THE American Community SURVEY

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU

People are our most important resource. This Census Bureau survey collects information about education, employment, income, and housing—information your



community uses to plan and fund programs. Your response is important, and we keep your answers confidential.



If you need help or have questions about completing this form, please call 1-800-354-7271. The telephone call is free.

Telephone Device for the Deaf (TDD): Call 1–800–582–8330. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-800-354-7271.

For more information about the American Community Survey, visit our web site at: http://www.census.gov/acs/www/

FORM **ACS-1(2000)** (9-1-2000) OMB No. 0607-0810 Approval Expires 10/31/2002

Start Here

This form asks for three types of information:

- basic information about the people who are living or staying at the address on the mailing label above
- specific information about this house, apartment, or mobile home
- more detailed information about each person living or staying bore.
- What is your name? Please PRINT the name of the person who is filling out this form. Include the telephone number so we can contact you if there is a question, and today's date.

Last Name

First Name

Area Code + Number

Date (Month/Day/Year)

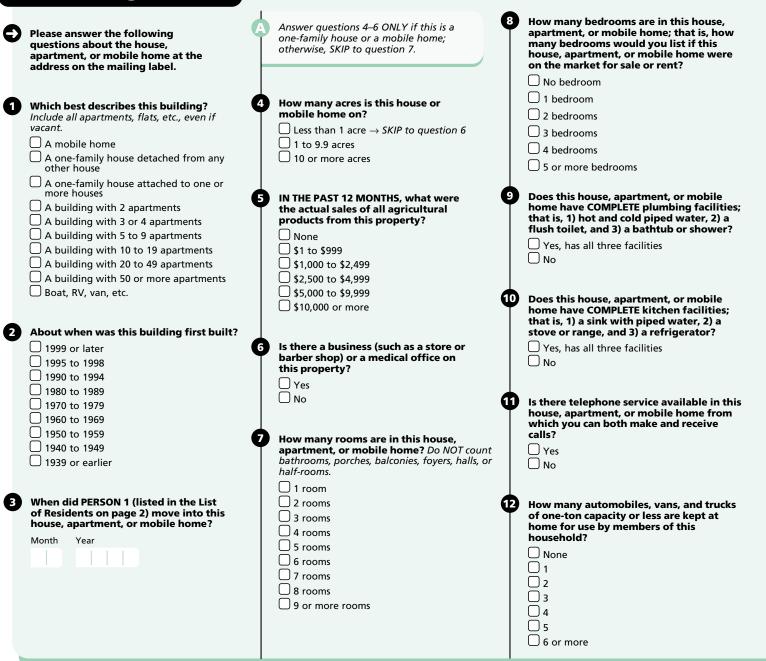
- How many people are living or staying at this address?

 Number of people
- Please turn to the next page to continue.

List of Res	sidents		What is this	What is this person's	How is this perso	n related
			person's sex?	date of birth and what is this person's age? Print numbers in boxes.	T to reison if	
Please fill out this form as soon as possible after receiving it in the mail. • LIST everyone who is living or staying here for	Person 1 Last Name (Please print) First Name	МІ	◯ Male ◯ Female	Month Day Year of birth Age (in years)	Person 1 (Person 1 is the person here in whose name apartment is owned, rented. If there is no with the name of any staying here.)	this house or being bought, or such person, start
 more than 2 months. LIST anyone else staying here who does not have another usual place to stay. DO NOT LIST anyone who is living somewhere else for more than 2 months, such as a college student living away. 	Person 2 Last Name (Please print) First Name	MI	Male Female	Month Day Year of birth Age (in years)	Relationship of Pe Husband or wife Son or daughter Brother or sister Father or mother Grandchild In-law Other relative	Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative
If this place is a vacation home or a temporary residence where no one in this household stays for more than 2 months, do not list any names in the List of Residents. Complete only pages 4, 5, and 6	Person 3 Last Name (Please print) First Name	MI	☐ Male ☐ Female	Month Day Year of birth Age (in years)		Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative
and return the form. IF YOU ARE NOT SURE WHOM TO LIST, CALL 1–800–354–7271.	Person 4 Last Name (Please print) First Name	MI	☐ Male ☐ Female	Month Day Year of birth Age (in years)	Relationship of Pe Husband or wife Son or daughter Brother or sister Father or mother Grandchild In-law Other relative	Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative
	Person 5 Last Name (Please print) First Name	МІ	Male Female	Month Day Year of birth Age (in years)	Relationship of Pe Husband or wife Son or daughter Brother or sister Father or mother Grandchild In-law Other relative	Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative
If there are more than five people, list them here. We may call you for more information about them.	Person 6 Last Name (Please print)		Person Last Name	7	Person 8 Last Name	
After you've created the List of Residents, answer the questions across the top of the page for the first five people on the list.	First Name	MI	First Name	MI	First Name	МІ

What is this person's marital status?	NOTE: Please answer BOTH Question is this person Spanish/Hispanic/Latino? Mark (X) the "No" box if not Spanish/Hispanic/Latino.	What is this person's race? Mark person considers himself/herself to	((X) one or more i be.	races to indicate what this	
Now married Widowed Divorced Separated Never married	No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/ Latino — Print group ✓	White Black, African Am., or Negro American Indian or Alaska Native – Print name of enrolled or principal tribe. ✓	Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian - Print race	Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander – Print r Some other race – Print race b	/
Now married Widowed Divorced Separated Never married	No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/ Latino — Print group Reference Spanish/Hispanic/	White Black, African Am., or Negro American Indian or Alaska Native – Print name of enrolled or principal tribe. ✓	Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian - Print race	Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander – Print r Some other race – Print race k	
Now married Widowed Divorced Separated Never married	No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, Other Spanish/Hispanic/ Latino — Print group	White Black, African Am., or Negro American Indian or Alaska Native − Print name of enrolled or principal tribe.	Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian – Print race	Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander – Print r Some other race – Print race b	/
Now married Widowed Divorced Separated Never married	No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican Am., Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/ Latino — Print group ☐	White Black, African Am., or Negro American Indian or Alaska Native − Print name of enrolled or principal tribe.	Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian – Print race	Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander – <i>Print I</i>	
Now married Widowed Divorced Separated Never married	No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/ Latino — Print group	White Black, African Am., or Negro American Indian or Alaska Native − Print name of enrolled or principal tribe. ✓	Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian – Print race	Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander – <i>Print r</i>	
Person 9	Person 1	0 Person	111	Person 12	
Last Name	Last Name	Last Name		Last Name	
First Name	MI First Name	MI First Name		MI First Name	МІ

Housing



Housing information helps your community

plan for police and fire protection.

