

PGM 2

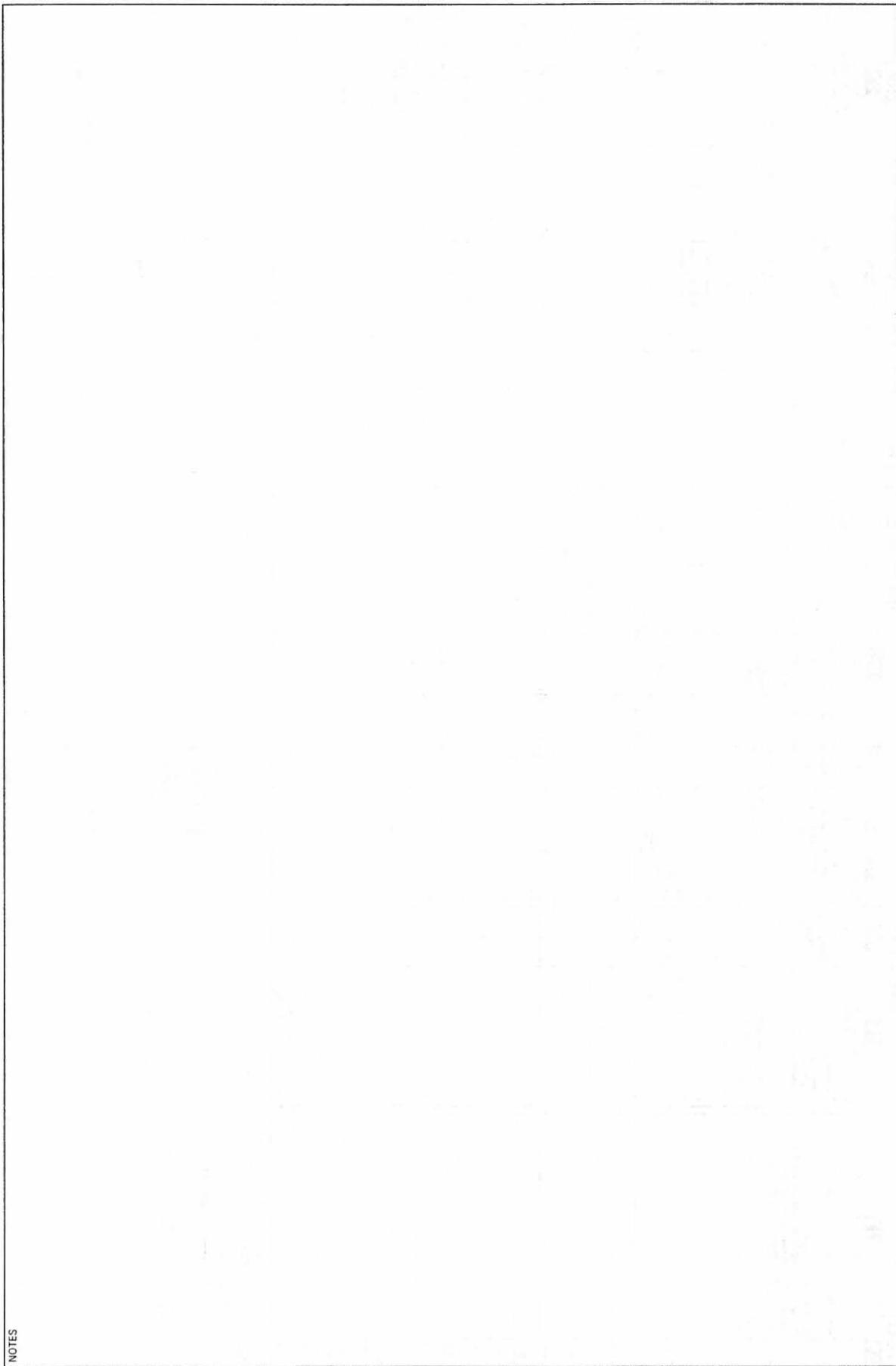
1 PSU	Segment	Serial	Sample	Panel	2a SEGMENT <input type="checkbox"/> Unit <input type="checkbox"/> Area <input type="checkbox"/> Permit <input type="checkbox"/> Group Quarters <input type="checkbox"/> Area/Unit	2b EXTRA UNIT - Original unit serial number	2c Sheet _____ Line _____	INTRODUCTION OCCUPIED HOUSEHOLD: Hello, I am . . . from the United States Bureau of the Census. Here is my identification card. We are taking a survey of housing in the United States. I have some questions I would like to ask you. Did you receive our letter? If prior year interview, ask: Is this the (Last name of reference person) household? VACANT INTERVIEW: Hello, I am . . . from the United States Bureau of the Census. Here is my identification card. We are taking a survey of housing in the United States. I have some questions about (Read address). Here is a letter which provides some information about the survey.	FORM AHS-61 (10-11-94)	S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS
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3a ADDRESS (Sheet _____, Line _____)	AREA SEGMENTS ONLY	NOTES
PLACE _____ STATE _____ ZIP CODE _____	4a Year built <input type="checkbox"/> Ask first visit <input type="checkbox"/> Do NOT ask	5a Coverage questions <input type="checkbox"/> Ask items marked <input type="checkbox"/> Do NOT ask
3b Ask every survey. What is the exact address? Make corrections to address above.	4b Was this structure built before April 1, 1990 or after? <input type="checkbox"/> Before 4-1-90 - Continue interview <input type="checkbox"/> After 4-1-90 - End interview, mark AHS-63, item 11 "Type C - 37"	5b Are there any occupied or vacant apartments besides (your own/those) on the same floor? Yes - Fill Table X . . . No
3c GQ name	5c Is there any other building on the property for people to live in - either occupied or vacant? Yes - Fill Table X . . . No	Survey year 1 2
3d Type code		

6 STATUS OF CONTROL NUMBER	CLASSIFICATION OF LIVING QUARTERS	8a CHECK ITEM
Control number in sample last enumeration period	7a CHECK ITEM	Occupied - Go to item 8b
Control number in sample for first time this enumeration period - Mark reason for adding control number below:	Unit NOT in a GQ	Not occupied - Go to AHS-63
New construction	Unit in a GQ - Refer to the GQ Table in Topic 3 of Chapter 4 of the Listing and Coverage Manual for Field Representatives (Form 11-8). Skip to item 7c and mark the appropriate box.	8b TENURE
Mobile home moved in	7b ACCESS - Mark or ask:	Is this (house/apartment) - Read answer categories until a "Yes" reply is received.
House moved in	Does (Address in item 3a) have direct access either through the outside or through a common hall?	Owned or being bought by someone in your household?
Unit resulted from structural conversion	Yes, direct	Rented for cash?
Conversion of nonresidential unit	No, through another unit - Not a separate unit; combine with unit through which access is gained. Apply merged unit procedures if appropriate	Occupied without payment of cash rent?
Sample redesign		8c SKIP TO ITEM 11. (If Type A, go to AHS-62.)
Other - Specify _____		
OFFICE USE ONLY		

9b	9a	9b	9c	9d	9e 9f	9g	9h	9i	9j	9k	9l	9m	
Survey year	Date completed	Field Rep code	Interview status	Line number of respondent	OFFICE USE ONLY	I may have to clarify something with you after checking my work. Is there a telephone on which you can be reached?	What is the number?	What is the best time to reach you?	REG./URE INTERVIEW	Survey year	Starting time	Ending time	Number of callbacks
Month Day Year	Reg. Occ. URE Occ. VAC Non-interview (Enter code)	(For Vacant Interviews, enter code from below.)	Area code Number Mark (X) if unlisted or refused (Enter code from below.)	1 Yes 2 No - Skip to 9i	1 Yes 2 No - Skip to 9i	1 Yes 2 No - Skip to 9i	1 Yes 2 No - Skip to 9i	Fill observation items on questionnaire.	Number of personal visits	Hour Minute	Hour Minute	Personal Telephone	
1	1 2 3 4							TYPE A NONINTERVIEW	1	T S	T S	T S	T S
2	1 2 3 4							VACANT INTERVIEW	2	T S	T S	T S	T S
VACANT INTERVIEW CODES (For item 9d)										NOTE: T = Tally S = Sum			

89 - Manager	93 - Neighbor	1 - Morning (9am-12noon)	6 - Anytime (9am-9pm)
90 - Owner	94 - Observation	2 - Noon/Lunchtime (11am-1pm)	7 - Late Evening/Night (After 7pm-9pm)
91 - Landlord/Landlady	95 - Other	3 - Afternoon (12noon-4pm)	8 - Daytime (9am-4pm)
92 - Rental/Real Estate Agent		4 - Suppertime/Early Evening/Dinnertime (4pm-7pm)	9 - After 5pm
		5 - Evening (6pm-9pm)	



NOTES

FORM AHS-61 (10-11-94)

Facsimile of the Control Card: 1995

28 OWNER/AGENT TRANSCRIPTION - <i>If the sample unit is not owner occupied, transcribe the name, address, and telephone number of the owner/agent from the questionnaire.</i>				29 FOR VACANT INTERVIEWS - <i>Enter respondent information below.</i>			
Survey year	Name	Address (Number, street, city, state, ZIP Code)	Telephone		Name	Address (Number, street, city, state, ZIP Code)	
			Area code	Number			
1							
2							

1990 Table X - Determining if an Additional Living Quarters Qualifies as an EXTRA Unit

START HERE	AREA SEGMENTS		PERMIT SEGMENTS	UNIT AND AREA/UNIT SEGMENTS		SEPARATENESS		NUMBER OF EXTRA UNITS
(1)	(2)	(3)	(4)	Single Unit (5)	Multi-Unit (6)	(7)	(8)	(9)
Check the listing sheet. Is the address of the additional living quarters already listed?	Are the additional living quarters within the area segment boundaries?	Are the additional living quarters in a group quarters?	Are the additional living quarters within the same structure and within the same space (see footnote 1) occupied by the original sample unit?	Are the additional living quarters within the basic address (house number and street name) of the original sample unit?	Are the additional living quarters within the same space (see footnote 1) occupied by the original sample unit? and Are the additional living quarters the result of a split apartment?	Do the occupants or intended occupants of the additional living quarters live and eat separately from all other persons on the property?	Do the occupants or intended occupants of the additional living quarters have direct access from the outside or through a common hall?	Have you found more than 3 EXTRA units?
YES - Stop Table X. NO - Go to column (2), (4), (5) or (6) depending on segment type.	YES - Go to column (3). NO - Stop Table X; do not interview.	YES - Stop Table X; do not interview. NO - Skip to column (7).	YES - Go to column (7). NO - Stop Table X; do not interview.	YES - Go to column (7). NO - Stop Table X; do not interview.	YES to both questions - Go to column (7). NO to either question - Stop Table X; do not interview.	YES - Go to column (8). NO - Not a separate unit. Stop Table X. Include additional living quarters with the original unit and continue interview.	YES - An EXTRA unit. - Go to column (9). NO - Not a separate unit. - Stop Table X. Include additional living quarters with the original unit and continue interview.	YES - Call your RO for instructions on which units to interview. Then, enter the basic address and unit designation (if any) of the EXTRA units onto the listing sheet and fill out new Control Cards and questionnaires for these units. (See Footnote 2) NO - Enter the basic address and unit designation (if any) of the EXTRA units onto the listing sheet and fill out new Control Cards and questionnaires for these units. (See Footnote 2)

FOOTNOTES:
¹ Occupation of the "same space" occurs if a housing unit has been split into two or more separate housing units.
² If you determine that you have found an EXTRA unit at a single unit address in a UNIT or AREA/UNIT segment (Yes in column 5), you must prepare an INTER-COMM and fill out a blank listing sheet listing each unit at the address.

NOTES

**AMERICAN HOUSING SURVEY
METROPOLITAN SAMPLE
1996
OCCUPIED HOUSING UNITS**

NOTICE - All information which would permit identification of the individual will be held in strict confidence by law under U.S. Code, title 13, section 9a. It may be seen only by sworn Census employees and may be used only for statistical purposes.

1. CONTROL NUMBER

- 4 10 ↓

PSU	Segment	Serial	Sample	Panel
			F	

2a. Date of first visit

0010 Month Day Year

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b. Field Representative name

c. Interview method

0015 Personal visit
 Telephone

3-5. WASHINGTON USE ONLY

6. Type of interview

0040 Regular occupied - (One or more "1's" in Control Card item 14) - Go to item 20, page 2
 URE occupied - (All "2's" in Control Card item 14) - Go to item 124, page 46
 Type A noninterview

7. Type A noninterview reason

0050 01 No one home
 02 Temporarily absent
 03 Refused
 04 Unable to locate
 05 Other occupied - Specify *z*

8. Occupancy status for Type A noninterviews

0060 1 Occupied as a usual residence by at least one person
 2 All occupants have a usual residence elsewhere
 3 Don't know
Go to Control Card item 9a

9. Mortgage (See item 94, page 35.)

0070 Mortgage information not required OR callback not required
 Callback required -
 2 Information obtained
 3 Unable to obtain information - Explain *z*

10. Nonrelative income (See items 195 and 196, page 61.)

0131 Item 195 marked "All others" - no callback required
 Item 196c has amount or "DK" or "Ref" for all nonrelatives age 14 + or item 196b is "None" - no callback required
 Item 196c blank for any nonrelative age 14 + - telephone callback required
 2 information obtained
 3 unable to obtain information - Explain *z*

11-13. WASHINGTON USE ONLY

14a. Field Representative: Is there any information for this sample unit which should be reviewed by the office prior to data keying?

