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# *Homeowner Costs and Expectations*

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## *American Survey of Mortgage Borrowers*

The best way to learn about the experiences of mortgage borrowers today is to hear directly from you.

The survey may be completed in one of two ways, online or you can complete the paper survey and return it in the postage paid envelope.

**To complete the survey online, in English or Spanish**

**Go to: [www.ASMBsurvey.com](http://www.ASMBsurvey.com)**

**Enter your unique access code provided in the letter we sent you.**

*Para contestar la encuesta por Internet en inglés o en español*

*Vaya a: [www.ASMBsurvey.com](http://www.ASMBsurvey.com)*

*Ingrese el código de acceso único que se le envió en la carta.*

If you have any questions, please call us toll free 1-855-531-0724 or visit our websites, [www.fhfa.gov/ASMB](http://www.fhfa.gov/ASMB) or [consumerfinance.gov](http://consumerfinance.gov).

# American Survey of Mortgage Borrowers

## WHO ARE THE SURVEY SPONSORS?

The **Federal Housing Finance Agency (FHFA)** is an independent regulatory agency responsible for the effective supervision, regulation, and housing mission oversight of **Fannie Mae, Freddie Mac**, the Federal Home Loan Bank System, and the Office of Finance, and ensures a competitive, liquid, efficient, and resilient housing finance market.

The **Consumer Financial Protection Bureau (CFPB)** is a Federal agency created in 2010 to make mortgages, credit cards, automobile and other consumer loans work better and ensure that these markets are fair, transparent, and competitive.

## HOW WERE YOU SELECTED?

Survey recipients were selected at random from across the United States. Your answers will not be connected to your name or any other identifying information.

## HOW LONG WILL IT TAKE?

The time will vary based on your experiences, but you can expect to spend 15-25 minutes.

**Privacy Act Notice:** In accordance with the Privacy Act, as amended (5 U.S.C. § 552a), the following notice is provided. The information requested on this survey is collected pursuant to 12 U.S.C. § 4544 for the purposes of gathering information for the National Mortgage Database. Routine uses which may be made of the collected information can be found in the Federal Housing Finance Agency's System of Records Notice (SORN) FHFA-21 National Mortgage Database. Providing the requested information is voluntary. Submission of the survey authorizes FHFA to collect the information provided and to disclose it as set forth in the referenced SORN.

**Paperwork Reduction Act Statement:** Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

**OMB No. XXXX-XXXX**

**Expires xx/xx/xxxx**

## Your Mortgage Today

### 1. Do you currently have a mortgage loan?

- Yes, I have at least one mortgage loan
- No, I do not have a mortgage loan on any property **➡ Skip to 68 on page 7**

### 2. Which one of these reasons best describes why you took out this mortgage? *If you have more than one mortgage loan, answer about the mortgage on your primary residence. If you don't have a mortgage on your primary residence, answer about a mortgage on another property.*

- To buy a property
- To refinance or modify an earlier mortgage
- To add/remove co-signer(s)/co-owner(s)
- To finance a construction loan
- To take out a new loan on a mortgage-free property
- Some other purpose (specify) \_\_\_\_\_

### 3. When did you take out this mortgage?

\_\_\_\_\_/\_\_\_\_\_  
month      year

### 4. Did we mail this survey to the address of the property you financed with this mortgage?

- Yes
- No

### 5. Who signed or co-signed for this mortgage? *Mark all that apply.*

- I signed
- Spouse/partner including a former spouse/partner
- Parents
- Children
- Other relatives
- Other (e.g., friend, business partner)

### 6. When you took out this mortgage, what was the dollar amount you borrowed?

\$ \_\_\_\_\_ . 00       Don't know

### 7. What was the interest rate on this mortgage?

\_\_\_\_\_ %       Don't know

### 8. Is the current interest rate on your mortgage higher or lower than the mortgage rates lenders are offering today?

- A lot higher
- A little higher
- About the same
- A little lower
- A lot lower
- Don't know

