



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**

1  Male

2  Female

**c. Age**

02  **PERSON 2**

**a. Last name**

First name

**b. Sex**

1  Male

2  Female

**c. Age**

03  **PERSON 3**

**a. Last name**

First name

**b. Sex**

1  Male

2  Female

**c. Age**

04  **PERSON 4**

**a. Last name**

First name

**b. Sex**

1  Male

2  Female

**c. Age**

05  **PERSON 5**

**a. Last name**

First name

**b. Sex**

1  Male

2  Female

**c. Age**

06  **PERSON 6**

**a. Last name**

First name

**b. Sex**

1  Male

2  Female

**c. Age**

07  **PERSON 7**

**a. Last name**

First name

**b. Sex**

1  Male

2  Female

**c. Age**

**Use continuation form for additional persons.**

**Section I - OCCUPIED UNITS**

<b>d. How is . . . related to . . .</b> <i>(reference person) (person on Line 1)?</i>  Show Flashcard I and enter the appropriate code in the box below.	<b>e. Is . . . of Spanish or Hispanic origin?</b>  <i>(If Yes, read the categories and mark the appropriate box, otherwise mark "No.")</i>	<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 <u>only</u> and print race.	<b>These next two questions may seem like ones I asked before, but I must ask them to double check.</b>	
			(Don't ask for persons under 15)  <b>g. Does . . . have a spouse or unmarried partner in the household?</b>	<b>h. Does . . . have a parent in the household?</b>
<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <b>R</b> </div> Reference person	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	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 type="checkbox"/> ↘ _____	If yes, enter person number of spouse or partner; otherwise mark "No." <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	If yes, enter person number(s) of parent(s); otherwise mark "No." <div style="display: flex; justify-content: space-around; margin: 5px auto;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"></div>	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	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 type="checkbox"/> ↘ _____	If yes, enter person number of spouse or partner; otherwise mark "No." <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	If yes, enter person number(s) of parent(s); otherwise mark "No." <div style="display: flex; justify-content: space-around; margin: 5px auto;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"></div>	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	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 type="checkbox"/> ↘ _____	If yes, enter person number of spouse or partner; otherwise mark "No." <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	If yes, enter person number(s) of parent(s); otherwise mark "No." <div style="display: flex; justify-content: space-around; margin: 5px auto;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"></div>	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	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 type="checkbox"/> ↘ _____	If yes, enter person number of spouse or partner; otherwise mark "No." <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	If yes, enter person number(s) of parent(s); otherwise mark "No." <div style="display: flex; justify-content: space-around; margin: 5px auto;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"></div>	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	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 type="checkbox"/> ↘ _____	If yes, enter person number of spouse or partner; otherwise mark "No." <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	If yes, enter person number(s) of parent(s); otherwise mark "No." <div style="display: flex; justify-content: space-around; margin: 5px auto;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"></div>	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	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 type="checkbox"/> ↘ _____	If yes, enter person number of spouse or partner; otherwise mark "No." <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	If yes, enter person number(s) of parent(s); otherwise mark "No." <div style="display: flex; justify-content: space-around; margin: 5px auto;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"></div>	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	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 type="checkbox"/> ↘ _____	If yes, enter person number of spouse or partner; otherwise mark "No." <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <input type="checkbox"/> No <input type="checkbox"/> Under 15	If yes, enter person number(s) of parent(s); otherwise mark "No." <div style="display: flex; justify-content: space-around; margin: 5px auto;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <input type="checkbox"/> No

**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.

<b>055</b>	<b>056</b>	<b>057</b>	<b>058</b>	<b>059</b>	<b>060</b>
1	1	1	1	1	1
2	2	2	2	2	2
<b>061</b>	<b>062</b>	<b>063</b>	<b>064</b>	<b>065</b>	<b>066</b>
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  
    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 or sub-division?**

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

**CHECK ITEM A**

REFER TO QUESTION 4a ABOVE

- Moved here 2008 or later – GO to question 6 on page 4  
 Moved here 2007 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.

**110**

**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. ...</b> <i>(reference person)</i> <b>born?</b>	<b>b. ...'s</b> <i>(reference person's)</i> <b>father born?</b>	<b>c. ...'s</b> <i>(reference person's)</i> <b>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"/>

*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*

**8. Is this apartment (house) part of a condominium or cooperative building or development?**

*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.*

**114** 1  No  
 2  Yes, a condominium  
 3  Yes, a cooperative  
 4  Don't know

**9a. Is this apartment (house) owned or being bought by ... (reference person) or someone else in this household?**

**115** 1  Yes, owned or being bought – *SKIP to 11a*  
 0  No – *GO to 9b*

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**b. Does ... (reference person) or someone else in this household own cooperative shares for this apartment (house)?**

**129** 1  Yes – *SKIP to 11a*  
 2  No  
 3  Don't know } *GO to 9c*

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**c. Does ... (reference person) pay cash rent for this apartment (house) or does he/she occupy it rent free?**

**116** 2  Pay cash rent – *GO to Check Item B*  
 3  Occupy rent free – *SKIP to 20*

**CHECK ITEM B**      *REFER TO QUESTION 8 ABOVE*

Condominium (box 2 marked) } *GO to 10a*  
 Cooperative (box 3 marked) }  
 All other renter occupied (box 1 or 4 marked) – *SKIP to 20*

