

Place a check mark (✓) in beside the respondent.

1. HOUSEHOLD ROSTER

a. What are the names of all persons living or staying here? Start with the ADULT who owns or rents this apartment (house). (Enter that name on line 1 below.)

- Include anyone staying here with no other home
- Include anyone who usually lives here but is temporarily away traveling or at school
- Include lodgers, boarders, babies, etc.

b. Is . . . male or female?

c. How old is . . . ? (Enter whole years ONLY.)

01 **PERSON 1 - Reference Person** (owner/renter)

a. Last name

First name

b. Sex

1 Male

2 Female

c. Age

02 **PERSON 2**

a. Last name

First name

b. Sex

1 Male

2 Female

c. Age

03 **PERSON 3**

a. Last name

First name

b. Sex

1 Male

2 Female

c. Age

04 **PERSON 4**

a. Last name

First name

b. Sex

1 Male

2 Female

c. Age

05 **PERSON 5**

a. Last name

First name

b. Sex

1 Male

2 Female

c. Age

06 **PERSON 6**

a. Last name

First name

b. Sex

1 Male

2 Female

c. Age

07 **PERSON 7**

a. Last name

First name

b. Sex

1 Male

2 Female

c. Age

Use continuation form for additional persons.

U.S. DEPARTMENT OF COMMERCE
 Economic and Statistics Administration
 U.S. CENSUS BUREAU
 ACTING AS COLLECTING AGENT FOR
 NEW YORK CITY



**NEW YORK CITY HOUSING
 AND VACANCY SURVEY
 QUESTIONNAIRE - 2014**

NOTICE - Your answers will be held in strict confidence and will be seen only by persons sworn to uphold the confidentiality of Census Bureau information.

A. NAME _____ | **CODE** _____

B. DATE OF INTERVIEW
 [] \ [] \ **2014**

C. RECORD OF VISITS
(Additional spaces on page 24)

Date	Time	Remarks
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	

Fill items D through J by observing the condition of the building containing the sample unit as you approach it and walk inside. - Mark (X) all that apply in D through G.

D. EXTERNAL WALLS

- 001** 1 Missing bricks, siding, or other outside wall material
- 002** 2 Sloping or bulging outside walls
- 003** 3 Major cracks in outside walls
- 004** 4 Loose or hanging cornice, roofing, or other material
- 005** 5 None of these problems with walls
- 006** 6 Unable to observe walls

E. WINDOWS

- 007** 1 Broken or missing windows
- 008** 2 Rotted/loose window frames/sashes
- 009** 3 Boarded-up windows
- 010** 4 None of these problems with windows
- 011** 5 Unable to observe windows

F. STAIRWAYS (exterior and interior)

- 012** 1 Loose, broken, or missing stair railings
- 013** 2 Loose, broken, or missing steps
- 014** 3 None of these problems with stairways
- 015** 4 No interior steps or stairways
- 016** 5 No exterior steps or stairways
- 035** 6 Unable to observe stairways

G. FLOORS

- 017** 1 Sagging or sloping floors
- 018** 2 Slanted or shifted doorsills or door frames
- 019** 3 Deep wear in floors causing depressions
- 020** 4 Holes or missing flooring
- 021** 5 None of these problems with floors
- 022** 6 Unable to observe floors

H. CONDITION

- 023** 1 Dilapidated - Go to I
 Not dilapidated -
 ↳ If not dilapidated
 2 Sound
 3 Deteriorating

I. Are there any buildings with broken or boarded-up windows on this street? - Include sample unit building

- 024** 1 Yes 2 No

J. WHEELCHAIR ACCESSIBILITY

1. Street entry and inner lobby entry (width 32")

- 036** 1 Accessible 3 Unable to observe building entrance
 2 Inaccessible

2. Elevator (door width 36", cab depth 51")

- 037** 1 Accessible 3 Unable to observe elevator
 2 Inaccessible 4 No elevator

3. Residential unit entrance (width 32")

- 038** 1 Accessible 3 Unable to observe residential unit entrance
 2 Inaccessible

K. OCCUPANCY STATUS

- 025** 1 Occupied 2 Vacant

L. RESPONDENT

Name _____

Occupied unit - Go to M

Vacant unit - Mark (X) one

- 030** 1 Superintendent
 - 2 Rental office/agent
 - 3 Real estate agent/broker
 - 4 Owner
 - 5 Other - Specify
- } SKIP to question 56 on page 21

Ask-

M. How many people live or stay here?
 Include anyone without a usual home elsewhere.

- 032** [] - SKIP to question 1 on page 2.

Always mark (X) one box. If an interview is not taken, explain why in the "Notes" area on page 11.

N. SAMPLE UNIT

- 033** 01 Questionnaire complete
- Questionnaire not complete
- 02 Refused
- 03 No one home
- 04 Temporarily absent - 1 month or longer
- 05 Other - Explain in "Notes" area on page 11
- 06 Demolished
- 07 Condemned
- 08 Nonresidential
- 09 Merged with another unit - Give address below
- 10 Unit damaged by fire
- 11 Building boarded-up
- 12 List procedure applied
- 13 No such address (house number/street)
- 14 Other - Explain in "Notes" area on page 11

Complete after an occupied unit interview.

O. FORM TYPE

- 034** 1 One form only 2 First of two forms

OFFICE USE ONLY

026	TS	027	A	028	B

Section I - OCCUPIED UNITS

d. How is . . . related to . . . <i>(reference person) (person on Line 1)?</i> Show Flashcard I and enter the appropriate code in the box below.	e. Is . . . of Spanish or Hispanic origin? <i>(If Yes, read the categories and mark the appropriate box, otherwise mark "No.")</i>	f. What is . . .'s race? Select one or more categories from the flashcard. Show Flashcard II and mark (X) all that apply, OR box 12 <u>only</u> and print race.	These next two questions may seem like ones I asked before, but I must ask them to double check.	
			(Don't ask for persons under 15) g. Does . . . have a spouse or unmarried partner in the household?	h. Does . . . have a parent in the household?
<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> R </div> Reference person	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican-American, Mexican, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic	01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 11 <input type="checkbox"/> 06 <input type="checkbox"/> 12 <input type="checkbox"/> ↘ _____	If yes, enter person number of spouse or partner; otherwise mark "No." <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	If yes, enter person number(s) of parent(s); otherwise mark "No." <div style="display: flex; justify-content: space-around; margin: 5px auto;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican-American, Mexican, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic	01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 11 <input type="checkbox"/> 06 <input type="checkbox"/> 12 <input type="checkbox"/> ↘ _____	If yes, enter person number of spouse or partner; otherwise mark "No." <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	If yes, enter person number(s) of parent(s); otherwise mark "No." <div style="display: flex; justify-content: space-around; margin: 5px auto;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican-American, Mexican, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic	01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 11 <input type="checkbox"/> 06 <input type="checkbox"/> 12 <input type="checkbox"/> ↘ _____	If yes, enter person number of spouse or partner; otherwise mark "No." <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	If yes, enter person number(s) of parent(s); otherwise mark "No." <div style="display: flex; justify-content: space-around; margin: 5px auto;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican-American, Mexican, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic	01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 11 <input type="checkbox"/> 06 <input type="checkbox"/> 12 <input type="checkbox"/> ↘ _____	If yes, enter person number of spouse or partner; otherwise mark "No." <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	If yes, enter person number(s) of parent(s); otherwise mark "No." <div style="display: flex; justify-content: space-around; margin: 5px auto;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican-American, Mexican, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic	01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 11 <input type="checkbox"/> 06 <input type="checkbox"/> 12 <input type="checkbox"/> ↘ _____	If yes, enter person number of spouse or partner; otherwise mark "No." <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	If yes, enter person number(s) of parent(s); otherwise mark "No." <div style="display: flex; justify-content: space-around; margin: 5px auto;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican-American, Mexican, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic	01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 11 <input type="checkbox"/> 06 <input type="checkbox"/> 12 <input type="checkbox"/> ↘ _____	If yes, enter person number of spouse or partner; otherwise mark "No." <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	If yes, enter person number(s) of parent(s); otherwise mark "No." <div style="display: flex; justify-content: space-around; margin: 5px auto;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican-American, Mexican, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic	01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 11 <input type="checkbox"/> 06 <input type="checkbox"/> 12 <input type="checkbox"/> ↘ _____	If yes, enter person number of spouse or partner; otherwise mark "No." <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	If yes, enter person number(s) of parent(s); otherwise mark "No." <div style="display: flex; justify-content: space-around; margin: 5px auto;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <input type="checkbox"/> No

Section I - OCCUPIED UNITS - Continued

2a. Is there anyone now living in this apartment (house) that came here within the past five years from a homeless situation such as a shelter, transitional center, or hotel?