0135 Review not required
 Review required

Notes

b. OFFICE USE ONLY

0139 Review completed

15. OFFICE USE ONLY

a. EDIT FOLLOWUP REQUIRED →

0136 Page Item

0137 Page Item

0138 Page Item

b. SOURCE OF RESOLUTION

0140 1 Respondent
 2 Field Representative
 3 Regional Office staff
 4 Washington
 5 Other - Specify *z*

c. OFFICE USE ONLY

0141 Editor's code

0142

16. In what language was the interview conducted?

0143 1 English
 2 Spanish
 3 Other - Specify *z*

17. Address correction/address addition

- 5 10 ↓

First address line

Second address line

Place or city

State ZIP Code

18 - 19. WASHINGTON USE ONLY

REGULAR OCCUPIED	
MARK OR ASK -	- 6 11 +
20. Are your living quarters in a - (Read all answer categories.)	1120 <input type="checkbox"/> 1 Mobile home <input type="checkbox"/> 2 One-unit building, detached from any other building <input type="checkbox"/> 3 One-unit building, attached to one or more buildings - Skip to item 22a <input type="checkbox"/> 4 Building with two or more apartments? - Skip to item 21b
21a. Are there any occupied or vacant apartments besides your own in the (building/mobile home)?	1130 <input type="checkbox"/> 1 Yes - Fill Table X on Control Card, then go to item 21b <input type="checkbox"/> 2 No - Skip to item 23 and mark box 1 or 4
b. How many apartments are in the (building/mobile home)?	1140 _____ Number - Skip to item 23 and mark box 3 or 5
22a. Does your (house/apartment) share an attic or basement with the (house/apartment) next door?	1150 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No } Skip to item 22c <input type="checkbox"/> 3 Don't know
b. How many (houses/apartments) including your own share the attic or basement?	1160 _____ Number - If one, reask item 22a and correct entry. If more than one, skip to item 23 and mark box 3.
c. Does your (house/apartment) share a furnace or boiler with the (house/apartment) next door?	1170 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No } Skip to item 22e <input type="checkbox"/> 3 Don't know
d. How many (houses/apartments) including your own share the furnace or boiler?	1180 _____ Number - If one, reask item 22c and correct entry. If more than one, skip to item 23 and mark box 3.
e. Are there any occupied or vacant apartments besides your own in this house?	1190 <input type="checkbox"/> 1 Yes - Fill Table X on Control Card, then go to item 22f <input type="checkbox"/> 2 No - Skip to item 23 and mark box 2
f. How many apartments including your own are in this house?	1200 _____ Number - If one, reask item 22e and correct entry. If more than one, go to item 23 and mark box 3.
23. Check Item Final building type classification based on entries in items 20 - 22.	1210 <input type="checkbox"/> 1 One-unit building - detached <input type="checkbox"/> 2 One-unit building - attached <input type="checkbox"/> 3 Two-or-more-unit building } Skip to item 25a <input type="checkbox"/> 4 Mobile home - one unit <input type="checkbox"/> 5 Mobile home - two-or-more units
24. Is the house built - (Read answer categories until a "Yes" reply is received.)	1220 <input type="checkbox"/> 1 With a basement under all the building? <input type="checkbox"/> 2 With a basement under part of the building? <input type="checkbox"/> 3 With a crawl space? <input type="checkbox"/> 4 On a concrete slab? <input type="checkbox"/> 5 In some other way? - Specify _____
25a. Is the (house/apartment) part of a condominium or cooperative?	1230 <input type="checkbox"/> 1 No } Skip to item 26a, page 3 <input type="checkbox"/> 2 Yes, condominium <input type="checkbox"/> 3 Yes, cooperative
b. To the Census Bureau, a cooperative is property which is owned by a corporation. Each shareholder is entitled to occupy an individual unit. Is this what you mean when you say this is a cooperative?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Reask item 25a and correct entry

REGULAR OCCUPIED - Continued	
26a. How many of each of the following rooms does the (house/apartment) have? (For a one room efficiency or studio apartment, enter "1" for living room, enter the correct number of bathrooms, and mark "None" for all other rooms.)	
(1) Bedrooms?	1240 _____ Number <input type="checkbox"/> None
(2) How many full bathrooms with hot and cold piped water, AND a sink, AND a flush toilet, AND a bathtub or shower?	1250 _____ Number <input type="checkbox"/> None
(3) How many half bathrooms? (Toilet OR bathtub OR shower)	1260 _____ Number <input type="checkbox"/> None
(4) Kitchens?	1270 _____ Number <input type="checkbox"/> None
(5) Living rooms?	1280 _____ Number <input type="checkbox"/> None
(6) Separate dining rooms?	1290 _____ Number <input type="checkbox"/> None
(7) Rooms used only for business space?	1320 _____ Number with direct access to the outside <input type="checkbox"/> None 1321 _____ Number without direct access to the outside <input type="checkbox"/> None
b. Are there any other rooms? (Exclude halls, foyers, pantries, garages, porches or areas that aren't separated by a built-in, floor-to-ceiling wall extending at least a few inches into room.)	- 6 11 + 1300 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No - Skip to item 26d
c. What are they? (Complete both parts.)	1310 _____ Number of family rooms, dens, recreation rooms and/or libraries <input type="checkbox"/> None 1330 _____ Number of other rooms, finished or unfinished <input type="checkbox"/> None
d. Are any of your rooms used both as business space and for something else, such as a guest room?	1331 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No - Skip to item 26f
e. How many rooms are used for both?	1351 _____ Number of rooms
f. Check Item (See items 21b and 23) <input type="checkbox"/> 1 or 2 unit building. <input type="checkbox"/> Mobile home not in park. } Ask item 26g <input type="checkbox"/> 3 or more unit building or mobile home in park - Skip to item 27, page 4	
g. Are there any mobile homes on this property (---/other than this one)?	- 6 11 + 1332 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No - Skip to item 27, page 4
h. What is the model year of (each/the) mobile home (---/excluding this one)? (Exclude mobile home(s) already listed in Table X or on the listing sheet.)	1341 1 9 1342 1 9 1343 1 9 1344 1 9 1345 1 9
	1341 <input type="checkbox"/> All mobile homes already listed
Notes	

REGULAR OCCUPIED - Continued

27. Does the (house/apartment) have a kitchen sink? **- 6 11 ↓**
 1340 1 Yes
 2 No
 (For this household's use only)

28. Check Item (See item 26a.)
 One or more full bathrooms - Skip to item 29c
 No full bathrooms - Ask item 29a

29a. Does the (house/apartment) have a bathtub or shower for this household's use only?
 1350 1 Yes
 2 No

b. Does the (house/apartment) have a flush toilet for this household's use only?
 1360 1 Yes - Skip to item 30a
 2 No - Skip to item 31a

c. (Is the bathroom/Are the bathrooms) for this household's use only?
 1360 1 Yes, exclusive use
 2 No, shared

30a. In the last 3 months, was there any time when all the toilets in the home were not working? (While household was living here if less than 3 months)
 1370 1 Yes
 2 No toilet breakdowns - Skip to item 31a

b. How many of these breakdowns lasted 6 hours or more?
 1380 _____ Number of toilet breakdowns lasting 6 hours or more
 No toilet breakdowns lasting 6 hours

31a. Is all the wiring in the finished areas of your home concealed either in walls or metal coverings? (Exclude appliance cords, extension cords, chandelier cords, telephone, antenna, or cable TV wires.)
 1390 1 Yes, concealed
 2 No
 3 No electrical wiring - Skip to item 32a

b. Does every room have an electric outlet or wall plug that works?
 1400 1 Yes
 2 No

c. Have any fuses blown or circuit breakers tripped in the last 3 months? (For the home) (While household was living here if less than 3 months)
 1410 1 Yes
 2 No
 3 Don't know } Skip to item 32a

d. How many times in the last 3 months?
 1420 _____ Number

32a. Has water leaked into your home from OUTDOORS in the last 12 months? For example, has water leaked through the roof, basement, walls, CLOSED windows, doors or skylights? Exclude plumbing or other inside leaks. (While household was living here if less than 12 months)
 1430 1 Yes,
 2 No - Skip to item 32c

b. Where did the water come in? (Mark (X) all that apply.)
 1440 *
 1 Roof
 2 Basement
 3 Walls or around closed windows or closed doors
 4 Other - Specify z

c. Have there been water leaks in your (house/apartment) from INSIDE the building in the last 12 months? For example, water from broken pipes or water heaters, backed up plumbing, or water that came in from another unit. (Exclude leaky faucets, waterbeds, aquariums, and such leaks.) (While household was living here if less than 12 months)
 1450 1 Yes
 2 No - Skip to item 33a, page 5

d. Where did the water come from? (Mark (X) all that apply.)
 1460 *
 1 Own plumbing fixtures backed up and/or overflowed
 2 Pipes leaked (Include pipe leaks from other apartments.)
 3 Other or unknown - Specify z

REGULAR OCCUPIED - Contin.

33a. Does the (house/apartment) have hot and cold piped water?
 1470 1 Yes
 2 No - Skip to item 34a
 (For this household's use only)

b. What fuel is used MOST to heat the water?
 1480 1 Electricity
 2 Gas
 3 Fuel oil
 4 Kerosene or other liquid fuel
 5 Coal or coke
 6 Wood
 7 Solar energy
 8 Other - Specify z

c. Was your home ever completely without running water in the last 3 months? (While household was living here if less than 3 months)
 1490 1 Yes
 2 No water stoppage - Skip to item 34a

d. How many times was it not available for 6 hours or more?
 1500 _____ Water stoppages lasting 6 hours or more
 None lasted 6 hours

34a. Does most of the water for your home come from a water system, either public or private, an individual well, or some other source?
 1510 1 Public or private water system - Skip to item 34c
 2 Individual well - Ask item 34b
 3 Spring
 4 Cistern
 5 Stream or lake } Skip to item 34c
 6 Commercial bottled water - Skip to item 35a, page 6
 7 Other - Specify z } Skip to item 34e

b. Is the well drilled or dug?
 1530 1 Drilled
 2 Dug

c. Does the . . . (source of water) serve 15 or more homes?
- 6 11 ↓
 1520 5 Yes - Skip to item 34e
 No - Ask item 34d

d. How many homes does the . . . (source of water) serve?
 1520 1 Only this house or apartment
 2 2 to 5
 3 6 to 9
 4 10 to 14

e. Is the water from this . . . (source of water) safe for drinking?
 1535 1 Yes - Skip to item 35a, page 6
 2 No

f. Where do you get your water for drinking?
 1537 1 Public or private water system
 2 Individual well
 3 Spring
 4 Cistern
 5 Stream or lake
 6 Commercial bottled water
 7 Other - Specify z