### 9. How do you think the mortgage rates offered by lenders will change in the next two years?

- Increase a lot
- Increase a little
- Stay about the same
- Decrease a little
- Decrease a lot
- Don't know

## Property Associated with this Mortgage

### 10. When did you first become the owner of the property associated with this mortgage?

\_\_\_\_\_/\_\_\_\_\_  
month      year

### 11. What was the purchase price of this property, or if you built it, how much did the construction and land cost?

\$ \_\_\_\_\_ . 00       Don't know

**12. Which one of the following best describes this property?**

- Single-family detached house
- Mobile home or manufactured home
- Townhouse, row house, or villa
- 2-unit, 3-unit, or 4-unit dwelling
- Condo, co-op, or apartment in a building with 5 or more units
- Unit in a partly commercial structure
- Other (specify)

\_\_\_\_\_

**13. When was this property built?**

- 2020 or later
- 2010 – 2019
- 2000 – 2009
- 1990 – 1999
- 1980 – 1989
- 1970 – 1979
- 1960 – 1969
- 1950 – 1959
- Earlier than 1950

**14. How much do you think this property would sell for today?**

\$ \_\_\_\_\_ .00       Don't know

**15. What do you think will happen to the prices of homes in this property's neighborhood over the next two years?**

- Increase a lot
- Increase a little
- Stay about the same
- Decrease a little
- Decrease a lot

**16. How would you describe the physical condition of this property?**

- Excellent
- Very good
- Good
- Fair
- Poor

**17. How many bedrooms and bathrooms are in this property/your unit?**

\_\_\_\_\_ Bedrooms  
 \_\_\_\_\_ Bathrooms

**18. In general, how satisfied are you with this property?**

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

**19. In the last two years, have you considered selling this property?**

- Yes
- No

**20. Do any of the following describe why you did not sell this property?**

	Yes	No
Mortgage has a low interest rate	<input type="checkbox"/>	<input type="checkbox"/>
Happy with the property or location	<input type="checkbox"/>	<input type="checkbox"/>
Close to family and friends	<input type="checkbox"/>	<input type="checkbox"/>
Close to job	<input type="checkbox"/>	<input type="checkbox"/>
Could not find another property to buy	<input type="checkbox"/>	<input type="checkbox"/>
Difficult to qualify for new mortgage	<input type="checkbox"/>	<input type="checkbox"/>

N/A – none of the above

**21. When do you think you might sell this property, if at all?**

- Currently trying to sell
- 1-2 years
- 3-4 years
- 5-6 years
- 7-8 years
- 9-10 years
- More than 10 years
- Do not expect to sell

**22. If mortgage rates offered by lenders decreased significantly, would you be more or less likely to:**

	More Likely	No Change	Less Likely
Refinance this mortgage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Borrow against this property's equity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sell this property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buy a new property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Move within the area (less than 50 miles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Move to a new area (more than 50 miles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renovate this property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your Mortgage Payment

23. What is the required **monthly** mortgage payment on this property including the amount paid into escrow if applicable?

\$ \_\_\_\_\_ . 00  Don't know

24. Does this monthly mortgage payment include any of the following?

	Yes	No
Property taxes	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners insurance	<input type="checkbox"/>	<input type="checkbox"/>
Separate insurance for flood, earthquake, or windstorm	<input type="checkbox"/>	<input type="checkbox"/>
Private mortgage insurance (PMI)	<input type="checkbox"/>	<input type="checkbox"/>
HOA/condo/coop association fees	<input type="checkbox"/>	<input type="checkbox"/>

25. Has your required mortgage payment for this property changed in the last two years?

- Yes, it increased  
 Yes, it decreased  
 No  
 Don't know

Skip to 28

26. In the last two years, how much was the change in your required **monthly** mortgage payment for this property?

- Less than \$100  
 \$100-\$199  
 \$200-\$299  
 \$300-\$399  
 \$400-\$499  
 \$500 or more  
  