**10a. Did ... (reference person) live here and pay cash rent at the time this building became a condominium or cooperative?**

**117** 1  Yes  
 2  No  
 3  Don't know

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**b. When this apartment (house) became a condominium or cooperative was it done through a non-eviction plan?**

*Under a non-eviction plan, tenants can NOT be evicted for NOT buying their unit.*

**118** 1  Yes  
 2  No  
 3  Don't know } *SKIP to 20*

**Section I - OCCUPIED UNITS - Continued**

**11a. In what year did . . . (reference person) acquire this apartment (house)?**

Year

**119**

□ □ □ □

**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?**

**120**

- 1  Owned and occupied by another household
- 2  Rented by reference person
- 3  Rented by another household
- 4  Never previously occupied
- 5  Don't know

**c. Before . . . (reference person) acquired this apartment (house) was it part of a condominium or cooperative building or development?**

**121**

- 1  Yes
- 2  No
- 3  Don't know

**CHECK ITEM C**

REFER TO QUESTION 11a ABOVE

- Acquired 2006 or later – GO to 12a
- Acquired 2005 or earlier – SKIP to 13

**12a. What was the purchase price for this apartment (house)?**

**122**

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

**123**

- 0  Don't know

**b. What was the down payment for this apartment (house)?**

**124**

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

**125**

- 0  Don't know

**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?**

**126**

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

**14. Is there a mortgage, home equity loan, or similar loan on this apartment (house) or is this apartment (house) owned free and clear?**

**127**

- 1  Mortgage, home equity, or similar loan
- 2  Owned free and clear – SKIP to Check Item D

**15a. What are the current monthly mortgage or loan payments on this apartment (house)? Include payments on first, second, home equity loan, and any other mortgages.**

**128**

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

**b. When did the most recent mortgage or loan on this apartment (house) originate?**

**133**

Month  
□ □

Year

**134**

□ □ □ □

**c. What is the current interest rate on the most recent mortgage or loan on this apartment (house)?**

**135**

□ □ . □ □ %

**CHECK ITEM D**

REFER TO QUESTION 8 ON PAGE 5

- Condominium (box 2 marked)
  - Cooperative (box 3 marked)
  - All other owner occupied (box 1 or 4 marked) – SKIP to 18a
- } GO to 16

**16. What are the monthly condominium or co-op maintenance fees for this apartment (house)? Exclude payments for any mortgages (loans) on this unit.**

**130**

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

**CHECK ITEM E**

REFER TO QUESTION 1c ON PAGE 2 FOR EACH PERSON

- With any household member age 62 or over – GO to 17
- No household member age 62 or over – SKIP to 18a

**17. Is any household member receiving a Senior Citizen Carrying Charge Increase Exemption as part of the SCRIE program?**

*(Senior Citizen Rent Increase Exemption)*

**140**

- 1  Yes
- 2  No
- 3  Don't know

**18a. Is the fire and liability insurance premium for this apartment (house) paid separately?**

*(Separately means not included in the mortgage or loan payment or the condominium or co-op maintenance fee.)*

**141**

- 1  Yes –GO to 18b
- 2  No, included in mortgage or loan payment – SKIP to 18c
- 3  No insurance – SKIP to 19a

**b. What was the cost of fire and liability insurance for 2010?**

**142**

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

**c. Does the fire and liability insurance for this apartment (house) also cover personal possessions?**

**143**

- 1  Yes
- 2  No
- 3  Don't know

**Section I - OCCUPIED UNITS - Continued**

**19a. Are the real estate taxes for this apartment (house) paid separately?**

*(Separately means not included in the mortgage or loan payment or the condominium or co-op maintenance fee.)*

**144**

- 1  Yes – GO to 19b
- 2  No, included in mortgage or loan payment
- 3  No, included in condominium or maintenance fee

} SKIP to 20

**b. What were the real estate taxes for 2010?**

**145**

\$ \_\_\_\_\_ .

**NOTE** – Questions 20–22a, 23a and 23b pertain to the building. Be certain to mark (X) the same box in each question for all forms within the same building.

**20. How many units are in this building?**

*If the respondent doesn't know, canvass the building and count the units.*

**146**

- 01  1 unit without business
- 02  1 unit with business
- 03  2 units without business
- 04  2 units with business
- 05  3 units
- 06  4 units
- 07  5 units
- 08  6 to 9 units
- 09  10 to 12 units
- 10  13 to 19 units
- 11  20 to 49 units
- 12  50 to 99 units
- 13  100 to 199 units
- 14  200 or more units

*If owner occupied, mark "Yes" without asking.*

**21. Does the owner of this building live in this building?**

**147**

- 1  Yes
- 2  No
- 3  Don't know

**22a. How many stories are in this building?**

*Count the basement if there are people living in it.*

**148**

- 01  One – SKIP to 23c
- 02  Two
- 03  Three
- 04  Four
- 05  Five
- 06  6 to 10
- 07  11 to 20
- 08  21 to 40
- 09  41 or more