Housing (continued)

Which FUEL is used MOST for heating this house, apartment, or mobile home? Gas: from underground pipes serving the neighborhood Gas: bottled, tank, or LP Electricity Fuel oil, kerosene, etc. Coal or coke Wood Solar energy Other fuel	d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR Included in rent or condominium fee No charge or these fuels not used	Is this house, apartment, or mobile home - Owned by you or someone in this household with a mortgage or loan? Owned by you or someone in this household free and clear (without a mortgage or loan)? Rented for cash rent? Occupied without payment of cash rent? → Skip to question 21 Answer questions 19a-21 ONLY IF you PAY
A. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home? Last month's cost – Dollars OR	At any time DURING THE PAST 12 MONTHS, were you or any member of this household enrolled in or receiving benefits from: a. free or reduced-price meals at school through the National School Lunch Program or the School Breakfast Program? Yes	RENT for this house, apartment, or mobile home. Otherwise, SKIP to question 22.
 ☐ Included in rent or condominium fee ☐ No charge or electricity not used b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home? Last month's cost – Dollars 	 No b. the Federal home heating and cooling assistance program? Yes No 	b. Does the monthly rent include any meals? Yes No
S .00 OR ☐ Included in rent or condominium fee ☐ Included in electricity payment entered above ☐ No charge or gas not used	16 At any time DURING THE PAST 12 MONTHS, did anyone in this household receive Food Stamps? ☐ Yes → What was the value of the Food Stamps? Past 12 months' value – Dollars \$.00	a. Is the rent on this house, apartment, or mobile home reduced because the Federal, state, or local government is paying part of the cost? ☐ Yes ☐ No → Skip to question 21
c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR Included in rent or condominium fee No charge	Is this house, apartment, or mobile home part of a condominium? ☐ Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box. Monthly amount – Dollars OR ☐ None ☐ No	b. What government program provides this reduced rent? The "Section 8" program Some other government program Not sure Is this house, apartment, or mobile home in a public housing project; that is, is it part of a government housing project for persons with low income? Yes No

Housing (continued)

G	Answer questions 22–26 ONLY IF you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to	a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property? Yes, mortgage, deed of trust, or similar	Answer questions 27a and b ONLY IF this is a MOBILE HOME. Otherwise, SKIP to
2	What is the value of this property; that is, how much do you think this house and lot, apartment, or mobile home and lot, would sell for if it were for sale? Less than \$10,000 \$10,000 to \$14,999 \$15,000 to \$14,999 \$20,000 to \$24,999 \$25,000 to \$29,999 \$30,000 to \$34,999 \$35,000 to \$39,999 \$40,000 to \$49,999	debt Yes, contract to purchase No → SKIP to question 26a b. How much is the regular monthly mortgage payment on THIS property? Include payments only on FIRST mortgage or contract to purchase. Monthly amount – Dollars OR No regular payment required → SKIP to question 26a	a. Do you or any member of this household have an installment loan or contract on THIS mobile home? Yes No b. What are the total annual costs for installment loan payments, personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? Exclude real estate taxes. Annual costs – Dollars .00
	\$50,000 to \$59,999 \$60,000 to \$69,999 \$70,000 to \$79,999 \$80,000 to \$89,999 \$90,000 to \$124,999 \$125,000 to \$149,999 \$150,000 to \$174,999 \$175,000 to \$199,999 \$200,000 to \$249,999 \$250,000 or more - Specify	c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property? Yes, taxes included in mortgage payment No, taxes paid separately or taxes not required d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property? Yes, insurance included in mortgage payment No, insurance paid separately or no insurance	Answer questions 28a–c ONLY IF you listed at least one person on page 2. Otherwise, SKIP to page 24 for the mailing instructions. 3 a. Do all of the persons listed on pages 2 and 3 live at this address year round? ☐ Yes → SKIP to the questions for Person 1 on the next page ☐ No b. Of the persons listed on pages 2 and 3, how many live somewhere else part of the year?
23	Annual amount – Dollars .00 OR None	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property? ☐ Yes, home equity loan ☐ Yes, second mortgage ☐ Yes, second mortgage and home equity loan ☐ No → SKIP to	All persons listed Some persons – How many? Person(s) → SKIP to the questions for person 1 on the next page. c. Do you consider this house, apartment, or mobile home, that uses the address on the front cover, your – Primary residence?
24	What is the annual payment for fire, hazard, and flood insurance on THIS property? Annual amount – Dollars OR None	b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property? Monthly amount – Dollars .00 OR No regular payment required	Vacation home? School residence? Work residence? Other − Specify Continue with the questions about PERSON 1 on the next page.

6	Lis an:	ase copy the name of Person 1 from the t of Residents on page 2, then continue swering questions below. t Name	Ψ	this person of currently highest deg
	243			☐ No scho
	Firs	t Name MI		Nursery
				5th grad
E	w	ere was this person born?		9th grad
•		In the United States – Print name of state.		10th gra
				11th gra
		Outside the United States - Print name of foreign		12th gra
		Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.		DIPLOM
				Some co
	.			1 or mo
E		his person a CITIZEN of the United States?		Associat Bachelo
		Yes, born in the United States → Skip to 10a Yes, born in Puerto Rico, Guam, the U.S. Virgin		Master's
		Islands, or Northern Marianas		MEd, M
	$\overline{}$	Yes, born abroad of American parent or parents		☐ Profession LLB, JD)
		Yes, U.S. citizen by naturalization No, not a citizen of the United States		☐ Doctor
		No, not a chizen of the officed states	ø	What is th
9		en did this person come to live in the ited States? Print numbers in boxes.	Ψ	What is thi
	Yea			
_				(For example Cambodian,
1		At any time IN THE LAST 3 MONTHS, has this		Dominican,
		person attended regular school or college? Include only nursery or preschool, kindergarten,		Lebanese, P Ukrainian, a
		elementary school, and schooling which leads to a high school diploma or a college degree.	B	a. Did this
	1	No, has not attended in the last 3	Ψ	apartme
		months → SKIP to question 11		Perso
	ľ	Yes, public school, public college Yes, private school, private college		ques
	h i	What grade or level was this person		colur
		attending? Mark (X) ONE box.		☐ No, o
	l	Nursery school, preschool		forei belov
	ļ	Kindergarten		
		Grade 1 to grade 4		O.,,
		Grade 5 to grade 8		∪ No, c
				b. Where d
		senior)		Name o
		☐ Graduate or professional school (for example: medical, dental, or law school)		



Your answers are important! Every person in the American Community Survey counts.

I hat is the highest degree or level of school his person has COMPLETED? Mark (X) ONE box. currently enrolled, mark the previous grade or ighest degree received. No schooling completed Nursery school to 4th grade	c. Did this person live inside the limits of the city or town? Yes No, outside the city/town limits Name of county							
J 5th grade or 6th grade Tth grade or 8th grade								
9th grade	Name of state ZIP Code							
10th grade								
11th grade								
12th grade – NO DIPLOMA	If this person is UNDER 5 years of age, SKIP to							
HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent (for example: GED)	the questions for PERSON 2 on page 10. Otherwise, continue with question 14.							
Some college credit, but less than 1 year								
1 or more years of college, no degree	a. Does this person speak a language other than English at home?							
Associate degree (for example: AA, AS)	Yes							
Bachelor's degree (for example: BA, AB, BS)	\bigcirc No \rightarrow SKIP to question 15							
J Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	,							
Professional degree (for example: MD, DDS, DVM, LLB, JD)	b. What is this language?							
Doctorate degree (for example: PhD, EdD)	For example: Korean, Italian, Spanish, Vietnamese							
/hat is this person's ancestry or ethnic origin?	c. How well does this person speak English? Very well Not well Well Not at all							
or example: Italian, Jamaican, African Am., ambodian, Cape Verdean, Norwegian,	Does this person have any of the following long-lasting conditions:							
ominican, French Canadian, Haitian, Korean, Banese, Polish, Nigerian, Mexican, Taiwanese, Krainian, and so on.)	a. Blindness, deafness, or a severe vision or hearing impairment?							
Did this person live in this house or apartment 1 year ago?	b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?							
questions for reison 2 on page 10.	Because of a physical, mental, or emotional condition lasting 6 months or more, does this							
Yes, this house → SKIP to in the next column	person have any difficulty in doing any of the following activities:							
No, outside the United States – Print name of	a. Learning, remembering, or							
foreign country, or Puerto Rico, Guam, etc., below; then SKIP to F in next column.	concentrating?							
	b. Dressing, bathing, or getting around inside the home?							
No, different house in the United States	c. (Answer if this person is 16 YEARS							
. Where did this person live 1 year ago?	OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?							
Name of city, town, or post office	d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?							

