



THE American Community Survey

Start Here

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

OR

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

This form asks for information about the people who are living or staying at the address on the mailing label and about the house, apartment, or mobile home located at the address on the mailing label.



If you need help or have questions about completing this form, please call **1-800-354-7271**. The telephone call is free.

Telephone Device for the Deaf (TDD):

Call 1-800-582-8330. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al **1-877-833-5625**. Usted también puede completar su entrevista por teléfono con un entrevistador que habla español. O puede responder por Internet en: <https://respond.census.gov/acs>

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

→ Please print today's date.

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

→ Please print the name and telephone number of the person who is filling out this form. We will only contact you if needed for official Census Bureau business.

Last Name

First Name MI

Area Code + Number -

→ How many people are living or staying at this address?

- **INCLUDE** everyone who is living or staying here for more than 2 months.
- **INCLUDE** yourself if you are living here for more than 2 months.
- **INCLUDE** anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
- **DO NOT INCLUDE** anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

Number of people

→ Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.



Person 1

(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)

1 What is Person 1's name?

Last Name *(Please print)* First Name MI

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

Person 1

3 What is Person 1's sex? Mark (X) ONE box.

Male Female

4 What is Person 1's age and what is Person 1's date of birth? Please report babies as age 0 when the child is less than 1 year old.

Age (in years) *Print numbers in boxes.* Month Day Year of birth

→ **NOTE:** Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 1 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↘

6 What is Person 1's race? Mark (X) one or more boxes.

- White
- Black or African Am.
- American Indian or Alaska Native – *Print name of enrolled or principal tribe.* ↘

- | | | |
|---|--|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> ↘ | <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↘ | |

Some other race – *Print race.* ↘

Person 2

1 What is Person 2's name?

Last Name *(Please print)* First Name MI

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

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <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"/> Roomer or boarder |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Parent-in-law | |

3 What is Person 2's sex? Mark (X) ONE box.

Male Female

4 What is Person 2's age and what is Person 2's date of birth? Please report babies as age 0 when the child is less than 1 year old.

Age (in years) *Print numbers in boxes.* Month Day Year of birth

→ **NOTE:** Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 2 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↘

6 What is Person 2's race? Mark (X) one or more boxes.

- White
- Black or African Am.
- American Indian or Alaska Native – *Print name of enrolled or principal tribe.* ↘

- | | | |
|---|--|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> ↘ | <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↘ | |

Some other race – *Print race.* ↘



Person 3

1 What is Person 3's name?

Last Name *(Please print)* First Name MI

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

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <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"/> Roomer or boarder |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Parent-in-law | |

3 What is Person 3's sex? Mark (X) ONE box.

- Male Female

4 What is Person 3's age and what is Person 3's date of birth?

Please report babies as age 0 when the child is less than 1 year old.

Print numbers in boxes.

Age (in years) Month Day Year of birth

→ **NOTE:** Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 3 of Hispanic, Latino, or Spanish origin?

- No**, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↘

6 What is Person 3's race? Mark (X) one or more boxes.

- White
- Black or African Am.
- American Indian or Alaska Native – *Print name of enrolled or principal tribe.* ↘

- | | | |
|---|--|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> ↘ | <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↘ | |

- Some other race – *Print race.* ↘

Person 4

1 What is Person 4's name?

Last Name *(Please print)* First Name MI

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

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <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"/> Roomer or boarder |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Parent-in-law | |

3 What is Person 4's sex? Mark (X) ONE box.

- Male Female

4 What is Person 4's age and what is Person 4's date of birth?

Please report babies as age 0 when the child is less than 1 year old.

Print numbers in boxes.

Age (in years) Month Day Year of birth

→ **NOTE:** Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 4 of Hispanic, Latino, or Spanish origin?

- No**, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* ↘

6 What is Person 4's race? Mark (X) one or more boxes.

- White
- Black or African Am.
- American Indian or Alaska Native – *Print name of enrolled or principal tribe.* ↘

- | | | |
|---|--|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> ↘ | <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↘ | |

- Some other race – *Print race.* ↘



Person 5

1 What is Person 5's name?

Last Name (Please print) First Name MI

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

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <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"/> Roomer or boarder |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Parent-in-law | |

3 What is Person 5's sex? Mark (X) ONE box.

- Male Female

4 What is Person 5's age and what is Person 5's date of birth? Please report babies as age 0 when the child is less than 1 year old.

