

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.

Form **H-100**
(5-1-2007)

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
2008**

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

	/		/	
--	---	--	---	--

 \ \ **2008**

C. RECORD OF VISITS
(Additional spaces on page 28)

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 23*

Ask –

M. How many people live or stay here?

Include anyone without a usual home elsewhere.

- 032**

--

 – 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 27.

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 27
- 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 27

Complete after an occupied unit interview.

O. FORM TYPE

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

OFFICE USE ONLY

026	TS	027	A	028	B
------------	----	------------	---	------------	---

Section I – OCCUPIED UNITS

d. How is . . . related to . . . <i>(reference person) (person on Line 1)?</i> Show Flashcard I and enter the appropriate code in the box below.	e. Is . . . of Spanish or Hispanic origin? <i>(If Yes, read the categories and mark the appropriate box, otherwise mark "No.")</i>	f. What is . . . 's race? Select one or more categories from the flashcard. Show Flashcard II and mark (X) all that apply, OR box 12 <u>only</u> and print race.	These next two questions may seem like ones I asked before, but I must ask them to double check.	
			(Don't ask for persons under 15) g. Does . . . have a spouse or unmarried partner in the household?	h. Does . . . have a parent in the household?
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; text-align: center; line-height: 30px;">R</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: 0 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;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; 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: 0 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;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; 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: 0 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;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; 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: 0 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;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; 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: 0 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;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; 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: 0 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;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <input type="checkbox"/> No
<div style="border: 1px solid black; width: 30px; height: 30px; 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: 0 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;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; 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.

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.

- 051 IN NEW YORK CITY, SAME BUILDING
- 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 2005 or later – GO to question 6 on page 4
 Moved here 2004 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

7. Place of birth <i>SHOW Flashcard III to respondent.</i> Where was →	a. . . . <i>(reference person) born?</i>	b. . . . 's <i>(reference person's) father born?</i>	c. . . . 's <i>(reference person's) mother born?</i>
07. New York City (responses 01-07 on card)	111 07 <input type="checkbox"/>	112 07 <input type="checkbox"/>	113 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? <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>	114 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
---	---

9a. Is this apartment (house) owned or being bought by . . . (reference person) or someone else in this household?	115 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. Does . . . (reference person) or someone else in this household own cooperative shares for this apartment (house)?	129 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>
c. Does . . . (reference person) pay cash rent for this apartment (house) or does he/she occupy it rent free?	116 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>

CHECK ITEM 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>
---------------------	---

10a. Did . . . (reference person) live here and pay cash rent at the time this building became a condominium or cooperative?	117 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
b. When this apartment (house) became a condominium or cooperative was it done through a non-eviction plan? <i>Under a non-eviction plan, tenants can NOT be evicted for NOT buying their unit.</i>	118 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

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 2003 or later – GO to 12a
- Acquired 2002 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 134 Year

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

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 2007?

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

<p>19a. Are the real estate taxes for this apartment (house) paid separately?</p> <p><i>(Separately means not included in the mortgage or loan payment or the condominium or co-op maintenance fee.)</i></p>	<p>144</p>	<p>1 <input type="checkbox"/> Yes – GO to 19b</p> <p>2 <input type="checkbox"/> No, included in mortgage or loan payment</p> <p>3 <input type="checkbox"/> No, included in condominium or maintenance fee</p>
---	------------	---

} SKIP to 20

<p>b. What were the real estate taxes for 2007?</p>	<p>145</p>	<p>\$ _____ . 00</p>
--	------------	----------------------

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.

<p>20. How many units are in this building?</p> <p><i>If the respondent doesn't know, canvass the building and count the units.</i></p>	<p>146</p>	<p>01 <input type="checkbox"/> 1 unit without business</p> <p>02 <input type="checkbox"/> 1 unit with business</p> <p>03 <input type="checkbox"/> 2 units without business</p> <p>04 <input type="checkbox"/> 2 units with business</p> <p>05 <input type="checkbox"/> 3 units</p> <p>06 <input type="checkbox"/> 4 units</p> <p>07 <input type="checkbox"/> 5 units</p> <p>08 <input type="checkbox"/> 6 to 9 units</p> <p>09 <input type="checkbox"/> 10 to 12 units</p> <p>10 <input type="checkbox"/> 13 to 19 units</p> <p>11 <input type="checkbox"/> 20 to 49 units</p> <p>12 <input type="checkbox"/> 50 to 99 units</p> <p>13 <input type="checkbox"/> 100 to 199 units</p> <p>14 <input type="checkbox"/> 200 or more units</p>
--	------------	---