 Don't know

27. In the last two years, has your mortgage payment changed for any of the following reasons?

	Increased	No Change	Decreased	Don't Know	N/A
Interest rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Mortgage Insurance (PMI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Your Total Housing Costs

28. What is the **annual** cost for property taxes on this property?

\$ \_\_\_\_\_ . 00  Don't know

29. What is the **annual** cost for the homeowners insurance on this property? *Do not include the cost of flood, earthquake, or windstorm insurance that is covered by a separate policy.*

\$ \_\_\_\_\_ . 00  Don't know

30. In the last two years, have you done any of the following with your homeowners insurance on this property?

	Yes	No
Got price quotes to consider changing insurance providers	<input type="checkbox"/>	<input type="checkbox"/>
Changed insurance providers	<input type="checkbox"/>	<input type="checkbox"/>
Reduced my coverage or increased my deductible	<input type="checkbox"/>	<input type="checkbox"/>
Filed a claim	<input type="checkbox"/>	<input type="checkbox"/>
Got a discount for making retrofits or property improvements that reduce risk	<input type="checkbox"/>	<input type="checkbox"/>

31. In the last two years, have you encountered any of the following challenges with your homeowners insurance on this property?

	Yes	No
Difficulty finding an insurance company that would cover this property	<input type="checkbox"/>	<input type="checkbox"/>
Could only get insurance from a state-sponsored plan or insurer of last resort	<input type="checkbox"/>	<input type="checkbox"/>
Insurance company canceled my policy	<input type="checkbox"/>	<input type="checkbox"/>
Claim was rejected	<input type="checkbox"/>	<input type="checkbox"/>
Claim did not cover the full cost of repairs	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty getting assistance or poor customer service	<input type="checkbox"/>	<input type="checkbox"/>
Documents or assistance were not available in my preferred language	<input type="checkbox"/>	<input type="checkbox"/>

32. Do you have a separate policy for flood, earthquake, or windstorm insurance in addition to homeowners insurance?

Mark all that apply.

- Flood insurance
- Earthquake insurance
- Windstorm insurance
- No
- Don't know

Skip to 36

33. What is the total annual cost for your flood, earthquake, and/or windstorm insurance?

\$ \_\_\_\_\_ . 00       Don't know

34. In the last two years, have any of the following happened with your flood, earthquake, and/or windstorm insurance on this property?

	Yes	No
Got price quotes to consider changing insurance providers	<input type="checkbox"/>	<input type="checkbox"/>
Changed insurance providers	<input type="checkbox"/>	<input type="checkbox"/>
Reduced my coverages or increased my deductible	<input type="checkbox"/>	<input type="checkbox"/>
Filed a claim	<input type="checkbox"/>	<input type="checkbox"/>
Got a discount for making retrofits or improvements that reduce risk	<input type="checkbox"/>	<input type="checkbox"/>

35. In the last two years, have you encountered any of the following challenges with your flood, earthquake, and/or windstorm insurance on this property?

	Yes	No
Difficulty finding an insurance company that would cover this property	<input type="checkbox"/>	<input type="checkbox"/>
Could only get insurance from a state-sponsored plan or insurer of last resort	<input type="checkbox"/>	<input type="checkbox"/>
Insurance company canceled my policy	<input type="checkbox"/>	<input type="checkbox"/>
Claim was rejected	<input type="checkbox"/>	<input type="checkbox"/>
Claim did not cover the full cost of repairs	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty getting assistance or poor customer service	<input type="checkbox"/>	<input type="checkbox"/>
Documents or assistance were not available in my preferred language	<input type="checkbox"/>	<input type="checkbox"/>

36. Is this property part of a condo, co-op, or homeowners association (HOA)?

- Yes
- No → Skip to 40

37. What is the monthly association fee?

\$ \_\_\_\_\_ . 00       Don't know

38. In the last 12 months, has your association required any special assessments or additional payments?

- Yes
- No → Skip to 40

39. What was the total amount of the special assessments and additional payments?

\$ \_\_\_\_\_ . 00       Don't know

40. In the last two years, how did the cost of the following change for this property?

	Increased A Lot	Increased A Little	Same or Decreased	Don't Know	N/A
Property taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flood insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earthquake insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windstorm insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOA/condo/coop fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. In the next two years, how do you expect the cost of the following to change for this property?