**b. On what floor is this unit?**

*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.*

**172**

0  Basement  
  Floor

**23a. Is there a passenger elevator in this building?**

**149**

- 1  Yes
- 2  No – SKIP to 23c

**b. Is it possible to go from the sidewalk to a passenger elevator without going up or down any steps or stairs?**

**173**

- 1  Yes
- 2  No
- 3  Don't know

**c. Is it possible to go from the sidewalk to this unit without going up or down any steps or stairs?**

**171**

- 1  Yes
- 2  No
- 3  Don't know

**24a. How many rooms are in this apartment (house)? Do not count bathrooms, porches, balconies, halls, foyers, or half-rooms.**

**150**

- 1  One – SKIP to 25a
- 2  Two
- 3  Three
- 4  Four
- 5  Five
- 6  Six
- 7  Seven
- 8  Eight or more

**b. Of these rooms, how many are bedrooms?**

**151**

- 01  None
- 02  One
- 03  Two
- 04  Three
- 05  Four
- 06  Five
- 07  Six
- 08  Seven
- 09  Eight or more

**Section I - OCCUPIED UNITS - Continued**

**25a. Does this apartment (house) have complete plumbing facilities; that is, hot and cold piped water, a flush toilet, and a bathtub or shower?**

- 152** 0  Yes, has complete plumbing facilities – *GO to 25b*  
 1  No, has some but not all facilities in this apartment (house) – *SKIP to 25c*  
 2  No plumbing facilities in this apartment (house) – *SKIP to 26a*

**b. Are these facilities for the exclusive use of this household or are they also for use by another household?**

- 153** 3  For the exclusive use of this household  
 4  Also for use by another household

**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?**

- 154** 1  Yes  
 2  No  
 3  No toilet in this apartment (house)

**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.**

- 155** 0  Yes has complete kitchen facilities – *GO to 26b*  
 1  No, has some but not all facilities in this apartment (house) – *SKIP to 26c*  
 2  No kitchen facilities in this apartment (house), but facilities available in building } *SKIP to 27*  
 3  No kitchen facilities in this building

**b. Are these facilities for the exclusive use of this household or are they also for use by another household?**

- 156** 4  For the exclusive use of this household  
 5  Also for use by another household

**c. Are all the kitchen facilities in your apartment (house) functioning?**

- 157** 1  Yes, all are functioning  
 2  No, one or more is not working at all

**27. How is this apartment (house) heated - by fuel oil, utility gas, electricity, or with some other fuel?**

- 158** 1  Fuel oil  
 2  Utility gas  
 3  Electricity  
 4  Other fuel (including CON ED steam)  
 5  Don't know

**28. I have some questions about utility costs.**

**a. (1) Do you pay for your own electricity?**

- 159** 1  Yes – *GO to 28a(2)*  
 2  Yes, but combined with gas – *Ask for separate estimates; if not possible SKIP to 28c*  
 3  No, included in rent, condominium or other fee – *SKIP to 28b(1)*

**(2) What is the average MONTHLY cost?**

**160** \$ \_\_\_\_\_ .

**b. (1) Do you pay for your own gas?**

- 161** 1  Yes – *GO to 28b(2)*  
 2  No, included in rent, condominium or other fee } *SKIP to 28d(1)*  
 3  No, gas not used

**(2) What is the average MONTHLY cost?**

**162** \$ \_\_\_\_\_ .

**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).*

**c. What is your combined average electricity and gas payment each month?**

**163** \$ \_\_\_\_\_ .  } *Fill this ONLY when separate estimates cannot be given.*

**d. (1) Do you pay your own water and sewer charges?**

- 164** 1  Yes – *GO to 28d(2)*  
 2  No, included in rent, condominium or other fee or no charge – *SKIP to 28e(1)*

**(2) What is the total YEARLY cost?**

**165** \$ \_\_\_\_\_ .

**e. (1) Do you pay for your own oil, coal, kerosene, wood, steam, etc.?**

- 166** 1  Yes – *GO to 28e(2)*  
 2  No, included in rent, condominium or other fee } *SKIP to 29a*  
 3  No, these fuels not used

**(2) What is the total YEARLY cost?**

**167** \$ \_\_\_\_\_ .

**Section I - OCCUPIED UNITS - Continued**

**29a. In 2010, did this household receive any payments from the Home Energy Assistance Program (HEAP) or any other federal, state, or city program to help pay for some home heating costs?**

- 174** 1  Yes – GO to 29b  
 2  No – SKIP to Check Item F

**b. Altogether, how much energy assistance was received in 2010?**

**175** \$ \_\_\_\_\_ .  Annual Amount

**CHECK ITEM F**

REFER TO QUESTION 9 ON PAGE 5

- |                                                                                                                                                                                                                                                                                                                                                                              |   |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Owner occupied (question 9a, box 1 marked)</li> <li><input type="checkbox"/> Owns co-op shares (question 9b, box 1 marked)</li> <li><input type="checkbox"/> Occupy rent free (question 9c, box 3 marked)</li> <li><input type="checkbox"/> Pay cash rent (question 9c, box 2 marked) – GO to 30a</li> </ul> | } | SKIP to 32a on page 11 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------------------|

