



# **THE American Community Survey**

#### **Start Here**

Respond online today at: https://respond.census.gov/acs

Complete this form and mail it back as soon as possible.

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 completar su entrevista por teléfono con un entrevistador que habla español. O puede responder por Internet en: https://respond.census.gov/acs

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

<b>(</b>	Please print today's date.	
	Month Day Year	
•	Please print the name and telephone number of the perfilling out this form. We may contact you if there is a quest Last Name	erson who is stion.
	Lastivalie	
	First Name	MI
	Area Code + Number	
•	<ul> <li>How many people are living or staying at this address.</li> <li>INCLUDE everyone who is living or staying here for more</li> <li>INCLUDE yourself if you are living here for more than 2 n</li> <li>INCLUDE anyone else staying here who does not have ar stay, even if they are here for 2 months or less.</li> <li>DO NOT INCLUDE anyone who is living somewhere else 2 months, such as a college student living away or someo Armed Forces on deployment.</li> </ul>	e than 2 months. months. nother place to
	Number of people	
0	Fill out pages 2, 3, and 4 for everyone, including yours living or staying at this address for more than 2 month complete the rest of the form.	self, who is hs. Then
	100 4/1/10000	OMP N. OOOT CO.

FORM **ACS-1(X)QD36** (07-20-2012) Draft 7

OMB No. 0607-0810



Person 1	Person 2
(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)	
What is Person 1's name?  Last Name (Please print) First Name  How is this person related to Person 1?  Person 1  What is Person 1's sex? Mark (X) ONE box.  Male  Female	How is this person related to Person 1? Mark (X) ONE box.  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 2's sex? Mark (X) ONE box.  Male  Son-in-law or daughter  Other relative  Roomer or boarder  Housemate or roommate  Unmarried partner  Foster child  Other nonrelative
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 (in years)  Month  Day  Year of birth  NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not race.  Is Person 1 of Hispanic, Latino, or Spanish origin?  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.   Age (in years)  Month  Print numbers in boxes.  Age (in years)  Nonth  Year of birth  Print origin and origin and origin and race.  Print origin, for example Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.   Print origin and origin and origin and so on.  Print origin, for example Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.	es.  Question 6 about race. For this survey, Hispanic origins are not races.  Is Person 2 of Hispanic, Latino, or Spanish origin?  No, not of Hispanic, Latino, or Spanish origin  Yes, Mexican, Mexican Am., Chicano  Yes, Puerto Rican  Yes, Cuban
What is Person 1'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 trial  Asian Indian Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal trial  Korean Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal trial  Asian Indian Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal trial  Asian Indian Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal trial  Asian Indian Black, African Am., or Negro American Indian or Alaska Native — Print name of enrolled or principal trial  Otherse Black, African Am., or Negro  American Indian or Alaska Native — Print name of enrolled or principal trial  Otherse Black, African Am., or Negro  Native Hawaiian  Other Pacific Islander — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. Filipian, Tongan, and so on. Filipian, Tongan, and so on. Filipian, Tongan, and so on. Filipian Tongan Tongan Tongan Tongan Tongan Tongan Ton	Asian Indian
Some other race – <i>Print race.</i>	Some other race – Print race.

