

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 under PERSON 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>b. Sex</b> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<b>c. Age</b> --   --   --   --
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02  **PERSON 2**

**a. Last name**

First name	<b>b. Sex</b> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<b>c. Age</b> --   --   --   --
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03  **PERSON 3**

**a. Last name**

First name	<b>b. Sex</b> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<b>c. Age</b> --   --   --   --
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04  **PERSON 4**

**a. Last name**

First name	<b>b. Sex</b> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<b>c. Age</b> --   --   --   --
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05  **PERSON 5**

**a. Last name**

First name	<b>b. Sex</b> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<b>c. Age</b> --   --   --   --
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06  **PERSON 6**

**a. Last name**

First name	<b>b. Sex</b> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<b>c. Age</b> --   --   --   --
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07  **PERSON 7**

**a. Last name**

First name	<b>b. Sex</b> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<b>c. Age</b> --   --   --   --
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**Use continuation form for additional persons.**



**Section I - OCCUPIED UNITS**

<b>d. How is ... related to ...</b> <i>(reference person) (person on Line 1)?</i>  Show Flashcard I and enter the appropriate code in the box below.	<b>e. Is ... of Spanish or Hispanic origin?</b>  <i>(If "Yes", read the categories and mark (X) the appropriate box; otherwise mark (X) "No.")</i>	<b>f. What is ...'s race? Select one or more categories from the flashcard.</b>  <i>Show Flashcard II and mark (X) all that apply, OR mark (X) box 12 only and print race.</i>	<b>These next two questions may seem like ones I asked before, but I must ask them to double check.</b>	
			(Don't ask for persons under 15)  <b>g. Does ... have a spouse or unmarried partner in the household?</b>	<b>h. Does ... have a parent in the household?</b>
<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <b>R</b> </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 checked="" type="checkbox"/> ↘ _____	(If "Yes", enter person number of spouse or partner; otherwise mark (X) "No".)  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	(If "Yes", enter person number(s) of parent(s); otherwise mark (X) "No".)  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; 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 checked="" type="checkbox"/> ↘ _____	(If "Yes", enter person number of spouse or partner; otherwise mark (X) "No".)  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	(If "Yes", enter person number(s) of parent(s); otherwise mark (X) "No".)  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; 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 checked="" type="checkbox"/> ↘ _____	(If "Yes", enter person number of spouse or partner; otherwise mark (X) "No".)  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	(If "Yes", enter person number(s) of parent(s); otherwise mark (X) "No".)  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; 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 checked="" type="checkbox"/> ↘ _____	(If "Yes", enter person number of spouse or partner; otherwise mark (X) "No".)  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	(If "Yes", enter person number(s) of parent(s); otherwise mark (X) "No".)  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <input type="checkbox"/> No
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<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; 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 checked="" type="checkbox"/> ↘ _____	(If "Yes", enter person number of spouse or partner; otherwise mark (X) "No".)  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	(If "Yes", enter person number(s) of parent(s); otherwise mark (X) "No".)  <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; 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 for the persons who answered "Yes" to 2a above.)  
Refer to the roster, page 2, and enter the person number(s) starting in box 055.

<b>055</b>	<b>056</b>	<b>057</b>	<b>058</b>	<b>059</b>	<b>060</b>
<b>061</b>	<b>062</b>	<b>063</b>	<b>064</b>	<b>065</b>	<b>066</b>

The following questions (3 through 11c) refer to the reference person (the person listed under PERSON 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.

- 051** IN NEW YORK CITY, SAME BUILDING
- 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  Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine, or Uzbekistan  
17  Other European countries  
18  China, Hong Kong, Taiwan  
19  Korea  
20  India  
21  Pakistan, Bangladesh  
22  Philippines  
23  Southeast Asia (Cambodia, Laos, Malaysia, Myanmar (Burma), Singapore, Thailand, Vietnam)  
24  Other Asia  
25  Africa  
26  All other countries – Specify ↴

**Section I - OCCUPIED UNITS - Continued**

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

Year  
         
*If 1971 - GO to 4b*  
*If any other year - SKIP to 5*

**052**

**b. Ask only if reference person moved here in 1971. Did . . . (reference person) move here on or after July 1 in 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 2014 or later - *GO to question 6*  
 Moved here 2013 or earlier - *SKIP to question 7 on page 5*