REGULAR OCCUPIED - Continued																															
51a. Check Item (Mark (X) first box that applies.) (See Control Card Item 25.) <input type="checkbox"/> Respondent MOVED here after December 31, 1991 - Skip to item 52a <input type="checkbox"/> Other(s) but not respondent MOVED here after December 31, 1991 - Skip to item 59, page 11 <input type="checkbox"/> All MOVED in before January 1, 1992 - Go to item 51b																															
b. Check Item (See Control Card Item 8b.) <input type="checkbox"/> Owned - Skip to item 73a, page 16 <input type="checkbox"/> Rented - Skip to item 64a, page 14 <input type="checkbox"/> No cash rent - Skip to item 64c, page 14																															
52a. What are the reasons you moved from your last residence? (Mark (X) all that apply.)	<table border="0"> <tr> <td>2030 *</td> <td>1 <input type="checkbox"/> A private company or person wanted to use it for some purpose</td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/> Forced to leave by the government</td> </tr> <tr> <td></td> <td>3 <input type="checkbox"/> Disaster loss (fire, flood, etc.)</td> </tr> <tr> <td></td> <td>4 <input type="checkbox"/> New job or job transfer</td> </tr> <tr> <td></td> <td>5 <input type="checkbox"/> To be closer to work/school/other</td> </tr> <tr> <td></td> <td>6 <input type="checkbox"/> Other, financial/employment related</td> </tr> <tr> <td>2040 *</td> <td>7 <input type="checkbox"/> To establish own household</td> </tr> <tr> <td></td> <td>8 <input type="checkbox"/> Needed larger house or apartment</td> </tr> <tr> <td></td> <td>9 <input type="checkbox"/> Married, widowed, divorced, or separated</td> </tr> <tr> <td>2050 *</td> <td>10 <input type="checkbox"/> Other, family/personal related</td> </tr> <tr> <td></td> <td>11 <input type="checkbox"/> Wanted better quality house (apartment)</td> </tr> <tr> <td></td> <td>12 <input type="checkbox"/> Changed from owner to renter OR renter to owner</td> </tr> <tr> <td>2060 *</td> <td>13 <input type="checkbox"/> Wanted lower rent or less expensive house to maintain</td> </tr> <tr> <td></td> <td>14 <input type="checkbox"/> Other housing related reasons</td> </tr> <tr> <td></td> <td>15 <input type="checkbox"/> Other - Specify <u> </u></td> </tr> </table>	2030 *	1 <input type="checkbox"/> A private company or person wanted to use it for some purpose		2 <input type="checkbox"/> Forced to leave by the government		3 <input type="checkbox"/> Disaster loss (fire, flood, etc.)		4 <input type="checkbox"/> New job or job transfer		5 <input type="checkbox"/> To be closer to work/school/other		6 <input type="checkbox"/> Other, financial/employment related	2040 *	7 <input type="checkbox"/> To establish own household		8 <input type="checkbox"/> Needed larger house or apartment		9 <input type="checkbox"/> Married, widowed, divorced, or separated	2050 *	10 <input type="checkbox"/> Other, family/personal related		11 <input type="checkbox"/> Wanted better quality house (apartment)		12 <input type="checkbox"/> Changed from owner to renter OR renter to owner	2060 *	13 <input type="checkbox"/> Wanted lower rent or less expensive house to maintain		14 <input type="checkbox"/> Other housing related reasons		15 <input type="checkbox"/> Other - Specify <u> </u>
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MARK if only one box checked in item 52a OR ASK if two or more boxes checked -																															
b. What is the MAIN reason you moved?	2070 _____ Number from item 52a 0 <input type="checkbox"/> All reasons of equal importance																														
53. Check Item (Mark (X) first box that applies.) <input type="checkbox"/> Box 1 marked in item 52a - Ask item 54a <input type="checkbox"/> Box 2 marked in item 52a - Skip to item 54b <input type="checkbox"/> Boxes 1 and 2 blank in item 52a - Skip to item 54c																															
54a. Did you leave -																															
(1) Because the owner, or members of the owner's family were going to move into that residence?	2080 1 <input type="checkbox"/> Yes - Skip to item 55a, page 11 2 <input type="checkbox"/> No																														
(2) Because that unit was going to become a condominium or cooperative?	2090 1 <input type="checkbox"/> Yes - Skip to item 55a, page 11 2 <input type="checkbox"/> No																														
(3) Because that residence was closed for repairs?	2100 1 <input type="checkbox"/> Yes } Skip to item 55a, page 11 2 <input type="checkbox"/> No }																														
b. Did you leave -																															
(1) Because the government wanted to use the land or building for some other purpose?	2110 1 <input type="checkbox"/> Yes - Skip to item 55a, page 11 2 <input type="checkbox"/> No																														
(2) Because the residence was condemned by the government as unfit for occupancy?	2120 1 <input type="checkbox"/> Yes } Skip to item 55a, page 11 2 <input type="checkbox"/> No }																														
c. In addition to the reasons given, did you leave -																															
(1) Because a private company or person wanted to use it for some purpose?	2130 1 <input type="checkbox"/> Yes - Ask (2) 2 <input type="checkbox"/> No - Skip to (5)																														
(2) Was that because the owner or members of the owner's family were going to move into that residence?	2140 1 <input type="checkbox"/> Yes - Skip to item 55a, page 11 2 <input type="checkbox"/> No - Ask (3)																														
(3) Because it was going to be a condominium or cooperative?	2150 1 <input type="checkbox"/> Yes - Skip to item 55a, page 11 2 <input type="checkbox"/> No - Ask (4)																														
(4) Because it was closed for repairs?	2160 1 <input type="checkbox"/> Yes } Skip to item 55a, page 11 2 <input type="checkbox"/> No }																														
(5) Because the government forced you to leave?	2170 1 <input type="checkbox"/> Yes - Ask (6) 2 <input type="checkbox"/> No - Skip to item 55a, page 11																														
(6) Was that because the government wanted to use the land or building for some other purpose?	2180 1 <input type="checkbox"/> Yes - Skip to item 55a, page 11 2 <input type="checkbox"/> No - Ask (7)																														
(7) Because it was condemned by the government as unfit for occupancy?	2190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																														

REGULAR OCCUPIED - Continued																			
55a. When you were going to move, did you look for a (house/apartment) in any neighborhood other than this?	2200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																		
b. Why did you choose this NEIGHBORHOOD? (Write exact words and mark (X) all that apply.)	<table border="0"> <tr> <td>2210 *</td> <td>1 <input type="checkbox"/> Convenient to job</td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/> Convenient to friends or relatives</td> </tr> <tr> <td></td> <td>3 <input type="checkbox"/> Convenient to leisure activities</td> </tr> <tr> <td></td> <td>4 <input type="checkbox"/> Convenient to public transportation</td> </tr> <tr> <td></td> <td>5 <input type="checkbox"/> Good schools</td> </tr> <tr> <td></td> <td>6 <input type="checkbox"/> Other public services</td> </tr> <tr> <td>2220 *</td> <td>7 <input type="checkbox"/> Looks/design of neighborhood</td> </tr> <tr> <td></td> <td>8 <input type="checkbox"/> House was most important consideration</td> </tr> <tr> <td></td> <td>9 <input type="checkbox"/> Other</td> </tr> </table>	2210 *	1 <input type="checkbox"/> Convenient to job		2 <input type="checkbox"/> Convenient to friends or relatives		3 <input type="checkbox"/> Convenient to leisure activities		4 <input type="checkbox"/> Convenient to public transportation		5 <input type="checkbox"/> Good schools		6 <input type="checkbox"/> Other public services	2220 *	7 <input type="checkbox"/> Looks/design of neighborhood		8 <input type="checkbox"/> House was most important consideration		9 <input type="checkbox"/> Other
2210 *	1 <input type="checkbox"/> Convenient to job																		
	2 <input type="checkbox"/> Convenient to friends or relatives																		
	3 <input type="checkbox"/> Convenient to leisure activities																		
	4 <input type="checkbox"/> Convenient to public transportation																		
	5 <input type="checkbox"/> Good schools																		
	6 <input type="checkbox"/> Other public services																		
2220 *	7 <input type="checkbox"/> Looks/design of neighborhood																		
	8 <input type="checkbox"/> House was most important consideration																		
	9 <input type="checkbox"/> Other																		
MARK if only one box marked in item 55b OR ASK if two or more boxes marked -																			
c. What is the MAIN reason you chose this neighborhood?	2230 _____ Box number from item 55b 0 <input type="checkbox"/> All reasons of equal importance																		
56a. Before you moved, did you look at both (houses/mobile homes) and apartments?	2240 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Looked at only this unit																		
b. Why did you choose this particular (house/apartment)? (Write exact words and mark (X) all that apply.)	<table border="0"> <tr> <td>2250 *</td> <td>1 <input type="checkbox"/> Financial reasons</td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/> Room layout/design</td> </tr> <tr> <td></td> <td>3 <input type="checkbox"/> Kitchen</td> </tr> <tr> <td></td> <td>4 <input type="checkbox"/> Size</td> </tr> <tr> <td></td> <td>5 <input type="checkbox"/> Exterior appearance</td> </tr> <tr> <td></td> <td>6 <input type="checkbox"/> Yard/trees/view</td> </tr> <tr> <td>2260 *</td> <td>7 <input type="checkbox"/> Quality of construction</td> </tr> <tr> <td></td> <td>8 <input type="checkbox"/> Only one available</td> </tr> <tr> <td></td> <td>9 <input type="checkbox"/> Other - Specify <u> </u></td> </tr> </table>	2250 *	1 <input type="checkbox"/> Financial reasons		2 <input type="checkbox"/> Room layout/design		3 <input type="checkbox"/> Kitchen		4 <input type="checkbox"/> Size		5 <input type="checkbox"/> Exterior appearance		6 <input type="checkbox"/> Yard/trees/view	2260 *	7 <input type="checkbox"/> Quality of construction		8 <input type="checkbox"/> Only one available		9 <input type="checkbox"/> Other - Specify <u> </u>
2250 *	1 <input type="checkbox"/> Financial reasons																		
	2 <input type="checkbox"/> Room layout/design																		
	3 <input type="checkbox"/> Kitchen																		
	4 <input type="checkbox"/> Size																		
	5 <input type="checkbox"/> Exterior appearance																		
	6 <input type="checkbox"/> Yard/trees/view																		
2260 *	7 <input type="checkbox"/> Quality of construction																		
	8 <input type="checkbox"/> Only one available																		
	9 <input type="checkbox"/> Other - Specify <u> </u>																		
MARK if only one box marked in item 56b OR ASK if two or more boxes marked -																			
c. What is the MAIN reason you chose this (house/apartment)?	2270 _____ Box number from item 56b 0 <input type="checkbox"/> All reasons of equal importance																		
57. Is this neighborhood better, worse, or about the same as your last neighborhood?	2280 1 <input type="checkbox"/> Better 2 <input type="checkbox"/> Worse 3 <input type="checkbox"/> About the same 4 <input type="checkbox"/> Same neighborhood																		
58. Is this (house/apartment) better, worse, or about the same as your last home?	2290 1 <input type="checkbox"/> Better 2 <input type="checkbox"/> Worse 3 <input type="checkbox"/> About the same																		
59. Check Item (See Control Card item 25.) <input type="checkbox"/> Only one person MOVED in after December 31, 1991 - Skip to item 61a, page 12, enter line number in Group 1 column, and continue with item 61b. <input type="checkbox"/> Two or more persons MOVED in after December 31, 1991 - Ask item 60a																			
60a. Earlier you told me that . . . (Specify names of movers) moved into this (house/apartment) after December 31, 1991. Did (all of you/they) move here from the same previous residence?	2300 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 61a, page 12																		
b. INSTRUCTION (See Control Card item 26.) If all moved in within a 6-month period - Skip to item 61a, page 12, enter line numbers in Group 1 column, and continue with item 61b If people moved in more than 6 months apart - Put them in separate groups in item 61a on pages 12 and 13 and ask items 61b-m for each group.																			

