

The American Community Survey

This booklet shows the content of the American Community Survey questionnaire.

Start Here

You have two ways to respond:



Respond online today at: https://respond.census.gov/acs

OR



Complete this form and mail it back as soon as possible.

Your response is required by law.

The American Community Survey is conducted by the U.S. Census Bureau. This survey is one of only a few surveys for which all recipients are required by law to respond. The U.S. Census Bureau is required by law to protect your information.



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

Text Telephone (TTY): Call 1–800–582–8330.

¿NECESITA AYUDA? Llame sin cargo alguno al 1-877-833-5625.

For more information about the American Community Survey, visit our website at: https://www.census.gov/acs

(2)

Please print the name and telephone number of the person who is filling out this form. We will only contact you if needed for official Census Bureau business.

Last Name

First Name

MI

Area Code + Number



- How many people are living or staying at this address?
 - **INCLUDE** everyone who is living or staying here for more than 2 months.
 - INCLUDE yourself if you are living here for more than 2 months
 - INCLUDE anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
 - **DO NOT INCLUDE** anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

Number of people



Fill out pages 2 – 7 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.

FORM **ACS-1(INFO)(2021)**

OMB No. 0607-0810 OMB No. 0607-0936



<u>Perso</u>n 1

(Person 1 is the person living or staying here in whose → NOTE: Please answer BOTH Question 5 about name this house or apartment is owned, being bought, Hispanic origin and Question 6 about race. or rented. If there is no such person, start with the name For this survey, Hispanic origins are not races. of any adult living or staying here.) Is Person 1 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Please print today's date. Month Day Year Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin - Print, What is Person 1's name? for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. 🔽 Last Name (Please print) First Name MI What is Person 1's race? Mark (X) one or more boxes **AND** print origins. White - Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. 7 How is this person related to Person 1? X Person 1 Black or African Am. - Print, for example, What is Person 1's sex? Mark (X) ONE box. African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. 🗸 Female Male What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do not American Indian or Alaska Native - Print name of enrolled write the age in months. Write 0 as the age. or principal tribe(s), for example, Navajo Nation, Blackfeet Print numbers in boxes. Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Age (in years) Month Day Year of birth Traditional Government, Nome Eskimo Community, etc. 🗸 Chinese Vietnamese Native Hawaiian Filipino Korean Samoan Asian Indian Chamorro Japanese Other Pacific Other Asian -Print, for example, Islander - Print, Pakistani, for example, Cambodian, Tongan, Fijian, Hmong, etc. ₽ Marshallese, etc. ~



What is Person 2's name? ast Name (Please print)	 NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races. Is Person 2 of Hispanic, Latino, or Spanish origin No, not of Hispanic, Latino, or Spanish origin
ast Name (Please print)	Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races. Is Person 2 of Hispanic, Latino, or Spanish origin
ast Name (Please print)	
	No. not of Hispanic Latino, or Spanish origin
irst Name MI	110) not of mopanio, Latino, of opanion origin
iret Nama MI	Yes, Mexican, Mexican Am., Chicano
	Yes, Puerto Rican
	Yes, Cuban
low is this person related to Person 1?	Yes, another Hispanic, Latino, or Spanish origin – Prin for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ▼
Mark (X) ONE box.	
Opposite-sex husband/wife/spouse	
Opposite-sex unmarried partner	6 What is Person 2's race?
Same-sex husband/wife/spouse	Mark (X) one or more boxes AND print origins. White – Print, for example, German, Irish, English,
Same-sex unmarried partner	Italian, Lebanese, Egyptian, etc. 7
Biological son or daughter	
Adopted son or daughter	
Stepson or stepdaughter	Black of African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiop
Brother or sister	Somali, etc. 7
Father or mother	
Grandchild	American Indian or Alaska Native – Print name of enrol.
Parent-in-law	or principal tribe(s), for example, Navajo Nation, Blackf Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
Son-in-law or daughter-in-law	Traditional Government, Nome Eskimo Community, etc
Other relative	
Roommate or housemate	
Foster child	Chinese Vietnamese Native Hawai
Other nonrelative	Filipino Korean Samoan
What is Person 2's sex? Mark (X) ONE box.	Asian Indian Japanese Chamorro
Male Female	Other Asian – Other Pacific Islander – Print, for example, Pakistani, for example, Cambodian, Tongan, Fijian,
Vhat is Person 2's age and what is Person 2's ate of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.	Hmong, etc. Marshallese, e
Print numbers in boxes. ge (in years) Month Day Year of birth	Some other race – Print race or origin.



