Enclosure5 13112016

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

OMB No. 0607-0810



# **THE American Community Survey**

FORM **ACS-1(X)HE11** (08-13-2012)

## 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. Usted también puede pedir un cuestionario en español o completar su entrevista por teléfono con un entrevistador que habla español.

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

| Please print the name a filling out this form. We Last Name   |  |   |     |
|---|--|---|-----|
| Last Ivallie  |  |   |     |
| First Name  |  |   | MI  |
|   |  |   |     |
| Area Code + Number  |  |   |     |
| <ul> <li>How many people are li</li> <li>INCLUDE everyone who</li> <li>INCLUDE yourself if yo</li> <li>INCLUDE anyone else s stay, even if they are he</li> </ul> | o is living or staying<br>u are living here for<br>staying here who do | here for more tha<br>more than 2 mont<br>es not have anothe | hs. |
| <ul> <li>DO NOT INCLUDE any<br/>2 months, such as a coll<br/>Armed Forces on deploy</li> </ul>  | ege student living av  |   |     |
| Number of people  | -  |   |     |



| Pers   | son 1   | Person 2 |   |  |  |  |
|--|---|----------|---|--|--|--|
| (Person 1 is the person living or stay<br>or apartment is owned, being bough<br>person, start with the name of any a   | nt, or rented. If there is no such  |          | nat is Person 2's name? t Name (Please print)   | First Nam  | e MI   |  |
| 1 What is Person 1's name?  Last Name (Please print)  2 How is this person related to Per  | ONE box.  is Person 1's date of birth? the child is less than 1 year old. ers in boxes.                                     | 3 Wr Ple | Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Hat is Person 2's sex? Mark Male Female Hat is Person 2's age and wase report babies as age 0 w Print number (in years)  Month | (X) ONE box.   | Son-in-law or daughter-in-law Other relative Roomer or boarder Housemate or roommate Unmarried partner Foster child Other nonrelative  2's date of birth? ess than 1 year old. |  |
| Is Person 1 of Hispanic, Latino, of  No, not of Hispanic, Latino, or Spath Yes, Mexican, Mexican Am., Chicath Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spath | urvey, Hispanic origins are not races<br>or Spanish origin?<br>unish origin   | 0        | OTE: Please answer BOThuestion 6 about race. For the Person 2 of Hispanic, Latino, of Yes, Mexican, Mexican Am., Of Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino Argentinean, Colombian, Dorand so on.  | his survey, Hispa<br>no, or Spanish or<br>or Spanish origin<br>Chicano | anic origins are not races.  origin?  - Print origin, for example.   |  |
|  | one or more boxes.  — Print name of enrolled or principal tribe.  Danese   Native Hawaiian                                  |          | wat is Person 2's race? Man White Black, African Am., or Negro American Indian or Alaska Na Asian Indian  |  | re boxes.  e of enrolled or principal tribe.   |  |
| Filipino Vie  Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.  | rean Guamanian or Chamorro  tnamese Samoan  Other Pacific Islander –  Print race, for example,  Fijian, Tongan, and  so on. |          | Chinese Filipino  Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.   | Korean Vietnamese  | Guamanian or Chamorro Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.  |  |
| Some other race – Print race. 7  |   |          | Some other race – Print race.   | <b> ✓</b>  |  |  |

