

Para completar el cuestionario en español, dele la vuelta y complete el lado verde.

Start here OR go to <https://survey.census.gov/censustest> to complete the 2016 Census Test.

Use a blue or black pen.

Before you answer Question 1, count the people living in this house, apartment, or mobile home using our guidelines.

- Count all people, including babies, who live and sleep here most of the time.
- If no one lives or sleeps at this address, go to <https://survey.census.gov/censustest> or call the number on page 8.

The Census Bureau also conducts counts in institutions and other places, so:

- Do not count anyone living away either at college or in the Armed Forces.
- Do not count anyone in a nursing home, jail, prison, detention facility, etc., on April 1, 2011.
- Leave these people off your form, even if they will return to live here after they leave college, the nursing home, the military, jail, etc. Otherwise, they may be counted twice.

The Census must also include people without a permanent place to stay, so:

- If someone who has no permanent place to stay is staying here on April 1, 2011, count that person.

1. How many people were living or staying in this house, apartment, or mobile home on April 1, 2011?

Number of people =

2. Were there any additional people staying here that you did not include in Question 1?

Mark all that apply.

- Children, such as newborn babies or foster children
- Relatives, such as adult children, cousins, or in-laws
- Nonrelatives, such as roommates or live-in babysitters
- People staying here temporarily
- No additional people

3. Is this house, apartment, or mobile home — Mark ONE box.

- Owned by you or someone in this household with a mortgage or loan? *Include home equity loans.*
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented?
- Occupied without payment of rent?

4. What is your telephone number? We will only contact you if needed for official Census Bureau business.

Telephone Number
 - -

11356011

Person 1

5. Please provide information for each person living here. If there is someone living here who pays the rent or owns this residence, start by listing him or her as Person 1. If the owner or the person who pays the rent does not live here, start by listing any adult living here as Person 1.

What is Person 1's name? *Print name below.*

First Name MI

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Last Name(s)

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6. What is Person 1's sex? Mark ONE box.

Male Female

7. What is Person 1's age and what is Person 1's date of birth? *For babies less than 1 year old, do not write the age in months. Write 0 as the age.*

Print numbers in boxes.

Age on 04/15/2015	Month	Day	Year of birth
years			

8. Which categories describe Person 1? Mark all boxes that apply AND print details in the spaces below. Note, you may report more than one group.

White – Print, for example, German, Irish, English, Italian, Polish, French, etc.

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Hispanic, Latino, or Spanish – Print, for example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, etc.

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Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.

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Asian – Print, for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.

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American Indian or Alaska Native – Print, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.

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Middle Eastern or North African – Print, for example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.

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Native Hawaiian or Other Pacific Islander – Print, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.

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Some other race, ethnicity, or origin – Print details.

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9. Does Person 1 sometimes live or stay somewhere else?

No → SKIP to Person 2 if more people live here.

<input type="checkbox"/> Yes, for college	<input type="checkbox"/> Yes, with a parent or other relative
<input type="checkbox"/> Yes, for a military assignment	<input type="checkbox"/> Yes, at a seasonal or second residence
<input type="checkbox"/> Yes, for a job or business	<input type="checkbox"/> Yes, in jail or prison
<input type="checkbox"/> Yes, in a nursing home	<input type="checkbox"/> Yes, for another reason

10. If you marked yes to Question 9, please provide the full address of the other place where Person 1 sometimes lives or stays.

Address Number *(For example: 5007)*

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Street Name *(For example: N Maple Ave)*

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Apt/Unit *(For example: "Apt A" or "Lot 3")*

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Rural Route Address *(if there is no street address)*

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City

--

State ZIP Code

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County, Parish, or Borough

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→ NOTE: Please provide a location description below if there is no address or if this is a facility.

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11. Where does Person 1 live or stay most of the time?

The address printed on the front of this questionnaire

The address or location you listed in Question 10

Both places equally

Some other place

12. On Sept 1, 2015, where was Person 1 staying?

The address printed on the front of this questionnaire

The address or location you listed in Question 10

Some other place

→ If more people were counted in Question 1 on the front page, continue with Person 2 on the next page.

