

Form **H-100**  
(2-19-2004)

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU  
ACTING AS COLLECTING AGENT FOR  
NEW YORK CITY

**NEW YORK CITY HOUSING AND VACANCY  
SURVEY QUESTIONNAIRE  
2005**

**NOTICE** – Your answers will be held in strict confidence and will be seen only by persons sworn to uphold the confidentiality of Census Bureau information.

**A. NAME** \_\_\_\_\_ | **CODE** \_\_\_\_\_

**B. DATE OF INTERVIEW**  

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 / **2005**

**C. RECORD OF VISITS**  
(Additional space on page 24)

Date	Time	Remarks
	a.m. p.m.	

Fill items D through J by observing the condition of the building containing the sample unit as you approach it and walk inside. – Mark (X) all that apply in D through G.

**D. EXTERNAL WALLS**

- 001** 1  Missing bricks, siding, or other outside wall material
- 002** 2  Sloping or bulging outside walls
- 003** 3  Major cracks in outside walls
- 004** 4  Loose or hanging cornice, roofing, or other material
- 005** 5  None of these problems with walls
- 006** 6  Unable to observe walls

**E. WINDOWS**

- 007** 1  Broken or missing windows
- 008** 2  Rotted/loose window frames/sashes
- 009** 3  Boarded-up windows
- 010** 4  None of these problems with windows
- 011** 5  Unable to observe windows

**F. STAIRWAYS (exterior and interior)**

- 012** 1  Loose, broken, or missing stair railings
- 013** 2  Loose, broken, or missing steps
- 014** 3  None of these problems with stairways
- 015** 4  No interior steps or stairways
- 016** 5  No exterior steps or stairways
- 035** 6  Unable to observe stairways

**G. FLOORS**

- 017** 1  Sagging or sloping floors
- 018** 2  Slanted or shifted doorsills or door frames
- 019** 3  Deep wear in floors causing depressions
- 020** 4  Holes or missing flooring
- 021** 5  None of these problems with floors
- 022** 6  Unable to observe floors

**H. CONDITION**

- 023** 1  Dilapidated – *Go to I*  
 Not dilapidated –  
     ↳ If not dilapidated  
     2  Sound  
     3  Deteriorating

**I.** Are there any buildings with broken or boarded-up windows on this street? – *Include sample unit building*

- 024** 1  Yes      2  No

**J. WHEELCHAIR ACCESSIBILITY**

**1.** Street entry and inner lobby entry (width 32")

- 036** 1  Accessible      3  Unable to observe building entrance  
     2  Inaccessible

**2.** Elevator (door width 36", cab depth 51")

- 037** 1  Accessible      3  Unable to observe elevator  
     2  Inaccessible      4  No elevator

**3.** Residential unit entrance (width 32")

- 038** 1  Accessible      3  Unable to observe residential unit entrance  
     2  Inaccessible

**K. OCCUPANCY STATUS**

- 025** 1  Occupied    2  Vacant

**L. RESPONDENT**

Name \_\_\_\_\_

Occupied unit – *Go to M*

Vacant unit – *Mark (X) one* ↘

- 030** 1  Superintendent
  - 2  Rental office/agent
  - 3  Real estate agent/broker
  - 4  Owner
  - 5  Other – *Specify* ↘
- } *SKIP to question 58 on page 20*

Ask –

**M. How many people live or stay here?**  
*Include anyone without a usual home elsewhere.*

- 032**

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 – *SKIP to question 1 on page 2.*

*Always mark (X) one box. If an interview is not taken, explain why in the "Notes" area on page 22.*

**N. SAMPLE UNIT**

- 033** 01  Questionnaire complete
  - Questionnaire not complete
  - 02  Refused
  - 03  No one home
  - 04  Temporarily absent – 1 month or longer
  - 05  Other – *Explain in "Notes" area on page 22*
  - 06  Demolished
  - 07  Condemned
  - 08  Nonresidential
  - 09  Merged with another unit – *Give address below* ↘
- 
- 10  Unit damaged by fire
  - 11  Building boarded up
  - 12  List procedure applied
  - 13  No such address (house number/street)
  - 14  Other – *Explain in "Notes" area on page 22*

*Complete after an occupied unit interview.*

**O. FORM TYPE**

- 034** 1  One form only      2  First of two forms

**OFFICE USE ONLY**

<b>026</b>	TS	<b>027</b>	A	<b>028</b>	B

Place a check mark (✓) in  beside the respondent.

**1. HOUSEHOLD ROSTER**

- a. What are the names of all persons living or staying here? Start with the ADULT who owns or rents this apartment (house).** (Enter that name on line 1 below.)
- Include anyone staying here with no other home
  - Include anyone who usually lives here but is temporarily away traveling or at school
  - Include lodgers, boarders, babies, etc.
- b. Is . . . male or female?**
- c. How old is . . . ?** (Enter whole years ONLY.)

01  **PERSON 1 – Reference Person** (owner/renter)

**a. Last name**

First name **b. Sex** **c. Age**

1  Male  
2  Female

02  **PERSON 2**

**a. Last name**

First name **b. Sex** **c. Age**

1  Male  
2  Female

03  **PERSON 3**

**a. Last name**

First name **b. Sex** **c. Age**

1  Male  
2  Female

04  **PERSON 4**

**a. Last name**

First name **b. Sex** **c. Age**

1  Male  
2  Female

05  **PERSON 5**

**a. Last name**

First name **b. Sex** **c. Age**

1  Male  
2  Female

06  **PERSON 6**

**a. Last name**

First name **b. Sex** **c. Age**

1  Male  
2  Female

07  **PERSON 7**

**a. Last name**

First name **b. Sex** **c. Age**

1  Male  
2  Female

Use continuation form for additional persons.

**Section I – OCCUPIED UNITS**

<p><b>d. How is . . . related to . . .</b> (reference person) (person on Line 1)?</p> <p>Show Flashcard I and enter the appropriate code in the box below.</p>	<p><b>e. Is . . . of Spanish or Hispanic origin?</b> (If Yes, read the categories and mark the appropriate box, otherwise mark "No.")</p>	<p><b>f. What is . . . 's race? Select one or more categories from the flashcard.</b> Show Flashcard II and mark (X) all that apply, OR box 12 only and print race.</p>	<p>These next two questions may seem like ones I asked before, but I must ask them to double check.</p>	
			<p>(Don't ask for persons under 15)</p> <p><b>g. Does . . . have a spouse or unmarried partner in the household?</b></p>	<p><b>h. Does . . . have a parent in the household?</b></p>
<p><input checked="" type="checkbox"/> <b>R</b></p> <p>Reference person</p>	<p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican-American, Mexican, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic</p>	<p>01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 11 <input type="checkbox"/> 06 <input type="checkbox"/> 12 <input checked="" type="checkbox"/></p>	<p>If yes, enter person number of spouse or partner; otherwise mark "No."</p> <p><input type="checkbox"/> No <input type="checkbox"/> Under 15</p>	<p>If yes, enter person number(s) of parent(s); otherwise mark "No."</p> <p><input type="checkbox"/> No</p>
<p><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican-American, Mexican, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic</p>	<p>01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 11 <input type="checkbox"/> 06 <input type="checkbox"/> 12 <input checked="" type="checkbox"/></p>	<p>If yes, enter person number of spouse or partner; otherwise mark "No."</p> <p><input type="checkbox"/> No <input type="checkbox"/> Under 15</p>	<p>If yes, enter person number(s) of parent(s); otherwise mark "No."</p> <p><input type="checkbox"/> No</p>
<p><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican-American, Mexican, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic</p>	<p>01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 11 <input type="checkbox"/> 06 <input type="checkbox"/> 12 <input checked="" type="checkbox"/></p>	<p>If yes, enter person number of spouse or partner; otherwise mark "No."</p> <p><input type="checkbox"/> No <input type="checkbox"/> Under 15</p>	<p>If yes, enter person number(s) of parent(s); otherwise mark "No."</p> <p><input type="checkbox"/> No</p>
<p><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican-American, Mexican, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic</p>	<p>01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 11 <input type="checkbox"/> 06 <input type="checkbox"/> 12 <input checked="" type="checkbox"/></p>	<p>If yes, enter person number of spouse or partner; otherwise mark "No."</p> <p><input type="checkbox"/> No <input type="checkbox"/> Under 15</p>	<p>If yes, enter person number(s) of parent(s); otherwise mark "No."</p> <p><input type="checkbox"/> No</p>
<p><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican-American, Mexican, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic</p>	<p>01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 11 <input type="checkbox"/> 06 <input type="checkbox"/> 12 <input checked="" type="checkbox"/></p>	<p>If yes, enter person number of spouse or partner; otherwise mark "No."</p> <p><input type="checkbox"/> No <input type="checkbox"/> Under 15</p>	<p>If yes, enter person number(s) of parent(s); otherwise mark "No."</p> <p><input type="checkbox"/> No</p>
<p><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican-American, Mexican, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic</p>	<p>01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 11 <input type="checkbox"/> 06 <input type="checkbox"/> 12 <input checked="" type="checkbox"/></p>	<p>If yes, enter person number of spouse or partner; otherwise mark "No."</p> <p><input type="checkbox"/> No <input type="checkbox"/> Under 15</p>	<p>If yes, enter person number(s) of parent(s); otherwise mark "No."</p> <p><input type="checkbox"/> No</p>
<p><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Puerto Rican 3 <input type="checkbox"/> Dominican 4 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> South/Central American 6 <input type="checkbox"/> Mexican-American, Mexican, Chicano 7 <input type="checkbox"/> Other Spanish/Hispanic</p>	<p>01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 11 <input type="checkbox"/> 06 <input type="checkbox"/> 12 <input checked="" type="checkbox"/></p>	<p>If yes, enter person number of spouse or partner; otherwise mark "No."</p> <p><input type="checkbox"/> No <input type="checkbox"/> Under 15</p>	<p>If yes, enter person number(s) of parent(s); otherwise mark "No."</p> <p><input type="checkbox"/> No</p>