|     | Person  | 3  | Person 4  |
|-----|---|--|---|
| 0   | What is Person 3's name?  Last Name (Please print) Firs   | et Name MI   | What is Person 4's name?  Last Name (Please print) First Name MI  |
| 3 4 | How is this person related to Person 13  Husband or wife Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law  What is Person 3's sex? Mark (X) ONE be Male Female  What is Person 3's age and what is PerPlease report babies as age 0 when the chian Print numbers in be Month Age (in years)  Month Day Yellow | Son-in-law or daughter-in-law Other relative Roomer or boarder Housemate or roommate Unmarried partner Foster child Other nonrelative  ox.  rson 3's date of birth? ild is less than 1 year old. | How is this person related to Person 1? Mark (X) ONE box.    Husband or wife  |
| 5   | → NOTE: Please answer BOTH Question Question 6 about race. For this survey,  Is Person 3 of Hispanic, Latino, or Spanish or Yes, Mexican, Mexican Am., Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, another Hispanic, Latino, or Spanish Argentinean, Colombian, Dominican, Nica and so on.   | Hispanic origins are not races.  nish origin?  rigin  origin – Print origin, for example,  | <ul> <li>NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.</li> <li>Is Person 4 of Hispanic, Latino, or Spanish origin?         <ul> <li>No, not of Hispanic, Latino, or Spanish origin</li> <li>Yes, Mexican, Mexican Am., Chicano</li> <li>Yes, Puerto Rican</li> <li>Yes, Cuban</li> <li>Yes, another Hispanic, Latino, or Spanish origin − Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</li></ul></li></ul> |
| 6   | What is Person 3's race? Mark (X) one o  White Black, African Am., or Negro American Indian or Alaska Native — Print  |  | What is Person 4's race? Mark (X) one or more boxes.  White Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal tribe.  |
|     | Asian Indian  Chinese  Korean  Filipino  Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.  | Native Hawaiian Guamanian or Chamorro Se Samoan Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.   | Asian Indian  Chinese  Korean  Guamanian or Chamorro  Filipino  Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.   |
|     | Some other race – <i>Print race.</i>  |  | Some other race – <i>Print race.</i>  |

| /hat is Person 5's n                      | Person 5                                     |  | If there are more than five peoprint their names in the spaces  We may call you for more informa | for Person 6 through Person 12. |
|---|--|--|--|---------------------------------|
| ast Name (Please print)                   | First f                                      | Name MI                                      | Person 6   |                                 |
|   |  |  | Last Name (Please print)   | First Name                      |
| ow is this person re                      | elated to Person 1?                          | Mark (X) ONE box.                            |  |                                 |
| Husband or wife                           |  | Son-in-law or daughter-in-la                 | w  |                                 |
| Biological son or da                      | nughter                                      | Other relative                               |  |                                 |
| Adopted son or dat                        | _  | Roomer or boarder                            | Sex Male Female  | Age (in years)                  |
| Stepson or stepdau                        | _  | Housemate or roommate                        |  |                                 |
| Brother or sister                         | [  | Unmarried partner                            | Person 7   | E. A.N.                         |
| Father or mother                          |  | Foster child                                 | Last Name (Please print)   | First Name                      |
| Grandchild                                |  | Other nonrelative                            |  |                                 |
| Parent-in-law                             | _  |  |  |                                 |
|   |  |  |  |                                 |
|   | ex? Mark (X) ONE box                         | (a   | Sex Male Female  | Age (in years)                  |
| Male                                      | Female                                       |  | Person 8   |                                 |
| /hat is Person 5's a                      | ge and what is Pers                          | on 5's date of birth?                        | Last Name (Please print)   | First Name                      |
| lease report babies a                     | age 0 when the child<br>Print numbers in box | is less than 1 year old.                     | ,  |                                 |
| ge (in years)                             |  | r of birth                                   |  |                                 |
| J ( )                                     |  |  |  |                                 |
|   |  |  | Sex Male Female  |                                 |
| NOTE: Please ansv                         | ver BOTH Question 5                          | about Hispanic origin and                    | Jex   Ividie   Fellidie  | Age (in years)                  |
| Question 6 about ra                       | ce. For this survey, H                       | ispanic origins are not races                | S. Person 9  |                                 |
| Person 5 of Hispan                        | nic, Latino, or Spani                        | sh origin?                                   | Last Name (Please print)   | First Name                      |
| No, not of Hispanio                       | , Latino, or Spanish orig                    | in   |  |                                 |
| Yes, Mexican, Mexi                        | can Am., Chicano                             |  |  |                                 |
| Yes, Puerto Rican                         |  |  |  |                                 |
| Yes, Cuban                                |  |  | Sex Male Female  | Age (in years)                  |
| Yes, another Hispan                       | nic, Latino, or Spanish or                   | igin – Print origin, for example,            |  | Age (III years)                 |
| Argentinean, Color<br>and so on. 7        | nbian, Dominican, Nicara                     | nguan, Salvadoran, Spaniard,                 | Person 10  |                                 |
|   |  |  | Last Name (Please print)   | First Name                      |
|   |  |  |  |                                 |
| /hat is Person 5's ra                     | ce? Mark (X) one or i                        | more boxes.                                  |  |                                 |
| White                                     |  |  |  |                                 |
| Black, African Am.,                       | or Negro                                     |  | Sex Male Female  | Age (in years)                  |
|   | ŭ  | ame of enrolled or principal tribe           | Person 11  |                                 |
|   |  | ,  | T GISSII TT  | First Name                      |
|   |  |  | Last Name (Please print)   | First Name                      |
| Asian Indian                              | Japanese                                     | Native Hawaiian                              |  |                                 |
| Chinese                                   | Korean                                       | Guamanian or Chamorro                        |  |                                 |
| Filipino                                  | Vietnamese                                   | Samoan                                       |  |                                 |
| ¬ '                                       |  | Other Pacific Islander –                     | Sex Male Female  | Age (in years)                  |
| Other Asian – Print for example, Hmon     | g,   | Print race, for example,                     | Person 12  |                                 |
| Laotian, Thai, Pakis<br>Cambodian, and sc | tanı,<br>on. <sub>▽</sub>                    | Fijian, Tongan, and<br>so on. <sub>[</sub> ∕ | Last Name (Please print)   | First Name                      |
| , 2                                       | *  | <b>*</b>                                     |  |                                 |
|   |  |  |  |                                 |
| Some other race –                         | Print race. 😾                                |  |  |                                 |
|   | <b>*</b>                                     |  | Sou D Mala D 5   |                                 |
|   |  |  | Sex Male Female  | Age (in years)                  |