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

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

**182** \$ \_\_\_\_\_ .  Per month

**b. 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

Notes

**Section I - OCCUPIED UNITS - Continued**

**31 a. 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?**

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

**541**

- 1  Yes
- 2  No
- 3  Don't know

**(2) Senior Citizen Rent Increase Exemption (SCRIE)** .....

**184**

- 1  Yes
- 2  No
- 3  Don't know

**(3) Advantage (Work Advantage, Child Advantage or Fixed Advantage)** .....

**199**

- 1  Yes
- 2  No
- 3  Don't know

**(4) Public assistance shelter allowance** ..

**542**

- 1  Yes
- 2  No
- 3  Don't know

**(5) Housing Stability Plus (HSP)** .....

**176**

- 1  Yes
- 2  No
- 3  Don't know

**(6) Employment Incentive Housing Program (EIHP)** .....

**198**

- 1  Yes
- 2  No
- 3  Don't know

**(7) Long Term Stayers Program (LTSP)** .....

**177**

- 1  Yes
- 2  No
- 3  Don't know

**(8) Jiggetts** .....

**197**

- 1  Yes
- 2  No
- 3  Don't know

**(9) Family Eviction Prevention Supplement (FEPS)** .....

**178**

- 1  Yes
- 2  No
- 3  Don't know

**(10) Another Federal housing subsidy program** .....

**543**

- 1  Yes
- 2  No
- 3  Don't know

**(11) Another state or city housing subsidy program** .....

**544**

- 1  Yes
- 2  No
- 3  Don't know

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

**547**

\$ \_\_\_\_\_ . **00**

- 0  None

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

Notes

**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. During the past month, about how many cockroaches did you see in this apartment (house) on a typical day?**

- 571** 1  None  
2  1 to 5  
3  6 to 19  
4  20 or more  
5  Don't know/Not sure

**c. 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

**35. 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

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

- 191** 1  Yes  
2  No

**37a. Is there any broken plaster or peeling paint on the ceiling or inside walls?**

- 192** 0  Yes – GO to 37b  
1  No – SKIP to 38

**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

**38. 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.**

**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

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

**Section I - OCCUPIED UNITS - Continued**

<p><b>CHECK ITEM G</b></p> <p>Ask questions 40a-50b 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-50b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 19</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-50b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 19</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-50b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 19</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-50b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 19</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-50b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 19</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-50b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 19</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-50b</p> <p>2 <input type="checkbox"/> Under 15 - SKIP to Check Item H on page 19</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.</i> <i>If . . . didn't work, refer to the most recent job since 2006.</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. ↴  <b>631</b> <input type="text"/>	<b>241</b> 1 <input type="checkbox"/> 2011 2 <input type="checkbox"/> 2010 3 <input type="checkbox"/> 2006–2009 4 <input type="checkbox"/> 2005 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Describe the main activity at location where employed. ↴  <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<b>251</b> 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.)
Show Flashcard IV and enter the code. ↴  <b>632</b> <input type="text"/>	<b>242</b> 1 <input type="checkbox"/> 2011 2 <input type="checkbox"/> 2010 3 <input type="checkbox"/> 2006–2009 4 <input type="checkbox"/> 2005 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Describe the main activity at location where employed. ↴  <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<b>252</b> 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.)
Show Flashcard IV and enter the code. ↴  <b>633</b> <input type="text"/>	<b>243</b> 1 <input type="checkbox"/> 2011 2 <input type="checkbox"/> 2010 3 <input type="checkbox"/> 2006–2009 4 <input type="checkbox"/> 2005 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Describe the main activity at location where employed. ↴  <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<b>253</b> 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.)
Show Flashcard IV and enter the code. ↴  <b>634</b> <input type="text"/>	<b>244</b> 1 <input type="checkbox"/> 2011 2 <input type="checkbox"/> 2010 3 <input type="checkbox"/> 2006–2009 4 <input type="checkbox"/> 2005 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Describe the main activity at location where employed. ↴  <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<b>254</b> 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.)
Show Flashcard IV and enter the code. ↴  <b>635</b> <input type="text"/>	<b>245</b> 1 <input type="checkbox"/> 2011 2 <input type="checkbox"/> 2010 3 <input type="checkbox"/> 2006–2009 4 <input type="checkbox"/> 2005 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Describe the main activity at location where employed. ↴  <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<b>255</b> 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.)
Show Flashcard IV and enter the code. ↴  <b>636</b> <input type="text"/>	<b>246</b> 1 <input type="checkbox"/> 2011 2 <input type="checkbox"/> 2010 3 <input type="checkbox"/> 2006–2009 4 <input type="checkbox"/> 2005 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Describe the main activity at location where employed. ↴  <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<b>256</b> 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.)
Show Flashcard IV and enter the code. ↴  <b>637</b> <input type="text"/>	<b>247</b> 1 <input type="checkbox"/> 2011 2 <input type="checkbox"/> 2010 3 <input type="checkbox"/> 2006–2009 4 <input type="checkbox"/> 2005 or earlier 5 <input type="checkbox"/> Never worked } GO to 45a } SKIP to 49b	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Describe the main activity at location where employed. ↴  <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<b>257</b> 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.)