Last Name (Please print) First Name MI How is this person related to Person 1? Mark (X) ONE box. Opposite-sex husband/wife/spouse Opposite-sex unmarried partner	No, not of Hispanic Yes, Mexican, Mexic Yes, Puerto Rican Yes, Cuban Yes, another Hispan for example, Salvad Guatemalan, Spania at is Person 3's rank (X) one or more by White – Print, for example, Lebanese, E	, Latino, or Span can Am., Chican nic, Latino, or Sp oran, Dominican ord, Ecuadorian, e poxes AND pri cample, German,	nish origin o anish origin – Pr , Colombian, etc. etc. int origins.
How is this person related to Person 1? Mark (X) ONE box. Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter	Yes, Mexican, Mexican Yes, Puerto Rican Yes, Cuban Yes, another Hispar for example, Salvad Guatemalan, Spania at is Person 3's rank (X) one or more to White – Print, for ex Italian, Lebanese, E	nic, Latino, or Sporan, Dominican, rd, Ecuadorian, ece? Doxes AND pricample, German,	o anish origin – Pr , Colombian, etc. 🙀 int origins.
How is this person related to Person 1? Mark (X) ONE box. Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter	Yes, Puerto Rican Yes, Cuban Yes, another Hispar for example, Salvad Guatemalan, Spania at is Person 3's ra rk (X) one or more k White – Print, for ex Italian, Lebanese, E	nic, Latino, or Sp oran, Dominican, ord, Ecuadorian, e nce? poxes AND pri cample, German,	anish origin – Pr , Colombian, atc. ⊋ int origins.
How is this person related to Person 1? Mark (X) ONE box. Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter	Yes, Cuban Yes, another Hispar for example, Salvad Guatemalan, Spania at is Person 3's rank (X) one or more k White – Print, for exitalian, Lebanese, E	oran, Dominican, end, Ecuadorian, end, Ecuadorian, end, end, end, end, end, end, end, en	, Colombĩan, etc. ⊋ int origins.
Mark (X) ONE box. Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter	Yes, another Hispar for example, Salvad Guatemalan, Spania at is Person 3's rank (X) one or more k White – Print, for exitalian, Lebanese E	oran, Dominican, end, Ecuadorian, end, Ecuadorian, end, end, end, end, end, end, end, en	, Colombian, etc. ⊋ int origins.
Mark (X) ONE box. Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter	at is Person 3's rank (X) one or more by Italian, Lebanese, E	oran, Dominican, end, Ecuadorian, end, Ecuadorian, end, end, end, end, end, end, end, en	, Colombian, etc. ⊋ int origins.
Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter	White – Print, for ex Italian, Lebanese, E	poxes AND pri	_
Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter	White – Print, for ex Italian, Lebanese, E	poxes AND pri	_
Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter	White – Print, for ex Italian, Lebanese, E	poxes AND pri	_
Biological son or daughter Adopted son or daughter Stepson or stepdaughter	Black or African Am	ample, German, gyptian, etc. 🍃	Irish, English,
Biological son or daughter Adopted son or daughter Stepson or stepdaughter	Black or African Am		
Adopted son or daughter Stepson or stepdaughter	Black of African Am		
Stepson or stepdaughter	Black or African Am		
	African American, J	. – Print, for exa	mple,
	Somali, etc.	amaican, maitiai	i, riigerian, Etine
Father or mother			
Grandchild			
Parent-in-law	American Indian or or principal tribe(s),	for example, Na	vajo Nation, Blac
Son-in-law or daughter-in-law	Tribe, Mayan, Aztec, Traditional Governn	native village o nent, Nome Eskir	т ваrrow inuplat no Community, в
Other relative			
Roommate or housemate	_		
Foster child	Chinese	Vietnamese	Native Haw
Other nonrelative	Filipino	Korean	Samoan
	Asian Indian	Japanese	Chamorro
What is Person 3's sex? Mark (X) ONE box.	Other Asian – Print, for example,		Other Pacif
Male Female	Pakistani, Cambodian,		for example, Tongan, Fijia
What is Person 3's age and what is Person 3's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.	Hmong, etc.		Marshallese,
Print numbers in boxes. Age (in years) Month Day Year of birth			
No (iii yours) World Day Teal of Difful	Some other race – F	Print race or orig	in. 🗾