**Section I – OCCUPIED UNITS – Continued**

**2a. Is there anyone now living in this apartment (house) that came here within the past five years from a homeless situation such as a shelter, transitional center or hotel?**

- 050 1  Yes – Go to 2b  
2  No – SKIP to 3

**b. Who are they?** (Fill in the persons who answered "yes" to 2a above)  
Refer to the roster, page 2, and enter the person number(s) starting in box 055.

055	056	057	058	059	060
1	1	1	1	1	1
2	2	2	2	2	2
061	062	063	064	065	066
1	1	1	1	1	1
2	2	2	2	2	2

**c. Was . . . in the homeless situation mainly because he/she could not afford his/her own apartment (house) or mainly for other reasons?**

Affordability – Circle "1" next to person number in 2b.  
Other reason – Circle "2" next to person number in 2b.

The following questions (3 through 11c) refer to the reference person (the person listed on line 1).

**3. Where was the most recent place . . . (reference person) lived for six months or more before moving into this apartment (house)?**

(Show Flashcard III to respondent and have him/her select an answer. Then mark (X) the appropriate box.)

**NOTE** – If the respondent indicates that the reference person has always lived in the SAME unit that he/she currently lives in, don't mark (X) box 01 unless you are certain. Many people may feel as though they have lived in a unit forever, but it's rare. The reference person had to live there since birth. Be sure to probe.

IN NEW YORK CITY, SAME BUILDING

- 051 01  Always lived in this unit  
02  Another unit in the same building

IN NEW YORK CITY, OTHER BUILDING

- 03  Bronx  
04  Brooklyn  
05  Manhattan  
06  Queens  
07  Staten Island
- Which sub-borough did . . . (reference person) live in? Refer to the maps in your job aid.**
- 068   Sub-borough  
00  Don't know

OUTSIDE OF NEW YORK CITY

- 08  NY, NJ, Connecticut  
09  Other State  
10  Puerto Rico  
11  Dominican Republic  
12  Caribbean (other than Puerto Rico or Dominican Republic)  
13  Mexico  
14  Central America, South America  
15  Canada  
16  Europe  
17  Russia/Successor States to Soviet Union (Ukraine, Georgia, etc.)  
18  China, Hong Kong, Taiwan  
19  Korea  
20  India  
21  Pakistan, Bangladesh  
22  Philippines  
23  Southeast Asia (Burma, Cambodia, Laos, Malaysia, Singapore, Thailand, Vietnam)  
24  Other Asia  
25  Africa  
26  All other countries – Specify ↴

**4a. In what year did . . . (reference person) move into this apartment (house)?**

- Year  
052     If 1971 – Ask 4b  
If any other year – SKIP to 5

**b. Ask only if reference person moved here in 1971. Did . . . (reference person) move here on or after July 1, 1971?**

- 053 1  Yes, on or after July 1 in 1971  
2  No, before July 1 in 1971

**5. Are you the first occupant(s) of this apartment (house) since its construction, gut rehabilitation, or creation through conversion?**

- 054 1  Yes, first occupants  
2  No, previously occupied  
3  Don't know

**CHECK ITEM A**

REFER TO QUESTION 4a ABOVE

- Moved here 2002 or later – GO to question 6 on page 4  
 Moved here 2001 or earlier – SKIP to question 7 on page 5

**Section I – OCCUPIED UNITS – Continued**

**6. What is the main reason . . . (reference person) moved from his/her previous residence?**

Mark (X) ONLY one box.

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**EMPLOYMENT**

- 01  Job transfer/new job
- 02  Retirement
- 03  Looking for work
- 04  Commuting reasons
- 05  To attend school
- 06  Other financial/employment reason

**FAMILY**

- 07  Needed larger house or apartment
- 08  Widowed
- 09  Separated/divorced
- 10  Newly married
- 11  Moved to be with or closer to relatives
- 12  Family decreased (except widowed/separated/divorced)
- 13  Wanted to establish separate household
- 14  Other family reason

**NEIGHBORHOOD**

- 15  Neighborhood overcrowded
- 16  Change in racial or ethnic composition of neighborhood
- 17  Wanted this neighborhood/better neighborhood services
- 18  Crime or safety concerns
- 19  Other neighborhood reason

**HOUSING**

- 20  Wanted to own residence
- 21  Wanted to rent residence
- 22  Wanted less expensive residence/difficulty paying rent or mortgage
- 23  Wanted better quality residence
- 24  Evicted
- 25  Poor building condition/services
- 26  Harassment by landlord
- 27  Needed housing accessible for persons with mobility impairments
- 28  Other housing reason

**OTHER**

- 29  Displaced by urban renewal, highway construction, or other public activity
- 30  Displaced by private action (other than eviction)
- 31  Schools
- 32  Natural disaster/fire
- 33  Any other – *Specify* ↴