	Increase A Lot	Increase A Little	Same or Decrease	Don't Know	N/A
Property taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeowners insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flood insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earthquake insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windstorm insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOA/condo/coop fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Do you currently have an escrow account for this property?

- Yes
  - No escrow account
  - Don't know
- } Skip to 45

43. In the last two years, did your servicer notify you of a shortage of funds or deficiency in your escrow account?

- Yes, I paid a lump sum to resolve it
- Yes, monthly payment was increased
- No
- Don't know

44. In the last two years, have you had any of the following challenges with the escrow account for this property?

	Yes	No
Servicer made delayed or incorrect payments for taxes, insurance etc.	<input type="checkbox"/>	<input type="checkbox"/>
Servicer made other mistakes	<input type="checkbox"/>	<input type="checkbox"/>
Paid added fees or costs due to mistakes made by the servicer	<input type="checkbox"/>	<input type="checkbox"/>
Did not receive advanced notice about a change to required escrow payment	<input type="checkbox"/>	<input type="checkbox"/>
Servicer purchased insurance for me (force-placed insurance)	<input type="checkbox"/>	<input type="checkbox"/>
Had difficulty getting assistance or poor customer service	<input type="checkbox"/>	<input type="checkbox"/>
Documents or assistance were not available in my preferred language	<input type="checkbox"/>	<input type="checkbox"/>

### Accessing This Property's Equity

45. In the last two years, have you borrowed against the equity in this property using any of the following? *Mark all that apply.*

- Home equity loan or line of credit
- Cashout refinance
- Did not borrow against the equity **Skip to 48**

46. What was the total amount you borrowed?

*If a cashout refinance, how much cash did you get?*

- Less than \$5,000
- \$5,000-\$9,999
- \$10,000-\$19,999
- \$20,000-\$49,999
- \$50,000-\$99,999
- \$100,000 or more
- Don't know

47. Did you use the money you borrowed for any of the following?

	Yes	No
College expenses	<input type="checkbox"/>	<input type="checkbox"/>
Auto or other major purchase	<input type="checkbox"/>	<input type="checkbox"/>
Buy out co-signer(s)/co-owners(s)	<input type="checkbox"/>	<input type="checkbox"/>
Pay off other bills or debts	<input type="checkbox"/>	<input type="checkbox"/>
Home repairs, renovations, or Improvements	<input type="checkbox"/>	<input type="checkbox"/>
Savings	<input type="checkbox"/>	<input type="checkbox"/>
Closing costs of new mortgage	<input type="checkbox"/>	<input type="checkbox"/>
Business or investment	<input type="checkbox"/>	<input type="checkbox"/>
Routine living expenses	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

### Property Repairs & Improvements

48. In the last two years, have you done repairs or home improvements to any of the following for this property? *HOA/condo/coop: do not include repairs to shared spaces.*

	Yes	No
Building systems: plumbing, heating, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen or bathrooms	<input type="checkbox"/>	<input type="checkbox"/>
Other interior living spaces	<input type="checkbox"/>	<input type="checkbox"/>
Foundation, roof, or home exterior	<input type="checkbox"/>	<input type="checkbox"/>
Deck, porch, or yard	<input type="checkbox"/>	<input type="checkbox"/>
Built new addition or added living space	<input type="checkbox"/>	<input type="checkbox"/>
Energy efficiency upgrades (solar panels, heat pump, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Retrofits to better protect against natural disasters	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

- No repairs/improvements made **Skip to 54**

49. What was the total cost of all repairs and improvements to this property in the last two years?

- \$100 or less
- \$100-\$999
- \$1,000-\$4,999
- \$5,000-\$9,999
- \$10,000-\$19,999
- \$20,000-49,999
- \$50,000 or more