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

*Mark (X) ONLY one box.*

**EMPLOYMENT**

- 110** 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* \_\_\_\_\_

**Section I - OCCUPIED UNITS - Continued**

<b>7. Place of birth</b> <i>Show Flashcard IV to respondent.</i> <b>Where was</b> →	<b>a. ...</b> <i>(reference person)</i> <b>born?</b>	<b>b. ...'s</b> <i>(reference person's)</i> <b>father born?</b>	<b>c. ...'s</b> <i>(reference person's)</i> <b>mother born?</b>
07. New York City (responses 03-07 on Flashcard IV)	<b>111</b> 07 <input type="checkbox"/>	<b>112</b> 07 <input type="checkbox"/>	<b>113</b> 07 <input type="checkbox"/>
09. U.S., Outside New York City (responses 08 or 09 on Flashcard IV)	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. Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine, or Uzbekistan	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>
17. Other European countries	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 (Cambodia, Laos, Malaysia, Myanmar (Burma), 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 – <i>Specify</i>	26 <input type="checkbox"/> – <i>Specify</i> ↘	26 <input type="checkbox"/> – <i>Specify</i> ↘	26 <input type="checkbox"/> – <i>Specify</i> ↘
<i>Mark (X) box 07 above for categories 03-07 on Flashcard IV. Mark (X) box 09 for categories 08 and 09 on Flashcard IV.</i>			
<b>8. Is this apartment (house) part of a condominium or cooperative building or development?</b> <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>	<b>114</b> 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		
<b>9a. Is this apartment (house) owned or being bought by ... (reference person) or someone else in this household?</b>	<b>115</b> 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>b. Does ... (reference person) or someone else in this household own cooperative shares for this apartment (house)?</b>	<b>129</b> 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>		
<b>c. Does ... (reference person) pay cash rent for this apartment (house) or does he/she occupy it rent free?</b>	<b>116</b> 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>		
<b>CHECK ITEM B</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>		
<b>10a. Did ... (reference person) live here and pay cash rent at the time this building became a condominium or cooperative?</b>	<b>117</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know		
<b>b. When this apartment (house) became a condominium or cooperative was it done through a non-eviction plan?</b> <i>Under a non-eviction plan, tenants can NOT be evicted for NOT buying their unit.</i>	<b>118</b> 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**

**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  Owned and occupied by another household  
 2  Rented by reference person  
 3  Rented by another household  
 4  Never previously occupied  
 5  Don't know

**c. Before . . . (reference person) acquired this apartment (house) was it part of a condominium or cooperative building or development?**

- 121** 1  Yes  
 2  No  
 3  Don't know

**CHECK ITEM C**

REFER TO QUESTION 11a ABOVE  
 Acquired 2012 or later – GO to 12a  
 Acquired 2011 or earlier – SKIP to 13

**12a. What was the purchase price for this apartment (house)?**

**122** \$ \_\_\_\_\_ .

- 123** 0  Don't know

**b. What was the down payment for this apartment (house)?**

**124** \$ \_\_\_\_\_ .

- 125** 0  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** \$ \_\_\_\_\_ .

**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  Mortgage, home equity, or similar loan  
 2  Owned free and clear – SKIP to Check Item D

**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** \$ \_\_\_\_\_ .   Per month

**b. When did the most recent mortgage or loan on this apartment (house) originate?**

Month Year  
**133**   **134**

**c. What is the current interest rate on the most recent mortgage or loan on this apartment (house)?**

**135**   .   %

**CHECK ITEM D**

REFER TO QUESTION 8 ON PAGE 5  
 Condominium (box 2 marked) } GO to 16  
 Cooperative (box 3 marked) }  
 All other owner occupied (box 1 or 4 marked) – SKIP to 18a

**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** \$ \_\_\_\_\_ .

**CHECK ITEM E**

REFER TO QUESTION 1c ON PAGE 2 FOR EACH PERSON  
 With any household member age 62 or over – GO to 17  
 No household member age 62 or over – SKIP to 18a

**17. Is any household member receiving a Senior Citizen Carrying Charge Increase Exemption as part of the SCRIE program?**  
*(Senior Citizen Rent Increase Exemption)*

- 140** 1  Yes  
 2  No  
 3  Don't know

**18a. Is the fire and liability insurance premium for this apartment (house) paid separately?**  
*(Separately means not included in the mortgage or loan payment or the condominium or co-op maintenance fee.)*

- 141** 1  Yes – GO to 18b  
 2  No, included in mortgage or loan payment  
 3  No insurance } SKIP to 19a