\_\_\_\_\_

Notes

**Section I – OCCUPIED UNITS – Continued**

<b>7. Place of birth</b> <i>SHOW Flashcard III to respondent.</i> <b>Where was</b> →	<b>a. ... (reference person) born?</b>	<b>b. ...'s (reference person's) father born?</b>	<b>c. ...'s (reference person's) mother born?</b>
07. New York City (responses 01-07 on card)	<b>111</b> 07 <input type="checkbox"/>	<b>112</b> 07 <input type="checkbox"/>	<b>113</b> 07 <input type="checkbox"/>
09. U.S., Outside New York City (response 08 or 09 on card)	09 <input type="checkbox"/>	09 <input type="checkbox"/>	09 <input type="checkbox"/>
10. Puerto Rico	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. Dominican Republic	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. Caribbean (other than Puerto Rico or Dominican Republic)	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>
13. Mexico	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>
14. Central America, South America	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>
15. Canada	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>
16. Europe	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>
17. Russia/Successor States to Soviet Union (Ukraine, Georgia, etc.)	17 <input type="checkbox"/>	17 <input type="checkbox"/>	17 <input type="checkbox"/>
18. China, Hong Kong, Taiwan	18 <input type="checkbox"/>	18 <input type="checkbox"/>	18 <input type="checkbox"/>
19. Korea	19 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>
20. India	20 <input type="checkbox"/>	20 <input type="checkbox"/>	20 <input type="checkbox"/>
21. Pakistan, Bangladesh	21 <input type="checkbox"/>	21 <input type="checkbox"/>	21 <input type="checkbox"/>
22. Philippines	22 <input type="checkbox"/>	22 <input type="checkbox"/>	22 <input type="checkbox"/>
23. Southeast Asia (Burma, Cambodia, Laos, Malaysia, Singapore, Thailand, Vietnam)	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>
24. Other Asia	24 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>
25. Africa	25 <input type="checkbox"/>	25 <input type="checkbox"/>	25 <input type="checkbox"/>
26. All other countries	26 <input type="checkbox"/>	26 <input type="checkbox"/>	26 <input type="checkbox"/>
<i>Mark (X) box 07 above for categories 01-07 on Flashcard III. Mark (X) box 09 for categories 08 and 09. Categories 10-26 match exactly as shown on Flashcard III</i>			
<b>8. Is this apartment (house) part of a condominium or cooperative building or development?</b> <i>A condominium is a building or development with individually owned apartments or houses having commonly owned areas and grounds. A cooperative or "co-op" is a building or development that is owned by its shareholders.</i>	<b>114</b> 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, a condominium 3 <input type="checkbox"/> Yes, a cooperative 4 <input type="checkbox"/> Don't know		
<b>9a. Is this apartment (house) owned or being bought by ... (reference person) or someone else in this household?</b>	<b>115</b> 1 <input type="checkbox"/> Yes, owned or being bought – <i>SKIP to 11a</i> 0 <input type="checkbox"/> No – <i>GO to 9b</i>		
<b>b. Does ... (reference person) or someone else in this household own cooperative shares for this apartment (house)?</b>	<b>129</b> 1 <input type="checkbox"/> Yes – <i>SKIP to 11a</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } <i>GO to 9c</i>		
<b>c. Does ... (reference person) pay cash rent for this apartment (house) or does he/she occupy it rent free?</b>	<b>116</b> 2 <input type="checkbox"/> Pay cash rent – <i>GO to Check Item B</i> 3 <input type="checkbox"/> Occupy rent free – <i>SKIP to 20</i>		
<b>CHECK ITEM B</b>	<i>REFER TO QUESTION 8 ABOVE</i> <input type="checkbox"/> Condominium (box 2 marked) } <i>GO to 10a</i> <input type="checkbox"/> Cooperative (box 3 marked) } <input type="checkbox"/> All other renter occupied (box 1 or 4 marked) – <i>SKIP to 20</i>		
<b>10a. Did ... (reference person) live here and pay cash rent at the time this building became a condominium or cooperative?</b>	<b>117</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know		
<b>b. When this apartment (house) became a condominium or cooperative was it done through a non-eviction plan?</b> <i>Under a non-eviction plan, tenants can NOT be evicted for NOT buying their unit.</i>	<b>118</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } <i>SKIP to 20</i>		

**Section I - OCCUPIED UNITS - Continued**

<b>11a. In what year did . . . (reference person) acquire this apartment (house)?</b>	Year 119 <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/>
<b>b. Before . . . (reference person) acquired this apartment (house) was it owned and occupied by another household, rented by . . . (reference person), rented by another household, or never previously occupied?</b>	120 1 <input type="checkbox"/> Owned and occupied by another household 2 <input type="checkbox"/> Rented by reference person 3 <input type="checkbox"/> Rented by another household 4 <input type="checkbox"/> Never previously occupied 5 <input type="checkbox"/> Don't know
<b>c. Before . . . (reference person) acquired this apartment (house) was it part of a condominium or cooperative building or development?</b>	121 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know

<b>CHECK ITEM C</b>	REFER TO QUESTION 11a ABOVE <input type="checkbox"/> Acquired 2000 or later - GO to 12a <input type="checkbox"/> Acquired 1999 or earlier - SKIP to 13
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<b>12a. What was the purchase price for this apartment (house)?</b>	122 \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 123 0 <input type="checkbox"/> Don't know
<b>b. What was the down payment for this apartment (house)?</b>	124 \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 125 0 <input type="checkbox"/> Don't know

<b>13. What is the value of this apartment (house), that is, in your opinion, how much would it currently sell for if it were on the market?</b>	126 \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00
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<b>14. Is there a mortgage, home equity loan, or similar loan on this apartment (house) or is this apartment (house) owned free and clear?</b>	127 1 <input type="checkbox"/> Mortgage, home equity, or similar loan 2 <input type="checkbox"/> Owned free and clear - SKIP to Check Item D
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<b>15a. What are the current monthly mortgage or loan payments? Include payments on first, second, home equity loan, and any other mortgages.</b>	128 \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 Per month
<b>b. When did the most recent mortgage or loan originate?</b>	Month: <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> Year: 133 <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/>
<b>c. What is the current interest rate on the most recent mortgage or loan?</b>	135 <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> . <input style="width:40px;" type="text"/> <input style="width:40px;" type="text"/> %

<b>CHECK ITEM D</b>	REFER TO QUESTION 8 ON PAGE 5 <input type="checkbox"/> Condominium (box 2 marked) } <input type="checkbox"/> Cooperative (box 3 marked) } GO to 16 <input type="checkbox"/> All other owner occupied (box 1 or 4 marked) - SKIP to 18a
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<b>16. What are the monthly condominium or co-op maintenance fees for this apartment (house)? Exclude payments for any mortgages (loans) on this unit.</b>	130 \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00
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<b>CHECK ITEM E</b>	REFER TO QUESTION 1c ON PAGE 2 FOR EACH PERSON <input type="checkbox"/> With any household member age 62 or over - GO to 17 <input type="checkbox"/> No household member age 62 or over - SKIP to 18a
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<b>17. Is any household member receiving a Senior Citizen Carrying Charge Increase Exemption as part of the SCRIE program?</b> <i>(Senior Citizen Rent Increase Exemption)</i>	140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
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<b>18a. Is the fire and liability insurance premium for this apartment (house) paid separately?</b> <i>(Separately means not included in the mortgage or loan payment or the condominium or co-op maintenance fee.)</i>	141 1 <input type="checkbox"/> Yes -GO to 18b 2 <input type="checkbox"/> No, included in mortgage or loan payment - SKIP to 18c 3 <input type="checkbox"/> No insurance - SKIP to 19a
<b>b. What was the cost of fire and liability insurance for 2004?</b>	142 \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00
<b>c. Does the fire and liability insurance for this apartment (house) also cover personal possessions?</b>	143 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know