	- 6 14 +	GROUP 1	- 6 15 +	GROUP 2	- 6 16 +	GROUP 3	- 6 17 +	GROUP 4
61a. Which people moved here from the same previous residence? <i>Enter line numbers of all people who come from first home mentioned under Group 1, the line numbers of all people who come from the second home mentioned under Group 2, etc. If people moved from same previous residence but more than 6 months apart, put them in separate groups. Then ask items 61b-m for each mover group.</i>	2310	Line numbers						
	2320		2320		2320		2320	
	2330		2330		2330		2330	
b. What city, county, and State did (. . .) live in just before moving here? <i>(Specify names for line numbers in item 61a) [you] live in just before moving here?</i> <i>(Enter 2-character State code from flashcard.)</i>	2340	<input type="checkbox"/> Outside of U.S. - Skip to item 61n	2340	<input type="checkbox"/> Outside of U.S. - Skip to item 61n	2340	<input type="checkbox"/> Outside of U.S. - Skip to item 61n	2340	<input type="checkbox"/> Outside of U.S. - Skip to item 61n
	- 7 14 +	City or place	- 7 15 +	City or place	- 7 16 +	City or place	- 7 17 +	City or place
		County		County		County		County
		State		State		State		State
c. What was the ZIP Code?		ZIP Code		ZIP Code		ZIP Code		ZIP Code
d. Did (you/they) live inside the incorporated limits of (City above)?	2360	<input type="checkbox"/> Yes <input type="checkbox"/> No or not incorporated place <input type="checkbox"/> Don't know	2360	<input type="checkbox"/> Yes <input type="checkbox"/> No or not incorporated place <input type="checkbox"/> Don't know	2360	<input type="checkbox"/> Yes <input type="checkbox"/> No or not incorporated place <input type="checkbox"/> Don't know	2360	<input type="checkbox"/> Yes <input type="checkbox"/> No or not incorporated place <input type="checkbox"/> Don't know
e. This map is divided into zones. Which zone did (. . .) live in just before moving here? <i>(If necessary, obtain any information needed to locate on map, such as street address, nearest intersecting streets or proximity to a landmark.)</i>	2370	Zone code <input type="checkbox"/> Off map						
		Zone alpha (if any)						
f. Was that residence - <i>(Read all answer categories)</i>	- 6 14 +	2380	- 6 15 +	2380	- 6 16 +	2380	- 6 17 +	2380
		<input type="checkbox"/> A house <input type="checkbox"/> An apartment <input type="checkbox"/> A mobile home <input type="checkbox"/> Or some other type of residence? - Skip to item 61n		<input type="checkbox"/> A house <input type="checkbox"/> An apartment <input type="checkbox"/> A mobile home <input type="checkbox"/> Or some other type of residence? - Skip to item 61n		<input type="checkbox"/> A house <input type="checkbox"/> An apartment <input type="checkbox"/> A mobile home <input type="checkbox"/> Or some other type of residence? - Skip to item 61n		<input type="checkbox"/> A house <input type="checkbox"/> An apartment <input type="checkbox"/> A mobile home <input type="checkbox"/> Or some other type of residence? - Skip to item 61n
g. Was that home - <i>(Read all answer categories)</i>	2390	<input type="checkbox"/> Owned or being bought by someone in that household <input type="checkbox"/> Rented for cash <input type="checkbox"/> Or occupied without payment of cash rent?	2390	<input type="checkbox"/> Owned or being bought by someone in that household <input type="checkbox"/> Rented for cash <input type="checkbox"/> Or occupied without payment of cash rent?	2390	<input type="checkbox"/> Owned or being bought by someone in that household <input type="checkbox"/> Rented for cash <input type="checkbox"/> Or occupied without payment of cash rent?	2390	<input type="checkbox"/> Owned or being bought by someone in that household <input type="checkbox"/> Rented for cash <input type="checkbox"/> Or occupied without payment of cash rent?
h. Was that part of a condominium or cooperative?	2400	<input type="checkbox"/> No <input type="checkbox"/> Yes, condominium } Skip to item 61j <input type="checkbox"/> Yes, cooperative	2400	<input type="checkbox"/> No <input type="checkbox"/> Yes, condominium } Skip to item 61j <input type="checkbox"/> Yes, cooperative	2400	<input type="checkbox"/> No <input type="checkbox"/> Yes, condominium } Skip to item 61j <input type="checkbox"/> Yes, cooperative	2400	<input type="checkbox"/> No <input type="checkbox"/> Yes, condominium } Skip to item 61j <input type="checkbox"/> Yes, cooperative
i. To the Census Bureau, a cooperative is property which is owned by a corporation. Each shareholder is entitled to occupy an individual unit. Is this what you mean when you say this is a cooperative?		<input type="checkbox"/> Yes <input type="checkbox"/> No - Reask item 61h and correct entry		<input type="checkbox"/> Yes <input type="checkbox"/> No - Reask item 61h and correct entry		<input type="checkbox"/> Yes <input type="checkbox"/> No - Reask item 61h and correct entry		<input type="checkbox"/> Yes <input type="checkbox"/> No - Reask item 61h and correct entry
j. How many people lived in that household just before the move?	2410	_____ - If one, skip to item 61m; if more than one, ask item 61k	2410	_____ - If one, skip to item 61m; if more than one, ask item 61k	2410	_____ - If one, skip to item 61m; if more than one, ask item 61k	2410	_____ - If one, skip to item 61m; if more than one, ask item 61k
k. Was the home (owned/rented) by someone who moved here?	2420	<input type="checkbox"/> Yes - Skip to item 61m <input type="checkbox"/> No	2420	<input type="checkbox"/> Yes - Skip to item 61m <input type="checkbox"/> No	2420	<input type="checkbox"/> Yes - Skip to item 61m <input type="checkbox"/> No	2420	<input type="checkbox"/> Yes - Skip to item 61m <input type="checkbox"/> No
l. Was it (owned/rented) by a relative?	2430	<input type="checkbox"/> Yes <input type="checkbox"/> No						
m. When (. . .) moved, did (your/their) housing costs increase, decrease, or stay about the same, including utilities and (mortgage/rent)? <i>(Compare their share, if not whole household.)</i>	2440	<input type="checkbox"/> Increased <input type="checkbox"/> Stayed about same <input type="checkbox"/> Decreased <input type="checkbox"/> Don't know	2440	<input type="checkbox"/> Increased <input type="checkbox"/> Stayed about same <input type="checkbox"/> Decreased <input type="checkbox"/> Don't know	2440	<input type="checkbox"/> Increased <input type="checkbox"/> Stayed about same <input type="checkbox"/> Decreased <input type="checkbox"/> Don't know	2440	<input type="checkbox"/> Increased <input type="checkbox"/> Stayed about same <input type="checkbox"/> Decreased <input type="checkbox"/> Don't know
n.		Go to next group. If none, go to item 62, page 14.		Go to next group. If none, go to item 62, page 14.		Go to next group. If none, go to item 62, page 14.		Go to next group. If none, go to item 62, page 14.

REGULAR OCCUPIED - Continued	
62. INTRODUCTION: The next questions are about your current residence.	
63. Check Item (See Control Card item 8b.) Current residence is - <input type="checkbox"/> Owned - Skip to item 73a, page 16 <input type="checkbox"/> Rented - Go to item 64a <input type="checkbox"/> No cash rent - Skip to item 64c	
64a. How often is the rent due?	- 6 11 ↓ 2500 _____ Times per year 12 <input type="checkbox"/> Monthly
b. How much is the rent? <i>(Include total amount paid by household AND any other source.)</i> <i>(If parking priced separately, exclude it here and mark NO to items 64m and 64n without asking.)</i>	2510 \$ _____ 00
c. Check item (See item 23, page 2.) <input type="checkbox"/> Mobile home either one-unit or two-or-more-units - Ask item 64d <input type="checkbox"/> Not a mobile home - Skip to item 64m	
d. Do you pay separate rent for the land? <i>(If land occupied in exchange for services, mark "Yes" and "No cash rent" in item 64f.)</i>	2511 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 64g
e. How many times a year is the (land/site) rent due?	2512 _____ Times per year 12 <input type="checkbox"/> Monthly
f. What is the cost each . . . (Billing period)?	2513 \$ _____ 00 0 <input type="checkbox"/> No cash rent 9997 <input type="checkbox"/> Included in mobile home park fee or association fee
g. (---/In addition to the land rent), do you pay any (---/additional) mobile home park fee?	3550 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 64j
h. How many times a year is the fee due?	3555 _____ Times per year 12 <input type="checkbox"/> Monthly
i. What is the cost each . . . (Billing period)?	3600 \$ _____ 00 0 <input type="checkbox"/> Included in mobile home rent
j. Are there any (---/other) required fees for utility hookups, mobile home association fees, and so forth?	- 6 11 ↓ 2517 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 64m
k. How many times a year are the fees due?	2518 _____ Times per year 12 <input type="checkbox"/> Monthly
l. What is the average cost each . . . (Billing period) for those fees?	2519 \$ _____ 00
m. Is a garage or carport included (in the rent/with the home)?	2520 1 <input type="checkbox"/> Yes - Skip to item 65a 2 <input type="checkbox"/> No
n. Is an offstreet parking space included?	2530 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
65a. Is the building owned by a public housing authority?	2540 1 <input type="checkbox"/> Yes - Skip to item 65g, page 15 2 <input type="checkbox"/> No
b. Does the Federal government pay some of the cost of the unit?	2550 1 <input type="checkbox"/> Yes - Skip to item 65g, page 15 2 <input type="checkbox"/> No
c. Does the State or local government pay some of the cost of the unit?	2560 1 <input type="checkbox"/> Yes - Skip to item 65g, page 15 2 <input type="checkbox"/> No
d. Do (you/the people living here) have to report the household's income to someone every year so they can set the rent?	2570 1 <input type="checkbox"/> Yes - Skip to item 66, page 15 2 <input type="checkbox"/> No

REGULAR OCCUPIED - Continued	
65e. Does the local government limit the rent on the unit through rent control or rent stabilization?	2580 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Is the rent adjusted because someone in the household works for or is related to the owner? <i>(If "3" circled in Control Card item 8b, mark "None" without asking.)</i>	2590 1 <input type="checkbox"/> Yes } Skip to item 66 2 <input type="checkbox"/> No } 2595 \$ _____ 00
g. Of the . . . (amount from 64b) rent you reported, how much is this household required to pay?	<input type="checkbox"/> Identical amount in items 64b and 65g - Verify amount in item 64b is TOTAL rent for the unit. 0 <input type="checkbox"/> None
66. Check item (See item 23, page 2.) <input type="checkbox"/> Mobile home either one-unit or two-or-more units - Skip to item 68a <input type="checkbox"/> Not a mobile home - Ask item 67	
67. About when was the building originally built?	<input type="checkbox"/> 1990 or later } 2910 <input type="text"/> / <input type="text"/> } Month Year } Skip to item 70 <input type="checkbox"/> 1980 - 1989 } 2910 <input type="text"/> } Year } <input type="checkbox"/> 1979 } 2910 1 <input type="checkbox"/> 1979 } 2 <input type="checkbox"/> 75 - 78 } 3 <input type="checkbox"/> 70 - 74 } 4 <input type="checkbox"/> 60 - 69 } 5 <input type="checkbox"/> 50 - 59 } 6 <input type="checkbox"/> 40 - 49 } 7 <input type="checkbox"/> 30 - 39 } 8 <input type="checkbox"/> 20 - 29 } 9 <input type="checkbox"/> 1919 or earlier } Skip to item 71, page 16
68a. Excluding the dealer's lot, is this the first site on which this mobile home was placed?	2900 1 <input type="checkbox"/> Yes, first site 2 <input type="checkbox"/> No, moved from another site 3 <input type="checkbox"/> Don't know
b. Is your mobile home included in a group of 2 or more?	3540 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, mobile home not in a group - Skip to item 69
c. How many, including your mobile home, are in the group?	4880 _____ Exact number - If 2 to 20 mobile homes OR 21 <input type="checkbox"/> 21 or more
69. What is the model year of the mobile home?	- 6 11 ↓ <input type="checkbox"/> 1980 or later } 2910 <input type="text"/> } Year } Skip to item 70 <input type="checkbox"/> 1979 } 2910 1 <input type="checkbox"/> 1979 } 2 <input type="checkbox"/> 75 - 78 } 3 <input type="checkbox"/> 70 - 74 } 4 <input type="checkbox"/> 60 - 69 } 5 <input type="checkbox"/> 50 - 59 } 6 <input type="checkbox"/> 40 - 49 } 7 <input type="checkbox"/> 1939 or earlier } Skip to item 71, page 16
70. Were you the first (person/people) to occupy this home or did someone else live here before you?	2920 1 <input type="checkbox"/> First occupants 2 <input type="checkbox"/> Previously occupied
Notes	

71. Check Item (See item 23, page 2.)
 Two-or-more-unit building or two-or-more-unit mobile home - Skip to item 109a, page 40
 All others - Ask item 72a

72a. How large is the (lot/site)?
 (Include all connecting land that is owned or that is rented with the home.)
 (If over 1 acre, drop any fractions, don't round up. If under one acre, convert to approximate square feet.)

2980 _____ Square feet
 OR
 2990 _____ Feet by
 3000 _____ feet
 OR
 3010 _____ Whole acres
 Don't know - Ask item 72b

One-eighth acre = 5500 sq. ft.
 Quarter acre = 11000 sq. ft.
 One-third acre = 14000 sq. ft.
 Half acre = 22000 sq. ft.
 Three-quarters acre = 33000 sq. ft.
 One acre = 44000 sq. ft.

MARK OR ASK -
 3020 Yes No } Skip to item 109a, page 40

b. Is it more than 10 acres?

73a

73a. The next series of questions deal with major repairs and home improvements.

1a. In the last 2 years, has there been a MAJOR disaster, such as an earthquake or tornado that required you to make extensive repairs to your home?
 7000 Yes
 No - Skip to 2a

1b. What happened?
 (Mark (X) all that apply.)
 7005 Earthquake
 Tornado, hurricane, etc.
 Landslide
 Lightning or fire
 Flood
 Other - Specify _____

1c. What major repairs (were made/are being made)?
 _____ }
 _____ }
 (Ask across if repair(s) entered)

(In the next questions, please do not include any part of the work already reported because I have already recorded that information.)

2a. In the last 2 years, was any work done to the attic, basement, garage, or other unfinished area of your home to make it a finished room?
 7010 Yes - Ask 2b
 No - Skip to item 73a(3a), page 18

2b. What kind of rooms were created?
 (Mark (X) all that apply.)