- 050** 1 Yes – GO to 2b
2 No – SKIP to 3

b. Who are they? (Fill in the persons who answered "yes" to 2a above)
Refer to the roster, page 2, and enter the person number(s) starting in box 055.

055	056	057	058	059	060
1	1	1	1	1	1
2	2	2	2	2	2
061	062	063	064	065	066
1	1	1	1	1	1
2	2	2	2	2	2

c. Was . . . in the homeless situation mainly because he/she could not afford his/her own apartment (house) or mainly for other reasons?

Affordability – Circle "1" next to person number in 2b.
Other reason – Circle "2" next to person number in 2b.

The following questions (3 through 11c) refer to the reference person (the person listed on line 1).

3. Where was the most recent place . . . (reference person) lived for six months or more before moving into this apartment (house)?
(Show Flashcard III to respondent and have him/her select an answer. Then mark (X) the appropriate box.)

NOTE – If the respondent indicates that the reference person has always lived in the SAME unit that he/she currently lives in, don't mark (X) box 01 unless you are certain. Many people may feel as though they have lived in a unit forever, but it's rare. The reference person had to live there since birth. Be sure to probe.

IN NEW YORK CITY, SAME BUILDING

- 051** 01 Always lived in this unit
02 Another unit in the same building

IN NEW YORK CITY, OTHER BUILDING

- 03 Bronx
04 Brooklyn
05 Manhattan
06 Queens
07 Staten Island

OUTSIDE OF NEW YORK CITY

- 08 NY, NJ, Connecticut
09 Other State
10 Puerto Rico
11 Dominican Republic
12 Caribbean (other than Puerto Rico or Dominican Republic)
13 Mexico
14 Central America, South America
15 Canada
16 Europe
17 Russia/Successor States to Soviet Union (Ukraine, Georgia, etc.)
18 China, Hong Kong, Taiwan
19 Korea
20 India
21 Pakistan, Bangladesh
22 Philippines
23 Southeast Asia (Burma, Cambodia, Laos, Malaysia, Singapore, Thailand, Vietnam)
24 Other Asia
25 Africa
26 All other countries – Specify ↘

4a. In what year did . . . (reference person) move into this apartment (house)?

Year
052 If 1971 – Ask 4b
If any other year – SKIP to 5

b. Ask only if reference person moved here in 1971. Did . . . (reference person) move here on or after July 1, 1971?

- 053** 1 Yes, on or after July 1 in 1971
2 No, before July 1 in 1971

5. Are you the first occupant(s) of this apartment (house) since its construction, gut rehabilitation, or creation through conversion or sub-division?

- 054** 1 Yes, first occupants
2 No, previously occupied
3 Don't know

CHECK ITEM A

REFER TO QUESTION 4a ABOVE

- Moved here 2011 or later – GO to question 6 on page 4
 Moved here 2010 or earlier – SKIP to question 7 on page 5

Section I - OCCUPIED UNITS - Continued

6. What is the main reason . . . (reference person) moved from his/her previous residence?

Mark (X) ONLY one box.

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EMPLOYMENT

- 01 Job transfer/new job
- 02 Retirement
- 03 Looking for work
- 04 Commuting reasons
- 05 To attend school
- 06 Other financial/employment reason

FAMILY

- 07 Needed larger house or apartment
- 08 Widowed
- 09 Separated/divorced
- 10 Newly married
- 11 Moved to be with or closer to relatives
- 12 Family size decreased (except widowed/separated/divorced)
- 13 Wanted to establish separate household
- 14 Other family reason

NEIGHBORHOOD

- 15 Neighborhood overcrowded
- 16 Change in racial or ethnic composition of neighborhood
- 17 Wanted this neighborhood/better neighborhood services
- 18 Crime or safety concerns
- 19 Other neighborhood reason

HOUSING

- 20 Wanted to own residence
- 21 Wanted to rent residence
- 22 Wanted less expensive residence/difficulty paying rent or mortgage
- 23 Wanted better quality residence
- 24 Evicted
- 25 Poor building condition/services
- 26 Harassment by landlord
- 27 Needed housing accessible for persons with mobility impairments
- 28 Other housing reason

OTHER

- 29 Displaced by urban renewal, highway construction, or other public activity
- 30 Displaced by private action (other than eviction)
- 31 Schools
- 32 Natural disaster/fire
- 33 Any other – *Specify* ↴

Notes

Section I - OCCUPIED UNITS - Continued

7. Place of birth <i>SHOW Flashcard III to respondent.</i> Where was →	a. ... <i>(reference person)</i> born?	b. ...'s <i>(reference person's)</i> father born?	c. ...'s <i>(reference person's)</i> mother born?
07. New York City (responses 01-07 on card)	111 07 <input type="checkbox"/>	112 07 <input type="checkbox"/>	113 07 <input type="checkbox"/>
09. U.S., Outside New York City (response 08 or 09 on card)	09 <input type="checkbox"/>	09 <input type="checkbox"/>	09 <input type="checkbox"/>
10. Puerto Rico	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. Dominican Republic	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. Caribbean (other than Puerto Rico or Dominican Republic)	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>
13. Mexico	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>
14. Central America, South America	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>
15. Canada	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>
16. Europe	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>
17. Russia/Successor States to Soviet Union (Ukraine, Georgia, etc.)	17 <input type="checkbox"/>	17 <input type="checkbox"/>	17 <input type="checkbox"/>
18. China, Hong Kong, Taiwan	18 <input type="checkbox"/>	18 <input type="checkbox"/>	18 <input type="checkbox"/>
19. Korea	19 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>
20. India	20 <input type="checkbox"/>	20 <input type="checkbox"/>	20 <input type="checkbox"/>
21. Pakistan, Bangladesh	21 <input type="checkbox"/>	21 <input type="checkbox"/>	21 <input type="checkbox"/>
22. Philippines	22 <input type="checkbox"/>	22 <input type="checkbox"/>	22 <input type="checkbox"/>
23. Southeast Asia (Burma, Cambodia, Laos, Malaysia, Singapore, Thailand, Vietnam)	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>
24. Other Asia	24 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>
25. Africa	25 <input type="checkbox"/>	25 <input type="checkbox"/>	25 <input type="checkbox"/>
26. All other countries	26 <input type="checkbox"/>	26 <input type="checkbox"/>	26 <input type="checkbox"/>

Mark (X) box 07 above for categories 01-07 on Flashcard III. Mark (X) box 09 for categories 08 and 09. Categories 10-26 match exactly as shown on Flashcard III

8. Is this apartment (house) part of a condominium or cooperative building or development? <i>A condominium is a building or development with individually owned apartments or houses having commonly owned areas and grounds. A cooperative or "co-op" is a building or development that is owned by its shareholders.</i>	114 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, a condominium 3 <input type="checkbox"/> Yes, a cooperative 4 <input type="checkbox"/> Don't know
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9a. Is this apartment (house) owned or being bought by ... (reference person) or someone else in this household?	115 1 <input type="checkbox"/> Yes, owned or being bought – <i>SKIP to 11a</i> 0 <input type="checkbox"/> No – <i>GO to 9b</i>
b. Does ... (reference person) or someone else in this household own cooperative shares for this apartment (house)?	129 1 <input type="checkbox"/> Yes – <i>SKIP to 11a</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } <i>GO to 9c</i>
c. Does ... (reference person) pay cash rent for this apartment (house) or does he/she occupy it rent free?	116 2 <input type="checkbox"/> Pay cash rent – <i>GO to Check Item B</i> 3 <input type="checkbox"/> Occupy rent free – <i>SKIP to 20</i>

