An area's people are its most important resource. Information about people and their housing is very important to local communities as well as to the Nation, and is used for planning and funding programs at all levels. The Census Bureau is conducting the American Community Survey to collect information on subjects like education, employment, income, and housing – information usually collected only once every ten years during the census. The Census Bureau’s American Community Survey will provide this vital information on a continual basis.

Please review the form before you begin filling it out. You will notice that it is divided into three parts . . .

- basic information about the people who live or are staying at the address on the mailing label,
- specific information about the house or apartment, and
- detailed information about each person living or staying here.

Additional instructions inside will help you accurately complete the form.

IF YOU NEED HELP OR HAVE QUESTIONS ABOUT HOW TO COMPLETE YOUR FORM OR WHOM TO INCLUDE ON YOUR FORM, CALL 1–800–354–7271. THE TELEPHONE CALL IS FREE.

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

**List of Residents**

Print the last name, first name, and middle initial for each person who should be included in the list.

<table>
<thead>
<tr>
<th>Person</th>
<th>Last name</th>
<th>First name</th>
<th>Middle initial</th>
<th>Sex</th>
<th>Month</th>
<th>Day</th>
<th>Year of birth</th>
<th>Age (in years)</th>
<th>Relationship to Person 1</th>
<th>How is this person related to Person 1?</th>
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<tbody>
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<td>PERSON 1</td>
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<td>What is this person's current marital status?</td>
<td>Is this person Spanish/Hispanic/Latino?</td>
<td>What is this person's race? Mark one box for the race that the person considers himself/herself to be.</td>
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<td>Now married</td>
<td>No, not Spanish/Hispanic/Latino</td>
<td>White</td>
<td>Chinese</td>
<td>Vietnamese</td>
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<td>Widowed</td>
<td>Yes, Mexican, Mexican-Am., Chicano</td>
<td>Black, African Am.</td>
<td>Filipino</td>
<td>Japanese</td>
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<td>Divorced</td>
<td>Yes, Puerto Rican</td>
<td>Eskimo</td>
<td>Hawaiian</td>
<td>Samoan</td>
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<td>Separated</td>
<td>Yes, Cuban</td>
<td>Aleut</td>
<td>Korean</td>
<td>Guamanian</td>
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<tr>
<td>Never married</td>
<td>Yes, other Spanish/Hispanic/Latino – Print group</td>
<td>Other Hispanic/Latino – Print group</td>
<td>Other Asian/Pacific Islander – Print group</td>
<td>Other race(s) or group below</td>
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</tbody>
</table>

Please turn to page 4 and answer the housing questions for the address on the mailing label.
### H1. Which best describes this building? Include all
apartments, flats, etc., even if vacant.

- A mobile home or trailer
- 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.

### H2. About when was this building first built? If you
do not know the exact year, give your best estimate.

- (Year)

### H3. When did PERSON 1 (listed in the List of
Residents on page 2) move into this house or
apartment?

- (Month)  (Year)

### H4a. Do all persons staying in this house or
apartment usually spend more than two
consecutive months of the year at another
residence?

- Yes
- No

b. Where is that residence located?

- (U.S. State/foreign country)

c. How long does this household usually spend
at that residence?

- Months each year

### H5. Is this house or mobile home on –

- 1 to less than 10 acres?
- 10 or more acres?

### H6. IN THE PAST 12 MONTHS, were the sales of all
agricultural products from this property $1,000
or more?

- Yes
- No

### H7. Is there a business such as a store or barber
shop or a medical office on this property?

- Yes
- No

### H8. How many rooms are in this house or
apartment? Do NOT count bathrooms, porches,
balconies, foyers, halls, half-rooms, or utility rooms.

- Room(s)

### H9. How many bedrooms are in this house or
apartment? Count the number of bedrooms that
you would list if this house or apartment were for
sale or for rent.

- Bedroom(s)

### H10. Does this house or apartment 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

### H11. Does this house or apartment 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

### H12. Does this house or apartment building get
water from –

- A public system such as a city water
department or private company?
- An individual drilled well?
- An individual dug well?
- Some other source, such as a spring, creek,
river, cistern, etc.?

### H13. Is this house or apartment building connected
to a public sewer?

- Yes, connected to a public sewer
- No, connected to septic tank or cesspool
- No, uses other means

### H14. Does this house or apartment have air
conditioning?

- Yes, a central air conditioning system
- Yes, one or more individual room units
- No

### H15. Does this house or apartment have a central
heating system; that is, one system that
heats all or most of the rooms?

- Yes
- No

### H16. Is there a telephone in this house or
apartment?

- Yes
- No

### H17. How many automobiles, vans, and trucks of
one-ton capacity or less are kept at home
for use by members of this household?

- Vehicle(s)

### H18. Which FUEL is used MOST for heating this
house or apartment?

- 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

### H19a. LAST MONTH, what was the cost of electricity
for this house or apartment?

- $ .00 (Last month)
- Included in rent or in condominium fee
- No charge or electricity not used

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

- $ .00 (Last month)
- Included in rent or in 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 or
apartment? If you have lived here less than
12 months, estimate the cost.

- $ .00 (Past 12 months)
- Included in rent or in condominium fee
- No charge

d. IN THE PAST 12 MONTHS, what was the cost of
fuel oil, wood, kerosene, coal, etc. for this
house or apartment? If you have lived here less
than 12 months, estimate the cost.

- $ .00 (Past 12 months)
- Included in rent or in condominium fee
- No charge or these fuels not used
H20. At any time DURING THE PAST 12 MONTHS, were you or any member of this household enrolled in or receiving benefits from:

a. free or reduced-price meals at school through the Federal School Lunch Program or the Federal School Breakfast Program?

- Yes
- No

b. the Federal home heating and cooling assistance program?

- Yes
- No

H21. At any time DURING THE PAST 12 MONTHS, did anyone in this household receive Food Stamps?

- Yes
- No

H22. Is this house or apartment part of a condominium?

- Yes
- No

H23. Is this house or apartment –

- 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)?
- Rented for cash rent?
- Occupied without payment of cash rent? – SKIP to question H27

Answer questions H24 – H27 ONLY if you PAY RENT for this house or apartment; otherwise, SKIP to question H28.

H24. What is the monthly rent for this house or apartment?

$ .00 (Monthly)

H25. Does the monthly rent include any meals?

- Yes
- No

H26. Is the rent on this house or apartment reduced because the Federal, state, or local government is paying part of the cost?

- Yes
- No

H27. Is this house or apartment in a public housing project; that is, is it part of a government housing project for persons with low income?

- Yes
- No

Answer questions H28 – H37 ONLY if you or someone else in this household OWNS OR IS BUYING this house, mobile home or apartment; otherwise, SKIP to questions for PERSON 1 on page 6.

H28. What is the value of this property; that is, how much would this house or mobile home and lot, or condominium unit sell for if it were for sale?

$ .00 (Value)

H29. What are the annual real estate taxes on this property?