| Person 1  |  | 13 What is this person's ancestry or ethnic origin?  |
|---|--|--|
| Places convide name of Payeon 1 from name 2   | this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or | T i  |
| Please copy the name of Person 1 from page 2, then continue answering questions below.                                | highest degree received.   |  |
| Last Name   | NO SCHOOLING COMPLETED   | (For example: Italian, Jamaican, African Am.,  |
|   | ☐ No schooling completed   | Cambodian, Cape Verdean, Norwegian, Dominican,   |
| First Name MI   | NURSERY OR PRESCHOOL THROUGH GRADE 12  | French Canadian, Haitian, Korean, Lebanese, Polish,<br>Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)  |
|   | <ul><li>☐ Nursery school</li><li>☐ Kindergarten</li></ul>                                      | Describeration and the second section and the sect |
|   | Grade 1 through 11 – Specify   | a. Does this person speak a language other than English at home?   |
| 7 Where was this person born?   | grade 1 – 11 – Specify   | Yes  |
| In the United States – Print name of state.   |  | $\square$ No $\rightarrow$ SKIP to question 15a  |
|   |  |  |
|   | 12th grade – <b>NO DIPLOMA</b>   | b. What is this language?  |
| Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.                                 | HIGH SCHOOL GRADUATE   |  |
|   | Regular high school diploma  | For example: Korean, Italian, Spanish, Vietnamese  |
|   | GED or alternative credential  | c. How well does this person speak English?  |
| Is this person a citizen of the United States?  Yes, born in the United States → SKIP to                              | COLLEGE OR SOME COLLEGE  |  |
| question 10a  | Some college credit, but less than 1 year of college credit                                    | ☐ Very well ☐ Well   |
| Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas   | 1 or more years of college credit, no degree   | Not well   |
| Yes, born abroad of U.S. citizen parent   | Associate's degree (for example: AA, AS)   | Not at all   |
| or parents  | Bachelor's degree (for example: BA, BS)  |  |
| Yes, U.S. citizen by naturalization – <i>Print year</i> of naturalization —   | AFTER BACHELOR'S DEGREE  | a. Did this person live in this house or apartment 1 year ago?   |
|   | Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)                                     |  |
|   |  | Person is under 1 year old → SKIP to question 16   |
| No, not a U.S. citizen  | Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)            | Yes, this house → SKIP to question 16  |
| 9 When did this person come to live in the  | Doctorate degree (for example: PhD, EdD)   | No, outside the United States and  |
| United States? Print numbers in boxes. Year   |  | Puerto Rico – Print name of foreign country,<br>or U.S. Virgin Islands, Guam, etc., below;<br>then SKIP to question 16   |
| 1 eai   |  | then SKIP to question 16   |
|   | Answer question 12 if this person has a bachelor's degree or higher. Otherwise,                |  |
| a. At any time IN THE LAST 3 MONTHS, has this   | SKIP to question 13.   | No, different house in the United States or  |
| person attended school or college? Include only nursery or preschool, kindergarten,                                   |  | Puérto Rico  |
| elementary school, home school, and schooling<br>which leads to a high school diploma or a college                    |  | b. Where did this person live 1 year ago?  |
| degree.   |  | Address (Number and street name)   |
| No, has not attended in the last 3 months → SKIP to question 11   | BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES          |  |
| Yes, public school, public college  | this person has received. (For example: chemical engineering, elementary teacher education,    |  |
| Yes, private school, private college,   | organizational psychology)   | Name of city, town, or post office   |
| b. What grade or level was this person attending?   |  | realite of city, town, or post office  |
| Mark (X) ONE box.   |  |  |
| Nursery school, preschool   |  | Name of U.S. county or   |
| Kindergarten  |  | municipio in Puerto Rico   |
| Grade 1 through 12 – Specify grade 1 – 12 –   |  |  |
|   |  | Name of U.S. state or  |
|   |  | Puerto Rico ZIP Code   |
| 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) |  |  |

