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

Please print today’s date.

Month     Day     Year

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

Last Name

First Name  MI

Area Code + Number

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

Number of people

Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.
### Person 1
(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)

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

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

3. **What is Person 1’s sex?**
   - [ ] Male
   - [ ] Female

4. **What is Person 1’s age and what is Person 1’s date of birth?**
   - Age (in years)
   - Month
   - Day
   - Year of birth
   - Print numbers in boxes.

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

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

6. **What is Person 1’s race?**
   - [ ] White
   - [ ] Black or African Am.
   - [ ] 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.
   - [ ] Japanese
   - [ ] Korean
   - [ ] Vietnamese
   - [ ] Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
   - [ ] Native Hawaiian
   - [ ] Guamanian or Chamorro
   - [ ] Samoan
   - [ ] Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.

### 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?**
   - [ ] Husband or wife
   - [ ] Biological son or daughter
   - [ ] Adopted son or daughter
   - [ ] Stepmom 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?**
   - [ ] Male
   - [ ] Female

4. **What is Person 2’s age and what is Person 2’s date of birth?**
   - Age (in years)
   - Month
   - Day
   - Year of birth
   - Print numbers in boxes.

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

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

6. **What is Person 2’s race?**
   - [ ] White
   - [ ] Black or African Am.
   - [ ] 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.
   - [ ] Japanese
   - [ ] Korean
   - [ ] Vietnamese
   - [ ] Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
   - [ ] Native Hawaiian
   - [ ] Guamanian or Chamorro
   - [ ] Samoan
   - [ ] Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
   - [ ] Some other race – Print race.
### Person 3

1. **What is Person 3’s name?**
   - Last Name (Please print)
   - First Name
   - MI

2. **How is this person related to Person 1?** Mark (X) ONE box.
   - Husband or wife
   - Biological son or daughter
   - Adopted son or daughter
   - Stepson or stepdaughter
   - Brother or sister
   - Father or mother
   - Grandchild
   - Parent-in-law

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

4. **What is Person 3’s age and what is Person 3’s date of birth?**
   - Print numbers in boxes.
   - Age (in years)
   - Month
   - Day
   - Year of birth

5. **Is Person 3 of Hispanic, Latino, or Spanish origin?**
   - No, not of Hispanic, Latino, or Spanish origin
   - Yes, Mexican, Mexican Am., Chicano
   - Yes, Puerto Rican
   - Yes, Cuban
   - Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

6. **What is Person 3’s race?** Mark (X) one or more boxes.
   - White
   - Black or African Am.
   - American Indian or Alaska Native — Print name of enrolled or principal tribe.
   - Asian Indian
   - Chinese
   - Filipino
   - Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
   - Japanese
   - Korean
   - Vietnamese
   - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
   - Native Hawaiian
   - Guamanian or Chamorro
   - Samoan
   - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.

### Person 4

1. **What is Person 4’s name?**
   - Last Name (Please print)
   - First Name
   - MI

2. **How is this person related to Person 1?** Mark (X) ONE box.
   - Husband or wife
   - Biological son or daughter
   - Adopted son or daughter
   - Stepson or stepdaughter
   - Brother or sister
   - Father or mother
   - Grandchild
   - Parent-in-law

3. **What is Person 4’s sex?** Mark (X) ONE box.
   - Male
   - Female

4. **What is Person 4’s age and what is Person 4’s date of birth?**
   - Print numbers in boxes.
   - Age (in years)
   - Month
   - Day
   - Year of birth

5. **Is Person 4 of Hispanic, Latino, or Spanish origin?**
   - No, not of Hispanic, Latino, or Spanish origin
   - Yes, Mexican, Mexican Am., Chicano
   - Yes, Puerto Rican
   - Yes, Cuban
   - Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

6. **What is Person 4’s race?** Mark (X) one or more boxes.
   - White
   - Black or African Am.
   - American Indian or Alaska Native — Print name of enrolled or principal tribe.
   - Asian Indian
   - Chinese
   - Filipino
   - Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
   - Japanese
   - Korean
   - Vietnamese
   - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
   - Native Hawaiian
   - Guamanian or Chamorro
   - Samoan
   - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
### Person 5

1. What is Person 5’s name?
   - Last Name (Please print):
   - First Name:
   - MI:

2. How is this person related to Person 1?
   - Mark (X) ONE box.
   - Husband or wife
   - Son-in-law or daughter-in-law
   - Biological son or daughter
   - Adopted son or daughter
   - Stepson or stepdaughter
   - Brother or sister
   - Father or mother
   - Grandchild
   - Parent-in-law