50. Compared to prior years, was the total amount spent for this property...

- A lot higher
- A little higher
- About the same
- A little lower
- A lot lower
  
- N/A – owned less than two years

51. Did you use any of the following to pay for the repairs and improvements?

	Yes	No
Savings or cash	<input type="checkbox"/>	<input type="checkbox"/>
Loan from family or friends	<input type="checkbox"/>	<input type="checkbox"/>
Credit card paid off over time	<input type="checkbox"/>	<input type="checkbox"/>
Home equity loan or line of credit	<input type="checkbox"/>	<input type="checkbox"/>
Financing through the contractor	<input type="checkbox"/>	<input type="checkbox"/>
Reimbursements from an insurance claim	<input type="checkbox"/>	<input type="checkbox"/>
Other loan or financing	<input type="checkbox"/>	<input type="checkbox"/>

52. How much of these costs were due to unexpected repairs?

- All
- Most
- Some
- None

53. Were any of these costs because of damage from a major weather event or natural disaster?

- Yes
- No

54. Does this property currently need any repairs?

- Yes
  - No
  - Don't know
- } Skip to 57

55. What is your best guess of what those repairs would cost?

- Less than \$100
- \$100-\$999
- \$1,000-\$4,999
- \$5,000-\$9,999
- \$10,000-\$19,999
- \$20,000-\$49,999
- \$50,000 or more

56. Are any of the following reasons you have not made those repairs?

	Yes	No
Could not afford it	<input type="checkbox"/>	<input type="checkbox"/>
Could not find a contractor	<input type="checkbox"/>	<input type="checkbox"/>
Waiting for the cost or materials or labor to come down	<input type="checkbox"/>	<input type="checkbox"/>
Could not get approved for financing	<input type="checkbox"/>	<input type="checkbox"/>
Waiting for the interest rate on financing to come down	<input type="checkbox"/>	<input type="checkbox"/>
Haven't had time	<input type="checkbox"/>	<input type="checkbox"/>
Waiting a little longer, repairs aren't urgent	<input type="checkbox"/>	<input type="checkbox"/>

## Property Uses

57. Which one of the following best describes how you use this property today?

- Primary residence (*where you spend the majority of your time*) **➡ Skip to 61**
- Seasonal or second home
- Home for other relatives
- Rental or investment property
- Vacant or currently for sale
- Other (specify) \_\_\_\_\_

58. Have you previously lived in this property as your primary residence?

- Yes
- No **➡ Skip to 60**



**59. When did you move out of this property?**

- Within the last 2 years
- 3-4 years ago
- 5-6 years ago
- 7-8 years ago
- 9-10 years ago
- More than 10 years ago

**60. Do you own or rent your current primary residence?**

- Own with a mortgage
- Own free and clear (no mortgage)
- Rent
- Other \_\_\_\_\_

**61. Do you own any other properties?**

- Yes
- No

**Skip to 68**

**62. Have you previously lived in any of these properties as your primary residence?**

- Yes
- No

**Skip to 64**

**63. How long ago did you move out of that property?** *If multiple properties, answer for the property you lived in most recently.*

- Within the last 2 years
- 3-4 years ago
- 5-6 years ago
- 7-8 years ago
- 9-10 years ago
- More than 10 years ago

**64. Which of the following best describes how you use that property today?**

- Seasonal or second home
- Home for other relatives
- Rental or investment property
- Vacant or currently for sale
- Other (specify) \_\_\_\_\_

**65. In the last two years, have you considered selling that property?**

- Yes
- No

**66. Do any of the following describe why you did not sell that property?**

	Yes	No
Mortgage has a low interest rate	<input type="checkbox"/>	<input type="checkbox"/>
Happy with the property or location	<input type="checkbox"/>	<input type="checkbox"/>
Close to family and friends	<input type="checkbox"/>	<input type="checkbox"/>
Close to job	<input type="checkbox"/>	<input type="checkbox"/>
Could not find another property to buy	<input type="checkbox"/>	<input type="checkbox"/>
Difficult to qualify for a new mortgage	<input type="checkbox"/>	<input type="checkbox"/>

