# The American Community Survey (ACS) Mail Questionnaire from 2005 to 2009

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| **Start Here**<br>**This form asks for three types of information:**<br>• basic information about the people who are living or staying at the address on the mailing label above<br>• specific information about this house, apartment, or mobile home<br>• more detailed information about each person living or staying here<br>**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.<br>Last Name<br>First Name MI<br>Area Code + Number<br>Date (Month/Day/Year) | **Start Here**<br>**Please fill out this form as soon as possible after receiving it in the mail.**<br>**This form asks for three types of information:**<br>• basic information about the people who are living or staying at the address on the mailing label above<br>• specific information about this house, apartment, or mobile home<br>• more detailed information about each person living or staying here<br>**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.<br>Last Name<br>First Name MI<br>Area Code + Number<br>Today's date (Month/Day/Year) | **Start Here**<br>**Please print today's date.**<br>Month Day Year<br>**Please print the name and telephone number of the person who is filling out this form.** We may contact you if there is a question.<br>Last Name<br>First Name MI<br>Area Code + Number | **Start Here**<br>**Please print today's date.**<br>Month Day Year<br>**Please print the name and telephone number of the person who is filling out this form.** We may contact you if there is a question.<br>Last Name<br>First Name MI<br>Area Code + Number | Unchanged |
| **How many people are living or staying at this address?**<br>Number of people | **How many people are living or staying at this address?**<br>Number of people | **How many people are living or staying at this address?**<br>• **INCLUDE** everyone who is living or staying here for more than 2 months.<br>• **INCLUDE** yourself if you are living here for more than 2 months.<br>• **INCLUDE** anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.<br>• **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.<br>**Number of people** | **How many people are living or staying at this address?**<br>• **INCLUDE** everyone who is living or staying here for more than 2 months.<br>• **INCLUDE** yourself if you are living here for more than 2 months.<br>• **INCLUDE** anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.<br>• **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.<br>**Number of people** | Unchanged |
| **Please turn to the next page to continue.** | **Please turn to the next page to continue.** | **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.** | **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.** | Unchanged |

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| **List of Residents**<br>**READ THESE INSTRUCTIONS FIRST**<br>Please fill out this form as soon as possible after receiving it in the mail.<br>• **LIST** everyone who is living or staying here for more than 2 months.<br>• **LIST** anyone else staying here who does not have another usual place to stay.<br>• **DO NOT LIST** anyone who is living somewhere else for more than 2 months, such as a college student living away.<br>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.**<br>IF YOU ARE NOT SURE WHOM TO LIST, CALL 1–800–354–7271.<br>**Person 1**<br>Last Name *(Please print)*<br>First Name MI<br>**Person 2**<br>Last Name *(Please print)*<br>First Name MI<br>**Person 3**<br>Last Name *(Please print)*<br>First Name MI<br>**Person 4**<br>Last Name *(Please print)*<br>First Name MI<br>**Person 5**<br>Last Name *(Please print)*<br>First Name MI<br>**Person 6**<br>Last Name *(Please print)*<br>First Name MI<br>**If there are more than five people, list them here.** *We may call you for more information about them.*<br>**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.** | **List of Residents**<br>**READ THESE INSTRUCTIONS FIRST**<br>This survey collects information about the people who are living or staying here for more than 2 months.<br>On the List of Residents -<br>• **Include** everyone living or staying here for more than 2 months. In the Person 1 space, list one of the people living here who owns or rents this house or apartment. Remember to include yourself on the list if you are staying here for more than 2 months.<br>• **Include** anyone staying here who does not have another place to stay, even if they are here for 2 months or less.<br>• **Do not include** anyone who is living somewhere else for more than 2 months, such as a college student living away.<br>If no one is staying here 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.<br>**If you are not sure whom to list, call 1-800-354-7271.**<br>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.*<br>After you complete the List of Residents, answer the questions asked at the top of pages 2 and 3 for the first five people on the list.<br>**Person 1**<br>Last Name *(Please print)*<br>First Name MI<br>**Person 2**<br>Last Name *(Please print)*<br>First Name MI<br>**Person 3**<br>Last Name *(Please print)*<br>First Name MI<br>**Person 4**<br>Last Name *(Please print)*<br>First Name MI<br>**Person 5**<br>Last Name *(Please print)*<br>First Name MI<br>**Person 6**<br>Last Name *(Please print)*<br>First Name MI | **Person 1**<br>(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.)<br>1 **What is Person 1's name?**<br>Last Name *(Please print)* First Name MI<br>**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.*<br>**Person 6**<br>Last Name *(Please print)* First Name MI<br>**Sex** ☐ Male ☐ Female **Age (in years)** | **Person 1**<br>(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.)<br>1 **What is Person 1's name?**<br>Last Name *(Please print)* First Name MI<br>**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.*<br>**Person 6**<br>Last Name *(Please print)* First Name MI<br>**Sex** ☐ Male ☐ Female **Age (in years)** | Unchanged |

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| 1 What is this person's sex?<br>**Person 1**<br>Last Name *(Please print)*<br>First Name MI<br>☐ Male ☐ Female<br>**Person 2**<br>Last Name *(Please print)*<br>First Name MI<br>☐ Male ☐ Female | 1 What is this person's sex?<br>**Person 1**<br>Last Name *(Please print)*<br>First Name MI<br>☐ Male ☐ Female<br>**Person 2**<br>Last Name *(Please print)*<br>First Name MI<br>☐ Male ☐ Female | 3 **What is Person 1's sex?** *Mark (X) ONE box.*<br>☐ Male ☐ Female | 3 **What is Person 1's sex?** *Mark (X) ONE box.*<br>☐ Male ☐ Female | Unchanged |

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| **2 What is this person's age and what is this person's date of birth?**<br>*Print numbers in boxes.*<br>Age (in years)<br>Month Day Year of birth<br>Age (in years)<br>Month Day Year of birth | **2 What is this person's age and what is this person's date of birth?**<br>*Print numbers in boxes.*<br>Age (in years)<br>Month Day Year of birth<br>Age (in years)<br>Month Day Year of birth | **4 What is Person 1's age and what is Person 1's date of birth?**<br>*Please report babies as age 0 when the child is less than 1 year old.*<br>*Print numbers in boxes.*<br>Age (in years) Month Day Year of birth | **4 What is Person 1's age and what is Person 1's date of birth?**<br>*Please report babies as age 0 when the child is less than 1 year old.*<br>*Print numbers in boxes.*<br>Age (in years) Month Day Year of birth | Unchanged |

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| **3 How is this person related to Person 1?**<br>☒ Person 1<br>*(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.)*<br>*Relationship of Person 2 to Person 1.*<br>☐ Husband or wife<br>☐ Son or daughter<br>☐ Brother or sister<br>☐ Father or mother<br>☐ Grandchild<br>☐ In-law<br>☐ Other relative<br>☐ Roomer, boarder<br>☐ Housemate, roommate<br>☐ Unmarried partner<br>☐ Foster child<br>☐ Other nonrelative | **3 How is this person related to Person 1?**<br>☒ Person 1<br>*(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.)*<br>*Relationship of Person 2 to Person 1.*<br>☐ Husband or wife<br>☐ Son or daughter<br>☐ Brother or sister<br>☐ Father or mother<br>☐ Grandchild<br>☐ In-law<br>☐ Other relative<br>☐ Roomer, boarder<br>☐ Housemate, roommate<br>☐ Unmarried partner<br>☐ Foster child<br>☐ Other nonrelative | **2 How is this person related to Person 1?**<br>☒ Person 1<br>**2 How is this person related to Person 1?** *Mark (X) ONE box.*<br>☐ Husband or wife<br>☐ Biological son or daughter<br>☐ Adopted son or daughter<br>☐ Stepson or stepdaughter<br>☐ Brother or sister<br>☐ Father or mother<br>☐ Grandchild<br>☐ Parent-in-law<br>☐ Son-in-law or daughter-in-law<br>☐ Other relative<br>☐ Roomer or boarder<br>☐ Housemate or roommate<br>☐ Unmarried partner<br>☐ Foster child<br>☐ Other nonrelative | **2 How is this person related to Person 1?**<br>☒ Person 1<br>**2 How is this person related to Person 1?** *Mark (X) ONE box.*<br>☐ Husband or wife<br>☐ Biological son or daughter<br>☐ Adopted son or daughter<br>☐ Stepson or stepdaughter<br>☐ Brother or sister<br>☐ Father or mother<br>☐ Grandchild<br>☐ Parent-in-law<br>☐ Son-in-law or daughter-in-law<br>☐ Other relative<br>☐ Roomer or boarder<br>☐ Housemate or roommate<br>☐ Unmarried partner<br>☐ Foster child<br>☐ Other nonrelative | Unchanged |

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| **4 What is this person's marital status?**<br>☐ Now married<br>☐ Widowed<br>☐ Divorced<br>☐ Separated<br>☐ Never married<br><br>☐ Now married<br>☐ Widowed<br>☐ Divorced<br>☐ Separated<br>☐ Never married | **4 What is this person's marital status?**<br>☐ Now married<br>☐ Widowed<br>☐ Divorced<br>☐ Separated<br>☐ Never married<br><br>☐ Now married<br>☐ Widowed<br>☐ Divorced<br>☐ Separated<br>☐ Never married | **19 What is this person's marital status?**<br>☐ Now married<br>☐ Widowed<br>☐ Divorced<br>☐ Separated<br>☐ Never married → *SKIP to* H | **20 What is this person's marital status?**<br>☐ Now married<br>☐ Widowed<br>☐ Divorced<br>☐ Separated<br>☐ Never married → *SKIP to* I | ✓ The question number changed from 19 to 20.<br>✓ Skip for Never married response is different letter but skip is to the same instruction. |

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| **NOTE: Please answer BOTH Questions 5 and 6.**<br>**5 Is this person Spanish/ Hispanic/Latino?**<br>*Mark (X) the "**No**" box if **not** Spanish/Hispanic/Latino.*<br>☐ **No**, not Spanish/Hispanic/Latino<br>☐ Yes, Mexican, Mexican Am., Chicano<br>☐ Yes, Puerto Rican<br>☐ Yes, Cuban<br>☐ Yes, other Spanish/Hispanic/ Latino — *Print group.*<br>☐ **No**, not Spanish/Hispanic/Latino<br>☐ Yes, Mexican, Mexican Am., Chicano<br>☐ Yes, Puerto Rican<br>☐ Yes, Cuban<br>☐ Yes, other Spanish/Hispanic/ Latino — *Print group.* | **NOTE: Please answer BOTH Questions 5 and 6.**<br>**5 Is this person Spanish/Hispanic/ Latino?** *Mark (X) the "**No**" box if **not** Spanish/Hispanic/Latino.*<br>☐ **No,** not Spanish/Hispanic/Latino<br>☐ Yes, Mexican, Mexican Am., Chicano<br>☐ Yes, Puerto Rican<br>☐ Yes, Cuban<br>☐ Yes, other Spanish/Hispanic/ Latino — *Print group.*<br>☐ **No,** not Spanish/Hispanic/Latino<br>☐ Yes, Mexican, Mexican Am., Chicano<br>☐ Yes, Puerto Rican<br>☐ Yes, Cuban<br>☐ Yes, other Spanish/Hispanic/ Latino — *Print group.* | ➜ **NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.**<br>**5 Is Person 1 of Hispanic, Latino, or Spanish origin?**<br>☐ **No,** not of Hispanic, Latino, or Spanish origin<br>☐ Yes, Mexican, Mexican Am., Chicano<br>☐ Yes, Puerto Rican<br>☐ Yes, Cuban<br>☐ Yes, another Hispanic, Latino, or Spanish origin – *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* | ➜ **NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.**<br>**5 Is Person 1 of Hispanic, Latino, or Spanish origin?**<br>☐ **No,** not of Hispanic, Latino, or Spanish origin<br>☐ Yes, Mexican, Mexican Am., Chicano<br>☐ Yes, Puerto Rican<br>☐ Yes, Cuban<br>☐ Yes, another Hispanic, Latino, or Spanish origin – *Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.* | Unchanged |

