

The American Community Survey

Start Here

You have two ways to respond:



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

OR



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

Your response is required by law.

The American Community Survey is conducted by the U.S. Census Bureau. This survey is one of only a few surveys for which all recipients are required by law to respond. The U.S. Census Bureau is required by law to protect your information.



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

Telephone Device for the Deaf (TDD): Call 1–800–582–8330.

¿NECESITA AYUDA? Llame sin cargo alguno al 1-877-833-5625.

For more information about the American Community Survey, visit our website at: https://www.census.gov/acs

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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

000	_	



How many people, including yourself, are living or staying at this address?

- **INCLUDE** everyone living or staying here, even if they are not related to you.
- INCLUDE children, related or unrelated, such as babies, grandchildren, or foster children.
- INCLUDE anyone else staying here now, such as roommates and other families who have no other place to stay.
- DO NOT INCLUDE anyone who is living somewhere else, such as a college student living away or someone in the Armed Forces on deployment.

Number of people





Fill out pages 2 – 7 for everyone, including yourself, who is living or staying at this address. Then complete the rest of the form.

FORM **ACS-1(CT)V1** (05-13-2020) Draft 8

OMB No. 0607-0810 OMB No. 0607-0936



Person 1 (Person 1 is the person living or staying here in whose → NOTE: Please answer BOTH Question 5 about name this house or apartment is owned, being bought, Hispanic origin and Question 6 about race. For this or rented. If there is no such person, start with the name survey, Hispanic origins are not races. of any adult living or staying here.) Is Person 1 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Please print today's date. Month Day Year Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin - Print, What is Person 1's name? for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. 🔽 Last Name (Please print) First Name MI What is Person 1's race? Mark (X) one or more boxes **AND** print origins. White - Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. 2 How is this person related to Person 1? X Person 1 Black or African Am. - Print, for example, What is Person 1's sex? Mark (X) ONE box. African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. Z Female Male What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do not American Indian or Alaska Native - Print name of enrolled write the age in months. Write 0 as the age. or principal tribe(s), for example, Navajo Nation, Blackfeet Print numbers in boxes. Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Age (in years) Month Day Year of birth Traditional Government, Nome Eskimo Community, etc. 🗸 Vietnamese Chinese Native Hawaiian Filipino Korean Samoan Asian Indian Chamorro Japanese Other Pacific Other Asian -Print, for example, Islander - Print, Pakistani, for example, Cambodian, Tongan, Fijian, Hmong, etc. ₽ Marshallese, etc. ~



F	Perso
	-

What is	Person 2's	name?			5	Is	Pe	rson 2 of His	par	nic, Latino, o	r Sp	anish origi
Last Name	e (Please print)							No, not of Hisp	anic	, Latino, or Spa	nish	origin
								Yes, Mexican, N	Иехі	can Am., Chica	no	
First Name	e				MI]	Yes, Puerto Ric	an			
								Yes, Cuban				
	his person ONE box.	related t	o Perso	n 1?				Yes, another Hi for example, Sa Guatemalan, Sp	lvad	oran, Dominica	n, Co	lombian,
Орр	osite-sex hus	band/wife/s	spouse									
Орр	osite-sex unn	narried part	tner		6	w	hai	t is Person 2	's ra	ice?		
Sam	e-sex husbar	nd/wife/spo	use					(X) one or mo			rint c	origins.
Sam	e-sex unmarı	ried partneı	r					White – Print, fo Italian, Lebanes			n, Iris	h, English,
Biolo	ogical son or	daughter										
Ado	oted son or d	aughter										
Step	son or stepda	aughter						Black or Africar African Americ				
Brot	her or sister							Ethiopian, Som				
Fath	er or mother											
Gran	ndchild						,	American India	n or	Δlaska Native –	Print	name of enro
Pare	nt-in-law					L	_	or principal tribe(s), for example, Navajo Nation Tribe, Mayan, Aztec, Native Village of Barrow In		Nation, Black		
Son-	in-law or dau	ıghter-in-la	w					Traditional Gov				
Othe	er relative											
Rooi	mmate or ho	usemate				_						
Fost	er child					Ļ		Chinese		Vietnamese		Native Hawa
Othe	r nonrelative					Ļ		Filipino		Korean	H	Samoan
What is	Person 2's	sex? Mar	rk (X) ON	IE box.		<u> </u>		Asian Indian	Ш	Japanese	Ш	Chamorro
date of k	Person 2's birth? For b age in mon	abies less	what is s than 1 y	∕ear old, d	' 's lo not		J	Other Asian – Print, for example Pakistani, Cambodian, Hmong, etc.	9,			Other Pacific Islander – Pr for example, Tongan, Fijian Marshallese, &
	Prir	nt number:		es.								
Age (in ye	ars) Mor	nth Da	У	Year of bir	rth			Some other rac	e – I	Print race or ori	igin. 🚡	?



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	Pers	son (3
		His	OTE: Please answer BOTH Question 5 about spanic origin and Question 6 about race. For this rvey, Hispanic origins are not races.
Wha	at is Person 3's name?	5 Is F	Person 3 of Hispanic, Latino, or Spanish origin?
Last	Name (Please print)		No, not of Hispanic, Latino, or Spanish origin
			Yes, Mexican, Mexican Am., Chicano
iret	Name MI		Yes, Puerto Rican
1130	ivii		Yes, Cuban
	w is this person related to Person 1? rk (X) ONE box.		Yes, another Hispanic, Latino, or Spanish origin – <i>Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.</i>
	Opposite-sex husband/wife/spouse		
	Opposite-sex unmarried partner	6 Wh	at is Person 3's race?
	Same-sex husband/wife/spouse		rk (X) one or more boxes AND print origins.
	Same-sex unmarried partner		White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.
	Biological son or daughter		_
	Adopted son or daughter		
	Stepson or stepdaughter		Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian,
	Brother or sister		Ethiopian, Somali, etc. 7
	Father or mother		
	Grandchild		
	Parent-in-law		American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfee
_	Son-in-law or daughter-in-law		Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
	Other relative		
	Roommate or housemate		
П	Foster child		Chinese Vietnamese Native Hawaiia
	Other nonrelative		Filipino Samoan
			Asian Indian Japanese Chamorro
Vh	at is Person 3's sex? Mark (X) ONE box. Male Female		Other Asian – Other Pacific Print, for example, Pakistani, for example, for example,
dat	at is Person 3's age and what is Person 3's e of birth? For babies less than 1 year old, do not te the age in months. Write 0 as the age.		Cambodian, Tongan, Fijian, Hmong, etc. Marshallese, etc.
	Print numbers in boxes.		
4ge	(in years) Month Day Year of birth		Some other race – Print race or origin \neg



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Per	rson 4
	→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For t survey, Hispanic origins are not races.
Vhat is Person 4's name?	5 Is Person 4 of Hispanic, Latino, or Spanish orig
ast Name (Please print)	No, not of Hispanic, Latino, or Spanish origin
	Yes, Mexican, Mexican Am., Chicano
irst Name MI	Yes, Puerto Rican
istivanie	Yes, Cuban
	Yes, another Hispanic, Latino, or Spanish origin – Pl
low is this person related to Person 1? Mark (X) ONE box.	for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. 🙀
Opposite-sex husband/wife/spouse	
Opposite-sex unmarried partner	6 What is Person 4's race?
Same-sex husband/wife/spouse	Mark (X) one or more boxes AND print origins.
Same-sex unmarried partner	White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. ▼
Biological son or daughter	
Adopted son or daughter	
Stepson or stepdaughter	Black or African Am. – Print, for example,
Brother or sister	☐ African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. ☑
Father or mother	
Grandchild	
Parent-in-law	American Indian or Alaska Native – Print name of en or principal tribe(s), for example, Navajo Nation, Blad
Son-in-law or daughter-in-law	Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community,
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Other relative	
Roommate or housemate	Chinese Vietnamese Native Hay
Foster child	Filipino Korean Samoan
Other nonrelative	Asian Indian Japanese Chamorro
Ihat is Person 4's sex? Mark (X) ONE box.	Other Asian – Other Paci
Male Female	Print, for example, Islander – Pakistani, for example
That is Person 4's age and what is Person 4's ate of birth? For babies less than 1 year old, do not rite the age in months. Write 0 as the age.	Cambodian, Tongan, Fiji Hmong, etc.
Print numbers in boxes.	
ge (in years) Month Day Year of birth	Some other race – Print race or origin.