## Serson 4's name? ## ast Name (*Please print) No. not of Hispanic, Latino, or Spanish origin			F	lisp or	panic origin and Question 6 about race. this survey, Hispanic origins are not races.
What is Person 4's sex? Mark (X) ONE box.	Wha	at is Person 4's name?	5 k	s Pe	erson 4 of Hispanic, Latino, or Spanish origin
Yes, Puerto Rican Yes, Cuban Yes, Cuban Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin - Prir for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. 2 Mark (X) one or more boxes AND print origins. White - Print, for example, German, Irish, English, Italian, Lebanese, Egyptjan, etc. 2 Mark (X) one or more boxes AND print origins. White - Print, for example, African American, Jamaican, Haitian, Nigerian, Ethior, Somali, etc. 2 Grandchild Parent-in-law Other relative American Indian or Alaska Native - Print name of enro or principal tribels), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, et Chinese Vietnamese Native Hawa Filipino Korean Samoan Asian Indian Japanese Chamorro Other Pacific Print, for example, For babies less than 1 year old, do not write the age in months. Write 0 as the age. Print numbers in boxes.	Last	Name (Please print)			No, not of Hispanic, Latino, or Spanish origin
Yes, Cuban Yes, Cuban Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin - Print for example, Salvadoran, Dominican, Colombian, Guatermalan, Spaniard, Ecuadorian, etc. \(\frac{7}{2} \) Mark (X) ONE box. Opposite-sex husband/wife/spouse Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex husband/wife/spouse What is Person 4's race? Mark (X) one or more boxes AND print origins. White - Print, for example, Garman, Irish, English, Italian, Lebaness, Egyptian, etc. \(\frac{7}{2} \) Mart is Person or stepdaughter Stepson or stepdaughter Stepson or stepdaughter Stepson or stepdaughter Parent-in-law Other relative American Indian or Alaska Native - Print name of enroor principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Azteo, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. \(\frac{7}{2} \) Tribe, Mayan, Azteo, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. \(\frac{7}{2} \) Tribe, Mayan, Azteo, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. \(\frac{7}{2} \) Other relative Chinese Vietnamese Native Hawa Filipino Korean Samoan Asian Indian Japanese Chamorro Other Asian Other Pacific Islander - Print for example, Pasistani, Cambodian, Himong, etc. \(\frac{7}{2} \) Traditional Government, Nome Eskimo Community, etc. \(\frac{7}{2} \) Traditional Government, Nome Eskimo Community, etc. \(\frac{7}{2} \) Traditional Government, Nome Eskimo Community, etc. \(\frac{7}{2} \) Traditional Government, Nome Eskimo Community, etc. \(\frac{7}{2} \) Traditional Government, Nome Eskimo Community, etc. \(\frac{7}{2} \) Traditional Government, Nome Eskimo Community, etc. \(\frac{7}{2} \) Traditional Government, Nome Eskimo Community, etc. \(\frac{7}{2} \) Traditional Government, Nome Eskimo Community, etc. \(\frac{7}{2} \) Traditional Government, Nome Eskim					Yes, Mexican, Mexican Am., Chicano
Yes, another Hispanic, Latino, or Spanish origin - Print for example, Salvadoran, Dominican, Colombian, Guatermalan, Spaniard, Ecuadorian, etc. \(\) What is Person 4's race? Mark (X) ONE box.	irst	Name MI			Yes, Puerto Rican
Same-sex husband/wife/spouse Opposite-sex husband/wife/spouse Opposite-sex husband/wife/spouse Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex husband/wife/spouse Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter Stepson or stepdaughter Stepson or stepdaughter Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Other nonrelative Nhat is Person 4's sage and what is Person 4's late of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age. Print numbers in boxes. Print numbers in					Yes, Cuban
Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Other nonrelative What is Person 4's sex? Mark (X) ONE box. Male Vhat is Person 4's sex? Mark (X) ONE box. Male Print numbers in boxes. Print numbers for example, partican, Irish, English, Italian, Lebanese, Edyptian, etc. print, for example, African Am. – Print, for example, African Am. – Print, for example, Print, for example, Navajo Nation, Blacka Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. print, for example, Navajo Nation, Blacka Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. print, for example, Navajo Nation, Blacka Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Governme	lov ⁄/ar	w is this person related to Person 1? rk (X) ONE box.			Yes, another Hispanic, Latino, or Spanish origin – Prin for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.
Same-sex husband/wife/spouse Same-sex unmarried partner Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Other nonrelative Nhat is Person 4's sext Mark (X) ONE box. Male What is Person 4's age and what is Person 4's late of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age. Print numbers in boxes. Added in years) Month Day Year of birth Mark (X) one or more boxes AND print origins. White - Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. F White - Print, for example, Addican Am Print, for example, Namican, Haitian, Nigerian, Ethiop, Somall, etc. F American Indian or Alaska Native - Print name of enroor or principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. Chinese Vietnamese Native Hawa Fillipino Cher Asian - Print, for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. Chinese Vietnamese Native Hawa Chinese Chinese Chinese Chinese Chinese Chamorro Other Asian - Print, for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. Chinese Chinese Chinese Chinese Chamorro Other Asian - Print, for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. F Chinese Chinese Chinese Chinese Chamorro Other Pacific Islander - Print or example, Pakistani, Cambodian, Hmong, etc. F Print numbers in boxes. Age (in years) Month Day Year of birth		Opposite-sex husband/wife/spouse			
Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Other relative Roommate or housemate Foster child Other nonrelative What is Person 4's sex Mark (X) ONE box. What is Person 4's age and what is Person 4's late of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age. Print numbers in boxes. Male Mark (X) one or more boxes AND print origins. White - Print, for example, German, Irish, English, Italian, Lebanese, Egyptjan, etc. The late of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age. Print numbers in boxes. Marshallese, etc. The late of birth?		Opposite-sex unmarried partner	6 V	Vha	nt is Parson 1's raca?
Biological son or daughter	5	Same-sex husband/wife/spouse	_		
Adopted son or daughter Stepson or stepdaughter Black of African Am Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiop Somali, etc. 7 Father or mother Grandchild American Indian or Alaska Native - Print name of enrow or principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. Other relative Roommate or housemate Foster child Chinese Vietnamese Native Hawa Filipino Korean Samoan Asian Indian Japanese Chamorro Other Asian - Print, for example, Fakistani, Cambodian, Hmong, etc. Tongan, Fijian Marshallese, etc. Print numbers in boxes. Print numbers in boxes. Print numbers in boxes. Print numbers in boxes. Month Day Year of birth Day Year of birth Page Pakistani, Cambodian, Hmong, etc. Print numbers in boxes.		Same-sex unmarried partner			White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.
Stepson or stepdaughter Black or African Am Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiop Somali, etc. S		Biological son or daughter			
African American, Jamaican, Haitian, Nigerian, Ethiop Somali, etc. Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Other nonrelative What is Person 4's sex? Mark (X) ONE box. Male What is Person 4's sex? Mark (X) ONE box. What is Person 4's age and what is Person 4's late of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age. Print numbers in boxes. Get (in years) Month Day Year of birth African American, Jamaican, Haitian, Nigerian, Ethiop Somali, etc. Other Alaska Native - Print name of enro or principal tribe(s), for example, and principal tribe(s), for example or principal tribe(s), for e		Adopted son or daughter			
Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Other nonrelative What is Person 4's sex? Mark (X) ONE box. Male Permale What is Person 4's age and what is Person 4's at of birth? Person 4's age in months. Write 0 as the age. Print numbers in boxes. Ge (in years) Month Day Year of birth American Indian or Alaska Native − Print name of enrow or principal tribe(s), for example, Navajo Nation, Blacks Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, et Chinese Vietnamese Native Hawa Samoan Asian Indian Japanese Chamorro Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. Marshallese, et al. Marshallese, et al. Print numbers in boxes. Ge (in years) Month Day Year of birth		Stepson or stepdaughter			Black of African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiop
Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Other nonrelative Male Female What is Person 4's age and what is Person 4's late of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age. Print numbers in boxes. Ge (in years) Month Day Year of birth American Indian or Alaska Native – Print name of enro or principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, et Chinese Vietnamese Native Hawa Samoan Asian Indian Japanese Chamorro Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. Print numbers in boxes. Get (in years) Month Day Year of birth		Brother or sister		R	
Parent-in-law Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Other nonrelative What is Person 4's sex? Mark (X) ONE box. Male What is Person 4's age and what is Person 4's ate of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age. Parent-in-law American Indian or Alaska Native – Print name of enro or principal tribe(s), for example, Tongan, Fijian Traditional Government, Nome Eskimo Community, et Chinese Vietnamese Native Hawa Filipino Korean Samoan Asian Indian Japanese Chamorro Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. Print numbers in boxes. Ge (in years) Month Day Year of birth		Father or mother			
Parent-in-law Or principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, et Traditional Governme		Grandchild		<i>3</i>).	American Indian or Alaska Native – Print name of enro
Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Other nonrelative What is Person 4's sex? Mark (X) ONE box. Male What is Person 4's age and what is Person 4's late of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age. Print numbers in boxes. Mage (in years) Month Day Year of birth Traditional Government, Nome Eskimo Community, et a late of birth? Note and location in the seminal of th		Parent-in-law	╜└		or principal tribe(s), for example, Navajo Nation, Black
Roommate or housemate Foster child Other nonrelative What is Person 4's sex? Mark (X) ONE box. Male Print, for example, Pakistani, Cambodian, Hmong, etc. Print numbers in boxes. Print numbers in boxes. Asian Indian Japanese Chamorro Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. Print numbers in boxes. Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. Print numbers in boxes.		Son-in-law or daughter-in-law			
Chinese		Other relative			
Other nonrelative Filipino		Roommate or housemate	١,	_	
What is Person 4's sex? Mark (X) ONE box. Other Asian — Print, for example, Pakistani, Cambodian, Hmong, etc. Print numbers in boxes. Other Pacific Islander — Print, for example, Pakistani, Cambodian, Hmong, etc. Print numbers in boxes. Asian Indian □ Japanese □ Chamorro Other Pacific Islander — Print, for example, Pakistani, Cambodian, Hmong, etc. Marshallese, etc.		Foster child		4	
What is Person 4's sex? Mark (X) ONE box. Other Asian — Print, for example, Pakistani, Cambodian, Hmong, etc. Print numbers in boxes. Inge (in years) Month Day Year of birth Other Pacific Islander — Print, for example, Pakistani, Cambodian, Hmong, etc.		Other nonrelative	L	4	
Male Print, for example, Pakistani, Cambodian, Hmong, etc.	Vha	at is Person 4's sex? Mark (X) ONE box.			
What is Person 4's age and what is Person 4's late of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age. Print numbers in boxes. Age (in years) Month Day Year of birth		Male Female			Print, for example, Pakistani, Islander – Pr. for example,
age (in years) Month Day Year of birth	late	e of birth? For babies less than 1 year old, do not te the age in months. Write 0 as the age.			
Some other race – Print race or origin.	Age		١,	_	
					Some other race – Print race or origin.