CHECK ITEM B	<i>REFER TO QUESTION 8 ABOVE</i> <input type="checkbox"/> Condominium (box 2 marked) } <i>GO to 10a</i> <input type="checkbox"/> Cooperative (box 3 marked) } <input type="checkbox"/> All other renter occupied (box 1 or 4 marked) – <i>SKIP to 20</i>
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10a. Did ... (reference person) live here and pay cash rent at the time this building became a condominium or cooperative?	117 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
b. When this apartment (house) became a condominium or cooperative was it done through a non-eviction plan? <i>Under a non-eviction plan, tenants can NOT be evicted for NOT buying their unit.</i>	118 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } <i>SKIP to 20</i>

Section I - OCCUPIED UNITS - Continued

11a. In what year did . . . (reference person) acquire this apartment (house)?	Year 119 <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/>
b. Before . . . (reference person) acquired this apartment (house) was it owned and occupied by another household, rented by . . . (reference person), rented by another household, or never previously occupied?	120 1 <input type="checkbox"/> Owned and occupied by another household 2 <input type="checkbox"/> Rented by reference person 3 <input type="checkbox"/> Rented by another household 4 <input type="checkbox"/> Never previously occupied 5 <input type="checkbox"/> Don't know
c. Before . . . (reference person) acquired this apartment (house) was it part of a condominium or cooperative building or development?	121 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know

CHECK ITEM C	REFER TO QUESTION 11a ABOVE <input type="checkbox"/> Acquired 2009 or later – GO to 12a <input type="checkbox"/> Acquired 2008 or earlier – SKIP to 13
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12a. What was the purchase price for this apartment (house)?	122 \$ _____ . 00 123 0 <input type="checkbox"/> Don't know
b. What was the down payment for this apartment (house)?	124 \$ _____ . 00 125 0 <input type="checkbox"/> Don't know

13. What is the value of this apartment (house), that is, in your opinion, how much would it currently sell for if it were on the market?	126 \$ _____ . 00
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14. Is there a mortgage, home equity loan, or similar loan on this apartment (house) or is this apartment (house) owned free and clear?	127 1 <input type="checkbox"/> Mortgage, home equity, or similar loan 2 <input type="checkbox"/> Owned free and clear – SKIP to Check Item D
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15a. What are the current monthly mortgage or loan payments on this apartment (house)? Include payments on first, second, home equity loan, and any other mortgages.	128 \$ _____ . 00 Per month
b. When did the most recent mortgage or loan on this apartment (house) originate?	Month: <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> Year: <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/>
c. What is the current interest rate on the most recent mortgage or loan on this apartment (house)?	135 <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> . <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> %

CHECK ITEM D	REFER TO QUESTION 8 ON PAGE 5 <input type="checkbox"/> Condominium (box 2 marked) } GO to 16 <input type="checkbox"/> Cooperative (box 3 marked) } <input type="checkbox"/> All other owner occupied (box 1 or 4 marked) – SKIP to 18a
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16. What are the monthly condominium or co-op maintenance fees for this apartment (house)? Exclude payments for any mortgages (loans) on this unit.	130 \$ _____ . 00
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CHECK ITEM E	REFER TO QUESTION 1c ON PAGE 2 FOR EACH PERSON <input type="checkbox"/> With any household member age 62 or over – GO to 17 <input type="checkbox"/> No household member age 62 or over – SKIP to 18a
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17. Is any household member receiving a Senior Citizen Carrying Charge Increase Exemption as part of the SCRIE program? <i>(Senior Citizen Rent Increase Exemption)</i>	140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
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18a. Is the fire and liability insurance premium for this apartment (house) paid separately? <i>(Separately means not included in the mortgage or loan payment or the condominium or co-op maintenance fee.)</i>	141 1 <input type="checkbox"/> Yes – GO to 18b 2 <input type="checkbox"/> No, included in mortgage or loan payment – SKIP to 18c 3 <input type="checkbox"/> No insurance – SKIP to 19a
b. What was the cost of fire and liability insurance for 2013?	142 \$ _____ . 00
c. Does the fire and liability insurance for this apartment (house) also cover personal possessions?	143 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know

Section I - OCCUPIED UNITS - Continued

19a. Are the real estate taxes for this apartment (house) paid separately?

(Separately means not included in the mortgage or loan payment or the condominium or co-op maintenance fee.)

144

- 1 Yes – GO to 19b
- 2 No, included in mortgage or loan payment
- 3 No, included in condominium or maintenance fee

} SKIP to 20

b. What were the real estate taxes for 2013?

145

\$ _____ .

NOTE – Questions 20–22a, 23a and 23b pertain to the building. Be certain to mark (X) the same box in each question for all forms within the same building.

20. How many units are in this building?

If the respondent doesn't know, canvass the building and count the units.

146

- 01 1 unit without business
- 02 1 unit with business
- 03 2 units without business
- 04 2 units with business
- 05 3 units
- 06 4 units
- 07 5 units
- 08 6 to 9 units
- 09 10 to 12 units
- 10 13 to 19 units
- 11 20 to 49 units
- 12 50 to 99 units
- 13 100 to 199 units
- 14 200 or more units

If owner occupied, mark "Yes" without asking.

21. Does the owner of this building live in this building?

147

- 1 Yes
- 2 No
- 3 Don't know

22a. How many stories are in this building?

Count the basement if there are people living in it.

148

- 01 One – SKIP to 23c
- 02 Two
- 03 Three
- 04 Four
- 05 Five
- 06 6 to 10
- 07 11 to 20
- 08 21 to 40
- 09 41 or more

b. On what floor is this unit?

Enter the 2-digit floor number or mark (X) box "0" if basement unit. Enter the lowest floor number if on more than one floor.

172

0 Basement
 Floor

23a. Is there a passenger elevator in this building?

149

- 1 Yes
- 2 No – SKIP to 23c

b. Is it possible to go from the sidewalk to a passenger elevator without going up or down any steps or stairs?

173

- 1 Yes
- 2 No
- 3 Don't know

c. Is it possible to go from the sidewalk to this unit without going up or down any steps or stairs?

171

- 1 Yes
- 2 No
- 3 Don't know

24a. How many rooms are in this apartment (house)? Do not count bathrooms, porches, balconies, halls, foyers, or half-rooms.

150

- 1 One – SKIP to 25a
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six
- 7 Seven
- 8 Eight or more

b. Of these rooms, how many are bedrooms?

151

- 01 None
- 02 One
- 03 Two
- 04 Three
- 05 Four
- 06 Five
- 07 Six
- 08 Seven
- 09 Eight or more