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Per	→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.
What is Person 5's name?	5 Is Person 5 of Hispanic, Latino, or Spanish origin
Last Name (Please print)	No, not of Hispanic, Latino, or Spanish origin
	Yes, Mexican, Mexican Am., Chicano
First Name MI	Yes, Puerto Rican
	Yes, Cuban
How is this person related to Person 1? Mark (X) ONE box.	Yes, another Hispanic, Latino, or Spanish origin – Prin for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.
Opposite-sex husband/wife/spouse	
Opposite-sex unmarried partner	6 What is Person 5's race?
Same-sex husband/wife/spouse	Mark (X) one or more boxes AND print origins.
Same-sex unmarried partner	White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.
Biological son or daughter	
Adopted son or daughter	
Stepson or stepdaughter	Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian,
Brother or sister	Ethiopian, Somali, etc. 🙀
Father or mother	
Grandchild	American Indian or Alaska Native – <i>Print name of enro</i>
Parent-in-law	or principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
Son-in-law or daughter-in-law	Traditional Government, Nome Eskimo Community, et
Other relative	
Roommate or housemate	
Foster child	Chinese Vietnamese Native Hawa
Other nonrelative	Filipino Korean Samoan
What is Person 5's sex? Mark (X) ONE box.	Asian Indian Japanese Chamorro
Male Female What is Person 5's age and what is Person 5's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.	Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc.
Print numbers in boxes.	
Age (in years) Month Day Year of birth	



Some other race – Print race or origin. 📈

erson 6		
st Name (Please print)	First Name	MI
ex Male Female Age (in y	vears)	
erson 7	First Name	NAI.
st Name (Please print)	First Name	MI
ex Male Female Age (in y	rears)	
erson 8		
st Name (Please print)	First Name	MI
ex Male Female Age (in y	years)	
erson 9		
st Name (Please print)	First Name	MI
ex Male Female Age (in y	rears)	
erson 10	First Name	NAI.
st Name (Please print)	First Name	MI
Age (in y	rears)	
erson 11 st Name (Please print)	First Name	MI
ex Male Female Age (in y	rears)	
erson 12		
st Name (Please print)	First Name	MI



Housing

=	Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.	Answer questions 4 – 5 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 6a.					
1	Which best describes this building? Include all apartments, flats, etc., even if vacant.	How many acres is this house or mobile home on?					
١	A mobile home	Less than 1 acre → SKIP to question 6a					
١	A one-family house detached from any	1 to 9.9 acres					
١	other house	10 or more acres					
١	A one-family house attached to one or more houses	IN THE PAST 12 MONTHS, what were the actual					
١	A building with 2 apartments	sales of all agricultural products from this property?					
١	A building with 3 or 4 apartments						
١	A building with 5 to 9 apartments	None					
١	A building with 10 to 19 apartments	\$1 to \$999					
١	A building with 20 to 49 apartments	\$1,000 to \$2,499					
١	A building with 50 or more apartments	\$2,500 to \$4,999					
١	Boat, RV, van, etc.	\$5,000 to \$9,999					
	About when was this building first built?	\$10,000 or more					
3	2000 or later - Specify year 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 1939 or earlier When did PERSON 1 (listed on page 2) move into	a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. INCLUDE bedrooms, kitchens, etc. EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements. Number of rooms b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0". Number of bedrooms					
	this house, apartment, or mobile home? Month Year	Does this house, apartment, or mobile home					
		have - Yes No					
		a. hot and cold running water?					
		b. a bathtub or shower?					
		c. a sink with a faucet?					
		d. a stove or range?					
		e. a refrigerator?					



Housing (continued)

8	What is the MAIN type of sewage disposal for this house, apartment, or mobile home?	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?
	Public sewer	None
	Septic system or cesspool	
	Other type of sewage disposal	
9	Can you or any member of this household	3
	both make and receive phone calls when at this house, apartment, or mobile home? Include calls using cell phones, land lines, or other phone devices.	□ 4 □ 5
	Yes	6 or more
	□ No	Are any of the following types of electric
10	At this house, apartment, or mobile home – do you or any member of this household own	vehicles kept at home for use by members of this household?
	or use any of the following types of computers?	a. A plug-in electric vehicle?
	Yes No	Yes
	a. Desktop or laptop	□ No
	b. Smartphone	b. Another type of electric vehicle?
	c. Tablet or other portable wireless computer	Yes
	d. Some other type of computer Specify ✓	No
		Which fuel is used MOST for heating this house, apartment, or mobile home?
		Natural gas: from underground pipes serving the neighborhood
Ψ	At this house, apartment, or mobile home – do you or any member of this household have	Gas: propane, butane, etc.
	access to the Internet? Yes, by paying a cell phone company or	Electricity
	Internet service provider	Fuel oil, kerosene, etc.
	Yes, without paying a cell phone company or Internet service provider → SKIP to question 13	Coal or coke
	No access to the Internet at this house, apartment,	Wood
	or mobile home → SKIP to question 13	Solar energy
B	Do you or any member of this household have	Other fuel
	access to the Internet using a – a. cellular data plan for a Yes No	No fuel used
	smartphone or other mobile device?	
	b. broadband (high speed) Internet service such as cable, fiber optic, or DSL service	Does this house, apartment, or mobile home use solar panels that generate electricity? Yes
	installed in this household? c. satellite Internet service installed in this household?	□ No
	d. dial-up Internet service	
	installed in this household? e. some other service? Specify service ✓	



Housing (continued)

for this house, apartment, or mobile home?	a condominium?
Last month's cost – Dollars	Yes → What is the monthly condominium
\$.00	fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.
OR	Monthly amount – Dollars
Included in rent or condominium fee	A O O O O O O O O O O
No charge or electricity not used	\$,
LAST MONTH, what was the cost of gas for	OR None
this house, apartment, or mobile home? Last month's cost – Dollars	□ No
\$.00	Is this house, apartment, or mobile home – Mark (X) ONE box.
OR Included in rent or condominium fee	Owned by you or someone in this household with a mortgage or loan? <i>Include home equity loa</i>
Included in electricity payment entered above	Owned by you or someone in this household free and clear (without a mortgage or loan)?
No charge or gas not used	Rented?
IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment or mobile home? If you have lived here less than 12 months, estimate the cost.	on the next page
Past 12 months' cost – Dollars	B Answer questions 21a and b if this house,
\$ _,	apartment, or mobile home is RENTED. Otherwise, SKIP to question 22.
O.D.	
OR	
Included in rent or condominium fee	a. What is the monthly rent for this house,
	apartment, or mobile home?
☐ Included in rent or condominium fee ☐ No charge	apartment, or mobile home? Monthly amount – Dollars
Included in rent or condominium fee No charge IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you hav	apartment, or mobile home? Monthly amount – Dollars \$ 0,00
Included in rent or condominium fee No charge IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you hav lived here less than 12 months, estimate the cost.	apartment, or mobile home? Monthly amount – Dollars \$ 0,00
Included in rent or condominium fee No charge IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you hav	apartment, or mobile home? Monthly amount – Dollars \$.00
Included in rent or condominium fee No charge IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you hav lived here less than 12 months, estimate the cost.	apartment, or mobile home? Monthly amount – Dollars \$ 10,00 b. Does the monthly rent include any meals?
Included in rent or condominium fee No charge IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you hav lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars \$	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
Included in rent or condominium fee No charge IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you hav lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
Included in rent or condominium fee No charge I. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you hav lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
Included in rent or condominium fee No charge I. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you hav lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR Included in rent or condominium fee No charge or these fuels not used 1. 2019, did you or any member of this househouse benefits from the Food Stamp Program (SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes No
Included in rent or condominium fee No charge I. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you hav lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR Included in rent or condominium fee No charge or these fuels not used 1. 2019, did you or any member of this household the cost of the supplemental Nutrition Assistance	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes No



Housing (continued)

Answer questions 22 – 26 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to	c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property? Yes, taxes included in mortgage payment
	No, taxes paid separately or taxes not required
About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale? Amount – Dollars	d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?
Amount – Donars	Yes, insurance included in mortgage payment
\$ _,	No, insurance paid separately or no insurance
What are the annual real estate taxes on THIS property? Annual amount – Dollars	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?
¢ 00 000 00	Yes, home equity loan
\$.00	Yes, second mortgage
OR	Yes, second mortgage and home equity loan
None	No \rightarrow SKIP to D
What is the annual payment for fire, hazard, and	NO 7 3NII 10 D
flood insurance on THIS property?	b. How much is the regular monthly payment or all second or junior mortgages and all home
Annual amount – Dollars	equity loans on THIS property?
\$ 0.00	Monthly amount – Dollars
OR	\$ 00 00
None	OR
	No regular payment required
a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?	
Yes, mortgage, deed of trust, or similar debt	Answer question 27 if this is a MOBILE HOME.
Yes, contract to purchase	Otherwise, SKIP to E .
No → SKIP to question 26a	
2	What are the total annual costs for personal
b. How much is the regular monthly mortgage payment on THIS property? Include payment	property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? Exclude real estate taxes.
only on FIRST mortgage or contract to purchase. Monthly amount – Dollars	Annual costs – <i>Dollars</i>
\$,	\$.00
OR	
No regular payment required → SKIP to question 26a	
	E Answer questions about PERSON 1 on the next
	page. If no one is listed as PERSON 1 on the next page. If no one is listed as PERSON 1 on page 2, SKIP to page 48 for mailing instructions.
•	page. If no one is listed as PERSON 1 on page 2,



Person 1

Please copy the name of Person 1 from page 2, then continue answering questions below. Last Name	a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
First Name MI	No, has not attended in the last 3 months → SKIP to question 11
First Name MI	Yes, public school, public college
	Yes, private school, private college, home school
Where was this person born?	b. What grade or level was this person attending? Mark (X) ONE box.
In the United States – <i>Print name of state.</i>	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	grade 1 – 12 –
	College undergraduate years (freshman to senio
s this person a citizen of the United States? Yes, born in the United States → SKIP to	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)
question 10a	What is the highest grade of school or degree thi
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	person has COMPLETED? If currently enrolled, selet the previous grade or highest degree received.
Yes, born abroad of U.S. citizen parent or parents	Mark (X) ONE box. LESS THAN GRADE 1
Yes, U.S. citizen by naturalization – Print year	
☐ of naturalization ⊋	Less than grade 1
	GRADE 1 THROUGH GRADE 12 Grade 1 through 11 – Specify
No, not a U.S. citizen	grade 1 – 11 – Specify
No, not a c.c. ottazon	
When did this person come to live in the	
United States? If this person came to live in the United States more than once, print latest year.	12th grade – NO DIPLOMA
Year	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE
	Some college credit, but less than 1 year of college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	AFTER BACHELOR'S DEGREE
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
	Doctorate degree (for example: PhD, EdD)