What is Person 5's name? Last Name (Please print) First Name MI How is this person related to Person 1? Mark (X) ONE box. Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or stepdaughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Hispanic origin a For this survey, No, not of Hisp Yes, Mexican, No Yes, Cuban Yes, Auxican, No Yes, Mexican, No Yes, Cuban Yes, Cuban Yes, Cuban Yes, Cuban Yes, Cuban Yes, Mexican, No Yes, Cuban Yes, Mexican, No Yes, Cuban Yes, Cuban Yes, Mexican, No No, not of Hisp Yes, Mexican, No No Yes, Mexican, No Yes, Mexican, No Yes, Mexican, No No Yes, Mexican, No No Yes, Mexican, No Yes, Mexican, No Yes, Mexican, No Yes, Mexican, No Yes, Purto Ric Yes, Cuban Yes, Cuban Yes, Purto Ric Yes, Cuban Yes, Cuban Yes, Cuban Yes, Purto Ric Yes, Cuban Yes, Purto Ric Yes, Cuban Yes, Cuban Yes, Purto Ric Yes, Cuban Yes, Cuban Yes, Cuban Yes, Cuban Yes, Cuban Yes,	spanic, Latino, or Spanish origin – Pr Ivadoran, Dominican, Colombian, aniard, Ecuadorian, etc. ⊋
Last Name (Please print) No, not of Hisp Yes, Mexican, M Yes, Puerto Ric. Yes, Cuban Yes, another Hisp for example, Sa Guatemalan, Sp Mark (X) ONE box. Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Other relative Roommate or housemate Foster child Chinese Yes, Mexican, M Yes, Puerto Ric. Yes, Mexican, M Yes, Mexican, M Yes, Puerto Ric. Yes, Mexican, M Wes, Puerto Ric. Yes, Mexican, M Wes, Cuban Yes, Australian, M Sustainan, Sp What is Person 5' Mark (X) one or metality of Mark (X) one or met	anic, Latino, or Spanish origin Mexican Am., Chicano an spanic, Latino, or Spanish origin – Pr Ivadoran, Dominican, Colombian, aniard, Ecuadorian, etc. srace? or example, German, Irish, English, English
First Name Yes, Mexican, Now	Mexican Am., Chicano an spanic, Latino, or Spanish origin – Pr Ivadoran, Dominican, Colombian, aniard, Ecuadorian, etc. s race? ore boxes AND print origins. or example, German, Irish, English, e Egyptian, etc. Am. – Print, for example,
First Name MI Yes, Puerto Ric. Yes, Cuban Yes, another Hif for example, Sa Guatemalan, Sp. Mark (X) ONE box. Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Yes, Cuban A Guatemalan, Sp. Mark (X) one or mo. Italian, Lebanes African African African	spanic, Latino, or Spanish origin – Privadoran, Dominican, Colombian, aniard, Ecuadorian, etc. s race? ore boxes AND print origins. or example, German, Irish, English, e. Egyptian, etc. Am. – Print, for example,
How is this person related to Person 1? Yes, another Hi for example, Sa Guatemalan, Sp. Mark (X) ONE box. Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law or principal trib Tribe, Mayan, A Traditional Gov Other relative Roommate or housemate Chinese Chinese	spanic, Latino, or Spanish origin – Pr Ivadoran, Dominican, Colombian, aniard, Ecuadorian, etc. s race? ore boxes AND print origins. or example, German, Irish, English, e. Egyptian, etc. Am. – Print, for example,
How is this person related to Person 1? Mark (X) ONE box. Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Yes, Cuban Yes, another Hit for example, Sa Guatemalan, Sp. What is Person 5' Mark (X) one or mother In Italian, Lebanes Black or African American African American American American American Indian or principal tribution Tribe, Mayan, American Indian or principal tribution Indian or principal tribution Indian or principal	s race? or example, German, Irish, English, Egyptian, etc. Am. – Print, for example,
How is this person related to Person 1? Mark (X) ONE box. Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child for example, Sa Guatemalan, Sp What is Person 5' Mark (X) one or mother Italian, Lebanes White - Print, fit Italian, Lebanes White - Print, fit Italian, Lebanes White - Print, fit Italian, Lebanes African America. Somali, etc. Tribe, Mayan, A Traditional Gov Chinese	s race? or example, German, Irish, English, Egyptian, etc. Am. – Print, for example,
Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child What is Person 5' Mark (X) one or mother In Italian, Lebanes White - Print, find Italian, Lebanes African African African American Somali, etc. Tribe, Mayan, A Traditional Gov Chinese	ore boxes AND print origins. or example, German, Irish, English, e. Egyptian, etc.
Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Mark (X) one or mother White - Print, for Italian, Lebanes African African African African African America. Somali, etc. Father or mother Chinese	ore boxes AND print origins. or example, German, Irish, English, e. Egyptian, etc.
Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Mark (X) one or mother White − Print, fitalian, Lebanes Ratican African African American Somali, etc. Traditional Gov Chinese	ore boxes AND print origins. or example, German, Irish, English, e. Egyptian, etc.
Same-sex unmarried partner Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Italian, Lebanes Italian, L	e, Egyptian, etc. , Am. – Print, for example,
Biological son or daughter Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Black or African Afr	Am. – Print, for example,
Adopted son or daughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Black or Affrican American African American Indian or principal trib Tribe, Mayan, A Traditional Gov) Am. – Print, for example, an, Jamaican, Haitian, Nigerian, Ethic
Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child African American Somali, etc. Somali	Am. – Print, for example, an, Jamaican, Haitian, Nigerian, Ethio
Brother or sister Father or mother Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Somali, etc. American India or principal trib Tribe, Mayan, A Traditional Gov	in, Samaican, Haitian, Nigerian, Etine
Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child American India or principal trib Tribe, Mayan, A Traditional Gov	
Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child American Indian or principal trib Tribe, Mayan, A Traditional Gov	
Parent-in-law Or principal trib Tribe, Mayan, A Traditional Gov Other relative Roommate or housemate Foster child Or principal trib Tribe, Mayan, A Traditional Gov	ALL N.C. D.C.
Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Chinese	or Alaska Native – Print name of enr e(s), for example, Navajo Nation, Blac
Roommate or housemate Foster child Chinese	ztec, Native Village of Barrow Inupiat ernment, Nome Eskimo Community, e
Foster child Chinese	
Toster critic	
Catherine Catherine Filining	Vietnamese Native Haw
Other nonrelative	☐ Korean ☐ Samoan
Asian Indian	Japanese Chamorro
What is Person 5's sex? Mark (X) ONE box. Other Asian – Print, for example	Other Pacif
Male Female Pakistani, Cambodian,	for example, Tongan, Fijia
What is Person 5's age and what is Person 5's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.	Marshallese,
Print numbers in boxes. Age (in years) Month Day Year of birth	
Age (in years) Month Day Year of birth Some other rac	e – Print race or origin. 🌠