<p><i>If owner occupied, mark "Yes" without asking.</i></p> <p>21. Does the owner of this building live in this building?</p>	<p>147</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>
--	------------	---

<p>22a. How many stories are in this building?</p> <p><i>Count the basement if there are people living in it.</i></p>	<p>148</p>	<p>01 <input type="checkbox"/> One – SKIP to 23c</p> <p>02 <input type="checkbox"/> Two</p> <p>03 <input type="checkbox"/> Three</p> <p>04 <input type="checkbox"/> Four</p> <p>05 <input type="checkbox"/> Five</p> <p>06 <input type="checkbox"/> 6 to 10</p> <p>07 <input type="checkbox"/> 11 to 20</p> <p>08 <input type="checkbox"/> 21 to 40</p> <p>09 <input type="checkbox"/> 41 or more</p>
--	------------	---

<p>b. On what floor is this unit?</p> <p><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></p>	<p>172</p>	<p>0 <input type="checkbox"/> Basement</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin-right: 5px;"></div> Floor </div>
--	------------	---

<p>23a. Is there a passenger elevator in this building?</p>	<p>149</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 23c</p>
--	------------	--

<p>b. Is it possible to go from the sidewalk to a passenger elevator without going up or down any steps or stairs?</p>	<p>173</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>
---	------------	---

<p>c. Is it possible to go from the sidewalk to this unit without going up or down any steps or stairs?</p>	<p>171</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>
--	------------	---

<p>24a. How many rooms are in this apartment (house)? Do not count bathrooms, porches, balconies, halls, foyers, or half-rooms.</p>	<p>150</p>	<p>1 <input type="checkbox"/> One – SKIP to 25a</p> <p>2 <input type="checkbox"/> Two</p> <p>3 <input type="checkbox"/> Three</p> <p>4 <input type="checkbox"/> Four</p> <p>5 <input type="checkbox"/> Five</p> <p>6 <input type="checkbox"/> Six</p> <p>7 <input type="checkbox"/> Seven</p> <p>8 <input type="checkbox"/> Eight or more</p>
--	------------	---

<p>b. Of these rooms, how many are bedrooms?</p>	<p>151</p>	<p>01 <input type="checkbox"/> None</p> <p>02 <input type="checkbox"/> One</p> <p>03 <input type="checkbox"/> Two</p> <p>04 <input type="checkbox"/> Three</p> <p>05 <input type="checkbox"/> Four</p> <p>06 <input type="checkbox"/> Five</p> <p>07 <input type="checkbox"/> Six</p> <p>08 <input type="checkbox"/> Seven</p> <p>09 <input type="checkbox"/> Eight or more</p>
---	------------	---

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 <input type="checkbox"/> Yes, has complete plumbing facilities – <i>Go to 25b</i> 1 <input type="checkbox"/> No, has some but not all facilities in this apartment (house) – <i>SKIP to 25c</i> 2 <input type="checkbox"/> No plumbing facilities in this apartment (house) – <i>SKIP to 26a</i>
b. Are these facilities for the exclusive use of this household or are they also for use by another household?	153 3 <input type="checkbox"/> For the exclusive use of this household 4 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> 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 <input type="checkbox"/> Yes has complete kitchen facilities – <i>GO to 26b</i> 1 <input type="checkbox"/> No, has some but not all facilities in this apartment (house) – <i>SKIP to 26c</i> 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 27</i>
b. Are these facilities for the exclusive use of this household or are they also for use by another household?	156 4 <input type="checkbox"/> For the exclusive use of this household 5 <input type="checkbox"/> Also for use by another household
c. Are all the kitchen facilities in your apartment (house) functioning?	157 1 <input type="checkbox"/> Yes, all are functioning 2 <input type="checkbox"/> 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 <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
28. I have some questions about utility costs. a. (1) Do you pay for your own electricity?	159 1 <input type="checkbox"/> Yes – <i>GO to 28a(2)</i> 2 <input type="checkbox"/> Yes, but combined with gas – <i>Ask for separate estimates; if not possible SKIP to 28c</i> 3 <input type="checkbox"/> No, included in rent, condominium or other fee – <i>SKIP to 28b(1)</i>
(2) What is the average MONTHLY cost?	160 \$ _____ . 00
b. (1) Do you pay for your own gas?	161 1 <input type="checkbox"/> Yes – <i>GO to 28b(2)</i> 2 <input type="checkbox"/> No, included in rent, condominium or other fee 3 <input type="checkbox"/> No, gas not used } <i>SKIP to 28d(1)</i>
(2) What is the average MONTHLY cost?	162 \$ _____ . 00
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 \$ _____ . 00 } <i>Fill this ONLY when separate estimates cannot be given.</i>
d. (1) Do you pay your own water and sewer charges?	164 1 <input type="checkbox"/> Yes – <i>GO to 28d(2)</i> 2 <input type="checkbox"/> No, included in rent, condominium or other fee or no charge – <i>SKIP to 28e(1)</i>
(2) What is the total YEARLY cost?	165 \$ _____ . 00
e. (1) Do you pay for your own oil, coal, kerosene, wood, steam, etc.?	166 1 <input type="checkbox"/> Yes – <i>GO to 28e(2)</i> 2 <input type="checkbox"/> No, included in rent, condominium or other fee 3 <input type="checkbox"/> No, these fuels not used } <i>SKIP to Check Item F</i>
(2) What is the total YEARLY cost?	167 \$ _____ . 00