|   |   |   |  | 13112065  |
|---|---|---|--|---|
| 4 | Person 1 (continue)  Is this person CURRENTLY covered to following types of health insurance coverage plans? Mark "Yes" or "No" for of coverage in items a – h.  a. Insurance through a current or former employer or union (of this person or another family member) | oy any of the<br>or health<br>r EACH type | Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 9.  Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?   | c. How long has this grandparent been responsible for these grandchildren?  If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.  Less than 6 months  6 to 11 months  |
|   | <ul> <li>Insurance purchased directly from<br/>an insurance company (by this<br/>person or another family member)</li> </ul>  |   | Yes No   | ☐ 1 or 2 years ☐ 3 or 4 years ☐ 5 or more years   |
| - | <ul> <li>Medicare, for people 65 and older,<br/>or people with certain disabilities</li> </ul>  |   | What is this person's marital status?  |   |
|   | d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  e. TRICARE or other military health care   |   | <ul><li>Now married</li><li>Widowed</li><li>Divorced</li><li>Separated</li></ul>   | Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?  Mark (X) ONE box.  Never served in the military → SKIP to question 29a  Only on active duty for training in the Reserves   |
| 1 | <ul> <li>f. VA (including those who have ever<br/>used or enrolled for VA health care)</li> </ul>   |   | Never married → SKIP to  | Only on active duty for training in the Reserves or National Guard → SKIP to question 28a   |
| 1 | g. Indian Health Service  |   | In the PAST 12 MONTHS did this person get – Yes No   | Now on active duty  |
| 1 | h. Any other type of health insurance or health coverage plan – Specify –   |   | a. Married?  | On active duty in the past, but not now   |
| G | Answer question 17 if this person is covered by health insurance. Otherw SKIP to question 18.   | vise,<br>urance                           | b. Widowed? c. Divorced?  How many times has this person been married?  Once Two times Three or more times  In what year did this person last get married?  Year   | 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) May 1975 to July 1990 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (July 1950 to January 1955) |
| 1 | Yes   |   |  | ☐ January 1947 to June 1950   |
| 1 | No  |   |  | World War II (December 1941 to December 1946)   |
| 1 | a. Is this person deaf or does he/she serious difficulty hearing?  Yes  | have                                      | Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.  | November 1941 or earlier  a. Does this person have a VA service-connected disability rating?  |
|   | <ul> <li>No</li> <li>b. Is this person blind or does he/she serious difficulty seeing even whe glasses?</li> <li>Yes</li> <li>No</li> </ul>   | have<br>n wearing                         | Has this person given birth to any children in the past 12 months?  Yes No  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 26  b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? | Yes (such as 0%, 10%, 20%,, 100%)  No → SKIP to question 29a  b. What is this person's service-connected disability rating?  0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher  |