**Section I - OCCUPIED UNITS - Continued**

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

**Section I - OCCUPIED UNITS - Continued**

**48a. How many weeks did ... work in 2010?**

*Count paid vacation, paid sick leave, and military service.*

**b. How many hours did ... usually work each week in 2010?**

**291**

Weeks  
or  
 None -SKIP to 49b

**301**

Hours

**292**

Weeks  
or  
 None -SKIP to 49b

**302**

Hours

**293**

Weeks  
or  
 None -SKIP to 49b

**303**

Hours

**294**

Weeks  
or  
 None -SKIP to 49b

**304**

Hours

**295**

Weeks  
or  
 None -SKIP to 49b

**305**

Hours

**296**

Weeks  
or  
 None -SKIP to 49b

**306**

Hours

**297**

Weeks  
or  
 None -SKIP to 49b

**307**

Hours

**Section I - OCCUPIED UNITS - Continued**

**The following questions are about income received during 2010?** *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.*

<b>49a. Did . . . earn income from wages, salary, commissions, bonuses, or tips?</b>	<b>b. Did . . . earn any income from (his/her) own farm or nonfarm business, proprietorship, or partnership?</b>	<b>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.</b>
<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 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> ↘ 331 \$ _____ 00 Annual amount - Dollars 332 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - <b>How much?</b> ↘ 351 \$ _____ 00 Annual amount - Dollars 352 1 <input type="checkbox"/> No 2 <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 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> ↘ 333 \$ _____ 00 Annual amount - Dollars 334 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - <b>How much?</b> ↘ 353 \$ _____ 00 Annual amount - Dollars 354 1 <input type="checkbox"/> No 2 <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 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> ↘ 335 \$ _____ 00 Annual amount - Dollars 336 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - <b>How much?</b> ↘ 355 \$ _____ 00 Annual amount - Dollars 356 1 <input type="checkbox"/> No 2 <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 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> ↘ 337 \$ _____ 00 Annual amount - Dollars 338 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - <b>How much?</b> ↘ 357 \$ _____ 00 Annual amount - Dollars 358 1 <input type="checkbox"/> No 2 <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 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> ↘ 339 \$ _____ 00 Annual amount - Dollars 340 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - <b>How much?</b> ↘ 359 \$ _____ 00 Annual amount - Dollars 360 1 <input type="checkbox"/> No 2 <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 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> ↘ 341 \$ _____ 00 Annual amount - Dollars 342 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - <b>How much?</b> ↘ 361 \$ _____ 00 Annual amount - Dollars 362 1 <input type="checkbox"/> No 2 <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 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much? Report net income after business expenses</b> ↘ 343 \$ _____ 00 Annual amount - Dollars 344 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input type="checkbox"/> Yes - <b>How much?</b> ↘ 363 \$ _____ 00 Annual amount - Dollars 364 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss

**Section I - OCCUPIED UNITS - Continued**

<b>49d. Did . . . receive any Social Security or Railroad Retirement payments? Include payments as a retired worker, dependent, or disabled worker.</b>	<b>e. Did . . . receive any income from government programs for Supplemental Security Income (SSI), Family Assistance/Temporary Assistance for Needy Families (TANF), Safety Net, or any other public assistance or public welfare payments, including shelter allowance?</b>	<b>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.</b>
<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No
<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No
<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No
<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No
<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No
<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No
<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No	<input type="checkbox"/> Yes - <b>How much?</b> ↘ <div style="text-align: right;"> <input type="text" value="00"/>                      \$ _____                      Annual amount - Dollars                 </div> <input type="checkbox"/> No

**Section I - OCCUPIED UNITS - Continued**

**49g. Did . . . receive any income from Veterans' (VA) payments, unemployment compensation, child support, alimony, or any other regular source of income?**

**Do NOT include lump-sum payments such as money from an inheritance or the sale of a home.**

**50a. Are you/ls . . . currently enrolled, either part-time or full time in any of these?**

*(Read categories and mark all that apply)*

Yes - **How much?** ↗

**431** \$ \_\_\_\_\_   
Annual amount - Dollars

**432**  No

**663**

1 GED program  
 2 High school  
 3 College  
 4 Graduate or professional degree program  
 5 Occupational, vocational, or apprenticeship program  
 6 Literacy or ESL program  
 7 No, not enrolled

Yes - **How much?** ↗

**433** \$ \_\_\_\_\_   
Annual amount - Dollars

**434**  No

**664**

1 GED program  
 2 High school  
 3 College  
 4 Graduate or professional degree program  
 5 Occupational, vocational, or apprenticeship program  
 6 Literacy or ESL program  
 7 No, not enrolled

Yes - **How much?** ↗

**435** \$ \_\_\_\_\_   
Annual amount - Dollars

**436**  No

**665**

1 GED program  
 2 High school  
 3 College  
 4 Graduate or professional degree program  
 5 Occupational, vocational, or apprenticeship program  
 6 Literacy or ESL program  
 7 No, not enrolled

Yes - **How much?** ↗

**437** \$ \_\_\_\_\_   
Annual amount - Dollars

**438**  No

**666**

1 GED program  
 2 High school  
 3 College  
 4 Graduate or professional degree program  
 5 Occupational, vocational, or apprenticeship program  
 6 Literacy or ESL program  
 7 No, not enrolled

Yes - **How much?** ↗

**439** \$ \_\_\_\_\_   
Annual amount - Dollars

**440**  No

**667**

1 GED program  
 2 High school  
 3 College  
 4 Graduate or professional degree program  
 5 Occupational, vocational, or apprenticeship program  
 6 Literacy or ESL program  
 7 No, not enrolled

Yes - **How much?** ↗

**441** \$ \_\_\_\_\_   
Annual amount - Dollars

**442**  No

**668**

1 GED program  
 2 High school  
 3 College  
 4 Graduate or professional degree program  
 5 Occupational, vocational, or apprenticeship program  
 6 Literacy or ESL program  
 7 No, not enrolled

Yes - **How much?** ↗

**443** \$ \_\_\_\_\_   
Annual amount - Dollars

**444**  No

**669**

1 GED program  
 2 High school  
 3 College  
 4 Graduate or professional degree program  
 5 Occupational, vocational, or apprenticeship program  
 6 Literacy or ESL program  
 7 No, not enrolled

**Section I - OCCUPIED UNITS - Continued**

**50b. How much school have you/has . . . completed?**

**CHECK ITEM H**

Is this the last person listed?