Age (in years) Month Day Year of birth

Print numbers in boxes.

→ **NOTE:** Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 5 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↘

6 What is Person 5's race? Mark (X) one or more boxes.

- White
- Black or African Am.
- American Indian or Alaska Native – Print name of enrolled or principal tribe. ↘

- | | | |
|--|---|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↘ | <input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. ↘ | |

- Some other race – Print race. ↘

→ If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12. We may call you for more information about them. ↘

Person 6

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 7

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 8

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 9

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 10

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 11

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 12

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)



Person 1

→ Please copy the name of Person 1 from page 2, then continue answering questions below.

Last Name

First Name

MI

30 a. LAST WEEK, did this person work for pay at a job (or business)?

- Yes → SKIP to question 31
 No – Did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

- Yes
 No → SKIP to question 35a

31 How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

- | | |
|---|---|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 39 |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

J Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.

32 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?

Person(s)

33 What time did this person usually leave home to go to work LAST WEEK?

Hour Minute

 :

a.m.

p.m.

34 How many minutes did it usually take this person to get from home to work LAST WEEK?

Minutes

K Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39.

35 a. LAST WEEK, was this person on layoff from a job?

- Yes → SKIP to question 35c
 No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
 No → SKIP to question 36

c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes → SKIP to question 37
 No

36 During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?

- Yes
 No → SKIP to question 38

37 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
 No, because of own temporary illness
 No, because of all other reasons (in school, etc.)

38 When did this person last work, even for a few days?

- Within the past 12 months
 1 to 5 years ago
 Over 5 years ago or never worked → SKIP to question 47

39 During the 52 weeks covering 2015, that is from January 1, 2015 to December 31, 2015, in the WEEKS WORKED, how many hours did this person usually work each WEEK?

Usual hours worked each WEEK

40 a. During the 52 weeks covering 2015, did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.

- Yes → SKIP to question 41
 No

b. During the 52 weeks covering 2015, how many WEEKS did this person work? Include paid time off and include weeks when this person only worked for a few hours.

Weeks



Person 1 (continued)

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

41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person’s chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

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

46 What were this person’s most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

47 INCOME RECEIVED IN 2015

Consider income received from January 1, 2015 to December 31, 2015.

For income received jointly, if you know the appropriate amount for each person, mark (X) “Yes” for each person. If not, mark (X) “Yes” for only one person and mark (X) “No” for the other person.

a. In 2015, did this person receive wages, salary, commissions, bonuses, or tips?

- Yes
- No

b. In 2015, did this person receive self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships? If the net income was a loss, mark (X) the “Loss” box.

- Yes
- No
- Loss

c. In 2015, did this person receive interest, dividends, net rental income, royalty income, or income from estates and trusts? Consider even small amounts credited to an account. If the net income was a loss, mark (X) the “Loss” box.

- Yes
- No
- Loss

d. In 2015, did this person receive Social Security or Railroad Retirement?

- Yes
- No

e. In 2015, did this person receive Supplemental Security Income (SSI)?

- Yes
- No

f. In 2015, did this person receive any public assistance or welfare payments from the state or local welfare office?

- Yes
- No

g. In 2015, did this person receive retirement, survivor, or disability pensions? This does NOT include Social Security.

- Yes
- No

h. In 2015, did this person receive any other sources of income regularly such as Veterans’ (VA) payments, unemployment, compensation, child support or alimony? This does NOT include lump sum payments such as money from an inheritance or the sale of a home.

- Yes
- No

48 What was this person’s total income in 2015 from all sources?

Include income amounts for questions 47a to 47h that were marked (X) “Yes.”

If “Yes” for 47a, include amount from all jobs before deductions for taxes, bonds, dues, or other items.

If “Yes” for 47b, include NET income after business expenses.

If “Loss” for 47b or 47c, subtract amount from total income.

For income received jointly, include the appropriate share for this person in the total.

If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.

OR None \$, .00 Loss

TOTAL AMOUNT for 2015

41 Was this person –
Mark (X) ONE box.

- an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
- an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- a local GOVERNMENT employee (city, county, etc.)?
- a state GOVERNMENT employee?
- a Federal GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- working WITHOUT PAY in family business or farm?