E	Answer question 12 if this person has a bachelor's	a. Did this person live in this house or apartm 1 year ago?	ent
Ť	degree or higher. Otherwise, SKIP to question 13.	Person is under 1 year old → SKIP to question	n 16
		Yes, this house → SKIP to question 16	
12	This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)	No, outside the United States and Puerto Ricc Print name of foreign country, or U.S. Virgin of Guam, etc., below; then SKIP to question 16	
		No, different house in the United States or	
		b. Where did this person live 1 year ago? Address (Number and street name)	
B	What is this person's ancestry or ethnic origin?	Name of city, town, or post office	
		Name of U.S. county or municipio in Puerto F	Rico
	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,		
	Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	Name of U.S. state or Puerto Rico ZIP Code	
4	a. Does this person speak a language other than English at home?		
	Yes	16 Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans?	the
	No → SKIP to question 15a	Do NOT include plans that cover only one type of service, such as dental, drug, or vision plans.	
	b. What is this language?	Mark "Yes" or "No" for EACH type of coverage in items a – h.	
	For example: Korean, Italian, Spanish, Vietnamese	a. Insurance through a current or former employer, union, or professional association (of this person or another family member)	No
	c. How well does this person speak English? Very well	b. Medicare, for people 65 and older, or people with certain disabilities	
	Well Not well	c. Medicaid, Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability	
	Not at all	d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar website (by this person or another family member)	
		e. TRICARE or other military health care	
		f. VA (enrolled for VA health care)	
		g. Indian Health Service	
		h. Any other type of health insurance	
		or health coverage plan – Specify ✓	Ш

Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	b. Does this person have difficulty remembering or concentrating? No difficulty Some difficulty
 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? 	 □ A lot of difficulty □ Cannot do at all c. Does this person have difficulty bathing or dressing? □ No difficulty □ Some difficulty □ A lot of difficulty □ Cannot do at all
☐ Yes ☐ No	d. Using his or her usual language, does this person have difficulty communicating, for example, understanding or being understood?
a. Does this person have difficulty seeing, even if wearing glasses? No difficulty Some difficulty A lot of difficulty	No difficultySome difficultyA lot of difficultyCannot do at all
 b. Does this person have difficulty hearing, even if using a hearing aid? No difficulty Some difficulty 	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19. Does this person have difficulty doing errands alone, such as visiting a doctor's office or shopping?
Cannot do at all	□ No difficulty □ Some difficulty
Answer question 19a – d if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.	☐ A lot of difficulty ☐ Cannot do at all
a. Does this person have difficulty walking or climbing stairs? No difficulty Some difficulty A lot of difficulty Cannot do at all	What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J on the next page
	a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Does this person have difficulty seeing, even if wearing glasses? No difficulty Cannot do at all b. Does this person have difficulty hearing, even if using a hearing aid? No difficulty Cannot do at all Answer question 19a - d if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19. a. Does this person have difficulty walking or climbing stairs? No difficulty Some difficulty Some difficulty A lot of difficulty



2	In the PAST 12 MONTHS did this person get – Yes No	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
١	a. Married?	Never served in the military → SKIP to question 30a
١	b. Widowed?	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
١	c. Divorced?	Now on active duty
2	How many times has this person been married?	On active duty in the past, but not now
١	Once	
	Two times Three or more times	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
2	In what year did this person last get married?	September 2001 or later
٩	Year	August 1990 to August 2001 (including Persian Gulf War)
١		May 1975 to July 1990
١		Vietnam era (August 1964 to April 1975)
d	Answer question 25 if this person is female and	February 1955 to July 1964
Ĭ	15 – 50 years old. Otherwise, SKIP to question 26a.	Korean War (July 1950 to January 1955)
		January 1947 to June 1950
2	In the PAST 12 MONTHS, has this person given birth to any children?	World War II (December 1941 to December 1946)
	Yes	November 1941 or earlier
١	No	a. Does this person have a VA service-connected
2	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	disability rating? Yes (such as 0%, 10%, 20%,, 100%)
١	Yes	No → SKIP to question 30a
	No → SKIP to question 27	b. What is this person's service-connected disability rating?
١	b. Is this grandparent currently responsible for most of the basic needs of any grandchildren	0 percent
١	under the age of 18 who live in this house or apartment?	10 or 20 percent
	Yes	30 or 40 percent
١	No → SKIP to question 27	50 or 60 percent
١	·	70 percent or higher
	c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom	
	the grandparent has been responsible for the longest period of time.	
	longest period of time.	
	longest period of time. Less than 6 months	
	longest period of time. Less than 6 months 6 to 11 months	



30	a. LAST WEEK, did this person work for pay at a job (or business)?	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to
	Yes → SKIP to question 31	question 34.
	No – Did not work (or retired)	
		33 How many people, including this person,
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	usually rode to work in the car, truck, or van LAST WEEK?
		Person(s)
	Yes	
	No → SKIP to question 36a	
3	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last	LAST WEEK, what time did this person's trip to work usually begin?
	week.	Hour Minute a.m.
	a. Address (Number and street name)	p.m.
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	b. Name of city, town, or post office	Williates
	city or town? Yes No, outside the city/town limits	did NOT work last week. Otherwise, SKIP to question 39b. 36 a. LAST WEEK, was this person on layoff from
	d. Name of county	a job?
		Yes → SKIP to question 36c
		No
	e. Name of U.S. state or foreign country	
		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
		No → SKIP to question 37
32	How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.	c. Has this person been informed that he or she will be recalled to work within the next 6
	Car, truck, or van	months OR been given a date to return to work? Yes → SKIP to question 38
	☐ Bus ☐ Motorcycle	
	Subway or playated rail	□ No
	Long-distance train or commuter rail Bicycle Walked	
	Light rail, streetcar, or trolley Worked from home → SKIP to question 39b	
	Ferryboat Other method	



37	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	M	Answer questions 42a – f if this person worked in
	Yes		the past 5 years. Otherwise, SKIP to question 43.
	No → SKIP to question 39		
		42	The next series of questions is about the type of
8	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?		employment this person had last week.
	Yes, could have gone to work		If this person had more than one job, describe the one at which the most hours were worked. If this person
	No, because of own temporary illness		did not work last week, describe the most recent employment in the past five years.
20	No, because of all other reasons (in school, etc.) a. When did this person last work, even for a		a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?
9	few days?		Mark (X) ONE box.
	Within the past 12 months		PRIVATE SECTOR EMPLOYEE
	1 to 5 years ago		For-profit company or organization
	Over 5 years ago or never worked → SKIP to question 43		Non-profit organization (including tax-exempt and charitable organizations)
	b. In 2019, did this person work at a job or		GOVERNMENT EMPLOYEE
	business at any time, even for a few days?		Local government (for example: city or county school district)
	Yes		State government (including state
	No → SKIP to question 42		colleges/universities) Active duty U.S. Armed Forces or
0	During the weeks that this person WORKED in		Commissioned Corps
	2019, how many HOURS did this person usually work each WEEK?		Federal government civilian employee
	Usual hours worked each WEEK		SELF-EMPLOYED OR OTHER
			Owner of non-incorporated business, professional practice, or farm
30	a In 2010 did this marrow work EVERY week?		Owner of incorporated business, professional practice, or farm
יי	a. In 2019, did this person work EVERY week? Include all jobs and count paid vacation, paid sick leave, and military service as work.		Worked without pay in a for-profit family business or farm for 15 hours or more per week
	Yes → SKIP to question 42		b. What was the name of this person's employer, business, agency, or branch of the
	□ No		Armed Forces?
	b. Of the 52 weeks in 2019, how many WEEKS		
	did this person work for at least one day? Include all jobs, paid time off, and weeks when this person only worked for a few hours. Weeks		c. What kind of business or industry was this? Include the main activity, product, or service provide at the location where employed. (For example: elementary school, residential construction)
			d. Was this mainly – Mark (X) ONE box.
			manufacturing?
			wholesale trade?
			retail trade?
			other (agriculture, construction, service, government, etc.)?



		I
E	e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)	d. Social Security or Railroad Retirement.
	(1 of example: 4th grade teacher, entry level plantser)	☐ Yes → \$ 0 0 00
		No TOTAL AMOUNT for 2019
f	f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe	e. Supplemental Security Income (SSI).
	sections and review building plans for work details)	□ Yes → \$.00
		No TOTAL AMOUNT for 2019
		f. Any public assistance or welfare payments from the state or local welfare office.
)	INCOME IN 2019	☐ Yes → \$ 00
	Report all types of income received, taxable and non-taxable, from January 1, 2019 to December 31, 2019.	No TOTAL AMOUNT for 2019
	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT.	g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or
	Mark (X) the "No" box for each type of income NOT received.	distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.
	For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.	Yes → \$.00
		TOTAL AMOUNT for 2019
	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemploymer compensation, child support or alimony.
	☐ Yes → \$,	Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
	No TOTAL AMOUNT for 2019	□ Yes → \$.00
	b. Self-employment income from own nonfarm	No TOTAL AMOUNT for 2019
	businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses. If net income was a loss, mark (X) the "Loss" box next to the dollar amount.	4 What was this person's total income in 2019? Add entries in questions 43a to 43h; subtract any losses.
	Yes → \$.00	If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
	No TOTAL AMOUNT for 2019 Loss	OR \$.00
		None TOTAL AMOUNT for 2019
	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. If net income was a loss, mark (X) the "Loss" box next to the dollar amount.	TOTAL AMOUNT for 2019
	☐ Yes → \$.00	
	No TOTAL AMOUNT for 2019 Loss	Continue with the questions for Person 2 on the



next page. If no one is listed as Person 2 on page 3,

SKIP to page 48 for mailing instructions.