Person 1 (continued)

3	If this person is UNDER 15 years of age, SKIP to the questions for PERSON 2 on page 10. Otherwise, continue with	20	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served. April 1995 or later August 1990 to March 1995 (including Persian Gulf War) September 1980 to July 1990	24	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance. Car, truck, or van Bus or trolley bus Streetcar or trolley car Walked
<i>-</i>	Answer question 17 ONLY IF this person is female and 15—50 years old. Otherwise, SKIP to question 18a.		☐ May 1975 to August 1980 ☐ Vietnam era (August 1964 to April 1975) ☐ February 1955 to July 1964 ☐ Korean War (June 1950 to January 1955)		Subway or elevated Railroad Ferryboat □ Taxicab Worked at home → SKIP to question 32 Other method
Đ	Has this person given birth to any children in the past 12 months? Yes No	3	World War II (September 1940 to July 1947) Some other time In total, how many years of active-duty military service has this person had?	•	Answer question 25 ONLY IF you marked "Car, truck, or van" in question 24. Otherwise, SKIP to question 26.
8	 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → SKIP to question 19 b. Is this grandparent currently responsible for 	2	Less than 2 years 2 years or more LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.	25	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
	most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment? Yes No → SKIP to question 19 c. How long has this grandparent been	3	Yes No → SKIP to question 28 At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name)	25 , 27	What time did this person usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take this person to get from home to work LAST WEEK?
	responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time. Less than 6 months 6 to 11 months		If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. b. Name of city, town, or post office	9	Answer questions 28–31 ONLY IF this person did NOT work last week. Otherwise, SKIP to
	☐ 1 or 2 years ☐ 3 or 4 years ☐ 5 or more years		c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits	23	a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 28c
9	Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the		d. Name of county e. Name of U.S. state or foreign country		 No LAST WEEK, was this person TEMPORARILY absent from a job or business?
	Persian Gulf War. Yes, now on active duty Yes, on active duty in past, but not now No, training for Reserves or National Guard only → SKIP to question 22 No, never served in the military → SKIP to question 22		f. ZIP Code		Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 31 No → SKIP to question 29 c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work? Yes → SKIP to question 30 No

Person 1 (continued)

29	Has this person been looking for work during the last 4 weeks? Yes	33	For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box \rightarrow		b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET
	$ \begin{array}{c} \text{No} \rightarrow \text{SKIP to question 31} \\ \end{array} $		and print the branch of the Armed Forces.		income after business expenses.
30	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?		Name of company, business, or other employer		Yes → \$.00 Loss No TOTAL AMOUNT for past 12 MONTHS
	Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	36	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)		c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
3	When did this person last work, even for a few days?		order riouse, auto engine manufacturing, banky		Yes → \$.00 Loss No TOTAL AMOUNT for past
	Within the past 12 months				12 MONTHS
	\bigcirc 1 to 5 years ago \rightarrow SKIP to question 34	IJ	Is this mainly – Mark (X) one box.		
	Over 5 years ago or never worked \rightarrow SKIP to question 40		manufacturing?		d. Social Security or Railroad Retirement.
	question to		wholesale trade?		Yes → \$.00
32	During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid		other (agriculture, construction, service,		No TOTAL AMOUNT for past 12 MONTHS
	vacation, paid sick leave, and military service.		government, etc.)?		e. Supplemental Security Income (SSI).
	Weeks	38	What kind of work was this person doing? (For		☐ Yes → \$.00
3	During the PAST 12 MONTHS, in the WEEKS		example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)		No TOTAL AMOUNT for past 12 MONTHS
9	WORKED, how many hours did this person usually work each WEEK?				f. Any public assistance or welfare payments
	Usual hours worked each WEEK	3	What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,		from the state or local welfare office.
	Annual questions 24 20 ONLY IF this name		typing and filing, reconciling financial records)		No TOTAL AMOUNT for past 12 MONTHS
W	Answer questions 34–39 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 40.	40	INCOME IN THE PAST 12 MONTHS.		g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
		T	Mark (V) the IIVaall havefar and time of income this		☐ Yes → \$.00
	34–39 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one in the control of the		Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from		No TOTAL AMOUNT for past 12 MONTHS
	job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.		today's date one year ago up through today.) Mark (X) the "No" box to show types of income		 Any other sources of income received regularly such as Veterans' (VA) payments, unemploy-
34	Was this person –		NOT received.		ment compensation, child support or alimony. Do NOT include lump sum payments such as money
•	Mark (X) ONE box.		If net income was a loss, mark the "Loss" box to the		from an inheritance or the sale of a home.
	an employee of a PRIVATE FOR PROFIT company		right of the dollar amount.		☐ Yes → \$.00
	or business, or of an individual, for wages, salary, or commissions?		For income received jointly, report the appropriate share for each person – or, if that's not possible,		No TOTAL AMOUNT for past 12 MONTHS
	an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?		report the whole amount for only one person and mark the "No" box for the other person.	h	What was this person's total income during the
	a local GOVERNMENT employee (city, county, etc.)?		a. Wages, salary, commissions, bonuses, or tips		PAST 12 MONTHS? Add entries in questions 40a to 40h; subtract any losses. If net income was a loss, enter
	a state GOVERNMENT employee?		from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.		the amount and mark (X) the "Loss" box next to the dollar amount.
	a Federal GOVERNMENT employee?		Ov. 6 00		None OR \$.00 Loss
	U SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?		☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past		TOTAL AMOUNT for past 12 MONTHS
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?		12 MONTHS		Continue with the questions for Person 2 on the
	working WITHOUT PAY in family business or farm?				next page. If only 1 person is listed in the List of Residents, SKIP to page 24 for mailing instructions.