42 For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box →

Name of company, business, or other employer

43 What kind of business or industry was this?
Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

44 Is this mainly – Mark (X) ONE box.

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

➔ Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 2, SKIP to page 28 for mailing instructions.



Person 2

→ Please copy the name of Person 2 from page 2, then continue answering questions below.

Last Name

First Name

MI

30 a. LAST WEEK, did this person work for pay at a job (or business)?

- Yes → SKIP to question 31
 No – Did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

- Yes
 No → SKIP to question 35a

31 How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

- | | |
|---|---|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 39 |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

J Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.

32 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?

Person(s)

33 What time did this person usually leave home to go to work LAST WEEK?

Hour Minute

 :

a.m.

p.m.

34 How many minutes did it usually take this person to get from home to work LAST WEEK?

Minutes

K Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39.

35 a. LAST WEEK, was this person on layoff from a job?

- Yes → SKIP to question 35c
 No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
 No → SKIP to question 36

c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes → SKIP to question 37
 No

36 During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?

- Yes
 No → SKIP to question 38

37 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
 No, because of own temporary illness
 No, because of all other reasons (in school, etc.)

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 1 to 5 years ago
 Over 5 years ago or never worked → SKIP to question 47

39 During the 52 weeks covering 2015, that is from January 1, 2015 to December 31, 2015, in the WEEKS WORKED, how many hours did this person usually work each WEEK?

Usual hours worked each WEEK

40 a. During the 52 weeks covering 2015, did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.

- Yes → SKIP to question 41
 No

b. During the 52 weeks covering 2015, how many WEEKS did this person work? Include paid time off and include weeks when this person only worked for a few hours.

Weeks



Person 2 (continued)

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

41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

41 Was this person – Mark (X) ONE box.

- an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
- an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- a local GOVERNMENT employee (city, county, etc.)?
- a state GOVERNMENT employee?
- a Federal GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- working WITHOUT PAY in family business or farm?

42 For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box →

and print the branch of the Armed Forces.

Name of company, business, or other employer

43 What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

44 Is this mainly – Mark (X) ONE box.

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

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

46 What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

47 INCOME RECEIVED IN 2015

Consider income received from January 1, 2015 to December 31, 2015.

For income received jointly, if you know the appropriate amount for each person, mark (X) "Yes" for each person. If not, mark (X) "Yes" for only one person and mark (X) "No" for the other person.

a. In 2015, did this person receive wages, salary, commissions, bonuses, or tips?

- Yes
- No

b. In 2015, did this person receive self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships? If the net income was a loss, mark (X) the "Loss" box.

- Yes
- No
- Loss

c. In 2015, did this person receive interest, dividends, net rental income, royalty income, or income from estates and trusts? Consider even small amounts credited to an account. If the net income was a loss, mark (X) the "Loss" box.

- Yes
- No
- Loss

d. In 2015, did this person receive Social Security or Railroad Retirement?

- Yes
- No

e. In 2015, did this person receive Supplemental Security Income (SSI)?

- Yes
- No

f. In 2015, did this person receive any public assistance or welfare payments from the state or local welfare office?

- Yes
- No

g. In 2015, did this person receive retirement, survivor, or disability pensions? This does NOT include Social Security.

- Yes
- No

h. In 2015, did this person receive any other sources of income regularly such as Veterans' (VA) payments, unemployment, compensation, child support or alimony? This does NOT include lump sum payments such as money from an inheritance or the sale of a home.

- Yes
- No

48 What was this person's total income in 2015 from all sources?

Include income amounts for questions 47a to 47h that were marked (X) "Yes."

If "Yes" for 47a, include amount from all jobs before deductions for taxes, bonds, dues, or other items.

If "Yes" for 47b, include NET income after business expenses.

If "Loss" for 47b or 47c, subtract amount from total income.

For income received jointly, include the appropriate share for this person in the total.

If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

OR None Loss

\$, , .00

TOTAL AMOUNT for 2015

➔ Continue with the questions for Person 3 on the next page. If no one is listed as Person 3 on page 3, SKIP to page 28 for mailing instructions.



Person 3

→ Please copy the name of Person 3 from page 3, then continue answering questions below.

Last Name

First Name

MI

30 a. LAST WEEK, did this person work for pay at a job (or business)?