**Section I – OCCUPIED UNITS – Continued**

<p><b>25a. Does this apartment (house) have complete plumbing facilities; that is, hot and cold piped water, a flush toilet, and a bathtub or shower?</b></p>	<p>152 <input type="checkbox"/> 0 Yes, has complete plumbing facilities – <i>Go to 25b</i>  <input type="checkbox"/> 1 No, has some but not all facilities in this apartment (house) – <i>SKIP to 25c</i>  <input type="checkbox"/> 2 No plumbing facilities in this apartment (house) – <i>SKIP to 26a</i></p>
<p><b>b. Are these facilities for the exclusive use of this household or are they also for use by another household?</b></p>	<p>153 <input type="checkbox"/> 3 For the exclusive use of this household  <input type="checkbox"/> 4 Also for use by another household</p>
<p><b>c. Was there any time in the last three months when all the toilets in this apartment (house) were not working for six consecutive hours?</b></p>	<p>154 <input type="checkbox"/> 1 Yes  <input type="checkbox"/> 2 No  <input type="checkbox"/> 3 No toilet in this apartment (house)</p>
<p><b>26a. Does this apartment (house) have complete kitchen facilities? Complete kitchen facilities include a sink with piped water, a range or cookstove, and a refrigerator.</b></p>	<p>155 <input type="checkbox"/> 0 Yes has complete kitchen facilities – <i>GO to 26b</i>  <input type="checkbox"/> 1 No, has some but not all facilities in this apartment (house) – <i>SKIP to 26c</i>  <input type="checkbox"/> 2 No kitchen facilities in this apartment (house), but facilities available in building  <input type="checkbox"/> 3 No kitchen facilities in this building } <i>SKIP to 27</i></p>
<p><b>b. Are these facilities for the exclusive use of this household or are they also for use by another household?</b></p>	<p>156 <input type="checkbox"/> 4 For the exclusive use of this household  <input type="checkbox"/> 5 Also for use by another household</p>
<p><b>c. Are all the kitchen facilities in your apartment (house) functioning?</b></p>	<p>157 <input type="checkbox"/> 1 Yes, all are functioning  <input type="checkbox"/> 2 No, one or more is not working at all</p>
<p><b>27. How is this apartment (house) heated – by fuel oil, utility gas, electricity, or with some other fuel?</b></p>	<p>158 <input type="checkbox"/> 1 Fuel oil  <input type="checkbox"/> 2 Utility gas  <input type="checkbox"/> 3 Electricity  <input type="checkbox"/> 4 Other fuel (including CON ED steam)  <input type="checkbox"/> 5 Don't know</p>
<p><b>28. I have some questions about utility costs.</b></p> <p><b>a. (1) Do you pay for your own electricity?</b></p>	<p>159 <input type="checkbox"/> 1 Yes – <i>GO to 28a(2)</i>  <input type="checkbox"/> 2 Yes, but combined with gas – <i>Ask for separate estimates; if not possible SKIP to 28c</i>  <input type="checkbox"/> 3 No, included in rent, condominium or other fee – <i>SKIP to 28b(1)</i></p>
<p><b>(2) What is the average MONTHLY cost?</b></p>	<p>160 \$ _____ . 00</p>
<p><b>b. (1) Do you pay for your own gas?</b></p>	<p>161 <input type="checkbox"/> 1 Yes – <i>GO to 28b(2)</i>  <input type="checkbox"/> 2 No, included in rent, condominium or other fee  <input type="checkbox"/> 3 No, gas not used } <i>SKIP to 28d(1)</i></p>
<p><b>(2) What is the average MONTHLY cost?</b></p>	<p>162 \$ _____ . 00</p>
<p><b>IMPORTANT – SKIP 28c unless the respondent cannot provide separate estimates for electricity and gas, and pays a combined bill. If separate estimates are available, fill 28a(2) and 28b(2), leave 28c blank, and SKIP to 28d(1).</b></p>	
<p><b>c. What is your combined average electricity and gas payment each month?</b></p>	<p>163 \$ _____ . 00 } <i>Fill this ONLY when separate estimates cannot be given.</i></p>
<p><b>d. (1) Do you pay your own water and sewer charges?</b></p>	<p>164 <input type="checkbox"/> 1 Yes – <i>GO to 28d(2)</i>  <input type="checkbox"/> 2 No, included in rent, condominium or other fee or no charge – <i>SKIP to 28e(1)</i></p>
<p><b>(2) What is the total YEARLY cost?</b></p>	<p>165 \$ _____ . 00</p>
<p><b>e. (1) Do you pay for your own oil, coal, kerosene, wood, steam, etc.?</b></p>	<p>166 <input type="checkbox"/> 1 Yes – <i>GO to 28e(2)</i>  <input type="checkbox"/> 2 No, included in rent, condominium or other fee  <input type="checkbox"/> 3 No, these fuels not used } <i>SKIP to Check Item F</i></p>
<p><b>(2) What is the total YEARLY cost?</b></p>	<p>167 \$ _____ . 00</p>

**Section I - OCCUPIED UNITS - Continued**

**CHECK  
ITEM F**

REFER TO QUESTION 9 ON PAGE 5

- Owner occupied (question 9a, box 1 marked)
  - Owns co-op shares (question 9b, box 1 marked)
  - Occupy rent free (question 9c, box 3 marked)
  - Pay cash rent (question 9c, box 2 marked) - GO to 29
- } SKIP to 32a

**29. What is the length of the lease on this apartment (house) -- that is, the total time from when the lease began until it will expire?**

- 181
- 1  Less than 1 year
  - 2  1 year
  - 3  More than 1 but less than 2 years
  - 4  2 years
  - 5  More than 2 years
  - 6  No lease
  - 7  Don't know

**30a. What is the MONTHLY rent?**

*(If rent is paid other than monthly, refer to the manual on how to convert it.)*

182 \$ \_\_\_\_\_ . 00 Per month

**b. Is this apartment (house) under Rent Control or Rent Stabilization?**

- 183
- 1  Under Rent Control
  - 2  Under Rent Stabilization
  - 3  Neither of the above
  - 4  Don't know

**31a. Is any part of the monthly rent for this apartment (house) paid by any of the following government programs, either to a member of this household or directly to the landlord?**

*For each item below - If "Yes" marked, ask: "Since?"*

**(1) Federal Section 8 certificate or voucher program**

541

1  Yes → **Since**

--	--	--	--

 Year - Go to 31a(2)

00001  No } Go to 31a(2)

00004  Don't know }

**(2) Public assistance shelter allowance program**

542

1  Yes → **Since**

--	--	--	--

 Year - Go to 31a(3)

00001  No } Go to 31a(3)

00004  Don't know }

**(3) Senior Citizen Rent Increase Exemption (SCRIE)**

184

1  Yes → **Since**

--	--	--	--

 Year - Go to 31a(4)

00001  No } Go to 31a(4)

00004  Don't know }

**(4) Another Federal housing subsidy program**

543

1  Yes → **Since**

--	--	--	--

 Year - Go to 31a(5)

00001  No } Go to 31a(5)

00004  Don't know }

**(5) Another state or city housing subsidy program**

544

1  Yes → **Since**

--	--	--	--

 Year - Go to 31b

00001  No } Go to 31b

00004  Don't know }

**b. Of the (amount from 30a) rent you reported, how much is paid out of pocket by this household?**

*(Out of pocket means the money your household pays for rent over and above any shelter allowance or other government housing subsidy.)*

547 \$ \_\_\_\_\_ . 00

0  None

**Section I – OCCUPIED UNITS – Continued**

**32a. Now, I would like to ask you some questions about the condition of this housing unit.**

**At any time during this winter was there a breakdown in your heating equipment; that is, was it completely unusable for 6 consecutive hours or longer?**

- 185** 0  Yes – *GO to 32b*  
1  No – *SKIP to 33*

**b. How many times did that happen?**

- 186** 2  One  
3  Two  
4  Three  
5  Four or more times

**33. During this winter when your regular heating system was working, did you, at any time, have to use additional sources of heat because your regular system did not provide enough heat? Additional sources may be the kitchen stove, a fireplace, or a portable heater.**

- 187** 1  Yes  
2  No

**34a. At any time in the last 90 days have you seen any mice or rats or signs of mice or rats in this building?**

- 188** 1  Yes  
2  No

**b. Is this building serviced by an exterminator regularly, only when needed, irregularly, or not at all?**

- 189** 1  Regularly  
2  Only when needed  
3  Irregularly  
4  Not at all  
5  Don't know

**35a. Does this apartment (house) have open cracks or holes in the interior walls or ceiling? Do not include hairline cracks.**

- 190** 1  Yes  
2  No

**b. Does this apartment (house) have holes in the floors?**

- 191** 1  Yes  
2  No

**36a. Is there any broken plaster or peeling paint on the ceiling or inside walls?**

- 192** 0  Yes – *GO to 36b*  
1  No – *SKIP to 37*

**b. Is the area of broken plaster or peeling paint larger than 8½ inches by 11 inches?**

*Show unfolded flashcard.*

- 193** 2  Yes  
3  No

**37. Has water leaked into your apartment (house) in the last 12 months, excluding leaks resulting from your own plumbing fixtures backing up or overflowing?**

- 194** 1  Yes  
2  No

**We are also interested in the condition of your neighborhood.**

**38. Are there any boarded up buildings in this neighborhood?**

- 195** 1  Yes  
2  No

**39. How would you rate the physical condition of the residential structures in this NEIGHBORHOOD – would you say they are on the whole excellent, good, fair, or poor?**

- 196** 1  Excellent  
2  Good  
3  Fair  
4  Poor

**Now in order to better understand the housing situation in the city, we need to learn something about the income, employment, and education level of each household member.**

