Please complete this form and return it as soon as possible after receiving it in the mail.

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

If you need help or have questions about completing this form, please call 1-800-717-7381. The telephone call is free.

Telephone Device for the Deaf (TDD): Call 1-800-716-9448. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-800-814-8385.

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

Please print today’s date.

Day
Month
Year

Please print the name and telephone number of the person who is filling out this form. We may contact you if there is a question.

Last Name
First Name
MI
Area Code + Number

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

Number of people

Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.
### Person 1

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

1. **What is Person 1’s name?**
   - Last Name (Please print) 
   - First Name
   - MI

2. **How is this person related to Person 1?**
   - Person 1

3. **What is Person 1’s sex?**
   - Mark (X) ONE box.
   - Male
   - Female

4. **What is Person 1’s age and what is Person 1’s date of birth?**
   - Please report babies as age 0 when the child is less than 1 year old.
   - Age (in years)
   - Month
   - Day
   - Year of birth

5. **Is Person 1 of Hispanic, Latino, or Spanish origin?**
   - No, not of Hispanic, Latino, or Spanish origin
   - Yes, Mexican, Mexican Am., Chicano
   - Yes, Puerto Rican
   - Yes, Cuban
   - Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on.

6. **What is Person 1’s race?**
   - Mark (X) one or more boxes.
   - White
   - Black, African Am., or Negro
   - American Indian or Alaska Native — Print name of enrolled or principal tribe.
   - Asian Indian
   - Chinese
   - Filipino
   - Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
   - Some other race – Print race.

---

### Person 2

1. **What is Person 2’s name?**
   - Last Name (Please print) 
   - First Name
   - MI

2. **How is this person related to Person 1?**
   - Mark (X) ONE box.
   - Husband or wife
   - Biological son or daughter
   - Adopted son or daughter
   - Stepson or stepdaughter
   - Brother or sister
   - Father or mother
   - Grandchild
   - Parent-in-law
   - Son-in-law or daughter-in-law
   - Other relative
   - Roomer or boarder
   - Housemate or roommate
   - Unmarried partner
   - Foster child
   - Other nonrelative

3. **What is Person 2’s sex?**
   - Mark (X) ONE box.
   - Male
   - Female

4. **What is Person 2’s age and what is Person 2’s date of birth?**
   - Please report babies as age 0 when the child is less than 1 year old.
   - Age (in years)
   - Month
   - Day
   - Year of birth

5. **Is Person 2 of Hispanic, Latino, or Spanish origin?**
   - No, not of Hispanic, Latino, or Spanish origin
   - Yes, Mexican, Mexican Am., Chicano
   - Yes, Puerto Rican
   - Yes, Cuban
   - Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on.

6. **What is Person 2’s race?**
   - Mark (X) one or more boxes.
   - White
   - Black, African Am., or Negro
   - American Indian or Alaska Native — Print name of enrolled or principal tribe.
   - Asian Indian
   - Chinese
   - Filipino
   - Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
   - Some other race – Print race.
What is Person 3’s name?

Last Name (Please print) [ ]
First Name [ ]
MI [ ]

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

- Husband or wife
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law

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

- Male
- Female

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

Age (in years) [ ]
Month [ ]
Day [ ]
Year of birth [ ]

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

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

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

- White
- Black, African Am., or Negro
- American Indian or Alaska Native – Print name of enrolled or principal tribe
- Asian Indian
- Japanese
- Native Hawaiian
- Chinese
- Korean
- Guamanian or Chamorro
- Filipino
- Vietnamese
- Samoan
- Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
- Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
- Some other race – Print race.

What is Person 4’s name?

Last Name (Please print) [ ]
First Name [ ]
MI [ ]

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

- Husband or wife
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law

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

- Male
- Female

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

Age (in years) [ ]
Month [ ]
Day [ ]
Year of birth [ ]

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

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

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

- White
- Black, African Am., or Negro
- American Indian or Alaska Native – Print name of enrolled or principal tribe
- Asian Indian
- Japanese
- Native Hawaiian
- Chinese
- Korean
- Guamanian or Chamorro
- Filipino
- Vietnamese
- Samoan
- Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
- Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
- Some other race – Print race.