3. What is Person 5’s sex?
   - Mark (X) ONE box.
   - Male
   - Female

4. What is Person 5’s age and what is Person 5’s date of birth?
   - Age (in years):
   - Month:
   - Day:
   - Year of birth:

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

6. What is Person 5’s race?
   - Male
   - Female
   - White
   - Black or African Am.
   - American Indian or Alaska Native — Print name of enrolled or principal tribe.
   - Asian Indian
   - Chinese
   - Filipino
   - Japanese
   - Korean
   - Vietnamese
   - Native Hawaiian
   - Guamanian or Chamorro
   - Samoan
   - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
   - Some other race – Print race.

### Person 6

- Last Name (Please print):
- First Name:
- MI:
- Sex:
  - Male
  - Female
- Age (in years):

### Person 7

- Last Name (Please print):
- First Name:
- MI:
- Sex:
  - Male
  - Female
- Age (in years):

### Person 8

- Last Name (Please print):
- First Name:
- MI:
- Sex:
  - Male
  - Female
- Age (in years):

### Person 9

- Last Name (Please print):
- First Name:
- MI:
- Sex:
  - Male
  - Female
- Age (in years):

### Person 10

- Last Name (Please print):
- First Name:
- MI:
- Sex:
  - Male
  - Female
- Age (in years):

### Person 11

- Last Name (Please print):
- First Name:
- MI:
- Sex:
  - Male
  - Female
- Age (in years):

### Person 12

- Last Name (Please print):
- First Name:
- MI:
- Sex:
  - Male
  - Female
- Age (in years):

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

Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Which best describes this building?</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>3. When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?</strong></td>
<td>Month, Year</td>
</tr>
<tr>
<td><strong>4. How many acres is this house or mobile home on?</strong></td>
<td>Less than 1 acre → SKIP to question 6a, 1 to 9.9 acres, 10 or more acres</td>
</tr>
<tr>
<td><strong>5. IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?</strong></td>
<td>None, $1 to $999, $1,000 to $2,499, $2,500 to $4,999, $5,000 to $9,999, $10,000 or more</td>
</tr>
<tr>
<td><strong>6a. How many separate rooms are in this house, apartment, or mobile home?</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>6b. How many of these rooms are bedrooms?</strong></td>
<td>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 &quot;0&quot;. Number of bedrooms</td>
</tr>
<tr>
<td><strong>7. Does this house, apartment, or mobile home have –</strong></td>
<td>a. hot and cold running water? b. a bath or shower? c. a sink with a faucet? d. a stove or range? e. a refrigerator? f. telephone service from which you can both make and receive calls? Include cell phones.</td>
</tr>
<tr>
<td><strong>8. At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computer?</strong></td>
<td>Yes, No</td>
</tr>
<tr>
<td><strong>9. At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computer?</strong></td>
<td>a. Desktop or laptop, b. Smartphone, c. Tablet or other portable wireless computer, d. Some other type of computer</td>
</tr>
<tr>
<td><strong>10. Do you or any member of this household have access to the Internet using a –</strong></td>
<td>Yes, No</td>
</tr>
<tr>
<td><strong>11. Do you or any member of this household have access to the Internet?</strong></td>
<td>a. cellular data plan for a smartphone or other mobile device? b. broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household? c. satellite Internet service installed in this household? d. dial-up Internet service installed in this household? e. some other service?</td>
</tr>
<tr>
<td><strong>12. Does this house, apartment, or mobile home have –</strong></td>
<td>a. hot and cold running water? b. a bath or shower? c. a sink with a faucet? d. a stove or range? e. a refrigerator? f. telephone service from which you can both make and receive calls? Include cell phones.</td>
</tr>
</tbody>
</table>

---

**Answer questions 4 – 5 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 6a.**
Housing (continued)

11 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

12 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

13 a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?
   Last month’s cost – Dollars
   OR
   - Included in rent or condominium fee
   - No charge or electricity not used

b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?
   Last month’s cost – Dollars
   OR
   - Included in rent or condominium fee
   - Included in electricity payment entered above
   - No charge or gas not used

c. 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.
   Past 12 months’ cost – Dollars
   OR
   - Included in rent or condominium fee
   - No charge

d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have 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

14 IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks.
- Yes
- No

15 Is this house, apartment, or mobile home part of a condominium?
- Yes
- No

16 Is this house, apartment, or mobile home – Mark (X) ONE box.
- Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented?
- Occupied without payment of rent? → SKIP to C on the next page
### Housing (continued)

**B.** Answer questions 17a and b if this house, apartment, or mobile home **IS RENTED**. Otherwise, **SKIP** to question 18.