	Person	3					Pers	on 4			
What is Person 3's name (Please print)		t Name		MI		at is Person 4's nam Name (Please print)	ne?	First Na	me		M
low is this person rela	ated to Person 1	? Mark	(X) ONE box	x. 2	Hov	w is this person rela	ted to Pe	son 1? <i>M</i>	ark (X) ON	IE box.	
Husband or wife		☐ Sc	on-in-law or d	laughter-in-law		Husband or wife			Son-in-la	w or daughte	er-in-l
Biological son or daug	ghter	□ Ot	ther relative			Biological son or daug	hter		Other rela	ative	
Adopted son or daugh	hter	Ro	omer or boar	rder		Adopted son or daugh	ter		Roomer	or boarder	
Stepson or stepdaugh	nter	□ но	ousemate or r	roommate		Stepson or stepdaught	ter		Housema	te or roomm	nate
Brother or sister		Uı	nmarried part	ner		Brother or sister			Unmarrie	d partner	
Father or mother		☐ Fo	ster child			Father or mother			Foster ch	ild	
Grandchild		□ Ot	ther nonrelativ	ve		Grandchild			Other no	nrelative	
Parent-in-law						Parent-in-law					
What is Person 3's sex	? Mark (X) ONE be	ox.			Wha	at is Person 4's sex?	? Mark (X)	ONE box.			
☐ Male ☐ F	emale					Male Fo	emale				
Vhat is Person 3's age	and what is Day	eon 3'	e data of hi	inth?	Wha	at is Person 4's age	and what	ie Darear	1/e data	of hirth?	
Please report babies as a	age 0 when the chi	ild is les	s than 1 yea	ar old.	Plea	ase report babies as a	ge 0 when	the child is	s less than	1 year old.	
	Print numbers in b				Δ		rint numbe				
ge (in years) N	Month Day Y	ear of bi	rtn		Age	(in years) N	onth Day	Year	of birth		
NOTE: Please answe	r ROTH Ougstion	5 abou	t Hienanic o	rigin and	-> N(	OTE: Please answer	BOTH Ou	ection 5 al	hout Hien:	anic origin	and
Question 6 about race	. For this survey,	Hispan	ic origins a	re not races.	Oi	uestion 6 about race.	For this s	urvev. His	panic orig	jins are no	t rac
- Daman 2 - ( 11'									-		
s Person 3 of Hispanio	c, Latino, or Spa	nish or	igin?			erson 4 of Hispanic		-	n origin?		
¬	-		igin?	ę			, Latino, d	or Spanisl	_		
_	atino, or Spanish or		igin?	Ę		erson 4 of Hispanic	<b>, Latino, d</b> atino, or Spa	or Spanisl	_		
No, not of Hispanic, L	atino, or Spanish or		igin?	•		<b>Person 4 of Hispanic No,</b> not of Hispanic, La	<b>, Latino, d</b> atino, or Spa	or Spanisl	_		
No, not of Hispanic, L Yes, Mexican, Mexica	atino, or Spanish or		igin?			<b>Person 4 of Hispanic No,</b> not of Hispanic, La Yes, Mexican, Mexican	<b>, Latino, d</b> atino, or Spa	or Spanisl	_		
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No, not of Hispanic, L Yes, Mexican, Mexica Yes, Puerto Rican Yes, Cuban Yes, another Hispanic Argentinean, Colombi	atino, or Spanish or n Am., Chicano , Latino, or Spanish	igin origin –	Print origin, 1	for example,		Person 4 of Hispanic No, not of Hispanic, La Yes, Mexican, Mexican Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Argentinean, Colombia	atino, or Span Am., Chica	or Spanisl anish origin no Spanish orig	in – <i>Print o</i>	rigin, for exa Ioran, Spania	ampl ard,
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No, not of Hispanic, L Yes, Mexican, Mexica Yes, Puerto Rican Yes, Cuban Yes, another Hispanic Argentinean, Colombiand so on. What is Person 3's race White Black, African Am., or	atino, or Spanish or n Am., Chicano  , Latino, or Spanish ian, Dominican, Nica	origin – araguan, r more	Print origin, 1 Salvadoran, boxes.	for example, Spaniard, principal tribe.	Is P	Person 4 of Hispanic No, not of Hispanic, La Yes, Mexican, Mexican Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Argentinean, Colombia and so on.	Latino, or Span Am., Chical Latino, or Span, Dominic Property Mark (X).  Negro aska Native	or Spanish origin and spanish original	in – Print o uan, Salvad ore boxes. me of enroll	doran, Spania	ard,
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What is Person 5's n	Person	5	If there are more than five peop print their names in the spaces we may call you for more informat	for Person 6 through Person 12
_ast Name (Please print)	Fire	st Name N	Person 6	
			Last Name (Please print)	First Name
How is this person r	elated to Person 1	? Mark (X) ONF hox	Last Name (Flease print)	I list Name
Husband or wife		Son-in-law or daughter-in-l	aw	
Biological son or da	ughter	Other relative		
Adopted son or day	_	Roomer or boarder	Sex Male Female	Age (in years)
Stepson or stepdau	•	Housemate or roommate		,
Brother or sister	5	Unmarried partner	Person 7	First Name
Father or mother		Foster child	Last Name (Please print)	First Name
Grandchild		Other nonrelative		
Parent-in-law				
	<b>3</b> M			
What is Person 5's s	. ,	JOX.	Sex  Male  Female	Age (in years)
☐ Male	Female		Person 8	
Nhat is Person 5's a	ge and what is Per	rson 5's date of birth?	Last Name (Please print)	First Name
rease report papies a	s age u wnen tne ch Print numbers in b	ild is less than 1 year old. boxes.		
age (in years)		ear of birth		
			Sex Male Female	A vo (in second)
NOTE: Please answ	er BOTH Question	5 about Hispanic origin and		Age (in years)
	_	, Hispanic origins are not rac	Person 9	
s Person 5 of Hispa	-		Last Name (Please print)	First Name
	, Latino, or Spanish or	rigin		
Yes, Mexican, Mex	can Am., Chicano			
Yes, Puerto Rican				
Yes, Cuban			Sex Male Female	Age (in years)
Yes, another Hispa Argentinean, Color	iic, Latino, or Spanish Ibian, Dominican, Nic	origin – Print origin, for example araguan, Salvadoran, Spaniard,	Person 10	
and so on. 🙀			Last Name (Please print)	First Name
			Last Wallie (Flease print)	
	<b>3.1</b> 4 (34)			
Nhat is Person 5′s ra	ce? Mark (X) one o	or more boxes.		
White			Sex Male Female	
Black, African Am.,	~			Age (in years)
American Indian or	Alaska Native — <i>Print</i>	t name of enrolled or principal trib	Person 11	
			Last Name (Please print)	First Name
_	Japanese			
Asian Indian	Korean	Guamanian or Chamor	ro	
Asian Indian Chinese		C	Sex Male Female	
	Vietnames	se Samoan	- india	Age (in years)
Chinese Filipino Other Asian – <i>Print</i>	race,	Other Pacific Islander –		Age (in years)
Chinese Filipino Other Asian – Print for example, Hmor Laotian, Thai, Pakis	race, g, tani,	Other Pacific Islander – Print race, for example, Fijian, Tongan, and	Person 12	
Chinese Filipino Other Asian – Print for example, Hmor	race, g, tani,	Other Pacific Islander – Print race, for example,		Age (in years)
Chinese Filipino Other Asian – Print for example, Hmor Laotian, Thai, Pakis	race, g, tani,	Other Pacific Islander – Print race, for example, Fijian, Tongan, and	Person 12	
Chinese Filipino Other Asian – Print for example, Hmor Laotian, Thai, Pakis Cambodian, and so	race, g, tani, on. ,	Other Pacific Islander – Print race, for example, Fijian, Tongan, and	Person 12	
Chinese Filipino Other Asian – Print for example, Hmor Laotian, Thai, Pakis	race, g, tani, on. ,	Other Pacific Islander – Print race, for example, Fijian, Tongan, and	Person 12	

_		<b>.</b> .		
		SI		
			ш	₩.

		Answer questions 4 – 6 if this is a HOUSE	home have –		ie
		OR A MOBILE HOME; otherwise, SKIP to		Yes	No
Ę	Please answer the following questions about the house,	question 7a.	a. hot and cold running water?		
-	apartment, or mobile home at the		b. a flush toilet?		
١	address on the mailing label.	How many acres is this house or mobile home on?	c. a bathtub or shower?		
1	Which best describes this building?	☐ Less than 1 acre → SKIP to question 6	d. a sink with a faucet?		
T	Include all apartments, flats, etc., even if vacant.	1 to 9.9 acres	e. a stove or range?		
-	_	10 or more acres			
-	☐ A mobile home	10 of filore acres	f. a refrigerator?		Ш
-	A one-family house detached from any other house		g. telephone service from which you can both make		
-	A one-family house attached to one or	IN THE PAST 12 MONTHS, what were the actual sales of all agricultural	and rećeive calls? <i>Include</i> cell phones.		
-	more houses	products from this property?	9 At this house, apartment, or m	ohile l	nome –
-	A building with 2 apartments	None	do you or any member of this h	nouseh	nold
-	A building with 3 or 4 apartments	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	own or use any of the followin	_	-
-	A building with 5 to 9 apartments	\$1,000 to \$2,499	EXCLUDE GPS devices, digital and devices with only limited c	music comput	players, ina
-	A building with 10 to 19 apartments	\$2,500 to \$2,433	capabilities, for example: house	ehold	J
-	A building with 20 to 49 apartments	\$5,000 to \$9,999	appliances.	Yes	No
-	A building with 50 or more apartments	\$10,000 or more	a. Desktop, laptop, netbook, or		
-	Boat, RV, van, etc.		notebook computer		
2	About when was this building first built?	Is there a business (such as a store or barber shop) or a medical office on	b. Handheld computer, smart mobile phone, or other handheld wireless computer		
T	2000 or later – Specify year >	this property?	c. Some other type of computer		
-	2000 of fator opposity your	Yes	Specify ⊋		
-		□ No			
-			10 At this house, apartment, or m	obile l	nome –
-	1990 to 1999	a. How many separate rooms are in this	do you or any member of this h	ousel	old
-	1980 to 1989	house, apartment, or mobile home?	access the Internet?		
-	1970 to 1979	Rooms must be separated by built-in archways or walls that extend out at least	Yes, with a subscription to a service	n Inter	net
-	1960 to 1969	6 inches and go from floor to ceiling.			
-	1950 to 1959	INCLUDE bedrooms, kitchens, etc.	Yes, without a subscription t service → SKIP to question 1	2	ternet
-	1940 to 1949	<ul> <li>EXCLUDE bathrooms, porches, balconies</li> </ul>	No Internet access at this ho	use, ar	oartmen
-	1939 or earlier	foyers, halls, or unfinished basements.	or mobile home $\rightarrow$ SKIP to q		
-		Number of rooms	11 At this house, apartment, or m		
	When did DEDCON 4 (listed on years 2)		do you or any member of this h subscribe to the Internet using		ioia
6	When did PERSON 1 (listed on page 2) move into this house, apartment, or			Yes	No
-	mobile home?	b. How many of these rooms are bedroom			
-	Month Year	Count as bedrooms those rooms you would list if this house, apartment, or mobile hom			
-		were for sale or rent. If this is an	c. Cable modem service?		
		efficiency/studio apartment, print "0".			
		Number of bedrooms	d. Fiber-optic service?		
			e. Mobile broadband plan for a computer or a cell phone?		
			f. Satellite Internet service?		
			g. Some other service?		
			Specify service		
- 1					