1. Print name of **Person 2**

First Name MI

Last Name(s)

2. How is this person related to Person 1? Mark ONE box.

- Opposite-sex husband/wife/spouse, Opposite-sex unmarried partner, Same-sex husband/wife/spouse, Same-sex unmarried partner, Biological son or daughter, Adopted son or daughter, Stepson or stepdaughter, Brother or sister, Father or mother, Grandchild, Parent-in-law, Son-in-law or daughter-in-law, Other relative, Housemate or roommate, Foster child, Other nonrelative

3. What is this person's sex? Mark ONE box.

Male Female

4. What is this person's age and what is this person's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Age on Sept 1, 2015 years, Month, Day, Year of birth

5. Which categories describe this person?

Mark all boxes that apply AND print details in the spaces below. Note, you may report more than one group.

- White - Print, for example, German, Irish, English, Italian, Polish, French, etc.
Hispanic, Latino, or Spanish - Print, for example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, etc.
Black or African Am. - Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
Asian - Print, for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.
American Indian or Alaska Native - Print, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc
Middle Eastern or North African - Print, for example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.
Native Hawaiian or Other Pacific Islander - Print, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.
Some other race, ethnicity, or origin - Print details.

6. Does this person sometimes live or stay somewhere else?

- No -> SKIP to the next person if more people live here.
Yes, for college; Yes, for a military assignment; Yes, for a job or business; Yes, in a nursing home; Yes, with a parent or other relative; Yes, at a seasonal or second residence; Yes, in jail or prison; Yes, for another reason

7. If you marked yes to Question 6, please provide the full address of the other place where this person sometimes lives or stays.

Address Number (For example: 5007)
Street Name (For example: N Maple Ave)
Apt/Unit (For example: "Apt A" or "Lot 3")
Rural Route Address (if there is no street address)
City
State ZIP Code
County, Parish, or Borough

NOTE: Please provide a location description below if there is no address or if this is a facility.

Location description input fields

8. Where does this person live or stay most of the time?

- The address printed on the front of this questionnaire; The address or location you listed in Question 7; Both places equally; Some other place

9. On Sept 1, 2015, where was this person staying?

- The address printed on the front of this questionnaire; The address or location you listed in Question 7; Some other place

If more people were counted in Question 1 on the front page, continue with Person 3 on the next page.

1. Print name of

Person 3

First Name

MI

Input boxes for first name and middle initial

Last Name(s)

Input box for last name

2. How is this person related to Person 1? Mark ONE box.

- Opposite-sex husband/wife/spouse, Opposite-sex unmarried partner, Same-sex husband/wife/spouse, Same-sex unmarried partner, Biological son or daughter, Adopted son or daughter, Stepson or stepdaughter, Brother or sister, Father or mother, Grandchild, Parent-in-law, Son-in-law or daughter-in-law, Other relative, Housemate or roommate, Foster child, Other nonrelative

3. What is this person's sex? Mark ONE box.

- Male, Female

4. What is this person's age and what is this person's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Print numbers in boxes.

Age on Sept 1, 2015, Month, Day, Year of birth input boxes

5. Which categories describe this person?

Mark all boxes that apply AND print details in the spaces below. Note, you may report more than one group.

- White, Hispanic, Latino, or Spanish, Black or African Am., Asian, American Indian or Alaska Native, Middle Eastern or North African, Native Hawaiian or Other Pacific Islander, Some other race, ethnicity, or origin

6. Does this person sometimes live or stay somewhere else?

- No, Yes, for college, Yes, for a military assignment, Yes, for a job or business, Yes, in a nursing home, Yes, with a parent or other relative, Yes, at a seasonal or second residence, Yes, in jail or prison, Yes, for another reason

7. If you marked yes to Question 6, please provide the full address of the other place where this person sometimes lives or stays.

Address Number (For example: 5007)

Input box for address number

Street Name (For example: N Maple Ave)

Input box for street name

Input box for street name continuation

Apt/Unit (For example: "Apt A" or "Lot 3")

Input box for apt/unit

Rural Route Address (if there is no street address)

Input box for rural route address

Input box for rural route address continuation

City

Input box for city

State ZIP Code

Input boxes for state and zip code

County, Parish, or Borough

Input box for county

NOTE: Please provide a location description below if there is no address or if this is a facility.