Section I - OCCUPIED UNITS - Continued

<p>25a. Does this apartment (house) have complete plumbing facilities; that is, hot and cold piped water, a flush toilet, and a bathtub or shower?</p>	<p>152 0 <input type="checkbox"/> Yes, has complete plumbing facilities – <i>GO to 25b</i> 1 <input type="checkbox"/> No, has some but not all facilities in this apartment (house) – <i>SKIP to 25c</i> 2 <input type="checkbox"/> No plumbing facilities in this apartment (house) – <i>SKIP to 26a</i></p>
<p>b. Are these facilities for the exclusive use of this household or are they also for use by another household?</p>	<p>153 3 <input type="checkbox"/> For the exclusive use of this household 4 <input type="checkbox"/> Also for use by another household</p>
<p>c. Was there any time in the last three months when all the toilets in this apartment (house) were not working for six consecutive hours?</p>	<p>154 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No toilet in this apartment (house)</p>
<p>26a. Does this apartment (house) have complete kitchen facilities? Complete kitchen facilities include a sink with piped water, a range or cookstove, and a refrigerator.</p>	<p>155 0 <input type="checkbox"/> Yes has complete kitchen facilities – <i>GO to 26b</i> 1 <input type="checkbox"/> No, has some but not all facilities in this apartment (house) – <i>SKIP to 26c</i> 2 <input type="checkbox"/> No kitchen facilities in this apartment (house), but facilities available in building 3 <input type="checkbox"/> No kitchen facilities in this building } <i>SKIP to 27</i></p>
<p>b. Are these facilities for the exclusive use of this household or are they also for use by another household?</p>	<p>156 4 <input type="checkbox"/> For the exclusive use of this household 5 <input type="checkbox"/> Also for use by another household</p>
<p>c. Are all the kitchen facilities in your apartment (house) functioning?</p>	<p>157 1 <input type="checkbox"/> Yes, all are functioning 2 <input type="checkbox"/> No, one or more is not working at all</p>
<p>27. How is this apartment (house) heated – by fuel oil, utility gas, electricity, or with some other fuel?</p>	<p>158 1 <input type="checkbox"/> Fuel oil 2 <input type="checkbox"/> Utility gas 3 <input type="checkbox"/> Electricity 4 <input type="checkbox"/> Other fuel (including CON ED steam) 5 <input type="checkbox"/> Don't know</p>
<p>28. I have some questions about utility costs.</p> <p>a. (1) Do you pay for your own electricity?</p>	<p>159 1 <input type="checkbox"/> Yes – <i>GO to 28a(2)</i> 2 <input type="checkbox"/> Yes, but combined with gas – <i>Ask for separate estimates; if not possible SKIP to 28c</i> 3 <input type="checkbox"/> No, included in rent, condominium or other fee – <i>SKIP to 28b(1)</i></p>
<p>(2) What is the average MONTHLY cost?</p>	<p>160 \$ _____ . <input style="width: 20px;" type="text" value="00"/></p>
<p>b. (1) Do you pay for your own gas?</p>	<p>161 1 <input type="checkbox"/> Yes – <i>GO to 28b(2)</i> 2 <input type="checkbox"/> No, included in rent, condominium or other fee 3 <input type="checkbox"/> No, gas not used } <i>SKIP to 28d(1)</i></p>
<p>(2) What is the average MONTHLY cost?</p>	<p>162 \$ _____ . <input style="width: 20px;" type="text" value="00"/></p>
<p>IMPORTANT – <i>SKIP 28c unless the respondent cannot provide separate estimates for electricity and gas, and pays a combined bill. If separate estimates are available, fill 28a(2) and 28b(2), leave 28c blank, and SKIP to 28d(1).</i></p>	
<p>c. What is your combined average electricity and gas payment each month?</p>	<p>163 \$ _____ . <input style="width: 20px;" type="text" value="00"/> } <i>Fill this ONLY when separate estimates cannot be given.</i></p>
<p>d. (1) Do you pay your own water and sewer charges?</p>	<p>164 1 <input type="checkbox"/> Yes – <i>GO to 28d(2)</i> 2 <input type="checkbox"/> No, included in rent, condominium or other fee or no charge – <i>SKIP to 28e(1)</i></p>
<p>(2) What is the total YEARLY cost?</p>	<p>165 \$ _____ . <input style="width: 20px;" type="text" value="00"/></p>
<p>e. (1) Do you pay for your own oil, coal, kerosene, wood, steam, etc.?</p>	<p>166 1 <input type="checkbox"/> Yes – <i>GO to 28e(2)</i> 2 <input type="checkbox"/> No, included in rent, condominium or other fee 3 <input type="checkbox"/> No, these fuels not used } <i>SKIP to 29a</i></p>
<p>(2) What is the total YEARLY cost?</p>	<p>167 \$ _____ . <input style="width: 20px;" type="text" value="00"/></p>

Section I - OCCUPIED UNITS - Continued

29a. In 2013, did this household receive any payments from the Home Energy Assistance Program (HEAP) or any other federal, state, or city program to help pay for some home heating costs?

- 174** 1 Yes – GO to 29b
 2 No – SKIP to Check Item F

b. Altogether, how much energy assistance was received in 2013?

175 \$ _____ . Annual Amount

CHECK ITEM F

REFER TO QUESTION 9 ON PAGE 5

- Owner occupied (question 9a, box 1 marked)
 - Owns co-op shares (question 9b, box 1 marked)
 - Occupy rent free (question 9c, box 3 marked)
 - Pay cash rent (question 9c, box 2 marked) – GO to 30a
- } SKIP to 32a

30a. What is the MONTHLY rent?

(If rent is paid other than monthly, refer to the manual on how to convert it.)

182 \$ _____ . Per month

b. What is the length of the lease on this apartment (house) – that is, the total time from when the lease began until it will expire?

- 181** 1 Less than 1 year
 2 1 year
 3 More than 1 but less than 2 years
 4 2 years
 5 More than 2 years
 6 No lease
 7 Don't know

31a. Is any part of the monthly rent for this apartment (house) paid by any of the following government programs, either to a member of this household or directly to the landlord?

(1) Federal Section 8 certificate or voucher program

- 541** 1 Yes
 2 No
 3 Don't know

(2) Senior Citizen Rent Increase Exemption (SCRIE)

- 184** 1 Yes
 2 No
 3 Don't know

(3) Public assistance shelter allowance ..

- 542** 1 Yes
 2 No
 3 Don't know

(4) Another Federal housing subsidy program

- 543** 1 Yes
 2 No
 3 Don't know

(5) Another state or city housing subsidy program

- 544** 1 Yes
 2 No
 3 Don't know

b. Of the (amount from question 30a above) rent you reported, how much is paid out of pocket by this household?

(Out of pocket means the money your household pays for rent over and above any shelter allowance or other government housing subsidy.)

547 \$ _____ .
 0 None

32a. Now, I would like to ask some questions about the condition of this apartment (house).

At any time during this winter was there a breakdown in your heating equipment; that is, was it completely unusable for 6 consecutive hours or longer?

- 185** 0 Yes – GO to 32b
 1 No – SKIP to 33

b. How many times did that happen?

- 186** 2 One
 3 Two
 4 Three
 5 Four or more times

Section I - OCCUPIED UNITS - Continued

33. During this winter when your regular heating system was working, did you, at any time, have to use additional sources of heat because your regular system did not provide enough heat? Additional sources may be the kitchen stove, a fireplace, or a portable heater.

- 187** 1 Yes
2 No

34a. Does your apartment (house) have functioning air conditioning? Would you say no, one or more window air conditioners, or central air conditioning?

- 197** 1 No
2 One or more window air conditioners
3 Central air conditioning
4 Don't know/Not sure

b. Do you have a working carbon monoxide detector inside your apartment (house)?

- 198** 1 Yes
2 No

35a. At any time in the last 90 days have you seen any mice or rats or signs of mice or rats in this building?

- 188** 1 Yes
2 No

b. During the past month, about how many cockroaches did you see in this apartment (house) on a typical day?

- 571** 1 None
2 1 to 5
3 6 to 19
4 20 or more
5 Don't know/Not sure

c. Is this building serviced by an exterminator regularly, only when needed, irregularly, or not at all?

- 189** 1 Regularly
2 Only when needed
3 Irregularly
4 Not at all
5 Don't know

36a. Does this apartment (house) have open cracks or holes in the interior walls or ceiling? Do not include hairline cracks.

- 190** 1 Yes
2 No

b. Does this apartment (house) have holes in the floors?

- 191** 1 Yes
2 No

37a. Is there any broken plaster or peeling paint on the ceiling or inside walls?

- 192** 0 Yes – GO to 37b
1 No – SKIP to 38a

b. Is the area of broken plaster or peeling paint larger than 8½ inches by 11 inches?

Show unfolded flashcard.

- 193** 2 Yes
3 No

38a. Has water leaked into your apartment (house) in the last 12 months, excluding leaks resulting from your own plumbing fixtures backing up or overflowing?

- 194** 1 Yes
2 No

b. In the last 12 months, how often have you noticed any musty or moldy smells inside your apartment (house)? Would you say daily, weekly, monthly, a few times, or never?

- 199** 1 Daily
2 Weekly
3 Monthly
4 A few times
5 Never

We are also interested in the condition of your neighborhood.

39. How would you rate the physical condition of the residential structures in this NEIGHBORHOOD – would you say they are on the whole excellent, good, fair, or poor?

- 196** 1 Excellent
2 Good
3 Fair
4 Poor

Now in order to better understand the housing situation in the city, we need to learn something about the income, employment, and education level of each household member.

INTERVIEWER: Continue with questions for each person on page 12.