## Housing (continued)

D

E	3	Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.
1	8	a. What is the monthly rent for this house, apartment, or mobile home?  Monthly amount – Dollars  5.00  b. Does the monthly rent include any meals?
		☐ Yes ☐ No
		Answer questions 19 – 23 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to E.
1	9	About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?  Amount – Dollars
2	0	What are the annual real estate taxes on THIS property?  Annual amount – Dollars  OR  None
2		What is the annual payment for fire, hazard, and flood insurance on THIS property?  Annual amount – Dollars
		\$ .00

•	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.
		Monthly amount – Dollars
		OR
		No regular payment required → SKIP to question 23a
	C.	Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?
		Yes, taxes included in mortgage payment  No, taxes paid separately or taxes
		not required
	d.	Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?
		Yes, insurance included in mortgage payment
		No, insurance paid separately or no insurance

	you or any member of this
or a	usehold have a second mortgage a home equity loan on THIS operty?
П	Yes, home equity loan
	Yes, second mortgage
	Yes, second mortgage and home equity loan
	No $\rightarrow$ SKIP to <b>D</b>
pay mo	w much is the regular monthly ment on all second or junior rtgages and all home equity loans THIS property?
	nthly amount – <i>Dollars</i>
\$	.00
	OR
	No regular payment required
Ληςιμ	or question 24 if this is a MORILE
	er question 24 if this is a MOBILE E. Otherwise, SKIP to <b>E</b> .
Nhat Derso regist THIS	
What perso regist rHIS Exclud	are the total annual costs for mal property taxes, site rent, tration fees, and license fees on mobile home and its site?  de real estate taxes.
What Derso regist FHIS Exclud Annua \$	are the total annual costs for mal property taxes, site rent, tration fees, and license fees on mobile home and its site?  de real estate taxes.

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

## Person 1 (continued)

	son 1 (continued)		Is this person CURRENTLY covered by the following types of health insurant health coverage plans? Mark "Yes" or EACH type of coverage in items a – h.	r "No" fo	or	H	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 13.
1 yea	his person live in this house or apartmer r ago? Person is under 1 year old → SKIP to Juestion 16		Insurance through a current or former employer or union (of this person or another family member)	Yes	No	19	condition, does this person have difficulty
	'es, this house → SKIP to question 16  Io, outside the United States and uerto Rico - Print name of foreign country,		<ul> <li>b. Insurance purchased directly from an insurance company (by this person or another family member)</li> <li>c. Medicare, for people 65 and older,</li> </ul>				doing errands alone such as visiting a doctor's office or shopping?
t _	or U.S. Virgin Islands, Guam, etc., below; hen SKIP to question 16		or people with certain disabilities  d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability			20	■ No What is this person's marital status? ■ Now married
b. When	uerto Rico e did this person live 1 year ago?		e. TRICARE or other military health care				☐ Widowed ☐ Divorced
Addr	ess (Number and street name)	1	<ul><li>f. VA (including those who have ever used or enrolled for VA health care)</li><li>g. Indian Health Service</li></ul>				<ul><li>Separated</li><li>Never married → SKIP to  on the next page</li></ul>
Name	e of city, town, or post office		h. Any other type of health insurance or health coverage plan – Specify 📈			<b>4</b>	In the PAST 12 MONTHS did this person get – Yes No a. Married?
Name muni	e of U.S. county or cipio in Puerto Rico	P	a. Is this person deaf or does he/she serious difficulty hearing?  Yes	have			b. Widowed?
	e of U.S. state or co Rico ZIP Code		<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 en wea	aring	2	How many times has this person been married?  Once Two times Three or more times
		G	Answer question 18a – c if this pers 5 years old or over. Otherwise, SKIF the questions for Person 2 on page	o to		23	In what year did this person last get married?  Year
			a. Because of a physical, mental, or a condition, does this person have s difficulty concentrating, remember making decisions?  Yes No  Does this person have serious difficulty or climbing stairs? Yes No  C. Does this person have difficulty disbathing? Yes No	eriou: ering,	s or		

Person 1 (continued)	6 Has this person ever served on active duty in	9 a. LAST WEEK, did this person work for pay
	the U.S. Armed Forces, Reserves, or National	at a job (or business)?
	Guard? Mark (X) ONE box.	Yes → SKIP to question 30
Answer question 24 if this person is	Never served in the military → SKIP to	No – Did not work (or retired)
female and 15 – 50 years old. Otherwise,	question 29a	INO – Did flot work (or fettled)
SKIP to question 25a.	Only on active duty for training in the Reserves or National Guard → SKIP to question 28a	b. LAST WEEK, did this person do ANY work
	Now on active duty	for pay, even for as little as one hour?
4 Has this person given birth to any children in	On active duty in the past, but not now	Yes
the past 12 months?	on about duty in the past, but not now	☐ No → SKIP to question 35a
Yes		
□ No	When did this person serve on active dutyin the U.S. Armed Forces? Mark (X) a box for EACH	At what location did this person work LAST
	period in which this person served, even if just for	<b>WEEK?</b> If this person worked at more than one
Barrier and the second second second	part of the period.	location, print where he or she worked most last week.
a. Does this person have any of his/her own grandchildren under the age of 18 living in	September 2001 or later	a. Address (Number and street name)
this house or apartment?	August 1990 to August 2001 (including Persian Gulf War)	
Yes		
☐ No → SKIP to guestion 26	May 1975 to July 1990	If the exact address is not known, give a
'	☐ Vietnam Era (August 1964 to April 1975)	description of the location such as the building
b. Is this grandparent currently responsible for most of the basic needs of any grandchildren	February 1955 to July 1964	name or the nearest street or intersection.
under the age of 18 who lives in this house or	☐ Korean War (July 1950 to January 1955)	b. Name of city, town, or post office
apartment?	☐ January 1947 to June 1950	
☐ Yes	World War II (December 1941 to December 1946)	
No → SKIP to question 26	November 1941 or earlier	c. Is the work location inside the limits of that
		city or town?
c. How long has this grandparent been responsible for these grandchildren?	8 a. Does this person have a VA service-connected	Yes
If the grandparent is financially responsible for	disability rating?	No, outside the city/town limits
more than one grandchild, answer the question for the grandchild for whom the grandparent has	Yes (such as 0%, 10%, 20%,, 100%)	
been responsible for the longest period of time.		d. Name of county
Less than 6 months	NO 9 SKII to question 23a	
6 to 11 months	b. What is this person's service-connected	
1 or 2 years	disability rating?	e. Name of U.S. state or foreign country
3 or 4 years	0 percent	
5 or more years	10 or 20 percent	
3 of more years	30 or 40 percent	
	50 or 60 percent	f. ZIP Code
	70 percent or higher	
	70 percent of higher	