Input box for location description

Input box for location description continuation

8. Where does this person live or stay most of the time?

- The address printed on the front of this questionnaire, The address or location you listed in Question 7, Both places equally, Some other place

9. On Sept 1, 2015, where was this person staying?

- The address printed on the front of this questionnaire, The address or location you listed in Question 7, Some other place

If more people were counted in Question 1 on the front page, continue with Person 4 on the next page.

1. Print name of Person 4

First Name MI

Last Name(s)

2. How is this person related to Person 1? Mark ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Opposite-sex husband/wife/spouse | <input type="checkbox"/> Father or mother |
| <input type="checkbox"/> Opposite-sex unmarried partner | <input type="checkbox"/> Grandchild |
| <input type="checkbox"/> Same-sex husband/wife/spouse | <input type="checkbox"/> Parent-in-law |
| <input type="checkbox"/> Same-sex unmarried partner | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Other nonrelative |

3. What is this person's sex? Mark ONE box.

- Male Female

4. What is this person's age and what is this person's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Print numbers in boxes.

Age on Sept 1, 2015 Month Day Year of birth

years

5. Which categories describe this person?

Mark all boxes that apply AND print details in the spaces below. Note, you may report more than one group.

- White** – Print, for example, German, Irish, English, Italian, Polish, French, etc.
- Hispanic, Latino, or Spanish** – Print, for example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, etc.
- Black or African Am.** – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
- Asian** – Print, for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.
- American Indian or Alaska Native** – Print, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
- Middle Eastern or North African** – Print, for example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.
- Native Hawaiian or Other Pacific Islander** – Print, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.
- Some other race, ethnicity, or origin** – Print details.

6. Does this person sometimes live or stay somewhere else?

- | | |
|---|---|
| <input type="checkbox"/> No → SKIP to the next person if more people live here. | <input type="checkbox"/> Yes, with a parent or other relative |
| <input type="checkbox"/> Yes, for college | <input type="checkbox"/> Yes, at a seasonal or second residence |
| <input type="checkbox"/> Yes, for a military assignment | <input type="checkbox"/> Yes, in jail or prison |
| <input type="checkbox"/> Yes, for a job or business | <input type="checkbox"/> Yes, for another reason |
| <input type="checkbox"/> Yes, in a nursing home | |

7. If you marked yes to Question 6, please provide the full address of the other place where this person sometimes lives or stays.

Address Number (For example: 5007)

Street Name (For example: N Maple Ave)

Apt/Unit (For example: "Apt A" or "Lot 3")

Rural Route Address (if there is no street address)

City

State ZIP Code

County, Parish, or Borough

→ NOTE: Please provide a location description below if there is no address or if this is a facility.

8. Where does this person live or stay most of the time?

- The address printed on the front of this questionnaire
- The address or location you listed in Question 7
- Both places equally
- Some other place

9. On Sept 1, 2015, where was this person staying?

- The address printed on the front of this questionnaire
- The address or location you listed in Question 7
- Some other place

→ If more people were counted in Question 1 on the front page, continue with Person 5 on the next page.

1. Print name of **Person 5**

First Name MI Last Name(s)

2. How is this person related to Person 1? Mark [X] ONE box.

- Opposite-sex husband/wife/spouse, Opposite-sex unmarried partner, Same-sex husband/wife/spouse, Same-sex unmarried partner, Biological son or daughter, Adopted son or daughter, Stepson or stepdaughter, Brother or sister, Father or mother, Grandchild, Parent-in-law, Son-in-law or daughter-in-law, Other relative, Housemate or roommate, Foster child, Other nonrelative

3. What is this person's sex? Mark [X] ONE box.

Male Female

4. What is this person's age and what is this person's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Age on Sept 1, 2015 years Month Day Year of birth

5. Which categories describe this person?

- White - Print, for example, German, Irish, English, Italian, Polish, French, etc.
Hispanic, Latino, or Spanish - Print, for example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, etc.
Black or African Am. - Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
Asian - Print, for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.
American Indian or Alaska Native - Print, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc
Middle Eastern or North African - Print, for example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.
Native Hawaiian or Other Pacific Islander - Print, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.
Some other race, ethnicity, or origin - Print details.