Section I - OCCUPIED UNITS - Continued

Notes

INTERVIEWER: *Continue with questions for each person on page 12.*

Section I - OCCUPIED UNITS - Continued

<p>CHECK ITEM G</p> <p>Ask questions 40a-50b of ALL household members age 15 and above. Refer to question 1c on page 2 for each person's age.</p>	<p>40a. Did . . . work at any time last week?</p>	<p>b. How many hours did . . . work last week at all jobs?</p> <p>(Subtract time off; add overtime or extra hours worked)</p>	<p>41. Was . . . TEMPORARILY absent or on layoff from a job last week?</p>	<p>42. Has . . . been doing anything to find work during the last four weeks?</p>
<p>601</p> <p>1 <input type="checkbox"/> 15 years or older - Ask questions 40a-50b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 19</p>	<p>201</p> <p>1 <input type="checkbox"/> Yes - Full or part-time (includes helping without pay in family business)</p> <p>2 <input type="checkbox"/> No - Did not work (or did only own housework, school work, or volunteer work) - SKIP to 41</p>	<p>211</p> <p><input type="text"/> Hours - SKIP to 45a</p>	<p>221</p> <p>1 <input type="checkbox"/> Yes, on layoff</p> <p>2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. - SKIP to 45a</p> <p>3 <input type="checkbox"/> No</p>	<p>231</p> <p>1 <input type="checkbox"/> Yes - SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p>602</p> <p>1 <input type="checkbox"/> 15 years or older - Ask questions 40a-50b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 19</p>	<p>202</p> <p>1 <input type="checkbox"/> Yes - Full or part-time (includes helping without pay in family business)</p> <p>2 <input type="checkbox"/> No - Did not work (or did only own housework, school work, or volunteer work) - SKIP to 41</p>	<p>212</p> <p><input type="text"/> Hours - SKIP to 45a</p>	<p>222</p> <p>1 <input type="checkbox"/> Yes, on layoff</p> <p>2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. - SKIP to 45a</p> <p>3 <input type="checkbox"/> No</p>	<p>232</p> <p>1 <input type="checkbox"/> Yes - SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p>603</p> <p>1 <input type="checkbox"/> 15 years or older - Ask questions 40a-50b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 19</p>	<p>203</p> <p>1 <input type="checkbox"/> Yes - Full or part-time (includes helping without pay in family business)</p> <p>2 <input type="checkbox"/> No - Did not work (or did only own housework, school work, or volunteer work) - SKIP to 41</p>	<p>213</p> <p><input type="text"/> Hours - SKIP to 45a</p>	<p>223</p> <p>1 <input type="checkbox"/> Yes, on layoff</p> <p>2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. - SKIP to 45a</p> <p>3 <input type="checkbox"/> No</p>	<p>233</p> <p>1 <input type="checkbox"/> Yes - SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p>604</p> <p>1 <input type="checkbox"/> 15 years or older - Ask questions 40a-50b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 19</p>	<p>204</p> <p>1 <input type="checkbox"/> Yes - Full or part-time (includes helping without pay in family business)</p> <p>2 <input type="checkbox"/> No - Did not work (or did only own housework, school work, or volunteer work) - SKIP to 41</p>	<p>214</p> <p><input type="text"/> Hours - SKIP to 45a</p>	<p>224</p> <p>1 <input type="checkbox"/> Yes, on layoff</p> <p>2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. - SKIP to 45a</p> <p>3 <input type="checkbox"/> No</p>	<p>234</p> <p>1 <input type="checkbox"/> Yes - SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p>605</p> <p>1 <input type="checkbox"/> 15 years or older - Ask questions 40a-50b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 19</p>	<p>205</p> <p>1 <input type="checkbox"/> Yes - Full or part-time (includes helping without pay in family business)</p> <p>2 <input type="checkbox"/> No - Did not work (or did only own housework, school work, or volunteer work) - SKIP to 41</p>	<p>215</p> <p><input type="text"/> Hours - SKIP to 45a</p>	<p>225</p> <p>1 <input type="checkbox"/> Yes, on layoff</p> <p>2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. - SKIP to 45a</p> <p>3 <input type="checkbox"/> No</p>	<p>235</p> <p>1 <input type="checkbox"/> Yes - SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p>606</p> <p>1 <input type="checkbox"/> 15 years or older - Ask questions 40a-50b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 19</p>	<p>206</p> <p>1 <input type="checkbox"/> Yes - Full or part-time (includes helping without pay in family business)</p> <p>2 <input type="checkbox"/> No - Did not work (or did only own housework, school work, or volunteer work) - SKIP to 41</p>	<p>216</p> <p><input type="text"/> Hours - SKIP to 45a</p>	<p>226</p> <p>1 <input type="checkbox"/> Yes, on layoff</p> <p>2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. - SKIP to 45a</p> <p>3 <input type="checkbox"/> No</p>	<p>236</p> <p>1 <input type="checkbox"/> Yes - SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p>607</p> <p>1 <input type="checkbox"/> 15 years or older - Ask questions 40a-50b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 19</p>	<p>207</p> <p>1 <input type="checkbox"/> Yes - Full or part-time (includes helping without pay in family business)</p> <p>2 <input type="checkbox"/> No - Did not work (or did only own housework, school work, or volunteer work) - SKIP to 41</p>	<p>217</p> <p><input type="text"/> Hours - SKIP to 45a</p>	<p>227</p> <p>1 <input type="checkbox"/> Yes, on layoff</p> <p>2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. - SKIP to 45a</p> <p>3 <input type="checkbox"/> No</p>	<p>237</p> <p>1 <input type="checkbox"/> Yes - SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>

Section I - OCCUPIED UNITS - Continued

43. What is the main reason . . . is not looking for work?	44. When did . . . last work at his/her job or business?	The following questions ask about the job worked last week. <i>If . . . had more than one job, describe the one . . . worked the most hours.</i> <i>If . . . didn't work, refer to the most recent job since 2009.</i>		
		45a. For whom did . . . work? <i>Print the name of the company, employer, business, or branch of armed services if on active duty.</i>	b. What kind of business or industry is this? <i>For example: hospital, newspaper publishing, garment manufacturing, stock brokerage.</i>	c. Is this mainly manufacturing, wholesale trade, retail trade, or something else?
Show Flashcard IV and enter the code. ↴ 631 <input type="text"/>	241 1 <input type="checkbox"/> 2014 2 <input type="checkbox"/> 2013 3 <input type="checkbox"/> 2009–2012 4 <input type="checkbox"/> 2008 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b	_____ _____ _____ _____	Describe the main activity at location where employed. ↴ _____ _____ _____	251 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)
Show Flashcard IV and enter the code. ↴ 632 <input type="text"/>	242 1 <input type="checkbox"/> 2014 2 <input type="checkbox"/> 2013 3 <input type="checkbox"/> 2009–2012 4 <input type="checkbox"/> 2008 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b	_____ _____ _____ _____	Describe the main activity at location where employed. ↴ _____ _____ _____	252 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)
Show Flashcard IV and enter the code. ↴ 633 <input type="text"/>	243 1 <input type="checkbox"/> 2014 2 <input type="checkbox"/> 2013 3 <input type="checkbox"/> 2009–2012 4 <input type="checkbox"/> 2008 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b	_____ _____ _____ _____	Describe the main activity at location where employed. ↴ _____ _____ _____	253 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)
Show Flashcard IV and enter the code. ↴ 634 <input type="text"/>	244 1 <input type="checkbox"/> 2014 2 <input type="checkbox"/> 2013 3 <input type="checkbox"/> 2009–2012 4 <input type="checkbox"/> 2008 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b	_____ _____ _____ _____	Describe the main activity at location where employed. ↴ _____ _____ _____	254 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)
Show Flashcard IV and enter the code. ↴ 635 <input type="text"/>	245 1 <input type="checkbox"/> 2014 2 <input type="checkbox"/> 2013 3 <input type="checkbox"/> 2009–2012 4 <input type="checkbox"/> 2008 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b	_____ _____ _____ _____	Describe the main activity at location where employed. ↴ _____ _____ _____	255 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)
Show Flashcard IV and enter the code. ↴ 636 <input type="text"/>	246 1 <input type="checkbox"/> 2014 2 <input type="checkbox"/> 2013 3 <input type="checkbox"/> 2009–2012 4 <input type="checkbox"/> 2008 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b	_____ _____ _____ _____	Describe the main activity at location where employed. ↴ _____ _____ _____	256 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)
Show Flashcard IV and enter the code. ↴ 637 <input type="text"/>	247 1 <input type="checkbox"/> 2014 2 <input type="checkbox"/> 2013 3 <input type="checkbox"/> 2009–2012 4 <input type="checkbox"/> 2008 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b	_____ _____ _____ _____	Describe the main activity at location where employed. ↴ _____ _____ _____	257 1 <input type="checkbox"/> Manufacturing 2 <input type="checkbox"/> Wholesale trade 3 <input type="checkbox"/> Retail trade 4 <input type="checkbox"/> Other (service, construction, government, etc.)