**471**

- |                                                                                |                                                                 |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 01 <input type="checkbox"/> No school completed                                | 06 <input type="checkbox"/> Some college but no degree          |
| 02 <input type="checkbox"/> Up to 6th grade                                    | 07 <input type="checkbox"/> Associate degree                    |
| 03 <input type="checkbox"/> 7th or 8th grade                                   | 08 <input type="checkbox"/> College graduate                    |
| 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma | 09 <input type="checkbox"/> Some graduate/professional training |
| 05 <input type="checkbox"/> H.S. diploma                                       | 10 <input type="checkbox"/> Graduate/professional degree        |

- Yes - GO to 51
- No - Return to Check Item G on page 12 for the next person

**472**

- |                                                                                |                                                                 |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 01 <input type="checkbox"/> No school completed                                | 06 <input type="checkbox"/> Some college but no degree          |
| 02 <input type="checkbox"/> Up to 6th grade                                    | 07 <input type="checkbox"/> Associate degree                    |
| 03 <input type="checkbox"/> 7th or 8th grade                                   | 08 <input type="checkbox"/> College graduate                    |
| 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma | 09 <input type="checkbox"/> Some graduate/professional training |
| 05 <input type="checkbox"/> H.S. diploma                                       | 10 <input type="checkbox"/> Graduate/professional degree        |

- Yes - GO to 51
- No - Return to Check Item G on page 12 for the next person

**473**

- |                                                                                |                                                                 |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 01 <input type="checkbox"/> No school completed                                | 06 <input type="checkbox"/> Some college but no degree          |
| 02 <input type="checkbox"/> Up to 6th grade                                    | 07 <input type="checkbox"/> Associate degree                    |
| 03 <input type="checkbox"/> 7th or 8th grade                                   | 08 <input type="checkbox"/> College graduate                    |
| 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma | 09 <input type="checkbox"/> Some graduate/professional training |
| 05 <input type="checkbox"/> H.S. diploma                                       | 10 <input type="checkbox"/> Graduate/professional degree        |

- Yes - GO to 51
- No - Return to Check Item G on page 12 for the next person

**474**

- |                                                                                |                                                                 |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 01 <input type="checkbox"/> No school completed                                | 06 <input type="checkbox"/> Some college but no degree          |
| 02 <input type="checkbox"/> Up to 6th grade                                    | 07 <input type="checkbox"/> Associate degree                    |
| 03 <input type="checkbox"/> 7th or 8th grade                                   | 08 <input type="checkbox"/> College graduate                    |
| 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma | 09 <input type="checkbox"/> Some graduate/professional training |
| 05 <input type="checkbox"/> H.S. diploma                                       | 10 <input type="checkbox"/> Graduate/professional degree        |

- Yes - GO to 51
- No - Return to Check Item G on page 12 for the next person

**475**

- |                                                                                |                                                                 |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 01 <input type="checkbox"/> No school completed                                | 06 <input type="checkbox"/> Some college but no degree          |
| 02 <input type="checkbox"/> Up to 6th grade                                    | 07 <input type="checkbox"/> Associate degree                    |
| 03 <input type="checkbox"/> 7th or 8th grade                                   | 08 <input type="checkbox"/> College graduate                    |
| 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma | 09 <input type="checkbox"/> Some graduate/professional training |
| 05 <input type="checkbox"/> H.S. diploma                                       | 10 <input type="checkbox"/> Graduate/professional degree        |

- Yes - GO to 51
- No - Return to Check Item G on page 12 for the next person

**476**

- |                                                                                |                                                                 |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 01 <input type="checkbox"/> No school completed                                | 06 <input type="checkbox"/> Some college but no degree          |
| 02 <input type="checkbox"/> Up to 6th grade                                    | 07 <input type="checkbox"/> Associate degree                    |
| 03 <input type="checkbox"/> 7th or 8th grade                                   | 08 <input type="checkbox"/> College graduate                    |
| 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma | 09 <input type="checkbox"/> Some graduate/professional training |
| 05 <input type="checkbox"/> H.S. diploma                                       | 10 <input type="checkbox"/> Graduate/professional degree        |

- Yes - GO to 51
- No - Return to Check Item G on page 12 for the next person

**477**

- |                                                                                |                                                                 |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 01 <input type="checkbox"/> No school completed                                | 06 <input type="checkbox"/> Some college but no degree          |
| 02 <input type="checkbox"/> Up to 6th grade                                    | 07 <input type="checkbox"/> Associate degree                    |
| 03 <input type="checkbox"/> 7th or 8th grade                                   | 08 <input type="checkbox"/> College graduate                    |
| 04 <input type="checkbox"/> 9th, 10th, 11th, or 12th grade but no H.S. diploma | 09 <input type="checkbox"/> Some graduate/professional training |
| 05 <input type="checkbox"/> H.S. diploma                                       | 10 <input type="checkbox"/> Graduate/professional degree        |