**b. What was the cost of fire and liability insurance for 2016?**

**142** \$ \_\_\_\_\_ .

**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 2016?**

**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><b>25a. Does this apartment (house) have complete plumbing facilities; that is, hot and cold piped water, a flush toilet, and a bathtub or shower?</b></p>	<p><b>152</b> 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>b. Are these facilities for the exclusive use of this household or are they also for use by another household?</b></p>	<p><b>153</b> 3 <input type="checkbox"/> For the exclusive use of this household          4 <input type="checkbox"/> Also for use by another household</p>
<p><b>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?</b></p>	<p><b>154</b> 1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No          3 <input type="checkbox"/> No toilet in this apartment (house)</p>
<p><b>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.</b></p>	<p><b>155</b> 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>b. Are these facilities for the exclusive use of this household or are they also for use by another household?</b></p>	<p><b>156</b> 4 <input type="checkbox"/> For the exclusive use of this household          5 <input type="checkbox"/> Also for use by another household</p>
<p><b>c. Are all the kitchen facilities in your apartment (house) functioning?</b>  <i>(Sink, range/cookstove, and refrigerator)</i></p>	<p><b>157</b> 1 <input type="checkbox"/> Yes, all are functioning          2 <input type="checkbox"/> No, one or more is not working at all</p>
<p><b>27. How is this apartment (house) heated – by fuel oil, utility gas, electricity, or with some other fuel?</b></p>	<p><b>158</b> 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><b>28. I have some questions about utility costs.</b></p> <p><b>a. (1) Do you pay for your own electricity?</b></p>	<p><b>159</b> 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><b>(2) What is the average MONTHLY cost?</b></p>	<p><b>160</b> \$ _____ . <input style="width: 20px;" type="text" value="00"/></p>
<p><b>b. (1) Do you pay for your own gas?</b></p>	<p><b>161</b> 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><b>(2) What is the average MONTHLY cost?</b></p>	<p><b>162</b> \$ _____ . <input style="width: 20px;" type="text" value="00"/></p>
<p><b>IMPORTANT</b> – <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><b>c. What is your combined average electricity and gas payment each month?</b></p>	<p><b>163</b> \$ _____ . <input style="width: 20px;" type="text" value="00"/> } <i>Fill this ONLY when separate estimates cannot be given.</i></p>
<p><b>d. (1) Do you pay your own water and sewer charges?</b></p>	<p><b>164</b> 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><b>(2) What is the total YEARLY cost?</b></p>	<p><b>165</b> \$ _____ . <input style="width: 20px;" type="text" value="00"/></p>
<p><b>e. (1) Do you pay for your own oil, coal, kerosene, wood, steam, etc.?</b></p>	<p><b>166</b> 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 Check Item F</i></p>
<p><b>(2) What is the total YEARLY cost?</b></p>	<p><b>167</b> \$ _____ . <input style="width: 20px;" type="text" value="00"/></p>



**Section I - OCCUPIED UNITS - Continued**

<p><b>32a. Now, I would like to ask some questions about the condition of this apartment (house).</b></p> <p><b>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?</b></p>	<p><b>185</b> 0 <input type="checkbox"/> Yes – GO to 32b 1 <input type="checkbox"/> No – SKIP to 33</p>
<p><b>b. How many times did that happen?</b></p>	<p><b>186</b> 2 <input type="checkbox"/> One 3 <input type="checkbox"/> Two 4 <input type="checkbox"/> Three 5 <input type="checkbox"/> Four or more times</p>
<p><b>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.</b></p>	<p><b>187</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>34. Does your apartment (house) have functioning air conditioning? Would you say central air conditioning, one or more window air conditioners, or no air conditioning?</b></p> <p><i>NOTE: Central air takes priority over window units.</i></p>	<p><b>197</b> 1 <input type="checkbox"/> Yes, central air conditioning 2 <input type="checkbox"/> Yes, one or more window air conditioners 3 <input type="checkbox"/> No 4 <input type="checkbox"/> Don't know/Not sure</p>
<p><b>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?</b></p>	<p><b>188</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>b. During the past month, about how many cockroaches did you see in this apartment (house) on a typical day?</b></p>	<p><b>571</b> 1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1 to 5 3 <input type="checkbox"/> 6 to 19 4 <input type="checkbox"/> 20 or more 5 <input type="checkbox"/> Don't know/Not sure</p>
<p><b>c. Is this building serviced by an exterminator regularly, only when needed, irregularly, or not at all?</b></p>	<p><b>189</b> 1 <input type="checkbox"/> Regularly 2 <input type="checkbox"/> Only when needed 3 <input type="checkbox"/> Irregularly 4 <input type="checkbox"/> Not at all 5 <input type="checkbox"/> Don't know</p>
<p><b>36a. Does this apartment (house) have open cracks or holes in the interior walls or ceiling? Do not include hairline cracks.</b></p>	<p><b>190</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>b. Does this apartment (house) have holes in the floors?</b></p>	<p><b>191</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>37a. Is there any broken plaster or peeling paint on the ceiling or inside walls?</b></p>	<p><b>192</b> 0 <input type="checkbox"/> Yes – GO to 37b 1 <input type="checkbox"/> No – SKIP to 38</p>
<p><b>b. Is the area of broken plaster or peeling paint larger than 8½ inches by 11 inches?</b></p> <p><i>Show unfolded Fact Sheet or Survey Letter to demonstrate the 8½ x 11 size.</i></p>	<p><b>193</b> 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No</p>
<p><b>38. Has water leaked into your apartment (house) in the last 12 months, excluding leaks resulting from your own plumbing fixtures backing up or overflowing?</b></p>	<p><b>194</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>We are also interested in the condition of your neighborhood.</b></p> <p><b>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?</b></p>	<p><b>196</b> 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor</p>