Section I - OCCUPIED UNITS - Continued

46a. What kind of work was . . . doing, that is what's his/her occupation? <i>For example: registered nurse, personnel manager, seamstress, stockbroker.</i>	b. What are . . .'s usual activities at this job? <i>For example: patient care, directing hiring policies, stitching pants, selling stock.</i>	47. What type of business or organization does . . . work at? <i>Read all categories unless the answer is apparent from the information given in question 45, then mark (X) the appropriate box.</i>
261 <hr/> <hr/> <hr/>	271 <hr/> <hr/> <hr/>	281 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business
262 <hr/> <hr/> <hr/>	272 <hr/> <hr/> <hr/>	282 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business
263 <hr/> <hr/> <hr/>	273 <hr/> <hr/> <hr/>	283 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business
264 <hr/> <hr/> <hr/>	274 <hr/> <hr/> <hr/>	284 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business
265 <hr/> <hr/> <hr/>	275 <hr/> <hr/> <hr/>	285 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business
266 <hr/> <hr/> <hr/>	276 <hr/> <hr/> <hr/>	286 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business
267 <hr/> <hr/> <hr/>	277 <hr/> <hr/> <hr/>	287 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business

Section I - OCCUPIED UNITS - Continued

48a. How many weeks did . . . work in 2013?

Count paid vacation, paid sick leave, and military service.

b. How many hours did . . . usually work each week in 2013?

291

Weeks

or

None - SKIP to 49b

301

Hours

292

Weeks

or

None - SKIP to 49b

302

Hours

293

Weeks

or

None - SKIP to 49b

303

Hours

294

Weeks

or

None - SKIP to 49b

304

Hours

295

Weeks

or

None - SKIP to 49b

305

Hours

296

Weeks

or

None - SKIP to 49b

306

Hours

297

Weeks

or

None - SKIP to 49b

307

Hours

Section I - OCCUPIED UNITS - Continued

The following questions are about income received during 2013? *If an exact amount is not known, accept a best estimate. If there was a net loss in b or c, mark the "Loss" box and enter the dollar amount of the loss.*

49a. Did . . . earn income from wages, salary, commissions, bonuses, or tips?	b. Did . . . earn any income from (his/her) own farm or nonfarm business, proprietorship, or partnership?	c. Did . . . receive any interest, dividends, net rental or royalty income, or income from estates and trusts? Include even small amounts credited to an account.
<input type="checkbox"/> Yes - How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↘ 311 \$ _____ .00 Annual amount - Dollars 312 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes - How much? Report net income after business expenses ↘ 331 \$ _____ .00 Annual amount - Dollars 332 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - How much? ↘ 351 \$ _____ .00 Annual amount - Dollars 352 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss
<input type="checkbox"/> Yes - How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↘ 313 \$ _____ .00 Annual amount - Dollars 314 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes - How much? Report net income after business expenses ↘ 333 \$ _____ .00 Annual amount - Dollars 334 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - How much? ↘ 353 \$ _____ .00 Annual amount - Dollars 354 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss
<input type="checkbox"/> Yes - How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↘ 315 \$ _____ .00 Annual amount - Dollars 316 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes - How much? Report net income after business expenses ↘ 335 \$ _____ .00 Annual amount - Dollars 336 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - How much? ↘ 355 \$ _____ .00 Annual amount - Dollars 356 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss
<input type="checkbox"/> Yes - How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↘ 317 \$ _____ .00 Annual amount - Dollars 318 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes - How much? Report net income after business expenses ↘ 337 \$ _____ .00 Annual amount - Dollars 338 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - How much? ↘ 357 \$ _____ .00 Annual amount - Dollars 358 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss
<input type="checkbox"/> Yes - How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↘ 319 \$ _____ .00 Annual amount - Dollars 320 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes - How much? Report net income after business expenses ↘ 339 \$ _____ .00 Annual amount - Dollars 340 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - How much? ↘ 359 \$ _____ .00 Annual amount - Dollars 360 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss
<input type="checkbox"/> Yes - How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↘ 321 \$ _____ .00 Annual amount - Dollars 322 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes - How much? Report net income after business expenses ↘ 341 \$ _____ .00 Annual amount - Dollars 342 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - How much? ↘ 361 \$ _____ .00 Annual amount - Dollars 362 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss
<input type="checkbox"/> Yes - How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↘ 323 \$ _____ .00 Annual amount - Dollars 324 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes - How much? Report net income after business expenses ↘ 343 \$ _____ .00 Annual amount - Dollars 344 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - How much? ↘ 363 \$ _____ .00 Annual amount - Dollars 364 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss

Section I - OCCUPIED UNITS - Continued

49d. Did . . . receive any Social Security or Railroad Retirement payments? Include payments as a retired worker, dependent, or disabled worker.	e. Did . . . receive any income from government programs for Supplemental Security Income (SSI), Family Assistance/Temporary Assistance for Needy Families (TANF), Safety Net, or any other public assistance or public welfare payments, including shelter allowance?	f. Did . . . receive any income from retirement, survivor, or disability pensions? Include payments from companies, unions, Federal, State, or local governments and the U.S. military. Do NOT include Social Security.
<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 371 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 372 1 <input type="checkbox"/> No </div>	<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 391 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 392 1 <input type="checkbox"/> No </div>	<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 411 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 412 1 <input type="checkbox"/> No </div>
<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 373 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 374 1 <input type="checkbox"/> No </div>	<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 393 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 394 1 <input type="checkbox"/> No </div>	<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 413 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 414 1 <input type="checkbox"/> No </div>
<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 375 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 376 1 <input type="checkbox"/> No </div>	<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 395 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 396 1 <input type="checkbox"/> No </div>	<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 415 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 416 1 <input type="checkbox"/> No </div>
<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 377 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 378 1 <input type="checkbox"/> No </div>	<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 397 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 398 1 <input type="checkbox"/> No </div>	<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 417 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 418 1 <input type="checkbox"/> No </div>
<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 379 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 380 1 <input type="checkbox"/> No </div>	<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 399 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 400 1 <input type="checkbox"/> No </div>	<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 419 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 420 1 <input type="checkbox"/> No </div>
<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 381 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 382 1 <input type="checkbox"/> No </div>	<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 401 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 402 1 <input type="checkbox"/> No </div>	<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 421 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 422 1 <input type="checkbox"/> No </div>
<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 383 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 384 1 <input type="checkbox"/> No </div>	<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 403 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 404 1 <input type="checkbox"/> No </div>	<input type="checkbox"/> Yes - How much? ↘ <div style="margin-top: 10px;"> 423 \$ _____ . 00 Annual amount - Dollars </div> <div style="margin-top: 5px;"> 424 1 <input type="checkbox"/> No </div>

Section I - OCCUPIED UNITS - Continued

49g. Did . . . receive any income from Veterans' (VA) payments, unemployment compensation, child support, alimony, or any other regular source of income?

Do NOT include lump-sum payments such as money from an inheritance or the sale of a home.

50a. Are you/ls . . . currently enrolled, either part-time or full time in any of these?