Ð	Please copy the name of Person 2 from the List of Residents on page 2, then continue answering questions below. Last Name	0	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. No schooling completed		c. Did this person live inside the limit city or town? Yes No, outside the city/town limits	ts of th	e
	First Name MI		Nursery school to 4th grade		Name of county		
	That Name		5th grade or 6th grade				
			7th grade or 8th grade		Name of state ZIP C	ode	
7	Where was this person born?		9th grade				
•	In the United States – Print name of state.		10th grade				
	In the office states Time name of state.		11th grade				
			12th grade – NO DIPLOMA	G	If this person is UNDER 5 years of age, SK the questions for PERSON 3 on page 13.	(IP to	
	Outside the United States – Print name of foreigr country, or Puerto Rico, Guam, etc.	'	HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent (for example: GED)		Otherwise, continue with question 14.		
			Some college credit, but less than 1 year				
			1 or more years of college, no degree	14	a. Does this person speak a language	other	
8	Is this person a CITIZEN of the United States?		Associate degree (for example: AA, AS)	Τ	than English at home?		
	Yes, born in the United States → Skip to 10a		Bachelor's degree (for example: BA, AB, BS)		Yes		
	Yes, born in Puerto Rico, Guam, the U.S. Virgin		Master's degree (for example: MA, MS, MEng,		igcap No $ o$ SKIP to question 15		
	Islands, or Northern Marianas		MEd, MSW, MBA)		b. What is this language?		
	Yes, born abroad of American parent or parents		Professional degree (for example: MD, DDS, DVM, LLB, JD)				
	Yes, U.S. citizen by naturalization		Doctorate degree (for example: PhD, EdD)		For example: Korean, Italian, Spanish,	Vietna	mese
	No, not a citizen of the United States	\perp	S second degree (not example 1112)		c. How well does this person speak E	nglish?	?
9	When did this person come to live in the United States? Print numbers in boxes. Year	W	What is this person's ancestry or ethnic origin?		○ Very well ○ Not well ○ Well ○ Not at all		
				Œ	Does this person have any of the foll	owing	
			(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian,	\mathbf{T}	long-lasting conditions:	_	
D	a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college?		Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese,		a. Blindness, deafness, or a severe vision or hearing impairment?	Yes	No
	Include only nursery or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree. No, has not attended in the last 3	(3)	a. Did this person live in this house or apartment 1 year ago?		b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?		
	months → SKIP to question 11 Yes, public school, public college Yes, private school, private college b. What grade or level was this person		 □ Person is under 1 year old → SKIP to the questions for Person 3 on page 13. □ Yes, this house → SKIP to in the next column 	(1)	Because of a physical, mental, or emcondition lasting 6 months or more, person have any difficulty in doing a following activities:	does th	nis
	attending? Mark (X) ONE box. Nursery school, preschool		∪ No, outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc., below; then SKIP to F in next column.		a. Learning, remembering, or concentrating?	Yes	No
	☐ Kindergarten ☐ Grade 1 to grade 4				b. Dressing, bathing, or getting around inside the home?		
	Grade 5 to grade 8		☐ No, different house in the United States		c. (Answer if this person is 16 YEARS		
	Grade 9 to grade 12		b. Where did this person live 1 year ago?		OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?		
	College undergraduate years (freshman to senior)		Name of city, town, or post office			_	_
	Graduate or professional school (for example: medical, dental, or law school)				d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?		
				,			

Survey information helps your community get financial assistance for roads, hospitals, schools, and more.

Person 2 (continued) When did this person serve on active duty in How did this person usually get to work LAST If this person is UNDER 15 years of age, SKIP to the questions for PERSON 3 on page 13. **WEEK?** If this person usually used more than one method of transportation during the trip, mark (X) the the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served. Otherwise, continue with 🕕. box of the one used for most of the distance. April 1995 or later Car, truck, or van August 1990 to March 1995 (including Persian Gulf War) Bus or trolley bus September 1980 to July 1990 Streetcar or trolley car Answer question 17 ONLY IF this person is May 1975 to August 1980 Subway or elevated female and 15-50 years old. Otherwise, Railroad Vietnam era (August 1964 to April 1975) SKIP to question 18a. Ferryboat February 1955 to July 1964 ☐ Taxicab Korean War (June 1950 to January 1955) World War II (September 1940 to July 1947) Has this person given birth to any children in the past 12 months? Some other time Answer question 25 ONLY IF you marked Yes "Car, truck, or van" in question 24. Otherwise, SKIP to question 26. O No In total, how many years of active-duty military service has this person had? Less than 2 years How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? 2 years or more 22 LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if Yes Person(s) \bigcirc No \rightarrow SKIP to question 19 the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. b. Is this grandparent currently responsible for What time did this person usually leave home to most of the basic needs of any go to work LAST WEEK? grandchild(ren) under the age of 18 who igcap No ightarrow SKIP to question 28 live(s) in this house or apartment? Hour Minute a.m. Yes 23 **At what location did this person work LAST WEEK?** *If this person worked at more than one location, print* □ p.m. \square No \rightarrow SKIP to question 19 where he or she worked most last week. How many minutes did it usually take this person to get from home to work LAST WEEK? c. How long has this grandparent been a. Address (Number and street name) responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question If the exact address is not known, give a for the grandchild for whom the grandparent description of the location such as the building has been responsible for the longest period of name or the nearest street or intersection. Less than 6 months Answer questions 28–31 ONLY IF this person b. Name of city, town, or post office did NOT work last week. Otherwise, SKIP to 6 to 11 months auestion 32. 1 or 2 years 3 or 4 years c. Is the work location inside the limits of that 5 or more years city or town? 28 a. LAST WEEK, was this person on layoff from Yes a iob? No, outside the city/town limits \square Yes \rightarrow SKIP to question 28c Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or

d. Name of county

f. ZIP Code

e. Name of U.S. state or foreign country

National Guard? Active duty does not include

training for the Reserves or National Guard, but DOES include activation, for example, for the

Yes, on active duty in past, but not now

 $igcup_{igcup_{0}}$ No, training for Reserves or National Guard only ightarrow SKIP to question 22

 \bigcirc No, never served in the military \rightarrow SKIP to

Persian Gulf War.

question 22

Yes, now on active duty

___ Motorcycle

 \bigcirc Worked at home \rightarrow

Other method

SKIP to question 32

Bicycle

■ Walked

□ No

O No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

 \bigcirc No \rightarrow SKIP to question 29

 \bigcup Yes \rightarrow SKIP to question 30

Yes, on vacation, temporary illness, labor dispute, etc. \rightarrow SKIP to question 31

c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to

Person 2 (continued)

29	Has this person been looking for work during the last 4 weeks? ☐ Yes ☐ No → SKIP to question 31	35	For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces. Name of company, business, or other employer		b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses. ☐ Yes → \$.00 ☐ Loss
30	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	3	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)		No TOTAL AMOUNT for past 12 MONTHS c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
3	When did this person last work, even for a few days? ☐ Within the past 12 months ☐ 1 to 5 years ago → SKIP to question 34 ☐ Over 5 years ago or never worked → SKIP to question 40	37	Is this mainly – Mark (X) one box. manufacturing? wholesale trade?		Yes → \$.00 ☐ Loss No TOTAL AMOUNT for past 12 MONTHS d. Social Security or Railroad Retirement. Yes → \$.00
32	During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service. Weeks	33	retail trade? other (agriculture, construction, service, government, etc.)? What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)		 No TOTAL AMOUNT for past 12 MONTHS e. Supplemental Security Income (SSI).
33	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK	39	What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)		f. Any public assistance or welfare payments from the state or local welfare office. ☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past 12 MONTHS
K	Answer questions 34–39 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 40. 34–39 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.	40	INCOME IN THE PAST 12 MONTHS. Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.) Mark (X) the "No" box to show types of income		g. Retirement, survivor, or disability pensions. Do NOT include Social Security. Yes → \$.00 No TOTAL AMOUNT for past 12 MONTHS h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment or believe to redirect the payment of the payment.
34	Was this person – Mark (X) ONE box. an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization? a local GOVERNMENT employee (city, county, etc.)? a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business or farm?		NOT received. If net income was a loss, mark the "Loss" box to the right of the dollar amount. For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and	3	ment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home. Yes → \$.00 No TOTAL AMOUNT for past 12 MONTHS What was this person's total income during the PAST 12 MONTHS? Add entries in questions 40a to 40h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount. None OR TOTAL AMOUNT for past 12 MONTHS Continue with the questions for Person 3 on the next page. If only 2 people are listed in the List of Residents, SKIP to page 24 for mailing instructions.

