Italian, Spanish, Vietnamese	
	c. How well does this person speak English?	condition lasting 6 months or more, does this person have any difficulty in doing any
	□ Voncuell	of the following activities:
	☐ Very well ☐ Well	Yes No
	Not well	a. Learning, remembering, or concentrating?
	☐ Not well	b. Dressing, bathing, or getting around
		inside the home?

Person 3 (continued)

G	Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 4 on page 16.	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period. How did this person usually get to work the WEEK? If this person usually used more than method of transportation during the trip, mark the box of the one used for most of the distant	n one rk (X)
	Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: a. Going outside the home alone to shop or visit a doctor's office? b. Working at a job or business?	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) Car, truck, or van Bus or trolley bus Streetcar or trolley car Walked Subway or elevated Railroad Ferryboat Taxicab Other method Taxicab	nome → estion 33
18	Has this person given birth to any children in the past 12 months?	☐ January 1947 to June 1950 ☐ World War II (December 1941 to December 1946) ☐ November 1941 or earlier ☐ Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.	
	Yes No a. Does this person have any of his/her own	In total, how many years of active-duty military service has this person had? Less than 2 years How many people, including this person, usually rode to work in the car, truck, or LAST WEEK?	van
19	grandchildren under the age of 18 living in this house or apartment? ☐ Yes ☐ No → SKIP to question 20	2 years or more LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or Person(s) What time did this person usually leave he can be work LAST WEEK?	nome
	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?	more, or was on active duty in the Armed Forces. Yes No → SKIP to question 29 Hour Minute a.m. p.m.	
	☐ Yes ☐ No → SKIP to question 20	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. How many minutes did it usually take this person to get from home to work LAST Week.	is NEEK?
	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	a. Address (Number and street name)	
	responsible for the longest period of time. Less than 6 months 6 to 11 months	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33. b. Name of city, town, or post office	
	1 or 2 years 3 or 4 years	a. LAST WEEK, was this person on layoff a job?	from
20	5 or more years Has this person ever served on active duty in the	c. Is the work location inside the limits of that city or town? Yes → SKIP to question 29c No	
	U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	Yes No, outside the city/town limits b. LAST WEEK, was this person TEMPOR absent from a job or business? d. Name of county Yes, on vacation, temporary illness, la	
	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	dispute, etc. → SKIP to question 32 No → SKIP to question 30 e. Name of U.S. state or foreign country c. Has this person been informed that he will be recalled to work within the nex 6 months OR been given a date to return	or she
	No, training for Reserves or National Guard only → SKIP to question 23 No, never served in the military → SKIP to question 23	f. ZIP Code Yes → SKIP to question 31 No	

	Person 3 (continued)		
30	Has this person been looking for work during the last 4 weeks? ☐ Yes ☐ No → SKIP to question 32	If now on active duty in the Armed Forces, mark (X) this box → □ and print the branch of the Armed Forces.	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
3	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	Name of company, business, or other employer	Yes → S Loss No TOTAL AMOUNT for past 12 MONTHS
	Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. Yes Loss
32	When did this person last work, even for a few days? Within the past 12 months	manufacturing, bank)	No TOTAL AMOUNT for past 12 MONTHS
	1 to 5 years ago → SKIP to question 35 Over 5 years ago or never worked → SKIP to question 41	manufacturing?	d. Social Security or Railroad Retirement. ☐ Yes → \$.00
33	WEEKS did this person work? Count paid vacation, paid sick leave, and military service. Weeks	wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?	No TOTAL AMOUNT for past 12 MONTHS e. Supplemental Security Income (SSI). ☐ Yes → \$.00
34	WORKED, how many hours did this person usually work each WEEK?	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	No TOTAL AMOUNT for past 12 MONTHS f. Any public assistance or welfare payments from the state or local welfare office.
	Usual hours worked each WEEK	activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,	Yes → TOTAL AMOUNT for past 12 MONTHS g. Retirement, survivor, or disability pensions.
K	Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 41.	typing and filing, reconciling financial records)	Do NOT include Social Security. ☐ Yes → \$.00
	35–40 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.	INCOME IN THE PAST 12 MONTHS. Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	No TOTAL AMOUNT for past 12 MONTHS h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
35	Was this person – Mark (X) ONE box.	Mark (X) the "No" box to show types of income NOT received.	☐ Yes → \$.00
	an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	
	an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization? a local GOVERNMENT employee (city, county, etc.)?	For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.	PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box.
	a state GOVERNMENT employee? a Federal GOVERNMENT employee?	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions	None OR \$.00

for taxes, bonds, dues, or other items.