	Person I (continued)	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.  37 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
31	How did this person usually get to work LA WEEK? If this person usually used more than o method of transportation during the trip, mark the box of the one used for most of the distance.	Yes, could have gone to work  No, because of own temporary illness  No, because of all other reasons (in school, etc.)
	☐ Car, truck, or van ☐ Motorcycle ☐ Bus or trolley bus ☐ Bicycle ☐ Streetcar or trolley car ☐ Walked	a job?  ☐ Yes → SKIP to question 35c ☐ No  When did this person last work, even for a few days?
	Subway or elevated       Worked at home → S to question         Railroad       Other meth	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?  ☐ Yes, on vacation, temporary illness, maternity leave, other family/personal  ☐ Within the past 12 months ☐ 1 to 5 years ago → SKIP to L on the next page ☐ Over 5 years ago or never worked → SKIP to question 47
J	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.	reasons, bad weather, etc. → SKIP to question 38  □ No → SKIP to question 36  a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.  c. Has this person been informed that he or she will be recalled to work within the next  □ Yes → SKIP to question 40
32	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?	6 months OR been given a date to return to work?  □ Yes → SKIP to question 37 □ No  □ No  b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?
	Person(s)	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?  ☐ Yes  ☐ 50 to 52 weeks ☐ 48 to 49 weeks ☐ 40 to 47 weeks ☐ 27 to 39 weeks
33	What time did this person usually leave home to go to work LAST WEEK?  Hour Minute a.m.	<ul> <li>No → SKIP to question 38</li> <li>14 to 26 weeks</li> <li>13 weeks or less</li> </ul>
34	How many minutes did it usually take this	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?  Usual hours worked each WEEK
	Minutes	

Person 1	(continued)
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Answer questions 41 - 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47. 41 - 46 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. 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.)? a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box  $\rightarrow$ and print the branch of the Armed Forces. Name of company, business, or other employer 43 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) **Is this mainly –** Mark (X) ONE box. manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?

45 What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant) 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) 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 → \$ No TOTAL AMOUNT for past 12 months b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses. Yes → No Loss TOTAL AMOUNT for past 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 → No Loss TOTAL AMOUNT for past

12 months

d. Social Security or Railroad Retirement. Yes → No TOTAL AMOUNT for past 12 months e. Supplemental Security Income (SSI). \$ Yes → \_\_ No TOTAL AMOUNT for past 12 months f. Any public assistance or welfare payments from the state or local welfare office. Yes → No TOTAL AMOUNT for past 12 months g. Retirement, survivor, or disability pensions. Do NOT include Social Security. Yes → 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. Yes → No TOTAL AMOUNT for past 12 months 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 

None Loss TOTAL AMOUNT for past

12 months

Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 2, SKIP to page 36 for mailing instructions.

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

Person 2 (continued)	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for
	EACH type of coverage in items a – h. the questions for Person 3 on page 18.
<ul> <li>a. Did this person live in this house or apartment 1 year ago?</li> <li>□ Person is under 1 year old → SKIP to</li> </ul>	a. Insurance through a current or former employer or union (of this person or another family member)  Yes No  Because of a physical, mental, or emotional condition, does this person have difficulty
question 16  Yes, this house → SKIP to question 16  No, outside the United States and Puerto Rico – Print name of foreign country,	b. Insurance purchased directly from an insurance company (by this person or another family member)  doing errands alone such as visiting a doctor's office or shopping?  Yes
or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16	c. Medicare, for people 65 and older, or people with certain disabilities No  d. Medicaid, Medical Assistance, or
No, different house in the United States or	any kind of government-assistance plan for those with low incomes or a disability  What is this person's marital status?  Now married
Puerto Rico  b. Where did this person live 1 year ago?	e. TRICARE or other military
Address (Number and street name)	f. VA (including those who have ever used or enrolled for VA health care)  □ Separated □ Never married → SKIP to □ on the next page
	g. Indian Health Service  h. Any other type of health insurance or health coverage plan − Specify   □  □  In the PAST 12 MONTHS did this person get −
Name of city, town, or post office	Yes No  a. Married?
Name of U.S. county or municipio in Puerto Rico	a. Is this person deaf or does he/she have serious difficulty hearing?  Yes  b. Widowed?  c. Divorced?
Name of U.S. state or Puerto Rico ZIP Code	b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?  Yes No  How many times has this person been married?  Once Two times Three or more times
	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 18.
	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?  Yes
	Does this person have serious difficulty walking or climbing stairs?
	☐ Yes ☐ No
	c. Does this person have difficulty dressing or bathing?  Yes  No

Perso	n 2 (continued)	<b>2</b> 0		<b>6</b> 0 -	LAGT WEEK AT LA
		tl	as this person ever served on active duty in ne U.S. Armed Forces, Reserves, or National uard? Mark (X) ONE box.	a.	LAST WEEK, did this person work for pay at a job (or business)?
			Never served in the military → SKIP to		☐ Yes → SKIP to question 30
	estion 24 if this person is I 15 – 50 years old. Otherwise,		question 29a  Only on active duty for training in the Reserves		No – Did not work (or retired)
SKIP to qui	estion 25a.		or National Guard → SKIP to question 28a	b.	LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
4 Has this no	rson given birth to any children in		Now on active duty  On active duty in the past, but not now		Yes
the past 12	months?				No → SKIP to question 35a
Yes		27 W	Then did this person serve on active dutyin ne U.S. Armed Forces? Mark (X) a box for EACH		
☐ No		p	eriod in which this person served, even if just for art of the period.	lo	t what location did this person work LAST IEEK? If this person worked at more than one ecation, print where he or she worked most st week.
grandch	s person have any of his/her own ildren under the age of 18 living in		September 2001 or later		st weeк. Address (Number and street name)
this hous	se or apartment?		August 1990 to August 2001 (including Persian Gulf War)		
☐ Yes	SKIP to question 26		May 1975 to July 1990		If the exect address is not known aire a
	·		Vietnam Era (August 1964 to April 1975)		If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.
most of	randparent currently responsible for the basic needs of any grandchildre	n l –	February 1955 to July 1964  Korean War (July 1950 to January 1955)		
under th apartme	e age of 18 who lives in this house ont?		<ul><li>✓ Korean War (July 1950 to January 1955)</li><li>✓ January 1947 to June 1950</li></ul>	D.	. Name of city, town, or post office
☐ Yes			World War II (December 1941 to December 1946	5)	
□ No <del>-</del>	SKIP to question 26		November 1941 or earlier	c.	Is the work location inside the limits of that city or town?
	g has this grandparent been	20.	Barrella and Marie San Control		Yes
If the gra	ble for these grandchildren? ndparent is financially responsible for n one grandchild, answer the question	28 a.	Does this person have a VA service-connected disability rating?	a	No, outside the city/town limits
for the gr	randchild for whom the grandparent has consible for the longest period of time.	;	Yes (such as 0%, 10%, 20%, , 100%)	d	. Name of county
`	than 6 months		No → SKIP to question 29a		
	11 months	b.	. What is this person's service-connected		
☐ 1 or	2 years		disability rating?	e.	Name of U.S. state or foreign country
☐ 3 or			<ul><li>□ 0 percent</li><li>□ 10 or 20 percent</li></ul>		
5 or	more years		30 or 40 percent		
			50 or 60 percent	T.	ZIP Code
			70 percent or higher		