through Person 12. We may call you for more in	aying here, print their names in the spaces for Pers information about them. $_{\overrightarrow{k}}$	on 6
Person 6 ast Name (Please print)	First Name	MI
Sex Male Female Age (in years	s) [][]	
Person 7 ast Name (Please print)	First Name	MI
Sex Male Female Age (in years	s) 000	
Person 8 .ast Name (Please print)	First Name	MI
Sex Male Female Age (in years	s) DDD	
Person 9 .ast Name (Please print)	First Name	MI
Sex Male Female Age (in years	s) DD	
Person 10 ast Name (Please print)	First Name	MI
Sex Male Female Age (in years	s) [][]	
Person 11 .ast Name (Please print)	First Name	MI
Sex Male Female Age (in years	s) 000	
Person 12 .ast Name (Please print)	First Name	MI
, , , , , , , , , , , , , , , , , , , ,		
Sex Male Female Age (in years	s) 000	



Housing

Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.	Answer questions 4 – 5 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 6a.
Which best describes this building? Include all apartments, flats, etc., even if vacant.	4 How many acres is this house or mobile home on?
A mobile home	Less than 1 acre → SKIP to question 6a
A one-family house detached from any other house	1 to 9.9 acres
A one-family house attached to one or more houses	10 or more acres
A building with 2 apartments	5 IN THE PAST 12 MONTHS, what were the actual
A building with 3 or 4 apartments	sales of all agricultural products from this property?
A building with 5 to 9 apartments	None
A building with 10 to 19 apartments	\$1 to \$999
A building with 20 to 49 apartments	\$1,000 to \$2,499
A building with 50 or more apartments	\$2,500 to \$4,999
Boat, RV, van, etc.	\$5,000 to \$9,999
	\$10,000 or more
About when was this building first built?	\$10,000 01 111016
2020 or later – Specify year 2010 to 2019 2000 to 2009 1990 to 1999	 a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. INCLUDE bedrooms, kitchens, etc. EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements. Number of rooms
1980 to 1989	
1970 to 1979	
1960 to 1969	b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if thi
1950 to 1959	house, apartment, or mobile home were for sale or
1940 to 1949	rent. If this is an efficiency/studio apartment, print "0 Number of bedrooms
1939 or earlier	
When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?	
Month Year	
00 0000	