6. Does this person sometimes live or stay somewhere else?

- No -> SKIP to the next person if more people live here.
Yes, for college; Yes, for a military assignment; Yes, for a job or business; Yes, in a nursing home; Yes, with a parent or other relative; Yes, at a seasonal or second residence; Yes, in jail or prison; Yes, for another reason

7. If you marked yes to Question 6, please provide the full address of the other place where this person sometimes lives or stays.

Address Number (For example: 5007)
Street Name (For example: N Maple Ave)
Apt/Unit (For example: "Apt A" or "Lot 3")
Rural Route Address (if there is no street address)
City
State ZIP Code
County, Parish, or Borough

NOTE: Please provide a location description below if there is no address or if this is a facility.

8. Where does this person live or stay most of the time?

- The address printed on the front of this questionnaire; The address or location you listed in Question 7; Both places equally; Some other place

9. On Sept 1, 2015, where was this person staying?

- The address printed on the front of this questionnaire; The address or location you listed in Question 7; Some other place

If more people were counted in Question 1 on the front page, continue with Person 6 on the next page.

1. Print name of Person 6

First Name MI

Last Name(s)

2. How is this person related to Person 1? Mark ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Opposite-sex husband/wife/spouse | <input type="checkbox"/> Father or mother |
| <input type="checkbox"/> Opposite-sex unmarried partner | <input type="checkbox"/> Grandchild |
| <input type="checkbox"/> Same-sex husband/wife/spouse | <input type="checkbox"/> Parent-in-law |
| <input type="checkbox"/> Same-sex unmarried partner | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Other nonrelative |

3. What is this person's sex? Mark ONE box.

Male Female

4. What is this person's age and what is this person's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Print numbers in boxes.

Age on Sept 1, 2015 Month Day Year of birth

years

5. Which categories describe this person?

Mark all boxes that apply AND print details in the spaces below. Note, you may report more than one group.

- White** – Print, for example, German, Irish, English, Italian, Polish, French, etc.
- Hispanic, Latino, or Spanish** – Print, for example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, etc.
- Black or African Am.** – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
- Asian** – Print, for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.
- American Indian or Alaska Native** – Print, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
- Middle Eastern or North African** – Print, for example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc.
- Native Hawaiian or Other Pacific Islander** – Print, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.
- Some other race, ethnicity, or origin** – Print details.

6. Does this person sometimes live or stay somewhere else?

- | | |
|---|---|
| <input type="checkbox"/> No → SKIP to the next person if more people live here. | |
| <input type="checkbox"/> Yes, for college | <input type="checkbox"/> Yes, with a parent or other relative |
| <input type="checkbox"/> Yes, for a military assignment | <input type="checkbox"/> Yes, at a seasonal or second residence |
| <input type="checkbox"/> Yes, for a job or business | <input type="checkbox"/> Yes, in jail or prison |
| <input type="checkbox"/> Yes, in a nursing home | <input type="checkbox"/> Yes, for another reason |

7. If you marked yes to Question 6, please provide the full address of the other place where this person sometimes lives or stays.

Address Number (For example: 5007)

Street Name (For example: N Maple Ave)

Apt/Unit (For example: "Apt A" or "Lot 3")

Rural Route Address (if there is no street address)

City

State ZIP Code

County, Parish, or Borough

→ NOTE: Please provide a location description below if there is no address or if this is a facility.

8. Where does this person live or stay most of the time?

- The address printed on the front of this questionnaire
- The address or location you listed in Question 7
- Both places equally
- Some other place

9. On Sept 1, 2015, where was this person staying?

- The address printed on the front of this questionnaire
- The address or location you listed in Question 7
- Some other place

→ If more people were counted in Question 1 on the front page, continue with Person 7 on the next page.

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Use this section to complete information for the rest of the people you counted in Question 1 on the front page.
We may call for additional information about them.