Person 2 (co	ntinued
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		Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.
5	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)	Yes, could have gone to work  No, because of own temporary illness
	the box of the one used for most of the distance.	a. LAST WEEK, was this person on layoff from a job?
	<ul><li>☐ Car, truck, or van</li><li>☐ Bus or trolley bus</li><li>☐ Streetcar or trolley car</li><li>☐ Walked</li></ul>	Yes → SKIP to question 35c  No  No  No  No  No  No  No  No  No  N
	Subway or elevated  Railroad  Worked at home → SKIP to question 39a	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?  ☐ Within the past 12 months ☐ 1 to 5 years ago → SKIP to L on the next page
	Ferryboat Other method Taxicab	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to
J	Answer question 32 if you marked "Car,	question 38  No → SKIP to question 36  No → SKIP to question 36  No → SKIP to question 36  a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
	truck, or van" in question 31. Otherwise, SKIP to question 33.	c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?  Yes → SKIP to question 40  No
3	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?	<ul> <li>Yes → SKIP to question 37</li> <li>No</li> <li>b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?</li> </ul>
	Person(s)	50 to 52 weeks
		During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?  48 to 49 weeks 40 to 47 weeks
		Yes 27 to 39 weeks
3	What time did this person usually leave home to go to work LAST WEEK?	No → SKIP to question 38 14 to 26 weeks
ı	Hour Minute	☐ 13 weeks or less
	□ a.m. □ p.m.	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
3	4 How many minutes did it usually take this	Usual hours worked each WEEK
	person to get from home to work LAST WEEK?  Minutes	

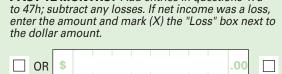
#### Person 2 (continued)

Answer questions 41 - 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47. 41 - 46 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. 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.)? a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box  $\rightarrow$ and print the branch of the Armed Forces. Name of company, business, or other employer 43 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) **Is this mainly –** Mark (X) ONE box. manufacturing?

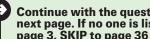
45 What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant) What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records) 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 → No TOTAL AMOUNT for past 12 months b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses. \$ Yes → No Loss TOTAL AMOUNT for past 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 →

No

13363171 d. Social Security or Railroad Retirement. \_\_ Yes → No TOTAL AMOUNT for past 12 months e. Supplemental Security Income (SSI). \$ \_\_ Yes → \_\_ No TOTAL AMOUNT for past 12 months f. Any public assistance or welfare payments from the state or local welfare office. Yes → No TOTAL AMOUNT for past 12 months g. Retirement, survivor, or disability pensions. Do NOT include Social Security. Yes → 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. Yes → No TOTAL AMOUNT for past 12 months 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







Loss

TOTAL AMOUNT for past

12 months

Continue with the questions for Person 3 on the next page. If no one is listed as Person 3 on page 3, SKIP to page 36 for mailing instructions.



other (agriculture, construction, service,

wholesale trade?

retail trade?

government, etc.)?

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

Person 3 (continued)	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 23.
a. Did this person live in this house or apartment 1 year ago?  □ Person is under 1 year old → SKIP to question 16 □ Yes, this house → SKIP to question 16 □ 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	a. Insurance through a current or former employer or union (of this person or another family member)  b. Insurance purchased directly from an insurance company (by this person or another family member)  c. 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  Yes  No  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?  Yes  No  What is this person's marital status?
<ul> <li>No, different house in the United States or Puerto Rico</li> <li>Where did this person live 1 year ago?</li> <li>Address (Number and street name)</li> </ul>	e. TRICARE or other military health care  f. VA (including those who have ever used or enrolled for VA health care)  Widowed  Divorced  Separated  Never married → SKIP to 1 on the next page
Name of city, town, or post office	g. Indian Health Service  h. Any other type of health insurance or health coverage plan – Specify   The specific of the past 12 Months did this person get – Yes No
Name of U.S. county or municipio in Puerto Rico  Name of U.S. state or Puerto Rico  ZIP Code	a. Is this person deaf or does he/she have serious difficulty hearing?  Yes  No  b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?  Yes  Two times  Three or more times
	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 23.  18 a. Because of a physical, mental, or emotional condition, does this person have serious
	difficulty concentrating, remembering, or making decisions?  Yes No  b. Does this person have serious difficulty walking or climbing stairs? Yes No  c. Does this person have difficulty dressing or bathing? Yes No

Person 3 (continued)		
	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National	9 a. LAST WEEK, did this person work for pay at a job (or business)?
	Guard? Mark (X) ONE box.	
Answer question 24 if this person is	Never served in the military → SKIP to	Yes → SKIP to question 30  No – Did not work (or retired)
female and 15 – 50 years old. Otherwise,	question 29a Only on active duty for training in the Reserves	
SKIP to question 25a.	or National Guard → SKIP to question 28a	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
	☐ Now on active duty	Yes
Has this person given birth to any children in the past 12 months?	n On active duty in the past, but not now	☐ No → SKIP to question 35a
Yes		no v e.m. to queenen eeu
□ No	When did this person serve on active dutyin the U.S. Armed Forces? Mark (X) a box for EACH	O At what location did this person work LAST
	period in which this person served, even if just for part of the period.	WEEK? If this person worked at more than one location, print where he or she worked most
5 a. Does this person have any of his/her own		last week.
grandchildren under the age of 18 living i this house or apartment?	August 1990 to August 2001 (including	a. Address (Number and street name)
Yes	Persian Gulf War)	
No → SKIP to question 26	May 1975 to July 1990	If the exact address is not known, give a
	Vietnam Era (August 1964 to April 1975)	description of the location such as the building name or the nearest street or intersection.
b. Is this grandparent currently responsible most of the basic needs of any grandchild	dren	b. Name of city, town, or post office
under the age of 18 who lives in this hous apartment?	January 1947 to June 1950	b. Name of City, town, or post office
Yes	World War II (December 1941 to December 1946)	
☐ No → SKIP to question 26	☐ November 1941 or earlier	c. Is the work location inside the limits of that
. II. In the state of the state		city or town?
c. How long has this grandparent been responsible for these grandchildren?	a. Does this person have a VA service-connected	☐ Yes
If the grandparent is financially responsible fo more than one grandchild, answer the questic	on	No, outside the city/town limits
for the grandchild for whom the grandparent been responsible for the longest period of tim	ne.	d. Name of county
Less than 6 months	No → SKIP to question 29a	,
6 to 11 months	b. What is this person's service-connected	
☐ 1 or 2 years	disability rating?	e. Name of U.S. state or foreign country
3 or 4 years	0 percent	
5 or more years	10 or 20 percent	
	30 or 40 percent 50 or 60 percent	f. ZIP Code
	70 percent or higher	
	70 persont of higher	