**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><b>CHECK ITEM G</b></p> <p>Ask questions 40a-51b of ALL household members age 15 and above. Refer to question 1c on page 2 for each person's age.</p>	<p><b>40a. Did . . . work at any time last week?</b></p>	<p><b>b. How many hours did . . . work last week at all jobs?</b></p> <p>(Subtract time off; add overtime or extra hours worked)</p>	<p><b>41. Was . . . TEMPORARILY absent or on layoff from a job last week?</b></p>	<p><b>42. Has . . . been doing anything to find work during the last four weeks?</b></p>
<p><b>601</b></p> <p>1 <input type="checkbox"/> 15 years or older - Ask questions 40a-51b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 20</p>	<p><b>201</b></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><b>211</b></p> <p><input type="text"/> Hours - SKIP to 45a</p>	<p><b>221</b></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><b>231</b></p> <p>1 <input type="checkbox"/> Yes - SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p><b>602</b></p> <p>1 <input type="checkbox"/> 15 years or older - Ask questions 40a-51b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 20</p>	<p><b>202</b></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><b>212</b></p> <p><input type="text"/> Hours - SKIP to 45a</p>	<p><b>222</b></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><b>232</b></p> <p>1 <input type="checkbox"/> Yes - SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p><b>603</b></p> <p>1 <input type="checkbox"/> 15 years or older - Ask questions 40a-51b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 20</p>	<p><b>203</b></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><b>213</b></p> <p><input type="text"/> Hours - SKIP to 45a</p>	<p><b>223</b></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><b>233</b></p> <p>1 <input type="checkbox"/> Yes - SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p><b>604</b></p> <p>1 <input type="checkbox"/> 15 years or older - Ask questions 40a-51b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 20</p>	<p><b>204</b></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><b>214</b></p> <p><input type="text"/> Hours - SKIP to 45a</p>	<p><b>224</b></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><b>234</b></p> <p>1 <input type="checkbox"/> Yes - SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p><b>605</b></p> <p>1 <input type="checkbox"/> 15 years or older - Ask questions 40a-51b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 20</p>	<p><b>205</b></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><b>215</b></p> <p><input type="text"/> Hours - SKIP to 45a</p>	<p><b>225</b></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><b>235</b></p> <p>1 <input type="checkbox"/> Yes - SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p><b>606</b></p> <p>1 <input type="checkbox"/> 15 years or older - Ask questions 40a-51b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 20</p>	<p><b>206</b></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><b>216</b></p> <p><input type="text"/> Hours - SKIP to 45a</p>	<p><b>226</b></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><b>236</b></p> <p>1 <input type="checkbox"/> Yes - SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p><b>607</b></p> <p>1 <input type="checkbox"/> 15 years or older - Ask questions 40a-51b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 20</p>	<p><b>207</b></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><b>217</b></p> <p><input type="text"/> Hours - SKIP to 45a</p>	<p><b>227</b></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><b>237</b></p> <p>1 <input type="checkbox"/> Yes - SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>

**Section I - OCCUPIED UNITS - Continued**

<b>43. What is the main reason . . . is not looking for work?</b>	<b>44. When did . . . last work at his/her job or business?</b>	<b>The following questions ask about the job worked last week.</b> <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 2012.</i>		
		<b>45a. For whom did . . . work?</b> <i>Print the name of the company, employer, business, or branch of armed services if on active duty.</i>	<b>b. What kind of business or industry is this?</b> <i>For example: hospital, newspaper publishing, garment manufacturing, stock brokerage.</i>	<b>c. Is this mainly manufacturing, wholesale trade, retail trade, or something else?</b>
Show Flashcard V and enter the code. ↴  <b>631</b> <input type="text"/>	<b>241</b> 1 <input type="checkbox"/> 2017 } GO to 45a 2 <input type="checkbox"/> 2016 } 3 <input type="checkbox"/> 2012–2015 } 4 <input type="checkbox"/> 2011 or earlier } SKIP to 49b 5 <input type="checkbox"/> Never worked }	_____ _____ _____ _____	Describe the main activity at location where employed. ↴  _____ _____ _____	<b>251</b> 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 V and enter the code. ↴  <b>632</b> <input type="text"/>	<b>242</b> 1 <input type="checkbox"/> 2017 } GO to 45a 2 <input type="checkbox"/> 2016 } 3 <input type="checkbox"/> 2012–2015 } 4 <input type="checkbox"/> 2011 or earlier } SKIP to 49b 5 <input type="checkbox"/> Never worked }	_____ _____ _____ _____	Describe the main activity at location where employed. ↴  _____ _____ _____	<b>252</b> 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 V and enter the code. ↴  <b>633</b> <input type="text"/>	<b>243</b> 1 <input type="checkbox"/> 2017 } GO to 45a 2 <input type="checkbox"/> 2016 } 3 <input type="checkbox"/> 2012–2015 } 4 <input type="checkbox"/> 2011 or earlier } SKIP to 49b 5 <input type="checkbox"/> Never worked }	_____ _____ _____ _____	Describe the main activity at location where employed. ↴  _____ _____ _____	<b>253</b> 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 V and enter the code. ↴  <b>634</b> <input type="text"/>	<b>244</b> 1 <input type="checkbox"/> 2017 } GO to 45a 2 <input type="checkbox"/> 2016 } 3 <input type="checkbox"/> 2012–2015 } 4 <input type="checkbox"/> 2011 or earlier } SKIP to 49b 5 <input type="checkbox"/> Never worked }	_____ _____ _____ _____	Describe the main activity at location where employed. ↴  _____ _____ _____	<b>254</b> 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 V and enter the code. ↴  <b>635</b> <input type="text"/>	<b>245</b> 1 <input type="checkbox"/> 2017 } GO to 45a 2 <input type="checkbox"/> 2016 } 3 <input type="checkbox"/> 2012–2015 } 4 <input type="checkbox"/> 2011 or earlier } SKIP to 49b 5 <input type="checkbox"/> Never worked }	_____ _____ _____ _____	Describe the main activity at location where employed. ↴  _____ _____ _____	<b>255</b> 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 V and enter the code. ↴  <b>636</b> <input type="text"/>	<b>246</b> 1 <input type="checkbox"/> 2017 } GO to 45a 2 <input type="checkbox"/> 2016 } 3 <input type="checkbox"/> 2012–2015 } 4 <input type="checkbox"/> 2011 or earlier } SKIP to 49b 5 <input type="checkbox"/> Never worked }	_____ _____ _____ _____	Describe the main activity at location where employed. ↴  _____ _____ _____	<b>256</b> 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 V and enter the code. ↴  <b>637</b> <input type="text"/>	<b>247</b> 1 <input type="checkbox"/> 2017 } GO to 45a 2 <input type="checkbox"/> 2016 } 3 <input type="checkbox"/> 2012–2015 } 4 <input type="checkbox"/> 2011 or earlier } SKIP to 49b 5 <input type="checkbox"/> Never worked }	_____ _____ _____ _____	Describe the main activity at location where employed. ↴  _____ _____ _____	<b>257</b> 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**