Housing (continued)

	Yes	No		a co	ellular data plan for a	Yes	No
hot and cold running water?				SI	martphone or other mobile evice?		
a bathtub or shower? a sink with a faucet?				b. b	roadband (high speed)		
a stove or range?				fi	ternet service such as cable, ber optic, or DSL service stalled in this household?		
a refrigerator?				C. Sa	atellite Internet service		
-					stalled in this household? ial-up Internet service		
an you or any member of this oth make and receive phone his house, apartment, or mobaclude calls using cell phones, latter phone devices.	calls woile hon	/hen at ne?		e. so	stalled in this household? ome other service? pecify service pecify		
Yes				_	1		
No			12		v many automobiles, vans		
t this house, apartment, or n o you or any member of this	househ	old own		use	-ton capacity of less are ke by members of this house None	ept at h hold?	ome for
r use any of the following typ	pes of o	No No		H	1		
Desktop or laptop	165				2		
Smartphone					3		
Tablet or other portable					4		
wireless computer Some other type of computer					5		
Specify Z	Ш				6 or more		
			13	Whi	ch FUEL is used MOST for	heatin	a this
		Apr.		hou	se, apartment, or mobile h	nome?	
t this house, apartment, or n o you or any member of this ccess to the Internet?	nobile l househ	home – iold have			Gas: from underground pipes neighborhood	s serving	the
Yes, by paying a cell phone c	ompany	or			Gas: bottled, tank, or LP		
Internet service provider	one com	nany or			Electricity		
Yes, without paying a cell phone company or Internet service provider → SKIP to question 12					Fuel oil, kerosene, etc.		
No access to the Internet at the or mobile home → SKIP to que				H	Coal or coke		
				H	Wood		
				H	Solar energy		
				H	Other fuel		
				Ш	No fuel used		



Housing (continued)

for this house, apartment, or mobile home? Last month's cost – Dollars	a condominium?
Last month's cost – Donars	Yes → What is the monthly condominium fee? For renters, answer only if you pay
\$ _,00	the condominium fee in addition to your rent; otherwise, mark the "None" box.
OR	Monthly amount – Dollars
Included in rent or condominium fee	\$ 00
No charge or electricity not used	,
o. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?	OR None
Last month's cost – Dollars	No
\$ 0.000.00	Is this house, apartment, or mobile home –
OR	Mark (X) ONE box.
Included in rent or condominium fee	Owned by you or someone in this household with a mortgage or loan? <i>Include home equity lo</i>
Included in electricity payment entered above	Owned by you or someone in this household fre and clear (without a mortgage or loan)?
☐ No charge or gas not used	Rented?
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.	Occupied without payment of rent? → SKIP to on the next page
Past 12 months' cost – Dollars	Answer questions 18a and b if this house,
\$ 0,000.00	apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.
OR	
Included in rent or condominium fee	a. What is the monthly rent for this house,
☐ No charge	apartment, or mobile home? Monthly amount – <i>Dollars</i>
I. IN THE PAST 12 MONTHS, what was the cost	* • • • • • • • • • • • • • • • • • • •
of oil, coal, kerosene, wood, etc., for this	\$.00
house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.	b. Does the monthly rent include any meals?
Past 12 months' cost – Dollars	
\$ 0.000.00	✓ Yes✓ No
OR	
Included in rent or condominium fee	
Included in rent or condominium fee	
Included in rent or condominium fee No charge or these fuels not used NTHE PAST 12 MONTHS, did you or any nember of this household receive benefits rom the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? NOT include WIC, the School Lunch Program, or	



Housing (continued)

	The second secon
Answer questions 19 – 23 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home.	c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?
Otherwise, SKIP to (E).	Yes, taxes included in mortgage payment
	No, taxes paid separately or taxes not required
About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale? Amount – Dollars	d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?
. 0 000 000	Yes, insurance included in mortgage payment
\$,	No, insurance paid separately or no insurance
What are the annual real estate taxes on THIS property?	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?
Annual amount – <i>Dollars</i>	Yes, home equity loan
\$.00	
OR	Yes, second mortgage
None	Yes, second mortgage and home equity loan
	□ No → SkIP to □
What is the annual payment for fire, hazard, and flood insurance on THIS property?	b. How much is the regular monthly payment on
Annual amount – <i>Dollars</i>	all second or junior mortgages and all home equity loans on THIS property?
¢ 0 0 0 0 0 0	Monthly amount – Dollars
\$,	
OR	\$.00
None	OR
a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?	☐ No regular payment required
Yes, mortgage, deed of trust, or similar debt Yes, contract to purchase	Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E.
No → SKIP to question 23a	
	What are the total annual costs for personal property taxes, site rent, registration fees, and
b. How much is the regular monthly mortgage payment on THIS property? Include payment	license fees on THIS mobile home and its site?
only on FIRST mortgage or contract to purchase.	Exclude real estate taxes. Annual costs – Dollars
Monthly amount – <i>Dollars</i>	Allitual costs – Dollars
\$ 00.000.00	\$.00
OR	
No regular payment required → SKIP to question 23a	Answer questions about PERSON 1 on the next page. If no one is listed as PERSON 1 on page 2, SKIP to page 48 for mailing instructions.