Ð	Please copy the name of Person 3 from the List of Residents on page 2, then continue answering questions below. Last Name MI	•	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. No schooling completed Nursery school to 4th grade		c. Did this person live inside the limit city or town? Yes No, outside the city/town limits Name of county	ts of th	e
			5th grade or 6th grade 7th grade or 8th grade		Name of state ZIP Co	nde	
Ð	Where was this person born? In the United States – Print name of state. Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.		9th grade 10th grade 11th grade 12th grade - NO DIPLOMA HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (for example: GED) Some college credit, but less than 1 year		If this person is UNDER 5 years of age, SK the questions for PERSON 4 on page 16. Otherwise, continue with question 14.		
8	Is this person a CITIZEN of the United States?		Associate degree (for example: AA, AS)	14	a. Does this person speak a language than English at home?	other	
	Yes, born in the United States → Skip to 10a Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas		☐ Bachelor's degree (for example: BA, AB, BS) ☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)		No → SKIP to question 15 b. What is this language?		
	Yes, born abroad of American parent or parents Yes, U.S. citizen by naturalization No, not a citizen of the United States		Professional degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD)		For example: Korean, Italian, Spanish, c. How well does this person speak E		
9	When did this person come to live in the United States? Print numbers in boxes. Year	P	What is this person's ancestry or ethnic origin?	The state of	Very well Not well Well Not at all Does this person have any of the foll	owina	
10	a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree. ☐ No, has not attended in the last 3 months → SKIP to question 11	((For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) a. Did this person live in this house or apartment 1 year ago?		long-lasting conditions: a. Blindness, deafness, or a severe vision or hearing impairment? b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?	Yes	No
	Yes, public school, public college Yes, private school, private college		 Person is under 1 year old → SKIP to the questions for Person 4 on page 16. Yes, this house → SKIP to in the next column 	16	Because of a physical, mental, or eme condition lasting 6 months or more, person have any difficulty in doing a following activities:	does th	nis
	b. What grade or level was this person attending? Mark (X) ONE box. Nursery school, preschool		No, outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc., below; then SKIP to F in next column.		a. Learning, remembering, or concentrating?	Yes	No
	☐ Kindergarten☐ Grade 1 to grade 4		_		b. Dressing, bathing, or getting around inside the home?		
	☐ Grade 5 to grade 8 ☐ Grade 9 to grade 12 ☐ College undergraduate years (freshman to senior)		 No, different house in the United States Where did this person live 1 year ago? Name of city, town, or post office 		c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?		
	Graduate or professional school (for example: medical, dental, or law school)				d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?		

Information about children helps your community plan for child care, education, and recreation.

Person 3 (continued) When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH How did this person usually get to work LAST If this person is UNDER 15 years of age, **WEEK?** If this person usually used more than one method of transportation during the trip, mark (X) the SKIP to the questions for PERSON 4 on page 16. period in which this person served. Otherwise, continue with box of the one used for most of the distance. April 1995 or later Car, truck, or van Motorcycle August 1990 to March 1995 (including Persian Gulf War) Bicycle Bus or trolley bus September 1980 to July 1990 Streetcar or trolley car ☐ Walked Answer question 17 ONLY IF this person is Subway or elevated May 1975 to August 1980 Worked at home \rightarrow female and 15-50 years old. Otherwise, SKIP to guestion 32 Vietnam era (August 1964 to April 1975) Railroad SKIP to question 18a. Other method February 1955 to July 1964 Ferryboat Korean War (June 1950 to January 1955) Taxicab Has this person given birth to any children in the past 12 months? World War II (September 1940 to July 1947) Some other time Answer question 25 ONLY IF you marked Yes Car, truck, or van" in question 24. Otherwise, SKIP to question 26. O No In total, how many years of active-duty military service has this person had? Less than 2 years 25 18 a. Does this person have any of his/her own How many people, including this person, 2 years or more usually rode to work in the car, truck, or van LAST WEEK? grandchildren under the age of 18 living in this house or apartment? 22 LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if Yes Person(s) \bigcirc No \rightarrow SKIP to question 19 the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. b. Is this grandparent currently responsible for most of the basic needs of any What time did this person usually leave home to 26 Yes go to work LAST WEEK? grandchild(ren) under the age of 18 who \bigcirc No \rightarrow SKIP to question 28 live(s) in this house or apartment? Hour Minute ☐ a.m. Yes 23 At what location did this person work LAST WEEK? igcap No ightarrow SKIP to question 19 If this person worked at more than one location, print where he or she worked most last week. 27 How many minutes did it usually take this c. How long has this grandparent been person to get from home to work LAST WEEK? a. Address (Number and street name) responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for Minutes more than one grandchild, answer the question for the grandchild for whom the grandparent If the exact address is not known, give a description of the location such as the building has been responsible for the longest period of name or the nearest street or intersection. Less than 6 months Answer questions 28-31 ONLY IF this person b. Name of city, town, or post office did NOT work last week. Otherwise, SKIP to 6 to 11 months auestion 32. 1 or 2 years 3 or 4 years c. Is the work location inside the limits of that city or town? 5 or more years 28 a. LAST WEEK, was this person on layoff from Yes a job? No, outside the city/town limits \square Yes \rightarrow SKIP to question 28c Has this person ever served on active duty in d. Name of county □ No the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include b. LAST WEEK, was this person TEMPORARILY absent from a job or business? training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. e. Name of U.S. state or foreign country Yes, on vacation, temporary illness, labor dispute, etc. \rightarrow SKIP to question 31

f. ZIP Code

 \square No \rightarrow SKIP to question 29

 \bigcup Yes \rightarrow SKIP to guestion 30

work?

☐ No

c. Has this person been informed that he or she

6 months OR been given a date to return to

will be recalled to work within the next

Yes, now on active duty

question 22

only \rightarrow SKIP to question 22

Yes, on active duty in past, but not now

No, training for Reserves or National Guard

 \bigcap No, never served in the military \rightarrow SKIP to

Person 3 (continued)

		_			
29	Has this person been looking for work during the last 4 weeks? Yes	35	For whom did this person work? If now on active duty in the Armed Forces, $mark$ (X) this box \rightarrow		b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
	\bigcirc No \rightarrow SKIP to question 31		and print the branch of the Armed Forces.		☐ Yes → \$.00 ☐ Loss
30	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?		Name of company, business, or other employer		Yes → Loss No TOTAL AMOUNT for past 12 MONTHS
	Yes, could have gone to work				
	No, because of own temporary illness No, because of all other reasons (in school, etc.)	36	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)		c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
1	When did this person last work, even for a few days?				Yes → \$.00 Loss No TOTAL AMOUNT for past
	Within the past 12 months	\perp			12 MONTHS
	\square 1 to 5 years ago \rightarrow SKIP to question 34	37)	Is this mainly – Mark (X) one box.		
	Over 5 years ago or never worked \rightarrow <i>SKIP to</i>	Ī	manufacturing?		d. Social Security or Railroad Retirement.
	question 40		wholesale trade?		O Yes → \$.00
32	During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid		retail trade? other (agriculture, construction, service,		No TOTAL AMOUNT for past 12 MONTHS
	vacation, paid sick leave, and military service.		government, etc.)?		e. Supplemental Security Income (SSI).
	Weeks		What kind of work was this person doing? (For		
		Υ	example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)		Yes → \$.00 No TOTAL AMOUNT for past
33	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person		supervisor of order department, secretary, accountant,		12 MONTHS
	usually work each WEEK?				f. Any public assistance or welfare payments from the state or local welfare office.
	Usual hours worked each WEEK	39	What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,		☐ Yes → \$.00
			typing and filing, reconciling financial records)		No TOTAL AMOUNT for past 12 MONTHS
K	Answer questions 34–39 ONLY IF this person				g. Retirement, survivor, or disability pensions.
	worked in the past 5 years. Otherwise, SKIP to question 40.	40	INCOME IN THE PAST 12 MONTHS.		Do NOT include Social Security.
			Mark (X) the "Yes" box for each type of income this		☐ Yes → \$.00
	34–39 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one		person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from		No TOTAL AMOUNT for past 12 MONTHS
	job, describe the one at which this person worked the most hours. If this person had no job or business last		today's date one year ago up through today.)		h. Any other sources of income received regularly such as Veterans' (VA) payments, unemploy-
	week, give information for his/her last job or business.		Mark (X) the "No" box to show types of income NOT received.		ment compensation, child support or alimony.
34					Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
	Mark (X) ONE box. an employee of a PRIVATE FOR PROFIT company		If net income was a loss, mark the "Loss" box to the right of the dollar amount.		☐ Yes → \$.00
	or business, or of an individual, for wages, salary,		For income received jointly, report the appropriate		No TOTAL AMOUNT for past
	or commissions? an employee of a PRIVATE NOT FOR PROFIT,		share for each person – or, if that's not possible, report the whole amount for only one person and		12 MONTHS
	tax-exempt, or charitable organization?		mark the "No" box for the other person.	Ð	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 40a to
	☐ a local GOVERNMENT employee (city, county, etc.)? ☐ a state GOVERNMENT employee?		Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.		40h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
	a Federal GOVERNMENT employee?		tor taxes, borids, dues, or other items.		# 00
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?		☐ Yes → \$.00		None OR Loss TOTAL AMOUNT for past
	SELF-EMPLOYED in own INCORPORATED business,		□ No TOTAL AMOUNT for past 12 MONTHS		12 MONTHS
	professional practice, or farm? working WITHOUT PAY in family business or farm?				Continue with the questions for Person 4 on the next page. If only 3 people are listed in the List of
	WORKING WITHOUT PAT III Idillily business of Idilli?				Residents, SKIP to page 24 for mailing instructions.