Notes

**Continue with questions for each person on page 12.**

Notes

**Section I – OCCUPIED UNITS – Continued**

<p><b>CHECK ITEM G</b></p> <p>Ask questions 40a–50 of ALL household members age 15 and above. Refer to question 1c on page 2 for each person’s age.</p>	<p><b>40a. Did . . . work at any time last week?</b></p>	<p><b>b. How many hours did . . . work last week at all jobs?</b></p> <p>(Subtract time off; add overtime or extra hours worked)</p>	<p><b>41. Was . . . TEMPORARILY absent or on layoff from a job last week?</b></p>	<p><b>42. Has . . . been doing anything to find work during the last four weeks?</b></p>
<p><b>601</b></p> <p>1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50</p> <p>2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18</p>	<p><b>201</b></p> <p>1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business)</p> <p>2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41</p>	<p><b>211</b></p> <p><input type="text"/> Hours – SKIP to 45a</p>	<p><b>221</b></p> <p>1 <input type="checkbox"/> Yes, on layoff</p> <p>2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a</p> <p>3 <input type="checkbox"/> No</p>	<p><b>231</b></p> <p>1 <input type="checkbox"/> Yes – SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p><b>602</b></p> <p>1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50</p> <p>2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18</p>	<p><b>202</b></p> <p>1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business)</p> <p>2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41</p>	<p><b>212</b></p> <p><input type="text"/> Hours – SKIP to 45a</p>	<p><b>222</b></p> <p>1 <input type="checkbox"/> Yes, on layoff</p> <p>2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a</p> <p>3 <input type="checkbox"/> No</p>	<p><b>232</b></p> <p>1 <input type="checkbox"/> Yes – SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p><b>603</b></p> <p>1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50</p> <p>2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18</p>	<p><b>203</b></p> <p>1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business)</p> <p>2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41</p>	<p><b>213</b></p> <p><input type="text"/> Hours – SKIP to 45a</p>	<p><b>223</b></p> <p>1 <input type="checkbox"/> Yes, on layoff</p> <p>2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a</p> <p>3 <input type="checkbox"/> No</p>	<p><b>233</b></p> <p>1 <input type="checkbox"/> Yes – SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p><b>604</b></p> <p>1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50</p> <p>2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18</p>	<p><b>204</b></p> <p>1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business)</p> <p>2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41</p>	<p><b>214</b></p> <p><input type="text"/> Hours – SKIP to 45a</p>	<p><b>224</b></p> <p>1 <input type="checkbox"/> Yes, on layoff</p> <p>2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a</p> <p>3 <input type="checkbox"/> No</p>	<p><b>234</b></p> <p>1 <input type="checkbox"/> Yes – SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p><b>605</b></p> <p>1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50</p> <p>2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18</p>	<p><b>205</b></p> <p>1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business)</p> <p>2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41</p>	<p><b>215</b></p> <p><input type="text"/> Hours – SKIP to 45a</p>	<p><b>225</b></p> <p>1 <input type="checkbox"/> Yes, on layoff</p> <p>2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a</p> <p>3 <input type="checkbox"/> No</p>	<p><b>235</b></p> <p>1 <input type="checkbox"/> Yes – SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p><b>606</b></p> <p>1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50</p> <p>2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18</p>	<p><b>206</b></p> <p>1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business)</p> <p>2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41</p>	<p><b>216</b></p> <p><input type="text"/> Hours – SKIP to 45a</p>	<p><b>226</b></p> <p>1 <input type="checkbox"/> Yes, on layoff</p> <p>2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a</p> <p>3 <input type="checkbox"/> No</p>	<p><b>236</b></p> <p>1 <input type="checkbox"/> Yes – SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p><b>607</b></p> <p>1 <input type="checkbox"/> 15 years or older – Ask questions 40a–50</p> <p>2 <input type="checkbox"/> Under 15 – SKIP to Check Item H on page 18</p>	<p><b>207</b></p> <p>1 <input type="checkbox"/> Yes – Full or part-time (includes helping without pay in family business)</p> <p>2 <input type="checkbox"/> No – Did not work (or did only own housework, school work, or volunteer work) – SKIP to 41</p>	<p><b>217</b></p> <p><input type="text"/> Hours – SKIP to 45a</p>	<p><b>227</b></p> <p>1 <input type="checkbox"/> Yes, on layoff</p> <p>2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to 45a</p> <p>3 <input type="checkbox"/> No</p>	<p><b>237</b></p> <p>1 <input type="checkbox"/> Yes – SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>

**Section I – OCCUPIED UNITS – Continued**

<b>43. What is the main reason . . . is not looking for work?</b>	<b>44. When did . . . last work at his/her job or business?</b>	<b>The following questions ask about the job worked last week.</b> <i>If . . . had more than one job, describe the one . . . worked the most hours. If . . . didn't work, refer to the most recent job since 2000.</i>																								
		<b>45a. For whom did . . . work?</b> <i>Print the name of the company, employer, business, or branch of armed services if on active duty.</i>	<b>b. What kind of business or industry is this?</b> <i>For example: hospital, newspaper publishing, garment manufacturing, stock brokerage.</i>	<b>c. Is this mainly manufacturing, wholesale trade, retail trade, or something else?</b>																						
Show Flashcard IV and enter the code. ↴  <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 12px;">631</span> </div>	<div style="border: 1px solid black; padding: 2px;">241</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px;">1</td> <td><input type="checkbox"/> 2005</td> <td rowspan="3" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="3" style="vertical-align: middle;">GO to 45a</td> </tr> <tr> <td>2</td> <td><input type="checkbox"/> 2004</td> </tr> <tr> <td>3</td> <td><input type="checkbox"/> 2000–2003</td> </tr> <tr> <td>4</td> <td><input type="checkbox"/> 1999 or earlier</td> <td rowspan="2" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="2" style="vertical-align: middle;">SKIP to 49b</td> </tr> <tr> <td>5</td> <td><input type="checkbox"/> Never worked</td> </tr> </table>	1	<input type="checkbox"/> 2005	}	GO to 45a	2	<input type="checkbox"/> 2004	3	<input type="checkbox"/> 2000–2003	4	<input type="checkbox"/> 1999 or earlier	}	SKIP to 49b	5	<input type="checkbox"/> Never worked	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Describe the main activity at location where employed. ↴  <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<div style="border: 1px solid black; padding: 2px;">251</div> <table style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td><input type="checkbox"/> Manufacturing</td></tr> <tr><td>2</td><td><input type="checkbox"/> Wholesale trade</td></tr> <tr><td>3</td><td><input type="checkbox"/> Retail trade</td></tr> <tr><td>4</td><td><input type="checkbox"/> Other (service, construction, government, etc.)</td></tr> </table>	1	<input type="checkbox"/> Manufacturing	2	<input type="checkbox"/> Wholesale trade	3	<input type="checkbox"/> Retail trade	4	<input type="checkbox"/> Other (service, construction, government, etc.)
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**Section I - OCCUPIED UNITS - Continued**

46a. What kind of work was . . . doing, that is what's his/her occupation? <i>For example: registered nurse, personnel manager, seamstress, stockbroker.</i>	b. What are . . .'s usual activities at this job? <i>For example: patient care, directing hiring policies, stitching pants, selling stock.</i>	OFFICE USE ONLY	
		Industry	Occupation
_____	_____	261 Code 	271 Code 
_____	_____	262 Code 	272 Code 
_____	_____	263 Code 	273 Code 
_____	_____	264 Code 	274 Code 
_____	_____	265 Code 	275 Code 
_____	_____	266 Code 	276 Code 
_____	_____	267 Code 	277 Code 

**Section I – OCCUPIED UNITS – Continued**

<b>47. What type of business or organization does . . . work at?</b>  <i>Read all categories unless the answer is apparent from the information given in question 45, then mark (X) the appropriate box.</i>	<b>48a. How many weeks did . . . work in 2004?</b>  <i>Count paid vacation, paid sick leave, and military service.</i>	<b>b. How many hours did . . . usually work each week in 2004?</b>
<b>281</b> 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	<b>291</b>  <div style="text-align: center;"> <input type="text"/> Weeks                      or                      00 <input type="checkbox"/> None –SKIP to 49b                 </div>	<b>301</b>  <div style="text-align: center;"> <input type="text"/> Hours                 </div>
<b>282</b> 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	<b>292</b>  <div style="text-align: center;"> <input type="text"/> Weeks                      or                      00 <input type="checkbox"/> None –SKIP to 49b                 </div>	<b>302</b>  <div style="text-align: center;"> <input type="text"/> Hours                 </div>
<b>283</b> 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	<b>293</b>  <div style="text-align: center;"> <input type="text"/> Weeks                      or                      00 <input type="checkbox"/> None –SKIP to 49b                 </div>	<b>303</b>  <div style="text-align: center;"> <input type="text"/> Hours                 </div>
<b>284</b> 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	<b>294</b>  <div style="text-align: center;"> <input type="text"/> Weeks                      or                      00 <input type="checkbox"/> None –SKIP to 49b                 </div>	<b>304</b>  <div style="text-align: center;"> <input type="text"/> Hours                 </div>
<b>285</b> 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	<b>295</b>  <div style="text-align: center;"> <input type="text"/> Weeks                      or                      00 <input type="checkbox"/> None –SKIP to 49b                 </div>	<b>305</b>  <div style="text-align: center;"> <input type="text"/> Hours                 </div>
<b>286</b> 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	<b>296</b>  <div style="text-align: center;"> <input type="text"/> Weeks                      or                      00 <input type="checkbox"/> None –SKIP to 49b                 </div>	<b>306</b>  <div style="text-align: center;"> <input type="text"/> Hours                 </div>
<b>287</b> 1 <input type="checkbox"/> Private FOR PROFIT company, business, or individual for wages, salary, or commission 2 <input type="checkbox"/> Private NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Government – Federal 4 <input type="checkbox"/> Government – State or local (city, borough, etc.) 5 <input type="checkbox"/> Self-employed in own incorporated or unincorporated business or professional practice 6 <input type="checkbox"/> Working without pay in family business	<b>297</b>  <div style="text-align: center;"> <input type="text"/> Weeks                      or                      00 <input type="checkbox"/> None –SKIP to 49b                 </div>	<b>307</b>  <div style="text-align: center;"> <input type="text"/> Hours                 </div>