Person 2

Please copy the name of Person 2 from page 3, then continue answering questions below. Last Name	a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
First Name MI	No, has not attended in the last 3 months → SKIP to question 11
riist Name ivii	Yes, public school, public college
	Yes, private school, private college, home school
Where was this person born?	b. What grade or level was this person attending? Mark (X) ONE box.
In the United States – <i>Print name of state.</i>	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	grade 1 – 12 –
	College undergraduate years (freshman to senio
Is this person a citizen of the United States? Yes, born in the United States → SKIP to	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)
question 10a	11 What is the highest grade of school or degree thi
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	person has COMPLETED? If currently enrolled, selective the previous grade or highest degree received.
Yes, born abroad of U.S. citizen parent or parents	Mark (X) ONE box.
Yes, U.S. citizen by naturalization – <i>Print year</i>	LESS THAN GRADE 1
of naturalization 📈	Less than grade 1
	GRADE 1 THROUGH GRADE 12
No, not a U.S. citizen	Grade 1 through 11 – Specify grade 1 – 11 –
No, not a 0.3. citizen	
When did this person come to live in the	
United States? If this person came to live in the United States more than once, print latest year.	12th grade – NO DIPLOMA
Year	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE
	Some college credit, but less than 1 year of college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	AFTER BACHELOR'S DEGREE
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
	Doctorate degree (for example: PhD, EdD)



Answer question 12 if this person has a bachelor's	a. Did this person live in this hou 1 year ago?	ise or apartment
degree or higher. Otherwise, SKIP to question 13.	Person is under 1 year old ->	SKIP to question 16
	Yes, this house → SKIP to que	estion 16
This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education,	No, outside the United States Print name of foreign country, Guam, etc., below; then SKIP	or U.S. Virgin Islan
organizational psychology)	No, different house in the Uni	ted States or
	Puerto Rico	_
	b. Where did this person live 1 ye Address (Number and street na	
What is this person's ancestry or ethnic origin?	Name of city, town, or post offi	ce
(For example: Italian, Jamaican, African Am.,	Name of U.S. county or municip	oio in Puerto Rico
Cambodian, Cape Verdean, Norwegian, Dominican,		
French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	Name of U.S. state or Puerto Rico	ZIP Code
a. Does this person speak a language other than English at home?		00000
Yes	Is this person CURRENTLY cover following types of health insurar coverage plans?	red by any of the nce or health
No → SKIP to question 15a	Do NOT include plans that cover on	ly one type of
b. What is this language?	service, such as dental, drug, or visi Mark "Yes" or "No" for EACH type of items a – h.	•
	a. Insurance through a current or form	ner v N
For example: Korean, Italian, Spanish, Vietnamese	employer, union, or professional association (of this person or anoth	100 110
c. How well does this person speak English?	family member)	
Very well	b. Medicare, for people 65 and older, or people with certain disabilities	
Well	c. Medicaid, Children's Health Insurar	nce
	Program (CHIP), or any kind of government-assistance plan for the	ose
Not well	with low incomes or a disability d. Insurance purchased directly from	an
Not at all	insurance company or through a So or Federal Marketplace, HealthCare or a similar website (by this person	tate .gov,
	another family member) e. TRICARE or other military health ca	ure
	· ·	
	f. VA (enrolled for VA health care)	
	g. Indian Health Service	
	h. Any other type of health insurance or health coverage plan – Specify	

Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	b. Does this person have difficulty remembering or concentrating? No difficulty
 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No a. Does this person have difficulty seeing, even if wearing glasses? No difficulty Some difficulty A lot of difficulty 	Some difficulty A lot of difficulty Cannot do at all c. Does this person have difficulty bathing or dressing? No difficulty Some difficulty A lot of difficulty Cannot do at all d. Using his or her usual language, does this person have difficulty communicating, for example, understanding or being understood? No difficulty Some difficulty A lot of difficulty Cannot do at all
 Cannot do at all Does this person have difficulty hearing, even if using a hearing aid? No difficulty Some difficulty A lot of difficulty Cannot do at all 	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26. Does this person have difficulty doing errands alone, such as visiting a doctor's office or shopping? No difficulty
Answer question 19a – d if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26.	☐ Some difficulty ☐ A lot of difficulty ☐ Cannot do at all
a. Does this person have difficulty walking or climbing stairs? No difficulty Some difficulty A lot of difficulty Cannot do at all	 What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J on the next page



2	In the PAST 12 MONTHS did this person get – Yes No	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard Mark (X) ONE box.	ie d?
١	a. Married?	Never served in the military → SKIP to question 3	0a
١	b. Widowed?	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a	
	c. Divolced:	Now on active duty	
2	How many times has this person been married?	On active duty in the past, but not now	
	Once Two times Three or more times	When did this person serve on active duty in th U.S. Armed Forces? Mark (X) a box for EACH perior in which this person served, even if just for part of the period.	od
2	In what year did this person last get married?	September 2001 or later	
	Year	August 1990 to August 2001 (including Persian Gulf War)	
١		May 1975 to July 1990	
ı		☐ Vietnam era (August 1964 to April 1975)	
J	· · · · · · · · · · · · · · · · · · ·	February 1955 to July 1964	
l	15 – 50 years old. Otherwise, SKIP to question 26a.	Korean War (July 1950 to January 1955)	
2	In the PAST 12 MONTHS, has this person given	January 1947 to June 1950	
4	birth to any children?	World War II (December 1941 to December 1946)	
ı	Yes	November 1941 or earlier	
	No	20 a Bassathia wassan hassa a VA asseries assersate	
		29 a. Does this person have a VA service-connected	ed .
2		disability rating? Yes (such as 0%, 10%, 20%,, 100%)	ed
2	a. Does this person have any of his/her own grandchildren under the age of 18 living in	disability rating? ☐ Yes (such as 0%, 10%, 20%,, 100%) ☐ No → SKIP to question 30a	ed
2(a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	disability rating? Yes (such as 0%, 10%, 20%,, 100%)	ea
2	 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 27 b. Is this grandparent currently responsible for 	disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 30a b. What is this person's service-connected	ed
2	 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 27 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or 	disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 30a b. What is this person's service-connected disability rating?	ed
2	 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 27 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren 	disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 30a b. What is this person's service-connected disability rating? □ 0 percent	ed
2	 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 27 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? 	disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 30a b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent	ĕd
2	 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 27 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? Yes 	disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 30a b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher	ed
20	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 27 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? Yes No → SKIP to question 27 c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the	disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 30a b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher	ed
2	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 27 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? Yes No → SKIP to question 27 c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 30a b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher	ed
2	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 27 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? Yes No → SKIP to question 27 c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time. Less than 6 months	disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 30a b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher	ed
2	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 27 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? Yes No → SKIP to question 27 c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time. Less than 6 months 6 to 11 months	disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 30a b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher	ed



30		LAST WEEK, did this perso job (or business)? ☐ Yes → SKIP to question 3		K	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.
31	A: W	No – Did not work (or ref LAST WEEK, did this person pay, even for as little as o Yes No → SKIP to question 3 t what location did this person worked as	on do ANY work for ne hour? 6a erson work LAST at more than one	33	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s) LAST WEEK, what time did this person's trip to work usually begin?
	W	cation, print where he or she eek. Address (Number and stro If the exact address is not kn	eet name)	35	Hour Minute a.m. p.m. How many minutes did it usually take this
	b.	of the location such as the bunearest street or intersection Name of city, town, or po	uilding name or the n.		person to get from home to work LAST WEEK? Minutes
	C.	Is the work location inside city or town? Yes No, outside the city/town			Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 39b.
		Name of county		36	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 36c No
	e.	Name of U.S. state or for	eign country		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	f.	ZIP Code			Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
32	W	ow did this person usually EEK? Mark (X) ONE box for the ensportation used for most of	the method of		 No → SKIP to question 37 c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a data to return to work?
		Car, truck, or van Bus Subway or elevated rail Long-distance train or commuter rail Light rail, streetcar, or trolley	Taxi or ride-hailing services Motorcycle Bicycle Walked Worked from home → SKIP to question 39h		months OR been given a date to return to work? Yes → SKIP to question 38 No
		Ferryboat Other method			



37	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	M	Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.
	No → SKIP to question 39		
	No 7 SKII to question 33	42	
38	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?		The next series of questions is about the type of employment this person had last week.
	Yes, could have gone to work		If this person had more than one job, describe the one at which the most hours were worked. If this person
	No, because of own temporary illness		did not work last week, describe the most recent employment in the past five years.
39	No, because of all other reasons (in school, etc.) a. When did this person last work, even for a		a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?
T	few days?		Mark (X) ONE box. PRIVATE SECTOR EMPLOYEE
	Within the past 12 months		
	1 to 5 years ago		For-profit company or organization
	Over 5 years ago or never worked → SKIP to question 43		Non-profit organization (including tax-exempt and charitable organizations)
	b. In 2019, did this person work at a job or		GOVERNMENT EMPLOYEE
	business at any time, even for a few days?		Local government (for example: city or county school district)
	Yes		State government (including state colleges/universities)
	No → SKIP to question 42		Active duty U.S. Armed Forces or
10	During the weeks that this person WORKED in 2019, how many HOURS did this person usually		Commissioned Corps Federal government civilian employee
	work each WEEK? Usual hours worked each WEEK		SELF-EMPLOYED OR OTHER
	Osual nours worked each WEEK		Owner of non-incorporated business, professional practice, or farm
			Owner of incorporated business, professional practice, or farm
41)	a. In 2019, did this person work EVERY week? Include all jobs and count paid vacation, paid sick leave, and military service as work.		Worked without pay in a for-profit family business or farm for 15 hours or more per week
	Yes → SKIP to question 42		b. What was the name of this person's employer, business, agency, or branch of the
	No		Armed Forces?
	b. Of the 52 weeks in 2019, how many WEEKS did this person work for at least one day? Include all jobs, paid time off, and weeks when this person only worked for a few hours. Weeks		c. What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)
			d. Was this mainly – Mark (X) ONE box.
			manufacturing?
			wholesale trade?
			retail trade?
			other (agriculture, construction, service, government, etc.)?