•	Please copy the name of Person 4 from the List of Residents on page 2, then continue answering questions below. Last Name	•	What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.		c. Did this person city or town? Yes No, outside t
			☐ No schooling completed ☐ Nursery school to 4th grade		Name of county
	First Name	MI	Sth grade or 6th grade		
			7th grade or 8th grade		
					Name of state
7	Where was this person born?		9th grade		
	In the United States – <i>Print name of state.</i>		10th grade		
			11th grade	B.	If this person is UND
			12th grade – NO DIPLOMA		the questions for PE
	Outside the United States – Print name of fo country, or Puerto Rico, Guam, etc.	reign	☐ HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent (for example: GED)	_	Otherwise, continue
			Some college credit, but less than 1 year		
			1 or more years of college, no degree	Ψ	a. Does this perso than English at
8	Is this person a CITIZEN of the United States	:?	Associate degree (for example: AA, AS)		
T	Yes, born in the United States \rightarrow Skip to 10a		Bachelor's degree (for example: BA, AB, BS)		Yes
	Yes, born in Puerto Rico, Guam, the U.S. Virg	in	Master's degree (for example: MA, MS, MEng,		\bigcup No \rightarrow SKIP to
	Islands, or Northern Marianas		MEd, MSW, MBA)		b. What is this lan
	Yes, born abroad of American parent or pare	ents	Professional degree (for example: MD, DDS, DVM, LLB, JD)		
	Yes, U.S. citizen by naturalization		Doctorate degree (for example: PhD, EdD)		For example: Kor
	☐ No, not a citizen of the United States				c. How well does
9	When did this person come to live in the United States? Print numbers in boxes.	T	What is this person's ancestry or ethnic origin?		○ Very well ○ Well
	Year			\perp	
			(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian,	T)	Does this person l long-lasting cond
10	a. At any time IN THE LAST 3 MONTHS, has the person attended regular school or college	?	Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese,		a. Blindness, deafne vision or hearing
	Include only nursery or preschool, kindergarte elementary school, and schooling which leads		Ukrainian, and so on.)		b. A condition that
	high school diploma or a college degree.	B	a. Did this person live in this house or		one or more basi such as walking,
	No, has not attended in the last 3 months → SKIP to guestion 11	T	apartment 1 year ago? ☐ Person is under 1 year old → SKIP to the		reaching, lifting,
	Yes, public school, public college		questions for Person 5 on page 19.	16	Because of a phys
	Yes, private school, private college		Yes, this house \rightarrow SKIP to F in the next column		condition lasting person have any of following activities
	b. What grade or level was this person attending? Mark (X) ONE box.		☐ No, outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.,		a. Learning, remem
	Nursery school, preschool		below; then SKIP to 🕞 in next column.		concentrating?
	☐ Kindergarten☐ Grade 1 to grade 4				b. Dressing, bathing inside the home?
	Grade 5 to grade 8		No, different house in the United States		c. (Answer if this pe
	Grade 9 to grade 12		b. Where did this person live 1 year ago?		OLD OR OVER.) G home alone to sh doctor's office?
	 College undergraduate years (freshman to senior) 	,	Name of city, town, or post office		d. (Answer if this pe
	Graduate or professional school (for example: medical, dental, or law school	ol)			OLD OR OVER.) V business?

	c. Did this person live inside the limits of the city or town? Yes No, outside the city/town limits					
	Name of county					
	Name of state ZIP Co	ode				
•	If this person is UNDER 5 years of age, SK the questions for PERSON 5 on page 19. Otherwise, continue with question 14.	IP to				
)	a. Does this person speak a language than English at home?	othe				
	\bigcap Yes \bigcap No \rightarrow SKIP to question 15					
	b. What is this language?					
	For example: Korean, Italian, Spanish,					
	c. How well does this person speak E	ngiish	e .			
•	Does this person have any of the follong-lasting conditions:	owing	ı			
	a. Blindness, deafness, or a severe vision or hearing impairment?	Yes	No			
	 A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? 					
•	Because of a physical, mental, or emo- condition lasting 6 months or more, of person have any difficulty in doing a following activities:	does t	his			
	a. Learning, remembering, or concentrating?	Yes	No			
	b. Dressing, bathing, or getting around inside the home?					
	c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?					
	d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?					

Knowing about age, race, and sex helps your community better meet the needs of everyone.



	Person 4 (continued)				
G	If this person is UNDER 15 years of age, SKIP to the questions for PERSON 5 on page 19. Otherwise, continue with Answer question 17 ONLY IF this person is female and 15—50 years old. Otherwise, SKIP to question 18a.	20	When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served. April 1995 or later August 1990 to March 1995 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) February 1955 to July 1964 Korean War (June 1950 to January 1955)	24	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance. Car, truck, or van Bus or trolley bus Streetcar or trolley car Subway or elevated Railroad Ferryboat Taxicab
D	Has this person given birth to any children in		World War II (September 1940 to July 1947)		
	the past 12 months? Yes No	3	In total, how many years of active-duty military service has this person had? Less than 2 years		Answer question 25 ONLY IF you marked "Car, truck, or van" in question 24. Otherwise, SKIP to question 26.
18	Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?		2 years or more	25	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
	☐ Yes ☐ No → SKIP to question 19	22	LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more,		Person(s)
	b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?		or was on active duty in the Armed Forces. ☐ Yes ☐ No → SKIP to question 28		What time did this person usually leave home to go to work LAST WEEK? Hour Minute a.m.
	\square Yes \square No \rightarrow SKIP to question 19	23	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.		p.m.
	c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.		a. Address (Number and street name) If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	3	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	Less than 6 months 6 to 11 months 1 or 2 years		b. Name of city, town, or post office	9	Answer questions 28–31 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 32.
	☐ 3 or 4 years ☐ 5 or more years		c. Is the work location inside the limits of that city or town?	23	a. LAST WEEK, was this person on layoff from a job?
19	Has this person ever served on active duty in		No, outside the city/town limits d. Name of county		\bigcap Yes \rightarrow SKIP to question 28c
	the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include		u. Name of county		No LAST WEEK, was this person TEMPORARILY
	training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. Yes, now on active duty		e. Name of U.S. state or foreign country		absent from a job or business? Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 31 No → SKIP to question 29
	Yes, on active duty in past, but not now No, training for Reserves or National Guard only → SKIP to question 22 No, never served in the military → SKIP to question 22		f. ZIP Code		c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
					☐ Yes → SKIP to question 30 ☐ No