**Section I - OCCUPIED UNITS - Continued**

**The following questions are about income received during 2004?** *If an exact amount is not known, accept a best estimate. If there was a net loss in b or c, mark the "Loss" box and enter the dollar amount of the loss.*

49a. Did . . . earn income from wages, salary, commissions, bonuses, or tips?	b. Did . . . earn any income from (his/her) own farm or nonfarm business, proprietorship, or partnership?	c. Did . . . receive any interest, dividends, net rental or royalty income, or income from estates and trusts? Include even small amounts credited to an account.
<input type="checkbox"/> Yes - <b>How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items</b> ✓ 311 \$ _____ 00 Annual amount - Dollars 312 <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> ✓ 331 \$ _____ 00 Annual amount - Dollars 332 <input type="checkbox"/> No <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - <b>How much?</b> ✓ 351 \$ _____ 00 Annual amount - Dollars 352 <input type="checkbox"/> No <input type="checkbox"/> Loss
<input type="checkbox"/> Yes - <b>How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items</b> ✓ 313 \$ _____ 00 Annual amount - Dollars 314 <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> ✓ 333 \$ _____ 00 Annual amount - Dollars 334 <input type="checkbox"/> No <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - <b>How much?</b> ✓ 353 \$ _____ 00 Annual amount - Dollars 354 <input type="checkbox"/> No <input type="checkbox"/> Loss
<input type="checkbox"/> Yes - <b>How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items</b> ✓ 315 \$ _____ 00 Annual amount - Dollars 316 <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> ✓ 335 \$ _____ 00 Annual amount - Dollars 336 <input type="checkbox"/> No <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - <b>How much?</b> ✓ 355 \$ _____ 00 Annual amount - Dollars 356 <input type="checkbox"/> No <input type="checkbox"/> Loss
<input type="checkbox"/> Yes - <b>How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items</b> ✓ 317 \$ _____ 00 Annual amount - Dollars 318 <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> ✓ 337 \$ _____ 00 Annual amount - Dollars 338 <input type="checkbox"/> No <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - <b>How much?</b> ✓ 357 \$ _____ 00 Annual amount - Dollars 358 <input type="checkbox"/> No <input type="checkbox"/> Loss
<input type="checkbox"/> Yes - <b>How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items</b> ✓ 319 \$ _____ 00 Annual amount - Dollars 320 <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> ✓ 339 \$ _____ 00 Annual amount - Dollars 340 <input type="checkbox"/> No <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - <b>How much?</b> ✓ 359 \$ _____ 00 Annual amount - Dollars 360 <input type="checkbox"/> No <input type="checkbox"/> Loss
<input type="checkbox"/> Yes - <b>How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items</b> ✓ 321 \$ _____ 00 Annual amount - Dollars 322 <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> ✓ 341 \$ _____ 00 Annual amount - Dollars 342 <input type="checkbox"/> No <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - <b>How much?</b> ✓ 361 \$ _____ 00 Annual amount - Dollars 362 <input type="checkbox"/> No <input type="checkbox"/> Loss
<input type="checkbox"/> Yes - <b>How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items</b> ✓ 323 \$ _____ 00 Annual amount - Dollars 324 <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> ✓ 343 \$ _____ 00 Annual amount - Dollars 344 <input type="checkbox"/> No <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - <b>How much?</b> ✓ 363 \$ _____ 00 Annual amount - Dollars 364 <input type="checkbox"/> No <input type="checkbox"/> Loss

**Section I - OCCUPIED UNITS - Continued**

**49d. Did . . . receive any Social Security or Railroad Retirement payments? Include payments as a retired worker, dependent, or disabled worker.**

**e. Did . . . receive any income from government programs for Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), Home Relief, Safety Net, or any other public assistance or public welfare payments, including shelter allowance?**

**f. Did . . . receive any income from retirement, survivor, or disability pensions? Include payments from companies, unions, Federal, State, or local governments and the U.S. military. Do NOT include Social Security.**