- N/A – none of the above

**67. If the mortgage rates offered by lenders decreased significantly, would you be more or less likely to:**

	More Likely	No Change	Less Likely
Refinance the mortgage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sell the property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**You and Your Household**

**68. What is your current marital status?**

- Married
- Separated
- Never married
- Divorced
- Widowed

**69. Do you have a partner who shares the decision-making and responsibilities of running your household but is not your legal spouse?**

- Yes
- No

Please answer the following questions for you and your spouse or partner, if applicable.

**70. Age at last birthday:**

You	Spouse/ Partner
____ years	____ years

**71. Highest level of education:**

	You	Spouse/ Partner
Some schooling	<input type="checkbox"/>	<input type="checkbox"/>
High school graduate	<input type="checkbox"/>	<input type="checkbox"/>
Technical school	<input type="checkbox"/>	<input type="checkbox"/>
Some college	<input type="checkbox"/>	<input type="checkbox"/>
College graduate	<input type="checkbox"/>	<input type="checkbox"/>
Postgraduate studies	<input type="checkbox"/>	<input type="checkbox"/>

**72. Race and/or ethnicity:** *Mark all that apply.*

	You	Spouse/ Partner
White	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
Middle Eastern or North African	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>

**73. What sex were you (or your spouse/partner) assigned at birth?**

	You	Spouse/ Partner
Male	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>

**74. Gender:** *Mark all that apply.*

	You	Spouse/ Partner
Male	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>
Transgender, non-binary, or another gender	<input type="checkbox"/>	<input type="checkbox"/>

**75. Sexual Orientation:** *Mark all that apply.*

	You	Spouse/ Partner
Gay or lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Straight, that is not gay or lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Use a different term (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

**76. Current work status:** *Mark all that apply.*

	You	Spouse/ Partner
Self-employed full time	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed part time	<input type="checkbox"/>	<input type="checkbox"/>
Employed full time	<input type="checkbox"/>	<input type="checkbox"/>
Employed part time	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed, temporarily laid-off, furloughed	<input type="checkbox"/>	<input type="checkbox"/>
Not working for pay ( <i>student, homemaker, disabled</i> )	<input type="checkbox"/>	<input type="checkbox"/>

**77. How long does it usually take to commute from home to work (one-way)?**

	You	Spouse/ Partner
Less than 15 minutes	<input type="checkbox"/>	<input type="checkbox"/>
15-29 minutes	<input type="checkbox"/>	<input type="checkbox"/>
30-59 minutes	<input type="checkbox"/>	<input type="checkbox"/>
An hour or longer	<input type="checkbox"/>	<input type="checkbox"/>
N/A – no commute	<input type="checkbox"/>	<input type="checkbox"/>

**78. Have you teleworked or worked from home in the last month?**

	You	Spouse/ Partner
Every day	<input type="checkbox"/>	<input type="checkbox"/>
Most days	<input type="checkbox"/>	<input type="checkbox"/>
Some days	<input type="checkbox"/>	<input type="checkbox"/>
No days	<input type="checkbox"/>	<input type="checkbox"/>

**79. Ever serve on active duty in the U.S. Armed Forces, Reserves or National Guard?**

	You	Spouse/ Partner
Never served in the military	<input type="checkbox"/>	<input type="checkbox"/>
Only on active duty for training in the Reserves or National Guard	<input type="checkbox"/>	<input type="checkbox"/>
Now on active duty	<input type="checkbox"/>	<input type="checkbox"/>
On active duty in the past, but not now	<input type="checkbox"/>	<input type="checkbox"/>