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| **6 What is this person's race?** ***Mark (X) one or more races*** *to indicate what this person considers himself/herself to be.*<br>☐ White<br>☐ Black or African American<br>☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe.*<br>☐ Asian Indian<br>☐ Chinese<br>☐ Filipino<br>☐ Japanese<br>☐ Korean<br>☐ Vietnamese<br>☐ Other Asian – *Print race.*<br>☐ Native Hawaiian<br>☐ Guamanian or Chamorro<br>☐ Samoan<br>☐ Other Pacific Islander – *Print race below.*<br>☐ Some other race – *Print race below.*<br>☐ White<br>☐ Black or African American<br>☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe.*<br>☐ Asian Indian<br>☐ Chinese<br>☐ Filipino<br>☐ Japanese<br>☐ Korean<br>☐ Vietnamese<br>☐ Other Asian – *Print race.*<br>☐ Native Hawaiian<br>☐ Guamanian or Chamorro<br>☐ Samoan<br>☐ Other Pacific Islander – *Print race below.*<br>☐ Some other race – *Print race below.* | **6 What is this person's race?** ***Mark (X) one or more races*** *to indicate what this person considers himself/herself to be.*<br>☐ White<br>☐ Black or African American<br>☐ American Indian or Alaska Native — *Print name of enrolled or principal tribe.*<br>☐ Asian Indian<br>☐ Chinese<br>☐ Filipino<br>☐ Japanese<br>☐ Korean<br>☐ Vietnamese<br>☐ Other Asian — *Print race.*<br>☐ Native Hawaiian<br>☐ Guamanian or Chamorro<br>☐ Samoan<br>☐ Other Pacific Islander — *Print race below.*<br>☐ Some other race — *Print race below.*<br>☐ White<br>☐ Black or African American<br>☐ American Indian or Alaska Native — *Print name of enrolled or principal tribe.*<br>☐ Asian Indian<br>☐ Chinese<br>☐ Filipino<br>☐ Japanese<br>☐ Korean<br>☐ Vietnamese<br>☐ Other Asian — *Print race.*<br>☐ Native Hawaiian<br>☐ Guamanian or Chamorro<br>☐ Samoan<br>☐ Other Pacific Islander — *Print race below.*<br>☐ Some other race — *Print race below.* |

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| **6 What is Person 1's race?** *Mark (X) one or more boxes.*<br>☐ White<br>☐ Black, African Am., or Negro<br>☐ American Indian or Alaska Native — *Print name of enrolled or principal tribe.*<br>☐ Asian Indian<br>☐ Chinese<br>☐ Filipino<br>☐ Japanese<br>☐ Korean<br>☐ Vietnamese<br>☐ Other Asian – *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*<br>☐ Native Hawaiian<br>☐ Guamanian or Chamorro<br>☐ Samoan<br>☐ Other Pacific Islander – *Print race, for example, Fijian, Tongan, and so on.*<br>☐ Some other race – *Print race.* | **6 What is Person 1's race?** *Mark (X) one or more boxes.*<br>☐ White<br>☐ Black, African Am., or Negro<br>☐ American Indian or Alaska Native — *Print name of enrolled or principal tribe.*<br>☐ Asian Indian<br>☐ Chinese<br>☐ Filipino<br>☐ Japanese<br>☐ Korean<br>☐ Vietnamese<br>☐ Other Asian – *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*<br>☐ Native Hawaiian<br>☐ Guamanian or Chamorro<br>☐ Samoan<br>☐ Other Pacific Islander – *Print race, for example, Fijian, Tongan, and so on.*<br>☐ Some other race – *Print race.* | Unchanged |

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| Person 10 / Person 11 / Person 12<br>Last Name (Please print) / First Name / MI<br>When you are finished, turn the page and continue with the Housing section. | Person 11 / Person 12<br>Last Name (Please print) / First Name / MI<br>When you are finished, turn the page and continue with the Housing section. | No instruction | No instruction | Unchanged |
| **Housing**<br>Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.<br>1 **Which best describes this building?** *Include all apartments, flats, etc., even if vacant.*<br>☐ A mobile home<br>☐ A one-family house detached from any other house<br>☐ A one-family house attached to one or more houses<br>☐ A building with 2 apartments<br>☐ A building with 3 or 4 apartments<br>☐ A building with 5 to 9 apartments<br>☐ A building with 10 to 19 apartments<br>☐ A building with 20 to 49 apartments<br>☐ A building with 50 or more apartments<br>☐ Boat, RV, van, etc. | **Housing**<br>Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.<br>1 **Which best describes this building?** *Include all apartments, flats, etc., even if vacant.*<br>☐ A mobile home<br>☐ A one-family house detached from any other house<br>☐ A one-family house attached to one or more houses<br>☐ A building with 2 apartments<br>☐ A building with 3 or 4 apartments<br>☐ A building with 5 to 9 apartments<br>☐ A building with 10 to 19 apartments<br>☐ A building with 20 to 49 apartments<br>☐ A building with 50 or more apartments<br>☐ Boat, RV, van, etc. | **Housing**<br>Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.<br>1 **Which best describes this building?** *Include all apartments, flats, etc., even if vacant.*<br>☐ A mobile home<br>☐ A one-family house detached from any other house<br>☐ A one-family house attached to one or more houses<br>☐ A building with 2 apartments<br>☐ A building with 3 or 4 apartments<br>☐ A building with 5 to 9 apartments<br>☐ A building with 10 to 19 apartments<br>☐ A building with 20 to 49 apartments<br>☐ A building with 50 or more apartments<br>☐ Boat, RV, van, etc. | **Housing**<br>Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.<br>1 **Which best describes this building?** *Include all apartments, flats, etc., even if vacant.*<br>☐ A mobile home<br>☐ A one-family house detached from any other house<br>☐ A one-family house attached to one or more houses<br>☐ A building with 2 apartments<br>☐ A building with 3 or 4 apartments<br>☐ A building with 5 to 9 apartments<br>☐ A building with 10 to 19 apartments<br>☐ A building with 20 to 49 apartments<br>☐ A building with 50 or more apartments<br>☐ Boat, RV, van, etc. | Unchanged |

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| **2 About when was this building first built?**<br>☐ 2005 or later<br>☐ 2000 to 2004<br>☐ 1990 to 1999<br>☐ 1980 to 1989<br>☐ 1970 to 1979<br>☐ 1960 to 1969<br>☐ 1950 to 1959<br>☐ 1940 to 1949<br>☐ 1939 or earlier | **2 About when was this building first built?**<br>☐ 2005 or later<br>☐ 2000 to 2004<br>☐ 1990 to 1999<br>☐ 1980 to 1989<br>☐ 1970 to 1979<br>☐ 1960 to 1969<br>☐ 1950 to 1959<br>☐ 1940 to 1949<br>☐ 1939 or earlier | **2 About when was this building first built?**<br>☐ 2000 or later – *Specify year*<br>☐ 1990 to 1999<br>☐ 1980 to 1989<br>☐ 1970 to 1979<br>☐ 1960 to 1969<br>☐ 1950 to 1959<br>☐ 1940 to 1949<br>☐ 1939 or earlier | **2 About when was this building first built?**<br>☐ 2000 or later – *Specify year*<br>☐ 1990 to 1999<br>☐ 1980 to 1989<br>☐ 1970 to 1979<br>☐ 1960 to 1969<br>☐ 1950 to 1959<br>☐ 1940 to 1949<br>☐ 1939 or earlier | Unchanged |
| **3 When did PERSON 1 (listed in the List of Residents on page 2) move into this house, apartment, or mobile home?**<br>Month Year | **3 When did PERSON 1 (listed in the List of Residents on page 2) move into this house, apartment, or mobile home?**<br>Month Year | **3 When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?**<br>Month Year | **3 When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?**<br>Month Year | Unchanged |

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| A *Answer questions 4–6 ONLY if this is a one-family house or a mobile home; otherwise, SKIP to question 7.*<br>4 **How many acres is this house or mobile home on?**<br>☐ Less than 1 acre → *SKIP to question 6*<br>☐ 1 to 9.9 acres<br>☐ 10 or more acres<br>5 **IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?**<br>☐ None<br>☐ $1 to $999<br>☐ $1,000 to $2,499<br>☐ $2,500 to $4,999<br>☐ $5,000 to $9,999<br>☐ $10,000 or more | A *Answer questions 4–6 ONLY if this is a one-family house or a mobile home; otherwise, SKIP to question 7.*<br>4 **How many acres is this house or mobile home on?**<br>☐ Less than 1 acre → *SKIP to question 6*<br>☐ 1 to 9.9 acres<br>☐ 10 or more acres<br>5 **IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?**<br>☐ None<br>☐ $1 to $999<br>☐ $1,000 to $2,499<br>☐ $2,500 to $4,999<br>☐ $5,000 to $9,999<br>☐ $10,000 or more | A *Answer questions 4 – 6 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 7a.*<br>4 **How many acres is this house or mobile home on?**<br>☐ Less than 1 acre → *SKIP to question 6*<br>☐ 1 to 9.9 acres<br>☐ 10 or more acres<br>5 **IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?**<br>☐ None<br>☐ $1 to $999<br>☐ $1,000 to $2,499<br>☐ $2,500 to $4,999<br>☐ $5,000 to $9,999<br>☐ $10,000 or more | A *Answer questions 4 – 6 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 7a.*<br>4 **How many acres is this house or mobile home on?**<br>☐ Less than 1 acre → *SKIP to question 6*<br>☐ 1 to 9.9 acres<br>☐ 10 or more acres<br>5 **IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?**<br>☐ None<br>☐ $1 to $999<br>☐ $1,000 to $2,499<br>☐ $2,500 to $4,999<br>☐ $5,000 to $9,999<br>☐ $10,000 or more | Unchanged |
| 6 **Is there a business (such as a store or barber shop) or a medical office on this property?**<br>☐ Yes<br>☐ No | 6 **Is there a business (such as a store or barber shop) or a medical office on this property?**<br>☐ Yes<br>☐ No | 6 **Is there a business (such as a store or barber shop) or a medical office on this property?**<br>☐ Yes<br>☐ No | 6 **Is there a business (such as a store or barber shop) or a medical office on this property?**<br>☐ Yes<br>☐ No | Unchanged |