- Yes → SKIP to question 31
 No – Did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

- Yes
 No → SKIP to question 35a

31 How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

- | | |
|---|---|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 39 |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

J Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.

32 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?

Person(s)

33 What time did this person usually leave home to go to work LAST WEEK?

Hour Minute a.m.
 p.m.

34 How many minutes did it usually take this person to get from home to work LAST WEEK?

Minutes

K Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39.

35 a. LAST WEEK, was this person on layoff from a job?

- Yes → SKIP to question 35c
 No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
 No → SKIP to question 36

c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes → SKIP to question 37
 No

36 During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?

- Yes
 No → SKIP to question 38

37 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
 No, because of own temporary illness
 No, because of all other reasons (in school, etc.)

38 When did this person last work, even for a few days?

- Within the past 12 months
 1 to 5 years ago
 Over 5 years ago or never worked → SKIP to question 47

39 During the 52 weeks covering 2015, that is from January 1, 2015 to December 31, 2015, in the WEEKS WORKED, how many hours did this person usually work each WEEK?

Usual hours worked each WEEK

40 a. During the 52 weeks covering 2015, did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.

- Yes → SKIP to question 41
 No

b. During the 52 weeks covering 2015, how many WEEKS did this person work? Include paid time off and include weeks when this person only worked for a few hours.

Weeks



Person 3 (continued)

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

41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

41 Was this person – Mark (X) ONE box.

- an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
- an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- a local GOVERNMENT employee (city, county, etc.)?
- a state GOVERNMENT employee?
- a Federal GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- working WITHOUT PAY in family business or farm?

42 For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box →

and print the branch of the Armed Forces.

Name of company, business, or other employer

43 What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

44 Is this mainly – Mark (X) ONE box.

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

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

46 What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

47 INCOME RECEIVED IN 2015

Consider income received from January 1, 2015 to December 31, 2015.

For income received jointly, if you know the appropriate amount for each person, mark (X) "Yes" for each person. If not, mark (X) "Yes" for only one person and mark (X) "No" for the other person.

a. In 2015, did this person receive wages, salary, commissions, bonuses, or tips?

- Yes
- No

b. In 2015, did this person receive self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships? If the net income was a loss, mark (X) the "Loss" box.

- Yes
- No
- Loss

c. In 2015, did this person receive interest, dividends, net rental income, royalty income, or income from estates and trusts? Consider even small amounts credited to an account. If the net income was a loss, mark (X) the "Loss" box.

- Yes
- No
- Loss

d. In 2015, did this person receive Social Security or Railroad Retirement?

- Yes
- No

e. In 2015, did this person receive Supplemental Security Income (SSI)?

- Yes
- No

f. In 2015, did this person receive any public assistance or welfare payments from the state or local welfare office?

- Yes
- No

g. In 2015, did this person receive retirement, survivor, or disability pensions? This does NOT include Social Security.

- Yes
- No

h. In 2015, did this person receive any other sources of income regularly such as Veterans' (VA) payments, unemployment, compensation, child support or alimony? This does NOT include lump sum payments such as money from an inheritance or the sale of a home.

- Yes
- No

48 What was this person's total income in 2015 from all sources?

Include income amounts for questions 47a to 47h that were marked (X) "Yes."

If "Yes" for 47a, include amount from all jobs before deductions for taxes, bonds, dues, or other items.

If "Yes" for 47b, include NET income after business expenses.

If "Loss" for 47b or 47c, subtract amount from total income.

For income received jointly, include the appropriate share for this person in the total.

If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

OR None Loss

\$, , .00

TOTAL AMOUNT for 2015

➔ Now continue with the mailing instructions on page 28.



Mailing Instructions

→ Please make sure you have...

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

→ Then...

- put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

**U.S. Census Bureau
P.O. Box 5240
Jeffersonville, IN 47199-5240**

- make sure the barcode above your address shows in the window of the return envelope.

**Thank you for participating in
the American Community Survey.**

For Census Bureau Use

POP

EDIT

PHONE

JIC1

JIC2

EDIT CLERK

TELEPHONE CLERK

JIC3

JIC4

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0810 and 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to AMSD.Paperwork@census.gov; use "Paperwork Project 0607-0810 and 0607-0936" as the subject. Please **DO NOT RETURN** your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the bottom right on the front cover of this form.

Form ACS-1(X)IWW (10-06-2016)