Person 4 (continued)

29	Has this person been looking for work during the last 4 weeks? ☐ Yes ☐ No → SKIP to question 31	35	For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces. Name of company, business, or other employer		b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses. ☐ Yes → \$.00 ☐ Loss
30	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	3 6	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)		No TOTAL AMOUNT for past 12 MONTHS c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
3	When did this person last work, even for a few days? ☐ Within the past 12 months ☐ 1 to 5 years ago → SKIP to question 34 ☐ Over 5 years ago or never worked → SKIP to question 40	37	Is this mainly – Mark (X) one box. manufacturing? wholesale trade?		Yes → \$.00 ☐ Loss No TOTAL AMOUNT for past 12 MONTHS d. Social Security or Railroad Retirement. Yes → \$.00
32	During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service. Weeks	33	retail trade? other (agriculture, construction, service, government, etc.)? What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)		 No TOTAL AMOUNT for past 12 MONTHS e. Supplemental Security Income (SSI).
33	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK	3	What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)		f. Any public assistance or welfare payments from the state or local welfare office. ☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past 12 MONTHS
K	Answer questions 34–39 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 40. 34–39 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.	40	INCOME IN THE PAST 12 MONTHS. Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.) Mark (X) the "No" box to show types of income		g. Retirement, survivor, or disability pensions. Do NOT include Social Security. Yes → \$.00 No TOTAL AMOUNT for past 12 MONTHS h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment or believe to redirect the survey of th
34	Was this person – Mark (X) ONE box. □ an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions? □ an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization? □ a local GOVERNMENT employee (city, county, etc.)? □ a state GOVERNMENT employee? □ a Federal GOVERNMENT employee? □ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? □ working WITHOUT PAY in family business or farm?		NOT received. If net income was a loss, mark the "Loss" box to the right of the dollar amount. For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and	3	ment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home. Yes → \$.00 No TOTAL AMOUNT for past 12 MONTHS What was this person's total income during the PAST 12 MONTHS? Add entries in questions 40a to 40h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount. None OR TOTAL AMOUNT for past 12 MONTHS Continue with the questions for Person 5 on the next page. If only 4 people are listed in the List of Residents, SKIP to page 24 for mailing instructions.

0	Please copy the name of Person 5 from the List of Residents on page 2, then continue answering questions below. Last Name	Ψ	What is the h this person h If currently en highest degree
	First Name M		No schooli Nursery scl
•			7th grade
U	Where was this person born? In the United States – Print name of state.		10th grade 11th grade 12th grade
	Outside the United States – Print name of foreig country, or Puerto Rico, Guam, etc.	n	HIGH SCH DIPLOMA Some colle
8	Is this person a CITIZEN of the United States?		1 or more
	Yes, born in the United States → <i>Skip to 10a</i> Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas		☐ Bachelor's ☐ Master's de MEd, MSW
	Yes, born abroad of American parent or parents Yes, U.S. citizen by naturalization		Professional LLB, JD)
	No, not a citizen of the United States	Œ	U Doctorate What is this p
•	When did this person come to live in the United States? Print numbers in boxes. Year		-
10	a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten,		(For example: Cambodian, Co Dominican, Fro Lebanese, Poli Ukrainian, and
	elementary school, and schooling which leads to a high school diploma or a college degree.	Ð	a. Did this pe
	 No, has not attended in the last 3 months → SKIP to question 11 Yes, public school, public college 		apartment Person mailing
	Yes, private school, private college b. What grade or level was this person		Yes, thi
	attending? Mark (X) ONE box. Nursery school, preschool		
	☐ Kindergarten ☐ Grade 1 to grade 4		_
	Grade 5 to grade 8 Grade 9 to grade 12		No, diff
	College undergraduate years (freshman to senior)		Name of c
	☐ Graduate or professional school (for example: medical, dental, or law school)		



Your answers help your community plan for the future.

What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received. No schooling completed Nursery school to 4th grade 5th grade or 6th grade	c. Did this person live inside the limits of the city or town? Yes No, outside the city/town limits Name of county
7th grade or 8th grade	Name of state ZIP Code
9th grade	
10th grade	
11th grade	(CIL)
12th grade – NO DIPLOMA	If this person is UNDER 5 years of age, SKIP to the the mailing instructions on
☐ HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent (for example: GED)	page 24.
Some college credit, but less than 1 year	
1 or more years of college, no degree	a. Does this person speak a language other than English at home?
Associate degree (for example: AA, AS)	
Bachelor's degree (for example: BA, AB, BS)	Yes
Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	
□ Professional degree (for example: MD, DDS, DVM, LLB, JD)	
Doctorate degree (for example: PhD, EdD)	For example: Korean, Italian, Spanish, Vietnamese
18/h-4 i- 4hi	c. How well does this person speak English?
What is this person's ancestry or ethnic origin?	Very well Not well
	Well Not at all
(For example: Italian, Jamaican, African Am.,	Does this person have any of the following long-lasting conditions:
Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	a. Blindness, deafness, or a severe vision or hearing impairment?
a. Did this person live in this house or apartment 1 year ago?	b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
\bigcup Person is under 1 year old \rightarrow SKIP to the mailing instructions on page 24.	Because of a physical, mental, or emotional condition lasting 6 months or more, does this
Yes, this house → SKIP to in the next column	person have any difficulty in doing any of the following activities:
No, outside the United States – Print name of	Yes No
foreign country, or Puerto Rico, Guam, etc., below; then SKIP to F in next column.	a. Learning, remembering, or concentrating?
	b. Dressing, bathing, or getting around inside the home?
No, different house in the United States	c. (Answer if this person is 16 YEARS
b. Where did this person live 1 year ago?	OLD OR OVER.) Going outside the
• • •	home alone to shop or visit a doctor's office?
Name of city, town, or post office	d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or
	business?