$ .00 (Annual)

H30. What is the annual payment for fire, hazard, and flood insurance on this property?

$ .00 (Annual)

H31. 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 H35

H32. How much is the regular monthly mortgage payment on this property? Include payments only on FIRST mortgage or contract to purchase

$ .00 (Monthly)

- OR
- No regular payment required – SKIP to question H33

H33. Does the regular monthly mortgage payment include payments for real estate taxes on this property?

- Yes, taxes included in payment
- No, taxes paid separately or taxes not required

H34. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on this property?

- Yes, insurance included in payment
- No, insurance paid separately or no insurance

H35. Do you or any member of this household have a second mortgage or a home equity loan on this property?

- Yes, second mortgage
- Yes, second mortgage and home equity loan
- No – SKIP to question H37

H36. How much is the regular monthly payment on ALL second and third mortgages and home equity loans?

$ .00 (Monthly)

- OR
- No regular payment required

Answer this question ONLY if this is a MOBILE HOME; otherwise, SKIP to the questions for PERSON 1 on the next page.

H37. What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on this mobile home and its site? Do NOT include real estate taxes

$ .00 (Annual)

Please continue with the questions for PERSON 1 on page 6.
Print the name of PERSON 1 from page 2 and answer these questions for Person 1.

**PERSON 1**

Print name

7. In what U.S. State, territory, commonwealth, or foreign country was this person born? Yes [ ] No [ ] [ ]

8. Is this person a CITIZEN of the United States? Yes [ ] No [ ] [ ]

9. When did this person come to live in the United States? (Year)

10. At any time in the PAST 3 MONTHS, was this person attending a school or college? Include nursery or preschool, kindergarten, elementary school, middle school, high school, any other grade, diploma, college degree, or vocational certificate. Yes [ ] No [ ] [ ]

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

   - None, no schooling completed
   - Nursery or preschool
   - Kindergarten
   - Grade 1-11 (12th grade, NO DIPLOMA)
   - HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (GED)
   - Some college but no degree
   - Vocational, technical, or business school degree
   - Associate degree in college
   - Bachelor’s degree (BA, AB, BS)
   - Master’s degree (MA, MS, MEng, Med, MSW, MBA)
   - Professional school degree (MD, DDS, DVM, LLB, JD)
   - Doctorate degree (PhD, EdD)

12. What is this person’s ancestry? For example: Italian, African Am., Cape Verdean, Ecuadorian, Haitian, Irish, Jamaican, Korean, Lebanese, Mexican, Nigerian, Polish, Taiwanese, Ukrainian, or any other ancestry? [ ]

13a. Did this person live in this house or apartment 5 years ago? Yes [ ] No [ ] [ ]

13b. Where did this person live 5 years ago?

   - Name of U.S. State, territory, commonwealth, or foreign country [ ]

   - (1) Name of U.S. State, territory, commonwealth, or foreign country [ ]

   - If outside U.S., print answer above and SKIP to question 14a

   - (2) Name of city or town [ ]

   - (3) Name of county [ ] (4) ZIP Code [ ]

14a. Does this person speak a language other than English at home? Yes [ ] No [ ] [ ]

   - Only English – SKIP to question 15

   - No, only English – SKIP to question 15

14b. Is this person a CITIZEN of the United States? Yes [ ] No [ ] [ ]

15. If this person has difficulty seeing, hearing, or walking, mark the appropriate boxes. If this person has no difficulty with these activities, mark “None of the above.”

   - Difficulty seeing (even with glasses)
   - Difficulty hearing (even with a hearing aid)
   - Difficulty walking, or
   - None of the above

16. Does this person have a long-lasting physical or mental condition that –

   - Makes it difficult to go outside the home alone, for example, to shop or visit a doctor’s office? Yes [ ] No [ ] [ ]

   - Prevents this person from working at a job or business? Yes [ ] No [ ] [ ]

17. How many babies has this person ever had, not counting stillbirths?

   - Babies None [ ]

18. Has this person ever served on ACTIVE DUTY in the U.S. Armed Forces, military Reserves, or National Guard? Include activation during Operation Desert Shield/Storm and service in the Merchant Marine during World War II. Do NOT include training for the Reserves or National Guard.

   - Yes, now on active duty
   - Yes, on active duty in past, but not now
   - No active duty service – SKIP to question 21

19. When did this person serve on active duty in the U.S. Armed Forces? Mark a box for EACH period in which this person served.

   - August 1990 or later (including Persian Gulf War)
   - September 1980 to July 1990
   - May 1975 to August 1980
   - Vietnam era (August 1964 to April 1975)
   - February 1955 to July 1964
   - Korean conflict (June 1950 to January 1955)
   - World War II (September 1940 to July 1947)
   - Some other time

20. In total, how much time has this person spent on active duty in the U.S. Armed Forces?

   - Years and Months

21. LAST WEEK, did this person do ANY work for pay or profit? Yes [ ] No [ ] SKIP to question 28a

22. LAST WEEK, how many hours did this person ACTUALLY work at all jobs? Subtract any time off; add overtime or extra hours worked.

   - Actual hours worked LAST WEEK

23. LAST WEEK, at what address or location did this person work? If this person worked at more than one address or location, print where he or she worked most last week.

   a. Address (Number and street) [ ]

   b. Name of city, town, or post office [ ]

   c. Is the work location inside the limits of the city or town? Yes [ ] No [ ] [ ]

   d. Name of county [ ] (5) ZIP Code [ ]

If the exact address is unknown, give a description of the location such as the building name or the nearest street or intersection. For example: Town Center Mall, 1st National Bank Building, Reno Airport, 2nd Ave. and 4th St.
24. LAST WEEK, how did this person usually get to work? If more than one method was used during the trip, mark the box for the one used for most of the distance.

- Car, truck, or van
- Public transportation (bus, trolley, subway, or railroad)
- Bicycle
- Motorcycle
- Walked
- Worked at home
- Other method

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

Person(s):

- a.m.
- p.m.

26. LAST WEEK, what time did this person usually leave home to go to work?

Hour Minute

27. LAST WEEK, how many minutes did it usually take this person to get from home to work?

Minutes – SKIP to question 32

28a. LAST WEEK, was this person on layoff from work? If more than one method was used during the trip, mark the box for the one used for most of the distance.

- Yes
- No – SKIP to question 39

28b. LAST WEEK, was this person on layoff from a job? If more than one method was used during the trip, mark the box for the one used for most of the distance.

- Yes, on temporary layoff from most recent job – SKIP to question 39
- Yes, permanently laid off from most recent job – SKIP to question 29
- No

29. Has this person been looking for work during the last 4 weeks?

- Yes
- No – SKIP to question 31

30. LAST WEEK, could this person have gone to work?

- Yes, if a job had been offered
- Yes, if recalled from layoff
- No, because of own temporary illness
- No, because of all other reasons (in school, etc.)
- No – SKIP to question 32

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

- Within the past 12 months
- Between 1 to 5 years ago – SKIP to question 34
- Over 5 years ago or never worked – SKIP to question 40

32. During the PAST 12 MONTHS, in how many WEEKS did this person work, even for a few hours? Include paid vacation, paid sick leave, and military service in the total.

