What is your name? Please PRINT the name of the person who is filling out this form. Include the telephone number so we can contact you if there is a question, and today’s date.

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

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-877-833-5625.

Telephone Device for the Deaf (TDD): Call 1-800-582-8330. The telephone call is free.

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

People are our most important resource. This Census Bureau survey collects information about education, employment, income, and housing—information your community uses to plan and fund programs. Your response is important, and we keep your answers confidential.

Start Here

This form asks for three types of information:
• basic information about the people who are living or staying at the address on the mailing label above
• specific information about this house, apartment, or mobile home
• more detailed information about each person living or staying here

What is your name? Please PRINT the name of the person who is filling out this form. Include the telephone number so we can contact you if there is a question, and today’s date.

<table>
<thead>
<tr>
<th>Last Name</th>
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| First Name |
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<th>Area Code + Number</th>
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<th>Date (Month/Day/Year)</th>
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How many people are living or staying at this address?

Number of people

Please turn to the next page to continue.
List of Residents

READ THESE INSTRUCTIONS FIRST

Please fill out this form as soon as possible after receiving it in the mail.
• LIST everyone who is living or staying here for more than 2 months.
• LIST anyone else staying here who does not have another usual place to stay.
• DO NOT LIST anyone who is living somewhere else for more than 2 months, such as a college student living away.

If this place is a vacation home or a temporary residence where no one in this household stays for more than 2 months, do not list any names in the List of Residents. Complete only pages 4, 5, and 6 and return the form.

IF YOU ARE NOT SURE WHOM TO LIST, CALL 1–800–354–7271.

If there are more than five people, list them here. We may call you for more information about them.

After you've created the List of Residents, answer the questions across the top of the page for the first five people on the list.

Please fill out this form as soon as possible after receiving it in the mail.
• LIST everyone who is living or staying here for more than 2 months.
• LIST anyone else staying here who does not have another usual place to stay.
• DO NOT LIST anyone who is living somewhere else for more than 2 months, such as a college student living away.
What is this person’s marital status?

- [ ] Now married
- [ ] Widowed
- [ ] Divorced
- [ ] Separated
- [ ] Never married

What is this person’s race? Mark (X) one or more races to indicate what this person considers himself/herself to be.

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Korean
- Vietnamese
- Other Asian
- Japanese
- Filipino
- Chinese
- Samoan
- Other Pacific Islander
- Some other race

Is this person Spanish/Hispanic/Latino?

- [ ] No, not Spanish/Hispanic/Latino
- [ ] Yes, Puerto Rican
- [ ] Yes, Mexican, Mexican American, Chicano
- [ ] Yes, Cuban
- [ ] Yes, other Spanish/Hispanic/Latino — Print group.

NOTE: Please answer BOTH Questions 5 and 6. Mark (X) the “No” box if not Spanish/Hispanic/Latino.

When you are finished, turn the page and continue with the Housing section.
Housing information helps your community plan for police and fire protection.

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

1. 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

2. About when was this building first built?
   - 2005 or later
   - 2000 to 2004
   - 1990 to 1999
   - 1980 to 1989
   - 1970 to 1979
   - 1960 to 1969
   - 1950 to 1959
   - 1940 to 1949
   - 1939 or earlier

3. When did PERSON 1 (listed in the List of Residents on page 2) move into this house, apartment, or mobile home?
   - Month
   - Year

4. How many acres is this house or mobile home on?
   - Less than 1 acre → SKIP to question 6
   - 1 to 9.9 acres
   - 10 or more acres

5. IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?
   - None
   - $1 to $999
   - $1,000 to $2,499
   - $2,500 to $4,999
   - $5,000 to $9,999
   - $10,000 or more

6. Is there a business (such as a store or barber shop) or a medical office on this property?
   - Yes
   - No

7. How many rooms are in this house, apartment, or mobile home? Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.
   - 1 room
   - 2 rooms
   - 3 rooms
   - 4 rooms
   - 5 rooms
   - 6 rooms
   - 7 rooms
   - 8 rooms
   - 9 or more rooms