3	Person 3 (continued)  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 39a	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.  35 a. LAST WEEK, was this person on layoff from a job?  ☐ Yes → SKIP to question 35c ☐ No  b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	<ul> <li>LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?</li> <li>Yes, could have gone to work</li> <li>No, because of own temporary illness</li> <li>No, because of all other reasons (in school, etc.)</li> </ul> When did this person last work, even for a few days? <ul> <li>Within the past 12 months</li> <li>1 to 5 years ago → SKIP to L on the next page</li> </ul>
	Ferryboat Other method Taxicab	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38  No → SKIP to question 36	Over 5 years ago or never worked → SKIP to question 47  a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count
	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.	c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?	paid time off as work.  ☐ Yes → SKIP to question 40 ☐ No
33	usually rode to work in the car, truck, or van LAST WEEK?  Person(s)		b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?    50 to 52 weeks   48 to 49 weeks   40 to 47 weeks   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

Person 3	(continued)
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Answer questions 41 - 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47. 41 - 46 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. 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.)? a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box  $\rightarrow$ and print the branch of the Armed Forces. Name of company, business, or other employer 43 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) **Is this mainly –** Mark (X) ONE box. manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?

45 What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant) 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) 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 → \$ No TOTAL AMOUNT for past 12 months b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses. Yes → No Loss TOTAL AMOUNT for past 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 →

No

13363221 d. Social Security or Railroad Retirement. Yes → No TOTAL AMOUNT for past 12 months e. Supplemental Security Income (SSI). \$ Yes → \_\_ No TOTAL AMOUNT for past 12 months f. Any public assistance or welfare payments from the state or local welfare office. Yes → No TOTAL AMOUNT for past 12 months g. Retirement, survivor, or disability pensions. Do NOT include Social Security. Yes → 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. Yes → No TOTAL AMOUNT for past 12 months

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.



Continue with the questions for Person 4 on the next page. If no one is listed as Person 4 on page 3, SKIP to page 36 for mailing instructions.

Loss

TOTAL AMOUNT for past

12 months



Person 4	10 a. At any time IN THE LAST 3 MONTHS, has
Please copy the name of Person 4 from page 3, then continue answering questions below.	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 which leads to a high school diploma or a college degree.  Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.
Last Name  First Name  MI	No, has not attended in the last 3 months → Skip to question 13  Yes, public school, public college  Yes, private school, private college, home school
	b. What grade or level was this person attending?  Mark (X) ONE box.
Where was this person born?	Nursery school, preschool  Kindergarten
☐ In the United States – <i>Print name of state.</i>	Grade 1 through 12 – Specify grade 1 – 12 — What is this person's ancestry or ethnic origin?
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	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)  (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.
Is this person a citizen of the United States?  Yes, born in the United States → SKIP to question 10  Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas  Yes, born abroad of U.S. citizen parent or parents  Yes, U.S. citizen by naturalization – Print year of naturalization  No, not a U.S. citizen  When did this person come to live in the United States? Print numbers in boxes.  Year	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.  NO SCHOOLING COMPLETED  No schooling completed  NURSERY OR PRESCHOOL THROUGH GRADE 12  Nursery school  Kindergarten  Grade 1 through 11 − Specify grade 1 − 11  12th grade − NO DIPLOMA  HIGH SCHOOL GRADUATE  Regular high school diploma  GED or alternative credential  COLLEGE OR SOME COLLEGE  Some college credit, but less than 1 year of college credit  1 or more years of college credit, no degree  Associate's degree (for example: AA, AS)  Bachelor's degree (for example: BA, BS)  AFTER BACHELOR'S DEGREE  Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)

	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.  Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 28.
<ul> <li>Did this person live in this house or apartment 1 year ago?</li> <li>□ Person is under 1 year old → SKIP to</li> </ul>	a. Insurance through a current or former employer or union (of this proper or parther family member)  19 Because of a physical, mental, or emotional
question 16  Yes, this house → SKIP to question 16	b. Insurance purchased directly from an insurance company (by this person or another family member)  condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?
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	c. Medicare, for people 65 and older, or people with certain disabilities
No, different house in the United States or	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  What is this person's marital status?  Now married
Puerto Rico  D. Where did this person live 1 year ago?	e. TRICARE or other military Widowed health care
Address (Number and street name)	f. VA (including those who have ever used or enrolled for VA health care)  □ Divorced □ Separated □ Never married → SKIP to □ on the next page
	g. Indian Health Service
Nome of situ town or next office	h. Any other type of health insurance or health coverage plan – Specify Ves No
Name of city, town, or post office	Yes No a. Married?
Name of U.S. county or municipio in Puerto Rico  Name of U.S. state or Puerto Rico  ZIP Code	a. Is this person deaf or does he/she have serious difficulty hearing?  Yes No  b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?  Yes No  No  b. Widowed?  c. Divorced?  How many times has this person been married?  Once Two times Three or more times
	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 28.
	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?  Yes No  b. Does this person have serious difficulty walking or climbing stairs? Yes No  c. Does this person have difficulty dressing or bathing? Yes No

Person 4 (continued)	6 Has this person ever served on active duty in	29 a. LAST WEEK, did this person work for pay
	the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.	at a job (or business)?
Answer question 24 if this person is female and 15 – 50 years old. Otherwise,	<ul> <li>Never served in the military → SKIP to question 29a</li> <li>Only on active duty for training in the Reserves</li> </ul>	<ul><li>Yes → SKIP to question 30</li><li>No – Did not work (or retired)</li></ul>
SKIP to question 25a.	or National Guard → SKIP to question 28a  Now on active duty	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
Has this person given birth to any children in the past 12 months?	On active duty in the past, but not now	<ul><li>Yes</li><li>No → SKIP to question 35a</li></ul>
Has this person given birth to any children in 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 26  b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who lives in this house or apartment?  Yes No → SKIP to question 26  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 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	When did this person serve on active dutyin 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) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier	<ul> <li>No → SKIP to question 35a</li> <li>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.</li> <li>a. Address (Number and street name)</li> <li>If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.</li> <li>b. Name of city, town, or post office</li> <li>c. Is the work location inside the limits of that city or town?</li> </ul>

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6	Person 4 (continued)	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
3	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 39a Ferryboat Other method Taxicab	a. LAST WEEK, was this person on layoff from a job?  Yes → SKIP to question 35c  No  b. LAST WEEK, was this person TEMPORARILY absent from a job or business?  Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38	<ul> <li>Yes, could have gone to work</li> <li>No, because of own temporary illness</li> <li>No, because of all other reasons (in school, etc.)</li> <li>When did this person last work, even for a few days?</li> <li>Within the past 12 months</li> <li>1 to 5 years ago → SKIP to L on the next page</li> <li>Over 5 years ago or never worked → SKIP to question 47</li> <li>a. During the PAST 12 MONTHS (52 weeks), did</li> </ul>
	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.	<ul> <li>No → SKIP to question 36</li> <li>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</li> </ul>	this person work 50 or more weeks? Count paid time off as work.  ☐ Yes → SKIP to question 40 ☐ No
3	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?  Person(s)	work?  ☐ Yes → SKIP to question 37 ☐ No  During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?  ☐ Yes	b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?  50 to 52 weeks 48 to 49 weeks 40 to 47 weeks
3	What time did this person usually leave home to go to work LAST WEEK?  Hour Minute a.m. p.m.	No → SKIP to question 38	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?
3	How many minutes did it usually take this person to get from home to work LAST WEEK?  Minutes		Usual hours worked each WEEK

#### **Person 4 (continued)**

Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

41 – 46 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.