WEEKS (Including paid vacation, paid sick leave, and military service)

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

Usually hours worked per week

34. 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?
- An active duty U.S. Armed Forces member?
- A Federal GOVERNMENT employee (excluding active duty military)?
- 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?

35. For whom did this person work?

Name of company, business, branch of the Armed Forces or other employer

36. What kind of business or industry was this?

Describe clearly this person’s chief job activity or duties.

- For example: registered nurse, personnel manager, high school teacher

37. Is this mainly -

- Manufacturing?
- Retail trade?
- Wholesale trade?
- Other (agriculture, construction, service, government, etc.)?

38. What kind of work was this person doing?

For example: registered nurse, personnel manager, high school teacher

39. What were this person’s most important activities or duties? For example: patient care, directing hiring policies, teaching 9th grade biology

40. INCOME IN THE PAST 12 MONTHS.

Indicate the types of income this person received during the PAST 12 MONTHS and enter the amounts received. If you do not know the exact amount, please give an estimate. For income received jointly, report if possible, the appropriate share for each person. Otherwise, report the entire amount. If only one person and mark the "No" box for the "Loss" box to the right of the dollar amount.

- a. Wages or salary? Report commissions, bonuses, or tips from all jobs BEFORE DEDUCTIONS FOR TAXES, BONDS, DUES, OR OTHER ITEMS.
  - Yes $ (Past 12 months – Dollars)
  - No $ (Past 12 months – Dollars)

- b. Self-employment income from own business (farm or non-farm) including proprietorship and partnership?
  - Yes $ (Past 12 months – Dollars)
  - No $ (Past 12 months – Dollars)

- c. Interest, dividends, net rental income, royalty income, or income from estates and trusts?
  - Yes $ (Past 12 months – Dollars)
  - No $ (Past 12 months – Dollars)

- d. Social Security or Railroad Retirement?
  - Yes $ (Past 12 months – Dollars)
  - No $ (Past 12 months – Dollars)

- e. Retirement, survivor, or disability pensions? Do NOT include Social Security.
  - Yes $ (Past 12 months – Dollars)
  - No $ (Past 12 months – Dollars)

- f. Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), or other public assistance or public welfare payments?
  - Yes $ (Past 12 months – Dollars)
  - No $ (Past 12 months – Dollars)

- g. Other sources of income received regularly such as Veterans’ (VA) payments, unemployment compensation, child support or alimony, etc. Do NOT include lump-sum payments such as money from an inheritance or the sale of a home.
  - Yes $ (Past 12 months – Dollars)
  - No $ (Past 12 months – Dollars)

41. What was this person’s total income during the PAST 12 MONTHS?

Add entries 40a – g; subtract any losses.

$ (Past 12 months – Dollars)
Print the name of PERSON 2 from page 2 and answer these questions for Person 2.

**PERSON 2**

**Last name**

**First name**

**MI**

7. In what U.S. State, territory, commonwealth or foreign country was this person born? ☐

8. Is this person a CITIZEN of the United States? ☐

9. When did this person come to live in the United States? (Year)

10. At any time IN THE PAST 3 MONTHS, was this person attending a school or college? Include nursery or preschool, kindergarten, elementary school, high school, college, or any other school, certification, diploma, college degree, or vocational certificate.

  ☐ Yes, public school or public college
   ☐ Yes, private school or private college
   ☐ No, has not attended in the last 3 months

11. What is the highest degree or level of school this person has COMPLETED? Mark ☐ ONE box for the highest grade completed or degree received.

   ☐ None, no schooling completed
   ☐ Nursery or preschool
   ☐ Kindergarten
   ☐ Grade _____ (Write grade 1-11)
   ☐ 12th grade, NO DIPLOMA
   ☐ HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (GED)
   ☐ Some college but no degree
   ☐ Vocational, technical, or business school degree
   ☐ Associate degree in college
   ☐ Bachelor’s degree (BA, AB, BS)
   ☐ Master’s degree (MA, MS, MEng, MEd, MSW, MBA)
   ☐ Professional school degree (MD, DDS, DVM, LLB, J.D)
   ☐ Doctorate degree (PhD, EdD)

12. What is this person’s ancestry? For example: Italian, African Am., Cape Verdean, Ecuadorian, Haitian, Irish, Jamaican, Korean, Lebanese, Mexican, Nigerian, Polish, Taiwanese, Ukrainian, or any other ancestry? ☐

13a. Did this person live in this house or apartment 5 years ago?

   ☐ Yes – SKIP to question 14a
   ☐ No

13b. Where did this person live 5 years ago?

   1. Name of U.S. State, territory, commonwealth or foreign country ☐
   2. Name of city or town ☐
   3. Name of county ☐
   4. ZIP Code ☐

   If outside U.S., print answer above and SKIP to question 14a.

14a. Does this person speak a language other than English at home? ☐

   ☐ Yes, only English – SKIP to question 15
   ☐ No, lived outside city/town limits

14b. Did this person live inside the city or town limits?

   ☐ Yes
   ☐ No

15. If this person has difficulty seeing, hearing, or walking, mark ☐ the appropriate boxes. If this person has no difficulty with these activities, mark “None of the above.”

   ☐ Difficulty seeing (even with glasses)
   ☐ Difficulty hearing (even with a hearing aid)
   ☐ Difficulty walking, or
   ☐ None of the above

16. Does this person have a long-lasting physical or mental condition that –

   a. Makes it difficult to go outside the home alone, for example, to shop or visit a doctor’s office? ☐
   ☐ Yes
   ☐ No
   b. Prevents this person from working at a job or business? ☐
   ☐ Yes
   ☐ No

17. How many babies has this person ever had, not counting stillbirths?

   Babies: ☐ None

18. Has this person ever served on ACTIVE DUTY in the U.S. Armed Forces, military Reserves, or National Guard? Include activation during Operation Desert Shield/Storm and service in the Merchant Marine during World War II. Do NOT include training for the Reserves or National Guard.

   ☐ Yes, now on active duty
   ☐ Yes, on active duty in past, but not now
   ☐ No active duty service – SKIP to question 21

19. When did this person serve on active duty in the U.S. Armed Forces? Mark ☐ box for EACH period in which this person served.

   ☐ August 1990 or later (including Persian Gulf War)
   ☐ September 1980 to July 1990
   ☐ May 1975 to August 1980
   ☐ Vietnam era (August 1964 to April 1975)
   ☐ February 1955 to July 1964
   ☐ Korean conflict (June 1950 to January 1955)
   ☐ World War II (September 1940 to July 1947)
   ☐ Some other time

20. In total, how much time has this person spent on active duty in the U.S. Armed Forces?

   Years and Months

21. LAST WEEK, did this person do ANY work for pay or profit? ☐

   ☐ Yes
   ☐ No – SKIP to question 28a

22. LAST WEEK, how many hours did this person ACTUALLY work at all jobs? Subtract any time off; add overtime or extra hours worked.