8. How many bedrooms are in this house, apartment, or mobile home; that is, how many bedrooms would you list if this house, apartment, or mobile home were on the market for sale or rent?
   - No bedroom
   - 1 bedroom
   - 2 bedrooms
   - 3 bedrooms
   - 4 bedrooms
   - 5 or more bedrooms

9. Does this house, apartment, or mobile home have COMPLETE plumbing facilities; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower?
   - Yes, has all three facilities
   - No

10. Does this house, apartment, or mobile home have COMPLETE kitchen facilities; that is, 1) a sink with piped water, 2) a stove or range, and 3) a refrigerator?
    - Yes, has all three facilities
    - No

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. Is there telephone service available in this house, apartment, or mobile home from which you can both make and receive calls?
    - Yes
    - No

INFORMATIONAL COPY
Housing (continued)

13. 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

14. a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?
   Last month’s cost – Dollars
   $ 0.00
   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
   $ 0.00
   OR
   □ Included in rent or condominium fee
   □ 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
   $ 0.00
   OR
   □ Included in rent or condominium fee
   □ No charge

15. At any time DURING THE PAST 12 MONTHS, did anyone in this household receive Food Stamps?
   □ Yes → What was the value of the Food Stamps received during the past 12 months?
   Past 12 months’ value – Dollars
   $ 0.00
   □ No

16. Is this house, apartment, or mobile home part of a condominium?
   □ Yes → What is the monthly condominium fee?
   Monthly amount – Dollars
   $ 0.00
   □ No

17. Is this house, apartment, or mobile home –
   □ Owned by you or someone in this household with a mortgage or loan?
   □ Owned by you or someone in this household free and clear (without a mortgage or loan)?
   □ Rented for cash rent?
   □ Occupied without payment of cash rent → SKIP to C

18. a. What is the monthly rent for this house, apartment, or mobile home?
   Monthly amount – Dollars
   $ 0.00
   b. Does the monthly rent include any meals?
   □ Yes
   □ No

19. Answer questions 19–23 ONLY IF you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to on the next page.

20. What is the value of this property; that is, how much do you think this house and lot, apartment, or mobile home and lot, would sell for if it were for sale?
   □ Less than $10,000
   □ $10,000 to $14,999
   □ $15,000 to $19,999
   □ $20,000 to $24,999
   □ $25,000 to $29,999
   □ $30,000 to $34,999
   □ $35,000 to $39,999
   □ $40,000 to $49,999
   □ $50,000 to $59,999
   □ $60,000 to $69,999
   □ $70,000 to $79,999
   □ $80,000 to $89,999
   □ $90,000 to $99,999
   □ $100,000 to $124,999
   □ $125,000 to $149,999
   □ $150,000 to $174,999
   □ $175,000 to $199,999
   □ $200,000 to $249,999
   □ $250,000 or more → Specify $ 0.00
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

$ 0.00

OR

☐ None

Answer question 24 ONLY IF this is a MOBILE HOME. Otherwise, SKIP to question 3.

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

Annual amount – Dollars

$ 0.00

OR

☐ None

Answer question 25a-c ONLY IF you listed at least one person on page 2. Otherwise, SKIP to page 24 for the mailing instructions.

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 23a

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

$ 0.00

OR

☐ No regular payment required → SKIP to question 23a

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

Answer question 25a ONLY if you listed at least one person on page 2. Otherwise, SKIP to page 24 for the mailing instructions.

a. Do you or any member of this household live or stay at this address year round?

☐ Yes → SKIP to the questions for Person 1 on the next page

☐ No

b. How many months a year do members of this household stay at this address?

Months

Answer question 25b ONLY if the address is a MOBILE HOME. Otherwise, SKIP to question 21.

c. What is the main reason members of this household are staying at this address?

☐ This is their permanent address

☐ This is their seasonal or vacation address

☐ To be close to work

☐ To attend school or college

☐ Looking for permanent housing

☐ Other reason(s) – Specify

Continue with the questions about PERSON 1 on the next page.
Person 1

Please copy the name of Person 1 from the List of Residents on 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 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 10a
- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Mariana Islands → Yes, U.S. citizen by naturalization → No, not a citizen of the United States

When did this person come to live in the United States? Print numbers in boxes.

Year

What is the highest degree or level of school this person has COMPLETED?