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

30. 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

Notes

Section I – OCCUPIED UNITS – Continued

<p>32a. Now, I would like to ask you some questions about the condition of this housing unit.</p> <p>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?</p>	<p>185 0 <input type="checkbox"/> Yes – <i>GO to 32b</i> 1 <input type="checkbox"/> No – <i>SKIP to 33</i></p>
<p>b. How many times did that happen?</p>	<p>186 2 <input type="checkbox"/> One 3 <input type="checkbox"/> Two 4 <input type="checkbox"/> Three 5 <input type="checkbox"/> Four or more times</p>

<p>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.</p>	<p>187 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
--	--

<p>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?</p>	<p>188 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>b. During the past month, about how many cockroaches did you see in this apartment (house) on a typical day?</p>	<p>571 1 <input type="checkbox"/> None 2 <input type="checkbox"/> 1 to 5 3 <input type="checkbox"/> 6 to 19 4 <input type="checkbox"/> 20 or more 5 <input type="checkbox"/> Don't know/Not sure</p>
<p>c. Is this building serviced by an exterminator regularly, only when needed, irregularly, or not at all?</p>	<p>189 1 <input type="checkbox"/> Regularly 2 <input type="checkbox"/> Only when needed 3 <input type="checkbox"/> Irregularly 4 <input type="checkbox"/> Not at all 5 <input type="checkbox"/> Don't know</p>

<p>35. Does this apartment (house) have open cracks or holes in the interior walls or ceiling? Do not include hairline cracks.</p>	<p>190 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
---	--

<p>36. Does this apartment (house) have holes in the floors?</p>	<p>191 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
---	--

<p>37a. Is there any broken plaster or peeling paint on the ceiling or inside walls?</p>	<p>192 0 <input type="checkbox"/> Yes – <i>GO to 37b</i> 1 <input type="checkbox"/> No – <i>SKIP to 38</i></p>
<p>b. Is the area of broken plaster or peeling paint larger than 8½ inches by 11 inches? <i>Show unfolded flashcard.</i></p>	<p>193 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No</p>

<p>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?</p>	<p>194 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
--	--

<p>We are also interested in the condition of your neighborhood.</p> <p>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?</p>	<p>196 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Good 3 <input type="checkbox"/> Fair 4 <input type="checkbox"/> Poor</p>
--	--