   Actual hours worked LAST WEEK

23. LAST WEEK, at what address or location did this person work? If this person worked at more than one address or location, print where he or she worked most last week.

   a. Address (Number and street) ☐
   b. Name of city, town, or post office ☐
   c. Is the work location inside the limits of the city or town? ☐
   ☐ Yes
   ☐ No

24. If the exact address is unknown, give a description of the location such as the building name or the nearest street or intersection. For example: Town Center Mall, 1st National Bank Building, Reno Airport, 2nd Ave. and 4th St.

   If this person is UNDER 15 years of age, SKIP to the questions for the next person on page 10; otherwise, continue with question 16.

   ☐ Address (Number and street)
   ☐ Name of city, town, or post office
   ☐ No, lived outside city/town limits

25. Did this person attend any college, technical school, vocational, or business school? mark ☐ One box.

   ☐ Yes, public school or public college
   ☐ Yes, private school or private college
   ☐ No

26. LAST WEEK, did this person do ANY work for pay or profit? ☐

   ☐ Yes
   ☐ No

27. LAST WEEK, how many hours did this person ACTUALLY work at all jobs? Subtract any time off; add overtime or extra hours worked.

   Actual hours worked LAST WEEK

28. Last address or location where this person lived 5 years ago?

   a. Address (Number and street) ☐
   b. Name of city, town, or post office ☐
   c. Is this person a citizen of the United States? ☐
   d. Name of U.S. State, territory, commonwealth or foreign country ☐

   If outside U.S., print answer above and SKIP to question 21.
PERSON 2 – Continued

24. LAST WEEK, how did this person usually get to work? If more than one method was used during the trip, mark ☐ the box for the one used for most of the distance.
☐ Car, truck, or van
☐ Bicycle
☐ Public transportation (bus, trolley, subway, or railroad)
☐ Walked
☐ Taxi/cab
☐ Motorcycle
☐ Other method

If you marked “Car, truck, or van” continue with question 25; otherwise, SKIP to question 26.

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

26. LAST WEEK, what time did this person usually leave home to go to work?

27. LAST WEEK, how many minutes did it usually take this person to get from home to work?

28a. LAST WEEK, was this person on layoff from a job?
☐ Yes
☐ No

28b. LAST WEEK, was this person temporarily absent from a job or business?
☐ Yes
☐ No – SKIP to question 31

29. Has this person been looking for work during the last 4 weeks?
☐ Yes
☐ No – SKIP to question 31

30. LAST WEEK, could this person have gone to work?
☐ Yes, if a job had been offered
☐ Yes, if recalled from layoff
☐ No, because of own temporary illness
☐ No, because of all other reasons (in school, etc.)

31. When did this person last work, even for a few days?
☐ Within the past 12 months
☐ Over 5 years ago or never worked – SKIP to question 40

32. During the PAST 12 MONTHS, in how many WEEKS did this person work, even for a few hours? Include paid vacation, paid sick leave, and military service in the total.

Weeks (Including paid vacation, paid sick leave, and military service)

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

Usual hours worked per week

34-39. CURRENT OR MOST RECENT JOB ACTIVITY.
Describe clearly this person’s chief job activity or duties. Include all jobs or businesses for the PAST 12 MONTHS and enter the amounts (including paid vacation, paid sick leave, and military service) in the total.

34. What was this person doing?
☐ 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?
☐ An active duty U.S. Armed Forces member?
☐ A Federal GOVERNMENT employee (excluding active duty military)?
☐ 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?

35. For whom did this person work?
Name of company, business, branch of the Armed Forces or other employer

36. What kind of business or industry was this?
For example: registered nurse, personnel manager, public high school

37. Is this mainly:
☐ Manufacturing?
☐ Retail trade?
☐ Wholesale trade?
☐ Other (agriculture, construction, service, government, etc.)?

38. What kind of work was this person doing?
For example: patient care, directing hiring policies, teaching 9th grade biology

39. What were this person’s most important activities or duties?
For example: patient care, directing hiring policies, teaching 9th grade biology

40. INCOME IN THE PAST 12 MONTHS.
Indicate the types of income this person received during the PAST 12 MONTHS and enter the amounts received. If you do not know the exact amount, please give an estimate. For income received jointly, report if possible, the appropriate share for each person. Otherwise, report the whole amount for only one person and mark the “No” box for the other person. If net income was a loss, mark the “LOSS” box to the right of the dollar amount.

In the PAST 12 MONTHS, did this person receive:
a. wages or salary? Report commissions, bonuses, or tips from all jobs BEFORE DEDUCTIONS FOR TAXES, BONDS, DUES, OR OTHER ITEMS.
☐ Yes $ .00
☐ No (Past 12 months – Dollar)

b. self-employment income from own business (farm or non-farm) including proprietorship and partnership? Report NET income after business expenses.
☐ Yes $ .00
☐ No (Past 12 months – Dollar)

c. interest, dividends, net rental income, royalty income, or income from estates and trusts? Report even small amounts credited to an account.
☐ Yes $ .00
☐ No (Past 12 months – Dollar)
d. Social Security or Railroad Retirement?
☐ Yes $ .00
☐ No (Past 12 months – Dollar)
e. retirement, survivor, or disability pensions? Do NOT include Social Security.
☐ Yes $ .00
☐ No (Past 12 months – Dollar)
f. Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), or other public assistance or public welfare payments?
☐ Yes $ .00
☐ No (Past 12 months – Dollar)
g. other sources of income received regularly such as Veterans’ (VA) payments, unemployment compensation, child support or alimony, etc? Do NOT include lump-sum payments such as money from an inheritance or the sale of a home.
☐ Yes $ .00
☐ No (Past 12 months – Dollar)

41. What was this person’s total income during the PAST 12 MONTHS? Add entries 40a – g; subtract any losses.
☐ $ .00
☐ None
☐ Loss

If only 2 persons are listed in the List of Residents, skip to page 16 for mailing instructions; otherwise, continue with the questions for Person 3 on page 10.
Print the name of PERSON 3 from page 2 and answer these questions for Person 3.

7. In what U.S. State, territory, commonwealth or foreign country was this person born? ☐

8. Is this person a CITIZEN of the United States? ☐

9. When did this person come to live in the United States?

10. At any time IN THE PAST 3 MONTHS, was this person attending a school or college? Include nursery or preschool, kindergarten, elementary school, and schooling that leads to a high school diploma, college degree, or vocational certificate.

11. What is the highest degree or level of school this person has COMPLETED? Mark ☑ ONE box for the highest grade completed or degree received.

12. What is this person’s ancestry? For example: Italian, African Am., Cape Verdean, Ecuadorian, Haitian, Irish, Jamaican, Korean, Lebanese, Mexican, Nigerian, Polish, Taiwanese, Ukrainian, or any other ancestry? ☐

13a. Did this person live in this house or apartment 5 years ago? ☐ Yes – SKIP to question 14a ☑ No

13b. Where did this person live 5 years ago?