(Read categories and mark all that apply)

<p><input type="checkbox"/> Yes - How much? ↗</p> <p>431 \$ _____ . 00 Annual amount - Dollars</p> <p>432 1 <input type="checkbox"/> No</p>	<p>663 1 <input type="checkbox"/> GED program 2 <input type="checkbox"/> High school 3 <input type="checkbox"/> College 4 <input type="checkbox"/> Graduate or professional degree program 5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program 6 <input type="checkbox"/> Literacy or ESL program 7 <input type="checkbox"/> No, not enrolled</p>
<p><input type="checkbox"/> Yes - How much? ↗</p> <p>433 \$ _____ . 00 Annual amount - Dollars</p> <p>434 1 <input type="checkbox"/> No</p>	<p>664 1 <input type="checkbox"/> GED program 2 <input type="checkbox"/> High school 3 <input type="checkbox"/> College 4 <input type="checkbox"/> Graduate or professional degree program 5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program 6 <input type="checkbox"/> Literacy or ESL program 7 <input type="checkbox"/> No, not enrolled</p>
<p><input type="checkbox"/> Yes - How much? ↗</p> <p>435 \$ _____ . 00 Annual amount - Dollars</p> <p>436 1 <input type="checkbox"/> No</p>	<p>665 1 <input type="checkbox"/> GED program 2 <input type="checkbox"/> High school 3 <input type="checkbox"/> College 4 <input type="checkbox"/> Graduate or professional degree program 5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program 6 <input type="checkbox"/> Literacy or ESL program 7 <input type="checkbox"/> No, not enrolled</p>
<p><input type="checkbox"/> Yes - How much? ↗</p> <p>437 \$ _____ . 00 Annual amount - Dollars</p> <p>438 1 <input type="checkbox"/> No</p>	<p>666 1 <input type="checkbox"/> GED program 2 <input type="checkbox"/> High school 3 <input type="checkbox"/> College 4 <input type="checkbox"/> Graduate or professional degree program 5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program 6 <input type="checkbox"/> Literacy or ESL program 7 <input type="checkbox"/> No, not enrolled</p>
<p><input type="checkbox"/> Yes - How much? ↗</p> <p>439 \$ _____ . 00 Annual amount - Dollars</p> <p>440 1 <input type="checkbox"/> No</p>	<p>667 1 <input type="checkbox"/> GED program 2 <input type="checkbox"/> High school 3 <input type="checkbox"/> College 4 <input type="checkbox"/> Graduate or professional degree program 5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program 6 <input type="checkbox"/> Literacy or ESL program 7 <input type="checkbox"/> No, not enrolled</p>
<p><input type="checkbox"/> Yes - How much? ↗</p> <p>441 \$ _____ . 00 Annual amount - Dollars</p> <p>442 1 <input type="checkbox"/> No</p>	<p>668 1 <input type="checkbox"/> GED program 2 <input type="checkbox"/> High school 3 <input type="checkbox"/> College 4 <input type="checkbox"/> Graduate or professional degree program 5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program 6 <input type="checkbox"/> Literacy or ESL program 7 <input type="checkbox"/> No, not enrolled</p>
<p><input type="checkbox"/> Yes - How much? ↗</p> <p>443 \$ _____ . 00 Annual amount - Dollars</p> <p>444 1 <input type="checkbox"/> No</p>	<p>669 1 <input type="checkbox"/> GED program 2 <input type="checkbox"/> High school 3 <input type="checkbox"/> College 4 <input type="checkbox"/> Graduate or professional degree program 5 <input type="checkbox"/> Occupational, vocational, or apprenticeship program 6 <input type="checkbox"/> Literacy or ESL program 7 <input type="checkbox"/> No, not enrolled</p>

Section I – OCCUPIED UNITS – Continued

50b. How much school have you/has . . . completed?

CHECK ITEM H

Is this the last person listed?

471

- | | |
|--|---|
| 01 <input type="checkbox"/> No school completed | 06 <input type="checkbox"/> Some college but no degree |
| 02 <input type="checkbox"/> Up to 6th grade | 07 <input type="checkbox"/> Associate degree |
| 03 <input type="checkbox"/> 7th or 8th grade | 08 <input type="checkbox"/> College graduate |
| 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma | 09 <input type="checkbox"/> Some graduate/professional training |
| 05 <input type="checkbox"/> H.S. diploma | 10 <input type="checkbox"/> Graduate/professional degree |

- Yes – GO to 51
- No – Return to Check Item G on page 12 for the next person

472

- | | |
|--|---|
| 01 <input type="checkbox"/> No school completed | 06 <input type="checkbox"/> Some college but no degree |
| 02 <input type="checkbox"/> Up to 6th grade | 07 <input type="checkbox"/> Associate degree |
| 03 <input type="checkbox"/> 7th or 8th grade | 08 <input type="checkbox"/> College graduate |
| 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma | 09 <input type="checkbox"/> Some graduate/professional training |
| 05 <input type="checkbox"/> H.S. diploma | 10 <input type="checkbox"/> Graduate/professional degree |

- Yes – GO to 51
- No – Return to Check Item G on page 12 for the next person

473

- | | |
|--|---|
| 01 <input type="checkbox"/> No school completed | 06 <input type="checkbox"/> Some college but no degree |
| 02 <input type="checkbox"/> Up to 6th grade | 07 <input type="checkbox"/> Associate degree |
| 03 <input type="checkbox"/> 7th or 8th grade | 08 <input type="checkbox"/> College graduate |
| 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma | 09 <input type="checkbox"/> Some graduate/professional training |
| 05 <input type="checkbox"/> H.S. diploma | 10 <input type="checkbox"/> Graduate/professional degree |

- Yes – GO to 51
- No – Return to Check Item G on page 12 for the next person

474

- | | |
|--|---|
| 01 <input type="checkbox"/> No school completed | 06 <input type="checkbox"/> Some college but no degree |
| 02 <input type="checkbox"/> Up to 6th grade | 07 <input type="checkbox"/> Associate degree |
| 03 <input type="checkbox"/> 7th or 8th grade | 08 <input type="checkbox"/> College graduate |
| 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma | 09 <input type="checkbox"/> Some graduate/professional training |
| 05 <input type="checkbox"/> H.S. diploma | 10 <input type="checkbox"/> Graduate/professional degree |

- Yes – GO to 51
- No – Return to Check Item G on page 12 for the next person

475

- | | |
|--|---|
| 01 <input type="checkbox"/> No school completed | 06 <input type="checkbox"/> Some college but no degree |
| 02 <input type="checkbox"/> Up to 6th grade | 07 <input type="checkbox"/> Associate degree |
| 03 <input type="checkbox"/> 7th or 8th grade | 08 <input type="checkbox"/> College graduate |
| 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma | 09 <input type="checkbox"/> Some graduate/professional training |
| 05 <input type="checkbox"/> H.S. diploma | 10 <input type="checkbox"/> Graduate/professional degree |

- Yes – GO to 51
- No – Return to Check Item G on page 12 for the next person

476

- | | |
|--|---|
| 01 <input type="checkbox"/> No school completed | 06 <input type="checkbox"/> Some college but no degree |
| 02 <input type="checkbox"/> Up to 6th grade | 07 <input type="checkbox"/> Associate degree |
| 03 <input type="checkbox"/> 7th or 8th grade | 08 <input type="checkbox"/> College graduate |
| 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma | 09 <input type="checkbox"/> Some graduate/professional training |
| 05 <input type="checkbox"/> H.S. diploma | 10 <input type="checkbox"/> Graduate/professional degree |

- Yes – GO to 51
- No – Return to Check Item G on page 12 for the next person

477

- | | |
|--|---|
| 01 <input type="checkbox"/> No school completed | 06 <input type="checkbox"/> Some college but no degree |
| 02 <input type="checkbox"/> Up to 6th grade | 07 <input type="checkbox"/> Associate degree |
| 03 <input type="checkbox"/> 7th or 8th grade | 08 <input type="checkbox"/> College graduate |
| 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma | 09 <input type="checkbox"/> Some graduate/professional training |
| 05 <input type="checkbox"/> H.S. diploma | 10 <input type="checkbox"/> Graduate/professional degree |

- Yes – GO to 51
- No – Return to Check Item G on page 12 for the next person

Section I - OCCUPIED UNITS - Continued

51. Does anyone in this household (including children under age 15) receive public assistance or welfare payments from any of the following?

- a. Temporary Assistance for Needy Families (TANF), or Family Assistance** **548** 1 Yes 2 No 3 Don't know
- b. Safety Net Assistance** **549** 1 Yes 2 No 3 Don't know
- c. Supplemental Security Income (SSI), including aid to the blind or disabled** **550** 1 Yes 2 No 3 Don't know
- d. Other - Specify** **551** 1 Yes 2 No 3 Don't know

52a. Is there a land-line telephone in this apartment (house)? Do not count cellular phones, or any phone line that is used only for a computer or fax machine.

- 575** 1 Yes
2 No
3 Don't know

b. How many adults (age 18 and over) in this household have a cell phone for personal use?

- 570** Persons
00 None

If an individual shares a cell phone, count the adult if he or she has it for at least one-third of the time.