<b>46a. What kind of work was . . . doing; that is, what's his/her occupation?</b>  <i>For example: registered nurse, retail salesperson, accountant, electrician.</i>	<b>b. What are . . .'s usual activities at this job?</b>  <i>For example: patient care, selling clothing, filing taxes, wiring lighting.</i>	<b>47. What type of business or organization does . . . work at?</b>  <i>Read all categories unless the answer is apparent from the information given in question 45, then mark (X) the appropriate box.</i>
<b>261</b>  <hr/> <hr/> <hr/>	<b>271</b>  <hr/> <hr/> <hr/>	<b>281</b> 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
<b>262</b>  <hr/> <hr/> <hr/>	<b>272</b>  <hr/> <hr/> <hr/>	<b>282</b> 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
<b>263</b>  <hr/> <hr/> <hr/>	<b>273</b>  <hr/> <hr/> <hr/>	<b>283</b> 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
<b>264</b>  <hr/> <hr/> <hr/>	<b>274</b>  <hr/> <hr/> <hr/>	<b>284</b> 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
<b>265</b>  <hr/> <hr/> <hr/>	<b>275</b>  <hr/> <hr/> <hr/>	<b>285</b> 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
<b>266</b>  <hr/> <hr/> <hr/>	<b>276</b>  <hr/> <hr/> <hr/>	<b>286</b> 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
<b>267</b>  <hr/> <hr/> <hr/>	<b>277</b>  <hr/> <hr/> <hr/>	<b>287</b> 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 2016?**