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|---|---|---|---|---|
| **7** **How many rooms are in this house, apartment, or mobile home?** *Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.*<br>☐ 1 room<br>☐ 2 rooms<br>☐ 3 rooms<br>☐ 4 rooms<br>☐ 5 rooms<br>☐ 6 rooms<br>☐ 7 rooms<br>☐ 8 rooms<br>☐ 9 or more rooms | **7** **How many rooms are in this house, apartment, or mobile home?** *Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.*<br>☐ 1 room<br>☐ 2 rooms<br>☐ 3 rooms<br>☐ 4 rooms<br>☐ 5 rooms<br>☐ 6 rooms<br>☐ 7 rooms<br>☐ 8 rooms<br>☐ 9 or more rooms | **7** **a. How many separate rooms are in this house, apartment, or mobile home?** *Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.*<br>• *INCLUDE bedrooms, kitchens, etc.*<br>• *EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.*<br>Number of rooms<br>☐ | **7** **a. How many separate rooms are in this house, apartment, or mobile home?** *Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.*<br>• *INCLUDE bedrooms, kitchens, etc.*<br>• *EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.*<br>Number of rooms<br>☐ | Unchanged |
| **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?**<br>☐ No bedroom<br>☐ 1 bedroom<br>☐ 2 bedrooms<br>☐ 3 bedrooms<br>☐ 4 bedrooms<br>☐ 5 or more bedrooms | **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?**<br>☐ No bedroom<br>☐ 1 bedroom<br>☐ 2 bedrooms<br>☐ 3 bedrooms<br>☐ 4 bedrooms<br>☐ 5 or more bedrooms | **b. How many of these rooms are bedrooms?** *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 "0".*<br>Number of bedrooms<br>☐ | **b. How many of these rooms are bedrooms?** *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 "0".*<br>Number of bedrooms<br>☐ | Unchanged |
| **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?**<br>☐ Yes, has all three facilities<br>☐ No | **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?**<br>☐ Yes, has all three facilities<br>☐ No | **8** **Does this house, apartment, or mobile home have –**<br>Yes / No<br>a. hot and cold running water? ☐ ☐<br>b. a flush toilet? ☐ ☐<br>c. a bathtub or shower? ☐ ☐<br>d. a sink with a faucet? ☐ ☐<br>e. a stove or range? ☐ ☐<br>f. a refrigerator? ☐ ☐<br>g. telephone service from which you can both make and receive calls? *Include cell phones.* ☐ ☐ | **8** **Does this house, apartment, or mobile home have –**<br>Yes / No<br>a. hot and cold running water? ☐ ☐<br>b. a flush toilet? ☐ ☐<br>c. a bathtub or shower? ☐ ☐<br>d. a sink with a faucet? ☐ ☐<br>e. a stove or range? ☐ ☐<br>f. a refrigerator? ☐ ☐<br>g. telephone service from which you can both make and receive calls? *Include cell phones.* ☐ ☐ | Unchanged |

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| **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?**<br>☐ Yes, has all three facilities<br>☐ 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?**<br>☐ Yes, has all three facilities<br>☐ No | **8** **Does this house, apartment, or mobile home have –**<br>Yes / No<br>a. hot and cold running water? ☐ ☐<br>b. a flush toilet? ☐ ☐<br>c. a bathtub or shower? ☐ ☐<br>→ d. a sink with a faucet? ☐ ☐<br>→ e. a stove or range? ☐ ☐<br>→ f. a refrigerator? ☐ ☐<br>g. telephone service from which you can both make and receive calls? *Include cell phones.* ☐ ☐ | **8** **Does this house, apartment, or mobile home have –**<br>Yes / No<br>a. hot and cold running water? ☐ ☐<br>b. a flush toilet? ☐ ☐<br>c. a bathtub or shower? ☐ ☐<br>→ d. a sink with a faucet? ☐ ☐<br>→ e. a stove or range? ☐ ☐<br>→ f. a refrigerator? ☐ ☐<br>g. telephone service from which you can both make and receive calls? *Include cell phones.* ☐ ☐ | Unchanged |
| **11** **Is there telephone service available in this house, apartment, or mobile home from which you can both make and receive calls?**<br>☐ Yes<br>☐ No | **11** **Is there telephone service available in this house, apartment, or mobile home from which you can both make and receive calls?**<br>☐ Yes<br>☐ No | **8** **Does this house, apartment, or mobile home have –**<br>Yes / No<br>a. hot and cold running water? ☐ ☐<br>b. a flush toilet? ☐ ☐<br>c. a bathtub or shower? ☐ ☐<br>d. a sink with a faucet? ☐ ☐<br>e. a stove or range? ☐ ☐<br>f. a refrigerator? ☐ ☐<br>→ g. telephone service from which you can both make and receive calls? *Include cell phones.* ☐ ☐ | **8** **Does this house, apartment, or mobile home have –**<br>Yes / No<br>a. hot and cold running water? ☐ ☐<br>b. a flush toilet? ☐ ☐<br>c. a bathtub or shower? ☐ ☐<br>d. a sink with a faucet? ☐ ☐<br>e. a stove or range? ☐ ☐<br>f. a refrigerator? ☐ ☐<br>→ g. telephone service from which you can both make and receive calls? *Include cell phones.* ☐ ☐ | Unchanged |
| **12** **How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?**<br>☐ None<br>☐ 1<br>☐ 2<br>☐ 3<br>☐ 4<br>☐ 5<br>☐ 6 or more | **12** **How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?**<br>☐ None<br>☐ 1<br>☐ 2<br>☐ 3<br>☐ 4<br>☐ 5<br>☐ 6 or more | **9** **How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?**<br>☐ None<br>☐ 1<br>☐ 2<br>☐ 3<br>☐ 4<br>☐ 5<br>☐ 6 or more | **9** **How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?**<br>☐ None<br>☐ 1<br>☐ 2<br>☐ 3<br>☐ 4<br>☐ 5<br>☐ 6 or more | Unchanged |

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| 13 **Which FUEL is used MOST for heating this house, apartment, or mobile home?**<br>☐ Gas: from underground pipes serving the neighborhood<br>☐ Gas: bottled, tank, or LP<br>☐ Electricity<br>☐ Fuel oil, kerosene, etc.<br>☐ Coal or coke<br>☐ Wood<br>☐ Solar energy<br>☐ Other fuel<br>☐ No fuel used | 13 **Which FUEL is used MOST for heating this house, apartment, or mobile home?**<br>☐ Gas: from underground pipes serving the neighborhood<br>☐ Gas: bottled, tank, or LP<br>☐ Electricity<br>☐ Fuel oil, kerosene, etc.<br>☐ Coal or coke<br>☐ Wood<br>☐ Solar energy<br>☐ Other fuel<br>☐ No fuel used | 10 **Which FUEL is used MOST for heating this house, apartment, or mobile home?**<br>☐ Gas: from underground pipes serving the neighborhood<br>☐ Gas: bottled, tank, or LP<br>☐ Electricity<br>☐ Fuel oil, kerosene, etc.<br>☐ Coal or coke<br>☐ Wood<br>☐ Solar energy<br>☐ Other fuel<br>☐ No fuel used | 10 **Which FUEL is used MOST for heating this house, apartment, or mobile home?**<br>☐ Gas: from underground pipes serving the neighborhood<br>☐ Gas: bottled, tank, or LP<br>☐ Electricity<br>☐ Fuel oil, kerosene, etc.<br>☐ Coal or coke<br>☐ Wood<br>☐ Solar energy<br>☐ Other fuel<br>☐ No fuel used | Unchanged |

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| **14** **a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?**<br>Last month's cost – *Dollars*<br>$ .00<br>**OR**<br>☐ Included in rent or condominium fee<br>☐ No charge or electricity not used<br><br>**b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?**<br>Last month's cost – *Dollars*<br>$ .00<br>**OR**<br>☐ Included in rent or condominium fee<br>☐ Included in electricity payment entered above<br>☐ No charge or gas not used<br><br>**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.*<br>Past 12 months' cost – *Dollars*<br>$ .00<br>**OR**<br>☐ Included in rent or condominium fee<br>☐ No charge | **14** **a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?**<br>Last month's cost – *Dollars*<br>$ .00<br>**OR**<br>☐ Included in rent or condominium fee<br>☐ No charge or electricity not used<br><br>**b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?**<br>Last month's cost – *Dollars*<br>$ .00<br>**OR**<br>☐ Included in rent or condominium fee<br>☐ Included in electricity payment entered above<br>☐ No charge or gas not used<br><br>**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.*<br>Past 12 months' cost – *Dollars*<br>$ .00<br>**OR**<br>☐ Included in rent or condominium fee<br>☐ No charge | **11** **a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?**<br>Last month's cost – *Dollars*<br>$ .00<br>**OR**<br>☐ Included in rent or condominium fee<br>☐ No charge or electricity not used<br><br>**b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?**<br>Last month's cost – *Dollars*<br>$ .00<br>**OR**<br>☐ Included in rent or condominium fee<br>☐ Included in electricity payment entered above<br>☐ No charge or gas not used<br><br>**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.*<br>Past 12 months' cost – *Dollars*<br>$ .00<br>**OR**<br>☐ Included in rent or condominium fee<br>☐ No charge | **11** **a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?**<br>Last month's cost – *Dollars*<br>$ .00<br>**OR**<br>☐ Included in rent or condominium fee<br>☐ No charge or electricity not used<br><br>**b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?**<br>Last month's cost – *Dollars*<br>$ .00<br>**OR**<br>☐ Included in rent or condominium fee<br>☐ Included in electricity payment entered above<br>☐ No charge or gas not used<br><br>**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.*<br>Past 12 months' cost – *Dollars*<br>$ .00<br>**OR**<br>☐ Included in rent or condominium fee<br>☐ No charge | Unchanged |

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| **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.*<br>Past 12 months' cost – *Dollars*<br>$ .00<br>**OR**<br>☐ Included in rent or condominium fee<br>☐ No charge or these fuels not used | **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.*<br>Past 12 months' cost – *Dollars*<br>$ .00<br>**OR**<br>☐ Included in rent or condominium fee<br>☐ No charge or these fuels not used | **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.*<br>Past 12 months' cost – *Dollars*<br>$ .00<br>**OR**<br>☐ Included in rent or condominium fee<br>☐ No charge or these fuels not used | **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.*<br>Past 12 months' cost – *Dollars*<br>$ .00<br>**OR**<br>☐ Included in rent or condominium fee<br>☐ No charge or these fuels not used | Unchanged |
| **15 At any time DURING THE PAST 12 MONTHS, did anyone in this household receive Food Stamps?**<br>☐ Yes → **What was the value of the Food Stamps received during the past 12 months?**<br>Past 12 months' value – *Dollars*<br>$ .00<br>☐ No | **15 At any time DURING THE PAST 12 MONTHS, did anyone in this household receive Food Stamps?**<br>☐ Yes → **What was the value of the Food Stamps received during the past 12 months?**<br>Past 12 months' value – *Dollars*<br>$ .00<br>☐ No | **12 IN THE PAST 12 MONTHS, did anyone in this household receive Food Stamps or a Food Stamp benefit card?**<br>☐ Yes<br>☐ No | **12 IN THE PAST 12 MONTHS, did anyone in this household receive Food Stamps or a Food Stamp benefit card?**<br>☐ Yes<br>☐ No | Unchanged |
| **16 Is this house, apartment, or mobile home part of a condominium?**<br>☐ Yes → **What is the monthly condominium fee?** *For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.*<br>Monthly amount – *Dollars*<br>$ .00<br>**OR**<br>☐ None<br>☐ No | **16 Is this house, apartment, or mobile home part of a condominium?**<br>☐ Yes → **What is the monthly condominium fee?** *For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.*<br>Monthly amount – *Dollars*<br>$ .00<br>**OR**<br>☐ None<br>☐ No | **13 Is this house, apartment, or mobile home part of a condominium?**<br>☐ Yes → **What is the monthly condominium fee?** *For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.*<br>Monthly amount – *Dollars*<br>$ .00<br>**OR**<br>☐ None<br>☐ No | **13 Is this house, apartment, or mobile home part of a condominium?**<br>☐ Yes → **What is the monthly condominium fee?** *For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.*<br>Monthly amount – *Dollars*<br>$ .00<br>**OR**<br>☐ None<br>☐ No | Unchanged |