7015 Bathroom _____ →
 7020 Bedroom _____ →
 7025 Kitchen _____ →
 7030 Recreation room _____ →
 7035 Other inside - Specify _____ →
 _____ →
 (Ask across for each box marked)

73b	73c	73d
In what month and year was the . . . (Specify work reported) completed? (Enter current month and year for work in progress.)	Ask only for work done in last 2 years. Did someone in your household do most of the work?	Ask only for work done in the last 2 years. How much did the entire . . . (Specify work reported) job cost, including your costs and any amount covered by insurance (- - - /not counting your time)? (Enter "1" for jobs whose cost was reported with other work.)
Month Year 7040 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/>	7045 <input type="checkbox"/> Yes <input type="checkbox"/> No	7050 \$ _____ 00
Month Year 7055 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/>	7060 <input type="checkbox"/> Yes <input type="checkbox"/> No	7065 \$ _____ 00
Month Year 7070 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/>	7075 <input type="checkbox"/> Yes <input type="checkbox"/> No	7080 \$ _____ 00
Month Year 7085 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/>	7090 <input type="checkbox"/> Yes <input type="checkbox"/> No	7095 \$ _____ 00
Month Year 7100 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/>	7105 <input type="checkbox"/> Yes <input type="checkbox"/> No	7110 \$ _____ 00
Month Year 7115 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/>	7120 <input type="checkbox"/> Yes <input type="checkbox"/> No	7125 \$ _____ 00

REGULAR OCCUPIED - Continued	
73a	
<p>3a. In the last 2 years, were any ADDITIONS built onto your home that made it bigger?</p>	<p>7130 1 <input type="checkbox"/> Yes - Ask 3b 2 <input type="checkbox"/> No - Skip to 3c</p>
<p>3b. What was added? <i>(Mark (X) all that apply.)</i></p>	<p>7135 1 <input type="checkbox"/> Bathroom →</p> <p>7140 2 <input type="checkbox"/> Kitchen →</p> <p>7145 3 <input type="checkbox"/> Bedroom →</p> <p>7150 4 <input type="checkbox"/> Other inside → <i>(Ask across for each box marked)</i></p>
<p>3c. Check Item - (See item 23) <input type="checkbox"/> Unit is in a multiunit building - Skip to item 73a(4a) <input type="checkbox"/> Unit is NOT in a multiunit building - Ask item 73a(3d)</p>	
<p>3d. Was anything (else) built onto the outside of your home, such as an attached garage, carport, deck, or porch?</p> <p><input type="checkbox"/> Yes - What was built?</p> <p style="text-align: center;">Was it added or replaced? <i>(Mark (X) all that apply.) (Count both additions and replacements.)</i></p> <p><input type="checkbox"/> No - Skip to 4a</p>	<p>7155 <input type="checkbox"/> Attached garage * 1 <input type="checkbox"/> Added } → 2 <input type="checkbox"/> Replaced }</p> <p>7160 <input type="checkbox"/> Porch * 1 <input type="checkbox"/> Added } → 2 <input type="checkbox"/> Replaced }</p> <p>7165 <input type="checkbox"/> Deck * 1 <input type="checkbox"/> Added } → 2 <input type="checkbox"/> Replaced }</p> <p>7170 <input type="checkbox"/> Carport * 1 <input type="checkbox"/> Added } → 2 <input type="checkbox"/> Replaced }</p> <p>7175 <input type="checkbox"/> Other outside * 1 <input type="checkbox"/> Added } → 2 <input type="checkbox"/> Replaced }</p> <p><i>(Ask across for each box marked)</i></p>
<p>4a. Was your bathroom or kitchen remodeled in the last 2 years?</p>	<p>7180 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 73a(5a), page 20</p>
<p>4b. Which rooms? <i>(Mark (X) all that apply.)</i></p>	<p>7185 1 <input type="checkbox"/> Bathroom(s) * 2 <input type="checkbox"/> Kitchen</p>
<p>Notes</p> <hr/> <hr/> <hr/> <hr/>	

REGULAR OCCUPIED - Continued		
73b	73c	73d
<p>In what month and year was the . . . (Specify work reported) completed?</p>	<p><i>Ask only for work done in last 2 years.</i></p> <p>Did someone in your household do most of the work?</p>	<p><i>Ask only for work done in the last 2 years.</i></p> <p>How much did the entire . . . (Specify work reported) job cost, including your costs and any amount covered by insurance (- - -not counting your time)? (Enter "1" for jobs whose cost was reported with other work.)</p>
<p>Month Year 7190 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7205 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7220 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7235 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7250 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7265 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7280 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7295 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7310 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p>	<p>7195 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>7210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>7225 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>7240 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>7255 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>7270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>7285 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>7300 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>7315 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7200 \$ _____ 00</p> <p>7215 \$ _____ 00</p> <p>7230 \$ _____ 00</p> <p>7245 \$ _____ 00</p> <p>7260 \$ _____ 00</p> <p>7275 \$ _____ 00</p> <p>7290 \$ _____ 00</p> <p>7305 \$ _____ 00</p> <p>7320 \$ _____ 00</p>
<p>Notes</p> <hr/> <hr/> <hr/> <hr/>		

73a	
<p><i>(Ask if "Bathroom" marked in 4b)</i></p> <p>4c. What was done to the BATHROOM(S)? <i>(Mark (X) all that apply.)</i></p> <p>7325 <input type="checkbox"/> Move walls →</p> <p>7330 <input type="checkbox"/> Add or replace cabinets →</p> <p>7335 <input type="checkbox"/> Add or replace flooring →</p> <p>7340 <input type="checkbox"/> Add or replace counter tops →</p> <p>7345 <input type="checkbox"/> Add or replace toilet →</p> <p>7350 <input type="checkbox"/> Add or replace tub/shower →</p> <p>7355 <input type="checkbox"/> Add or replace sink →</p> <p>7360 <input type="checkbox"/> Lighting fixtures →</p> <p>7365 <input type="checkbox"/> Other electrical →</p> <p>7370 <input type="checkbox"/> Paint, paper, wall tiles → <i>(Ask across for each box marked)</i></p> <hr style="border-top: 1px dashed black;"/> <p><i>(Ask if "Kitchen" marked in 4b)</i></p> <p>4d. What was done to the KITCHEN? <i>(Mark (X) all that apply.)</i></p> <p>7375 <input type="checkbox"/> Move walls →</p> <p>7380 <input type="checkbox"/> Add or replace cabinets →</p> <p>7385 <input type="checkbox"/> Add or replace flooring →</p> <p>7390 <input type="checkbox"/> Add or replace counter tops →</p> <p>7395 <input type="checkbox"/> Add or replace other built-in appliances →</p> <p>7400 <input type="checkbox"/> Add or replace sink →</p> <p>7405 <input type="checkbox"/> Lighting fixtures →</p> <p>7410 <input type="checkbox"/> Other electrical →</p> <p>7415 <input type="checkbox"/> Paint, paper, wall tiles → <i>(Ask across for each box marked)</i></p>	
<p>5a. Did you renovate or alter any (other) rooms by changing their structure, that is moving, adding, or removing walls?</p> <p>7420 <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to 73a(6), page 22</p>	
<p>5b. What rooms resulted? <i>(Mark (X) all that apply.)</i></p> <p>7425 <input type="checkbox"/> Bedrooms →</p> <p>7430 <input type="checkbox"/> Other - Specify _____ → <i>(Ask across for each box marked)</i></p>	

73b	73c	73d
<p>In what month and year was the . . . <i>(Specify work reported) completed?</i></p>	<p><i>Ask only for work done in last 2 years.</i></p> <p>Did someone in your household do most of the work?</p>	<p><i>Ask only for work done in the last 2 years.</i></p> <p>How much did the entire . . . <i>(Specify work reported) job cost, including your costs and any amount covered by insurance (- - - not counting your time)? (Enter "1" for jobs whose cost was reported with other work.)</i></p>
<p>Month Year 7435 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7450 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7465 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7480 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7495 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7510 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7525 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7540 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7555 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7570 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p>	<p>7440 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7455 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7470 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7485 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7500 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7515 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7530 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7545 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7560 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7575 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>7445 \$ _____ .00</p> <p>7460 \$ _____ .00</p> <p>7475 \$ _____ .00</p> <p>7490 \$ _____ .00</p> <p>7505 \$ _____ .00</p> <p>7520 \$ _____ .00</p> <p>7535 \$ _____ .00</p> <p>7550 \$ _____ .00</p> <p>7565 \$ _____ .00</p> <p>7580 \$ _____ .00</p>
<p>Month Year 7585 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7600 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7615 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7630 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7645 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7660 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7675 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7690 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7705 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p>	<p>7590 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7605 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7620 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7635 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7650 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7665 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7680 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7695 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7710 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>7595 \$ _____ .00</p> <p>7610 \$ _____ .00</p> <p>7625 \$ _____ .00</p> <p>7640 \$ _____ .00</p> <p>7655 \$ _____ .00</p> <p>7670 \$ _____ .00</p> <p>7685 \$ _____ .00</p> <p>7700 \$ _____ .00</p> <p>7715 \$ _____ .00</p>
<p>Month Year 7720 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p> <p>Month Year 7735 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p>	<p>7725 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7740 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>7730 \$ _____ .00</p> <p>7745 \$ _____ .00</p>

REGULAR OCCUPIED - Continued	
73a	
<p>6. Next are questions about OTHER work you may have done to your home in the last 2 years. <i>(If previous work reported.) Please do not include work already reported because we don't want to count jobs twice.</i> Have you added or replaced —</p>	
<p>▶ 6a. a roof over your entire home?</p>	<p>7750 1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No — Ask 6b1</p>
<p>▶ 6b1. siding?</p>	<p>7755 1 <input type="checkbox"/> Yes — Ask 6b2 2 <input type="checkbox"/> No — Skip to 6c1</p>
<p>6b2. Did you replace or cover existing siding, or install it where none was before? <i>(Mark (X) all that apply.)</i> <i>(Ask if "replaced or covered" marked in 6b2)</i></p>	<p>7760 1 <input type="checkbox"/> Installed/added —————→ * 2 <input type="checkbox"/> Replaced/covered — Ask 6b3</p>
<p>6b3. Did you replace or cover ALL of the existing siding?</p>	<p>7765 1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No }</p>
<p>▶ 6c1. interior water pipes?</p>	<p>7770 1 <input type="checkbox"/> Yes — Ask 6c2 2 <input type="checkbox"/> No — Skip to 6d1</p>
<p>6c2. Did you add pipes, or replace existing ones? <i>(Mark (X) all that apply.)</i> <i>(Ask if "replaced" marked in 6c2)</i></p>	<p>7775 1 <input type="checkbox"/> Added —————→ * 2 <input type="checkbox"/> Replaced — Ask 6c3</p>
<p>6c3. Did you replace ALL your home's interior water pipes?</p>	<p>7780 1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No }</p>
<p>▶ 6d1. electrical wiring?</p>	<p>7785 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 6e1</p>
<p>6d2. Did you add wiring or replace existing wiring? <i>(Mark (X) all that apply.)</i> <i>(Ask if "replaced" marked)</i></p>	<p>7790 1 <input type="checkbox"/> Added —————→ * 2 <input type="checkbox"/> Replaced — Ask 6d3</p>
<p>6d3. Did you COMPLETELY rewire your home?</p>	<p>7795 1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No — Skip to 6e1</p>
<p>▶ 6e1. fuse boxes or breaker switches?</p>	<p>7800 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 73a(6f1), page 24</p>
<p>6e2. Were these additions or replacements? <i>(Mark (X) all that apply.)</i></p>	<p>7805 1 <input type="checkbox"/> Additions } * 2 <input type="checkbox"/> Replacements }</p>
<p>Notes</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

REGULAR OCCUPIED - Continued		
73b	73c	73d
<p>In what month and year was the . . . <i>(Specify work reported) completed?</i></p>	<p><i>Ask only for work done in last 2 years.</i> Did someone in your household do most of the work?</p>	<p><i>Ask only for work done in the last 2 years.</i> How much did the entire . . . <i>(Specify work reported) job cost, including your costs and any amount covered by insurance (- - -not counting your time)?</i> <i>(Enter "1" for jobs whose cost was reported with other work.)</i></p>
<p>Month Year 7810 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p>	<p>7815 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7820 \$ _____ 00</p>
<p>Month Year 7825 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p>	<p>7830 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7835 \$ _____ 00</p>
<p>Month Year 7840 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p>	<p>7845 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7850 \$ _____ 00</p>
<p>Month Year 7855 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p>	<p>7860 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7865 \$ _____ 00</p>
<p>Month Year 7870 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p>	<p>7875 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7880 \$ _____ 00</p>
<p>Month Year 7885 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p>	<p>7890 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7895 \$ _____ 00</p>
<p>Month Year 7900 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p>	<p>7905 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7910 \$ _____ 00</p>
<p>Month Year 7915 <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/></p>	<p>7920 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>7925 \$ _____ 00</p>
<p>Notes</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

73a	
10. The following questions are about equipment installed in your home. <i>(If previous work reported.) Please do not include work already reported because we don't want to count jobs twice.</i> In the last 2 years have you added or replaced —	
▶ 10a1. CENTRAL air conditioning?	8210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 10b1
10a2. Did this replace old room units, a CENTRAL air conditioner, or did you not have air conditioning?	8215 1 <input type="checkbox"/> Replaced old room units 2 <input type="checkbox"/> Replaced CENTRAL 3 <input type="checkbox"/> No previous air conditioner } →
▶ 10b1. built-in heating equipment, such as a furnace, boiler, duct work, or radiators?	8220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 10c1
10b2. Did this replace old equipment?	8225 1 <input type="checkbox"/> Yes, replaced — Ask to 10b3 2 <input type="checkbox"/> No, added →
<i>(Ask if "replaced" marked)</i>	
10b3. What kind of equipment was installed?	8230 1 <input type="checkbox"/> Furnace, heat pump or boiler 2 <input type="checkbox"/> Any other equipment } →
▶ 10c1. septic tank?	8235 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 10d1
10c2. Did this replace another septic tank, or was it added?	8240 1 <input type="checkbox"/> Yes, replaced } → 2 <input type="checkbox"/> No, added
▶ 10d1. a water heater?	8245 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 10e1
10d2. Did this replace old equipment?	8250 1 <input type="checkbox"/> Yes, replaced } → 2 <input type="checkbox"/> No, added
▶ 10e1. a dishwasher?	8255 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 10f1
10e2. Did this replace old equipment?	8260 1 <input type="checkbox"/> Yes, replaced } → 2 <input type="checkbox"/> No, added
▶ 10f1. a garbage disposal?	8265 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 73a(11a), page 30
10f2. Did this replace old equipment?	8270 1 <input type="checkbox"/> Yes, replaced } → 2 <input type="checkbox"/> No, added
Notes	