Person 5 (continued) When did this person serve on active-duty in the U.S. Armed Forces? Mark (X) a box for EACH How did this person usually get to work LAST If this person is UNDER 15 years of age, **WEEK?** If this person usually used more than one method of transportation during the trip, mark (X) the SKIP to the mailing instructions on page 24. period in which this person served. Otherwise, continue with box of the one used for most of the distance. April 1995 or later Car, truck, or van Motorcycle August 1990 to March 1995 (including Persian Gulf War) Bicycle Bus or trolley bus September 1980 to July 1990 Streetcar or trolley car ☐ Walked Answer question 17 ONLY IF this person is Subway or elevated May 1975 to August 1980 Worked at home \rightarrow female and 15-50 years old. Otherwise, SKIP to guestion 32 Vietnam era (August 1964 to April 1975) Railroad SKIP to question 18a. Other method February 1955 to July 1964 Ferryboat Korean War (June 1950 to January 1955) Taxicab Has this person given birth to any children in the past 12 months? World War II (September 1940 to July 1947) Some other time Answer question 25 ONLY IF you marked Yes Car, truck, or van" in question 24. Otherwise, SKIP to question 26. O No In total, how many years of active-duty military service has this person had? Less than 2 years 25 18 a. Does this person have any of his/her own How many people, including this person, 2 years or more grandchildren under the age of 18 living in this house or apartment? usually rode to work in the car, truck, or van LAST WEEK? 22 LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if Yes Person(s) \bigcirc No \rightarrow SKIP to 19 the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. b. Is this grandparent currently responsible for most of the basic needs of any What time did this person usually leave home to 26 Yes go to work LAST WEEK? grandchild(ren) under the age of 18 who \bigcirc No \rightarrow SKIP to question 28 live(s) in this house or apartment? Hour Minute ☐ a.m. Yes 23 At what location did this person work LAST WEEK? \bigcirc No \rightarrow SKIP to 19 If this person worked at more than one location, print where he or she worked most last week. 27 How many minutes did it usually take this c. How long has this grandparent been person to get from home to work LAST WEEK? a. Address (Number and street name) responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for Minutes more than one grandchild, answer the question for the grandchild for whom the grandparent If the exact address is not known, give a description of the location such as the building has been responsible for the longest period of name or the nearest street or intersection. Less than 6 months Answer questions 28-31 ONLY IF this person b. Name of city, town, or post office did NOT work last week. Otherwise, SKIP to 6 to 11 months auestion 32. 1 or 2 years 3 or 4 years c. Is the work location inside the limits of that city or town? 5 or more years 28 a. LAST WEEK, was this person on layoff from Yes a job? No, outside the city/town limits \square Yes \rightarrow SKIP to question 28c Has this person ever served on active duty in d. Name of county □ No the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include b. LAST WEEK, was this person TEMPORARILY absent from a job or business? training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. e. Name of U.S. state or foreign country Yes, on vacation, temporary illness, labor dispute, etc. \rightarrow SKIP to question 31 Yes, now on active duty

f. ZIP Code

 \square No \rightarrow SKIP to question 29

 \bigcirc Yes \rightarrow SKIP to 30

work?

□ No

c. Has this person been informed that he or she

6 months OR been given a date to return to

will be recalled to work within the next

Yes, on active duty in past, but not now

only \rightarrow SKIP to question 22

question 22

No, training for Reserves or National Guard

 \bigcup No, never served in the military \rightarrow SKIP to

Person 5 (continued)

29	Has this person been looking for work during the last 4 weeks?	33	For whom did this person work?		b. Self-employment income from own nonfarm businesses or farm businesses, including
	Yes		If now on active duty in the Armed Forces, mark (X) this box \rightarrow		proprietorships and partnerships. Report NET income after business expenses.
	\bigcirc No \rightarrow SKIP to question 31		and print the branch of the Armed Forces.		
30	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?		Name of company, business, or other employer		☐ Yes → \$.00 ☐ Loss ☐ No TOTAL AMOUNT for past 12 MONTHS
	Yes, could have gone to work	\perp			12 WONTHS
	No, because of own temporary illness No, because of all other reasons (in school, etc.)	36	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)		c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
3	When did this person last work, even for a few days?		order nouse, auto engine manufacturing, banky		$\begin{array}{ccc} & & & & & & & & \\ & & & & & & \\ & & & & \\ & & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & & \\ & \\ & & \\$
	Within the past 12 months				12 MONTHS
	\square 1 to 5 years ago \rightarrow SKIP to question 34	3 7	Is this mainly – Mark (X) one box.		d Casial Committy on Pailmand Patinament
	Over 5 years ago or never worked \rightarrow SKIP to		manufacturing?		d. Social Security or Railroad Retirement.
	question 40		wholesale trade?		Yes → \$.00
2	During the PAST 12 MONTHS, how many		retail trade?		No TOTAL AMOUNT for past
•	WEEKS did this person work? Count paid vacation, paid sick leave, and military service.		other (agriculture, construction, service, government, etc.)?		12 MONTHS
	Weeks				e. Supplemental Security Income (SSI).
		33	What kind of work was this person doing? (For example: registered nurse, personnel manager,		☐ Yes → \$.00
3	During the PAST 12 MONTHS, in the WEEKS		supervisor of order department, secretary, accountant)		□ No TOTAL AMOUNT for past 12 MONTHS
•	WORKED, how many hours did this person usually work each WEEK?				f. Any public assistance or welfare payments
	Usual hours worked each WEEK	•	What were this person's most important		from the state or local welfare office.
	Osual flours worked each week	Y	activities or duties? (For example: patient care,		☐ Yes → \$.00
			directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)		No TOTAL AMOUNT for past
			typing and ming, reconciling manetal records)		12 MONTHS
K	Answer questions 34–39 ONLY IF this person worked in the past 5 years. Otherwise, SKIP				g. Retirement, survivor, or disability pensions.
	to question 40	40	INCOME IN THE PAST 12 MONTHS.		Do NOT include Social Security.
			Mark (X) the "Yes" box for each type of income this		☐ Yes → \$.00
	34–39 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or		person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.		No TOTAL AMOUNT for past 12 MONTHS
	business last week. If this person had more than one job, describe the one at which this person worked the		(NOTE: The "past 12 months" is the period from today's date one year ago up through today.)		h. Any other sources of income received regularly
	most hours. If this person had no job or business last week, give information for his/her last job or business.		Mark (X) the "No" box to show types of income		such as Veterans' (VA) payments, unemploy- ment compensation, child support or alimony.
34	Was this person –		NOT received.		Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
	Mark (X) ONE box.		If net income was a loss, mark the "Loss" box to the		nom an innertance of the sale of a nome.
	an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary,		right of the dollar amount. For income received jointly, report the appropriate		☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past
	or commissions?		share for each person – or, if that's not possible,		12 MONTHS
	an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?		report the whole amount for only one person and mark the "No" box for the other person.	D	What was this person's total income during the
	a local GOVERNMENT employee (city, county, etc.)?		a. Wages, salary, commissions, bonuses, or tips		PAST 12 MONTHS? Add entries in questions 40a to 40h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" have part to the
	a state GOVERNMENT employee?		from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.		the amount and mark (X) the "Loss" box next to the dollar amount.
	a Federal GOVERNMENT employee?				5 6 00 5
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?		☐ Yes → \$.00		None OR Loss TOTAL AMOUNT for past
	SELF-EMPLOYED in own INCORPORATED business,		□ No TOTAL AMOUNT for past 12 MONTHS		12 MONTHS
	professional practice, or farm?				Now continue with the mailing instructions on page 24
	working WITHOUT PAY in family business or farm?				mstructions on page 24

Pages 22 and 23 are intentionally left blank

Mailing Instructions

Please make sure you have..

- put all names on the List of Residents and answered the questions across the top of the page
- answered all Housing questions
- answered all Person questions for each person on the List of Residents.

Then...

- put the completed questionnaire into the postage-paid return envelope. (It is addressed to the Bureau of the Census Processing Center in Jeffersonville, Indiana)
- make sure the barcode above your address shows in the window of the return envelope.

Thank you for participating in the American Community Survey.

For Census Bureau Use		
POP EDIT PHONE	JIC1	JIC2
EDIT CLERK TELEPHONE CLERK	JIC3	JIC4

The Census Bureau estimates that, for the average household, this form will take 38 minutes to complete, including the time for reviewing the instructions and answers. Comments about the estimate should be directed to the Associate Director for Administration, U.S. Census Bureau, Room 3104, FB 3, Washington, DC 20233, Attn: 0607-0810. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the bottom left on the front cover of this form.

Form ACS-1(2000) (9-1-2000)