Yes



## Person 1 (continued)

|  | Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a. | During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?                               |
|--|--|--|
| a. LAST WEEK, did this person work for pay at a job (or business)?                 | okii to question ooa.  | Yes  |
| ☐ Yes → SKIP to question 39a   |  | No → SKIP to question 38   |
| □ No – Did not work (or retired)   | a. LAST WEEK, was this person on layoff from   | 1  |
|  | a job?   | LAST WEEK, could this person have started a job if offered one, or returned to work if                 |
| b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? | Yes → SKIP to question 35c   | recalled?  |
|  | No   | Yes, could have gone to work   |
| Yes → SKIP to question 39a   | b. LAST WEEK, was this person TEMPORARIL   |  |
| No → SKIP to question 35a  | absent from a job or business?   | No, because of all other reasons (in school, etc.)   |
|  | Yes, on vacation, temporary illness, maternity, leave, other family/personal                     |  |
|  | reasons, bad weather, etc. → SKIP to question 38   | When did this person last work, even for a few days?   |
|  | No → SKIP to question 36   | ☐ Within the past 12 months  |
|  | c. Has this person been informed that he or sh   | 1 to 5 years ago → SKIP to L   |
|  | will be recalled to work within the next 6 months OR been given a date to return to work?        | Over 5 years ago or never worked $\rightarrow$ SKIP to   |
|  | Yes → SKIP to question 37  | 39 a. During the PAST 12 MONTHS (52 weeks), did  |
|  | □ No   | this person work 50 or more weeks? Count paid time off as work.  |
|  |  | Yes → SKIP to question 40  |
|  |  | □ No   |
|  |  | b. How many weeks DID this person work, even   |
|  |  | for a few hours, <u>including</u> paid vacation, paid sick leave, and military service?                |
|  |  | 50 to 52 weeks   |
|  |  | 48 to 49 weeks   |
|  |  | ☐ 40 to 47 weeks   |
|  |  | 27 to 39 weeks   |
|  |  | ☐ 14 to 26 weeks   |
|  |  | 13 weeks or less   |
|  |  |  |
|  |  | During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? |
|  |  | Usual hours worked each WEEK   |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
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|  |  |  |
|  |  |  |

### **Person 1 (continued)**

Answer question 41 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

#### **41 CURRENT OR MOST RECENT JOB**

**ACTIVITY.** Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

| 41 | Was this person   |
|----|-------------------|
| T  | Mark (X) ONE box. |

or farm?

|   | 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? |
|   | tax-exempt, or chantable organization:   |
|   | a local GOVERNMENT employee  |
|   | (city, county, etc.)?  |
|   | 0.01/2011/2012   |
| ш | a state GOVERNMENT employee?   |
|   | a Federal GOVERNMENT employee?   |
|   | SELF-EMPLOYED in own NOT INCORPORATE   |
| _ | business, professional practice, or farm?  |
|   | SELF-EMPLOYED in own INCORPORATED  |
|   | business, professional practice, or farm?  |
|   | working WITHOUT PAY in family business   |
|   |  |

#### 47 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.)

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.

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

| Yes → | \$   |      |             | ,   |     |      | .00 |
|-------|------|------|-------------|-----|-----|------|-----|
| No    | TOTA | L AI | MOI<br>2 ma | UNT | for | past |     |

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

| Yes → | \$<br>, |      | 1   |     |      | .00 | ı |     |
|-------|---------|------|-----|-----|------|-----|---|-----|
| No    | TOTAL   | AMOI | UNT | for | past |     | L | oss |

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

| Yes → | \$    |             |     |     |      | .00 |      |
|-------|-------|-------------|-----|-----|------|-----|------|
| No    | TOTAL | AMO<br>12 m | UNT | for | past |     | Loss |

d. Social Security or Railroad Retirement.

| Yes → | \$ |     |          |            |         |       | .00  |
|-------|----|-----|----------|------------|---------|-------|------|
| No    | ТО | TAL | AM<br>12 | IOU<br>moi | NT nths | for p | oast |

e. Supplemental Security Income (SSI).

| Yes → | \$ |     |          | ,   |            |       | .00  |
|-------|----|-----|----------|-----|------------|-------|------|
| No    | ТО | TAL | AN<br>12 | 10U | NT<br>oths | for p | oast |

f. Any public assistance or welfare payments from the state or local welfare office.

| Yes → | \$ |     |          |            |        |       | .00  |
|-------|----|-----|----------|------------|--------|-------|------|
| No    | ТО | TAL | AM<br>12 | IOU<br>mor | NT ths | for p | oast |