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| **17** **Is this house, apartment, or mobile home –**<br>☐ Owned by you or someone in this household with a mortgage or loan?<br>☐ Owned by you or someone in this household free and clear (without a mortgage or loan)?<br>☐ Rented for cash rent?<br>☐ Occupied without payment of cash rent? → *SKIP to* C | **17** **Is this house, apartment, or mobile home –**<br>☐ Owned by you or someone in this household with a mortgage or loan?<br>☐ Owned by you or someone in this household free and clear (without a mortgage or loan)?<br>☐ Rented for cash rent?<br>☐ Occupied without payment of cash rent? → *SKIP to* C | **14** **Is this house, apartment, or mobile home –** *Mark (X) ONE box.*<br>☐ Owned by you or someone in this household with a mortgage or loan? *Include home equity loans.*<br>☐ Owned by you or someone in this household free and clear (without a mortgage or loan)?<br>☐ Rented?<br>☐ Occupied without payment of rent? → *SKIP to* C | **14** **Is this house, apartment, or mobile home –** *Mark (X) ONE box.*<br>☐ Owned by you or someone in this household with a mortgage or loan? *Include home equity loans.*<br>☐ Owned by you or someone in this household free and clear (without a mortgage or loan)?<br>☐ Rented?<br>☐ Occupied without payment of rent? → *SKIP to* C | Unchanged |
| B *Answer questions 18a and b ONLY IF you PAY RENT for this house, apartment, or mobile home. Otherwise, SKIP to question 19.*<br>**18** **a. What is the monthly rent for this house, apartment, or mobile home?**<br>Monthly amount – *Dollars*<br>$ .00<br>**b. Does the monthly rent include any meals?**<br>☐ Yes<br>☐ No | B *Answer questions 18a and b ONLY IF you PAY RENT for this house, apartment, or mobile home. Otherwise, SKIP to question 19.*<br>**18** **a. What is the monthly rent for this house, apartment, or mobile home?**<br>Monthly amount – *Dollars*<br>$ .00<br>**b. Does the monthly rent include any meals?**<br>☐ Yes<br>☐ No | B *Answer questions 15a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 16.*<br>**15** **a. What is the monthly rent for this house, apartment, or mobile home?**<br>Monthly amount – *Dollars*<br>$ .00<br>**b. Does the monthly rent include any meals?**<br>☐ Yes<br>☐ No | B *Answer questions 15a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 16.*<br>**15** **a. What is the monthly rent for this house, apartment, or mobile home?**<br>Monthly amount – *Dollars*<br>$ .00<br>**b. Does the monthly rent include any meals?**<br>☐ Yes<br>☐ No | Unchanged |

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| C *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* E *on the next page.*<br>**19 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?**<br>☐ Less than $10,000<br>☐ $10,000 to $14,999<br>☐ $15,000 to $19,999<br>☐ $20,000 to $24,999<br>☐ $25,000 to $29,999<br>☐ $30,000 to $34,999<br>☐ $35,000 to $39,999<br>☐ $40,000 to $49,999<br>☐ $50,000 to $59,999<br>☐ $60,000 to $69,999<br>☐ $70,000 to $79,999<br>☐ $80,000 to $89,999<br>☐ $90,000 to $99,999<br>☐ $100,000 to $124,999<br>☐ $125,000 to $149,999<br>☐ $150,000 to $174,999<br>☐ $175,000 to $199,999<br>☐ $200,000 to $249,999<br>☐ $250,000 or more – *Specify*<br>$ .00 | C *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* E *on the next page.*<br>**19 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?**<br>☐ Less than $10,000<br>☐ $10,000 to $14,999<br>☐ $15,000 to $19,999<br>☐ $20,000 to $24,999<br>☐ $25,000 to $29,999<br>☐ $30,000 to $34,999<br>☐ $35,000 to $39,999<br>☐ $40,000 to $49,999<br>☐ $50,000 to $59,999<br>☐ $60,000 to $69,999<br>☐ $70,000 to $79,999<br>☐ $80,000 to $89,999<br>☐ $90,000 to $99,999<br>☐ $100,000 to $124,999<br>☐ $125,000 to $149,999<br>☐ $150,000 to $174,999<br>☐ $175,000 to $199,999<br>☐ $200,000 to $249,999<br>☐ $250,000 or more – *Specify*<br>$ .00 | C *Answer questions 16 – 20 if you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to* E *on the next page.*<br>**16 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?**<br>Amount – *Dollars*<br>$ .00 | C *Answer questions 16 – 20 if you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to* E *on the next page.*<br>**16 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?**<br>Amount – *Dollars*<br>$ .00 | Unchanged |
| **20 What are the annual real estate taxes on THIS property?**<br>Annual amount – *Dollars*<br>$ .00<br>**OR**<br>☐ None | **20 What are the annual real estate taxes on THIS property?**<br>Annual amount – *Dollars*<br>$ .00<br>**OR**<br>☐ None | **17 What are the annual real estate taxes on THIS property?**<br>Annual amount – *Dollars*<br>$ .00<br>**OR**<br>☐ None | **17 What are the annual real estate taxes on THIS property?**<br>Annual amount – *Dollars*<br>$ .00<br>**OR**<br>☐ None | Unchanged |

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| 21 **What is the annual payment for fire, hazard, and flood insurance on THIS property?**<br>Annual amount – *Dollars*<br>$ .00<br>**OR**<br>☐ None | 21 **What is the annual payment for fire, hazard, and flood insurance on THIS property?**<br>Annual amount – *Dollars*<br>$ .00<br>**OR**<br>☐ None | 18 **What is the annual payment for fire, hazard, and flood insurance on THIS property?**<br>Annual amount – *Dollars*<br>$ .00<br>**OR**<br>☐ None | 18 **What is the annual payment for fire, hazard, and flood insurance on THIS property?**<br>Annual amount – *Dollars*<br>$ .00<br>**OR**<br>☐ None | Unchanged |

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| 22 **a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?**<br>☐ Yes, mortgage, deed of trust, or similar debt<br>☐ Yes, contract to purchase<br>☐ No → *SKIP to question 23a*<br><br>**b. How much is the regular monthly mortgage payment on THIS property?** *Include payment only on FIRST mortgage or contract to purchase.*<br>Monthly amount – *Dollars*<br>$ .00<br>**OR**<br>☐ No regular payment required → *SKIP to question 23a*<br><br>**c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?**<br>☐ Yes, taxes included in mortgage payment<br>☐ No, taxes paid separately or taxes not required<br><br>**d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?**<br>☐ Yes, insurance included in mortgage payment<br>☐ No, insurance paid separately or no insurance | 22 **a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?**<br>☐ Yes, mortgage, deed of trust, or similar debt<br>☐ Yes, contract to purchase<br>☐ No → *SKIP to question 23a*<br><br>**b. How much is the regular monthly mortgage payment on THIS property?** *Include payment only on FIRST mortgage or contract to purchase.*<br>Monthly amount – *Dollars*<br>$ .00<br>**OR**<br>☐ No regular payment required → *SKIP to question 23a*<br><br>**c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?**<br>☐ Yes, taxes included in mortgage payment<br>☐ No, taxes paid separately or taxes not required<br><br>**d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?**<br>☐ Yes, insurance included in mortgage payment<br>☐ No, insurance paid separately or no insurance | 19 **a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?**<br>☐ Yes, mortgage, deed of trust, or similar debt<br>☐ Yes, contract to purchase<br>☐ No → *SKIP to question 20a*<br><br>**b. How much is the regular monthly mortgage payment on THIS property?** *Include payment only on FIRST mortgage or contract to purchase.*<br>Monthly amount – *Dollars*<br>$ .00<br>**OR**<br>☐ No regular payment required → *SKIP to question 20a*<br><br>**c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?**<br>☐ Yes, taxes included in mortgage payment<br>☐ No, taxes paid separately or taxes not required<br><br>**d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?**<br>☐ Yes, insurance included in mortgage payment<br>☐ No, insurance paid separately or no insurance | 19 **a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?**<br>☐ Yes, mortgage, deed of trust, or similar debt<br>☐ Yes, contract to purchase<br>☐ No → *SKIP to question 20a*<br><br>**b. How much is the regular monthly mortgage payment on THIS property?** *Include payment only on FIRST mortgage or contract to purchase.*<br>Monthly amount – *Dollars*<br>$ .00<br>**OR**<br>☐ No regular payment required → *SKIP to question 20a*<br><br>**c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?**<br>☐ Yes, taxes included in mortgage payment<br>☐ No, taxes paid separately or taxes not required<br><br>**d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?**<br>☐ Yes, insurance included in mortgage payment<br>☐ No, insurance paid separately or no insurance | Unchanged |

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| 23 a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?<br>☐ Yes, home equity loan<br>☐ Yes, second mortgage<br>☐ Yes, second mortgage and home equity loan<br>☐ No → *SKIP to* D<br><br>b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?<br>Monthly amount – *Dollars*<br>$ .00<br>OR<br>☐ No regular payment required | 23 a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?<br>☐ Yes, home equity loan<br>☐ Yes, second mortgage<br>☐ Yes, second mortgage and home equity loan<br>☐ No → *SKIP to* D<br><br>b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?<br>Monthly amount – *Dollars*<br>$ .00<br>OR<br>☐ No regular payment required | 20 a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?<br>☐ Yes, home equity loan<br>☐ Yes, second mortgage<br>☐ Yes, second mortgage and home equity loan<br>☐ No → *SKIP to* D<br><br>b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?<br>Monthly amount – *Dollars*<br>$ .00<br>OR<br>☐ No regular payment required | 20 a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?<br>☐ Yes, home equity loan<br>☐ Yes, second mortgage<br>☐ Yes, second mortgage and home equity loan<br>☐ No → *SKIP to* D<br><br>b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?<br>Monthly amount – *Dollars*<br>$ .00<br>OR<br>☐ No regular payment required | Unchanged |
| D *Answer question 24 ONLY IF this is a MOBILE HOME. Otherwise, SKIP to* E.<br><br>24 What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site?<br>*Exclude real estate taxes.*<br>Annual costs – *Dollars*<br>$ .00 | D *Answer question 24 ONLY IF this is a MOBILE HOME. Otherwise, SKIP to* E.<br><br>24 What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site?<br>*Exclude real estate taxes.*<br>Annual costs – *Dollars*<br>$ .00 | D *Answer question 21 if this is a MOBILE HOME. Otherwise, SKIP to* E.<br><br>21 What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site?<br>*Exclude real estate taxes.*<br>Annual costs – *Dollars*<br>$ .00 | D *Answer question 21 if this is a MOBILE HOME. Otherwise, SKIP to* E.<br><br>21 What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site?<br>*Exclude real estate taxes.*<br>Annual costs – *Dollars*<br>$ .00 | Unchanged |

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| E *Answer questions 25a–c ONLY IF you listed at least one person on page 2. Otherwise, SKIP to page 24 for the mailing instructions.*<br>25 **a. Do you or any member of this household live or stay at this address year round?**<br>☐ Yes → *SKIP to the questions for Person 1 on the next page*<br>☐ No<br>**b. How many months a year do members of this household stay at this address?**<br>Months<br>**c. What is the main reason members of this household are staying at this address?**<br>☐ This is their permanent address<br>☐ This is their seasonal or vacation address<br>☐ To be close to work<br>☐ To attend school or college<br>☐ Looking for permanent housing<br>☐ Other reason(s)– *Specify* | E *Answer questions 25a—c ONLY IF you listed at least one person on page 2. Otherwise, SKIP to page 24 for the mailing instructions.*<br>25 **a. Do you or any member of this household live or stay at this address year round?**<br>☐ Yes ➔ *SKIP to the questions for Person 1 on the next page*<br>☐ No<br>**b. How many months a year do members of this household stay at this address?**<br>Months<br>**c. What is the main reason members of this household are staying at this address?**<br>☐ This is their permanent address<br>☐ This is their seasonal or vacation address<br>☐ To be close to work<br>☐ To attend school or college<br>☐ Looking for permanent housing<br>☐ Other reason(s) — *Specify* | Not Asked | Not Asked | Unchanged |
| ➔ **Continue with the questions about PERSON 1 on the next page.** | ➔ **Continue with the questions about PERSON 1 on the next page.** | 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.* | 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.* | Unchanged |