Person 1

Last Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
First Name MI	No, has not attended in the last 3 months → SKIP to question 11
ist Name	Yes, public school, public college
	Yes, private school, private college, home sch
Where was this person born?	b. What grade or level was this person attendi Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	grade 1 – 12
	College undergraduate years (freshman to se
s this person a citizen of the United States?	Graduate or professional school beyond a
Yes, born in the United States → SKIP to question 10a	bachelor's degree (for example: MA or PhD program, or medical or law school)
Yes, born in Puerto Rico, Guam, the	What is the highest degree or level of school to person has COMPLETED? Mark (X) ONE box.
U.S. Virgin Islands, or Northern Marianas	If currently enrolled, mark the previous grade or highest degree received.
Yes, born abroad of U.S. citizen parent or parents	NO SCHOOLING COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i> of naturalization ✓	No schooling completed
	NURSERY OR PRESCHOOL THROUGH GRADE 12
	Nursery school
No, not a U.S. citizen	Kindergarten
	Grade 1 through 11 – Specify
When did this person come to live in the United States? If this person came to live in the	grade 1 – 11 –
United States more than once, print latest year.	
Year	12th grade – NO DIPLOMA
	HIGH SCHOOL GRADUATE
	Regular high school diploma
	GED or alternative credential
	COLLEGE OR SOME COLLEGE
	Some college credit, but less than 1 year of college credit
	1 or more years of college credit, no degree
	Associate's degree (for example: AA, AS)
	Bachelor's degree (for example: BA, BS)
	AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)



			a. Did this person live in this house or apartment
	swer question 12 if this person has a bachelor's		1 year ago?
de	gree or higher. Otherwise, SKIP to question 13.		Person is under 1 year old → SKIP to question 16
			Yes, this house → SKIP to question 16
BA sp thi	is question focuses on this person's ACHELOR'S DEGREE. Please print below the ecific major(s) of any BACHELOR'S DEGREES is person has received. (For example: chemical gineering, elementary teacher education, ganizational psychology)		No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIF to question 16
			No, different house in the United States or Puerto Rico
			b. Where did this person live 1 year ago?
			Address (Number and street name)
) Wi	nat is this person's ancestry or ethnic origin?		
			Name of city, town, or post office
(Fc	or example: Italian, Jamaican, African Am.,		
Ca. Fre	mbodian, Cape Verdean, Norwegian, Dominican, ench Canadian, Haitian, Korean, Lebanese, Polish, gerian, Mexican, Taiwanese, Ukrainian, and so on.)		Name of U.S. county or municipio in Puerto Rico
			Name of H C atata an
		((N) >	Name of U.S. state or
a.	Does this person speak a language other		Puerto Rico ZIP Code
) a.	than English at home?)
) a.	than English at home? Yes	16	Puerto Rico ZIP Code
,	than English at home?)
b. '	than English at home? Yes No → SKIP to question 15a What is this language?		Puerto Rico ZIP Code Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type
b. '	than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English?		Puerto Rico ZIP Code Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this
b. '	than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese	a a	Puerto Rico ZIP Code Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this
b. '	than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well	6	Puerto Rico Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older,
b. '	than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well		Puerto Rico Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes
b. '	than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well		Puerto Rico Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care
b. '	than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well		Puerto Rico Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care f. VA (enrolled for VA health care)
b. '	than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well		Puerto Rico Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care



	/
Person 1	continued

G	Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.
Ð	is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs. Yes No → SKIP to question 18a	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes No
	 b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? 	What is this person's marital status? Now married Widowed
8	a. Is this person deaf or does he/she have serious difficulty hearing?	Divorced Separated Never married → SKIP to J on the next page
	Yes No b. Is this person blind or does he/she have	22 In the PAST 12 MONTHS did this person get – Yes No a. Married?
	serious difficulty seeing even when wearing glasses? Yes No	b. Widowed?
1	Answer questions 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.	How many times has this person been married? Once Two times
9	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	Three or more times In what year did this person last get married? Year
	☐ Yes ☐ No	
	 b. Does this person have serious difficulty walking or climbing stairs? 	
	Noc. Does this person have difficulty dressing or bathing?	
	Yes No	



Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	Never served in the military → SKIP to question 30a
25 In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
birth to any children?	Now on active duty
Yes	On active duty in the past, but not now
a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?	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, even if just for part of the period.
Yes	September 2001 or later
No → SKIP to question 27	August 1990 to August 2001 (including Persian Gulf War)
h la this grand arrant correctly recoverible for	May 1975 to July 1990
b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?	Vietnam era (August 1964 to April 1975) February 1955 to July 1964
Yes	Korean War (July 1950 to January 1955)
No → SKIP to question 27	January 1947 to June 1950
c. How long has this grandparent been responsible for these grandchildren? 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	World War II (December 1941 to December 1946) November 1941 or earlier 29 a. Does this person have a VA service-connected
longest period of time.	disability rating?
Less than 6 months	Yes (such as 0%, 10%, 20%, , 100%)
6 to 11 months	No → SKIP to question 30a
1 or 2 years 3 or 4 years	b. What is this person's service-connected disability rating?
5 or more years	0 percent
_ or more years	10 or 20 percent
>	30 or 40 percent
	50 or 60 percent
	70 percent or higher
	70 percent or nigner



30	a	 LAST WEEK, did this person job (or business)? Yes → SKIP to question 3 		K	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.		
1			No – Did not work (or retired)				
		No – Did not work (or reti		20	Harrison and including this server		
	b	b. LAST WEEK, did this perso pay, even for as little as or	on do ANY work for ne hour?	(E)	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)		
1		Yes			1 010011(0)		
1		No → SKIP to question 36	ia				
1		ito 2 citil to quotien co					
3	I v	WEEK? If this person worked at more than one location, print where he or she worked most last week.			LAST WEEK, what time did this person's trip to work usually begin? Hour Minute a.m.		
١	а	a. Address (Number and stre	et name)		p.m.		
		If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.		35	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes		
1	b	. Name of city, town, or pos	st office		Williams		
1	_	b. Hame of city, town, or post office					
1							
1							
١	C	e. Is the work location inside city or town?	e the limits of that		Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.		
1		☐ Yes			question 40a.		
1		No, outside the city/town I	imits	$^{\diamond}$			
١	d	I. Name of county		36	a. LAST WEEK, was this person on layoff from a job?		
1					Yes → SKIP to question 36c		
1							
1	е	. Name of U.S. state or fore	ian country		No		
1	Ĭ		Jan Journal y		L LACTIMEEN (L' TEMPODA DILV		
1					b. LAST WEEK, was this person TEMPORARILY absent from a job or business?		
1			/				
	f	. ZIP Code			Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39		
					No → SKIP to question 37		
32) H	How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.					
	V				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?		
		Car, truck, or van	Taxicab				
۱	[Bus	Motorcycle		Yes → SKIP to question 38		
		Subway or elevated rail	Bicycle		□ No		
		Long-distance train or commuter rail	Walked				
	[Light rail, streetcar, or trolley	Worked from home → SKIP to question 40a				
	[Ferryboat	Other method				