Person 7

First Name **MI** **Last Name(s)**
Sex Male Female **Age on Sept 1, 2015** years **Date of Birth** / / **Related to Person 1?** Yes No

Person 8

First Name **MI** **Last Name(s)**
Sex Male Female **Age on Sept 1, 2015** years **Date of Birth** / / **Related to Person 1?** Yes No

Person 9

First Name **MI** **Last Name(s)**
Sex Male Female **Age on Sept 1, 2015** years **Date of Birth** / / **Related to Person 1?** Yes No

Person 10

First Name **MI** **Last Name(s)**
Sex Male Female **Age on Sept 1, 2015** years **Date of Birth** / / **Related to Person 1?** Yes No

FOR OFFICIAL USE ONLY

JIC1 **JIC2**

Thank you for completing the 2016 Census Test.

If your enclosed postage-paid envelope is missing, please mail your completed form to:

U.S. Census Bureau
National Processing Center
1201 East 10th Street
Jeffersonville, IN 47132

If you need help completing this form, call 1-866-226-2836, Monday through Saturday from 9:00 a.m. to 12:00 a.m. EST, and Sunday from 11:00 a.m. to 12:00 a.m. EST. The telephone call is free.

TDD — Telephone display device for the hearing impaired. Call 1-800-786-9448, Monday through Saturday from 9:00 a.m. to 12:00 a.m. EST, and Sunday from 11:00 a.m. to 12:00 a.m. EST. The telephone call is free.

The U.S. Census Bureau estimates that, for the average household, this form will take about 10 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this burden to: Paperwork Reduction Project xxxx-xxxx, U.S. Census Bureau, DMD-3H174, 4600 Silver Hill Road, Washington, DC 20233. You may e-mail comments to <2020.census.paperwork@census.gov>; use "Paperwork Project xxxx-xxxx" as the subject.

You are not required to respond to this collection of information if it does not display a valid approval number from the Office of Management and Budget (OMB). The eight-digit OMB number is xxxx-xxxx.

Use esta sección para completar la información sobre el resto de las personas que usted contó en la Pregunta 1 en la primera página. Puede que lo llamemos para obtener información adicional sobre ellas.

Persona 7

Nombre

Inicial Apellidos

Sexo **Edad el 1 de abril de 2016** **Fecha de nacimiento** **¿Relacionada con la Persona 1?**
 Masculino Femenino años Mes Día Año de nacimiento Sí No

Persona 8

Nombre

Inicial Apellidos

Sexo **Edad el 1 de abril de 2016** **Fecha de nacimiento** **¿Relacionada con la Persona 1?**
 Masculino Femenino años Mes Día Año de nacimiento Sí No

Persona 9

Nombre

Inicial Apellidos

Sexo **Edad el 1 de abril de 2016** **Fecha de nacimiento** **¿Relacionada con la Persona 1?**
 Masculino Femenino años Mes Día Año de nacimiento Sí No

Persona 10

Nombre

Inicial Apellidos

Sexo **Edad el 1 de abril de 2016** **Fecha de nacimiento** **¿Relacionada con la Persona 1?**
 Masculino Femenino años Mes Día Año de nacimiento Sí No

PARA USO OFICIAL SOLAMENTE

JIC1	JIC2
<input type="text"/>	<input type="text"/>

Gracias por completar la Prueba del Censo del 2016.

Si no tiene el sobre con sello que se incluye para la devolución del cuestionario, por favor, envíe por correo su cuestionario completado a:

U.S. Census Bureau
 National Processing Center
 1201 East 10th Street
 Jeffersonville, IN 47132

Si necesita ayuda para completar este cuestionario, llame al 1-888-262-5931, de lunes a sábado, de 9:00 a.m. a 12:00 a.m. EST, y los domingos de 11:00 a.m. a 12:00 a.m. EST. La llamada telefónica es gratis.

TDD — Aparato con monitor telefónico para los discapacitados auditivos. Llame al 1-800-786-9448, de lunes a sábado, de 9:00 a.m. a 12:00 a.m. EST, y los domingos de 11:00 a.m. a 12:00 a.m. EST. La llamada telefónica es gratis.