	e. What was this person's main occupation?	d. Social Security or Railroad Retirement.
	(For example: 4th grade teacher, entry-level plumber)	
		Yes → \$.00 No TOTAL AMOUNT for 2019
f	f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)	e. Supplemental Security Income (SSI).
	Sections and review building plans for work details)	Yes → \$.00 No TOTAL AMOUNT for 2019
		f. Any public assistance or welfare payments from the state or local welfare office.
)	INCOME IN 2019	
	Report all types of income received, taxable and non-taxable, from January 1, 2019 to December 31, 2019.	Yes → \$.00 No TOTAL AMOUNT for 2019
	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT.	g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distribution from 100 Parts 100 A 404 (b) and 100 per la complexity.
	Mark (X) the "No" box for each type of income NOT received.	distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.
	For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.	 Yes → \$.00 No TOTAL AMOUNT for 2019
	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money
	Yes → \$, .00 No TOTAL AMOUNT for 2019	from an inheritance or the sale of a home. Yes → \$
	b. Self-employment income from own nonfarm businesses or farm businesses, including	Yes → \$.00 No TOTAL AMOUNT for 2019
	proprietorships and partnerships. Report NET income after business expenses. If net income was a loss, mark (X) the "Loss" box next to the dollar amount.	Add entries in questions 43a to 43h; subtract any losses.
	□ Yes → \$	If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
	No TOTAL AMOUNT for 2019 Loss	OR \$.00
	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. If net income was a loss, mark (X) the "Loss" box next to the dollar amount.	None TOTAL AMOUNT for 2019
	□ Yes → \$,	
	No TOTAL AMOUNT for 2019 Loss	Continue with the questions for Person 3 on the



next page. If no one is listed as Person 3 on page 4,

SKIP to page 48 for mailing instructions.

Person 3

Please copy the name of Person 3 from page 4, then continue answering questions below. Last Name	a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
First Name MI	No, has not attended in the last 3 months → SKIP to question 11
rirst Name IVII	Yes, public school, public college
	Yes, private school, private college, home school
Where was this person born?	b. What grade or level was this person attending? Mark (X) ONE box.
In the United States – <i>Print name of state</i> .	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	grade 1 – 12 –
	College undergraduate years (freshman to senion
Is this person a citizen of the United States? Yes, born in the United States → SKIP to	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)
question 10a	What is the highest grade of school or degree thi
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	person has COMPLETED? If currently enrolled, sele the previous grade or highest degree received.
Yes, born abroad of U.S. citizen parent or parents	Mark (X) ONE box. LESS THAN GRADE 1
Yes, U.S. citizen by naturalization – <i>Print year</i>	
of naturalization 🔀	Less than grade 1
	GRADE 1 THROUGH GRADE 12 Grade 1 through 11 – Specify
No, not a U.S. citizen	grade 1 – 11 –
140, 1101 4 0.0. 0142011	
When did this person come to live in the	
United States? If this person came to live in the United States more than once, print latest year.	12th grade – NO DIPLOMA
Year	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE
	Some college credit, but less than 1 year of college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	AFTER BACHELOR'S DEGREE
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
	Doctorate degree (for example: PhD, EdD)



Answer question 12 if this person has a bachelor's	a. Did this person live in this house or apartment 1 year ago?
degree or higher. Otherwise, SKIP to question 13.	Person is under 1 year old → SKIP to question 16
	Yes, this house → SKIP to question 16
This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREE this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)	S duant, etc., below, then skir to question to
organizational psychology)	No, different house in the United States or
	b. Where did this person live 1 year ago?
	Address (Number and street name)
What is this person's ancestry or ethnic origin	? Name of city, town, or post office
	Name of U.S. county or municipio in Puerto Rico
(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican	1,
French Canadian, Haitian, Korean, Lebanese, Polisl Nigerian, Mexican, Taiwanese, Ukrainian, and so o	
a. Does this person speak a language other than English at home?	
Yes	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?
No → SKIP to question 15a	Do NOT include plans that cover only one type of service, such as dental, drug, or vision plans.
b. What is this language?	Mark "Yes" or "No" for EACH type of coverage in items a – h.
	a. Insurance through a current or former Yes No employer, union, or professional
For example: Korean, Italian, Spanish, Vietnames	se association (of this person or another family member)
c. How well does this person speak English?	b. Medicare, for people 65 and older,
Very well	or people with certain disabilities c. Medicaid, Children's Health Insurance
☐ Well ☐ Not well	Program (CHIP), or any kind of government-assistance plan for those
	with low incomes or a disability d. Insurance purchased directly from an
Not at all	insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar website (by this person or
	another family member) e. TRICARE or other military health care
	f. VA (enrolled for VA health care)
	g. Indian Health Service
	h. Any other type of health insurance or health coverage plan – Specify

ш		
G	Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	b. Does this person have difficulty remembering or concentrating? No difficulty Some difficulty
Ŧ	is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member	□ A lot of difficulty □ Cannot do at all c. Does this person have difficulty bathing or dressing? □ No difficulty □ Some difficulty
	receive a tax credit or subsidy based on family income to help pay the premium? Yes No	A lot of difficulty Cannot do at all d. Using his or her usual language, does this person have difficulty communicating, for example, understanding or being understood?
18	if wearing glasses? No difficulty Some difficulty	No difficulty Some difficulty A lot of difficulty Cannot do at all
	 A lot of difficulty □ Cannot do at all b. Does this person have difficulty hearing, even if using a hearing aid? 	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.
	 No difficulty Some difficulty A lot of difficulty Cannot do at all 	Does this person have difficulty doing errands alone, such as visiting a doctor's office or shopping? No difficulty Some difficulty
H	Answer question 19a – d if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.	A lot of difficulty Cannot do at all
19	a. Does this person have difficulty walking or climbing stairs? No difficulty Some difficulty A lot of difficulty Cannot do at all	What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J on the next page
П		



2	In the PAST 12 MONTHS did this person get – Yes No	27	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	a. Married?		Never served in the military → SKIP to question 30a
ı	b. Widowed?		Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
	c. Divorced?		Now on active duty
2	How many times has this person been married?		On active duty in the past, but not now
	Once	28	When did this person serve on active duty in the
ı	Two timesThree or more times	40	U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
24	In what your did this name an last got married?		September 2001 or later
	In what year did this person last get married? Year		August 1990 to August 2001 (including Persian Gulf War)
			May 1975 to July 1990
			Vietnam era (August 1964 to April 1975)
J	Answer question 25 if this person is female and		February 1955 to July 1964
Ĭ	15 – 50 years old. Otherwise, SKIP to question 26a.		Korean War (July 1950 to January 1955)
			January 1947 to June 1950
2	In the PAST 12 MONTHS, has this person given birth to any children?		World War II (December 1941 to December 1946)
	Yes		November 1941 or earlier
	No	2	a. Does this person have a VA service-connected
26	a. Does this person have any of his/her own		disability rating?
٦	grandchildren under the age of 18 living in this house or apartment?		Yes (such as 0%, 10%, 20%, , 100%)
	Yes		No → SKIP to question 30a
ı	No → SKIP to question 27		 b. What is this person's service-connected disability rating?
	 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren 		
			0 percent
	under the age of 18 who live in this house or		0 percent 10 or 20 percent
	under the age of 18 who live in this house or apartment? Yes		10 or 20 percent
	under the age of 18 who live in this house or apartment? ☐ Yes ☐ No → SKIP to question 27		10 or 20 percent 30 or 40 percent
	under the age of 18 who live in this house or apartment? Yes		10 or 20 percent 30 or 40 percent 50 or 60 percent
	under the age of 18 who live in this house or apartment? Yes No → SKIP to question 27 C. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the		10 or 20 percent 30 or 40 percent 50 or 60 percent
	under the age of 18 who live in this house or apartment? Yes No → SKIP to question 27 C. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.		10 or 20 percent 30 or 40 percent 50 or 60 percent
	under the age of 18 who live in this house or apartment? Yes No → SKIP to question 27 C. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time. Less than 6 months		10 or 20 percent 30 or 40 percent 50 or 60 percent
	under the age of 18 who live in this house or apartment? Yes No → SKIP to question 27 C. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time. Less than 6 months 6 to 11 months		10 or 20 percent 30 or 40 percent 50 or 60 percent



30	 a. LAST WEEK, did this person work for pay at a job (or business)? Yes → SKIP to question 31 	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.
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 36a At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. Address (Number and street name) 	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s) LAST WEEK, what time did this person's trip to work usually begin? Hour Minute a.m. p.m.
	 If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. b. Name of city, town, or post office 	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of county	Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 39b. 36 a. LAST WEEK, was this person on layoff from a job?
	e. Name of U.S. state or foreign country	 Yes → SKIP to question 36c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39 No → SKIP to question 37
32	How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance. Car, truck, or van Bus Motorcycle Subway or elevated rail Long-distance train or commuter rail Light rail, streetcar, or trolley Ferryboat Other method	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 38 No