14a. Does this person speak a language other than English at home? Yes ☑ No ☐

14b. What is this language? For example: Korean, Italian, Spanish, Vietnamese ☐

15. If this person has difficulty seeing, hearing, or walking, mark ☑ the appropriate boxes. If this person has no difficulty with these activities, mark “None of the above.”

16. Does this person have a long-lasting physical or mental condition that —

17. How many babies has this person ever had, not counting stillbirths? Babies ☑ None ☐

18. Has this person ever served on ACTIVE DUTY in the U.S. Armed Forces, military Reserves, or National Guard? Include activation during Operation Desert Shield/Storm and service in the Merchant Marine during World War II. Do NOT include training for the Reserves or National Guard.

19. When did this person serve on active duty in the U.S. Armed Forces? Mark ☑ a box for EACH period in which this person served.

20. In total, how much time has this person spent on active duty in the U.S. Armed Forces?

21. LAST WEEK, did this person do ANY work for pay or profit? ☐ Yes ☑ No – SKIP to question 28a

22. LAST WEEK, how many hours did this person ACTUALLY work at all jobs? Subtract any time off, add overtime or extra hours worked.

23. LAST WEEK, at what address or location did this person work? If this person worked at more than one address or location, print where he or she worked most last week.

24. LAST WEEK, at what address or location did this person work? If the exact address is unknown, give a description of the location such as the building name or the nearest street or intersection. For example: Town Center Mall, 1st National Bank Building, Reno Airport, 2nd Ave. and 4th St.

25. LAST WEEK, at what address or location did this person work? If this person worked at more than one address or location, print where he or she worked most last week.

26. LAST WEEK, at what address or location did this person work? If the exact address is unknown, give a description of the location such as the building name or the nearest street or intersection. For example: Town Center Mall, 1st National Bank Building, Reno Airport, 2nd Ave. and 4th St.

27. LAST WEEK, at what address or location did this person work? If this person worked at more than one address or location, print where he or she worked most last week.

28. LAST WEEK, at what address or location did this person work? If the exact address is unknown, give a description of the location such as the building name or the nearest street or intersection. For example: Town Center Mall, 1st National Bank Building, Reno Airport, 2nd Ave. and 4th St.

29. LAST WEEK, at what address or location did this person work? If this person worked at more than one address or location, print where he or she worked most last week.

30. LAST WEEK, at what address or location did this person work? If the exact address is unknown, give a description of the location such as the building name or the nearest street or intersection. For example: Town Center Mall, 1st National Bank Building, Reno Airport, 2nd Ave. and 4th St.

31. LAST WEEK, at what address or location did this person work? If this person worked at more than one address or location, print where he or she worked most last week.
PERSON 3 – Continued

24. LAST WEEK, how did this person usually get to work? If more than one method was used during the trip, mark the box for the one used for most of the distance.
- Car, truck, or van
- Public transportation (bus, trolley, subway, or railroad)
- Van/club
- Motorcycle
- Bicycle
- Walked
- Worked at home – SKIP to question 32
- Other method

If you marked “Car, truck, or van” continue with question 25; otherwise, SKIP to question 26.

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

Person(s):

26. LAST WEEK, how many minutes did it usually take this person to get from home to work?

Hour
Minute

27. LAST WEEK, how many minutes did it usually take this person to get from home to work?

Minutes – SKIP to question 32

28a. LAST WEEK, what time did this person usually leave home to go to work?

a.m.
p.m.

28b. LAST WEEK, was this person on layoff from a job?

Yes
No – SKIP to question 39

Yes, temporarily laid off from most recent job – SKIP to question 29

29. LAST WEEK, how many weeks did this person work, even for a few days?

Within the past 12 months
Between 1 to 5 years ago
Over 5 years ago or never worked – SKIP to question 40

30. LAST WEEK, what kind of work was this person doing?

For example: patient care, directing hiring policies, teaching 9th grade biology

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

32. During the PAST 12 MONTHS, in how many weeks did this person work, even for a few hours? Include paid vacation, paid sick leave, and military service in the total.

Weeks (Including paid vacation, paid sick leave, and military service)

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

Usual hours worked per week

34. 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.2)
- A state GOVERNMENT employee?
- An active duty U.S. Armed Forces member?
- A federal GOVERNMENT employee (excluding active duty military)?
- 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?

35. For whom did this person work?

Name of company, business, branch of the Armed Forces or other employer

36. What kind of business or industry was this?

Describe the activity at the location where employed. For example, hospital, newspaper publishing, public high school

37. Is this mainly –

Manufacturing?
Retail trade?
Wholesale trade?
Other (agriculture, construction, service, government, etc.)?

38. What kind of work was this person doing?

For example: registered nurse, personnel manager, high school teacher

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

For example: patient care, directing hiring policies, teaching 9th grade biology

40. INCOME IN THE PAST 12 MONTHS.

Indicate the types of income this person received during the PAST 12 MONTHS and enter the amounts received. If you do not know the exact amount, please give an estimate. For income received jointly, report if possible, the appropriate share for each person. Otherwise, report the whole amount for only one person and mark the “No” box for the other person. If net income was a loss, mark the “Loss” box to the right of the dollar amount.

In the PAST 12 MONTHS, did this person receive income from:

a. Wages or salary?

Yes
No

b. Self-employment income from own business (farm or non-farm) including proprietorship and partnership?

Yes
No

Income from estates and trusts?

Income received for services performed outside the United States?

Income received in the PAST 12 MONTHS?

41. What was this person’s total income during the PAST 12 MONTHS? Add entries 40a – g; subtract any losses.

($ Past 12 months – Dollar)

Answer questions 34 to 36 if this person worked in the PAST 3 years (from a job).

34–39. CURRENT OR MOST RECENT JOB ACTIVITY.

Describe clearly this person’s chief job activity or duties.

Name of company, business, branch of the Armed Forces or other employer

Describe the activity at the location where employed. For example, hospital, newspaper publishing, public high school

32. During the PAST 12 MONTHS, in how many weeks did this person work, even for a few hours? Include paid vacation, paid sick leave, and military service in the total.

Weeks (Including paid vacation, paid sick leave, and military service)

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

Usual hours worked per week

34. 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?
- An active duty U.S. Armed Forces member?
- A federal GOVERNMENT employee (excluding active duty military)?
- 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?

35. For whom did this person work?

Name of company, business, branch of the Armed Forces or other employer

36. What kind of business or industry was this?

Describe the activity at the location where employed. For example, hospital, newspaper publishing, public high school

37. Is this mainly –

Manufacturing?
Retail trade?
Wholesale trade?
Other (agriculture, construction, service, government, etc.)?