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>CHECK ITEM G</p> <p><i>Ask questions 40a–50b of ALL household members age 15 and above. Refer to question 1c on page 2 for each person’s age.</i></p>	<p>40a. Did . . . work at any time last week?</p>	<p>b. How many hours did . . . work last week at all jobs?</p> <p><i>(Subtract time off; add overtime or extra hours worked)</i></p>	<p>41. Was . . . TEMPORARILY absent or on layoff from a job last week?</p>	<p>42. Has . . . been doing anything to find work during the last four weeks?</p>
<p>601</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>201</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>211</p> <p><input type="text"/> Hours – SKIP to 45a</p>	<p>221</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>231</p> <p>1 <input type="checkbox"/> Yes – SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p>602</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>202</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>212</p> <p><input type="text"/> Hours – SKIP to 45a</p>	<p>222</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>232</p> <p>1 <input type="checkbox"/> Yes – SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p>603</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>203</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>213</p> <p><input type="text"/> Hours – SKIP to 45a</p>	<p>223</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>233</p> <p>1 <input type="checkbox"/> Yes – SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p>604</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>204</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>214</p> <p><input type="text"/> Hours – SKIP to 45a</p>	<p>224</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>234</p> <p>1 <input type="checkbox"/> Yes – SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p>605</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>205</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>215</p> <p><input type="text"/> Hours – SKIP to 45a</p>	<p>225</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>235</p> <p>1 <input type="checkbox"/> Yes – SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p>606</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>206</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>216</p> <p><input type="text"/> Hours – SKIP to 45a</p>	<p>226</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>236</p> <p>1 <input type="checkbox"/> Yes – SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>
<p>607</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>207</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>217</p> <p><input type="text"/> Hours – SKIP to 45a</p>	<p>227</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>237</p> <p>1 <input type="checkbox"/> Yes – SKIP to 44</p> <p>2 <input type="checkbox"/> No</p>

Section I – OCCUPIED UNITS – Continued

43. What is the main reason . . . is not looking for work?	44. When did . . . last work at his/her job or business?	The following questions ask about the job worked last week. <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 2003.</i>		
		45a. For whom did . . . work? <i>Print the name of the company, employer, business, or branch of armed services if on active duty.</i>	b. What kind of business or industry is this? <i>For example: hospital, newspaper publishing, garment manufacturing, stock brokerage.</i>	c. Is this mainly manufacturing, wholesale trade, retail trade, or something else?
<p>Show Flashcard IV and enter the code. ↴</p> <p>631 <input type="text"/></p>	<p>241</p> <p>1 <input type="checkbox"/> 2008 } GO to 45a</p> <p>2 <input type="checkbox"/> 2007 } GO to 45a</p> <p>3 <input type="checkbox"/> 2003–2006 } GO to 45a</p> <p>4 <input type="checkbox"/> 2002 or earlier } SKIP to 49b</p> <p>5 <input type="checkbox"/> Never worked } SKIP to 49b</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Describe the main activity at location where employed. ↴</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>251</p> <p>1 <input type="checkbox"/> Manufacturing</p> <p>2 <input type="checkbox"/> Wholesale trade</p> <p>3 <input type="checkbox"/> Retail trade</p> <p>4 <input type="checkbox"/> Other (service, construction, government, etc.)</p>
