**Who should be listed on this form?**

* Include yourself if you have not been counted in the 2010 Census.
* Include anyone else who was living with you on January 15, 2012 who has not yet been counted.
* Include family members, babies, nonrelatives, and anyone else who lives and sleeps at your address most of the time and has not been counted.

1. **What was the physical address of the place you were living or staying on January 15, 2012?**

* Please do not provide a PO Box address. If you have a 911, or emergency services address, provide that address.
* If you have more than one residence, provide the address of the place where you live most of the time.

Street Address (House Number and Street Name)

[][][][][][][][][][][][][][][][][][][][][][][][][][][][][][]

[][][][][][][][][][][][][][][][][][][][][][][][][][][][][][]

Apartment Number

[][][][][][][][][][][][][][][][][][][][][][][][][][][][][][]

City State ZIP Code

[][][][][][][][][][][][][][][][][][][][][][][][][][][][][][] [][] [][][][][]

County/Township/Parish

[][][][][][][][][][][][][][][][][][][][][][][][][][][][][][]

**2. On January 15, 2012, were you experiencing homelessness?**

**[] Yes –** *Please provide as much information to Question 1 above about where you stayed on January 15th as possible, including facility name, cross streets, park city, county, and state* **.**

 **[] No**

1. **Is this house, apartment or mobile home—Mark X ONE box**
* Owned by you or someone in this household with a mortgage or loan? *Include home equity loans.*
* Owned by you or someone in this household free and clear (without a mortgage or loan)?
* Rented?
* Occupied without payment of rent?
1. **What is your telephone number?** *We may call if we don’t understand an answer.*
2. **Were there any other people who lived at this address on January 15th?**
	1. **YES - Are you completing this form for…**
		* **ALL of them?**
		* **SOME of them?**
		* **Just yourself?**
	2. **No**

*On the inside of this form, list all the people who live with you and have not been counted.*

**Some people live or stay in more than one place and we would like to make sure everyone is only counted once.**

1. **Does Person 1 sometimes live or stay somewhere else?**
* Yes—Mark X all that apply
* No
1. **On January 15, 2012, did Person 1 stay in another type of place?**
* Yes-Mark X all that apply
* No
1. **Did person 1 move during January?**
* Yes—what date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No
1. **If you marked yes to Question 10, 11, or 12 please provide the full address of the other place :**

*If there is more than one place, provide the* ***other*** *address where you were most of the time.*

Street Address (House Number and Street Name)





Apartment Number

City State Zip Code



County



* NOTE: If you do not know the address, provide the neighborhood or community, cross streets or facility name:



1. **Where does Person 1 live or stay most of the time?**
* The address you wrote on Page 1
* The address or location listed in Question 13
* Both places equally
* Some other place
1. **On January 15, 2012, where was Person 1 staying?**
* The address you wrote on Page 1
* The address or location you listed in Question 13.
* Some other place

­­**🡪 Continue with information about the next person who has not been counted.**

**Person 1**

**6. If you are completing this form for ALL of the people living at this address, start with a person living here who owns or rents this house or apartment. Otherwise, start with yourself. This will be Person 1.**

**What is Person 1’s name?** *Print name below*

*First Name*  *MI* 

*Last Name* 

1. **What is Person 1’s sex? *Mark X ONE box.***

Male Female

1. **What is Person 1’s age and what is Person 1’s date of birth?** *Please report babies as age 0 when the child is less than 1 year old.*

*Print Numbers in Boxes*

Age on January 15, 2012 Month Day Year of Birth

 

1. **Is Person 1 of Hispanic, Latino, or Spanish Origin?**
* No, **not of Hispanic, Latino, or Spanish origin**
* Yes, Mexican, Mexican American, Chicano
* Yes, Puerto Rican
* Yes, Cuban
* Yes, another Hispanic, Latino, or Spanish origin---*Print origin, for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on*



1. **What is Person 1’s race?** *Mark X one or more boxes.*
* White
* Black, African American, or Negro
* American Indian or Alaska Native**—***Print name of enrolled or principal tribe*



 

* **Some other race—***Print race*

 

* **Continue to Question 10**
* For College (on or off campus)
* In the Military
* For a job or business
* With a parent or grandparent
* At another home, like a second or seasonal home
* Another place
* In jail or prison
* In a nursing home or group home
* Another place
* Native Hawaiian
* Guamanian or Chamorro
* Samoan
* Other Pacific Islander—*Print race, for example, Fijian, Tongan, and so on*
* Japanese
* Korean
* Vietnamese
* Asian Indian
* Chinese
* Filipino
* Other Asian—*Print race, for example Hmong, Laotian, Thai, Pakistani, Cambodian, and so on*