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| **Person 1**<br>Please copy the name of Person 1 from the List of Residents on page 2, then continue answering questions below.<br>Last Name<br>First Name MI | **Person 1**<br>Please copy the name of Person 1 from the List of Residents on page 2, then continue answering questions below.<br>Last Name<br>First Name MI | **Person 1**<br>Please copy the name of Person 1 from Page 2, then continue answering questions below.<br>Last Name<br>First Name MI | **Person 1**<br>Please copy the name of Person 1 from page 2, then continue answering questions below.<br>Last Name<br>First Name MI | Unchanged |
| 7 Where was this person born?<br>☐ In the United States – *Print name of state.*<br>☐ Outside the United States – *Print name of foreign country, or Puerto Rico, Guam, etc.* | 7 Where was this person born?<br>☐ In the United States – *Print name of state.*<br>☐ Outside the United States – *Print name of foreign country, or Puerto Rico, Guam, etc.* | 7 Where was this person born?<br>☐ In the United States – *Print name of state.*<br>☐ Outside the United States – *Print name of foreign country, or Puerto Rico, Guam, etc.* | 7 Where was this person born?<br>☐ In the United States – *Print name of state.*<br>☐ Outside the United States – *Print name of foreign country, or Puerto Rico, Guam, etc.* | Unchanged |

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| **8** **Is this person a CITIZEN of the United States?**<br>☐ Yes, born in the United States → *Skip to 10a*<br>☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas<br>☐ Yes, born abroad of American parent or parents<br>☐ Yes, U.S. citizen by naturalization<br>☐ No, not a citizen of the United States | **8** **Is this person a CITIZEN of the United States?**<br>☐ Yes, born in the United States ➔ *SKIP to 10a*<br>☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas<br>☐ Yes, born abroad of American parent or parents<br>☐ Yes, U.S. citizen by naturalization<br>☐ No, not a citizen of the United States | **8** **Is this person a citizen of the United States?**<br>☐ Yes, born in the United States ➔ *SKIP to 10a*<br>☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas<br>☐ Yes, born abroad of U.S. citizen parent or parents<br>☐ Yes, U.S. citizen by naturalization – *Print year of naturalization*<br>☐ No, not a U.S. citizen | **8** **Is this person a citizen of the United States?**<br>☐ Yes, born in the United States ➔ *SKIP to 10a*<br>☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas<br>☐ Yes, born abroad of U.S. citizen parent or parents<br>☐ Yes, U.S. citizen by naturalization – *Print year of naturalization*<br>☐ No, not a U.S. citizen | Unchanged |
| **9** **When did this person come to live in the United States?** *Print numbers in boxes.*<br>Year | **9** **When did this person come to live in the United States?** *Print numbers in boxes.*<br>Year | **9** **When did this person come to live in the United States?** *Print numbers in boxes.*<br>Year | **9** **When did this person come to live in the United States?** *Print numbers in boxes.*<br>Year | Unchanged |
| **10** **a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college?** *Include only nursery or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.*<br>☐ No, has not attended in the last 3 months → *SKIP to question 11*<br>☐ Yes, public school, public college<br>☐ Yes, private school, private college<br>**b. What grade or level was this person attending?** *Mark (X) ONE box.*<br>☐ Nursery school, preschool<br>☐ Kindergarten<br>☐ Grade 1 to grade 4<br>☐ Grade 5 to grade 8<br>☐ Grade 9 to grade 12<br>☐ College undergraduate years (freshman to senior)<br>☐ Graduate or professional school *(for example: medical, dental, or law school)* | **10** **a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college?** *Include only nursery or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.*<br>☐ No, has not attended in the last 3 months ➔ *SKIP to question 11*<br>☐ Yes, public school, public college<br>☐ Yes, private school, private college<br>**b. What grade or level was this person attending?** *Mark (X) ONE box.*<br>☐ Nursery school, preschool<br>☐ Kindergarten<br>☐ Grade 1 to grade 4<br>☐ Grade 5 to grade 8<br>☐ Grade 9 to grade 12<br>☐ College undergraduate years (freshman to senior)<br>☐ Graduate or professional school *(for example: medical, dental, or law school)* | **10** **a. At any time IN THE LAST 3 MONTHS, has this person attended school or college?** *Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.*<br>☐ No, has not attended in the last 3 months ➔ *SKIP to question 11*<br>☐ Yes, public school, public college<br>☐ Yes, private school, private college, home school<br>**b. What grade or level was this person attending?** *Mark (X) ONE box.*<br>☐ Nursery school, preschool<br>☐ Kindergarten<br>☐ Grade 1 through 12 – *Specify grade 1 – 12*<br>☐ College undergraduate years (freshman to senior)<br>☐ Graduate or professional school beyond a bachelor's degree *(for example: MA or PhD program, or medical or law school)* | **10** **a. At any time IN THE LAST 3 MONTHS, has this person attended school or college?** *Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.*<br>☐ No, has not attended in the last 3 months ➔ *SKIP to question 11*<br>☐ Yes, public school, public college<br>☐ Yes, private school, private college, home school<br>**b. What grade or level was this person attending?** *Mark (X) ONE box.*<br>☐ Nursery school, preschool<br>☐ Kindergarten<br>☐ Grade 1 through 12 – *Specify grade 1 – 12*<br>☐ College undergraduate years (freshman to senior)<br>☐ Graduate or professional school beyond a bachelor's degree *(for example: MA or PhD program, or medical or law school)* | Unchanged |

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| **11** **What is the highest degree or level of school this person has COMPLETED?** *Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.*<br>☐ No schooling completed<br>☐ Nursery school to 4th grade<br>☐ 5th grade or 6th grade<br>☐ 7th grade or 8th grade<br>☐ 9th grade<br>☐ 10th grade<br>☐ 11th grade<br>☐ 12th grade – **NO DIPLOMA**<br>☐ **HIGH SCHOOL GRADUATE** – high school DIPLOMA or the equivalent *(for example: GED)*<br>☐ Some college credit, but less than 1 year<br>☐ 1 or more years of college, no degree<br>☐ Associate degree *(for example: AA, AS)*<br>☐ Bachelor's degree *(for example: BA, AB, BS)*<br>☐ Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*<br>☐ Professional degree *(for example: MD, DDS, DVM, LLB, JD)*<br>☐ Doctorate degree *(for example: PhD, EdD)* | **11** **What is the highest degree or level of school this person has COMPLETED?** *Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.*<br>☐ No schooling completed<br>☐ Nursery school to 4th grade<br>☐ 5th grade or 6th grade<br>☐ 7th grade or 8th grade<br>☐ 9th grade<br>☐ 10th grade<br>☐ 11th grade<br>☐ 12th grade – **NO DIPLOMA**<br>☐ **HIGH SCHOOL GRADUATE** – high school DIPLOMA or the equivalent *(for example: GED)*<br>☐ Some college credit, but less than 1 year<br>☐ 1 or more years of college, no degree<br>☐ Associate degree *(for example: AA, AS)*<br>☐ Bachelor's degree *(for example: BA, AB, BS)*<br>☐ Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*<br>☐ Professional degree *(for example: MD, DDS, DVM, LLB, JD)*<br>☐ Doctorate degree *(for example: PhD, EdD)* | **11** **What is the highest degree or level of school this person has COMPLETED?** *Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.*<br>NO SCHOOLING COMPLETED<br>☐ No schooling completed<br>NURSERY OR PRESCHOOL THROUGH GRADE 12<br>☐ Nursery school<br>☐ Kindergarten<br>☐ Grade 1 through 11 – *Specify grade 1 – 11*<br>☐ 12th grade – **NO DIPLOMA**<br>HIGH SCHOOL GRADUATE<br>☐ Regular high school diploma<br>☐ GED or alternative credential<br>COLLEGE OR SOME COLLEGE<br>☐ Some college credit, but less than 1 year of college credit<br>☐ 1 or more years of college credit, no degree<br>☐ Associate's degree *(for example: AA, AS)*<br>☐ Bachelor's degree *(for example: BA, BS)*<br>AFTER BACHELOR'S DEGREE<br>☐ Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*<br>☐ Professional degree beyond a bachelor's degree *(for example: MD, DDS, DVM, LLB, JD)*<br>☐ Doctorate degree *(for example: PhD, EdD)* | **11** **What is the highest degree or level of school this person has COMPLETED?** *Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.*<br>NO SCHOOLING COMPLETED<br>☐ No schooling completed<br>NURSERY OR PRESCHOOL THROUGH GRADE 12<br>☐ Nursery school<br>☐ Kindergarten<br>☐ Grade 1 through 11 – *Specify grade 1 – 11*<br>☐ 12th grade – **NO DIPLOMA**<br>HIGH SCHOOL GRADUATE<br>☐ Regular high school diploma<br>☐ GED or alternative credential<br>COLLEGE OR SOME COLLEGE<br>☐ Some college credit, but less than 1 year of college credit<br>☐ 1 or more years of college credit, no degree<br>☐ Associate's degree *(for example: AA, AS)*<br>☐ Bachelor's degree *(for example: BA, BS)*<br>AFTER BACHELOR'S DEGREE<br>☐ Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*<br>☐ Professional degree beyond a bachelor's degree *(for example: MD, DDS, DVM, LLB, JD)*<br>☐ Doctorate degree *(for example: PhD, EdD)* | Unchanged |

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| Not asked | Not asked | Not asked | **F** *Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.*<br>**12 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)* | New skip instruction and question for 2009. |
| **12 What is this person's ancestry or ethnic origin?**<br>*(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)* | **12 What is this person's ancestry or ethnic origin?**<br>*(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)* | **12 What is this person's ancestry or ethnic origin?**<br>*(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)* | **13 What is this person's ancestry or ethnic origin?**<br>*(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)* | ✓ Question number changed from 12 to 13. |
| **13 a. Does this person speak a language other than English at home?**<br>☐ Yes<br>☐ No → *SKIP to question 14*<br>**b. What is this language?**<br>*For example: Korean, Italian, Spanish, Vietnamese*<br>**c. How well does this person speak English?**<br>☐ Very well<br>☐ Well<br>☐ Not well<br>☐ Not at all | **13 a. Does this person speak a language other than English at home?**<br>☐ Yes<br>☐ No → *SKIP to question 14*<br>**b. What is this language?**<br>*For example: Korean, Italian, Spanish, Vietnamese*<br>**c. How well does this person speak English?**<br>☐ Very well<br>☐ Well<br>☐ Not well<br>☐ Not at all | **13 a. Does this person speak a language other than English at home?**<br>☐ Yes<br>☐ No → *SKIP to question 14a*<br>**b. What is this language?**<br>*For example: Korean, Italian, Spanish, Vietnamese*<br>**c. How well does this person speak English?**<br>☐ Very well<br>☐ Well<br>☐ Not well<br>☐ Not at all | **14 a. Does this person speak a language other than English at home?**<br>☐ Yes<br>☐ No → *SKIP to question 15a*<br>**b. What is this language?**<br>*For example: Korean, Italian, Spanish, Vietnamese*<br>**c. How well does this person speak English?**<br>☐ Very well<br>☐ Well<br>☐ Not well<br>☐ Not at all | ✓ Question number changed from 13 to 14. |