<p>Show Flashcard IV and enter the code. ↴</p> <p>632 <input type="text"/></p>	<p>242</p> <p>1 <input type="checkbox"/> 2008 } GO to 45a</p> <p>2 <input type="checkbox"/> 2007 } GO to 45a</p> <p>3 <input type="checkbox"/> 2003–2006 } GO to 45a</p> <p>4 <input type="checkbox"/> 2002 or earlier } SKIP to 49b</p> <p>5 <input type="checkbox"/> Never worked } SKIP to 49b</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Describe the main activity at location where employed. ↴</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>252</p> <p>1 <input type="checkbox"/> Manufacturing</p> <p>2 <input type="checkbox"/> Wholesale trade</p> <p>3 <input type="checkbox"/> Retail trade</p> <p>4 <input type="checkbox"/> Other (service, construction, government, etc.)</p>
<p>Show Flashcard IV and enter the code. ↴</p> <p>633 <input type="text"/></p>	<p>243</p> <p>1 <input type="checkbox"/> 2008 } GO to 45a</p> <p>2 <input type="checkbox"/> 2007 } GO to 45a</p> <p>3 <input type="checkbox"/> 2003–2006 } GO to 45a</p> <p>4 <input type="checkbox"/> 2002 or earlier } SKIP to 49b</p> <p>5 <input type="checkbox"/> Never worked } SKIP to 49b</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Describe the main activity at location where employed. ↴</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>253</p> <p>1 <input type="checkbox"/> Manufacturing</p> <p>2 <input type="checkbox"/> Wholesale trade</p> <p>3 <input type="checkbox"/> Retail trade</p> <p>4 <input type="checkbox"/> Other (service, construction, government, etc.)</p>
<p>Show Flashcard IV and enter the code. ↴</p> <p>634 <input type="text"/></p>	<p>244</p> <p>1 <input type="checkbox"/> 2008 } GO to 45a</p> <p>2 <input type="checkbox"/> 2007 } GO to 45a</p> <p>3 <input type="checkbox"/> 2003–2006 } GO to 45a</p> <p>4 <input type="checkbox"/> 2002 or earlier } SKIP to 49b</p> <p>5 <input type="checkbox"/> Never worked } SKIP to 49b</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Describe the main activity at location where employed. ↴</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>254</p> <p>1 <input type="checkbox"/> Manufacturing</p> <p>2 <input type="checkbox"/> Wholesale trade</p> <p>3 <input type="checkbox"/> Retail trade</p> <p>4 <input type="checkbox"/> Other (service, construction, government, etc.)</p>
<p>Show Flashcard IV and enter the code. ↴</p> <p>635 <input type="text"/></p>	<p>245</p> <p>1 <input type="checkbox"/> 2008 } GO to 45a</p> <p>2 <input type="checkbox"/> 2007 } GO to 45a</p> <p>3 <input type="checkbox"/> 2003–2006 } GO to 45a</p> <p>4 <input type="checkbox"/> 2002 or earlier } SKIP to 49b</p> <p>5 <input type="checkbox"/> Never worked } SKIP to 49b</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Describe the main activity at location where employed. ↴</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>255</p> <p>1 <input type="checkbox"/> Manufacturing</p> <p>2 <input type="checkbox"/> Wholesale trade</p> <p>3 <input type="checkbox"/> Retail trade</p> <p>4 <input type="checkbox"/> Other (service, construction, government, etc.)</p>
<p>Show Flashcard IV and enter the code. ↴</p> <p>636 <input type="text"/></p>	<p>246</p> <p>1 <input type="checkbox"/> 2008 } GO to 45a</p> <p>2 <input type="checkbox"/> 2007 } GO to 45a</p> <p>3 <input type="checkbox"/> 2003–2006 } GO to 45a</p> <p>4 <input type="checkbox"/> 2002 or earlier } SKIP to 49b</p> <p>5 <input type="checkbox"/> Never worked } SKIP to 49b</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Describe the main activity at location where employed. ↴</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>256</p> <p>1 <input type="checkbox"/> Manufacturing</p> <p>2 <input type="checkbox"/> Wholesale trade</p> <p>3 <input type="checkbox"/> Retail trade</p> <p>4 <input type="checkbox"/> Other (service, construction, government, etc.)</p>
<p>Show Flashcard IV and enter the code. ↴</p> <p>637 <input type="text"/></p>	<p>247</p> <p>1 <input type="checkbox"/> 2008 } GO to 45a</p> <p>2 <input type="checkbox"/> 2007 } GO to 45a</p> <p>3 <input type="checkbox"/> 2003–2006 } GO to 45a</p> <p>4 <input type="checkbox"/> 2002 or earlier } SKIP to 49b</p> <p>5 <input type="checkbox"/> Never worked } SKIP to 49b</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Describe the main activity at location where employed. ↴</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>257</p> <p>1 <input type="checkbox"/> Manufacturing</p> <p>2 <input type="checkbox"/> Wholesale trade</p> <p>3 <input type="checkbox"/> Retail trade</p> <p>4 <input type="checkbox"/> Other (service, construction, government, etc.)</p>