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.)?

a state GOVERNMENT employee?

a Federal GOVERNMENT employee?

SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?

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

working WITHOUT PAY in family business or farm?

For whom did this person work?

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

Name of company, business, or other employer

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)

order house, auto engine manufacturing, bank)

44 Is this mainly – Mark (X) ONE box.

manufacturing?

wholesale trade?

retail trade?

other (agriculture, construction, service, government, etc.)?

45 What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

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)

**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 → \$ .000

No

TOTAL AMOUNT for past
12 months

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

Yes → \$ .00 □
No TOTAL AMOUNT for past 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 → \$ .00 □

No

TOTAL AMOUNT for past
12 months

d. Social Security or Railroad Retirement.

Yes → \$ .000

No

TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

☐ Yes →	\$						.00
No	то	TAL	AM 12	IOU	NT of the	for p	oast

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

☐ Yes →	49			,			.00
No	ТО	TAL	AN 12	IOU moi	NT nths	for p	oast

g. Retirement, survivor, or disability pensions.

Do NOT include Social Security.

	Yes →	\$				,			.00
Ш	No	Т	OTA	L A	MC 2 m	UN	T fo	r pa	st

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	ОТА	L A	M(	DUN	T fo	r pa	st

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	\$								.00	
None TOTAL AMOUNT for past									Loss		

Continue with the questions for Person 5 on the next page. If no one is listed as Person 5 on page 4, SKIP to page 36 for mailing instructions.



Person 5	a. At any time IN THE LAST 3 MONTHS, has
Please copy the name of Person 5 from page 4, then continue answering questions below.	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 which leads to a high school diploma or a college degree.  Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.
First Name MI Where was this person born?	<ul> <li>No, has not attended in the last 3 months → Skip to question 13</li> <li>Yes, public school, public college</li> <li>Yes, private school, private college, home school</li> <li>What grade or level was this person attending?         Mark (X) ONE box.     </li> <li>Nursery school, preschool</li> <li>Kindergarten</li> </ul>
☐ In the United States – Print name of state. ☐ Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	Grade 1 through 12 – Specify grade 1 – 12  College undergraduate years (freshman to senior)  Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)  (For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Domini French Canadian, Haitian, Korean, Lebanese, Policy Nigerian, Mexican, Taiwanese, Ukrainian, and seconds.
Is this person a citizen of the United States?  Yes, born in the United States → SKIP to question 10  Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas  Yes, born abroad of U.S. citizen parent or parents  Yes, U.S. citizen by naturalization – Print year of naturalization  No, not a U.S. citizen  When did this person come to live in the United States? Print numbers in boxes.  Year	## What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.  **NO SCHOOLING COMPLETED**    No schooling completed**   Nursery school     Kindergarten     Grade 1 through 11 − Specify grade 1 − 11     12th grade − NO DIPLOMA     HIGH SCHOOL GRADUATE     Regular high school diploma     GED or alternative credential     COLLEGE OR SOME COLLEGE     Some college credit, but less than 1 year of college credit     1 or more years of college credit, no degree     Associate's degree (for example: AA, AS)     Bachelor's degree (for example: BA, BS)    AFTER BACHELOR'S DEGREE     Master's degree for example: MA, MS, MEng, MEd, MSW, MBA)     Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)     Doctorate degree (for example: PhD, EdD)

Person 5 (continued)	6 Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for the meiling instructions on page 26.
a Did this parson live in this house or enertment	EACH type of coverage in items a – h. the mailing instructions on page 36.
<ul> <li>a. Did this person live in this house or apartment 1 year ago?</li> <li>□ Person is under 1 year old → SKIP to</li> </ul>	a. Insurance through a current or former employer or union (of this person or another family member)  Because of a physical, mental, or emotional condition, does this person have difficulty
<ul> <li>question 16</li> <li>Yes, this house → SKIP to question 16</li> <li>No, outside the United States and</li> </ul>	b. Insurance purchased directly from an insurance company (by this person or another family member)  doing errands alone such as visiting a doctor's office or shopping?  Yes
Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16	c. Medicare, for people 65 and older, or people with certain disabilities
No, different house in the United States or Puerto Rico	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  What is this person's marital status?  Now married
b. Where did this person live 1 year ago?	e. TRICARE or other military Widowed health care
Address (Number and street name)	f. VA (including those who have ever used or enrolled for VA health care)  □ Divorced □ Separated □ Never married → SKIP to ■ on the next page
	g. Indian Health Service
	h. Any other type of health insurance or health coverage plan – Specify Z In the PAST 12 MONTHS did this person get –
Name of city, town, or post office	Yes No
	a. Married?
Name of U.S. county or municipio in Puerto Rico	a. Is this person deaf or does he/she have serious difficulty hearing?  Yes  No
Name of U.S. state or Puerto Rico ZIP Code	b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?  Yes  How many times has this person been married?  Two times  Three or more times
	Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 36.  In what year did this person last get married?  Year
	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?  Yes No  b. Does this person have serious difficulty walking or climbing stairs?
	Yes No c. Does this person have difficulty dressing or
	bathing?  Solution of the state

Person 5 (continued)		
T CISOII 5 (Continued)	6 Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National	a. LAST WEEK, did this person work for pay at a job (or business)?
	Guard? Mark (X) ONE box.	Yes → SKIP to question 30
Answer question 24 if this person is	Never served in the military → SKIP to question 29a	No – Did not work (or retired)
female and 15 – 50 years old. Otherwise,	Only on active duty for training in the Reserves	
SKIP to question 25a.	or National Guard → SKIP to question 28a	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
Hardinary and the state of the	Now on active duty  On active duty in the past, but not now	Yes
4 Has this person given birth to any children in the past 12 months?	On active duty in the past, but not now	No → SKIP to question 35a
☐ Yes	When did this person serve on active dutyin	
☐ No		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
a. Does this person have any of his/her own	September 2001 or later	last week.
grandchildren under the age of 18 living in this house or apartment?	August 1990 to August 2001 (including	a. Address (Number and street name)
Yes	Persian Gulf War)	
☐ No → SKIP to question 26	May 1975 to July 1990	If the exact address is not known, give a
	Vietnam Era (August 1964 to April 1975)	description of the location such as the building name or the nearest street or intersection.
b. Is this grandparent currently responsible for most of the basic needs of any grandchildren	February 1955 to July 1964  Korean War (July 1950 to January 1955)	b. Name of city, town, or post office
under the age of 18 who lives in this house or apartment?	January 1947 to June 1950	b. Maine of City, town, or post office
Yes	World War II (December 1941 to December 1946)	
No → SKIP to question 26	November 1941 or earlier	c. Is the work location inside the limits of that
a Harriann haa thia maandaanant haan		city or town?
c. How long has this grandparent been responsible for these grandchildren?	8 a. Does this person have a VA service-connected	☐ Yes
If the grandparent is financially responsible for more than one grandchild, answer the question	disability rating?	No, outside the city/town limits
for the grandchild for whom the grandparent has been responsible for the longest period of time.	Yes (such as 0%, 10%, 20%,, 100%)	d. Name of county
Less than 6 months	No → SKIP to question 29a	
6 to 11 months	b. What is this person's service-connected	
☐ 1 or 2 years	disability rating?	e. Name of U.S. state or foreign country
3 or 4 years	0 percent	
5 or more years	10 or 20 percent	
	30 or 40 percent 50 or 60 percent	f. ZIP Code
	70 percent or higher	
	70 porodnic or ringinor	