37	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	M Answer questions 42a – f if this person worked in
	Yes	the past 5 years. Otherwise, SKIP to question 43.
	No → SKIP to question 39	
	A Service of Grand Control of Grand Cont	DESCRIPTION OF EMPLOYMENT
38	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	The next series of questions is about the type of employment this person had last week.
	Yes, could have gone to work	If this person had more than one job, describe the one at which the most hours were worked. If this person
	No, because of own temporary illness	did not work last week, describe the most recent employment in the past five years.
	No, because of all other reasons (in school, etc.)	a. Which one of the following best describes this person's employment last week or the most
39)	When did this person last work, even for a few days?	recent employment in the past 5 years? Mark (X) ONE box.
	Within the past 12 months	PRIVATE SECTOR EMPLOYEE
	1 to 5 years ago → SKIP to M	For-profit company or organization
	Over 5 years ago or never worked → SKIP to question 43	Non-profit organization (including tax-exempt and charitable organizations) GOVERNMENT EMPLOYEE
10	a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military	Local government (for example: city or county school district)
	service as work.	State government (including state colleges/universities)
	Yes → SKIP to question 41	Active duty U.S. Armed Forces or Commissioned Corps
	□ No	Federal government civilian employee
	b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include	SELF-EMPLOYED OR OTHER
	paid time off and include weeks when the person only worked for a few hours.	Owner of non-incorporated business, professional practice, or farm
	Weeks	Owner of incorporated business, professional practice, or farm
		Worked without pay in a for-profit family business or farm for 15 hours or more per week
y	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?
	Usual hours worked each WEEK	Author Foress.
		c. What kind of business or industry was this? Include the main activity, product, or service provide at the location where employed. (For example: elementary school, residential construction)
		d. Was this mainly – Mark (X) ONE box.
		manufacturing?
		wholesale trade?
		retail trade?
		other (agriculture, construction, service, government, etc.)?



e	. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)	d. Social Security or Railroad Retirement.
		☐ Yes → \$.00
		No TOTAL AMOUNT for past 12 months
f.	Describe this person's most important activities or duties. (For example: instruct and evaluate students	e. Supplemental Security Income (SSI).
	and create lesson plans, assemble and install pipe sections and review building plans for work details)	e. Supplemental Security Income (SSI).
		Yes → \$.00
		No TOTAL AMOUNT for past 12 months
		f. Any public assistance or welfare payments from the state or local welfare office.
١.	NCOME IN THE PAST 12 MONTHS	from the state or local welfare office.
	Mark (X) the "Yes" box for each type of income this	☐ Yes → \$.00
ķ	person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.	No TOTAL AMOUNT for past
	NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	g. Retirement income, pensions, survivor or
1	Mark (X) the "No" box to show types of income	disability income. Include income from a previous employer or union, or any regular withdrawals or
1	NOT received.	distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement.
	f net income was a loss, mark the "Loss" box to the ight of the dollar amount.	Do not include Social Security.
5	For income received jointly, report the appropriate share for each person – or, if that's not possible,	Yes → \$.00
1	report the whole amount for only one person and mark the "No" box for the other person.	No TOTAL AMOUNT for past 12 months
ŧ	a. Wages, salary, commissions, bonuses, or tips	h. Any other sources of income received
	from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such
	Vac > de la	as money from an inheritance or the sale of a home.
	Yes → \$.00 No TOTAL AMOUNT for past	☐ Yes → \$.00
	12 months	No TOTAL AMOUNT for past
k	o. Self-employment income from own nonfarm businesses or farm businesses, including	12 months
	proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to
	NET Income after business expenses.	43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the
	☐ Yes → \$, .00	dollar amount.
	No TOTAL AMOUNT for past Loss 12 months	OR \$.00 .00
(c. Interest, dividends, net rental income, royalty	None TOTAL AMOUNT for past 12 months
	income, or income from estates and trusts. Report even small amounts credited to an account.	12 months
	☐ Yes → \$.00	
	No TOTAL AMOUNT for past Loss	
	12 months	Continue with the questions for Person 2 on the



next page. If no one is listed as Person 2 on page 3,

SKIP to page 48 for mailing instructions.

Person 2

The balance of the questionnaire has questions for Person 2, Person 3, Person 4, and Person 5. The questions are the same as the questions for Person 1.





Mailing Instructions

- Please make sure you have...
 - listed all names and answered the questions on pages 2 – 7
 - answered all Housing questions
 - answered all Person questions for each person
- Then...
 - put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

U.S. Census Bureau P.O. Box 5240 Jeffersonville, IN 47199-5240

 make sure the barcode above your address shows in the window of the return envelope

Thank you for participating in the American Community Survey.

Community Survey

For Census Bureau Use						
POP	EDIT	PHONE	JIC1	JIC2		
EDIT CLEF	RK TE	ELEPHONE CLERK	JIC3	JIC4		

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project, U.S. Census Bureau, 4600 Silver Hill Road, ADDC – 4H277, Washington, D.C. 20233. You may e-mail comments to acso.pra@census.gov; use "Paperwork Project" as the subject. 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 right on the front cover of this form.

Form ACS-1(INFO)(2021) (05-18-2020)