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

**b. How many hours did . . . usually work each week in 2016?**

**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 2016.** 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.

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

**49e. 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?**

Yes - **How much?** ↘

**371**      \$ \_\_\_\_\_ . **00**  
Annual amount - Dollars

**372** 1  No

Yes - **How much?** ↘

**391**      \$ \_\_\_\_\_ . **00**  
Annual amount - Dollars

**392** 1  No

Yes - **How much?** ↘

**373**      \$ \_\_\_\_\_ . **00**  
Annual amount - Dollars

**374** 1  No

Yes - **How much?** ↘

**393**      \$ \_\_\_\_\_ . **00**  
Annual amount - Dollars

**394** 1  No

Yes - **How much?** ↘

**375**      \$ \_\_\_\_\_ . **00**  
Annual amount - Dollars

**376** 1  No

Yes - **How much?** ↘

**395**      \$ \_\_\_\_\_ . **00**  
Annual amount - Dollars

**396** 1  No

Yes - **How much?** ↘

**377**      \$ \_\_\_\_\_ . **00**  
Annual amount - Dollars

**378** 1  No

Yes - **How much?** ↘

**397**      \$ \_\_\_\_\_ . **00**  
Annual amount - Dollars

**398** 1  No

Yes - **How much?** ↘

**379**      \$ \_\_\_\_\_ . **00**  
Annual amount - Dollars

**380** 1  No

Yes - **How much?** ↘

**399**      \$ \_\_\_\_\_ . **00**  
Annual amount - Dollars

**400** 1  No

Yes - **How much?** ↘

**381**      \$ \_\_\_\_\_ . **00**  
Annual amount - Dollars

**382** 1  No

Yes - **How much?** ↘

**401**      \$ \_\_\_\_\_ . **00**  
Annual amount - Dollars

**402** 1  No

Yes - **How much?** ↘

**383**      \$ \_\_\_\_\_ . **00**  
Annual amount - Dollars

**384** 1  No

Yes - **How much?** ↘

**403**      \$ \_\_\_\_\_ . **00**  
Annual amount - Dollars

**404** 1  No

**Section I - OCCUPIED UNITS - Continued**

**49f. 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.**

**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.**

Yes - **How much?** ↘

**411** \$ \_\_\_\_\_ .   
Annual amount - Dollars

**412** 1  No

Yes - **How much?** ↘

**431** \$ \_\_\_\_\_ .   
Annual amount - Dollars

**432** 1  No

Yes - **How much?** ↘

**413** \$ \_\_\_\_\_ .   
Annual amount - Dollars

**414** 1  No

Yes - **How much?** ↘

**433** \$ \_\_\_\_\_ .   
Annual amount - Dollars

**434** 1  No

Yes - **How much?** ↘

**415** \$ \_\_\_\_\_ .   
Annual amount - Dollars

**416** 1  No

Yes - **How much?** ↘

**435** \$ \_\_\_\_\_ .   
Annual amount - Dollars

**436** 1  No

Yes - **How much?** ↘

**417** \$ \_\_\_\_\_ .   
Annual amount - Dollars

**418** 1  No

Yes - **How much?** ↘

**437** \$ \_\_\_\_\_ .   
Annual amount - Dollars

**438** 1  No

Yes - **How much?** ↘

**419** \$ \_\_\_\_\_ .   
Annual amount - Dollars

**420** 1  No

Yes - **How much?** ↘

**439** \$ \_\_\_\_\_ .   
Annual amount - Dollars

**440** 1  No

Yes - **How much?** ↘

**421** \$ \_\_\_\_\_ .   
Annual amount - Dollars

**422** 1  No

Yes - **How much?** ↘

**441** \$ \_\_\_\_\_ .   
Annual amount - Dollars

**442** 1  No

Yes - **How much?** ↘

**423** \$ \_\_\_\_\_ .   
Annual amount - Dollars

**424** 1  No

Yes - **How much?** ↘

**443** \$ \_\_\_\_\_ .   
Annual amount - Dollars

**444** 1  No

**Section I - OCCUPIED UNITS - Continued**

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

*(Read categories and mark (X) all that apply)*

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

*(Show Flashcard VI to respondent and have him/her select an answer. Then mark (X) the appropriate box below.)*

- 663**
- 1  GED program
  - 2  High school
  - 3  College
  - 4  Graduate or professional degree program
  - 5  Occupational, vocational, or apprenticeship program
  - 6  Literacy or ESL program
  - 7  No, not enrolled

- 471**
- 01  No school completed
  - 02  Up to 6th grade
  - 03  7th or 8th grade
  - 04  9th, 10th, 11th, or 12th grade, but no H.S. diploma
  - 05  H.S. diploma
  - 06  Some college, but no degree
  - 07  Associate degree
  - 08  College graduate
  - 09  Some graduate/professional training
  - 10  Graduate/professional degree

- 664**
- 1  GED program
  - 2  High school
  - 3  College
  - 4  Graduate or professional degree program
  - 5  Occupational, vocational, or apprenticeship program
  - 6  Literacy or ESL program
  - 7  No, not enrolled

- 472**
- 01  No school completed
  - 02  Up to 6th grade
  - 03  7th or 8th grade
  - 04  9th, 10th, 11th, or 12th grade, but no H.S. diploma
  - 05  H.S. diploma
  - 06  Some college, but no degree
  - 07  Associate degree
  - 08  College graduate
  - 09  Some graduate/professional training
  - 10  Graduate/professional degree

- 665**
- 1  GED program
  - 2  High school
  - 3  College
  - 4  Graduate or professional degree program
  - 5  Occupational, vocational, or apprenticeship program
  - 6  Literacy or ESL program
  - 7  No, not enrolled

- 473**
- 01  No school completed
  - 02  Up to 6th grade
  - 03  7th or 8th grade
  - 04  9th, 10th, 11th, or 12th grade, but no H.S. diploma
  - 05  H.S. diploma
  - 06  Some college, but no degree
  - 07  Associate degree
  - 08  College graduate
  - 09  Some graduate/professional training
  - 10  Graduate/professional degree

- 666**
- 1  GED program
  - 2  High school
  - 3  College
  - 4  Graduate or professional degree program
  - 5  Occupational, vocational, or apprenticeship program
  - 6  Literacy or ESL program
  - 7  No, not enrolled

- 474**
- 01  No school completed
  - 02  Up to 6th grade
  - 03  7th or 8th grade
  - 04  9th, 10th, 11th, or 12th grade, but no H.S. diploma
  - 05  H.S. diploma
  - 06  Some college, but no degree
  - 07  Associate degree
  - 08  College graduate
  - 09  Some graduate/professional training
  - 10  Graduate/professional degree

- 667**
- 1  GED program
  - 2  High school
  - 3  College
  - 4  Graduate or professional degree program
  - 5  Occupational, vocational, or apprenticeship program
  - 6  Literacy or ESL program
  - 7  No, not enrolled

- 475**
- 01  No school completed
  - 02  Up to 6th grade
  - 03  7th or 8th grade
  - 04  9th, 10th, 11th, or 12th grade, but no H.S. diploma
  - 05  H.S. diploma
  - 06  Some college, but no degree
  - 07  Associate degree
  - 08  College graduate
  - 09  Some graduate/professional training
  - 10  Graduate/professional degree

- 668**
- 1  GED program
  - 2  High school
  - 3  College
  - 4  Graduate or professional degree program
  - 5  Occupational, vocational, or apprenticeship program
  - 6  Literacy or ESL program
  - 7  No, not enrolled