73b	73c	73d
In what month and year was the . . . (Specify work reported) completed?	<i>Ask only for work done in last 2 years.</i> Did someone in your household do most of the work?	<i>Ask only for work done in the last 2 years.</i> How much did the entire . . . (Specify work reported) job cost, including your costs and any amount covered by insurance (- - - /not counting your time)? Enter "1" for jobs whose cost was reported with other work.)
Month Year 8275 <input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/>	8280 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8285 \$ _____ .00
Month Year 8290 <input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/>	8295 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8300 \$ _____ .00
Month Year 8305 <input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/>	8310 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8315 \$ _____ .00
Month Year 8320 <input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/>	8325 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8330 \$ _____ .00
Month Year 8335 <input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/>	8340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8345 \$ _____ .00
Month Year 8350 <input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/>	8355 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8360 \$ _____ .00
Month Year 8365 <input type="text"/> <input type="text"/> 1 9 <input type="text"/> <input type="text"/>	8370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8375 \$ _____ .00
Notes		

REGULAR OCCUPIED - Continued	
73a	
<p>11a. Did we miss any other MAJOR improvements or repair jobs done INSIDE your home in the last 2 years?</p> <p><i>(Do not count painting or decorating)</i></p> <p><i>(FR: Outside work done to the property will be captured in a later question.)</i></p>	
<p>8380 <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to 11c</p>	
<p>11b. What was the job?</p> <p>Job 1 _____</p> <p>Job 2 _____</p> <p>Job 3 _____</p> <p><i>(Ask across for each job entered)</i></p>	
<p>11c. Check Item (See item 23, page 2.)</p> <p><input type="checkbox"/> Unit is in a multi-unit building - Skip to item 74, page 32</p> <p><input type="checkbox"/> Unit is NOT in a multi-unit building - Ask 73a(12)</p>	
<p>12. Now, about work done to your LOT or YARD. In the last 2 years, have you added or replaced —</p>	
<p>12a. driveways or walkways?</p> <p>8385 <input type="checkbox"/> Yes <input type="checkbox"/> No - Ask 12b</p>	
<p>12b. fencing or walls?</p> <p>8390 <input type="checkbox"/> Yes <input type="checkbox"/> No - Ask 12c</p>	
<p>12c. a patio, terrace, or a detached deck?</p> <p>8395 <input type="checkbox"/> Yes <input type="checkbox"/> No - Ask 12d</p>	
<p>12d. a swimming pool, tennis court, or other recreational structure?</p> <p>8400 <input type="checkbox"/> Yes <input type="checkbox"/> No - Ask 12e</p>	
<p>12e. a shed, detached garage, or other building?</p> <p>8405 <input type="checkbox"/> Yes <input type="checkbox"/> No - Ask 13a</p>	
<p>13a. Did we miss any other MAJOR improvements or repair jobs done to your LOT or YARD in the last 2 years?</p> <p>8410 <input type="checkbox"/> Yes <input type="checkbox"/> No - Skip to 74, page 32</p>	
<p>13b. What was the job?</p> <p>Job 1 _____</p> <p>Job 2 _____</p> <p>Job 3 _____</p> <p><i>(Ask across for each job entered)</i></p>	

REGULAR OCCUPIED - Continued		
73b	73c	73d
<p>In what month and year was the . . . (Specify work reported) completed?</p>	<p><i>Ask only for work done in last 2 years.</i></p> <p>Did someone in your household do most of the work?</p>	<p><i>Ask only for work done in the last 2 years.</i></p> <p>How much did the entire . . . (Specify work reported) job cost, including your costs and any amount covered by insurance (- - -/not counting your time.)? Enter "1" for jobs whose cost was reported with other work.</p>
<p>Month Year 8420 <input type="checkbox"/> <input type="checkbox"/> 1 9</p> <p>Month Year 8435 <input type="checkbox"/> <input type="checkbox"/> 1 9</p> <p>Month Year 8450 <input type="checkbox"/> <input type="checkbox"/> 1 9</p>	<p>8425 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8440 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8455 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>8430 \$ _____ 00</p> <p>8445 \$ _____ 00</p> <p>8460 \$ _____ 00</p>
<p>Month Year 8465 <input type="checkbox"/> <input type="checkbox"/> 1 9</p> <p>Month Year 8480 <input type="checkbox"/> <input type="checkbox"/> 1 9</p> <p>Month Year 8495 <input type="checkbox"/> <input type="checkbox"/> 1 9</p> <p>Month Year 8510 <input type="checkbox"/> <input type="checkbox"/> 1 9</p> <p>Month Year 8525 <input type="checkbox"/> <input type="checkbox"/> 1 9</p>	<p>8470 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8485 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8500 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8515 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8530 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>8475 \$ _____ 00</p> <p>8490 \$ _____ 00</p> <p>8505 \$ _____ 00</p> <p>8520 \$ _____ 00</p> <p>8535 \$ _____ 00</p>
<p>Month Year 8540 <input type="checkbox"/> <input type="checkbox"/> 1 9</p> <p>Month Year 8555 <input type="checkbox"/> <input type="checkbox"/> 1 9</p> <p>Month Year 8570 <input type="checkbox"/> <input type="checkbox"/> 1 9</p>	<p>8545 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8560 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8575 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>8550 \$ _____ 00</p> <p>8565 \$ _____ 00</p> <p>8580 \$ _____ 00</p>

REGULAR OCCUPIED - Continued

74. Check Item (See item 73a.)
 One or more jobs reported in item 73 - Ask item 75
 No jobs reported in item 73 - Skip to item 76

75. Did the household get a low interest loan or grant from a government program to help pay for making any of these repairs or alterations to your home? **- 6 11 +**
 2830 1 Yes
 2 No

76. In the TYPICAL YEAR, about how much does your household spend for routine repairs and maintenance, such as painting, plumbing, roofing, or other minor repairs?
 2840 \$ _____ 00

77. Check Item (See item 23, page 2.)
 Mobile home either one-unit or two-or-more units - Skip to item 79a
 Not a mobile home - Ask item 78

78. About when was the building originally built?
 2910 1990 or later } Skip to item 81a
 Month Year
 1980 - 1989 }
 Year
 2910 1979 }
 75 - 78 } Skip to item 81b
 70 - 74 }
 60 - 69 }
 50 - 59 }
 40 - 49 }
 30 - 39 }
 20 - 29 }
 1919 or earlier }

79a. Excluding the dealer's lot, is this the first site on which this mobile home was placed?
 2900 1 Yes, first site
 2 No, moved from another site
 3 Don't know

b. Is your mobile home included in a group of 2 or more?
 3540 1 Yes
 2 No, mobile home not in a group - Skip to item 80

c. How many, including your mobile home, are in the group?
 4880 _____ Exact number - (If 2 to 20 mobile homes)
 OR
 21 or more

80. What is the model year of the mobile home? **- 6 11 +**
 1980 or later } Skip to item 81a
 Year
 2910 1979 }
 75 - 78 } Skip to item 81b
 70 - 74 }
 60 - 69 }
 50 - 59 }
 40 - 49 }
 1939 or earlier }

81a. Were you the first (person/people) to occupy this home or did someone else live here before you?
 2920 1 First occupants
 2 Previously occupied

b. Is this home currently for rent or sale?
 2923 1 Yes
 2 No - Skip to item 82a, page 33

c. Is it currently -
 (Read all answer categories.)
 2925 1 Up for rent only
 2 Up for rent or for sale
 3 For sale only
 4 Rented, but not yet occupied by the leased tenants
 5 Sold, but not yet occupied by the owner?

REGULAR OCCUPIED - Continued

82a. When did this household buy the (house/apartment)?
 (If land and building bought at different times, building only)
 2930 1 9 _____ Year - Skip to item 82c
 2 Owner built it or had it built - Skip to item 82c
 3 Received as inheritance or gift

b. In what year did this household (inherit/receive) the home?
 2940 1 9 _____ Year - Skip to item 82e

c. What was the price? (Exclude closing costs.) (For mobile homes, exclude value of the land.)
 2950 \$ _____ 00

d. Was the main source of the down payment the sale of a previous home, savings, or something else? (If bought outright, enter main source of full payment.)
 2960 1 Sale of previous home if sold during 12 months prior to purchase of new home - Skip to item 83a
 2 Savings or cash on hand
 3 Sale of other investment
 4 Borrowing, other than a mortgage on this property
 5 Inheritance or gift
 6 Land where building was built used for financing
 7 Other - Specify _____
 8 No down payment made

e. (Have any of the owners now living here/Have you) ever owned a home before?
 2970 1 Yes
 2 No

83a. Check Item (See item 25a, page 2.)
 Condominium or cooperative - Skip to item 87a, page 34
 Not a condominium or cooperative - Go to item 83b

b. Check Item (See item 23, page 2.)
 One-unit building - Ask item 84a
 One-unit mobile home - Skip to item 88a, page 34
 Two-or-more-unit building or two-or-more-unit mobile home - Skip to item 86e, page 34

84a. How large is the (lot/site)?
 2980 _____ Square feet
 (Include all connecting land that is owned or that is rented with the home.)
 OR
 2990 _____ Feet by
 (If over 1 acre, drop any fractions, don't round up. If under one acre, convert to approximate square feet.)
 3000 _____ feet
 OR
 3010 _____ Whole acres
 0 Don't know - Ask item 84b
 MARK OR ASK -
 3020 1 Yes - Skip to item 86a, page 34
 2 No

b. Is it more than 10 acres?
 3020 1 Yes - Skip to item 85a
 2 No

c. Is there a commercial establishment on the property?
 3030 1 Yes - Skip to item 85a
 2 No

d. Is there a medical or dental office on the property?
 3040 1 Yes - Skip to item 85b
 2 No

e. How much do you think the house and lot would sell for on today's market?
 3100 \$ _____ 00 Skip to item 89a, page 34

85a. Is there a medical or dental office on the property?
 3040 1 Yes
 2 No

b. How much do you think the house, (business/medical office) and lot would sell for on today's market?
 3080 \$ _____ 00

c. What is the value of the residential portion of this property?
 3100 \$ _____ 00 Skip to item 89a, page 34

	FIRST (MORTGAGE/LOAN)	SECOND (MORTGAGE/LOAN)
96a. Did you get the current (first/second) mortgage the same year you bought your home?	- 6 18 ↓ 3230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 96e	- 6 19 ↓ 3230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 96e
b. With regard to the (first/second) mortgage, did you get a new mortgage or did you assume someone else's mortgage?	3240 1 <input type="checkbox"/> New - Skip to item 96f 2 <input type="checkbox"/> Assumed 3 <input type="checkbox"/> Wrap-around - Skip to item 96f	3240 1 <input type="checkbox"/> New - Skip to item 96f 2 <input type="checkbox"/> Assumed 3 <input type="checkbox"/> Wrap-around - Skip to item 96f
c. How much was left to pay off when you assumed it?	3250 \$ _____ 00	3250 \$ _____ 00
d. How many years remained on the mortgage then?	3260 _____ Years - Skip to item 96i	3260 _____ Years - Skip to item 96i
e. What year did you get the mortgage?	3280 1 9 _____ Year	3280 1 9 _____ Year
f. When you first obtained THIS mortgage, how many years was it for?	3290 _____ Years - If less than 15, ask item 96g; if 15 or more, skip to item 96h 0 <input type="checkbox"/> Can vary - Ask item 96g	3290 _____ Years - If less than 15, ask item 96g; if 15 or more, skip to item 96h 0 <input type="checkbox"/> Can vary - Ask item 96g
g. At your current payments, how long would it take to pay off the loan?	3300 _____ Years	3300 _____ Years
h. How much was borrowed?	3310 \$ _____ 00	3310 \$ _____ 00
i. Does this mortgage cover -		
(1) Other homes or apartments besides this one?	3320 1 <input type="checkbox"/> Yes - Skip to item 96j 2 <input type="checkbox"/> No	3320 1 <input type="checkbox"/> Yes - Skip to item 96j 2 <input type="checkbox"/> No
(2) Farm land?	3330 1 <input type="checkbox"/> Yes - Skip to item 96j 2 <input type="checkbox"/> No	3330 1 <input type="checkbox"/> Yes - Skip to item 96j 2 <input type="checkbox"/> No
(3) A business on this property?	3340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 96k	3340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 96k
j. How much of the . . . (Amount in item 96c or h) applies just to your home?	3350 \$ _____ 00	3350 \$ _____ 00
k. What is the current interest rate on the mortgage? (Annual percentage rate) (Round down to nearest 1/4)	Whole number 3360 _____ Plus Fraction 3370 0 <input type="checkbox"/> No fraction 2 <input type="checkbox"/> 1/2 1 <input type="checkbox"/> 1/4 3 <input type="checkbox"/> 3/4	Whole number 3360 _____ Plus Fraction 3370 0 <input type="checkbox"/> No fraction 2 <input type="checkbox"/> 1/2 1 <input type="checkbox"/> 1/4 3 <input type="checkbox"/> 3/4
l. What is the current monthly payment?	3380 \$ _____ 00	3380 \$ _____ 00
m. Besides principal and interest, does this payment include -		
(1) Property taxes?	3390 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3390 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Homeowner's insurance?	3400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Anything else?	3410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 96n, page 37	3410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to item 96n, page 37
(4) How much were the other charges last year? (Do not include property taxes or homeowner's insurance.)	3420 \$ _____ 00	3420 \$ _____ 00