TOTAL AMOUNT for past 12 MONTHS

No

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?

Loss

.00

TOTAL AMOUNT for past 12 MONTHS

Continue with the questions for Person 4 on the next page. If only 3 people are listed in the List of

Residents, SKIP to page 24 for mailing instructions.





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

	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.	 a. Did this person live in this house or apartment 1 year ago? □ Person is under 1 year old → SKIP to the questions for Person 5 on page 19. 	
	☐ No schooling completed	Yes, this house → SKIP to F	
	☐ Nursery school to 4th grade	No, outside the United States – <i>Print name of</i>	
	☐ 5th grade or 6th grade	foreign country, or Puerto Rico, Guam, etc.,	
	☐ 7th grade or 8th grade	below; then SKIP to	
	9th grade		
	☐ 10th grade		
	☐ 11th grade	No, different house in the United States	
	12th grade – NO DIPLOMA	, i	
	HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent (for example: GED)	b. Where did this person live 1 year ago? Name of city, town, or post office	
'	Some college credit, but less than 1 year		
	1 or more years of college, no degree		
	Associate degree (for example: AA, AS)	c. Did this person live inside the limits of the	
	Bachelor's degree (for example: BA, AB, BS)	city or town?	
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)		
	Professional degree (for example: MD, DDS,	☐ Yes☐ No, outside the city/town limits	
	DVM, LLB, JD)	No, outside the city/town limits	
	Doctorate degree (for example: PhD, EdD)	Name of county	
1	What is this person's ancestry or ethnic origin?	Name of state ZIP Code	
	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese,	Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the	
	Ukrainian, and so on.)	questions for PERSON 5 on page 19.	
1	Ukrainian, and so on.) a. Does this person speak a language other than English at home?	questions for PERSON 5 on page 19. Does this person have any of the following long-lasting conditions:	
1	 Ukrainian, and so on.) a. Does this person speak a language other than English at home? Yes 	questions for PERSON 5 on page 19. Does this person have any of the following long-lasting conditions: Yes No.	
1	Ukrainian, and so on.) a. Does this person speak a language other than English at home?	questions for PERSON 5 on page 19. Does this person have any of the following long-lasting conditions:	
I	 Ukrainian, and so on.) a. Does this person speak a language other than English at home? Yes No → SKIP to question 14 	questions for PERSON 5 on page 19. Does this person have any of the following long-lasting conditions: a. Blindness, deafness, or a severe vision or hearing impairment? b. A condition that substantially limits	
1	 Ukrainian, and so on.) a. Does this person speak a language other than English at home? Yes 	questions for PERSON 5 on page 19. Does this person have any of the following long-lasting conditions: a. Blindness, deafness, or a severe vision or hearing impairment? b. A condition that substantially limits one or more basic physical activities	
1	 Ukrainian, and so on.) a. Does this person speak a language other than English at home? Yes No → SKIP to question 14 	questions for PERSON 5 on page 19. Does this person have any of the following long-lasting conditions: a. Blindness, deafness, or a severe vision or hearing impairment? b. A condition that substantially limits	
1	 Ukrainian, and so on.) a. Does this person speak a language other than English at home? Yes No → SKIP to question 14 b. What is this language? 	questions for PERSON 5 on page 19. Does this person have any of the following long-lasting conditions: a. Blindness, deafness, or a severe vision or hearing impairment? b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?	
1	 Ukrainian, and so on.) a. Does this person speak a language other than English at home? Yes No → SKIP to question 14 b. What is this language? For example: Korean, Italian, Spanish, Vietnamese	questions for PERSON 5 on page 19. Does this person have any of the following long-lasting conditions: a. Blindness, deafness, or a severe vision or hearing impairment? b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?	
1	 Ukrainian, and so on.) a. Does this person speak a language other than English at home? Yes No → SKIP to question 14 b. What is this language? 	questions for PERSON 5 on page 19. Does this person have any of the following long-lasting conditions: a. Blindness, deafness, or a severe vision or hearing impairment? b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?	
1	 Ukrainian, and so on.) a. Does this person speak a language other than English at home? Yes No → SKIP to question 14 b. What is this language? For example: Korean, Italian, Spanish, Vietnamese	questions for PERSON 5 on page 19. Does this person have any of the following long-lasting conditions: a. Blindness, deafness, or a severe vision or hearing impairment? b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:	
1	a. Does this person speak a language other than English at home? Yes No → SKIP to question 14 b. What is this language? For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English?	questions for PERSON 5 on page 19. Does this person have any of the following long-lasting conditions: a. Blindness, deafness, or a severe vision or hearing impairment? b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?	
1	 Ukrainian, and so on.) a. Does this person speak a language other than English at home? Yes No → SKIP to question 14 b. What is this language? For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well 	puestions for PERSON 5 on page 19. Does this person have any of the following long-lasting conditions: a. Blindness, deafness, or a severe vision or hearing impairment? b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: a. Learning, remembering, or concentrating?	
1	 Ukrainian, and so on.) a. Does this person speak a language other than English at home? Yes No → SKIP to question 14 b. What is this language? For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well 	puestions for PERSON 5 on page 19. Does this person have any of the following long-lasting conditions: a. Blindness, deafness, or a severe vision or hearing impairment? b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: a. Learning, remembering, or concentrating? b. Dressing, bathing, or getting around	
1	a. Does this person speak a language other than English at home? Yes No → SKIP to question 14 b. What is this language? For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well Not well	puestions for PERSON 5 on page 19. Does this person have any of the following long-lasting conditions: a. Blindness, deafness, or a severe vision or hearing impairment? b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: a. Learning, remembering, or concentrating?	