53. Would you say that, in general, your health is excellent, very good, good, fair, or poor?

- 574** 1 Excellent
2 Very good
3 Good
4 Fair
5 Poor
6 Don't know

CHECK ITEM I

REFER TO QUESTION 7a ON PAGE 5 FOR THE REFERENCE PERSON

- Born in New York City (box 07 marked) - SKIP to Closing Statement
- Born in U.S. outside New York City (box 09 or 10 marked) - SKIP to 55
- Born outside U.S. (box 11-26 marked) - GO to 54a

54a. Did ... (reference person) move to the United States as an immigrant?

- 560** 1 Yes
2 No

b. In what year did ... (reference person) move to the United States?

561

55. In what year did ... (reference person) move to New York City? (most recent move if more than one)

562

CLOSING STATEMENT

Thank you for answering the survey questions. Before I turn it in, I'll review this form to make certain I didn't skip anything. If I did, it would be easier to call you back rather than return here. Would you please give me your phone number in case I need to follow-up?

Area code Number

-

029

END INTERVIEW. Fill items N and O on the front cover.

Notes

Section II - VACANT UNITS

56. If this apartment (house) is occupied, will it be the first occupancy since its construction, gut rehabilitation, or creation through conversion?

- 518** 1 Yes, first occupancy
 2 No, previously occupied
 3 Don't know

NOTE - Questions 57-59a, 60a and 60b pertain to the building. Be certain to mark (X) the same box for each form in the same building.

57. How many units are in this building?

If the respondent doesn't know, canvass the building and count the units.

- 519** 01 1 unit without business
 02 1 unit with business
 03 2 units without business
 04 2 units with business
 05 3 units
 06 4 units
 07 5 units
 08 6 to 9 units
 09 10 to 12 units
 10 13 to 19 units
 11 20 to 49 units
 12 50 to 99 units
 13 100 to 199 units
 14 200 or more units

58. Does the owner of this building live in this building?

- 520** 1 Yes
 2 No
 3 Don't know

59a. How many stories are in this building?

Count the basement if there are people living in it.

- 521** 01 One - SKIP to 60c
 02 Two
 03 Three
 04 Four
 05 Five
 06 6 to 10
 07 11 to 20
 08 21 to 40
 09 41 or more

b. On what floor is this unit?

Enter the 2-digit floor number or mark (X) box "0" if basement unit. Enter the lowest floor number if on more than one floor.

- 0 Basement
- 554**

--	--

 Floor

60a. Is there a passenger elevator in this building?

- 522** 1 Yes
 2 No - SKIP to 60c

b. Is it possible to go from the sidewalk to a passenger elevator without going up or down any steps or stairs?

- 553** 1 Yes
 2 No
 3 Don't know

c. Is it possible to go from the sidewalk to this unit without going up or down any steps or stairs?

- 555** 1 Yes
 2 No
 3 Don't know

61a. How many rooms are in this apartment (house)? Do not count bathrooms, porches, balconies, halls, foyers, or half-rooms.

- 523** 1 One - SKIP to 62a
 2 Two
 3 Three
 4 Four
 5 Five
 6 Six
 7 Seven
 8 Eight or more

b. Of these rooms, how many are bedrooms?

- 524** 01 None
 02 One
 03 Two
 04 Three
 05 Four
 06 Five
 07 Six
 08 Seven
 09 Eight or more

Notes

Section II - VACANT UNITS - Continued

<p>62a. Does this apartment (house) have complete plumbing facilities; that is, hot and cold piped water, a flush toilet, and a bathtub or shower?</p>	<p>525 0 <input type="checkbox"/> Yes, has complete plumbing facilities – <i>GO to 62b</i> 1 <input type="checkbox"/> No, has some but not all facilities in this apartment (house) 2 <input type="checkbox"/> No plumbing facilities in this apartment (house)</p>
<p>b. Are these facilities for the exclusive use of the intended occupants of this apartment (house) or are they also intended for use by the occupants of another apartment (house)?</p>	<p>526 3 <input type="checkbox"/> For the exclusive use of the intended occupants of this apartment (house) 4 <input type="checkbox"/> Also intended for use by the occupants of another apartment (house)</p>
<p>63a. Does this apartment (house) have complete kitchen facilities? Complete kitchen facilities include a sink with piped water, a range or cookstove, and a refrigerator.</p>	<p>527 0 <input type="checkbox"/> Yes, has complete kitchen facilities – <i>GO to 63b</i> 1 <input type="checkbox"/> No, has some but not all facilities in this apartment (house) 2 <input type="checkbox"/> No kitchen facilities in this apartment (house), but facilities available in building 3 <input type="checkbox"/> No kitchen facilities in this building</p>
<p>b. Are these facilities for the exclusive use of the intended occupants of this apartment (house) or are they also intended for use by the occupants of another apartment (house)?</p>	<p>528 4 <input type="checkbox"/> For the exclusive use of the intended occupants of this apartment (house) 5 <input type="checkbox"/> Also intended for use by the occupants of another apartment (house)</p>
<p>64. How is this apartment (house) heated – by fuel oil, utility gas, electricity, or with some other fuel?</p>	<p>529 1 <input type="checkbox"/> Fuel oil 2 <input type="checkbox"/> Utility gas 3 <input type="checkbox"/> Electricity 4 <input type="checkbox"/> Other fuel (including CON ED steam) 5 <input type="checkbox"/> Don't know</p>
<p>65. Is this apartment (house) part of a condominium or cooperative building or development? <i>A condominium is a building or development with individually owned apartments or houses having commonly owned areas and grounds. A cooperative or co-op is a building or development that is owned by its shareholders.</i></p>	<p>530 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, a condominium 3 <input type="checkbox"/> Yes, a cooperative 4 <input type="checkbox"/> Don't know</p>
<p>66. How long has this apartment (house) been vacant?</p>	<p>531 1 <input type="checkbox"/> Less than 1 month 2 <input type="checkbox"/> 1 up to 2 months 3 <input type="checkbox"/> 2 up to 3 months 4 <input type="checkbox"/> 3 up to 6 months 5 <input type="checkbox"/> 6 up to 12 months 6 <input type="checkbox"/> 1 year or more</p>
<p>67a. Before this apartment (house) became vacant was it owner or renter occupied?</p>	<p>532 1 <input type="checkbox"/> Owner occupied 2 <input type="checkbox"/> Renter occupied 3 <input type="checkbox"/> Never previously occupied 4 <input type="checkbox"/> Don't know</p>
<p>b. Before this apartment (house) became vacant was it part of a condominium or cooperative building or development?</p>	<p>533 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, a condominium 3 <input type="checkbox"/> Yes, a cooperative 4 <input type="checkbox"/> Don't know</p>

Notes

Section II - VACANT UNITS - Continued

68. Is this apartment (house) -

- 534** 1 Available for rent? – *SKIP to 70*
 2 Available for sale only? – *SKIP to closing statement below.*
 3 Not available for rent or sale? – *GO to 69*

69. What are the reasons that this apartment (house) is not available for sale or rent?

List all reasons mentioned, and then be sure to mark (X) ONLY one box for the primary reason.

- 535** 01 Rented, not yet occupied
 02 Sold, not yet occupied
 03 Unit or building is undergoing renovation
 04 Unit or building is awaiting renovation
 05 Being converted to nonresidential purposes
 06 There is a legal dispute involving the unit
 07 Being converted or awaiting conversion to condominium or cooperative
 08 Held for occasional, seasonal, or recreational use
 09 The owner cannot rent or sell at this time due to personal problems (e.g. age or illness)
 10 Being held pending sale of building
 11 Being held for planned demolition
 12 Held for other reasons – *Specify* ↘

SKIP to closing statement below.

70. What is the MONTHLY asking rent?

(If rent is paid other than monthly, refer to the manual on how to convert it.)

INTERVIEWER: If the respondent indicates that the monthly rent for the vacant unit is based upon the income of the tenant – ask for a rent range such as \$700–\$800. Then enter the midpoint of the range; in this case \$750.

536 \$ _____ . Per month

CLOSING STATEMENT

Thank you for answering the survey questions. Before I turn it in, I'll review this form to make certain I didn't skip anything. If I did, it would be easier to call you back rather than return here. Would you please give me your phone number in case I need to follow-up?

Area code Number

-

END INTERVIEW. Fill item N on the front cover.

Notes

C. RECORD OF VISITS (Continued from page 1)

Date	Time	Remarks
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	
CREW LEADER/ASSISTANT		
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	