- Yes - GO to 51
- 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** ..... **548** 1  Yes 2  No 3  Don't know
- b. Safety Net Assistance** ..... **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** *z* ..... **551** 1  Yes 2  No 3  Don't know

**52a. Is there a land-line 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

**b. How many adults (age 18 and over) in this household have a cell phone for personal use?**

- 570**  Persons  
00  None

*If an individual shares a cell phone, count the adult if he or she has it for at least one-third of the time.*

**53a. 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

**b. Did you postpone any of the following types of health care for financial reasons during the past year? (Read items 1 - 5 below and mark Yes or No for each.)**

- (1) Dental** ..... **647** 1  Yes 2  No
- (2) Preventive care/check-up** ..... **648** 1  Yes 2  No
- (3) Mental Health** ..... **649** 1  Yes 2  No
- (4) Treatment or diagnosis of illness or health condition** ..... **650** 1  Yes 2  No
- (5) Prescription Drugs** ..... **651** 1  Yes 2  No

**CHECK ITEM I**

REFER TO ROSTER ON PAGE 2 FOR ANY PERSON AGED 65 OR OVER.

- No person age 65 or over - SKIP to Check Item J
- At least one person age 65 or over - GO to 53c

IN HOUSEHOLDS WITH AT LEAST 1 ADULT AGED 65+:

**53c. In the bathroom that is used the most by the person(s) age 65 or over, are grab bars located near the toilet or in the shower or bathtub?**

- 537** 1  Yes - near the toilet only  
2  Yes - in shower or tub only  
3  Yes - in both shower or tub and near toilet  
4  No  
5  Don't know

**d. In the past 3 months has a member of your household who is 65 years of age or older fallen in the home? (A fall is when a person accidentally drops to the floor or ground, or to any other lower level.)**

- 538** 1  Yes  
2  No  
3  Don't know

**CHECK ITEM J**

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

- Born in New York City (box 07 marked) - SKIP to Check Item K on page 21
- Born in U.S. outside New York City (box 09 or 10 marked) - SKIP to 55 on page 21
- Born outside U.S. (box 11-26 marked) - GO to 54a

**Section I - OCCUPIED UNITS - Continued**

**54a. 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**

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

**562**

**CHECK ITEM K**

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 Question 56  
} SKIP to Closing Statement on page 22

**56. In the last year (2010), how much was spent by this household on any of the following types of routine maintenance or repairs to this apartment (house)?**

**a. Interior or exterior painting**

**680** \$ \_\_\_\_\_ . 00  
0000000  None

**b. Repairs to the plumbing (such as fixing leaks and unclogging pipes and drains)**

**681** \$ \_\_\_\_\_ . 00  
0000000  None

**c. Repairs to the roof, cornice, or chimney**

**682** \$ \_\_\_\_\_ . 00  
0000000  None

**d. Repairs or maintenance to the heating or air conditioning equipment**

**683** \$ \_\_\_\_\_ . 00  
0000000  None

**e. Repairs to interior or exterior stairways (such as steps, railings, and banisters)**

**684** \$ \_\_\_\_\_ . 00  
0000000  None

**f. Repairs to interior walls, floors, or carpeting**

**685** \$ \_\_\_\_\_ . 00  
0000000  None

**g. Repairs or maintenance to sidewalks, driveways, decks, patios or fences**

**686** \$ \_\_\_\_\_ . 00  
0000000  None

**h. Cost for extermination services or pest control**

**687** \$ \_\_\_\_\_ . 00  
0000000  None

**i. Cost for lawn service and snow removal**

**688** \$ \_\_\_\_\_ . 00  
0000000  None

**j. Other routine maintenance or repairs (such as costs for repairs to washing machines, dryers, refrigerators, stoves, and security equipment)**

**689** \$ \_\_\_\_\_ . 00  
0000000  None

Notes

**Section I - OCCUPIED UNITS - Continued**

**57. In the last 3 years (2008–2010), how much was spent by this household on capital improvements to this apartment (house)?**

*Capital improvements are additions to the property that increase the value or upgrade the facilities.*

**a. New or upgraded heating or air conditioning system or equipment**

**690** \$ \_\_\_\_\_ .   
 0000000  None

**b. New or upgraded bathroom facilities**

**691** \$ \_\_\_\_\_ .   
 0000000  None

**c. New or upgraded kitchen facilities**

**692** \$ \_\_\_\_\_ .   
 0000000  None

**d. New or upgraded laundry facilities**

**693** \$ \_\_\_\_\_ .   
 0000000  None

**e. New roof, siding or stucco**

**694** \$ \_\_\_\_\_ .   
 0000000  None

**f. Upgraded electrical system** (such as rewiring the apartment (house))

**695** \$ \_\_\_\_\_ .   
 0000000  None

**g. New or upgraded security system**

**696** \$ \_\_\_\_\_ .   
 0000000  None

**h. New or upgraded windows or doors**

**697** \$ \_\_\_\_\_ .   
 0000000  None

**i. Removal of environmental hazards** (such as lead paint, asbestos, radon, mold, etc.)

**698** \$ \_\_\_\_\_ .   
 0000000  None

**j. Other capital improvements** (such as new stairs, new carpeting, accessibility improvements, or energy saving devices, etc.)