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| **14** **a. Did this person live in this house or apartment 1 year ago?**<br>☐ Person is under 1 year old → *SKIP to the questions for Person 2 on page 10.*<br>☐ Yes, this house → *SKIP to* F<br>☐ No, outside the United States – *Print name of foreign country, or Puerto Rico, Guam, etc., below; then SKIP to* F<br>☐ No, different house in the United States<br>**b. Where did this person live 1 year ago?**<br>**Name of city, town, or post office**<br>**c. Did this person live inside the limits of the city or town?**<br>☐ Yes<br>☐ No, outside the city/town limits<br>**Name of county**<br>**Name of state** **ZIP Code** | **14** **a. Did this person live in this house or apartment 1 year ago?**<br>☐ Person is under 1 year old ➔ *SKIP to the questions for Person 2 on page 10.*<br>☐ Yes, this house ➔ *SKIP to* F<br>☐ No, outside the United States – *Print name of foreign country, or Puerto Rico, Guam, etc., below; then SKIP to* F<br>☐ No, different house in the United States<br>**b. Where did this person live 1 year ago?**<br>**Name of city, town, or post office**<br>**c. Did this person live inside the limits of the city or town?**<br>☐ Yes<br>☐ No, outside the city/town limits<br>**Name of county**<br>**Name of state** **ZIP Code** | **14** **a. Did this person live in this house or apartment 1 year ago?**<br>☐ Person is under 1 year old ➔ *SKIP to question 15*<br>☐ Yes, this house ➔ *SKIP to question 15*<br>☐ 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 15*<br>☐ No, different house in the United States or Puerto Rico<br>**b. Where did this person live 1 year ago?**<br>**Address (Number and street name)**<br>**Name of city, town, or post office**<br>**Name of U.S. county or municipio in Puerto Rico**<br>**Name of U.S. state or Puerto Rico** **ZIP Code** | **15** **a. Did this person live in this house or apartment 1 year ago?**<br>☐ Person is under 1 year old ➔ *SKIP to question 16*<br>☐ Yes, this house ➔ *SKIP to question 16*<br>☐ 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*<br>☐ No, different house in the United States or Puerto Rico<br>**b. Where did this person live 1 year ago?**<br>**Address (Number and street name)**<br>**Name of city, town, or post office**<br>**Name of U.S. county or municipio in Puerto Rico**<br>**Name of U.S. state or Puerto Rico** **ZIP Code** | ✓ Question number changed from 14 to 15. |

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| Not asked | Not asked | **15** **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.*<br>Yes / No<br>a. Insurance through a current or former employer or union (of this person or another family member) ☐ ☐<br>b. Insurance purchased directly from an insurance company (by this person or another family member) ☐ ☐<br>c. Medicare, for people 65 and older, or people with certain disabilities ☐ ☐<br>d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability ☐ ☐<br>e. TRICARE or other military health care ☐ ☐<br>f. VA (including those who have ever used or enrolled for VA health care) ☐ ☐<br>g. Indian Health Service ☐ ☐<br>h. Any other type of health insurance or health coverage plan – *Specify* ☐ ☐ | **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.*<br>Yes / No<br>a. Insurance through a current or former employer or union (of this person or another family member) ☐ ☐<br>b. Insurance purchased directly from an insurance company (by this person or another family member) ☐ ☐<br>c. Medicare, for people 65 and older, or people with certain disabilities ☐ ☐<br>d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability ☐ ☐<br>e. TRICARE or other military health care ☐ ☐<br>f. VA (including those who have ever used or enrolled for VA health care) ☐ ☐<br>g. Indian Health Service ☐ ☐<br>h. Any other type of health insurance or health coverage plan – *Specify* ☐ ☐ | ✓ Question number changed from 15 to 16. |

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| **F** *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.*<br>**15 Does this person have any of the following long-lasting conditions:**<br>Yes / No<br>a. Blindness, deafness, or a severe vision or hearing impairment? ☐ ☐<br>b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? ☐ ☐ | **F** *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.*<br>**15 Does this person have any of the following long-lasting conditions:**<br>Yes / No<br>a. Blindness, deafness, or a severe vision or hearing impairment? ☐ ☐<br>b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? ☐ ☐ | **16 a. Is this person deaf or does he/she have serious difficulty hearing?**<br>☐ Yes<br>☐ No<br>**b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?**<br>☐ Yes<br>☐ No | **17 a. Is this person deaf or does he/she have serious difficulty hearing?**<br>☐ Yes<br>☐ No<br>**b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?**<br>☐ Yes<br>☐ No | ✓ Question number changed from 16 to 17. |
| **16 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:**<br>Yes / No<br>a. Learning, remembering, or concentrating? ☐ ☐<br>b. Dressing, bathing, or getting around inside the home? ☐ ☐ | **16 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:**<br>Yes / No<br>a. Learning, remembering, or concentrating? ☐ ☐<br>b. Dressing, bathing, or getting around inside the home? ☐ ☐ | **F** *Answer question 17a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.*<br>**17 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**<br>☐ Yes<br>☐ No<br>**b. Does this person have serious difficulty walking or climbing stairs?**<br>☐ Yes<br>☐ No<br>**c. Does this person have difficulty dressing or bathing?**<br>☐ Yes<br>☐ No | **G** *Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.*<br>**18 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**<br>☐ Yes<br>☐ No<br>**b. Does this person have serious difficulty walking or climbing stairs?**<br>☐ Yes<br>☐ No<br>**c. Does this person have difficulty dressing or bathing?**<br>☐ Yes<br>☐ No | ✓ Skip instruction designator changed from F to G.<br>✓ Question number changed from 17 to 18. |

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| G *Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 10.*<br>17 **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:**<br>Yes No<br>a. Going outside the home alone to shop or visit a doctor's office? ☐ ☐<br>b. Working at a job or business? ☐ ☐ | G *Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 10.*<br>17 **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:**<br>Yes No<br>a. Going outside the home alone to shop or visit a doctor's office? ☐ ☐<br>b. Working at a job or business? ☐ ☐ | G *Answer question 18 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.*<br>18 **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?**<br>☐ Yes<br>☐ No | H *Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.*<br>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?**<br>☐ Yes<br>☐ No | ✓ Skip instruction designator changed from G to H.<br>✓ Question number changed from 18 to 19. |
| Not asked | Not asked | 20 **In the PAST 12 MONTHS did this person get –**<br>Yes No<br>a. Married? ☐ ☐<br>b. Widowed? ☐ ☐<br>c. Divorced? ☐ ☐ | 21 **In the PAST 12 MONTHS did this person get –**<br>Yes No<br>a. Married? ☐ ☐<br>b. Widowed? ☐ ☐<br>c. Divorced? ☐ ☐ | ✓ Question number changed from 20 to 21.<br>✓ Note: marital status question (question number 20 in 2009) is presented on page 6, after Person question 2. |
| Not asked | Not asked. | 21 **How many times has this person been married?**<br>☐ Once<br>☐ Two times<br>☐ Three or more times | 22 **How many times has this person been married?**<br>☐ Once<br>☐ Two times<br>☐ Three or more times | ✓ Question number changed from 21 to 22. |
| Not asked | Not asked | 22 **In what year did this person last get married?**<br>Year | 23 **In what year did this person last get married?**<br>Year | ✓ Question number changed from 22 to 23. |
| 18 **Has this person given birth to any children in the past 12 months?**<br>☐ Yes<br>☐ No | H *Answer question 18 ONLY IF this person is female and 15–50 years old. Otherwise, SKIP to question 19a.*<br>18 **Has this person given birth to any children in the past 12 months?**<br>☐ Yes<br>☐ No | H *Answer question 23 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 24a.*<br>23 **Has this person given birth to any children in the past 12 months?**<br>☐ Yes<br>☐ No | I *Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.*<br>24 **Has this person given birth to any children in the past 12 months?**<br>☐ Yes<br>☐ No | ✓ Skip instruction designator changed from H to I.<br>✓ Question number changed from 23 to 24. |

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| **19** **a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?**<br>☐ Yes<br>☐ No → *SKIP to question 20*<br>**b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?**<br>☐ Yes<br>☐ No → *SKIP to question 20*<br>**c. How long has this grandparent been responsible for the(se) grandchild(ren)?** *If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.*<br>☐ Less than 6 months<br>☐ 6 to 11 months<br>☐ 1 or 2 years<br>☐ 3 or 4 years<br>☐ 5 or more years | **19** **a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?**<br>☐ Yes<br>☐ No → *SKIP to question 20*<br>**b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?**<br>☐ Yes<br>☐ No → *SKIP to question 20*<br>**c. How long has this grandparent been responsible for the(se) grandchild(ren)?** *If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.*<br>☐ Less than 6 months<br>☐ 6 to 11 months<br>☐ 1 or 2 years<br>☐ 3 or 4 years<br>☐ 5 or more years | **24** **a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?**<br>☐ Yes<br>☐ No → *SKIP to question 25*<br>**b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?**<br>☐ Yes<br>☐ No → *SKIP to question 25*<br>**c. How long has this grandparent been responsible for the(se) grandchild(ren)?** *If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.*<br>☐ Less than 6 months<br>☐ 6 to 11 months<br>☐ 1 or 2 years<br>☐ 3 or 4 years<br>☐ 5 or more years | **25** **a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?**<br>☐ Yes<br>☐ No → *SKIP to question 26*<br>**b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?**<br>☐ Yes<br>☐ No → *SKIP to question 26*<br>**c. How long has this grandparent been responsible for the(se) grandchild(ren)?** *If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.*<br>☐ Less than 6 months<br>☐ 6 to 11 months<br>☐ 1 or 2 years<br>☐ 3 or 4 years<br>☐ 5 or more years | ✓ Question number changed from 24 to 25. |
| **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 Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.*<br>☐ Yes, now on active duty<br>☐ Yes, on active duty during the last 12 months, but not now<br>☐ Yes, on active duty in the past, but not during the last 12 months<br>☐ No, training for Reserves or National Guard only → *SKIP to question 23*<br>☐ No, never served in the military → *SKIP to question 23* | **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 Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.*<br>☐ Yes, now on active duty<br>☐ Yes, on active duty during the last 12 months, but not now<br>☐ Yes, on active duty in the past, but not during the last 12 months<br>☐ No, training for Reserves or National Guard only → *SKIP to question 23*<br>☐ No, never served in the military → *SKIP to question 23* | **25** **Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?** *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.*<br>☐ Yes, now on active duty<br>☐ Yes, on active duty during the last 12 months, but not now<br>☐ Yes, on active duty in the past, but not during the last 12 months<br>☐ No, training for Reserves or National Guard only → *SKIP to question 27a*<br>☐ No, never served in the military → *SKIP to question 28a* | **26** **Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?** *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.*<br>☐ Yes, now on active duty<br>☐ Yes, on active duty during the last 12 months, but not now<br>☐ Yes, on active duty in the past, but not during the last 12 months<br>☐ No, training for Reserves or National Guard only → *SKIP to question 28a*<br>☐ No, never served in the military → *SKIP to question 29a* | ✓ Question number changed from 25 to 26. |