3	Person 5 (continued)  1 How did this person usually get to work LAST	Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.	27 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?  Yes, could have gone to work
	<b>WEEK?</b> If this person usually used more than one method of transportation during the trip, mark (X)		☐ No, because of own temporary illness
	method of transportation during the trip, mark (X) the box of the one used for most of the distance.	35 a. LAST WEEK, was this person on layoff from	No, because of all other reasons (in school, etc.)
	☐ Car, truck, or van ☐ Motorcycle	a job?	
	☐ Bus or trolley bus ☐ Bicycle	☐ Yes → SKIP to question 35c	When did this warran last words area for a form
		□ No	When did this person last work, even for a few days?
		_	
	home → SKIP	b. LAST WEEK, was this person TEMPORARILY	Within the past 12 months
	Railroad to question 39a	absent from a job or business?	1 to 5 years ago → SKIP to L on the next page
	Ferryboat Other method Taxicab	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38	Over 5 years ago or never worked → SKIP to question 47
	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise,	□ No → SKIP to question 36	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
	SKIP to question 33.	c. Has this person been informed that he or she will be recalled to work within the next	☐ Yes → SKIP to question 40
		6 months OR been given a date to return to	☐ No
<u>ا</u>		work?	
3	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?	☐ Yes → SKIP to question 37 ☐ 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?
	Person(s)		☐ 50 to 52 weeks
		36 During the LAST 4 WEEKS, has this person been	48 to 49 weeks
		ACTIVELY looking for work?	☐ 40 to 47 weeks
		Yes	☐ 27 to 39 weeks
3	What time did this person usually leave home to go to work LAST WEEK?	No → SKIP to question 38	14 to 26 weeks
			13 weeks or less
	Hour Minute a.m. p.m.		During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person
3	4 How many minutes did it usually take this person to get from home to work LAST WEEK?		Usual hours worked each WEEK
	'		
	Minutes		

#### Person 5 (continued)

Answer questions 41 - 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

41 - 46 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. 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.)?

a state GOVERNMENT employee? a Federal GOVERNMENT employee?

SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?

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

working WITHOUT PAY in family business

For whom did this person work?

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

Name of company, business, or other employer

43 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)

**Is this mainly –** Mark (X) ONE box.

manufacturing?

wholesale trade?

retail trade? other (agriculture, construction, service, government, etc.)?

45 What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

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)

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 → No TOTAL AMOUNT for past 12 months

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

\$ Yes → No Loss TOTAL AMOUNT for past 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 → No Loss TOTAL AMOUNT for past 12 months

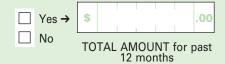
d. Social Security or Railroad Retirement.

\_\_ Yes → No TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

\$ \_\_ Yes → \_\_ No TOTAL AMOUNT for past 12 months

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



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

Yes → 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

☐ Yes →	\$				1			.00
No	TOTAL AMOUNT for pa				r pa	st		

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 None Loss TOTAL AMOUNT for past 12 months

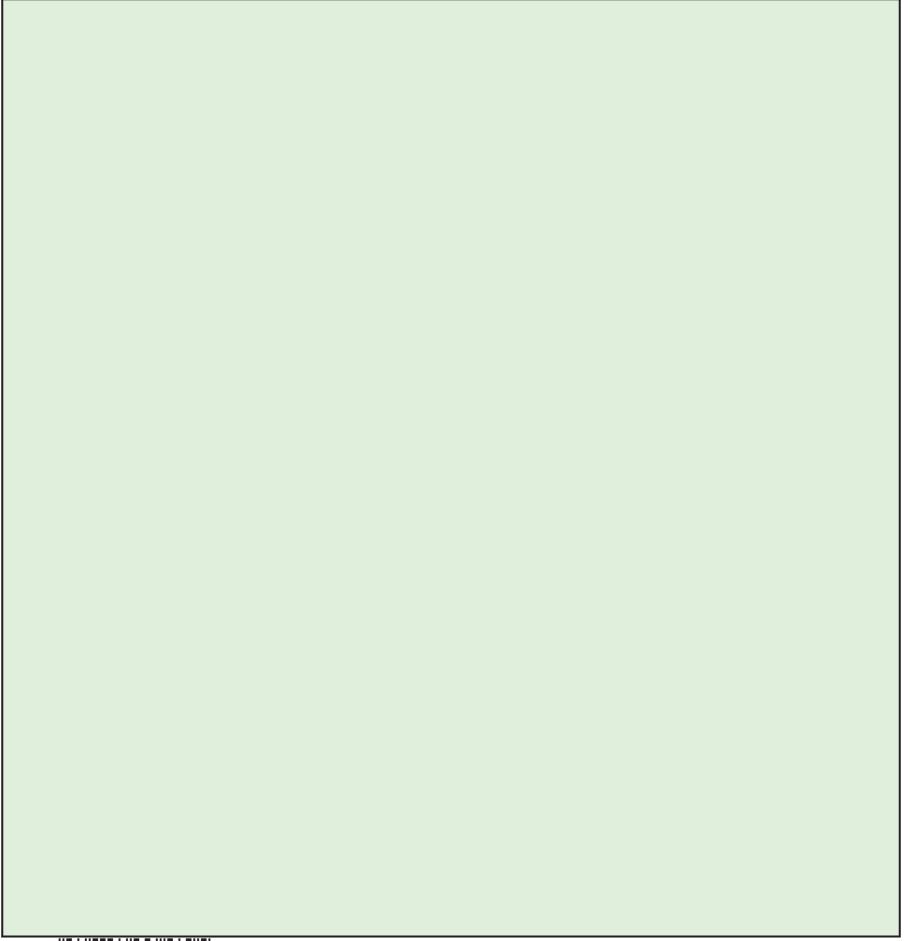
Now continue with the mailing instructions





Page 33 is intentionally left blank

Pages 34 and 35 are intentionally left blank	



# Mailing Instructions

#### Please make sure you have...

- listed all names and answered the questions on pages 2, 3, and 4
- answered all Housing questions
- answered all Person questions for each person.

#### 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)QD36 (07-20-2012)