Yes - **How much?** ↘

371 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

372 <sup>1</sup>  No

Yes - **How much?** ↘

391 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

392 <sup>1</sup>  No

Yes - **How much?** ↘

411 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

412 <sup>1</sup>  No

Yes - **How much?** ↘

373 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

374 <sup>1</sup>  No

Yes - **How much?** ↘

393 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

394 <sup>1</sup>  No

Yes - **How much?** ↘

413 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

414 <sup>1</sup>  No

Yes - **How much?** ↘

375 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

376 <sup>1</sup>  No

Yes - **How much?** ↘

395 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

396 <sup>1</sup>  No

Yes - **How much?** ↘

415 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

416 <sup>1</sup>  No

Yes - **How much?** ↘

377 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

378 <sup>1</sup>  No

Yes - **How much?** ↘

397 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

398 <sup>1</sup>  No

Yes - **How much?** ↘

417 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

418 <sup>1</sup>  No

Yes - **How much?** ↘

379 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

380 <sup>1</sup>  No

Yes - **How much?** ↘

399 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

400 <sup>1</sup>  No

Yes - **How much?** ↘

419 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

420 <sup>1</sup>  No

Yes - **How much?** ↘

381 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

382 <sup>1</sup>  No

Yes - **How much?** ↘

401 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

402 <sup>1</sup>  No

Yes - **How much?** ↘

421 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

422 <sup>1</sup>  No

Yes - **How much?** ↘

383 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

384 <sup>1</sup>  No

Yes - **How much?** ↘

403 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

404 <sup>1</sup>  No

Yes - **How much?** ↘

423 \$ \_\_\_\_\_ .00  
Annual amount - Dollars

424 <sup>1</sup>  No

**Section I - OCCUPIED UNITS - Continued**

<b>49g. Did . . . receive any income from Veterans' (VA) payments, unemployment compensation, child support, alimony, or any other regular source of income?</b>  <b>Do NOT include lump-sum payments such as money from an inheritance or the sale of a home.</b>	<b>50. How much school has . . . completed?</b>	<b>CHECK ITEM H</b>  Is this the last person listed?
<input type="checkbox"/> Yes - <b>How much?</b> ↘  431 \$ _____ 00 Annual amount - Dollars 432 1 <input type="checkbox"/> No	471 01 <input type="checkbox"/> No school completed 02 <input type="checkbox"/> Up to 6th grade 03 <input type="checkbox"/> 7th or 8th grade 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma 05 <input type="checkbox"/> H.S. diploma 06 <input type="checkbox"/> Some college but no degree 07 <input type="checkbox"/> Associate degree 08 <input type="checkbox"/> College graduate 09 <input type="checkbox"/> Some graduate/professional training 10 <input type="checkbox"/> Graduate/professional degree	<input type="checkbox"/> Yes - GO to 51  <input type="checkbox"/> No - Return to Check Item G on page 12 for the next person
<input type="checkbox"/> Yes - <b>How much?</b> ↘  433 \$ _____ 00 Annual amount - Dollars 434 1 <input type="checkbox"/> No	472 01 <input type="checkbox"/> No school completed 02 <input type="checkbox"/> Up to 6th grade 03 <input type="checkbox"/> 7th or 8th grade 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma 05 <input type="checkbox"/> H.S. diploma 06 <input type="checkbox"/> Some college but no degree 07 <input type="checkbox"/> Associate degree 08 <input type="checkbox"/> College graduate 09 <input type="checkbox"/> Some graduate/professional training 10 <input type="checkbox"/> Graduate/professional degree	<input type="checkbox"/> Yes - GO to 51  <input type="checkbox"/> No - Return to Check Item G on page 12 for the next person
<input type="checkbox"/> Yes - <b>How much?</b> ↘  435 \$ _____ 00 Annual amount - Dollars 436 1 <input type="checkbox"/> No	473 01 <input type="checkbox"/> No school completed 02 <input type="checkbox"/> Up to 6th grade 03 <input type="checkbox"/> 7th or 8th grade 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma 05 <input type="checkbox"/> H.S. diploma 06 <input type="checkbox"/> Some college but no degree 07 <input type="checkbox"/> Associate degree 08 <input type="checkbox"/> College graduate 09 <input type="checkbox"/> Some graduate/professional training 10 <input type="checkbox"/> Graduate/professional degree	<input type="checkbox"/> Yes - GO to 51  <input type="checkbox"/> No - Return to Check Item G on page 12 for the next person
<input type="checkbox"/> Yes - <b>How much?</b> ↘  437 \$ _____ 00 Annual amount - Dollars 438 1 <input type="checkbox"/> No	474 01 <input type="checkbox"/> No school completed 02 <input type="checkbox"/> Up to 6th grade 03 <input type="checkbox"/> 7th or 8th grade 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma 05 <input type="checkbox"/> H.S. diploma 06 <input type="checkbox"/> Some college but no degree 07 <input type="checkbox"/> Associate degree 08 <input type="checkbox"/> College graduate 09 <input type="checkbox"/> Some graduate/professional training 10 <input type="checkbox"/> Graduate/professional degree	<input type="checkbox"/> Yes - GO to 51  <input type="checkbox"/> No - Return to Check Item G on page 12 for the next person
<input type="checkbox"/> Yes - <b>How much?</b> ↘  439 \$ _____ 00 Annual amount - Dollars 440 1 <input type="checkbox"/> No	475 01 <input type="checkbox"/> No school completed 02 <input type="checkbox"/> Up to 6th grade 03 <input type="checkbox"/> 7th or 8th grade 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma 05 <input type="checkbox"/> H.S. diploma 06 <input type="checkbox"/> Some college but no degree 07 <input type="checkbox"/> Associate degree 08 <input type="checkbox"/> College graduate 09 <input type="checkbox"/> Some graduate/professional training 10 <input type="checkbox"/> Graduate/professional degree	<input type="checkbox"/> Yes - GO to 51  <input type="checkbox"/> No - Return to Check Item G on page 12 for the next person
<input type="checkbox"/> Yes - <b>How much?</b> ↘  441 \$ _____ 00 Annual amount - Dollars 442 1 <input type="checkbox"/> No	476 01 <input type="checkbox"/> No school completed 02 <input type="checkbox"/> Up to 6th grade 03 <input type="checkbox"/> 7th or 8th grade 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma 05 <input type="checkbox"/> H.S. diploma 06 <input type="checkbox"/> Some college but no degree 07 <input type="checkbox"/> Associate degree 08 <input type="checkbox"/> College graduate 09 <input type="checkbox"/> Some graduate/professional training 10 <input type="checkbox"/> Graduate/professional degree	<input type="checkbox"/> Yes - GO to 51  <input type="checkbox"/> No - Return to Check Item G on page 12 for the next person
<input type="checkbox"/> Yes - <b>How much?</b> ↘  443 \$ _____ 00 Annual amount - Dollars 444 1 <input type="checkbox"/> No	477 01 <input type="checkbox"/> No school completed 02 <input type="checkbox"/> Up to 6th grade 03 <input type="checkbox"/> 7th or 8th grade 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma 05 <input type="checkbox"/> H.S. diploma 06 <input type="checkbox"/> Some college but no degree 07 <input type="checkbox"/> Associate degree 08 <input type="checkbox"/> College graduate 09 <input type="checkbox"/> Some graduate/professional training 10 <input type="checkbox"/> Graduate/professional degree	<input type="checkbox"/> Yes - GO to 51  <input type="checkbox"/> No - Return to Check Item G on page 12 for the next person

**Section I – OCCUPIED UNITS – Continued**

**51. Does anyone in this household (including children under age 15) receive public assistance or welfare payments from any of the following?**

**a. Temporary Assistance for Needy Families (TANF), or Family Assistance (previously called AFDC)**

548 1  Yes 2  No 3  Don't know

**b. Safety Net, also called Home Relief**

549 1  Yes 2  No 3  Don't know

**c. Supplemental Security Income (SSI), including aid to the blind or disabled**

550 1  Yes 2  No 3  Don't know

**d. Other – Specify**

551 1  Yes 2  No 3  Don't know

**52a. Does anyone in this household smoke (or use tobacco) on a daily basis?**

570 1  Yes – **How many people?**  Persons  
 002  No  
 003  Don't know

**b. How often are you around people who are smoking in the workplace?** (read responses)

571 1  All of the time  
 2  Most of the time  
 3  Only occasionally  
 4  Never  
 5  Doesn't work  
 6  Don't know

**53a. Are you covered by health insurance or some other kind of health care plan?** (Include health insurance obtained through employment or purchased directly as well as government programs such as Medicare or Medicaid that help pay medical bills.)

572 1  Yes – Go to 53b  
 2  No – SKIP to 54  
 3  Don't know – Go to 53b

**b. What kind of health insurance or health care coverage do you have?** (If there is more than one kind, just say which one is used the most.)

573 1  Private health insurance plan from employer or workplace  
 2  Private health insurance plan purchased directly  
 3  Medicare  
 4  Family Health Plus or Medicaid  
 5  US Military, CHAMPUS, TriCare, or the Veterans Administration (VA)  
 6  Single service plan (dental, vision, prescription, etc.)  
 7  Some other plan  
 8  None  
 9  Don't know

**54. Would you say that, in general, your health is excellent, very good, good, fair, or poor?**

574 1  Excellent  
 2  Very good  
 3  Good  
 4  Fair  
 5  Poor  
 6  Don't know

**55. Is there a telephone in this apartment (house)? Do not count cellular phones, or any phone line that is used only for a computer or fax machine?**

575 1  Yes  
 2  No  
 3  Don't know

**CHECK ITEM I**

REFER TO QUESTION 7a ON PAGE 5 FOR THE REFERENCE PERSON

- Born in New York City (box 07 marked) – SKIP to closing statement below.
- Born in U.S. outside New York City (box 09 marked) – SKIP to 57
- Born outside U.S. (box 10–26 marked) – Go to 56a

**56a. Did . . . (reference person) move to the United States as an immigrant?**

560 1  Yes  
 2  No

**b. In what year did . . . (reference person) move to the United States?**

561

**57. In what year did . . . (reference person) move to New York City?** (most recent move if more than one)

562  – Go to closing statement below.

**CLOSING STATEMENT**

**Thank you for answering the survey questions. Before I turn it in, I'll review this form to make certain I didn't skip anything. If I did, it would be easier to call you back rather than return here. Would you please give me your phone number in case I need to follow-up.**

Area code  Number  –

029

**END INTERVIEW . Fill items N and O on the front cover.**

**Section II - VACANT UNITS**

<b>58. If this apartment (house) is occupied, will it be the first occupancy since its construction, gut rehabilitation, or creation through conversion?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">518</div> 1 <input type="checkbox"/> Yes, first occupancy 2 <input type="checkbox"/> No, previously occupied 3 <input type="checkbox"/> Don't know
--	---

**NOTE** – Questions 59–61a, 62a and 62b pertain to the building. Be certain to mark (X) the same box for each form in the same building.