- No schooling completed
- Nursery school to 4th grade
- 5th grade or 6th grade
- 7th grade or 8th grade
- High school
- 10th grade
- 11th grade
- 12th grade – NO DIPLOMA
- HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent (for example: GED)
- Some college credit, but less than 1 year
- 1 or more years of college, no degree
- Associate degree (for example: AA, AS)
- Bachelor’s degree (for example: BA, AB, BS)
- Master’s degree (for example: MA, MS, MEng, MEI, MSW, MBA)
- Professional 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, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.

a. Did this person live in this house or apartment 1 year ago?

- Yes
- No, different house in the United States

b. Where did this person live 1 year ago?

- Name of city, town, or post office
- Name of county
- Name of state
- ZIP Code

Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, skip to the questions for PERSON 2 on page 10.

a. Does this person speak a language other than English at home?

- Yes
- No → Skip to question 14

b. What is this language?

- For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

- Very well
- Well
- Not well
- Not at all

Does this person have any of the following long-lasting conditions:

a. Blindness, deafness, or a severe vision or hearing impairment?

- Yes
- No

b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

- Yes
- No

Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

a. Learning, remembering, or concentrating?

- Yes
- No

b. Dressing, bathing, or getting around inside the home?

- Yes
- No
**Person 1 (continued)**

20. 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 Reserve 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 Reserve or National Guard only → SKIP to question 23

21. 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.

- 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

22. In total, how many years of active-duty military service has this person had?

- Less than 2 years
- 2 years or more

23. LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.

- Yes
- No → SKIP to question 29

24. If this person worked at more than one location, print the address of the location he or she worked most last week.

- Address (Number and street name)
- City or town
- Description of the location such as the building name or the nearest street or intersection
- Name of city, town, or post office

25. How did this person usually get to work LAST WEEK? Mark (X) a box for EACH method of transportation used 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
- Taxi/cab
- Motorcycle
- Bicycle
- Walked
- Worked at home → SKIP to question 33
- Other method

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

Person(s)

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

- Hour
- Minute
- a.m.
- p.m.

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

Minutes

29. How did this person usually get to work LAST WEEK? 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
- Taxi/cab
- Motorcycle
- Bicycle
- Walked
- Worked at home → SKIP to question 33
- Other method

30. 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
- Taxi/cab
- Motorcycle
- Bicycle
- Walked
- Worked at home → SKIP to question 33
- Other method

31. Was this person on layoff from a job?

- Yes → SKIP to question 29c
- No

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

- Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 32
- No → SKIP to question 30

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

- Yes → SKIP to question 31
- No

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**ACS-1(INFO)(2005), Page 8, Base (Black)**
1. Has this person been looking for work during the last 4 weeks?
   - Yes
   - No → SKIP to question 32
   - 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.)

2. When did this person last work, even for a few days?
   - Within the past 12 months
   - 1 to 5 years ago → SKIP to question 35
   - Over 5 years ago or never worked → SKIP to question 41

3. During the last 12 months, how many weeks did this person work? Count paid vacation, paid sick leave, and military service.
   - Usual hours worked each week

4. During the last 12 months, in the weeks worked, how many weeks did this person usually work each week?
   - Usual hours worked each week

5. Answer questions 35–40 only if this person worked in the past 5 years. Otherwise, SKIP to question 41.

35–40 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.

36. 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

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

38. Is this mainly—
   - Mark (X) one box.
     - Manufacturing?
     - Wholesale trade?
     - Retail trade?
     - Other (agriculture, construction, service, government, etc.)?

39. What kind of work was this person doing?
   - For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant

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

41. 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.
   - 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.

42. What was this person’s total income during the past 12 months? Add entries in questions 41a to 41d, subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.
   - None or
   - ∑ TOTAL AMOUNT for past 12 MONTHS
   - Continue with the questions for Person 2 on the next page. If only 1 person is listed in the List of Residents, SKIP to page 24 for mailing instructions.
Survey information helps your community get financial assistance for roads, hospitals, schools, and more.

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..

• put all names on the List of Residents and answered the questions across the top of the page
• answered all Housing questions
• answered all Person questions for each person on the List of Residents.

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.