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

INFORMATIONAL COPY
<table>
<thead>
<tr>
<th>Person 5</th>
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<tr>
<td><strong>What is Person 5’s name?</strong></td>
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If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12. We may call you for more information about them.
Housing

Answer questions 4 – 6 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 7a.

Which best describes this building?
Include all apartments, flats, etc., even if vacant.

- A mobile home
- A one-family house detached from any other house
- A one-family house attached to one or more houses
- A building with 2 apartments
- A building with 3 or 4 apartments
- A building with 5 to 9 apartments
- A building with 10 to 19 apartments
- A building with 20 to 49 apartments
- A building with 50 or more apartments
- Boat, RV, van, etc.

How many cuerdas is this house or mobile home on?

- Less than 1 cuerdas ➔ SKIP to question 6
- 1 to 9.9 cuerdas
- 10 or more cuerdas

IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?

- None
- $1 to $99
- $1,000 to $2,499
- $2,500 to $4,999
- $5,000 to $9,999
- $10,000 or more

Is there a business (such as a store or barber shop) or a medical office on this property?

- Yes
- No

Which FUEL is used MOST for heating this house, apartment, or mobile home?

- Gas: from underground pipes serving the neighborhood
- Gas: bottled, tank, or LP
- Electricity
- Fuel oil, kerosene, etc.
- Coal or coke
- Wood
- Solar energy
- Other fuel
- No fuel used

Does this house, apartment, or mobile home have –

- a. hot and cold running water?
- b. a flush toilet?
- c. a bathtub or shower?
- d. a sink with a faucet?
- e. a stove or range?
- f. a refrigerator?
- g. telephone service from which you can both make and receive calls? Include cell phones.

How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?

- None
- 1
- 2
- 3
- 4
- 5
- 6 or more

Which FUEL is used MOST for heating this house, apartment, or mobile home?

- Gas: from underground pipes serving the neighborhood
- Gas: bottled, tank, or LP
- Electricity
- Fuel oil, kerosene, etc.
- Coal or coke
- Wood
- Solar energy
- Other fuel
- No fuel used
Housing (continued)

11. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?

- Last month’s cost – Dollars

- □ Included in rent or condominium fee
- □ No charge or electricity not used

12. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?

- Last month’s cost – Dollars

- □ Included in rent or condominium fee
- □ No charge or gas not used

13. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home?

- Past 12 months’ cost – Dollars

- □ Included in electricity payment entered above
- □ No charge

14. IN THE PAST 12 MONTHS, did anyone in this household receive Nutritional Assistance Program benefits or a Nutritional Assistance Program benefit card?

- □ Yes
- □ No

15. Is this house, apartment, or mobile home part of a condominium?

- Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the “None” box.
  - Monthly amount – Dollars

- □ None

16. Answer questions 16 – 20 if you or someone else in this household owns or is buying this house, apartment, or mobile home. Otherwise, SKIP to E on the next page.

17. Is this house, apartment, or mobile home – Mark (X) ONE box.

- □ Owned by you or someone in this household with a mortgage or loan?
- □ Rented?
- □ Occupied without payment of rent?

- □ None

18. Answer questions 15a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 16.

- Monthly rent for this house, apartment, or mobile home – Dollars

- B

19. What are the annual real estate taxes on THIS property?

- Annual amount – Dollars

- C

20. What is the annual payment for fire, hazard, and flood insurance on THIS property?

- Annual amount – Dollars

- D

21. 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

- E
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
- Yes, contract to purchase
- No ➔ SKIP to question 20a

b. How much is the regular monthly mortgage payment on THIS property?
Include payment only on FIRST mortgage or contract to purchase.

Monthly amount – Dollars

OR

No regular payment required ➔ SKIP to question 20a

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

d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?
- Yes, insurance included in mortgage payment
- No, insurance paid separately or no insurance

e. Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.

Answer question 21 if this is a MOBILE HOME. Otherwise, SKIP to D.

What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site?
Exclude real estate taxes.

Annual costs – Dollars

Person 1

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

Last Name

First Name

Where was this person born?

☐ In the United States – Print name of state.

☐ Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.

Is this person a citizen of the United States?