- 476**
- 01  No school completed
  - 02  Up to 6th grade
  - 03  7th or 8th grade
  - 04  9th, 10th, 11th, or 12th grade, but no H.S. diploma
  - 05  H.S. diploma
  - 06  Some college, but no degree
  - 07  Associate degree
  - 08  College graduate
  - 09  Some graduate/professional training
  - 10  Graduate/professional degree

- 669**
- 1  GED program
  - 2  High school
  - 3  College
  - 4  Graduate or professional degree program
  - 5  Occupational, vocational, or apprenticeship program
  - 6  Literacy or ESL program
  - 7  No, not enrolled

- 477**
- 01  No school completed
  - 02  Up to 6th grade
  - 03  7th or 8th grade
  - 04  9th, 10th, 11th, or 12th grade, but no H.S. diploma
  - 05  H.S. diploma
  - 06  Some college, but no degree
  - 07  Associate degree
  - 08  College graduate
  - 09  Some graduate/professional training
  - 10  Graduate/professional degree

**Section I - OCCUPIED UNITS - Continued**

<b>51a. In what year did . . . move into this apartment (house)?</b> <i>(Do not ask of reference person)</i> If <b>1971</b> , ask –  <b>b. Did . . . move here on or after July 1 in 1971?</b> <i>(Do not ask of reference person)</i>	<b>CHECK ITEM H</b>  Is this the last person listed?
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center; font-weight: bold; font-size: 18px;">R</div> Reference person	<input type="checkbox"/> Yes – GO to 52  <input type="checkbox"/> No – Return to Check Item G on page 12 for the next person
680 <b>51a.</b> Year <input style="width: 40px;" type="text"/> <i>If 1971 – GO to 51b</i> <i>If any other year – SKIP to Check Item H</i> <hr style="border-top: 1px dashed black;"/> 695 <b>51b. Did . . . move here on or after July 1 in 1971?</b> 1 <input type="checkbox"/> Yes, on or after July 1 in 1971 2 <input type="checkbox"/> No, before July 1 in 1971	<input type="checkbox"/> Yes – GO to 52  <input type="checkbox"/> No – Return to Check Item G on page 12 for the next person
681 <b>51a.</b> Year <input style="width: 40px;" type="text"/> <i>If 1971 – GO to 51b</i> <i>If any other year – SKIP to Check Item H</i> <hr style="border-top: 1px dashed black;"/> 696 <b>51b. Did . . . move here on or after July 1 in 1971?</b> 1 <input type="checkbox"/> Yes, on or after July 1 in 1971 2 <input type="checkbox"/> No, before July 1 in 1971	<input type="checkbox"/> Yes – GO to 52  <input type="checkbox"/> No – Return to Check Item G on page 12 for the next person
682 <b>51a.</b> Year <input style="width: 40px;" type="text"/> <i>If 1971 – GO to 51b</i> <i>If any other year – SKIP to Check Item H</i> <hr style="border-top: 1px dashed black;"/> 697 <b>51b. Did . . . move here on or after July 1 in 1971?</b> 1 <input type="checkbox"/> Yes, on or after July 1 in 1971 2 <input type="checkbox"/> No, before July 1 in 1971	<input type="checkbox"/> Yes – GO to 52  <input type="checkbox"/> No – Return to Check Item G on page 12 for the next person
683 <b>51a.</b> Year <input style="width: 40px;" type="text"/> <i>If 1971 – GO to 51b</i> <i>If any other year – SKIP to Check Item H</i> <hr style="border-top: 1px dashed black;"/> 698 <b>51b. Did . . . move here on or after July 1 in 1971?</b> 1 <input type="checkbox"/> Yes, on or after July 1 in 1971 2 <input type="checkbox"/> No, before July 1 in 1971	<input type="checkbox"/> Yes – GO to 52  <input type="checkbox"/> No – Return to Check Item G on page 12 for the next person
684 <b>51a.</b> Year <input style="width: 40px;" type="text"/> <i>If 1971 – GO to 51b</i> <i>If any other year – SKIP to Check Item H</i> <hr style="border-top: 1px dashed black;"/> 699 <b>51b. Did . . . move here on or after July 1 in 1971?</b> 1 <input type="checkbox"/> Yes, on or after July 1 in 1971 2 <input type="checkbox"/> No, before July 1 in 1971	<input type="checkbox"/> Yes – GO to 52  <input type="checkbox"/> No – Return to Check Item G on page 12 for the next person
685 <b>51a.</b> Year <input style="width: 40px;" type="text"/> <i>If 1971 – GO to 51b</i> <i>If any other year – SKIP to Check Item H</i> <hr style="border-top: 1px dashed black;"/> 990 <b>51b. Did . . . move here on or after July 1 in 1971?</b> 1 <input type="checkbox"/> Yes, on or after July 1 in 1971 2 <input type="checkbox"/> No, before July 1 in 1971	<input type="checkbox"/> Yes – GO to 52  <input type="checkbox"/> No – Return to Check Item G on page 12 for the next person

**Section I - OCCUPIED UNITS - Continued**

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

*(If any household member 15 or older has reported income on item 49e, one or more of the answers to item 52 should be "Yes".)*