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

| Yes → | \$ |     |                  |            | ,          |      |      | .00 |
|-------|----|-----|------------------|------------|------------|------|------|-----|
| No    | Т  | OTA | \L <i>A</i><br>1 | \M(<br>2 n | OUI<br>non | NT f | or p | ast |

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.

| Yes → | \$ |     |             |           | ,          |             |      | .00 |
|-------|----|-----|-------------|-----------|------------|-------------|------|-----|
| No    | Т  | OTA | ۸L <i>A</i> | M(<br>2 n | OUI<br>non | NT f<br>ths | or p | ast |

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

| OR   | \$ | T   |            |    | T    |       | 1   | .00 |      |
|------|----|-----|------------|----|------|-------|-----|-----|------|
| None | TO | TAL | AM<br>12 i | OU | NT f | for p | ast |     | Loss |



Continue with the questions for Person 2 on the next page. If no one is listed as person 2 on page 2, STOP HERE.

| Person 2   | What is the highest degree or level of school   | 13 What is this person's ancestry or ethnic origin?   |
|--|---|---|
| Please copy the name of Person 2 from page 2,  | this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. |   |
| then continue answering questions below.  Last Name  | NO SCHOOLING COMPLETED  |   |
| Last ivalle  | ☐ No schooling completed  | (For example: Italian, Jamaican, African Am.,   |
|  | NURSERY OR PRESCHOOL THROUGH GRADE 12   | Cambodian, Cape Verdean, Norwegian, Dominican,<br>French Canadian, Haitian, Korean, Lebanese, Polish, |
| First Name MI  | ☐ Nursery school  | Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)  |
|  | ☐ Kindergarten  | a. Does this person speak a language other than   |
|  | Grade 1 through 11 – Specify  | English at home?  |
| 7 Where was this person born?  | grade 1 – 11 – Specify  |   |
| In the United States – Print name of state.  |   | ☐ Yes   |
|  |   | No → SKIP to question 15a   |
|  | 12th grade – <b>NO DIPLOMA</b>  | b. What is this language?   |
| Outside the United States – Print name of  | HIGH SCHOOL GRADUATE  |   |
| foreign country, or Puerto Rico, Guam, etc.  | Regular high school diploma   |   |
|  | GED or alternative credential   | For example: Korean, Italian, Spanish, Vietnamese   |
| 8 Is this person a citizen of the United States?   | COLLEGE OR SOME COLLEGE   | c. How well does this person speak English?   |
| Yes, born in the United States → SKIP to   | Some college credit, but less than 1 year of  | ☐ Very well   |
| ☐ question 10a   | college credit  | Well  |
| Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas                      | 1 or more years of college credit, no degree  | Not well  |
| Yes, born abroad of U.S. citizen parent  | Associate's degree (for example: AA, AS)  | Not at all  |
| or parents   | Bachelor's degree (for example: BA, BS)   |   |
| Yes, U.S. citizen by naturalization – <i>Print year</i>  | AFTER BACHELOR'S DEGREE   | a. Did this person live in this house or apartment  |
| or Haturalization —  | Master's degree (for example: MA, MS, MEng,   | 1 year ago?   |
|  | MEd, MSW, MBA)  | Person is under 1 year old → SKIP to  |
| No, not a U.S. citizen   | Professional degree beyond a bachelor's degre<br>(for example: MD, DDS, DVM, LLB, JD)                                   | question 16   |
|  | Doctorate degree (for example: PhD, EdD)  |   |
| 9 When did this person come to live in the United States? Print numbers in boxes.                  |   | Puerto Rico – Print name of foreign country.  |
| Year   |   | or U.S. Virgin Islands, Guam, etc., below;<br>then SKIP to question 16                                |
|  | Answer question 12 if this person has a   | '   |
|  | bachelor's degree or higher. Otherwise,   |   |
| a. At any time IN THE LAST 3 MONTHS, has this  | SKIP to question 13.  | ☐ No, different house in the United States or   |
| person attended school or college? Include only nursery or preschool, kindergarten,                |   | Puérto Rico   |
| elementary school, home school, and schooling<br>which leads to a high school diploma or a college |   | b. Where did this person live 1 year ago?   |
| degree.  | This question focuses on this person's  | Address (Number and street name)  |
| No, has not attended in the last 3 months → SKIP to question 11                                    | BACHELOR'S DEGREE. Please print below the<br>specific major(s) of any BACHELOR'S DEGREES                                |   |
| Yes, public school, public college   | this person has received. (For example: chemical  |   |
| Yes, private school, private college,  | engineering, elementary teacher education,<br>organizational psychology)  |   |
| home school  | organizational psychology)  | Name of city, town, or post office  |
| b. What grade or level was this person attending?  Mark (X) ONE box.                               |   |   |
| Nursery school, preschool  |   |   |
|  |   | Name of U.S. county or  |
| ☐ Kindergarten ☐ Grade 1 through 12 – <i>Specify</i>   |   | municipio in Puerto Rico  |
| grade 1 - 12 - Specify   |   |   |
|  |   | Name of U.S. state or   |
|  |   | Puerto Rico ZIP Code  |
| 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)                       |   |   |