☐ Yes, born in Puerto Rico

☐ Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marians

☐ Yes, born abroad of U.S. citizen parent or parents

☐ Yes, U.S. citizen by naturalization – Print year of naturalization

No, not a U.S. citizen

When did this person come to live in Puerto Rico?

☐ Print numbers in boxes.

Year

What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box.

☐ No schooling completed

☐ Nursery school

☐ Kindergarten

☐ Grade 1 through 11 – Specify grade 1 – 11

☐ 12th grade – NO DIPLOMA

☐ 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, ME, MSW, MBA)

☐ Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, LLB, JD)

☐ Doctorate degree (for example: PhD, EdD)

What is this person’s ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Hispanic, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

☐ No schooling completed

☐ Regular high school diploma

☐ 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, ME, MSW, MBA)

☐ Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, LLB, JD)

☐ Doctorate degree (for example: PhD, EdD)

Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark “Yes” or “No” for EACH type of coverage in items a – h.

a. Insurance through a current or former employer or union (of this person or another family member)

b. Insurance purchased directly from an insurance company (by this person or another family member)

c. Medicare, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability

d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability

e. TRICARE or other military health care

f. VA (including those who have ever used or enrolled for VA health care)

g. Indian Health Service

h. Any other type of health insurance or health coverage plan – Specify
Person 1 (continued)

16. Is this person deaf or does he/she have serious difficulty hearing?
   - Yes
   - No

17. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?
   - Yes
   - No

18. Does this person have difficulty doing errands alone such as visiting a doctor’s office or shopping?
   - Yes
   - No

19. What is this person’s marital status?
   - Married
   - Widowed
   - Divorced
   - Separated
   - Never married → SKIP to H

20. In the PAST 12 MONTHS did this person get –
   - Yes
   - No
   a. Married?
   - Yes
   - No
   b. Widowed?
   - Yes
   - No
   c. Divorced?
   - Yes
   - No

21. How many times has this person been married?
   - Once
   - Two times
   - Three or more times

22. In what year did this person last get married?
   - Year

23. Has this person given birth to any children in the past 12 months?
   - Yes
   - No

24. 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 25

25. a. Does this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
   - Yes
   - No → SKIP to question 25
   b. How long has this grandparent been responsible for the grandchild(ren)?
      - Less than 6 months
      - 6 to 11 months
      - 1 or 2 years
      - 3 or 4 years
      - 5 or more years

26. When did this person serve on active duty in the U.S. Armed Forces?
   - September 2001 or later
   - August 1990 to August 2001 (including Persian Gulf War)
   - September 1980 to July 1990
   - May 1975 to August 1980
   - Vietnam era (August 1964 to April 1975)
   - March 1961 to July 1964
   - February 1955 to February 1961
   - Korean War (July 1950 to January 1955)
   - January 1947 to June 1950
   - World War II (December 1941 to December 1946)
   - November 1941 or earlier

27. a. Does this person have a VA service-connected disability rating?
   - Yes (such as 0%, 10%, 20%, ..., 100%)
   - No → SKIP to question 28a
   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

28. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
   - Yes, now on active duty
   - Yes, on active duty during the last 12 months, but not now
   - Yes, on active duty in the past, but not during the last 12 months
   - No, training for Reserves or National Guard only → SKIP to question 27a
   - No, never served in the military → SKIP to question 28a

Answer question 23 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 24a.

Answer question 17a – c if this person is 6 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

Answer question 18 if this person is 16 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?
   - Yes
   - No

Answer question 22 if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

Now married
Widowed
Divorced
Separated
Never married → SKIP to H
a. LAST WEEK, did this person work for pay at a job (or business)?
- Yes → Skip to question 29
- 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 34a

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
  Development or condominium name
  Number and street name
  If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

- Name of city, town, or post office

- Is the work location inside the limits of that city or town?
  - Yes
  - No, outside the city/town limits

- Name of municipio in Puerto Rico or U.S. county

- Enter Puerto Rico or name of U.S. state or foreign country

- ZIP Code

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

- Car, truck, or van
- Motorcycle
- Bus or trolley bus
- Bicycle
- Carro público
- Walked
- Subway or elevated
- Railroad
- Ferryboat
- Taxicab
- Motorcycle
- Bicycle
- Carro público
- Walked
- Subway or elevated
- Railroad
- Ferryboat
- Taxicab
- Other method

Answer question 29 if you marked "Car, truck, or van" in question 28. Otherwise, Skip to question 32.