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| **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.*<br>☐ September 2001 or later<br>☐ August 1990 to August 2001 (including Persian Gulf War)<br>☐ September 1980 to July 1990<br>☐ May 1975 to August 1980<br>☐ Vietnam era (August 1964 to April 1975)<br>☐ March 1961 to July 1964<br>☐ February 1955 to February 1961<br>☐ Korean War (July 1950 to January 1955)<br>☐ January 1947 to June 1950<br>☐ World War II (December 1941 to December 1946)<br>☐ November 1941 or earlier | **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.*<br>☐ September 2001 or later<br>☐ August 1990 to August 2001 (including Persian Gulf War)<br>☐ September 1980 to July 1990<br>☐ May 1975 to August 1980<br>☐ Vietnam era (August 1964 to April 1975)<br>☐ March 1961 to July 1964<br>☐ February 1955 to February 1961<br>☐ Korean War (July 1950 to January 1955)<br>☐ January 1947 to June 1950<br>☐ World War II (December 1941 to December 1946)<br>☐ November 1941 or earlier | **26** **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.*<br>☐ September 2001 or later<br>☐ August 1990 to August 2001 (including Persian Gulf War)<br>☐ September 1980 to July 1990<br>☐ May 1975 to August 1980<br>☐ Vietnam era (August 1964 to April 1975)<br>☐ March 1961 to July 1964<br>☐ February 1955 to February 1961<br>☐ Korean War (July 1950 to January 1955)<br>☐ January 1947 to June 1950<br>☐ World War II (December 1941 to December 1946)<br>☐ November 1941 or earlier | **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.*<br>☐ September 2001 or later<br>☐ August 1990 to August 2001 (including Persian Gulf War)<br>☐ September 1980 to July 1990<br>☐ May 1975 to August 1980<br>☐ Vietnam era (August 1964 to April 1975)<br>☐ March 1961 to July 1964<br>☐ February 1955 to February 1961<br>☐ Korean War (July 1950 to January 1955)<br>☐ January 1947 to June 1950<br>☐ World War II (December 1941 to December 1946)<br>☐ November 1941 or earlier | ✓ Question number changed from 26 to 27. |
| **22** **In total, how many years of active-duty military service has this person had?**<br>☐ Less than 2 years<br>☐ 2 years or more | **22** **In total, how many years of active-duty military service has this person had?**<br>☐ Less than 2 years<br>☐ 2 years or more | Not asked | Not asked | Unchanged |
| Not asked | Not asked | **27** **a. Does this person have a VA service-connected disability rating?**<br>☐ Yes (such as 0%, 10%, 20%, ... , 100%)<br>☐ No → *SKIP to question 28a*<br>**b. What is this person's service-connected disability rating?**<br>☐ 0 percent<br>☐ 10 or 20 percent<br>☐ 30 or 40 percent<br>☐ 50 or 60 percent<br>☐ 70 percent or higher | **28** **a. Does this person have a VA service-connected disability rating?**<br>☐ Yes (such as 0%, 10%, 20%, ... , 100%)<br>☐ No → *SKIP to question 29a*<br>**b. What is this person's service-connected disability rating?**<br>☐ 0 percent<br>☐ 10 or 20 percent<br>☐ 30 or 40 percent<br>☐ 50 or 60 percent<br>☐ 70 percent or higher | ✓ Question number changed from 27 to 28. |

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| 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.*<br>☐ Yes<br>☐ No → *SKIP to question 29* | 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.*<br>☐ Yes<br>☐ No → *SKIP to question 29* | 28 **a. LAST WEEK, did this person work for pay at a job (or business)?**<br>☐ Yes → *SKIP to question 29*<br>☐ No – Did not work (or retired)<br>**b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?**<br>☐ Yes<br>☐ No → *SKIP to question 34a* | 29 **a. LAST WEEK, did this person work for pay at a job (or business)?**<br>☐ Yes → *SKIP to question 30*<br>☐ No – Did not work (or retired)<br>**b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?**<br>☐ Yes<br>☐ No → *SKIP to question 35a* | ✓ Question number changed from 28 to 29. |
| 24 **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.*<br>**a. Address (Number and street name)**<br>*If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.*<br>**b. Name of city, town, or post office**<br>**c. Is the work location inside the limits of that city or town?**<br>☐ Yes<br>☐ No, outside the city/town limits<br>**d. Name of county**<br>**e. Name of U.S. state or foreign country**<br>**f. ZIP Code** | 24 **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.*<br>**a. Address (Number and street name)**<br>*If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.*<br>**b. Name of city, town, or post office**<br>**c. Is the work location inside the limits of that city or town?**<br>☐ Yes<br>☐ No, outside the city/town limits<br>**d. Name of county**<br>**e. Name of U.S. state or foreign country**<br>**f. ZIP Code** | 29 **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.*<br>**a. Address (Number and street name)**<br>*If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.*<br>**b. Name of city, town, or post office**<br>**c. Is the work location inside the limits of that city or town?**<br>☐ Yes<br>☐ No, outside the city/town limits<br>**d. Name of county**<br>**e. Name of U.S. state or foreign country**<br>**f. ZIP Code** | 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.*<br>**a. Address (Number and street name)**<br>*If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.*<br>**b. Name of city, town, or post office**<br>**c. Is the work location inside the limits of that city or town?**<br>☐ Yes<br>☐ No, outside the city/town limits<br>**d. Name of county**<br>**e. Name of U.S. state or foreign country**<br>**f. ZIP Code** | ✓ Question number changed from 29 to 30. |

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| **25** **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.*<br>☐ Car, truck, or van<br>☐ Bus or trolley bus<br>☐ Streetcar or trolley car<br>☐ Subway or elevated<br>☐ Railroad<br>☐ Ferryboat<br>☐ Taxicab<br>☐ Motorcycle<br>☐ Bicycle<br>☐ Walked<br>☐ Worked at home → *SKIP to question 33*<br>☐ Other method | **25** **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.*<br>☐ Car, truck, or van<br>☐ Bus or trolley bus<br>☐ Streetcar or trolley car<br>☐ Subway or elevated<br>☐ Railroad<br>☐ Ferryboat<br>☐ Taxicab<br>☐ Motorcycle<br>☐ Bicycle<br>☐ Walked<br>☐ Worked at home → *SKIP to question 33*<br>☐ Other method | **30** **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.*<br>☐ Car, truck, or van<br>☐ Bus or trolley bus<br>☐ Streetcar or trolley car<br>☐ Subway or elevated<br>☐ Railroad<br>☐ Ferryboat<br>☐ Taxicab<br>☐ Motorcycle<br>☐ Bicycle<br>☐ Walked<br>☐ Worked at home → *SKIP to question 38a*<br>☐ Other method | **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.*<br>☐ Car, truck, or van<br>☐ Bus or trolley bus<br>☐ Streetcar or trolley car<br>☐ Subway or elevated<br>☐ Railroad<br>☐ Ferryboat<br>☐ Taxicab<br>☐ Motorcycle<br>☐ Bicycle<br>☐ Walked<br>☐ Worked at home → *SKIP to question 39a*<br>☐ Other method | ✓ Question number changed from 30 to 31. |
| **I** *Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.*<br>**26** **How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?**<br>Person(s) | **I** *Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.*<br>**26** **How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?**<br>Person(s) | **I** *Answer question 31 if you marked "Car, truck, or van" in question 30. Otherwise, SKIP to question 32.*<br>**31** **How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?**<br>Person(s) | **J** *Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.*<br>**32** **How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?**<br>Person(s) | ✓ Skip instruction designator changed from I to J.<br>✓ Question number changed from 31 to 32. |
| **27** **What time did this person usually leave home to go to work LAST WEEK?**<br>Hour Minute<br>☐ a.m.<br>☐ p.m. | **27** **What time did this person usually leave home to go to work LAST WEEK?**<br>Hour Minute<br>☐ a.m.<br>☐ p.m. | **32** **What time did this person usually leave home to go to work LAST WEEK?**<br>Hour Minute<br>☐ a.m.<br>☐ p.m. | **33** **What time did this person usually leave home to go to work LAST WEEK?**<br>Hour Minute<br>☐ a.m.<br>☐ p.m. | ✓ Question number changed from 32 to 33. |
| **28** **How many minutes did it usually take this person to get from home to work LAST WEEK?**<br>Minutes | **28** **How many minutes did it usually take this person to get from home to work LAST WEEK?**<br>Minutes | **33** **How many minutes did it usually take this person to get from home to work LAST WEEK?**<br>Minutes | **34** **How many minutes did it usually take this person to get from home to work LAST WEEK?**<br>Minutes | ✓ Question number changed from 33 to 34. |

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| **J** *Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.*<br>**29** **a. LAST WEEK, was this person on layoff from a job?**<br>☐ Yes → *SKIP to question 29c*<br>☐ No<br>**b. LAST WEEK, was this person TEMPORARILY absent from a job or business?**<br>☐ Yes, on vacation, temporary illness, labor dispute, etc. → *SKIP to question 32*<br>☐ No → *SKIP to question 30*<br>**c. 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?**<br>☐ Yes → *SKIP to question 31*<br>☐ No | **J** *Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.*<br>**29** **a. LAST WEEK, was this person on layoff from a job?**<br>☐ Yes → *SKIP to question 29c*<br>☐ No<br>**b. LAST WEEK, was this person TEMPORARILY absent from a job or business?**<br>☐ Yes, on vacation, temporary illness, labor dispute, etc. → *SKIP to question 32*<br>☐ No → *SKIP to question 30*<br>**c. 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?**<br>☐ Yes → *SKIP to question 31*<br>☐ No | **J** *Answer questions 34 – 37 if this person did NOT work last week. Otherwise, SKIP to question 38a.*<br>**34** **a. LAST WEEK, was this person on layoff from a job?**<br>☐ Yes → *SKIP to question 34c*<br>☐ No<br>**b. LAST WEEK, was this person TEMPORARILY absent from a job or business?**<br>☐ Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → *SKIP to question 37*<br>☐ No → *SKIP to question 35*<br>**c. 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?**<br>☐ Yes → *SKIP to question 36*<br>☐ No | **K** *Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.*<br>**35** **a. LAST WEEK, was this person on layoff from a job?**<br>☐ Yes → *SKIP to question 35c*<br>☐ No<br>**b. LAST WEEK, was this person TEMPORARILY absent from a job or business?**<br>☐ Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → *SKIP to question 38*<br>☐ No → *SKIP to question 36*<br>**c. 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?**<br>☐ Yes → *SKIP to question 37*<br>☐ No | ✓ Skip instruction designator changed from J to K.<br>✓ Question number changed from 34 to 35. |
| **30** **Has this person been looking for work during the last 4 weeks?**<br>☐ Yes<br>☐ No → *SKIP to question 32* | **30** **Has this person been looking for work during the last 4 weeks?**<br>☐ Yes<br>☐ No → *SKIP to question 32* | **35** **During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?**<br>☐ Yes<br>☐ No → *SKIP to question 37* | **36** **During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?**<br>☐ Yes<br>☐ No → *SKIP to question 38* | ✓ Question number changed from 35 to 36. |
| **31** **LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?**<br>☐ Yes, could have gone to work<br>☐ No, because of own temporary illness<br>☐ No, because of all other reasons (in school, etc.) | **31** **LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?**<br>☐ Yes, could have gone to work<br>☐ No, because of own temporary illness<br>☐ No, because of all other reasons (in school, etc.) | **36** **LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?**<br>☐ Yes, could have gone to work<br>☐ No, because of own temporary illness<br>☐ No, because of all other reasons (in school, etc.) | **37** **LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?**<br>☐ Yes, could have gone to work<br>☐ No, because of own temporary illness<br>☐ No, because of all other reasons (in school, etc.) | ✓ Question number changed from 36 to 37. |

