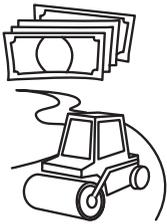




Template provided by the
U.S. Census Bureau





1. How many people were living or staying in this house, apartment, or mobile home on April 1, 2020?

Number of people =

2. Were there any additional people staying here on April 1, 2020 that you **did not include** in Question 1?

Mark all that apply.

- Children, related or unrelated, such as newborn babies, grandchildren, or foster children
- Relatives, such as adult children, cousins, or in-laws
- Nonrelatives, such as roommates or live-in babysitters
- People staying here temporarily
- No additional people

3. Is this house, apartment, or mobile home — Mark ONE box.

- Owned by you or someone in this household with a mortgage or loan? *Include home equity loans.*
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented?
- Occupied without payment of rent?

4. What is your telephone number?

We will only contact you if needed for official Census Bureau business.

Telephone Number

- -

5. Please provide information for each person living here. If there is someone living here who pays the rent or owns this residence, start by listing him or her as Person 1. If the owner or the person who pays the rent does not live here, start by listing any adult living here as Person 1.

What is Person 1's name? *Print name below.*

First Name

MI

Last Name(s)

6. What is Person 1's sex? Mark ONE box.

- Male Female

7. What is Person 1's age and what is Person 1's date of birth? *For babies less than 1 year old, do not write the age in months. Write 0 as the age.*

Age on April 1, 2020

years

Print numbers in boxes.

Month

Day

Year of birth

8. Is Person 1 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
 Yes, Mexican, Mexican Am., Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.* ↴

9. What is Person 1's race?

Mark one or more boxes **AND** print origins.

- White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.

- Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.

- American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.

- | | | |
|--|---|--|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Other Asian –
Print, for example,
Pakistani, Cambodian,
Hmong, etc. <input type="checkbox"/> | <input type="checkbox"/> Other Pacific Islander –
Print, for example,
Tongan, Fijian,
Marshallese, etc. <input type="checkbox"/> | |

- Some other race – Print race or origin.

2. Does this person usually live or stay somewhere else?

Mark all that apply.

- | | |
|---|---|
| <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes, for college | <input type="checkbox"/> Yes, with a parent or other relative |
| <input type="checkbox"/> Yes, for a military assignment | <input type="checkbox"/> Yes, at a seasonal or second residence |
| <input type="checkbox"/> Yes, for a job or business | <input type="checkbox"/> Yes, in a jail or prison |
| <input type="checkbox"/> Yes, in a nursing home | <input type="checkbox"/> Yes, for another reason |

3. How is this person related to Person 1? Mark ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Opposite-sex husband/wife/spouse | <input type="checkbox"/> Father or mother |
| <input type="checkbox"/> Opposite-sex unmarried partner | <input type="checkbox"/> Grandchild |
| <input type="checkbox"/> Same-sex husband/wife/spouse | <input type="checkbox"/> Parent-in-law |
| <input type="checkbox"/> Same-sex unmarried partner | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Roommate or housemate |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Other nonrelative |

Person 7

First Name

M

Last Name(s)

Sex Male Female

Age on April 1, 2020 years

Date of Birth
 Month Day Year of birth

Related to Person 1? Yes No