3	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	M	Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.
	Yes		the past 5 years. Otherwise, SKIF to question 45.
	No → SKIP to question 39	42	DESCRIPTION OF EMPLOYMENT
8	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?		The next series of questions is about the type of employment this person had last week.
	Yes, could have gone to work		If this person had more than one job, describe the one at which the most hours were worked. If this person
	No, because of own temporary illness		did not work last week, describe the most recent employment in the past five years.
9	No, because of all other reasons (in school, etc.) a. When did this person last work, even for a		a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?
	few days?		Mark (X) ONE box.
	Within the past 12 months		PRIVATE SECTOR EMPLOYEE For-profit company or organization
	1 to 5 years ago		Non-profit organization (including
	Over 5 years ago or never worked → SKIP to question 43		tax-exempt and charitable organizations)
	b. In 2019, did this person work at a job or		GOVERNMENT EMPLOYEE
	business at any time, even for a few days?		Local government (for example: city or county school district)
	Yes No → SKIP to question 42		State government (including state colleges/universities)
)	During the weeks that this person WORKED in		Active duty U.S. Armed Forces or Commissioned Corps
	2019, how many HOURS did this person usually work each WEEK?		Federal government civilian employee
	Usual hours worked each WEEK		SELF-EMPLOYED OR OTHER
			Owner of non-incorporated business, professional practice, or farm
1	a. In 2019, did this person work EVERY week?		Owner of incorporated business, professional practice, or farm
,	Include all jobs and count paid vacation, paid sick leave, and military service as work.		Worked without pay in a for-profit family business or farm for 15 hours or more per week
	Yes → SKIP to question 42 No		b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?
	b. Of the 52 weeks in 2019, how many WEEKS		
	did this person work for at least one day? Include all jobs, paid time off, and weeks when this person only worked for a few hours. Weeks		c. What kind of business or industry was this? Include the main activity, product, or service provide at the location where employed. (For example: elementary school, residential construction)
			d. Was this mainly – Mark (X) ONE box.
			manufacturing?
			wholesale trade?
			retail trade?
			other (agriculture, construction, service,



e.	Wha (For	at was th	is person's main occupation? : 4th grade teacher, entry-level pl	umber
	1. 0.	ortarripro	in grade todorier, errary rever pr	
f.	or d	uties. (Fo	s person's most important ac or example: instruct and evaluate son plans, assemble and install p review building plans for work det	studen ipe
) II	исо	ME IN 20)19	
n	epor on-ta 019.	t all type axable, fr	s of income received, taxable an om January 1, 2019 to Decembe	d r 31,
р	ersoi		Yes" box for each type of incom d, and give your best estimate o VT.	
	1ark eceiv		No" box for each type of income	NOT
F	or in	come red	eived jointly, report the appropr	iate
s	hare eport	for each the who	person – or, if that's not possibl le amount for only one person a box for the other person.	e.
а	fro	m all job	rry, commissions, bonuses, or s. Report amount before deduct , dues, or other items.	tips ions fo
		Yes →	\$ _,000,000.00	
		No	TOTAL AMOUNT for 2019	
b	bus pro inco a lo	inesses prietors ome after	yment income from own nonf or farm businesses, including hips and partnerships. Report business expenses. If net income (X) the "Loss" box next to the do	NET e was
		Yes →	\$	
		No	TOTAL AMOUNT for 2019	Loss
С	inc Rep If no	ome, or oort even et income	vidends, net rental income, ro income from estates and trus small amounts credited to an access was a loss, mark (X) the "Loss" ollar amount.	ts. count.
		Yes →	\$ 000	
		No	TOTAL AMOUNT for 2019	Loss

d. Social Security or Railroad Retirement.

,		
☐ Yes → \$.00	

- TOTAL AMOUNT for 2019
- e. Supplemental Security Income (SSI).

Yes →	\$	00
No	TOTAL AMOUNT for	2019

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

Yes →	\$.00
No 7	ΓΩΤΔΙ	ΔΜΟΙ	INT for	. 201

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.

Yes →	\$ 000,000.00
No	TOTAL AMOUNT for 2019

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony.

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

	Yes →	\$ 000.000.00
	No	TOTAL AMOUNT for 2019

44 What was this person's total income in 2019?
Add entries in questions 43a to 43h; subtract any losses.
If net income was a loss, enter the amount and mark (X)
the "Loss" box next to the dollar amount.



Continue with the questions for Person 4 on the next page. If no one is listed as Person 4 on page 5, SKIP to page 48 for mailing instructions.



Person 4

ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which lead to a high school diploma or a college degree.
	No, has not attended in the last 3 months → SKIP to question 11
First Name MI	Yes, public school, public college
	Yes, private school, private college, home sch
All	b. What grade or level was this person attend
Where was this person born?	Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
Outside the United States – Print name of	Grade 1 through 12 – Specify grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to se
a this narrow a sitiron of the United States?	Graduate or professional school beyond a
s this person a citizen of the United States? Yes, born in the United States → SKIP to	bachelor's degree (for example: MA or PhD program, or medical or law school)
question 10a	11 What is the highest grade of school or degree
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	person has COMPLETED? If currently enrolled, s the previous grade or highest degree received.
Yes, born abroad of U.S. citizen parent or parents	Mark (X) ONE box.
Yes, U.S. citizen by naturalization – <i>Print year</i>	LESS THAN GRADE 1
of naturalization	Less than grade 1
	GRADE 1 THROUGH GRADE 12
	Grade 1 through 11 – Specify grade 1 – 11 –
No, not a U.S. citizen	
When did this person come to live in the	
Jnited States? If this person came to live in the	12th grade – NO DIPLOMA
United States more than once, print latest year. Year	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE
	Some college credit, but less than 1 year of college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	AFTER BACHELOR'S DEGREE
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	Professional degree beyond a bachelor's
	degree (for example: MD, DDS, DVM, LLB, JD)



		• • • • • • • • • • • • • • • • • • • •	
F	Answer question 12 if this person has a bachelor's	a. Did this person live in this house or apartmer 1 year ago?	nt
	degree or higher. Otherwise, SKIP to question 13.	Person is under 1 year old → SKIP to question	16
г		Yes, this house → SKIP to question 16	
Ð	This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)	No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Isla Guam, etc., below; then SKIP to question 16	
	e.gam.autona.poyeneregy,	No, different house in the United States or	
		Puerto Rico	
		b. Where did this person live 1 year ago? Address (Number and street name)	
B	What is this person's ancestry or ethnic origin?	Name of city, town, or post office	
		Name of U.S. county or municipio in Puerto Ric	0
	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,		
	Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	Name of U.S. state or Puerto Rico ZIP Code	
14)	a. Does this person speak a language other than English at home?		
	Yes	16 Is this person CURRENTLY covered by any of th following types of health insurance or health coverage plans?	e
	No → SKIP to question 15a	Do NOT include plans that cover only one type of	
	b. What is this language?	service, such as dental, drug, or vision plans. Mark "Yes" or "No" for EACH type of coverage in items a – h.	
		a. Insurance through a current or former Yes No	0
	For example: Korean, Italian, Spanish, Vietnamese	employer, union, or professional association (of this person or another family member)	
	c. How well does this person speak English?	b. Medicare, for people 65 and older,	
	Very well	or people with certain disabilities c. Medicaid, Children's Health Insurance	
	☐ Well ☐ Not well	Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability	
	Not at all	d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar website (by this person or	7
		another family member) e. TRICARE or other military health care	
		f. VA (enrolled for VA health care)	
		g. Indian Health Service	
		h. Any other type of health insurance or health coverage plan − Specify □	

Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	b. Does this person have difficulty remembering or concentrating? No difficulty
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.	Some difficulty A lot of difficulty Cannot do at all c. Does this person have difficulty bathing or
 Yes No → SKIP to question 18a Does this person or another family member receive a tax credit or subsidy based on 	dressing? No difficulty Some difficulty A lot of difficulty
family income to help pay the premium? Yes No	Cannot do at all d. Using his or her usual language, does this person have difficulty communicating, for example, understanding or being understood?
 a. Does this person have difficulty seeing, even if wearing glasses? No difficulty Some difficulty A lot of difficulty 	No difficultySome difficultyA lot of difficultyCannot do at all
 Cannot do at all b. Does this person have difficulty hearing, even if using a hearing aid? 	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 40.
No difficultySome difficultyA lot of difficultyCannot do at all	Does this person have difficulty doing errands alone, such as visiting a doctor's office or shopping? No difficulty Some difficulty
Answer question 19a – d if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 40.	☐ A lot of difficulty ☐ Cannot do at all
a. Does this person have difficulty walking or climbing stairs? No difficulty Some difficulty A lot of difficulty Cannot do at all	What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J on the next page



2	In the PAST 12 MONTHS did this person get – Yes No	27	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	a. Married?		Never served in the military → SKIP to question 30a
ı	b. Widowed?		Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
	c. Divorced?		Now on active duty
2	How many times has this person been married?		On active duty in the past, but not now
	Once	28	When did this person serve on active duty in the
ı	Two timesThree or more times	40	U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
24	In what your did this name an last got married?		September 2001 or later
	In what year did this person last get married? Year		August 1990 to August 2001 (including Persian Gulf War)
			May 1975 to July 1990
			Vietnam era (August 1964 to April 1975)
J	Answer question 25 if this person is female and		February 1955 to July 1964
Ĭ	15 – 50 years old. Otherwise, SKIP to question 26a.		Korean War (July 1950 to January 1955)
			January 1947 to June 1950
2	In the PAST 12 MONTHS, has this person given birth to any children?		World War II (December 1941 to December 1946)
	Yes		November 1941 or earlier
	No	29	a. Does this person have a VA service-connected
26	a. Does this person have any of his/her own		disability rating?
٦	grandchildren under the age of 18 living in this house or apartment?		Yes (such as 0%, 10%, 20%, , 100%)
	Yes		No → SKIP to question 30a
ı	No → SKIP to question 27		b. What is this person's service-connected disability rating?
	 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren 		
			0 percent
	under the age of 18 who live in this house or		0 percent 10 or 20 percent
	under the age of 18 who live in this house or apartment?		
	under the age of 18 who live in this house or apartment? Yes		10 or 20 percent
	under the age of 18 who live in this house or apartment? ☐ Yes ☐ No → SKIP to question 27		10 or 20 percent 30 or 40 percent
	under the age of 18 who live in this house or apartment? Yes		10 or 20 percent 30 or 40 percent 50 or 60 percent
	under the age of 18 who live in this house or apartment? Yes No → SKIP to question 27 C. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the		10 or 20 percent 30 or 40 percent 50 or 60 percent
	under the age of 18 who live in this house or apartment? Yes No → SKIP to question 27 C. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.		10 or 20 percent 30 or 40 percent 50 or 60 percent
	under the age of 18 who live in this house or apartment? Yes No → SKIP to question 27 C. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time. Less than 6 months		10 or 20 percent 30 or 40 percent 50 or 60 percent
	under the age of 18 who live in this house or apartment? Yes No → SKIP to question 27 C. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time. Less than 6 months 6 to 11 months	1	10 or 20 percent 30 or 40 percent 50 or 60 percent