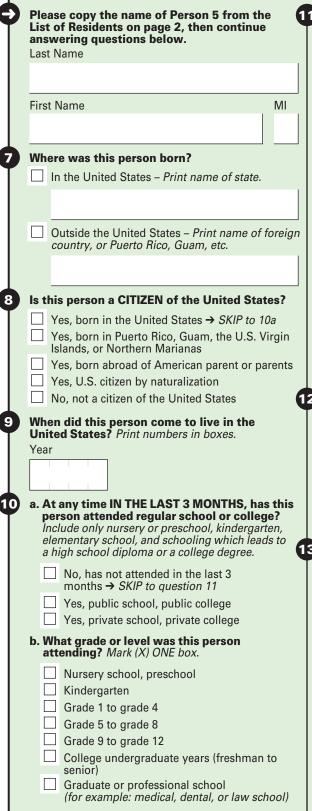
(for example: medical, dental, or law school)

Person 4 (continued)

Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 5 on page 19. Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: a. Going outside the home alone to shop or visit a doctor's office? b. Working at a job or business? H Answer question 18 ONLY IF this person is female and 15-50 years old. Otherwise, SKIP to question 19a.	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	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 Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 33 Ferryboat Other method Taxicab Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.
the past 12 months? Yes No a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 20 b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment? Yes No → SKIP to question 20 c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the	In total, how many years of active-duty military service has this person had? Less than 2 years 2 years or more LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. Yes No → SKIP to question 29	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s) What time did this person usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
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 Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. Yes, now on active duty Yes, on active duty during the last 12 months, but not now Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard only → SKIP to question 23 No, never served in the military → SKIP to question 23	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. b. Name of city, town, or post office c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country f. ZIP Code	person did NOT work last week. Otherwise, SKIP to question 33.