<b>59. How many units are in this building?</b>  <i>If the respondent doesn't know, canvass the building and count the units.</i>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">519</div> 01 <input type="checkbox"/> 1 unit without business 02 <input type="checkbox"/> 1 unit with business 03 <input type="checkbox"/> 2 units without business 04 <input type="checkbox"/> 2 units with business 05 <input type="checkbox"/> 3 units 06 <input type="checkbox"/> 4 units 07 <input type="checkbox"/> 5 units 08 <input type="checkbox"/> 6 to 9 units 09 <input type="checkbox"/> 10 to 12 units 10 <input type="checkbox"/> 13 to 19 units 11 <input type="checkbox"/> 20 to 49 units 12 <input type="checkbox"/> 50 to 99 units 13 <input type="checkbox"/> 100 to 199 units 14 <input type="checkbox"/> 200 or more units
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<b>60. Does the owner of this building live in this building?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">520</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
---	---

<b>61a. How many stories are in this building?</b>  <i>Count the basement if there are people living in it.</i>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">521</div> 01 <input type="checkbox"/> One – <i>SKIP to 62c</i> 02 <input type="checkbox"/> Two 03 <input type="checkbox"/> Three 04 <input type="checkbox"/> Four 05 <input type="checkbox"/> Five 06 <input type="checkbox"/> 6 to 10 07 <input type="checkbox"/> 11 to 20 08 <input type="checkbox"/> 21 to 40 09 <input type="checkbox"/> 41 or more
<hr style="border-top: 1px dashed black;"/> <b>b. On what floor number is this unit?</b> <i>Enter the 2-digit floor number or mark (X) box "0" if basement unit. Enter the lowest floor number if on more than one floor.</i>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">554</div> 0 <input type="checkbox"/> Basement  <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 2em;"> </span> </div> <span>Floor</span> </div>

<b>62a. Is there a passenger elevator in this building?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">522</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 62c</i>
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<hr style="border-top: 1px dashed black;"/> <b>b. Is it possible to go from the sidewalk to a passenger elevator without going up or down any steps or stairs?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">553</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
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<hr style="border-top: 1px dashed black;"/> <b>c. Is it possible to go from the sidewalk to this unit without going up or down any steps or stairs?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">555</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
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<b>63a. How many rooms are in this apartment (house)? Do not count bathrooms, porches, balconies, halls, foyers, or half-rooms.</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">523</div> 1 <input type="checkbox"/> One – <i>SKIP to 64a</i> 2 <input type="checkbox"/> Two 3 <input type="checkbox"/> Three 4 <input type="checkbox"/> Four 5 <input type="checkbox"/> Five 6 <input type="checkbox"/> Six 7 <input type="checkbox"/> Seven 8 <input type="checkbox"/> Eight or more
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<hr style="border-top: 1px dashed black;"/> <b>b. Of these rooms, how many are bedrooms?</b>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">524</div> 01 <input type="checkbox"/> None 02 <input type="checkbox"/> One 03 <input type="checkbox"/> Two 04 <input type="checkbox"/> Three 05 <input type="checkbox"/> Four 06 <input type="checkbox"/> Five 07 <input type="checkbox"/> Six 08 <input type="checkbox"/> Seven 09 <input type="checkbox"/> Eight or more
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Notes

**Section II – VACANT UNITS – Continued**

<p><b>64a. Does this apartment (house) have complete plumbing facilities; that is, hot and cold piped water, a flush toilet, and a bathtub or shower?</b></p>	<p>525    0 <input type="checkbox"/> Yes, has complete plumbing facilities – <i>GO to 64b</i>          1 <input type="checkbox"/> No, has some but not all facilities in this apartment (house)          2 <input type="checkbox"/> No plumbing facilities in this apartment (house)    } <i>SKIP to 65a</i></p>
<p><b>b. Are these facilities for the exclusive use of the intended occupants of this apartment (house) or are they also intended for use by the occupants of another apartment (house)?</b></p>	<p>526    3 <input type="checkbox"/> For the exclusive use of the intended occupants of this apartment (house)          4 <input type="checkbox"/> Also intended for use by the occupants of another apartment (house)</p>
<p><b>65a. Does this apartment (house) have complete kitchen facilities? Complete kitchen facilities include a sink with piped water, a range or cookstove, and a refrigerator.</b></p>	<p>527    0 <input type="checkbox"/> Yes, has complete kitchen facilities – <i>GO to 65b</i>          1 <input type="checkbox"/> No, has some but not all facilities in this apartment (house)          2 <input type="checkbox"/> No kitchen facilities in this apartment (house), but facilities available in building          3 <input type="checkbox"/> No kitchen facilities in this building    } <i>SKIP to 66</i></p>
<p><b>b. Are these facilities for the exclusive use of the intended occupants of this apartment (house) or are they also intended for use by the occupants of another apartment (house)?</b></p>	<p>528    4 <input type="checkbox"/> For the exclusive use of the intended occupants of this apartment (house)          5 <input type="checkbox"/> Also intended for use by the occupants of another apartment (house)</p>
<p><b>66. How is this apartment (house) heated – by fuel oil, utility gas, electricity, or with some other fuel?</b></p>	<p>529    1 <input type="checkbox"/> Fuel oil          2 <input type="checkbox"/> Utility gas          3 <input type="checkbox"/> Electricity          4 <input type="checkbox"/> Other fuel (including CON ED steam)          5 <input type="checkbox"/> Don't know</p>
<p><b>67. Is this apartment (house) part of a condominium or cooperative building or development?</b>   <i>A condominium is a building or development with individually owned apartments or houses having commonly owned areas and grounds. A cooperative or co-op is a building or development that is owned by its shareholders.</i></p>	<p>530    1 <input type="checkbox"/> No          2 <input type="checkbox"/> Yes, a condominium          3 <input type="checkbox"/> Yes, a cooperative          4 <input type="checkbox"/> Don't know</p>
<p><b>68. How long has this apartment (house) been vacant?</b></p>	<p>531    1 <input type="checkbox"/> Less than 1 month          2 <input type="checkbox"/> 1 up to 2 months          3 <input type="checkbox"/> 2 up to 3 months          4 <input type="checkbox"/> 3 up to 6 months          5 <input type="checkbox"/> 6 up to 12 months          6 <input type="checkbox"/> 1 year or more</p>
<p><b>69a. Before this apartment (house) became vacant was it owner or renter occupied?</b></p>	<p>532    1 <input type="checkbox"/> Owner occupied          2 <input type="checkbox"/> Renter occupied          3 <input type="checkbox"/> Never previously occupied          4 <input type="checkbox"/> Don't know</p>
<p><b>b. Before this apartment (house) became vacant was it part of a condominium or cooperative building or development?</b></p>	<p>533    1 <input type="checkbox"/> No          2 <input type="checkbox"/> Yes, a condominium          3 <input type="checkbox"/> Yes, a cooperative          4 <input type="checkbox"/> Don't know</p>

Notes

**Section II - VACANT UNITS - Continued**

**70. Is this apartment (house) -**

- 534    1  Available for rent? - *SKIP to 72*  
 2  Available for sale only? - *SKIP to closing statement below.*  
 3  Not available for rent or sale? - *GO to 71*

**71. What are the reasons that this apartment (house) is not available for sale or rent?**

*List all reasons mentioned, and then be sure to mark (X) ONLY one box for the primary reason.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 535    01  Rented, not yet occupied  
 02  Sold, not yet occupied  
 03  Unit or building is undergoing renovation  
 04  Unit or building is awaiting renovation  
 05  Being converted to nonresidential purposes  
 06  There is a legal dispute involving the unit  
 07  Being converted or awaiting conversion to condominium or cooperative  
 08  Held for occasional, seasonal, or recreational use  
 09  The owner cannot rent or sell at this time due to personal problems (e.g. age or illness)  
 10  Being held pending sale of building  
 11  Being held for planned demolition  
 12  Held for other reasons - *Specify* ↘

*SKIP to closing statement below.*

**72. What is the MONTHLY asking rent?**

*(If rent is paid other than monthly, refer to the manual on how to convert it.)*

*INTERVIEWER: If the respondent indicates that the monthly rent for the vacant unit is based upon the income of the tenant - ask for a rent range such as \$700-\$800. Then enter the midpoint of the range; in this case \$750.*

536    \$ \_\_\_\_\_ .  Per month

**CLOSING STATEMENT**

**Thank you for answering the survey questions. Before I turn it in, I'll review this form to make certain I didn't skip anything. If I did, it would be easier to call you back rather than return here. Would you please give me your phone number in case I need to follow-up.**

Area code    Number

      -

**END INTERVIEW. Fill item N on the front cover.**

Notes

NOTES