La Oficina del Censo estima que al hogar típico le tomará aproximadamente 10 minutos completar este cuestionario, incluyendo el tiempo que toma para revisar las instrucciones y respuestas. Los comentarios sobre el estimado del tiempo o cualquier otro aspecto relacionado deben dirigirse a: Paperwork Reduction Project xxxx-xxxx, U.S. Census Bureau, DMD-3H174, 4600 Silver Hill Road, Washington, DC 20233. Puede enviar comentarios por correo electrónico a <2020.census.paperwork@census.gov>; utilice "Paperwork Reduction Project xxxx-xxxx" como tema.

Usted no tiene la obligación de responder a esta recopilación de información si no muestra un número de aprobación válido de la Oficina de Administración y Presupuesto (OMB). El número de ocho cifras de la OMB es xxxx-xxxx.

1. Escriba el nombre de la Persona 6

Nombre Inicial

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Apellidos

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2. ¿Cómo está esta persona relacionada con la Persona 1?
 Marque UNA casilla.

- | | |
|--|---|
| <input type="checkbox"/> Esposo/esposa del sexo opuesto | <input type="checkbox"/> Padre o madre |
| <input type="checkbox"/> Pareja no casada del sexo opuesto | <input type="checkbox"/> Nieto(a) |
| <input type="checkbox"/> Esposo/esposa del mismo sexo | <input type="checkbox"/> Suegro(a) |
| <input type="checkbox"/> Pareja no casada del mismo sexo | <input type="checkbox"/> Yerno o nuera |
| <input type="checkbox"/> Hijo(a) biológico(a) o de sangre | <input type="checkbox"/> Otro pariente |
| <input type="checkbox"/> Hijo(a) adoptivo(a) | <input type="checkbox"/> Compañero(a) de casa o de cuarto |
| <input type="checkbox"/> Hijastro(a) | <input type="checkbox"/> Hijo(a) foster |
| <input type="checkbox"/> Hermano(a) | <input type="checkbox"/> Otra persona que no es pariente |

3. ¿Cuál es el sexo de esta persona? Marque UNA casilla.

- Masculino Femenino

4. ¿Cuál es la edad de esta persona y cuál es su fecha de nacimiento?
 Para bebés menores de un año, no escriba los meses de edad. Solo escriba 0.

Escriba los números en las casillas.

Edad el 1 de abril de 2016 Mes Día Año de nacimiento

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años

5. ¿Cuáles de estas categorías describen a esta persona?

- Marque todas las casillas que apliquen Y escriba en los siguientes espacios su categoría específica. Tenga en cuenta que puede reportar más de un grupo.
- Blanco(a)** – Escriba, por ejemplo, alemán, irlandés, inglés, italiano, polaco, francés, etc.
- | |
|--|
| |
|--|
- Hispano, latino, o español** – Escriba, por ejemplo, mexicano o mexicano americano, puertorriqueño, cubano, salvadoreño, dominicano, colombiano, etc.
- | |
|--|
| |
|--|
- Negro(a) o afroamericano(a)** – Escriba, por ejemplo, afroamericano, jamaquino, haitiano, nigeriano, etíope, somalí, etc.
- | |
|--|
| |
|--|
- Asiático(a)** – Escriba, por ejemplo, chino, filipino, indio asiático, vietnamita, coreano, japonés, etc.
- | |
|--|
| |
|--|
- Indígena de las Américas o nativo(a) de Alaska** – Escriba, por ejemplo, Navajo Nation, Blackfeet Tribe, maya, azteca, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
- | |
|--|
| |
|--|
- Del Medio Oriente o del Norte de África** – Escriba, por ejemplo, libanés, iraní, egipcio, sirio, marroquí, argelino, etc.
- | |
|--|
| |
|--|
- Nativo(a) de Hawaii o de otra de las islas del Pacífico** – Escriba, por ejemplo, nativo de Hawaii, samoano, Chamorro, tongano, fiyiano, de las Islas Marshall, etc.
- | |
|--|
| |
|--|
- Alguna otra raza u origen étnico** – Especifique.
- | |
|--|
| |
|--|

6. ¿Vive o se queda a veces esta persona en algún otro lugar?