|   | Person   | 2 (continu   | ed)              |                       |
|---|--|--|------------------|-----------------------|
| 6 | Is this person                                   | CURRENTLY covered less of health insurance                               | by any           | y of th               |
|   | following typ<br>coverage plar<br>of coverage in | <b>ns?</b> Mark "Yes" or "No" fo   | or hea<br>or EAC | <b>alth</b><br>H type |
|   | a. Insurance the former emp                      | nrough a current or<br>lloyer or union (of this<br>nother family member) |                  | No                    |
|   | h Insurance n                                    | urchased directly from<br>e company (by this<br>nother family member)    |                  |                       |
|   |  | or people 65 and older,<br>with certain disabilities                     |                  |                       |
|   | d. Medicaid, W                                   | Medical Assistance, or government-assistance                             |                  |                       |
|   | or a disabili                                    |  |                  |                       |
|   |  | other military health care   |                  |                       |
|   |  | ng those who have ever olled for VA health care)                         |                  |                       |
|   | g. Indian Healt                                  |  |                  |                       |
|   | or health co                                     | ype of health insurance<br>verage plan – <i>Specify</i>                  |                  |                       |
|   |  |  |                  |                       |
|   |  |  |                  |                       |
| G |  | tion 17 if this person is<br>ealth insurance.                            | s                |                       |
|   | covered by II                                    | cann moaranec.   |                  |                       |
|   | Is the cost of                                   | this person's health ins   | suranc           | ce                    |
|   | _  | d on this person's fami  | ly inc           | ome?                  |
|   | ☐ Yes☐ No  |  |                  |                       |
| 5 | Continue with                                    | n the questions for Pers   | son 3 (          | on                    |
|   | the next page page 3, STOP                       | . If no one is listed as p   | erson            | 3 on                  |
|   |  |  |                  |                       |
|   |  |  |                  |                       |
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|   |  |  |                  |                       |
|   |  |  |                  |                       |
|   |  |  |                  |                       |
|   |  |  |                  |                       |