38. What kind of work was this person doing?

For example: registered nurse, personnel manager, high school teacher

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

For example: patient care, directing hiring policies, teaching 9th grade biology

40. INCOME IN THE PAST 12 MONTHS.

Indicate the types of income this person received during the PAST 12 MONTHS and enter the amounts received. If you do not know the exact amount, please give an estimate. For income received jointly, report if possible, the appropriate share for each person. Otherwise, report the whole amount for only one person and mark the “No” box for the other person. If net income was a loss, mark the “Loss” box to the right of the dollar amount.

In the PAST 12 MONTHS, did this person receive income from:

a. Wages or salary?

Yes
No

b. Self-employment income from own business (farm or non-farm) including proprietorship and partnership?

Yes
No

Income from estates and trusts?

Income received for services performed outside the United States?

Income received in the PAST 12 MONTHS?

41. What was this person’s total income during the PAST 12 MONTHS? Add entries 40a – g; subtract any losses.

($ Past 12 months – Dollar)

If only 3 persons are listed in the List of Residents, skip to page 16 for mailing instructions; otherwise, continue with the questions for Person 4 on page 12.
Print the name of PERSON 4 from page 2 and answer these questions for Person 4.

**PERSON 4**

Print name

7. In what U.S. State, territory, commonwealth or foreign country was this person born? ☐

8. Is this person a CITIZEN of the United States? ☐

9. When did this person come to live in the United States? (Year)

10. At any time IN THE PAST 3 MONTHS, was this person attending a school or college? Include nursery or preschool, kindergarten, elementary school, and schooling that leads to a high school diploma, college degree, or vocational certificate. ☐

11. What is the highest degree or level of school this person has COMPLETED? Mark ☑ ONE box for the highest grade completed or degree received.

- None, no schooling completed
- Nursery or preschool
- Kindergarten
- Grade ___ (Write grade 1-11)
- 12th grade, NO DIPLOMA
- HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (GED)
- Some college but no degree
- Vocational, technical, or business school degree
- Associate degree in college
- Bachelor's degree (BA, AB, BS)
- Master's degree (MA, MS, MEng, Med, MSW, MBA)
- Professional school degree (MD, DDS, DRM, LLB, JD)
- Doctorate degree (PhD, EdD)

12. Is this person a CITIZEN of the United States? ☐

13a. Did this person live in this house or apartment 5 years ago? ☐

13b. Where did this person live 5 years ago?

- (1) Name of U.S. State, territory, commonwealth or foreign country ☐

If outside U.S., print answer above and SKIP to question 14a.

- (2) Name of city or town ☐

If outside city, print answer above and SKIP to question 15.

- (3) Name of county ☐

If specific county is unknown, print the nearest county or city or town. Mark for each place the appropriate boxes. ☐

- (4) ZIP Code ☐

If specific county or city is unknown, print the nearest ZIP Code or ZIP Plus 4 Code. Include the city, town, or post office.

14a. Does this person speak a language other than English at home? ☐

- Yes ☐

No, only English – SKIP to question 15.

- No ☐

14b. If yes, what is this language? For example: Korean, Italian, Spanish, Vietnamese ☐

15. If this person has difficulty seeing, hearing, walking, or thinking, mark ☑ the appropriate boxes. If this person has no difficulty with these activities, mark "None of the above." ☐

- Difficulty seeing (even with glasses)
- Difficulty hearing (even with a hearing aid)
- Difficulty walking, or
- None of the above

16. Does this person have a long-lasting physical or mental condition that - ☐

- Makes it difficult to go outside the home alone, for example, to shop or visit a doctor's office?
- Yes ☐

No ☐

- Prevents this person from working at a job or business?
- Yes ☐

No ☐

17. How many babies has this person ever had, not counting stillbirths? Babies ☐

None ☐

18. Has this person ever served on ACTIVE DUTY in the U.S. Armed Forces, military Reserves, or National Guard? Include activation during Operation Desert Storm/Storm and service in the Merchant Marine during World War II. Do NOT include training for the Reserves or National Guard. ☐

- Yes, no on active duty ☐

- Yes, on active duty in past, but not now ☐

- No active duty service – SKIP to question 21.

19. When did this person serve on active duty in the U.S. Armed Forces? Mark ☑ box for EACH period in which this person served.

- August 1990 or later (including Persian Gulf War)
- September 1980 to July 1990
- May 1975 to August 1980
- Vietnam era (August 1964 to April 1975)
- February 1955 to July 1964
- Korean conflict (June 1950 to January 1955)
- World War II (September 1940 to July 1947)

20. In total, how much time has this person spent on active duty in the U.S. Armed Forces? ☐

- Years and Months

21. LAST WEEK, did this person do ANY work for pay or profit? ☐

- Yes ☐ – SKIP to question 22a

- No ☐

22. LAST WEEK, how many hours did this person ACTUALLY work at all jobs? Subtract any time off; add overtime or extra hours worked. Actual hours worked LAST WEEK

23. LAST WEEK, at what address or location did this person work? If this person worked at more than one address or location, print where he or she worked most last week.

- a. Address (Number and street) ☐

- b. Name of city, town, or post office ☐

If the exact address is unknown, give a description of the location such as the building name or the nearest street or intersection. For example: Town Center Mall, 1st National Bank Building, Reno Airport, 2nd Ave. and 4th St.

24. Is this person UNDER 15 years of age? ☐

If this person is UNDER 15 years of age, SKIP to the questions for the next person on page 14. Otherwise, continue with question 15.

25. In total, how much time has this person spent in a doctor's office or hospital? Subtract any time off; add overtime or extra hours worked. Actual hours worked LAST WEEK

26. If this person is UNDER 15 years of age, SKIP to the questions for the next person on page 14. Otherwise, continue with question 16:

- a. Name of state ☐

- b. ZIP Code ☐

- c. Name of city or town, or post office ☐

- d. Name of county ☐

If this person is UNDER 5 years of age, SKIP to the question 13a. Otherwise, continue with question 16.
PERSON 4 – Continued

24. LAST WEEK, how did this person usually get to work? If more than one method was used during the trip, mark ☐ the box for the one used for most of the distance.

☐ Car, truck, or van
☐ Public transportation (bus, trolley, subway, or railroad)
☐ Van
☐ Motorcycle
☐ Bicycle
☐ Walked
☐ Worked at home – SKIP to question 32
☐ Other method

If you marked “Car, truck, or van” continue with question 25; otherwise, SKIP to question 26.

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

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5 or more

26. LAST WEEK, what time did this person usually leave home to go to work?

☐ a.m.
☐ p.m.

27. LAST WEEK, how many minutes did it usually take this person to get from home to work?

Minutes – SKIP to question 32

28a. LAST WEEK, was this person on layoff from a job?

☐ Yes, on temporary layoff from most recent job – SKIP to question 30
☐ Yes, permanently laid off from most recent job – SKIP to question 30
☐ No

28b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

☐ Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to question 31
☐ No

29. Has this person been looking for work during the last 4 weeks?

☐ Yes
☐ No – SKIP to question 31

30. LAST WEEK, could this person have gone to work?

☐ Yes, if a job had been offered
☐ Yes, if recalled from layoff
☐ No, because of own temporary illness
☐ No, because of all other reasons (in school, etc.)