- | | |
|---|--|
| <input type="checkbox"/> No → PASE a la próxima persona si hay más personas que viven aquí. | |
| <input type="checkbox"/> Sí, en una vivienda universitaria | <input type="checkbox"/> Sí, con el padre, la madre u otro pariente |
| <input type="checkbox"/> Sí, en el servicio militar | <input type="checkbox"/> Sí, en una vivienda de temporada o segunda residencia |
| <input type="checkbox"/> Sí, por un empleo o negocio | <input type="checkbox"/> Sí, en la cárcel o prisión |
| <input type="checkbox"/> Sí, en un hogar de ancianos o nursing home | <input type="checkbox"/> Sí, por alguna otra razón |

7. Si usted marcó que sí a la Pregunta 6, proporcione la dirección completa del otro lugar donde esta persona vive o se queda a veces.

Número de la dirección (Por ejemplo: 5007)

--

Nombre de la calle (Por ejemplo: N Maple Ave)

--

Apto/Unidad (Por ejemplo: "Apto A" o "Lote 3")

--

Dirección de Ruta Rural (si no hay dirección de calle)

--

Ciudad

--

Estado Código Postal

--	--

Condado, parroquia o distrito

--

→ NOTA: Por favor, provea a continuación una descripción del lugar si no hay dirección o si el lugar es una instalación.

8. ¿Dónde vive o se queda esta persona la mayor parte del tiempo?

- La dirección que aparece al dorso de este cuestionario
- La dirección o lugar que usted mencionó en la Pregunta 7
- Ambos lugares por igual
- Algún otro lugar

9. ¿Dónde se quedaba esta persona el 1 de abril de 2016?

- La dirección que aparece al dorso de este cuestionario
- La dirección o lugar que usted mencionó en la Pregunta 7
- Algún otro lugar

→ Si se contaron más personas en la Pregunta 1 en la primera página, continúe con la Persona 7 en la próxima página.

Persona 1

5. Por favor, provea información para cada persona que vive aquí. Si hay alguien que vive aquí que paga el alquiler (renta) o es propietario de esta vivienda, comience la lista con él o ella como la Persona 1. Si el propietario o la persona que paga el alquiler (renta) no vive aquí, comience la lista con cualquier adulto que viva aquí como la Persona 1.

¿Cuál es el nombre de la Persona 1? Escriba el nombre a continuación.

Nombre Inicial

Apellidos

6. ¿Cuál es el sexo de la Persona 1? Marque UNA casilla.

Masculino Femenino

7. ¿Cuál es la edad de la Persona 1 y cuál es su fecha de nacimiento? Para bebés menores de un año, no escriba los meses de edad. Solo escriba 0.

Escriba los números en las casillas.

Edad el 1 de abril de 2016 Mes Día Año de nacimiento
 años

8. ¿Cuáles de estas categorías describen a la Persona 1?

Marque todas las casillas que apliquen Y escriba en los siguientes espacios su categoría específica. Tenga en cuenta que puede reportar más de un grupo.

Blanco(a) – Escriba, por ejemplo, alemán, irlandés, inglés, italiano, polaco, francés, etc.

Hispano, latino, o español – Escriba, por ejemplo, mexicano o mexicano americano, puertorriqueño, cubano, salvadoreño, dominicano, colombiano, etc.

Negro(a) o afroamericano(a) – Escriba, por ejemplo, afroamericano, jamaicano, haitiano, nigeriano, etíope, somalí, etc.

Asiático(a) – Escriba, por ejemplo, chino, filipino, indio asiático, vietnamita, coreano, japonés, etc.

Indígena de las Américas o nativo(a) de Alaska – Escriba, por ejemplo, Navajo Nation, Blackfeet Tribe, maya, azteca, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.

Del Medio Oriente o del Norte de África – Escriba, por ejemplo, libanés, iraní, egipcio, sirio, marroquí, argelino, etc.

Nativo(a) de Hawaii o de otra de las islas del Pacífico – Escriba, por ejemplo, nativo de Hawaii, samoano, Chamorro, tongano, fijiano, de las Islas Marshall, etc.

Alguna otra raza u origen étnico – Especifique.

9. ¿Vive o se queda a veces la Persona 1 en algún otro lugar?