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| 32 **When did this person last work, even for a few days?**<br>☐ Within the past 12 months<br>☐ 1 to 5 years ago → *SKIP to question 35*<br>☐ Over 5 years ago or never worked → *SKIP to question 41* | 32 **When did this person last work, even for a few days?**<br>☐ Within the past 12 months<br>☐ 1 to 5 years ago → *SKIP to question 35*<br>☐ Over 5 years ago or never worked → *SKIP to question 41* | 37 **When did this person last work, even for a few days?**<br>☐ Within the past 12 months<br>☐ 1 to 5 years ago → *SKIP to* K<br>☐ Over 5 years ago or never worked → *SKIP to question 46* | 38 **When did this person last work, even for a few days?**<br>☐ Within the past 12 months<br>☐ 1 to 5 years ago → *SKIP to* L<br>☐ Over 5 years ago or never worked → *SKIP to question 47* | ✓ Question number changed from 37 to 38. |
| 33 **During the PAST 12 MONTHS, how many WEEKS did this person work?** *Count paid vacation, paid sick leave, and military service.*<br>Weeks | 33 **During the PAST 12 MONTHS, how many WEEKS did this person work?** *Count paid vacation, paid sick leave, and military service.*<br>Weeks | 38 **a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.**<br>☐ Yes → *SKIP to question 39*<br>☐ No<br>**b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?**<br>☐ 50 to 52 weeks<br>☐ 48 to 49 weeks<br>☐ 40 to 47 weeks<br>☐ 27 to 39 weeks<br>☐ 14 to 26 weeks<br>☐ 13 weeks or less | 39 **a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.**<br>☐ Yes → *SKIP to question 40*<br>☐ No<br>**b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?**<br>☐ 50 to 52 weeks<br>☐ 48 to 49 weeks<br>☐ 40 to 47 weeks<br>☐ 27 to 39 weeks<br>☐ 14 to 26 weeks<br>☐ 13 weeks or less | ✓ Question number changed from 38 to 39. |
| 34 **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**<br>Usual hours worked each WEEK | 34 **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**<br>Usual hours worked each WEEK | 39 **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**<br>Usual hours worked each WEEK | 40 **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**<br>Usual hours worked each WEEK | ✓ Question number changed from 39 to 40. |

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| **K** *Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 41.*<br>**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.*<br>**35 Was this person –**<br>*Mark (X) ONE box.*<br>☐ an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?<br>☐ an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?<br>☐ a local GOVERNMENT employee (city, county, etc.)?<br>☐ a state GOVERNMENT employee?<br>☐ a Federal GOVERNMENT employee?<br>☐ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?<br>☐ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?<br>☐ working WITHOUT PAY in family business or farm? | **K** *Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 41.*<br>**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.*<br>**35 Was this person –**<br>*Mark (X) ONE box.*<br>☐ an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?<br>☐ an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?<br>☐ a local GOVERNMENT employee (city, county, etc.)?<br>☐ a state GOVERNMENT employee?<br>☐ a Federal GOVERNMENT employee?<br>☐ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?<br>☐ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?<br>☐ working WITHOUT PAY in family business or farm? | **K** *Answer questions 40 – 45 if this person worked in the past 5 years. Otherwise, SKIP to question 46.*<br>**40 – 45 CURRENT OR MOST RECENT JOB ACTIVITY.** *Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.*<br>**40 Was this person –**<br>*Mark (X) ONE box.*<br>☐ an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?<br>☐ an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?<br>☐ a local GOVERNMENT employee (city, county, etc.)?<br>☐ a state GOVERNMENT employee?<br>☐ a Federal GOVERNMENT employee?<br>☐ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?<br>☐ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?<br>☐ working WITHOUT PAY in family business or farm? | **L** *Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.*<br>**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.*<br>**41 Was this person –**<br>*Mark (X) ONE box.*<br>☐ an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?<br>☐ an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?<br>☐ a local GOVERNMENT employee (city, county, etc.)?<br>☐ a state GOVERNMENT employee?<br>☐ a Federal GOVERNMENT employee?<br>☐ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?<br>☐ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?<br>☐ working WITHOUT PAY in family business or farm? | ✓ Skip instruction designator changed from K to L.<br>✓ Question number changed from 40 to 41. |
| **36 For whom did this person work?**<br>*If now on active duty in the Armed Forces, mark (X) this box → ☐ and print the branch of the Armed Forces.*<br>Name of company, business, or other employer | **36 For whom did this person work?**<br>*If now on active duty in the Armed Forces, mark (X) this box → ☐ and print the branch of the Armed Forces.*<br>Name of company, business, or other employer | **41 For whom did this person work?**<br>*If now on active duty in the Armed Forces, mark (X) this box → ☐ and print the branch of the Armed Forces.*<br>Name of company, business, or other employer | **42 For whom did this person work?**<br>*If now on active duty in the Armed Forces, mark (X) this box → ☐ and print the branch of the Armed Forces.*<br>Name of company, business, or other employer | ✓ Question number changed from 41 to 42. |
| **37 What kind of business or industry was this?**<br>*Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)* | **37 What kind of business or industry was this?**<br>*Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)* | **42 What kind of business or industry was this?**<br>*Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)* | **43 What kind of business or industry was this?**<br>*Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)* | ✓ Question number changed from 42 to 43. |

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| 38 **Is this mainly –** *Mark (X) one box.*<br>☐ manufacturing?<br>☐ wholesale trade?<br>☐ retail trade?<br>☐ other (agriculture, construction, service, government, etc.)? | 38 **Is this mainly –** *Mark (X) one box.*<br>☐ manufacturing?<br>☐ wholesale trade?<br>☐ retail trade?<br>☐ other (agriculture, construction, service, government, etc.)? | 43 **Is this mainly –** *Mark (X) one box.*<br>☐ manufacturing?<br>☐ wholesale trade?<br>☐ retail trade?<br>☐ other (agriculture, construction, service, government, etc.)? | 44 **Is this mainly –** *Mark (X) ONE box.*<br>☐ manufacturing?<br>☐ wholesale trade?<br>☐ retail trade?<br>☐ other (agriculture, construction, service, government, etc.)? | ✓ Question number changed from 43 to 44. |
| 39 **What kind of work was this person doing?** *(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)* | 39 **What kind of work was this person doing?** *(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)* | 44 **What kind of work was this person doing?** *(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)* | 45 **What kind of work was this person doing?** *(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)* | ✓ Question number changed from 44 to 45. |
| 40 **What were this person's most important activities or duties?** *(For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)* | 40 **What were this person's most important activities or duties?** *(For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)* | 45 **What were this person's most important activities or duties?** *(For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)* | 46 **What were this person's most important activities or duties?** *(For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)* | ✓ Question number changed from 45 to 46. |

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| **41 INCOME IN THE PAST 12 MONTHS.**<br>*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.)*<br>*Mark (X) the "No" box to show types of income NOT received.*<br>*If net income was a loss, mark the "Loss" box to the right of the dollar amount.*<br>*For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.*<br>**a. Wages, salary, commissions, bonuses, or tips from all jobs.** *Report amount before deductions for taxes, bonds, dues, or other items.*<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 MONTHS<br>**b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships.** *Report NET income after business expenses.*<br>☐ Yes → $ .00 ☐ Loss<br>☐ No TOTAL AMOUNT for past 12 MONTHS<br>**c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.** *Report even small amounts credited to an account.*<br>☐ Yes → $ .00 ☐ Loss<br>☐ No TOTAL AMOUNT for past 12 MONTHS | **41 INCOME IN THE PAST 12 MONTHS.**<br>*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.)*<br>*Mark (X) the "No" box to show types of income NOT received.*<br>*If net income was a loss, mark the "Loss" box to the right of the dollar amount.*<br>*For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.*<br>**a. Wages, salary, commissions, l nuses, or tips from all jobs.** *Report amount before deductions for taxes, bonds, dues, or other items.*<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 MONTHS<br>**b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships.** *Report NET income after business expenses.*<br>☐ Yes → $ .00 ☐ Loss<br>☐ No TOTAL AMOUNT for past 12 MONTHS<br>**c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.** *Report even small amounts credited to an account.*<br>☐ Yes → $ .00 ☐ Loss<br>☐ No TOTAL AMOUNT for past 12 MONTHS | **46 INCOME IN THE PAST 12 MONTHS.**<br>*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.)*<br>*Mark (X) the "No" box to show types of income NOT received.*<br>*If net income was a loss, mark the "Loss" box to the right of the dollar amount.*<br>*For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.*<br>**a. Wages, salary, commissions, bonuses, or tips from all jobs.** *Report amount before deductions for taxes, bonds, dues, or other items.*<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 months<br>**b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships.** *Report NET income after business expenses.*<br>☐ Yes → $ .00 ☐ Loss<br>☐ No TOTAL AMOUNT for past 12 months<br>**c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.** *Report even small amounts credited to an account.*<br>☐ Yes → $ .00 ☐ Loss<br>☐ No TOTAL AMOUNT for past 12 months | **47 INCOME IN THE PAST 12 MONTHS**<br>*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.)*<br>*Mark (X) the "No" box to show types of income NOT received.*<br>*If net income was a loss, mark the "Loss" box to the right of the dollar amount.*<br>*For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.*<br>**a. Wages, salary, commissions, bonuses, or tips from all jobs.** *Report amount before deductions for taxes, bonds, dues, or other items.*<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 months<br>**b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships.** *Report NET income after business expenses.*<br>☐ Yes → $ .00 ☐ Loss<br>☐ No TOTAL AMOUNT for past 12 months<br>**c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.** *Report even small amounts credited to an account.*<br>☐ Yes → $ .00 ☐ Loss<br>☐ No TOTAL AMOUNT for past 12 months | ✓ Question number changed from 46 to 47. |

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| **d. Social Security or Railroad Retirement.**<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 MONTHS<br>**e. Supplemental Security Income (SSI).**<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 MONTHS<br>**f. Any public assistance or welfare payments from the state or local welfare office.**<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 MONTHS<br>**g. Retirement, survivor, or disability pensions.** *Do NOT include Social Security.*<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 MONTHS<br>**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.*<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 MONTHS | **d. Social Security or Railroad Retirement.**<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 MONTHS<br>**e. Supplemental Security Income (SSI).**<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 MONTHS<br>**f. Any public assistance or welfare payments from the state or local welfare office.**<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 MONTHS<br>**g. Retirement, survivor, or disability pensions.** *Do NOT include Social Security.*<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 MONTHS<br>**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.*<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 MONTHS | **d. Social Security or Railroad Retirement.**<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 months<br>**e. Supplemental Security Income (SSI).**<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 months<br>**f. Any public assistance or welfare payments from the state or local welfare office.**<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 months<br>**g. Retirement, survivor, or disability pensions.** *Do NOT include Social Security.*<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 months<br>**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.*<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 months | **d. Social Security or Railroad Retirement.**<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 months<br>**e. Supplemental Security Income (SSI).**<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 months<br>**f. Any public assistance or welfare payments from the state or local welfare office.**<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 months<br>**g. Retirement, survivor, or disability pensions.** *Do NOT include Social Security.*<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 months<br>**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.*<br>☐ Yes → $ .00<br>☐ No TOTAL AMOUNT for past 12 months | |

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| 42 **What was this person's total income during the PAST 12 MONTHS?** *Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.*<br>☐ None OR $ .00 ☐ Loss<br>TOTAL AMOUNT for past 12 MONTHS | 42 **What was this person's total income during the PAST 12 MONTHS?** *Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.*<br>☐ None OR $ .00<br>☐ Loss<br>TOTAL AMOUNT for past 12 MONTHS | 47 **What was this person's total income during the PAST 12 MONTHS?** *Add entries in questions 46a to 46h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.*<br>☐ None OR $ .00 ☐ Loss<br>TOTAL AMOUNT for past 12 months | 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.*<br>☐ None OR $ .00 ☐ Loss<br>TOTAL AMOUNT for past 12 months | ✓ Question number changed from 47 to 48. |
| **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.** | **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.** | **Continue with the questions for Person 2 on the next page. If only 1 person is listed on page 2, SKIP to page 28 for mailing instructions.** | **Continue with the questions for Person 2 on the next page. If only 1 person is listed on page 2, SKIP to page 28 for mailing instructions.** | Unchanged |