	FIRST (MORTGAGE/LOAN)	SECOND (MORTGAGE/LOAN)
96n. Is the mortgage an FHA, a VA, a Farmer's Home Administration, or some other type?	- 6 18 ↓ 3430 1 <input type="checkbox"/> FHA (Federal Housing Administration) } Skip to item 96q 2 <input type="checkbox"/> VA (Veterans' Administration) } 3 <input type="checkbox"/> Farmer's Home Administration - Go to item 96s 4 <input type="checkbox"/> Some other type 5 <input type="checkbox"/> Don't know	- 6 19 ↓ 3430 1 <input type="checkbox"/> FHA (Federal Housing Administration) } Skip to item 96q 2 <input type="checkbox"/> VA (Veterans' Administration) } 3 <input type="checkbox"/> Farmer's Home Administration - Go to item 96s 4 <input type="checkbox"/> Some other type 5 <input type="checkbox"/> Don't know
o. Did you borrow the money from a bank or other organization, OR did you borrow it from an individual?	3440 1 <input type="checkbox"/> Bank or other organization - Skip to item 96q 2 <input type="checkbox"/> Individual	3440 1 <input type="checkbox"/> Bank or other organization - Skip to item 96q 2 <input type="checkbox"/> Individual
p. Was that the former owner of the home?	3450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	3450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
q. Are the payments on this loan the same during the whole length of the mortgage?	3460 1 <input type="checkbox"/> Yes - Skip to item 96s 2 <input type="checkbox"/> No	3460 1 <input type="checkbox"/> Yes - Skip to item 96s 2 <input type="checkbox"/> No
r. How do they change? (Mark (X) all that apply.)	3470 1 <input type="checkbox"/> Change in taxes or insurance, or due to decline in principle balance - * Do they change for any other reason? <input type="checkbox"/> Yes - Mark box 2, 3, 4, 5 and/or 7 <input type="checkbox"/> No - Go to item 96s 2 <input type="checkbox"/> Change based on interest rates 3 <input type="checkbox"/> Rise at fixed schedule during part of loan 4 <input type="checkbox"/> Rise at fixed schedule during whole length of loan 5 <input type="checkbox"/> Last payment biggest 7 <input type="checkbox"/> Other - Specify _____ (If box 5 marked above, ask) - Of the total amount you borrowed, what percentage will have to be paid off in this last payment? _____ 3480 1 <input type="checkbox"/> 1-25 percent 2 <input type="checkbox"/> 26-50 3 <input type="checkbox"/> 51-75 4 <input type="checkbox"/> 76-100	3470 1 <input type="checkbox"/> Change in taxes or insurance, or due to decline in principle balance - * Do they change for any other reason? <input type="checkbox"/> Yes - Mark box 2, 3, 4, 5 and/or 7 <input type="checkbox"/> No - Go to item 96s 2 <input type="checkbox"/> Change based on interest rates 3 <input type="checkbox"/> Rise at fixed schedule during part of loan 4 <input type="checkbox"/> Rise at fixed schedule during whole length of loan 5 <input type="checkbox"/> Last payment biggest 7 <input type="checkbox"/> Other - Specify _____ (If box 5 marked above, ask) - Of the total amount you borrowed, what percentage will have to be paid off in this last payment? _____ 3480 1 <input type="checkbox"/> 1-25 percent 2 <input type="checkbox"/> 26-50 3 <input type="checkbox"/> 51-75 4 <input type="checkbox"/> 76-100
s. Check item (See item 95a, page 35.)	<input type="checkbox"/> One mortgage - Skip to item 98a, page 38 <input type="checkbox"/> Two or more mortgages - Go back to item 96a	<input type="checkbox"/> Only two mortgages - Skip to item 98a, page 38 <input type="checkbox"/> Three or more mortgages - Ask item 97a
97a. For the (third mortgage/other mortgages), how much did you borrow?	- 6 11 ↓ 3490 \$ _____ 00	
b. What is your current monthly payment for the (third mortgage/other mortgages)?	3500 \$ _____ 00	
Notes		

REGULAR OCCUPIED - Continued

98a. Check Item (See item 23, page 2.)
Mobile home either one-unit or two-or-more-units - Skip to item 101a
Not a mobile home - Go to item 98b

b. Check Item (See item 25a, page 2.)
Condominium or cooperative - Ask item 99a
All others - Skip to item 103a, page 39

99a. What were the real estate taxes last year for the (condominium/cooperative) unit?
(Include school taxes, special assessments, and any other real estate taxes.)
(Exclude taxes past due from other years.)
(Subtract any rebates.)

b. Did you receive a real estate property tax rebate last year?
Yes
No - Skip to item 100a

c. What was the amount of the property tax rebate?
\$.00

100a. Is there a required (condominium/cooperative) association fee?
Yes
No - Skip to item 109a, page 40

b. How many times a year is the fee due?
Times per year
Monthly

c. What is the average cost each... (Billing period)?
\$.00 - Skip to item 109a, page 40

101a. On the mobile home (- - - /and its lot) last year, what was the total cost of - property and real estate taxes, registration fees, and license fees?
(Include all connecting owned land. Include school taxes, special assessments, and any other real estate taxes.)
(Exclude taxes past due from other years.)
(Subtract any rebates.)

b. Did you receive a real estate property tax rebate last year?
Yes
No - Skip to item 102a, page 39

c. What was the amount of the property tax rebate?
\$.00

Notes

REGULAR OCCUPIED - Continued

102a. Check Item (See item 88f, page 34.)
Land is owned - Skip to item 102f
Land is NOT owned - Go to item 102b

b. Check Item (See item 92, page 35.)
Yes, mortgage - Ask item 102c
No mortgage - Skip to item 102d

c. Earlier you told me you do not own the land. Do you pay separate rent for the land?
- 6 11 Y
2511 1 Yes
2 No - Skip to item 102f

d. How many times a year is the land rent due?
2512 Times per year
12 Monthly

e. What is the cost each... (Billing period)?
2513 \$.00
0 No cash rent
9997 Included in mobile home park fee or association fee

f. (- - - /In addition to the land rent), do you pay any (- - - /additional) mobile home park fee?
2550 1 Yes
2 No - Skip to item 102i

g. How many times a year is the fee due?
3555 Times per year
12 Monthly

h. What is the average cost each... (Billing period)?
3600 \$.00

i. Are there (any/any other) required fees for utility hookups, mobile home association fees, and so forth?
- 6 11 Y
2517 1 Yes
2 No - Skip to item 109a, page 40

j. How many times a year are the fees due?
2518 Times per year
12 Monthly

k. What is the average cost each... (Billing period) for those fees?
2519 \$.00 - Skip to item 109a, page 40

103a. What were the real estate taxes last year for this home and its land?
(Include all connecting owned land. If multi-unit building, estimate share for sample unit. Include school taxes, special assessments, and any other real estate taxes.)
(Exclude taxes past due from other years.)
(Subtract any rebates.)

b. Did you receive a real estate property tax rebate last year?
3524 1 Yes
2 No - Skip to item 105a

c. What was the amount of the property tax rebate?
3526 \$.00

104. WASHINGTON USE ONLY

105a. Is there a required homeowner's association fee?
3570 1 Yes
2 No - Skip to item 106

b. How many times a year is the fee due?
3580 Times per year
12 Monthly

c. What is the average cost each... (Billing period)?
3590 \$.00 - Skip to item 109a, page 40

106. In some parts of the country people own their homes but rent the land.
3610 1 Yes
2 No - Skip to item 109a, page 40

107. Check Item (See item 92, page 35.)
 Yes, mortgage - Ask item 108a
 No mortgage - Skip to item 108b

108a. Is the land rent included with the mortgage payment? **3620** Yes - Skip to item 109a
 No

b. How many times a year is the land rent due? **3630** _____ Times per year
 Monthly

c. What does it cost each time? **3640** \$ _____ **00**

109a. Does this household have (homeowner's/household property) insurance? **3650** Yes
 No - Skip to item 110

b. In the last 12 months what was the total cost? **3660** \$ _____ **00**

110. Now I have some questions about the costs for electricity, gas, and other utilities for your home (this unit). Because accurate costs are important it will help if you would look up the amounts in your checkbook or other records.
(Respondent may also use amounts entered in the respondent letter. If 2 or more utilities are billed together, try to obtain the costs for each one separately.)

a. (1) Do you have any records available showing your costs for electricity, SEPARATE FROM OTHER UTILITIES? Yes - Ask item 110a(2)
 No - Skip to item 110a(4)
(Mark "No" if records available, but separate costs not shown.)

(2) From your records, what were the costs for electricity for the months of -

Costs	Month	Year
3664 \$ _____ 00	January	19__
3665 \$ _____ 00	April	19__
3666 \$ _____ 00	August	19__
3667 \$ _____ 00	December	19__

*(Read months and appropriate year categories.)
 (Do not include cents.)*

(3) Check Item
 Electricity costs entered for 2 or more months - Skip to item 110b(1)
 Electricity costs entered for 1 month or none - Ask item 110a(4)

(4) In the past 12 months what was the average MONTHLY cost for electricity? **3670** \$ _____ **00**
(Average MONTHLY cost)
OR -
3680 Electricity not used
 Included in rent, site rent, condominium, or other fee, etc.
 Obtained free

(If "All electric home," mark the "No" box without asking.)

b. (1) Do you use gas? **3700** Yes
 No - Skip to item 110d, page 41

(2) Is the gas from underground pipes or bottled gas? **3720** Underground pipes serving neighborhood
 Bottled gas - Skip to item 110c(4), page 41

c. (1) Do you have any records available showing your costs for gas, SEPARATE FROM OTHER UTILITIES? Yes - Ask item 110c(2)
 No - Skip to item 110c(4), page 41
(Mark "No" if records available, but separate costs not shown.)

(2) From your records, what were the costs for gas for the months of -

Costs	Month	Year
3684 \$ _____ 00	January	19__
3685 \$ _____ 00	April	19__
3686 \$ _____ 00	August	19__
3687 \$ _____ 00	December	19__

*(Read months and appropriate year categories.)
 (Do not include cents.)*

(3) Check Item
 Gas costs entered for 2 or more months - Skip to item 110d, page 41
 Gas costs entered for 1 month or none - Ask item 110c(4), page 41

110c. (4) In the past 12 months what was the average MONTHLY cost for gas?