- No → PASE a la Persona 2 si hay más personas que viven aquí.
- Sí, en una vivienda universitaria Sí, con el padre, la madre u otro pariente
- Sí, en el servicio militar Sí, en una vivienda de temporada o segunda residencia
- Sí, por un empleo o negocio Sí, en la cárcel o prisión
- Sí, en un hogar de ancianos o nursing home Sí, por alguna otra razón

10. Si usted marcó que sí a la Pregunta 9, proporcione la dirección completa del otro lugar donde la Persona 1 vive o se queda a veces.

Número de la dirección (Por ejemplo: 5007)

Nombre de la calle (Por ejemplo: N Maple Ave)

Apto/Unidad (Por ejemplo: "Apto A" o "Lote 3")

Dirección de Ruta Rural (si no hay dirección de calle)

Ciudad

Estado Código Postal

Condado, parroquia o distrito

→ NOTA: Por favor, provea a continuación una descripción del lugar si no hay dirección o si el lugar es una instalación.

11. ¿Dónde vive o se queda la Persona 1 la mayor parte del tiempo?

- La dirección que aparece al dorso de este cuestionario
- La dirección o lugar que usted mencionó en la Pregunta 10
- Ambos lugares por igual
- Algún otro lugar

12. ¿Dónde se quedaba la Persona 1 el 1 de abril de 2016?

- La dirección que aparece al dorso de este cuestionario
- La dirección o lugar que usted mencionó en la Pregunta 10
- Algún otro lugar

→ Si se contaron más personas en la Pregunta 1 en la primera página, continúe con la Persona 2 en la próxima página.

To complete the English questionnaire, flip this over and complete the blue side.

Comience aquí o visite <https://survey.census.gov/censustest> para completar la Prueba del Censo del 2016.

Use un bolígrafo de tinta azul o negra.

Antes de contestar la Pregunta 1, cuente a las personas que viven en esta casa, apartamento o casa móvil usando nuestras instrucciones.

- Cuente a todas las personas, incluyendo a bebés, que viven y duermen aquí la mayor parte del tiempo.
- Si nadie vive o duerme en esta dirección, visite <https://survey.census.gov/censustest> o llame al número que aparece en la página 8.

La Oficina del Censo también lleva a cabo recuentos en instituciones y otros lugares, por lo tanto:

- No cuente a alguien que no vive aquí por estar en la universidad o en las Fuerzas Armadas.
- No cuente a alguien que está en un hogar de ancianos o *nursing home*, cárcel, prisión, centro de detención, etc., el 1 de abril de 2016.
- No incluya a estas personas en su cuestionario, aunque vuelvan a vivir aquí después de salir de la universidad, hogar de ancianos o *nursing home*, ejército, cárcel, etc. De otra manera, serán contadas dos veces.

El Censo también tiene que incluir a las personas sin un lugar permanente donde quedarse, por lo tanto:

- Si alguien sin un lugar permanente donde quedarse se está quedando aquí el 1 de abril de 2016, cuente a esa persona.

1. ¿Cuántas personas estaban viviendo o quedándose en esta casa, apartamento o casa móvil el 1 de abril de 2016?

Número de personas =

2. ¿Había personas **adicionales** quedándose aquí el 1 de abril de 2016 que usted **no incluyó** en la Pregunta 1?

Marque todas las que apliquen.

- Niños, tales como bebés recién nacidos o hijos de crianza (*foster*)
- Parientes, tales como hijos adultos, primos o parientes políticos
- Personas que no son parientes, tales como compañeros de cuarto o niñeras que viven en el hogar
- Personas que se quedan aquí temporalmente
- No hay personas adicionales

3. ¿Es esta casa, apartamento o casa móvil — Marque UNA casilla.

- Propiedad suya o de alguien en este hogar con una hipoteca o crédito hipotecario? *Incluya los préstamos sobre el valor líquido de la casa.*
- Propiedad suya o de alguien en este hogar libre y sin deuda (sin una hipoteca o crédito hipotecario)?
- Alquilado(a) o rentado(a)?
- Ocupado(a) sin pago de alquiler o renta?

4. ¿Cuál es su número de teléfono?

Puede que lo llamemos si no entendemos una respuesta.

Número de teléfono

 - -

11356169