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>	47. What type of business or organization does . . . work at? <i>Read all categories unless the answer is apparent from the information given in question 45, then mark (X) the appropriate box.</i>
261 _____ _____ _____	271 _____ _____ _____	281 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
262 _____ _____ _____	272 _____ _____ _____	282 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
263 _____ _____ _____	273 _____ _____ _____	283 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
264 _____ _____ _____	274 _____ _____ _____	284 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
265 _____ _____ _____	275 _____ _____ _____	285 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
266 _____ _____ _____	276 _____ _____ _____	286 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
267 _____ _____ _____	277 _____ _____ _____	287 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 2007?

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

b. How many hours did . . . usually work each week in 2007?

c. How many different employers did . . . work for in 2007?

For anyone with two jobs at the same time, count these as only one employer.

291

Weeks
or

00 None –SKIP to 49b

301

Hours

647

- 1 One
- 2 Two
- 3 Three or more

292

Weeks
or

00 None –SKIP to 49b

302

Hours

648

- 1 One
- 2 Two
- 3 Three or more

293

Weeks
or

00 None –SKIP to 49b

303

Hours

649

- 1 One
- 2 Two
- 3 Three or more

294

Weeks
or

00 None –SKIP to 49b

304

Hours

650

- 1 One
- 2 Two
- 3 Three or more

295

Weeks
or

00 None –SKIP to 49b

305

Hours

651

- 1 One
- 2 Two
- 3 Three or more

296

Weeks
or

00 None –SKIP to 49b

306

Hours

652

- 1 One
- 2 Two
- 3 Three or more

297

Weeks
or

00 None –SKIP to 49b

307

Hours

653

- 1 One
- 2 Two
- 3 Three or more

Section I – OCCUPIED UNITS – Continued

The following questions are about income received during 2007? 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 – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↘ 311 \$ _____ .00 Annual amount – Dollars 312 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes – How much? Report net income after business expenses ↘ 331 \$ _____ .00 Annual amount – Dollars 332 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input checked="" type="checkbox"/> Yes – How much? ↘ 351 \$ _____ .00 Annual amount – Dollars 352 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss
<input type="checkbox"/> Yes – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↘ 313 \$ _____ .00 Annual amount – Dollars 314 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes – How much? Report net income after business expenses ↘ 333 \$ _____ .00 Annual amount – Dollars 334 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input type="checkbox"/> Yes – How much? ↘ 353 \$ _____ .00 Annual amount – Dollars 354 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss
<input type="checkbox"/> Yes – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↘ 315 \$ _____ .00 Annual amount – Dollars 316 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes – How much? Report net income after business expenses ↘ 335 \$ _____ .00 Annual amount – Dollars 336 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input type="checkbox"/> Yes – How much? ↘ 355 \$ _____ .00 Annual amount – Dollars 356 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss
<input type="checkbox"/> Yes – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↘ 317 \$ _____ .00 Annual amount – Dollars 318 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes – How much? Report net income after business expenses ↘ 337 \$ _____ .00 Annual amount – Dollars 338 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input type="checkbox"/> Yes – How much? ↘ 357 \$ _____ .00 Annual amount – Dollars 358 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss
<input type="checkbox"/> Yes – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↘ 319 \$ _____ .00 Annual amount – Dollars 320 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes – How much? Report net income after business expenses ↘ 339 \$ _____ .00 Annual amount – Dollars 340 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input type="checkbox"/> Yes – How much? ↘ 359 \$ _____ .00 Annual amount – Dollars 360 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss
<input type="checkbox"/> Yes – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↘ 321 \$ _____ .00 Annual amount – Dollars 322 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes – How much? Report net income after business expenses ↘ 341 \$ _____ .00 Annual amount – Dollars 342 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input type="checkbox"/> Yes – How much? ↘ 361 \$ _____ .00 Annual amount – Dollars 362 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss
<input type="checkbox"/> Yes – How much from all jobs? Report the amount before deductions for taxes, bonds, dues or other items ↘ 323 \$ _____ .00 Annual amount – Dollars 324 1 <input type="checkbox"/> No	<input type="checkbox"/> Yes – How much? Report net income after business expenses ↘ 343 \$ _____ .00 Annual amount – Dollars 344 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Loss	<input type="checkbox"/> Yes – How much? ↘ 363 \$ _____ .00 Annual amount – Dollars 364 1 <input type="checkbox"/> No 2 <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 1 No