**80. Do you speak a language other than English at home?**

- Yes
- No

**81. Besides you (and your spouse/partner), who else permanently lives in your home?**

*Mark all that apply.*

- Children/grandchildren 12 and under
- Children/grandchildren 13 -18
- Children/grandchildren aged 19 or older
- Parents of you or your spouse/partner
- Other relatives like siblings or cousins
- Non-relatives
- No one else

**82. In the last two years, did any of the following happen?**

	Yes	No
Married, remarried or new partner	<input type="checkbox"/>	<input type="checkbox"/>
Separated, divorced or partner left	<input type="checkbox"/>	<input type="checkbox"/>
Disability of a household member	<input type="checkbox"/>	<input type="checkbox"/>
Serious illness of a household member	<input type="checkbox"/>	<input type="checkbox"/>
Had a baby or added a new person to household (not spouse/partner)	<input type="checkbox"/>	<input type="checkbox"/>
Death of household member	<input type="checkbox"/>	<input type="checkbox"/>
Person left household (not spouse/partner)	<input type="checkbox"/>	<input type="checkbox"/>

**83. In the next two years, do you expect any of the following to happen?**

	Yes	No
Have a baby or add new person to household	<input type="checkbox"/>	<input type="checkbox"/>
Decrease in household members	<input type="checkbox"/>	<input type="checkbox"/>
Move more than 50 miles away	<input type="checkbox"/>	<input type="checkbox"/>
Retirement (you or spouse/partner)	<input type="checkbox"/>	<input type="checkbox"/>
Change jobs (you or spouse/partner)	<input type="checkbox"/>	<input type="checkbox"/>
Telework less (you or spouse/partner)	<input type="checkbox"/>	<input type="checkbox"/>

**84. Approximately how much is your total annual household income from all sources** (wages, salaries, tips, interest, child support, investment income, retirement, social security, and alimony)?

- Less than \$35,000
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$174,999
- \$175,000 or more

**85. Does your total annual household income include any of the following sources?**

	Yes	No
Wages or salary	<input type="checkbox"/>	<input type="checkbox"/>
Business or self-employment	<input type="checkbox"/>	<input type="checkbox"/>
Interest or dividends	<input type="checkbox"/>	<input type="checkbox"/>
Alimony or child support	<input type="checkbox"/>	<input type="checkbox"/>
Social Security, pension or other retirement benefits	<input type="checkbox"/>	<input type="checkbox"/>

**86. Do you or anyone in your household have any of the following?**

	Yes	No
401(k), 403(b), IRA, or pension plan	<input type="checkbox"/>	<input type="checkbox"/>
Stocks, bonds, or mutual funds (not in retirement accounts or pension plans)	<input type="checkbox"/>	<input type="checkbox"/>
Certificates of deposit	<input type="checkbox"/>	<input type="checkbox"/>
Investment real estate	<input type="checkbox"/>	<input type="checkbox"/>
Cryptocurrencies	<input type="checkbox"/>	<input type="checkbox"/>

**87. Which one of the following statements best describes the amount of financial risk you are willing to take when you save or make investments?**

- Take substantial risks expecting to earn substantial returns
- Take above-average risks expecting to earn above-average returns
- Take average risks expecting to earn average returns
- Not willing to take any financial risks

**88. In the last 12 months, how often have you struggled to pay all your bills on time?**

- Almost every month
- Some months
- A couple of months
- Never

**89. If your household faced an unexpected personal financial crisis in the next couple of years, how likely is it you could...**

	Very	Somewhat	Not At All
Pay your bills for the next 3 months without borrowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get significant financial help from family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Borrow a significant amount from a bank or credit union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significantly increase your income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**90. In the last two years, how have the following changed?**