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

☐ Within the past 12 months
☐ Between 1 to 5 years ago – SKIP to question 34
☐ Over 5 years ago or never worked – SKIP to question 40

32. During the PAST 12 MONTHS, in how many WEEKS did this person work, even for a few hours? Include paid vacation, paid sick leave, and military service in the total.

Weeks (Including paid vacation, paid sick leave, and military service)

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

Usual hours worked per week

Answer questions 34–39 if this person worked in the past 12 months.

34. 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?
☐ An active duty U.S. Armed Forces member?
☐ A federal GOVERNMENT employee (excluding active duty military)?
☐ 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?

35. For whom did this person work?

Name of company, business, branch of the Armed Forces or other employer

36. What kind of business or industry was this?

Describe the activity at the location where employed. For example: hospital, newspaper publishing, public high school

37. Is this mainly -

☐ Manufacturing?
☐ Retail trade?
☐ Wholesale trade?
☐ Other (agriculture, construction, service, government, etc.)?

38. What kind of work was this person doing?

For example: registered nurse, personnel manager, high school teacher

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

For example: patient care, directing hiring policies, teaching 9th grade biology

40. INCOME IN THE PAST 12 MONTHS.

Indicate the types of income this person received during the PAST 12 MONTHS and enter the amounts received. If you do not know the exact amount, please give an estimate. For income received jointly, report if possible, the appropriate share for each person. Otherwise, report the whole amount for only one person and mark the “No” box for the other person. If net income was a loss, mark the “LOSS” box to the right of the dollar amount.

In the PAST 12 MONTHS, did this person receive -

a. wages or salary? Report commissions, bonuses, or tips from all jobs BEFORE DEDUCTIONS FOR TAXES, BONDS, DUES, OR OTHER ITEMS.

☐ Yes $ 0.00
☐ No (Past 12 months – Dollar)

b. self-employment income from own business (farm or non-farm) including proprietorship and partnership? Report NET income after business expenses.

☐ Yes $ 0.00 LOSS
☐ No (Past 12 months – Dollar)

c. interest, dividends, net rental income, royalty income, or income from estates and trusts?

☐ Yes $ 0.00 LOSS
☐ No (Past 12 months – Dollar)

d. Social Security or Railroad Retirement?

☐ Yes $ 0.00
☐ No (Past 12 months – Dollar)

e. retirement, survivor, or disability pensions? Do NOT include Social Security.

☐ Yes $ 0.00
☐ No (Past 12 months – Dollar)

f. Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), or other public assistance or public welfare payments?

☐ Yes $ 0.00
☐ No (Past 12 months – Dollar)

g. other sources of income received regularly such as Veterans’ (VA) payments, unemployment compensation, child support or alimony, etc.? Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

☐ Yes $ 0.00
☐ No (Past 12 months – Dollar)

41. What was this person’s total income during the PAST 12 MONTHS? Add entries 40a – g; subtract any losses.

$ 0.00

If only 4 persons are listed in the List of Residents, skip to page 16 for mailing instructions; otherwise, continue with the questions for Person 5 on page 14.
Print the name of PERSON 5 from page 2 and answer these questions for Person 5.

7. In what U.S. State, territory, commonwealth or foreign country was this person born? ☐
   ☐, No, not a citizen of the United States
   ☐, the United States
   ☐, born in Puerto Rico, Guam, the U.S.
   ☐, born of American parent(s)
   ☐, U.S. citizen by naturalization
   ☐, No, not a citizen of the United States

8. Is this person a CITIZEN of the United States?
   ☐, Yes, born in the United States –
   ☐, Yes, born in Mei Juan, China, the People’s Republic of China
   ☐, Yes, born abroad of American parent(s)
   ☐, Yes, U.S. citizen by naturalization

9. When did this person come to live in the United States?
   (Year)

10. At any time IN THE PAST 3 MONTHS, was this person attending a school or college?
    Include nursery or preschool, kindergarten, elementary school, middle school, high school, college, university, or any other educational institution.
    ☐, Yes, attending a school or college
    ☐, No, not attending in the last 3 months

11. What is the highest degree or level of school this person has COMPLETED?
    Mark ☐ ONE box
    ☐, None, no schooling completed
    ☐, Nursery or preschool
    ☐, Kindergarten
    ☐, Grade ______. (Write grade 1-11)
    ☐, 12th grade, NO DIPLOMA
    ☐, HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (GED)
    ☐, Some college but no degree
    ☐, Associate degree in college
    ☐, Bachelor’s degree (BA, AB, BS)
    ☐, Master’s degree (MA, MS, MEng, MEd, MSW, MBA)
    ☐, Professional school degree (MD, DDS, DVM, LLb, JD)
    ☐, Doctorate degree (PhD, EdD)

12. What is this person’s ancestry? For example: Italian, African Am., Cape Verdean, Ecuadorian, Hasidic, Irish, Jamaican, Korean, Lebanese, Mexican, Nigerian, Polish, Taiwanese, Ukrainian, or any other ancestry.
    ☐, No
    ☐, Yes – SKI to question 14a

13a. Did this person live in this house or apartment 5 years ago?
    ☐, Yes – SKI to question 14a
    ☐, No

13b. Where did this person live 5 years ago?
    (1) Name of U.S. State, territory, commonwealth or foreign country
    ☐, If outside U.S. print answer above and SKI to question 12b
    ☐, Name of city or town
    ☐, Name of county
    ☐, ZIP Code

14a. Does this person speak a language other than English at home?
    ☐, Yes, only English – SKI to question 15
    ☐, No, not a citizen of the United States

14b. Does this person speak a language other than English at home?
    (1) Name of language
    ☐, Italian, Spanish, Vietnamese
    ☐, Some other language

15. If this person has difficulty seeing, hearing, or walking, mark ☐ the appropriate boxes.
    If this person has no difficulty with these activities, mark “None of the above.”
    ☐, Difficulty seeing (even with glasses)
    ☐, Difficulty hearing (even with a hearing aid)
    ☐, Difficulty walking, or
    ☐, None of the above

16. Does this person have a long-lasting physical or mental condition that –
    (a) Makes it difficult to go outside the home alone, for example, to shop or visit a doctor’s office?
    ☐, Yes
    ☐, No
    (b) Prevents this person from working at a job or business?
    ☐, Yes
    ☐, No

17. How many babies has this person ever had, not counting stillbirths?
    ☐, Babies
    ☐, None

18. Has this person ever served on ACTIVE DUTY in the U.S. Armed Forces, military Reserves, or National Guard? Include activation during Operation Desert Shield/Storm and service in the Merchant Marine during World War II. Do NOT include training for the Reserves or National Guard.
    ☐, Yes, on active duty
    ☐, Yes, active duty in past, but not now
    ☐, No active duty service – SKI to question 21