Yes – **How much?** ↘

391 \$ _____ .00
Annual amount – Dollars

392 1 No

Yes – **How much?** ↘

411 \$ _____ .00
Annual amount – Dollars

412 1 No

Yes – **How much?** ↘

373 \$ _____ .00
Annual amount – Dollars

374 1 No

Yes – **How much?** ↘

393 \$ _____ .00
Annual amount – Dollars

394 1 No

Yes – **How much?** ↘

413 \$ _____ .00
Annual amount – Dollars

414 1 No

Yes – **How much?** ↘

375 \$ _____ .00
Annual amount – Dollars

376 1 No

Yes – **How much?** ↘

395 \$ _____ .00
Annual amount – Dollars

396 1 No

Yes – **How much?** ↘

415 \$ _____ .00
Annual amount – Dollars

416 1 No

Yes – **How much?** ↘

377 \$ _____ .00
Annual amount – Dollars

378 1 No

Yes – **How much?** ↘

397 \$ _____ .00
Annual amount – Dollars

398 1 No

Yes – **How much?** ↘

417 \$ _____ .00
Annual amount – Dollars

418 1 No

Yes – **How much?** ↘

379 \$ _____ .00
Annual amount – Dollars

380 1 No

Yes – **How much?** ↘

399 \$ _____ .00
Annual amount – Dollars

400 1 No

Yes – **How much?** ↘

419 \$ _____ .00
Annual amount – Dollars

420 1 No

Yes – **How much?** ↘

381 \$ _____ .00
Annual amount – Dollars

382 1 No

Yes – **How much?** ↘

401 \$ _____ .00
Annual amount – Dollars

402 1 No

Yes – **How much?** ↘

421 \$ _____ .00
Annual amount – Dollars

422 1 No

Yes – **How much?** ↘

383 \$ _____ .00
Annual amount – Dollars

384 1 No

Yes – **How much?** ↘

403 \$ _____ .00
Annual amount – Dollars

404 1 No

Yes – **How much?** ↘

423 \$ _____ .00
Annual amount – Dollars

424 1 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 \$ _____ . 00
Annual amount – Dollars

432 1 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 \$ _____ . 00
Annual amount – Dollars

434 1 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 \$ _____ . 00
Annual amount – Dollars

436 1 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 \$ _____ . 00
Annual amount – Dollars

438 1 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 \$ _____ . 00
Annual amount – Dollars

440 1 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 \$ _____ . 00
Annual amount – Dollars

442 1 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 \$ _____ . 00
Annual amount – Dollars

444 1 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

<p>50b. How much school have you/has . . . completed?</p>	<p>CHECK ITEM H</p> <p>Is this the last person listed?</p>
<p>471</p> <p>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</p> <p>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</p>	<p><input type="checkbox"/> Yes – GO to 51</p> <p><input type="checkbox"/> No – Return to Check Item G on page 12 for the next person</p>
<p>472</p> <p>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</p> <p>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</p>	<p><input type="checkbox"/> Yes – GO to 51</p> <p><input type="checkbox"/> No – Return to Check Item G on page 12 for the next person</p>
<p>473</p> <p>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</p> <p>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</p>	<p><input type="checkbox"/> Yes – GO to 51</p> <p><input type="checkbox"/> No – Return to Check Item G on page 12 for the next person</p>
<p>474</p> <p>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</p> <p>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</p>	<p><input type="checkbox"/> Yes – GO to 51</p> <p><input type="checkbox"/> No – Return to Check Item G on page 12 for the next person</p>
<p>475</p> <p>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</p> <p>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</p>	<p><input type="checkbox"/> Yes – GO to 51</p> <p><input type="checkbox"/> No – Return to Check Item G on page 12 for the next person</p>
<p>476</p> <p>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</p> <p>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</p>	<p><input type="checkbox"/> Yes – GO to 51</p> <p><input type="checkbox"/> No – Return to Check Item G on page 12 for the next person</p>
<p>477</p> <p>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</p> <p>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</p>	<p><input type="checkbox"/> Yes – GO to 51</p> <p><input type="checkbox"/> No – Return to Check Item G on page 12 for the next person</p>

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

52. 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

53a. 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.

CHECK ITEM I *REFER TO QUESTION 7a ON PAGE 5 FOR THE REFERENCE PERSON*

Born in New York City (box 07 marked) – *SKIP to Check Item J*
 Born in U.S. outside New York City (box 09 marked) – *SKIP to 55*
 Born outside U.S. (box 10–26 marked) – *Go to 54a*

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 J *REFER TO QUESTION 9 ON PAGE 5*

Owner occupied (question 9a, box 1 marked) } *Go to Question 56 on page 21*
 Owns co-op shares (question 9b, box 1 marked) }
 Occupy rent free (question 9c, box 3 marked) } *SKIP to Closing Statement on page 22*
 Pay cash rent (question 9c, box 2 marked) }

Notes

Section I – OCCUPIED UNITS – Continued

56. In the last year (2007), 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 (2005–2007), 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 \$ _____ . 00
 0000000 None

b. New or upgraded bathroom facilities

691 \$ _____ . 00
 0000000 None

c. New or upgraded kitchen facilities

692 \$ _____ . 00
 0000000 None

d. New or upgraded laundry facilities

693 \$ _____ . 00
 0000000 None

e. New roof, siding or stucco

694 \$ _____ . 00
 0000000 None

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

695 \$ _____ . 00
 0000000 None

g. New or upgraded security system

696 \$ _____ . 00
 0000000 None

h. New or upgraded windows or doors

697 \$ _____ . 00
 0000000 None

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

698 \$ _____ . 00
 0000000 None

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

699 \$ _____ . 00
 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?	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">518</div> <div> <input type="checkbox"/> 1 Yes, first occupancy <input type="checkbox"/> 2 No, previously occupied <input type="checkbox"/> 3 Don't know </div> </div>
--	--