Answer question 31 if you marked "Car, truck, or van" in question 28. Otherwise, Skip to question 32.

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

- Person(s)

Answer question 34 if you marked "Car, truck, or van" in question 30. Otherwise, Skip to question 32.

How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?

- Person(s)

Answer questions 34 – 37 if this person did NOT work last week. Otherwise, Skip to question 38.

- 27 to 39 weeks
- 14 to 26 weeks
- 13 weeks or less

How many hours did this person usually work each WEEK?

- 13 weeks or less
- 14 to 26 weeks
- 27 to 39 weeks
- 40 to 47 weeks
- 48 to 49 weeks
- 50 to 52 weeks

During the PAST 12 MONTHS (52 weeks), did this person work paid time off as work?

- Yes → Skip to question 39
- No

How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?

- 27 to 39 weeks
- 14 to 26 weeks
- 13 weeks or less

During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?

- Usual hours worked each WEEK
- Within the past 12 months
- 1 to 5 years ago → Skip to K
- Over 5 years ago or never worked → Skip to question 46

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

- Yes
- No → Skip to question 37

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

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

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

- Within the past 12 months
- 1 to 5 years ago → Skip to K
- Over 5 years ago or never worked → Skip to question 46

A. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.

- Yes → Skip to question 39
- No

B. How many weeks did this person work, even for a few hours, including paid vacation, paid sick leave, and military service?

- 50 to 52 weeks
- 48 to 49 weeks
- 40 to 47 weeks
- 27 to 39 weeks
- 14 to 26 weeks
- 13 weeks or less

During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?

- Usual hours worked each WEEK

Answers will vary for each person, so it's important to fill out the form accurately.
Person 1 (continued)

40 - 45 Current or Most Recent Job Activity: Describe clearly this person’s chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

Was this person –

Mark (X) ONE box.

☐ an employee of a private for profit company or business, or of an individual, for wages, salary, or commissions?

☐ an employee of a private not for profit, tax-exempt, or charitable organization?

☐ a local government employee (city, county, municipality, etc.)?

☐ a state government employee?

☐ self-employed in own not incorporated business, professional practice, or farm?

☐ self-employed in own incorporated business, professional practice, or farm?

☐ working without pay in family business or farm?

For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.

Name of company, business, or other employer

What kind of work was this person doing?

Mark (X) one box.

☐ manufacturing?

☐ wholesale trade?

☐ retail trade?

☐ other (agriculture, construction, service, government, etc.)?

What were this person’s most important activities or duties?

(For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

INCOME IN THE PAST 12 MONTHS.

Mark (X) the “Yes” box for each type of income this person received, and give your best estimate of the total amount during the past 12 months. (Note: The “past 12 months” is the period from today’s date one year ago up through today.)

Mark (X) the “No” box to show types of income NOT received.

If net income was a loss, mark the “Loss” box to the right of the dollar amount.

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.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

Yes → ☐ TOTAL AMOUNT FOR past 12 months

No → ☐ TOTAL AMOUNT FOR past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report net income after business expenses.

Yes → ☐ TOTAL AMOUNT FOR past 12 months

No → ☐ TOTAL AMOUNT FOR past 12 months

Loss

What was this person’s total income during the past 12 months? Add entries in questions 46a to 46h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.

No OR

TOTAL AMOUNT FOR past 12 months

Loss

Continue with the questions for Person 2 on the next page. If only 1 person is listed on page 2, SKIP to page 28 for mailing instructions.
The balance of the questionnaire has questions for Person 2, Person 3, Person 4, and Person 5. The questions are the same as the questions for Person 1.
Mailing Instructions

Please make sure you have...

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

Then...

• put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:
  U.S. Census Bureau
  P.O. Box 5240
  Jeffersonville, IN 47199-5240

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

Thank you for participating in the American Community Survey.

For Census Bureau Use

The Census Bureau estimates that, for the average household, this form will take 38 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to Paperwork@census.gov; use “Paperwork Project 0607-0810” 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-11INFO(2008)PR KFI (08-01-2007)