Person 4 (continued)

30	Has this person been looking for work during the last 4 weeks? ☐ Yes ☐ No → SKIP to question 32	For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
4	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	Name of company, business, or other employer	☐ Yes → \$.00 ☐ Loss ☐ No TOTAL AMOUNT for past 12 MONTHS
	Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
32	When did this person last work, even for a few days?	manufacturing, bank)	Yes → Loss No TOTAL AMOUNT for past 12 MONTHS
	 Within the past 12 months 1 to 5 years ago → SKIP to question 35 Over 5 years ago or never worked → SKIP to question 41 	manufacturing?	d. Social Security or Railroad Retirement. ☐ Yes → \$.00 No TOTAL AMOUNT for past
33	During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service. Weeks	wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?	No TOTAL AMOUNT for past 12 MONTHS e. Supplemental Security Income (SSI). ☐ Yes → \$.00
3 4	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	No TOTAL AMOUNT for past 12 MONTHS f. Any public assistance or welfare payments from the state or local welfare office.
	Usual hours worked each WEEK	What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,	Yes → S .00 No TOTAL AMOUNT for past 12 MONTHS g. Retirement, survivor, or disability pensions.
K	Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 41.	typing and filing, reconciling financial records)	Do NOT include Social Security. ☐ Yes → \$.00
	35–40 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.	INCOME IN THE PAST 12 MONTHS. Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	No TOTAL AMOUNT for past 12 MONTHS h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
35	Was this person – Mark (X) ONE box.	Mark (X) the "No" box to show types of income NOT received.	Yes → \$.00 No TOTAL AMOUNT for past
	 an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization? a local GOVERNMENT employee (city, county, etc.)? 	If net income was a loss, mark the "Loss" box to the right of the dollar amount. For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.	2 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box.
	a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	None OR TOTAL AMOUNT for past 12 MONTHS
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business or farm?	☐ Yes → S .00 ☐ No TOTAL AMOUNT for past 12 MONTHS	Continue with the questions for Person 5 on the next page. If only 4 people are listed in the List of Residents, SKIP to page 24 for mailing instructions.





Your answers help your community plan for the future.

1	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.	apartment 1 year ago? ☐ Person is under 1 year old → SKIP to the
	No cohooling completed	mailing instructions on page 24.
	☐ No schooling completed	Yes, this house → SKIP to F
_	Nursery school to 4th grade	No, outside the United States – <i>Print name of</i>
пl	5th grade or 6th grade	foreign country, or Puerto Rico, Guam, etc.,
	7th grade or 8th grade	below; then SKIP to (F)
	☐ 9th grade	
	☐ 10th grade	
	11th grade	No, different house in the United States
	12th grade – NO DIPLOMA	h Milhaus did this warran live t warran 2
_ an	HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent (for example: GED)	b. Where did this person live 1 year ago?Name of city, town, or post office
gn	Some college credit, but less than 1 year	
П	1 or more years of college, no degree	
	Associate degree (for example: AA, AS)	a Did this never live incide the limits of the
_	Bachelor's degree (for example: BA, AB, BS)	c. Did this person live inside the limits of the city or town?
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	
		☐ Yes
	Professional degree (for example: MD, DDS, DVM, LLB, JD)	No, outside the city/town limits
s	Doctorate degree (for example: PhD, EdD)	Name of county
	(For example: Italian, Jamaican, African Am.,	Name of state ZIP Code
s	Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 24.
Œ	Than English at home:	Does this person have any of the following long-lasting conditions:
	☐ Yes	a. Blindness, deafness, or a severe
	☐ No → SKIP to question 14	vision or hearing impairment?
	b. What is this language?	b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs,
		reaching, lifting, or carrying?
	For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English?	Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any
	☐ Very well	of the following activities:
	☐ Well	Yes No
	Not well	a. Learning, remembering, or concentrating?
	Not at all	b. Dressing, bathing, or getting around
	Li Not at all	inside the home?