| Person 3  | What is the highest degree or level of school  | What is this person's ancestry or ethnic origin?   |
|---|--|--|
| Places conv the name of Powers 2 from name 2  | this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or |  |
| Please copy the name of Person 3 from page 3, then continue answering questions below.  | highest degree received.   |  |
| Last Name   | NO SCHOOLING COMPLETED   | (For example: Italian, Jamaican, African Am.,  |
|   | ☐ No schooling completed   | Cambodian, Cape Verdean, Norwegian, Dominican,   |
| First Name MI   | NURSERY OR PRESCHOOL THROUGH GRADE 12  | French Canadian, Haitian, Korean, Lebanese, Polish,<br>Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)  |
|   | Nursery school   |  |
|   | Kindergarten   | 4 a. Does this person speak a language other than English at home?   |
| 7 Where was this person born?   | Grade 1 through 11 – Specify grade 1 – 11 –  |  |
| In the United States – Print name of state.   |  | Yes  |
|   |  | No → SKIP to question 15a  |
|   | ☐ 12th grade – <b>NO DIPLOMA</b>   | b. What is this language?  |
| Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.   | HIGH SCHOOL GRADUATE   |  |
|   | Regular high school diploma  | For example: Korean, Italian, Spanish, Vietnamese  |
|   | GED or alternative credential  | c. How well does this person speak English?  |
| 8 Is this person a citizen of the United States?  | COLLEGE OR SOME COLLEGE  |  |
| Yes, born in the United States → SKIP to question 10a   | Some college credit, but less than 1 year of college credit                                    | ☐ Very well  |
| Yes, born in Puerto Rico, Guam, the   | 1 or more years of college credit, no degree   | ☐ Well   |
| U.S. Virgin Islands, or Northern Marianas   | Associate's degree (for example: AA, AS)   | Not well   |
| Yes, born abroad of U.S. citizen parent or parents  | Bachelor's degree (for example: BA, BS)  | ☐ Not at all   |
| Yes, U.S. citizen by naturalization – <i>Print year</i>   | AFTER BACHELOR'S DEGREE  | a. Did this person live in this house or apartment   |
| of naturalization —   | Master's degree (for example: MA, MS, MEng,  | 1 year ago?  |
|   | MEd, MSW, MBA)   | Person is under 1 year old → SKIP to   |
| No, not a U.S. citizen  | Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)            | ee question 16  Yes, this house → SKIP to question 16  |
|   | Doctorate degree (for example: PhD, EdD)   | is so, time neares a crim to question to   |
| 9 When did this person come to live in the United States? Print numbers in boxes. Year  |  | No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16 |
|   | Answer question 12 if this person has a  |  |
|   | bachelor's degree or higher. Otherwise,  |  |
| a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling | SKIP to question 13.   | No, different house in the United States or Puerto Rico  |
| which leads to a high school diploma or a college   |  | b. Where did this person live 1 year ago?  |
|   | This question focuses on this person's   | Address (Number and street name)   |
| No, has not attended in the last 3 months → SKIP to question 11   | BACHELOR'S DEGREE. Please print below the<br>specific major(s) of any BACHELOR'S DEGREES       |  |
| Yes, public school, public college  | this person has received. (For example: chemical engineering, elementary teacher education,    |  |
| Yes, private school, private college,   | organizational psychology)   | Name of city, town, or post office   |
| b. What grade or level was this person attending?   |  | Hume of city, town, or post office   |
| Mark (X) ONE box.   |  |  |
| Nursery school, preschool   |  | Name of U.S. county or   |
| Kindergarten  |  | municipio in Puerto Rico   |
| Grade 1 through 12 – Specify grade 1 – 12 –   |  |  |
|   |  | No month of the control  |
|   |  | Name of U.S. state or Puerto Rico ZIP Code   |
| 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)   |  |  |



|   | P        | erson 3 (continue   | ed)            |                 |
|---|----------|---|----------------|-----------------|
|   |          | -   |                |                 |
| 6 | ls<br>fo | this person CURRENTLY covered by the street of the street | oy an          | y of th<br>alth |
|   | of       | verage plans? Mark "Yes" or "No" for<br>coverage in items a – h.  |                |                 |
|   | a.       | Insurance through a current or former employer or union (of this person or another family member)   |                | No              |
|   |          | Insurance purchased directly from an insurance company (by this person or another family member)  |                |                 |
|   |          | Medicare, for people 65 and older, or people with certain disabilities  |                |                 |
|   | d.       | Medicaid, Medical Assistance, or any kind of government-assistance  |                |                 |
|   |          | plan for those with low incomes or a disability   |                |                 |
|   | e.       | TRICARE or other military health care   |                |                 |
|   | f.       | VA (including those who have ever used or enrolled for VA health care)  |                |                 |
|   |          | Indian Health Service   |                |                 |
|   | h.       | Any other type of health insurance or health coverage plan – Specify  |                |                 |
|   |          | <b>V</b>  |                |                 |
|   |          |   |                |                 |
| G | Aı       | nswer question 17 if this person is   |                |                 |
|   | со       | vered by health insurance.  |                |                 |
|   |          |   |                |                 |
| 7 | Is t     | the cost of this person's health ins<br>duced based on this person's famil  | urand<br>y inc | ce<br>ome?      |
|   |          | Yes   |                |                 |
|   | E        | No  |                |                 |
| 5 | ST       | OP HERE   |                |                 |
|   |          |   |                |                 |
|   |          |   |                |                 |
|   |          |   |                |                 |
|   |          |   |                |                 |
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|   |          |   |                |                 |