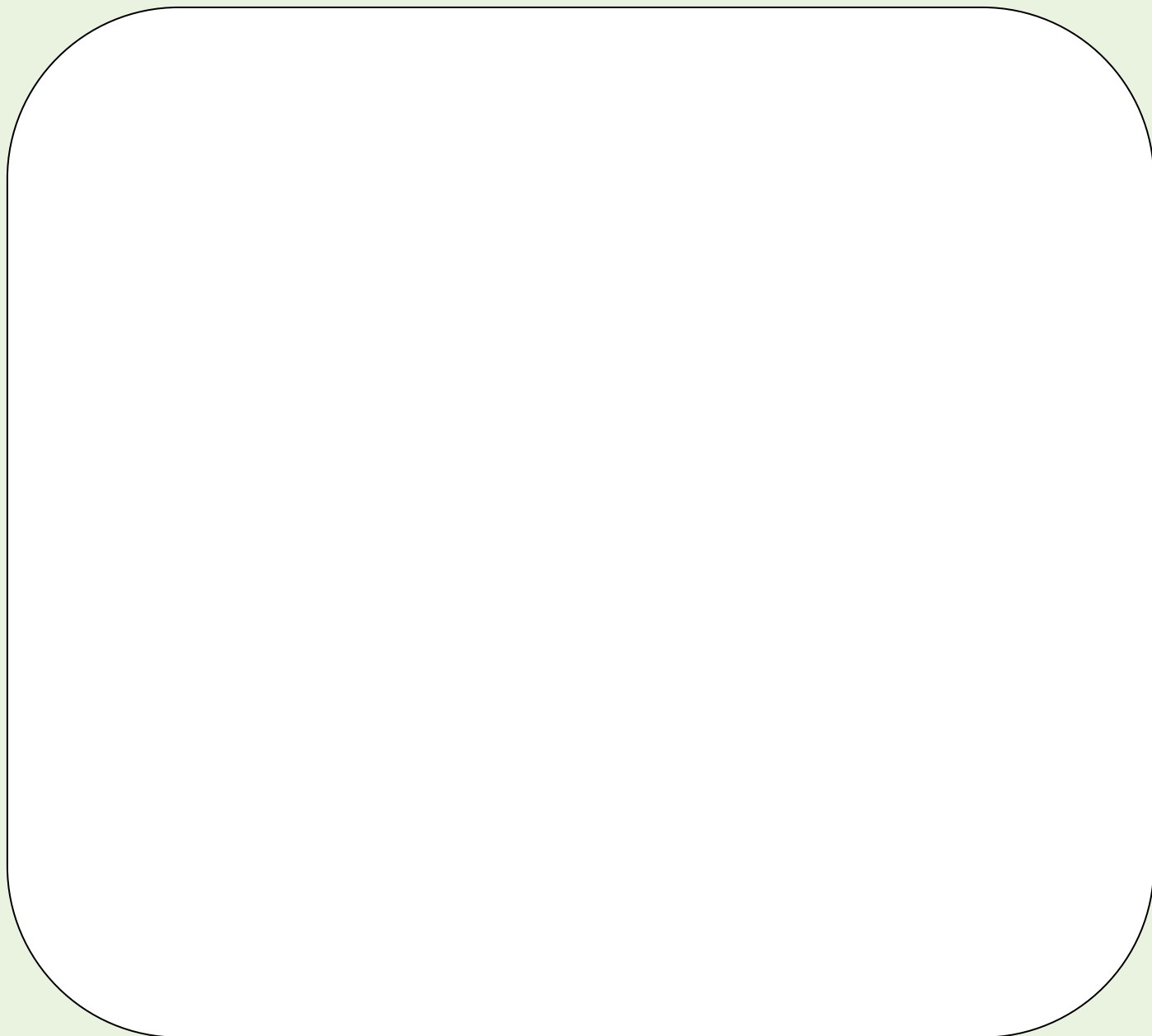
	Significant Increase	Little/No Change	Significant Decrease
Household income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-housing expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**91. Over the next two years, how do you expect the following to change?**

	Significant Increase	Little/No Change	Significant Decrease
Household income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-housing expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you wish to add comments or further explain any of your answers, please do that here.

**Do not put your name or address on the questionnaire.**



**Thank you for completing our survey!**

Please use the enclosed business-reply envelope to return your completed questionnaire.

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