Person 5 (continued)

G	Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 24.	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.
1 H	Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: a. Going outside the home alone to shop or visit a doctor's office? b. Working at a job or business?	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)	Car, truck, or van Motorcycle Bus or trolley bus Bicycle Streetcar or trolley car Walked Subway or elevated Worked at home → SKIP to question 33 Ferryboat Other method Taxicab
18	to question 19a. Has this person given birth to any children in the past 12 months?	☐ January 1947 to June 1950 ☐ World War II (December 1941 to December 1946) ☐ November 1941 or earlier	Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.
	Yes No	In total, how many years of active-duty military service has this person had?	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
19	 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 20 b. Is this grandparent currently responsible for most of the basic needs of any 	2 years or more	Person(s) What time did this person usually leave home to go to work LAST WEEK? Hour Minute
	grandchild(ren) under the age of 18 who live(s) in this house or apartment? Yes No → SKIP to question 20 c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the	 No → SKIP to question 29 At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name) 	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	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	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. b. Name of city, town, or post office	Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33. a. LAST WEEK, was this person on layoff from
	☐ 3 or 4 years ☐ 5 or more years	c. Is the work location inside the limits of that city or town?	a job? ☐ Yes → SKIP to question 29c
20	Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. Yes, now on active duty	Yes No, outside the city/town limits d. Name of county	 No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 32
	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	e. Name of U.S. state or foreign country	 No → SKIP to question 30 c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
	only → SKIP to question 23 No, never served in the military → SKIP to question 23	f. ZIP Code	Yes → SKIP to question 31No

	Person 5 (continued)		
31	the last 4 weeks? ☐ Yes ☐ No → SKIP to question 32	For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces. Name of company, business, or other employer	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses. ☐ Yes → Some Loss No TOTAL AMOUNT for past
32	Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)	12 MONTHS c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. Yes > S
33	 Within the past 12 months 1 to 5 years ago → SKIP to question 35 Over 5 years ago or never worked → SKIP to question 41 During the PAST 12 MONTHS, how many 	manufacturing? wholesale trade?	12 MONTHS d. Social Security or Railroad Retirement. Yes No TOTAL AMOUNT for past 12 MONTHS
34	WEEKS did this person work? Count paid vacation, paid sick leave, and military service. Weeks During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person	retail trade? other (agriculture, construction, service, government, etc.)? What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	e. Supplemental Security Income (SSI). Yes > \$.00 No TOTAL AMOUNT for past 12 MONTHS f. Any public assistance or welfare payments
K	Usual hours worked each WEEK Usual hours worked each WEEK Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP	What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	from the state or local welfare office. Yes > \$.00 No TOTAL AMOUNT for past 12 MONTHS g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
	35–40 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.	INCOME IN THE PAST 12 MONTHS. Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	No TOTAL AMOUNT for past 12 MONTHS h. Any other sources of income received regularly such as Veterans' (VA) payments, unemploy- ment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
35	Was this person – Mark (X) ONE box. an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization? a local GOVERNMENT employee (city, county, etc.)?	Mark (X) the "No" box to show types of income NOT received. If net income was a loss, mark the "Loss" box to the right of the dollar amount. For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.	Yes → No TOTAL AMOUNT for past 12 MONTHS What was this person's total income during the PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box.
	 □ a state GOVERNMENT employee? □ a Federal GOVERNMENT employee? □ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? □ SELF-EMPLOYED in own INCORPORATED 	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items. ☐ Yes →	None OR TOTAL AMOUNT for past 12 MONTHS Now continue with the mailing
	business, professional practice, or farm?	No	instructions on page 24.

No

TOTAL AMOUNT for past 12 MONTHS

working WITHOUT PAY in family business or farm?

Pages 22 and 23 are intentionally left blank	



Mailing Instructions

- Please make sure you have...
 - put all names on the List of Residents and answered the questions across the top of the page
 - answered all Housing questions
 - answered all Person questions for each person on the List of Residents.
- Then...
 - put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

U.S. Census Bureau P.O. Box 5240 Jeffersonville, IN 47199-5240

 make sure the barcode above your address shows in the window of the return envelope.

Thank you for participating in the American Community Survey.

For Census Bureau Use			
POP EDIT PHONE	JIC1 JIC2		
EDIT CLERK TELEPHONE CLERK	JIC3 JIC4		

The Census Bureau estimates that, for the average household, this form will take 38 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0936" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the bottom right on the front cover of this form.

Form ACS-1(X)Pro (12-19-2006)