**699** \$ \_\_\_\_\_ .   
 0000000  None

**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 items N and O on the front cover.**

Notes

**Section II – VACANT UNITS**

**58. If this apartment (house) is occupied, will it be the first occupancy since its construction, gut rehabilitation, or creation through conversion?**

- 518** 1  Yes, first occupancy  
 2  No, previously occupied  
 3  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.

**59. How many units are in this building?**

*If the respondent doesn't know, canvass the building and count the units.*

- 519** 01  1 unit without business  
 02  1 unit with business  
 03  2 units without business  
 04  2 units with business  
 05  3 units  
 06  4 units  
 07  5 units  
 08  6 to 9 units  
 09  10 to 12 units  
 10  13 to 19 units  
 11  20 to 49 units  
 12  50 to 99 units  
 13  100 to 199 units  
 14  200 or more units

**60. Does the owner of this building live in this building?**

- 520** 1  Yes  
 2  No  
 3  Don't know

**61a. How many stories are in this building?**

*Count the basement if there are people living in it.*

- 521** 01  One – SKIP to 62c  
 02  Two  
 03  Three  
 04  Four  
 05  Five  
 06  6 to 10  
 07  11 to 20  
 08  21 to 40  
 09  41 or more

**b. On what floor number is this unit?**

*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.*

- 0  Basement
- 554**

--	--

 Floor

**62a. Is there a passenger elevator in this building?**

- 522** 1  Yes  
 2  No – SKIP to 62c

**b. Is it possible to go from the sidewalk to a passenger elevator without going up or down any steps or stairs?**

- 553** 1  Yes  
 2  No  
 3  Don't know

**c. Is it possible to go from the sidewalk to this unit without going up or down any steps or stairs?**

- 555** 1  Yes  
 2  No  
 3  Don't know

**63a. How many rooms are in this apartment (house)? Do not count bathrooms, porches, balconies, halls, foyers, or half-rooms.**

- 523** 1  One – SKIP to 64a  
 2  Two  
 3  Three  
 4  Four  
 5  Five  
 6  Six  
 7  Seven  
 8  Eight or more

**b. Of these rooms, how many are bedrooms?**

- 524** 01  None  
 02  One  
 03  Two  
 04  Three  
 05  Four  
 06  Five  
 07  Six  
 08  Seven  
 09  Eight or more

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><b>525</b></p>	<p>0 <input type="checkbox"/> Yes, has complete plumbing facilities – <i>GO to 64b</i></p> <p>1 <input type="checkbox"/> No, has some but not all facilities in this apartment (house)</p> <p>2 <input type="checkbox"/> No plumbing facilities in this apartment (house)</p>	<p>} <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><b>526</b></p>	<p>3 <input type="checkbox"/> For the exclusive use of the intended occupants of this apartment (house)</p> <p>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><b>527</b></p>	<p>0 <input type="checkbox"/> Yes, has complete kitchen facilities – <i>GO to 65b</i></p> <p>1 <input type="checkbox"/> No, has some but not all facilities in this apartment (house)</p> <p>2 <input type="checkbox"/> No kitchen facilities in this apartment (house), but facilities available in building</p> <p>3 <input type="checkbox"/> No kitchen facilities in this building</p>	<p>} <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><b>528</b></p>	<p>4 <input type="checkbox"/> For the exclusive use of the intended occupants of this apartment (house)</p> <p>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><b>529</b></p>	<p>1 <input type="checkbox"/> Fuel oil</p> <p>2 <input type="checkbox"/> Utility gas</p> <p>3 <input type="checkbox"/> Electricity</p> <p>4 <input type="checkbox"/> Other fuel (including CON ED steam)</p> <p>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></p> <p><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><b>530</b></p>	<p>1 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Yes, a condominium</p> <p>3 <input type="checkbox"/> Yes, a cooperative</p> <p>4 <input type="checkbox"/> Don't know</p>	
<p><b>68. How long has this apartment (house) been vacant?</b></p>	<p><b>531</b></p>	<p>1 <input type="checkbox"/> Less than 1 month</p> <p>2 <input type="checkbox"/> 1 up to 2 months</p> <p>3 <input type="checkbox"/> 2 up to 3 months</p> <p>4 <input type="checkbox"/> 3 up to 6 months</p> <p>5 <input type="checkbox"/> 6 up to 12 months</p> <p>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><b>532</b></p>	<p>1 <input type="checkbox"/> Owner occupied</p> <p>2 <input type="checkbox"/> Renter occupied</p> <p>3 <input type="checkbox"/> Never previously occupied</p> <p>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><b>533</b></p>	<p>1 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Yes, a condominium</p> <p>3 <input type="checkbox"/> Yes, a cooperative</p> <p>4 <input type="checkbox"/> Don't know</p>	

Notes



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<b>C. RECORD OF VISITS</b> <i>(Continued from page 1)</i>		
Date	Time	Remarks
	a.m.   p.m.	
<b>CREW LEADER/ASSISTANT</b>		
	a.m.   p.m.	
	a.m.   p.m.	
	a.m.   p.m.	