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? <i>If the respondent doesn't know, canvass the building and count the units.</i>	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">519</div> <div> <input type="checkbox"/> 01 1 unit without business <input type="checkbox"/> 02 1 unit with business <input type="checkbox"/> 03 2 units without business <input type="checkbox"/> 04 2 units with business <input type="checkbox"/> 05 3 units <input type="checkbox"/> 06 4 units <input type="checkbox"/> 07 5 units <input type="checkbox"/> 08 6 to 9 units <input type="checkbox"/> 09 10 to 12 units <input type="checkbox"/> 10 13 to 19 units <input type="checkbox"/> 11 20 to 49 units <input type="checkbox"/> 12 50 to 99 units <input type="checkbox"/> 13 100 to 199 units <input type="checkbox"/> 14 200 or more units </div> </div>
---	--

60. Does the owner of this building live in this building?	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">520</div> <div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Don't know </div> </div>
---	--

61a. How many stories are in this building? <i>Count the basement if there are people living in it.</i>	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">521</div> <div> <input type="checkbox"/> 01 One – <i>SKIP to 62c</i> <input type="checkbox"/> 02 Two <input type="checkbox"/> 03 Three <input type="checkbox"/> 04 Four <input type="checkbox"/> 05 Five <input type="checkbox"/> 06 6 to 10 <input type="checkbox"/> 07 11 to 20 <input type="checkbox"/> 08 21 to 40 <input type="checkbox"/> 09 41 or more </div> </div>
---	---

b. On what floor number is this unit? <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="display: flex; align-items: center;"> <div style="margin-right: 10px;">0 <input type="checkbox"/> Basement</div> <div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;"> <div style="border-right: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="margin-left: 10px;">Floor</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">554</div> </div>
--	--

62a. Is there a passenger elevator in this building?	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">522</div> <div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – <i>SKIP to 62c</i> </div> </div>
---	--

b. Is it possible to go from the sidewalk to a passenger elevator without going up or down any steps or stairs?	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">553</div> <div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Don't know </div> </div>
--	--

c. Is it possible to go from the sidewalk to this unit without going up or down any steps or stairs?	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">555</div> <div> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Don't know </div> </div>
---	--

63a. How many rooms are in this apartment (house)? Do not count bathrooms, porches, balconies, halls, foyers, or half-rooms.	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">523</div> <div> <input type="checkbox"/> 1 One – <i>SKIP to 64a</i> <input type="checkbox"/> 2 Two <input type="checkbox"/> 3 Three <input type="checkbox"/> 4 Four <input type="checkbox"/> 5 Five <input type="checkbox"/> 6 Six <input type="checkbox"/> 7 Seven <input type="checkbox"/> 8 Eight or more </div> </div>
---	---

b. Of these rooms, how many are bedrooms?	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;">524</div> <div> <input type="checkbox"/> 01 None <input type="checkbox"/> 02 One <input type="checkbox"/> 03 Two <input type="checkbox"/> 04 Three <input type="checkbox"/> 05 Four <input type="checkbox"/> 06 Five <input type="checkbox"/> 07 Six <input type="checkbox"/> 08 Seven <input type="checkbox"/> 09 Eight or more </div> </div>
--	--

Notes

Section II – VACANT UNITS – Continued

<p>64a. Does this apartment (house) have complete plumbing facilities; that is, hot and cold piped water, a flush toilet, and a bathtub or shower?</p>	<p>525 0 <input type="checkbox"/> Yes, has complete plumbing facilities – GO to 64b 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) } SKIP to 65a</p>
<p>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)?</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>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.</p>	<p>527 0 <input type="checkbox"/> Yes, has complete kitchen facilities – GO to 65b 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 } SKIP to 66</p>
<p>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)?</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>66. How is this apartment (house) heated – by fuel oil, utility gas, electricity, or with some other fuel?</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 COND steam) 5 <input type="checkbox"/> Don't know</p>
<p>67. Is this apartment (house) part of a condominium or cooperative building or development? <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>68. How long has this apartment (house) been vacant?</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>69a. Before this apartment (house) became vacant was it owner or renter occupied?</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. Before this apartment (house) became vacant was it part of a condominium or cooperative building or development?</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 \$ _____ . 00 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

029 [][] [][] – [][][][]

END INTERVIEW. Fill item N on the front cover.

Notes

NOTES

NOTES

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