#### 17. What is the monthly rent for this house, apartment, or mobile home?

- **Monthly amount – Dollars**
  - $__________

#### 17b. Does the monthly rent include any meals?

- [ ] Yes
- [ ] No

**C.** Answer questions 18 – 22 if you or any member of this household **OWNS** or **IS BUYING** this house, apartment, or mobile home. Otherwise, **SKIP** to D.

#### 18. 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**
  - $__________

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

- **Annual amount – Dollars**
  - $__________

  - [ ] None

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

- **Annual amount – Dollars**
  - $__________

  - [ ] None

**D.** Answer question 23 if this is a **MOBILE HOME**. Otherwise, **SKIP** to E.

#### 21. 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 22a

#### 21b. How much is the regular monthly mortgage payment on this property? Include payment only on first mortgage or contract to purchase.

- **Monthly amount – Dollars**
  - $__________

  - [ ] No regular payment required **SKIP** to question 22a

#### 21c. 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

#### 21d. 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.

#### 22. a. Do you or any member of this household have a second mortgage or a home equity loan on this property?

- [ ] Yes, home equity loan
- [ ] Yes, second mortgage
- [ ] Yes, second mortgage and home equity loan
- [ ] No **SKIP** to D

#### 22b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on this property?

- **Monthly amount – Dollars**
  - $__________

  - [ ] No regular payment required

#### 22c. 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**
  - $__________

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.
**Person 1**

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name MI</th>
</tr>
</thead>
</table>

Where was this person born?
- [ ] In the United States – Print name of state.
- [ ] Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.

Is this person a citizen of the United States?
- [ ] Yes, born in the United States ➔ SKIP to question 10a
- [ ] Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- [ ] Yes, U.S. citizen by naturalization – Print year of naturalization
- [ ] No, not a U.S. 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.

Year

---

**What is the highest degree or level of school this person has COMPLETED?** Mark NO ONE box. If currently enrolled, mark the previous grade or highest degree received.

<table>
<thead>
<tr>
<th>NO SCHOOLING COMPLETED</th>
<th>NURSERY OR PRESCHOOL THROUGH GRADE 12</th>
<th>HIGH SCHOOL GRADUATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**12th grade – NO DIPLOMA**
- [ ] 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)

Answer question 12 if this person has a Bachelor’s degree or higher. Otherwise, SKIP to question 13.

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)

---

What is this person’s ancestry or ethnic origin?

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

---

Does this person speak a language other than English at home?
- [ ] Yes
- [ ] No ➔ SKIP to question 15a

What is this language?

For example: Korean, Italian, Spanish, Vietnamese

How well does this person speak English?
- [ ] Very well
- [ ] Well
- [ ] Not well
- [ ] Not at all

Did this person live in this house or apartment 1 year ago?
- [ ] Person is under 1 year old ➔ SKIP to question 16
- [ ] Yes, this house ➔ SKIP to question 16
- [ ] No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
- [ ] No, different house in the United States or Puerto Rico

Where did this person live 1 year ago?

Address (Number and street name)

Name of city, town, or post office

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

Name of U.S. state or Puerto Rico ZIP Code
16. 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)
   Yes No

   b. Insurance purchased directly from an insurance company (by this person or another family member)
   Yes No

   c. Medicare, for people 65 and older, or people with certain disabilities
   Yes No

   d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
   Yes No

   e. TRICARE or other military health care
   Yes No

   f. VA (including those who have ever used or enrolled for VA health care)
   Yes No

   g. Indian Health Service
   Yes No

   h. Any other type of health insurance or health coverage plan – Specify

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

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

Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

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

   b. Does this person have serious difficulty walking or climbing stairs?
    Yes No

   c. Does this person have difficulty dressing or bathing?
    Yes No

19. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor’s office or shopping?
   a. Yes
   b. No

   20. What is this person’s marital status?
       a. Married?
       b. Widowed
       c. Divorced

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

22. How many times has this person been married?
    a. Once
    b. Two times
    c. Three or more times

23. In what year did this person last get married?
   Yes No

   24. In the PAST 12 MONTHS, has this person given birth to any children?
      a. Yes
      b. No

25. a. Does this person have any of his/her own grandchildren under the age of 18 who live in this house or apartment?
       Yes No