30		LAST WEEK, did this perso job (or business)? ☐ Yes → SKIP to question 3		K	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.
31	A: W	No – Did not work (or ref LAST WEEK, did this person pay, even for as little as o Yes No → SKIP to question 3 t what location did this person worked as	on do ANY work for ne hour? 6a erson work LAST at more than one	33	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s) LAST WEEK, what time did this person's trip to work usually begin?
	W	cation, print where he or she eek. Address (Number and stro If the exact address is not kn	eet name)	35	Hour Minute a.m. p.m. How many minutes did it usually take this
	b.	of the location such as the bunearest street or intersection Name of city, town, or po	uilding name or the n.		person to get from home to work LAST WEEK? Minutes
	C.	Is the work location inside city or town? Yes No, outside the city/town			Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 39b.
		Name of county		36	 a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 36c No
	e.	Name of U.S. state or for	eign country		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	f.	ZIP Code			Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
32	W	ow did this person usually EEK? Mark (X) ONE box for the ensportation used for most of	the method of		 No → SKIP to question 37 c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a data to return to work?
		Car, truck, or van Bus Subway or elevated rail Long-distance train or commuter rail Light rail, streetcar, or trolley	Taxi or ride-hailing services Motorcycle Bicycle Walked Worked from home → SKIP to question 39b		months OR been given a date to return to work? Yes → SKIP to question 38 No
		Ferryboat	Other method		



37	During the LAST 4 WEEKS, has this person been	<u> </u>		
	ACTIVELY looking for work?	Answer questions 42a – f if this person worked the past 5 years. Otherwise, SKIP to question 43		
	☐ Yes			
	No → SKIP to question 39	DESCRIPTION OF EMPLOYMENT		
38	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	The next series of questions is about the type o employment this person had last week.	f	
	Yes, could have gone to work	If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.		
	No, because of own temporary illness			
	No, because of all other reasons (in school, etc.)	a. Which one of the following best describe person's employment last week or the mercent employment in the past 5 years?		
39	a. When did this person last work, even for a few days?	Mark (X) ONE box.		
	Within the past 12 months	PRIVATE SECTOR EMPLOYEE		
	1 to 5 years ago	For-profit company or organization		
	Over 5 years ago or never worked → SKIP to question 43	Non-profit organization (including tax-exempt and charitable organizations)	•	
	b. In 2019, did this person work at a job or	GOVERNMENT EMPLOYEE		
	business at any time, even for a few days?	Local government (for example: city or county school district)		
	YesNo → SKIP to question 42	State government (including state colleges/universities)		
	_ No y on to question 42	Active duty U.S. Armed Forces or Commissioned Corps		
40	During the weeks that this person WORKED in 2019, how many HOURS did this person usually work each WEEK?	Federal government civilian employee		
	Usual hours worked each WEEK	SELF-EMPLOYED OR OTHER		
		Owner of non-incorporated business, professional practice, or farm		
		Owner of incorporated business, professional practice, or farm		
41)	a. In 2019, did this person work EVERY week? Include all jobs and count paid vacation, paid sick leave, and military service as work.	Worked without pay in a for-profit fam business or farm for 15 hours or more pe		
	Yes → SKIP to question 42	b. What was the name of this person's employers business, agency, or branch of the	loyer,	
	No	Armed Forces?		
	b. Of the 52 weeks in 2019, how many WEEKS			
	did this person work for at least one day? Include all jobs, paid time off, and weeks when this person only worked for a few hours. Weeks	c. What kind of business or industry was the Include the main activity, product, or service pat the location where employed. (For example elementary school, residential construction)	provide	
		d. Was this mainly – Mark (X) ONE box.		
		manufacturing?		
		wholesale trade?		
		retail trade?		
		other (agriculture, construction, service, government, etc.)?		



e.	Wha (For	at was th	is person's main occupation? : 4th grade teacher, entry-level pl	umber
	1. 0.	ortarripro	in grade todorier, errary rever pr	
f.	or d	uties. (Fo	s person's most important ac or example: instruct and evaluate son plans, assemble and install p review building plans for work det	studen ipe
) II	исо	ME IN 20)19	
n	epor on-ta 019.	t all type axable, fr	s of income received, taxable an om January 1, 2019 to Decembe	d r 31,
р	ersoi		Yes" box for each type of incom d, and give your best estimate o VT.	
	1ark eceiv		No" box for each type of income	NOT
F	or in	come red	eived jointly, report the appropr	iate
s	hare eport	for each the who	person – or, if that's not possibl le amount for only one person a box for the other person.	e.
а	fro	m all job	rry, commissions, bonuses, or s. Report amount before deduct , dues, or other items.	tips ions fo
		Yes →	\$ _,000,000.00	
		No	TOTAL AMOUNT for 2019	
b	bus pro inco a lo	inesses prietors ome after	yment income from own nonf or farm businesses, including hips and partnerships. Report business expenses. If net income (X) the "Loss" box next to the do	NET e was
		Yes →	\$	
		No	TOTAL AMOUNT for 2019	Loss
С	inc Rep If no	ome, or oort even et income	vidends, net rental income, ro income from estates and trus small amounts credited to an access was a loss, mark (X) the "Loss" ollar amount.	ts. count.
		Yes →	\$ 000	
		No	TOTAL AMOUNT for 2019	Loss

d. Social Security or Railroad Retirement.

Yes →	\$.00
No -	ΓΟΤΑL	AMOUN	NT for	2019

e. Supplemental Security Income (SSI).

Yes →	\$ 00,000	.00
No	TOTAL AMOUNT for	 2019

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

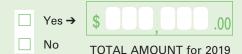
	Yes →	\$.00.000.0	0
	No -	TOTAL AMOUNT for 20	_)19

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.

Yes →	\$ 000,000.00
No	TOTAL AMOUNT for 2019

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony.

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



What was this person's total income in 2019?
Add entries in questions 43a to 43h; subtract any losses.
If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

Loss



Continue with the questions for Person 5 on the next page. If no one is listed as Person 5 on page 6, SKIP to page 48 for mailing instructions.



Person 5

Please copy the name of Person 5 from page 6, then continue answering questions below. Last Name	a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
Fig. 1 N	No, has not attended in the last 3 months → SKIP to question 11
First Name MI	Yes, public school, public college
	Yes, private school, private college, home school
Where was this person born?	b. What grade or level was this person attending Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	grade 1 – 12 –
	College undergraduate years (freshman to senio
Is this person a citizen of the United States? Yes, born in the United States → SKIP to	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)
question 10a	What is the highest grade of school or degree thi
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	person has COMPLETED? If currently enrolled, selective the previous grade or highest degree received.
Yes, born abroad of U.S. citizen parent or parents	Mark (X) ONE box. LESS THAN GRADE 1
Yes, U.S. citizen by naturalization – <i>Print year</i>	
of naturalization 🖟	Less than grade 1
	GRADE 1 THROUGH GRADE 12 Grade 1 through 11 – Specify
No, not a U.S. citizen	grade 1 – 11 7
When did this person come to live in the	
United States? If this person came to live in the United States more than once, print latest year.	12th grade – NO DIPLOMA
Year	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE
	Some college credit, but less than 1 year of college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	AFTER BACHELOR'S DEGREE
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
	Doctorate degree (for example: PhD, EdD)



Answer question 12 if this person has a bachelor's	a. Did this person live in this house or apartment 1 year ago?
degree or higher. Otherwise, SKIP to question 13.	Person is under 1 year old → SKIP to question 16
	Yes, this house → SKIP to question 16
This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREE this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)	S duant, etc., below, then skir to question to
organizational psychology)	No, different house in the United States or
	b. Where did this person live 1 year ago?
	Address (Number and street name)
What is this person's ancestry or ethnic origin	? Name of city, town, or post office
	Name of U.S. county or municipio in Puerto Rico
(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican	1,
French Canadian, Haitian, Korean, Lebanese, Polisl Nigerian, Mexican, Taiwanese, Ukrainian, and so o	
a. Does this person speak a language other than English at home?	
Yes	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?
No → SKIP to question 15a	Do NOT include plans that cover only one type of service, such as dental, drug, or vision plans.
b. What is this language?	Mark "Yes" or "No" for EACH type of coverage in items a – h.
	a. Insurance through a current or former Yes No employer, union, or professional
For example: Korean, Italian, Spanish, Vietnames	se association (of this person or another family member)
c. How well does this person speak English?	b. Medicare, for people 65 and older,
Very well	or people with certain disabilities c. Medicaid, Children's Health Insurance
☐ Well ☐ Not well	Program (CHIP), or any kind of government-assistance plan for those
	with low incomes or a disability d. Insurance purchased directly from an
Not at all	insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar website (by this person or
	another family member) e. TRICARE or other military health care
	f. VA (enrolled for VA health care)
	g. Indian Health Service
	h. Any other type of health insurance or health coverage plan – Specify

Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	b. Does this person have difficulty remembering or concentrating? No difficulty
 a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes No No a. Does this person have difficulty seeing, even if wearing glasses? No difficulty Some difficulty 	Some difficulty A lot of difficulty Cannot do at all c. Does this person have difficulty bathing or dressing? No difficulty Some difficulty A lot of difficulty Cannot do at all d. Using his or her usual language, does this person have difficulty communicating, for example, understanding or being understood? No difficulty Some difficulty A lot of difficulty Cannot do at all
 □ A lot of difficulty □ Cannot do at all b. Does this person have difficulty hearing, even if using a hearing aid? □ No difficulty □ Some difficulty □ A lot of difficulty □ Cannot do at all 	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 48. Does this person have difficulty doing errands alone, such as visiting a doctor's office or shopping? No difficulty Some difficulty
Answer question 19a – d if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 48.	☐ A lot of difficulty ☐ Cannot do at all
a. Does this person have difficulty walking or climbing stairs? No difficulty Some difficulty A lot of difficulty Cannot do at all	What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to J on the next page



2	In the PAST 12 MONTHS did this person get – Yes No	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard Mark (X) ONE box.	ie d?
١	a. Married?	Never served in the military → SKIP to question 3	0a
١	b. Widowed?	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a	
	c. Divolced:	Now on active duty	
2	How many times has this person been married?	On active duty in the past, but not now	
	Once Two times Three or more times	When did this person serve on active duty in th U.S. Armed Forces? Mark (X) a box for EACH perior in which this person served, even if just for part of the period.	od
2	In what year did this person last get married?	September 2001 or later	
	Year	August 1990 to August 2001 (including Persian Gulf War)	
١		May 1975 to July 1990	
ı		☐ Vietnam era (August 1964 to April 1975)	
J		February 1955 to July 1964	
l	15 – 50 years old. Otherwise, SKIP to question 26a.	Korean War (July 1950 to January 1955)	
2	In the PAST 12 MONTHS, has this person given	January 1947 to June 1950	
4	birth to any children?	World War II (December 1941 to December 1946)	
ı	Yes	November 1941 or earlier	
	No	20 a Bassathia wassan hassa a VA asseries assersate	
		29 a. Does this person have a VA service-connected	ed .
2		disability rating? Yes (such as 0%, 10%, 20%,, 100%)	ed
2	a. Does this person have any of his/her own grandchildren under the age of 18 living in	disability rating? ☐ Yes (such as 0%, 10%, 20%,, 100%) ☐ No → SKIP to question 30a	ed
2(a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	disability rating? Yes (such as 0%, 10%, 20%,, 100%)	ea
2	 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 27 b. Is this grandparent currently responsible for 	disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 30a b. What is this person's service-connected	ed
2	 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 27 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or 	disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 30a b. What is this person's service-connected disability rating?	ed
2	 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 27 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren 	disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 30a b. What is this person's service-connected disability rating? □ 0 percent	ed
2	 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 27 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? 	disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 30a b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent	ĕd
2	 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 27 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? Yes 	disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 30a b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher	ed
20	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 27 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? Yes No → SKIP to question 27 c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the	disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 30a b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher	ed
2	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 27 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? Yes No → SKIP to question 27 c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 30a b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher	ed
2	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 27 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? Yes No → SKIP to question 27 c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time. Less than 6 months	disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 30a b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher	ed
2	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 27 b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? Yes No → SKIP to question 27 c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time. Less than 6 months 6 to 11 months	disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 30a b. What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher	ed



	LAST WEEK, did this person viob (or business)?	vork for pay at a	K	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.		
	Yes → SKIP to question 31		-	quosiion o ii		
	No – Did not work (or retired)			How many people, including this person,		
b.	LAST WEEK, did this person o pay, even for as little as one h	lo ANY work for nour?		usually rode to work in the car, truck, or van LAST WEEK?		
	Yes			Person(s)		
	No → SKIP to question 36a					
loc	what location did this perso EEK? If this person worked at mation, print where he or she worked.	ore than one	34	LAST WEEK, what time did this person's trip to work usually begin? Hour Minute		
a. /	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. b. Name of city, town, or post office		p	a.m.		
(How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes		
b.						
d.	YesNo, outside the city/town limitsd. Name of county			a. LAST WEEK, was this person on layoff from a job?		
				Yes → SKIP to question 36c		
A I	Name of U.S. state or foreigr	country		No		
0.	raine of C.C. state of foreign			b. LAST WEEK, was this person TEMPORARILY absent from a job or business?		
f. 3	ZIP Code			Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39		
L				No → SKIP to question 37		
WE	How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.			c. Has this person been informed that he or she will be recalled to work within the next 6		
	Car, truck, or van	Taxi or ride-hailing services		months OR been given a date to return to wor		
	Bus			Yes → SKIP to question 38		
	Subway or elevated rail	Motorcycle		No		
	Long-distance train or commuter rail	Bicycle Walked				
	Light rail, streetcar, or trolley	Worked from home → SKIP to question 39b				
	Ferryboat	Other method				



37	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	M	Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.		
	No → SKIP to question 39				
	No 7 SKII to question 33	42			
38	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?		The next series of questions is about the type of employment this person had last week.		
	Yes, could have gone to work		If this person had more than one job, describe the one at which the most hours were worked. If this person		
	No, because of own temporary illness		 did not work last week, describe the most recent employment in the past five years. a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? 		
39	No, because of all other reasons (in school, etc.) a. When did this person last work, even for a				
T	few days?		Mark (X) ONE box. PRIVATE SECTOR EMPLOYEE		
	Within the past 12 months				
	1 to 5 years ago		For-profit company or organization		
	Over 5 years ago or never worked → SKIP to question 43		Non-profit organization (including tax-exempt and charitable organizations)		
	b. In 2019, did this person work at a job or		GOVERNMENT EMPLOYEE		
	business at any time, even for a few days?		Local government (for example: city or county school district)		
	Yes No -> SVIP to question 42		State government (including state colleges/universities)		
	No → SKIP to question 42		Active duty U.S. Armed Forces or		
10	During the weeks that this person WORKED in 2019, how many HOURS did this person usually		Commissioned Corps Federal government civilian employee		
	work each WEEK? Usual hours worked each WEEK		SELF-EMPLOYED OR OTHER		
	Osdal Hours Worked Each WEEK		Owner of non-incorporated business, professional practice, or farm		
			Owner of incorporated business, professional practice, or farm		
y	a. In 2019, did this person work EVERY week? Include all jobs and count paid vacation, paid sick leave, and military service as work.		Worked without pay in a for-profit family business or farm for 15 hours or more per week		
	Yes → SKIP to question 42		b. What was the name of this person's employer, business, agency, or branch of the		
	☐ No		Armed Forces?		
	b. Of the 52 weeks in 2019, how many WEEKS did this person work for at least one day? Include all jobs, paid time off, and weeks when this person only worked for a few hours. Weeks		c. What kind of business or industry was this? Include the main activity, product, or service proviat the location where employed. (For example: elementary school, residential construction)		
			d. Was this mainly – Mark (X) ONE box.		
			manufacturing?		
			wholesale trade?		
			retail trade?		
			other (agriculture, construction, service, government, etc.)?		



		d Casial Cassifer as Bailes of Batisses			
e.	What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)	d. Social Security or Railroad Retirement.			
		Yes → \$.00			
f	Describe this person's most important activities	No TOTAL AMOUNT for 2019			
•	or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)	e. Supplemental Security Income (SSI).			
	pane iei werk astalie,	☐ Yes → \$.00			
		No TOTAL AMOUNT for 2019			
		f. Any public assistance or welfare payments from the state or local welfare office.			
) II	NCOME IN 2019	☐ Yes → \$.00			
n	Report all types of income received, taxable and non-taxable, from January 1, 2019 to December 31, 2019.	No TOTAL AMOUNT for 2019			
р	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the FOTAL AMOUNT.	g. Retirement income, pensions, survivor or disability income. Include income from a previou employer or union, or any regular withdrawals or			
	Mark (X) the "No" box for each type of income NOT eceived.	distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.			
S	For income received jointly, report the appropriate share for each person – or, if that's not possible,	☐ Yes → \$.00			
	eport the whole amount for only one person and mark the "No" box for the other person.	No TOTAL AMOUNT for 2019			
а	. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployments compensation, child support or alimony.			
	☐ Yes → \$.00	Do NOT include lump sum payments such as money from an inheritance or the sale of a home.			
	No TOTAL AMOUNT for 2019	☐ Yes → \$,00			
b	o. Self-employment income from own nonfarm	No TOTAL AMOUNT for 2019			
	businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses. If net income was				
	a loss, mark (X) the "Loss" box next to the dollar amount.	What was this person's total income in 2019? Add entries in questions 43a to 43h; subtract any losses			
	□ Yes → \$.00	If net income was a loss, enter the amount and mark (X the "Loss" box next to the dollar amount.			
	No TOTAL AMOUNT for 2019 Loss	OR \$ 0.00 0			
•	. Interest, dividends, net rental income, royalty	None TOTAL AMOUNT for 2019			
·	income, or income from estates and trusts. Report even small amounts credited to an account. If net income was a loss, mark (X) the "Loss" box next to the dollar amount.				
	☐ Yes → \$ 0 0 0 0 0 0				
	No TOTAL AMOUNT for 2019 Loss	Now continue with the mailing instructions			



on page 48.





Mailing Instructions

- Please make sure you have...
 - listed all names and answered the questions on pages 2 – 7
 - 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 CLE	RK TE	ELEPHONE 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, U.S. Census Bureau, 4600 Silver Hill Road, ADDC – 4H277, Washington, D.C. 20233. You may e-mail comments to acso.pra@census.gov; use "Paperwork Project" 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(CT)V1 (05-13-2020)