3690 \$ _____ **00** **OR ->** **(1)**
(Average MONTHLY cost)

OR -

3700 Included in rent, site rent, condominium, or other fee, etc
 Obtained free

3710 **(2)**
 Billed with -
(Mark (X) all that apply.)
 Electricity
 Fuel oil
 Other fuel
 Garbage and trash
 Water and sewage

(If "All electric home," mark the "Not used" box without asking.)

d. In the past 12 months what was the total ANNUAL cost for fuel oil? **3730** \$ _____ **00** **OR ->** **(1)**
(ANNUAL cost)

OR -

3740 Not used
 Included in rent, site rent, condominium, or other fee, etc
 Obtained free

3750 **(2)**
 Billed with -
(Mark (X) all that apply.)
 Electricity
 Gas
 Other fuel
 Garbage and trash
 Water and sewage

e. In the past 12 months what was the total ANNUAL cost for wood, coal, kerosene, or any other fuel? **3760** \$ _____ **00** **OR ->** **(1)**
(ANNUAL cost)

OR -

3770 Not used
 Included in rent, site rent, condominium, or other fee, etc
 Obtained free

3780 **(2)**
 Billed with -
(Mark (X) all that apply.)
 Electricity
 Gas
 Fuel oil
 Garbage and trash
 Water and sewage

f. In the past 12 months what was the total ANNUAL cost for garbage and trash collection? **3790** \$ _____ **00** **OR ->** **(1)**
(ANNUAL cost)

OR -

3800 Not used
 Included in rent, site rent, condominium, or other fee, etc
 Obtained free

3810 **(2)**
 Billed with -
(Mark (X) all that apply.)
 Electricity
 Gas
 Fuel oil
 Other fuel
 Water and sewage

g. In the past 12 months what was the total ANNUAL cost for water supply and sewage disposal? **3820** \$ _____ **00** **OR ->** **(1)**
(ANNUAL cost)

OR -

3830 Included in rent, site rent, condominium, or other fee, etc
 Obtained free

3840 **(2)**
 Billed with -
(Mark (X) all that apply.)
 Electricity
 Gas
 Fuel oil
 Other fuel
 Garbage and trash

Notes

REGULAR OCCUPIED - Continued

111a. How many automobiles are kept at home for use by members of your household? Exclude vans or trucks. - 6 11 ↓
3850 _____ Number
 None

b. How many vans or trucks of one-ton capacity or less are kept at home for use by members of your household?
3860 _____ Number
 None

112a. Check Item - (See Control Card items 13, 14, and 18.)
 Nonrelative household members age 14+ in household - Go to item 112b
 All others - Skip to item 114

b. Check Item - (See Control Card items 13, 17, and 18.)
 All nonrelatives age 14+ are co-owners/co-renters (in Control Card item 17) - Skip to item 114
 All others - Go to item 112c

c. Check Item - (See Control Card items 13, 17, and 18.)
 Remaining nonrelatives age 14+ are spouse or child(ren) of co-owner or co-renter - Skip to item 114
 All others - Ask item 113a - d for each nonrelative age 14+ who is not a co-owner or co-renter

	- 6 20 ↓	- 6 21 ↓	- 6 22 ↓	- 6 23 ↓
113. Enter line number →	3880	3880	3880	3880
	Line number	Line number	Line number	Line number
a. Does ... pay a regular fixed rent as a lodger to someone in this household?	3890	3890	3890	3890
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to next nonrelative; if no other nonrelative, skip to item 114	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to next nonrelative; if no other nonrelative, skip to item 114	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to next nonrelative; if no other nonrelative, skip to item 114	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to next nonrelative; if no other nonrelative, skip to item 114
b. How often is ...'s rent due?	3900	3900	3900	3900
	_____ Times/year 12 <input type="checkbox"/> Monthly			
c. How much is the rent?	3910	3910	3910	3910
	\$ _____ 00	\$ _____ 00	\$ _____ 00	\$ _____ 00
d. Does that include food?	3920	3920	3920	3920
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
e.	Go to next nonrelative; if none, go to item 114	Go to next nonrelative; if none, go to item 114	Go to next nonrelative; if none, go to item 114	Go to next nonrelative; if none, go to item 114

114. (Enter line number for reference person and all household members ages 14+ RELATED TO REFERENCE PERSON by blood, marriage, or adoption.)

One of the main housing problems today is the total cost of housing compared to income. The next few questions are about income.

In the past 12 months, how much did ... earn in wages, salaries, tips, and commissions before deductions?

	- 6 24 ↓			
	Line number	Line number	Amount	
	3940	3950	\$ _____ 00	<input type="checkbox"/> None
	3960	3970	\$ _____ 00	<input type="checkbox"/> None
	3980	3990	\$ _____ 00	<input type="checkbox"/> None
	4000	4010	\$ _____ 00	<input type="checkbox"/> None
	4020	4030	\$ _____ 00	<input type="checkbox"/> None
	4040	4050	\$ _____ 00	<input type="checkbox"/> None
	4060	4070	\$ _____ 00	<input type="checkbox"/> None
	4080	4090	\$ _____ 00	<input type="checkbox"/> None
	4100	4110	\$ _____ 00	<input type="checkbox"/> None
	4120	4130	\$ _____ 00	<input type="checkbox"/> None

REGULAR OCCUPIED - Continued

115a. In the past 12 months did ... or ... - 6 11 ↓
 (Specify names for line numbers in item 114) -

(1) Have a business, farm or ranch?	4140	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(2) Receive Social Security or pensions?	4160	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(3) Have interest from savings accounts, money market funds, IRAs, certificates of deposit or other interest bearing accounts?	4170	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(4) Have dividends from stocks?	4175	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(5) Receive rental income?	4180	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(6) Receive SSI, AFDC or other forms of welfare?	4190	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(7) Receive alimony or child support?	4210	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(8) Receive worker's compensation or other disability payments?	4215	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
(9) Receive unemployment compensation, any veterans' payments not already mentioned, or any other income?	4220	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No

} If all "No," skip to item 115c

b. In the past 12 months what was the total income from (Sources marked "Yes" in item 115a) (- - -) after deducting expenses and losses from business/farm/ranch and/or rental income?
 4230 \$ _____ 00 Total income after deducting expenses and losses
 OR
 4240 \$ _____ 00 Amount of total net loss
 Verified that identical amounts in items 114 and 115b are not duplicate amounts.
 None or broke even

c. We want to make sure we have included (all your income/all the income for the family). In the past 12 months, did (you/any of the family) have any income not already mentioned?
 4242 1 Yes - Determine income amount and correct 114 and/or 115a and 115b
 2 No
 (Exclude children 13 years or younger. Exclude income of persons NOT related to the reference person.)

d. Is the total (- - -) family income THIS MONTH about the same as it was a year ago?
 4244 1 Yes - About the same, or within 10 percent, or just cost of living adjustments - Skip to item 116
 2 No

e. What do you expect the total (- - -) family income to be in the NEXT 12 MONTHS?
 4246 \$ _____ 00

116. Check Item - (See items 114 and 115b.) (Mark (X) first box that applies.)
 Total income over \$25,000 - Skip to item 118a, page 44
 Income \$25,000 or less - Skip to item 117b, page 44
 Income is refused, NA or DK - Ask item 117a, page 44

Notes

REGULAR OCCUPIED - Continued

117a. Was (your/their) total income over \$25,000? 4250 1 Yes - Skip to item 118a
2 No

b. Did, or (Specify names for line numbers in item 114) receive Food Stamps in the past 12 months? 4260 1 Yes
2 No

c. Does, or (Specify names for line numbers in item 114) have -

(1) Savings? 4270 1 Yes 2 No

(2) Investments in a farm or business? 4280 1 Yes 2 No

(3) Other investments? 4290 1 Yes 2 No
(Exclude THIS home.)

} If all "No," skip to item 118a

d. Is the total amount of savings and investments over \$25,000? 4300 1 Yes
2 No

118a. Check Item (See Control Card item 8b.)

Owned - Skip to item 123a, page 45
 Rented or no cash rent - Go to item 118b

b. Check Item (See item 23, page 2.)

One-unit building or one-unit mobile home - Skip to item 119b
 Two-or-more-unit building or two-or-more-unit mobile home - Ask item 119a

119a. Does either the owner or a resident manager live in this (building/complex)? 4400 1 Yes
(Exclude staff who do only maintenance.) 2 No

b. What is the owner's name and address? - 8 17 +
If don't know, ask -

Where do you send your rent?

Name (Please print) _____

Address (Number, Street) _____

City _____

State _____ ZIP Code _____

Title _____ Location _____
1 Owner 1 Home
2 Other 2 Office

c. What is the (owner's/office's) telephone number?

Area code, number, extension _____

1 Home
2 Business

d. INSTRUCTION - GO TO ITEM 123a, page 45

120-122. WASHINGTON USE ONLY

Notes _____

REGULAR OCCUPIED - Continued

123a. Housing size is important for analysis of other information from this survey. How many square feet are there in this (house/apartment)? - 6 11 + 4600 _____ Square feet - Go to item 189a, page 60
o Don't know - Ask item 123b

(Include basements and finished attics. Exclude unfinished attics, carports, and attached garages. Also exclude porches that are not protected from the elements/- - -.)
(- - -/Exclude the mobile home hitch.)

b. How many (stories/floors) are there in this (house/apartment)? 4610 _____ Number
(Include basements and finished attics (- - - -).)
(In apartments, floors refers only to the apartment itself.)

MARK OR ASK -

c. Is the (house/apartment) a split level? 4620 1 Yes
2 No

d. What is the length and width of each floor of the (house/apartment)?

(Include basements and finished attics. Exclude unfinished attics, carports, and attached garages. Also exclude porches that are not protected from the elements/- - -.)
(- - -/Exclude the mobile home hitch.)
(Record dimensions of each room separately, if respondent is unable to give dimensions for the total floor size.)

	Rectangles or squares							
	First (a)		Second (b)		Third (c)		Fourth (d)	
	Length	Width	Length	Width	Length	Width	Length	Width
Basement								
1st floor of unit								
2nd floor of unit								
3rd floor of unit								
4th floor of unit								

4640 o Don't know - Go to item 189a, page 60

e. SKETCH (If enough information is available, draw sketch of sample unit below.)

OFFICE USE ONLY 4640 _____ Square feet

f. INSTRUCTION - GO TO ITEM 189a, page 60

Notes _____

Note

All URE interview questions have been deleted from the questionnaire facsimile, except for questions 149 through 152, 153a, b, 175, 181, and 182. The questions deleted are the same as the questions asked for occupied units.

149a. WASHINGTON USE ONLY

b. Is the (house/apartment) INTENDED for year-round use, for occupancy only on a seasonal basis, or for use by migrant workers?
Notes

- 2460 Year round - SKIP TO ITEM 151c
 8 Seasonal - Summer only
 9 Seasonal - Winter only
 10 Other seasonal - Specify in notes
 11 Migratory

c. How many months has it been since the (house/apartment) was occupied as a permanent home?

- 2470 _____ Months (if 1 to 24 months)
 2470 00 Less than 1 month
 25 Over 2 years
 26 NEVER OCCUPIED AS A PERMANENT HOME
 27 Don't know

150. Does the construction and heating of the (house/apartment) make it suitable for year-round use?

- 2480 1 Yes
 2 No

151a. Is a garage or carport included with the (house/apartment)?

- 2520 1 Yes - Skip to item 151c
 2 No

b. Is an offstreet parking space included?

- 2530 1 Yes
 2 No

c. Is the ownership of the (house/apartment) time-shared?

- 3070 1 Yes
 2 No

d. Check item (See item 149b)

- Year around - Ask item 152
 All other - Skip to item 156, page 54

152. Is the (house/apartment) —

(Read all answer categories.)

- 6 61 ↓
 2460 1 For rent only } Skip to item 153a,
 2 For rent or for sale } page 53
 3 For sale only - Skip to item 156, page 54
 4 Rented, but not yet occupied by the tenants - Go to item 153a, page 53
 5 Sold, but not yet occupied by the owners }
 6 Held for occasional use throughout the year? } Skip to item 156, page 54
 7 Other - Specify z

Notes

URE INTERVIEWS - Continued

153a. How often is the rent on the (house/apartment) due?

- 2500 _____ Times per year
 12 Monthly

b. (1) How much is the rent?

2510 \$ _____ 00

(If parking priced separately, exclude it here and mark "No" to items 154a-b, page 54.)

- 1 Rent depends on the income of the occupants, such as public housing or some military housing

(2) Is the (house/apartment) for vacation or other short-term use?

- 6 61 ↓
 2485 1 Yes
 2 No

175a. Is the mobile home to remain where it is, or is it to be moved? - 6 61 +

2506 Remain
 To be moved - Skip to item 180, page 57

b. (Do you/Does the owner) own the land?

2507 Yes - Skip to item 175f
 No

c. (Do you/Does the owner) pay separate rent for the land?

2511 Yes
 No - Skip to item 175f

d. How many times a year is the (land/site) rent due?

2512 _____ Times per year
 Monthly

e. What is the cost each . . . (Billing period)

2513 \$ _____ 00
 9997 Included in mobile home park fee or association fee

f. (- - - /In addition to the land rent) (is the owner/ are you) required to pay any (- - - /additional) mobile home park fee?

3550 Yes
 No - Skip to item 175i

g. How many times a year is the fee due?

3555 _____ Times per year
 Monthly

h. What is the average cost each . . . (Billing period)?

3600 \$ _____ 00

i. Are there any (- - - /other) required fees for utility hook-ups, mobile home association fees, and so forth?

- 6 61 +

2517 Yes
 No - Skip to item 180, page 57

j. How many times a year are the fees due?

2518 _____ Times per year
 Monthly

k. What is the average cost each . . . (Billing period) for those fees?

2519 \$ _____ 00 - Skip to item 180, page 57

181. (Is the owner of the (house/apartment)/Are you) billed for -

(1) Garbage and trash collection? 4320 Yes
 No

(2) Water and sewage disposal? 4330 Yes
 No } Skip to item 183a, page 58

182. (Does the owner of the (house/apartment)/Do you) pay separately for -

(1) Electricity? 4340 Yes
 No, included in rent, condominium fee, etc.
 Not used

(2) Gas? 4350 Yes
 No, included in rent, condominium fee, etc.
 Not used

(3) Fuel oil? 4360 Yes
 No, included in rent, condominium fee, etc.
 Not used

(4) Any other fuel? 4370 Yes
 No, included in rent, condominium fee, etc.
 Not used

(5) Garbage and trash collection? 4380 Yes
 No, included in rent, condominium fee, etc.
 Not used

(6) Water supply and sewage disposal? 4390 Yes
 No, included in rent, condominium fee, etc.