   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?
      a. Yes
      b. No

26. Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark ONE box.
   a. Never served in the military → SKIP to question 29a
   b. Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
   c. Now on active duty

27. 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.
   a. September 2001 or later
   b. August 1990 to August 2001 (including Persian Gulf War)
   c. May 1975 to July 1990
   d. Vietnam era (August 1964 to April 1975)
   e. February 1955 to July 1964
   f. Korean War (July 1950 to January 1955)
   g. January 1947 to June 1950
   h. World War II (December 1941 to December 1946)
   i. November 1941 or earlier

28. a. Does this person have a VA service-connected disability rating?
       Yes (such as 0%, 10%, 20%,..., 100%)
       No → SKIP to question 29a

   b. What is this person’s service-connected disability rating?
      a. 0 percent
      b. 10 or 20 percent
      c. 30 or 40 percent
      d. 50 or 60 percent
      e. 70 percent or higher

29. a. How long has this grandparent been responsible for these grandchildren?
       For more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
       a. Less than 6 months
       b. 6 to 11 months
       c. 1 or 2 years
       d. 3 or 4 years
       e. 5 or more years
Person 1 (continued)

29. Last week, did this person work for pay at a job (or business)?
   - Yes → Skip to question 30
   - No → Did not work (or retired)

30. 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)
     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 county
   - Name of U.S. state or foreign country
   - ZIP Code

31. How did this person usually get to work last week? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.
   - Car, truck, or van
   - Bus or trolley bus
   - Streetcar or trolley car
   - Subway or elevated
   - Railroad
   - Ferryboat
   - Motorcycle
   - Bicycle
   - Walked
   - Worked at home → Skip to question 35a
   - Other method

Answer question 32 if you marked “Car, truck, or van” in question 31. Otherwise, Skip to question 33.

32. How many people, including this person, usually rode to work in the car, truck, or van last week?
   - Person(s)

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

35. a. Last week, was this person on layoff from a job?
   - Yes → Skip to question 35c
   - No

b. Last week, was this person temporarily absent from a job or business?
   - Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → Skip to question 38
   - No

36. How many minutes did it usually take this person to get from home to work last week?
   - Minutes

37. During the last 4 weeks, has this person been actively looking for work?
   - Yes
   - No → Skip to question 38

38. 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.)

39. 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 40
   - 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

40. During the past 12 months (52 weeks), in the weeks worked, how many hours did this person usually work each week?
   - Usual hours worked each week
Person 1 (continued)

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

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

Was this person –

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

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

42. For whom did this person work?

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

Name of company, business, or other employer

What kind of business or industry was this?

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

43. What kind of business or industry was this?

Describe the activity at the location where employed.

44. Is this mainly – Mark (X) ONE box.

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

45. Is this mainly – Mark (X) ONE box.

What kind of work was this person doing?

☐ (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

46. What kind of work was this person doing?

Describe clearly this person’s chief activities or duties?

47. 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 for the other person.

For income received jointly, report the whole amount for only one person and mark the “No” box for the other person.

Income may consist of:

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

☐ Yes ➔ $
☐ 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 ➔ $
☐ No ➔

TOTAL AMOUNT for past 12 months

Loss

48. What was this person’s total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.

☐ Loss
☐ None

TOTAL AMOUNT for past 12 months

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

50. What kind of work was this person doing?

Describe clearly this person’s chief activities or duties?

49. 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 is 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 ➔ $
☐ 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 ➔ $
☐ No ➔

TOTAL AMOUNT for past 12 months

Loss

51. What was this person’s total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.

☐ Loss
☐ None

TOTAL AMOUNT for past 12 months

52. A. Social Security or Railroad Retirement.

☐ Yes ➔ $
☐ No ➔

TOTAL AMOUNT for past 12 months

53. b. Supplemental Security Income ($8).

☐ Yes ➔ $
☐ No ➔

TOTAL AMOUNT for past 12 months

54. g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

☐ Yes ➔ $
☐ No ➔

TOTAL AMOUNT for past 12 months

55. 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 ➔ $
☐ No ➔

TOTAL AMOUNT for past 12 months

56. What was this person’s total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.

☐ Loss
☐ None

TOTAL AMOUNT for past 12 months

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

11
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.
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.

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

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

Form ACS-1(INFO)(2017) (03-14-2016)