19. When did this person serve on active duty in the U.S. Armed Forces? Mark ☐ box for EACH period in which this person served.
    ☐, August 1990 or later (including Persian Gulf War)
    ☐, September 1980 to July 1990
    ☐, May 1975 to August 1980
    ☐, Vietnam era (August 1964 to April 1975)
    ☐, February 1955 to July 1964
    ☐, Korean conflict (June 1950 to January 1955)
    ☐, World War II (September 1940 to July 1947)
    ☐, Other time

20. In total, how much time has this person spent on active duty in the U.S. Armed Forces?
    Years and Months

21. LAST WEEK, did this person do ANY work for pay or profit?
    ☐, Yes
    ☐, No – SKI to question 22a

22a. LAST WEEK, how many hours did this person ACTUALLY work at all jobs?
    Subtract any time off, add overtime or extra hours worked.
    Actual hours worked LAST WEEK

23. LAST WEEK, at what address or location did this person work? If this person worked at more than one address or location, print where he or she worked most last week.
    a. Address (Number and street)
    ☐, Name of State
    ☐, Name of city, town, or post office
    ☐, ZIP Code

24. Is this person retired or disabled?
    ☐, Yes
    ☐, No
    ☐, Yes – SKI to question 22b
    ☐, No
PERSON 5 – Continued

24. LAST WEEK, how did this person usually get to work? If more than one method was used during the trip, mark the box for the one used for most of the distance.
   - Car, truck, or van
   - Public transportation (bus, trolley, subway, or railroad)
   - Bicycle
   - Motorcycle
   - Taxis or car rental
   - Walked
   - Worked at home – SKIP to question 32
   - Other method

25. LAST WEEK, how many minutes did it usually take this person to get from home to work?
   - Minutes – SKIP to question 32

26. LAST WEEK, what time did this person usually leave home to go to work?
   - Hour
   - Minute

27. LAST WEEK, how many minutes did it usually take this person to get from home to work?
   - Minutes – SKIP to question 32

Answer questions 28a – 31 only if this person did not work last week.

28A. LAST WEEK, was this person on layoff from a job?
   - Yes
   - No – SKIP to question 30

29. LAST WEEK, was this person TEMPORARILY absent from a job or business?
   - Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to question 37
   - No

30. LAST WEEK, could this person have gone to work?
   - Yes
   - No – SKIP to question 31

31. When did this person last work, even for a few days?
   - Within the past 12 months
   - Between 1 to 5 years ago – SKIP to question 34
   - Over 5 years ago or never worked – SKIP to question 40

32. During the PAST 12 MONTHS, in how many WEEKS did this person work, even for a few hours? Include paid vacation, paid sick leave, and military service in the total.
   - Weeks (Including paid vacation, paid sick leave, and military service)

33. During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
   - Usual hours worked per week

Answer questions 34–39 if this person worked in the past 5 years.

34. CURRENT OR MOST RECENT JOB ACTIVITY.
   - Describe clearly this person’s chief job activity or business. 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.
   - Name of company, business, branch of the Armed Forces or other employer
   - For example: registered nurse, personnel manager, public school teacher, professional practice, or farm?
   - For example: hospital, newspaper publishing, manufacturing, construction, service, government, etc.?
   - An active duty U.S. Armed Forces member?
   - A state GOVERNMENT employee?
   - An employee of a PRIVATE FOR PROFIT company, business, professional practice, or farm?
   - SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
   - SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
   - Working WITHOUT PAY in family business or farm?

35. For whom did this person work?
   - Name of company, business, branch of the Armed Forces or other employer

36. What kind of business or industry was this?
   - Describe clearly this person’s chief job activity or business. 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.
   - For example: hospital, newspaper publishing, public school teacher, professional practice, or farm?
   - For example: hospital, newspaper publishing, manufacturing, construction, service, government, etc.?
   - An active duty U.S. Armed Forces member?
   - A state GOVERNMENT employee?
   - An employee of a PRIVATE FOR PROFIT company, business, professional practice, or farm?
   - SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
   - SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
   - Working WITHOUT PAY in family business or farm?

37. Is this mainly –
   - Manufacturing?
   - Wholesale trade?
   - Retail trade?
   - Other (agriculture, construction, service, government, etc.)?

38. What kind of work was this person doing?
   - For example: registered nurse, personnel manager, high school teacher

39. What were this person’s most important activities or duties?
   - For example: patient care, directing hiring policies, teaching 9th grade biology

40. INCOME IN THE PAST 12 MONTHS.
   - Indicate the types of income this person received during the PAST 12 MONTHS and enter the amounts received. If you do not know the exact amount, please give an estimate. For income received jointly, report if possible, the appropriate share for each person. Otherwise, report the whole amount for only one person and mark the “No” box for the other person. If net income was a loss, mark the “Loss” box to the right of the dollar amount.
   - In the PAST 12 MONTHS, did this person receive –
     a. wages or salary? Report commissions, bonuses, or tips from all jobs. BEFORE DEDUCTIONS FOR TAXES, BONDS, DUES, OR OTHER ITEMS.
        - Yes – $.
        - No (Past 12 months – Dollar)
     b. self-employment income from own business (farm or non-farm) including proprietorship and partnership?
        - Yes – $.
        - No (Past 12 months – Dollar)
     c. interest, dividends, net rental income, royalty income, or income from estates and trusts?
        - Yes – $.
        - No (Past 12 months – Dollar)
     d. Social Security or Railroad Retirement?
        - Yes – $.
        - No (Past 12 months – Dollar)
     e. retirement, survivor, or disability pensions? Do NOT include Social Security.
        - Yes – $.
        - No (Past 12 months – Dollar)
     f. Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), or other public assistance or public welfare payments?
        - Yes – $.
        - No (Past 12 months – Dollar)
     g. other sources of income received regularly such as Veterans’ (VA) payments, unemployment compensation, child support or alimony, etc. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
        - Yes – $.
        - No (Past 12 months – Dollar)

41. What was this person’s total income during the PAST 12 MONTHS? Add entries 40a – g.
   - Subtract any losses.
   - $.
   - (Past 12 months – Dollar)

Continue with the mailing instructions on back page.
Please make sure you have . . .

1. FILLED the form completely.
2. ANSWERED questions 1 through 6 on pages 2 and 3 for each person on the List of Residents on page 2.
3. ANSWERED questions H1 through H37 on pages 4 and 5.
4. ANSWERED the questions on pages 6 through 15 for each person on the List of Residents on page 2.

Then . . .

5. Insert your completed questionnaire into the postage-paid return envelope. The address on this envelope is for the Bureau of the Census Processing Center in Jeffersonville, Indiana.
6. Before sealing the envelope, please make sure that the barcode above the address on your questionnaire is visible through the window of the return envelope.

Thank you very much for your participation.

The Census Bureau estimates that, for the average household, this form will take 30 minutes to complete, including the time for reviewing the instructions and answers. Comments about the estimate should be directed to the Associate Director for Administration, Bureau of the Census, Room 3104, FB 3, Washington, DC 20233, Attn: 0607-0810. 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 corner on the front cover of this form.