- 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. Supplemental Nutrition Assistance Program (SNAP)** ..... **175** 1  Yes    2  No    3  Don't know
- e. Women, Infants and Children (WIC)** ..... **199** 1  Yes    2  No    3  Don't know
- f. Other - Specify** z ..... **551** 1  Yes    2  No    3  Don't know

**53a. 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.)*

**54a. 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

**b. Do you or anyone in your household have any medical devices in your home that are important to health and that require electrical power to operate?**

- 198** 1  Yes  
2  No  
3  Don't know

**c. In the last 12 months, did you postpone any of the following types of health care for financial reasons?**

*(Read items 1-5 and mark (X) Yes or No for each.)*

- (1) Dental** ..... **647** 1  Yes    2  No
- (2) Preventive care/check-up** ..... **648** 1  Yes    2  No
- (3) Mental Health** ..... **649** 1  Yes    2  No
- (4) Treatment or diagnosis of illness or health condition** ..... **650** 1  Yes    2  No
- (5) Prescription Drugs** ..... **651** 1  Yes    2  No

**55. In the last 12 months, were any of the following services interrupted because you did not have enough money at the time?**

*(Read items 1-5 and mark (X) Yes or No for each.)*

- (1) One or more utility** ..... **131** 1  Yes    2  No
- (2) Land line telephone** ..... **132** 1  Yes    2  No
- (3) Cell phone** ..... **136** 1  Yes    2  No
- (4) Cable/Internet** ..... **137** 1  Yes    2  No
- (5) Other** ..... **138** 1  Yes    2  No

**Section I - OCCUPIED UNITS - Continued**

**56. Please tell me how strongly you agree or disagree with the following statements. (Answer choices: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)**

*(Please read all answer choices to the respondent for each statement and mark (X) the appropriate box.)*

**a. My apartment (house) is affordable to me.**

- 168** 1  Strongly agree  
 2  Agree  
 3  Neither agree nor disagree  
 4  Disagree  
 5  Strongly disagree

**b. My apartment (house) is too expensive given its condition.**

- 169** 1  Strongly agree  
 2  Agree  
 3  Neither agree nor disagree  
 4  Disagree  
 5  Strongly disagree

**c. My apartment (house) is too expensive given its location.**

- 183** 1  Strongly agree  
 2  Agree  
 3  Neither agree nor disagree  
 4  Disagree  
 5  Strongly disagree

**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 58
- Born outside U.S. (box 11–26 marked) – GO to 57a

**57a. 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**

**58. 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**

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

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

**NOTE** - Questions 60-62a, 63a and 63b pertain to the building. Be certain to mark (X) the same box for each form in the same building.

**60. 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

**61. Does the owner of this building live in this building?**

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

**62a. How many stories are in this building?**

*Count the basement if there are people living in it.*

- 521** 01  One - SKIP to 63c  
 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

**63a. Is there a passenger elevator in this building?**

- 522** 1  Yes  
 2  No - SKIP to 63c

**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

**64a. How many rooms are in this apartment (house)? Do not count bathrooms, porches, balconies, halls, foyers, or half-rooms.**

- 523** 1  One - SKIP to 65a  
 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



**Section II - VACANT UNITS - Continued**

<p><b>65a. Does this apartment (house) have complete plumbing facilities; that is, hot and cold piped water, a flush toilet, and a bathtub or shower?</b></p>	<p><b>525</b> 0 <input type="checkbox"/> Yes, has complete plumbing facilities – <i>GO to 65b</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 align="right" style="font-size: 2em;">}</p> <p align="right"><i>SKIP to 66a</i></p>
<p><b>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)?</b></p>	<p><b>526</b> 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><b>66a. Does this apartment (house) have complete kitchen facilities? Complete kitchen facilities include a sink with piped water, a range or cookstove, and a refrigerator.</b></p>	<p><b>527</b> 0 <input type="checkbox"/> Yes, has complete kitchen facilities – <i>GO to 66b</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 align="right" style="font-size: 2em;">}</p> <p align="right"><i>SKIP to 67</i></p>
<p><b>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)?</b></p>	<p><b>528</b> 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><b>67. How is this apartment (house) heated – by fuel oil, utility gas, electricity, or with some other fuel?</b></p>	<p><b>529</b> 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><b>68. Is this apartment (house) part of a condominium or cooperative building or development?</b></p> <p><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><b>530</b> 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><b>69. How long has this apartment (house) been vacant?</b></p>	<p><b>531</b> 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><b>70a. Before this apartment (house) became vacant, was it owner or renter occupied?</b></p>	<p><b>532</b> 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>b. Before this apartment (house) became vacant, was it part of a condominium or cooperative building or development?</b></p>	<p><b>533</b> 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**

**71. Is this apartment (house) -**

- 534** 1  Available for rent? - *SKIP to 73*  
 2  Available for sale only? - *SKIP to Closing Statement below.*  
 3  Not available for rent or sale? - *GO to 72*

**72. 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.*

**73. 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

Notes

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.	
<b>FIELD SUPERVISOR</b>		
	a.m. p.m.	
	a.m. p.m.	
	a.m. p.m.	